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The Living Environment of and Social Supports for Adolescents in Jamaica.

Prepared by :
Brigette McDonald Levy
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1.1 Introduction

The living arrangements and environments of adolescents has not yet been studied in any detail for Jamaica, especially to make the linkages between their environment and development outcomes. This paper does not try to address this entirely. Its aim is much more modest. It seeks to describe the living environments of adolescents, that is, the living arrangements of, and social supports that exist for adolescents. This kind of composite picture can lay the foundation within which to understand other aspects of adolescent behaviour and welfare, as it is these environments of the adolescent that can serve to expose them to danger, hinder their development or protect them from negative consequences. The specific objectives of this study are:

1. To assess the living arrangements of and the support mechanisms for adolescents and how these may differ depending on gender, area of residence and age
2. To assess the preparation for and access to livelihood opportunities for adolescents
3. To make recommendations to policy makers and programme planners

The living environment for adolescents is discussed in terms of 'well being' information and 'access' information. Well-being information would include health indicators such as ill health in the last four weeks, and the number of days ill, and educational attainment, current enrollment and attendance at school. Access indicators seek to examine the social amenities to which the adolescent has access to, including type of school attended, number of days attend school per week, access to health care, and access to household amenities such as indoor sanitary facilities, type of lighting, type of fuel, internal or external kitchen facilities, type of dwelling among others.

The paper starts with an overview of the issue of living environments and the rationale for the study, followed by a review of the methodology for the study. The analytical framework is placed in the appendix. The results are then presented, and implications

discussed. The paper concludes with recommendations for research, policy and development of programme interventions.

Literature Review

The socioeconomic and living arrangements of adolescents is often hinted at being important considerations in behaviours and outcomes including risk taking behaviours and decision making. Numerous studies have examined adolescent health and development outcomes, including fertility, recidivism, incidence of STIs and HIV as well as depression, suicide tendencies, exposure to and involvement in violence, and linked these to their economic situation or living arrangements such as the presence of a father figure or living within extended or foster family structure (Chevannes,2000; Douglas, 2000; Drayton, 1999; McDonald Levy, 1998; Samms Vaughn, 2001). Other analyses seek to categorize adolescents as juvenile offenders, as victims or perpetrators of violence, and tried to situate the household as one determinant of the outcome (Meeks Gardner, 2000). The type of school attended has also been associated with low self esteem (Samms Vaughn, 2001). Scott Fisher et al, 2000, notes that adolescents who were able to discuss problems and concerns with parents reported less involvement in sexual intercourse. Lack of protective environments is a risk factor for pregnancy (Drayton, 1999). Other studies have sited socioeconomic factors (unemployment, low education, low or medium socioeconomic status, dependency), that predispose, enable or pressure adolescents to become involved in high risk behaviours

The situation of adolescents is often described in terms of their health (PAHO, 2000; Ward, Campbell Forrester; Scott Fisher), and often specifically their reproductive health (NFPB, 1998, Myrie, 2000). Dr deBruin (2001)notes that the collection of literature produced in the nineties has a heavy bias toward descriptions of individual behaviours, especially knowledge attitudes and beliefs. What is less well documented are the non health related indicators of adolescent development, including educational opportunities and attainment and the environments in which adolescents live. Singling out negative behaviours and outcomes disconnects the problem of the risky behaviour from its cultural

development and social context, with implication for subsequent social, economic and political activities.

Too many children grow up without effective family support, lack of male role models, poor economic conditions, and within impoverished communities that cannot be relied on for support to the young people. The UNICEF 1995 Situation Analysis of Children and Women noted that aspects of the living arrangements of children – which includes the adolescent cohort - means that a significant number of children are without proper supervision, and this may increase the vulnerability of the child to physical deprivation, emotional trauma, delinquent behavior, injury and abuse (UNICEF 1995, 88). These have the potential to cause to negative outcomes for the adolescents.

Living environments affect adolescent development in many ways. The household characteristics of children are noted as important indicators in describing the situation of the child, and in making determinations on the well being of the child (Grosh, 1992; Handa, 1996; McDonald Levy, 1998.) The family structure is important as residence with parents in childhood influences child welfare and child development (Smith 1989, 100; Crawford Brown, 1997). The family structure influences the opinions of children, their attitudes, values and behavior (Leo Rhynie 1993, 11), as the family is the first agent of socialization that the child encounters (Barrow 1997; Evans and Davies 1998 ; Leo Rhynie 1993, 11). The role of the mother is especially important as she is the primary care giver, and influencer of child development. However, the mother may be unable to fully support the child, and so the notion of the isolated nuclear family as described by Smith may not be typical(Smith 1996, 92). The household may be expanded to include common law spouses, aunts and uncles grand parents and non related members. This extended family network may compensate for the absence of mother or father as children can benefit from a diversity of influences that can be provided by the extended kinship network (Leo Rhynie 1993).

