Schoolchildren and Ganja: Youthful Marijuana Consumption in Rural Jamaica

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The use of marijuana by children in North America and its potential impairment on their health and school performance is cause for concern among parents and teachers. This study examines childhood cannabis use in cross-cultural perspective, exploring the ideology and behavior surrounding childhood marijuana use in Jamaica, and the way in which it is articulated with the domestic and school life of children in two rural working class communities. CANNABIS USE; JAMAICA; MARIJUANA USE; SCHOOLCHILDREN.

Along with alcohol and tobacco, cannabis is one of the most commonly used substances in the United States and Canada. Furthermore, the age at which cannabis experimentation begins is steadily decreasing; it is no longer unusual to hear of elementary school children smoking marijuana. Whipple (1981), summarizing a National Institute on Drug Abuse study (1981), indicated that about 3 percent of all children have tried marijuana by the time they enter junior high school. In junior and senior high school this percentage increases; by their senior year, 40 percent of all students have tried marijuana. This burgeoning use among younger children and its potential impairment on health and school performance is cause for grave concern among policy makers wrestling with the problem of marijuana regulation. In fact, it is this issue that has rationalized the dramatic shift made by the National Institute on Drug Abuse from a comparatively neutral to an opposing posture on marijuana and the call for additional study (Institute of Medicine 1982).

The significance of using the experience of other cultures to explore contemporary problems in our own society is well established as a major contribution of anthropology. Cross-cultural comparisons of cannabis use, in particular, have provided a vehicle for both challenging and confirming assumptions formulated in a Western context ( Rubin and Comitas 1975; Rubin 1975; Carter 1980; Hamid 1980; Dreher 1982, 1984). Such studies have raised important questions about the way in which the cultural context influences the nature and extent of substance use.
In order to subject childhood cannabis use to the same cross-cultural validation, a study was undertaken in 1980 and 1981 to explore the use of cannabis among children within traditional user populations in rural Jamaica. In the course of earlier cannabis research in Jamaica (Rubin and Comitas 1975; Dreher 1982), which focused on chronic cannabis use among working-class men, several informants reported that children, in particular, benefit from the consumption of marijuana. Many are introduced to it quite early. At the time of birth, local midwives sometimes are said to give a mild cannabis tea to newborn infants even before they are breast fed.

The findings presented here examine the ideology and behavior surrounding childhood cannabis use in Jamaica, the extent to which it is expressed in actual behavior, and the way in which it is articulated with the domestic and school life of children in two rural working class communities, here referred to fictitiously as Dover and Hawley.

In Jamaica, the use of marijuana, or ganja as it is called locally, is widespread. Although the possession of ganja is illegal and carries serious moral/legitimate penalties, it is estimated conservatively that 75 to 90 percent of the working class population of Jamaica has had experience with the consumption of cannabis in some form (Rubin and Comitas 1975). Ganja is consumed by Jamaicans in two ways: it is inhaled in ganja cigarettes and pipes, or it is drunk as a tea or tonic. Although the substance is the same, these two forms of ingestion represent distinct social institutions, each with its own set of activities, groupings and values.

The smoking of ganja is a social activity, generally confined to the male members of Jamaica's lower socioeconomic sectors and consumed in peer-oriented work and leisure settings. Within these ranks of society, ganja smoking often is praised and defended as an integral part of the daily activities of labor and leisure. However, among the middle and upper sectors of society, where ganja smoking is a relatively uncommon practice, legal and social sanctions against ganja generally are supported. Indeed, the relationship between socioeconomic status and ganja behavior is so powerful that withdrawal from social ganja smoking has become a signal of upward mobility.

Equally significant in framing the ganja complex in Jamaica are gender and age. Women traditionally have been excluded from this activity on the grounds, expressed by many male ganja smokers, that their brains are not sufficiently mature to handle the psychoactive properties of ganja, which require seasoned, knowledgeable users. Women are advised to restrict ganja smoking to no more than occasional use, preferably in the company of their more experienced mates. Also guiding the deployment of ganja behavior in Jamaica is the factor of age. While the age at which boys initiate smoking appears to grow successively younger, regular ganja users are highly critical of immature smokers and do not permit them to join adult male gatherings in which ganja traditionally is inhaled. (The exception to this pattern is the Rastafarian children who partake of ganja in a ritual context, as do their parents.)

In contrast to smoking, ganja teas and tonics belong to the female domain, prepared in a domestic context and consumed by infants, children, and adults of both sexes, thus crossing age, sex, and class parameters associated with ganja smoking. According to the folk belief surrounding ganja use, ganja smoking is believed to affect the brain directly, producing psychoactive effects, whereas ganja drinking affects the blood and has health-rendering properties. As such, it is regarded as one of many "bush teas" that comprise the inventory of household medicines and remedies in rural Jamaica where mothers care for their families with a repertoire of home-based and folk practices. Prepared and served in the privacy of the domestic domain, even middle-class families occasionally may consume ganja in this form. In fact, men who have acquired social status often shift their form of consumption from smoking to tea drinking without seeming to experience any conflict. And women who adamantly warn their husbands and sons about the dangers of ganja smoking nevertheless prepare ganja infusions routinely for their entire households, including the youngest of children.

