August 23, 1988

Dear Contributor:

Enclosed please find galleys of your article:

Poor and Pregnant: Perinatal Ganja Use in Rural Jamaica

which is now being prepared for publication in *Advances in Alcoholism* & Substance Abuse*, Volume 8, Number 1. Please check your galleys carefully for typographical errors, missing copy, misspelled names, etc., and pay particular attention to mathematical formulas and words in foreign languages. WE RESPECTFULLY DISCOURAGE ANY REVISIONS.

Also, please do not be concerned by spaces left in the text (these are reserved for tables and figures which are photographically reproduced and dropped in at a later stage in the production process) or pages that are blank as long as none of the text is missing.

Please return your corrected galleys to the Proofreading Department at the address below:

ELLEN C. L. COTTER, PROOFREADING SUPERVISOR, THE HAWORTH PRESS, 16-22 ALICE STREET, BINGHAMTON, NEW YORK 13904

The due date for galleys corrections is ___________. All corrections must be received by this date as the issue is on a schedule and cannot be delayed.

Should you have any questions or concerns regarding the galleys for this issue, please do not hesitate to contact me at the address above or the telephone number below.

Thank you for your prompt cooperation.

Sincerely,

Ellen C. L. Cotter
Proofreading Supervisor
(607) 722-3616

encl.
Poor and Pregnant: Perinatal Ganja Use in Rural Jamaica

Melanie C. Dreher, PhD

ABSTRACT. This paper reports the ethnographic findings from a study of cannabis use by pregnant women in rural Jamaica. The perceived functions of ganja in reducing the physiological symptoms of pregnancy and associated psychological stress are described in relation to the sociocultural context of pregnancy in low-income rural communities. The data suggest that distinguishing life-style characteristics of cannabis-smoking women may actually mitigate the potentially harmful effects of marihuana.

The early anthropological studies in Jamaica, focused on cannabis, or "ganja" smoking as a working class, male social activity. At that time, the female cannabis smoker was rare (particularly in rural communities) and even those women who cultivated and sold marihuana refrained from smoking the substance. Instead, they prepared and consumed it in teas or "tonics," a form of consumption which crossed the socioeconomic, age, and sex lines which ordinarily guide the normative use of cannabis in Jamaica.

Now, even to the casual observer, it is obvious that more and more women have begun to smoke ganja in a manner not unlike that of men. Estimates given by informants of the amount of female ganja smoking in their local rural communities ranged from 15 to 50 percent with the majority hovering around the higher figure. Moreover, many women are smoking ganja throughout pregnancy, dur-
ing labor, and into the breastfeeding period. As the use of ganja continues to increase among women of childbearing age, the extent to which this constitutes a public health problem in Jamaica is still undetermined. In Jamaica, as in North America, cigarettes, alcohol, and marihuana are the most commonly used drugs during pregnancy. The deleterious effects of alcohol and cigarettes on the fetus and newborn have been well substantiated. In comparison, studies on the consumption of marihuana and its derivatives during pregnancy and the lactation period are relatively few even though it is now known that THC (tetrahydrocannabinol) crosses the placenta barrier and has been traced in the mammary glands and milk of lactating women.

Medical research on perinatal cannabis use has been designed to investigate the possible harmful effects of cannabis smoking during pregnancy on the mother or infant. Included in this research are studies linking cannabis use to neurological abnormalities, maternal weight gain, duration and progress of labor, meconium staining, major malformations, length of gestation and low birth weight. The results of these studies, however, have been largely inconclusive and often conflicting, primarily because of the inability to control for and explain socioeconomic and contextual variables. The marihuana users in these studies generally had lower incomes and education, were more likely to represent a minority culture, consume more alcohol and tobacco and have poorer health habits than non-users; consequently it was difficult to distinguish the effects of cannabis from the many other variables that could influence the outcome of pregnancy.

Clearly, clinical findings are extremely difficult to understand unless they are interpreted in relation to other life-style characteristics of the subjects. Yet there are still no published studies that have examined patterns of perinatal marihuana use and subsequent neonatal behavior vis à vis the sociocultural context in which they occur. The study reported here, currently undertaken in Jamaica, has attempted to come out of the clinical setting and examine the practices and beliefs surrounding perinatal ganja smoking through interviews and direct observation in community based field sites.