In many instances society, communities and families are unable to provide care and support, and this can be monitored by examining access to social services, community

services and family resources, that are captured in the phrases minding and caring for the adolescent. 'Minding' implies taking care of the financial aspects in raising the child, which would involve providing the resources to feed, clothe and otherwise support the child. 'Caring' for the child is more of the physical activity of looking after the day to day needs of the child, and is more often associated with the nurturing of the child, including social and psychological supports. The presence of a support network or a kinship network that the mother can call on in time of need, can be used to supplement the parental support for the adolescent (Brodber 1974, 21).

In the literature, risk is described in terms of individual characteristics, such as not using condom, or the use of drugs and alcohol (MoH, 2000, Douglas, 2000). However risks are also associated with environments in which adolescents live, or the environments into which they are born. These family risks are those that accrue due to situation of the family, and include such variables as poverty status, type of toilet facilities, the area of residence and the subsequent impact that these may have on the ability of the adolescent to access social goods, including health and educational services.

Societal risks, on the other hand include exposure to violence, the ease of access of the public to contraband substances, as well as the provision and availability of services. However the links are noted between individual risk behaviours and family situations as well as community factors (Douglas, 2000; Samms Vaughn, 2001)

The lack of family and community supports for adolescents is a cause for concern. Adolescents increasingly indicate that they are worried about their families, and over 30% are concerned about the fighting and violence they see at home and, although they perceived that their parents cared, they did not find it easy to communicate with them, and many complained that adults did not listen to them, that they were not happy and that there was a lack of family unity (PAHO, 2000).

It is important to ascertain the peculiar intricacies of adolescent lives (De Bruin, 2001). One important aspect is to describe living environments of adolescents. In so doing, the

development of programmes that target adolescents in own environment will be facilitated.

Research Methodology

Two methodologies were used in this study to examine the living environments of adolescents across Jamaica. These are focus group discussions, with adolescents in community and service delivery environments, and the secondary analysis of aggregate data from the Survey of Living Conditions 1998.

The focus groups were administered to 170 young people ages 10-19, in three areas, Maxfield Park in an inner city community in Kingston, Montego Bay, a predominantly urban community, and Clarkstown, Trelawny , a rural community. The children were taken from schools for the two younger age groups and from within the community for the 17-19 year olds. A total of eighteen focus group sessions were held, each 2-3 hours long. The groups were organized by age and gender.

The focus group interviews were conducted using a standardised instrument, an interview guide, that included questions on their living arrangements and social supports in addition to question related to sexuality and adolescents exposure to violence. While the two latter sections asked the adolescent to speak to the topics in general, the sections that addressed the social support for adolescents asked them to speak to their own situation and experiences.

A second set of focus groups were also used. These were conducted as ice breaker questions for the focus groups to explore the issues of adolescent participation in the design of programmes. Thirty five adolescents in three focus groups representing three organizations that work on behalf of adolescents aged 10-19 were interviewed.

For the secondary analysis, the study used data that are contained in the Survey of Living Conditions (SCL), conducted in 1998 by the Planning Institute of Jamaica (PIOJ) and the Statistical Institute of Jamaica (STATIN). The Survey of Living Conditions, conducted annually in Jamaica is an adaptation of The Living Standards Measurement Studies (LSMS) designed by the World Bank to monitor the effect of economic policies on social issues (Grosh 1995, 6). It is a household survey, conducted using a probability sampling technique so that the results are reproducible and generalizable over the population. The questionnaire was designed by a panel of selected individuals from the PIOJ, Ministries of Government and the University of the West Indies, and field tested and modified as needed and then fielded using face to face interviews.

Prior to analysis of the data using standard statistical techniques and the software programme SPSS, the data were mined to create a discrete data set that contained the necessary individual and household variables, for the analysis. At the individual level, the adolescents were examined in terms of their well being, achievement, and access to services and opportunities. The characteristics of the household were then examined as important indicators in describing the situation of the child, and in making determinations on the well being of the child. The child's living arrangements are household characteristic. The general description of the characteristics of adolescents in the 1998 data set will be broken down by age, sex and region of residence. Other variables to describe both the individual and household characteristics in which adolescents live are described in the analytical framework, presented in appendix 1.