Because of the legal penalties and social stigma attached to ganja use, however, secrecy surrounds this routine procedure and the ganja preparations commonly are disguised by sugar, milk, and flavors such as mint, pimento, and anise. Consequently, youthful consumers and even husbands may be unaware that they are being served ganja tea. Housewives who themselves had been given tea regularly as children report that they first learned the value of ganja medicines and how to prepare them, not from their mothers, but from their mates or slightly older friends and/or sisters. After these young women establish their own households and begin to boil tea routinely, their mothers may then admit that they did the same and may even share their ganja supply and recipes with their daughters.

The Communities

Prior research had established that socioeconomic level is an extremely important factor in understanding cannabis-linked behavior (Dreher 1981) as well as interpreting the health and lifestyles of children. Thus the study was limited to predominately working-class communities in which the range of wealth and status was small in comparison to the socioeconomic variance that exists at the national level. Both communities in this study are rural, composed entirely of Afro-Jamaicans, and are predominately working class. They differ, however, in local economic structure, which is presumed to influence the role of children in family and community life.
Dover

Dover is one of several small, interconnected neighborhoods that comprise the densely populated parameters of a large sugar estate. Its forty-two households are clustered along a narrow, winding road that circles back to the village crossroads. With the exception of a tiny shop and a small church located within Dover itself, most of the services and facilities used by residents on a daily basis are located within a few minutes walking distance. These include several shops, a post office, and an elementary school. The large market, police station, junior secondary school, cooperative bank, and health clinic are located near the estate factory two miles away.

The population of Dover is approximately 190. Since the establishment of the sugar factory in the early 1930s, the area has hosted an annual migration of men seeking work. Many of these have become permanent residents, and although this migration has stabilized in recent years, there remain comparatively large numbers of unattached males in Dover and throughout the sugar belt.

Most of the adult population in Dover is tied economically—directly or indirectly—to the large-scale production of sugar. The majority of men are employed seasonally by the estate in field or factory. The reaping season, extending from January to early July, is the period of heightened activity when opportunities for work are abundant and cash is in greatest circulation. Dover women, although ordinarily not employed directly by the estate, have opportunities to work as domestic servants, laundresses, cooks, fishmongers, street vendors, higgler (market women), and shopkeepers. The unattached men in the sugar belt provide a regular market for the domestic, marketing, and sexual services of Dover women. In this working-class community men and women enter the economic market independently. Each is remunerated in cash for the services he or she performs. This economic independence of women is reflected in a variety of domestic structures and in the presence of many female-headed households.

Hawley

Hawley, in comparison, is located in Jamaica’s mountainous interior where thirty-four households are scattered along a three-mile ridge in a highly dispersed settlement pattern. Although this small community is less than twenty-five miles from Kingston, Hawley is a comparatively isolated settlement, with only one poorly-maintained road winding up the steep mountainside. There is no electricity in Hawley and only one standpipe for water. A single vehicle, a landrover truck operated by Hawley’s shopkeeper, carries women to the Kingston markets on Thursday evenings and back again on Saturdays. All public services, including the post office, health clinics, police station, schools, and so forth, are located in the valleys and require a four- to seven-mile journey by foot.

The population of Hawley is only 150. In contrast to Dover, over the past thirty years there has been a steady out-migration of individuals and families seeking economic and social opportunity in more populated areas. With the exception of the shopkeeper, farming is the only economic activity in which the residents of this mountain community engage. Although the soil is rich, the land is largely deforested and the steep hillsides on which farmers must cultivate their vegetables require a laborious system of terrace agriculture. Land ownership is universal and farms are managed by individual households. Typically, men are responsible for clearing and cultivating while their wives sort, pack, and transport the product to Kingston for the Friday and Saturday markets. Unlike Dover, Hawley men and women are economically interdependent. Nuclear corporate households consisting of husbands who are the producers, wives who are the distributors, and their unmarried children who assist them, constitute the major proportion of domestic units in this community.

The use of ganja is widespread in both communities. The remoteness of Hawley permits the commercial cultivation of ganja by individual households, and since every household has access to its own ganja, there is little need for ganja distributors or vendors. On the other hand, in densely populated Dover, where there is little land, there are several ganja vendors but only a few cultivators.

