

An Exploration of Factors that Contribute to Drug Use among Dropout Girls in Inner City  
Communities in Kingston and St. Andrew, Jamaica

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## ABSTRACT

There is a dearth of research on increased drug use among adolescent girls in Jamaica over the last two decades, with lack of specific attention to girls who dropped out of school, and who reside in inner city communities. Theory of planned behaviour, social control and social learning theories have been used to analyse adolescent drug use in general. However, these theories might not fully address the unique situations of urban dropout girls in Jamaica. Using data from semi-structured interviews with 15 dropout girls, this study aims to explore the factors that contribute to drug use—primarily marijuana and tobacco use—among dropout girls in inner city communities in Kingston and St. Andrew, Jamaica. Three questions are posed: 1). What are the attitudes and beliefs of dropout girls in inner city communities in Kingston and St. Andrew about drug use? 2). What is the impact of social contexts on the drug use attitudes, beliefs, and practices of dropout girls in inner city communities in Kingston and St. Andrew? and 3). What is the impact of gender norms and roles on the drug use attitudes, beliefs, and practices of dropout girls in inner city communities in Kingston and St. Andrew? A postcolonial feminist standpoint research approach is used to collect, analyse, and interpret the data. An interpretation of the girls' dialogues and experiences is carried out to develop relevant programming recommendations.

The findings reveal that girls believe that smoking—mainly marijuana and tobacco—helps them to cope with stress and several psychosocial challenges; their social experiences with family neglect and abuse, peer influence, schooling experiences, community violence, and poverty also contribute to their stress and subsequent smoking practices. The findings generally support existing theoretical frameworks, including theory of planned behavior, social control and social learning theories. However, this study finds that Jamaican urban dropout girls' attitudes and beliefs are shaped by their socially assigned feminine traits and roles, and by interactions with and experiences in their social contexts which are moulded by colonial legacies as well as gender norms and class disparities. Accordingly, I suggest that postcolonial feminism can be used along with existing models to explain the factors that contribute to drug use among dropout girls in inner city communities in Kingston and St. Andrew, Jamaica. Finally, I recommend the development of programs that target the unique factors that influence Jamaican girls to use drugs, in order to reduce drug use and promote the healthy development of girls.

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## **DEDICATION**

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## TABLE OF CONTENTS

PERMISSION TO USE .....	i
ABSTRACT .....	ii
ACKNOWLEDGEMENT .....	iii
DEDICATION .....	v
TABLE OF CONTENTS .....	vi
LIST OF FIGURES .....	xii
LIST OF TABLES .....	xiii
LIST OF ACRONYMS .....	xiv
CHAPTER 1: INTRODUCTION TO THE RESEARCH .....	1
1.01. Background.....	4
1.01a. Patterns of Girls’ Drug Use in Jamaica.....	4
1.01b. Dropout Girls in Jamaica and Risks of Drug Use.....	6
1.01c. Girls in Inner City Communities and Risks of Drug Use .....	10
1.01d. Gaps in Adolescent Drug Use Research in Jamaica .....	10
1.02. Rationale.....	11
1.03. Research Questions.....	13
1.04. Theoretical Frameworks .....	14
1.05. Methodology and Summary of Main Findings.....	16
1.06. Definitions of Key Concepts .....	18
1.07. Summary and Organization of the Manuscript.....	22
CHAPTER II: LITERATURE REVIEW .....	25
2.0. Introduction .....	25
2.01. Types of Drugs Most Frequently Used by Girls.....	25
2.02. Prevalence of Drug Use among Girls .....	27
2.03. Girls’ Attitudes and Beliefs about Drug use.....	30
2.04. Childhood Experiences for Girls and Drug Use .....	32

2.04a.	Abuse and other Traumatic Experiences .....	33
2.05.	Social Contexts: Family, School, Peers and Communities .....	37
2.05a.	Family and Girls' Drug Use.....	37
2.05b.	Peers and Girls' Drug Use .....	38
2.05c.	School and Girls' Drug Use.....	39
2.05d.	Low-income Neighbourhoods and Girls' Drug Use.....	40
2.06.	Summary.....	41
<b>CHAPTER III: THEORETICAL FRAMEWORKS .....</b>		<b>43</b>
3.0.	Introduction .....	43
3.01.	Why Girls Use Drugs .....	43
3.01a.	Drug Use Attitudes and Beliefs: Theory of Planned Behaviour.....	44
3.01b.	Learning Drug Use Behaviours: Social Learning Theory .....	46
3.01c.	Attachment to Prosocial Institutions and Drug Use: Social Control Theory.....	48
3.02.	Through Gendered Lens: Feminist Perspectives on Women and Girls' Drug Use....	50
3.02a.	Impact of Gender Norms and Roles on Girls' Drug Use.....	51
3.02b.	Sociohistorical Context of Jamaica.....	56
3.02c.	Colonial Legacy, Gender and Social Class: A Postcolonial Feminist Perspective on Girls' Drug Use.....	58
3.03.	Summary.....	67
<b>CHAPTER IV: METHODOLOGY .....</b>		<b>69</b>
4.0.	Introduction .....	69
4.01.	Feminist Standpoint Research Approach .....	69
4.02.	Method of Data Collection: Semi-structured Interviews.....	71
4.03.	Recruiting and Selecting Participants.....	74
4.03a.	Eligibility Criteria .....	74
4.03b.	Identifying Participants .....	77
4.03c.	Contacting Participants .....	78
4.04.	Ethical Considerations .....	82



4.04a.	Consent to Participate .....	82
4.04b.	Protecting Participants' Confidentiality and Well-being .....	83
4.05.	The interview Process .....	86
4.06.	Analyzing the Interviews .....	88
4.07.	Reflexivity .....	90
4.08.	Summary .....	93
CHAPTER V:	PROFILE OF THE RESEARCH PARTICIPANTS .....	95
5.0.	Introduction .....	95
Lily	.....	96
Ginger	.....	99
Rose	.....	102
Primrose	.....	104
Blossom	.....	107
Camellia	.....	110
Hibiscus	.....	113
Dahlia	.....	115
Daffodil	.....	119
Heather	.....	121
Daisy	.....	123
Buttercup	.....	126
Jasmine	.....	129
Violet	.....	132
Sage	.....	135
5.01.	Summary .....	138
CHAPTER VI:	ATTITUDES AND BELIEFS ABOUT DRUG USE AND GENDER NORMS AND ROLES .....	140
6.0.	Introduction .....	140
6.01.	Poly-Drug Use: Types of Drugs Most Frequently Used by Girls in the Study .....	140

6.01a.	Mixing Marijuana with Tobacco .....	142
6.01b.	Combining Marijuana, Tobacco and Cocaine .....	148
6.02.	Attitudes and Beliefs about the Consequences of Smoking.....	152
6.02a.	Smoking to Meditate.....	153
6.02b.	Smoking to Cope with Anger and Aggression .....	154
6.02c.	Smoking to Improve Mood and Emotion .....	165
6.02d.	Smoking to Enhance Self-Confidence and Social Skills .....	170
6.02e.	Beliefs about Health and Other Effects of Smoking.....	174
6.02f.	Family and Friends' Approval of Smoking .....	180
6.03.	Gender Norms and Roles.....	182
6.04.	Summary.....	184
CHAPTER VII: SOCIAL CONTEXTS AND GIRLS' DRUG USE.....		186
7.0.	Introduction .....	186
7.01a.	Family Experiences: Parental Neglect and Smoking .....	187
7.01b.	Family Experiences: Absent Fathers and Smoking.....	192
7.01c.	Family Experiences: Physical and Verbal Abuse and Smoking.....	199
7.01d.	Family Structures, Parenting Practices, Abuse and Smoking: A Postcolonial Feminist Explanation .....	204
	"Do Not Spare the Rod and Spoil the Child": Gender, Colonial Legacies, Social Class and Corporal Punishment.....	204
	Socioeconomic Status, Child-Shifting and Parental Neglect .....	209
	Absent Fathers: A Colonial Legacy.....	211
7.01e.	Family Experiences: Family History of Smoking .....	214
7.02.	Death of Loved Ones and Smoking.....	215
7.03.	Peers and Smoking .....	224
7.03a.	Peers and First Use: The Influence of Peers on First Time Smoking.....	224
7.03b.	Peer Relationships and Smoking .....	227
7.04.	Summary.....	229
CHAPTER VIII: SOCIAL CONTEXTS AND GIRLS' DRUG USE.....		231

8.0.	Introduction .....	231
8.01.	Past School Experiences and Smoking.....	231
8.01a.	Family Financial Constraints and School Dropout.....	233
8.01b.	Parental Neglect and School Dropout.....	237
8.01c.	Pregnancy and School Dropout .....	240
8.01d.	Teachers-Student Relationships and Academic Performance .....	242
8.01e.	The Stress of School: Teacher-Student Relationships, Academic Performance, Misconduct and School Dropout .....	246
8.02.	Community Experiences: Girls in Inner city Neighbourhoods .....	251
8.02a.	Consequences of Poverty: Intersections of Colonial Legacy, Social Class and Gender.....	252
	Coping with Poverty: Prostitution and Smoking .....	256
8.02b.	Exposure to Community Violence and Smoking.....	261
8.02c.	Sexual Violence in Community and Smoking.....	268
8.02d.	Drugs in the Girls' Communities.....	278
8.03.	Summary.....	279
CHAPTER IX: CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS.....		280
9.0.	Introduction .....	280
9.01.	Recap of the Study.....	280
9.02.	Summary and Implications of Main Finding #1: Poly Drug-Use .....	282
9.03.	Summary and Implications of Main Finding #2 & #3: Beliefs in the Benefits of Smoking.....	285
9.04.	Summary and Implications of Main Finding #4: Multiple and Varying Experiences in Social Contexts .....	286
9.05.	Summary and Implications of Main Finding #5: Acceptance and Rejection of Cultural Expectations of Traditional Feminine Traits and Roles .....	292
9.06.	Limitations and Recommendations for Future Research .....	293
REFERENCES .....		296
APPENDIX A: SEMI-STRUCTURED INTERVIEW GUIDE.....		327
APPENDIX B: PARENT/GUARDIAN CONSENT FORM .....		330

APPENDIX C: PARTICIPANT INTERVIEW ASSENT FORM .....	336
APPENDIX D: LETTER OF INFORMATION.....	340

## LIST OF FIGURES

<b>Label</b>	<b>Page</b>
Figure 3.01. Graphical illustration of theory of planned behaviour .....	45
Figure 3.02. Showing map of Jamaica and its Parishes .....	56
Figure 4.01. Showing map of constituencies in St. Andrew, Jamaica .....	79
Figure 4.02. Showing constituencies in Kingston, Jamaica .....	80
Figure 6.01. A conceptual model of the connection between poor coping skills and smoking among dropout girls in inner communities in Kingston and St. Andrew .....	170

## LIST OF TABLES

<b>Label</b>	<b>Page</b>
Table 2.01. Prevalence of Drug Use by Sex in Jamaica Reported in Percentage .....	28
Table 4.01. Key Characteristics of Interview Participants .....	81
Table 4.02. List of Flower Pseudonyms and their Meanings .....	85

## LIST OF ACRONYMS

CASA	National Centre on Addiction and Substance Use at Columbia University
CCPA	Child Care and Protection Act
CICAD	Inter-American Drug Abuse Control Commission
CRC	Convention on Rights of the Child
CSEC	Caribbean School Examination Certificate
CXC	Caribbean Examination Council
KMA	Kingston and Metropolitan Areas
MOE	Ministry of Education
MOH	Ministry of Health
NCDA	National Council on Drug Abuse
NCTSN	National Child Traumatic Stress Network
NIDA	National Institute on Drug Abuse
MDG	Millennium Development Goals
NSDUH	National Survey on Drug Use and Health
SAMHSA	Substance Abuse and Mental Health Services Administration
SDG	Sustainable Development Goals
UN	United Nations
UNICEF	United Nations Children Fund
WHO	World Health Organization

*Please note that this research manuscript contains uses of strong language and profanity that some readers may find offensive.*



## CHAPTER 1: INTRODUCTION TO THE RESEARCH

*“In patriarchal, phallogocentric culture the feminine and the postcolonial both exist in this dark chthonic region of otherness and non-being” (Ashcroft, 1998, p.23).*

The purpose of this research is to challenge patriarchal and western hegemonic ways of knowing by (re)situating urban girls in Jamaica—a postcolonial state—from the margins to the centre of inquiry. In doing so, a postcolonial feminist standpoint approach is used to explore the sociocultural, historical, and psychological factors that contribute to the practice of drug use<sup>1</sup> among dropout girls’ in inner city communities in Kingston and St. Andrew, Jamaica. The impact of gender, class, and historical legacies such as colonialism and slavery, have rarely been considered in theorizing influences of adolescent, particularly girls, drug use. It can be argued that this occurs mainly because previous explanations of adolescent drug use have emerged predominantly from western scholars and patriarchally oriented scientific inquiries and perspectives.

Jamaica has a long history of British colonialism which has shaped its contemporary culture, socioeconomic, and geopolitical structures. These contemporary social processes and structures have tremendous impact on girls’ lives and experiences. For example, the socialization of Jamaican girls into expected roles and behaviours is influenced by “Victorian ideologies and Christian religion” (Vázquez, 2002, p. 266) which are British colonial relics. Vázquez (2002) rightfully explains that, “European patterns of behaviours taken to Jamaica by English colonizers

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<sup>1</sup> It is important to note that while this study sought to explore the use or misuse of any type of psychoactive substance, the use of mainly marijuana and tobacco was found. Therefore, for this study, drug use refers to the experimental to frequent use of psychoactive substances, particularly marijuana and tobacco. In addition to this, it must be noted that this study takes the position that drug, especially marijuana and tobacco, use is not necessarily problematic; however, repeated/long-term use by adolescents poses serious health and psychosocial risks such as drug abuse and addiction, impaired memory, and poor academic performance (National Institute on Drug Abuse [NIDA], 2014a).

are instilled in girl-children from a very early age” (p. 264). Additionally, contemporary Jamaican family types such as the prevalent female-headed household have their origins in colonialism and slavery<sup>2</sup> (Evans & Davies, 1997). It is well documented that the family is one of the social institutions that has the most powerful impact on girls’ (and boys’) behaviours, including their drug using practices.

Like in many other countries across the globe, adolescent drug use is a major cause for concern in Jamaica: This is because it can seriously impact the health and well-being of Jamaican adolescents (Douglas, 2000; Powell-Booth, De La Haye, & Longman-Mills, 2016). For example, the *Jamaica Observer* (2015a) reports that in a speech at a public forum, the Executive Director of the National Council on Drug Abuse (NCDA) cautions that drug use, especially marijuana, can have severe consequences for young people. The Executive Director outlines that marijuana use can affect the development of young people’s brains, and can cause them to perform poorly at school, subsequently leading to school dropout (*Jamaica Observer*, 2015a). The *Jamaica Observer* (2015a) also cites the Executive Director’s claim that marijuana use may be linked to criminal behaviour and imprisonment among Jamaican youth. As an illustration of this, a Research Analyst at the NCDA indicates that approximately 75% of inmates in Jamaica use marijuana, and these inmates report first use at age 15 (*Jamaica Observer*, 2015b).

Although drug use can have profound negative health and psychosocial consequences for both boys and girls, drug use among adolescent girls in Jamaica is especially troubling. Surveys have shown steady increase in Jamaican girls’ use of many types of drugs (NCDA, 2006; NCDA, 2014). In addition, recent studies in the United States and other regions indicate that

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<sup>2</sup> Further discussion of how the experiences of plantation slavery led to unique family formations and kinship relations in contemporary Jamaica is provided in chapters II and VII.

drug use has numerous, and in some cases, more severe physical and mental health and social consequences for girls than boys (The National Centre on Addiction and Substance Abuse at Columbia University [CASA], 2003; CASA, 2011). For example, studies (mainly in the United States) show that at the same or even lower rates of use, girls are more likely to become addicted to nicotine, cocaine, and other drugs than boys (CASA, 2003). In addition, girls are more likely to suffer brain damage from ecstasy abuse than boys (CASA, 2003). Furthermore, girls are at higher risk for anxiety disorder, depression, and suicide from marijuana, tobacco, and other drug use than boys (CASA, 2011). Although these drug use data originated outside of Jamaica, the consequences identified are likely similar for Jamaican adolescent girls, especially those who face added burdens of poverty and abuse stemming from a history of colonialism and slavery. Therefore, an understanding of the underlying factors that influence girls in Jamaica to use drugs is important in developing programming and access to information that could mitigate their increasing drug use, and prevent them from suffering the negative consequences associated with it.

Research that draws on the insights provided by postcolonial and standpoint feminisms provides a unique opportunity to create a space where the unknown stories of *Third World*<sup>3</sup> girls can be told. Particularly, a postcolonial feminist lens allows for critical examination of the intertwining of colonialism and slavery with contemporary constructs of gender and class in the (re) production of knowledge and understanding of drug use among girls' in Kingston and St.

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<sup>3</sup> Third World is used in this study to refer to economically and politically marginalized nations and communities that were previously colonized by wealthy/capitalist Western nations and communities. Other concepts such as *Two-Thirds Worlds* versus *One-Third World* have been introduced to distinguish between marginalized and powerless minorities, and powerful majorities between and within nations (Mohanty, 2002). Mohanty (2002) explains that while *One-Third/Two-Thirds Worlds* are useful concepts, they miss the "history of colonization that the terms Western/Third World draw attention to" (p.506). Since colonization is a central unit of analysis in this study, the term Third World is utilized.

Andrew, Jamaica. Such knowledge is not only emancipatory, it is also empowering and can be powerful in transforming the lives of girls in Jamaica.

## **1.01. Background**

### **1.01a. Patterns of Girls' Drug Use in Jamaica**

The prevalence and patterns of use of many types of drugs among adolescents in Jamaica have changed over the last two decades. One of the most significant changes is the increase in the use of drugs among adolescent girls. Several drug use surveys indicate that prior to 2006, adolescent girls used cigarettes, marijuana, prescription medications, inhalants, and other licit and illicit drugs at a significantly lower rate than boys. However, since 2006, data shows that while gender differences in adolescent drug use continue to prevail, there has been a narrowing of the gender gap—with the rate of use of many types of drugs among girls increasing to equal, and even surpassing, their male counterparts (Atkinson, 2012; Cunningham, 2012; Inter-American Drug Abuse Control Commission [CICAD], 2010; NCDA, 2006).

Between 1987 and 2006 boys used drugs at a substantially higher rate than girls. For instance, in 1989, one survey indicates that the lifetime prevalence of the use of at least one of four substances (alcohol, cocaine, marijuana, tobacco) was 78% for adolescent boys and 40% for adolescent girls (Stone, 1990). The survey shows that 14% of boys reported to having used marijuana at least once in the past month, while only 1% of girl reported past month use (Stone, 1990). Similarly, a 1995 study of the past month's use of illicit drugs among grades 10 and 11 high school students in Jamaica shows a significantly higher prevalence in the use of cocaine, opium, heroin, and marijuana among boys than girls (Soyibo & Lee, 1999). In addition, a national school survey by the NCDA reveals that, in 1997, the lifetime prevalence of marijuana uses among high school boys in grades 8 to 11 was 37.3%, while the lifetime prevalence for girls

was 18.4%. Furthermore, the survey indicates that the lifetime prevalence of using cigarettes, tranquilizers, stimulants, and crack/cocaine among boys in grades 8 to 11 was 34.7%, 6.4%, 1.9%, and 5.2% respectively. In comparison, the lifetime prevalence for girls in the same grades was 21.1%, 4.6%, 1.2%, and 1.5% respectively.

However, by 2006 the gender disparity in adolescent drug use tapered, with the prevalence of drug use among adolescent girls increasing significantly (NCDA, 2006). Interestingly, the NCDA (2006) outlines that between 1997 and 2006 there was a dramatic decrease in the prevalence of drug use among boys however, the use of almost all types of drugs among girls increased. For example, while there was an 8.1% decrease in the lifetime prevalence of marijuana use among boys, there was a 1% increase in its use by girls (NCDA, 2006). Additionally, there was a 6.5%, 2.3%, and 1.28% decrease in use of cigarettes, tranquilizers, and crack/cocaine respectively among boys in grades 8 to 10. On the other hand, there was a 5.53%, 0.62%, and 0.83% increase in use among adolescent girls in the same grades (NCDA, 2006). Overall, according to the NCDA (2006), in 2006 the lifetime use of any illicit drugs among boys was 44.4% while girls was 43.8%. Furthermore, the use of some types of drugs by girls was significantly higher than for males in 2006. For example, the lifetime, past month, and past year prevalence of female inhalant use was approximately 31.09%, 16.1%, and 11.2% respectively, while that of males was 18.99%, 7.21%, and 4.56% respectively (CICAD, 2010).

The trend in decreasing use of drugs among boys continued in 2013, while girl's drug use remained steady, for the most part. For instance, the NCDA's National Secondary School Drug Prevalence Survey 2013 shows that lifetime use of marijuana among boys decreased from 29.1% in 2006 to 26.4% in 2013. In addition, lifetime use of inhalant decreased from 21.79% in 2006 to 12.1% in 2013. On the other hand, lifetime marijuana use among girls remained steady at

19.4% in 2006 and 2013. Similarly, lifetime cigarette use among girls slightly increased from 26.63% in 2006 to 28.3% in 2013 (NCDA, 2014). Lifetime inhalant use among girls decreased from 34.19% in 2006 to 14.1% in 2013; however, the rate of use among girls was evidently higher than boys (12.1%).

### **1.01b. Dropout Girls in Jamaica and Risks of Drug Use**

This study focuses on adolescent girls who dropped out of secondary school and reside in inner city communities in Kingston and St. Andrew, Jamaica. Researchers, predominantly in North America, have indicated that school dropout is a risk factor for drug use among adolescent girls (and boys) (Beauvais, Chavez, Oetting, Deffenbacher, & Cornell, 1996; Swaim, Beauvais, Chavez, & Oetting, 1997). Dropout girls are more likely to use all types of drugs than those who are attending school (Substance Abuse and Mental Health Services Administration [SAMHSA], 2013). For example, the National Survey on Drug Use and Health (NSDUH) indicates that in the United States, 52.2% of 12<sup>th</sup> grade dropout girls in comparison to 20.9% of those who are still attending school are current cigarette smokers (SAMHSA, 2013). In addition, the NSDUH shows that 12<sup>th</sup> grade dropout girls use marijuana at a significantly higher rate (20.8%) than those who are in school (12.7%) (SAMHSA, 2013). Researchers in the United States indicate that school dropout and drug use have similar risk factors (DuPont, Caldeira, DuPont, Vincent, Shea, & Arria, 2013). For instance, poor academic performance, poor relationship with teachers, and absenteeism are some of the risk factors of both school dropout and drug use for girls in the United States (Gaughan, 2006). Although there is a dearth of available local research, the association between drug use and school dropout trends may be similar for girls in Jamaica.

The formal school system in Jamaica consists of four levels; early childhood, primary, secondary, and tertiary (Ministry of Education [MOE], 2012). Early childhood schools cater to

children 3 to 5 years old and consist of Infant schools, Basic schools, Nurseries, and Kindergarten schools. Primary schools cater to students 6 to 11 years old and consist of All Age, Primary, Junior High, and Preparatory schools, and usually span grades 1 to 6. Adolescents 12 to 16 years old attend secondary schools from grades 7 to 11. Secondary schools in Jamaica are divided into lower level (grades 7-9) for students 12-14 years old, and upper level (grades 10-11) for students 15-16 years old. Secondary schools comprise Junior High, Secondary, Comprehensive, and Technical High schools. Finally, tertiary level schools are for students who have successfully completed secondary school and wish to pursue higher education. Tertiary education in Jamaica is comprised of universities, and professional, commercial, vocational and community colleges (MOE, 2012). According to the MOE (2012), there were 3,818 public and independent schools in Jamaica in the academic year 2011/2012: Of this total, 908 were primary and 378 were secondary schools.

To successfully complete secondary school and earn a school leaving certificate, Jamaican students must pass (achieve grades 1-3) at least three subjects in the Caribbean School Examination Certificate (CSEC) or other equivalent exit examinations (Partnership for Educational Revitalization in the Americas [PREAL] & Caribbean Policy Research Institute [CaPRI], 2012). Secondary school students in Jamaica usually take CSEC or other exit exams at the end of grade 11 (MOE, 2013a). Students who voluntarily or involuntarily leave the formal education system prior to the end of grade 11, and do not take an exit exam are considered to have dropped out (Brown, 2004). Dropping out of secondary school in Jamaica can result in difficulty gaining a tertiary level education or employment.

Even though secondary school girls in Jamaica tend to surpass boys in academic achievement and school attendance, on average, more girls drop out (especially at the secondary

upper level) than boys (Evans, 1999). In the academic year 2011/2012, more grade 10 girls (9.7%) in public secondary schools dropped out before completing grade 11<sup>4</sup> than boys (8.4%) in the same grade cohort (MOE, 2013a). While the dropout rate for boys (9.2%) transitioning from grade 10 to grade 11 was higher than girls (6.7%) in the 2010/2011 academic year, there was an increase in the rate of dropout girls transitioning from grade 10 to 11, from 6.7% in the 2010/2011 academic year to 9.7% in the 2011/2012 academic year (MOE, 2012; MOE, 2013a). Data shows that the rate of dropout for grade 10 girls transitioning into grade 11 have surpassed or equalled their male counterparts in previous academic years. Brown (2004) outlines that MOE statistics of dropout rates for 1998/1991 and 1999/2000 academic school years indicate that more grade 10 girls (12.1% for both years) in public secondary schools dropped out by grade 11 than boys (5.7% for both years). In the 2000/2001 academic year, for grade 10 girls and boys transitioning to grade 11 dropout rates were equal (12.9% and 12.8% respectively; Brown, 2004).

Great emphasis has been placed on secondary schooling and the educational outcomes of Jamaican boys, while educational outcomes for girls tend to receive less focus. This may be the case because, as mentioned above, overall academic achievement and attendance in secondary school is higher for girls than boys (Evans, 1999; Management System International [MSI], 2005). In addition, many research and education programs/policies in Jamaica are geared towards pregnant dropout girls, while relatively few programming has been developed specifically for non-pregnant dropout girls. For example, the MOE has implemented its “*National Policy Reintegration of School-Aged Mothers into the Formal School System*” which,

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<sup>4</sup> Except for All-Age and Primary & Junior High schools, secondary schools in Jamaica is completed at the end of grade 11 (MOE, 2013).



as the name suggests, is a policy developed to ensure that girls re-enter school after they become pregnant and have their baby (MOE, 2013b). In addition to this, there is the well-known and esteemed Women Centre Foundation of Jamaica (WCFJ), which provides continuing education to pregnant school-age girls until they give birth and are reintegrated into the formal school system (Barker, Knaul, Cassaniga, & Schrader, 2000; MOE, 2013b). The MOE (2013b) argues that since pregnancy is the “most common reason” for school dropout among girls, interventions for pregnant dropout girls, such as its national policy of reintegration of school-age mothers, are ideal for achieving its goals of providing education for all Jamaican children 3-18 years (MOE, 2013b; MOE, 2015).

Nevertheless, pregnancy is not the only reason girls drop out of school. Girls may also leave school before completion because of family financial constraints, lack of attachment/engagement in school, academic failure, and concern for safety going to or at school, among other reasons (Brown, 2004). Therefore, since the MOE has committed to provide an “education system that is equitable and accessible with full attendance to Grade 11 for all Jamaican 3-18 years old” (MOE 2015, pp. 2-3), then policy interventions that target dropout girls of all characteristics (not just pregnant dropouts) are warranted.

Moreover, research conducted-albeit outside of Jamaica—demonstrates that school dropout has severe consequences for girls. Girls who dropout of school are poorly educated and are at greater risk of experiencing unemployment, low income, poverty, violence, and poor health (Chaaban & Cunningham, 2011; National Women’s Law Centre, 2007; Plan, 2008; SAMHSA, 2013). Experiences of poverty, unemployment, and violence have been noted to contribute to increased risk of girls’ drug use (CASA, 2003).

### **1.01c. Girls in Inner City Communities and Risks of Drug Use**

Low-income urban communities, also known as inner city communities, in Kingston and St. Andrew, are characterized by high levels of violence (especially gun, gang, and drug violence), unemployment, poverty, low levels of education and marketable skills, poor housing, and a host of other socioeconomic problems (Clarke, 2006; Levy, 2009; Moser & Holland, 1997). Therefore, individuals, including girls, who reside in these communities are at risk of experiencing socioeconomic challenges. In addition, poverty and other socioeconomic vulnerabilities have been identified as risk factors for drug use (Anderson, 1998; CASA, 2003; NCDA, n.d; Oetting, Edwards, Kelly, & Beauvais, 1997). Drug, particularly marijuana, selling is widespread and is a major source of income and survival for men and women in inner city communities in Kingston (Clarke, 2006). Thus, it is widely available and accessible for girls to use. In addition, high rates of crime and violence in inner city communities in Kingston (Levy, 2009) and St. Andrew put girls living there at risk of experiencing or witnessing violence, such as murder, physical abuse, and rape. These may in turn result in posttraumatic stress disorders (PTSD), anxiety, and other psychological problems, which are well documented risk factors of drug use among girls in the United States and other countries (CASA, 2003; Lipschitz, 2003).

### **1.01d. Gaps in Adolescent Drug Use Research in Jamaica**

Despite the indication of increasing trends, there is still a dearth of research on drug use among Jamaican girls. Although studies of adolescent drug use have disaggregated rates of use by sex, and so highlight prevalence of drug use among girls, very few have examined and explained the pathways (risks) of drug use for girls in Jamaica. In addition, the statistics on drug use among girls are mostly derived from those attending school rather than dropouts. Therefore, one of the most profound deficiencies in drug use research in Jamaica is investigation of drug use

among girls who have dropped out of school. Additionally, relatively few studies have explored patterns and prevalence as well as influences of drug use among girls in various communities—particularly inner city communities. Because of these limited scientific inquiries, very little is known about why adolescent girls in Jamaica, particularly those who dropped out of school and reside in inner city communities, initiate and continue to use drugs.

## **1.02. Rationale**

Adolescent girls in Jamaica have been largely excluded from drug use research and knowledge production. Their stages of development (age), along with their gender and location in a non-Western (Third World) context may be reasons for this omission. Firstly, children and young people tend to be excluded from participating in decision making processes, even in situations that affect their lives, because of the general assumption that they are immature and passive beings in need of adult guidance and care (Tisdall, Davis, & Gallagher, 2009). This is in some cases evident in social research. Tisdall et al., (2009) explains that although children have been studied for many years, “they were most often the objects of research” (p.1) rather than the subjects. Notwithstanding, the recent development of several guidelines for how to conduct research with children and youth (Shaw, Brady, & Davey, 2011; Tisdall et al., 2009) is indicative of the burgeoning recognition of the need to actively involve children in the research process.

Secondly, girls in Jamaica may have received little attention in drug use research because of the androcentric assumption that drug use is a predominantly male-oriented phenomenon, and there are no differences between the ‘few’ females drug users and their male counterparts (Taylor, 1993). Finally, Jamaica’s history is rooted in political and economic colonialism which was maintained through military and ideological subjugation. This process of subjugation resulted in the erosion of Indigenous culture and ways of knowing, which were replaced with

western ideologies, such as patriarchy, which are a continuing influence in the lives and experiences of Jamaican girls.

In September 2015, the United Nations General Assembly member countries, inclusive of Jamaica, adopted 17 Sustainable Development Goals (SDGs) and 169 targets. The SDGs and targets constitute the UN 2030 Agenda for Sustainable Development, which is a plan to eradicate all forms of poverty, protect the planet, and ensure prosperity for all (UN General Assembly, 2015). The purpose of the SDGs is to build on the predecessor—Millennium Development Goals (MDGs)—and achieve those goals that were not met. Gender equality and empowerment of all women and girls was one of the main unachieved MDGs. Therefore, SDG #5 aims to achieve gender equality and empower girls. Specifically, target #5.5 seeks to ensure women’s full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic, and public life. In addition to this, SDG #3 aims to ensure healthy lives and promote the well-being for all individuals. One of this goal’s targets (#3.4) is to strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol (UN General Assembly, 2015).

The achievement of these SDGs (#3 & #5) and targets (#3.4 & #5.5) in Jamaica requires collaborative efforts by government and non-government organizations to institutionalize policies that address the barriers to girls’ healthy development, such as drug use. Programs that enhance the health and socioeconomic well-being of girls in Jamaica, so they can maximize their full potentials and develop into healthy women capable of participating equally in economic, political, and other spheres in society are integral to the achievement of SDG #5. In addition, reducing drug use among girls in Jamaica is paramount to the achievement of target #3.4. However, to do this, an in-depth understanding of the reasons Jamaican girls initiate and

continue to use drugs is warranted. This research embarks on the task of providing such knowledge, in efforts to improve girls' circumstances and increase their chances of leading happy and healthy lives, and growing into active women in the Jamaican society.

This study begins the long overdue process of producing knowledge about drug use among Jamaican girls, by exploring their lived experiences and how these influence their drug use. The knowledge generated from participants in this study can inform the development of useful programs to address drug use among girls in Jamaica.

As mentioned, while drug use among high school girls in Jamaica has increased, there is an overall paucity of research. There is dire need to recognize that the differences in the complex social realities of Jamaican girls and boys also have differential impact on their drug use. Therefore, research that takes an in-depth and critical look at psychological factors and sociohistorical contexts, and how these impacts on girls' drug use is needed. There is an especially acute need for research on drug use among dropout adolescent girls, since they may be at high risk for drug use and its consequences. Empirical data is required to confirm or debunk the seeming assumption that drug using girls in Jamaica is a homogenous group. Similarly, there is an immediate need to fill the gap in knowledge about drug use among girls in inner city communities, since they may be at higher risk for drug use than girls who reside in wealthier communities. This research is therefore an important step towards filling empirical and theoretical gaps in the drug use field in Jamaica, since it investigates and shares knowledge of drug use among dropout adolescent girls in inner city communities.

### **1.03. Research Questions**

This study seeks to understand how dropout adolescent girls in inner city communities in Kingston and St. Andrew, Jamaica come to initiate and continue using drugs. In recent years,

researchers and policy makers, mostly in the United States and other Western regions, have attempted to identify the factors that contribute to drug use among women and girls (Anderson, 1998; CASA, 2003). Many suggest that girls' individual/interpersonal characteristics, such as their attitudes and beliefs, as well as their social environments, for example family and peers, are key areas to explore for insight (CASA, 2003). In addition, some argue that the cultural construction of gender norms and roles are important areas of analysis for generating explanations of female drug use (Anderson, 1998). Following this line of analysis, three research questions are posed:

1. What are the attitudes and beliefs of dropout girls in inner city communities in Kingston and St. Andrew about drug use?
2. What is the impact of social contexts on the drug use attitudes, beliefs, and practices of dropout girls in inner city communities in Kingston and St. Andrew?
3. What is the impact of gender norms and roles on the drug use attitudes, beliefs, and practices of dropout girls in inner city communities in Kingston and St. Andrew?

#### **1.04. Theoretical Frameworks**

The theoretical framework used in the study is derived from several inter-related theoretical platforms: theory of planned behaviour (Ajzen, 1991), social control theory (Hirschi, 1969), social learning theory (Bandura, 1977), and postcolonial feminism. These frameworks provide a body of literature, including concepts, assumptions, and ideas, which informed and guided this research (Miles & Huberman, 1994). Together they form the basis for understanding and explaining the motivations of dropout girls' in inner city communities in Kingston and St. Andrew to use drugs. One of the underlying assumptions of all four theories is, individuals' realities and experiences are socially constructed. That is, their realities and experiences have

symbolic meanings (Rhodes, 2000), and are products of interplay between a wide range of individual and structural processes. As such, attempting to describe girls' drug using patterns requires an investigation and understanding of their realities and lived experiences from their standpoints.

The theory of planned behaviour posits that human behaviour is caused by the intention to perform a behaviour. Further, it postulates that this intention is caused by individual attitudes towards behaviours, subjective norms, and perceived behavioural control (Ajzen, 1991).

Therefore, when used to explain adolescent drug use, the theory of planned behaviour suggests that the main predictors of drug use among adolescents are their perceived abilities to use drugs successfully according to their own criteria of success, their beliefs about the consequences of using drugs, and their perceptions about how people around them will react to their drug use (Gunnarsson, 2012; Petraitis, Flay, & Miller, 1995). Social control theory postulates that deviant or delinquent behaviours are caused by individuals' weak bonds and commitments to conventional social institutions (Hirschi, 1969). Therefore, when used to explain the cause of adolescent drug use, social control theory suggests that adolescents use drugs because they have weak bonds with conventional social institutions and strong bonds with peers and other role models that endorse drug use (Petraitis et al., 1995). Social learning theory suggests that individuals observe and model the behaviours of people around them (Bandura, 1977). When applied to adolescent drug use, social learning theory suggests that adolescent drug use is caused by observing and modeling the behaviors of others who use drugs (Petraitis et al., 1995). Finally, postcolonial feminism suggests that any understanding of the lives, experiences, and behaviours of women (and girls) in societies with a colonial heritage requires an examination of the racial, cultural, and historical complexities that shape their beliefs, ways of life, and existence.

Over the years, several explanations of the factors that influence adolescent to use drugs have been proposed. However, these explanations tend to overlook the sociohistorical structures that mould the beliefs and experiences of women and girls' in postcolonial contexts and that influence their drug use. This study includes postcolonial feminism to rectify this gap by attending to the role of colonial legacies, gender, and class in postcolonial girls' drug use in Jamaica. Essentially, in carrying out this study, the influence of colonialism and slavery on aspects of Jamaican social processes and organizations that may play key roles in shaping girls' beliefs and experiences are examined.

#### **1.05. Methodology and Summary of Main Findings**

This study uses a feminist standpoint research approach. Standpoint research espouses rooting scientific inquiries in women and girls lived experiences to understand and produce knowledge about their behaviors and social worlds. Semi-structured in-depth interviews with 15 dropout girls who reside in inner cities in Kingston and St. Andrew are utilized to collate data, and a robust analysis of their narratives about their beliefs and experiences has been done.

Subsequently, five main findings have been uncovered:

1. *Poly-drug use*: Combined use (via smoking) of marijuana and tobacco; marijuana, tobacco, and cocaine; bidis—a type of handmade cigarette made from dried tobacco leaves (NCDA, n.d.); and cigarettes.
2. *Beliefs in the positive functions and benefits of smoking*: Belief that smoking helps to relieve and cope with stress and wide array of psychosocial problems. This finding supports the theory of planned behaviour, as it shows that attitudes and beliefs about smoking influence girls in the study smoking behaviours.



3. *Acceptance/approval of smoking by peers and family members:* There are no negative sanctions by close friends and family for smoking tobacco or marijuana. Theory of planned behaviour, and social control and social learning theories are supported by this finding. It demonstrates that approval from people around them influences the smoking behavior of girls in the study (theory of planned behaviour); observing people around them smoking influences them to smoke (social learning theory); close ties with drug using peers also influences girls in the study to smoke (social control theory).
4. *Multiple and varying past and ongoing experiences with family, friends, at past schools, and in communities:* Relevant experiences include but are not limited to: neglect<sup>5</sup> and physical abuse by parents and other family members, sexual abuse by intimate partners, death of family members and close friends, valued emotional and financial support from peers who also smoke, encouragement by peers to smoke, exposure to community violence, family financial constraint/poverty, and poor relationships with teachers. A postcolonial feminist analysis of these findings demonstrates the importance of understanding the sociocultural and historical specificities that shape the lived experiences of girls in postcolonial contexts their beliefs, and behaviours—including drug using practices.
5. *Acceptance and rejection of cultural expectation of feminine behaviours and roles for girls:* Girls are usually expected to adopt feminine traits and roles, such as being passive, quiet, sexually submissive and monogamous, and may accept or reject these expectations.

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<sup>5</sup> For this study, neglect refers to the inability or failure of parents/caregivers to provide a child with adequate supervision, care, nurturing, shelter, food, clothing, and protection (DePanfilis, 2006). It is important to note that the term *neglect* may connote blaming the parents or caregivers. This study recognizes that marginalization and poverty stemming from colonial legacies, gender norms, and class inequities are determinants of neglect; therefore, it does not blame parents or caregivers for the incidences of neglect that are recorded.

Postcolonial feminist analysis demonstrates that gender roles and norms, rooted in historical legacies, have significant influence on the experiences of girls living in postcolonial contexts.

#### **1.06. Definitions of Key Concepts**

**Adolescence:** Adolescence is defined as a stage in human development that occurs between child- and adulthood (World Health Organization [WHO], n.d). It is a major transition period that results in many biological and psychological changes (WHO, n.d.). Along with changes in body shape and features, transitions in the adolescent stage result in feelings of anticipation and anxiety about the future; sadness about loss of childhood and loss of dependence; and changes in family and other relationships (Coleman & Hagell, 2007). The WHO (n.d.) refers to adolescence as the developmental period that takes place between ages 12 and 19. However, it must be noted that the age of adolescence varies across countries and cultural contexts. In Jamaica, the period of adolescence is officially from 12 to 17 years old, based on a typical public school trajectory.

**Adolescents:** For this study, adolescents are persons between 12 and 17 years old.

**Adolescent Girls:** In this study, adolescent girls are understood as anyone between the ages of 12 and 17 who self-identify as female. Dropout adolescent girls, as outlined below, are a subset of this larger population.

**Bidis:** A type of handmade cigarette produced from dried tobacco leaves, and rolled in a paper made from herbal leaves (NCDA, n.d).

**Dropout/School Dropout:** A student who voluntarily or involuntarily exits the formal school system at a school level without completing the required program for that level (Brown, 2004). In Jamaica, completion of secondary school is usually indicated by taking an exit

examination, such as the Caribbean Examination Council's (CXC) Caribbean School Secondary Certificate (CSEC), and obtaining a school leaving certificate.

**Dropout Adolescent Girls/Dropout Girls:** For this study, dropout adolescent girls or dropout girls are individuals who self-identify as female between 14 and 17 years old who have not attended a formal public/private school at least once in the past month (prior to the study) or are no longer enrolled in school; have not sat a school exit examination (example the Caribbean School Secondary Certificate—CSEC); and have left school before graduating or obtaining a school leaving certificate.

**Drugs:** A drug is any substance taken in the body that affects the way people feel, think, and behave (American Psychological Association, 2010). Psychoactive drugs are substances that affect mental functioning such as altering moods, visions, thoughts, and judgements. They are usually categorized as licit or illicit. Licit drugs are those that are made, sold, and used legally such as tobacco, over-the-counter prescriptions when taken as directed, and medications prescribed by a certified medical person. On the other hand, illicit drugs are those made, sold, and used without legal or medical authorization (illicit use). An example is the use of prescription sedatives without authorization by a certified medical practitioner.

**Drug Abuse:** Refers to the compulsive and excessive consumption of psychoactive substances (NIDA, 2014b). Please note that this study does not examine drug abuse—only drug use (defined below).

**Drug Addiction:** Refers to the compulsive seeking and consumption of psychoactive substances regardless of damaging consequences (NIDA, 2014b). This study does not examine drug addiction.

**Drug Use:** In this study, drug use refers to the experimental to frequent use of one or more types of illicit or licit psychoactive substances, largely marijuana and tobacco.

**Drug Use Attitudes:** Refers to individuals' views about the consequences and/or functions of drug use. This concept is derived from Ajzen's (1991) theory of planned behaviour.

**Drug Use Beliefs:** Otherwise termed subjective norms, these are individuals' perceptions about how people close to them, for example family and peers, react to their drug use. This concept is derived from Ajzen's (1991) theory of planned behaviour.

**Femininity:** For this study, femininity refers to a set of cultural norms and practices assigned to women (Pilcher & Whelehan, 2004). Femininity is usually characterized by docility, weakness, meekness, and affection among others (Kulis et al., 2002).

**Ganja:** Jamaican Creole word from marijuana.

**Gender:** Usually refers to the socially constructed demarcation of the biological sexes into masculine or feminine behavioural traits, characteristics, roles, and competencies (Pilcher & Whelehan, 2004). In many cultures, masculine characteristics are assigned to men and feminine characteristics assigned to women, although the content of said characteristics may vary considerably across cultures.

**Gender Norms:** Cultural ideas and expectations of appropriate traits and behaviours for males and females.

**Gender Roles:** Cultural norms that stipulate appropriate traits, behaviours, and functions of binarized sexes—such as male and female.

**Gender Relations:** Patterns and structures of interaction among males and females in public and private social spheres (WHO, 2015).

**Gender Identity:** Refers to one's subjective sense of masculinity/maleness or femininity/femaleness (Kulis et al., 2002) or otherwise. Gender identity reflects the extent to which individuals conform and adapt to cultural expectations of appropriate types of behaviours for the different sexes.

**Ghetto:** Another term for a low-income urban community.

**Grabba:** A Jamaican Creole term for dried tobacco leaves, usually rolled with marijuana in an herbal paper and smoked.

**Inner City Community:** Refers to a low-income or impoverished area in an urban city or region.

**Masculinity:** A set of cultural norms and practices associated with being a man (Pilcher & Whelehan, 2004). Masculinity is usually characterized by dominance, strength, aggression, and assertion (Kulis et al., 2002).

**Spliff:** Local/street name for marijuana rolled with tobacco (Grabba) for smoking.

**Social Context:** Refers to the physical, social, and cultural settings in which people live. It comprises the physical surroundings, social relationships, and cultural environments within which humans exist and interact (Barnett & Casper, 2001). Elements of social contexts include: family, peers, schools, community, religion, social norms and cultural practices. For this study, social context is understood to be comprised primarily of family, peer group, school, and community.

**Weed:** Jamaican Creole word for marijuana.

**Wrizzla:** Jamaican Creole term for the thin paper used for rolling spliffs (The Caribbean Dictionary, n.d.).

## **1.07. Summary and Organization of the Manuscript**

This chapter introduces key concepts and ideas that will be presented throughout the research manuscript. It provides a general overview of the research, and outlines drug use patterns among girls in Jamaica over the last two decades. It also provides a brief discussion of trends in school dropout among girls in Jamaica, the linkage between drug use and school dropout, gaps in drug use research on the island, the rationale for conducting the study, and the specific research questions raised. Finally, the chapter presents an overview of the theoretical framework used, methodology and summary of findings, and definitions of terms that will appear frequently.

The remaining manuscript consists of chapters II-IX. Chapter II reviews the literature<sup>6</sup> that informs the study. This includes works on the prevalence and patterns of drug use among adolescent girls in Jamaica and other countries; the psychological and environmental factors such as family, peers, school, and community that contribute to drug use among adolescent girls; and dropout girls and drug use in Jamaica.

Chapter III discusses the theories that guided the study. They are: theory of planned behaviour, social learning, social control and postcolonial feminist theories. It explains the main tenets of each theory and outlines their primary strengths and shortcomings, if any. The last section of the chapter provides an outline of the history of Jamaica, as well as the impact of colonialism and slavery on contemporary Jamaican culture and social structures that shape girls'

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<sup>6</sup> Please note that because of the overall paucity of research on drug use among dropout adolescent girls in low-income areas in Jamaica, several of the literature referred to in this study is quite dated-more than five years old. Extensive search for literature pertinent to prominent areas of the study; for example, physical violence and girls' drug use, colonialism, corporal punishment, and drug use among dropout girls; yield scanty literature that are in most cases dated. This dearth of updated literature on drug use among dropout adolescent girls validates the importance of this study.

lives and experiences. It concludes that social learning and social control theories, postcolonial feminism, and the theory of planned behaviour together elucidate a wide range of psychological, historical, and sociocultural factors that contribute to drug use. Combined, they provide an excellent conceptual framework to explain the factors that contribute to drug use among dropout adolescent girls in inner city communities in Jamaica.

Chapter IV details the methods used to collect, Analyse, and interpret the data. It discusses the use of feminist standpoint research design and the rationale for its use. It also explains the steps taken to collect the data; using one-on-one semi-structured interviews with the 15 girls who participated in the study; including the drafting of the questions, recruitment, and administration of interviews. The chapter also outlines some of the steps taken to ensure that the girls were not harmed by participating in the study.

Chapter V provides a profile of the study participants' beliefs, knowledge, and practices of drug use. It highlights details about their personal backgrounds including their age; number of children, if any; community of residence; family units; friends; and schools they have attended. It also presents a description of the participants' significant life experiences. In addition, the chapter outlines the reasons that participants dropped out of school, and some of their thoughts about gender roles and norms.

Chapter VI lays out the findings and discussion related to the participants' attitudes and beliefs about drug use as well as gender norms and roles. It outlines the most common types of drugs that the participants use and reasons for their choices, including their beliefs about the outcomes of drug use. Chapter VII and VIII provide the findings and discussion related to the impact of family, peer group, community, and school on the study participants' drug use. Together, these three chapters explain the connections between drug use and colonial legacies,

gender norms, and social class. The final chapter IX presents a summary of the main findings uncovered in the study, and discusses the implications of the findings for the development of policies to reduce drug use and its consequences among girls in Jamaica. It also discusses the theoretical implications of the findings, and outlines the limitations of the study and recommendations for future research.



## **CHAPTER II: LITERATURE REVIEW**

### **2.0. Introduction**

This chapter reviews the literature relating to adolescent girls and drug use. It focuses on prevalence and patterns of drug use among girls, and highlights contributing individual and environmental factors. Because there is limited literature on drug use among girls in Jamaica, this chapter includes literature on drug use among girls in the United States and other regions, and examines whether they may be applicable to the situation of Jamaican girls who use drugs. The few available works on girls and drug use in Jamaica are also examined. This literature on girls and drug use (in and outside of Jamaica) informs the scope of this study, and enables me to identify trends, gaps, and potential areas for new knowledge applicable to the drug use field in Jamaica.

#### **2.01. Types of Drugs Most Frequently Used by Girls**

The most common drugs used by high school girls in the United States are cigarettes and marijuana (Johnston et al., 2012; SAMHSA, 2013). Cigarettes and marijuana are also the top two most frequently used drugs by girls in Jamaica (NCDA, 2014). Other drugs that girls in Jamaica tend to use are inhalants, tranquilizers, and stimulants (NCDA, 2006). In fact, a 2006 drug use survey indicates higher or equal rates of inhalant, stimulant, and tranquilizer use among high school girls as boys in Jamaica (NCDA, 2006). Similar trends in gender differences in use rates of these substances have been reported in the United States (Johnston et al., 2012).

It can be argued that girls in Jamaica frequently use marijuana, cigarette, stimulants, and tranquilizers because these types of drugs are easily accessible. The 2013 National Secondary School Drug Use Prevalence Survey reveals that more Jamaican girls (53.1%) than boys (46.1%) believe that marijuana is easy to access (NCDA, 2014). Marijuana, also locally referred to as

ganja/weed, is a widely used psychoactive substance in Jamaica. Contemporary literature points to the normative and cultural integration of marijuana use (Dreher, 1995; Dreher, 2002). The amendment of the Dangerous Drugs Act in 2015 decriminalized the use of marijuana in Jamaica. However, marijuana has been widely used for recreational, medicinal, and religious purposes (mainly by Rastafarians) since its introduction to the Island in the mid-19th century by East Indian indentured immigrants (Chevannes, 1988; Chevannes, 2001; Dreher, 2002). Many Jamaicans do not believe that marijuana is a drug, and it is not uncommon to find ganja teas and tonics been administered for health enhancement in households at all socioeconomic levels (Chevannes, 2001; Dreher, 2002). However, marijuana is most commonly rolled (in many instances with tobacco) and smoked. This cultural acceptance accounts for the widespread use and easy access of marijuana in Jamaica, and so can explain its frequent use among adolescent girls. Nonetheless, it is important to note that female marijuana use is not socially endorsed in Jamaica (further details on gender norms and marijuana smoking is provided in chapter 3—section 3.02).

Cigarette use is legal for persons 18 years and older, so cigarettes are also easily accessible for Jamaican girls, which accounts for their widespread use. Similarly, many tranquilizers and stimulants are sold over the counter or can be procured with a prescription and, likewise, inhalants are found in everyday household stores and some stationeries (like glue), so can be accessed easily for frequent use by girls in Jamaica. Some girls use one type of drug, while others use a combination (poly-drug use). The types, as well as frequency of drugs used by girls “vary according to age, ethnicity, income, ability, and other important determinants” (Poole & Dell, 2005, p. 1).

## **2.02. Prevalence of Drug Use among Girls**

Extant literature indicates that there has been a narrowing of the gender gap in drug use in many countries. Girls in Jamaica, other Caribbean countries, the United States, and Canada are now using drugs at the same or higher rate than boys (CASA, 2003; NCDA, 2014; Poole & Dell, 2005; Schinke et al., 2008). For example, in Jamaica, the 2006 National School Survey shows that girls in grades 8 to 11 use drugs at equal or higher rates than their male counterparts (NCDA, 2006). The survey reveals that while the lifetime prevalence of use of any illicit drugs for boys in the said grades was slightly higher than girls (44.44% vs. 43.83%), girls have higher past year and month rate of use of illicit drugs than boys (25.39% and 17.31% for girls versus. 23.25% and 15.73% for boys) (NCDA, 2006). Finally, the 2006 survey data shows that girls in grades 8 to 11 use tranquilizers more than their male counterparts (5.22% vs. 4.10%; see table 1 below for details).

**Table 2.01***Prevalence of Drug Use by Sex in Jamaica Reported in Percentage*

<i>Drugs</i>	<i>Lifetime</i>	<i>Past Year</i>	<i>Past Month</i>
Cigarettes			
Male	28.20	9.45	5.14
Female	26.63	9.60	4.90
Bidis			
Male	17.14	7.81	4.54
Female	11.25	5.83	3.14
Inhalants			
Male	21.79	8.46	5.36
Female	34.19	18.96	13.35
Season Spliff <sup>7</sup>			
Male	6.73	3.11	1.52
Female	5.11	2.59	1.86
Stimulants			
Male	6.02	3.39	2.00
Female	5.85	3.26	2.25
Tranquilizers			
Male	4.10	1.63	1.09
Female	5.22	2.81	1.40
Any Illegal Drug			
Male	44.44	23.25	15.73
Female	43.83	25.39	17.31

*Note.* From the *National School Survey 2006*, by the NCDA, 2006, Kingston: National Council on Drug Abuse. Adapted with permission.

Adolescent girls in Jamaica are not only using drugs at an increasing rate; they are also initiating use at a young age. For example, the average age of first use of inhalants for girls is 11.30 years old (CICAD, 2010). In addition, the average age of first use of marijuana and cigarette for girls is 12.83 and 12.04 years old, respectively (CICAD, 2010). Early initiation increases the likelihood of continued drug use and perhaps addiction in the future (CASA, 2003). According to CASA (2003), girls (in the United States) who use tobacco in elementary school

<sup>7</sup> A marijuana cigarette (joint) mixed with crack cocaine (NCDA, 2006).

are almost three times more likely to continue using into middle school than those who did not have an early initiation.

Drug use has severe health and psychosocial consequences. For example, chronic marijuana use can cause bronchial irritation and inflammation which can lead to bronchitis and other pulmonary diseases (NCDA, 2016). Marijuana use can also cause impaired memory, attention, and learning; anxiety; and hallucinations (NCDA, 2016; Powell-Booth, 2016). According to CASA (2011), girls (in the United States) are at higher risk for anxiety, depression, and suicide from marijuana, tobacco, and other drug use than boys. McFarlane et al., (2014) also indicate that current smoking habits place Jamaican adolescent girls at increased risk of depression.

Higher or comparable rates of drug use among adolescent girl are also evident in many Caribbean countries. A comparative analysis of student drug use in 12 Caribbean countries conducted by CICAD (2010), reveals higher prevalence of inhalant use among high school girls than boys in Antigua and Barbuda in the year prior to the study (5.06% for girls vs 1.5% for boys), Barbados (10.06% for girls vs. 7.18% for boys), Grenada (6.26% for girls vs 4.41% for boys), St. Kitts and Nevis ( 6.38% for girls vs 4.14% for boys), Trinidad and Tobago (13.97% for girls vs 9.52% for boys), and Jamaica (16.1% for girls vs. 7.21% for boys).

In the United States, cigarette use among middle and high school girls is almost on par (9% and 27.7% respectively) with boys in the same school levels (10% and 29.2% respectively) CASA (2003). Similarly, high school girls in the United States are almost as likely as boys to use cocaine (3.7% and 4.7% respectively), and inhalants (4.2% and 5.1% respectively; CASA, 2003). Also, girls in the United States surpass boys in the illicit use of prescriptions drugs such

as painkillers (8.7% for girls versus 7.3% for boys), stimulants (4.6% for girls versus 3.4% for boys), and tranquilizers (2.7% for girls versus 2.1% for boys; CASA, 2003).

Comparable narrowing of the gender gap in drug use is also evident in Canada. Poole and Dell (2005) examine several surveys and report that adolescent girls have a higher rate of prescription and non-prescription drug use than boys in many Canadian provinces. To illustrate, Poole and Dell (2005) highlight findings from the 2003 Ontario Student Drug Use Survey which show that 6.7% of girls in grades 7-12 used stimulants in the past year in comparison to 4.7% of boys. Similarly, the 2002 Nova Scotia Student Drug Use Survey also shows that 12.1% of girls in grades 7 to 12 used amphetamines or methylphenidate in the past year compared to 13.6% of their male counterparts. Similar trends are shown in the 2005 Manitoba student drug use survey, where girls in grades 7 to 12 use non-medical prescription drugs at a higher rate (6.4%) than boys (3.7%; Poole & Dell, 2005).

### **2.03. Girls' Attitudes and Beliefs about Drug use**

Literature arising from research conducted outside of Jamaica indicates that psychological factors such as adolescent girls' attitudes and beliefs about the consequence/function of drug use, influence them to use drugs (CASA, 2003). It has been suggested that one of the main reasons girls use drugs is to cope with stress, anxiety, and other emotional discomforts. Girls (according to studies mainly from the United States) tend to believe that the use of drugs helps them to cope with stressful situations, sadness, depression, and other emotional distress (Boys, et al., 2001; Hoffmann & Su, 1998).

It is well documented that girls (and women) in Jamaica and other countries are more likely to suffer from depression than boys (and men) (Brady et al., 2009; Brooks, Harris, Thrall, & Woods, 2002; CASA, 2003; McFarlane et al., 2014; Nolen-Hoeksema, 2001; Schoen et al.,

1997). For example, a study on adolescent risk behaviours and depression in Jamaica shows that more girls (41.3%) report feelings of depression than boys (24.5%; McFarlane et al., 2014). The same study shows that more Jamaican girls report having feelings of hopelessness (20.4%) and have planned suicide (21.3%) than boys (12% versus 9.7%, respectively). A school survey of the health of 3,162 adolescent boys and 3,586 adolescent girls in the United States also shows that 23% of girls show symptoms of depression in comparison to 16% of boys (Schoen et al., 1997). It has been argued that girls who are depressed are twice more likely to smoke and use other drugs than those who are not or are less depressed (CASA, 2003).

Similarly, girls (in the United States) with low self-esteem are two times more likely to smoke, and use other drugs than girls with high self-esteem (CASA, 2003). During puberty, some girls are concerned with their physical appearance, including their body weight, which in many instances may lead to low self-esteem and eating disorders. In fact, girls (in the United States) tend to be more dissatisfied with their physical appearance and are thus more likely than boys to diet, fast, take diet pills, induce vomiting, or take laxatives to control their body weights (CASA, 2003). This insecurity with body image may subsequently increase girls' risk of drug use. The literature proposes that girls (referring mostly to girls outside of Jamaica) believe that smoking and taking diet pills helps them to become or stay thin. Simantov, Schoen, and Klein (2000) explain that most of the girls in their study reported that they smoke to help them stay slim.

Girls who have low coping and social skills tend to believe that drug use is beneficial, helping to increase their abilities to interact with others, improve their moods, stay calm, and cope with traumatic situations (Boys et al., 2001; Christiansen, Smith, Roehling, & Goldman, 1989; CASA, 2003; Dun & Goldman, 1998; Novacek, Raskinm, & Hogan, 1991; Schoen, Davis,

Collins, Greenberg, Des Roches, & Abrams, 1997; Simantov et al., 2000). While adolescent boys are more likely to use drugs to be cool, teenage girls are more likely to use drugs to relieve stress and forget about their personal troubles (Simantov, 2000). Schoen et al. (1997) indicate that 66% of girls in their study smoked at least one pack of cigarettes per week and 41% used other drugs at least once per month to relieve stress.

#### **2.04. Childhood Experiences for Girls and Drug Use**

Childhood experiences of girls, such as timing of adolescence, parental neglect, and sexual and physical abuse are factors that may lead to drug use. Adolescence is characterized by rapid physical growth as well as changes in hormone levels, emotions, cognitive abilities, perception of self, and sexuality (Dubas & Petersen, 1993). Research indicates that girls tend to reach adolescence earlier than boys (Marshall & Tanner, 1970), and may experience greater levels of psychosocial impact than boys (Dubas & Petersen, 1993). For example, while changes in shape and size of boys' bodies tend to enhance their self-confidence, bodily changes during adolescence for girls are likely to decrease their feeling of attractiveness and self-confidence (Dubas & Petersen, 1993; Schoen, Davis, Collins, Greenberg, Des Roches & Abrams, 1997).

CASA (2003) indicates that some girls who experience adolescence at an earlier age are more at risk for transitional difficulties, including depression, stress, and several psychological disorders, than their male counterparts. As an illustration, a study of adolescent girls in the UK shows that girls with early menarche (earlier than age 11.5 years old) are more likely to experience depression than those who had their first menstruation at the archetypal age (12-13 years old) or later (Johnson, Heron, Lewis, Croudace, & Araya, 2011). Early adolescence in girls has also been linked to many risky behaviours such as early and frequent drug use (CASA, 2003; Dubas & Petersen, 1993). One study reveals that 15-year-old girls who report that they had their



first menstruation when they were under 12 years old are more likely to smoke marijuana and use other drugs than girls who are 15 years old and have not yet reached menarche (Prokopcakova, 1998). Another study indicates that girls who began menstruation earlier than age 11.6 are almost two times more likely to use drugs and three times more likely to be diagnosed with depression and drug use than girls who started their menstruation at the typical or a later age (Stice, Presnell, & Bearman, 2001). Again, it is important to note that these studies were conducted with girls outside of Jamaica. A few studies have indicated that girls in Jamaica initiate drug use as early as 11 years old (CICAD, 2010), which may coincide with the onset of menarche. Therefore, it may be the case that for Jamaican girls, early menarche and drug use are associated.

#### **2.04a. Abuse and other Traumatic Experiences**

It is well documented that childhood traumatic experiences such as neglect and physical, sexual, and other forms of abuse are likely to increase risks of drug use (Ahmad & Mazlan, 2014; Brady et al., 2009; CASA, 2003; Hawkins et al., 1992; Huang, Gundapuneedi, & Rao, 2012; Kilpatrick, Saunders & Smith, 2003; Khoury, Tang, Bradley, Cubells, & Ressler, 2010; National Child Traumatic Stress Network [NCTSN], n.d.). For example, a national study of youth victimization in the United States indicates that adolescent girls and boys who have experienced physical assault or abuse are approximately four times more likely to abuse drugs (25 %) than those who have not experienced physical assault or abuse (6%) (Kilpatrick et al., 2003).

The NCTSN (n.d) defines traumatic experiences as “those that cause overwhelming anxiety or distress” (p. 13). Traumatic experiences include any encounter with impending death or injury such as being victimized by or witness to a crime; physical, emotional, and sexual

abuse; death of parents or other loved ones; diagnosis of a life-threatening illness; and neglect (NCTSN, n.d). Neglect is a situation where children receive little or no basic parental care and supervision. Childhood sexual abuse refers to non-consensual forced sexual acts upon a child by an adult or another child. Physical abuse (violence) refers to all forms of fatal and non-fatal acts including torture, cruel and inhuman physical punishment, physical bullying, hazing, and corporal punishment (UN CRC Committee on the Rights of the Child, 2011). Examples of physical abuse are hitting children with the hand or with an object such as whip, stick, belt, or shoe; kicking; shaking or throwing children; scratching; pinching; biting; pulling children's hair; caning; forcing children to stay in uncomfortable positions; burning; scalding; and forced ingestion (UN CRC Committee on the Rights of the Child, 2011).

Girls in many regions are more likely to encounter certain traumatic experiences than boys, such as sexual abuse (Brady et al., 2009). A report by Amnesty International (2006) indicates that in 2004, 70% of all reported sexual assaults in Jamaica were against adolescent girls. In addition, the Office of Children Registry (OCR) in Jamaica reports that in 2013, 92% of the sexual abuse cases reported were against girls. Similarly, girls in the United States are also approximately five times more likely than boys to experience sexual abuse (Brady et al, 2009). Likewise, around 21% of girls surveyed in a high school in the United States indicated that they have experienced some form of sexual abuse; 17% reported to having experienced physical abuse in comparison to 12% of boys (CASA, 2003; Schoen et al., 1997). Girls who have been sexually or physically abused are more likely to report substance use and abuse than those who have not had such experiences (CASA 2003; Kilpatrick, Saunders & Smith, 2003). Schoen et al., (1997) records that 26%, 22% and 30% of girls (in the United States) in grades 9-12 who smoke cigarettes, drink or use drugs report having experienced physical or sexual abuse; in comparison

to 10%, 12% and 13% percent of girls who smoke, drink, and use drugs but report that they were never abused.

Victimization of girls has been linked to psychological disorders such as depression and low-self-esteem, which are said to be risk factors for drug use (CASA, 2003). Girls who have experienced abuse, especially sexual abuse, use drugs as a means of coping with the emotional and physical pain (Simpson, 2003). Many studies—most of which are conducted outside of Jamaica—indicate that girls who have or are being sexually abused initiate drug use at an earlier age, and use drugs more frequently than those who are not affected (Anda et al., 1999; Harrison, Hoffman, & Edwall, 1989; Pedersen & Skronnal, 1996; Singer, Petchers, & Hussey, 1989). In addition to abuse, girls who witness any acts of violence; such as robbery, physical abuse (especially of parents), rape, or murder; are more likely to smoke marijuana and tobacco and use other drugs (CASA, 2003; Poole & Dell, 2005) to cope with or escape the related emotional distress. Again, it must be emphasized that much of this literature is garnered from studies conducted among girls outside of Jamaica. However, as will be seen later in this study, girls in some low-income neighbourhoods in Jamaica are at high risk for experiencing traumatic events such as exposure to violence and abuse. Therefore, it is likely that their drug use is associated with such traumatic experiences.