Limitation to the Study

The limitations to the study were threefold. Those limitations that arise from using two methods, focus groups and survey techniques, to collect data for one report. Caution needs to be taken in generalizing the results of the focus groups discussions, even though the SLC data can be generalized for the population.

Secondly, there are limitations to using SLC data. Respondents may imperfectly recall facts and may not check on the accuracy of the information supplied (SLC 1996, 162). The potential for errors to be is high in response to questions such as 'How may days have you been ill in the past 4 weeks?'. Respondents may give estimates instead of actual figures.

One major limitation to using SLC data is that certain aspects of child welfare, such as development outcomes that were not examined in the SLC could not be explored. The use of focus groups discussions to enrich the data is an attempt to ameliorate this limitation, however as previously noted, these discussions are only valid for the groups chosen. Also, the SLC collects consumption data and household welfare indicators, rather than behaviours and perceptions of risk of the individual adolescent, which may be important.

Finally, there were limitations in using the focus group methodology. The focus groups were not convened solely for this study, but were also used to examine issues of sexuality and violence, where the social support questions were asked at the beginning of the discussions. As such it was not possible for each issue to be developed in as much detail as is desirable. Another limitation to the focus group methodology was the sampling methodology that mixed school based population with community based populations.

Key Findings and discussion

Supports for adolescents

The supports for adolescents will be examined under three main themes, using the results of the focus groups discussions. These are:

1. Who adolescents live with
2. Who adolescents feel they can turn to/ who is there for them
3. Who adolescents view as role models.

Adolescents of all ages and both genders reported that they lived in a variety of family settings. For all the focus groups, the majority of the adolescents stated that they lived with their parents, in a nuclear family with mother and father, and siblings. Others lived with a mother or a father as the primary care giver, with their sibling. In some cases, a step parent was noted as a part of the household. Others lived in extended family situations. A grand mother, or grand father or in one case, both grandparents were also part of the household. Other persons that may also live in the household with the adolescent and their parent include an aunt or uncle, or cousins. Although fostering is a well established phenomenon in Jamaica (McDonald levy, 1998) the focus groups participants did not report this type of living arrangement, and even when they were being fostered, the adolescents still viewed parents as the primary care giver, such that a young girl in Montego bay reported that "I live with my mother and father, but they are away now so I'm with my godmother." Another female (age 13-16) in Clarkestown, reported that she " live with a lady… like my godmother".

Older adolescents had a wider variety of situations in which they lived, although the majority still resided within their family structure. A male in Montego Bay stated that he "live with my mother, father, sister and girlfriend."

Two males from Clarkestown indicated that they live with siblings, one with his brother and the other with his sister, and one male in KMA indicated that he lived with his "guardians". No girls reported that they lived with siblings, however, a lone female, from Clarkestown indicated that "I live on my own and I have a daughter".

Who do adolescents turn to?

The very strong theme that ran though all the answers is the fact that adolescents tended to turn to their family. Girls in the youngest age group invariable cited their mother as the person that they went to, that they felt was there for them. The reasons were twofold, for guidance and economic support. The younger girls felt their mother was "there when I'm down and she is a good role model, and she guide me to what I would benefit from".

On the other hand, the mother was seen to be there for them because "She buys me food and take good care of me"

In the absence of the mother, the young adolescent girls received this type of support from an aunt, a step mom, or a grandmother, noting "if anything is wrong I always go to them and they will tell me what to do."

The absence of the parent did not negate the feeling that they cared for them, as one girl stated that her parents care about her, because "they are concerned about what I am doing in school. Some of the things in school I am not good at them an' them always call mi from farin about these tings." (rural, 10-12, girl)

Kingston girls in this age group identified people other than mother and father as being there for them, including teachers, the pastor, and pastor's wife, stating that "My teacher is considerate, she treats me good, she is rough but she wants us to learn.", and the guidance counsellor, "She is always there when you want someone to talk to an' she take good care of me."

Adolescents boys in this age group tended also to turn to family, and feel that they were there to support them, again, especially the mothers. The reasons cited tended to be in more pragmatic terms, such as:

"My father died and she's work an' tek care of me. She talk to me an' encourage me."

And,

"My mother, (she) give me lunch money".

Boys were also more likely to identify uncles and fathers as being there for them,

"My uncle, he guides me in the right direction.", and,

"My father keeps me safe and is always there for me."