The Children

Over half the population in each setting consists of children through the age of fifteen. In Dover there are 102 children representing 39 households. Seventy-two are school age; most attend either the primary school or the junior secondary school. In Hawley there are seventy-eight children through the age of fifteen drawn from twenty-three households. Fifty-five are of school age.

The primary school serving Dover and contiguous neighborhoods is not more than a quarter-mile walk for any of the children. However, proximity does not ensure regular attendance. Many parents cannot afford the shoes, uniforms, books, and supplies required to send their children to school, particularly during the “dull season” when cash is scarce. According to the principal, who complained about the lack of support from parents, poor attendance is the major reason for the low quality of education in the Dover school. But the school rooms also are crowded and noisy, with only chalkboard dividers separating many of the grade levels. In general, the school is in need of repair and rehabilitation; the walls are written on, desks are broken, and windows that are cracked or missing remain unreplaced. The teachers are discouraged and claim that they get the children from the least motivated families, since the middle-class households in the area generally send their children to private schools or to nearby communities where the schools have a better reputation.
Over half of the Dover children complete their education at the primary school level. These children are generally from families that cannot afford the costs of sending them to the junior secondary school located three miles away (e.g., books, uniforms, lunch money). Because these same children also tend to be low school performers, they also are not encouraged by teachers to pursue secondary education.

There is no school within the boundaries of Hawley; children attend the Savoy Gap "all age" school, to which Hawley children walk four to five miles each way. The Savoy Gap school is crowded, mainly because of the efforts of an extremely capable new principal. Her recent arrival has increased the enrollment to 165, drawing from less highly regarded schools in the valleys and far exceeding the official capacity of 100. Actual attendance, however, usually hovers around 100. Forty-nine of the children currently enrolled in the Savoy school are from Hawley. As in Dover, the school is only one large room with various grade levels separated by moveable chalkboards. Children often must sit three to a desk that was designed for two. Each child is assigned a weekly task for the general upkeep of the building and the school yard. Larger projects, such as painting the school, preparing a garden, and landscaping the school yard, are undertaken by parents at the request of the principal. Thus, in contrast to Dover, the Savoy school is well maintained and is a central community enterprise. Moreover, Hawley parents actively support the principal and teachers and have a strong parent-teacher organization.

Absence is also a problem in Hawley but for different reasons. In this farming community, parents depend on school-age children to assist them in the "bush" on Thursdays, gathering and sorting produce, and to take over household responsibilities, run errands, and look after the younger children on Fridays while their mothers go to the markets in Kingston. Since the school only recently has improved its educational standards, few Hawley children have succeeded in winning a place at one of the secondary schools. The new principal and her staff report that they now are working intensively with children who "show promise" to help them pass their qualifying exams for entrance to secondary school.

Children in both communities begin performing household tasks at a very early age. It is not unusual to see little girls of two or three years laundering their panties or their fathers' handkerchiefs. By the time they are five they already are caring for younger children. Male children learn to gather wood, feed fowl, and tether the goats by accompanying their older siblings or friends in these activities, and boys in Hawley join their fathers in cultivation efforts. Children of both sexes carry water from the standpipes and assist their mothers to gather produce for the market. Dover children seldom accompany their parents to wage labor settings; therefore, once their household chores are completed after school, they are free to leave their yards and play with other

children, skipping rope, climbing trees, practicing cricket, and so forth. Children are required, however, to perform tasks related to routine household functions and to assist their parents in nonwage labor activities such as cultivation, trade, and fishing.

Hawley children, in contrast, are expected to remain in their yards unless they are dispatched by their parents to the shop, to carry food for a relative, to help their mothers to "look load" (buy produce from farmers to sell at market), to assist their fathers with cultivation, and so forth. In this community of widely dispersed households and few conveniences, parents rely on children to run errands, carry messages, and be "on call" to assist with any household activity. Hawley youngsters also take on more difficult tasks at an earlier age. Seven-year-olds in Hawley, for example, carry water a greater distance than ten- and eleven-year-olds in Dover. Since adolescents are sent to relatives in Kingston or other more populated areas to seek work or learn a trade, Hawley parents depend on younger children to assist them with the labors of farming. There is no doubt that Hawley children have less play time, work much harder, and are more essential to household functioning than Dover children. Furthermore, there is a greater emphasis in Hawley on children assuming independence at an early age. Young male children, in particular, are instructed to plant their own gardens and sell their produce. They are encouraged to save the money that they earn through the school banking program. Several Hawley children have their own school savings accounts.

Childhood Ganja Use

In each community, thirty female caretakers were surveyed with regard to their attitudes toward and personal experience with the administration of cannabis to children: its preparation, the context in which it is consumed, and its role and value in child rearing. From these reports it was determined that there are essentially two types of ganja infusions consumed by children. Ganja tea is prepared either by boiling or by steeping cannabis stems and leaves, then adding large quantities of sugar and, if desired, milk. Occasionally other highly flavored ingredients such as anise or mint are mixed with the ganja in order to disguise the taste from older children. Both green and cured ganja can be used for tea, although most informants expressed a preference for the uncured variety. It ordinarily is administered in the morning, as are most other teas in Jamaica. In both Dover and Hawley the suggested frequency of administration of tea to children ranged from everyday to once a week, with most recommending two or three times per week.