The Jamaican study on cannabis, pregnancy, and neonatal health, combines (1) a clinical investigation that compares the new-
borns of thirty cannabis using women with those of thirty non-using women up to the age of three months with (2) an ethnographic field study carried out in three rural communities, selected for their representativeness and comparability. The inclusion of an ethnographic component is based on the assumption that before we can understand all the biomedical ramifications of perinatal ganja use, it is first necessary to determine the social context of use—who are the ganja using women, what roles and statuses do they occupy in their communities, and what features distinguish them from nonsmoking women?

Ganja is not new to Jamaican women. Their long-standing involvement in the preparation of marihuana teas and medicines has already been mentioned. Moreover, like their male counterparts, they likely were exposed to ganja through the ingestion of teas and tonics as infants and small children. Subsequently they may have experimented with smoking ganja in their teenage years. However, Jamaican females traditionally have been excluded from the adult recreational and work group gatherings in which cannabis is routinely exchanged and smoked. This exclusivity, based on gender, was rationalized by the widely held belief (at least widely held among male users) that women “don’t have the brains” for smoking and should restrict smoking to no more than occasional use and only in the company of their mates. Men who were, themselves, ganja smokers and even those who claimed to prefer a woman who would “take a draw,” now and then nevertheless disapproved of the woman who attempted to smoke socially with her peers as he did with his.

The rare women who did smoke socially often were regarded as “brawling” and unrespectable. The importance of respectability as a guiding theme in the behavior of the rural West Indian women is grounded in economic considerations. For young working class women, there are few opportunities for social advancement on their own. Typical female occupations, such as shopkeeper or seamstress, require a capital outlay that is beyond the reach of most young women. In addition, the time and energy requirements of tending to infants and small children interfere with her ability to work routinely outside the home. For this youthful, laboring class woman, marriage—either legal or common-law—has been the pri-
mary means by which she could accumulate wealth and advance her status. The extent to which she conformed to standards of respectability significantly influenced her success in acquiring and keeping a young man who was a cut above the rest—literate, steadily employed, perhaps even a civil servant. Since the competition for such men is intense, the woman who ignored the sex-linked injunctions on peer group ganja smoking risked sanction through censure and gossip by smokers and non-smokers alike. Moreover, she could be severely rebuked by her mate even though he may smoke regularly himself and require her to smoke with him in a pre-sexual context.

Despite this normative framework militating against female ganja smoking, research carried out in the late 1970s revealed a dramatic increase in the number of women who smoked marihuana. A major factor in this increase was the exponential growth of Rastafarianism. As participating members of the religion, Rastafarian women are not only permitted to smoke ganja, but are expected to do so in order to fulfill their religious obligations. While they do not match the quantity and frequency of ganja consumption by their male counterparts, Rasta women ordinarily smoke on a daily basis and would be considered chronic users by any U.S. standards. Meanwhile, ganja exchange and use among non-Rastafarian female peers had also increased dramatically. For some women, the sharing and smoking of ganja had begun to acquire social value as an overture and confirmation of friendship and mutual assistance. Female smoking was still more sporadic and attenuated than that of men, but nonetheless approximated the peer oriented social smoking typical of their male counterparts.

Despite its initial concentration in Kingston and other cities, the diffusion of female ganja use did not occur evenly from the urban centers but instead, flourished in some communities and not in others. Community level comparisons of female ganja use revealed that the entry of women into a traditionally male activity was linked to the economic status of women vis à vis men in the particular community. Thus, female ganja smoking tended to concentrate in two kinds of communities. First, it occurred frequently where women had access to their own income-generating activities, independent from those of their mates. This economic independence permitted these women a greater degree of social independence.
than that enjoyed by women who relied on husbands or mates for material support. Their lessened reliance on local men decreased their vulnerability to social censure and the pressure to discontinue or refrain from ganja smoking was less equivocal. Female ganja smoking also prevailed in communities where the majority of men were so marginal that women were required to seek out a living on their own, without male assistance. Since these community women generally were forced to support themselves and their children in any case, men had little economic leverage and women were less interested in subscribing to male standards of appropriate female behavior.