In the middle years (13-16), friends start to play an important role for support. These adolescents still tend to turn to family, but more groups mention friends or other adults as an alternative, especially if they felt that their mother or father may not understand,

"Well I go to Pastor Moore most of the time cause he is more understanding than the others."

"Well if I have a problem I can go to my cousin and talk it out with her...she will understand (Moderator: Alright.).. she will tell me what is right from wrong."

Boys still strongly favour parents especially the mother, as stated by 13-16 year old boys from Clarkestown:

"They take care of me, when I sick.", and,

"My mother give me everything I need, she send me to school, but my food, buy my clothes."

Fathers again play an important role for boys. As stated by a 13-16 year old boy from KMA, he was there for him, because "im understand every word mi sey. 'im know how mi feel".

For older adolescents, especially those in Montego Bay, God was cited as an important support that was there for them. Fathers were seen as being there for them, usually if he provided an income.

"We communicate well, I'm not afraid to call () if anything happen. My father is always away, he is in the army, so is not there, although he sends the money…."

16-19 year old, Trelawny

Girls in this upper age group still spoke to their parents and relied on mother for support,

"If I have certain decisions to make my parents are there to help me and support me fully in every way."

Montego Bay girl, 16-19

They did however, express a reluctance to speak to their parents about everything,

"Well my parents are always there but not for certain things. I will talk to my parents about somethings but my friend is there for me for only she can I tell certain things that I can not say to my parents"

Montego Bay girl, 16-19

With regard to who they looked up to, family, and especially mothers, was mentioned in all groups and across all areas of residence, in part because of mothers' ability to carry on. The adolescents noted that "My mother regardless of what she encounters she have the strength to carry on." (13-15 year old girl, KMA). And "She works in another parish, but she always try to come home every evening." (10-12, boy Melrose).

And also, mothers were seen as being able to cope with a lot of adversity, as "My father died and she's work an' tek care of me. She talk to me an' encourage me."

10-12, boy Melrose

Other categories of persons that were highlighted as people adolescents would look up to included sports personalities, and movie stars that were bright and cheerful, such as Eddie Murphy and Sheryl Lee Ralph. One young lady stated that she thought that someone that a young person could emulate was

“ Courtney Walsh the cricketer. That is the people who are interested in cricket others will go to the footballers. Me now, I emulate Porsha Simpson. I want to be a lawyer, but I see her as a woman figure, who is ,as far as I am concerned is the only, present woman figure in the government. So I am saying for a woman to go so far, so that is who I try to emulate”.

A young gentleman (16-19) from Montego Bay, underscoring the tourism connection, stated he would choose to emulate:

“…Butch Stewart….He ambitious.”

Surprisingly, no group spontaneously came up with the any singers as persons that they look up to. When prompted the younger adolescents in both Montego Bay and Clarkestown came up with ‘3LW’ a singing group of three young girls, because they seem “smart and intelligent”.

The older adolescent, when asked about looking up to ‘Beenie Man’ and ‘Bounty Killer’, two popular DJs , the answer was a resounding ‘No’, as:
“We enjoy the songs but we nuh look up to dem, [and] Not all of the songs dem.”

16-19 year old boy, Montego Bay.

Adolescents also stated that they did not admire them “
because of them lifestyle dem lyrics and all of dat. I don’t think so”.

16-19 year old female, Montego Bay

Preparedness for livelihoods

The focus group discussions showed that many adolescents do not feel prepared for working and earning a living. This was a common theme. The young people stated that they think that school could prepare them more by helping you to get a better education, and encouraging socialization through education. In other instances, adolescents felt that the training was too academic and did not focus on skills training. The school need to

offer more practical subjects to prepare them for earning a living. Adolescents noted that many person, on leaving school were unable to get jobs, and so they wanted the school to offer more practical subjects, Resource persons should be asked to visit the school and give advise on career choices.

A strong theme that emerged was that families should advise more caution on sexual relations, presumably this cautioning would include advise on protection against pregnancy and therefore one would be able to continue in the education system, which would lead to more qualifications.

Living Arrangements

The Survey of Living Conditions, 1998 was used to describe the living arrangements and environments of adolescents. The analysis showed that adolescents aged 10-19 comprise 29% of the total population, and were fairly evenly distributed by sex, with 50.6% males and 49.4% females. The sample was grouped into three age groups to correspond approximately with the groupings used in the focus groups discussions, namely 10-12, 13-16 and 17-19. Examination of the distribution within these categories show that 31.6% of adolescents were between the ages of 10 and 12, 42% were between 13 and 15 and the remainder, 26.5%, were in the age group 17 to 19. Sixty percent (60%) of the adolescents live in rural areas, 22% live in the Kingston Metropolitan Area (KMA) and the remainder, 18 percent, live in other towns.