Ganja tonic is prepared by soaking cured or uncured leaves either in wine or in white rum from two to nine days. This preparation then is stored and used by the dropper or teaspoonfull for colds, fever, pain, or discomfort, or for its calming effects, particularly before retiring at
night. In contrast to the tea, ganja tonic is not recommended for routine consumption by children but only when there is a health or behavior problem.

Although there is a variety of opinion about the optimal age for initiating children to ganja tea, ranging from birth to toddler age, all women agreed that the teas must be titrated carefully in accordance with the child's age and previous experience with ganja. Thus, younger children first receive a weak version of the tea, perhaps only a leaf steeped in hot water, after which the child is observed and the strength of the tea adjusted accordingly. Gradually the strength is increased to reach adult levels of potency sometime in early adolescence. When asked about the possibility of making the tea too strong, mothers reported that this occasionally does happen and is evidenced by two somewhat opposite reactions on the part of their children: sleepiness and hyperactivity. One woman recalled that she once served her family what she termed "left back" tea that had been prepared the night before, allowed to stand, and then reheated for breakfast. Her husband and children slept practically the whole day, which they attributed to letting the tea steep too long. Overdosage of this nature generally is not regarded as reflecting negative properties of the ganja but rather the inexperience or incompetence of the mother.

Without exception, all sixty women endorsed the use of ganja for children and cited three basic themes to justify the administration of tea: (1) to enhance health, (2) to augment strength and stamina for the purpose of accomplishing physical work and (3) to facilitate academic performance. The health rendering properties of ganja reported by informants are diverse and have both preventive and curative functions. Routine administration of ganja tea to children is desirable to "keep away sickness" and "build good blood" or to "give a good appetite."

Curatively, the most commonly mentioned child health problems for which ganja infusions are used are colds, particularly in Hawley, where the temperature plunges at night; and fevers, particularly in Dover, which is surrounded by cane fields and swamp lands where mosquito-borne fevers are endemic. Other childhood health problems that informants claimed could be ameliorated by ganja included infant diarrhea, mumps, anorexia, colic, asthma, bronchial wheezing, croup, the discomfort of teething, and hyperactivity. Several caretakers had at least one story of how ganja had solved a problem, relieved discomfort, or saved a life without the benefit of a physician or when physicians were unable to help. Some referred to ganja as the king of bush teas, "good for every thing."

Second, the strength-producing value of ganja infusions in accomplishing arduous farming activities and reducing fatigue was cited most often by women in Hawley where the ability of children to perform certain tasks is essential to household productivity. Using ganja to enhance the ability to work is, of course, not peculiar to children. The association of ganja and work within the working class population already is well-established (Rubin and Comitas 1975; Dreher 1982) and housewives, as well, report that they drink ganja tea or even smoke ganja in order to carry out the laborious tasks of cultivating, washing, carrying heavy pots of dishes or clothes to and from the standpipe scrubbing, sweeping, polishing, and all the other burdensome activities that comprise the work day of rural Jamaican women.

The third major reason given for preparing ganja tea for children is to enhance the learning potential of children. According to the homemakers interviewed, ganja does this by increasing their power to concentrate on school work, to pay attention to what the teacher is saying, not to be distracted by school mates or the activities of other classes, to remain quiet and serious in class, to carry out homework assignments even when very tired, and to sit for examinations. Ganja often is referred to as the Wisdom Weed that, according to legend, was discovered growing on King Solomon's grave.

In both Dover and Hawley, the working-class parents who were interviewed supported the claim that ganja, prepared as a tea or tonic was good for making children "stronger," "healthier" and "smarter."

They insisted that this form of ganja consumption was universal in that it would be difficult to find households within their respective communities in which members—children and adults alike—did not drink ganja tea or tonic. In contrast, the teachers who were interviewed were much more guarded in their opinions about ganja. They gave examples of children who had been good students but whom ganja had made "lazy," "careless," or even "mad" or "criminal." Most of the teachers said that they had "heard" that ganja tea was helpful in times of sickness but uniformly rejected the notion that ganja would improve school performance.

An Exploratory Study

In order to determine the extent to which these folk beliefs about childhood consumption of ganja are expressed in actual behavior, a sample of ten households was selected in each community for more extensive study and observation. The Dover sample included thirty-six children, twenty-five girls and eighteen boys, ranging from six months through fifteen years old. They represented five nuclear family households and five single parent, female-headed households.