Traumatic experiences affect girls and boys differently. According to Leadbeater, Blatt, and Quinlan (1995), socialization toward gender roles and norms can explain this differential effect of traumatic experiences. Girls are socialized into assuming conventional feminine roles which require them to be caring, nurturing, gentle, kind, and affectionate to others. Girls who conform to received models of femininity usually value and place greater emphasis on interpersonal relationships, particularly with parents, family, and friends; they desire closeness

and emotional warmth from family members and friends; and they fear neglect, rejection, and ill-treatment from those closest to them. Besides, girls who conform to feminine norms and roles tend to have an internalized reaction to conflict; that is, they tend to refrain from displaying (as is expected) anger or aggression to express their feelings of discontent. Thus, girls who experience neglect, as well as sexual, physical and emotional abuse, and other negative conditions are more likely to internalize their feelings and become withdrawn and depressed, and resort to drug use to cope (Hoffmann & Su, 1998; Leadbeater et al., 1995). As will be highlighted in chapter 3—section 3.02, Jamaican girls are socialized toward feminine traits and roles, predominantly remnant of Jamaica's colonial history (Vázquez, 2002). The forced education of Jamaican girls into conventional feminine roles may result in them being unassertive and more dependent (on external validations) which, according to Leadbeater et al., (1995), can influence them to use drugs. Therefore, examining gender roles and norms as influenced by colonialism may be a useful lens through which to embark on an inquiry about contributory factors influencing drug use among dropout girls in Kingston and St. Andrew, Jamaica.

Additionally, during adolescence many girls struggle with the need to develop their own identities and societal pressure to conform to conventional gender roles. This conflict may contribute to girls' low self-esteem, which in turn may influence their drug use (Turner, Norman, & Zunz, 1995; Slater et al., 2001). Some girls may use drugs as a means of conforming to or rejecting the social norms of femininity. Banwell and Young (1993), for example, suggest that stereotypes of femininity are usually segmented into two broad groups: 'good girls' and 'bad girls', and that young girls smoke cigarettes because it is perceived as a rebellious behaviour—or being a 'bad girl' in the rebellious sense.

## **2.05. Social Contexts: Family, School, Peers and Communities**

Social contexts such as family, peers, school, and community have been noted as central elements that influence some girls to use drugs (Anderson, 1998; CASA, 2003; Rhodes, 2000). CASA (2003), for instance, indicates that family history of drug use; poor parental supervision, and poor relationship and communication with parents; poor relationships with teachers; academic failure; disengagement from school; drug using peers; and communities with high unemployment and crime rates, and availability of drugs; all increase girls' risks of drug use (in the United States).

### **2.05a. Family and Girls' Drug Use**

A myriad of research (done outside of Jamaica) points to a link between girls' relationships and interactions with family, especially parents, and their use of drugs (CASA, 2003; Schinke et al., 2008; Svensson, 2003). Family history of drug use, perceived parental approval of drug use, poor parental supervision, and poor relationships with parents are all factors which potentially increase girls' risks for drug use (Schinke et al., 2008). Parental and family use of drugs have been identified as strong predictors of drug use among adolescents in Jamaica and elsewhere (Bahr, Hoffmann, & Yang, 2005; Biederman, Faraone, Monuteaux, & Feighner, 2000; NCDA, 2014; Richter & Richter, 2001). According to the NCDA (2014), high school students who have one or both parents who smoke regularly are more likely to smoke than those whose parents do not engage in smoking habitually. Girls who observe their parents or other family members using drugs, or believe that their parents will approve of their drug use, are more likely to form positive drug using attitudes and use drugs than those whose parents do not use or approve of drug use (CASA, 2003).

Poor relationships with parents can also increase girls' risks for drug use. In fact, studies (outside of Jamaica) indicate that girls who believe that they cannot talk with their parents about their problems are more likely to use drugs than those who have good relationships with their parents (CASA, 2003). Ledoux, Miller, Choquet, and Plant's (2002) study among adolescents in the UK and France confirms that lack of family bonding and parental support increases girls' likelihood to use alcohol and drugs. Poor parental supervision also influences girls' drug using behaviours (Leboux et al., 2002). A study by Svensson (2003) affirms that girls who receive little parental supervision are more likely to use drugs than boys who receive minimal parental supervision. Schinke et al. (2008) likewise argue that adolescent girls (in the United States) with little parental monitoring are more likely to use drugs.

### **2.05b. Peers and Girls' Drug Use**

Peer influence on drug use is perhaps one of the most researched areas. It is well recognised that boys and girls in Jamaica, and other countries, are more likely to use drugs if it will gain them acceptance with their friends and other peers (Kandel, 1985; NCDA, 2014; Oetting et al., 1997; Schoen et al., 1997). However, overall "girls are more vulnerable to the influence of peers to smoke and drink than boys" (CASA, 2003, p. 65) because they tend to be more concerned about interpersonal relations, spend more time with peers, and are more invested in peer relationships (CASA, 2003). Schinke et al. (2008) suggest that adolescent girls are more likely than boys to use drugs when seeking approval and acceptance by friends. Mason, Mennis, Linker, Bares, and Zaharakis (2014) also conclude that peer influence on marijuana and cigarette use is stronger among females than males.

### **2.05c. School and Girls' Drug Use**

Lack of school attachment, attributed to academic failure, poor teacher-student relationships, and other school-related problems, can result in school dropout. The accumulative stress from this detachment may trigger girls to use drugs. Like family and peers, schools are important institutions for socializing adolescents. Adolescents usually spend significant time in school, which become instrumental in shaping their attitudes and behaviors. Schools usually teach and reinforce social norms and values, and provide guidance and support for adolescents' development. In addition, schools are usually considered a haven where adolescents are afforded the opportunity to express themselves and their feelings, participate in meaningful learning and recreational activities, and develop positive and useful life and social skills.

While researchers and policy makers (again, mainly outside of Jamaica) have acknowledged the association between school dropout and drug use, they continue to debate the direction and nature of the association. Whereas some researchers suggest that drug use leads to poor academic performance and other school-related difficulties and subsequently dropout, others contend that poor performance and other school related difficulties lead to drug use (DuPoint et al., 2013). However, there are those who have attempted to bridge the contention by arguing that drug use and school dropout are a result of similar sets of individual and environmental risk factors. They suggest that the relationship between school dropout and drug use is bidirectional (DuPont et al., 2013); that is, drug use increases the risk of several factors that may lead to school dropout, and many factors that lead to school dropout may also increase the risks of drug use among adolescents. The implication of this dispute is that the focus of research should be on the common antecedent factors of both drug use and school dropout, instead of which one precedes the other.

A great portion of the literature indicates that poor relationships with teachers, academic failures, and other school-related problems increase drug use among adolescent girls and boys (in the United States). As an illustration, a longitudinal study by Ellickson, Tucker, and Klein (2001) shows that students in 7<sup>th</sup> grade who smoke marijuana at least three times in the past year or month are up to three times more likely to have poor grades (grade C or below), miss school, and repeat a grade than those who are non-smokers. In addition, the study discloses that 7<sup>th</sup> grade students who smoke marijuana are up to 2.5 times more likely to have poor grades and school-related problems, and five times more likely to dropout by grade 12 than those who do not smoke (Ellickson et al., 2001). Similarly, findings from Bergen, Martin, Roeger, and Allison's (2005) study suggest that high school students-aged 13 to 15—who believe they are failing, or going to fail in school, are more likely to use drugs than those who believe they are doing well. The study relays that “a decline in academic self-esteem caused by actual failure or, perhaps, by excessive parental/school/ individual expectations and apparent failure, may lead to initiation/progression of substance use” (Bergen et al., p. 1569). Poor academic performance as well as other school and non-school related factors may also increase girls and boys risk of school dropout (Bennett & Mac Iver, 2009; Dalton et al., 2009; National Women's Law Centre, 2007).

#### **2.05d. Low-income Neighbourhoods and Girls' Drug Use**

As indicated earlier, low-income neighbourhoods usually have high rates of poverty, crime, and drug dealing all of which are said to be risk factors of drug use for girls (mainly in the United States; CASA, 2003; Oetting et al., 1997). Kingston is the capital city of Jamaica. It is also the smallest parish on the Island. Because of its size, it was amalgamated with its bordering parish St. Andrew for government administrative purposes, forming what is now known as the Kingston and St. Andrew Corporation (KSAC; Nojabas, 2008). Approximately one quarter of



the Island's population (est. 2.7million) reside in the KSAC (STATIN, 2014), making it the most populated region on the Island. One of the main features of Kingston (and urban parts of St. Andrew) is its spatial division into wealthy suburban ("uptown") communities and poor socially and economically marginalized ("downtown") communities, also known as inner cities or ghettos (Clarke, 2006). Inner city communities in Kingston and St. Andrew are plagued with high levels of gun, gang, rape, drug, and other forms of violence. The area also faces high unemployment and poverty, low levels of education and marketable skills, poor housing (Clarke, 2006; Moser & Holland, 1997), and several other socioeconomic challenges. Thus, girls in these communities are more vulnerable to drug use (Anderson, 1998; CASA, 2003; NCDA, n.d.; Oetting et al., 1997). According to McFarlane et al. (2014), experiencing violence increases the odds of Jamaican adolescents becoming depressed, a risk factor associated with drug use among girls. Therefore, girls in inner city communities in Kingston and St. Andrew are at higher risk of exposure to violence and subsequent psychological problems such as depression, leading to drug use or vice versa.

## **2.06. Summary**

There is a dearth of scientific inquiry on drug use among adolescent girls in Jamaica. Much of the research on girls' drug use has been conducted in the United States and other regions. However, a few studies have indicated that drug use among girls in Jamaica has increased. Girls in Jamaica may use one type or a combination of many drugs; however, marijuana and cigarettes are the top two most frequently used drugs (NCDA, 2006). Other drugs that Jamaican girls use include inhalants, tranquilizers, stimulants, and cocaine. Girls in Jamaica initiate drug use from as early as 11 years of age (CICAD, 2010).

Drug use among girls (in Jamaica and other countries) is often influenced by their beliefs about the functions or benefits of drugs. Girls tend to smoke marijuana and cigarettes and use other drugs to help them cope with stress, depression, low self-esteem, and other psychological problems. Parental neglect, physical and sexual abuse, and other traumatic experiences are likely to influence girls to use drugs as a coping strategy. Academic failures and other school related challenges, school dropout, peer endorsement of drug use, and high rates of violence, poverty, drug selling, and other socioeconomic problems in low-income neighbourhoods also contribute to drug use among girls in Jamaica and elsewhere. The next chapter presents a discussion of the theoretical frameworks used in this study.

## **CHAPTER III: THEORETICAL FRAMEWORKS**

### **3.0. Introduction**

This chapter presents the conceptual frameworks that have guided this research. They include: theory of planned behaviour, social learning, social control, and postcolonial feminist theories. The chapter has two sections. The first critically examines the main arguments of social learning theory, social control theory, and theory of planned behaviour. It discusses the usefulness of these three theories in explaining the key risk factors of adolescent drug use, and outlines some of their shortcomings. The two main flaws of all three theories are: 1. they fail to recognize gender differences in the antecedent factors of adolescent drug use; and 2. they overlook of the impact of sociohistorical factors, such as colonialism and slavery, on adolescent girls' drug use. The second section of the chapter discusses the importance of employing a gendered lens in order to gauge critically how gender roles and norms influence the lived experiences of girls—which can in turn influence their drug use. It also briefly describes Jamaica's sociohistorical context, and provides a discussion of the usefulness of postcolonial feminism in understanding the drug using practices of the girls in this study. Postcolonial feminism analyses the intersection of the colonial legacy with gender, class, culture, and other sociohistorical complexities when accounting for the lived experiences of Third World girls and women.

#### **3.01. Why Girls Use Drugs**

There are several theories that explain why some adolescents use drugs. Three of these are: theory of planned behaviour, social learning theory, and social control theory (Petraitis et al., 1995). While these theories have proven useful in identifying risk factors for some adolescents' drug use, they do not consider the impact of gender differences. In addition, these theories

mostly originated from research conducted outside of Jamaica, mainly in North America and other Western regions that have tendencies and histories of subjugating and othering non-Western subjects. As such, while these popular traditional theories may offer insights, they cannot fully explain the factors that influence drug use among girls in Jamaica, as they do not fully account for the unique cultural and sociohistorical features that define the identity of Jamaican girls, their experiences, and resultant behaviours. Postcolonial feminist theory, which considers colonial legacies, along with gender, class, and other sociohistorical constructions, is a necessary point of reference in the conceptualization of the influences of drug use among girls in Jamaica.

### **3.01a. Drug Use Attitudes and Beliefs: Theory of Planned Behaviour**

Theory of planned behaviour posits that intention is the main predictor of individuals' behaviours (Ajzen, 1991). Intention to perform a behaviour is caused by an individual's attitudes, subjective norms (beliefs), and perceived behavioural control (Ajzen, 1991). In the case of adolescent drug use, theory of planned behaviour suggests that attitudes, subjective norms, and perceived behaviour control cause adolescents to use drugs (Petraitis et al., 1995).

Attitudes refer to individuals' affective values and their cost/benefit evaluation of consequences. Subjective norms reflect individuals' perceptions or beliefs about what those who are close to them will think if the behaviour is performed or not. Perceived behavioural control refers to individuals' "perceptions of the ease or difficulty of performing the behavior of interest" (Ajzen 1991, p. 183). There are two forms of perceived control: use and resistance control (Petraitis et al., 1995). Use control is individuals' perception that they can successfully perform the behaviour (Petraitis et al., 1995). Resistance control is individuals' beliefs that they can resist pressure to perform or cease the behaviour at any time they choose (Petraitis et al., 1995). So,

adolescents will develop drug using intentions, and subsequently use drug (s), if they believe they can use them successfully or resist pressure to use, or stop whenever they want. On the flipside, they will not have drug using intentions and therefore refrain from drug use, if they believe they will not be able to do it well or control themselves during the process, even if they perceive high benefits and persons close to them who approve of their drug use.

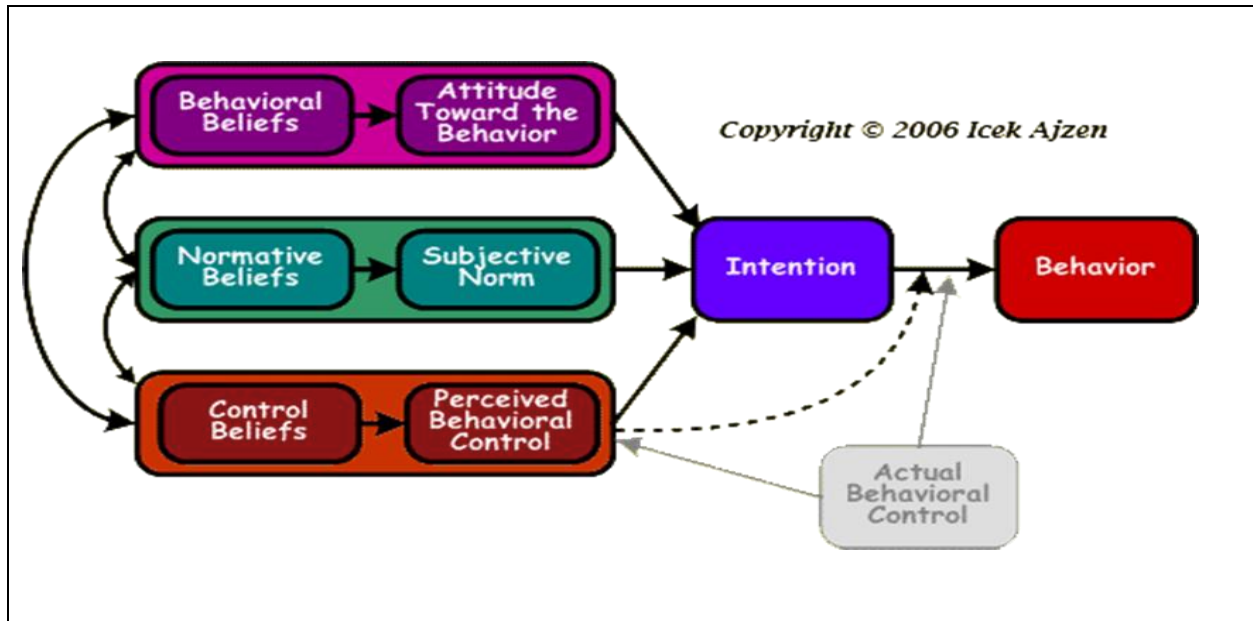


Figure 3.01. Graphical illustration of theory of planned behaviour<sup>8</sup>

Theory of planned behaviour focuses on adolescents’ substance-specific beliefs and attitudes and how these influence drug use. However, it only fits a small (albeit important) piece of the larger puzzle of why adolescents use drugs. The theory affirms that adolescents are more likely to use drugs if they believe that the benefits of using substance(s) outweigh the costs; their friends and/or family endorse their drug use; and they know where to access drugs, how to use them correctly, and can initiate or stop using when they choose. However, what the theory of planned behaviour does not elucidate is how and why adolescents come by their substance-

<sup>8</sup> Copyright Icek Ajzen (2006). No permission required to use in academic papers. Graph retrieved on June 06, 2016 from <http://people.umass.edu/aizen/tpb.diag.html>.

specific attitudes and beliefs in the first place. In other words, how and why do adolescents develop positive attitudes and beliefs towards drugs? How do they come to believe that others close to them will approve of them using drugs? Finally, why do they believe they can choose to start or stop using drugs at their own volition? Also, when applied to adolescent drug use, the theory of planned behaviour tends to conceptualize adolescents as a homogenous group, ignoring differences in gender, socioeconomic status, cultural, sociohistorical backgrounds, and other specificities. In other words, the theory does not explicate how gender, social contexts, and other unique characteristics may impact on attitudes, beliefs, and perceived behaviour control, which it posits are pathways to adolescent drug use. Because of these shortcomings, this study argues that theory of planned behaviour alone cannot fully explain what contributes to drug use among dropout girls in inner city communities in Kingston and St. Andrew.

### **3.01b. Learning Drug Use Behaviours: Social Learning Theory**

Social learning theory by Bandura (1977) posits that people's beliefs, and subsequent behaviours, are acquired through observing and modeling the behaviours of others around them. Bandura (1977) explains that, "from observing others, one forms an idea of how new behaviours are performed, and on later occasions this coded information serves as a guide for action" (Bandura, 1977, p. 22). Furthermore, he argues that people learn their behaviours by observing live, verbal instructional, and/or symbolic models. Live models are persons who perform or demonstrate a behaviour. On the flipside, verbal instructional models are persons who explain or describe a behaviour, while symbolic models are the behaviours of fictitious or non-fictitious characters in books, magazines, televisions, radio, internet, and social media. Bandura (1977) outlines that the process of modeling, which is replicating a behaviour observed from a model, includes attention (taking note of the model's behaviour); retention-analysing and remembering

the model's behaviour; reproduction (imitating the behaviour); and motivation (external and self-reinforcement).

Therefore, social learning theory outlines that adolescents observe and Analyse drug using behaviours of people around them, such as family and friends, and subsequently imitate them. It suggests that when adolescents observe people around them using drugs, it shapes their beliefs and attitudes about social, personal, and other consequences of drug use (Petraitis et al., 1995). Moreover, social learning theory posits that observing drug-using models provides adolescents with knowledge and skills about how to acquire and use drugs. When adolescents are able to access drugs through knowledge gained from observing others, they are considered to have achieved self-efficacy (Petraitis et al., 1995) in drug use.

Social learning theory has been tested extensively in drug use research and has generally been supported. For example, Miller, Jennings, Alvarez-Rivera, and Miller (2008) uses data from a high school survey to test the applicability of components of social learning theory among Puerto Rican adolescents. The findings indicate that "lifetime alcohol use is strongly related to favorable peer definitions [and] students who report lifetime use of alcohol, irrespective of where they attended school or how they personally viewed alcohol use, were more likely to perceive that their friends approve of the behaviour" (Miller et al., 2008, p. 275).

Bandura's (1977) social learning theory is lauded because it shows how both cognitive and social processes influence adolescent drug using behaviours. Unlike traditional learning theories that only "depict behaviour as the product of directly experienced responses consequences" (Bandura, 1977, p. 2), the theory encompasses the interplay of attention, memory, and self-efficacy (Petraitis et al., 1995) and their impacts on behaviours such as drug use.

Nevertheless, social learning theory has some shortcomings. It does not consider individual personality traits, such as aggression, hyperactivity, and attention deficit disorder or how these may affect the cognition, attention, and overall behaviour of individuals. Although the theory explains what happens when adolescents observe role models using drugs, it fails to explain how or why adolescents become associated with drug using peers and other models in the first place (Petraitis et al., 1995). In addition, like the theory of planned behaviour it fails to account for gender, cultural, racial, historical and other unique differences in the social environment where adolescents learn their behaviours.

### **3.01c. Attachment to Prosocial Institutions and Drug Use: Social Control Theory**

Social control theory explains why some individuals, including adolescents, conform to the norms of conventional society while others deviate. Hirschi (1969) argues that individuals tend to conform to social norms if they have strong bonds with prosocial institutions such as family, school, and religion. On the other hand, individuals perform deviant behaviours if they have weak bonds to conventional prosocial institutions. Hirschi (1969) identifies four types of bonds that allow individuals, especially adolescents, to conform to societal norms. These are: attachment, commitment, involvement, and beliefs. Attachment refers to the affection that individuals develop for their families, friends, teachers, and people with whom they interact. Conversely, commitment is the level of importance/value individuals place on the relationships they have with prosocial people. Involvement is the time and energy individuals spend doing activities that promote conformity to the conventions of society which, according to Hirschi (1969), limits the amount of time they have to get involved in deviance, including drug use. Finally, beliefs are an indicator buy-in into the values and norms of conventional society (Hirschi, 1969; Pratt et al., 2011).



Social control theory proposes that feelings of strain, social disorganization in communities, and lack of proper socialization lead adolescents to develop weak bonds, beliefs, involvement, and commitments to prosocial institutions or individuals, and therefore attachment to drug using role models and subsequent use drugs (Petraitis et al., 1995; Pratt, Gau, & Franklin., 2011). It postulates that pressure from school and home are some of the factors that influence adolescents to form bonds with drug using peers, and consequently, to use drugs (Petraitis et al., 1995). Adolescents who are failing in their academics often get frustrated and become detached from teachers and uninvolved in school, and are likely to become attached to peers who endorse drug use (Petraitis et al., 1995). These drugs using peers are likely to have the same feelings and attitudes of frustration with the educational institution. In addition, adolescents who do not have close relationships with parents who oppose drug use may also feel frustrated and become uncommitted to parents, consequently developing bonds with drug endorsing peers (Petraitis et al., 1995). Lack of socialization from parents and other socializing agents to adopt conventional values also influence adolescents to attach to models who endorse drugs and drug use (Petraitis et al., 1995). Finally, the theory holds that poverty, high crime rates, unemployment, and availability of drugs in neighbourhoods are forms of social disorganization that result in adolescents becoming uncommitted, uninvolved, and detached from conventional society, subsequently forming bonds with drug using peers and ultimately using drugs.

Many empirical studies have supported the predictive power of social control theory in explaining adolescent drug use (Denton & Kampfe, 1994; Wells & Rankin, 1991; Wiatrowski, Griswold, & Roberts, 1981). These studies show that family, schools, and other social institutions play an important role in shaping adolescents' behaviours, and therefore weak

bonding with these institutions increases adolescents' risk of becoming attached to drug using peers and modelling drug using behaviours, themselves

Social control theory also has its explanatory shortcomings. The most notable is that it places emphasis on the indirect antecedents of adolescent drug use. While it acknowledges the role of cognition and beliefs in adolescent drug use, it does not outline how these interact with weak bonds to conventional social institutions to cause drug use. In addition, like the other two theories outlined above, social control theory fails to consider the role of gender and other unique and constructed sociohistorical factors that play into adolescent drug use. Social learning, social control, and planned behaviour theories use neither a gendered nor a postcolonial lens. That is, they do not take into consideration the gender positioning and postcolonial contexts in which Jamaican girls exist, and the role these play in shaping their attitudes, beliefs, learning, experiences, and subsequent drug using behaviours. Thus, alone, these theories cannot adequately explain why dropout girls in inner city communities in Kingston and St. Andrew, Jamaica—a postcolonial state—initiate and continue to use drugs.

### **3.02. Through Gendered Lens: Feminist Perspectives on Women and Girls' Drug Use**

Feminist frameworks emerged in the drug use field in the 1980s (Anderson, 1998; Poole & Greaves, 2007). These approaches emphasize drug use among women as a specific and unique social category, instead of totally ignoring or lumping them together with men, thus perpetuating androgenic conceptualizations of drugs use. They stress the examination of drug use through a gendered lens. This means recognizing and evaluating critically the impact of social constructions of masculinity and femininity on gendered drug use (Anderson, 1998). Most feminist theories postulate that the patriarchal ideologies that create and rationalize power relations between men and women have resulted in domination, subjugation, and alienation of

women and girls; mainly because femininities have been typically ranked inferior to men and masculinities. As such, feminists argue that there is power imbalance and unequal distribution of political, social, and economic resources in favour of men over women. Researchers (mainly in North America) have argued that these gendered experiences often contribute to drug use among women and girls (Anderson, 1998; Poole & Greaves, 2007). For example, women and girls are more prone to experience sexual abuse—which is a strong predictor of drug use—more frequently than their male counterparts (Poole & Greaves, 2007).

### **3.02a. Impact of Gender Norms and Roles on Girls' Drug Use**

Many researchers (mostly outside of Jamaica) have begun to place greater focus on the impact of gender norms and roles in explaining the factors that influence adolescent girls to use drugs. In many cultures, gender is defined as a social construction that outlines the appropriate characteristics, behaviours, and functions of men and women (WHO, 2015), although there is growing acknowledgement of additional categories such as transgender.

Gender norms and roles are defined by culture and reinforced through socialization (Kulis, Marsiglia, & Hurdle, 2003). In Jamaica, boys and men are socialized into masculine roles, and girls are taught feminine roles. Masculinity is mainly defined by power and dominance. As such, purported characteristics of masculinity include aggression, competitiveness, rebelliousness, assertiveness, strength, confidence, independence, being non-emotional, and sexually assertive, among others. Hope (2015) outlines that:

Jamaica's hegemonic masculine ideal was, and purportedly is, an extremely conservative one, defined as wealthy, educated, employed, and heterosexual.

Expensive cars, liaisons with multiple attractive women, and absolute control over

domestic arrangements were among the traits of idealized Jamaican manhood during and since the 1980s. (p. 109).

On the other hand, femininity is mainly associated with inferiority and submission with traits that include: compassion, affection, nurturing, gentility, passiveness, calmness, thoughtfulness, shyness, and sexual submissiveness, among others. Jamaican girls are often taught these feminine traits from an early age. Vázquez (2002) argues that girls are socialized into “restrictive” feminine roles which are aimed at moulding them into “good wives and mothers” (p.266). These feminine roles, when instilled into girls from an early age, result in their becoming “unassertive, dependent, controlled and subservient to men” (Vázquez 2002, p. 266). One of the main constructed characteristics of a ‘good wife’ or ‘good woman’ in Jamaica is the repression of sexuality, where women are expected to have only one male sexual partner. Women who display any degree of sexual freedom or deviate from these restrictive social conventions are labelled ‘whores’ and risk been socially ostracized (Vázquez, 2002). The restrictions are even greater for adolescent girls since, along with the fact that they are female, it is widely accepted that they are not developmentally ready (mature enough) to engage in sexual behaviours.

Conforming and displaying gender specified roles is referred to as gender identity (Kulis et al., 2003; Lara-Cantu, Medina-Mora, & Gitierrez, 1990). Notwithstanding, it must be understood that conforming to gender norms and roles is a choice. Thus, gender identity is not confined to one sex or another, and so males and females can adopt and display masculine or feminine traits or both (Renes, 2008). For example, some females have assertive and aggressive traits while males have submissive and affective characteristics (Renes, 2008). Many studies (again, mostly done outside of Jamaica) have indicated that there is an association between

gender identity and girls' drug use (Kulis, Marsiglia, & Hecht, 2002; Kulis et al., 2003; Renes, 2008). Kulis et al., (2002) explains that girls (and boys) in the United States who adopt certain gender normative traits such as aggressive masculinity, and high affective femininity are at risk for drug use. Kulis et al. (2002) outlines that girls with high affective feminine traits tend to use hard drugs more frequently, and initiate use at an earlier age than girls with lower affective femininity traits. In addition, girls with aggressive masculine characteristics use more types of drugs and have limited drug refusal skills than girls with less aggressive masculine traits (Kulis et al., 2002). At the same time, Kulis et al., (2002) argues that adopting certain gender norms also protects girls from drug use. For instance, girls who display assertive or confident masculine traits are more likely to refuse drug use than girls with lower or no assertive masculine characteristics (Kulis et al., 2002). In many societies girls are usually expected to adopt affective femininity, and boys tend to be expected to adopt assertive masculinity. Thus, if Kulis et al.'s (2002) hypothesis holds true, and assertive masculinity is a protective factor from drug use while affective femininity is a risk factor for drug use, then girls are more likely to be at risk.

There is little research on the impact of gender norms and roles on drug use among adolescents in Jamaica. However, even the few studies available have indicated that drug consumption, especially marijuana use, has been for the most part, a male-dominated activity (Dreher, 1995). This is the case because the traditional gender role of machismo assigned to men (and boys) is associated with risk-taking and bravado toward drug use—particularly marijuana use—as endorsed by Jamaican society. On the other hand, feminine roles are generally associated with virtuousness, weakness, docility, and sensitivity, so women are expected to refrain from such risky behaviours as drug use. Dreher (1995) explains that in the Jamaican context, marijuana use is believed to be a risky endeavour since “when inhaled, goes directly to

the brain where it induces psychoactive effects” (p. 167) and when consumed in tea and liquid form goes directly into the blood. As such, only adult men are considered to have the capacity to withstand the powerful effects of marijuana use. Women, on the other hand, are “encouraged to abstain from smoking and restrict their ganja activity to the domestic preparation of teas and tonics which [are] consumed by themselves and their families for medicinal and preventative effects” (Dreher, 1995, p. 168).

According to Dreher (1995), Jamaican women who do not conform to these gender specific norms about marijuana smoking are usually labelled as unmannerly and deviant. In addition, they can be socially chastised and potentially lose the opportunity to get a suitable, that is employed and educated, male partner which is the one of main means of improving the socioeconomic status of many working-class women, especially in rural areas (Dreher, 1995). Both young boys and girls in Jamaica are encouraged to refrain from drug use because of the belief that they do not have the mental capacity to handle its effects. However, it is likely the same gender-specific norms related to marijuana and other drug use result in greater social sanctions for girls who use drugs than boys.

Extant literature indicates that certain feminine traits and behaviours, to which girls are usually expected to conform, increase their risks of drug use. This is because adopting these feminine traits may result in several psychosocial vulnerabilities, for example low self-esteem and depression (Slater, Guthrie, & Boyd, 2001). Again, it must be emphasized here that these said literatures mostly originate outside of Jamaica. However, since the Jamaican culture has similar definitions of femininity and masculinity as some of the contexts represented in the literature, aspects can be applied to the lives of Jamaican girls. Adoption of feminine traits may result in girls having a weaker sense of self and becoming dependent on external approval for

validation (Chodorow, 1989; Slater et al., 2001). This in turn can make girls susceptible to negative peer influence, and subsequent drug use. In addition to this, girls with a low sense of self-efficacy are at risk of depression (Jayanthi & Rajkumar, 2014), a known risk factor for drug use among girls in the United States (CASA, 2003). In addition, femininity, as defined by patriarchal ideologies, ‘silences’ girls and increases their vulnerability to depression. Since femininity dictates that girls forge and maintain relationships, they are forced to avoid conflict (with others) by repressing their feelings and expressions of discontentment, leading to depression (Slater et al., 2001). In a study on adolescent risk behaviours and depression in Jamaica, McFarlane et al., (2014) show that significantly higher numbers of girls report all the symptoms of depression compared to boys. Abel et al., (2012) also indicate that more girls 10-15 years old report depressive symptoms than their male counterparts in Jamaica.

Moreover, the reproduction and perpetuation of gender inequality through patriarchy continues to devalue feminine roles, and represent women and girls as subordinate to men and boys. This constant undermining puts girls at risk of drug use. In many societies, including Jamaica, femininity is positioned at the bottom of the binary gender hierarchy, and so being female tends to be less valuable than being male. Thus, girls may encounter greater difficulties and negative experiences, which can in turn influence drug use. For example, girls are portrayed as inferior, docile, dependent, and sexually submissive; therefore, they are more likely to experience sexual violence/abuse than boys, who are associated with power, independence and sexual aggression (United Nations International Children’s Education Fund [UNICEF], 2014). Experiences of sexual abuse are a well-known predictor of drug use among girls (CASA 2003; Kilpatrick, Saunders & Smith, 2003; Schoen et al., 1997).

### 3.02b. Sociohistorical Context of Jamaica

Jamaica is a small Caribbean island located approximately 145 kilometres south of Cuba and 600 kilometres south of Florida. It has a total area of approximately 11,000 square kilometres, and a coastline of 1,022 km. The Island is divided into 14 parishes and its capital city is Kingston.

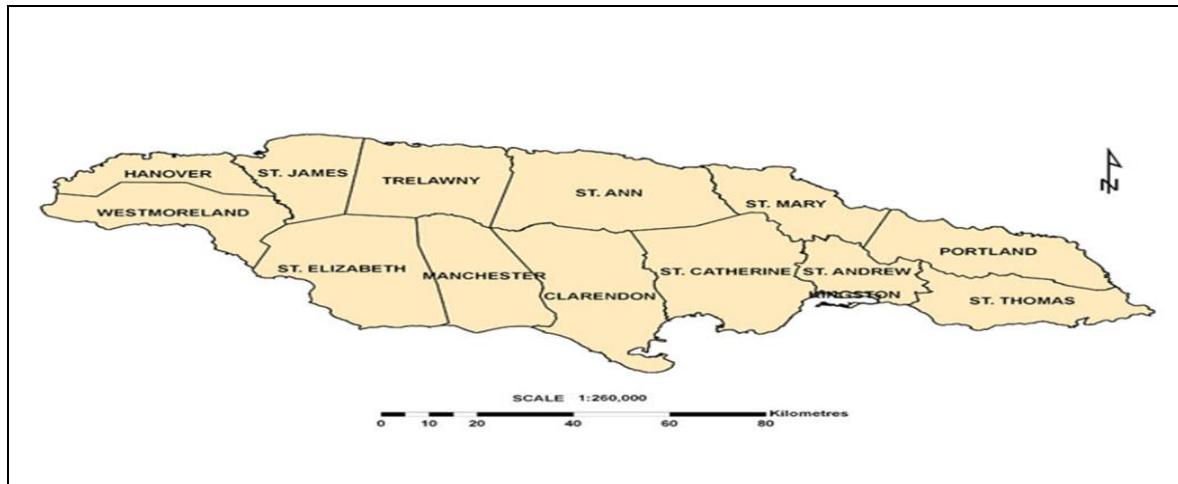


Figure 3.02. Showing map of Jamaica and its Parishes<sup>9</sup>

The total population of Jamaica at the end of 2010 was approximately 2.7million (Statistical Institute of Jamaica [STATIN], 2011). Of this number, 49.3% were males and 50.7% were females. Children and adolescents 10-14 years old and 15-19 years old represented 10.2% and 9.2% of the population respectively. Of the percentage of 10-14 years old, 5.3% were males and 4.9% were females, while of the 15-19 years old group, 4.7% were males and 4.5% were females. The official language spoken in Jamaica is English; however, most Jamaicans also speak Jamaican Creole, more widely known as “Patois”—a mixture of English language and West African languages. An overwhelming majority (approximately 97%) of the Jamaican

<sup>9</sup> Permission received from Electoral Commission of Jamaica (2017). Map of Jamaica and Parishes. Retrieved on July 02, 2016 from the <http://www.eoj.com.jm/content-69-188.htm>. Map is placed on the website for general information.



population is of African origin (so Black) (*Nations Encyclopedia*, 2016). Other racialized/ethnic groups include East Indians, Chinese, Lebanese, Syrians, and Europeans/Whites.

The racial or ethnic composition and socioeconomic structures of contemporary Jamaica are a result of the long history of British colonialism and plantation slavery. The Arawaks, also called Tainos, are said to be original inhabitants of Jamaica; however, they were exterminated after the Island was colonized by the Spanish in 1494 then the British in 1655 (Jamaica Information Service [JIS], n.d.). African slaves were uprooted from their homes and shipped to Jamaica to toil on sugar plantations established by British mercantilists. The slaves originated from different groups in various parts of West Africa including the Ashanti from Gold Coast, the Ibo from Niger Delta, and the Mandingo from the Bight of Benin (Curtin, 1955).

West Indian (including Jamaican) slave society was stratified based on race, wealth, and education (Dookhan, 1971); with White wealthy educated plantation owners at that the top of the social hierarchy, followed by poor Whites, then free-coloured (mixed race) and a few free Blacks in the middle, and Black slaves at the bottom of the social rung (Potter, Barker, Klak, & Conway, 2014). Racist ideologies reinforced the social hierarchy and justified the debasing extraction of ‘productivity’ from African slaves, as well as resources from the Island, to fill British colonists’ coffers.

The British slave trade ended in 1807 and, after resistance by slaves and free coloureds, lobby from White missionary abolitionists, and a steady decline in the profitability of sugar production, slavery in Jamaica was abolished in 1838 (Dookhan, 1971; Shepherd & Beckles, 2000; Williams, 1944). Indentured labourers from East India and parts of China immigrated to the Island to replace the loss of slave labourers on plantations. However, by the end of the 1800s the plantation economy plummeted with a global fall in sugar prices. By 1900 the economy was

diversified and sugar was replaced by banana and other crop production. By this time, African ex-slaves, Mulattos/colored, East Indians, Chinese, and other racialized/ethnic groups were dispersed across the Island. M G Smith (1965) argues that co-existence of these various ethnic groups led to the evolution of a “Creole” culture and society.

In 1962, Jamaica gained independence from Britain. However, remnants of colonialism and slavery are still evident in contemporary Jamaican culture and social systems—including those that have been connected to girls’ drug use—such as family and kinship relations, socioeconomic status/social class, gender roles and norms, and school environments to name a few.

### **3.02c. Colonial Legacy, Gender and Social Class: A Postcolonial Feminist Perspective on Girls’ Drug Use**

Postcolonial feminist theory focuses on destabilizing colonial and Western discourses that have ignored, distorted, or misrepresented the experiences and realities of women and girls in postcolonial Third World countries. Tyagi (2014) argues that women in once colonized countries are ‘silenced’ by patriarchy and colonization. He cogently states:

She suffers from “double colonization” (a term coined by Kirsten Holst Peterson and Anna Rutherford and refers to the ways in which women have simultaneously experienced the oppression of colonialism and patriarchy). She still has to resist the control of colonial power not only as a colonized subject, but also as a woman. In this oppression, her colonized brother is no longer her accomplice, but her oppressor...Not only that, she also suffers at the hand of Western feminists from the colonizer countries who misrepresent their colonized counterparts by imposing silences on their racial, cultural, social and political specificities. (p. 45).

In her seminal essay “*Can the Subaltern Speak*”, Spivak (1988) raises the quandary of producing knowledge for discursively subordinated groups. She criticizes academic knowledge producers (usually privileged and Western academics) for perpetuating (even subliminally) dominance and power over colonized subjects, through their application of universal (Western) principles and frameworks in their investigation of the lives of colonial subjects. However, it can be argued that making room for those cultural and historical specificities (Tyagi, 2014), such as colonialism, that shape the lives of women and girls in Third World countries, as this study has done, is a good way to solve the conundrum of subalterns—like lower class girls in Jamaica—reclaiming legitimate voices, and creating space for them to ‘speak’ publicly about their lives.

Drawing on the premise of intersectionality proposed by Black feminist scholars such as Crenshaw (1989) and Hill Collins (2000), postcolonial feminist scholarship engages in analysis of the convergence of race, class, culture, capitalism, colonialism, and imperialism in the construction of the identity and experiences of Third World women (Mohanty, Torres, & Russo, 1991). This antiracist strand of feminism emerged during the third wave of the feminist movement with burgeoning calls to include the diverse experiences of women across the world, instead of disseminating the propaganda that women constitute a homogenous group. Postcolonial feminist scholars criticize both Western feminists and postcolonial theorists for disregarding and misrepresenting Third World women in feminist and postcolonial knowledge production and translation. They contend that Western feminist and postcolonial theorists have failed to acknowledge and understand how legacies of colonialism and imperialism, mainly predicated on racism, have impacted the realities and lived experiences of contemporary Third World women (Lewis & Mills, 2003).

Advocates of postcolonial feminism criticize Western feminists for reproducing knowledge that is Eurocentric, ethnocentric, and circumscribing (Brown & Strega, 2005; Mohanty et al., 1991; Spivak, 1988). They argue that Western feminists propagate knowledge and lay claims about non-Western women that do not reflect their realities. Notably, such knowledge is largely wrought by histories of exploitation and oppression founded on Western and White supremacist ideologies. In addition, they scold postcolonial scholars for not focusing on the gendered history of colonialism, and its role in the subordination, subjugation, and other experiences of women (and girls) in postcolonial societies. Proponents of postcolonial feminism therefore prescribe analysing the intersection of colonial legacies with gender, race, class, culture and other social constructions in order to appreciate the once publicly silenced voices of non-Western women (and girls), and empower them for praxis.

The girls in the study are predominantly Black (of African descent) and occupy the lowest social strata in the Jamaican society, which is moulded in a history of colonialism and slavery. Therefore, the intersection of colonial legacy with gender and class is a relevant analytical tool for understanding the impact of the girls lived experiences on their drug using practices. British colonialism has left an indelible mark on contemporary Jamaican culture and its social systems, including those connected to girls' drug use—such as family, socioeconomic status and social class, gender roles and norms, school, and community to name a few.

Family types and kinship forms in Jamaica have their origins primarily in plantation slavery and African cultural retention, all of which reflect conditions of British colonial rule which lasted centuries, from 1655-1962 in the Island (Bush, 2010; Leo-Rhynie, 1993; Leo-Rhynie, 1997; Roberts & Sinclair, 1978; Sheehan & Black, 2004). For example, female-headed households (single parent family) is one of the most prevalent family types in Jamaica. This type

of family is a direct derivative of plantation slavery. During slavery, “the burdens on [enslaved Black] women were heavy” (Bush, 2010, p. 83). Along with productive roles, that is working on plantations for free for their White masters, enslaved Black women were also responsible for ensuring the steady increase of the slave population (this became even more important after the ending of Atlantic Slave Trade in 1807). They also bore the brunt of providing and caring for their children (Bush; 2010; Shepherd, 1999).

Many accounts (usually by White colonialists) of family forms on plantations reveal that fathers were usually absent from slave households. For example, a report on steps taken to improve the conditions of slaves highlights that in the enslaved population “...few families have any father, or reputed fathers, to take charge of and cultivate [provision grounds] ...therefore this task must fall on the mother” (House of Commons Sessional Papers 1831-1832 vol. 46 cited in Bush, 2010, pp. 83-84). Provision grounds were miniature plots of land given to the slaves by their owners to grow their own ground provisions (staples and vegetables) to eat. The absence of Black enslaved fathers could have been due to sale or death, both of which were an almost inevitable fate of Black enslaved men on plantations in Jamaica and other British Caribbean colonies. In addition, fathers may have been absent from slave households because women who became pregnant from rape (usually by their White masters) were likely to be solely responsible for caring for their Mulatto children. The plantation regime and slavery undermined Black family life, and legitimized the role of Black enslaved women as the sole caregivers for children (including their masters’ children), and heads of slave households. This is evident as the mother-child bond and women-headed household were the only forms of social ties and kinship that were given credence on plantations, even though this family model was susceptible to unravelling by the sale of mothers or children (Bush, 2010). After emancipation in 1838, Black

women continued to head households as Black men migrated to other regions to work (Bush, 2010). This family organisation has persisted to date as almost half (46%) of Jamaican households are headed by females (PIOJ, 2014).

The grandmother headed household (otherwise known as extended family) is another customary family type in Jamaica that is a product of slavery (Bush, 2010). Black slave women played multiple productive and reproductive roles resulting in grandmothers taking the lead in childrearing (Bush, 2010; Shepherd, 1999). It is important to note that grandmothers were not always blood relatives. In some cases, they were an older respected matriarch in the community, placed in charge of caring for children. Post-natal care and rest for the Black enslaved women were nonexistent, since they were stereotyped by racist assumptions and depictions as primitively strong enough to give birth with as much ease as an animal (Bush, 2010). Women were expected to resume their duties on the plantations or in households once they had given birth, leaving them little or no time to care for their children. Therefore, grandmothers often cared for enslaved women's young while the mothers worked long hours on plantations (Bush, 2010).

The legacy of colonialism is apparent in contemporary Jamaica's complex social structure. Although wealth is the primary determinant of social class, it has been argued that skin colour and class still have significant connections (Charles, 2003; Joyce, 2012; Vázquez, 2002). Joyce (2012) maintains that, "...Jamaica's class structure is primarily built upon race [and colour]; a fundamental determinant of economic expectation and success" (p. 2). During colonialism, Jamaican society was structured primarily by race, where a small group of Whites (British/Europeans) commanded much of the Island's economic resources, political power, and social privileges while the large group of Black (African slaves) were disenfranchised and poor.

The progeny of Black slave women and White rulers (Mulattoes) fell in the middle of the social strata, and so accessed a few more privileges than their Black mothers, but far less than their White fathers. After emancipation, the racial composition of the Island was rearranged with the arrival of Chinese and East Indian indentured labourers. However, the ingrained archetypal race-based social structure remained. In the post-emancipation period, Whites continued to occupy the highest echelons of the social hierarchy, with 'Coloured' (mixed-race/lighter skin colour) in the middle, and Blacks occupying the lowest level. The Chinese and other late arrivals were dispersed along the race/colour-class pyramid. Nettleford (1972) argues that the race-based stratification system that exists in Jamaica permeates the idea of "a poor-black, a middle-class and privileged brown man, and a rich or wealthy white man" (pp. 21-25).

Skin colour and class relationships became less pronounced and rigid in the post-independence periods, and Blacks climbed the social ladder with increased access to education and wealth (Bakan, 1990). Stone (1980) explains that the pre- and post-independence era (around 1930s-70s) in Jamaica was marked by significant evolution of the class structure. The reward system and social hierarchy based on race/colour and ethnicity that prevailed from the slave plantation system declined as meritocracy enrooted and fostered upward social mobility between the lower and middle classes, thus creating a multi-racial middle echelon (Stone, 1980). Nevertheless, it has been argued that elements of the association between skin colour and class hierarchies persist in contemporary Jamaican society (Vázquez, 2002). The very small group of wealthy upper-class people in Jamaica still consists of Whites (although Blacks, Chinese, and other ethnic groups have now joined the rank), while the large impoverished lower class is predominantly Black. Clarke (2006) notes that in 1991 the Black population accounted for over 90% of the population in the poorest neighbourhoods (slums and inner cities) of Kingston (where

some of the participants in this study reside). On the other hand, Whites remained strongly associated with elite neighbourhoods and economic resources in Jamaica (Clarke, 2006; Charles, 2003).

Cultural beliefs about childrearing in Jamaica also have roots in colonialism. Corporal punishment is legal (under the common-law rights to inflict reasonable and moderate punishment) and culturally sanctioned as an effective means of disciplining children in Jamaican households (Smith & Mosby, 2003; Global Initiative to End All Corporal Punishment of Children, 2016). Caribbean scholars have argued that the practice of corporal punishment by Afro-Caribbean parents either has its origin in West Africa or in plantation society and slavery (Smith & Mosby, 2003). Some have argued that the practice of hitting, whipping, and other forms of physical punishment is a West African childrearing practice that was retained by African slaves in the Caribbean. Others have reasoned that because slaves were severely beaten and faced with other forms of brutal punishment by their masters for “disobedience,” they learned and continue to practice this form of discipline (Arnold, 1982). Regardless of whether corporal punishment is a retention of West African heritage or a vestige of the harshness of plantation slavery, both are direct products of British colonialism in the Caribbean.

Cultural expectations of gender roles and norms, and consequent gender relations, in contemporary Jamaica are also rooted in British colonialism. Gender ideologies were perpetuated and reinforced in White male colonizers’ maltreatment of enslaved Black women in Jamaican plantation societies. Subjugation and exploitation of Black women by White colonizers was premised on both racism and sexism. That is, both ‘Whiteness’ and maleness were perpetuated as superior to ‘Blackness’ and femininity. As such, unlike her Black enslaved male counterparts



who experienced racial oppression and subjugation at the hands of White colonizers, Black enslaved women experienced miseries of both racism and sexism on plantations.

Fictitious knowledge along with patriarchal and racist discourse of African women resulted in their harsh experiences during slavery (Bush, 2010). Beckles (1995) argues that:

frequent references appeared in texts to the black woman as superordinate amazons who could be called upon to labour all day, perform sex all night, and be quite satisfied morally and culturally to exist outside the formal structures of marriage and family. She was now projected by the White proslavery literary imagination as lacking a developed sense of emotional attachment to progeny and spouse and indifferent to the values of virtue and high moral sensitivity (p. 135).

Racist and sexist gender ideologies also resulted in the sexual exploitation and rape of Black women and girls (mostly by White men) in plantation societies. They were also vulnerable to miscarriages, death of children, separation from children and family through sale, and they risked being violently punished if they opposed or resisted the inhumane treatment bestowed on them by their White colonizers (Bush, 2010). In addition, the roles and experiences of Black women were far different from those of White (European) women in plantation societies. For example, Black enslaved women started bearing children as early as 12 years old, and stopped earlier than White women (Bush, 2010). Yet, there was the expectation that Black women should adopt the norms of, or at least aspire to be, 'good' Christian mothers and wives—like White women were. After slavery. White abolitionist missionaries endeavoured to 'civilize' Black women by teaching them to be monogamous, domesticated, God-fearing wives and mothers (Bush, 2010).

Jamaican (and other Afro-Caribbean) parents instill gender norms in girls and boys from an early age by adopting gender-specific childrearing standards and practices. For example,

while girls are closely monitored and supervised, boys are allowed greater freedom and independence, especially regarding sexual activities (Brown & Chevannes, 1998; Brown, 1995). Also, in many Caribbean households (including Jamaica) boys are assigned outdoor chores and can play in the streets, while girls are responsible for more domesticated (indoor) chores, and are not allowed to roam the neighbourhood (Chevannes, 2001). Bailey (1997) argues that gender roles and norms are also reinforced and perpetuated in Jamaican secondary schools (through implicit and explicit practices), as the curriculum is divided into ‘soft’ or academic (feminine) and technical (macho) subject areas. Bailey notes that more boys tend to enroll in technical subjects such as machinery, physics, and chemistry, while more girls pursue ‘soft’ subjects such as English literature, home economics, integrated science, and modern languages. Furthermore, this gender division in education is translated into the Jamaican labour market with men dominating highly-skilled technical positions that usually have higher status and income (Bailey, 1997).

The intertwining of colonial legacy with gender and social class influences individuals’ (particularly girls’) experiences in Jamaica. For instance, childhood experiences in Jamaica are influenced by family types and kinships, particularly parenting and parent-child relationships, which are shaped by an intersection of colonial legacies, gender norms and roles, and social class. There is an association between family types and socioeconomic status. For example, female-headed families, which have origins in slavery (Bush, 2010; Leo-Rhynie, 1997; Roberts & Sinclair, 1978; Sheehan & Black, 2004), have higher rates of poverty and so usually situated in the lower class (PIOJ, 2014; PIOJ, 2009). Therefore, children in female-headed households are more likely to experience poverty than children in male-headed families. Furthermore,

female-headed households are more vulnerable to poverty because of higher unemployment rates among Jamaican women than men based on unequal gender roles (PIOJ, 2014).

There is an association between income levels and child-parent relationships. Jamaican parents in low-income households experience greater levels of stress because of financial difficulties, and so tend to have poorer communication and lower interaction with their children than those in higher income brackets (Ricketts & Anderson, 2008). Along with this, parents with low interaction level are more likely to use harsh corporal punishment than those with higher interaction level (Ricketts & Anderson, 2008). According to the United Nations Convention on Rights of the Child [UN CRC] corporal punishment of children is a form of physical abuse (UN CRC Committee on the Rights of the Child, 2011). Finally, experiences of poverty, poor relationships with parents, and physical abuse are identified as some of the risk factors for drug use among girls in the United States and elsewhere (CASA, 2003; Oetting et. al., 1997), and likely in Jamaica as well.

### **3.03. Summary**

Theory of planned behaviour, social control and social learning theories offer great insights into the factors that influence some adolescents to use drugs. Theory of planned behaviour, developed by Ajzen (1991), suggests that adolescent drug use is influenced by their beliefs about the outcome of using drugs; beliefs about what people around them, such as friends and family, would do about their drug use; and beliefs in their own abilities to use drugs (Petriatis et al., 1995). Social control theory posits that adolescents engage in non-normative (delinquent) behaviours such as drug use because they have weak bonds with conventional social institutions such as family and school. Social learning theory suggests that adolescents use drugs because they see people around them, such as their families and friends, using drugs.

While theory of planned behaviour, social control and social learning theories provide an understanding of some of the individual and structural factors that influence some adolescents to use drugs, they fail to explain the impacts of gender roles and norms on adolescent girls' drug use, or account for sociohistorical factors such as legacies of colonialism and slavery in their explanations. Therefore, this study proposes that they alone cannot fully explain why girls in low-income urban communities in Jamaica—a postcolonial state—use drugs.

Cultural behavioural expectations of females can influence girls in Jamaica to use drugs. For example, because girls are socialized to be nurturing, affectionate, and caring, they tend to value relationships with others, and can develop depression, and subsequent drug use when they have problems developing and maintaining relationships. In addition, gender roles and norms increase the likelihood of girls' experiences of sexual abuse, which is a risk factor for drug use. Furthermore, legacies of British colonialism through plantation slavery, are evident in aspects of Jamaican culture and society, and can be traced as central elements in girls' everyday experiences and resultant drug use. Thus, an analysis of the factors that influence inner-city girls in Kingston and St. Andrew to use drugs cannot be undertaken without examining the impacts of colonial legacies, gender norms, and social class. As this chapter has demonstrated, a postcolonial feminist perspective is needed to explain drug use among girls in Jamaica, and possibly the use of drugs among girls in other states with histories of colonialism and slavery. Thus, postcolonial feminism is incorporated with theory of planned behaviour, social control and social learning theories in this study to produce a contextualized framework that describes the unique psychological, sociocultural, and historical factors that influence inner city dropout girls in Kingston and St. Andrew, Jamaica to use drugs.

## **CHAPTER IV: METHODOLOGY**

### **4.0. Introduction**

The purpose of this research is to explore the psychological, sociocultural, and historical factors that influence the practices of drug use among dropout girls in inner city communities in Kingston and St. Andrew, Jamaica. To fulfill this purpose, feminist standpoint research design was used to guide the data collection and analysis. One-on-one semi-structured interviews were utilized to generate data from inner city 15 girls, and qualitative content analysis was used to interrogate and interpret the data gathered. This chapter outlines feminist standpoint research design and my rationale for utilizing this approach. It also provides an explanation of the entire research process including: the designing of the data collection instrument, semi-structured interview; recruiting participants for the study; conducting the interviews; transcribing and analyzing the interviews; and presenting and discussing the findings. The chapter also provides strategies employed to protect participants' wellbeing.

#### **4.01. Feminist Standpoint Research Approach**

Feminist standpoint research embarks on social scientific enquiries “rooted in women’s lives [and] women’s everyday existence” (Hesse-Biber, Leavy, & Yaiser 2004, p.15). Criticizing traditional research methodologies for producing androcentric, Eurocentric, and ethnocentric knowledge, feminist standpoint research places women’s and other marginal groups’ ways of knowing, constructed from their understanding of their social experiences, at the centre of scientific inquiry.

Standpoint research emphasizes the importance of situated knowledge in the research process. Situated knowledge incorporates the positions and viewpoints of researchers and participants in knowledge generation. Harding (1987) argues that situated experiences of women

provide important perspectives previously excluded from knowledge creation. Both researchers and participants are influenced not only by gender, but also by race, class, ethnicity, sexuality, age, and cultural background *inter alia*, all of which ultimately determine their positions in the social hierarchy and influence their lived experiences (Hesse-Biber et al., 2004; Hill Collins, 2000). Perhaps the most attractive feature of the standpoint approach is its insistence that research should be conducted from the vantage points of marginalized groups. Understanding phenomena from the perspectives of those most affected by marginalization, and other social injustices, produces uniquely situated knowledge. Standpoint research argues that questions should be asked about the daily lives and experiences of oppressed and marginalized women and other groups (Hesse-Biber et al., 2004) in order to disseminate knowledge that can help generate viable solutions and transform their worlds.

Dropout adolescent girls' who use drugs and reside in low-income neighbourhoods in Kingston and St. Andrew have been largely excluded from drug use research and knowledge production locally and globally. Therefore, the tenets of feminist standpoint research align with this study's aim to produce scientific knowledge about drug use from the point of view of dropout girls in Jamaica. The study seeks to understand and document how girls' beliefs and attitudes, as well as experiences within their social contexts, influence their drug use. In that vein, it takes the position that girls are expert knowers about their experiences and owners of their knowledge. The study embraces the feminist assumption that there is no such thing as a universal truth in a hierarchical world, but rather partial and contextual truths that can only be known through developing personal relationships with situated knowers, delving into their complex life experiences and beliefs, and analysing how these are shaped by socioeconomic status, gender, historical, and sociocultural contexts (Hesse-Biber et al., 2004).

#### **4.02. Method of Data Collection: Semi-structured Interviews**

Semi-structured in-depth interviews were used to engage participants in the research process and garner knowledge about how they come to initiate and continue using drugs.

Reinharz (1992) explains that interviewing is appealing to feminist researchers because it offers researchers access to people's ideas, thoughts, and memories in their own words rather than the words of the researcher. [And] this asset is particularly important for the study of women because in this way learning from women is an antidote for centuries of ignoring women's ideas altogether or having men speak for them (p. 19).

Using interview was most suitable for this study because it gave the research participants (adolescent girls) the chance to express their thoughts in their own words, thereby unearthing rich information about their experiences and beliefs, and creating knowledge that could otherwise have been excluded or misrepresented.

Bryman (2004) argues that one of the main advantages of using semi-structured interviews is that they allow the research process to be more iterative and fluid. With this method, although there are themes and broad sets of questions that guide the interview process, they are not fixed and restrictive (Bryman, 2004). This flexible feature of semi-structured interviews allowed me to probe participant responses for deeper meanings, and capture useful information and insights that may not have been illuminated with pre-set interview questions. In addition, semi-structured interviewing requires both the researcher and participant to spend protracted periods of time together, which gives room to form a close and cooperative relationship. Building such rapport was beneficial for me and the girls. First, it enabled me to check for non-verbal expressions and query their meanings, as well as clarify statements, words or expressions used by the girls. Although, I speak the same dialect (Patios) as the participants,

there are many variations in registers and utterances of the language and meanings. Therefore, being able to clarify meanings prevented the risk of incorrect interpretation, and thereby reduced any threat to the credibility of the study. Secondly, spending time and building rapport during the interviews altered the power imbalances between me as the adult researcher and the girls as participants, through the knowledge sharing process. Doing interviews enabled the girls to recognize themselves as expert knowers. It allowed them to provide rich details about their experiences and drug use on their own terms. Similarly, interviews provided participants with a cathartic avenue to share their inner-most feelings, vent frustrations at systemic challenges, and propose solutions.

Semi-structured individual interviews were administered face-to-face with each participant, to facilitate open dialogue between the researcher and participants (Harding, 2013). To ensure that all areas relevant to the research questions were covered, a semi-structured interview question guide was developed. The guide consisted of a list of specific questions (Harding, 2013) and probing points for each question, derived from the literature relating to adolescent drug use. Each interview was divided into two sections, to be covered over two days, in case participants became overwhelmed or exhausted and needed to break and return. Part 1 of the interview guide had questions covering five main themes: 1. drug use knowledge; 2. frequency of drug use; 3. drug use attitudes; 4. drug use beliefs; and 5. gender norms and roles. The questions in part 1 were geared towards acquiring knowledge about the girls' attitudes and beliefs about drug use, and how gender roles impact their drug use. In order to stimulate conversation with the girls, part 1 of the interview commenced with general and less personal questions such as, "What do you know about drugs?" The questions became more specific and probing as the interview progressed. Part 2 of the guide had four main headings: 1. family; 2.



schools; 3. peers; and 4. community. These questions were intended to generate knowledge about the girls' experiences in their social contexts and how they may be related to their drug use.

Harding (2013) argues that one disadvantage to having an interview guide is that it may be used inflexibly; that is, researchers may ask questions in the same order as in the guide. This error was avoided by ensuring that the interviews were interactive and the girls steered the dialogues. As such, the interviews did not follow a sequence. In fact, the sequencing of questions differed for each interview because I took the role of 'the student'; listening attentively to learn about drug use from my 'teachers', the girls. I allowed them to navigate the conversation in whichever direction they felt comfortable, and I asked questions as the conversations flowed. Thus, the interview guide was only used to ensure that areas relevant to the research questions were all covered during our conversations.

Each main question under the headings on the interview guide had probing points to aid in elucidating deeper meanings and generating richer data. The girls' age as well as their literacy level were taken into consideration, so I ensured the questions were simple, clear, and comprehensible for them. In doing so, I first drafted a set of questions and sought feedback from two of my peers, one of whom was a sociology PhD candidate at the time, and the other, a trained teacher and guidance counsellor who had worked with adolescents in schools located in low-income communities in Jamaica. I redrafted questions based on their feedback. The interview guide was also reviewed by my doctoral supervisor and advisory committee members. Finally, the interview guide was piloted with 3 girls who met the eligibility criteria for the study. I asked them for feedback on each question as well as observed their responses. For example, if a question had to be rephrased more than two times, or if the girls hesitated for more than 10 seconds to answer a question, I took that as an indication that the question required editing. The

final version of interview guide was redrafted based on these reactions and the feedback of the girls in the pilot testing phase. These girls were not included in the sample.

#### **4.03. Recruiting and Selecting Participants**

A combination of purposive and snowball sampling was used to select information-rich participants who illuminated useful insights and understanding (Patton, 2002) of drug use practices among dropout adolescent girls in inner city communities in Kingston and St. Andrew. Purposive sampling is a type of non-probability sampling that involves identifying a set of predefined characteristics for the sample frame and deliberately selecting participants with these characteristics (May, 2011). Snowball sampling is also a non-probability recruitment strategy. It is used when a population is difficult to access (Bryman, 2004; May, 2011). Snowball sampling involves selecting one or more participants then having them refer other participants with similar characteristics. Drug use is considered a deviant behaviour in many societies (including Jamaica), so it is often a clandestine activity making users elusive and hidden from outsiders. Therefore, using this referral technique was a good way to locate and access the population.

One of the main criticisms of non-probability sampling methods such as purposive and snowball sampling is their inability to produce generalizable data (Bryman, 2004; May, 2011; Becker, 1998). As the population size is unknown, and the selection of the sample frame is non-random, the data garnered is not representative of the entire population. Since this study did not aim to generalize, this limitation is inconsequential.

##### **4.03a. Eligibility Criteria**

Individuals who met all the following compulsory criteria were recruited to participate in the study:

1. **Must** self-identify as female or girl;

2. **Must be** between 14 and 17 years old;
3. **Must not** have attended a formal public or private school at least once in the past month or **Must no longer** be enrolled in school;
4. **Must not** have sat a school exit examination (example Caribbean School Secondary Certificate (CSEC));
5. **Must** have left school before graduating or obtaining a school leaving certificate or high school diploma;
6. **Must not** be currently enrolled in or attending any type of remedial education or vocational training program in the last month;
7. **Must not** have been employed in the last month;
8. **Must** reside in any inner city community located in western, central, or southern Kingston and St. Andrew;
9. **Must** have used any one or more types of licit or illicit drugs at least once in the past month.

These criteria were constructed based on the aim of the study, as well as knowledge of the sample and feasibility of recruiting participants for the study. Adolescence in Jamaica is officially ascribed to youth 12 to 17 years old. Enrollment, regular attendance, and sitting an exit exam—usually at the end of grade 11—are some of the core requirements of secondary school programs in Jamaica. Research has indicated that the majority of Jamaican high school students drop out after grade 9 (Bailey, 2003; Brown, 2004), and students are usually 14 years old by that time (MOE, 2012). A number of mandatory school dropout criteria (see numbers 3-7 in the list above) were also included in order to ensure that the girls who participated in the study met the full description of the operational definition of dropout—exiting school (voluntarily or

involuntarily) before completing the required program for that school level (Brown, 2004). Girls between 14 and 17 years old were recruited to participate in the study because the chances of recruiting dropout girls in this age range were higher, especially with unemployment in the last month as one of the criteria.

Conducting research among drug users and sellers in inner cities poses great challenges for researchers (Dunlap & Johnson, 1998; Dunlap et al., 1990). In addition to difficulty with locating the participants and gaining their consent and cooperation, researchers may encounter physical harm from participants addicted to drugs or from violence in communities (Dunlap & Johnson, 1998; Dunlap et al., 1990). Inner city communities in western, central, and southern Kingston and St. Andrew were chosen because I had previously worked with dropout adolescents in these communities, so I had a network of contacts with teachers, community and social workers, parents, and other persons who lived and worked in these regions. Therefore, I encountered little difficulties with accessing the communities and population, and conducting the research.

The chairman for the Boys' Town Foundation, a reputable community-based organisation that provides programs and services to inner city communities in and around South St. Andrew assisted with shepherding the application for ethics approval through the Ministry of Health, provided advice on recruitment and direction on the best locations for the interviews and with aspects of the data collection process.

Past month drug use is one of three commonly used indicators of frequency and prevalence; the other two are lifetime (drug use at least once during a person's life), and past year (at least once in last year). Past month drug use was chosen as a recruitment criteria because

it indicates very recent use (European Monitoring Centre for Drugs and Drug Addiction [EMCDDA], 2002).

#### **4.03b. Identifying Participants**

Three sources were used to identify participants for the study: 1. the NCDA, community-based organisations, and professionals that provide services for inner city communities in Kingston and St. Andrew; 2. personal networks of community organisations and individuals; and 3. snowball or chain referrals. Contact was made with the NCDA in Jamaica to request their assistance in identifying participants. The NCDA is a subsidiary government organisation that is mainly responsible for drug use and abuse prevention and treatment in Jamaica. The organisation works with schools and communities across the island and has developed several drug use prevention campaigns and initiatives focused on youth, including conducting drug use surveys in schools and communities. I asked the NCDA to help with identifying community organisations and professionals (such as youth workers, healthcare providers, and teachers) who work with youth that may fit the criteria for study. I provided the NCDA with a letter containing information about the study and my contact information to share with relevant community organisations and professionals. One community health worker in East Central St. Andrew agreed to assist with advertising and collecting the contact information of prospective participants. This individual had no role in the selection of the participants. The NCDA agreed to provide free counselling if any participant desired it.