Household Characteristics.

Less than 20% of adolescents live in households that are poor. Seventy three percent of those in poverty live in rural areas, while only 56% of the non poor live in rural areas. Thirty six percent live in household where the head is married, 20% where the head is in a common law relationship and 17% where the head is single. There was no significant variation by age group.

Adolescents, for the most part, live in households where the head of the household was either a parent or the spouse of a parent. This occurred 63.4% of the time, and for another 32.7% of the time they lived with a grandparent or other relative. In only one point six percent of the time were adolescents either head of a household, or the spouse of the household head. Just under 2% of adolescents lived with non-relatives. The head of the household (or principal earner in the household) was employed as an own account worker in just under half of the households, and in the private sector for 40% of the households. 11 percent of adolescents lived in households where the principal earner worked with central government or in one of the government agencies. In 11 percent of households in which adolescents lived, the head was unemployed.

The household variables were examined by sex of the head of the household. Adolescents lived in male headed households household 48% of the time. This sometimes affected the resources of the households in which the adolescent lived. Households occupying two rooms or less occurred in 41.1% of female headed households compared with 33.4% of those that were male headed. Female headed households tended to rely on shared toilet facilities, 18.7 versus 104% of the time, and shared kitchen facilities twice as often as male headed households (7.5:3.8%). While sex of head of household had no significant impact on access to water and water source, source of fuel, telephone and most household possessions, there was a significant difference with car ownership, such that male headed households were twice as likely to own a motor vehicle than female headed households (12.5:5.6%). Female headed households relied on external support 38,2% of the time, compared with 23% for male headed households and relied on overseas remittances 32.9% of the time versus 28.5% of the time in male headed households. Sixty four percent of male headed households were rural, with 17.6% being KMA. For female headed households, 25.8% are in the KMA and 56% are rural.

Description of adolescents

The vast majority (84.6%) of adolescents are single, or not in a union. Less than one percent report that they are or have ever been married. Just over twelve percent (12.3%) report being in a visiting relationship, and 3% indicate that they are in a common-law union.

Health

Adolescents for the most part are healthy, and these data show that only 4% reported being ill in the past 4 weeks, and less than 1% reported having an injury due to accident, whether motor car, shooting or knife.

Older adolescents were least likely to report that they had been ill in the last 4 weeks, females were slightly more likely and rural youth significantly more likely to report illness.

Adolescents in the middle years were more likely than either older or younger adolescents to report injuries, especially an injury due to accident, and other injuries. Surprisingly, older adolescents did not report being stabbed, this was reserved for the young and middle adolescents. Boys were more likely to report injury due to accident, than girls, and rural adolescents reported more injury than adolescents that resided in towns and in the KMA. Poverty status was not significant as a predicator of sustaining an injury.

For those that were ill or injured, the majority report that they suffered with the illness for 3-7 days. Younger adolescents and those in the middle years were more likely to report being affected by the illness, while a smaller percentage of older adolescents report having disability days. Younger adolescents reported shorter lengths of time being ill, (average two days), while those in the middle years had longer illness, ranging from 2-7 days. Older adolescents had an average of 5 days of ill health.

The average length of illness for females was longer than for males, but males were significantly more likely to report extended (over 14 days) illness. There were no significant differences in illness reported by area of residence.

Access to Health care

For those ill, 52% visited a health care practitioner, that could have been a doctor or nurse, at a public or private health facility, a traditional healer, or a pharmacist. The other 48% did not visit a doctor. Younger adolescents and older adolescents were more likely to visit a health care practitioner if ill, and those in the middle years had a fifty-fifty chance of visiting a health care practitioner. Females were significantly more likely to obtain professional help when ill than males, while adolescents in KMA were less likely to seek assistance than those that resided in rural parishes.

Table : % Adolescents that visit health practitioner if ill, by age, gender, and area of residence.