Now, five years later, women who smoke ganja not only are grudgingly tolerated, but they have been given the commendatory title of "roots daughter." This term of praise and esteem is used to signify the woman who has "good brains," who can smoke hard as a man, and with whom men can "reason" as they would with other men. The model roots daughter is not simply a ganja smoker, she is also a woman of dignity. She "must live up to principle," "go about properly," and "keep a standard." If the roots daughter is involved in a stable union, her partner can expect her to be obedient, helpful, and sexually faithful. As one informant explained, if you see a roots daughter talking to another man there is no reason to be jealous because "it nah mean anyt'ing."

The roots daughter, not surprisingly, is characteristically self-supporting and takes pride in her economic independence. Typically she describes herself as a "worker," a "fighter," a "woman with a plan" and many compare themselves favorably to "lazy" women who don't smoke weed but "sit down an' wait fe some man to help 'dem." This economic independence from the opposite sex is played out in a variety of ways. Some of the single "roots daughters" have quite realistically assessed the extent to which they can rely on any one man and have concluded that they are better off on their own with several male "friends." As one popular shop owner proclaimed when asked whether she had a boyfriend, "me nah bother wi' dat t'ing . . . dem ha' nutting' fe gi' me." Another heavy ganja smoker in the process of building her own house, similarly dismissed men as providers saying, "after you reach forty dem nah wan' you again . . . then you're in no man's land . . . it more better
to have your own house when you reach old age.” (She was not yet forty.) Both admitted on the other hand, that they were not adverse to occasional sexual encounters but tended to treat them almost playfully, as another source of revenue, useful when a lump sum of money is needed to buy seeds for a cash crop or pay a monthly installment on the shop freezer. In general, the ganja smokers were more sensitive to the economic marginality of men in their localities and candid about their multiple relationships. As one mother of three children explained, “If I don’t have two men, I don’t wear clothes.” The difference between a roots daughter and other women is that the roots daughter, unless engaged in a stable union, makes no pretense of faithfulness and dependence. In fact, one of the more remarkable findings of the study, thus far, is that none of the seventy female ganja smokers who were interviewed as part of the ethnographic component of the study (including over forty currently engaged in a stable union), identified themselves only as housewives or homemakers. Whether by necessity or preference, all had additional sources of income. These included farming, shop-keeping, rental property, raising livestock, but often, they supported themselves and their children through the sale of ganja — either regularly or sporadically. In practically all cases, the women who smoked ganja had greater sources of income than their non-using counterparts and were more effective in providing food, clothing, and shelter for themselves and their dependents.

What does all this mean for understanding perinatal ganja use and what is the significance of ganja consumption for the pregnant women in rural Jamaica? It became clear from the interviews that women are well aware that ganja may be harmful to their babies. Warnings from the “old people” about babies born “viled up” with “black mouths,” “mashed-up brains,” and “cracked skin” were reinforced by nurses and midwives who counseled that their babies might be slow and weigh less. Yet, of the seventy smokers who were interviewed in the ethnographic studies, only eleven discontinued smoking during their pregnancies. Of these eleven, eight shifted to using ganja tea instead. One woman claimed to smoke only when pregnant.

For the Rastafarian women, this motivation to continue smoking ganja during pregnancy is understandable, since the health-render-
ing and spiritual properties of ganja are clearly a part of their doctrine. With the others, it is tempting to suggest, as do many of the midwives and public health officials, that they simply place greater value on the immediate pleasure derived from recreational ganja smoking than on the health of their babies. Indeed, most often mentioned by these women was the psychologically uplifting role of ganja during pregnancy:

"It helps me forget problems"
"It keeps you lively"
"When you have a problem it cuts it off from you"
"When feeling down-hearted me use it fe cheer up me spirit"
"It mek me feel nice"
"Smoking mek me feel more comfortable"