In addition, I contacted my personal network in three schools in Southern St. Andrew and Western Kingston communities and requested recruitment support. The principal and teachers from one school did not hesitate to help. Colleagues from the organisation where I had previously worked, along with a community member, also assisted with recruiting potential

participants. None had any role in selecting participants or any other aspect of the research process. Finally, eligible participants were asked to pass information about the study along to others who might fit the study criteria.

#### **4.03c. Contacting Participants**

Several persons assisted with recruiting; however, I was responsible for selecting final study participants. I briefed other recruiters about the aim and objectives of the study, their roles, and ethical guidelines for approaching potential participants. I emphasized their duty to inform potential participants that taking part in the study was completely voluntary, and of their rights to decline or agree, then withdraw later without penalty. Two community centres in East Central and Southern St. Andrew were prepared as research sites. I gave the recruiters my contact card and a letter containing information about the study and their roles. They provided this information to potential participants and invited them to contact me via telephone, email, or in person at one of the research sites.

Some prospective participants opted to give their contact information to the recruiters while others opted to contact me directly. When I contacted potential participants, I reminded them of the purpose of the study and their rights to decline or withdraw. I also informed them that parental consent was mandatory (a condition for ethics approval from the Jamaican Ministry of Health [MOH]). Some participants who expressed interest declined after being informed about mandatory parental consent. I gave parental consent forms to those who agreed to have their parents or guardians read and sign. I asked participants to identify convenient dates and times to them set up interview appointments, and informed them of the dates and times that I would be at the research sites with the option to drop in for interviews at any time.

A total of 15 dropout girls from 6 inner city communities located in East Central and Southern St. Andrew, and Western Kingston were interviewed for the study. Of the 15 girls, 11 were from 4 different communities in Southern St. Andrew, 2 were from the same community in East Central St. Andrew, and 2 from the same community in Kingston Western. To protect the identities of the girls and ensure their safety, the names of their communities are not disclosed.

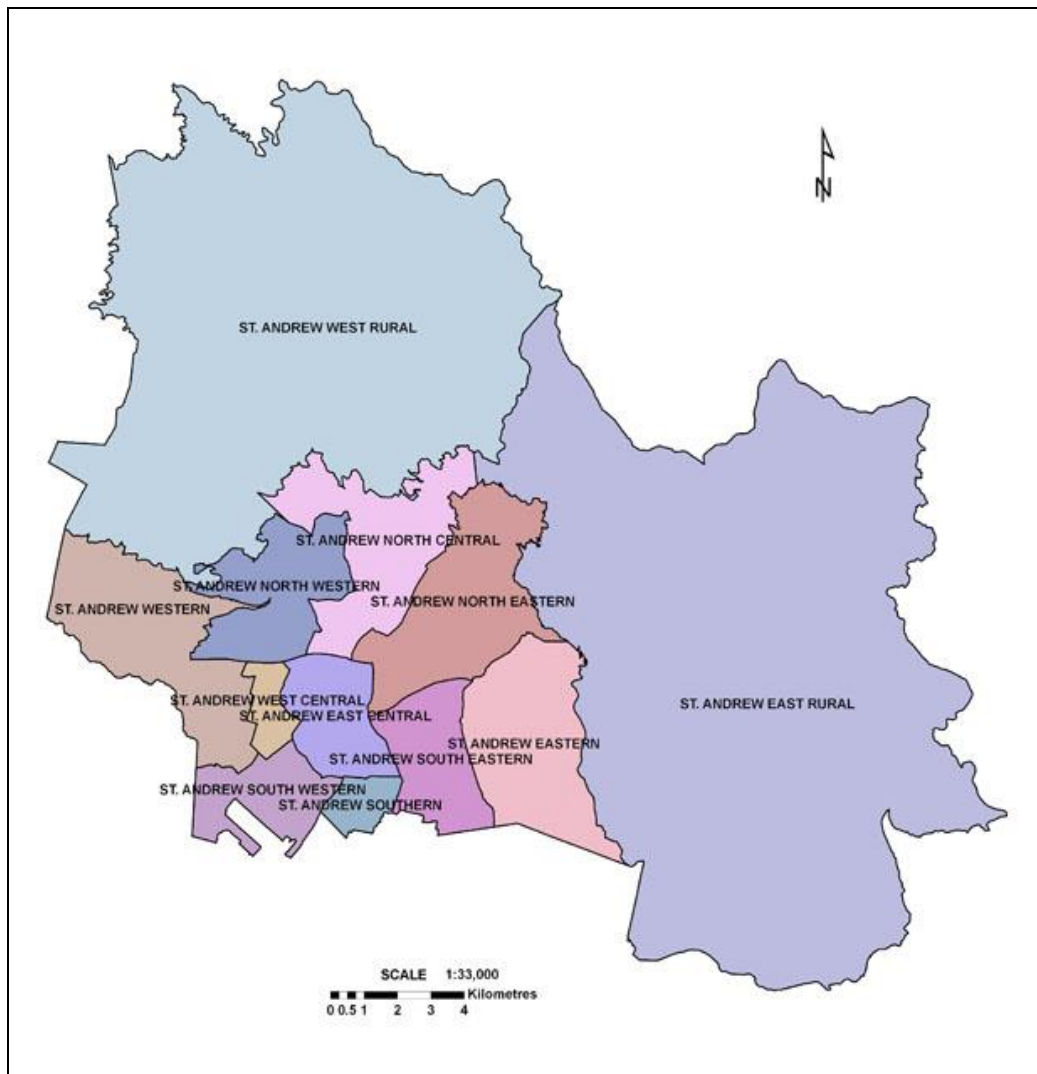


Figure 4.01. Showing map of constituencies in St. Andrew, Jamaica<sup>10</sup>

<sup>10</sup> Permission received from Electoral Commission of Jamaica (2017). Map of constituencies in St. Andrew. Retrieved on July 02, 2016 from the <http://www.eoj.com.jm/content-69-188.htm>. Map is placed on the website for general information.

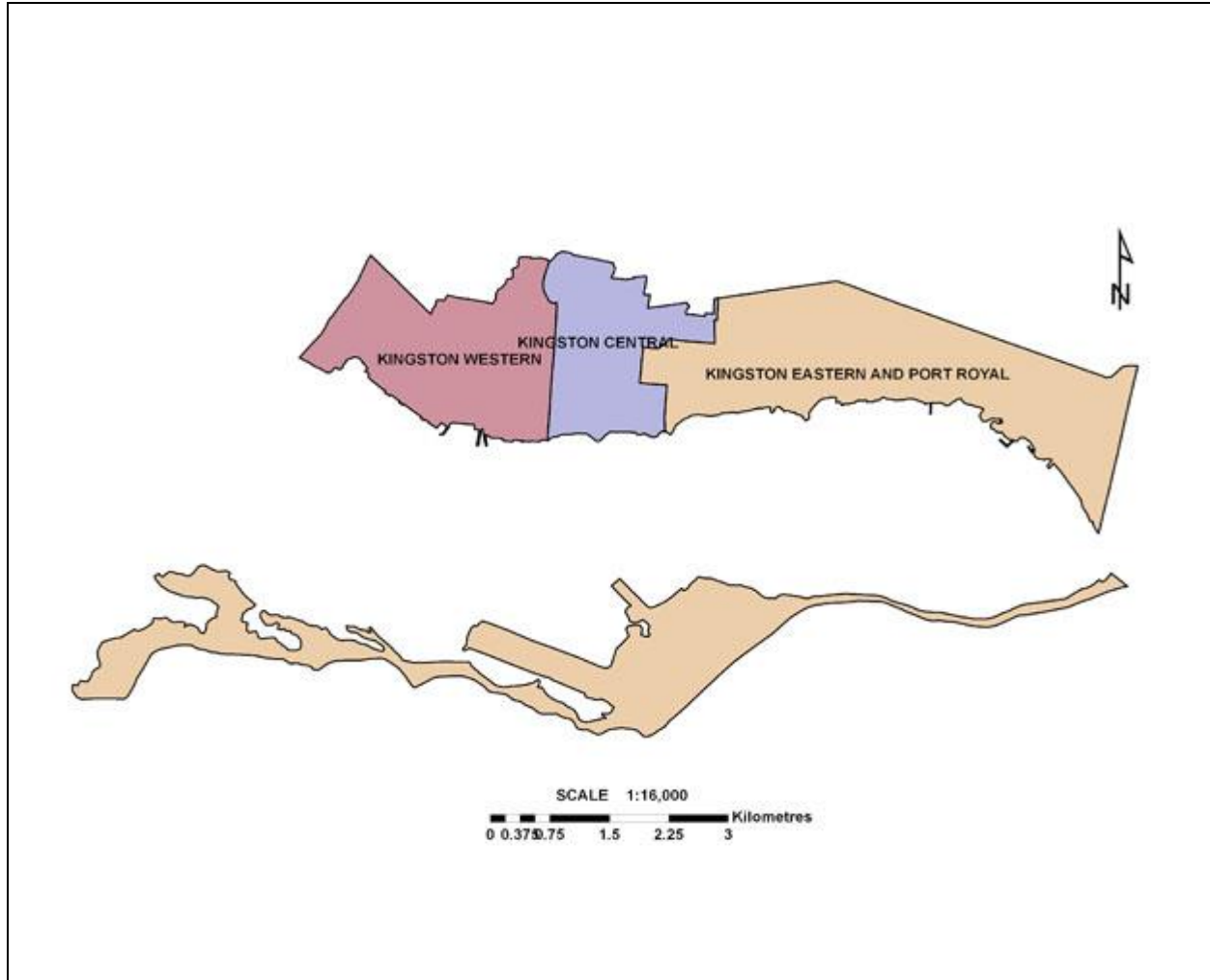


Figure 4.02. Showing constituencies in Kingston, Jamaica<sup>11</sup>

Fifteen interviews were conducted to reach saturation for rich and in-depth data on the girls' attitudes and beliefs, as well as the role of school, friends, family, community, and gender norms and roles in their drug using practices. After interviewing 15 girls and my extensive field notes, I realized that the themes and ideas that I sought to explore were repeating. Thus, I decided that conducting further interviews may not yield any new data (Glaser & Strauss, 1967).

<sup>11</sup> Permission received from Electoral Commission of Jamaica (2017). Map of constituencies in Kingston. Retrieved on July 02, 2016 from the <http://www.eoj.com.jm/content-69-188.htm>. Map is placed on the website for general information.



Below is a table illustrating the main characteristic of the girls who were interviewed for the study.

**Table 4.01**

*Key Characteristics of Interview Participants*

Participants' Pseudonyms	Age	Last Grade	Participants' Communities-Pseudonyms
Ginger	17	Grade 11	SA1
Lily	17	Grade 9	SA1
Rose	16	Grade 9	SA1
Camellia	17	Grade 9	SA1
Daffodil	17	Grade 11	SA1
Sage	17	Grade 8	SA1
Daisy	17	Grade 11	SA1
Buttercup	16	Grade 9	SA2
Blossom	17	Grade 9	SA3
Jasmine	17	Grade 9	SA4
Violet	17	Grade 9	SA4
Dahlia	17	Grade 10	EC
Primrose	17	Grade 10	EC
Heather	17	Grade 10	KW
Hibiscus	16	Grade 10	KW

Community Pseudonym Definitions:

1. SA1: Community 1 in South St. Andrew
2. SA2: Community 2 in South St. Andrew
3. SA3: Community 3 in South St, Andrew
4. SA4: Community 4 in South St. Andrew

5. EC: Community in East Central St. Andrew
6. KW: Community in Kingston Western.

#### **4.04. Ethical Considerations**

The study received ethical approval from the University of Saskatchewan Behavioural Research Ethics Board and the Jamaican Ministry of Health Ethics Division. In Jamaica, all activities related to persons under the age of 18 years, and all organisations and individuals working with this age group are governed by the Child Care and Protection Act (CCPA) 2004. Great effort was made to ensure the activities undertaken within this study adhered to ethical guidelines for conducting research with children and adolescents, as well the legal standards outlined by the CCPA (2004). The Act also provides definitions of child abuse and neglect, procedures for responding to allegations, and judicial remedies. In compliance with these ethical and legal obligations, I made every effort to safeguard participants' confidentiality and ensure their safety and well-being (see section 4.05 and 4.06 below for further details).

##### **4.04a. Consent to Participate**

The girls' participation in the study was completely voluntary and they all consented to taking part. I reviewed and discussed the study assent form with each participant prior to interviewing them. The assent form contained information on the aims and objectives of the study, the risks and benefits of participating, rights to decline answering questions, and what to expect if withdrawing from the study. The assent form also contained information on my role and obligations as the researcher. I especially highlighted my obligation to disclose any illegal information to the police or the Office of Children Registry (OCR) should I be subpoenaed by the courts, or if I perceived that the participants, or anyone they mentioned to be at risk of harm.

The girls were under 18 years old, so consent from their parents or guardians was obtained. I first asked them if they were comfortable with getting parental consent and informed them of their right to decline or withdraw their participation in the study. Parental consent forms contained information about the aims and objectives of the study as well as any potential risks and benefits of participating in the study. My legal obligations to report any breaches of the CCPA or other laws to the police or the OCR were also disclosed in the parental consent form. I noted, in the consent forms, that I would inform parents and participants of any actions to be taken, should a troubling situation arise. Where participants were estranged from their parent or family and living in the guardianship of community or governmental organisations, I obtained consent from those caregivers.

#### **4.04b. Protecting Participants' Confidentiality and Well-being**

Great effort was exerted to ensure that the location and time of the interviews were safe and convenient for participants. The interviews were conducted in a relaxed, open, and friendly atmosphere, without any form of coercion. Based on previous experience working with dropout girls from similar age cohorts and communities, I anticipated that some may have had children. Therefore, arrangements were made with a child care facility near the interview locations. One girl utilized this childcare provision.

I also anticipated that some participants may possess low literacy levels. Therefore, all information was written and explained in plain language. Although Jamaica's official language is English, most of the population speaks Jamaican Creole or Patois (derived from English and African languages). Most participants were more comfortable using Patois, so all the English information was translated and communicated to them in Patois.

To protect the participants, identities were concealed and confidentiality maintained. At the beginning of each interview, participants were asked to refrain from using their names or the names of others as much as possible. In addition, any information that may link participants' identities to responses was removed and pseudonyms were assigned. Initially, the participants were invited to choose pseudonyms. However, many chose popular names within their communities such as "Sasha" and "Poochie." To reduce the risk of having data from the research being (falsely) linked to girls in their communities or to the participants, I changed the girl's chosen pseudonyms to generic floral names. Like Victoria Jones, the 18-year-old female protagonist in Diffenbaugh's (2011) masterpiece *The Language of Flowers*, most of the girls' lives have been filled with sorrow, loneliness, mistrust, and homelessness. Nonetheless, I believe that sharing their stories and knowledge about drug use in this research can help to change the lives of others in some way.

In the novel, Victoria selects definitions for each flower, based on its scientific features, and compiles *Victoria's Dictionary of Flowers*. Each girl was assigned the name of a flower associated with an observed aspect of their personality, or a major element of the lived experiences that they shared. For example, according to Diffenbaugh (n.d.), the flower Sage means "good health and long life." The girl I named Sage was HIV positive and one of her greatest fears is that she will not live to see her two children become adults. Another example is Jasmine, which Diffenbaugh (n.d.) associates with "attachment." The girl I named Jasmine explained that all her sorrows and problems, including smoking, began when her mother migrated to England and left her. Please see below for a table with the girls' flower pseudonyms and their meanings.

**Table 4.02**

*List of Flower Pseudonyms and their Meanings*

Participants' Flower Pseudonyms	Meanings <sup>12</sup>
Ginger	<i>Strength</i>
Lily	<i>Majestic</i>
Rose	<i>Unconscious beauty</i>
Camellia	<i>My destiny is in your hands</i>
Daffodil	<i>New beginnings</i>
Sage	<i>Good health &amp; long life</i>
Daisy	<i>Innocence</i>
Buttercup	<i>Ingratitude</i>
Blossom	<i>Impermanence</i>
Jasmine	<i>Attachment</i>
Violet	<i>Modest worth</i>
Dahlia	<i>Dignity</i>
Primrose	<i>Childhood</i>
Heather	<i>Protection</i>
Hibiscus	<i>Delicate beauty</i>

The two audio recorders that were used for the interviews were encrypted with unique passwords known only to me. Audio recordings were deleted after they were transcribed, analysed, and written up.

<sup>12</sup> Taken from Diffenbaugh (n.d.). *The Language of Flowers: Flower dictionary*. See [http://www.randomhouse.com/rhpg/features/vanessa\\_diffenbaugh//flower-dictionary/](http://www.randomhouse.com/rhpg/features/vanessa_diffenbaugh//flower-dictionary/)

#### **4.05. The interview Process**

Interviews were conducted at two community centres in Southern and East Central St. Andrew constituencies. These facilities were centrally located, safe, and within proximity of all the participants' communities. I went to the centres daily for three weeks to conduct interviews, two weeks at the centre in Southern St. Andrew and one week in East Central St. Andrew. Participants were informed of the dates and times that I would be at each centre and either scheduled appointments or dropped in.

I spent the first few minutes of each interview building rapport and making the girls comfortable. I provided food and beverages, and engaged them in general conversations about music, sports, fashion, myself, and anything else that sparked their interest. To put them at ease, the girls also had the option of making beaded jewellery, painting, or drawing during the interview. Only two girls opted to draw; the others chose to make beaded jewellery, while one girl chose not to undertake any of the creative activities provided. I spent time with each girl preparing for their activity before the interview began. I also collected their signed parental consent forms, and reviewed and discussed the participant assent form which contained information about their roles and rights as participants and my role as the researcher. The participants provided oral consent. Two audio recording devices were used to record the interviews in case one failed. All participants gave permission to be recorded. I was mindful that audio recorders could intimate participants, so I placed them in a visible but unobtrusive location on the table during the interviews.

Each interview began with general questions about participant knowledge of drug use. I used a semi-structured interview guide to ensure that no relevant areas were missed. I listened keenly, asked questions, and probed for further details and clarifications. I took notes on

important information, such as common themes, as they arose. I noted participants' gestures, facial expressions, and other body languages which could not be captured by the audio recorders (Harding, 2013). The girls had the option to break for a few minutes or until another day if they became overwhelmed or exhausted by the interview. The majority (n=13) opted to complete the interview in one day. They also had the option of getting free NCDA counselling if, during the interviews, they recalled stressful/traumatic experiences that triggered uncomfortable or unpleasant memories and feelings. However, none of them opted for post-interview counselling. Throughout the interview, I reminded participants of their right not to answer any questions that may invoke unpleasant memories and feelings, or to terminate the interview at any time they chose without penalty.

The duration of interviews varied between 1 hour 32 minutes and 3 hours 48 minutes. At the end of the interview, I reiterated some of the main points that were discussed and asked participants whether there was anything else they wanted to add. Some participants added final points while others asked questions, such as whether I would return to do other research. I thanked each participant for their time and contribution, then gave them an information package that I had prepared, and an honorarium. The information packages contained various services that the participants might find useful such as free counselling, drug treatment, remedial education and skills training, childcare services, and abuse or violence prevention help services in or around their communities. Each participant was given an honorarium of \$1000 JMD (approximately \$10 CAD) as compensation for their time. The participants were informed at the beginning and end of the interview that the honorarium was by no means a method of coercing them to participate in the research. They were reminded that they still would be compensated, even if they chose to withdraw from the study. None of them withdrew.

After each interview, I made additional and detailed field notes, reflecting on the interview process, important themes, and areas of inquiry that emerged from our conversations. Moreover, I noted my own reactions as well as participants' responses to questions and stories that arose. For example, I was brought to tears during one girl's detailed story of experiencing rape, so I made notes about my thoughts and when to interrupt participants' narratives and take a break if needed in subsequent interviews.

#### **4.06. Analyzing the Interviews**

Qualitative content analysis was used. Qualitative content analysis "is a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns" (Hsieh & Shannon, 2005, p.1278). I first listened to audio-recordings and manually transcribed the interviews in order to familiarize myself with the data (May, 2011). I transcribed the interviews manually and verbatim to become intimate with the data and to have a full understanding of the girls' explanations and the meanings behind their thoughts, noting non-verbal cues such as pauses, laughter, sobbing, grunts, changes in tones, elongation of words, and worded demonstrations—for example "see this right here." I also incorporated the field notes I took for each interview with the transcriptions. I listened to the audio recordings while reading the transcript a second time to correct errors, add punctuation, and note any words/concepts that I needed to research or clarify in order to explain my findings. I then listened to the audio a third time to remove any remaining errors or information that could reveal the identity of the girls, replacing them with pseudonyms.

I repeatedly read each transcript thoroughly to immerse myself in the data and to identify important themes and concepts (Miles & Huberman, 1994) related to the girls' drug use attitudes and beliefs, gender norms and roles, and experiences with school, peers, community, and family.



I used data and concept-driven categorization to code the transcripts. I used these two mediums to ensure that none of the data was unaccounted for (Schreier, 2014) and that the categories were relevant to my research questions and literature. I used the interview guide to generate main categories (Schreier, 2014). For example, since I had questions about the first time the girls used drugs, one main category was “first drug use.” Other categories such as “reasons for school dropout,” “drug use attitudes and beliefs,” “family relationship,” “relationship with friends,” “community of residence,” and “gender norms and roles,” all came from interview questions.

I then generated subcategories until all the available interview text was categorized into main and subcategories. I used a single word or phrase that summarized the texts in each subcategory. For example, in the “family relationship” main category, I generated subcategories such as “parental neglect,” “experience with sexual abuse by family,” and “death of parents.” Likewise, I divided the “drug use attitudes and beliefs” category into smaller categories such as “smoking to relieve stress” and “smoking to relieve sadness”. I then added quotes – that is, the girls’ verbatim explanations/descriptions of their beliefs, experiences, and events that fit into these main and subcategories. For example, Rose’s explanation that weed, “relax yu from yu stress” [relaxes you from your stress...] was placed under “coping with stress,” which was a subcategory of the “drug use attitudes and beliefs” main category. I also created new categories that captured the essence of quotes that did not fit into the predetermined categories (Hsieh & Shannon, 2005).

As I categorized the data, I attempted to understand the meanings behind the girls’ accounts of their perceptions, lives, and experiences in order to situate their individual voices and contextualize the knowledge captured. I identified and highlighted similarities and differences between each girl’s account of their experiences and beliefs. I then used these to formulate

responses to my research questions. I used postcolonial feminism to make sense of the data generated and direct quotes to validate my analysis and interpretation.

After completing the data categorization and analysis, I conducted a peer debriefing to enhance the credibility of the study (Creswell, 2013; Lincoln & Guba, 1985). I met with three of my colleagues—two doctoral candidates, and a Master’s student—who reviewed, discussed, and critiqued the accuracy of the categories, subcategories, and concepts that I derived from the interviews, how I generated them, and my interpretations. All three were Jamaicans who understood the language used by the participants (Jamaican Creole), and to some extent the context of the data.

#### **4.07. Reflexivity**

According to Smith (1992), “the project of inquiry from the standpoint of women [and girls] is always reflective. Also, it is always about ourselves as inquirers—not just personal selves, but ourselves as participants” (p.94). As such, the beliefs, histories, influences, morals, values, positions, and power of the researcher (and participants) should be disclosed, critically analysed, and understood in the research process (Hesse-Biber et al, 2004). I embrace the stance that the research process is value-laden (Sprague & Kobryniewicz, 2004). Thus, I was cognizant that my subjective values, and cultural, social, and historical background influenced the entire research process—from the research questions to the data collection, findings, analysis, and conclusions (Becker, 1998; Hesse-Biber & Yaiser, 2004).

Indeed, my personal experiences working with dropout adolescents in inner city communities in Kingston influenced my research interest and the scope of this study. My first job after completing my postgraduate degree was managing a youth empowerment program for dropout adolescent girls and boys in inner city communities in Western Kingston and Southern

St. Andrew. The two and a half years I spent working and interacting with dropout girls in these low-income communities enlightened me on some of the challenges they experience with family, schools, and in their communities. The time spent with them also ignited my desire to help empower them to change their worlds and circumstances.

Being an insider (to some extent) played an important role in the process of knowledge construction in this study (Hesse-Biber & Yaiser, 2004). I used my knowledge and understanding, influenced by my position as a Jamaican woman who grew up in a female-headed household, attended high school in Jamaica and experimented with marijuana and tobacco use during adolescence, to collect, interpret, and explain the data. I informed the participants of my background, and continuously reflected on how my position as an insider impacted the data collection, analysis, and knowledge dissemination work. For example, when the girls explained the physical effects of smoking marijuana for the first time, I reflected on my first experience and connected the similarities and differences. In addition, in some cases, I identified with girls' accounts of challenges with school, family, and friends and empathized with many of them who shared stories of traumatic experiences. Having similar childhood experiences as some of the girls, such as an absent/uninvolved father, allowed me to understand and discuss how social contexts impacted their beliefs, experiences and subsequent drug use.

My insider position also allowed me to access the participants. Daisy, for instance, declared that the only reason she agreed to participate in the study was because she heard that I was "the woman who used to work in the community" and she heard I was "nice and down-to-earth." In my engagements with adolescent girls (and boys), I take a non-judgmental, supportive, collaborative, and empowering approach, and endeavour to interact with adolescents on their terms and in ways they understand. Each of them has unique knowledge and capabilities that can

be nurtured and harnessed for their personal, academic, and professional growth and ultimately, in nation building.

Being an insider enabled me to build rapport with the girls, and unearth rich data to which an outsider may not have been privy. For example, the girls shared details about their intimate partner relationships, experiences of sexual violence, and their HIV status, perhaps because I am a female and not immediately involved in their lives. At times, I reciprocated by sharing similar experiences. For example, when Primrose lamented about her breakup, I told her about my experience with a failed intimate relationship. I also shared my recovery strategies. This co-sharing may have facilitated trust, and helped the girls to be more relaxed and open in telling me their stories.

Moreover, I could understand the colloquial terms and expressions that the girls used because I was an insider. For example, the girls referred to homosexual women as “Sadomites” and gang-rape as “Battery,” terms I know and understood because I am from the Island and have worked with adolescents in these communities. In some instances, I asked the girls to define certain phrases or words they used and they responded, “Don’t you know that?” an indication that they expected I would know what they meant based on my insider position.

Merton (1972) argues that people have multiple forms of status as both insiders and outsiders. As an adult woman completing postgraduate studies working with high school dropout girls, I was also an outsider. I had to seek clarification on some of the girls’ experiences of dropping out of school. Additionally, I grew up in a low-income rural community in Jamaica. Therefore, I had no first-hand experience with certain inner city experiences that the girls claimed they had encountered. Exposure to gun violence, for instance, was not a part of my

childhood experience so I had to probe the girls for clarification in order to represent their lived experiences and perceptions accurately.

During the interview process, I continued to examine the power structures and relationships between me and the participants (Hesse-Biber & Yaiser, 2004). I recognized participants as expert knowers and owners of their knowledge and presented myself as the learner and facilitator of the knowledge sharing and production process. I built rapport with each participant by answering questions and addressing their concerns (Hesse-Biber & Yaiser, 2004; May, 2011). I made the research process as transparent as possible, respected participant boundaries, and recognized their realities and ways of knowing as vitally important to the process of accurate knowledge production. I also reflected on how engagement with the research participants shaped and reshaped my understanding (Naples, 2003) of their lives, experiences, and drug use. For instance, prior to the interviews I understood (through the literature) that peers influence girls to use drugs. However, when the girls in the study described how supportive their friends were, I began to understand why they would do anything, including smoke, to preserve their relationships with their friends. In addition, by interacting with the girls and listening to their experiences, I became even more critical and wary of systemic oppressions and inequalities in the Jamaican society that marginalize and alienate targeted groups, such as inner city girls.

#### **4.08. Summary**

This chapter illustrates that feminist standpoint research best aligns with the study's aim of generating and producing knowledge about girls' beliefs, experiences, and drug use from their own perspectives. It also demonstrates the benefits of using semi-structured interviews to understand how girls situated attitudes, beliefs, and experiences influence their drug use. It details how interview as methodology enabled rapport-building and probing for further details,

thus ensuring rich information and understanding about the girls' motives and practices of drug use. The chapter explains the process of deriving categories from the literature and interview guide (concept-driven) and how the interviews (data-driven) allowed for the discovery of themes, concepts, and answers to the research questions. In addition, it provides details about how the girls were recruited and selected using snowball and purposive sampling, and the steps taken to ensure that they encountered no harm from participating in the research. The methodological approaches and strategies that were employed enable me to develop coherent and logical inferences about the psychological, sociocultural, and historical factors that influence participants to use drugs. Subsequent chapters will present the data generated through these robust methodological processes.

## CHAPTER V: PROFILE OF THE RESEARCH PARTICIPANTS

### 5.0. Introduction

This chapter presents a description of my encounters with the 15 girls who participated in the study, and what they disclosed about their backgrounds, experiences, and beliefs. It provides demographic information and presents a snapshot of individual accounts about sociocultural contexts and perceptions. It also outlines my perception about their dispositions and personal presentation. The chapter highlights some of the common experiences with family, school, peers, and community as well as drug use beliefs and practices. It provides details of the girls' beliefs about gender norms and roles, and highlights common gender-related experiences. Much of the data tends to center on risks and vulnerabilities. However, an attempt has been made to convey instances of the girls' agency, strength, and resilience including the motivating dreams and aspirations that may inspire them to reduce drug use, improve their education, and transform their lives.

As explained in chapter IV, all the girls spoke Jamaican Creole (Patois). For authenticity, all the girls' direct quotes were recorded in Patois; however, a standard English translation is provided to assist with comprehension, predicated on my own understanding of both languages (see chapter IX for discussion of this limitation with translation). As explained in the methodology chapter (section 4.06), *Victoria's Dictionary of Flowers* (Diffenbaugh, n.d.) was used to assign pseudonyms: Ginger, Rose, Primrose, Blossom, Camellia, Hibiscus, Dahlia, Daffodil, Heather, Daisy, Buttercup, Jasmine, Violet, and Sage. Individual profiles are presented in this chapter in the order in which the girls were interviewed. All names of persons and places recorded in this chapter have been altered to protect participant confidentiality.

## Lily

Lily was the first participant I interviewed. The music recording studio at the community centre in SA1 was re-purposed as the ‘interview room’. The room was ideal for conducting interviews due to its sound proof feature (private) and adequate spacing. Lily and I met the day before the interview and I provided her with details about the research and consent process. She had agreed to meet me at 11:00 am for the interview, but did not arrive until approximately 12:45pm. I scrutinized her as she paced around the table, deciding where to sit. I concluded that she seemed to be the kind of girl that takes pride in her personal image, and spends hours making sure that her appearance is pleasing to her beholders. She was dressed in blue denim shorts that exposed most of her long skinny dark-skinned legs, and a white lace trimmed blouse. She wore beautiful, multi-colored beaded necklace with matching bracelets and earrings, and long acrylic nails that were decorated with multicolored designs.

Initially Lily’s responses to my questions were monosyllabic, limited to “yes” and “no.” Given her obvious discomfort, I inquired about her nails to put her at ease. I asked who made them, and joked with her about her ability to perform simple tasks, such as buttoning her clothes and scratching inside her ears. She chuckled, and seemed to relax slowly as she explained to me how she cooks, cleans, and does other tasks with her long nails. She opted to make a beaded necklace while we dialogued, another source of jokes as she struggled to grasp the tiny beads to make the necklace. By this time, she seemed ready to talk about herself, her family, community, past school, friends, and her use of marijuana mixed with tobacco.

Lily is 17 years old and lives with her mother, sisters, and nephew. She has never met her father because according to her, “*Him lef go farin from mi likkle*” [*He migrated to a foreign country since I was young*]. She claimed she has a very good relationship with her mother and



younger sister. However, she and her older sister “*eva a war*” [*are always fighting*] because according to Lily, “*she too red eye...she love people tings, and she no like share*” [*She (her sister) is too envious, she loves things belonging to others, and does not like to share*]. Lily’s mother works as a Garbage Collector.

Lily dropped out of high school at grade 9 when she became pregnant. She explained that she became pregnant and dropped out of school because she lacked knowledge of contraceptive methods. She described her predicament, “*Mi really neva know bout dat, a since mi breed and start go clinic di nurse dem tell mi bout it. Mi deh pan di injection now*” [*I really did not know about that (contraceptives), it was when I became pregnant and started going to the clinic that the nurses told me about it (contraceptives). I am now taking the injection*]. Her son is two years old and lives nearby with his father (who is one year older than Lily) and his family. Lily said she aspires to become a doctor or teacher and purchase a nice car and big house in the future.

Smoking marijuana mixed with tobacco is a common practice in Lily’s family. When I asked if anyone in her family smoked, she chuckled and explained, “*Di whole a mi fambily dem smoke. All de baby wah smoke*” [*All my family smokes. Even the baby wants to smoke*]. She claimed her mother smokes marijuana mixed with tobacco very frequently. In fact, it was her mother’s “*Ital weed*”<sup>13</sup> that Lily tried the first time she smoked when she was 11 years old. She laughed and reminisced on her first time: “*M modda have weed inna har house, a fi har weed mi try offa first*” [*My mother had weed in her house, it was her weed that I first tried*]. When Lily smoked for first time, she was just imitating her mother: “*Mi just go do it, tru mi eva si har a smoke*” [*I just did it because I always see her (her mother) smoking*]. She was also very dizzy

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<sup>13</sup> Marijuana without tobacco.

when she smoked the first time. She is convinced that she was dizzy because she smoked the marijuana without tobacco. She claims that when she smokes marijuana mixed with tobacco she does not experience dizziness or any other negative side effects. Because of this, she often seasons her marijuana with plenty tobacco.

Lily smokes approximately two times per day. She is adamant that the only reason she smokes is because she likes doing it and it makes her “feel nice.” She believes that other girls smoke spliff<sup>14</sup> or use other types of drugs, mainly because they are influenced by their peers. Lily maintains that smoking spliff is harmful to some people’s health but she is immune to its harmful effects. According to her, *“It can sick yu off and kill yu...a no really everybody it ago kill and sick. It neva sick me yet” [It (spliff) can make you sick and kill you, [but] ... not everyone will get sick or die from it. It has never made me sick].*

Girls in Lily’s community experience many challenges such as sexual assaults and gang rape. Also, many girls in her community are forced to engage in prostitution to take care of themselves and their children. Notwithstanding, she likes her community because it is “lively” and “fun.” On the other hand, she admits that she does not like the frequent conflicts among residents which often result in physical injuries and even death. Lily believes that marijuana, marijuana mixed with tobacco, and cigarettes are easily accessible to girls because they are available for sale in many shops in her community. However, she does not think that the prevalence of these substances negatively affects her community. In fact, she stated that, selling marijuana, tobacco, and cigarettes is beneficial to her community because *“people can mek*

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<sup>14</sup> Spliff is one of the street names used in Jamaica to refer to marijuana rolled with tobacco for smoking. Spliff will herein after be used interchangeably with the phrase “marijuana mixed with tobacco.”

*money and can send dem pickney go school, and buy food and dem tings dere” [people can earn money and send their children to school, buy food, and other things].*

## **Ginger**

While organizing materials, and arranging chairs for the next interview, there was a vociferous knocking on the interview room’s door. When I opened it, I was greeted by Ginger and her three friends. She was dressed in a short floral dress with faded patterns and holes indicating that it was over-worn and old. She wore pink rubber sandals and her hair was tucked back in a ponytail. Ginger was evidently the leader of the pack. Her voice echoed with assertiveness as she spoke on behalf of the group and inquired about the research. The other girls merely nodded and giggled as I explained the purpose of the study and the eligibility criteria. I gave them parental consent forms, my contact details, and instructions and they left. About an hour later, Ginger returned by herself. She did not hesitate to share her thoughts and experiences.

Ginger is 17 years old and lives with her mother, younger sister, and stepfather. Her father lives far away, but they talk by telephone regularly. She confided that she wishes her father could live with her instead of her stepfather. She does not like her stepfather because, *“him a married man, and him ignorant, and it come like him carry dung more destruction pon wi family” [he is married, he is aggressive, and it seems he brings more destruction on our family].* She clarified that her stepfather’s wife is dead, but he started the relationship with her mother long before his wife died. She especially dislikes her stepfather because he is short tempered and has a volatile relationship with her mother. Ginger narrated somberly, *“More time dem war, and mi seh boi a wonder if (she sighed and paused), more time mi fret and seh a wonder if she kill him or him kill she” [Most times they fight, and I wonder if (she sighed and paused), most times I worry, and wonder if she killed him or if he killed her].* The antagonistic relationship with her

stepfather has resulted in frequent arguments between them, and she once she had to report him to the police for hitting her.

Ginger has encountered several traumatic experiences, including death of loved ones, in her 17 years: *“Many people die fi mi still. Mi have a bredda weh die, and mi have a godfather weh die di same year...Yeah close ones, loves one. From yu hear mi seh a mi bredda eh nuh, mi blood...and mi loose mi house...mi house bun dung”* [many of my family members have died. I have a brother who died, and my Godfather died that same year...Yes close ones, loved ones. He was my brother you know, my blood...and I lost my house...my house was destroyed by fire]. Her brother died in a drive-by gang shooting on his way from school when she was 11 years old and he was 17. Gang members from where she lived at that time, avenged his death by killing someone from the opposing gang and community. They believed that her family was responsible for the reprisal killing and so burnt down their house. Luckily, none of her family members were in the house at the time. However, all their belongings were lost and they had to leave the community to escape further reprisals. Tears glistened in Ginger’s eyes as she recalled, *“Wen mi bredda die mi was homeless, yu understand. Mi neva literally on the streets, but mi was out dere bouncing around, me, mi modda, and mi sista. Every night mi haffi gaah a different fambily yard go sleep, yu understand, and mi no use to dem tings deh”* [When my brother died I was homeless, do you understand. I was not literally on the streets, but I was out there bouncing around, me, my mother, and my sister. Every night I went to a different family member’s house to sleep, and I was not accustomed to that].

She dropped out of high school in grade 11, just a few months before taking the CSEC exam. Ginger stopped going to school because smoking marijuana mixed with tobacco affected her academic performance. She explained, *“Inna di school ting still it kinda slow yu brains. Boi*

*it no mek mi wah concentrate, it mek mi wah weed, more and more, yu understand...Mi meditate pan it too much, so mi no have time fi class” [In the school thing, it [spliff], kind of slows your brain down. It makes me lose concentration. I meditated on it too much, so I had no time for class].* She got suspended frequently for smoking and fighting at school, so the last time that happened, she decided not to return. She smiled as she shared her dreams of becoming a mechanic, having a big house, and making a lot of money so she can help her mother escape poverty in future. Ginger is considering going back to school as she believes that is the only way to achieve her dreams.

Ginger mostly smokes marijuana mixed with tobacco. However, she resorts to smoking cigarettes when she cannot afford to buy spliff. She first smoked spliff, which she got from her friends, when she was 13 years old. She claimed that she got dizzy, disoriented, and could not stop laughing the first time she smoked, she believes, because it was her first time smoking it and her body was not accustomed to it.

Ginger does not know how often she smokes per day, but claims it is as frequent as “every second” of the day. She believes that smoking marijuana without tobacco is not harmful: *“Di weed is medicine, cause if yu have asthma and smoke it, it tek it weh” [The weed is medicine, because if you have asthma and smoke it, it will cure it].* However, she is convinced that tobacco poses grave threat to smokers’ health. Notwithstanding its harmful effects, she believes tobacco is necessary because helps to intensify the “high” feeling and without it, marijuana is not as potent. She gets chest pains and trembling feelings when she smokes and would like to quit for that reason. However, she finds it difficult to stop because smoking makes her feel “nice,” helps her to “meditate,” and relieves her stress and sadness.

Ginger does not like her community because of the high rates of violence—including shooting and killing. She is also weary of the high number of people who are envious of any progress or positive change in her community. She claims the people in her community are so resistant to positive change that they will use Obeah<sup>15</sup> to ensure that everyone remains in the vicious cycle of poverty and hopelessness. Girls in Ginger’s community experience gang rape and are shot frequently, and men and boys are more likely to get jobs and enjoy higher socioeconomic opportunities than women and girls.

## **Rose**

Rose is a petite but vivacious 16-year-old. When we met for the interview, she did not hesitate to tell me about her mixed-raced background when I struck up an icebreaker conversation about her long curly black hair, which she had just washed and left out to dry. She claims she is mixed with East Indian and African, although she is not quite certain of the source of her East Indian origin, but thinks it is from her father’s ancestry since her mother does not have “good hair” (long, usually non-African or non-kinky hair). Rose lives with her paternal grandmother and brother. She and her brother recently went to live with her grandmother next door because they were not getting along with their mother. She claims that her mother is verbally abusive, is always trying to start an argument with her, and “pressures” her to all the household chores. Rose vented, *“Mi modda wah mi alone fi do everything inna di house, and she nah do nutten...She tormented man, like dem set supmen pan har fi bother mi all di while”* [My mother wants me to do all the housework, and she does nothing... She is troubled; it is as if they

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<sup>15</sup> Obeah refers to a “wide variety and range of beliefs and practices related to the control or channelling of supernatural spiritual forces by particular individuals or groups for their own needs, or on behalf of clients who come for help” (Bilby & Handler, 2004, p. 174).

*set something on her to provoke me*]. Her father migrated to the United States when she was in basic school and she has not seen him since. However, she talks with him regularly, and he often sends her and her brother money. She loves her father, feels they have a very good relationship, and is anticipating seeing him soon.

Rose dropped out of school in grade 9. She decided not to return after she was suspended several times for breaking the school rules—wearing earrings and carrying a cell phone. Rose claims that she is planning on going back to school, and wants to become an English Teacher when she grows up. She also dreams of having complete independence, a big house, and a car in the future.

Rose believes that marijuana mixed with tobacco is easily accessible because it is cheap and available for sale in her community. Getting a spliff is easy for anyone, even children: *“Yeah, dem nah go ask yu nutten, anybody can buy it, all likkle pickney, dem nah go ask yu nutten... Yu just go deh and seh “sell mi wah 20 bag and a grabba”, \$30 dat. \$10 fi the grabba and \$20 fi a 20 bag”* [Yes, they (vendors) will not ask you anything, anyone can buy it (spliff), even young children, they will not ask you anything. You just go there (to the shop) and say, *“sell me a 20 bag (of marijuana) and a grabba” That is \$30, \$10 dollar for the grabba, \$20 for a 20 bag (of marijuana)*]. Rose smoked for the first time at 14, because she wanted to relieve the anger and disappointment she felt when her father did not send money for her to attend a school beach trip. Rose only smokes spliff once per week, particularly on Sundays, because that is when she is most stressed from arguments with her mother over household chores. Even though she now lives next door with her grandmother, her mother still “pressures” her to do domestic chores. She believes smoking helps her to cope and relieve the stress caused by these frequent

conflicts. Although Rose admits that smoking “kills,” she continues to smoke because it makes her feel good, helps her to keep calm, and boosts her self-confidence.

Rose likes her community because it is “fun” and “lively”, from the parties that occur every weekend. However, she admits that she does not like when “*shot fia*” [*gun shots are fired*], mostly during gang war. She also feels that people in her community are envious of any sort of progress, and use Obeah to fulfill their evil intentions. She does not like the persistence of unequal gender roles and relations in her community, where heterosexual boys and men can have multiple sex partners while girls and women cannot: “*Mi tell yu seh man can get weh wid it, one boy can run tru 10 girl, him ago be star-boy, 10 man run tru 1 girl she ago be whore*” [*I am telling you, men can get away with it (promiscuity), one boy can have sex with 10 girls, he will be considered is a role model, (however, if) one girl has sex with 10 men, she is labelled a whore*]. Because of these unequal expectations for boys and girls, Rose wishes she were a boy.

### **Primrose**

Primrose is 17 years old and lives with her grandmother, younger sister, aunts, and cousins. Her mother died from cancer when she was 13 years old, and her father migrated to the United States shortly thereafter. At first, her dad used to return to Jamaica and spend a few weeks with her and her sister; however, after a few months he said he could not return because he was going to “run off” (become an illegal immigrant in the United States), and she has not seen him now in over 3 years. After her father left, her grandmother and aunts became caregivers to her and her sister, launching horrendous experiences of neglect and abuse: “*Dem start mek wi dead fi hungry and beat wi, mi nah seh mi grandmother, but fi har pickney dem, like mi aunty dem*” [*They started to starve and beat us, not my grandmother, but her children, my aunts*]. According to Primrose, her aunts would steal the money that her father sent, and on many



occasions, she and her sister have gone without food. They endured the abuse for a few months because their aunts would not allow them to speak to their father, and only when she finally contacted him did the abuse end. Triumph echoed in her voice as she described the momentous day she got in contact with her father, *“Mi go up a mi friend modda yard and beg har a call, and mi call mi fadda and tell him wah gwaan, and him start send money to different people now, and den him send money straight to me now cause mi have ID now”* [I went to my friend’s mother’s house and asked her for a phone call and called my father and told him what was happening, and he started to send money to different people. Now, he sends it straight to me because I have an ID now].

Primrose dropped out of school in grade 10 because love for her ex-boyfriend coupled with smoking marijuana mixed with tobacco affected her academic performance. She became stressed by her intense emotions and declining academic performance, and began smoking marijuana mixed with tobacco even more frequently to relieve her stress. However, the frequent smoking (even at school) made her further lose concentration and her grades plummeted. Primrose spent approximately an hour of the interview lamenting the break-up that left her heartbroken: *“Mi did love him mi nah tell no lie. Mi still love him mi nah lie, and mi would do anything fi him all now, and if supmen happen to him, mi no know how mi woulda tek it. But mi just accept di fact dat him doan love mi. Him doan wah deh wid me”* [I loved him I am not lying. I still love him, and I would do anything for him even now, and if something should happen to him, I do not know how I would handle it. But I just accept the fact that he does not love me. He does not want to be with me]. She wants to go back to school and dreams of having her own real estate business, with a big house and a lot of money when she grows up.

According to Primrose, smoking marijuana mixed with tobacco also helps her to lose weight and stay slim. However, it also makes her paranoid and aggressive. She explained that, whenever she smokes her senses are heightened and she feels that anyone who comes too close or touches her is trying to harm her, *“Like wen mi smoke weed di only ting mi no like bout it is it mek mi paranoid. Mi easy fi get frighten...Yeah, like if yu all a come behind a mi and go touch mi, like mi just start get jumpy. Mi bummy den, like mi mind just wide open to everything. Mi feel seh yu ago do mi supmen. If mi and yu ketch up inna likkle argument mi quick fi do you supmen fast cause mi feel seh yu ago do me supmen so mi always a do it fast”* [When I smoke weed the only thing I do not like about it is it makes me paranoid. I get frightened easily...like if you were to come behind me and touch me, I would get jumpy. It is as if my mind is open to everything. I feel as if you are going to harm me. If you and I get into an argument I am quick to harm you because I think you are going to harm me, so I always do it [harm] faster].

Primrose believes that smoking cigarettes puts people at risk for cancer and other ill-health, but that smoking marijuana alone is not harmful; although, she admits that adding tobacco to marijuana results in violent/aggressive behaviours. She does not know how often she smokes, but claims it is more than 10 times per day. Her father smokes marijuana mixed with tobacco and even approves of her smoking it, but has warned her against smoking cigarettes.

Primrose likes her community because it is “lively,” but she does not like the high level of violence—including shooting and killing—that takes place there. She also does not like the people in her community because they are, *“badmind and grudgeful. Dem no wah si nobody strive, dem try fi hold yu dung”* [envious and covetous. They do not like to see anyone progress, they will try to stop your progress]. She too believes that the people in her community use Obeah to commit malicious deeds and prevent their neighbors from upward social mobility. Primrose

argues that unequal gender roles in her social setting result in girls facing more challenges than boys. Girls are frequently gang raped, infected with HIV/AIDS, and “lose their mothers.” She also maintains that heterosexual boys can be promiscuous while girls are labelled as “whores” if they do the same; therefore, she would prefer to have been born a boy. She noted, “*mi just feel mi woulda betta been a boy. Like as in heartbreak and dem supmen deh, mi feel like seh if mi did a boy mi wouldn’t go true it cause mi woulda full a lyrics and all a dat, and mi woulda have a bag a girl. But it just no fair fi a girl can only have one boy partner*” [I feel I would have been better off as a boy. Like as in heartbreaks and those things, I think that if I were a boy I would not go through it, because I would have a lot of sweet talks and all that, and I would have many girlfriends. But it is just unfair for a girl to be expected to have only one boy partner].

### **Blossom**

Blossom came to the interview wearing oversized blue denim pants, a graphic white tee shirt, black and white cap, and white sneakers. She is dark-skinned and of medium built. She did not smile much, even at my attempts to put her at ease with jokes. She informed me that Uncle Pete—one of the community persons that helped with participant recruitment—told her about the study and she decided to “check it out” because she did not have anything else to do at home.

She is 17 years old and lives with her mother, younger sisters, and brother. She used to live with her paternal grandmother, who migrated to the United States recently. Her mother is unemployed, and her grandmother remits funds to take care of her and her siblings. Blossom considers her mother to be her best friend. On the other hand, she does not get along with her father, mainly because he does not support her and her siblings financially.

Blossom attended three different high schools by the time she dropped out in grade 9. She got suspended from the first, so her grandmother enrolled her in a private secondary institution.

She sat an exit examination and “passed” for a public high school where she was again placed in grade 9. She was suspended after one month for drinking alcohol and smoking spliff with her friends and decided not to return because she was convinced she would continue to misbehave. Blossom dreams of becoming a soldier, but if that does not work out she would become a housekeeper. She also wants to move out of her community and buy a big house on the hill in an “uptown” (wealthy) neighborhood.

Blossom first smoked marijuana mixed with tobacco when she was 15 years old when a male friend gave it to her to try. In a rare moment of laughter, she recounted her first smoking experience, *“Di first time mi friend seh “try this Blossom,” and mi tek it and try it and mi seh, “yow this feel sweet man” and mi seh, “gimme \$30 mek mi go buy a 20 bag and grabba, and him she, “doan put di whole a di grabba in deh” and mi she, “yu no haffi tell me that.” So mi cut a likkle piece a di grabba and mi cut it up, and seh “put this inna di wizzla and fold it up.” Di fold dem fold it up, wi smoke til wi seh a bed wi ago”* [The first time my friend said, “try this Blossom”, and I took it and tried it and I said, “this feels sweet man” and I said, “give me \$30 so I can go and buy a 20 bag (marijuana) and a grabba” and he said, “do not put all the grabba in it” and I said, “you do not have to tell me that.” So, I cut a little piece of the grabba, and cut it up and I said, “put this in the rolling paper and fold it up.” They folded it and we smoked until we decided to go bed]. Blossom smoked for the first time because she wanted to fit in her with her peers. She explained that, she likes to spend her free time with mostly older boys who constantly coaxed until she relented, *“...Dem did a seh “yow yu know seh yu a idiat man, yu a par round man and yu a move like yu a baby” and dem supmen deh. So mi seh, “unuh a idiat, a unuh a di biggest waste man eh nuh” ...So, a so mi try it”* [...They were saying “you know you

*are an idiot, you are hanging around with men and you are acting like a baby". So, I said to them, "you are the idiots" ...So, that is how I came to try it (spliff)].*

Blossom smokes two spliffs in the daytime and one cigarette at night before going to bed. She is certain that the tobacco that is added to marijuana, and is found in cigarettes can result in cancer. However, she believes smoking marijuana without tobacco does not pose any health risk. In fact, she thinks that smoking marijuana or drinking it as tea is a good remedy for many ailments such as asthma. Blossom thinks that girls like herself can smoke marijuana (without tobacco), but not cigarettes. Smoking tobacco mixed with marijuana makes her dizzy and drowsy, but she insists that tobacco is necessary because it makes the marijuana more potent, which makes her feel good and helps her keep calm. She claims that she gets angry easily and is usually violent, so she must smoke to keep calm.

Blossom likes her community because it is "lively." However, she does not like the high level of shooting and killing that occurs. She once witnessed a homicide. She, along with her mother and other members of her community, witnessed a male gang member getting shot and killed by an opposing gang member in the middle of the day. Shortly after, the gang of the deceased man came to her community and shot an "innocent" man (non-gang member) in reprisal. Although the police were alerted, they did not arrive in time to capture the criminals. Blossom was traumatized, witnessing the shooting: *"Wen mi si it mi caan sleep. Every sleep mi sleep mi a si him inna mi dream, and si how dem a rassle and si how him a get di shot dem. Every minute mi shut mi eye mi jump up outta mi sleep. And if mi walk and mi eye go glimpse pan di spot which part him dead, mi a si him pan di grung lye dung"* [When I saw it (the shooting) I could not sleep. Every time I fell asleep I saw him (the dead man) in my dream, and saw how they wrestled, and I saw how he got the shots. Every time I closed my eyes I jumped out

*of my sleep. And if I walked pass the spot where he died, I saw him lying on the ground*]. She did not receive any type of trauma counselling, and the only thing her mother did to help was send her to her aunt in another city for a short while, and then insisted that she stop being afraid. Blossom claims that girls in her community experience many challenges such as gang rape, unplanned pregnancy, and poverty which forces them to resort to prostitution as a means of survival.

### **Camellia**

Evidence of neglect reflected on Camellia from head to toe. She came to the interview barefooted, and her bright smile revealed badly decayed teeth. She looked scrawny, and wore a badly torn knee-length dress that showed her scaly legs and arms. She spoke softly and slowly as she told me about herself and her life.

Camellia is 17 years old and lives with her grandmother, mother, stepfather, uncles, and younger brother. She had a one-year-old son who died a few months before the interview. Camellia is convinced that her son died from Obeah. She explained that, a couple of weeks before her son died, she stabbed a girl in her back and the girl's mother performed some sort of Obeah ritual to kill her in revenge, but it caught her baby instead. "*Spirit kill him*" [*Ghost killed him*] she replied with tears streaming down her cheeks when I inquired how her baby died, "*mi and wa woman daughter did fight...and mi did stab har daughter inna har back, and she carry it gah court, and she seh she nah tek har pickney stab so... A she Obeah mi baby. Mi feel seh she go Obeah man and send blow fi mi but it ketch mi baby*" [*A woman's daughter and I fought...and I stabbed her in her back, and she (the girl's mother) brought me to court, and she said she will get revenge for her daughter...She Obeahed my baby. I believe she went to an Obeah man, and sent evil ghost for me but it caught my baby*].

Camellia smoked cigarettes for the first time when she was 14 years old, because she wanted to forget about a bad fight with her mother. She had always watched her friends smoking, and thought it would help her deal with her sadness: “*Mi and she just ketch up, and mi just smoke, caah mi si mi fren dem eva smoke and mi just, mi did have money, and mi just tek out \$100 and go buy a pack*” [*Me and her (her mother) just had an argument, and I just smoked [cigarettes], because I always see my friends smoking, and I just, I had money, and I just took \$100 and bought a pack (of cigarette)*]. Her mother has been verbally and physically abusive to her since she was young. In a barely audible voice Camellia narrated, “*Every simple likkle ting mi seh to har, she cuss, tell mi bad wud, and style mi*” [*The simplest thing I say to her, she curses at me, [she] tells me bad words, and calls me names*]. I asked what she meant by “style her” and she clarified, “*Like call mi big pussy gal, suck cock, nasty gal, and dem supmen deh. Wen she ready she wah lick mi dung*” [*Like call me big vagina girl, suck penis, nasty girl, and those things. Sometimes she wants to hit me*]. She has never met her father, and does not like her stepfather because she believes he is reason her mother treats her so poorly.

Camellia smokes up to five cigarettes per day, and occasionally smokes marijuana mixed with tobacco. Smoking cigarette makes her “feel good” and helps her to relax, and cope with the sadness, anger, and other emotional pain caused by her traumatic experiences. She does not like to smoke marijuana mixed with tobacco because it makes her feel disoriented, and she only smokes it when she is around her friends or when she has no money to buy cigarettes. Camellia does not believe that smoking cigarettes or marijuana mixed with tobacco causes any great health deficits, but that using cocaine and other hard drugs is every dangerous because it can cause mental illness

Camellia dropped out of school in grade 9 when she became pregnant with her son. She insists that she would not have become pregnant and dropped out of school if her mother had provided her with the emotional and financial support she needed. Sobbing and barely audible, she narrated, “*Yu si wen mi and mi baby fadda just start talk, mi mother neva use to gimme nutten, only mi granny...She no gimme nutten at all...like food, lunch money, mi haffi stay hungry. And den til mi and mi baby fadda start talk, and him start gimme money and food, like if him modda cook him gimme food and dem supmen deh*” [*You see, when me and my baby’s father just started our relationship, my mother was not giving me anything, only my grandmother, she [her mother] did not give me anything at all...like food, lunch money, I was hungry. And then I met my baby’s father, and he started giving me money and food, like if his mother cooks, he would give me food and those things*].

Camellia does not feel safe in her community because of the high levels of shooting and killing. She believes that girls in her community frequently experience gang rape and verbal assault from men—especially gunmen (gang members). On the other hand, one of the good things about being a girl in her community is that girls can move freely during gang wars, unlike their male counterparts: “*Dem can go anyweh. Like if di man dem a war, like for instance ova here so a war and ova the next side a war. The man dem caan go ova dah side deh, and ova the next side man dem caan come ova dis side. But di woman dem weh live ova di right can go ova di lef, and di woman dem ova di lef can go ova di right*” [*They (girls) can go anywhere. Like if there is a (gang) war, like for instance over this side is at war with the other side. They men from this side cannot go to the other side, and the men from that side cannot come to this. But the women that live on the right can go over to the left, and the women on the left can go to the right*].



## Hibiscus

I picked up Hibiscus at her house the day of her interview, because her stepmother wanted to ensure that she was not lying and was indeed doing an interview with me. As I waited in my car outside her rusted zinc and boarded gate, my eyes devoured the surroundings and my fingers struggled to keep up as I made field notes. Poverty was evident in the dilapidated buildings constructed from wood and zinc; mucky water strewn with debris ran along open sidewalk trenches; and batches of people congregated along the same muddy sidewalks—looking to change their luck at gambling tables—while some talked and laughed, and others sat silently staring into open space. Hibiscus flung open her gate and dashed across the street towards my car. The bright smile on her beautiful dark-skinned face brightened her surroundings as she climbed into the passenger's seat. She waved goodbye to her stepmother and several other bystanders sitting alongside her gate. I smiled and waved as well and drove to the interview site to learn about Hibiscus's life.

Hibiscus is 16 years old and lives with her stepmother, father, sisters, and brothers. Her mother died shortly after she was born. She was quick to assert that her stepmother is “the only mother she knows,” and stated categorically that she “loves and respects” her stepmother because she had heard anecdotes of how her father's sister encouraged him to abandon her and her older sister after their mother died. However, her stepmother decided to adopt them (informally) even though they were products of their father's infidelity. Nevertheless, she does not have a close relationship with her stepmother or anyone in her household because, according to her, “*wi no live good*” [...*we (her family) do not get along*].

Thus, Hibiscus has no one she can talk with about things that worry her. Her best friend was killed during a shootout between police and gang members in her community, which

traumatized her: “*Mi cry, mi couldn’t even sleep fi a week*” [*I cried, I could not sleep for a week*]. She did not receive any form of counselling after this ordeal and still feels sad when she thinks about her friend. Hibiscus has had other traumatic experiences because of high rates of crime in her community. On one occasion, she saw the dead body of a man she was acquainted with immediately after he was shot by gang members: “*Him did a eat bone, like him did a come outta road, and him did a eat chicken, yu can si the meat inna him mouth same way. Him get a head shot, backa him, like him tun round a lock di gate now, and dem come backa him, and shoot him kill him...*” [*He was eating a bone, like he came out by the road, and he was eating chicken, you could still see the meat in his mouth. He got a head shot, from behind, like he turned to lock the gate, and they (the gunmen) came behind him and shot and killed him*]. She was so traumatized that she could not sleep for a long time, because each time she closed her eyes she re-experienced the blood and the man’s lifeless body lying on the ground. She dislikes the high levels of shooting and killing, but likes that her community is “lively” because of the frequent parties.

She first smoked marijuana mixed with tobacco with her older sister when she was 15 years old on New Years’ Eve. Their stepmother sells cigarettes, marijuana, and tobacco, so they stole a bag of marijuana and tobacco from the house and smoked it. Hibiscus giggled as she recounted her first experience smoking, “*Mi and mi sista just tief a 20 bag and a big piece a di grabba and go round a di back, mek it, and jus a smoke, and drink a Boom and a Guinness...It mek mi feel nice, caah wi just a laugh and a ramp*” [*Me and my sister just stole a 20 bag (marijuana) and a big piece of tobacco and went around the back (of the house), made it and just smoked it, and drank a Boom (an energy drink) and a Guinness (alcoholic drink)...It made me feel good, because we were just laughing and playing*]. She cannot say how often she smokes,

but claims it is a lot. She even smoked when she was pregnant. Her son was born premature at seven months, and she laughed that she had even smoked a spliff a few hours before going into labor: *“Mi get it from mi baby fadda fi smoke. Him did deh round deh a smoke, and mi tell him fi gimme it and him neva wah gimme it. So, him put it dung pan di table beside him and mi tek it up and smoke it”* [I got it (spliff) from my baby’s father to smoke. He was around there (the back of her house) smoking and I told him to give it to me, and he did not want to give it to me. So, he put it down on the table beside him and I took it up and smoked it]. She claims she knew it was risky to smoke while pregnant but she could not help it because, *“It was fun, it feel nice. Mi did boring, it was nite and nothing neva really deh dere fi do so mi jus smoke”* [It was fun, it felt nice. I was bored, it was night and there was nothing to do so I just smoked]. She believes smoking helps to relieve her boredom because she is not attending school and idle daily.

Hibiscus dropped out of school when she became pregnant with her son in grade 10, after having sex with her boyfriend for the first time. She regrets having sex not only because she became pregnant, but because she was not ready and the experience was unpleasant and almost unbearable. She does not enjoy having sex with her boyfriend because he is aggressive during intercourse and she cannot tell him no. Hibiscus dreams of becoming a visual artist or pilot when she grows up. She also dreams of owning a restaurant and buying a big house for all her family to live in. She desperately wants to go back to school, because staying at home is “boring.”

### **Dahlia**

Dahlia is 17 years old, and even though she lives with her mother, claims that she “lives by herself” because she supports herself. I complimented her on her flawless skin to break the ice. She smiled, blushed, and responded, *“A whole heapa people always si mi and always seh “wat a pretty black girl, my girl yu skin clean, yu look good.” A one ting spoil mi and a dis”* [A

*lot of persons always look at me and say, “what a pretty black girl, girl your skin is flawless, you are beautiful.” I just have one flaw, and it is this].* She dragged the neck of her blue sleeveless blouse wider to reveal a scar, from what seems like a burn, that runs from her ears to the side of her cheek and along her neck. Tears flooded down her face as she explained how she came by the scar: *“Mi modda is wicked...one time mi step fadda did a bring a looking argument to mi...and mi go tell mi aunty weh mi grow wid. So, she suggest it to har and she suggest it to har friend dem. Di day mi and she kick off and she seh “yu know mi ago bun yu up, caah yu love chat, and everything yu run go tell yu fambily dem” ...inna the night mi lay down deh dere and ting. Mi deh dere a watch har, and mi si she go inna di kitchen and turn on the stove eh nuh...Mi neva did a pay har no mind, so mi go inna di bed and wen mi look a she dat ova mi wid the hot water, and she just trow it and bun mi up...” [My mother is wicked...one time my stepfather brought sexual arguments to me...and I went and told my aunt that raised me. So, she told her (Dahlia’s mother) and her friends. In the day, she and I had an argument and she said, “you know I am going to burn you up because you like to talk and you tell your family everything”. In the night now...I laid down and I was watching her, I saw her go in the kitchen and turned on the stove...I was not paying attention to her, so I went into the bed and when I looked she was over me with the hot water, she threw it on me and burnt me].* Through streams of tears, she described multiple experiences of physical and verbal abuse and neglect at the hands of her mother.

Dahlia became homeless when she was 15 years old after her mother ran her out of the house. Initially, she thought about going to her maternal grandmother who lived in another parish, but she could not get in touch with her. So, she went to stay at her 16-year-old boyfriend’s house for a few days. Her boyfriend’s mother however feared getting into trouble, for harboring a runaway minor, so told Dahlia she had to leave. She then went to stay with her

father for a short while however, she left because she claimed he is a “bad man” (gunman) and she feared getting harmed in any sort of reprisal. After leaving her father’s house, she went to live with her girlfriend who was one year older than her and had dropped out of school. She remembered that life at her friend’s house was hard at times, because her friend’s mother was unemployed and they sometimes had no food to eat.

Dahlia’s experiences with homelessness and hunger led her to initiate prostitution and smoking marijuana mixed with tobacco, sometimes with melted cocaine. She whispered timorously: *“A so mi decide fi go out pan di road”* [*That is how I decided to go out on the road*]. I probed her to explain what she meant by “going out,” she smiled with embarrassment and answered, *“Go out man. Yu know dah likkle go out deh”* [*Go out man. You know that little go out*]. She insisted on using euphemism for sex work, *“Go out man, yu know, do yu thing fi get wah yu want”* [*Go out man, you know, do your thing to get what you want*]. Giving up, I asked her directly if she meant engaging in prostitution. She chuckled and above a whisper said, “yes.” Her voice pleaded for empathy as she explained how she came to initiate prostitution: *“A mi friend show mi di ropes and ting like dat. But same time now mi start tek up the smoking haada because mi did stress. Wen yu look mi get mawga, mi no know wah fi do, sometime mi just a cry wen mi memba certain things mi go tru. So, a so come mi start tek up the smoking”* [*My friend showed me the ways of prostitution and things like that. But at the same time, I started to smoke harder because I was stressed. When you looked at me I was very skinny, I did not know what to do, sometimes I just cried when I remembered certain things that I went through. That’s how I came to start smoking*].

She smokes more than ten marijuana mixed with tobacco daily, and occasionally with melted cocaine. Dahlia believes that the mixture of melted cocaine, marijuana, and tobacco is not

in any way the same as cocaine use, because all the sellers do is “*just use di coke wata to wash off di weed...Dem melt out the coke and use the wata and wash it off*” [*just use the cocaine water to wash off the marijuana...they melt the cocaine and use the water to wash it (marijuana) off*]. She claims that the mixture of marijuana with tobacco and cocaine is very potent and produces greater psychoactive effects than marijuana mixed with tobacco alone.

Dahlia believes that smoking marijuana mixed with tobacco and sometimes melted cocaine helps to relieve stress and keep her calm: “*Mi very ignorant, so mi use the weed fi calm mi*” [*I am very aggressive, so I use the weed to calm me*]. In fact, first time she smoked marijuana mixed with tobacco was when her best friend was shot and killed by police in her community. The police alleged that he was a criminal, although she insists otherwise, but they shot him anyway. She bought a spliff and smoked for the first time on the day of his funeral, although she admitted that prior to that, she used to smoke a little with friends, including her dead best friend. However, it was at his funeral that she “really smoked” for the first time to help her cope with the tragedy. The death of her best friend traumatized her so much that she could not sleep for many weeks. Whenever she tried to sleep, she saw him lying there at the hospital in his blood-soaked T-shirt and no shoes. She did not receive any type of grief counselling.