	Number visit health Practitioner	Total ill	Percentage	
Total	115	223	51.6	
10-12	45	84	53.7	
13-16	43	92	46.7	
17-19	27	47	57.4	
Male	50	106	47.1	
Female	65	117	55.5	
KMA	20	46	43.4	
Other Towns	18	32	26.2	

Rural	77	145	53.1	

Only 8% of all adolescents reported having health insurance. Poverty is an important variable here, as adolescents that are poor have health insurance 1.2% of the time, compared with 9.8 percent for the non poor. When examined by age, the data shows that younger adolescents are more likely to have health insurance. The significant differences are seen in health insurance when examined by area of residence. Those in the Kingston Metropolitan area are three times as likely to have health insurance than those residing in rural areas. This is logical as those having health insurance are more likely to be employed in the formal sectors, in the KMA. The implications for not accessing health care because of inability to pay for services will be much greater in rural areas than in urban areas, and as seen above , more rural youth experiences accidental injuries, and so may be in danger of inability to access care.

Table : Adolescents with Health insurance, by age, gender, and area of residence.

	Number with health Insurance	Total	Percentage	
Total	445	5382	8.26	
10-12	169	1711	9.87	
13-16	170	2271	7.48	
17-19	106	1400	7.57	
Male	226	2733	8.3	
Female	216	2649	8.1	
KMA	181	1180	15.3	

Other Towns	94	979	9.6	
Rural	170	3223	5.3	

Child Bearing

Less than six percent (5.6 %) of adolescents reported having a child under 1 year, with 3.4% reporting having a child less than 6 months. Data was not collected for the younger age group, but older adolescents were more likely to have a child than those in the middle years. Rural adolescents were more likely to have had a child over those living in other towns. Adolescents in the Kingston Metropolitan area were the least likely to have a child.

Table : Adolescent child bearing, by age, and area of residence.

	Number with children less than 1 year	Total	Percentage	
Total	94	1686	5.57	
10-12			na	
13-16	29	1007	2.9	
17-19	65	678	9.6	
KMA	19	393	4.8	
Other Towns	16	309	5.1	
Rural	59	984	5.9	

The following table shows the data for adolescents having a child less than six moths old. Again, older adolescents in the 16-19 age groups were more likely to have child, but this time, adolescents in other towns were more likely to have a young child than adolescents that lived in rural Jamaica.

Table : Adolescent child bearing, by age, and area of residence (children less than 6 months).

	Number with children less than 6 months	Total	Percentage	
Total	57	1684	3.4	
10-12	na			
13-16	20	1007	1.9	
17-19	37	676	5.4	
KMA	11	392	2.8	
Other Towns	14	309	4.5	
Rural	32	983	3.2	

2.6% of the girls reported that they were currently pregnant. 4.9% of 17-19 year olds reported being pregnant at the time of this survey, with adolescents that reside in rural communities more likely that their counterparts to be pregnant.

Table : Adolescent that are pregnant, by age, and area of residence.

	Number females that are pregnant	Total	Percentage	
Total	43	1678	2.6	
10-12	na			
13-16	10	999	1.0	
17-19	33	678	4.9	

KMA	4	390	1.0	
Other Towns	8	307	2.6	
Rural	31	981	3.2	

Education

Twenty two point four percent (22.4%) of adolescents reported that they were not attending any type of school. Less than two percent (1.5%) were attending tertiary level institutions, 16.6% were attending secondary high schools and a further 8% attended other types of secondary institutions, including vocational, agricultural, technical and comprehensive schools. Ten percent of adolescents were enrolled in the upper levels of all age schools, and 26% attended school at the primary level, including lower level of all age schools and primary schools.

The results obtained from looking at the type of school attended by age, shows that the younger age groups tend to be more in primary school and older age groups attend secondary schools. Variations, however, were noted by sex, such that while the distribution was similar for girls and boys at primary, boys were more likely to attend all age schools at the primary level, and constituted 60% of students at the secondary levels of all-age schools. This contrasted with 56% of secondary school attenders being girls. Non poor adolescents attended secondary school 19% of the time, while the poor were enrolled in secondary institutions only 6.8% of the time. In areas that you would expect more boys, such as technical and vocational, attendance was divided evenly for boys and girls. For the tertiary, and post secondary categories, the numbers are not enough to be able to arrive at statistically significant conclusions, but these also show a trend that more females than males are enrolled in night classes, at tertiary institutions, and in special schools.

The area of residence impacted on school types such that a disproportionate number of adolescents in urban areas attended secondary schools over those in rural and other towns. This may represent increased access to secondary schools in urban areas and the fact that some children are sent into urban areas for secondary schooling. As expected, more students in rural environments attended agricultural schools.