Such comments, which appear, at first, to suggest that women are willing to place their babies at risk for personal gratification, need, however, to be examined in the context of the indigent communities where poor and working class women live out their daily lives. First, the majority of pregnancies which occur in such environments are not celebrated. Only two of the sixty women in the clinical component of the study had actually planned their pregnancies while the vast majority received the news that they were pregnant with varying degrees of enthusiasm. Although pregnant women theoretically occupy a special place in Jamaican society, in reality, among the poorer social sectors, only the primigravidas are treated with deference and pampered to some degree. For the woman expecting her third or fourth child, another pregnancy simply increases her existing burden. She must continue to care for her children and meet her usual housekeeping responsibilities, but now with the added dimensions of fatigue and nausea. If she is a wage earner, she may be required to discontinue her job and it is unlikely that she will have the opportunity to resume it after the baby is born. While the "baby father" is expected to provide support for the "baby mother," unless he resides in the same household, his contributions are seldom sufficient to cover the loss of her income and the expense of even a modest layette.

While the primigravida may be in a somewhat more advanta-
geous position, an unanticipated pregnancy may signal a drastic change in life plans. One participant in the study had already enrolled in a practical nursing school when she discovered she was pregnant and remained despondent for most of her pregnancy. Eleven of the adolescent participants were required to leave secondary school with no opportunity to return. While these younger women in general, were more enthusiastic than the multiparas about being pregnant, many lived in households in which they had to face the disappointment and criticism of their families on a daily basis, particularly if the "baby father" did not "own" the baby or provide any financial support. Three were told to leave their parental homes, although two of these were eventually permitted to return before the birth of their babies.

At the same time that the burdens are increased, the pleasures are withdrawn. Almost all of the sample reported that when their pregnancies became obvious, they discontinued going to parties, dances, bars, shows, and even to church or any other form of social activity. The depression that accompanies an unwanted pregnancy (for many, another unwanted pregnancy) in a fragile economic environment, where access to resources are unpredictable at best, is not trivial and the role of ganja in providing a brighter outlook may need to be reassessed, not as a recreational vehicle of escapism but as a serious attempt to deal with the most difficult social, psychological, and physiological circumstances.

Loss of appetite, nausea, and fatigue further compound the "bad feelings" that women commonly reported. For many women, ganja was seen as an option which provided a solution to these problems. For example, of the sixty-seven women who continued to consume ganja during pregnancy, twenty claimed that it increased their appetites and allowed them to eat during pregnancy. Sixteen reported using ganja to control the nausea and vomiting typically found in the first trimester. Fatigue was also routinely cited as a common complaint by both smokers and non-smokers and thirty-one women reported using ganja for that purpose. According to these women, "ganja keeps you working," "gives you strength," and "makes you work better." Twelve more said they used ganja to help them sleep better and relax. For women who are responsible for the full support of their household, these are important considerations.
Since the thalidomide mishap, there has been considerable public concern over protecting the unborn child from exposure to substances with potential adverse side effects and the medical establishment's hard-line approach to the ganja smoking mother is understandable. However, even these preliminary data from Jamaica suggest that if there is a problem, it is considerably more complex than straight pharmacological or medical research would suggest. It is obvious that ganja use during pregnancy is profoundly influenced by the social context in which it occurs, and thus requires a carefully constructed risk benefit analysis that would allow us to examine not only the potential hazards but also the relative merits of ganja for both the mother and baby. This is a substance which a number of mothers believe increases their food intake by enhancing their appetites and relieving the emesis of pregnancy, permits them to accomplish necessary child care responsibilities and household tasks, assures sufficient rest, and provides psychological consolation. Indeed, one might hypothesize that (1) because they have a potential solution to many common complaints of pregnancy (nausea, fatigue) (2) because of the economic significance of ganja in providing a source of income for women that does not require strenuous labor out of the home and (3) because female ganja use tends to be correlated with greater economic security, the ganja using woman may actually have a reproductive advantage over the non-user. In any case, she must be viewed not simply as a woman who happens to use ganja, but as a woman whose extensive use of ganja is linked to a certain status and role in her community which profoundly affect her health and the health of her offspring.

REFERENCES

5. Greenland Sander, Stanisch KJ, Brown N, and Gross S. The effects of