MATERNAL-CHILD HEALTH AND GANJA
IN JAMAICA

MELANIE C. DREHER

School of Nursing
University of Miami

Until quite recently, marihuana smoking has been, almost universally, a male-dominated activity. Ethnographic studies of cannabis use in non-Western cultures (Rubin 1975; Rubin and Comitas 1975; Carter, Coggins and Doughty 1976; Soueif 1976; Hamid 1980; Dreher 1981, 1982), as well as survey findings in Britain and North America (Evans, Stevens and Samuel 1974; Roseberg, Kase and Berberian 1974; Blackford 1973; Galli 1974; Abelson and Fishburne 1976; Johnston, Backman and O'Malley 1977; Linder, Lerner and Burke 1974; Pandian 1977; Kandel, Single and Kessler 1976), document that historically men have been likely to smoke marihuana sooner, more frequently and longer than women.

The early anthropological studies in Jamaica, as well, focused on cannabis, or "ganja", smoking as a working-class, male social activity (Rubin and Comitas 1975; Dreher 1982). 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 proportion of women in their rural communities smoking ganja ranged from 15 to 50 percent with the majority hovering around the higher figure (Shapiro 1983). Moreover, many women are smoking ganja throughout pregnancy, during labor, and into the breast-feeding 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 (Fried 1980), maternal weight gain, duration and progress of labor, meconium staining (Greenland et al. 1982), major malformations, length of gestation and low birth weight (Hingson et al. 1982; Linn et al. 1983). 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 have lower incomes and education, are more likely to represent a minority culture and consume more alcohol and tobacco, and have poorer health habits than non-users; consequently it is 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 lifestyle characteristics of the subjects. Yet there are still no published studies that have examined patterns of perinatal marihuana use and subsequent neonatal behavior vis-a-vis the sociocultural context in which they occur. The study reported here, currently underway 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 current study on cannabis, pregnancy, and neonatal health is modeled on the original Jamaican ganja study conducted by Rubin and Comitas (1975). It combines (1) a clinical investigation that compares the newborns (up to the age of three months) of thirty cannabis-using women with those of thirty non-using women and (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 non-smoking women?

**Ganja Use by Women**

Ganja is not new to Jamaican women. Their longstanding 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 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 men do with theirs.

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 occupa-
tions, 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 their ability to work routinely outside the home. For such women, marriage - either legal or common-law - has been the primary means by which they can accumulate wealth and advance their status. The extent to which a young woman conforms to standards of respectability has traditionally influenced her success in acquiring and keeping a young man who is 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 might 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 (Dreher 1984) revealed a dramatic increase in the number of women who smoked marijuana. A major factor in this increase was the exponential growth of Rastafariansim. 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 alternative to drinking and conventional 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.

Interestingly, despite its initial concentration in Kingston and other cities, the diffusion of female ganja use did not radiate evenly from the urban centers. Instead, it flourished in some communities and not in others. Research conducted in the late seventies (Dreher 1984) on these inter-community differences permitted us to trace the variance in entry of women into a traditionally male activity and to speculate about the type of setting in which women are likely to breach norms and engage in what is traditionally considered male behavior. It appeared that female ganja smoking tended to concentrate in communities where women had access to their own income-generating activities independent from their mates. Thus, in the densely populated neighborhood-communities surrounding a large sugar estate, female ganja smoking was more prevalent than in the hill communities where small farming is carried out by family and household units.