For those attending schools, 10% had attained grade 4 or below. Since the ages being examined start at 10, then these adolescents are performing below their age expectations. The distribution between grades 5 to 9 is fairly uniform, between 11.7 – 15.1 percent) representing the last 2 years of primary and the first three years of secondary. For grade 10 the percentage drops to 10%, and declines steadily to .3% in grade thirteen. This is in keeping with the Jamaican educational system that has compulsory education to grade 9, and where grades 10 and 11 are usually concentrated in the secondary and comprehensive high schools. Grades 12 and 13 comprised those in higher level secondary and who then feed into the tertiary systems for education.

The grade attained when examined by age showed that younger age groups tended to be clustered in grades 4-7. A small percentage (3.7%) of the adolescents had attained a lower grade level, and an equal percentage had attained grade levels higher than the average, up to grade 10. This is in keeping with the majority of 10-12 year olds being in appropriate grade for age levels.

The majority of 13-16 year olds were in grades 7 to 11. Four percent of this cohort was either below or above their grade level, with most being low achievers. Again, the standard for grade 7, or first form of secondary school is 11 - 12, so there is some concern that so many (17 percent) of 13 to sixteen year olds are in grade 7. This trend of underachievement with respect to grade for age level continues in the older adolescents. Many are not in school, and the majority (80%) of those that are in schools are in grades 10 and 11, where the standard for grade 11 is 15 – 16 years.

Table : grade achievement by age group.

10-12			13-16			17-19		
Grade	Number	%	Grade	Number	%	Grade	Number	%
1-3	64	3.8	1-6	76	3.8	8-9	16	0.5
4-7	1572	92.4	7-11	1904	95.6	10-11	241	79.8
8-10	64	3.8	12-13	10	.5	12-13	45	14.9
Total	1700			1990			302	

There was no significant difference between boys and girls in the reported levels of grade achievement. Area of residence was not an important factor in last grade attended for lower grade levels, however at grades 12 and thirteen, area of residence was important to reported last grade attended such that those resided in KMA were significantly more likely to report having attended these grades.

As expected when asked to name the type of school last attended, the majority of adolescents stated secondary (71.2%), and one quarter stated primary and only 1.4% indicated that the last school that they attended was a tertiary level institutions.

Access to Education

As noted earlier, 21% of adolescents are not attending school. For those enrolled in school, over three quarters reported that they attended school every day in the reference period (4 weeks) preceding the survey. A further 15 % reported that they had been absent from school for between 1 and 6 days. The reasons given for absences are ill health (20%), money problems (60%), needed to perform chores at home (4.8%) and problems with uniform (2.3%). A large problem faced in education is non attendance on Fridays. For this sample, 6% of adolescents in school report that they usually do not attend schools on Fridays, and give the reason for non attendance as money problems and the need to stay home to work or because it is market day (20.8%).

These figures show variations when examined by gender, area of residence and age group. Young adolescents accounted for more than half of those reporting illness as the

reason for not attending school, and most (over 60%) of the category that uniform was unavailable (wet or dirty).

Of those attending school, boys and girls were equally likely to report ‘illness’, and ‘needed to work at home’ as the reasons for non attendance at school, but girls had slightly more money problems that prevented them from attending school. Rural youth were more likely to report ill heath as the reason for non attendance at school.

Lack of attendance at school on a Friday is a youthful, male, and rural phenomena, such that the younger adolescents are significantly more likely , and boys marginally more likely to report that they tend to not attend school on Fridays. Just over 8% of adolescents in rural communities do not attend school on Fridays, compared with 3.4% of other towns and 1.6% for the KMA.

The majority of children do not attend school on a Friday because of money problems. This is consistent when examined by sex, area of residence and age group.

Exposure to violence

For the most part adolescents report that they did not either witness or participate in violent acts in the past four weeks. Less than one percent reported that they had witnessed violent acts, however 1.7 percent reported that they had participated in a violent act. Experiences of violence tend to be more prevalent in the middle age group of adolescents. Forty percent of those that participated in violence were in the 13-16 age group, and 40% of them reported witnessing violence. Females were more likely to report that they had witnessed a violent act (60:40%), but participation in violence was reported equally by both males and females. Of those that reported that they had witnessed a violent act the majority were in other towns, with the least percentage being in KMA. Similarity, of those that report participating in a violent act, 60% were in rural areas, with KMA second at 22% and adolescents in other towns were the least likely to report participation in violence. These figures are in keeping with the distribution of the

adolescent population, and when we examine the percentage of those in KMA that report witnessing or participating in a violent act, we see that a larger percentage of adolescents in KMA have witnessed violence than in rural areas and other towns. Poverty had no significant impact on witnessing or participating in a violent act.