Dahlia dropped out of school in Grade 10 after she was expelled for stabbing a boy with a knife and “puncturing” one of his lungs, because earlier in the day he had pulled out a knife and threatened her when she pushed him for blocking her entrance to the classroom. Prior to that incident, she had received several suspensions for behavioural misconduct including fighting, cursing at teachers, and leaving class without permission.

Dahlia argues that girls experience greater challenges than boys, and so wishes she was a boy: “*Maybe if mi was a boy mi wouldn’t been through such a rough life.*” [*Maybe if I were a*

*boy I would not have had such a rough life*]. She maintains that girls in inner city communities are more likely to be raped, especially gang raped, go missing, and be neglected by their mothers: “*It ago be rare yu find dem things a happen to boy. A mostly like di batty man dem woulda tek weh di boy dem. But girl (she sighed) girl inna di garrison area and dem area deh, a girl mostly it happen to...*” [*It is rare that you find a boy experiencing those things [rape and going missing]*]. *It would more likely to be a homosexual man that would rape a boy. But girls (she sighed), girls in inner city areas and those areas, mostly girls experience it (rape)*]. Nonetheless, Dahlia likes that her community is “lively” because of the parties; although, she claims that, people in her community are “bad-mind” (envious) and fight regularly.

### **Daffodil**

Daffodil is 17 years old and lives with her aunt and brother. Her mother died from acute renal failure when she 14 years old. Her father also died a long time ago. At the beginning of the interview she spoke sparingly, using very few words in her responses to my questions. I had to probe her rigorously to get more than “yes” or “no” responses. She spent the entire time twisting her fingers and biting her nails, which were already eaten down to the flesh.

She dropped out of school in grade 11 because her aunt was unable to find the money to pay the CSEC examination fee. She explained, “*CXC money did fi start pay, and mi neva did have it, so mi just stop*” [*CXC money was due, and I did not have it (to pay) so I just stopped*]. Her aunt sells dry goods at the market and can barely afford to buy food for them to eat, much less the cost for exams. Daffodil dreams of becoming a lawyer, teacher, or soldier, although she is now leaning towards becoming a nurse. She wants to migrate to the United States, so she can make money to buy a big house and live independently.

She is not quite sure of the health benefits or risks of smoking marijuana, but is certain that smoking cigarettes is dangerous because it can cause cancer and bad teeth. She articulated, *“Dem seh weed a healing and dem supmen deh, but mi no really sure. Mi tink people use it inna di wrong way, but mi no really know bout di healing part, but mi know cigarette dangerous...it can gi yu cancer and dem supmen deh. Di nicotine inna di cigarette no good fi people, it mek yu teeth yellow, and dem supmen deh”* [*They say weed is healing and those things, but I am not really sure. I think people use it in the wrong way, I do not really know about the healing part, but I know cigarette is dangerous...It can give you cancer and those things. The nicotine in the cigarette is not good for people, it makes your teeth yellow and those things*].

Although Daffodil is aware of the health risks associated with smoking cigarettes, she continues to smoke around twice per day because it helps her to cope with the sadness of losing her parents: *“Di fact seh mi nah no modda and no fadda, dat must stressing...Most times yu si somebody wid fi dem modda and fadda, yu must feel a way... Mi feel bad”* [*The fact that I do not have a mother or father, that must be stressing...Most times you see someone with their mother and father, you must feel bad...I feel bad*]. She first tried marijuana mixed with tobacco when she was 12 years old. She went to her aunt’s house and saw her spliff on the table, took it and smoked it because she always saw her aunt smoking, and wanted to try it. She felt “good” but got a terrible headache the first time she smoked, so decided to try cigarettes that same year. Smoking cigarettes made her feel just “as good” but did not give her a headache, so she decided to stick with them.

Daffodil dislikes her community because the residents are envious and evil, they talk about girls poorly, and practice Obeah: *“Mi no like nutten bout di community... Too much badmind people and evil people... Some a dem use all kind a method and bring dung people*



*pickney. Some a dem use dem mouth, some a dem use witchcraft, voodoo, and dem supmen deh”* [I do not like anything about the community...Too many envious and evil people...Some of them use all kind of methods and bring people’s children down. Some of them talk bad, some of them use witchcraft, voodoo, and those things]. She argues that girls in her community fail in school and are marginalized because adults, especially women, label them as failures, they internalize it and it becomes self-fulfilling prophecy. She also maintains that unequal gender roles lead to unequal distribution of power and resources between boys/men and girls/women: “*People just downgrade woman overall. Like dem seh woman fi always keep petting, like fi be soft and dem supmen deh, meanwhile a man fi do the rough tings. But a just a money-making thing*” [People just downgrade women overall. Like they say women must always be treated like they are fragile, like to be soft and those things, meanwhile a man can do rough things. But it is just a money-making thing]. She believes that because of unequal gender roles men are more likely to get jobs than women in her social context.

## **Heather**

Heather is the most well-mannered and eloquent girl I interviewed. She never forgot to say “thank you,” “excuse me” or “please,” and she is the only girl who spoke standard English (although she used some grammar and tenses inappropriately, and few Patois words) throughout the interview. The bulging life inside her was hard to conceal even with the oversized black T-shirt and long brown skirt she wore. She disclosed that she was five months pregnant and it was her second time. She had been pregnant less than a year ago, but the baby died during premature delivery.

She is 17 years old and lives with her sister and mother. Her father died a long time ago. She does not have a good relationship with her mother, and insists that is one of the reasons she

became pregnant. With tears running down her rosy plump cheeks she explained, *“To me, how I see it is like she is the kind of mother, you cannot talk to her and she expect fi [to] talk to you. You cannot tell her anything. That was one of the reason why a [I] did even get pregnant miss. A [I] cannot share nothing with her.”*

Heather feels lonely most of time, as she does not have anyone to share her feelings with. She does not get along with her little sister, who is always bullying her, and although she can confide in her boyfriend—the father of her unborn child—she wishes she could talk to her mother about things that worry her. Tears welled and threatening to break the banks of her eyelids as she spoke, *“Sometime it use [used] to hurt me that ma [my] cousin could talk to her mother and tell her anything, and I couldn’t tell she (her mother) nothing”.*

Heather attended two high schools before dropping out in grade 10. She first went to a private secondary institution but dropped out when she became pregnant the first time. After losing the baby, her mother enrolled her in another private institution; however, this time she dropped out because her mother was only working part-time as a babysitter and cook, and so could not afford to pay tuition or CSEC fees. Her sister has also stopped going to school because of their mother’s financial constraints. Her mother was always adamant about sending them to private schools “uptown” (wealthy neighborhoods) because, as Heather said, *“she said she want the best for us.”* Heather hated both schools and begged her mother to send her to a public school in her community. She felt the teachers at her first school were mean to her because she was not from a wealthy family or neighborhood. She stopped going to the second school because she could no longer take the embarrassment of hiding from the teachers and principal because her fees were not paid. Her mother was in the process of finding another school to enroll her in when she became pregnant.

The first and only time Heather smoked cigarette was two nights prior to the interview. She insists that she is not like other girls who smoke, party, and drink regularly. However, earlier in the day (of the night she smoked) she had gone to the doctor and found out that her blood pressure was high because she was stressed: “Miss, a [I] don’t drink, a [I] don’t smoke, and a [I] don’t party everyday like some people. Miss a [I] was just stressed out over everything...a [I] went to clinic the day and they tell [told] me that ma [my] pressure high, because a [I] go under some stress.” Her sister had used a bottle to hit her in her pregnant stomach the night before. After hearing the news that her blood pressure was high, she became worried that she would lose the baby like the first one, and so decided to relieve her stress by a smoking cigarette. She felt better, but only for a short time, so had to smoke another one. She vows that she will not smoke again, because she cannot understand why the relief it gives is only temporary: “Miss a [I] don’t see the use, yu [you] smoke it and den [then] you feel good, and den [then] after a while after you [are] finish you get back stressed.”

Heather believes that girls in her community experience many challenges: “Miss some of them go tru [through] a lot of obstacles, like they get rape. Some of them get abuse by family and dem supmen dere [and those things]”. She does not like her community because, “Miss bare [a lot of] noise, shot firing, it [is] just not peaceful miss, because if the police not around here things nah [do not] stay intact.”

## **Daisy**

From the instant I met Daisy for the interview, I detected a hint of sadness and insecurity in her. Her very few smiles seemed strained, and her eyes were always focused downwards—she never once looked at me directly for the 2 hours and 14 minutes we spoke. Her face looked pale and she was skinny. She devoured the refreshments I provided and explained that she was even

hungrier “these days” because of the four-month-old fetus she was carrying. Daisy regrets getting pregnant and wishes she could abort: “*Mi wouldn’t mind if it can dash weh. Mi caan badda wid it...To me right now...mi sorry, cause it come like it mash up mi life even morer*” [*I would not mind if I could abort it (her unborn baby). I cannot be bothered with it ...To me, right now...I am sorry, because it seems like it destroyed my life even more*].

Daisy is 17 years old and lives with her mother and other siblings. Before moving in with her mother recently, she moved around frequently and lived with a number of different family members and strangers. Her eyes glistened with tears as she spoke, “*Mi nuh stay one place steady. Mi move up and dung up... Mi move all bout* [*I did not stay in one place steady. I move around...I moved all around*]. A storm of tears poured down her face as she relived the hardship she has been through being tossed between relatives and strangers: “*I’m like a slave in di young age. I do every work; mi wash plate, mi wash clothes like a machine, mi haffi a wash everybody clothes...mi haffi clean out everybody room... And sometime mi haffi a cook*” [*I was like a slave in my young age. I did every work; I washed plates, I washed clothes like machine, I had to wash everyone’s clothes...I had to clean everyone’s room...And sometimes I had to cook*]. Along with that, according to Daisy, her caregivers would physically abuse her.

Daisy’s mother used to sell cocaine, marijuana, tobacco, and bidis. When she was in primary school and was staying with her mother, one of her mother’s male customers attempted to rape her. She was home alone, as usual, when the man came to buy drugs from her mother. She told him to come back because her mother was not home. However, instead of leaving, he pushed her back into the yard and attempted to lock the gate. Daisy screamed for help, and her older sister and brother-in-law, who lived next door, came to her rescue.

As if fate was in for its revenge, Daisy was in grade 8 in high school when she was raped by her boyfriend. After almost one year of dating, he lured her one evening after school, to what she thought was his house (she later found out it was not) to “meet his mother.” With her blank face and eyes fixated on the wall behind me, she thoroughly described the gruesome details of her experience: from the moment she entered the house and saw the three men and one woman who posed as his family members, until he called her into the bedroom and, “...*him tie mi up pon di bed, and him beat mi, bare box...Bare box and kick up, and choke mi. Him stuff tings inna mi mouth. Him tie mi up wid him tie, and use one rope supmen weh did deh under him bed and tie mi up. Tie up mi hand, and mi a run come out and him draw mi foot, and true mi a fight, and mi know if mi drop mi a go buss up mi lip, so mi drop on mi hand, mi hand get di whole a it, it bruise up and supmen did dig out mi hand, si it round here so same way (showing the scar on hands), bare blood, bare blood!*” [*he tied me up on the bed, and he beat me, a lot of hit in my face...a lot of hit in my face, and kicks, and he choked me. He stuffed things in my mouth. He tied me up with his tie, and used a rope thing that was under his bed and tied me up. (He) tied up my hands, and I was running out and he dragged my feet, and because I was fighting and I knew if I fell I would burst my lips, so fell on my hands, my hands got the blunt of it (the fall), it was bruised and something dug out my hands. See, it is here just the same (showing the scar on her hands), a lot of blood, a lot of blood!*] Daisy was so traumatized that she begged the boy to kill her. She attempted suicide shortly after and had to get counselling.

In her estimation, she smokes at least three cigarettes per day and sometimes more if she has money to buy them. She insists that she smokes cigarettes to relieve stress, to relax and cope with the sadness and other negative emotions caused by her past (and even present) experiences: “*It helpful fi release mi stress... it jus tek mi mind off everything weh mi go tru...*” [*It (smoking*

*cigarette) is helpful to relieve my stress. It just takes my mind off everything I have been through...]* She always thought that smoking cigarettes is harmless, but began to question her belief after I provided her with the information pamphlet about the harmful effects of smoking cigarettes: *“It no harmful to me. No, but when you show mi di likkle picture ting, fi si how much ting inna it, mi haffi go stop fi good”* [*It (cigarette) is not harmful to me. No, but when you showed me the little picture thing, and I saw how many things are in it, I will have to stop (smoking) for good*].

Daisy dropped out of school in grade 11 because her mother refused to support her financially, with lunch money, bus fare, or even food, much less school fees. She used to ask older men who expressed sexual interest in her for money to go school; she would lie and promise to do sexual favors for them in return. However, she found this very risky, and once a man even threatened to kill her because he found out she had no intention of having sex with him. So, she stopped doing it and subsequently stopped going to school.

Daisy likes that her community is “lively” with frequent parties, but does not like the high level of shooting and killings. She argues that girls experience rape, including gang rape, frequently in her community, and that girls who are neglected by their family members are more likely to be raped than those who receive parental supervision and care.

### **Buttercup**

Buttercup was waiting on me in the parking lot on the morning of her interview. It was about 9:30am. I was quite flabbergasted, because none of the girls I interviewed ever showed up that early in the morning. She helped me carry my bags inside and spoke eagerly about how she heard about the research. She explained that she ran into Uncle Pete—one of the community persons that helped with recruitment—the night before and he gave her my contact information,

but she did not have credit on her phone to call me, so she woke up early and decided to come to the interview. She babbled on at length, giving details of her chance encounter with Uncle Pete, as I took notes and prepared to delve into her life story.

Buttercup is 16 years old. Since her mother's death, she has been homeless, abused, and neglected by her father and other family members. She recently moved in with her best's friend family. Her friend's father is unemployed, and can barely afford to buy food so most days they go hungry. Prior to moving in with her friend, she lived in another community with aunts and uncles who volunteered to be her caregiver after her mother died. However, they were physically abusive so she left and went to live in another city with her father, stepmother, and siblings. She and her stepmother could not get along, so her father asked her to leave. Her father told her to go back to her aunts' house, but she opted to live with her friend instead. She bemoaned that if she was still living with her father, she would not have to endure the hunger and hardship she currently experiences.

Buttercup often feels lonely and neglected. With tears streaming down her cheeks and her voice quivering, she blurted, "*Mi nuh see nobody weh mi can talk to, nobody at all...Mi jus need some love, comfort and so on, and mi nuh see none a dat. Yu haffi seh mi jus deh by myself, mi alone inna dis worl' and fadda God!*" [*I do not see anyone that I can talk to, no one at all...I just need some love, and comfort and so on, and I do not have any of that. You have to say I am by myself, I am alone in this world, me and father God!*] The only person she could talk to was her Guidance Counsellor at the junior high school she attended; but the relationship ended when she left the school in grade 9, after she sat the Grade Nine Achievement Test and passed for another school. She decided not to attend the new school because she felt she would idle with her friends and fail.

She smokes marijuana mixed with tobacco and cigarettes approximately twice per month. She first smoked spliff when her mother's illness worsened and she could no longer work to support her. Buttercup chuckled as she recounted the day she smoked for the first time, "*Mi just go down a shop go buy a 20 bag (marijuana) and grabba and bun it*" [I just went to the shop and bought a 20 bag (marijuana) and tobacco and smoked it]. Smoking helps her to relieve stress caused by her harsh life experiences: "*Sometime mi jus feel stress...cause sometime, if yu can really believe, 2 days I don't eat, 2 days...Dem ting deh jus rest pon mi mind.*" [*Sometime I just feel stress...because sometimes, if you can believe it, I do not eat for 2 days, 2 days...Those things bother me*]. Buttercup believes that smoking marijuana alone is not harmful, but admits that smoking it with tobacco can have serious health consequences: "*Mi don't tink tobacco good, di grabba, like dem have a ting weh dem name Red Herring Grabba, like yu know, yu cut up a whole heap, so it like, yu know, mi see it mek people like actually get off. Yeah man it wicked*" [I do not think tobacco is good (for health), the tobacco, like they have a thing that they call 'Red Herring Tobacco', like you know, you cut up a lot, so it's like, you know, I have seen people actually go crazy (from smoking it). Yes, it is harmful]. She recommends that if girls are going to smoke, they should smoke marijuana alone and not add any other drugs to it. She believes girls can smoke cigarettes, although she thinks cigarettes causes cancer. She objected to the use of cocaine or other hard drugs because, according to her, they can cause addiction, mental illness, and even death.

Buttercup does not like the community that she currently resides because of the high rate of physical violence: "*Bare war mi seh...machetes, stabbing, who run gaan fi gun fi shoot yu kill yu and dem supmen deh*" [A lot of war...machetes, stabbing, who runs for gun to shoot and kill you...]. Violence was also rampant in the community where she lived formerly with her mother



and family. Girls in the community where she now lives, as well as the one where she once lived, face many challenges such as poverty, unplanned pregnancy, and lack of support from parents. Based on these challenges, she desires to move one day and live “uptown” (wealthy neighborhood). Buttercup’s eyes and voice radiated with excitement as she shared her dreams, “*Mi wah come outta di ghetto, mi must can elevate up miself...Mi wah live up a Cherry Gardens, up dere nice and quiet and no war vibes*” [*I want to come out of the ghetto, I must be able to elevate myself...I want to live in Cherry Gardens, up there is nice, quiet, and there is no violence*]. She dreams of going to university one day and getting a good job in the future, although she has not yet decided on what type of job.

### **Jasmine**

Jasmine is 17 years old and lives with her father and siblings. Her mother was part of the household until she migrated to England when Jasmine was 11 years old, and has not returned since. She smokes marijuana mixed with tobacco, bidis, and cigarettes more than ten times per day to relieve the sadness she feels from missing her mother: “*Mi modda gaan from mi a likkle girl...she gaan from mi a bout 11. So more while tru mi miss har mi just fret pon it, so me just smoke, hol’ a vibes, and ting like dat*” [*My mother left when I was a little girl, she left from I was about 11 years old. So, most times because I miss her, I just fret on it, so I just smoke, feel good, and things like that*]. In fact, she first smoked marijuana mixed with tobacco when she was 11 years old, shortly after her mother left, to cope with the sadness caused by the separation, “*Mi hide and go buy it; mi fadda gi mi money, mi jus go buy it, mi just go like a him send mi, and mi jus smoke it*” [*I hid and bought it (spliff); my father gave me money, I just bought it, I just went (to the shop) and pretended he had sent me (to buy it) and I just smoked it*].

Even though she was buying cigarettes and spliff for her father since she was about 6 or 7 years old, she never felt compelled to smoke until after her mother migrated. She lamented, “*Yu si tru modda did gone mi feel stress out, and everyday mi jus a get up a cry, and mi nuh know wah fi do, so mi jus seh arite mi a try smoke a weed... jus fi hol’ a likkle medz. Caah true yu know, mi modda gone and mi feel a way, mi nuh have no modda fi tek care a mi and dem supmen deh. Mi haffi a wash mi owna clothes, more while me haffi a cook all fi miself becaah me fadda deh pon di road...*” [You see, because my mother left I felt stressed, and every day I just got up and cried, and I did not know what to do, so I just said ok I will try smoking weed...just to hold a little meditation. Because, you know, my mother left, I felt sad, I had no mother to take care of me, and those things. I had to wash my own clothes, most times I had to cook for myself because my father was on the road...].

Smoking marijuana mixed with tobacco, bidis, and cigarettes is one of Jasmine and her friends’ most favorite past time activities, “*Dem love smoke, dem wi jus smoke, and wine up dem baddy, and dance and all dese tings. Like wen wi siddung and wi a smoke, wi like play music pon wi phone, and dem wi all a dance, and if no likkle bwoy deh wi all dance pon dem and dem supmen deh*” [They [her friends] love to smoke, they will just smoke, and wine (a circular movement of the waist and hips) up their bodies, and dance and so on. Like when we are sitting down and we are smoking, we play music on our phones, and they will dance, and if there are any boys around, they will dance on them]. She knows that smoking marijuana mixed with tobacco, bidis, and cigarettes is harmful and can cause cancer. However, she continues to smoke them because it is the only way to relieve her stress: “*Smoking nuh really good; it can gi yu cancer and dem supmen deh, but more while it mek yu hol’ a vibes...it tek off stress... Caah more while mi jus fret pan mi modda; sometime mi jus miss har and wah talk to har, yu know;*

*sometime yu want likkle motherly love, so more while mi jus smoke fi just tek off dem supmen deh off a mi mind.” [Smoking is not really good; it can give you cancer and those things, but sometimes it just makes you feel good...It takes off stress...Because sometimes I just think about my mother; sometimes I just miss her and want to talk to her, you know; sometimes you want a little motherly love, so sometimes I just smoke to take those things off my mind].*

Jasmine’s father and siblings do not provide her with much care and support because they are always busy and never home, which contributed to her dropping out of school at grade 9. She stopped going to school after she was suspended for taking a cell phone along, and her teacher insisted that he meet with her father before she could return. She thinks that if her father had met with the teacher he would have found out that she had several punishments at school, including suspensions for truancy, tardiness, smoking spliff and cigarettes, and fighting, and he would have beaten her, so she decided not to inform him and just stopped going to school. She insists that she only got in trouble at school because she had no one at home to care for her. No one in her household noticed that she had stopped going to school until a few months later, which confirms their lack of support and supervision. Jasmine dreams of becoming a cosmetologist when she grows up.

Jasmine does not like her community because of the high level of violence. Girls in her community face many challenges including rape, especially gang rape, and other forms of sexual assault from gang members. Her voice quivered in apparent anger and disgust as she explained the horrendous experiences of girls in her community, “*One whole heapa a man hold dem and grind dem off. Like all 6, 7 man back gun pon dem, and sex dem off. And dem caan go station caah di bad man dem wi back gun pan dem, run dem weh and supmen like that*” [A number of men hold them [girls] and rape them. Like even 6, 7 men use guns to coerce and rape them. And

*they (victims) cannot go to the police because the gunmen will pull guns on them or chase them from the community and things like that].*

## **Violet**

Violet is the most humorous and easy-going girl I interviewed. Her accounts of her life experiences and beliefs were laden with metaphors and euphemisms, and she laughed even when she described traumatic events. She is 17 years old and lives with her uncle. She has never lived with her mother as she was trusted into the care of her paternal grandmother since she was three months old. However, her grandmother died two years prior to the interview. Although her mother lives in a community nearby with her other siblings and stepfather, Violet rarely visits. Because her stepfather has made sexual advances, she stays away. She briefly chuckled as she explained why she does not visit her mother, *“Him disgusting yu si! One a di time dem him did wah look mi, a tell mi bout mi a get round and sexy, and a look like mi modda. Tru mi did start ripe up...mi breast and batty a jus spread weh so..., so mi no go dung dere.”* [He [her stepfather] is disgusting! On one occasion, he made a sexual advance at me. He told me I was getting curvy and sexy, and resembled my mother. I had started developing, my breast and buttocks got large, so I do not go there (her mother’s house)].

Violet does not have a good relationship with her mother, particularly because her mother rarely provides her with any financial support: *“One and two time she wi call mi and gi mi a \$2000, caah more time mi no have no money still, but she eva a cuss mi fi go look work do”* [Occasionally, she will call me and give me \$2000, because most times I do not have any money, but she is always cursing me to go and find a job]. She also does not get along with the uncle with whom she lives, because he wants to tell her what to do and complains that she is disrespectful. Her father was shot and killed recently, in what she believes was a reprisal

shooting. Although she was not close to him because he was in prison for most of her life, she is saddened by his death: *“Mi cry wen him ded and mi gah di funeral and mi cry. Mi couldn’t cry a di church, but wen mi go a di burial ground mi cry. Is like mi caan believe, (she paused), 20 odd shot! Yu can gi man 20 odd shot? (she paused). Boi it look like dem did really wah kill him...” [I cried when he died, and I went to the funeral and I cried. I couldn’t cry at the church, but when I went to the cemetery I cried. It was as if I could not believe it, (she paused), more than 20 shots! How can you shoot the man (referring to her father) more than 20 times? (She paused), It seems they really wanted to kill him...].*

Violet has been left to care for herself since the death of her grandmother. She struggles to buy food and other necessities: *“Miss it rough, caah now yu haffi find yu owna food, and a try every means fi survive. Miss, it haad!” [Miss, it is rough because you have to find your own food, and try every way to survive. Miss, it is hard!]* She “hustles” (do a number of informal jobs) to take care of herself. She initially she took over her grandmother’s micro venture—selling underwear, washcloths, soaps and other items at the market—after she died. However, after a while she realized that she does have her grandmother’s skills and did not make any money selling. She talked through a burst of laughter about how she decided to engage in prostitution after a clergyman paid her 5000 JMD (approximately 50 CAD equivalent), a far cry from what she made selling at the market, for sexual favors one night after church. Violet also steals money, phones, clothes, and other items that are left “unprotected” from people at the market, and other places, to take care of herself.

She mostly smokes cigarettes, but occasionally smokes her friends’ spliffs. She does not quite like smoking spliff because it does not have the same “taste” as cigarettes. She laughed as she tried to explain her smoking preference, *“Mi no too fancy di weed. It nuh have di taste weh di*

*Matterhorn gi. But mi wi tek it caah it mek you feel nice still eh nuh*” [I do not really like (smoking) the weed. It does not have the same taste that the Matterhorn (cigarette) has. But I will smoke it, because it still makes you feel nice]. She does not know for certain how many cigarettes she smokes daily, but knows it is frequent. Violet first smoked cigarettes when she was about 5 or 6 years old, and went to spend the summer holiday with her mother. She recalled her mother sending her across the street to ask a friend to light a cigarette: “*Like she siddung and..., like har friend deh roun’ deh so, true him borrow har lighta and nah gi har di lights, she seh “go light dis fi me” and mek har friend light it, and den mi fi go carry it back, so mi tek a puff off a it*” [Like she sat and..., like her friend..., borrowed her lighter and did not give it back to her, she said (to me) “go and light this for me” and...her friend lit it, and then I had to carry it back to her, so I took a smoke off it]. Violet claims that she smoked for the first time because she saw her mother and everyone around her doing it, and it looked “cool”. She continues to smoke because it makes her “feel good”, and helps her to be more sociable around her friends.

Violet dropped out of high school at grade 9, because after her grandmother died, she did not have anyone to give her money to go to school: “*Mi grandmodda use to send mi go school, so she gi mi lunch money, and bus fare, and den she ded now, so me neva have nobody fi gi mi lunch money and bus fare*” [My grandmother used to send me to school, so she gave me lunch money, and bus fare, and then she died, so I did not have anyone to give me lunch money and bus fare]. She dreams of attending a HEART (a post-secondary vocational skills training institution) to study Food and Beverage Management so she can open her own restaurant in the future.

Violet likes her community because of the frequent parties. However, she does not like the high levels of poverty and violence. She narrated that girls in her community must be

“tough” to avoid victimization from gunmen, as well as other women and girls, “*Yu caan gwaan like yu too soft. You haffi can war...If yu gwaan like yu too puny di badman dem wi gwaan like dem wah draw yu weh, all a seh “eh gal come yah” and dem supmen dere... and di gal dem deh pon yu, eva a pick war wid yu*” [*You (a girl) cannot act like you are too soft. You have to be able to fight...If you act too soft the gunmen will take you away and rape you, they will say “girl come here” and the girls they will pick on you, they will always want to fight you*].

### **Sage**

Sage is 17 years old and has two children. She moved in with her mother and other siblings just recently, prior to the interview. Before that, she reported drifting between family members, foster homes, and strangers most of her life. She spent approximately 45 minutes sharing her volatile and traumatic childhood. She first lived with her mother, father, and other siblings. However, when she was two years old she was placed in the care of her grandmother and aunts. Her father had just moved out, and her mother left her and her siblings with her 17-year-old cousin to go to another parish for a few days. However, her sister had an asthma attack and her cousin was forced to seek help from neighbors. One of the neighbors was furious at her mother’s negligence and reported it to the police. Sage and her siblings were placed in foster care, and thereafter, in the care of various family members.

Although she escaped long term foster care, sadly, Sage’s life did not fare much better living with her grandmother and aunts. Tears streamed down her cheeks as she relived the hardship she encountered in her extended family members’ care, “*Mi a sell a market fi mi auntie from Sunday to Sunday... Like all Satday mawning, yu know seh every pickney have dem time fi dem self fi go back a school Monday, mi nuh have it. Mi haffi get up from 3 o’clock inna di early mawning fi go gah town wid har, and come back, pack out, load cart, and dis and dat. Then she*

*wah mi walk and sell inna di hat sun...” [I sold at the market for my aunt from Sunday to Sunday...Like even on Saturday mornings, you know, every child has time for themselves to go back to school on Monday, I did not have that. I had to get up from 3 a.m. to go Downtown (to the market to buy goods) with her (her aunt), and come back, pack out, load the market cart, and other things. Then she (her aunt) wanted me to walk and sell in the very hot sun...]. Sage’s grandmother, aunts, and even her cousins, physically abused her. Sobbing she recounted, “Mi granny she used to tump mi, boop, buss up mi mout and dem supmen. All mi auntie dem use to beat mi and all a mi cousin dem beat mi up” [My grandmother used beat upon me, boop, boop (sound of been punched), burst my mouth and those things. Even my aunts used to hit me, and even mi cousins used to beat me up].*

She became homeless after she ran away from her caregivers’ house when she was 12 or 13 years old. She stayed with her male classmate and his mother for a few weeks. However, his mother became concerned that she would be imprisoned for housing a runaway minor, so Sage left in fear of his mother calling the police or returning her to her caregivers. She was determined not to return to the abusive home, so she went to her mother’s house. However, that was not the end of her trials. With disappointment echoing through her words, she narrated, “*Wen mi gah mi madda, she carry mi gah di station, and dem lock mi up back. She seh she haffi carry mi go a di station becaah she nuh have no right to mi, and dem can lock up she. So, she carry mi go up deh and dem carry mi back a Charleton Children’s Home” [When I went to my mother, she brought me to the police, and they locked me up again. She said she had to bring me to the police station because she has no right to me, and they can lock her up. So, she brought me up there (the police station), and they took me back to Charleton Children’s Home].*



She spent a few weeks in foster care, after which she was released back into the care of her grandmother and aunts. Again, she was determined to escape, so she called her father and pleaded for him to take her in. She lived with her father for a few months until they found out she was pregnant. Then her father sent her to live with her mother because he claimed he could not afford to take care of an additional child. She was only 14 years old at the time. To make matters worse, when she became pregnant, Sage did a mandatory HIV/AIDS test as part of her routine prenatal care at the health center and found out she was HIV positive. She is not sure how she contracted the virus.

Sage smokes both cigarettes and marijuana mixed with tobacco. She was first introduced to smoking by her first child's father, and smokes around five times per day to relieve the stress caused by her traumatic life experiences with poverty, abuse, and neglect: "*Wen mi smoke mi feel high. Mi feel like mi nuh have a care inna di worl. Sometime mi stress and mi jus smoke off mi stress wid it*" [*When I smoke, I feel high. I feel like I do not have a care in the world. Sometimes I am stressed and I just smoke off my stress*].

Sage dropped out of high school in grade 8 when she became pregnant with her first child. She believes that if she had a positive role model, or support from her family, she would not have become pregnant and dropped out school: "*If mi did have a relationship where mi coulda siddung and talk to somebody, and tell dem wah a gwaan inna mi head...Have somebody fi seh "not because yu a go true dis, gwaan easy", and stuff like dat. Nobody no deh dere fi mi...*" [*If I had a relationship where I could sit down and talk to someone, and tell them what is going on in my head...Have somebody to say, "not because you are going through this, take it easy", and stuff like that. No one was there for me...*]. Because she is HIV positive, she is scared she will not live to see her children grow up. She also worries about how to break the vicious

cycle of poverty for her children's sake. Sage dreams of going to college and becoming a History teacher and restaurant owner, "if she lives." She does not like the high level of violence and related curfews that prevent people from moving freely in her community. She also maintains that girls in her community face many challenges such as rape, unemployment, hunger, and poverty.

### **5.01. Summary**

The girls' stories reveal that they smoke marijuana mixed with tobacco, marijuana mixed with melted cocaine, cigarettes, and/or bidis. The majority believe that smoking helps them to cope with a number of emotional distresses. Their accounts show that they have experienced several challenges including: neglect and abuse from their parents, caregivers, and intimate partners; death of family and friends; homelessness and deprivation; prostitution; exposure to violence in community; and being diagnosed with HIV/AIDS. Moreover, many of their friends and family also smoke the same substances. Drugs are available for sale in and around their communities, and most dropped out of school between grades 8 and 11. However, despite dropping out and negative life experiences, they aspire to brighter futures; becoming wealthy, employed, and owning their own homes and cars.

These revelations will be examined and discussed in subsequent chapters in order to generate answers to the study's three research questions:

1. What are the attitudes and beliefs of dropout girls in inner city communities in Kingston and St. Andrew about drug use?
2. What is the impact of social context on the drug use attitudes, beliefs, and practices of dropout girls in inner city communities in Kingston and St. Andrew?

3. What is the impact of gender norms and roles on the drug use attitudes and beliefs of dropout girls in inner city communities in Kingston and St. Andrew?

The ensuing chapters will draw on theory of planned behaviour, postcolonial feminist, social learning, and social control theories, as well as relevant literatures to explain the factors that influence dropout girls in inner city communities in Kingston and St. Andrew, Jamaica to use drugs.

## CHAPTER VI: ATTITUDES AND BELIEFS ABOUT DRUG USE AND GENDER NORMS AND ROLES

### 6.0. Introduction

This chapter provides an analysis and discussion of the findings related to participants' attitudes and beliefs about drug use and gender norms and roles. The chapter is divided into three main sections. Section 6.01 discusses the types of drugs the girls use regularly, and their beliefs about them. Section 6.02 discusses their beliefs about the consequences of smoking, while section 6.03 addresses their perceptions about gender norms and roles. The chapter reveals that they believe that smoking the drugs available to them has several benefits such as helping them to relieve stress and enhancing their social and cognitive skills. The girls believe their friends and family approve of their smoking because they smoke too and have not said or done anything to deter them. Throughout the chapter, the literature is consulted in order to examine and interpret the main findings. The chapter reviews Jamaican cultural expectations of feminine roles and behaviours, which are influenced by colonial legacies and continue to play a role in shaping the girls' attitudes and beliefs about the benefits of smoking.

### 6.01. Poly-Drug Use: Types of Drugs Most Frequently Used by Girls in the Study

Most of the girls in this study are poly-drug users. They mostly use a combination of marijuana and tobacco. Most smoke marijuana mixed with dried tobacco leaves (spliff) and cigarettes. One smokes bidis, along with spliff and cigarettes; another smokes spliff, as well as spliff mixed with melted cocaine.

**Interviewer:** *Tell mi bout the types of drugs yu use? [Can you tell me about the types of drugs you use]?*

**Ginger:** *Mi smoke di weed and grabba, and DJ. [I smoke marijuana and tobacco. and DJ (a brand of cigarette)].*

- Jasmine:** *Mi smoke weed, cigarette, bidis. A jus dem three supmen deh mi smoke. [I smoke marijuana, cigarettes, bidis. I only smoke those three things].*
- Daffodil:** *Cigarette and weed and grabba, and dem supmen deh. [Cigarette and marijuana and tobacco, and those things].*
- Violet:** *Mi love Matterhorn, but if mi frend dem buil' di weed mi wi tek a draw offa it. [I love Matterhorn (a brand of cigarette), but if my friends build the spliff I will smoke it].*

The frequent use of cigarettes and marijuana mixed with tobacco is not surprising, given that surveys have indicated that marijuana and cigarettes are the two most frequent drugs used by high school students in Jamaica (CICAD, 2010; NCDA, 2014).

Marijuana use is culturally acceptable and predominantly used by men in Jamaica (Dreher, 2002). Although recently decriminalized, marijuana has been widely used in tonics and teas, and smoked for recreational, medicinal, and religious purposes (Dreher, 2002). Marijuana has connections to colonialism because it is said to have first been introduced to Jamaica by East Indian indentured immigrants who came to the island to work on sugar plantations, after African slaves were emancipated in 1838 (Chevannes, 2001; Dreher, 2002). Marijuana is not considered a drug in the Jamaican context. However, its potent psychoactive effects are acknowledged, so only men are believed to be mentally capable of handling its use (via smoking). Women, on the other hand, are considered mentally weaker and are encouraged to abstain, unless they are using it in teas and tonics for medicinal purposes for themselves or their families (Dreher, 1992). Jamaican women who fail to conform to these gendered norms risk negative social consequences such as reproach and exclusion. Young girls are at even greater risk of negative sanctions because they are female and young, and so, considered incapable of handling the psychoactive effects of marijuana smoking. Notwithstanding, women and girls in Jamaica seem to be increasingly rejecting these gendered restrictions about smoking marijuana.

Tobacco (in bidis, cigarette, or dried leaf form) is widely available in Jamaica, which can account for its prevalent use among the girls in this study. Given the paucity of research on drug use patterns and prevalence among dropout girls in Jamaica, these findings begin to fill a significant gap.

### **6.01a. Mixing Marijuana with Tobacco**

Many girls in the study smoke a mixture of marijuana and tobacco. Below are two detailed descriptions of the intricate process of preparing the marijuana-tobacco cocktail for smoking.

**Interviewer:** *So tell me more bout how yu do the grabba and weed? [So, tell me more about how you make the tobacco and marijuana]?*

**Rose:** *Yu buy di grabba and like yu have a lighta, yu bun it, and yu just tek out di weed and mix it up. [You buy the tobacco and like you have a lighter, you burn it (the tobacco), and just take out the marijuana and mix it].*

**Blossom:** *Yu buy it fi \$10 a shop, dem roll it up a di shop. A yu ago pull it out, use di lighta and bun it til it get crisp, den yu rub it out inna yu hand. Den yu use di knife and cut up di weed, wen yu cut up di weed, yu rub it out inn a yu hand, and yu pick out di stick and di likkle ball supmen weh inna it, pick dem out, and den yu rub it out, and den yu mix dem up and put it inna di wrizzla, and just buil' yu spliff. [You buy it (tobacco) for \$10 at the shop, they roll it up at the shop. You have to pull it out, use the lighter and burn it until it gets crisp, then you rub it out in your hands. Then you use the knife and cut up the marijuana, when you cut up the marijuana, you rub it out in your hand, and you pick out the sticks and the little ball things (seeds) that are it (the marijuana, pick them out, and then rub it out, then you mix them (marijuana and tobacco) up, and put it in the rolling paper and just build your spliff].*

Several studies have shown that the practice of marijuana-tobacco combination is prevalent among adolescent marijuana users in some European countries (Akre, Kuntsche, Gmel, & Suris, 2011; Akre, Michaud, Berchtold, & Suris, 2010; Amos, Wiltshire, Bostock, Haw, & McNeill,

2004; Hightet, 2004). For example, Bélanger, Akre, Kuntsche, Gmel, and Suris (2011) found that 81.7% of adolescent marijuana users in Switzerland smoke marijuana mixed with tobacco, and concluded that there is a “strong connection between both substances” (p. 748).

There has been ongoing debate about the nature of the link between marijuana and tobacco use. Some researchers propose the ‘gateway hypothesis’ which posits that tobacco use, usually in cigarettes, precedes marijuana which leads to harder drugs (Kandel, 1975; Kandel, 2002; Kandel, 2003; Lai, Lai, Page, & McCoy, 2000). Others support the “reverse gateway” hypothesis which asserts that marijuana precedes tobacco use and increases the risk of nicotine exposure (Akre et al., 2010; Patton, Coffey, Carlin, Sawyer, & Lynskey, 2005; Amos et al., 2005; Hightet, 2004). The evidence from this study aligns with the latter hypothesis, as it is via marijuana use that the girls in the sample are exposed to tobacco and nicotine. What should be highlighted here is that the mode of tobacco-marijuana co-consumption found in this study differs in most cases from other studies that have been conducted (Akre et al., 2011; Akre et al., 2010; Amos et al., 2004; Hightet, 2004). That is, instead of using the tobacco in cigarettes, as some other studies have found, the girls in this study mostly use dried tobacco leaves (unprocessed/natural tobacco). It is only on rare occasions—usually when they cannot not access dried tobacco leaves—that they use the tobacco from cigarettes in their marijuana concoction.

Ginger explained this:

**Interviewer:** *Wah grabba? [What is Grabba]?*

**Ginger:** *Yu no know grabba? Di brown leaf tobacco... (she further explained), it grow pan tree, and yu cut it up, and put it inna yu weed [Don't you know grabba? The brown leaf tobacco... (she further explained), it grows on tree, and you cut it up and put it in your weed...]*

**Ginger:** *...More time if mi no have no grabba, mi jus' put di DJ in deh. If mi a smoke di DJ mi just put it in deh... [...Sometimes if I do not have dried*

*tobacco leaves, I just put the DJ (a brand of cigarette) in it (marijuana). If I am smoking the DJ (cigarette), I just put it in it].*

Tobacco is cultivated in many areas of the Jamaica. According to the *Jamaica Observer*, the minister of agriculture reported that there are over 488 tobacco farmers in the Island and tobacco is cultivated on over 175 acres of land (Thompson, 2014). This is a reduction from the 2011 figures which recorded 573 tobacco farmers, planting tobacco on over 311 acres of land with a yield of over 496,800 pounds of tobacco (Thompson, 2014). Consequently, it is not hard to speculate how the girls in the study come by dried tobacco leaves to mix with their marijuana. However, what is unclear, and requires further investigation, is whether there is a difference in the health and other effects of the dried tobacco leaves used by the girls in the study, and the tobacco found in cigarettes (used by adolescents elsewhere).

Notwithstanding the differences in the types of tobacco used, the study provides insights into the link between marijuana and tobacco co-consumption, particularly in the Jamaican context. For the girls in the sample, tobacco use is inevitable when smoking marijuana. Dahlia helps us understand this better.

**Interviewer:** *Wah kinda drugs yu use? [What types of drugs do you use]?*

**Dahlia:** *Weed. [Marijuana...]*

**Interviewer:** *Weed alone? [Marijuana only]?*

**Dahlia:** *Yeah, mi no smoke nutten else. [Yes, I do not smoke anything else]*

**Interview:** *So, nutten in di weed, it just ital, no grabba, or anything like dat? [So, nothing in the marijuana, just marijuana, no tobacco, or anything like that]?*

**Dahlia:** *No man! Yu haffi have grabba inna it, from yu a professional smoker yu ago wah yu grabba inna it. [No man! You to have to have dried tobacco in it, once you are a professional smoker, you will need your tobacco in it].*



In their study, Akers et al., (2010) found that marijuana users add tobacco to reduce the marijuana component and mitigate some of its physical health effects such as “coughing.” They found that young smokers combine marijuana and tobacco because they find that “pure joints are too strong” (p. 78). However, this study found the opposite. A large percentage of the girls claimed that tobacco increases the strength of the marijuana, so it can produce greater euphoria and the other mind altering effects that they desire.

**Interviewer:** *So, why dem put the grabba inna the weed? [So, why do people put tobacco in the marijuana]?*

**Ginger:** *Becaah it gi yu a meditation<sup>16</sup>, it more hotta wen di grabba inside it. But di weed alone give yu a meditation eh nuh, but not hot. Wen di grabba in dere it more hot, and burn yu stomach, high up head, mek yu high, gi yu a more better mediation, feel like yu in the sky... [She explained later] di grabba have a sensation weh just high up di weed. Yu si wen di grabba no in deh, it lite, wen di grabba in deh yu feel di weed. [Because it gives you a meditation, it is hotter (produces a higher effect) when the tobacco is in it. But the marijuana alone gives you a mediation you know, but (it is) not 'hot'. When the tobacco is in it, it is hotter and burns your stomach, makes your head high, makes you high, it gives better mediation, (it) feels like you are in the sky... (She continued to explain later) the tobacco has a sensation that just high up (strengthen) the marijuana. You see when the tobacco is not in it, it is light, (but) when the tobacco is in it you feel the marijuana].*

**Daisy:** *Some people smoke di weed alone, and some love di grabba cause dem say di grabba hot, so dem want di spliff hot so wen dem smoke it dem feel it, dem feel high. [Some people smoke the marijuana alone, and some love the dried tobacco leaves because they say the dried tobacco leaves is hot (strong), so they want the spliff to be hot so that when they smoke they feel it, they feel high].*

**Blossom:** *Mi use grabba, it gi mi a extra vibes. [I use dried tobacco leaves, it gives me an extra good feeling].*

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<sup>16</sup> The girls in the study refer to “Meditation” as a state of complete relaxation, calmness, peace and joy when they smoke.

**Lily:** *Di grabba mek di weed hot. [the dried tobacco leaves make the marijuana strong].*

This inextricable link between marijuana and tobacco is even further demonstrated in most of the girls' beliefs about the health and other effects of the two substances.

**Interviewer:** *Tell mi bout di weed? In what way yu think it helpful or harmful? [Tell me about marijuana? In what way do you think it is helpful or harmful]?*

**Dahlia:** *...Yu si grabba it cut yu dung, so if yu fat yu si seh yu gaan dung. Yeah, cause yu haffi eat wid di grabba. Dats why dem haffi have more dan one grabba ward a Public now, cause a supmen weh can block yu lungs eh nuh. Yeah, di grabba is harmful, more dan di weed [...you see tobacco it cuts you down, so if you were fat, you start to get slim. Yes, because you have to eat when smoking the tobacco. That is why they have more than one tobacco ward at Kingston Public Hospital, because it can block your lungs. Yes, the tobacco is harmful more than the marijuana].*

**Daisy:** *...Grabba nuh good. Grabba grab up yu chest, like tighten it, Sometime you feel like you caan breed... (She later said), Ganja nuh harmful. All ganja tea good fi yu. Like if yu sick eh nuh, mi know bout dah one deh fi true, yu can mek a cup a ganja tea and drink it. [...tobacco is not good. Tobacco grabs your chest, like tightens it, sometimes you feel like you cannot breathe. [She later said] marijuana is not harmful. Even marijuana tea is good for you. Like if you are sick, I know that one is true, you can make a cup of marijuana tea and drink it].*

**Ginger:** *Yeah, ganja helpful eh nuh, cause it's like a medicine, it good fi asthma and many more tings, but without grabba. Yu si, di grabba, a it mash yu. Ganja is like a bush yu can boil it and drink it. But people choose fi smoke it becaah it give yu meditation. [Yes, marijuana is helpful, because it is like a medicine, it is good for Asthma and many other things, but without the tobacco. You see, the tobacco, it hurts you. Marijuana is like a plant you can boil it and drink. But people choose to smoke it, because it gives you a meditation].*

**Buttercup:** *...It depends on wat yu put in di weed, because like if yu use grabba, mi don't think grabba good. Like dem have a ting weh dem name "red herring" grabba, mi see it mek people like actually get off. Yeah man it wicked. [...It depends on what you put in the marijuana, because like if you use tobacco, I don't think tobacco is good. Like they have a thing that*

*they call “red herring” tobacco, I have seen where it makes people actually go insane. Yes man, it is wicked].*

Even though most of the girls believe that tobacco may result in serious health risks, they continue to mix it with marijuana for greater perceived euphoria. It is also possible that they believe that the natural and medicinal capacity of the marijuana counters the negative effects of the tobacco, especially since the marijuana is, in most cases, the main ingredient in the cocktail.

The ‘reverse hypothesis’ is evident in the accounts of the first smoking experiences of the girls who smoke cigarettes. Marijuana mixed with tobacco was the first substance that most tried. They later they smoked cigarettes with their peers or as substitutes for spliff, which may be too expensive or time consuming to make, unlike cigarettes. Of the twelve girls who smoke marijuana mixed with tobacco, nine reported that they also smoke cigarettes. Ginger and Daffodil noted:

**Ginger:** *Wen mi smoke di DJ is jus because more while mi no have di money fi buy weed, and yu wah smoke a ting, yu understand. \$20 fi cigarette and fi smoke a spliff a \$35 dat, before yu come up wid the \$35, yu smoke a cigarette, becaah di cigarette more cheaper and yu really wah supmen fi blow inna yu breath yu understand. Which more time people no smoke it (cigarette) fi di fun becaah dem know wah cigarette can give yu understand, but more time is just dat di money limited... [When I smoke cigarettes, it is because sometimes I do not have the money to buy marijuana, and you want to smoke something, do you understand. A cigarette is for \$20 and a spliff is for \$35, before you can find \$35, you smoke a cigarette, because the cigarette is cheaper, and you really want something to blow in your breathe. Which most times people do not smoke it (cigarette) for the fun because they know what (smoking) cigarettes can do, but sometimes it is just that the money is limited].*

**Daffodil:** *...Mi no really smoke weed every day, mi prefer smoke di cigarette because a jus one lite, di weed now, yu know, sometime it hard fi buil’. [I really do not smoke weed every day, I prefer to smoke cigarettes because with that I just one light, the spliff now, you know, sometimes it is hard to make].*

Even though many of the girls conceded that tobacco could pose physical, psychological, and psychosocial health risks, they continue to blend it with marijuana, believing that the euphoric benefits they experience from co-consumption supersedes them. Thus, the theory of planned behaviour supports the findings of this study, that an individual's beliefs about the outcome, how people around will react, and their ability to carry it out successfully result in the performance of the behaviour. In this case, most of the girls in the study smoke a combination of marijuana and tobacco because they think that adding tobacco to the marijuana has valuable outcomes. Some, however, smoke only cigarettes (Daffodil), because making the marijuana-tobacco cocktail is difficult or they cannot afford to buy it (Ginger).

Co-consumption of marijuana and tobacco among the girls in this study shows links between use of the two substances in Jamaica. The NCDA has conducted a few studies on adolescent drug use, such as the National Secondary School Drug Prevalence Surveys, Global Youth Tobacco Surveys, National Household Surveys, Global School Health Survey, and Rapid Assessment Surveys among others. These surveys have generated much needed empirical data on marijuana, tobacco, inhalants, and other drug use rates and trends among adolescents in Jamaica. However, to the best of my knowledge there are no existing studies on the use of marijuana mixed with tobacco by dropout adolescent girls in low-income communities in Kingston and St. Andrew.

#### **6.01b. Combining Marijuana, Tobacco and Cocaine**

Only one girl in the sample revealed that she smoked marijuana mixed with tobacco and melted cocaine, a very specific type of poly-drug use. Her revelation came during our dialogue about the types of drugs that are for sale in her community.

*Dahlia:*            *Yu have di coke wata weed. [You have the cocaine water weed...]*

**Interviewer:** *Coke wata weed! Wah dat? [Cocaine water marijuana, what is that]?*

**Dahlia:** *(She chuckled) Coke wata weed. Dem jus' use di coke wata to wash off di weed... (She further explained when I probed for more details) Dem melt out di coke, and use di wata and wash it off. [Cocaine water marijuana. They just use the cocaine water to wash off the marijuana... (She further explained when I probed for more details) They melt the cocaine, and use the water and wash it (the marijuana) off].*

**Interviewer:** *So wait, yu eva smoke dat before? [Wait have you ever smoked that]?*

**Dahlia:** *(She smiled and whispered), Some a di time. [Sometimes].*

Dahlia lacked comprehensive knowledge of how marijuana is “washed” with the cocaine, or how the “cocaine water” spliff is prepared. However, she insisted that it consists of tobacco, a small amount of cocaine, and mostly marijuana. She maintained that smoking marijuana mixed with tobacco and melted cocaine results in greater euphoria, and other psychoactive effects, than smoking marijuana mixed with tobacco alone. Additionally, she contended that the marijuana-tobacco-cocaine combination is not harmful, and it is not in any way like cocaine use because only a small portion of cocaine is used in the concoction:

*Di coke wata weed now, caah yu know, wen a wah a likkle bit it no gi yu no harm, cause some a di time it just gi yu a mentally weh yu a go si triple, and dem supmen deh. But yu know cokehead wen dem tek dem coke, yu know how dem behave? (She explained when probed to explain how addicts behave) Like mad out, walk up and dung and mad out, and dem supmen deh. Yu nah behave so like dem, becaah a just wash it (marijuana) wash off wid it. So, it woulda gi yu a likkle vibes deh. Caah mi tell yu she, wen yu a bun di weed eh nuh yu feel di weed a bun sweet eh nuh, wuss wen di grabba in deh now, it hotta. [Now, the cocaine water spliff... because you know, when it is a little bit it is not going to harm you, because sometimes you get an experience where you will see triple (things at once) and those things. But you know how cocaine addicts behave? (She explained when probed to explain how addicts behave) Like mad, walk up and down and mad. You will not behave like them, because it (marijuana) is just washed with it (cocaine). So, it would give you a good feeling. Because I am telling you, when you smoke spliff you feel the marijuana burning sweet, moreover the tobacco is in it (the marijuana-cocaine mixture) now, it is stronger].*

Only one other participant, Primrose who was from the same community as Dahlia, mentioned this combination of drugs. During our conversation about the mind-altering effects of marijuana, Primrose explained that people place cocaine in their spliff to intensify the psychoactive effects.

**Primrose:** *Some people wudda put even a likkle bit a di white lady inna dem weed, so dem get high, it gi dem a nice feeling. [Some people even put a little bit of the white lady in their spliff, so they get high, it gives them a nice feeling].*

**Interviewer:** *Wah a white lady? [What is white lady]?*

**Primrose:** *White lady man, coke, it come like powder, and dem sell it inna a likkle bag. The cokehead dem tek it just so and coke out. But some people put a likkle inna dem weed fi feel di weed. [White lady, cocaine, it looks like powder, and they sell it in a little bag. The cocaine users take it just like that and become addicted. But some people put a little in their spliff to make it stronger].*

Dahlia's belief that smoking marijuana mixed with tobacco and melted cocaine produces gratifying hallucination and euphoria could have been her motivation for initiating and continuing, and as such supports the theory of planned behaviour. In a qualitative study of the use of crack cocaine combined with marijuana in Brazil, Gonçalves and Nappo (2015) rendered similar findings. Their study established that crack users believe that mixing crack cocaine with marijuana provided them with many benefits such as improved sleep, appetite, and sexual libido (Gonçalves & Nappo, 2015). However, neither Gonçalves and Gappo (2015), nor the theory of planned behaviour, address the important question of how Dahlia came to her belief about the benefits of adding cocaine to marijuana and tobacco in the first place. From her account, it may be postulated that her belief has been influenced by her social context, since she reported that the combination is available for sale in her community. She explained that, "*Inna EC yu have three place weh sell weed. Yu have one weh sell weed wid di coke wata...*" [There are three places that

*sell marijuana in EC (pseudonym for her community). There is one that sells marijuana with the cocaine water...*]. It would have been interesting to find out if other girls, especially in Dahlia's community, use this drug combination. Further study is required to investigate whether this phenomenon is prevalent among women and girls in low-income urban communities in Jamaica.

Dahlia also reported that she has witnessed firsthand the powerful psychoactive effects of smoking marijuana mixed with tobacco and melted cocaine on her cousin. She chuckled as she recounted a recent time when she and her older cousin smoked the concoction and her cousin began to hallucinate:

*Even wah night mi and mi cousin deh dere, and she go buy it up deh and ting, and wi deh dere a smoke and thing, and wi a watch TV and mi hear wen she seh "mi si 3 a yu. [Even the other night me and my cousin (she later explained, when asked, that her cousin is older than her) were there, and she went and bought it (spliff mixed cocaine), and we were smoking and watching television, and I heard her say "I see three of you" ...].*

Social learning theory postulates that an individual's belief and subsequent behaviours are learned from observing and imitating models—people around them (Bandura, 1977). Live models are persons who perform or demonstrate a behaviour; verbal instructional models are persons who explain or describe a behaviour; and symbolic models are the behaviours of fictitious or non-fictitious characters. Dahlia's older cousin is, therefore, a live and verbal model.

Overall, it is difficult to make any conclusive determination about the combination of marijuana, tobacco and cocaine used by Dahlia because of the small sample size and single finding. However, based on Dahlias' explanations, I submit that like most of the other girls in the study, she smokes this mixture because she believes it helps her to deal with her challenging life experiences. Her beliefs may have been influenced through observing her cousin and other community members, as well as the availability of the mixture in her community.

## 6.02. Attitudes and Beliefs about the Consequences of Smoking

This study found that the girls tend to perceive that smoking marijuana mixed with tobacco, marijuana mixed with tobacco and melted cocaine, cigarettes, and/or bidis relieve their stress. They believe that smoking helps to improve their moods and cope with sadness, boredom, loneliness, and anxiety; and increases their cognitive and social skills. Furthermore, the girls think their smoking behaviours are accepted by their peers, parents, and other people around them.

**Interviewer:** *Why yu think other girls smoke weed or tek other types of drugs? [Why do you think some girls smoke marijuana or take other types of drugs]?*

**Ginger:** *Girl get abuse and feel like dem life done. Yu have girl weh dem modda and fadda ded. Yu have girl get rape, all a dem things dere stressing. Yu have girl weh poor and no have it, and dem just smoke it fi dem meditation... More time mi ask some young girl why dem smoke and most a dem tell mi a some stress weh dem go tru, it blow off it more time... Yeah It helpful. [Girls get abused and feel as if their lives are over, you have girls whose mother and father are dead. You have girls who have been raped, all those things are stressing. You have girls who are poor, and do not have money, and they just smoke it (spliff) to meditate... Sometimes I ask some young girls why they smoke and most of them tell me it is some stress that they are going through, it blows it off most times... Yes it (smoking) is helpful].*

**Blossom:** *Some a dem get rape, abuse, some a dem no have no fadda and dem supmen deh. Dem haffi smoke fi ease dem mind offa dem tings deh. [Some of them (girls) have been raped, abused, some do not have fathers, and those things. They have to smoke to ease their minds of those things].*

The above excerpts from Ginger and Blossom that girls smoke to relieve stress and cope with problems, was echoed by all the girls in the sample. This finding indicates that the smoking habits of dropout girls in inner city communities in Kingston and St. Andrew have been influenced by their beliefs about the benefits of smoking, which supports the hypothesis of the theory of planned behaviour. The finding is also consistent with a vast body of research, mostly



done outside of Jamaica, (Boys et al., 2001; Christiansen, Smith, Roehling, & Goldman, 1989; CASA, 2003; Dunn & Goldman, 1998; Hoffmann & Su, 1998; Novacek, Raskin, & Hogan, 1991; Schoen, Davis, Collins, Greenberg, Des Roches, & Abrams, 1997; Simantov et al., 2000), which postulates that girls who smoke marijuana and use other drugs tend to believe that drug use has tremendous benefits such as relieving or coping with stress.

### 6.02a. Smoking to Meditate

Girls in the study believe that the various drugs they smoke have meditational or calming effect on them.

*Yu si wen mi stress, mi no know, mi caan tell yu seh mi bun six or seven, mi caan count. Sometimes dem seh yu feed pan di weed more than yu feed pan food. [You see when I am stressed, I do not know, I cannot tell you that I smoke six or seven (spliffs), I cannot count. Sometimes they (people) say you smoke more marijuana than you eat food...] (Dahlia).*

*It kinda help yu meditate. It, it relax yu from yu stress. It just mek mi meditate, mek mi feel calm...Wen mi a smoke, mi just lay dung and relax. All wen mi a relax mi feel like mi inna water a float. [It (spliff) kind of helps you to meditate. It, it relaxes you from your stress. It just makes me meditate, makes me feel calm...When I am smoking, I just lay down and relax. When I am relaxing I just feel like I am floating in water] (Rose).*

*It give yu a meditation, certain tings weh yu go tru inn a life, stress weh yu go tru, it blow off it more time and so. [It (spliff) gives you a meditation, certain things that you have been through in life, stress that you have been through, it blows it off most times] (Ginger).*

*...fi me, it helpful if yu have emotional stress, cause me know seh it work pan my stress.... Mi normally smoke cause a stress...Wen mi a smoke mi just wah deh by miself til mi feel release, til mi get calm. [...for me, it (spliff) is helpful if you have emotional stress, because I know it works on my stress...I normally smoke because of stress...When I am smoking I just want to be by myself until I feel relieved, until I get calm] (Primrose).*

*To me, like wen yu have stress and dem supmen dere, yu can smoke fi get it offa yu head...I smoke fi jus, fi jus ease mi mind, fi jus relax, it jus give*

*mi a calm spirit. [To me, like when you have stress and those things, you can smoke (spliff and/or cigarette) to get it off your head. I smoke to just, to just ease my mind, to just relax, it gives me a calm spirit] (Buttercup).*

*Sometime wen yu jus feel stress out, wen yu bun a cigarette yu jus feel a release. [Sometimes when you are stressed, when you smoke a cigarette you just feel relieved] (Daisy).*

*Di cigarette relax yu mind. [The cigarette relaxes your mind] (Camellia).*

*Sometime it mek yu release yuh stress. Like every day wen yu siddung and a think and a memba bout tings weh yu go tru...yu jus relax and is like everyting gone now. [Sometimes it (cigarette) makes you release your stress. Like every day when you sit and think, and remember things that you have been through...you just relax, and it is like everything disappears] (Violet).*

This positive belief about smoking to relieve stress and cope with problems is common (Simantov et al., 2000; Schoen et al., 1997). For example, Schoen et al., (1997) found that 66% of girls in their research smoke at least one pack of cigarettes per week and 41% use other drugs at least once per month to relieve stress. The girls in this study reported that several factors, such as inability to cope with anger and aggression, anxiety, sadness, boredom, and loneliness are among the stresses that smoking relieves.

#### **6.02b. Smoking to Cope with Anger and Aggression**

One of the most interesting revelations by some of the girls in the study was their belief that smoking helps them manage or relieve their anger and aggression. They reported that smoking calms them and prevents them from inflicting serious injuries on others when they become angry. Camellia, for instance, explained that smoking cigarettes usually restrains her from fighting:

*Like all if mi and somebody ketch up, and mi no wah fight dem or inna argument wid dem, mi go buy a cigarette and smoke it and relax mi mind. [Like if me and*

*someone have an argument, and I do not want to fight them or argue with them, I buy a cigarette and smoke it and relax my mind].*

Like Camellia, Daffodil stated that smoking cigarettes sometimes abates her anger and impedes her from hurting people in her community.

**Daffodil:** *It help sometime. Like if mi a think evil gainst people. [It (smoking cigarette) helps sometimes. Like when I am thinking about evil against people].*

**Interviewer:** *Evil? Like wah? [Evil? Like what]?*

**Daffodil:** *Like fi do people evil tings, and dem supmen deh. Mi jus smoke it and jus hole out. [Like to do people evil things, and those things. I just smoke it and just hold out].*

**Interviewer:** *So which people yu think fi do evil? [So, to whom do you think to do evil things]?*

**Daffodil:** *Dem ova mi yard, dem no like mi, and eva wah war. [My neighbours, they do not like me, and always want to fight].*

**Interviewer:** *So hole on, wah kinda evil yu think bout do dem? [So, hold on, what kind of evil do you think about doing to them]?*

**Daffodil:** *Whole heap a evil things, like stab dem up and supmen. Wicked tings. [Many evil things, like stab them and those things. Wicked things].*

**Interviewer:** *So how often yu think bout evil tings? [So how often do you think about evil things]?*

**Daffodil:** *Wen dem eva wah war. Mi jus avoid dem eh nuh. Yu jus whisper a word a prayer, and go smoke a cigarette, and go buil a vibes wid yu self and yu frend dem. [When they want to fight. You just avoid them. You just whisper a word of prayer and smoke a cigarette, and just have a good time with yourself and your friends].*

**Interviewer:** *So yu no think seh there is anything else you can do, apart from smoking, fi avoid stabbing up people and dem tings dere? [So, don't you think there is anything else you can do, apart from smoking, to avoid stabbing up people and those things]?*

**Daffodil:** *No, mi no know, mi no tink so. [No, I don't know, I don't think so].*

Blossom also attested to the effectiveness of marijuana mixed with tobacco and cigarette smoking in alleviating her anger and aggression, preventing her from harming others:

*It mek yu feel good and yu mind relax. Like, yu know, like wen mi and somebody inna war, mi just go bun a spliff and buil back, and seh yow yu know seh mi nah go ansa dem. It gi yu a medi. [It makes you feel good and relaxes your mind. Like, you know, like when me and someone have an argument, I just smoke a spliff and calm down, and say you know what I am not going to argue with them. It gives you a meditation].*

Dahlia offered a similar testament about smoking alleviating her aggression:

**Interviewer:** *So, nutten else no gi yu dat deh kind a medi deh? [So, nothing else gives you that kind of meditation]?*

**Blossom:** *No, cause mi easy fi get ignorant and mi caan control it. [No, because I get angry easily and I cannot control it].*

**Interviewer:** *Wah yu mean? [What do you mean]?*

**Blossom:** *Mi easy fi get ignorant. Like if mi and nobody ketch up, mi get ignorant and mi caan go control it... (She further explained when probed), Yu si if somebody seh supmen to mi, if mi no like it, mi get angry and wah pick up fighting wid dem...mi eva wah damage dem. And if mi fight dem but mi no get fi damage dem how mi wah damage dem, mi get mad and fling miself a ground. And if nobody hole on pan mi, mi turn round and war di people dem weh a hole on pan mi. [I get angry easily. Like if someone and I get into an argument, I get angry and I cannot control it... (She further explained when probed), you see, if someone says something to me and I do not like it, I get angry and I want to pick a fight with them...I always want to injure them. And if I fight them but I do injure them how I wanted to injure them, I get mad and throw myself on the ground. And if anyone tries to stop me from fighting, I turn on them and fight them].*

Dahlia had similar testament that smoking spliff helps to alleviate her aggression:

**Dahlia:** *Mi easy fi get ignorant eh nuh. [I get angry easily].*

**Interviewer:** *Ignorant? Wah dat mean? [Ignorant? What does that mean]?*

**Dahlia:** *Mi wi fight man. Like, if mi beg yu supmen and yu no gi mi, and promise mi supmen and yu no gi mi, mi get ignorant, and try know mi bun a spliff, and get rid a yu...It gi yu a likkle vibes and so. [I will fight man. Like, if I ask you for something (when probed she later explained that she is*

referring to things like money and food) and you do not give it to me, and you promise me something and you do not give it to me, I get angry, and try know I smoke a spliff, and forget about you... It (spliff) gives you a vibes and so].

**Interviewer:** Wah kinda a vibes? [What kind of vibes]?

**Dahlia:** Arite, di vibes weh it woulda gi now is seh, arite, like wen mi smoke, for example, mi just done wah fight, like physical fight, so mi go lite up mi weed and siddung deh, it jus gi mi a vibes, it jus flash mi memory offa di fight and everyting. So it calm mi dung. So a so come yu get a nicer spirit and ting, it come like di weed just tek weh dah anger deh weh yu did have... [Ok, the vibes that it would give now is that, ok, when I smoke, for example, I just finish a fight, like a physical fight, so I light up my spliff and sit down, it just gives me a vibe, it just erases the fight from my memory and everything. So, it calms me down. So, that is how you get a nicer spirit and thing; it seems like the spliff just takes away the anger you had...].