The Hawley sample included forty-three children, twenty-two boys and twenty-one girls, ranging from eight months through fourteen years old. All ten of the Hawley households were variations of nuclear family units consisting of parent or grandparents and their children, grand children or stepchildren. Significantly, the sample households were selected on the basis of childhood cannabis consumption, either real or alleged. The determination of a particular level of cannabis consumption in a particular household would be considered a finding that required explanation.
For a period of four weeks, all ganja-related activities of each of the twenty households were logged by the primary female caretakers. In order to interpret these activities in relation to other household events, the logs were monitored and discussed at length in observational visits in each household. During these visits, the mothers were questioned as to the purpose of preparing ganja tea, who the consumers were, when and how it was prepared, and why the tea was not administered if, according to folk canons, it was warranted. For example, if a child complained of a “bellyache” or “cold” (symptoms commonly mentioned during the survey interviews as being indications for administration of ganja tea) why was the tea not prepared in this case?

Tables 1 and 2 summarize these activities over a period of four weeks, including the number of days ganja was prepared for each child, each child’s school status by grade and rank, and a teacher judgment about ganja use. Perhaps the most interesting finding in the tables is that while there is significant congruence between Dover and Hauwley women in their recommendations that ganja tea be administered at least two or three times per week, consumption records indicate that the two groups diverged sharply in meeting this standard. Although Dover women were as enthusiastic about the beneficial properties of ganja and endorsed its frequent use, the actual incidence of tea preparation was significantly less. Two women didn’t use it at all, seven prepared it only once or twice for the month, and only one Dover woman came close to the ideal level of use, preparing tea twenty-four days in the month. This woman, whom we shall call “Pansy,” is a member of a Rastafarian sect and uses ganja every day for both mundane and ritual purposes. In the mountain community, on the other hand, most of the women fulfilled the normative expectations of ideal use. Three of the women prepared ganja tea more than twenty times for the month and no one prepared ganja less than six of the twenty-eight days.

The major reason cited by Dover women for not preparing ganja tea more often was availability. Unlike the mountain community where a substantial number of households have access to large quantities of uncurled ganja through their cultivation activities, planting ganja is relatively rare among residents of the sugar belt where both land room and privacy are scarce. Thus the “herb” must be purchased in cured form from a ganja vendor. While Dover women endorse the beneficial properties of “herb” tea and advocate its routine consumption, when it must be purchased with cash it does not occupy a high priority in relation to other household expenditures.

The comparative scarcity of ganja notwithstanding, all the women in the Dover sample had husbands and boyfriends who managed to acquire ganja on a daily basis. Furthermore, the table illustrates that despite the injunctions on female ganja smoking, the women had access to and used ganja. In fact, of the ten there was no one who did not consume ganja in some form. Yet only four prepared ganja for their

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*K = kindergarten, JS = junior secondary
children. Thus in Dover, where ganja is in limited supply, neither minor women were willing to share their stores of ganja with children unless there was a specific problem, such as illness (and even then ganja would be used as a last resort after other, more accessible, but medicines were tried). During an outbreak of dengue fever, for example, Dover parents ordinarily reluctant to divert household cash for its purpose of ganja to be used prophylactically bought ganja to prepare tea for their families to cure the afflicted individuals and protect other members of the household. Observations in Dover revealed that one of the ten households (006, 008) used ganja for illness during the fieldwork period and even then, it was used as a last resort after several other bush medicines had been tried. Furthermore, if the supply of ganja were particularly limited, mothers might prepare the tea only for those family members who were symptomatic. Thus in household 008: the mother prepared ganja tea for all three children, even though one of the children complained of a “bellyache,” but the mother in household 006, who had the flu, drank the tea herself, and did not share it with her children or husband. In none of the Dover households was ganja prepared for prevention or health promotion.

The functional roles and responsibilities of various members of the household also are conditions for the allocation of ganja. Individuals are singled out by the mother/caretaker for a certain quota; whatever remains, if any, is consumed by the rest of the family. In households 005, for example, only the two oldest daughters shared their mother’s ganja tea. When asked why the younger children were excluded, she explained, “When dem help ‘look load’ dem need de strength.” According to her and other Dover women, their younger children, then vaccinating from school, did not need ganja to “romp all day.” Their limited supplies of ganja were better used by themselves when they had to procure and sort produce to take to market or to carry their heavy pans to the river. Thus, mothers “invested” ganja in those members who had the greatest potential for contributing to the household revenues or status.

Although some of the Hawley mothers occasionally smoked with their mates or alone in the house, none used ganja in a social context did the Dover women; they were highly critical of the notion that mother would reserve ganja for herself rather than share it with the family. In this community, where homemakers have the opportunity almost every day to decide whether or not they will prepare ganja some other tea, the household consumption of ganja is integral routinely with weekly labor patterns and the strength of the tea designed to coincide with activity and age. As one mother explained when asked about the adult strength of ganja tea she prepared for her ten-year-old son, “He is a brave little boy and the only help his fat has.”