In the sugar estate communities the presence of top management families provided domestic work for the older, more established women of the working class. However, the presence of many unrelated men who migrated to the area seeking work probably offered the single greatest source of remuneration for the domestic, marketing and sexual services of the estates' working-class women. Because women had this capability of generating cash, irrespective of their "baby father", they had the option of remaining in or returning to their parental homes, or even maintaining their own households, if a union founded. As one young woman explained, when she and her boyfriend quarreled and separated, she took her children to eat in her father's yard one day and her mother's the next; a male friend "visited" her twice a week, gave her twenty-five dollars, and bought her a new dress. Added to her own money that she earned from washing and ironing for a school teacher, she was financially better off than she was before her boyfriend left. Also, because of the large number of single, unrelated males residing in the area, she was not disqualified from a new relationship after the failure of past ones. While such women were not opposed to a stable union in which they and their children were supported by a steadily employed male - indeed, this was probably the ideal for most - they also were cognizant of their own abilities to establish new unions quickly as well as to generate income and support their children independently of any one man.

This economic independence permitted these women a greater degree of social independence (though not necessarily greater wealth) than that enjoyed by women in the hill communities where female ganja smoking was still rare, even nonexistent. There, except for occasional agricultural wage labor, the working-class woman's productivity was organized around her own household unit. She took care of her own children and grandchildren, cooked, cleaned, and washed for her own family, marketed household produce, and as her
children grew older and required less care, she cultivated household lands and tended household stock. While all these efforts were income-generating for her family unit, very few activities provided direct cash reward for the woman herself. This is not to say that women would not have performed any or all of these activities on a cash basis if such opportunities had been available. The fact is that such communities are composed mainly of other corporate households. Without special skills and without a market for ordinary skills, the socioeconomic viability of the hill woman was inextricably connected to the corporate household. Her limited options for earning an income, and her greater reliance on local men, increased her vulnerability to social censure. Thus, there was an unequivocal pressure for such women to discontinue the practices they may have enjoyed in adolescence, and adhere to the societal norms of male spiff smoking and female tea drinking.

Now, five years later, women who smoke ganja are not only 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 as 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 anything".

Economic independence is another characteristic of a roots daughter, who often describes herself as a "worker", a "fighter", a "woman with a plan". She compares herself favorably to "lazy" women who don't smoke weed but "sit down an' wait f' some man to help 'em". 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 w'at t'ing... dem ha' nuttin' f' gi' me" [I don't bother with that...they have nothing to give 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' yo' again...then you're in no man's land...it more better to hav' your own house when you reach old age." (She was not yet forty.) Both admitted, on the other hand, that they were no 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.

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, shopkeeping, renting 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.

Ganja Use During Pregnancy

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 were 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.

...
Rastafarian women are motivated to continue smoking ganja during pregnancy because the health-rendering and spiritual properties of ganja are clearly a part of their doctrine. For 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 infant 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 primigravida 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 wage earner, she may be required to discontinue her work 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 advantageous position, an unanticipated pregnancy sometimes signals 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 she remained dispondent 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 were, in general, 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. These were told to leave the 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 is unpredictable at best, is not trivial. 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 on "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 nausea during pregnancy. It permits them to accomplish necessary child care responsibilities and household tasks, assures sufficient rest, and provides psychological consolation. Indeed, one might hypothesize that ganja-using women may actually have a reproductive advantage over non-using women (1) because they have a potential solution to many common complaints of pregnancy (nausea, fatigue), (2) because selling ganja provides a source of income that does not require strenuous labor out of the home, and (3) because ganja use by women tends to be correlated with greater economic security. In any case, the particular status and role of a woman in her community profoundly affects her health and the health of her offspring, in part by influencing her use of ganja.

REFERENCES


Greenland, Sander, Kalus J. Stanisch, Nancy Brown and Stanley Gross

Hamid, Ansley


Johnston, L., C. Backman, and P. O'Malley

Kandel, D., E. Single and R. C. Kessler

Linder, R. P., S. E. Lerner, and E. M. Burke


Pandina, R. J.
1977 New Jersey Survey of Alcohol and Drug Use Among Adolescents. Study produced through grant H81 DA 0172, NIDA.

Rosenberg, J. S., S. V. Kasi and R. M. Berberian

Rubin, Vera

Rubin, Vera and Lambros Comitas

Shapiro, Dolores

Soueif, M. I.