The girls who reported that they smoke to cope with their anger/aggression all provided details of incidences where they were involved in fights that physically injured others. For instance, Camellia shared an incident in which she stabbed another girl because the girl was provoking her friend. She recounted:

*She trouble mi frend. Every time she si mi frend, she a trouble mi frend. Har fambily dem gang mi frend and mi go in deh, and mi frend two fambily dem come in deh to. Wi done fight now and wi go buy supmen on di same road weh wi fight pan, and wi si one bag a dem come, bare bakkle and stone and knife and dem supmen dere...A she first come lick mi, she lick mi inna mi head wid a bakkle first, and den she chop out mi foot...wid a bruk bakkle, and mi run har dung and use mi knife and stab har inna har back. Di doctor dem seh any how it did go dung lower she woulda ded. [She provoked my friend. Every time she sees my friend, she taunts my friend. Her family was fighting my friend and I went in it, and my friends' two family members joined the fight too. (When) we were done fighting, we went to buy something, on the same street where we fought, and we saw a gang of them coming with bottles, stones, and knives, and those things...She hit me first, she hit me in my head with a bottle first, and then she chopped out my foot...with a broken bottle, and I ran her down and used my knife and stabbed her*

*in her back. The doctors said if it (the stab wound) went any lower she would have died].*

Dahlia's physical aggression was evident when she related an incident in which she stabbed a boy and "punctured one of his lungs," which resulted in expulsion from the last school she attended. She narrated:

*Yu know seh mi puncture wah boy lungs and den mi get kick from school...Mi stab him and puncture him lungs a school...Mi tell yu supmen, mi don't trouble people, but if yu trouble mi yu ago get mi raw...So...one day mi go school and one a di boy dem inna T Crew block off di corridor...mi bounce him...him pap off him knife and up inna mi face, and mi seh "mi no inna no talking wid yu big man, wait til school ova." So, wen school ova now, mi get my knife...and puncture him lungs... [You know I punctured a boy's lung and they expelled me from school...I stabbed him and punctured his lungs at school...Let me tell you something, I do not provoke people, but if you provoke me, you will get me angry...So...one day I went to school and one of the boys from T Crew (a gang) blocked the corridor...I pushed him...he took out his knife and had it in my face, and I said "I am not arguing with you big man wait until school dismisses". So, when school was dismissed, I got my knife...and stabbed him, puncturing his lungs].*

A key question that arises from the girls' explanations is, what contributes to their aggressive behaviours and anger? As will be demonstrated in the ensuing chapter, most of the girls in this study have encountered or been exposed to traumatic experiences. They have been exposed to violence in their communities; experienced neglect and physical, sexual, and verbal abuse; and have experienced the death of family and friends. In fact, cross-references and comparisons between the girl's various accounts reveal that all of them who reported anger management and aggression problems have had traumatic experiences. For example, Daffodil's mother and father are dead. Camellia's son died, and she has been neglected, and physically and verbally abused by her mother. Dahlia has also been physically abused by her mother. She has been neglected, homeless, and forced to engage in prostitution to care for herself, and Blossom has witnessed a murder in her community. Therefore, I argue that overt aggression and related

smoking represent the girls' externalizing and internalizing responses to their experiences (of trauma) within their social contexts.

Traumatic life experiences such as witnessing or hearing about violence, and/or being victims of one or more types of abuse can produce a wide range of physical, social, and emotional responses (Bailey, 2011). These responses can be placed into two categories: internalizing and externalizing responses (Hodas, 2006). Internalizing responses, as the name suggests, are covert or inward symptoms. They are usually manifested in psychological problems such as PTSD, depression, insomnia, fear, anxiety, suicidal thoughts, low self-efficacy, shame, withdrawal, intense mistrust, rage and guilt, among others (Bailey, 2011; Hodas, 2006; NCTSN, n.d). Bailey (2011) found that extreme fear and depression result from exposure to violence among the in-school and dropout adolescents who participated in a previous Jamaican study. Externalizing responses include: aggression, disruptive, impulsive and oppositional behaviours, conduct disorder, school truancy, and substance use/abuse, among others (Hodas, 2006; Nader, 2008).

Participant smoking behaviours result from the inextricable link between their unique social contexts, which are shaped by colonial legacies (including slavery), and their psychological characteristics. They believe that smoking helps them to manage and relieve externalizing (aggression) and internalizing (anger) in responses to their traumatic experiences in their social environments.

Adolescent responses to trauma vary and are influenced by a number of intertwining factors such as type, frequency, and severity of the experience, family structure, post-traumatic treatment and support, age, coping skills and gender, among others (American Psychological Association [APA], 2008; Hodas, 2006). Researchers (outside of Jamaica) have assessed

gendered responses to traumatic experiences in adolescents and found that girls are more likely than boys to have internalizing responses (Nader 2008; Foster, Kuperminc, & Price, 2004; Zona & Milan, 2011). Foster et al., (2004) found a stronger positive relationship between anxiety and depressive symptoms and exposure to community violence among girls than boys. Singer et al., (1995) also discovered that high school girls exposed to violence display greater levels of depression, anxiety, and posttraumatic stress than boys. Self-reported experiences of trauma (which will be discussed in chapter 7) and sublimation of tendencies to be easily angered and aggressive, are consistent with these findings.

Many North American researchers, however, have suggested that there are no gender differences in adolescents externalizing responses to traumatic experiences (Zona & Milan, 2011; Louie, Carlisle, Boys, & Timmer, 2012) and that girls have equally aggressive responses to trauma as boys (Louie et al., 2012). Nevertheless, girls (mostly in the United States and other countries) who have experienced trauma tend to display relational aggression, while boys tend to display physical or overt aggression (Louie et al., 2012; Chamberlain & Moore, 2002; Hader, 2008). Overt aggression refers to physical and verbal actions intended to harm or injure others, such as hitting and threatening to harm them (Carrado, Roesch, Hart, & Gierowski, 2002). Relational aggression, on the other hand, refers to behaviours that are intended to harm personal and social relationships (Carrado et al., 2002), such as peer exclusions and rumors. In a study of 152 traumatized boys and girls in the United States, Louie et al., (2012) found that traumatized girls tend to display relational aggression while traumatized boys display overt aggression. Therefore, girls display aggression in a manner that seems to coincide with socially acceptable traditional feminine characteristics, such as the tendency to focus on interpersonal relationships.



However, accounts of fighting, severely stabbing, or harboring thoughts of injuring others show overt aggression, usually observed in boys (Louie et al., 2012). The findings indicate that girls who display overt aggression have mostly experienced physical abuse (Camellia & Dahlia) and witnessed physical violence (Blossom; see chapter 7 & 8 for discussion of the participants' traumatic experiences), both associated with increased risk of externalizing responses in adolescents (Caporino, Murray, & Jensen, 2003; Schwab-Stone et al., 1999). I also draw on Bandura's (1977) social learning theory to explain their overt aggression. That is, they model acts of violence they witnessed or encountered. In a study on the effects of violence on Jamaican adolescents, Bailey (2011) found that several participants from low-income urban neighborhoods who had been exposed to violence confessed that they enjoy fighting and being tough. Bailey's (2011) study found that adolescents who experienced violence perceive that being tough is the most effective way to ward off personal experiences of violence.

Another important explanation for the girls' tendencies to display overt aggression is their rejection of feminine norms and roles. They may display aggressive behaviour because they believe it to be a favorable masculine trait. In Jamaica, masculinity tends to be rewarded with power, prestige, and resources, while femininity is considered inferior. The girls who described themselves as aggressive and provided stories of overt aggressive behaviours (Daffodil, Blossom, Dahlia, and Camellia) all expressed annoyance and discontent with unequal gender norms and roles, which result in unequal distribution of power and resources among girls and boys. They argued that girls in their communities and the wider Jamaican society lack power, and are often marginalized and victimized because they were socialized into traditional feminine characteristics such as submissiveness, shyness, and weakness. They contended that boys, on the other hand, are socialized into "masculine" traits and behaviours such as aggression,

assertiveness, confidence, and toughness, and are more privileged than girls. They (along with many of the other girls in the sample) all expressed their discontent with being female for such reasons. Daffodil for example, claimed she dislikes being a girl, and vocalized her disdain for unequal gender norms and roles.

**Interviewer:** *So wah yu like bout being a girl? [So, what do you like about being a girl]?*

**Daffodil:** *Mi no like being a girl. [I do not like being a girl].*

**Interviewer:** *Really, why?*

**Daffodil:** *Mi not even know wah fi seh. But yu know seh yu haffi just tek weh fadda God mek yu as... [I do not even know what to say. But you know that you just have to take what the father God make you as ...].*

**Interviewer:** *So if yu had the choice, yu woulda want him mek yu as boy then? [So, if you had the choice would you want him (God) to have made you a boy]?*

**Daffodil:** *Yeah!!*

**Interviewer:** *So wah mek yu would want him mek yu a boy? [So why would you want him (God) to make you a boy]?*

**Daffodil:** *Arite yu si girl caan do nuff things and boys get to do dem. [Ok, you see girls cannot do many things and boys are allowed to do them].*

**Interviewer:** *Like wah? Wah boys can do that girls can't? [Like what? What can boys do that girls can't]?*

**Daffodil:** *Whole heap a things boy can do weh girl caan do. Arite, yu all have jobs, yu all a hear seh, from back in the days from dem long time deh, yu all a hear seh woman a housewife. Certain things if yu go, a um, like seh yu no have a good education, and yu ga like some wholesale, and a jus' di bag dem wah haffi lift, dem nah gi you di job, cause dem a seh u a woman and yu no fit fi dah job deh, a man job dem deh. Wen yu si dem have all building and construction work, like yu nah si dem a put woman pan building site, a mostly man, and woman can do it, but people just downgrade woman overall. Like dem seh woman fi always keep petting, (she explained what petting means) like fi be soft and dem supmen deh. Meanwhile, a man fi do the rough tings. But a jus' a money making ting... [There are many things that boys can do that girls can't do. Ok, you even*

*have jobs, you hear that, from back in the days from those long times, you hear that women are housewives. Certain things if you go, um, like if you do not have a good education, and you go to like some wholesale, and it is just bags they want you to lift, they will not give you the job because they will say you are a woman and you are not fit for that job that is a man's job. When they have building and construction work, like, you are not going see them put women on building sites, mostly men, and women can do it, but people just downgrade women overall. Like they say women must always keep petting (she explained what petting means) like to be soft and those things. Meanwhile, a man is supposed to do rough things. But it is just a money-making thing...].*

As mentioned earlier, the patriarchal social construction of feminized traits (such as weakness and dependence) instilled in most Jamaican girls are based on Victorian patriarchal ideologies brought by Christian British colonizers (Vázquez, 2002). Indeed, as Daffodil pointed out, females are taught and perceived to be “soft,” which can make them vulnerable to social exclusion. Blossom also wanted to be a boy, and displays aggression, because these behaviours are more favorable.

**Interviewer:** *What do you like about being a girl?*

**Blossom:** *No no, a boy pickney mi did wah be. [No no, I wanted to be a boy].*

**Interviewer:** *Why?*

**Blossom:** *Mi no like girl pickney. Mi is a tomboy yu know. Mi mother kinda wah bruk it outta mi. She seh mi fi move like girl pickney. [I do not like girls. I am a tomboy. My mother wants to break it out of me. She says I must act like a girl].*

**Interviewer:** *Wah yu mean? [What do you mean]?*

**Blossom:** *Like act like girl pickney. Like normally mi no usually talk so neither, and mi act ignorant and dem supmen deh. [Act like a girl. I do not usually talk like this, and I act aggressive and those things].*

**Interviewer:** *So how yu talk and act ignorant? [So how do you talk and act ignorant]?*

**Blossom:** *Every talk mi talk mi cuss a bad wud, mi a get ignorant and wah fight yu. [Every time I talk I swear, I get aggressive and want to fight].*

- Interviewer:** *Oh, so cursing bad wud and fighting a tomboy behaviour? [Oh, so swearing and fighting are tomboy behaviours]?*
- Blossom:** *Yeah. A so mi frend dem move [Yes. That is how my friends behave].*
- Interviewer:** *Yu friend dem a boy? [Your friends are boys]?*
- Blossom:** *Yeah boy pickney. Mi no par wid girl pickney, too much mix up wen yu par wid dem. Mi prefer par wid boy pickney dem. [Yes boys. I do not hang out with girls, too much gossips when you hang out with them (girls). I prefer to hang out with boys].*
- Interviewer:** *So yu neva tell me why yu would wah be a boy? [So, you did not tell me why you would prefer to be a boy]?*
- Blossom:** *Too much ting mi si happen to girl pickney. Like man breed dem up and seh “yow a no me breed yu eh nuh”, and dem know inna demself seh a dem breed yu...How dem feel now, fi feel like the whole world a come dung pan yu...Fi si man breed yu and nah look pan yu. Most a dem wen di man nah pay dem no mind, dem gah Back Road. So mi neva wah be no girl, mi prefer be boy pickney, cause it can happen to mi... [Too many (bad) things happen to girls. Like men impregnate them and say “I was not the one who got you pregnant” and they know in themselves that they are the ones who got you pregnant...How would they (girls) feel, to feel like the whole world is coming down on you...To see that men get you pregnant and are not supporting you. Most of them (girls) when men do not support them they go to Back Road (prostitution area). So, I never wanted to be a girl, I prefer to have been a boy, because it can happen to me...].*

The girls' rejection of inequitable gender norms and roles and overt aggression (which is likely a response to trauma) is also connected with their rationales for smoking. They argued that it is socially acceptable for males to smoke, but not females. Some claimed that they refused to conform to gender norms about smoking. For example, Daffodil's vented:

*yu si if dem all si a man and woman a smoke now, who yu think dem ago look pan as the bad one? The woman! Caah dem a seh smoking a no fi wi, smoking a fi man. Wah dat? Mi no know why smoking a fi a man only. Dat wrong. Dem come like seh man more mature dan woman, and woman mature than man. But to my estimate, nobody no fi smoke caah it no good fi nobody smoke, it harmful to everybody. But people in society mek it look like seh a man alone fi smoke and*

woman no fi smoke. Becaah everybody a human being if it ago damage woman, it ago damage man to. Man system no stronger than woman system fi seh a man alone fi smoke. [...you see if they (people) see a man and woman smoking now, who do you think they are going to look at as the bad one? The woman! Because they say smoking is not for us, smoking is for men. I do not know why smoking is for men only. That is wrong. They act like men are more mature than women, and women are more mature than men. But to my estimation, no one should smoke because it is not good for anybody to smoke, it is harmful to everybody. But people in society make it look like men are the only ones who should smoke. Because everyone is human, if it is going to damage women, it is going damage men too. Men's systems are not stronger than women's systems to say men are the only one who should smoke].

Dreher (1995) argues that smoking, particularly marijuana, in the Jamaican context, is a male-dominated activity. Thus, smoking for some girls, like Daffodil, can be a rejection of biased gender expectations, based on the girls' strength and courage to challenge the status quo. I believe that if their courage to criticize and reject social injustice were channeled into positive behaviours, the girls in this study and others like them could become powerful agents of social transformation in Jamaica.

### **6.02c. Smoking to Improve Mood and Emotion**

The findings from the interviews with the girls revealed that they smoke to improve their moods. For example, Ginger stated:

*More time yu feel like fi cry, yu just smoke it, and it give yu a meditation. [Sometimes you feel like crying, you just smoke it (spliff), and it gives you a meditation].*

They tend to believe that smoking helps them to relieve or cope with sadness, anxiety, loneliness, and boredom, by evoking positive emotions. Rose, for instance, described the euphoria she gets when she smokes spliff:

*Wen mi a smoke mi feel like mi a float inna water, mi feel nice...like mi alone deh a heaven. It just mek mi nice, mek mi feel cool...it jus mek mi feel happy. [When I am*

*smoking I feel like I am floating in water, I feel nice...like I am the only one in heaven. It just makes me nice, makes me feel cool, it just makes me feel happy].*

Blossom also avowed, “*It mek yu feel good*” [*It (spliff) makes you feel good*]. Likewise, Daffodil said, “*It mek mi feel good wen mi smoke di cigarette dem*” [*It makes me feel good when I smoke cigarettes*]. Buttercup also reported, “*It gimme a good vibes*” [*It gives me a good feeling*].

Many of the girls explained that they become depressed when they reflect on some of their negative experiences, so they smoke to cope. For example, Dahlia smokes spliff as well as spliff mixed with cocaine to “ease” the sadness caused by memories of physical abuse and neglect from her mother, homelessness, the death of her best friend, and prostitution:

*Arite some a di time mi memba back some a mi situation weh mi go tru... and you know, yu ago have a likkle crying and so...sometime mi just a cry wen mi memba certain things...It ease a lot fi mi eh nuh. Cause like if mi memba nutten, and mi go smoke it gimme a different vibes. [Ok, some of the times I remember some of the situations that I have been through...and you know, you are going to have a little crying and so...sometimes I just cry when I remember certain things...It (spliff) eases a lot for me. Because like if I remember something, and I smoke it gives me a different feeling].*

Like Dahlia, Camellia smokes cigarettes to feel “good” and to alleviate the sadness caused by the memories of the death of her son. She shared:

*...Wen yu smoke di cigarette, it mek yu feel good... Mi smoke it jus fi tek tings offa mi mind. Like if mi siddung wid mi frend dem and mi baby run pan mi mind, caah him woulda siddung right deh so wid wi if him neva ded. Wen mi smoke mi feel arite, it come offa mi head. [...when you smoke the cigarette, it makes you feel good...I smoke it just to take things off my mind. Like if I sit with my friends and my baby comes to my mind, because he would be sitting right there with us if he was not dead...When I smoke I feel alright, it comes off my mind].*

Jasmine also maintained that smoking bidis and spliff makes her feel “nice,” and it helps to relieve the sadness, loneliness, and boredom she has feels since her mother migrated to England.

**Jasmine:** *Wen yu smoke yu jus feel high. Yu jus feel nice, yu jus feel like yu deh a one party a enjoy yurself, and yu jus nuh want stop, yu no want dah medz.*

*deh go weh so yu jus smoke one and lite one, smoke one and lite one...  
[When you smoke, you feel high. You just feel nice, you feel like you are at  
a party enjoying yourself, and you do not want to stop, you do not want  
that meditation to go away so you smoke one after the other...].*

**Interviewer:** *So, wait nutten else caan mek yu feel nice and gi yu dah medz deh? A haffi  
smoking? [Hold on, so can nothing else make you feel nice and give you  
that meditation? Does it have to be smoking]?*

**Jasmine:** *No! Mi jus feel boring, mi feel sad, caan even eat. Mi haffi smoke fi eat, mi  
haffi smoke fi feel dah medz deh. Wen mi nuh get no weed mi jus' feel  
down, like stress out, mi feel burden down, mi jus' want supmen fi smoke  
and hol a vibes and tek off di stress offa mi head and dem supmen deh.  
[No! I just feel bored, I feel sad, I can't even eat. I have to smoke to eat, I  
have to smoke to feel that meditation. When I do not get spliff I just feel  
down, like stressed out, I feel burdened down, I just want something to  
smoke and hold a vibes and relieve the stress and those things].*

**Interviewer:** *So, tell mi why yu feel down though? [So, tell me why you feel down  
though]?*

**Jasmine:** *Like true mi modda go weh lef mi from mi a 11, so all dem supmen deh mi  
fret bout. Mi fret pon it tru she gone and mi nuh have nobody fi can tek  
care a mi, wash mi clothes, and dem supmen deh. Mi jus' fret pon it and  
tru she nuh have har papers, so she caan come back come look fi mi... And  
true mi nah see nuh modda fi love mi up and gi mi no love, so all dem  
supmen deh jus' mek mi fret pon it and cry and stress out. So dem supmen  
deh mek mi haffi smoke and hol a vibes. [Like, because my mother left me  
since I was 11 years old, those things I worry about. I worry because she  
left and I do not have anyone to take care of me, wash my clothes and  
those things. I just worry about it, and because she does not have her  
(immigration) papers, she cannot come back to look for me... And because  
I do not see any mother to love me and give me love, so those things just  
make me worry and cry and get stressed. So, those things make me smoke  
and feel good].*

**Interviewer:** *So, yu feel like nobody no love yu? [So, you feel like no one loves you]?*

**Jasmine:** *No. No nobody nuh love mi like mi madda. Becaah wen she did deh here,  
she use to love mi up, carry mi out, buy mi clothes, buy mi chicken, any  
weh she a go she carry mi wid har. So tru mi nuh have nobody a do mi dat  
now, mi kinda fret pon it and cry more while. So all dem supmen deh mek  
me haffi smoke. Mi feel lonely becaah mi and mi fadda not like dat, mi and*

*mi sista not like dat, jus' mi bredda but tru him a man, mi nuh really correspond wid him dat much. [No. No one loves me like my mother. Because when she was here, she used to love me up, take me out, buy me clothes, buy me chicken, (and) anywhere she went she would take me with her. So, because I do not have anyone to do that for me now, I kind of worry about it, and cry most times. So, all of those things make me smoke. I feel lonely because me and my father, we are not like that (close), and me and my sister are not like that; only my brother but because he is a man, I do not really talk to him that much].*

Similarly, Violet acknowledged that smoking cigarettes (and occasionally spliff) makes her “feel good,” and helps to relieve her anxiety about her state of poverty. She reasoned:

*It mek yu feel different, it mek yu feel (she paused to think), just good. Mi nuh know how fi explain it, it jus mek yu feel good. It jus mek yu feel like totally different...Like wen yu smoke yu sit back, yu start medz, worse if yu hungry, caah sometime mi nah nutten fi eat, yu siddung and seh “alrite weh mi can do fi get some food” ...and like normally if yu a worry bout dem supmen deh, it jus mek yuh calm and think bout it and mek decision. [It (spliff) makes you feel different, it makes you feel just good. I do not know how to explain it, it just makes you feel (she paused to think), good. It just makes you feel like totally different...Like when you smoke you sit back, you start to meditate, especially if you are hungry, because sometimes I do not have anything to eat, you sit and say “ok what can I do to get some food” ...and like normally if you are worrying about those things it just makes you calm to think and make decisions].*

Many of the other girls in the study have similar beliefs. The following excerpts register some of their views:

*I smoke wen I am boring, cause there is nothing much to do. [I smoke (spliff) and cigarette) when I am bored, because there is nothing much to do] (**Hibiscus**).*

*Yu know, like, yu deh dere boring and yu no have nutten fi do yu smoke a cigarette, cause yu jus wah mek yu know seh yeah yu alive or supmen. [You know, like, you are there bored and you do not have anything to do you just smoke a cigarette, because you just want to know that you are alive or something] (**Daffodil**).*

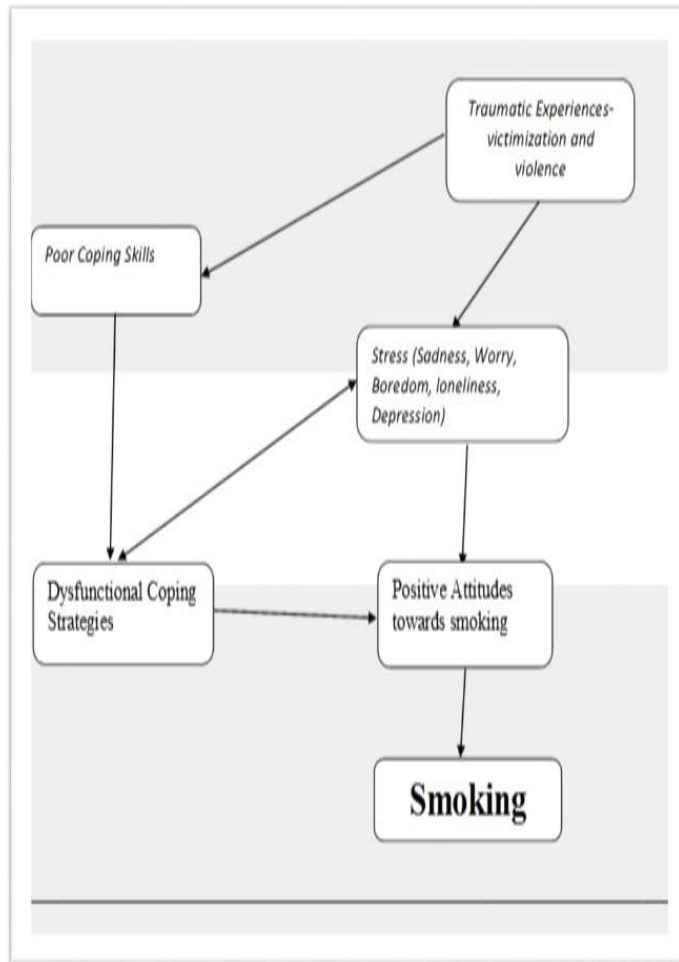
*Boi most times most a wi no have nobody fi counsel wi, a di weed counsel wi yu understand, cause it give wi a meditation. So, it just mek mi have a meditation more while, and pree back certain things inna mi life. Mi wonder weh mi ago deh*



*from now... [Most times most of us do not have anyone to counsel us, the spliff counsels us do you understand? It gives us a meditation. So, it just makes me have a meditation most times, and (I) look back on certain things in my life, I wonder where I am going be in the future] (Ginger).*

Participants seem to have poor coping skills which result in their use of dysfunctional coping strategies, particularly rumination – which means “focusing inward on feelings of distress and personal concerns rather than taking action to relieve their distress” (Nolen-Hoeksema, 2001, p. 175). Li, DiGiuseppe, and Froh, (2006) also found that the girls in their study (conducted in a metropolitan area, presumably in the United States) are more likely to use emotion-focused and ruminative coping strategies than boys. Rumination can lead to further distress, depression, and substance use (Li et al., 2006; Nolen-Hoeksema, 2001; Nolen-Hoeksema & Girgus, 1994). Girls who are depressed are twice as likely to smoke marijuana and use other drugs than those who are not or are less depressed (CASA, 2003).

I surmise that several interrelated factors could have influenced the girls in this study resorting to rumination (and other poor coping strategies). These include: low self-esteem/efficacy, lack of parental and other social supports, gender norms and roles, and stressful/traumatizing experiences in their social contexts. Below is a diagram illustrating the interwoven factors that can influence inner city Jamaican girls to have poor coping skills that promote drug use.



*Figure 6.01.* A conceptual model of the connection between poor coping skills and smoking among dropout girls in inner communities in Kingston and St. Andrew.

#### **6.02d. Smoking to Enhance Self-Confidence and Social Skills**

Some of the participants insisted that smoking helps them to be more sociable with their friends, feel confident, and experience increased cognition. Ginger, for example, highlighted that smoking marijuana mixed with tobacco helps her to reflect on her past experiences as well as the future. Discussing some of the benefits of smoking, she narrated:

*Di weed gi mi di feeling fi meditate and jus' think back over things. Yu go back in times and yu come back in times, yu wonder weh mi ago be from now, wah ago happen di next few years, yu ago think back pan di past and all dem things dere. [The spliff gives me the feeling to meditate and just think over things. You go back in time, and you come back in time, you wonder where will I be in the future, what will happen in the next few years, you will think back on the past and so on].*

Ginger also reasoned that smoking enhances her understanding and memory:

*More time like if yu frend a talk and yu neva really pick up weh she a seh yu know, wen yu go meditate yu just a research yu mind like, and it bring yu back in time. All if you lost all yu money, and seh yu ago smoke a spliff and just meditate weh yu put yu money, weh di last place, it gi yu remembrance. Mi lost money one time and mi was ignorant bout it, and mi smoke a spliff and seh "yu know seh mi did put it X Y Z, and yu know mi shouldn't a gwaan so eh nuh, a dis mi shoulda do long time, bun a spliff and den memba which part mi lost di money."*  
*[Sometimes, like if your friend said something and you did not understand what she said, when you (smoke and) meditate you just research your mind, and it brings you back in time. Even if you lose your money, and smoke a spliff and just meditate on where you put your money, where was the last place, it gives you that memory. I lost my money once and I was angry about it, and I smoked a spliff and said "you know that I put it there, and you know I should not have acted like that, this is what I should have done all along, smoke a spliff and then remember where I lost the money" ].*

Ginger's position that smoking spliff helps to improve her cognition and memory contradicts the popular argument that THC (chemical from marijuana smoking) alters the normal functioning of the hippocampus in the brain, leading to impaired memory and learning (National Institute on Drug Abuse, 2016a). Notwithstanding, this contradiction may be due to variations in the effects of marijuana use on individuals (Green, Kavanagh & Young, 2003). In a review of naturalistic and laboratory studies (outside of Jamaica), Green et al. (2003) found improved thinking and insights are among the top ten most frequent self-reported effects of marijuana use in naturalistic studies. They recorded that 52.0% of participants in the studies reviewed report that marijuana use results in better thinking; 40.1% claim it improves their concentration; and 19.2% report memory improvement. Green et al. (2003) also found that 23.6% of participants experience

decreased memory; 18.0% has decreased concentration; and 14.8% claim marijuana use causes them to think less clearly.

It is evident then that smoking marijuana has varying subjective effects. Ginger admitted to this. While she maintained that smoking enhances her memory and understanding, she also confessed that it decreases her ability to concentrate, which affected her academic performance and contributed to her dropping out of school. She confessed:

*...But yu si inna di school ting, it kinda slow yu brains. So, wen yu brain woulda go fast, it more stop it. It mek yu no wah concentrate...Mi meditate pan it too much, so mi no have time fi class. [...But you see when it come to school, it (spliff) kind of slows your brain. So, when your brain would work fast, it is most likely to stop. It makes you lose concentration...I meditated on it so much, that I had no time for class].*

The varying effect of marijuana use on adolescents may be a result of several factors such as types, frequency, dosage, and potency (Canadian Centre on Substance Abuse [CCSA], 2015).

Another benefit of smoking that some girls experience is increased self-confidence. Primrose, for example, reported that smoking marijuana mixed with tobacco boosted her confidence:

*It jus bring out everyting, mi put out everyting inna di open den. Mi wi wah seh supmen and mi nah seh it, mi wi have it inna mi heart all dis while. Yu si once mi start smoke, mi feel like mi ready fi seh it now. It just buil yu mek yu feel high, like yu feel like yow mi can do anything, di impossible tings dem, nobody caah touch mi den, cause mi bad and can do anything mi wah do, cause mi strong now. Is like mi just tek a energy pill and mi get strong now, and it mek mi mind just feel like yow mi unstoppable. Yeah mi wi all jus talk mi mind, jus talk off anything offa mi heart, anything weh rest pan mi mind ago come off now because mi just smoke, and mi feel like mi just can do it yah now caah mi strength come. [It (spliff) just brings out everything. I put everything in the open then. I will want to say something and I will not say it, I will have it in my heart all this time. You see, once I start to smoke, I feel like I am ready to say it now. It just builds you make you feel high, like you feel like I can do anything, the impossible things. Yes, I will just speak my mind, just speak anything off my heart, anything that rests on my*

*mind will come out because I just smoked, and I feel like I just can do it now because my strength has come].*

Rose also affirmed that, “*Wen mi smoke, mi feel like mi a di boss a everything*” [*When I smoke, I feel like I am the boss of everything*].

This need to enhance confidence is an indication that participants may have low self-esteem and self-efficacy. Rose recounted that prior to starting to smoking spliff she was uncomfortable being herself and was a “follower”:

*Mi neva did use to feel dah way dere, mi use to feel like mi use to follow people, cause all mi modda seh mi love falla people to much. Wen mi start smoke mi stop falla people, mi be mi own self. [I did not feel this way, I always felt like I was following others. Even my mother said I followed people too much. Since I started to smoke, I stopped following people, I am being myself].*

Violet also described herself as being “shy,” even around her closest friends, and needing the help of cigarette to boost her confidence to socialize.

**Violet:** *It mek yu feel big, like a big person. It mek yu look cool...wen yu siddung and a reason wid yu frend dem, yu jus feel like seh supmen odd, yu haffi jus buy a Matterhorn. Mi usually quiet eh nuh, and no inna much talking wid dem, all wen dem a joke and so...Wen mi have a Matterhorn a gwaan smoke mi reason wid dem and dem supmen deh. [It makes you feel older, like an adult. It makes you look cool...when you sit and you are talking with your friends, you just feel like something is odd, you have to just buy a cigarette. I am usually quiet and do not talk a lot with them (her friends), even when they are joking...When I have a cigarette smoking I talk with them and those things].*

**Interviewer:** *So, yu caan reason wid yu frend dem without cigarette? [So, can't you talk with your friends without smoking cigarette]?*

**Violet:** *No, mi no talk, mi quiet and reserve. [No, I do not talk (much), I am quiet and reserved].*

**Interviewer:** *So when yu smoke wah happen? [So, when you smoke what happens]?*

**Violet:** *Wen mi smoke it jus mek mi feel fi chat, chat and reason, like yu wah buil' conversation, and do more... [When I smoke it just makes me want to talk a lot, like you want to build conversations and do more...].*

When marijuana is smoked delta-9-tetrahydro-cannabinol (THC) and other cannabinoid chemicals are released into the body (NIDA (2016a)).

These chemicals immediately alter the functioning of natural cannabinoid neurotransmitters in the brain (which are responsible for thinking, memory, pleasure, coordination, judgement, and movement), and produce psychoactive effects such as euphoria, relaxation, heightened sensory and time perceptions, hallucinations, and delusions among others. Nicotine, and thousands of other chemicals that are released when tobacco is smoked or chewed, also alter the natural functioning of neurotransmitters in the brain. Nicotine, for instance, stimulates the neurons in the brain reward systems thus releasing excess dopamine – a neurotransmitter associated with pleasure and motivation (NIDA, 2016b). Therefore, the heightened sense of confidence and enhanced social and cognitive skills may be a result of the increased levels of dopamine produced by the release of THC and nicotine in their brains.

Substance use literature in Canada, the United States, and other regions (CCSA, 2015; Simons et al., 1998) shows that adolescents perceive great benefits from smoking marijuana and other substances. This also supports the theory of planned behaviour which posits that beliefs about the outcome of a behaviour is a significant predictor of the behaviour.

#### **6.02e. Beliefs about Health and Other Effects of Smoking**

Quite a few studies show the adverse short and long-term physical and mental health consequences of smoking marijuana and tobacco (CCSA, 2015; NCDA, 2016; NIDA, 2016a; NIDA, 2016b). The health effects of marijuana use include: short-term impaired memory, loss of concentration, impaired coordination and learning, increased heart rate, anxiety, depression, paranoia, psychosis, addiction, bronchitis, coughing, and increased appetite (NDCA, 2016; NIDA 2016b). Smoking tobacco probably has more severe, irreversible, and life-threatening

physical and mental health consequences than marijuana. Some of these include; addiction, heart disease, stroke, asthma, chronic coughing, bronchitis, vascular disease and aneurysm, and cancer (lung, mouth, pharynx, larynx, cervix, and esophagus; NIDA, 2016b). The girls in this study reported that they experience similar effects from smoking marijuana mixed with tobacco, cigarettes, and bidis including; coughing, loss of concentration, impaired movement, chest pain, dizziness, drowsiness, headache, nausea, increased appetite, and paranoia. Ginger pointed out that she suffers frequent chest pains and trembling after smoking spliff:

*...Sometimes mi seh mi want to stop cause mi have a little nerves problem, mi shake. Wen mi start smoke, it mek mi have nerves problem, and mi chest hurt mi still. [...sometimes I want to stop because I have a little nervous problem, I shake. When I start to smoke, it makes me have a nerves problem, and my chest hurts].*

She also confessed that these symptoms make her anxious: “*More time mi fret, but mi caan go to the doctor fi hear di result, yu understand, I don’t want to hear it*” [*Most times I worry, but I cannot go the doctor to hear the result, you understand, I don’t want to hear it*]. Conversely, Blossom shared that smoking bidis makes her dizzy: “*No mi no smoke di bidis, it a mek mi dizzy. Mi smoke only di weed and di Newport caah di bidis it mek mi dizzy*” [*I do not smoke bidis, it makes me dizzy. I only smoke spliff and cigarette because bidis makes me dizzy*]. She also asserted that her appetite increases whenever she smokes spliff and cigarettes:

*...Wen yu a smoke yu haffi have food pan cack, caah if yu no have food pan cack yu ago dead fi hungry (she laughed). If yu no have it pan cack, yu ago ded fi hungry cah wen yu smoke a empty it empty out inside a yu eh nuh. So, if mi smoke one, yu know seh yeah, mi a cool off and mi ago buy a food. Wen yu buy a food now, mi know seh yeah, mi have two more fi go smoke for di day. And wen mi a gah mi bed now mi buy a snacks. [...When you are smoking you have to have food on standby, because if you do not have food on standby you will die from hunger (She laughed). If you do not have it on standby, you will die from hunger because when you smoke it empties your inside. So, if I smoke one (spliff), you know that yes, I am going to cool off and I am going to buy food. When I buy food, I know*

*that yes, I have two more to smoke for the day. And when I am going to my bed I buy a snack].*

Daffodil testified that, “*Di weed mek mi head hurt mi, so mi no falla it up...Di cigarette no mek mi head hurt mi so mi just stick wid dat*” [*Spliff hurts my head, so I do not smoke it...Cigarette does not make my head hurts so I just stick with that*]. On the other hand, Primrose gets nauseous when she smokes cigarettes, so smokes only spliff. However, she suffers from paranoia when she smokes spliff:

*Mi no smoke cigarette, it mek mi feel bad...like mi wah vomit...Mi only smoke weed...mi get paranoid wen mi smoke. Like if mi all a walk and mi just si yu a walk behind mi every minute and even though yu a go bout your business, and not even si mi, mi start seh to myself, “a wey dah woman yah a go? A weh him a falla mi a go”. Mi just get bummy. [I do not smoke cigarette, it makes me feel nauseous...like I want to vomit...I only smoke spliff...I become paranoid when I smoke. Like if I am walking and I just see you walking behind me, even though you are going about your own business, and may not even see me, I start thinking to myself, “where is this woman going? Why is she following me?” I just get sensitive].*

Finally, when Jasmine smoked marijuana mixed with tobacco for the first time at 11 years old, she experienced impaired coordination and balance, drowsiness and increased appetite:

*Di first time mi start smoke...mi all drop, mi feel weak, frass out, and dem supmen deh. More while mi all a drop asleep wen mi siddung and dem likkle way deh; it mek mi feel hungry; it mek mi eat a go weh so, so mi a say how mi a eat so. [The first time I started to smoke (spliff)...I even fell, I felt weak, drugged out and those things. Sometimes I even fell asleep while I was sitting down; it made me feel hungry, it made me eat a lot, I was wondering why was I eating so much].*

Two findings are discerned from the girls’ reports of the health effects of smoking. First, most of them use a combination of marijuana mixed with tobacco, cigarettes, and bidis. One girl in the study uses a mixture of marijuana, tobacco, and cocaine. Therefore, even though they may have identified one substance as the main cause of their ailments, it is hard to conclude with certainty which substance causes the health effects they outlined, or whether their ailments are a



cumulative effect of smoking more than one substance. In addition, the health status of the girls prior to smoking was not captured in the study, which may have shown exacerbation of the conditions they described. Notwithstanding, a snapshot of the general health problems associated with smoking is captured and sets the stage for further research. Secondly, expectancy of health effects (influencing attitude) is associated with the types of substances used by some of the girls in the study. For example, Primrose does not smoke cigarettes because it makes her nauseous; Blossom refrains from using bidis because it makes her dizzy; and Daffodil rarely smokes marijuana because it gives her headaches.

The girls held varying beliefs about the health effects of smoking marijuana mixed with tobacco, marijuana alone, bidis, cigarette, and using cocaine and other hard drugs. The three most common are: 1) marijuana use does not pose grave health risks; 2) tobacco use can cause serious health problems, such as cancer and death; and 3) harder drug use, like cocaine, can cause severe mental illness and is forbidden.

Most of the girls endorse marijuana use (but without tobacco) because they believe, like majority of persons in Jamaica, that it has great medicinal value. As Daisy remarked about the types of drugs she believes girls could use:

*Dem can smoke di weed. Weed can do whole heap a ting eh nuh. Yu can sick and yu can get it fi drink, all nurse say fi drink a cup a ganja tea. All people weh a mek cake, weed cake, it good fi yu. So dem can do di weed alone eh nuh, not di weed wid grabba. [They (girls) can smoke marijuana. Marijuana can do many things you know. You can be sick and you can get it to drink, even nurses recommend that you drink a cup of ganja tea. Even people who make cake, marijuana cake, it is good for you. So, they (girls) can do the marijuana alone, not the marijuana with tobacco (though)].*

Hibiscus also endorsed girls' use of marijuana (without tobacco) because of her similar beliefs of its medicinal properties:

*Dem fi smoke weed, dats all...no grabba or anything else, weed dats all dem fi smoke. (When asked why she said) Because people seh is a medication. [They should smoke marijuana, that's all...no tobacco or anything else, marijuana that's all they should smoke. (When asked why she said) Because people say it is a medication].*

Many of the other girls spoke of their beliefs in the medicinal values of marijuana (without tobacco) use, such as its ability to cure asthma. For instance, Blossom claimed, “*if you have Asthma and you smoke di weed or drink the drink tea it gone*” [*If you have asthma and you smoke marijuana or drink the tea it goes away*].

On the other hand, there was a consensus that smoking tobacco is harmful. Ginger declared:

*Yu si the cigarette, it harmful. Yu have hole heap a tings weh stifles yu inside, yu understand, weh slowly kill wi. [You see cigarette, it is harmful. It has many things that stifles your inside, that slowly kills us].*

She also highlighted some harmful health effects of smoking dried tobacco leaves (mixed in the marijuana):

*Grabba dangerous, can damage yu. Yeah, mash up yu stomach and all those things. It can damage yu, kill yu, can do hole heapa things, because a find people in hospital, tumor inside of dem... [Tobacco is dangerous, can damage you. Yes, damage your stomach and all those things. It can damage you, kill you, can do many things, because I have seen people in the hospital, (with) tumor inside of them...].*

Similarly, Primrose defended her preference for marijuana over cigarettes because of the harmful effects of the tobacco:

*Mi radda smoke di weed dan cigarette. Yu wi live longer, it have less side effects. Cigarette have too much side effects like all cancer and dem supmen dere. [I rather smoking marijuana than cigarette. You will live longer that way, it (marijuana) has less side effects. Cigarettes have too many side effects like cancer and those things].*

As for harder drug use, such as cocaine, all the girls in the study contended that it can cause mental illness (even the one girl who uses cocaine in her spliff holds this position). As such, they all cautioned that cocaine and other hard drug use should be avoided at all costs:

*Mi feel seh coke bad. People nuffi tek it, caah it mek yu mad. [I feel that cocaine is bad. People should not take it because it makes you mad] (Camellia).*

*Like coke mek yu get mad, mek yu mind no deh here fi eva, yu understand, dangerous ting. [like cocaine makes you mad, makes your mind leave here forever. It is a dangerous thing] (Ginger).*

*If you sniff cocaine or smoke it, it makes you lose your mind. (Heather).*

Even though all the girls believe smoking tobacco has severe health risks, the majority of them smoke it in their marijuana, in cigarettes, or in bidis. Many of them believe that mixing tobacco enhances marijuana's potency and so produces greater euphoria, relaxation, motivation, confidence, and other perceived positive effects. They think that these positive feelings are necessary to help them to cope with stress, sadness, fear, anxiety, anger, aggression and many other psychological problems caused by the death of loved ones, abuse, neglect, exposure to violence, and other experiences in their social environments. Both Dahlia and Ginger agreed:

*Di weed widout di grabba good eh nuh, but yu know yu ago wah add a likkle vibes to it, especially wen yu wah di high stuff, fi feel good, fi relax and calm yu head, yu ago wah yu grabba in dere. [Marijuana without tobacco is good you know, but you know you will want to add a little vibes to it, especially when you want the high stuff, to feel good, to relax and calm your head, you will want tobacco in it] (Dahlia).*

*Boi di weed alone more better, but ongle ting if di grabba in dere still yu ago get a higher meditation, but di weed give yu a meditation to eh nuh, but di grabba mek it hot. [Boy the marijuana alone is better, but the only thing is if the tobacco is in it you will get a higher meditation, but the marijuana (alone) gives you a meditation too you know, but the tobacco makes it potent] (Ginger).*

## 6.02f. Family and Friends' Approval of Smoking

Theory of planned behaviour suggests that individual perceptions about how family and friends will react if they perform a behaviour is one of the main factors that influences their intention and subsequent performance of the behaviour. This seems to hold true for the drug using behaviours of girls in this study. All of them revealed that their mothers, fathers, and other family members, as well as their close friends smoke marijuana alone, marijuana mixed with tobacco, marijuana mixed with tobacco and melted cocaine, cigarettes, bidis, or a combination of these (see chapter VII for further details of family and peer drug use). Thus, they face no negative sanctions from families or friends for smoking. For example, when asked about her friends' knowledge and reaction to her smoking, Lily maintained, "*Mi tell yu di whole a dem smoke, so dem no seh nutten*" [*I told you all of them (her friend) smokes, so they do not say anything*]. Ginger also insisted that her friends approve and even encourage her to smoke.

**Interviewer:** *Wah bout yu close friend dem? Dem know yu smoke? [What about your friends, do they know that you smoke]?*

**Ginger:** *Yeah, all a mi friends dem smoke. [Yes, all my friends smoke].*

**Interviewer:** *All a dem smoke? [They all smoke]?*

**Ginger:** *Yeah!*

**Interviewer:** *So dem eva seh nutten to yu bout yu smoking? [So, have they ever said anything to you about your smoking]?*

**Ginger:** *No eh nuh. Yu know a dem tell mi seh it nice, and more time dem wi a draw a different weed and mi a draw a different weed, and dem a tell mi seh dah one here higher than dah one dere, yu understand, and wi test it, and wi si seh yeah it higher. [No. You know they told me it (spliff) was nice, and most times they will smoke a different (kind of) spliff and I smoke a different (kind of) spliff, and they tell me that that one is higher than that one, so we test it and we see that, yes it is higher].*

Since Ginger's friends clearly approved of her smoking, there is no risk of her been criticized or ostracized for smoking.

Peers may approve because they too smoke, and believe that smoking has great benefits, based on observing and modeling people around them. Families may also hold similar beliefs and so issue penalties and approvals accordingly. For example, Ginger knows that there are no risks of punishment for smoking spliff from her mother because her mother claims that marijuana has medicinal properties. On the other hand, her mother disapproves of her smoking cigarettes because she knows that it poses grave health risks.

**Interviewer:** *So wah yu modda seh or do about yu smoking? [So what does your mother say or do about you smoking]?*

**Ginger:** *She no seh nutten, but she eva a seh boy no touch di cigarette. [She does not say anything, but she is always saying do not smoke cigarette].*

**Interviewer:** *Oh, so she no seh nutten bout di weed? [Oh, so she does not say anything about marijuana]?*

**Ginger:** *No, she no seh nutten bout di weed. More time mi come in and she seh, "yu si yu eye dem it look like yu did a bun weed." She no really pree dat, she just deh pan a seh she want mi go back a school, yu understand. [No, she does not say anything about marijuana. Some times I come home and she says, "Your eyes look like you were smoking marijuana". She does not really focus on that (smoking); she is always saying she wants me to go back to school].*

**Interviewer:** *Ehh? So she no have no problem wid yu a smoke the weed? [Really? So, she has no problem with you smoking marijuana]?*

**Ginger:** *No, cause she know seh weed is medicine. She no wah mi follow har trend and smoke de cigarette cause she know de cigarette give yu cancer, it give yu a lot of tings weh can mash yu more dan di weed. [No, because she knows that marijuana is medicine. She does not want me to follow her and smoke cigarette because she knows cigarettes give you cancer, it gives you many ailments that can damage you more than marijuana].*

Since their family and peers smoke, the girls may have learned their smoking beliefs and behaviours from them as social learning theory suggests.

### 6.03. Beliefs about Gender Norms and Roles

The girls in the study were asked to explain how they think girls should behave. Their responses are used to gauge their beliefs and likely conformity to gender norms and roles. Most of them expressed that girls should “act like a lady,” by being decent, soft-spoken, neatly and modestly attired, and most importantly, monogamous.

**Interviewer:** *How yu think girl fi act or behave? [How do you think girls should act or behave]?*

**Lily:** *Like a lady. [Like a lady].*

**Interviewer:** *So how a lady act? [So how does a lady act]?*

**Lily:** *Decent and have manners.*

**Interviewer:** *Wah yu mean decent? [What do you mean by decent]?*

**Lily:** *Act decent. Arite, if a man have a 100 woman, one woman nuffi have all 100 man, cause dem ago have yu off as a bitch and whore and dem supmen dere. Wah a man can do a woman caan do it. [Act decent. Ok if a man has 100 women, one woman should not have 100 men, because they (people) will say you a bitch and whore and those things. What a man does, a woman cannot do it].*

**Interviewer:** *Yu think so, really? Why a woman caan do what a man do? [Do you think so, really? Why is it that a woman cannot do what a man does]?*

**Lily:** *Cause, people go look pan yu and seh yu a bitch, and seh look how much man she have and so... [Because people will look at you and say you are a bitch, and say look how many men she has and so...].*

**Interviewer:** *So they won't seh the same thing bout the man? [So, won't they say the same thing about the man]?*

**Lily:** *No!*

**Interviewer:** *So my question is, do you act like a lady?*

**Lily:** *Yeah, of course! None a dem caan have nutten fi chat bout mi she. [Yes, of course! None of them (people) can say anything (bad) about me].*

**Ginger:** *Girl fi behave like a woman and have pride. [Girls should behave like a woman and have pride].*

**Interviewer:** *Meaning?*

**Ginger:** *Meaning certain tings weh mi si weh dem wear, some short skirt and di short shorts and all show up dem skin and dem body and all a dem tings dere, more draw man fi rape dem. Mi no think dem suppose to wear dem dere. Dem fi act more intelligent to, yeah. Yu find more girl vulgar, dem loud, and curse certain indecent language and all a dem thing dere. Most girls fi behave decent where people can look up to dem, behave decent round kids, set example, yeah, a wi more fi set example dan a man... [Meaning certain things that I see them (girls) wearing, short skirts and short shorts, showing their skins and their bodies and all those things, that more likely causes men to rape them. I do not think they are supposed to wear those. They should act intelligent too, yes. You find some girls are vulgar, they are loud and use certain indecent language and all those things. Most girls should behave decent where people can look up to them, behave decent around kids, set an example, yes, we are the ones who should set the examples, more so than men...].*

**Interviewer:** *So how do you behave?*

**Ginger:** *Me? (She laughed) mi alrite man. But mi smoke di weed yu understand, and mi ignorant more time, yu understand. [Me? (She laughed), I am ok. But I smoke spliff, and I am aggressive].*

**Interviewer:** *So, smoking weed and been ignorant [aggressive] is not ladylike?*

**Ginger:** *No really, dem seh a man ting still. [Not really, they say it's a man thing].*

Most of the girls, therefore, buy-in, to some extent, to societal expectations of feminine roles. As I have mentioned, and will continue to suggest in the remaining chapters, cultural expectations of feminine roles can be debilitating for girls, because femininity is usually considered inferior to masculinity and devalued, resulting in many psychosocial problems for girls arising from experiences with sexual abuse and depression. Cultural perceptions about masculine and feminine roles in Jamaica are also shaped by histories of colonialism and slavery.

#### **6.04. Summary**

This chapter shows that most of the 15 dropout girls who participated in this study generally smoke a combination of marijuana mixed with tobacco, marijuana mixed with tobacco and melted cocaine, bidis, and cigarettes. They tend to believe that marijuana has medicinal properties and so smoking or using it in teas poses no health risks to them or others. On the other hand, they are convinced that smoking tobacco has severe health consequences. Similarly, they believe that hard drug use, such as cocaine, may result in mental illness. Despite the girls' beliefs in the negative health consequences of smoking tobacco, they combine tobacco and/or cocaine with marijuana because they believe that the combination produces greater euphoria than smoking marijuana alone.

Girls in this study believe that smoking helps them to cope with and relieve stress, emotional distresses, anger, boredom, and aggression. Some are also convinced that smoking helps to improve their cognitive and social skills. The girls also believe that their friends and family members approve of their smoking, because they have not said or done anything about it, and they too smoke. Finally, the girls believe that feminine mannerisms such as monogamy and quietness are more appropriate for girls than boys.

Upon analysis of the findings, I surmise that girls in the study smoke because it is seemingly beneficial to them. I suggest that girls with comparable characteristics may hold similar attitudes and beliefs about smoking.

After thorough examination of how the girls in the study may have arrived at their beliefs about the benefits, health effects, and other consequences of smoking, I infer that they may have learned from their family and friends who they reported also smoke. In addition, I suggest that the girls are socialized into feminine roles which are influenced by European patriarchal



ideologies brought to Jamaica during colonialism. It is further posited that, because of embedded gender norms and roles, girls in the study become vulnerable to low self-esteem and use mainly ruminative strategies to cope with their emotional distresses, which only causes further stress, and so they smoke to enhance their self-confidence and cope with emotional pain. At the same time, an attempt to reject feminine norms and roles seems to influence some of the girls' aggressive behaviours. I therefore argue that expected gender norms and roles in Jamaica, influenced by colonial legacies, are an underlying factor that contributes to the girls' attitudes and beliefs about the benefits of smoking. Thus, postcolonial feminism provides a useful theoretical lens for exploring why the girls in this study smoke marijuana and use other drugs.

The following chapter will highlight findings of the girls' experiences with their family, peers, past schools, and community, and the connections with their attitudes, beliefs, and smoking practices.

## CHAPTER VII: SOCIAL CONTEXTS AND GIRLS' DRUG USE

### 7.0. Introduction

The purpose of this study is to explore the psychological, sociocultural, and historical factors that contribute to drug use practices among dropout girls in inner city communities in Kingston and St. Andrew. This chapter examines the study participants' experiences with their family and friends, and discusses how these experiences may have influenced their smoking attitudes, beliefs, and practices. The chapter is divided into three main sections. The first provides details of the girls' experiences with their families and delineates how these may have influenced their smoking. Specifically, it examines how the girls' experiences with neglect and physical abuse by their parents and family members, as well as their family history of smoking, may have influenced their smoking behaviours. The second describes the girls' experiences with the death of family members and close friends, and discusses how these are connected to their smoking. The final section discusses the girls' experiences with their peers and the impact they have on their smoking attitudes, beliefs, and practices.

Overall, this chapter shows that most of the girls in the sample have experienced the death of a child, parents, other family members and close friends. It also indicates that most of the girls have been neglected, physically, and verbally abused by parents, predominantly mothers, and other family members. In addition, they all have parents or family members who smoke, and have close relationships with peers who smoke. The chapter discusses how the legacies of colonialism, along with gender, race, and class have shaped contemporary Jamaican culture and social structures, especially family patterns and relationships, which cause some of the negative experiences that girls in the study reported. Thus, while the theory of planned behaviour, social learning and social control theories are useful frameworks, postcolonial

feminism should be incorporated to fully understand the factors that contribute to smoking and other drug use among dropout girls in inner city communities in Kingston and St. Andrew, Jamaica, and girls elsewhere with similar characteristics and living conditions.

### **7.01a. Family Experiences: Parental Neglect and Smoking**

Some girls in the study reported experiences of physical neglect<sup>17</sup> by their parents, predominantly their mothers<sup>18</sup>. Daisy for example, shared accounts of being abandoned by her mother and bounced between caregivers for most of her younger days:

*Mi no stay one place steady. Mi move up and dung...Mi move all bout. To me, wah mi say is wen dis one side a family tiad a mi dem send mi go to dah side deh, and wen dat side tiad a mi, dem send to di next side. Wen mi fadda feel like him wah si mi him come fi mi; wen mi modda feel like she want mi (she paused), mi nuh know wah fi say bout dah part deh, she wi call or supmen or send fi mi. [I did not stay in one place too long. I moved up and down...I moved all around. To me, what I say is when this side of the family got tired of me they sent me to the other side, and when that side was tired of me, they sent me to the next side. When my father feels like he wants to see me, he comes for me; When my mother feels like she wants me (she paused), I do not know what to say about that part, she would call or something, or send for me].*

Like Daisy, Sage (along with her other siblings) was abandoned by her mother when she was two years old, and subsequently drifted between caregivers and foster care:

*...Mi modda go country...wen time me mussi two, mi bredda a three, and mi likkle sista, mi nuh know how much she was, and mi likkle sista mussi have some asthma attack and mi cousin, weh she lef we wid, frighten and go ova a har neighbor and a seh di baby have asthma...She tell har go up a station cause dem*

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<sup>17</sup> Physical Neglect refers to deserting a child without making arrangement for proper supervision and care, expelling a child from the home and, inadequately feeding and clothing a child (DePanfilis, 2006).

<sup>18</sup> It must be noted clearly that this study does not embark on mother blaming for the girls reported experiences with neglect. The use of the term *neglect* may connote blaming mothers/parents for their inabilities/failures to ensure the health, safety, and well-being of children. However, this study maintains that the girls' experiences with neglect, mainly by mothers, are influenced by colonial legacies, class inequities, gender norms, and their intertwining structural outcomes such as poverty and cultural norms about parenting.

*mother too wukliss...Mi cousin was 17 at di time, and so the police tek wi. Wi go Charleton Children's Homes and mi grandmodda...she tek mi. Mi fadda tek my sista and mi bredda. Then mi go live wid mi grandmodda but did back and forth every minute, auntie, uncle, everybody just a tek mi back and forth. [My mother went to the country...when I was probably two years old, my brother was three years old, I do not know how old my little sister was, and my little sister must have had an asthma attack, and my cousin, who she left us with, went to her (mother's) neighbor and told her that the baby was having an asthma attack...She (the neighbor) told her to go to the police because their (Daisy and her siblings') mother was careless...My cousin was 17 years old at the time and so the police took us away. We went to Charleton Children's Homes and my grandmother...she took me. My father took my sister and brother. Then I went to live with my grandmother but was back and forth frequently, between aunts, uncles, everybody just taking me back and forth].*

Similarly, Dahlia's mother neglected her and her siblings, beginning when she was 13 years old.

Her mother worked as a bartender in other cities, and would often leave her to take care of herself and her siblings:

*Yu si wen mi young, a mi use to modda mi likkle sista dem just becaah mi modda did deh a country. A bare bar work she do...and mi a tell yu seh mi haffi wash fi mi sista dem, and memba a no machine eh nuh, a mi hand; mi cook, mi clean. She wi all go weh fi a month and come up, or she go down fi two weeks, work a two week and come up. And wen she come up try know seh she no have no time inna the house eh nuh, a outta road she siddung wid har frend dem, mi still haffi do everyting, all wash fi she. [When I was young, I used to mother my little sisters because my mother was often in rural areas. She used to do bartending...and I am telling you that I had to wash for my sisters, and remember it is not with a washing machine, it was with my hands; I cooked, I cleaned. She (her mother) would leave for a month and came back, or she went down for two weeks, worked for two weeks and then returned. And even when she returned she had no time for housework, she sat with her friends, I still had to do everything, even wash for her].*

In addition, Dahlia reported that two years ago, when she was 15 years old, her mother threw her out of the house. She became homeless and drifted between relatives and friends for over a year.

The girls in the study are among many in Jamaica who are disproportionately victims of neglect and other types of abuse. According to UNICEF Jamaica (2005a), in 2010 62% of the 4,500 cases of abuse reported to the OCR were inflicted on girls. In addition, parental or caregiver neglect accounted for 56.2% of the country's reported cases of abuse (UNICEF Jamaica, 2005a). Neglect can result in a wide range of adverse behavioural, physical, social, and psychological development outcomes for children and adolescents in Jamaica and elsewhere (DePanfilis, 2006; Lamont, 2010; UNICEF Jamaica, 2005a). For example, severe neglect can affect children's brain development, and result in alteration of their biological stress response systems thus impeding their abilities to cope with difficulties (National Scientific Council on the Developing Child, 2012). In addition, neglect increases children and adolescents' risk of depression and suicidal tendencies (Brown, Cohen, Johnson, & Smailes, 1999). Some of the girls in this study display depressive symptoms which may have been influenced by parental neglect. For example, through silent streams of tears, Daisy related that she often feels insignificant because her mother and family have neglected her:

*Mi feel like nutten. Mi feel like mi neva did fi born. Mi no know, mi feel like mi a nobody. Is like (she paused to wipe away tears) mi feel like everybody woulda betta off if mi neva did born. [I feel like nothing. I feel like I was not supposed to be born. I do not know, I feel like I am a nobody. It's like (she paused to wipe away tears) I feel like everyone would be better off if I were not born].*

Homelessness is another consequence of parental neglect found in this study. All the girls who reported that they were abandoned by their parents also revealed that they subsequently became homeless, and moved from place to place in search of care and protection. In her story, Buttercup recalled that after her father banished her from his house, she floated among different relatives until she finally moved in with her best friend and her family:

*Mi stay uppa M (her best friend) cause mi no have no other alternative, mi no have no weh else fi live. Mi go live wid mi aunt and uncle dem, and mi cousin dem but mi lef. (she later added when asked why she left) wi nah cooperate well. [I stay with M (her best friend) because I have no alternative, I do not have anywhere else to live. I went to live with my aunts and uncles and my cousins but I left. (She later added when asked why she left) we do not get along] (Buttercup).*

Homelessness (usually caused by neglect) among adolescents has been associated with increased risk of sexual and physical abuse (Molnar, Shade, Kral, Booth, & Watters, 1998). This is evident in Daisy's story about her life. She was raped by her boyfriend (at that time) during a period when she was drifting between relatives and lived with her aunt. Neglected girls face risk of abuse because they have little or no adult supervision, protection, and care. One participant stated that girls who do not have strong parental support and guidance are the ones most likely to get sexually assaulted or raped in her community (see chapter VIII for details). Homelessness caused by parental neglect may also result in adolescent girls engaging in survival sex or prostitution (Walls & Bell, 2011). When her mother expelled her from the home, Dahlia was compelled to undertake sex work, simply to take care of her basic needs. Given her firsthand experience, Dahlia passionately advised that Jamaican parents should not neglect adolescent girls because they are more vulnerable to prostitution and abuse than boys:

*Dats why mi a tell yu seh majority of parents right now inna Jamaica, dem fi stand up wid dem girl child. Wen yu can lef a boy child careless eh nuh, yu caan lef a girl child careless eh nuh cause dem ago go out deh and get whole heapa abuse and dem supmen deh. Dem ago wah do tings fi get money, cause yu know girl love di hype, so dem ago do tings fi money. Wen di boy dem wi go out dere go rob and kill people fi get money, yu know di girl dem nah go have dah heart deh, so yu know dem woulda go out deh go sell a likkle fuck. [That is why I am saying that majority of parents right now in Jamaica, they should support their girls. While you can neglect a boy, you cannot leave a girl neglected because they will go out there and get a whole lot of abuse and those things. They (girls) will do things to get money, because you know girls love nice things, so they will do things for money. When boys will go out there and rob and kill people to get*

*money, you know girls do not have that heart so they will go out there and sell a little sex].*

Parental neglect can also lead to increased risk of injuries and diseases for children (National Scientific Council on the Developing Child, 2012). When parents fail to provide supervision, nutrition, and medical care, their children become susceptible to illness and diseases. Sage's story of neglect by her mother and father, homelessness, and contraction of HIV provides support for this claim. She was diagnosed with HIV when she was 14 years old and pregnant with her first child:

*Wen yu pregnant yu haffi do HIV test and one bag a supmen. Mi do di test and di nurse dem come back wid wah result mi neva want (she paused and whispered), it come back positive. [When you are pregnant you have to do an HIV test and so on. I did the test and the nurses came back with a result I did not want (she paused and whispered), it came back positive].*

Sage was engaging in sexual activities by the time she was 13 years old and had ran away from the abusive home into which she was placed after her mother abandoned her. She had multiple sex partners at the time, but is not sure how she contracted the virus. It may be argued that Sage's lack of care, supervision, and support from her mother and other family members resulted in her being more vulnerable to engaging in transactional sex. She disclosed that when she ran away from her abusive aunts and grandmother and went to live with her father, she resorted to transactional sex because her father failed to provide for her: "*Mi fadda him, him neva have lunch money, a man mi haffi deh wid fi lunch money, it no mek no sense mi haffi go to man, mi no like it*" [*My father he never had lunch money. I had to sleep with men for lunch money, and it made no sense I had to be going to men (for money), I did not like it*].

Since there are many female-headed households in Jamaica, neglect by mothers can result in adolescent girls having weak attachment to parents and family, which in turn can result in strong attachment to drug using peers, leading to drug use (Schinke, et al., 2008; Oetting et al.,

1997). Mothers (in many social contexts) are mainly responsible for nurturing and caring for children, fathers, and other family members in the household. They are also primarily responsible for the proper socialization of children, thus ensuring the preservation and continuity of the social system through the transmission of culture, language, social norms and values, traditions, customs, and inter alia. The WHO (2005) states that “[m]others influence early behaviour and establish lifestyle patterns that not only determine their children’s future development and capacity for health, but shape societies” (p. 7), especially the Jamaican society.

This study confirms the salience of mothers and mothering especially in adolescent girls’ overall health and wellbeing, and affirms an association between adolescent girls’ emotional attachment to or detachment from their mothers and substance use (Schinke et al., 2008; CASA, 2003; Ledoux et al., 2002). According to Schinke et al (2008), “if mothers have warm, nurturing relationships with their daughters, girls may be less likely to drink and take drugs” (p. 191). A nurturing, loving, and non-abusive relationship with mothers means that girls are more likely to feel safe, secure, happy, and confident (Moretti & Peled, 2004), and are therefore less likely to smoke or use other substances to cope with their insecurities and emotional challenges (Briggs & Pepperell, 2009).