Similar to Dover, illness in the family signaled the preparation
ganja tea, but in Hawley no one member was designated a recipient to the exclusion of others. In household 007, for example, the family consumed more tea for the month than was ordinary because the mother prepared ganja every day for a week while her youngest had a severe case of the flu. (The exception to this is the preparation and consumption of ganja tea by adults in the evening before retiring and after the children are in bed. This is why Hawley has three households [001, 003, and 006] in which the number of times tea was prepared exceeds the number of times it was consumed by children.) In Hawley, there is more emphasis on the preventive role of ganja, particularly during inclement weather when there is increased vulnerability to upper respiratory infections.

Ganja and School Performance

All Dover mothers expressed the conviction that ganja improves school performance ("mek dem brains quick") and reported having reserved ganja tea for children whom they believed to be particularly bright. Five of the ten mothers said that they used the tea in the past year to augment the academic performance of such children, three (105, 107 and 108) having prepared ganja tea for children when they sat for their Common Entrance Exams. Mothers from households 102 and 106 administered tea to their sons after learning from the teachers that they were having difficulty in school. In both cases the boys were unaware they were being given the ganja tea but, according to their mothers, they expressed a change for the better in their ability to concentrate on their lessons and understand what the teacher was saying. The mothers continued to prepare tea for the boys until their performance improved and then it gradually was discontinued. Again, siblings do not partake of ganja reserved for children who either are in need academically or who have the greatest chance for succeeding.

In Hawley, as well, all ten mothers supported the view that ganja tea facilitated school performance, although none reported ever using ganja tea in a remedial sense, as it was used in Dover. They insisted, instead, that children who are regular consumers of the tea are likely to do well in school because they are better able to concentrate and have better developed brains than children who are not regular consumers. Thus, all children in a household were given ganja routinely to promote scholastic achievement, because "it good ie read book" or it "mek dem concentrate more." This contrasts sharply with the use of ganja in Dover for improving school performance, where it is particularistic as well as remedial.

In order to explore the perception that ganja improves the performance of school-age children, teachers in each community were asked to rate the children in the sample with regard to their general academic performance, very broadly and subjectively, as good, average, or poor, and to identify those children whom they suspected were regular ganja consumers.

Teacher Ratings

The tables compare the results of the inquiries. The number of households in the sample is too small and the period of observation too short to draw any statistical inferences. However, the results from Hawley, where attendance records were obtained, are of interest. In this community where ganja consumption extended from six to fifteen days, the high performing children (Group 1) also had the highest average ganja use (13.6 times for the month) compared with Group 2 who averaged 13.2 times and Group 3, the poor performers, who averaged 9.5 times.

Direct observations in these households suggest that this correspondence in ganja use and school performance reflect not the effect of ganja, as many parents would claim, but the household's capabilities for sending children to school on a regular basis. Thus, a mother who can and does boil tea routinely for her children is also a mother who places a high value on schooling, is able to provide appropriate nutrition, clothing and school supplies, and assures regular attendance. Indeed, school records in Hawley confirmed that school performance was linked predictably and consistently to attendance: the average number of days attended by those rated in the highest group was 181.3, compared with 114.5 for the average group, and 95.4 for the lowest. The low attenders are also on the lower spectrum of ganja use: the average attendance for those using ganja 6 to 8 times for the month was 96, while the average attendance for those using ganja 14 or 15 times was 126.2, an average of 30 more days of school per year. The only exception to that pattern is household 107, the same household in which, according to the mother, ganja use was atypically high during the observation period because of the illness of her youngest child. In Dover, as well, even though ganja tea is not prepared routinely, if the mother is motivated to provide it for a child who is doing poorly in school, she is likely to assist him in other ways as well by easing his work load, asking his siblings to tutor him, supervising his studies, and setting limits on his play time.

In both communities the administration of ganja tea is indicative of a conscientious and caring mother concerned about the health and intellectual development of her children. In her framework, it is an alternative to, or at least addresses, an imperfect educational system by assisting her children to overcome obstacles such as crowded classrooms, heavy work loads, tedious journeys by foot, poorly prepared teachers, and the lack of facilities or opportunities for study at night.

For the teachers, however, ganja use has the opposite symbolic value, confirmed by their speculations on who were the consuming children.
Except for the three children in Dover household 007, where the mother was a proficient Rastafarian, teachers in both communities had difficulty identifying ganja-using children. In Hawley, where school was still in session, teachers could not distinguish children who had drunk ganja tea that morning from those who had not. As the table indicates, they tended to make their judgments based on the socioeconomic status of the child’s household and on the parents’ ganja-using behavior. Thus, children from the poorest families, who generally performed unsatisfactorily in school and had the poorest attendance records, were identified as the most likely ganja users. The children in Dover household 010, for example, were designated by teachers as likely to be regular consumers. In fact, however, the mother in that household had not had the funds to procure ganja for her children since the dengue fever epidemic several months earlier. On the other hand, Hawley households 103 and 106 were identified by teachers as being low-ganja using families. Yet the table indicates that all three children are regular consumers. Despite the fact that both 103 and 106 household heads are heavily engaged in ganja cultivation and commerce, or perhaps because it, they enjoy high community status, one being an elected local government official. They can afford to employ farm labor and therefore can send their children to school on a regular basis.

Indeed, the economic significance of ganja commerce in assisting parents to fulfill their educational objectives for their children cannot be disregarded. In the indigent communities that typify certain areas of rural Jamaica, the cultivation and sale of ganja has become an effective, although risky, means of meeting the exigencies of daily life and of sending children to school. Many Hawley parents, otherwise conservative and law-abiding citizens, plant and sell marijuana as needed to board their children in more populated areas where they can learn a trade. A comparison of two Dover mothers is particularly telling. Pansy (007) with three children, and Yvette (010) with five, are single mothers who receive virtually no financial support from the fathers of their children. Yvette supports her family by selling fish door-to-door. She purchases the fish directly from the fishermen at seaside every day. Her business takes her away from the house from early morning and the children are left in the care of a frail grandmother living next door. The boys frequently are truant and the grandmother often complains that she “can’t control dem.” The income Yvette generates as a fish vendor is barely enough to provide food for her household, much less school uniforms, shoes, and supplies. Her children are among the lowest in academic performance and she laments that her daughter, who, unlike her younger brothers, has an interest in education, is unable to attend junior secondary school because of the expense.

Pansy, like Yvette, has no access to land of her own, but “looks load” each week from local farmers to sell in Kingston on Fridays and Saturdays. In addition, she has a thriving business retailing ganja from her home. She is the one Dover mother in the sample who routinely prepares ganja tea for her children. Pansy is a strict mother who, unlike other Dover mothers, requires that the children remain in the yard when they are not at school. Although they do not accompany their mother to the bush during the school year, they are expected to perform such household tasks as cooking, washing, cleaning, and—in the case of the oldest—to sell ganja when her mother is not at home.

Evaluations from school teachers and the principal reveal that Pansy’s children are competitive with other Dover children in their school performance. The oldest attends junior secondary school, where her grades are consistently good in all subjects. The younger two, still in primary school, are regarded as diligent and interested students who rank at the top level in their respective classes. Teachers pointed out that her children have excellent attendance records, which they claim is unusual for children coming from a single-mother household. According to Pansy, she is able to afford nice shoes, uniforms, and supplies for her children through the sale of ganja and therefore they are not “embarrassed,” as are other Dover children. In addition, she claims that, except for Fridays and Saturdays, her ganja business keeps her close to home where she can supervise her children and make sure that they meet both their academic and domestic responsibilities and “show good behavior.”

Conclusion

Whether ganja actually enhances school performance, as many rural Jamaican parents claim, or diminishes it, as the teachers claim, could not be determined from this small exploratory study. Clearly, mothers and teachers reinforce their own values linking ganja to competency in academic and work settings. If ganja is consistently allocated to the children already showing the most promise to the exclusion of those who are low performers, it is not surprising that correlations between ganja consumption and achievement appear to exist. Contradictory evidence is rationalized easily, particularly in the remote and/or rural areas where the quality of education is uneven at best. Thus, when confronted with the child who is a routine ganja consumer but is doing poorly in school, the mother explained that it was either the poor quality of teaching or that ganja tea can only improve what is already there. Accordingly, “If de pickney [child] is a dunce, him will only be a smarter dunce.”

The opinion held by teachers and other representatives of the middle class that ganja is detrimental to school performance also is readily self fulfilled. Without knowing actually who the ganja-using children are, teachers tend to associate ganja consumption among children with that of household adults. Since the low achievers are poor attenders also and are from the lower socioeconomic sectors where ganja smoking is prevalent, conclusions linking ganja use with low school performance are easily made and difficult to refute. Thus, when Dover teachers were
queried about Pansy’s children being high consumers but also high
achievers, they replied that the children would do even better if they
were not using so much ganja.

What then do the findings of this study contribute to our understand-
ing of this contemporary problem? In much of the popular literature
marijuana is portrayed as the force that rocks family unity, estranges
children and parents, causes students to disregard their studies, and
renders our youth weak and impotent, if not psychotic and criminal
(Manatt 1979; Hendin, Pollinger, Ulman and Carr 1981; Institute of
Medicine 1982).