#### **7.01b. Family Experiences: Absent Fathers and Smoking**

A dominant finding in this study is the noticeable absence of the girls’ biological fathers from their households and lives. Only two of girls in the sample live with their fathers. The other thirteen girls disclosed that their fathers are absent from their households due to migration, death, and parental separation. Of the thirteen girls whose fathers are absent, seven reported that their fathers are separated from their mothers. These fathers not only abandoned their mothers but them as well. Three of the girls’ fathers migrated to the United States when they were young, and



three fathers are dead. Many claimed that they have no close relationship with their fathers because they have never met them, they have not seen them in many years, or their fathers do not support them financially. In fact, only two of the fifteen girls claimed that they have a close relationship with their fathers. In addition, of the three girls who reported that their fathers are dead, two reported that their fathers died when they were toddlers so they do not have much recollection of them. On the contrary, although one girl (Violet) said her father had only died recently, she reported that she was not close to him because he spent all of her childhood in prison and he had just been released when he was killed:

*Mi fadda did go prison wen me likkle. From mi a bout six him gah a prison...Mi and him no close like dat, memba mi neva see him fi how muchteen years... Like mi would like go to him and seh, "gimme a money no" and him will gimme all a five bills or a gran, but mi and him no close, wi no talk, wi no close, wi no have no fadda thing, no. [My father went to prison when I was young. He went to prison since I was about six years old...him and I were not close like that, remember I did not see him in many years...Like I would go to him and say, "can you give me money" and he would give me \$500 or \$1000, but him and I were not close, we did not talk, we were not close, we did not have a father-(daughter) relationship, no].*

Similarly, the girls whose fathers had migrated did not get the opportunity to develop close bonds with them. For instance, Lily related that she is not close with her father because he migrated to the United States, so she "does not know him." Likewise, Rose narrated that when she was in basic school (so between 3-6 years old) her father was shot by gunmen in her community and had to migrate to the United States to avoid further violence. She has not seen him since; however, they sometimes talk on the phone, and he remits money to support her and her brother. Primrose's father also migrated to the United States and she has not seen him in three years and counting. Although Primrose said she talks to her father often and he supports her and sister financially, she lamented that she cannot talk to him about things that worry her.

Even the two girls who reported living with their fathers indicated that they do not have good relationships with them. Jasmine, for example, lives with her father but he does not provide her with the love, care, and attention that she so desperately desires:

*Like sometime yu no really get no care. Yu no have nobody fi wash yuh clothes, you haffi wash your clothes dem by yourself. Nobody fi cook food, cause my fadda him run taxi eh nuh, so him nuh have no time fi mi. [Like sometimes you do not really get cared for. You do not have anyone to wash your clothes for you; you have to wash your own clothes. Nobody to cook, because my father is a taxi driver, you know, he has no time for me].*

Jasmine father does not support her financially, even though she lives with him:

*Mi fadda him kinda mean. Him nuh really like leggo. A mostly my madda mind me... A so him stay, him more like gi girls, like young girl weh like him, him wi more like gi dem but him nah go gi mi. [My father is kind of thrifty. He does not really like to give away money. My mother mainly supports me financially... That is how is; he is more likely to give girls, like young girls that he likes, he is more likely to give them (money), but he will not give me].*

The seven girls who claimed that their fathers abandoned them because the relationship with their mothers failed, also reported that their fathers do not provide them with financial or other support. Many pointed out that this absence and lack of support contributes to poor attachment to their fathers. A case in point is Blossom. She described that the lack of support affects her relationship with her father:

*Mi and him a no frend! Mi no deal wid him...if him no deh wid wi modda him nah go gi wi nutten. A mi granny haffi send it...wen him cook and wi do go ova deh, him hype before him gi wi di food and cuss. So mi tell miself seh yow mi nah go back ova deh, mi tell him seh him can keep him food... [Him (her father) and I are not friends! I do not speak to him...if he is not in a relationship with our mother he does not support us. My grandmother supports us... When he cooks and we visit (his house-next door), he quarrels before he gives us the food. So, I decided not to go back, I told him he can keep his food].*

The involvement of fathers is just as important to the well being and development of adolescent girls as mothers. Strong father-daughter bonding helps girls to feel loved, safe, secure, and

confident, and helps enhance their social and cognitive skills (Nielsen, 2007; Krohn & Bogan, 2001; Botta & Dumlao, 2002). This in turn makes them less likely to suffer from depression, anxiety, and other psychological problems (Moretti & Peled, 2004; Sarkidi, Kirstiansson, Oberklai, & Bremberg, 2008). Furthermore, having strong bonds with their fathers makes adolescent girls less likely to smoke or use other substances (Briggs & Pepperell, 2009). Many of the girls in this study declared that the absence and lack of involvement of their fathers have resulted in feelings of sadness, insecurities, loneliness and a number of other psychosocial problems. Primrose confided that she became lonely, sad, and insecure after her father migrated to the United States, because she felt abandoned, uncared for, and unloved after her father left:

*Him used to wash mi hair, comb mi hair. Mi fadda a did di best fadda inna di world mi nah tell no lie. Mi nah seh wi neva have problems, and wi no get wi likkle beating sometimes wen wi gi trouble, but wen him did deh round him show wi love...Yeah wi a him princess, a “baby love” him call mi...Now him just feel seh him fi just gi yu tings. Him kinda no have it right now...Him used to send like 10gran, 15gran and seh “unuh hole dat”, and him feel seh dem tings deh mek yu happy, but dem tings deh no mek me happy, money no mek mi happy...mi radda him doan work and wi poor, like well poor, and wi a fight fi eat, and him come home and show wi love. Mi radda him tek care a wi, talk to wi and tell wi seh him love wi. Mi wah si yu, spend time wid mi, mek wi go to di park, some family bonding, gimme a trups pan mi jaw and gimme a hug. Him use to call mi and just seh... “yu know mi love don’t?” but mi no wah yu ask mi if yu love mi, mi wah yu tell mi seh yu love mi, mi wah yu show mi it and mi si it, mi wah yu gimme a trups pan mi jaw, and gimme hug and dem supmen deh. [He used to wash my hair, comb my hair. My father was the best father in the world. I am not lying. I am not saying we did not have problems and we (she and her sister) did not get a little beating sometimes when we misbehaved, but when he was around he showed us love...Yeah we were his princesses, he used to call me “baby love” ...Now he just thinks he should just give you things. He kind of does not have money right now...He used to send \$10,000, \$15 000 and say, “here you go girls”, and he feels that those things make you happy, but those things do not make me happy, money does not make me happy...I would rather he does not work and we are poor, like well poor, and we are fighting to eat, and he comes home and shows us love. I rather he takes care of us, talk to us, and tell us he loves us. I want to see*

*you (him), spend time with me, let us go to the park, have some family bonding, give me a kiss on my cheek and give me a hug. He used to call me and just say, “you know I love you right?” but I do not want you to ask me if you love me, I want you to tell me that you love me, I want you to show me, and I see it, I want you to give me a kiss on my cheeks and give me a hug and those things].*

Primrose reported that since her father left, she has not been close with anyone or had anyone to talk with but her ex-boyfriend; that is why she was so devastated when that relationship with him ended. She confessed that she started smoking marijuana mixed with tobacco to get her ex-boyfriend’s attention and cope with the emotional distress of the breakup. However, during that time she noticed that she started losing weight so she smoked more frequently to lose more weight.

**Primrose:** *Yu si dat boy (her ex-boyfriend) a him alone mi did have fi talk to. Nobody else. Mi share everyting wid him; mi wah deh round him every time. Maybe a dats why wi lef, maybe mi did too clingy to him. So now mi start smoke caah mi want him attention. Every time mi try talk to him, him just a ignore mi. Mi call him, mi message him, mi beg him, mi bawl. So mi know him no like di smoking and him woulda seh “why yu smoke and rae rae.” So mi start smoke it, and den mi just get fi love it. Afta dat mi si seh it a mek mi lose weight now; so now mi can go a town and drop inna the likkle nice dress dem and ting. So mi wah continue smoke and all a dat. [You see that boy (her ex-boyfriend), he was the only one I had to talk to. No one else. I shared everything with him; I wanted to be around him all the time. Maybe that is the reason we broke up, maybe I was too clingy. So now I started to smoke because I wanted his attention. Every time I tried to talk to him he ignored me. I called him, I texted him, I begged him, I cried. So, I know he does not like smoking and he would say, “why are you smoking and so on”. So, I started to smoke and then I just got to love it. After that I saw that it (smoking spliff) was making me lose weight; so now I could go downtown (shopping) and fit in the little nice dresses and so. So, I continued smoking].*

**Interviewer:** *Yeah? Yu start loose weight? [Yes? You started to lose weight]?*

**Primrose:** *Yeah! Mi start wear di likkle dress dem, and mi just feel nice...Mi did just slim...Mi feel different... [Yes! I started to wear the little dresses and I just felt nice...I was just slim...I felt different...]*

- Interviewer:** *So how di difference mek yu feel? Di slimness and all? [So how did the difference make you feel? Been slim and all]?*
- Primrose:** *It just mek yu feel pretty, cause tru yu slim... [It just made you feel pretty, because you are slim...].*
- Interviewer:** *So yu think yu pretty cause yu slim? [So, do you think you are pretty because you are slim]?*
- Primrose:** *Yes to me, wen yu slimmer yu prettier dan wen yu fatter. Cause mi still slim now eh nuh, mi no put it on back; mi did bigger, wid big batty and mi breast dem did pump up. Wen di weed mek yu lose weight, it jus tek out everything, it draw dung everything. Mi still have mi shape eh nuh. Dat a one ting wid di weed, like wen people draw dung dem look krany, no mi batty still deh dere, but not so big eh nuh and mi hip and ting. [Yes, to me, when you are slimmer you are prettier than when you are fatter. I am still slim now you know, I have not regained weight; I was bigger with big bottom and my breasts were big. When spliff makes you lose weight, it just takes out everything, it draws everything. I still have my shape you know. That is one thing about the spliff, like when people lose weight they look scrawny, no my bottom is still there, although not as big as before, and my hips and things].*
- Interviewer:** *Ok. So yu neva like been big? [Ok. So, you did not like being fat]?*
- Primrose:** *No!*
- Interviewer:** *So wah did wrong wid been big? Mi no understand? [So, what was wrong with being fat? I do not understand]?*
- Primrose:** *Mi did kinda bigger dem time dere, and like wen mi go inna a store and mi si supmen and mi seh yow mi want dat, if anything mi can tek it in, but wen supmen likkle and yu caan go inna it a just problem, it caan go inna, it caan let out. [I was kind of bigger those times, and like when I went to the store and I saw something (clothes) and I wanted it, if it was big then I could alter it, but if something was too small and you cannot fit in it, it was just a problem, it could fit, it could be altered].*
- Interviewer:** *Oh, I see. So how much pound yu think yu did weigh before yu start lose the weight? [Oh, I see. So how many pounds did you weigh before you started to lose weight]?*
- Primrose:** *Mi did weigh 170 odd. [I weighed 170lbs plus].*
- Interviewer:** *So how much yu weigh now? [How much do you weigh now]?*

**Primrose:** *128 di last time mi check. [128lbs the last time I checked].*

**Interviewer:** *And yu think seh a the weed smoking mek yu loose di weight? [And you think smoking spliff made you lose the weight]?*

**Primrose:** *Mi know a di weed, cause a di only thing that mi did do different from dem time til now, so mi know seh a it. [I know is it the spliff because that is the only thing I did different from those times until now, so I know it is because of it].*

Krohn & Bogan (2001) argue that adolescent girls whose fathers communicate, encourage, and praise them are more likely to have higher self-esteem and positive body image than girls whose fathers are uninvolved in their lives. During adolescence, girls especially need their fathers (and mothers) to help boost their self-esteem and promote a positive perception of their bodies. Adolescence is marked by a confluence of physiological, psychological, and other changes; adjusting and coping with these changes can be challenging for some girls. Changes in body shape and size can be overwhelming for girls, especially if their bodies and physical appearances deviate from the cultural portrayal of ideal body image. As Miller (1999) noted, in Jamaica, “composite ideal beauty consists of Caucasian type hair [straight], nose [straight], and mouth [thin], African type physique, especially [thick] thighs and [big] bottoms, and [Indian/Chinese] brown skin colour” (para, 3). It can be argued that, like many other aspects of Jamaican culture and society, this cultural model of beauty is born out of the Island’s colonial past. Slavery and the plantation system resulted in the introduction of Europeans plantation owners, African Slaves, and later Indian and Chinese indentured labourers to Jamaica. Local adaptation and interaction of these multiple racial groups produced Creolization—racial and cultural mixtures (Smith, 1965 cited in Bolland, 2004), instigated by the plantation system, slavery, and indentureship, all of which are colonial legacies.

Jamaican adolescent girls who do not fit this cultural ideal, like Primrose, are likely to be dissatisfied with their bodies (Miller, 1999). Research from mostly outside of Jamaica shows that negative body image is a risk factor for depression, low-esteem, smoking and other drug use among adolescent girls (Siegel, Yancey, Aneshensel, & Schuler, 1999; Stice, Hayward, Cameron, Killen, & Taylor, 2000; CASA, 2003). Involvement and encouragement from fathers (and mothers) can help to mediate the risks associated with negative body image among girls (Krohn & Bogan, 2001; CASA, 2003). Primrose, for whom the absence and lack of warmth and care from her father causes grave emotional distress and seems to contribute to her discontent with her body size, smoking marijuana mixed with tobacco is an escape.

Along with absent and uninvolved fathers, participants made no mention of any positive male role models. Their stories males in their lives, including boyfriends and uncles, are largely negative and unpleasant.

#### **7.01c. Family Experiences: Physical and Verbal Abuse and Smoking**

Most of the girls mentioned that their families, particularly their mothers, grandmothers, and aunts, physically and verbally abused them. Adults in positions of authority, including mothers and other caregivers, are the most common perpetrators of physical abuse against adolescent girls in many parts of the world (Sinha, 2012; UNICEF, 2014). Caregivers are in most frequent contact with girls and thus have the greatest opportunity to mistreat them. In an investigation of violence against girls between 2005 and 2013 in over 33 countries across the globe, UNICEF (2014) found that parents and caregivers are primary perpetrators of physical violence. UNICEF (2014) also reported that girls are usually abused via the use of corporal

punishment<sup>19</sup> as measures of discipline. The stories related by some of the girls in this study suggest that they were mainly physically abused when been “punished” by their mothers and other caregivers. Dahlia, for instance, recounted how her mother used to beat her severely as punishment for coming home late from school.

**Dahlia:** *Mi a tell yu she evilous. Wen mi small a grow up eh nuh, wen mi bout 13, 14, 15, mi get some wicked beating mi get from modda eh nuh. [I am telling you she is evil. When I was small growing up you know, when I was 13, 14, 15 years old, I got some bad beatings from my mother].*

**Interviewer:** *How yu mean wicked beating? [What do you mean by bad beating]?*

**Dahlia:** *Mi mean wicked, wicked beating, wid belt, all belt buckle, board, shoes, yu know all the shoes wid the tough heel dem? Anything yu can think of (she paused and sobbed). One time mi come home from school late eh nuh, cause mi did stay back, cause wi did inna a likkle dance crew and wi a dancer, so wi did a gwaan do some dance inna di classroom...By the time mi reach home, she not even ask no question...she just beat mi... beat mi wid a machete eh nuh...Mi modda neva love mi... [I mean bad, bad beating with belt, even with belt buckle, board, shoes, you know the shoes with the tough heels? Anything you can think of (she paused and sobbed). One time I came home late from school you know, because I stayed back, because we (she and her friends) were in a dance crew and we were dancers, so we were doing some dances in the classroom (after school)...and by the time I got home, she did not even ask any questions... she just beat me...beat me with a machete you know...My mother never loved me...].*

Dahlia also described an occasion where her mother burnt her with hot water because her stepfather made sexual advances at her; she told her aunts and they subsequently confronted her mother about it (see Dahlia’s profile in chapter V for details).

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<sup>19</sup> Corporal punishment is defined by UN CRC Committee on the Rights of the Child (2011) as “any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. Examples of this form of punishment are: hitting, pinching, biting, pulling hair or boxing ears, caning, forcing children to stay in uncomfortable positions, burning, scalding, or forced ingestion” (p. 10).



Rose claimed that her mother frequently verbally abuses her as punishment for not complying with her mother's expectation that she does household chores.

**Rose:** *Mi caan badda. If yu eva know har yu know she so she tarmented fi tru. She wah mi wash and clean and do everything! Right now, mi have har clothes dem fi wash, and mi have sheet and curtain fi go rinse out, plus my clothes dem. Mek mi eva no wash dem, yu si she loud mi up...If you deh way up the road yu can hear har mouth, and call mi all type a tings. [I cannot be bothered. If you ever meet her (her mother) you will know that she is tormented for real. She wants me to wash and clean and do everything! Right now, I have her clothes to wash, and I have sheets and curtains to rinse, plus my clothes. If I dare not wash them, she curses me... If you are up the road you can hear her voice, and (she) calls me all types of things].*

**Interviewer:** *All type a tings like wah? [All types of things like what]?*

**Rose:** *(She whispered) All type a name like, like crosses gal, nasty gal, stinking gal, and dem supmen dere. [All types of names like, like wicked girl, nasty girl, stinking girl, and those things].*

Participants report that experiences of physical and verbal abuse by their mothers and other family members is a major cause for concern, because abuse can have detrimental physical, social, and psychological consequences including severe injuries. Camellia's mother, for instance, used a glass object to hit and injured her: "Last time she lick mi wid wah glass weh come offa di dresser it swell up mi ears and cock it off" [Last time she (her mother) hit me with a glass that came off the dresser it made my ears swollen and disfigured]. Dahlia also bears the scar from the hot water her mother used to burn and injure her (see Dahlia's profile in chapter V for details). Physical abuse may also result in homelessness (Andres-Lemay, Jamieson, & MacMillan, 2005; Benoit-Bryan, 2011). Adolescent girls may run away from their homes to escape the abuse, or their abusive caregivers may expel them from the home. In a study in the United States, Benoit-Bryan (2011) found that 80% of homeless and runaway girls have been physically or sexually abused at home. Among a sample of women and adolescent girls in

Ontario, Canada, Andres-Lemay (2005) found that girls who had been physically and/or sexually abused are 2 to 4 times more likely to run away from home before age 16. Congruent with these findings, two of the girls in this study who reported homelessness also claimed that they have been physical abused by their caregivers. Sage revealed that she ran away from her abusive caregivers' home when she was around 12 years old and became homeless (see Sage profile in chapter V for details). Likewise, Dahlia became homeless when her mother expelled her from home when she was 15 years old (see Dahlia's profile in chapter V for details).

Girls who are physically and verbally abused by family members are likely to have poor relationships with and weak attachment to them (Schinke et al., 2008). In this study, the girls who reported experiences of physical and verbal abuse (n=12) also disclosed that they have poor relationships with their mothers, grandmothers, and other members of their families. Based on their revelations, I argue that the girls' smoking practices are influenced by these stressful experiences. A good case in point is Rose. She insisted that she only smokes on a Sunday because that is when she is stressed by verbal abuse from her mother, who expects her to do housework.

**Interviewer:** *So tell mi how often yu think yu smoke the weed and the grabba? [So tell me how often you think you smoke spliff]?*

**Rose:** *A once a week mi smoke...mi woulda mostly smoke pan Sunday man. [I smoke once per week. I mostly smoke on Sundays].*

**Interviewer:** *Sunday?*

**Rose:** *Yeah, becaah a Sunday mi get di pressure di most. [Yes, because it is on a Sunday that I get pressured the most].*

**Interviewer:** *Pressured?*

**Rose:** *Yeah! A Sunday mi modda she torment mi fi do housework. [Yes! My mother torments me on a Sunday to do housework].*

Rose maintained that smoking helps her to meditate and keep calm, and so relieve the stress caused by conflict with her mother.

**Rose:** *Weed kinda help yu meditate. [Spliff helps you to meditate].*

**Interviewer:** *Wah yu mean when yu seh it help yu meditate? [What do mean when you say it helps you to meditate]?*

**Rose:** *It, it relax yu from yu stress. It just help yu keep calm. [It, it relaxes you from your stress. It just helps to keep you calm].*

**Interviewer:** *Wah kinda a stress? [What kind of stress]?*

**Rose:** *Yu know, fambily stress and stuff like that. Yu family stress yu, yu family a put too much pan yu...Mi modda she just hard. [You know, family stress and stuff like that. Your family put too much on you...My mother is just hard].*

**Interviewer:** *Wah she hard wid? [How is she hard]?*

**Rose:** *As wah mi tell yu, she wah mi do all di work plus she love cuss... All some a di time she come inna di house and she a cuss mi, mi nah ansa har, worse mi just smoke a spliff, mi just play music, and nah ansa har. [As I told you, she wants me to do all the housework plus she likes to argue...Sometimes she will come into the house and argue, (but) I do not answer her, especially if I just smoked a spliff, I just play music and not answer her].*

Dahlia's experiences of maternal physical abuse and other conflicts result in her being stressed, and so she smokes to cope.

**Dahlia:** *It ease a lot fi mi eh nuh. Cause like if mi memba nutten, and mi go smoke it gimme a different vibes. Come like the stress wah mi did have it just ease completely. [It (smoking) eases a lot for me you know. Because, like if I remember anything, and I smoke it gives me different feeling. It seems like the stress I had just eases completely].*

**Interviewer:** *So like wah yu memba weh yuh haffi smoke? [So, like what do you remember that makes you have to smoke]?*

**Dahlia:** *Like tings weh mi been tru growing up, as mi a mi tell yu seh wen mi was growing up mi modda use to beat mi wicked, wicked; sometime all wire, sometime all hose, all belt buckle, wen mi modda a lick mi a no normal*

*supmen... [Like things that I have been through growing, as I told you when I was growing up my mother used to beat me badly; sometimes (she used) even wire, sometimes a hose or belt buckle; when my mother used to beat me, it was not normal].*

## **7.01d. Family Structures, Parenting Practices, Abuse and Smoking: A Postcolonial**

### **Feminist Explanation**

This study draws on the arguments of postcolonial feminism to suggest that the intersection of gender norms, social class, and colonial legacies influence the girls' experiences of family neglect and abuse, which contributes to their emotional problems and drug use. Family structures and parenting practices impact on the experiences and development of children and adolescents. Jamaican family structures and parenting have their origins in the plantation slavery (Bush, 2010; Leo-Rhynie, 1993; Leo-Rhynie; 1993; Roberts & Sinclair, 1978; Sheehan & Black, 2004), and are influenced by socioeconomic status. For instance, parents in poor households tend to be more stressed, have poorer relationship with children, and more frequently use corporal punishment as a means of discipline than parents in higher income households (Ricketts & Anderson, 2008). Shifting of childrearing responsibilities from biological parents, especially mothers, to the extended family is a common practice among lower class families in Jamaica, which may also result in several negative consequences, such as neglect and physical abuse of children (Evans & Davies, 1997; Leo-Rhynie, 1997).

### **“Do Not Spare the Rod and Spoil the Child”: Gender, Colonial Legacies, Social Class and Corporal Punishment**

As highlighted in section 7.01c, many of the girls have been physically and verbally abused by their mothers and other family members via corporal punishment as a form of discipline. For example, Dahlia and Sage were severely beaten and injured when their mother

and grandmother disciplined them for coming home late from school (see section 7.01c and their profiles in chapter V for more details).

The use of corporal punishment in childrearing is legal and socially accepted in Jamaica (Global Initiative to End All Corporal Punishment of Children, 2016; Hamilton, 2010; Smith, 2016; Smith & Mosby, 2003; STATIN & UNICEF, 2013). Jamaican parents embrace the biblical doctrine “do not spare the rod and spoil the child,” and utilize corporal punishment to discipline children and mold them into decent members of society (Smith & Mosby, 2003; Smith, 2016). In a study on the attitudes of Jamaicans to the use of corporal punishment in childrearing, 55.6% of respondents believe that beating is an effective remedy for children’s unacceptable behaviours (Hamilton, 2010). In addition, 51.1% of respondents admit that they use beating and other forms of physical punishment in childrearing (Hamilton, 2010). Likewise, 64% of the study participants claim they would only refrain from using corporal punishment if their children obey them (Hamilton, 2010).

There is ongoing debate about the use of corporal punishment in childrearing practices in Jamaica. Proponents argue that it is necessary to quell bad behaviours in children, while opponents criticize it as abusive, repressive, violent, and ineffective (Brown & Johnson; Leo-Rhynie, 1997; Smith & Mosby, 2003; Smith, 2016). Leo-Rhynie (1997) argues that corporal punishment “is often carried out in such a way as to appear almost brutal. The hand, a stick, a belt, a shoe, or tamarind switch are used to beat children to ensure compliance...” (p. 44). Leo-Rhynie’s (1997) description of brutal punishment is by no means comparable to the severity of the physical punishment that some of the girls in this study had meted out to them by their mothers and other family members. As an illustration, Camellia’s mother using a glass object to hit and severely injure her (see section 7.01c) is inconceivably violent. These acts of violence are

clear violation of their fundamental rights to dignity and physical integrity, and their rights to equal protection from violence (Global Initiative to End All Corporal Punishment of Children, 2011).

I contend that colonial legacies are one possible root cause of corporal punishment being a culturally accepted parenting practice in Jamaica (Brown & Johnson, 2008; Smith & Mosby, 2003; Smith & Moore, 2013). Physical punishment was a central and important feature of plantation society and slavery in Jamaica (Paton, 2004). It was legally sanctioned by the colonial state and served as one of the most powerful means of reinforcing the imperialist ideology of racial (White) and cultural (European) supremacy. Physical punishment was used to subjugate Black African slaves and assert the power and dominance of White British plantation owners and slave masters. Flogging, whipping, caning, and burning among other brutal forms of punishment, were inflicted on slaves who resisted the ‘rules’ governing plantations and who challenged the power imbalance that was the core of plantation society during British colonial rule in Jamaica. Therefore, it can be argued that the cultural practice of physical punishment as form of discipline may be a remnant of slavery, rooted in the African slave parents’ psyche and imparted via socialization throughout generations, manifesting itself as a parenting style of discipline in Jamaica even decades after emancipation.

I submit that gender also converges with other systems such as cultural practices, class, and colonial legacies to produce girls’ experiences of physical and verbal abuse from their family members. Some researchers have debated that there is a gender disparity in the ways Jamaican parents administer physical punishment to their children (Smith & Mosby, 2003). They argue that boys are subjected to more frequent and severe types of physical punishment than girls (Leo-Rhynie, 1997; Evans & Davies, 1997; Smith & Mosby, 2003; Ricketts & Anderson, 2008). Leo-

Rhynie (1997) argues that girls are more likely to be abused verbally than physically. I expand this argument to point out that Jamaican girls and boys are not only subjected to different types of punishment, but they are also punished for different reasons. Based on the participants' descriptions of the circumstances under which they have been punished (see below), I argue that girls are subjected to both physical and verbal punitive measures when their sexual and other behaviours are non-compliant with their family's expectations of appropriate gender norms and roles. Jamaican mothers are especially keen on restricting girls' sexual behaviours to prevent them from engaging in 'early' sexual activities, and to protect them from early pregnancy and other dangers such as sexual abuse (Evans & Davies, 1997).

Gender norms and roles dictate patterns of sexual behaviours for males and females. Monogamy and conservative sexual behaviours are two important traits that females in Jamaica must adopt/display in order to be considered a 'good/decent' woman. Women who have more than one sexual partner, or deviate from other restrictive gender roles regarding sexual behaviours, are labelled as whores. Greater restrictions are placed on girls since it is widely accepted that they are not mature enough to engage in sexual activities. Girls who fail to comply with these cultural expectations of appropriate sexual behaviours may face the wrath of their mothers and caregivers. This is evidenced in the stories of two girls in the study. Sage and Dahlia related various incidences where they were severely punished because their grandmother and mother, respectively, thought they were having sex. Sage sobbed as she narrated how on one occasion she was punished by her grandmother for acting like any normal 12-year-old heterosexual girl and writing about her feelings for a boy:

*Mi memba one time mi express mi feelings bout mi first crush, and mi write it pon a piece paper dat "I met my first boyfriend, I think I like him," and mi cousin tek di paper carry go gi har (her grandmother) and she mek mi eat di paper. She tear*

*out di book leaf and seh, “a man yu want gyal, nyam it, nyam di man weh yu want inna yuh mout,” and she push di paper dung mi throat. [I remembered once I expressed my feelings about my first crush, and I wrote on a piece of paper that “I met my first boyfriend, I think I like him.” My cousin showed the paper to her (grandmother) and she made me eat the paper. She tore the leaf out of the book and said, “you want man girl, eat it, eat the man in your mouth,” and she pushed the paper down my throat].*

Sage also recounted another incident where she was brutally punished because she went home late from school and her grandmother said she heard she was with a man:

*Mi call mi grandmadda and she, “rememba seh mi have match today...” ...Wen mi go home, dem seh how mi a come from school so late, so mi seh “mi call yu and tell mi go a match,” she seh “mi neva tell yuh fi go,” boop, boop, boop! Tump mi inna mi mouth, buss up mi mout...She seh she hear seh a man mi deh pan road wid and one bag a supmen...She kick mi dung, step up inna mi belly...a match mi deh eh nuh, ask anybody... [I called my grandmother and said, “remember that I have (netball) match today...” ... When I got home, they asked why I came home so late, so I said “I called you and told you I was going to a match”, she (her grandmother) said, “I did not tell you to go,” boop, boop, boop! (She) punched me in my mouth, burst my mouth...She said she heard I was on the road with a man and a lot of things...She kicked me down; stepped in my belly...I was at the match you know, ask anyone...].*

Similarly, through streams of tears, Dahlia remembered an occasion where her mother brutally punished her for being a regular 13-year-old girl and spending her free time with a boy.

**Dahlia:** *...Wen mi young, mi memba one time wen dem use to call mi name pan dis guy...mi and him neva deh...mi jus did like di boy company...but dem seh mi and di boy deh, dat a before mi did start have sex, she pepper mi Vagina. [I remember when I was young, there was a time when they (people in her community) used to call my name with this guy... We were not having sex... I just liked hanging out with the boy... but they said he and I were having sex, that was before I started having sex, she (her mother) peppered my vagina].*

**Interviewer:** *Yu modda do wah [Your mother did what]!!*

**Dahlia:** *Yeah. She pepper mi vagina. [Yes. She peppered my vagina].*



**Interviewer:** *Wait, when yu seh pepper yu vagina, yu mean like put pepper, real pepper in yu vagina? [Wait, when you say pepper your vagina, you mean like putting pepper, real pepper in your vagina]?*

**Dahlia:** *Yeah! Pickle pepper inna mi vagina. She seh mi nah go tun no whore inna har house and breed up inna har house. Yeah, mi modda did wicked, mi modda is wicked. [Yes! Pickled pepper in my vagina. She said I am not going to become a whore in her house and get pregnant in her house. Yes, my mother was wicked, my mother is wicked].*

As seen, both girls were subjected to severe physical punishment because they were suspected of displaying sexual behaviours that were perceived as inappropriate for their transition into good/decent adult women in society.

### **Socioeconomic Status, Child-Shifting and Parental Neglect**

In Jamaica, childrearing responsibilities are frequently shared or shifted to the extended family if parents, usually mothers, cannot provide the necessary care and support that children need (Evans & Davies, 1997). The extended family is one of the many family types that exist in Jamaica. It consists of grandparents, aunts, uncles, and other biological and non-biological relatives living in the same household (or nearby). The grandparents, especially grandmothers, are usually the head of an extended family and play an essential role in childrearing. The practice of shifting childrearing duties from biological parents to grandparents, aunts, uncles and other relatives is termed child-shifting (Evans & Davies, 1997; Khan, 1999). Child-shifting usually occurs among low-income families in Jamaica. Some instances in which children are shifted to the care of the extended family are: when single parents, usually mothers, work long hours or far from the home, and so cannot supervise children; when mother/fathers are unemployed/underemployed so cannot provide for children, and the extended family is in a better financial position to take care of children; when one or both parents have died; and when

parents, especially mothers, migrate to another region/country (Roberts & Sinclair, 1978; Barrow, 1996; Evans & Davies, 1997).

The prevalence of child-shifting in Jamaica is affirmed in this study as many of the girls reported that they live or have once lived in an extended family household. They cited their parents', especially mothers', inability to provide for their developmental needs as the main reason for them having to live with extended families. For example, Violet stated that her paternal grandmother took and raised her because by the time she was born, her mother already had three other children and likely could not take care of her.

**Interviewer:** *So yu always live wid yu grandmother? [So, have you always lived with your grandmother]?*

**Violet:** *Yeah, from mi a baby. [Yes, since I was a baby].*

**Interviewer:** *Yeah? So yu neva live wid yu mother? [Yes? So, you have never lived with your mother]?*

**Violet:** *No, a eight wi eh nuh... [No, there are eight of us you know...].*

**Interviewer:** *Eight kids yu mother have? [Your mother has eight children]?*

**Violet:** *Yes (she chuckled). A whole heap that. (Laughed) mi no weh she one a do wid eight pickney, she caan mine so much pickney... [Yes (she chuckles). That is a lot of children. (Laughed) I do not know why she alone has eight children, she cannot support so many children...].*

**Interviewer:** *So the other seven live wid har? [So, the other seven, do they live with her]?*

**Violet:** *Yeah, one a dem live wid him fadda, but him go deh mostly. [Yes, one of them lives with his father, but he goes there (her mother's house) often].*

**Interviewer:** *So weh yu fall inna the eight? Like how much a yu bredda and sista dem come before or afta yu? [So where do you fall in the eight? Like how many of your brothers and sisters were born before or after you]?*

**Violet:** *Oh, mi a di (she paused to think), mi have a likkle bredda and di next one weh born no too long. (She paused to count) Mi a di 4th one, mi next sister younga, yeah, she younga; di rest dem big... [Oh, I am the (she paused to*

*think), I have a younger brother and the other one that was born not too long ago. (She paused to count) I am the 4th one, my other sister is younger, yes, she is younger; the others are older...].*

**Interviewer:** *So weh yu modda do for work? [So, what does your mother do for work]?*

**Violet:** *She clean, she clean office... [She cleans, she cleans office...].*

**Interviewer:** *So yu know if a dat she used to do when yu grandmother took yu? [So, do you know if that is what she did when your grandmother took you]?*

**Violet:** *Mi no know wah she did a do; mi just know she did a have to much pickney and mi granny seh she a tek me. [I do not know what she did (for work); I just know she had too many children and my grandmother took me].*

Sage and Daisy revealed that they were also placed in the care of their extended families, with grandmothers and aunts, when their mothers neglected them. Primrose was left in the care of her grandmother and aunts, when her mother died and her father migrated to the United States. And after Buttercup's mother died, and her father refused to take care of her, she lived with her aunts, uncles, and cousins for a period.

Shifting childcare responsibilities to extended families can have positive impacts on children's well-being and development, if they are adequately cared for (Evans & Davies, 1997). On the other hand, extended families may not provide children with the care and nurturing they need. They may further neglect, as well as victimize, children who are placed in their care (Evans & Davies, 1997), as was the case for many participants in this study.

### **Absent Fathers: A Colonial Legacy**

As highlighted in section 7.01b, most of the girls revealed that their fathers are absent and do not provide them with financial or other forms of support. The absence or lack of the involvement of fathers is not unique to the girls in this study. Men are notably absent from many homes, especially among lower class households, in Jamaica; almost half (46%) of Jamaican

households are headed by females (PIOJ, 2014). In addition, according to UNICEF Jamaica (2005b), most children in Jamaica are born in common-law or visiting unions (fathers do not live in the households), and over half of these unions end by the time children are five or six years old. Nonetheless, even though parents may not live together, over 65% of Jamaican children are parented by both biological parents (UNICEF Jamaica, 2005b). Colonialism and slavery have been blamed as the root cause of the prevalence of absentee or uninvolved fathers in contemporary Jamaican families (Bush, 2010). Forced transfer or sale of slaves during slavery and persistent poverty after emancipation resulted in Black men's absence from households (Bush, 2010; Shepherd, 1999).

The nature of contemporary Jamaican family is unique and complex, so much so that it is difficult to construct a standard definition of the Jamaican family. Roberts & Sinclair (1978), however, suggest that family patterns in Jamaica can be placed into three categories: 1) Married union, which consists of a legally married man and woman living in the same residence with their children; 2) Common-law union, which consists of a man and woman living intimately together with children, but not legally married; and 3) Visiting family, which consists of a man and woman who have a sexual relationship but are not married and do not live together with their children (Leo-Rhynie, 1993; Robert & Sinclair, 1978). Variation of these family patterns include the single parent 'matrifocal' family, one in which the mother is solely responsible for the household (Massiah, 1983); and the extended family, which consists of grandparents (in most cases grandmothers) who head the household, with aunts, uncles, and other relatives living in the same (or close) residence and caring for children.

The origin of prevalent family forms in Jamaica, such as female-headed families, and common-law and visiting unions can be traced back to plantation slavery. Throughout the period

of slavery in Jamaica, family life among Black slaves was restricted (Bush, 2010; Shepherd, 1999). Since Black slaves were ‘properties,’ every aspect of their lives, including their family life, was dominated by their White owners/masters. For example, while the British West Indian ‘Le Code Noir’ slave laws, instituted in 1865 to improve slaves’ treatment, permitted slaves to be legally married, they could not do so without their masters’ consent (Dookhan, 1971).

Although maintaining family life was challenging and slaves were not married, they still cohabited and established strong family units (Higman, 1973), later known as common-law unions which have persisted to date. However, enslaved families were frequently dismantled when their masters sold or transferred one of the parents (Massiah, 1983; Shepherd, 1999; Higman, 1973). White slave owners also documented that enslaved men on plantations had sexual unions with more than one woman (Shepherd, 1999), which is said to have been an African cultural practice that survived the treacherous waters of the Atlantic slave trade and was retained on plantations. With transient or visiting fathers, Black enslaved women bore the tasks of raising and caring for children (while still working in fields or in plantation great houses). During slavery, Black women’s dominant roles in families were legitimized. For instance, the disability clause in the “Le Code Nior” stipulated that children took the legal status of their mothers. So, children born to slave mothers were automatically slaves, even if their fathers were free; on the other hand, children were born free if their mothers were free (Dookhan, 1971). In addition, incentives to increase the slave population were directed at slave mothers (Massiah, 1983). A section of the Jamaican slave law outlined that female slave who had six or more living children should be exempted from hard field work (Higman, 1974). Even after slavery ended in 1838, Black women continued to head their households because men had to migrate to other regions in search of employment (Bush, 2010).

Therefore, absence and the marginal role played by girls' fathers are likely to be rooted in these legacies of British colonialism.

### **7.01e. Family Experiences: Family History of Smoking**

Family history of drug use was found to be another important family related experience that influenced the girls in this study to smoke. Most of them (n=13) revealed that they have parents and other family members who smoke marijuana mixed with tobacco, marijuana mixed with tobacco and melted cocaine, bidis, and cigarettes. These girls may have learned their smoking habits and behaviours from observing family members who smoke.

Bandura's social learning theory (1977) posits that an individual's beliefs and behaviours are acquired through observing and imitating the behaviours of people around them. Many of the girls in the sample reported that they have seen their family smoking. The reasons some of them gave for smoking for the first time demonstrate that they were replicating familial behaviours. For example, Lily explained that she smoked marijuana (without tobacco) for the first time because she was "following" her mother.

**Interviewer:** *So yu can memba wah mek yu smoke da day deh wen yu use it fi the first time? [So, can you remember why you smoked that day when you smoked for the first time]?*

**Lily:** *falla mi did a falla. [I was following].*

**Interviewer:** *Who yu did a falla? [Who were you following]?*

**Lily:** *Mi modda. [My mother].*

**Interviewer:** *So why yu think yu did a falla yu modda? [Why did you think you were following your mother]?*

**Lily:** *Nutten, mi just falla har. Tru mi eva si har a smoke. [Nothing, I just followed her. Because I always saw her smoking].*

Violet also claimed that she smoked cigarette for the first time when she was 5 or 6 years because she observed her mother and others around her smoking and it looked “cool.”

**Interviewer:** *So why did you smoke it? [So why did you smoke it (cigarette) (referring to the first time she smoked)]?*

**Violet:** *Because mi see me modda a dweet and everybody, and it did look cool... [Because I saw my mother and everyone else doing it, and it looked cool...].*

Daffodil also smoked marijuana mixed with tobacco for the first time when she was 12 years old because she had observed her aunt smoking several times, so decided to try it.

**Interviewer:** *So wah mek yu smoke it dah day deh? [So, what made you smoke it that day]?*

**Daffodil:** *Mi just si it, mi just tek it up and light it; cah mi eva si mi aunty a smoke it, not mi aunty weh mi live wid now eh nuh, mi aunty weh live cross di road. Mi eva si har a smoke, so mi just tek it up one day. [I just saw it, I just took it up and lit it; because I always saw my aunt smoking it, not my aunt with whom I live, my aunt who lives across the street. I always saw her smoking, so I just took it (spliff) up one day].*

## 7.02. Death of Loved Ones and Smoking

More than half of the girls (n=9) in the sample reported that they have experienced the death of a child, mother, father, sibling, other family members, and/or a close friend. Four of them revealed that they have lost more than one family member. For example, Ginger lost several family members including her older brother and Godfather (see Gingers' profile in chapter V for details). Similarly, Daffodil reported that both parents are dead:

*Mi modda and mi fadda dead. (She later explained) Mi modda die wen mi 14/15, but mi fadda dead long time. [My mother and my father are dead. (She later explained) My mother died when I was 14 or 15 years old, but my father died a long time ago].*

Violet also lost her grandmother and father within a two-year period: Flowers' mother died when she was a baby, and her best friend less than five years prior to the interview (see their profile's

in chapter V for more details). In addition, four of the girls confirmed that their loved ones were shot and killed by criminals or police in their communities. Ginger, for instance, shared that her 17 years old brother was killed by criminals in a drive-by shooting in the community in which she previously lived (see Ginger's profile in chapter V for details). Violet's father also died violently in a drive-by shooting (see Violet's profile in chapter V for details). Hibiscus and Dahlia recounted that their best friends were shot and killed by police in their respective communities.

**Hibiscus:** ...Mi best frend, she name C, she dead in di incursion. [ ...my best friend, her name was C, she died in the incursion].

**Interviewer:** Oh that was the Tivoli Incursion<sup>20</sup>?

**Hibiscus:** Yeah.

**Interviewer:** I am sorry. Wah happen? [I am sorry. What happened]?

**Hibiscus:** Police kill har. Dem go fi people inna de yard and she was in di yard and she get shot...A was at school, mi did a tell her fi come a school eh nuh. Di morning mi pass round a har yard, mi tell har fi come a school...and she seh she did ago come, but she neva come. So, wen mi sista dem come fi wi, and wi a go home now, mi hear seh C dead. [Police killed her. They went for people (criminals) in the yard (she lived), and she was in the yard and she got shot...I was at school, I told her to come to school you know. The morning I passed by where she lived, I told her to come to school...and she said she would come, but she did not come. So, when my sister came to get us (at school), and we were on our way home I heard that C died].

**Dahlia:** Wen mi was 15 or so, and police did kill him (her best friend) ... Police come and shoot him...Profile killing. Dem shoot dem up wicked, wicked...di day him did a beg mi comb him hair, but tru mi eventually did late, so mi tell him seh wen mi come from school mi comb it. Yu si as mi reach a school, mi deh deh...di nurse come call mi, and wen mi go ova

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<sup>20</sup> The "Tivoli Incursion", also known as the 2010 Kingston Unrest, was an armed warfare between alleged members of the Shower Posse drug cartel and the Jamaica Constabulary and Defense Forces. The bloody unrest in the West Kingston region was instigated by a US extradition request for the cartel's leader Christopher "Dudus" Coke.



*deh dem seh S dead. Mi seh, “Yu sure, my S?” Mi seh, “Yu sure? But mi just lef S inna mi yard.” And mi call my cousin and she seh yes S dead. And when mi gah public, mi go look pan him... [When I was about 15 years old or so, and police killed him (her best friend) ... Police came and shot him...Profile killing. They shot them up badly...the day he had asked me to comb his hair, but because I was eventually late, I told him when I returned from school I would comb it. You see, when I got to school I was there...the nurse came and called me, and when I went (to the nurse’s office), they told me that S died. I said, “Are you sure, my S”? I said, “Are you sure? But I just left S in my yard.” And I called my cousin and she said yes S died. I went to Kingston Public Hospital and looked at him...].*

Five more of the girls related that their mothers, father, and grandmother died from illnesses or unknown causes. Camellia was convinced that her one year old son died from Obeah. Tears flowed down her cheeks as she gave details.

**Interviewer:** *A wah dat yu have pan yu blouse? [What is that on your blouse (referring to a memorial button on her blouse)]?*

**Camellia:** *Mi baby. [My baby].*

**Interviewer:** *Yu baby? Wah happen to him? [Your baby? What happened to him]?*

**Camellia:** *Him dead. [He died].*

**Interviewer:** *Oh no! I am sorry. Wah happen to him? [Oh no! I am sorry. What happened to him]?*

**Camellia:** *Spirit kill him. [A spirit killed him].*

**Interviewer:** *Spirit? Wah kinda spirit? [Spirit? What kind of spirit]?*

**Camellia:** *It look like a evil spirit, caah mi granny did si di spirit di night...Di nite wi did inna di house, she seh inna di hours she si spirit a come ova him and she start pray...And den in di morning...him did feel warm, so mi did a seh a teed him a teed, but him neva did a teed... And inna di nite him go sleep, and get up back and mi feed him; mi baby fadda buy a bag juice and mi trow half a it inna him bakkle, and mi a tun him ova, mi si him look scary and frath a come tru him mouth and him nose wid blood; wi rush wid him go up a Children, but it look him did ded aready from inna the bed, and dem seh him ded. [It seemed like it was an evil spirit, because my grandmother saw the spirit the night...The night we were in the house and she said in the late hours she saw the spirit over him and she started to*

*pray...And then in the morning...he felt warm, so I was thinking that he was teething, but he was not teething...And in the night when he went to sleep and woke up and I fed him; my baby's father bought a bag juice and I threw half of it in his bottle, and turned him over (to feed him), I saw he looked scary, and he was foaming at the mouth and nose with blood; we rushed with him to the Children's hospital, but it seemed he had already died from in the bed, and they (the doctors) said he was dead].*

**Interviewer:** *So how yu know a evil spirit kill him? [So how do you know that it was an evil spirit that killed him]?*

**Camellia:** *Caah mi and wa woman daughter did fight, and har daughter did chop out mi foot, and mi did stab har daughter inna har back, and she carry it gah court, and she seh she nah tek har pickney stab so... [Because me and a woman's daughter fought and her daughter chopped out my foot, and I stabbed her daughter in her back, and she took it to court, and she said she was going to avenge her child's injury...].*

**Interviewer:** *Ok so yu think the woman have supmen fi do wid yu baby's death. [So, you think the woman had something to do with your baby's death]?*

**Camellia:** *Yeah! A she Obeah mi baby! Mi feel seh she go Obeah man, and send blow fi mi, but it ketch mi baby. [Yes! She Obeahed my baby! I think she went to an Obeah man, and sent an evil spirit for me, but it caught my baby instead].*

Neither Camellia, nor any of the other girls, received bereavement counselling or support of any sort to help them make sense of, or cope with their losses. Extensive research (from outside of Jamaica) illustrates the negative effects of the death of parents, close family members, and peers on the psycho-social wellbeing of adolescents (Raza, Adil, & Ghayas, 2008; Akerman & Statham, 2014; Dowdney, 2000; Servaty-Seib & Hayslip, 2002). In this study, affected participants reported feelings of extreme sadness, fear, anger, regret, loneliness, and insomnia. For example, Ginger recalled how she felt when her brother was killed:

*It mek mi feel real sad. A school mi deh di day and mi fadda come and said mi bredda dead, and mi a seh no man; and mi go home, and si mi mother well dirty pan di the grung a bawl; and di news media was dere, and all a dem things deh. Bare crying. It was very mournful still... [It made me feel real sad. I was at school*

*that day and my father came and said my brother was dead, and I said no man; and I went home and saw my mother very dirty and on the ground crying; and the media was there, and all those things. A lot of crying. It was very mournful...].*

Hibiscus also shared her devastation at the death of her best friend.

**Hibiscus:** *...Mi cry so til. Mi couldn't even sleep fi a week. Mi no go sleep fi some nights. [I cried so much. I could not even sleep for a week. I did not fall asleep for many night].*

**Interviewer:** *Oh no! So, did you talk to anyone about it?*

**Hibiscus:** *No, mi jus go sleep inna the morning time. Mi watch di time, mi cry, sometime mi jus siddung up. Mi caan stop think bout her. A did mi best frend from primary school. She live rite up di road from me, and mi usually go look fi har, and she usually come round a my yard. Wi use to go out, and play, and talk tings. (She explained what she meant by things) Yu know, girls talk, like wi woulda talk bout boyfriend, and dem supmen deh. Mi coulda tell har anyting and she tell mi anyting. [No, I just slept in the mornings. I watched the time, I cried, sometimes I just sat up. I couldn't stop thinking about her. She was my best friend since primary school. She lived right up the street from me, and I often went and visited her, and she often came to my house. We used to go out (to parties), and play, and talk things. (She explained what she meant by things) You know, girl talk, like we would talk about boyfriends and those things. I could tell her anything and she told me anything].*

Some of the girls frequently relive the incidences of death of their loved ones, which results in greater emotional distress. For instance, even though Ginger lost her brother over six years ago (prior to the interview), she claimed she often watches the video of his funeral and becomes sad and angry:

*...Mi watch him video, and mi grow and memba dem things dere; mi feel it and mi a seh boi mankind wicked bad. [...I watch his video, and I grow and remember those things; I feel it (sad), and I say mankind is very wicked].*

Similarly, Daffodil's father died from unknown causes when she was a little girl and her mother died from kidney complications around two years prior to the interview. She expressed, however, that she is still saddened whenever she is reminded of them: *"Most a di times mi si somebody*

*wid fi dem modda and fadda, mi feel a way*” [Many times (when) I see someone with their mother and father, I feel sad]. Finally, Camellia becomes distraught whenever she recalls her son: “Every time mi tink bout it mi cry, or anytime mi si people wid dem baby mi feel a way” [Every time I think about it (the death of her son) I cry, and whenever I see people with their baby, I feel sad]. According to APA (2000), constantly reexperiencing a traumatic event is a symptom of post-traumatic stress disorder (PTSD). Therefore, it is possible that Camellia and the other girls who claimed they reexperience the death of their loved ones suffer from PTSD.

These findings of negative psychological problems resulting from death of the participants loved ones are consistent with many studies (done outside of Jamaica) which outline that parental and other bereavement results in severe psychosocial deficiencies in some adolescents (Dowdney, 2000; Harrison & Harrington, 2001; Raza, Adil, & Ghayas, 2008; Servaty-Seib & Hayslip, 2002). For example, Dowdney (2000) concludes that adolescents who have lost one or both parents tend to suffer from anxiety, fear, and depressive symptoms. In addition, Servaty-Seib & Hayslip (2002) surmise that parentally bereaved adolescents (in the United States) tend to experience insomnia, loneliness, anger, and challenges with social interaction.

Of course, the psychological effects of experiencing the death of parents, family members, and peers among adolescents varies, and are dependent on factors such as their relationship with the deceased, and cause and nature of death (for example, sudden death versus long-term illness; Harrison & Harrington, 2001; Ribbens McCarthy, 2007). So, the extensive sadness and other emotional distress Ginger experiences because of the death of her brother could be because she had a close relationship with him, and he died suddenly and tragically (by violence). She explained that she and her brother were very close because they were the youngest

siblings in the household. Ginger disclosed, “*Wi live together and everyting, eat together and do everything together...*” [*We lived together and everything, ate together and did everything together...*]. Similarly, the close relationship, as well as the sudden and violent death of Dahlia’s best friend could be a contributory factor to the extent of sadness she experienced:

*...Mi did so hurt cause him was mi best frend. Yu si dah boy deh, him know many bout mi; ef nobody else no know, a him a di person weh know. Wi close close close, dats why mi did feel so hurt. [...I was very hurt because he was my best friend. You see that boy, he knew many things about me; if no one else knew, he was the person who knew (about me). We were very close, that is why I felt so hurt].*

Positive and supportive parents, and other family members, and peers are integral to adolescent girls’ healthy development and identity formation. They usually provide emotional, moral, financial, and other types of support to deal with the challenges of adolescence and other life experiences. Hence, the death of one or both parents, family members, or peers may result in loss of crucial support systems and have negative impact girls’ well-being. This is clearly manifested in Ginger’s description of how death of parents impacted the well-being of her close friend:

*...If yu mother no deh dere eh nuh, no care who a yu fambily around yu, wat a mother wi do nobody else nah do it eh nuh, and a fadda. So, imagine mi loose a modda and a fadda how mi must feel, mi woulda feel bad and so mi frend feel, cause everyday she bawl. More time it tear mi up to fi si dat har mother and father not around; that hot. Because more time yu mother gaan fi a day and yu feel so left out, imagine she gaan foreva. [If your mother is not there you know, it does not matter if other family members are around. What a mother will do (for her child), nobody else will do it, and a father. So, imagine I lost a mother and a father how I must feel, I would feel bad, and that is how my friend feels, because every day she cries. Sometimes it tears me up to see that her mother and father are not around; that hurts. Because sometimes your mother is gone for a day and you feel so left out, imagine she is gone forever].*

The negative impact of the death of parents or caregivers on girls' wellbeing is increased if the deceased was their primary and only caregiver. Violet's case supports this. Her grandmother was her only caregiver and after her death, Violet was left to fend for herself; She dropped out of school, started stealing, 'conning' men, and engaging in prostitution to support herself:

*She (her grandmother) neva really have it, but she use to tek care a mi. She use to sell panty and brassiere; she use to send mi go school, she gi mi lunch money and bus fare. Then she dead now, so me neva have nobody fi gimme lunch money and bus fare...Miss it haad!...Sometime mi tief it...but mi hardly tief, a wen mi see supmen fi tek mi move it... (She later explained what she steals) like all a money or phone; if yu see supmen, a no like yu a rob up people enuh, but if yu see like supmen loose, yu jus tek it, like if dem have money and it a peep out or dem put it down careless, yu a go tek it... Sometime yu haffi con...Alrite, like if a man seh mi like yu and dem supmen deh, yu con him; yu talk to him, wen yu a talk to him yu tell him seh yu want a juice or yu want a lunch and dem supmen dere. Sometime dem put oral sex and all kinda argument to yu and so mi seh yu haffi pay mi and dem pay mi, dem pay mi all gran, five gran and dem supmen deh. [She (her grandmother) did not really have money, but she used to take care of me. She used to sell underwear and bras; she used to send me to school, she gave me lunch money and bus fare. Then she died, so I did not have any one to give me lunch money and bus fare...Miss surviving is hard!...Sometimes I steal...but I hardly steal, only when I see something to take I steal it...(She later explained what she steals), like money or a phone; if you see something, it is not like you are robbing people you know, but if you see like something loose, you just take it, like if they have money and it is showing or they leave it unattended, you take it...Sometimes you have to con...Ok, like if a man says I like you and those things, you con him; you talk to him, when you are talking to him you tell him that you want a juice or you want a lunch and those things. Sometimes they put oral sex and all kind of request to you, and so I say you have to pay me and they pay me, they pay me \$1000, \$5000 and those things].*

I suggest that the negative emotional and other psychological effects of death of loved provide a rationale for the study's participants' smoking, as many of them claimed they smoke to cope with or relieve the sadness, anger, insomnia, anxiety, and other unwanted emotions they experience as a result of experiencing death of their loved ones. For instance, Ginger explained how smoking marijuana mixed with tobacco helps to relieve the sadness and anger that

overcomes her when she thinks about the death of her brother as well as other challenges she has experienced in her life:

*...More time yu feel like fi cry yu just smoke it and it give yu a meditation. More time mi think back bout all a dem tings deh, and jus pree life. More time mi seh mi life hard, yu understand, til mi just start smoke di weed, and it gi mi a nice meds and mi jus seh yeah. More time mi pree seh if mi bredda did alive mi life woulda betta...So it just give mi a vibes fi just meditate more time and seh boi life really fuck up. [...most times if you feel as if you want to cry you just smoke I (spliff)t and it gives you a meditation.... Most times I think back on all those things (bad experiences) and just think about life. Most times I say my life is hard, do you understand, I just start to smoke the spliff and it gives me a nice meditation, and I say yes. Most times I think that if my brother were alive my life would have been better...So it (smoking spliff) just gives me a feeling to just meditate most times and say life is really fucked up].*

Camellia also contended that she smokes cigarettes frequently to cope with the death of her son:

*“Mi neva use to smoke so often eh nuh. From him ded mi start smoke every minute every minute. Every time mi memba him, every time him come inna mi memory mi just haffi smoke.” [I did not smoke (cigarette) so often you know. Since he (her son) died I started to smoke very often. Every time I remember him, every time he comes in my memory I find that I have to smoke].* Like

Camellia, Daffodil admitted that smoking cigarettes helps her cope with the death of her mother,

*“From mi modda dead mi just start falla it up fi just tek off certain things offa mi head.” [since my mother died I just start to do it (smoking) often just to take certain things off my head].*

As outlined in chapter VI, the girls in the study seem to use ruminative strategies to cope with psychological problems arising from traumatic experiences such as death of loved ones.

Rumination can also heighten emotional distress, and so the girls smoke to cope with compounding psychological distresses. These emotion-focused coping mechanisms are influenced by gender norms and roles which have their roots in British colonial rule in Jamaica.

### **7.03. Peers and Smoking**

Close relationships with drug using peers is another key finding in this study. All the girls reported that their close friends smoke marijuana mixed with tobacco, bidis, and cigarettes. This revelation came as no surprise since overwhelming research has shown that adolescents use drugs to interact and fit in with their peers (Kandel, 1985; Oetting et al., 1997; Schoen et al., 1997). Empirical evidence also shows that adolescent girls (outside of Jamaica) are more vulnerable to peer pressures (CASA 2003, Schinke et al., 2008) than boys, because they are more invested in peer relationships (CASA, 2003). Girls who conform to feminine roles tend to value their relationships with the people around them, including their friends. They usually like to maintain closeness and warm relations, and they tend to dislike neglect and rejection from those closest to them (Slater et al., 2001). Therefore, girls are likely to smoke and use other drugs to ensure that they remain close with their friends and other people around them (CASA, 2003). This is the case with girls in this study. Many of the girls in this study seem to smoke to get approval from maintain close relationships with their peers. This is especially the case since most are detached from their families, disengaged from school, have no positive role models, and herald their friends, who smoke, as their only source of emotional, moral, and even financial support.

#### **7.03a. Peers and First Use: The Influence of Peers on First Time Smoking**

The inference that the girls smoke to get approval from and maintain relationships with their peers is drawn from accounts of their smoking experience. Four girls recounted that their friends introduced them to smoking the first time. Blossom's male friends encouraged her to smoke marijuana mixed with tobacco.



**Blossom:** *The first time mi frend seh, “try this Blossom” and mi tek it and try it... [The first time (she smoked), my friend said, “try this Blossom” and I took it and tried it...].*

**Interviewer:** *So tell mi bout dah time deh? [So tell me about that time]?*

**Blossom:** *Mi mostly par wid bare boy eh nuh... So dem eva smoke dem weed and dem eva gi mi... and mi seh, “yow my youth mi no wah dat eh nuh;” dem seh “yu a idiat man;” and mi seh “yow my youth mi no wah dat man;” hear dem, “taste di supmen no, taste it.” So, wen mi taste it hear dem, “you caan tell mi seh you nah go continue smoke now eh nuh” and seh, “hold it no,” so mi tek it from him and smoke it... [I mostly hang out with boys you know... So, they are always smoking spliff and they are always giving it to me... and I said, “I do not want that you know;” they said “you are an idiot;” I said, “I do not want that man;” they said, “taste the spliff, taste it.” So, when I tasted it they said, “you cannot tell me that you are not going to continue smoking now,” and said, “hold it,” so I took it from him and smoke it...].*

Blossom’s credibility as “one of the lads” was questioned because she was hesitant to take part in the group’s routine smoking. Thus, she smoked to prove that she was tough like the boys.

**Interviewer:** *So wah mi wah ask yu though is, why yu smoke fi the first time? Cause yu always a hang round with yu frend dem and yu seh dem always a smoke weed before, but yu seh a wen yu a 15 yu try it fi the first time. Wah mek yu try it dat first time? [So what I wanted to ask you though is, why did you smoke for the first time? Because you were always hanging around your friends and you said they were always smoking weed before but you said it was when you were 15 you tried it for the first time. What made you try it that first time]?*

**Blossom:** *Yeah, yu si caah dem did a seh “yow yu know seh yu a idiat man, yu a par round man and yu a move like yu a baby” and dem supmen deh. So mi seh, “unuh a idiat, a unuh a di biggest waste man eh nuh” ... So, a so mi try it. [Yes because they were saying, “you know you are an idiot, you are hanging around with men and you are acting like a baby”. So, I said to them, “you are the idiots” ... So, that is how I came to try it (spliff)].*

**Interviewer:** *Oh so yu did wah prove yu a one of the thugs dem? [Oh, so you wanted to prove that you were one of the thugs]?*

**Blossom:** Yeah.

Blossom evidently values her relationship with her friends and is concerned about their acceptance, which could be considered a traditional feminine trait; however, she also rejects conventional feminine roles and stereotypes. She professed that she is aggressive, wishes she were a boy, and does not like interacting with girls. As such, her peer group and closest friends consist of mostly older boys, who smoke frequently. It can be argued that Blossom's conformity as well as rejection of socially approved behaviours for females contributed to her first smoking experience. On one hand, her affective (feminine) conditioning made her value her relationship with her male friends, and so she was vulnerable to their pressures to smoke. On the other hand, her inclination to adopt socially defined masculine traits, such as aggression, results in her forming friendships and attachment to boys who smoke and initiated her into smoking.

Ginger also recollected how her friend asked her if she wanted to smoke, and she did not resist. She could not build the spliff, so her friend facilitated her smoking the first time by building it for her.

**Interviewer:** *So tell mi bout the first time yu eva smoke? [So tell me about the first time you smoked]?*

**Ginger:** *When mi first start smoke mi was 13 eh nuh. [When I first smoked I was 13 years old you know].*

**Interviewer:** *So tell me bout dah first time deh? [So tell me about that first time]?*

**Ginger:** *A friend of mine seh she wah two, so mi seh yeah man. Mi eva wah try it, but as mi seh eva a use paper alone and a smoke yu know; yeah, wen mi much younger like 12, 11. And she seh if mi no wah two, but a cannot build it, so mi seh "yeah man gimme two", and she build it and mek mi smoke it. [A friend of mine said she wanted two, so I said yes man. I always wanted to try it, but like I said I was always using paper only to smoke you know; yes, when I was much younger like 12, 11 years old. And she said if I want two, but I cannot build it, so I said "yes man give me two", and she built it and made me smoke it].*

Some of the girls were imitating their friends, because they had previously observed them and formed positive attitudes and beliefs about smoking. For instance, Ginger and Camellia smoked for the first time because they witnessed the euphoria that smoking produced in their friends.

**Interviewer:** *So wah mek yu decide fi seh yes though? [So why did you decide to say yes (to her friend's request to smoke spliff)]?*

**Ginger:** *Yeah caah mi si mi frends weh smoke it behave a way, like dem no have no sense, just a laugh and gwaan bad. And dem tell mi seh it nice and mi seh it look nice and mi woulda really wah try it. Yeah that's why mi really try it still and mi enjoy it fi real. [Yes, because I saw my friends who smoked it behave a certain way, like they had no sense, just laughing and acting fun. They told me that it (smoking) is nice. And I said it looked nice and I would really want to try it. Yeah, that is why I really tried it still and I enjoyed it for real].*

**Interviewer:** *So dat day deh yu smoke fi the first time, tell mi how yu come fi smoke dat day? [So, that day when you smoked for the first time, tell me how you came to smoke that day]?*

**Camellia:** *Mi and she just ketch up, and mi just smoke, caah mi si mi frend dem eva smoke and it look nice, and mi just, mi did have money and mi just tek out \$100 and go buy one...[Me and she (her mother) just had an argument, and I just smoked, because I have always seen my friends smoking and it looked nice, and I just, I had the money, and I just took JMD \$100 and bought one (cigarette)].*

### **7.03b. Peer Relationships and Smoking**

In the context of adolescent drug use, social control theory adopts the premise that adolescents form bonds with drug using peers, and subsequently use drugs when they are weakly attached to prosocial institutions such as family and school. Adolescents who do not have a close relationship with parents who oppose drug use are more likely to develop bonds with drug use approving peers (Bahr, Hoffmann & Yang, 2005; Hirschi, 1969; Petraitis et al., 1995) This underlying premise of control theory is supported by the data in this study. Weak attachment to

mothers, fathers, and family, and strong attachment to peers who smoke contribute to the girls' smoking.

However, there is a point of departure from the theory in the case of the girls in this study, because their parents and families also smoke and approve of them smoking marijuana. Therefore, it is not weak attachment to parents, and other family members, who disapprove of smoking that influences participants to form strong bonds with their smoking peers. It is sadness, loneliness, depression, and other emotional distresses that result from the lack of support, care, and nurturing (which in turn causes weak attachment) from their parents and families that influence most of the girls to form strong bonds with their friends who smoke. When the girls were neglected and abused by their parents and families, their peers offered them solace, warmth, kindness, love, and understanding. For many of them, their friends provided greater emotional, moral, and sometimes even financial support, than their parents or family members. Camellia, for instance, explained that when her mother abused her or deprived her of food, her friends (who smoke) were the ones who supported her:

*Mi friend, mi can talk to dem bout anyting. Wen mi modda did lick mi inna mi ears wid di bakkle, mi did run out a di house and dem mek mi sleep up deh wid dem, dem buy mi tings fi eat and dem supmen deh. [My friends, I can talk to them about anything. When my mother hit me in my ears with the bottle, I ran out of the house and they made me sleep their house with them, they bought me things to eat and so on].*

When Daisy is sad or depressed by the lack of care and affection from her family, her close friend (who also smokes) offers encouragement and financial support.

*Nuff time she seh, "Mek mi tell yuh dis Daisy man, a nuff people no have no have fadda or modda back a dem. Jus gwaan do yuh ting, God ago mek it fi yu, yu haffi mek it eh nuh my girl," and a so she a gwaan. She seh, "Mi and yu a friend, and if mi have a bills you know say a fi wi dat fi wi buy food... [Many times she (her friend) says, "Let me tell you this Daisy, many people do not have fathers or mothers to support them. Just go on living, God will make it for you, you have to*

*make it (survive) my girl,” and that’s how she acts. She says, “You and I are friends, and if I have JMD 100, you know that it is for us to buy food” ...].*

Although the girls’ friends may have influenced their smoking, they are also a source of resilience and strength in worlds that are inundated with abuse, violence, and other negative circumstances. Most of the girls’ friends provide them with comfort and encouragement to keep on hoping and living despite the neglect and abuse from their family, and the other negative life experiences that they have encountered. I therefore suggest that peer groups are powerful assets for the promotion of girls’ health and well-being. Given that the girls’ friends play such crucial roles in their lives, positive peer influence supports self-esteem building that could support drug use prevention mechanisms for girls.

#### **7.04. Summary**

The girls in this study have experiences with close friends and family members dying, as well as neglect, physical and verbal abuse by parents and other family members. They also have mothers, fathers and other family members who smoke and approve of their smoking, so they have received no negative responses from family members for smoking. Moreover, the participants have close relationships with friends who smoke. Based on these key findings, I argue that experiences with family and friends are key contributory factors to the girls’ smoking. It appears that their negative experiences contribute to the wide range of emotional problems they face, and the use of drugs to cope.