Many of the findings that have emerged from this study contradict
the widely held opinion that the substance itself is necessarily
deleterious to the mental and physical health of the youth. In Jamaica
just the opposite holds; ganja is used to increase household productiv-
ity, to enhance the academic performance of school-age children, and
to insure the strength and health of their families. As in many developing
countries, Jamaican children perform important social and economic
functions. Domestic chores and child care responsibilities assumed by
the younger female members of a household free a mother to seek out-
side wage employment or to assist her husband with farming activities.
Similarly, male children are depended on to assist their parents in carry-
ing out necessary cultivation tasks. Without the advantages of telephones,
automobiles, electricity, or running water, children are expected to run
errands, carry messages, fetch water, gather wood, and visit aged relatives
who may need assistance. Illness, indiscipline, and poor scholarship are a
serious drain on household resources and possibly a discredit to their
families.

None of the children in either sample was defined by parents,
teachers, or neighbors as being outside the range of normal behavior for
a Jamaican child, although teachers and mothers used distinguishing
adjectives such as “dull,” “bright,” “responsible,” “quick,” “lazy,”
“mischievous,” or “ambitious” to describe different children. The
sample in both communities was composed of basically healthy children
who remained so throughout the period of observation (except for colds,
“bellyaches,” and minor trauma). Although health histories revealed
that Dover children had significantly more encounters with the medical
system, in the remote community of Hawley there was no medical system
with which to have an encounter. Most Hawley children were not immunized,
and, from birth, had never been to a doctor. Children in both communities
demonstrated considerable strength in accomplishing difficult tasks by any standards, although Hawley
children worked harder and had more responsibility than those in
Dover.

Whether or not the effects of ganja on children are real or only
perceived, it is clear that ganja tea has symbolic value for the Jamaican
homemaker in producing hard-working, healthy children who excel in

schoolwork. In fact, the mother who has ganja available to her and
does not prepare it for her children often is regarded as the bad mother.
Thus, while the substance is the same in both cultures, cannabis has a
different value for Jamaican mothers than for American mothers.

Obviously, caution must be exercised in translating such findings to
the American scene. Even in the case of Hawley, where childhood can-
abis use was extensive, it was not indiscriminate. The consumption of
ganja under the guidance of a presumably knowledgeable and experi-
cenced adult who regulates the dosage and frequency is far cry
from an eight-year-old smoking a refeer of unknown origin and com-
position, purchased in a schoolyard from a twelve-year-old. Most
Jamaican mothers are as critical as American mothers of the social
smoking of ganja by young children. Even in the case of the Rastafari
mother, her children were not permitted simply to roll and light a ganja
 cigarette or to prepare tea at whim but were required to wait for their
mother to invite them.

It is important to distinguish a concern regarding the set and setting
in which the substance is consumed from concern related to the
substance itself. The two forms of consumption are guided by different
values and motives. This is why Jamaican homemakers who quart
with their husbands and warn their children not to smoke ganja will
nevertheless procure and brew ganja tea for the entire family on
routine basis without any thought of the inherent conflict in their ac-

tions.

Obviously, any substance that has physical and psychoactive effect
warrants indepth pharmacological investigation. Based on the Jamaica
example, however, it is evident that equal consideration must be given
to the social circumstances and ideology that surround consumption of
a substance when attempting to evaluate its impact on society. While
not wishing to minimize the concerns that American parents face with
regard to drug use among children and adolescents, it is equally possi-
ble that marijuana has become a convenient whipping boy for poor
nutrition, poor schooling, and poor parenting. Without an understand-
ing of the sociocultural backdrop—the contextual variables again
which the activities and norms associated with cannabis can be inter-
preted—it is impossible to determine whether marijuana is the source
of the problem or its symptom.

Endnotes

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Harrington for his guidance and suggestions on the development of this pap
1. An explanation for the breach of norms guiding marijuana use by women in Jamaica has been suggested by Dreher (1984).

References Cited

Carter, William, ed.

Dreher, Melanie
1984 Marijuana Use Among Women—An Anthropological View. Advances in Alcohol and Substance Abuse 3(3).

Hamid, Ansley

Hendin, Herbert, Ann Pollinger, Richard Ulman, and Arthur C. Carr

Institute of Medicine

Manatt, Marsha (for the National Institute on Drug Abuse)

National Institute on Drug Abuse

Rubin, Vera

Rubin, Vera and Lambros Comitas

Whipple, Dorothy V.

Merger Issue Approved

CAE Secretary/Treasurer Margaret Eisenhart has announced the results of the membership vote on the question of whether the Council on Anthropology and Education should merge with the American Anthropological Association (see CAE President’s Report, AEQ 14[2]:159-166):

For Merger 320
Against Merger 18

The Secretary/Treasurer has conveyed these results to the Executive Secretary of the American Anthropological Association, who is now directed to proceed with plans for the merger.