I also posit that difficult family experiences lead the girls in this study to form close bonds with peers who use drugs. As such, aspects of social control theory can explain the influences of drug use among the participants and girls with similar conditioning. Some of the girls in the sample smoke to maintain and secure their relationship with peers. At the same time,

for some of the girls, peers provide strength and resilience in coping with tragedies. As such, positive peer influence is an important prevention and empowerment strategy that can be explored and developed in Jamaica.

The girls seem to have learned their smoking attitudes, beliefs, and behaviours from their parents, other members of their family, and/or close friends who all smoke. Therefore, Bandura's social learning theory is a useful framework for explaining their smoking behaviours. The girls believe that their family and friends approve of their smoking, which also supports the theory of planned behaviour.

From the analysis and discussions of the findings, it is evident participant experiences with family and friends represent a confluence of colonial legacies, socioeconomic status (class), and gender norms and roles. As such, I maintain that postcolonial feminism coupled with theory of planned behaviour, social control and social learning theories are all needed to understand what contributes to smoking and other drug using practices among dropout inner city girls in Jamaica, as well as girls with similar circumstances elsewhere.

## **CHAPTER V111: SOCIAL CONTEXTS AND GIRLS' DRUG USE**

### **8.0. Introduction**

This chapter continues to examine the contextual factors that contribute to smoking among dropout girls in inner city communities in Kingston and St. Andrew. It discusses findings related to participants' experiences in their communities and past schools, and how these influence their smoking attitudes, beliefs, and practices. The chapter is divided into two main sections. The first outlines the girls' experiences with their teachers and academic curricula, and examines how these may have contributed to their dropping out of school and smoking. The second highlights the participants' various community experiences, especially exposure to physical and sexual violence. Overall, this chapter illustrates that some of the girls have had good relationships with one or more teachers at their past schools while others have had poor relationships. Some of them had difficulties with academic performances. The majority of the girls have been suspended from school because of misconduct, including smoking at school. They have also experienced lack of parental supervision and support, family financial constraints, and pregnancy, which contributed to school dropout. Furthermore, all the girls live in communities with high rates of crime, and have been exposed to rape and sexual assaults. The chapter explicates how colonial legacies along with social class and gender influence the girls' experiences, demonstrating the imperative of using a postcolonial feminist lens to situate knowledge about Third World girls' experiences, beliefs, and behaviours in relation to drug use.

#### **8.01. Past School Experiences and Smoking**

All 15 girls in the study have dropped out of school. One dropped out at grade 8, and the remainder between grades 9-11. This finding is consistent with other studies suggesting that

dropout rates among Jamaican high school students increase after grade 9 (Bailey, 2003; Brown, 2004; MOE, 2015). In a report on the policy to promote education for all (EFA), the MOE (2015) outlines that for the 2013-2014 academic year, the net enrollment of students in grades 7-9 was higher (81 %) than grades 10-11/12 (74 %). The report cautions that the figures only represent public school enrollments and some students may have transitioned into upper secondary levels in private institutions, which are not represented. Regardless, enrollment in private institutions does not account for all of the missing students in the upper levels. In a study on school dropout in CARICOM countries, Brown (2004) also found that the majority of the Jamaican secondary school students in the sample dropout at grade 9. Bailey (2003) uncovered similar findings from her examination of secondary school enrolment in Jamaica for the academic year 2000-2001, indicating a dramatic decline in net enrolment after Grade 9.

Family financial challenges, engagement in risky sexual behaviours that result in pregnancy, academic challenges, and poor student-teacher relationship are all postulated as possible explanations for school dropout patterns among Jamaican adolescents (Bailey, 2003; Evans, 1999). The participants in this study cited similar reasons for dropping out of school. More than half of them voluntarily left school before completion because they had poor relationships with teachers; academic challenges; their parents/family could not to pay for the cost of exams and other school fees; they had no parental support and supervision; and they frequently broke school rules, and were suspended. Four of the girls involuntarily dropped out of school because they became pregnant. One girl was expelled from school for stabbing and injuring another student, and another was first suspended and then expelled for smoking and drinking alcohol at school and refusing the teachers' request to meet with her parents. Like their experiences in other social settings, most of the girls have had undesirable experiences at their



past schools, leading to feelings of stress and other psychological problems, which influence them to smoke to cope and find relief. Sage, for instance, stated that smoking spliff helps her to cope with the remorse and frustration she feels because she dropped out of school:

*Well mi nuh know wah weed do fi other people, but fi mi it mek mi stop tink bout how mi life woulda betta if mi neva drop outta school because I'm a brilliant person, mi always have honour roll and stuff like dat at school. But mi give up pan school wen mi inna grade 6, and get inna one likkle fight and mi neva get fi graduate from primary school. [Well, I do not know what (smoking) spliff does for other people, but for me it makes me stop thinking about how my life would have been better off if I did not dropout of school because I am a brilliant person, I was always on honor roll and stuff like that at school. But I gave up on school from I was in grade 6, and I got into a little fight and I didn't get to graduate from primary school].*

Sage dropped out of high school in grade 8 when she became pregnant.

#### **8.01a. Family Financial Constraints and School Dropout**

Poverty was identified by some of the girls as one of the main reasons they dropped out of school. They described situations where their parents or caregivers could not afford the cost of examinations, tuition, transportation, and lunch so they “just stopped” going to school. Daffodil, for example, was on the verge of finishing high school in grade 11, but her aunt could not afford the approximately JMD 14,000 (around CAD 140 equivalent) to pay for the exit examination (CSEC), so she dropped out.

**Interviewer:** *So what grade were you in when yu stop go school? [So, what grade were you in when you stopped going to school]?*

**Daffodil:** *Grade 11.*

**Interviewer:** *Grade 11? But yu did soon done man, wah mek yu stop? [Grade 11? But you were almost done, why did you stop]?*

**Daffodil:** *Because, wah mek mi stop, financial problems. [Because, why I stopped was financial problems].*

**Interviewer:** *Wah kind a financial problem? [What kind of financial problems]?*

**Daffodil:** *CXC money did fi start pay and mi neva did have it, so mi just stop. [CXC examinations fees were to be paid and I did not have it so I just stopped].*

**Interviewer:** *So who tell yu fi stop? [So, who told you to stop]?*

**Daffodil:** *Nobody, a mi just stop. Mi aunty neva have money fi pay fi di subject dem so it neva mek no sense mi go back. [Nobody, I just stopped. My aunt did not have the money to pay for the subjects so it did not make any sense to go back].*

Daffodil's aunt, who assumed caregiving responsibilities for her and her brother after their mother died, sells non-perishable foods (chips, juices and other snacks) from her small stall at the market. Thus, the income she generates is meager for providing food and other basic needs for the household, much less education. Daffodil lamented that she loved school and was doing well academically. She is confident that she would have passed all the CSEC subjects she was planning to take, which would have enabled her to matriculate for college where she would study to become a nurse. Daffodil is still hopeful that one day she will go to nursing school and pursue her dreams.

Heather also dropped out of school because her mother is a single parent, and her mother's salary as a part-time babysitter and cook could not stretch to cover the JMD 70,000 (approx. CAD 700) cost for tuition plus examination fees for the private high school she and her sister were attending.

**Interviewer:** *So why did you stop going to dat school, the last school yu went to? [So why did you stop going to that school? The last school you attended]?*

**Heather:** *Because of the school fee. Ma mother couldn't afford it, because ma sista was doing subject there too, and things did get hectic because she wasn't really working fulltime. So, a tell her that she mustn't badda stress herself, because ma father died from a was one, so a she alone... [Because of the school fee. My mother couldn't afford it, because my sister was doing subjects there too and things got tough (financially) because she wasn't working fulltime. So, I told her that she should not stress herself, because my father died when I was one year old, so she is a single parent...]*

**Interviewer:** *So what does your mother do for work?*

**Heather:** *Miss she do [does] babysitting and she cook as well. She is fulltime now, but dem [those] time she was doing it part-time.*

**Interviewer:** *So, you told your mom that you wanted to stop because she couldn't pay the fees?*

**Heather:** *Yes miss.*

**Interviewer:** *And she just let you stop?*

**Heather:** *Miss, it did rough and if you don't have their fee, they normally like let the security guard ask for pass and if you don't have your pass, you have to stay outside, outta road at the gate or you go home. [Miss, it was rough and if you didn't have their (the school) fees, they (school administration) normally let the security guard ask for a pass and if you did not have your pass, you had to stay outside, on the road at the gate or you go home]*

**Interviewer:** *So the pass showed that you paid your fees?*

**Heather:** *Yes miss...A tell ma mother mi wah stop because it don't mek no sense she is paying money, and dem still adding to the balance that she owe from 7 and 8 grade. A tell her it neva mek no sense when a reach 10 grade, when a was coming out 9 grade and going in 10 grade, September morning; because we had to be hiding from the principal and the teacher dem on the compound; it don't look right for a student. So, a tell har a caan tek and is not she feeling the embarrassment, so a just stop going there miss. And a got pregnant after...She was looking for another school to send me but a got pregnant so (she sighed) dat was it miss. [Yes miss...I told my mother I wanted to stop (going to the school) because it did not make sense she was paying money and they (the school administrators) were still adding to the balance that she owed from grades 7 and 8. I told her it did not make sense when I got to grade 10, when I was leaving 9 grade and going into grade 10, that September morning, because we had to be hiding from the principal and the teachers on the (school) compound; it did not look right for a student. So, I told her I could not stand it and she was not the one who was feeling the embarrassment. So, I just stopped going there (to the school). And I got pregnant after...She was looking for another school to send me to but I got pregnant so (she sighed) that was it miss].*

Even though the cost of attending public secondary school was substantially cheaper, Heather's mother was adamant that she and her sister attend a private school because her mother believes

that private schools in Jamaica offer better quality education, and a greater chance of improving their socioeconomic status in the future.

In 2007, the ruling government—Jamaica Labor Party (JLP)—announced its plan to achieve universal access to secondary level education by returning to the experimental “free education” policy that had been in place since the 1970s (Sangster, 2010). With “free education,” the government absorbs the full cost of tuition fees in public schools; however, parents are required to pay auxiliary fees. These include book rentals, insurance, and medical coverage among other school-related costs. In grade 11, parents are also required to pay for their children to take the exit examination CSEC. In 2013, the cost for sitting the CSEC exam was JMD 2,280 (approximately CAD 25) per subject plus JMD 3,585 (approximately CAD 39) for the entry fee.<sup>21</sup> Parents can pay for their children to take as many CSEC subjects as they like; however, students in secondary schools sit an average six subjects to meet the basic requirement for matriculation into college or university.

According to a World Bank (2004) report, children from poor households in Jamaica are more likely to drop out of school than those from higher income households. The report highlights that “while enrollment ratios of the richest and poorest quintiles start out at the same levels, they diverge sharply after age 14. By the ages of 15 and 16, less than 80% of students from the poorest quintile remain in school, although all students from the top quintile continue with schooling” (World Bank 2004, p. 106). Therefore, as this study found, poverty contributes

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<sup>21</sup> This cost was taken from a Caribbean Examinations Council (CXC) – CSEC Examinations January 2014 entry form for private candidates on the Overseas Examination Commission, Jamaica website. Please note that students in public secondary school (non-private candidates) receive government and private sector subsidized costs for some CSEC subjects like Mathematics and English.

to girls in low-income communities and families in Jamaica leaving school before completion, and stress they relieve by using drugs.

### **8.01b. Parental Neglect and School Dropout**

Chapter VII highlights that most of the girls in this study receive little or no care, support or supervision from their parents and other family members. Specifically, section 7.01 discusses how parental neglect results in multiple and interrelated negative psychosocial outcomes such as homelessness and depressive symptoms. School dropout is another outcome of parental neglect for the participants. Nine of the girls voluntarily dropped out of school even though they lived with their parents or family, which is an unequivocal indication of negligence. They explained that they were experiencing a number of challenges such as academic failures and conflict with teachers so they made the decision to stop attending, without consulting their parents or other family members:

*Mi jus stop go. Mi jus get fed up and stop go cause mi neva like him. [I just stopped going (to school). I just got frustrated and stopped because I did not like him (her teacher)] (Jasmine).*

*Mi just stop go cause mi neva did dah learn nutten, so mi no bother waste mi fadda money. [I just stopped because I was not learning anything, so I did not bother to waste my father's money] (Primrose).*

*Mi jus decide seh, yu know wah, mi nah smoke it a school again, so mi just stop go cause mi no wah do it again, cause dem have camera... [I just decided that, you know what, I am not smoking it (spliff) at school again, so I just stopped going because I did not want to do it again, because they have camera (at school)...] (Dahlia).*

None of the girls faced penalties from parents or family members for their decisions. In fact, some claimed that no one in their households noticed that they were not attending school until weeks or months later. Only two girls specified that their mothers expressed disappointment

about them dropping out, and are making efforts to get them back into school. The others proclaimed that their parents and family members do not care about them or whether they attend school. For example, Primrose shared:

**Interviewer:** *So wah yu granny, or aunty, or anybody inna yu yard seh when yu stop go school? [So, what did your grandmother, or aunt, or anyone in your household say when you stop going to school]?*

**Primrose:** *Dem no seh nutten, (hsst), dem no business wid wi... [They did not say anything, (hsst), they do not care what we (she and her sister) do...]*

**Interviewer:** *So wah yu fadda seh? [So, what did your father say]?*

**Primrose:** *Mi neva tell him. [I did not tell him].*

**Interviewer:** *Him neva know? [He did not know]?*

**Primrose:** *No, a mussy one a dem tell him seh mi nah go school. And him call and seh mi fi try go back a wah school because school important and rae rae .... [No, one of them (her family members) must have told him that I was not going to school. And he called me and said I should try to go back to a school because school is important and so on...].*

Along with lack of supervision, some of the girls dropped out of school because their parents or caregivers did not provide money for lunch, transportation, and other school costs. For example, Daisy's mother refused to give her money to go to school, so she had to beg and "con" men—that is, lie to them that she would perform sexual favours—to get money to go school.

**Interviewer:** *Which grade yu did inna? [So, what grade were you in (when you stopped attending school)]?*

**Daisy:** *11.*

**Interviewer:** *Grade 11? Yeah, so yu no too long dropout then, wah mek yuh dropout? [Grade 11? Yes, that was not long ago, why did you dropout]?*

**Daisy:** *Yeah, money.*

**Interviewer:** *Money? Wah yu mean money? [Money? What do you mean by money]?*

**Daisy:** *Dem nuh really gi mi no lunch money fi go school so mi haffi look it on mi own. [They (family) did not really give me lunch money to go to school so I had to look for it on my own].*

**Interviewer:** *Weh yuh mean? Dem who? And why dem no gi yu no lunch money? [What do you mean? Them who? And why did they not give you lunch money]?*

**Daisy:** *Mi modda. [My mother].*

**Interviewer:** *So wah mek yu modda neva use to gi yu lunch money? [So why didn't your mother give you lunch money]?*

**Daisy:** *...Sometime to me, mi seh she doan like mi; dat a weh mi feel, think. Di way she treat mi...Mi haffi look mi owna lunch money...wen mi ask har, she seh mi fi go round a Back Road and go look mi owna lunch money, so mi look mi owna lunch money... [...Sometimes, to me, I say she does not like me; that is what I feel, think. The way she treats me...I had to find my own lunch money...when I asked her, she told me I should go to a Back Road (prostitution place) and get my own money, so I found my own lunch money...].*

**Interviewer:** *So how yu look yu own money? [ So how did you look for your own lunch money]?*

**Daisy:** *Beg! Mi beg like people weh mi know...Wen mi use to gah school a man...mi haffi a con out man fi gah school... [Beg! I begged people I knew...When I used to go to school it was men...I had to con men to go school...].*

**Interviewer:** *Wah yu mean con man? [What do you mean by con men]?*

**Daisy:** *...Mi tell dem lie. Yu si wen dem ask mi fi sex now, mi say yes man mi a gi yu such and such date, den mi mek up some lie; like seh dis happen to mi, mi haffi go doctor go get check-up and one bag a supmen... [...I lied to them. You see when they asked me for sex, I said yes I am going to give you (sex) on such date, then I make up some lie; like this happened to me, I have to go to the doctor to get a check-up and other things...].*

Daisy stopped going to school after one of the men to whom she lied confronted her one day on her way home. She recalled that the man was so furious that she thought he was going to kill her. After that incident, she feared conning and begging, so stopped attending school.

### 8.01c. Pregnancy and School Dropout

Pregnancy is among the leading causes of school dropout among adolescent girls in Jamaica (MOE, 2013b). Four girls in this study dropped out of school when they became pregnant. However, lack of parental supervision, support, and care were among the underlying reasons for their dropout. Three of the four argued that their parents provided little or no financial and other support, so they engaged in transactional sex and became pregnant. Camellia insisted that she would not have become pregnant if her mother had not mistreated and neglected her. On a number of occasions, she had to turn to her child's father for food and lunch money to go school because her mother refused to support her. Camellia admitted that she had sex with her child's father and eventually became pregnant because he assisted her with food and money:

*If mi modda did a help mi, mi wouldn't have sex all now and mi woulda still inna school, baby wouldn't come in play and dem supmen dere ...She neva use to gi mi lunch money, and wen she ready wen she cook she no gi mi none...Wen time him modda cook, him gi mi and gi mi money weh him get it and dem supmen dere...If she did a gi mi, mi wouldn't have sex eh nuh... [If my mother had helped me, I would not have had sex even now and I would have still been in school, I would not have had a baby and those things...She did not give me lunch money, sometimes when she cooked she did not give me any... When his (her child's father) mother cooked he gave me and gave me money when he got it and those things...If she (her mother) supported me, I would not have had sex you know...].*

None of the four girls had knowledge of sexual and reproductive health.

**Interviewer:** *So yu or yu boyfriend did know bout birth control? [So, did either you or your boyfriend know about birth control]?*

**Camellia:** *No.*

**Interviewer:** *So wah bout condom, unuh neva know bout condom? [So what about condoms; you did not know about condoms]?*

**Camellia:** *Yeah, but mi neva like wen him wear it. [Yes but I did not like when he wore it].*

**Interviewer:** *Why?*



**Camellia:** *Caah, it feel a way. [Because it feels funny].*

**Interviewer:** *Wah yu mean? [What do you mean]?*

**Camellia:** *It mek mi feel a way wen mi done have sex. Like right yah so (pointing to her lower abdomen) feel crampy wen mi use condom. [It makes me feel funny when I am done having sex. Like right here (pointing to her lower abdomen) feels cramped when I use a condom].*

**Interviewer:** *Oh. So yu neva know bout any other form a family planning like the pill, injection, or dem supmen dere? [Oh. So, did you know about other forms of birth control like the pill, injection, or those things]?*

**Camellia:** *No, a wen mi have baby doctor seh mi under age so him gi mi family planning...him gi mi injection. [No, it was when I had the baby (the) doctor said I was under aged so he gave me birth control...he gave me the injection].*

Their mothers or other family members did not provide them with helpful information about sex and reproductive health. Flowers, for example, argued that the only sex education she got from her stepmother was to abstain and threats of serious repercussion if she did not:

*She no tell mi nutten. She just eva seh wi nuffi go open wi crotches gi no boy, and she wi kill wi... [She (her stepmother) did not tell me anything (about sex). She just always said that we (she and her other sisters) should not open our legs and give any boy (sex), and she would kill us (if we do) ...].*

They also did not receive information about sexual and reproductive health at school.

**Interviewer:** *So yu guidance counsellor a school neva teach unuh bout pregnancy and family planning and dem things dere? [So, the guidance counsellor at school did not teach you about pregnancy and family planning and those things]?*

**Lily:** *No, mi probably neva go a dat class, or mi gooda all hear and no know seh a dat she a talk bout, yu know. [No, I probably did not go to that class, or I could have heard and did know that is what she (the teacher) was talking about, you know].*

### 8.01d. Teachers-Student Relationships and Academic Performance

Poor relationship with teachers and academic failure were recurring themes in the girls' accounts about their past schools. Many had poor relationships with teachers; because teachers were unengaging and unkind. Ginger explained:

*Mi use to attend the Meadow Valley High School.<sup>22</sup> Yu si certain teacher a dat school deal wid wi a way. (She explained what she meant) Meaning barking afta yu, style yu certain way (she explained when probed what "style" meant); call yu name like dunce gal, and all dem things...Mi si certain pickney can't even spell dem name inna high school, and certain teacher no even look pan dem...Most teacher no have time fi yu. More time yu inna a class and no teacher no come a class. [I used to attend the Meadow Valley High School. You see, some teachers at that school dealt with us (students) badly. (She explained what she meant) Meaning shouted at you, called you names; like illiterate girl and all those things...I saw some children were not able to spell their names in high school, and some teachers didn't even help them...Most teachers had no time for you. Sometimes you were in class and teachers did not show up for class].*

According to some of the girls, poor treatment from teachers exacerbated other difficulties they were having with academic performance, or challenges they experienced at home, which solidified their decisions to stop attending school. A case in point is Jasmine. Since her mother migrated to England, she has received little support and care at home, which resulted in her arriving at school late in the mornings. However, instead of understanding and assisting her to overcome her challenges, her form teacher frequently punished her for being late, so she got frustrated and decided to stop going.

**Jasmine:** *Mi use to go to Barry Bale High. [I use to go to Barry Bale High]*

**Interviewer:** *Yeah? What grade you stop go? [Yeah? At what grade did you stop attending]?*

**Jasmine:** *9.*

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<sup>22</sup> This is a pseudonym. Please be reminded that all the names of schools and other names recorded in this dissertation are pseudonyms.

- Interviewer:** *Why you stop go? [Why did you stop going]?*
- Jasmine:** *Caah mi neva like di teacher. [Because I did not like the teacher].*
- Interviewer:** *Wah yu mean yu neva like di teacher? [What do you mean by you did not like the teacher]?*
- Jasmine:** *Caah him mek mi pick up rubbish wen mi go school late every mawning. [Because he made me pick up rubbish every morning when I went to school late].*
- Interviewer:** *Yu go to school late every morning? [You went to school late every morning]?*
- Jasmine:** *Yeah, caah tru mi live far...and from eva since mi modda gaan mi no have nobody fi wake mi up and cook mi breakfast and dem things dere; a mi haffi mek mi owna breakfast, get ready fi school, so mi reach school late. [Yes, because I lived far (from school) ...and since my mother left I had no one to wake me up and make my breakfast and those things; I had to make my own breakfast, get ready for school, so I got to school late].*
- Interviewer:** *So yu neva tell the teacher wah gwaan wid yu? [So, did you tell the teacher what is going on with you]?*
- Jasmine:** *Yeah, dem no business. [Yes, they do not care].*
- Interviewer:** *So dats why yu just stop go so? [So, that is why you just stopped going]?*
- Jasmine:** *Yeah. One day, like mi use to have dis boyfriend and him use to text mi phone, and mi use to show mi friend dem inna class, and him come ketch mi a show mi friend dem, and come tek weh di phone, and like him seh mi mus call mi parents fi come fi di phone. But true mi know seh mi fadda a go beat mi, mi nuh badda call mi fadda.... Mi just stop go. Mi jus get fed up and stop go, caah mi never like him. [Yes. One day, like I used to have this boyfriend and he used to text me, and I used to show my friends in class, and he (the teacher) caught me showing my friends (the texts) and took away the phone, and he said I should call my parents to come for the phone. But I knew that my father would beat me, so I did not call my father...I just stopped going. I just got frustrated and stopped going because I did not like him].*

Social control theory postulates that attachment and commitment to prosocial institutions such as schools, shield adolescents from forming bonds with deviant peers and engaging in drug

use. Engagement and attachment to school is therefore an important protective factor against adolescent involvement in risky behaviours, which may hinder their healthy development and transition into adulthood. Pianta, Hamre, and Allen (2012) assert that school is "...one of the most proximal and potentially powerful settings for influencing children and youth" (p. 366) in their development.

Students' interactions and relationships with teachers in the classroom influence their level of engagement and attachment to school (Alexander, Entwisle, & Horsey, 1997; Pianta et al., 2012). Students who feel they have a good relationship with teachers, who are passionate and committed to their learning and development, are more likely to feel more confident and engage in classroom and learning activities (Hamre & Pianta, 2009; Stuhlman, & Pianta, 2009).

Therefore, teacher-student relationships are integral to the academic or educational outcomes of students. Primrose reflected on some of the things that could have prevented her from dropping out of school:

*Yu si if maybe mi did have all a teacher or a guidance counsellor weh coulda come home and see wah di problem and talk to mi, and seh why yu a do dis and rae rae, maybe mi wouldn't dropout a school. Cause, even though miself esteem a drop, each time them just always deh dere fi carry it back up, dem would just know wah di right thing fi seh. Yeah mi feel seh dem things deh woulda help. [You see, maybe if I had a teacher or a guidance counsellor that came home and saw what the problem was and talked to me, and say why are you doing this and so on, maybe I would not have dropped out of school. Because even though my self-esteem was falling, each time they (would) always be there to build it back, they just would know the right things to say. Yes, I feel that those things would have helped].*

Ginger somberly corroborated:

*Mi mom use to talk to mi and tell mi fi must go school and so, but mi neva really understand, mi neva really listen and tek it in. But (her voice lowered to a whisper) if more people did a come to mi and talk to mi, like all mi teacher dem and so, tell mi seh dats wrong and dem things dere, mi would be better off now,*

*mi woulda still a gah school yu understand. [...My mom used to talk to me and tell me to go school and so on, but I did not really understand, I did not really listen and take it in. But (her voice lowered to a whisper), if more people had come to me and spoke to me, like my teachers and so, told me that was wrong (truancy) and those things, I would be better off now, I would still be in school].*

It is important to stress here that not all the girls had poor relationships with teachers or other problems at school. Four of them liked their past schools and they had good relationships with most of their teachers. Buttercup, for example, liked the last school she attended because the teachers cared about students' academic well-being and assisted students, including her, wherever possible. She could also talk to her guidance counsellor about any problems she was having.

**Interviewer:** *So what did you like about the school?*

**Buttercup:** *Well, mi like everything bout di school. They give yu good teaching dere and dem tek di time out, dem ensure dat yu undastand certain tings as in your work area and so on. And like if yu don't have lunch or so, they give yu lunch. Like in my case, dem undastand my situation seh mi no have nobody a tek care a mi, so mi like get lunch everyday. And like wen mi a go home, di guidance counsellor she wi give me a likkle fare wen she have it, or she will gi mi supmen fi eat, a cup soup or so, she will gi mi a soap, roll-on, any likkle ting she have. And becaah, as mi tell yu, mi jus confident inna har so any problems mi have mi can talk to har bout it. [Well, I liked everything about the school. They (teachers) gave good teaching there and they took time out, they ensured that you understood certain things as in your work area and so on. If you did not have lunch or so, they gave you lunch. Like in my case, they understood my situation that I had no one taking care of me, so I got lunch every day. And like when I was going home, the guidance counsellor she would give me a little bus fare when she had it, or she would give me something to eat, a cup of soup or so, she would give me a soup, deodorant, any little thing she had. And because, as I told you, I just had confidence in her so any problems I had I could talk to her about it].*

Buttercup's relationship with her guidance counsellor ended because the school was a primary and junior high that ends at grade 9, and she had to move on to another high school. She decided not to go the other school because she believed she would have failed.

### **8.01e. The Stress of School: Teacher-Student Relationships, Academic Performance, Misconduct and School Dropout**

Poor teacher-student relationships, academic failure, aggression and other misconduct, and drug use combine in complex ways to promote school dropout among the girls in this study. The belief that teachers were not emotionally supportive and invested in the teaching and learning process contributed to some of the girls' poor academic performances and subsequent school dropout. Poor academic performance also resulted in some of them becoming frustrated and stressed, so they smoked to cope. Moreover, some of the girls revealed that smoking contributed to their poor academic performance and their choice to dropout. Aggression and other misconduct resulted in some of them being frequently suspended from school, which in turn resulted in their poor academic performance, stress, and school dropout.

Given that, in addition to other negative social experiences, most of the girls indicated that they had poor relationships with teachers at their past schools, it is no surprise that most of them performed poorly in some academic areas and got in trouble frequently for delinquency. When probed about their academic performances, most admitted that they did well in some subject areas and performed poorly in others. The subjects they liked and were passing were also the ones that were taught by teachers they described as "nice." Conversely, they failed subjects taught by "mean" teachers, whom they did not like.

*Interviewer:* Which subject you use to do a school? [What subjects did you do at school]?

**Camellia:** *Language and Foods. [Language and Foods].*

**Interviewer:** *Only dem two dere? [Only those two]?*

**Camellia:** *Yeah. A dem two class mi go inna. Mi neva like di rest a di teacher dem. [Yes. I only went to those two classes. I did not like the rest of teachers].*

**Interviewer:** *Why?*

**Camellia:** *Dem love cuss people and seh people dunce and dem supmen deh; dats why mi no go inna dem class. Just Language, Foods and sometimes Art class mi go, becaah mi like dem teacher deh. [They liked to curse people (students) and tell them they are illiterate and those things; that is why I did not go to their classes. I just went to Language, Foods and sometimes Art class, because I liked those teachers].*

**Interviewer:** *So if yu no go the odda class dem, how yu do dem work and pass dem exam? [So, if you did not go to the other classes, how did you do the work and pass the exams]?*

**Camellia:** *Mi neva use to do dem? [I never did them].*

**Interviewer:** *Oh, so yu fail dem class deh den? [Oh, so you failed those classes then]?*

**Camellia:** *Yeah*

**Interviewer:** *So wah bout the Language, Foods and Art teacher yu did like? [So why did you like the language, Foods and Art teachers]?*

**Camellia:** *Dem treat yu good, and dem talk to yu nice and like anything yu ask dem fah and dem have it dem gi yu. [They treated you good, and they talked to you nicely, and like anything you ask them for and they have it they give it to you].*

**Interviewers:** *Like wah yu use to ask dem fah? [Like what did you ask them for]?*

**Camellia:** *Like sometime mi no gah school wid no lunch money, mi ask dem if dem caah buy mi a lunch and dem gi mi money and mi buy lunch. And mi can talk to dem bout anything. [Like sometimes I did not go to school with lunch money, I asked them to buy me lunch and they gave me money and I bought lunch. And I could talk to them about anything].*

Camellia's experiences with teachers at school is a testament of the powerful impact of teacher-student interaction on students' academic performances and school outcomes. Other girls shared

similar stories of truancy, academic failure, and subsequent dropout because of lack of warmth, support, and interaction from teachers at their past schools. Blossom vented:

*Some a di teacha a wicked. Like dem know seh most pickney dem caan read eh nuh, but yu si wen yu buk up pan a word yu neva yet si yet and yu all a try break it dung, dem style yu and she, “yow yu wutless, yu big and dunce” and dem supmen dere... dats why mi nuh gah dem class. [Some of the teachers are wicked. Like they know that most children cannot read, but you see when you come across a word you have never seen and you are even trying to break it down, they curse you and say, “you are worthless, you are big and illiterate” and those things...that is why I did not go to their classes].*

Some of the girls revealed that they became frustrated because they had academic difficulties and so they smoked to relieve their frustration. Rose, for example, said that smoking spliff helps her, as well as other girls, to deal with stress caused by academic difficulties.

**Interviewer:** *So tell mi supmen yu think seh it okay fi girls smoke weed and grabba, and cigarette, and anything else? [So, tell me, do you think it is okay for girls to smoke marijuana and tobacco, and cigarette, and anything else]?*

**Rose:** *No eh nuh mi no think so, but sometimes a certain things weh dem a go tru. [No, I do not think so, but sometimes it is certain things that they go through].*

**Interviewer:** *Like wah? [Like what]?*

**Rose:** *Mi tell yu like di stress, and school, and so... [I told you like stress, and school, and so on].*

**Interviewer:** *Wait, wah bout school stressing? [What is stressing about school]?*

**Rose:** *School, like yu wah do CXC and yu no have no money fi do it; dat stressing to man. Yu have teacher, some teacher put stress pan pickney... [School, like you want to do CXC and you have no money to pay for it; that is stressing. You have teachers, some teachers put stress on children...].*

**Interviewer:** *Ehh, how that? [Really, how so]?*

**Rose:** *Mi did have a English teacha, mi did hate har, mi neva use to gah a class. Yu si all five homework she give fi come in tomorrow. She gi yu it tiday fi come in tomorrow. Mi no do dem. [I had an English teacher, I hated her, I*



*did not go to her class. You see she gave five homework to be submitted tomorrow. She would give it today to submit tomorrow. I didn't do them].*

**Interviewer:** *So because she give whole heapa work that stressing? [So, because she gave a lot of work that was stressing]?*

**Rose:** *Yeah! Dem ting deh did stressing man. And all a give yu some farin words, some words weh yu haffi go look fah, mi not even can pronounce dem word deh. Yu all haffi use them inna sentence. [Yes! Those things were stressing. And even giving you some foreign words, some words that you had to look up, I did not even know how to pronounce those words. You even had to use them in sentences].*

**Interviewer:** *But still wah stressing bout dat? All yu haffi do a look up the words dem and do har work? [But still what was stressing about that? All you had to do was look up the words and do her work]?*

**Rose:** *It hard! Mi couldn't do it! A one time alone mi did ago do it, and mi start it and stop. Mi caan find nutten so mi just no bother do nutten yah. Dem supmen deh stress out people man. [It was hard! I could not do it. I tried to do it once, and I started and stopped. I could not find anything so I just did not bother doing it. Those things (academic difficulties) stress people out].*

Conversely, three girls – Primrose, Ginger and Blossom, confessed that smoking marijuana mixed with tobacco affected their academic performance and led to them dropping out of school. They admitted that they smoked frequently at school and could not concentrate.

**Interviewer:** *Yu use to smoke a school to? [You smoked at school too]?*

**Ginger:** *Yeah.*

**Interviewer:** *So wah happen wen yu smoke a school? [So, what happened when you smoked at school]?*

**Ginger:** *Boi it no mek mi wah concentrate, it mek mi want weed more and more, yu understand. [It did not make you concentrate, it made you me want weed more and more, do you understand].*

All three girls claimed that smoking led not only to a lack of concentration; it also resulted in conflict with teachers and subsequent suspension from school. Primrose, for instance, became frustrated because she was failing in school, so she started to smoke marijuana mixed with

tobacco more frequently. However, smoking worsened her academic failures since it made her drowsy and inattentive. In addition, she became agitated and aggressive when her teachers woke her up in class so she decided to stop going to school:

*Mi use to come all like 6 and 7 inna the class.... den mi gaan way dung star, come all 20 outta 28, and mi seh a mi really a come dem supmen yah. So mi just give up yah. Mi caan memba all the words dem and mi caan concentrate pan nutten, mi mind a freeze up. Den mi start bun di weed harder...Mi deh a school; mi caah concentrate mi just go sleep. The teacher use to haffi wake mi up and mi start get ignorant pan dem...So mi just stop. [...I used to be place like 6<sup>th</sup> and 7<sup>th</sup> in class...then I went down, I was placed 20<sup>th</sup> out of 28 (students) and I said is this really me being placed in these lower positions? So, I just gave up. I couldn't remember the words, and I couldn't concentrate, my mind froze. Then I started to smoke spliff harder... I am at school; I cannot concentrate, so I just slept. The teacher used to wake me up and I started getting aggressive with them...so I just stopped (going to school)].*

Ginger and Blossom decided to stop going to school after their teachers caught them smoking and suspended them.

**Interviewer:** *So afta the security incident yu stop go? [So, after the security incident you stopped going (to school)]?*

**Ginger:** *No man, afta wen dem did ketch mi inna di bathroom a smoke di weed...mi just decide seh yu know wat mi nah smoke it a school again, so mi just stop go... [No man, after they caught me in the bathroom smoking spliff...I decided that you know what I am not going to smoke it at school again, so I just stopped going...].*

**Blossom:** *Di Dean come and ketch wi a flass and smoke weed and grabba inna class and she carry wi round a office...she a tell wi seh wi fi bring wi modda before wi can come back, but wi still a gah school same way and wen wi si har wi run round pan the block, and hide har out. So, she send security so till she all call police, and wi haffi leave outta di school and go home...so mi just seh mi nah go back out dere. [The Dean came and caught us drinking and smoking marijuana and tobacco in class and she carried us to the office...she told us that we should bring our mothers in order to continue school, but we still were going to school and when we saw her we ran on the block and hid from her. So, she sent security until she called*

*the police and we had to leave the school and go home...so I just said I am not going back out there (the school)].*

All fifteen girls disclosed that they had been in trouble or had been suspended from school at least once for fighting, skipping classes, dressing inappropriately, and breaking other school rules, prior to dropping out.

**Primrose:** *Mi get suspend nuff time! [I was suspended many times].*

**Interviewer:** *Yeah? Why yu get suspension? [Yes? Why were you suspended]?*

**Primrose:** *Mi a fighter man. Mi use to fight a school regular. Mi no really disrespect di teacher dem, but mi fight. Mi caan cuss, but mi can fight. Mi wi walk yu out it eh nuh, but if yu still wah walk mi dung fi fight, mi wi get bummi. [I am a fighter. I fought a lot at school. I did not disrespect the teachers, but I fought. I cannot quarrel, but I can fight. I will ignore you, but if you still insist on provoking me to fight, I will get angry and fight].*

**Interviewer:** *So how yu use to behave a school then? [So how was your behaviour at school]?*

**Ginger:** *Boi mi use behave badly at school eh nuh...Mi get suspend a lot, bout six times, (she paused to think about the number of times she got suspended); two fi fight and one fi di smoking...and dah time wen mi and di security ketch up...Yeah, dem time dere dem suspend mi. Mi neva tek di school ting serious. A wish mi did tek it serious cause now it seems like I am losing it...mi brains a get slow and slower. [I used to behave badly at school you know...I got suspended a lot, about six times, (she paused to think about the number of times she got suspended); two for fighting and one for smoking...and that time when the security guard and I got in an argument...Yes, those times I got suspended. I did not take school seriously. I wished I did take it serious because now I am losing it...my brain is getting slow].*

## **8.02. Community Experiences: Girls in Inner city Neighbourhoods**

The study participants reside in six inner-city communities in Kingston and St, Andrew, characterised by high incidences of unemployment, poverty, crime, and violence (especially gang and gun violence), drugs, and political tribalism among other socioeconomic and

geopolitical ills, (Bailey, 2010; Clarke, 2006; Moser & Holland, 1997; Levy, 2009; Amnesty International, 2008). All shared anecdotes of poverty, accessibility to drugs, and exposure to violence in their communities. These stories are not contrived. Statistics show that Jamaican society is plagued by poverty, unemployment, violence, and other social problems that thwart human and economic development. The 2010 Jamaica Survey of Living Conditions (JSLC) indicated a poverty rate of 17.6% (PIOJ, 2014) overall. The poverty rate in the Kingston and Metropolitan Area (KMA) for that year was 14.4 % (PIOJ, 2014). A large number of the poorest in the KMA reside in inner city communities (Henry-Lee, 2005; Moser & Holland, 1997). In January 2011, the unemployment rate in Jamaica was 12.7%, with a large proportion dwelling in inner city communities. Added to this, in 2005, 1,674 persons (of a population of 2.7 million) were murdered (Amnesty International, 2008). According to Levy (2009), approximately 40% of reported murders in Jamaica occur in inner city communities in Kingston (although recent data indicate that high crime rate is migrating from Kingston and increasing in other towns and rural areas).

#### **8.02a. Consequences of Poverty: Intersections of Colonial Legacy, Social Class and Gender**

The girls in the sample all reported that, like the rest of the members of their communities, they live in poor households. Unemployment and low wage work, inaccessibility to food, school dropout, prostitution, and smoking are some of the consequences of poverty in their communities. Many of the girls in the sample reported that the practice of Obeah is widespread in their communities because people are envious of any sort of progress their neighbours might make. Although all the girls expressed frustration with the proliferating socioeconomic challenges in their communities, more than half said they like their communities because their communities were “lively and fun.”

**Interviewer:** *Alright, tell mi bout yu community? [Tell me about your community]?*

**Violet:** *Mi community, it nice enuh. Di community it nice. [My community, it is nice enough you know. The community is nice].*

**Interviewer:** *Weh yuh mean it nice? [What do you mean it is nice]?*

**Violet:** *Well party keep and dem supmen deh, so yu always have a vibes, and yu know can dress up and just go and dance up wid yu frend dem. [Well there are frequent parties and those things, so it is always lively and you know, you can put on your clothes and just go and dance with your friends].*

**Rose:** *It nice eh nuh, it vibzy. Yu eva have di pickney dem a ramp, and yu have party a keep every Friday and Satiday and Sunday and so... [It (her community) is nice you know; it is lively. You always have the children playing, and there are parties every Friday, Saturday, and Sunday, and so...].*

Notwithstanding the parties and liveliness, unemployment, low wages, and informal employment are rampant in the girls' communities. Ginger narrated:

*Most people sell, most jobs in here a like selling cash pot and all a dem thing dere; sell food and certain likkle things fi just hustle. So, most people no have no work... [Most people sell, most jobs in here (the community) is like selling cash pot (a gambling game) and all those things; selling food and certain things to just hustle. So, most people do not have work...].*

Many participants revealed that the heads of their households, who are predominantly female, are either unemployed, seasonally employed, or work in low skilled minimum-wage jobs such as garbage collection, babysitting, housekeeping, and selling at the market. With the heads of their households earning little or no income, some of the girls have experienced hunger because there was not enough money to buy food. Buttercup disclosed that her friend's father (with whom she lives) is unemployed and sometimes cannot afford to buy food for the household:

*Har fadda not working yu undastand, so you done know say tings sticky...Sometime di way mi hungry and feel; it mek mi feel like mi ago blind...it mek mi see stars. Yeah, hungry, hungry and mek mi weak out, like it mek mi have a shakiness. [Her (Buttercup's friend) father is not working do you understand, so you know things are bad...Sometimes the way I am hungry and feel; it makes me*

*feel like I am going blind...it makes me see stars. Yes, hungry, hungry and weak, like I am trembling].*

Dahlia also shared that when she ran away from home and went to live in her friend's household (in the same community), her friend's mother (who was the head of the household) was unemployed and could not afford to buy food, so on many occasions they were hungry:

*Arite yu si wen mi use to ova mi friend modda yard mi caan get (she paused). Ok yu si sometime she no cook, so no food no deh fi eat, cause dem siddung pan di side walk, yu know, dem no have no job and so; cause sometime a mi modda use to haffi cook and gi dem food. So mi all hungry ova deh, mi neva use to like dat. [Ok, when I lived at my friend's mother's house I could not get (she paused). Ok you see, sometimes she did not cook, so there was no food to eat, because they (her friend's mother and others) sat on the side walk, you know, they had no jobs and so on; sometimes in the past my mother had to cook and give them food. So I was hungry when I was there, I did not like that].*

Intersectionality, particularly convergence of gender and class, plays a crucial role in understanding the role of poverty and its consequences for the girls in this study, as well as other women and girls in their communities. Their marginal positions as lower class females render them vulnerable to unemployment or underemployment; low educational attainment; limited access to food and other basic consumption goods and to social amenities including education and social welfare services, as well as vital infrastructure such as clean water, roads, and housing. All of this leads to overall socioeconomic and political marginalization.

As explained in chapter II – Section 2.03c, gender norms and roles and socioeconomic class structures are rooted in colonialism and slavery, and can increase risks of poverty and social exclusion for lower class women in Jamaica. Women in Jamaica are more likely to be unemployed and poorer than men. In a report on *current and emerging vulnerabilities in Jamaica* (PIOJ, 2014), the 2010 poverty rate in female-headed households was higher (13.8%) than male headed households (11.1%). Approximately 46% of Jamaican households in 2010

were female-headed, with “greater likelihood of vulnerabilities” (PIOJ, 2014, p. 9) due to income and employment disparities between men and women. Female unemployment rates have consistently exceeded that of males (PIOJ, 2014). As a case in point, in 2007, the unemployment rate among females was 14.3% and 6.1% among males (PIOJ, 2014). Similarly, in 2008, the female unemployment rate was 14.6% in comparison to 7.3% among males (PIOJ, 2014). In 2009, female unemployment was 14.8%, while for males, it was 8.5 % (PIOJ, 2014). The same disproportionate trend of unemployment rates continued in 2010 and 2011, where female unemployment rates were 16.2% and 16.7%, while males were 9.2% and 9.3% respectively (PIOJ, 2014, p. 47). The disparity in employment rates between males and females is largely due to traditional gender roles (PIOJ, 2014), where women are over represented in volatile employment sectors constituted by traditional female jobs, such as the informal or underground economy, like higglering (small-scale selling of goods).

According to Harrison (1988), sexual inequality and class disparities that result in the marginal socioeconomic positions of Jamaican women (especially lower class women) are “integrally related to the broader processes of uneven development [and underdevelopment] within the Caribbean periphery of the world capitalist system” (p. 104), largely a result of its incorporation into the capitalist world system via imperialism, colonialism, and neocolonialism (more recently expressed as globalization), all instigated and dominated by Western Europe and North America. The heavy reliance of the Jamaican economy on bauxite, sugar, and tourism, its huge and spiraling national debt (which takes a large portion of the country’s GDP to service), and its widespread foreign ownership of large corporations and income generating enterprises, are cumulative effects of the plantation economic system begun during colonialism, and exacerbated by Structural Adjustment Programs (SAPs), imposed by the International Monetary

Fund (IMF) in the 1970s (Best & Levitt, 2009; Critini, 2005; Girvan, 2006). The underdevelopment and “dependency” of the Jamaican economy has led to burgeoning levels of inequality, unemployment, poverty, crime, and the inability of government to provide adequate social and public services (Cristini, 2005), with disproportionate impact on lower class women.

Since most of the girls in this study live in households headed by lower class women (indicated by their communities of residence and the employment status of the mothers and grandmothers who head their households) the hunger, poverty, school dropout, and other vulnerabilities that they reported appear to be inevitable, under current conditions. Several empirical inquiries have been conducted on the prevalence of poverty and unemployment among female-headed households in Jamaica. However, relatively few studies have explored how household poverty and female marginalization impact the health and well-being, and especially the drug using behaviours, of adolescent girls in low-income households. In addition, very few have made the connection between larger sociohistorical processes that impact on lower class girls’ lives, experiences, and drug use as this study has done. Therefore, this study can help stimulate future research and policy interventions.

### **Coping with Poverty: Prostitution and Smoking**

According to some girls in the study, poverty forces them, as well as other women and girls in their communities, to engage in prostitution or survival sex in an effort to survive. They also claimed that women and girls in their community smoke and use other drugs as a means of coping with prostitution and other consequences of poverty. As Blossom argued:

*To me, how mi see it eh nuh, ova my community, dem (women and girls) haffi smoke eh nuh caah most a dem, dem no have no wuk; man breed dem and no look pan dem; man gi dem AIDS; yu have some a di man dem weh all pimp out dem owna baby modda, carry har go sell and collect the money from har; di mother*



*dem all carry dem girl pickney like mi weh a 17, a carry dem a Back Road... Dem haffi smoke fi ease dem mind offa dem tings deh. [To me, how I see it you know, in my community, they (women and girls) have to smoke because most of them, most of them do not have jobs; men get them pregnant and do not support them; men give them AIDS; you have some men who pimp out their own baby mothers, take her to sell (sex) and collect the money from her; The mothers even carry their girls, 17 years old like me, take them to a Back Road (prostitution place)....They have to smoke to ease their minds of those things].*

Four of the girls in the sample reported that they engaged in prostitution or survival sex in order to cope with poverty and survive. Dahlia, for example, divulged that she initiated prostitution when she ran away from home and went to live with her friend. Sage, Camellia, and Violet also confessed that they have had sex and/or performed other sexual acts with adolescent boys and older men to get money, food, and other necessities. Below is an excerpt of Violet's detailed narrative of her experiences with poverty and prostitution. Throughout her story, she justified prostitution as her primary means of survival.

*Well, since mi granny dead eh nuh mi start haffi a try hustle. Mi modda and mi uncle nah gi mi no money. Mi will get food from mi fambily dem one and two time, but yu haffi try and survive...If yu si somebody weh like yu, and worse if yu look nice, yu boyfriend wi gi yu likkle tings, and den if yu si a man weh like yu too him gi yu money, a so yu survive, yu can't (she paused), or else yu dead fi hungry...Bout two years ago, same time wen mi granny jus ded, mi gah church one night...and di paasta man...him offer fi drop mi home...caah true mi inna batty rider, a party mi did a come from...So him a drop mi home now... and seh, "yu know yu look sexy inna dat". So mi seh, "yu no paasta, lowe mi yah". Him deh deh a seh, "bwoy Violet mi a tell yu supmen, I want wi do supmen but yu caan tell nobody". So mi seh, "weh yah talk bout"? And him tell mi seh him wah suck mi pussy, and mi seh "wah!" But wen him mention di money (she chuckled); him seh "mi a pay yu,", and me seh "eh, how much?" (she chuckled) and him tell mi five grand and mi seh bombaaf five gran! So mi seh yeah and ting, and him dweet di same night inna di car...mi did feel a way eh nuh...but wen mi get di money mi can buy mi food and mi tings dem...From dat him pay mi...Den yu just have odda man weh wah dweet, but dem no pay so much, dem pay like \$1000 or \$2000...Wen dem grind yu dem pay 5, 6, 7 grand...dem carry yu a Back Road; some a dem carry yu go a dem house; some a dem a walk foot; but some drive so*

*dem carry mi go. Sometime mi wi all tell dem fi meet mi dung a like all KFC; mi jus tell dem, “mi a go meet yu a KFC”, and wen yu reach a KFC yu hungry. So wen yu hungry now, dem feed yu and dem carry yu go weh dem a go, and dem do weh dem fi do and pay yu and ting... [Well, since mi grandmother died, you know, I had to start hustling. My mother and my uncle do not give me money. I get food from my family one and two times, but you have to try and survive...If you see someone that likes you, and worse if you look nice, your boyfriend will give you little things, and then if you see a man that likes you too he will give you money, that’s how you survive, you can’t (she paused) or else you will die from hunger...About two years ago, around the same time my grandmother died, I went to church one night...and the pastor...he offered to drop me home...because I was in a short shorts, I was coming from a party...So he was dropping me home now and (he) said, “you know you look sexy in that”. So, I said, “aren’t you a pastor, leave me”. He was there and said, “Violet I am going to tell you something, I want us to do something but you cannot tell anyone”. So, I said, “what are you talking about”? And he told me he wanted to do oral sex, and I said “what”! But when he mentioned the money (she chuckled); he said, “I am going to pay you”; I said, “really, how much”? (she chuckled); and he told me JMD 5000; and I said wow JMD 5000! So, I said yes and he did it that same night in the car. I felt bad you know...but when I got the money I could buy my food and things I needed. From that time he pays me...Then you just have other men that wants to do it (oral sex), but they do not pay so much; they pay like JMD 1000, 2000...When they have sex with you, they pay JMD 5000, 6000, 7000...They take you to Back Road (prostitution place); some of them take to me their house; some of them have no vehicle, but some of them drive so they drive me. Sometimes I will tell them to meet me at like the KFC; I just tell them, “I will meet them at the KFC”, and when you get to KFC (you tell them) you are hungry. So, when (you tell them) you are hungry, they feed you and they carry you where they are going, and do what they need to do and pay you and so on...].*

Many of the girls in the study contended that unemployed single mothers in their communities, as well as girls whose parents are poor, or those who are neglected by their parents/family, are forced to exchange sex for money to take care of themselves and their families. The following excerpts highlight the sentiments of some participants.

*Girl haffi deh sell dem body caah dem no have no money. [Girls have to sell their bodies because they have no money] (Lily).*

*Dem sell dem body, all fi \$500; dem sell dem body wen dem no have it fi gi dem pickney...caah dem baby fadda breed dem up and nah pay dem no mind. [They (women) sell their bodies, for even JMD \$500 they sell their bodies when they to do not have it (money/basic needs) to give their children...because their babies' fathers impregnate them and do not support them] (**Blossom**).*

*Dem modda don't have it, and dem haffi go out pan di way fi go get fi dem own. (She explained, when probed, what she meant by to "get their own") Go out fi go sell dem body fi get it. Mi have a friend...she go out go do it, becaah sometime har modda no have it...She do anything as long as she a eat, as long as she a get money. Wen wi deh a school she usually go weh pan lunch time...she even have dis big man...she usually go deh to him and have sex and him gi har money. She all did ketch infection from di same man, so she did end up haffi go doctor... [ ...Their mothers are poor, and they have to go out of their way to get it on their own. (She explained, when probed, what she meant by "get it on their own") Go out to sell their bodies to get it (money). I have a friend...she goes out to do it (prostitution) because sometimes her mother does not have it (money/basic needs) ...She does anything as long as she is eating, as long as she getting money. When we went to school she left during lunch time...she even had this older man...she went there (to his house) to him and had sex and he gave her money. She even caught an infection (STI) from the same man, so she had to go to the doctor... ] (**Hibiscus**).*

*Yeah yu a go have sex fi get it. Yu a go want money...some a dem parents nah gi dem enuff lunch money. Sometime di parents a gi dem bus fare alone, so dem haffi go out deh fi get weh dem want. Some a dem parents all a tell dem "di whole a unuh a fuck and unuh have man so unuh have unuh money" and rae rae. It jus push dem more fi go have man. [Yes, you are going to have sex to get it (money). You are going to want money...some girls' parents are not giving them enough lunch money. Sometimes their parents are only giving them bus fare, so they have to go out there (have sex) to get what they want. Some of their parents even tell them "all of you are having sex and you have men so you have money" and so on. It just forces them to have men] (**Sage**).*

*Mi friend, anytime she lef har yard, she jus go have sex and she come back wid har money and she jus go buy up har tings dem. Yu know, wen yu wah supmen inna life and wi no have modda or fadda fi gi wi, wi jus haffi work towards it wi self, so a dat wi do. [My friend, whenever she leaves her house, she goes to have sex and she comes back with her money and she just buys her things. You know, when you want something in life and we have no mother or father to give to us, we just have to work towards it ourselves, so that is what we do] (**Dahlia**).*

It should be noted that this study does not attempt to meddle in the debate on the morality or legitimacy of the ancient, profession of prostitution or acts of survival sex (illegal in Jamaica). However, it must be emphasized that engaging in prostitution can be perilous for women and girls, because it has been associated with a number of risks such as ill-health, HIV/AIDS and other STI's, unplanned pregnancies, drug use, as well as physical and sexual abuse.

Although poverty can be said to be an influential factor in the lives of the girls in the study, as well as other women and girls in their communities, gender norms and roles are the primary underpinning influence shaping their engagement in survival sex or prostitution, simply because in Jamaica women and girls are disproportionately involved in survival sex and prostitution. Men have greater access to social and economic resources than women, so more women than men live in poverty because of income and employment disparities in Jamaica (PIOJ, 2014). Women experience higher rates of unemployment than men because they tend to be employed in traditional “female” jobs or in the informal sector which are usually prone to decline during economic shocks and other macroeconomic changes. Thus, in an effort to cope, some girls (like those in this study) have no choice but to engage in prostitution or survival sex because their mothers or female caregivers have been incapacitated by a social system that perpetuates unequal distribution of economic and social resources among men and women.

Some of the girls also smoke to cope with poverty and its consequences, such as inaccessibility to food and other goods and services. They bemoan not being able to afford food, pay for the cost of education, and other necessities. Buttercup and Daisy explained:

*Sometime yu just haffi smoke fi tek certain ting off yu mind...yu know, financial problem, hunger, and certain tings. Dem tings rest pon mi mind, it stress mi out bad bad bad... [Sometimes you have to smoke to take certain things off your mind...you know, financial problems, hunger, and certain things. Those things rest on my mind, it stresses me out badly...] (Buttercup).*

*Certain tings push yu and influence yu fi smoke (when probed, she later explained) Each day wen mi wake up is another struggle fi mi. Fi find supmen nyam, di only ting mi have fi comfort mi right yah now is a bed fi sleep inna; sometime a sugar and wata mi mix and go a mi bed. Dem eva a talk bout when yuh pregnant you haffi a eat, you haffi a eat, sometime mi hardly eat. If mi get no money, mi haffi a spend it wisely cause whole heapa days deh ahead, yu no know wah di future hol'; yu no know if yu a get nutten a morning fi eat. A same way yu have a woman roun' a mi way, yu si wen time she no have nutten fi gi har pickney dem fi eat, she stress out so she just beg a draw a weed or cigarette and jus siddung and relax. Yeah, wen yu no have nutten fi eat eh nuh that stressing, hungry is a haad ting eh nuh, dangerous ting. [Certain things push you and influence you to smoke (when probed, she later explained) Each day when I awake it is another struggle for me. To find something to eat, the only thing I have to comfort me right now is I have a bed to sleep; sometimes I mix sugar and water and go to my bed. They are always saying when you are pregnant you must eat, sometimes I hardly eat. If I get money, I have to spend it wisely because many days are ahead, you do not know what the future holds; you do not know if you are going to get anything in the morning to eat. There is a woman in my community, you see, when she does not have anything to give her children to eat, she gets stressed out so she just beg for a smoke of spliff or cigarettes, and just sits down and relaxes. Yes, when you do not have anything to eat, that is stressing; hunger is a hard thing you know, a dangerous thing] (Daisy).*

These findings support the theory of planned behaviour which suggests that adolescents use drugs because they believe that drugs have great benefits, given the stress caused from their deprived socioeconomic conditions, shaped by a confluence of colonial legacies, gender, and class in Third World nations, like Jamaica.

### **8.02b. Exposure to Community Violence and Smoking**

Chapters VI and VII address the persistent violence in the girls' lives and its link to their smoking. However, this section provides a more detailed discussion of participants' exposure to violence in their communities and its effect on their smoking behaviours. All the girls in the

study reported that they have been exposed <sup>23</sup> to high levels of crime and violence in their communities. They frequently hear about or witness individuals firing guns, attacks with weapons such as knives and machetes, and persons been shot. There seems to be a link between the exposure to high rates of community violence and the participants' drug use: All indicate that violence in their communities results in feelings of fear, anxiety, anger, and other internalized psychological problems, for which they use drugs to cope.

All 15 girls in the study shared stories that reveal a pattern of rampant crime and violence in their communities. For example, Ginger stated that homicide is a very frequent occurrence in her community:

*Boi yu si inna di ghetto it bad, every morning yu wake up yu hear people do all kinda tings; people kill people... [In the ghetto it is bad; every morning you wake up you hear that people do all kinds of things; people kill people...].*

Sage also described her community as one plagued by shooting, stabbing, and other types of violence:

*Every minute is a different war; who fa head buss; who fa head chop out; who get shot or stab up... [Every minute there is a different war; someone's head gets burst; someone's head gets chopped out; someone gets shot or stabbed...].*

The girls identified gangs, and gang related activities as one of the main factors responsible for the high level of violence in their communities. For example, Rose explained:

*Di man dem have dem crew, and dis crew no like that crew, becaah dis man mite do dat man supmen; a so mek dem eva fia shot and eva war. [The men have their crews, and this crew does not like that crew, because this man (from the crew) might have done that man (from the other crew) something (bad); that is why they are always firing shots, and always at war].*

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<sup>23</sup> Exposure refers to the girls either witnessing, or hearing about violence in their communities

They argue that violence in their communities is so pervasive that at any given time they are likely to witness it. For example, Blossom shared how she was just standing with her mother on the balcony of her apartment complex one mid-afternoon when they, along with many other residents, witnessed a homicide. She replayed the day the members of one gang accosted a man from the opposing gang:

*...Him seh, "leave di scheme" and di man seh, "Mi nah leave..."; him go so (using two fingers to illustrate pointing of a gun) and shoot him inna him foot. Di man stand up same way, but blood a run outta him foot; him lean up pan di shop. Di lean him lean up pan di shop, di next boy come and tek back di gun, shot him inna him chest part right yah so (pointing to her chest). Him shoot him inna him chest, di man drop and di next one she, "finish him, yu no si him dead aready..." [...He said, "leave the scheme" and the man said, "I am not leaving..."; he went like this (using two fingers to illustrate pointing of a gun) and shot him in his foot. The man stood up just the same, but blood was running out of his foot, he leaned against the shop. When he leaned against the shop, the next boy came and took back the gun (from the first shooter), shot him in his chest right here (pointing to her chest). He shot him in his chest, the man fell, and the other one said, "finish (killing) him, don't you see he is already dead...].*

Ward, Hutchinson, Levy, and Ashley (2011) note that "inner-city youth are born into, grow up in, and contribute to violence" (para.4). Gray (2007) also indicates that 76% of the 8993 reported homicides in Jamaica between 1998 and 2005 occurred in Kingston. The United Nations Office on Drugs and Crime [UNODC] reports that in 2011, Kingston was ranked number 10 among the cities with the highest homicide rates in the world, recording 50.3 per 100,000 people (UNODC, 2011). Levy (2009) also claims that over 40% of reported homicides in Jamaica occur in inner city communities in Kingston (Levy, 2009). Such high rates of crime and violence render residents, including girls, susceptible to exposure, as is corroborated in this study. A study by Samms-Vaughan, Jackson, & Ashley (2005) found that one quarter of urban Jamaican children have witnessed physical violence such as robbery, shooting, and gang wars;

and one fifth have been victims of violence. Among those who have witnessed severe acts of violence, 92.5% have witnessed fights; 65.7% stone-throwing; 60.4% arrests by police; 54.4% serious threats; 45.6% have seen dead bodies other than at a funeral; and 43.9% have witnessed stab-wounding (Samms-Vaughan et al., 2005). The study also revealed that urban children from lower socioeconomic areas are significantly more likely to be exposed to violence (Samms-Vaughan et al., 2005).

It is evident that exposure to community violence negatively impacts the emotional states of the girls in this study. They all harbor fear, frustration, helplessness, anger, anxiety, and experience insomnia from witnessing or hearing about violence in their communities. Jasmine described how terrified she gets when shots are fired in her neighborhood: *“Mi fraid, sometime mi all go underneath mi bed and hide wen mi hear di shot dem.”* [I am afraid, sometimes I even go beneath my bed and hide when I hear the gunshots]. Doing simple daily activities, like going to the shop in her community, makes her nervous:

*More while mi fraid; all wen fi gah shop, if mi see di man dem wid dem gun mi start fret, and fraid fi pass... [Most times I am afraid; even when I am to go the shop, if I see men with their guns, I begin to fret, and I am afraid to past them].*

Rose also cowers in fear when she hears and feels the effects of gunshots being fired on her apartment complex. She shared:

*...Wen shot a fia, di building vibrate...it heavy eh nuh, so di hole building shake, and yu have some loud til it echo. Mi fraid dem time dere eh nuh. [When gunshots are fired, the building (she lives in) vibrates...it is heavy you know, so the entire building shakes, and you have some (gunshots) that are so loud, they echo. I am afraid at those times you know].*

Daisy described her feelings of trepidation when she came face to face with one of the gunmen who were firing shots in a gang fight. She recalled one night she was at a party in her community



when shots erupted. Like everyone else, she bolted for cover and began running desperately to get to the safety of her house:

*...By di time mi reach down deh so weh di shot deh, dem dis a fire so. Mi haffi run go back up di road. Wen mi look a di man mi si wid di gun; him raise it down, and den him look pan mi, mi hol' mi head straight; and den wen bruk the corner mi start run, mi run. Mi a run and a bay gunshot. Mi all a bawl seh mi wah mi modda. Mi seh, "not tonite lord", mi all tun Christian. Yu si wen mi hear BLUP BLUP BLUP BLUP! Mi go pon di grung and seh "Jesus!" Mi seh, "not tonite, mi nuh ready fi dead yet, not tonite"! Mi lay dung pon di grung a crawl til mi reach in. [...by the time I reached where the shots were being fired, they (the gunmen) were just firing (shots). I had to run back up the street. When I looked, I saw the man with the gun; he lowered it, and then he looked at me, I did not look at him; and then when I got to the corner started to ran, I ran. I was running and heard a lot of gunshots. I even cried that I wanted my mother. I said, "not tonight lord," I even became a Christian. You see when I heard BLUP BLUP BLUP BLUP (sounds of gunshots)! I went down on the ground and said, "Jesus!" I said, "Not tonight, I am not ready to die, not tonight!" I laid down on the ground and crawled until I got home].*

The excessive violence in their communities also results in most of the girls feeling vulnerable and insecure. For instance, Daffodil shared:

*A just last night two frend back gun afta dem one anoda...mi fraid a gun shot. Di gun loud eh nuh; di noise alone mek mi fraid. Wen mi si gun mi jus' a tink seh somebody ago dead; anyone can dead caah shot no have eye, so it can ketch anybody, even me. [It was just last night that two friends pointed guns at each other...I am afraid of guns and gun shots. The gun is loud you know; the noise alone makes me afraid. When I see gun, I am just thinking that someone is going to die; anyone can die because gunshots do not have eyes, so it can catch anyone, even me].*

Camellia expressed her insecurities about the same incidence:

*... Like last night two frend ketch up pan di road, and di two a dem go fi gun fi one another. Mi run go back inna mi house. Mi did feel fraid eh nuh, caah anybody can ded. [...Like last night two friends got in an argument on the road, and they went for guns. I ran back into my house. I felt afraid you know, because anyone can die].*

The constant violence also makes some of the girls angry and frustrated. Blossom vented her frustration about violence caused by gang members in her community:

*...Wen it a come dung to December, dem always a fia gun, a kill off people and dem supmen deh, jus fi spoil di Christmas. [...When it is nearing December, they (the gunmen) are always firing their guns, killing people, and those things, just to spoil Christmas].*

She also indicated a confluence of remorse and anger at the homicide she witnessed: “...Dem neva haffi kill him, dem just wicked!” [*They (the gunmen) did not have to kill him, they are just wicked!*] Camellia also expressed her frustration; she believes the problem of violence in her community would be solved if the gang members were all imprisoned: “Mi wish dem tek out di gunman dem and lock dem up” [*I wish that they take out the gunmen and lock them up*].

Some of the girls want to move from their communities to escape the violence.

According to Jasmine, “Mi wah lef, because it too bad, mi nuh really like it” [*I want to leave (the community), because it is too bad, I do not really like it*]. Hibiscus has similar dreams to escape her violent community: “Mi wah live a wah nice decent place weh no war no deh, cause a bare war deh round yah so” [*I want to live in a nice decent place where there is no war, because there is a lot of war in here (her community)*].

Emotional distress and symptoms of posttraumatic stress disorder are evident in most of the girls’ stories about their exposure to violence. Blossom, for example, suffered from insomnia (and possible PTSD) after witnessing the man being shot and killed (see chapter V with Blossom’s profile for details).

As mentioned, children and youth who reside in low-income communities in Jamaica and other countries are usually at risk for exposure to homicides, assaults, and other types of violence (Bailey, 2011; Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009; Turner, Shattuck, Hamby & Finkelhor, 2013; Gladstein, Rusonis, & Heald, 1992; Schwab-Stone et al., 1995; Smith & Green,

2007; Pinchevsky et al., 2013). This study extends the literature by presenting data on internalized emotional problems and drug use resulting from adolescent girls' exposure to violence in inner cities communities in Kingston and St. Andrew.

Owing to gender norms, girls are more likely to internalize their feelings and responses to discontent and trauma, and so experience depression, anxiety disorders, and other psychological problems after exposure to violence (Leadbeater et al., 1995). White, Bruce, Farrell, and Kliewer's (1998) study provides some support for this argument. In their longitudinal study of 385 African-American urban public school adolescents (in the United States), they found that girls who reported higher exposure to community violence also recorded greater increases in concentration anxiety than boys. I therefore suggest that the dropout girls in this study, as well as other girls in similar circumstances, experience anxiety and other internalized problems due to their exposure to community violence, and thus they smoke to alleviate or cope with these internalized/psychological problems.

Very few studies have assessed the relationship between adolescent girls' exposure to community violence and substance use (Pinchevsky et al., 2013). This may be due to the substantial body of research that indicates that boys are more likely to be exposed to community violence than girls (Pinchevsky et al., 2013; Finkelhor et al., 2009; Turner et al., 2013; Begle et al., 2011). Even fewer studies have focused on the relationship between dropout girls' exposure to violence and substance use. To the best of my knowledge, no study has examined the link between exposure to violence in home communities and substance use on the part of dropout girls in Kingston and St. Andrew in Jamaica. As seen in this study, girls are at risk of exposure to violence because of the proliferation of crime and violence in their communities. Moreover, the

girls in this study smoke as a strategy to manage or relieve their negative internal states/emotional distresses associated with their experiences with violence.

### 8.02c. Sexual Violence in Community and Smoking

All the girls in the study concurred that sexual abuse is one of the greatest challenges that girls and women experience in their communities.

**Interviewer:** *What are some of the challenges that girls face? So, like difficulties or bad things weh girl go tru? [So, like difficulties or bad things that girls go through]?*

**Heather:** *Girls go through a lot of obstacles, like they get rape, some of them get abused by dem [their] family and those things.*

**Camellia:** *Girl pickney always get rape, dem battery dem. All wah day here dem draw weh a girl and rape har, four man draw har wey and battery har... [Girls always get rape, they gang rape them. Even recently they kidnapped a girl and raped her, four men kidnapped her and gang raped her...].*

Many of the girls argued that the male gang members are mainly responsible for harassing, sexually assaulting, and raping young girls in their communities. For instance, Jasmine explained that male gang members in her community frequently use threat of violence to coerce young girls into pursuing sexual relationships with them.

**Jasmine:** *Mi nuh really like mi community because sometime yu have di man dem walk up and dung wid dem gun fi intimidate di young girl dem. Dem more while will all buss all shot. [...I do not really like my community because sometimes you have the men (gang members) walking with their guns to intimidate the young girls. Sometimes they will even fire shots].*

**Interviewer:** *Weh you mean intimidate di young girl dem? [What do you mean by intimidate the young girls]?*

**Jasmine:** *Like fi use dem gun fi like look dem. [Like to use their guns to pursue them for sexual relationships].*

**Interviewer:** *Weh you mean, cause me no undastand dat. Use dem gun fi look girl how? [What do you mean, because I do not understand. How do they use their guns to pursue girls]?*

**Jasmine:** *Yeah. Like have dem gun; call yu, show yuh it...Show yu dem gun and seh, “mi and yu fi deh and if mi and yu no deh yu caan stay here, yu family haffi lef”, and dem supmen deh. [Yes. Like have their gun; call you, show it to you...show you their guns and say, “you and I should have a sexual relationship, and if not, you cannot stay here (in the community), your family has to leave”, and those things].*

Both younger and older male gang members carry out these acts of sexual coercion against young girls in Jasmine’s community.

**Interviewer:** *So how old dem man yah be? Like big man? [So how old are these men? Like big men]?*

**Jasmine:** *Yeah, big man, young youth, like 20 odd, 30 odd, all 40 odd to! [Yes, older men, young men, like 20 and over, 30 and over, and even 40 and over too]!*

**Interviewer:** *And di girls dem a how old? [And how old are the girls]?*

**Jasmine:** *Like 15, 14, 16, dem age deh [Like 15, 14, 16 those ages].*

**Interviewer:** *So dem just call yu, dem will just see di girl dem... [So, they just call you, they will just see the girls...].*

**Jasmine:** *Yeah all if even if dem no call yu, wen dem see yu a pass dem jus hol’ on pan yu hand and draw yu and seh, “come here weh yah go”? and rae, rae; “a mi and yu fi deh eh nuh, weh yu a move so” and dem supmen deh [Yes, even if they do not call you, when they see you passing by they just hold on to your hands and drag you and say, “come here where are you going”? and so on; “you and I are supposed to be together sexually, why are you acting like that”? and those things].*

Daisy shared similar accounts of girls’ experiences of sexual harassment from gang members in her community. She too has experienced sexual harassment from a male gang member.

**Daisy:** *Mek mi tell yu becaah dem feel like seh di girl dem safy saf, becaah some a dem a big ole tough man, and dem have dem gun, dem feel seh dem can haul and pull yu. As yu tun all 12, 13, 14 and dem age deh, dem wah yu deh wid dem. [Let me tell you because they (gang members) feel that girls*

are soft, because some of them are big tough men, and they have their guns, they feel that they can do anything to you (girls). As soon as you become 12, 13, 14 and those ages, they want you to have sexual relationships with them].

**Interviewer:** *Ehh? So dat eva happen to yu personally? [So, has that (sexual harassment and coercion) ever happened to you]?*

**Daisy:** *No (she paused). A jus' one time it did happen to mi. Like wen mi did jus' come, like dis youth did a tek set pan mi, mi did a bout 14, one evening mi a walk and him come grab on pan mi and talk bout mi haffi deh wid him. So mi tell him fi go weh, and him a tell mi seh mi caah stay yah if mi nah deh wid him and rae rae. That a wah dem do di likkle girls dem bout yah...Just becaah dem tink dem big and bad. [No (she paused). It just happened to me once. Like when I just came (to the community) one of the men (gang members) was constantly pursuing me, I was about 14 years old, one day he grabbed on to my hands and told me I have to have a sexual relationship with him. I told him to go away, and he told me that I cannot stay here (in the community) if I do not have a sexual relationship with him. That is how they do girls...Just because they think they are big and bad].*

Blossom offered similar stories of how older male gang members unrelentingly sexually assault, harass, and rape adolescent girls in her community. If the girls' mothers try to intervene and protect their daughters, the gang members use threats of violence to intimidate them.

**Blossom:** *One a dem did a tek set pan mi likkle sista. [...one of them (gang members) was harassing my little sister].*

**Interviewer:** *Wah yu mean? [What do you mean]?*

**Blossom:** *Him a look har. Every weh him si har him a call call har and mi modda seh she a go station. Dem come a mi gate wid gun bout mi modda caan go a no station... [He was pursuing (a sexual relationship with) her. Everywhere he saw her he called her and my mother said she was going to the police. They came to my gate with guns saying my mother cannot go to the police...].*

**Interviewer:** *So how old yu likkle sista be? [So how old was your sister]?*

**Blossom:** 15.

**Interviewer:** *So dem want a relationship wid a 15 year old? [So, they (gang members) want to be in a relationship with a 15 years old]?*

**Blossom:** *Yeah!*

Blossom argued that in most cases girls are gang raped when they refuse to have sexual relationships with gang members in her community.

**Blossom:** *...A bare a dat dem do; if yu no wah dem, dem wait til it touch dung to nite yu si all 20 a dem siddung one place, plan up a wait pan yu fi battery yu. A dat dem do a girl mi know. [...They (gang members) do that a lot; if you (a girl) do not agree to be in a relationship with them, they wait until it is night, you will see up to 20 of them sitting in one place planning, waiting, to gang rape you. They did that to a girl I know].*

**Interviewer:** *Eh? Wait wah battery though, mi hear it a lot and mi think mi know but mi wah mek sure a di same thing yu mean. [Really? Wait, what is battery though, I hear it a lot and I think I know what it means, but I want to make sure that you mean the same thing]?*

**Blossom:** *Rape har, 20 a dem... [Rape her, 20 of them...].*

**Interviewer:** *So yu think that happen a lot to girls in yu community? [So, do you think this happens a lot in your community]?*

**Blossom:** *Yeah!...*

**Interviewer:** *Mi God. So how often yu think battery gwaan inna yu community? [My God! So often do you think gang rape takes place in your community]?*

**Blossom:** *All the time dat happen ova deh eh nuh. [That happens all the time you know].*

Teenage girls in Blossom's community are more likely to be victims of sexual abuse than older women and boys. However, girls whose fathers are absent from their households; those who do not have strong parental or familial support; and those who are not "tough", are most likely to get raped or sexually assaulted. Blossom insisted that girls who display stereotypical feminine traits, such as being passive, are more likely to get raped or sexually assaulted than girls like herself, who display masculine-like behaviours such as aggression.

- Blossom:** *A mostly young girl dem battery. [They mostly gang rape young girls]*
- Interviewer:** *So why yu think dem battery young girl? [So why do you think they battery young girls]?*
- Blossom:** *Like if dem a look yu and yu move like yu no wah deh wid dem, dem all set up a battery pan yu...Dem do it to people weh no have nobody, like people weh nuh have no fadda or nobody fi back dem. But dem know mi, so dem caah ramp wid mi, dem no wah mi go up a station...yu si, If yu move like yu a idiat and gwaan safy safy dem tek set pan yu; hold on pan yu, haul weh and fuck yu off. Mi know a next girl weh three a dem hold on pan har ova deh aready eh nuh, just tru she gwaan fool fool. [Like if they (male gang members) are pursuing a sexual relationship with you and you do not agree, they will gang rape you...They do it to people (girls) who do not have anybody, like people (girls) who do not have fathers or anyone to protect them. But they know they cannot pick on me, they do not want me to go to the police...you see, if you (girls) act like an idiot and act soft they will continuously pick on you; hold on to you, take you away, and rape you. I know another girl that was raped by three of them (gang members) you know, because she acts stupid (passive)].*
- Interviewer:** *So a just young girl dem battery? [So, they only gang rape young girls]?*
- Blossom:** *Dem no really trouble di big woman dem, a likkle girl dem want. [They do not really trouble the older women; they prefer younger girls].*
- Interviewer:** *So wah bout boy though? Dem no battery boy? [So, what about boys, do they battery boys]?*
- Blossom:** *(Chuckled) No!!! A only di batty man dem outta road yu si a go gwaan wid dem things dere. [(Chuckled) No!!! Only homosexuals outside of the community will do those things (rape boys)].*

Stories of prevalent sexual abuse of girls in these communities are not exaggerated.

Young girls in Jamaica are vulnerable to rape and sexual assault (Amnesty International, 2006).

UNICEF Jamaica (2008) shows that in 2006, 32% of all sexual offences reported in Jamaica were committed against girls under 16 years. In 2013, the OCR reported that 92% of the sexual abuse cases reported were against girls. 30% of females 15 to 24 years old report that they have experienced emotional, physical, or sexual partner violence at some point in their lives (UNICEF



Jamaica, n.d.). 41% of females 15 to 24 years old report that they first experienced ‘forced sex’ when they were between 15 to 19 years old (UNICEF Jamaica, n.d). These data provide a snippet of the extent of violence and victimization against girls in Jamaica. Anecdotal evidence suggests that the problem is far more pervasive because many cases of violence and abuse against girls are unreported. Data from sexual assault investigation units in Jamaica indicate that only approximately 25% of sexual violence is reported (Amnesty International, 2006). Many girls and women do not report acts of violence and victimization from fear of discrimination and further violence. According to Amnesty International (2006), victims remain silent about their abuse because of the entrenched nature of violence in Jamaica, and gross failure of the state to protect women and girls by investigating and punishing their mostly male perpetrators.

Two girls in the study revealed experiences of rape and forced sex. Daisy painted a vivid portrait of the time her 17-year-old boyfriend raped her. They had been dating for almost one year, but she told him she planned to wait until the “right time” to have sex; however, he wanted no part of that plan. She recounted that he lured her to a house by lying that his mother wanted to meet her, and violently raped her (see Daisy’s profile in chapter V for more details). Hibiscus, on the other hand, shared how her boyfriend and child’s father pressured her into having sex for the first time when she was 14 years old, and many times since.

**Hibiscus:** *Mi neva ready, and it neva nice. Mi did a tell him seh no, but him still ask and she, “please, please” and mi did inna him house, mi couldn’t come outta him house. Him lock di door and him in deh and push mi dung pan di bed, and mi a tell him seh no, and a push him off, but anyways him end up tek off mi clothes same way, and do it. It did hot so til! Wen him done, mi feel numb up; like mi caah feel nutten, like mi caah walk, wen mi try siddung, mi caan even siddung mi haffi stand up, mi can’t even walk. [I was not ready, and it (sex) was not nice. I told him no, but he was still asking and saying, “please, please” and I was in his house and I could not come out of his house. He locked the door, and he pushed me down in the*

*bed, and I told him no, and I pushed him off, but anyways he ended up taking off my clothes just the same, and did it (have sex). It hurt so much! When he was finished, I felt numb; like I could not feel anything, like I could not walk, when I tried to sit, I could not sit I had to stand, I could not even walk].*

**Interviewer:** *So did you tell him he was hurting you?*

**Hibiscus:** *Mi tell him, him did deh dere a laugh. It did hot eh nuh. [I told him, he was laughing. It hurt you know].*

**Interviewer:** *So did you tell him fi stop? [So, did you tell him to stop]?*

**Hibiscus:** *Wen mi tell him fi stop, him go harder. Mi couldn't do nutten. Mi no like sex even now, from dah deh til now. [When I told him to stop, he went harder. I could not do anything. I don't even like sex even now, from that time until now].*

**Interviewer:** *So yu no tell him yu don't like to have sex now? [So, have you told you him that you do not like having sex now]?*

**Hibiscus:** *Yeah, him no business. Every time mi tell him fi tek time it hot, him a tell mi it no hot. Mi ask him if a him a feel di pain and him a laugh, and seh next time him wi tek time, and him still do it hard and it hot. All now, it still hot. It still feel a way. [Yes, he does not care. Every time I tell him to be gentle it hurts, he tells me it does not hurt. I ask him if he is the one who is feeling the pain and he laughs, and says next time he will be gentle, and he stills does it hard and it hurts. Even now, it still hurts. It still feels strange].*

Intimate partners are the most common perpetrators of sexual abuse against adolescent girls (UNICEF Jamaica, 2014; Silverman, Raj, Mucci, & Hathaway, 2001), as is seen in the cases of Daisy and Hibiscus. In a survey of high school girls (outside of Jamaica), Jezl, Molidor, & Wright (1996) found that 17.8% of girls have been forced to engage in sexual activities by their dating or intimate partners. Symons, Groer, Kepler-Youngblood, and Slater (1994) also found that 24% of female students (15-20 years) in rural North Carolina (in the United States) reported that they have experienced rape with the use of weapons and other extreme violence from their dating or intimate partners. Symons et al., (1994) also found that many girls do not

recognize their partners as sexually abusive, and many even deny being in such relationships. However, based on their own reports, the girls are indeed abused by their intimate partners (Symons et al., 1994). Hibiscus also denied her boyfriend's violence in their sexual encounters. Although she admitted that it was "wrong" for him to force her to have sex the first time (and after that), and the he even physically hurt her in the process, she does not believe it was rape.

**Interviewer:** *So wait do you understand that you have the right fi seh no even if a you boyfriend? [Do you understand that you have the right to say no, even if he is your boyfriend]?*

**Hibiscus:** *No! Him seh wen mi seh no a yes, and yes a yes, so I caan really seh nutten to him. Some people usually seh having sex nice, but wen I experience it, it not nice. Mi did just want him fi stop, and mi did a fret to eh nuh, seh mi ago get inna trouble and dem supmen deh. Mi feel horrible caah mi neva wah do it, and mi go get pregnant to; mi do it di March and get pregnant April-May. [No! He says when I say no it is yes, and yes is yes, so I can't really say anything to him. Some people usually say that having sex is nice, but when I experienced it, it was not nice. I just wanted him to stop, and I was worried that I was going to get in trouble (with her parents), and those things. I felt horrible because I did not want to do it, and I got pregnant too; I did it in March and got pregnant April-May].*

It is possible that Hibiscus does not consider such aggressive sex as rape or a form of sexual abuse, because she believes that girls like herself are powerless in an intimate union. She may believe that her partner can have sex whenever and however he pleases, and she does not have the right to say no. Such traditional heterosexual gender norms are common among young girls and women in Jamaica. In the *2008 Reproductive Health Survey*, 29.5% of Jamaican females 15-24 years old agreed that a woman is obligated to have sex with her spouse even if she does not want to (Serbanescu, Ruiz, & Suchdev, 2010). In addition, 68.6% of females 15-24 years old believe that a 'good wife' does not disobey her spouse even if she disagrees with him (Serbanescu et al., 2010). Hibiscus may not consider the violent sexual encounters she has with her boyfriend as rape because of her misinformed and misconstrued views about the definition of

rape. For her, rape only constitutes being kidnapped and/or forced to have sex with the use of weapons.

**Interviewer:** *Well let me tell you this, yu can say no. Yu have a right fi say no. When yu seh no and him still go ahead and have sex with you, you no think that a rape? [Well let me tell you this, you can say no, you have a right to say no. when you say no and he stills goes ahead and has sex with you, don't you think that is rape]?*

**Hibiscus:** *No!*

**Interviewer:** *Why a no rape? [Why do you think it's not rape]?*

**Hibiscus:** *Because mi already at his house, is not like him hole mi and carry mi deh and, hol' knife pan mi or tek mi weh or dem supmen deh. [Because I am already at his house, it is not like he held me and carried me there, and held a knife on me or kidnapped me, or those things].*

**Interviewer:** *Yeah but even though yu choose to go a him yard, don't you think once yu seh no him should respect yu wishes? [Yes, but even though you chose to go to his house, don't you think that once you say no (to having sex) he should respect your wishes]?*

**Hibiscus:** *Yes, but mi seh no, and him still do it. [Yes, but I said no and he still did it].*

Hibiscus argued that even if she were to report her boyfriend to police, he would not be punished.

**Interviewer:** *I think once a girl tell har boyfriend no she no wah have sex, and him still do it, and do it to the point where it hurt so bad as yu seh, a rape. It no matter if you are in him bed naked, once yu seh no, a no. Even if yu did seh yes and den change yu mind as him about fi push' it in; hell, if him push it in and you decide seh yu no wah continue, him fi stop! That's your right! [I think once a girl tells her boyfriend no she does not want to have sex, and he still does it, and does it to the point where it hurts so bad like you said, that is rape. It does not matter if you are in his bed naked, once you say no, it's no. Even if you said yes and then change your mind when you are about to start the intercourse; hell, if he has started the sexual intercourse and you decide that you do not want to continue, he should stop! That is your right]!*

**Hibiscus:** *(Shook her head in opposition and laughed) No! A no rape dat! If mi go tell police mi boyfriend rape mi, caah him a mi boyfriend eh nuh, dem ago seh “but a yu boyfriend and yu fi deh a yu yard,” dem nah go do nutten [No! That is not rape! If I tell the police (that) my boyfriend raped me, because he is my boyfriend you know, they are going say, “but he is your boyfriend and you should have been at your house,” They are not going to do anything].*

Traditional attitudes towards gender roles are an underlying factor that contributes to women and girls been victims of sexual violence and abuse, especially from their intimate partners (Byers, 1996; Murnen, Wright, & Kaluzny, 2002; Santana, Raj, Decker, La Marche, & Silverman, 2006; Lundwall & Van Wie, 2015). Boys and men who embrace traditional masculine ideologies are likely to perpetrate sexual coercion and violence against their intimate partners (Byers, 1996; Murnen et al., 2002). Lundwall and Van Wie (2015) highlights that in a focus group discussion, Jamaican young men claimed that violent sex (which they define as “rough sex”) is pleasurable for women and therefore acceptable.

Several studies have postulated that girls who have been sexually abused are more likely to use drugs (Poole & Dell, 2005; CASA, 2003; Kilpatrick et al., 2003; Harrison et al., 1997, Schoen et al., 1997; Bailey & McCloskey, 2005; Bergen, Martin, Richardson, Allison & Roeger, 2004; CASA, 2003). For example, in a cross-sectional study of South Australian adolescents ages 13-15 in schools, Bergen (2004) found that when depressive symptomology and family dysfunction are controlled for, girls who reported they have been sexually abused are four times more likely to use drugs. Likewise, Silverman et al., (2001) found that 5.6% and 6.7% of high school girls who have been sexually abused by their dating partners reported heavy past month use of marijuana and cigarettes. Silverman et al., (2001) conclude that sexual violence against girls by dating partners increases their risk of substance use. Many studies also show that girls who have or are being sexually abused initiate drug use at an earlier age, and use drugs more

frequently than those who have/are not (Anda, Croft, Felitti, Nordenberg, Giles, Williamson, & Giovino, 1999; CASA, 2003; Harrison, Hoffman, & Edwall, 1989; Pedersen & Skronnal, 1996; Singer, Petchers, & Hussey, 1989; Sartor, et al., 2013).

Researchers in Jamaica have been slow to explore this link between sexual abuse/violence and drug use among girls. Therefore, this study makes an important contribution to the drug use field in Jamaica. The data from the sample of dropout girls reveals that their direct or indirect experiences with sexual abuse/violence can be connected to their smoking. That is, experiences with sexual abuse/violence result in a myriad of emotional distresses, with which they cope by smoking (see chapter VI for details).

#### **8.02d. Drugs in the Girls' Communities**

All 15 girls in the study indicated that marijuana, dried tobacco leaves, bidis and cigarettes are widely available for sale in and around their communities. Some of them claimed that other drugs such as cocaine are also sold in or near their communities. As such, they reported that they have easy access to substances for smoking. In fact, all of them maintained that they do not have difficulty getting their drug of choice to smoke; they just need to have money to buy. For example, Buttercup explained:

*Weed easy fi get. Dem sell it a shop, \$20 a bag, u just go buy it, and yu buy wizzla fi all \$10 and grabba fi all \$10 and dem money dere, so yu jus buy it and buil yu weed...Cigarette sell a every shop. [Marijuana is easy to get. They sell it at the shops, \$20 per bag, you just go and buy it, and you buy rolling paper for \$10 and tobacco for \$10 and those money, so you just buy it and build your spliff...Cigarettes are sold at every shop].*

Research has indicated that girls (mainly in the United States) who reside in low-income neighbourhoods are more likely to use drugs than those who do not (CASA, 2003). One of the reasons for this is that drug selling is likely to be frequent in communities with high rates of

poverty and unemployment; thus, it is easily accessible for girls to use. According to Levy (1996), drugs, particularly marijuana selling, is a major source of income and means of survival for men and even women (to a lesser extent) in low-income urban communities in Jamaica. Therefore, the girls in the study have easy access to marijuana mixed with tobacco, marijuana mixed tobacco and melted cocaine, bidis, and cigarettes, widely available for sale in their communities.

### **8.03. Summary**

Mohanty (1984) argues that the realities and experiences of Third World women cannot be evaluated only through oppression, but must be understood in the context of the historical specificities that produced these oppressions while respecting contemporary fights to reclaim autonomy. Drawing on this perspective, I propose that the sociohistorical complexities that mark the conditions in which dropout girls in low-income urban communities in Kingston and St. Andrew, Jamaica live must be examined in order to understand their drug using behaviours.

As seen in this chapter, girls' experiences in their communities and past schools impact on their drug using beliefs and practices. However, I argue that their experiences within these two social contexts are influenced by an intersection of colonial legacies, gender norms, and social class positioning. The girls' experiences with school dropout, poverty, and physical and sexual violence are a result of the demarcation of gender roles and low socioeconomic status, all of which stem from Jamaica's colonial past and related economic disparities. The girls' experiences lead to psychological problems, in response to which they use the drugs readily available to them to cope.

## CHAPTER IX: CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

### 9.0. Introduction

This final chapter provides a brief recap of the purpose of the study, the research questions, methodology, and theories that guided the study. It presents a summary of the main findings, and explains the implications of each finding in response to the research questions, contributions to theory, and policy recommendations. The chapter also discusses the limitations of the study and presents opportunities for future research.

### 9.01. Recap of the Study

This study entitled, *Exploration of factors that contribute to drug use among dropout adolescent girls in inner city communities in Kingston and St. Andrew* was conducted in Jamaica, a postcolonial state. The purpose of the study is to uncover and represent long overdue knowledge about drug use among inner city dropout girls in Jamaica. The study uses a postcolonial feminist lens to explore the psychological, sociocultural, and historical factors that contribute to drug use among girls who dropout of school and reside in low-income urban communities in Kingston and St. Andrew. The three research questions are:

1. What are the attitudes and beliefs of dropout girls' in inner city communities in Kingston and St. Andrew about drug use?
2. What is the impact of social contexts on the drug use attitudes, beliefs, and practices of dropout girls in inner city communities in Kingston and St. Andrew?
3. What is the impact of gender norms and roles on the drug use attitudes, beliefs, and practices of dropout girls in inner city communities in Kingston and St. Andrew?



Face-to-face semi-structured interviews were conducted with 15 girls between the ages of 16 and 17, who dropped out of school and reside in six inner city communities located in St. Andrew East Central, St. Andrew Southern, and Kingston Western constituencies in Jamaica. The interviews were audio recorded then transcribed and Analysed. The girls provided rich details about their lived experiences, drug use practices, and beliefs. From their descriptions, five main findings were uncovered: *1) Poly-drug use; 2) Beliefs in the positive functions and benefits of smoking; 3) Acceptance of smoking by peers and family members; 4) Multiple and varying past and ongoing experiences with family, friends, at past schools, and in communities; and 5) Acceptance and rejection of cultural expectations regarding traditional feminine behaviours and roles for girls.*

Overall, this study hypothesizes that postcolonial feminism is the missing link in the theorization of factors that influence drug use among dropout adolescent girls in postcolonial contexts. Efforts to reduce drug use and its related hazards among dropout girls in postcolonial contexts, like the ones in this study, are futile without full knowledge and understanding of the sociohistorical complexities that influence them to use drugs. This study therefore challenges policy makers in Jamaica to increase research on adolescent drug use, particularly among girls, to generate effective programs that are supported by robust scientific inquiry. It is imperative that policy makers increase implementation of programs that target adolescent girls (and boys) who are at increased risk of drug use (NIDA, 2014b).

Finally, this study provides scientific evidence of some of the psychological, sociocultural, and historical specificities that impact girls' drugs use. Since the study generates empirical evidence about drug use among dropout girls in low-income urban communities in Jamaica, resulting data can be used to initiate the process of designing programs to reduce drug

use and its related problems among girls in Jamaica and thereby promote their development into healthy, productive, and contributing social citizens.

### **9.02. Summary and Implications of Main Finding #1: Poly Drug-Use**

The findings reveal that marijuana and tobacco are the top drugs of choice for the girls in this study. Most use these two drugs in combination. Usually, tobacco is either mixed with marijuana, smoked in cigarettes, or smoked in bidis—a kind of handmade cigarette. Cocaine is also mixed with marijuana and tobacco and smoked by one of the girls. Smoking is the only method by which the girls use these drugs. The co-consumption of marijuana and tobacco among girls in this study is a cause for concern. It is well documented that prolonged exposure to nicotine and THC have adverse short and long-term physical and mental health risks for adolescents including chronic heart and lung disease, anxiety, and depression to name a few (NIDA, 2015; NIDA, 2014b, NIDA 2012; CCSA, 2015). In addition, the economic cost of problematic drug use can put a strain on the already crippled Jamaican economy. A study by UWI Consulting (2012) found that, in 2010, marijuana and other illicit drug abuse cost the Jamaican economy JMD 3, 632,139,180 in health care and demand reduction costs, mortality, and lost productivity. Therefore, policy makers in Jamaica should pay keen attention to this marijuana-tobacco co-consumption practice found among the girls in this study. Increased implementation of drug use research and research-based programs to reduce drug use among adolescent girls are two good policy responses that can be explored. Scientific research that sheds light on the factors that contribute to the co-consumption of marijuana and tobacco among girls, as well as its health risks, would prove useful in the development of effective strategies to reduce drug use and related risks among girls in Jamaica. For example, the NCDA or other vested organisations such as the MOH can collaborate with research scientists to implement a

girls' marijuana and tobacco use research series in Jamaica. These can include examining the impact of marijuana and tobacco use on girls' cognitive functioning, physical and mental health, and social well-being. The research series can also generate policy recommendations.

NIDA (2014b) explains that research-based programs developed from scientific analysis can help to significantly reduce drug use among adolescents by enhancing protective factors and reducing or eradicating risk factors for drug use. Therefore, programs developed from scientific research can help reduce the common practice of marijuana and tobacco use that was found among the girls in this study. There are three different types of research-based programs: universal, selective, and indicated programs (NIDA, 2014b). Universal programs target those risks and protective factors shared by all children and adolescents in settings such as school, home, or community (NIDA, 2014b; NIDA, 2003). Selective programs target children and adolescents who are at high risk for drug use, while indicated programs target those who have already started to use drugs (NIDA, 2014b; NIDA, 2003). As outlined, the risk factors of marijuana and tobacco (as well as other drug) use differs for girls and boys (CASA, 2003). Therefore, selective programs that target girls who are at high risk for marijuana and tobacco use, like the ones in this study, can help to reduce use and related consequences. Indicated programs that target girls who are already using marijuana and tobacco may also prove effective in reducing the marijuana and tobacco consumption pattern uncovered in this study.

Easy access was found to be one of the factors that influence the girls in the study to smoke marijuana and tobacco. Therefore, policies that curb adolescent girls' access to these drugs would prove effective in reducing their use and harmful effects. The government of Jamaica has taken steps to limit access and reduce tobacco use in Jamaica. With mounted pressure from the WHO Framework Convention on Tobacco Control (FCTC), in 2014, the

government implemented an increase of 14.28% in special consumption tax on cigarettes (WHO FCTC, 2015). There is substantial literature on price elasticity of adolescent demand for cigarette. For example, a study by Nonnemakera & Farrelly (2011) found that increases in cigarette prices and taxes are associated with significant reduction in the likelihood of youth (in the United States) smoking. In fact, Nonnemakera & Farrelly (2011) found that increases in cigarette prices and taxes have a greater effect on females than males; a 10% increase in cigarette prices was associated with a 4.8% decrease in female risk of initiating smoking (Nonnemakera & Farrelly, 2011). Therefore, increasing the prices of cigarette, as the government did in 2014, is an important step in reducing tobacco consumption and its related health risks among adolescent girls (and the rest of the population). However, further policy response is needed to limit adolescent girls (and other minors—persons under 18 years old) access to cigarette and other tobacco products.

Many of the girls in the sample explained that they can easily purchase cigarette, even though the law prohibits its sale to minors. Therefore, the policy makers need to implement the longstanding recommendation to regulate the sale of cigarette and other tobacco products to minors. Greater enforcement of the law that prohibits retailers selling cigarette to minors is long overdue. More stringent penalties such as increased fines, imprisonment, and loss of sales license can be implemented to ensure that retailers comply with the law. Special teams of enforcement officers can be assigned to conduct random compliance checks on retailers and ensure that penalties are enforced. In addition, government, private sector, and non-profit organisations can collaborate to implement strategies to raise public awareness of the law and effects of selling tobacco to minors.

Similarly, policies to limit adolescents access to marijuana is necessary to reduce its use and harmful effects. Strategies to reduce adolescents access to marijuana is especially important given that it may be more widely available and accessible since decriminalized in 2015. Legislations that regulate the sale of marijuana should be enacted and enforced. Rigorous licensing process and training requirements for marijuana retailers are needed to ensure that there is compliance with the law, especially the prohibition of sale to minors. In addition, strict penalties such as fines and imprisonment should be meted out to retailers who are caught selling marijuana to minors.

### **9.03. Summary and Implications of Main Finding #2 & #3: Beliefs in the Benefits of Smoking**

In response to research question #1, *what are the attitudes and beliefs of dropout girls' in inner city communities in Kingston and St. Andrew about drug use?* the findings indicate that dropout girls in low-income urban areas believe that: a) smoking marijuana, tobacco, and cocaine (especially combined) produces extensive benefits and positive outcomes; b) although there are health risks (especially from smoking tobacco), the benefits are far greater; c) there are no or limited risks of criticism or punishment from the people who are closest to them; and d) they can easily access and use the drugs they smoke. The findings therefore suggest that urban dropout girls' smoking practices are guided by their beliefs about the overall outcomes or consequences of smoking.

The theory of planned behaviour outlines that most individual behaviour is predicted by intention to perform the behaviour, individual belief about the outcome of performing the behaviour (attitude), belief in what people around will say/do about the behaviour, and perception of how easy or hard the behaviour is to perform (Ajzen, 1991). The findings from this

study suggest that perceived behaviour control, and attitudes and beliefs about the benefits of smoking are important psychological factors that influence girls in Jamaica to initiate and continue smoking. As such, theory of planned behaviour is a useful point of reference to understand and explain the factors that contribute to drug use among dropout and other girls in Jamaica.

Since the participants reveal that smoking helps them to cope with a wide range of psychosocial problems, interventions to mitigate these real or perceived reasons for smoking would prove most effective. Programs designed to improve girls' psychological states, for example life skills programs that promote self-esteem building, positive perceptions of self, and leadership skills building for girls are useful strategies to explore. The findings reveal that poor coping skills contribute to urban dropout girls' smoking practices. Thus, developing and strengthening programs that promote positive coping skills for girls are useful strategies that could be incorporated into community-and school-based programs to reduce marijuana, tobacco and other drug use and related risks among girls in Jamaica.

#### **9.04. Summary and Implications of Main Finding #4: Multiple and Varying Experiences in Social Contexts**

The girls in this study described various (mostly adverse/stressful) experiences with family, school, peers, and in their communities. Some of these include: close relationships with peers who smoke, parental/family neglect and physical and verbal abuse, sexual assault and rape, poor relationships with teachers, academic difficulties, exposure to community violence, and poverty. Therefore, in response to research question #2: *What is the impact of social contexts on the drug use attitudes, beliefs and practices of dropout girls in inner city communities in Kingston and St. Andrew?* this study shows that dropout girls in inner city communities have

varied experiences in their social contexts which, for the most part, negatively affect their emotional states, and so influence them employ smoking as a coping strategy.

One of the central findings in this study is the impact of family experiences on the girls' smoking practices. Girls have been neglected by their mothers, fathers, and other family members; and have experienced physical and psychological abuse—mostly from corporal punishment by their mothers and caregivers. I therefore infer that parental neglect and abuse contribute to psychosocial challenges, including poor relationships with families, depressive symptoms, stress, fear, aggression, homelessness, and school dropout, for girls, which makes smoking attractive as a coping strategy.

Another important finding related to the impact of social contexts is the girls' strong bonds and heavy reliance on peers (who also smoke) for all forms of support. The girls in the sample reported that their peers (all of whom smoke), in most cases, provide them with greater levels of support than their families. I suggest that maintaining relationships with peers are integral to girls' survival, especially in cases where they are neglected and abused by family members and peers are their only source of support. As such, in instances where peers endorse and encourage smoking, girls may feel compelled to smoke to preserve the relationship.

Another major finding in this study involves experiences with community violence. The girls have witnessed, heard about, or been victims of physical and sexual violence in their communities. I propose that the rampant violence that girls in low-income urban neighborhoods experience emanates from gender norms and class inequalities. I further infer that these experiences with violence negatively affect girls' emotional states and influence them to use smoking as a coping mechanism.

The girls' accounts reveal varying experiences at past schools such as academic failures, and good and poor relationships with teachers. These findings illuminate the powerful impact of teachers-student relationships on girls' school engagement and academic performance. It is evident that girls are more inclined to form strong bonds with warm and supportive teachers, and that this is an important protective factor against school dropout and drug use for girls in Jamaica. In addition, the findings indicate that family financial constraint contribute to girls' poor school outcomes.

In terms of theoretical implications for the findings, this study affirms that social control theory is a good framework to apply when elucidating factors (especially sociocultural ones) that contribute to drug use among dropout girls in Jamaica. An important tenet of social control theory is attachment, which determines an individual level of conformity to social norms (Pratt et al., 2011). In the case of the girls in the study, strong bonds with drug using peers and weak attachment to positive role models and prosocial institutions that offer anti-smoking and anti-drug use messages, creates greater incentive to smoke.

Another important affirmation that this study offers is the usefulness of social learning theory in understanding drug use among dropout girls in low-income urban communities in Jamaica. The findings reveal that the girls observe their parents, other family members, and peers smoking. They also notice the psychoactive effects of smoking on people around them. Thus, Bandura's (1977) argument that interaction with social environment facilitate learned behaviours cannot be ignored when explaining what influence dropout and other girls in Jamaica to use drugs. Furthermore, what this means is that girls with family and friends who use drugs are at increased risk of drug use, and so should be a main target of drug use reduction initiatives.



Finally, the main theoretical underpinning that this study proposes is the importance of postcolonial feminist theory in understanding the factors that contribute to drug use among girls in Jamaica and similar postcolonial contexts. Scrutiny of the participants' descriptions of their family backgrounds, community settings, gender relations, and personal experiences with violence, poverty, and other challenges, confirms that colonial legacies, contemporary gender norms and roles, and social class structures determine the conditions faced by girls living in Jamaica, and influence their drug using practices. Based on this, I am convinced that understanding the factors that contribute to dropout and drug use among girls in disenfranchised urban communities in Jamaica must begin with consideration of the multiple historical and social processes that combined to create their life experiences and influence them to use drugs. This study, therefore, offers an important theoretical contribution to the drug use field. It produces empirical knowledge of how the intersection of colonial legacies, gender norms, and social class impact on drug use, particularly marijuana and tobacco use, among dropout girls in low-income urban communities in Jamaica. Such knowledge is the foundation of effective policies for reducing drug use and improving the overall health and well-being of girls in Jamaica.

The multiple negative experiences of the girls in the study, lead to my conclusion that structurally oppressive forces such as gender and class inequalities in Jamaica, increase especially lower class girls' vulnerabilities to drug use and related health and psychosocial risks. Therefore, policies that target the institutional tyrannies that increase risks of drug use and its related consequences among girls in Jamaica are required.

The first important policy recommendation is the development of programs to reduce parental/family neglect and physical abuse. Since the study found that corporal punishment is the main vehicle of the girls' experiences with parental physical abuse, policies to eliminate corporal

punishment in homes are needed. The use of corporal punishment to discipline children is socially accepted form of disciplining children (Smith & Mosby, 2003). It is also legal under the common law right to inflict moderate and reasonable punishment in Jamaica (Global Initiative to End All Corporal Punishment of Children, 2016). The CCPA 2004 prohibit all forms of abuse against children, however it does not make provision to be interpreted as prohibition of corporal punishment of children. Likewise, the Offences Against the Person Act (1864) and the Domestic Violence Act (1996) “are not interpreted as prohibiting corporal punishment in childrearing” (Global Initiative to End All Corporal Punishment of Children 2016, para. 1). Therefore, eliminating corporal punishment in homes requires legislative reform and change in social norms in Jamaica. Several human rights treaties monitoring committees (for example the Committee on Economic, Social and Cultural Rights) have urged the Jamaican government to enact laws to prohibit corporal punishment in homes, schools, and all settings (Global Initiative to End All Corporal Punishment of Children, 2016). The government has made strides to comply, including announcing a ban of corporal punishment in all public schools, and the drafting a policy to amend the CCPA; however, amendment of laws is needed to eliminate corporal punishment, and the subsequent abuse of girls (and boys) in Jamaica.

Along with legal reformation, programs to change social/cultural norms about parenting are needed to eradicate corporal punishment in Jamaican families. Government and non-government organisations can collaborate to implement national public education campaigns that broadcast the negative effects of corporal punishment on children’s well-being, and demonstrate alternative non-violent/abusive disciplinary measures. In addition, community-based programs that promote positive parenting skills and healthy parent-child relationships should be implemented to eliminate corporal punishment that leads parental abuse and smoking and related

risks among girls in Jamaica. Programs to promote positive parenting skills can also help to reduce and eliminate the incidences of parental neglect among girls and boys in Jamaica.

Strengthening measures to assist low-income parents and caregivers to provide their children with basic needs (including education) is integral to reducing drug use among Jamaican girls. Family financial constraints were cited by the girls in the sample as the one of the main reasons for their experiences with neglect and related school dropout decisions. Increasing social protection programs such as the Programme of Advancement through Health and Education (PATH) can be effective in reducing school dropout and parental neglect by improving families' ability to satisfy children's basic needs.

In addition, anti-sexual violence programs, as well as support programs for girls who have been victims of sexual and other forms of abuse, are good mechanisms to implement in communities in order to reduce drug use and related risks among inner city Jamaican girls. School-based programs that focus on building healthy and positive teacher-student relationships can also help. Engaging girls who are attending school in positive extra-curricular activities is an effective strategy that can reduce their risks of drug use. Community-based academic enrichment and remedial education programs can also reduce girls' risks of drug use, especially in neighborhoods with high incidences of dropout. Strategies to promote positive role models for girls are also imperative. Prominent positive peer mentorship, as well as adult mentorship programs for girls could prove highly effective. In addition, programs that teach girls how to resist peer pressure are vital to reducing drug use and related risks among Jamaican.

### **9.05. Summary and Implications of Main Finding #5: Acceptance and Rejection of Cultural Expectations of Traditional Feminine Traits and Roles**

The findings reveal that participants in the study for the most part accept cultural stipulations that girls should adopt and display traditional feminine traits such as being passive, quiet, monogamous, sexually submissive, and conservative with their sexual behaviours. Normative gender practices and adoption of these traditional feminized traits influence some of the girls lived experiences of sexual and physical abuse, and produce varied internalized responses, such as anxiety and depression, for which they use smoking to cope. A few girls, however, critique and reject cultural stipulations of feminine traits and roles, and endeavor to adopt/display masculine behaviours such as aggression, which they also smoke to control. Thus, concerning research question #3: *What is the impact of gender norms and roles on the drug use attitudes, beliefs, and practices of dropout girls in inner city communities in Kingston and St. Andrew?* An examination of findings shows that acceptance and rejection of traditional feminine traits and roles both result in dropout girls in inner cities in Kingston and St. Andrew becoming vulnerable to a wide range of psychosocial difficulties such as sexual and physical abuse, anxiety, depression, and aggression, and they smoke to cope with these problems.

An analysis of the historical construction of feminine norms and roles in Jamaica indicates close connections with its colonial past. In addition, scrutiny of contemporary social structures reveals disparities in distribution of scarce economic resources between men and women, mainly because of traditional gender roles (as evident in employment rates; PIOJ, 2014). Therefore, applying a postcolonial feminist lens to the analysis and understanding of factors that influence girls in postcolonial contexts to use drugs is vital. Considering the sociohistorical intricacies that condition the lived experiences of Third World girls and other girls in similar

contexts is the most effective way to garner and produce knowledge about their beliefs, motives, and behaviours including their drug using practices. Such situated knowledge is necessary for effective policy responses that address barriers to girls' healthy transition into productive and contributing women in society.

The main policy recommendation for the findings of girls' acceptance and rejection of traditional feminized traits and roles, which are seemingly debilitating and influence their drug use, is fundamental change of patriarchal cultural norms about gender roles. Strategies that challenges and counters beliefs that masculinity (usually assigned to men and boys) is superior to femininity (assigned to women and girls) should be championed. Public education via media campaign that highlights the importance and benefits of including women and girls in decision making processes in the household, and at community, national, and global levels can be useful. In addition, programs that sensitize parents on how to implement gender equal socialization (for example, distributing household chores equally between male and female children), can help to change traditional gender norms. Encouraging and supporting women and girls to pursue non-traditional school curricula and jobs is also crucial in dismantling and transforming taboo social and cultural norms about femininity which render women and girls vulnerable to marginalization, poverty, and ill-health.

#### **9.06. Limitations and Recommendations for Future Research**

I translated the participants' interviews from Jamaican Creole (Patois) to Standard English, in the reporting of the findings; however, the translation was subject to my understanding of the two languages. Errors may have occurred in interpreting and translating some words and phrases from Patois to Standard English. Analysis of the data was also influenced by my subjective position as a person familiar with the contexts informing the

research. Despite this limitation, this study enabled girls to participate in the production of knowledge about their drug use. It allowed them to tell their stories about how they experience and view their social worlds, and how they came to use drugs. As such, this study garnered rich and comprehensive information about some of the reasons dropout adolescent girls in inner city communities in Kingston and St. Andrew initiate and continue to use drugs. This data can aid policy makers with the development of evidence-based initiatives that target the needs and interests of dropout girls in inner city communities in Jamaica.

The findings from this study point to the necessity of future scientific explorations of drug use among Jamaican girls. The data reveals that a combination of marijuana and tobacco; marijuana, tobacco, and cocaine; cigarettes; and bidis; smoking is a common practice among the participants. Since this study utilized a small sample, research using a larger sample to assess the prevalence and patterns of smoking these substances, as well as other drug use, among both dropout and school attending girls is recommended. In addition, the sample frame for this study was inner city girls in Western, Central, and Southern Kingston and St. Andrew, future research can investigate drug use among girls in other geographic locations such as rural and suburban communities in Jamaica. Such explorations can expand the drug use empirical landscape in Jamaica, and increase understanding of the factors that influence adolescent girls to use drugs.

The participants reported various neurocognitive effects of smoking marijuana and tobacco; however, it was outside of the scope of the study to examine this in details. Future research can examine effects of smoking marijuana and tobacco on the neuropsychological performances of adolescent girls in Jamaica. Additionally, future research can examine the connection between marijuana and tobacco use, neurocognitive performances and education outcomes, as well as other social and interpersonal outcomes, among adolescent girls in Jamaica.

An evaluation of the effectiveness of existing adolescent drug use reduction/prevention programs was outside the scope of this research. Future research can examine existing adolescent drug use prevention/reduction programs to ascertain areas of improvement and opportunities to incorporate the recommendations from this study as well as future studies.

This study mainly assessed and found risks/deficits of drug use for girls. Further studies that explore and illuminate girls' resilience and factors that protect girls from smoking and using drug use can be done, to provide greater insights for policy making.

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## APPENDIX A: SEMI-STRUCTURED INTERVIEW GUIDE

### Part 1

#### Drug Use Knowledge

1. What do you know about drugs?
  - *Probe:* In what ways are the drugs you know of helpful? In what ways are they harmful?

#### Frequency of Drug Use

- 2 Can you tell me about the types of drugs that you have used or use?
  - *Probe:* For example tranquilizers, Marijuana, Heroin, Cocaine, Ecstasy, LSD, Ketamine, solvents, etc.
  - *Probe:* How often would you say you use any one or more of these drugs? Example, once or more a day, weekly or monthly?

#### Drug use Attitudes

- 3 Can you tell me about the first time you ever used drugs?
  - *Probe:* How old were you?
  - *Probe:* What type of drug did you use? Why did you choose to use that type of drug?
  - *Probe:* Was there anything happening in your life at the time you first used drugs?
  - *Probe:* How did it make you feel?
- 4 Can you tell me about the most recent time you used drug (s)?
  - *Probe:* Why did you use it?
  - *Probe:* How did it make you feel?
- 5 Why do you think other girls use drugs?
  - *Probe:* What do you think makes them do it in the first place? And what makes them continue once they have started?
- 6 Are there any drugs you think are okay for girls to use?
  - *Probe:* What are they? Why are they Okay?

#### Subjective Norms (beliefs)

- 7 So, tell me who are the persons that know that you use or have used drugs?

- *Probe:* So, like your friends, parents, role models?
8. What do they think or have done about it?

### **Gender Identity**

9. What do you like about being a girl? What don't you like about being a girl?
10. How do you think girls should behave generally? Are there things they should or should not do?
11. Can you tell me about some of things that are most important to girls your age? Why are they important?
- *Probe:* Things girls your age value most or worry about most?
12. What do you think are some of the challenges girls your age face? What do you think are some of the opportunities girls your age has?
13. Do you think it is important to help girls stay in school and not use? Why?
14. What do you think are some of the things that can be done to prevent girls your age from using drugs and completing school?

## **Part 2**

### **Sociocultural Contexts:**

#### ***Family***

15. Can you tell me about your family?
- *Probe:* Who do you live with, which school did they last go, where do they work?
  - *Probe:* Tell me about the relationship you have with your family? Can you talk to them about the things that bother/worry you?
16. Has anyone in the household that you live ever used drugs?
- *Probe:* If yes, do you know what type (s) and How often?
17. How would you describe your relationship with your parents, even if you don't live with them?

#### ***School***

18. Can you tell me about the school you last attended?
- *Probe:* What did you like/dislike about it?



- *Probe:* When was the last time you attended? What grade were you in when you last went to school?
- *Probe:* What were your grades like?

19. Can you tell me how did you come to dropout of school?

20. What do you think are some of the things that could have been done to prevent you from dropping out of school?

21. What are your future plans?

- *Probe:* What are your dreams/expectations about when you are older?

### **Peers**

22. Can you tell me about your friends?

- *Probe:* What are they like?
- *Probe:* What is your relationship like with your friends/ can you talk to them about things that bother you?
- *Probe:* Have any of your friends ever used drugs? If yes, do you know what drug they have ever used and how often?

23. Have you ever used drugs with your friends? Can you tell me about a time when you used drugs with your friends?

24. Can you tell me about a time you were pressured to do something you weren't comfortable with?

### **Community**

25. Can you tell me about the community you live in?

- *Probe:* What do you like about living in your community/what do you dislike about living in your community?
- *Probe:* If you could change one thing about your community to make it better for everyone what would it be?

26. Can you tell me about your experiences with violence?

- *Probe:* Did you ever experience violence at home? School or in your community?

27. In what ways does drug use affect your community?

28. Is there anything else you would like to tell me or add?

## APPENDIX B: PARENT/GUARDIAN CONSENT FORM

*Your daughter is invited to take part in a research about:  
Drug Use among Dropout Girls in Inner City Communities in Kingston and St. Andrew,  
Jamaica*

*Please read the details below carefully and decide if you agree to have your daughter take part.*

**Researcher:** Sheria Myrie, PhD candidate  
Department of Sociology  
1019 - 9 Campus Drive, Saskatoon, SK S7N 5A5  
Tel: (876) 366-4270 or (306) 966-6905  
Email: [scm126@mail.usask.ca](mailto:scm126@mail.usask.ca)

**Supervisor:** Colleen Dell, Substance Abuse Research Chair  
Department of Sociology,  
1019 - 9 Campus Drive, Saskatoon, SK S7N 5A5  
Tel: (306) 966-5912  
Email: [colleen.dell@usask.ca](mailto:colleen.dell@usask.ca)

**Local Researcher:** Trevor Spence, Chief Executive Officer  
Boys' Town Kingston  
6 Collie Smith Drive, Kingston 12 Jamaica, W.I.  
Tel: (876) 361-0027  
Email: [estrev.spence@gmail.com](mailto:estrev.spence@gmail.com)

### **Purpose: What is the research about?**

We are doing a research to learn about what girls in Kingston who have dropped out of school think about their drugs use. Our research questions are:

- 1. What does drug use mean to girls who have dropped out school in Kingston?*
- 2. What is the impact of families, friends, schools, communities, and other sociocultural factors on girls who have dropped out of school in Kingston drug use?*

### **Procedure: What is my daughter going to be asked to do?**

If you allow your daughter to participate in this research, she will help me to answer the research questions above. She will take part in 1 one-on-one interview. The interview will be done in private, so your daughter will provide her own responses with no one but me hearing what she says during the interview. The interview will be done over 2 days (any time she wants to do it), and will take

approximately **1 hour** each day. During this time, I will ask your daughter questions on how she feels about drug use. I will also ask her questions about her families, friends, past teachers and school, community, and what she thinks about girls and drug use, among other things. The entire interview will be recorded with a tape recorder.

**Potential Risks: Will my daughter be harmed by participating in the research?**

I do not expect any harm to come to your daughter by taking part in the interview. However, she may feel some emotional discomfort. I will ask her to tell me about experiences that may have led to her decision to use drugs, so it is possible that she may remember bad situations which may cause her to feel sad or uncomfortable. I will give you and your daughter information about counselling services in your community, and if she wants, along with your permission, I can set up an appointment for her to talk to a counsellor after the interview. Your daughter is free to leave the interview at any if she thinks she is very uncomfortable and cannot continue to answer the questions. She will not be punished in any way. She may also withdraw from the study without penalty.

**Please Note:** The law requires me to give the courts information that your daughter have provided if I am subpoenaed (ordered). I also must report to the police or the Office of the Children Registry if your daughter tells me anything that I believe will harm her or anyone else. However, I will tell you and your daughter if I am going to do so.

The audiotapes and notes on what your daughter says will be stored in a locked filing cabinet in my supervisor's office at the University of Saskatchewan in Canada. The audiotapes and notes will be destroyed 5 years after the study is finished.

**Potential Benefits: What will I or my daughter get from participating in the research?**

The research will aid me to fulfill the requirements of the PhD in Sociology program. There are no direct benefits to you or your daughter participating in the research. I will give you and your daughter information packages on various services in your community that may be useful such as counseling, drug treatment, daughter care services, remedial education, and abuse prevention and help services. I will also set up a counselling session, if you and your daughter want, after the after the interview. The

results of this research will be presented at community events and reports, academic conferences and publications.

The results of the research will be shared with a number of organizations that are responsible for policy implementation for adolescents in Jamaica such as the National Council of Drug Abuse, the Ministry of Education, Ministry of Health, and other government agencies. No research has ever been done on girls who dropped out of school and drug use in your community. In addition, there are no drug use prevention or reduction programs that are designed for, or targets, adolescent girls in your community. Your daughter's answers may help the government and other policy makers to understand how girls think, what they believe, how they come to start using drugs, if they continue drugs after initial use, how they come to continue to use drugs, how they come to drop out of school, and how their drug use influence their school experiences, among other things. Such in depth information from your daughter's own view can help local community organizations such as Boys' Town, and national bodies such as the National Council on Drug Abuse, and the various ministries to develop good community programs, and then national policies, that can help to prevent and reduce drug use and its related consequences among girls in your community, as well as other communities.

**Compensation: Will I or my daughter be paid for participating in the research?**

You will not receive any type of payment for allowing your daughter to participate in this research. When your daughter completes the interview on the second day, I will give her \$1000 JMD to pay her for her time and any travel cost. This money is not to force you or your daughter to take part or complete the research. If your daughter chooses to stop the interview before it is done, she will still receive the money.

**Does my daughter have to participate?**

No, your daughter's participation in this research is entirely voluntary. You and your daughter may decline to participate or withdraw from the research at any time. Withdrawal or refusing to participate will not affect you or your daughter's well-being in anyway. Your daughter can agree to be in the study now and change her mind later without any penalty.

### **What if my daughter does not want to participate?**

In addition to your permission, your daughter must agree to participate in the research. If your daughter does not want to participate, she will not be included in the research, and there will be no penalty. If your daughter first agrees to take part, then changes her mind later, she can let me know and I will withdraw all her information without any penalty.

### **Confidentiality: How will my daughter's privacy be protected if she participates in the research?**

My supervisor and I will ensure to keep everything that your daughter tells me in the interview private. I will record the discussion we have in the interview on a tape, then I will write notes of everything she says on the tape on paper. Only I will listen to the tapes or read the notes I write. The tapes and notes will be stored in a locked filing cabinet in my supervisor's office at the University. You and your daughter can choose not to be recorded if you want.

Your daughter's name **will not** appear in the summary of the findings, any report, conference presentations or publication about this research. Things she says directly (word-for-word) may be used in publications, reports, or presented at conferences, but I will not use her real name instead I will give her a pseudonym (fake name). In addition, the consent forms will be stored separately from the notes I take from the tape, so that it will not be possible to associate you or your daughter's name with any given set of responses.

If it becomes necessary for anyone to review the study records, information that can be linked to your daughter will be protected to the extent permitted by law. Your daughter's research records will not be released without your consent unless required by law or a court order. The data resulting from your daughter's participation may be made available to other researchers in the future for research purposes not detailed within this consent form. In these cases, the data will contain no identifying information that could associate it with your daughter or with your daughter's participation in the research.

### **Right to Withdraw: What if I or my daughter change our mind about participating in the research?**

Your daughter's participation is entirely voluntary and she can answer only those questions that she is comfortable with. Your daughter may leave the interview sessions for any reason and at any time

without punishment of any sort. She also has the right to leave the research and take back any information she has provided at any time. If she decides to leave the research, any data that she had contributed will be destroyed. Your daughter's right to withdraw from the research will last for two years, that is, until December 2016. After this, it is possible that I might have already shared the results with others and it may not be possible to withdraw at that time.

Please note that you and your daughter's choice to participate in this research or not, will have no negative effect on your daily life, or how you are treated in your community or by your services providers.

### **Who do I contact if I have any questions about the research?**

If you have any questions concerning the research or this consent form, please feel free to call me at (876) 366-4270 or (306) 966-6905 or email me at [scm126@mail.usask.ca](mailto:scm126@mail.usask.ca). This research has been approved on ethical grounds by the University of Saskatchewan Behavioral Sciences Research Ethics Board on October 17, 2014 and the Ministry of Health, Jamaica on April 21, 2015. Any questions regarding you and your daughter's rights as a participant may be addressed to the committee through the University of Saskatchewan ethics office at 306-966-2975, (out of town participants may call collect), or the Ministry of Health Standards and Regulation office at 876 633-7400/7433.

### **Signature of Consent to Participate**

You are deciding to allow your daughter to participate in this research. Your signature below indicates that you have read and understood the information provided above and have decided to allow her to participate in the research. If you later decide that you wish to withdraw your permission for your daughter to participate in the study you may discontinue his or her participation at any time. You will be given a copy of this document.

### **Audio Recording Permission (Please tick one)**

My daughter *MAY* be audio recorded.

My daughter *MAY NOT* be audio recorded.

---

(Signature of Participant)

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(Date)

---

(Signature of Parent, Guardian, or Caregiver)

---

(Date)

---

(Signature of Witness)

---

(Date)

---

(Signature of Researcher)

## APPENDIX C: PARTICIPANT INTERVIEW ASSENT FORM

*You are going to take part in a research about:  
Drug Use Among Dropout Girls in Kingston and St. Andrew, Jamaica*



*Please read this form carefully, and feel free to ask me any questions you might have.*

### **Researchers:**

Sheria Myrie, PhD candidate,  
Department of Sociology  
Tel: (876) 366-4270 or (306) 966-6905;  
Email: [scm126@mail.usask.ca](mailto:scm126@mail.usask.ca)

Colleen Dell, Substance Abuse Research Chair & Professor  
Department of Sociology, 1019 - 9 Campus Drive, Saskatoon, SK S7N  
5A5  
Tel: (306) 966-5912  
Email: [colleen.dell@usask.ca](mailto:colleen.dell@usask.ca)

Trevor Spence, Chief Executive Officer  
Boys' Town Kingston  
6 Collie Smith Drive, Kingston 12 Jamaica, W.I.  
Tel: (876) 361-0027  
Email: [estrev.spence@gmail.com](mailto:estrev.spence@gmail.com)

**Purpose:** We are doing a research to learn about what girls in Kingston and St. Andrew who have dropped out of school think about their drugs use. Our research questions are:

- 1. What does drug use mean to girls who have dropped out school in Kingston and St. Andrew?*



2. *What is the impact of families, friends, schools, communities, and other sociocultural factors on girls who have dropped out of school in Kingston and St. Andrew drug use?*

**Procedure:** In order to help me answer the research questions above, you will take part in this interview. This interview will be done over 2 days, today and any other day you are available, and will take approximately **1 hour** each day. During this time, I will ask you questions on how you feel about drug use. I will also ask you questions about your families, friends, past teachers and school, community, and what you think about girls and drug use, among other things. The entire interview will be recorded with a tape recorder

**Note on Parent Consent:** Because you are under the legal age-18 years old, your parents/caregiver/guardian **MUST** give permission, by signing a parent consent form, before you can take part in the interview. If your parents/caregiver/guardian did not sign the consent form, we will not be able to do this interview. If your parent signed the consent form, I will take it and keep it as part of my records. It will be kept safe, in a locked cabinet in my supervisor's office, and I will make great effort to ensure that no one can associate your identity with anything you tell me in the interview. Also, I will not share anything you tell me in the interview with your parent/caregiver/guardian. Unless I think you are at risk of harm, and in that case I will first discuss my intentions with you.

**Potential Risks:** I do not expect any harm to come to you by taking part in this interview. However, you may experience very few emotional discomforts. I will ask you to tell me about experiences that may have led to your decision to use drugs, so it is possible that you may remember stressful or unpleasant situations which may cause you to feel sad or uncomfortable. I will give you information about counselling services in your community, and if you want to I can set up an appointment for you to talk to a counsellor after the interview. If you feel you get uncomfortable or sad at any time because you remember bad things, please tell me and we will stop and talk about ways to make you feel better. You can leave if you think you are very uncomfortable and cannot continue to answer the questions. You will not be punished in any way. If you decide to leave before the end of the interview you will still receive the \$10 (1000 JMD) honorarium.

**Note:** The law requires me to give the courts information you have provided if I am subpoenaed (ordered). I also must report to the police or child welfare agency if you tell me anything that I believe will harm you or anyone else.

The audiotapes and notes on what you say will be stored in a locked filing cabinet in my supervisor's office at the University of Saskatchewan in Canada. The audiotapes and notes will be destroyed five years after the study is finished.

**Potential Benefits:** There are no direct benefits to participating in this interview. The answer you give to the questions will be used as a part of my PhD work. I will show them to my supervisor and committee members at the University I attend. I may also present summary and analysis of your answers at school conferences and in journal publications. Your answers may help others to understand how you think, what you believe, and how you come to use drugs. I will give you information packages on various services that may be useful to you such as counseling, drug treatment, childcare services, remedial education, and abuse prevention and help services.

**Compensation:** When you complete the interview on the second day, I will give you \$1000 JMD to pay you for your time and any travel cost. This money is not to force you to take part or complete the research. Also, if you choose to stop the interview before it is done, you will still receive the money.

**Confidentiality:** My supervisor and I will ensure to keep everything you tell me in this interview private. I will record the discussion we have in this interview on a tape, then I will write notes of everything you say on the tape on paper. Only I will listen to the tapes or read the notes I write. The tapes and notes will be stored in a locked filing cabinet in my supervisor's office at the University. Please tell me if you do not want to be recorded at any point during the interview and I will turn off the tape.

Your name **will not** appear in the summary of the findings, any report, conference presentations or publication about this research. Things you say directly (word-for-word) may be used in publications, reports or presented at conferences, but I will not use your real name instead I will give you a pseudonym (fake name). In addition, this consent form will be stored separately from the notes I take from the tape, so that it will not be possible to associate your name with any given set of responses.

***Remember you do not have to answer any questions you do not wish to answer!***

**Right to Withdraw:** Your participation is entirely voluntary and you can answer only those questions that you are comfortable with. You may leave the interview sessions for any reason and at any time without punishment of any sort. You also have the right to leave the research and take back any information you have provided at any time. If you decide to leave from the research, any data that you have contributed will be destroyed. Your right to withdraw from the research will last for two years, that is, until December 2016. After this, it is possible that I might have already shared the results with others and it may not be possible to withdraw at that time.

Please note that your choice to participate in this research or not, will have no negative effect on your daily life, or how you are treated in your community or by your services providers.

**Questions:** If you have any questions concerning the research, please feel free to ask me at any point. You are also free to contact me at the numbers or email provided above if you have questions later. This research has been approved on ethical grounds by the University of Saskatchewan Behavioral Sciences Research Ethics Board on October 17, 2014 and the Ministry of Health, Jamaica on April 21, 2015. Any questions regarding your rights as a participant may be addressed to that committee through the University of Saskatchewan ethics office at 306-966-2975, (out of town participants may call collect), or the Ministry of Health Standards and Regulation office at (876) 633-7400/7433.

**Participant's Oral Consent to Participate:** I have understood the description provided above; I have been provided with an opportunity to ask questions and my questions have been answered satisfactorily. I understand that my parent/guardian/caregiver has agreed for me to participate in the research. I understand that I may withdraw this consent at any time. I agree to participate in the research described above.

## APPENDIX D: LETTER OF INFORMATION

**Sheria Myrie**  
Department of Sociology  
University of Saskatchewan  
1019-9 Campus Drive  
Saskatoon, SK, S7N 5A5  
Email: [scm126@mail.usask.ca](mailto:scm126@mail.usask.ca)  
Tel: (306) 715-2299/ (876) 366-4270

National Council on Drug Abuse  
2-6 Melmac Avenue  
Kingston 5, Jamaica

April 21, 2015

Dear Sir/Madam:

This letter is a request for your organization to assist me to find participants for my research, and provide counselling and other addiction treatment services to participants, if the need arises. I am a Ph.D. candidate in the Department of Sociology at the University of Saskatchewan. I am currently conducting research under the supervision of Professor Dr. Colleen Dell on girls who have dropped out of school and their drug use in Kingston and St. Andrew, Jamaica. I would like for you to identify and connect me with eligible participants (eligibility criteria below). I would also like you to provide any participants that I may refer to you with free counselling and other addiction treatment services.

### **Eligibility Criteria for the Study**

Participants must meet **ALL** of following criteria in order to participate in the study:

1. **Must** self-identify as female or girl;
2. **Must be** between 14 and 17 years old;
3. **Must** have not attended a formal public or private school at least once in the past month or **Must no longer** be enrolled in school;
4. **Must not** have sat a school exit examination (example Caribbean School Secondary Certificate (CSEC));
5. **Must** have left school before graduating or obtaining a school leaving certificate or high school diploma;

6. **Must** not be currently enrolled in or attending any type of remedial education or vocational training program in the last month; Must not have been enrolled or attending
7. **Must** not have been employed in the last month;
8. **Must** reside in any inner city community located in western, central, or southern Kingston and St. Andrew;
9. **Must** have used any one or more types of licit or illicit drugs at least once in the past month.

### **Your Involvement**

- Your involvement in the research project will be to:
- Identify eligible participants. Please be reminded that participation in this study should be entirely voluntary. The risks from this study are expected to be minimal and;
- Provide eligible participants with my contact information so they can contact me directly to participate in the study; or voluntarily acquire eligible participants contact information and pass them on to me so I can contact them to participate;
- Provide free addiction treatment services, including counselling, to any participant I refer.

### **Contact Information**

This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board and the Ministry of Health Advisory Panel on Ethics & Medico-Legal Affairs. Any questions regarding your rights may be addressed to either committee: The Research Ethics Office [ethics.office@usask.ca](mailto:ethics.office@usask.ca) (306) 966-2975 (Out of town participants may call toll free (888) 966-2975). Or Ministry of Health Standards & Regulation Division 45-47 Barbados Avenue Kingston 5, Tel: (876) 633-7144/7400/7433.

If you have any questions regarding the study, please contact me at any time via email [scm126@mail.usask.ca](mailto:scm126@mail.usask.ca) or telephone (876)-366-4270 or (306) 966-6905. Thank you in advance for your interest and assistance with the research.

Yours truly,

Sheria Myrie