Living Environments

Adolescents generally had access to most social amenities. They tended to live in separate, detached houses (83.4%), with 5% living in semi detached homes, and 9% living in a 'part of a house'. Less than one percent stated that they live in improvised housing unit, or in a modified commercial location. The household dwelling tends to be constructed of block and steel (56%). Approximately 30% of dwellings were wood. The remainder were concrete nog and stone, wattle or brick . Adolescents that lived in households deemed poor were more likely to live in a detached house and live in house constructed from wood (48.7% of poor adolescents versus 26% of non poor adolescents). The dwelling comprised of at least two to 4 rooms in three quarters of the cases. In only 10% of cases were the dwelling comprise of only one room. Forty six percent of poor adolescents live in households that occupied two rooms or less, compared with only 35% of non poor adolescents. 70% of the adolescents lived in dwelling that the household owned or rented. In the majority of instances, they also owned the land. Of concern is the almost 4% of adolescents that live on land on which the household is "squatting"[1].

Adolescents living in KMA were 5 times more likely to live in 'part of a house' over their rural counterparts, and they were one third less likely to live in a house constructed from wood. Adolescents in KMA and other towns were slightly more likely than rural adolescents to live in a structure made from concrete.

Over 98% of adolescents had access to toilet facilities, the majority being pit toilets (52.5%) or water closets either linked (17%) or not linked (28.6) to the sewer mains. In most cases (85.3%) they were not shared facilities. There were not significant variations

[1] Squatting refers to occupying land for which the occupant has no tenure. The structures range from shacks to block and steel for dwellings, shops and other uses.

by age, or sex, however when that data are examined by area, it is noted that adolescent in KMA are 11 times more likely to have a water closet, linked to the sewer, and one fifth times as likely to use a pit toilet. Urban adolescents are 2.5 times more likely to live in households that share toilet facilities than rural adolescents and almost twice as likely to share toilet facilities than adolescents that live in other towns. Seventy two percent of adolescents in poverty used pit toiled versus just under 50% for those that are non poor. Fifty percent of the non poor adolescents had access to a water closet, while only 23% of the poor lived in households with water closets.

Table: Toilet facilities in adolescent households by area of residence

	KMA	Other towns	Rural
	Percentage	access	
WC linked to sewer	59.5	8.6	4.2
WC not linked	26.2	43.9	24.8
Pit toilet	13.6	43.8	69.3
None	.5	2.4	.7
Total			

Five percent of adolescents live in households that do not have access to kitchen facilities, almost 90% have exclusive access to kitchen and the remaining 5% have access to shared cooking facilities. There were no significant variations by age group or poverty status. When looking at the data by gender, girls were marginally more likely to have no kitchen than boys, and adolescents in KMA were twice as likely as adolescents in other towns and three times as likely as rural youth to share cooking facilities. Adolescents that lived in KMA and in other towns were twice as likely as rural adolescents to have to shared cooking facilities.

The main source of drinking water for adolescents was indoor taps (33.3%) and private outdoor pipes (23.9%). The source of drinking water for 17.6% of adolescents was a public standpipe, while ‘well, river, spring, lake or pond’ accounted for 6.3% and the remainder (15.2%) got water from a tank. Rural adolescents were more likely to get

water from public stand pipe, well, river or tank, while urban youth had indoor or outdoor private water sources. Poor adolescents were more likely to get water from river lake or pond, or a public stand pipe (41.0%) while the non poor accessed water from private pipe (61.6%).

Just under 3% of adolescents had no access to electricity or kerosene lighting. The remainder of adolescents had either electricity (83%) or kerosene (13.7%) as the main source of lighting in the household. Again, there were no significant variations noted by gender and age group however, disaggregation by area of residence showed rural adolescents having electricity as the main source of lighting 80% of the time compared with 85% for KMA and 90% for other towns. 12% of households did not have any lighting source in KMA compared with less than 1 percent in rural and none for other towns. Poverty status affected access to electrify. Eighty six percent of the non poor use electricity and 10% used kerosene. For the poor, 28.8 % used kerosene and 68% used electricity. Almost 60% of adolescents lived in household that did not have access to a telephone, with adolescents in KMA more likely to live in households with phones than those in other towns and rural communities. Eighty one percent of poor households did not have a telephone compared with 55% of non poor households. Other household possessions that adolescents have access to are shown below. These have similar variations by area, with a bias towards KMA households.

Possessions in households of adolescents

Item	Yes	No	Poor	Non poor
Sewing Machine	15.4	84.6	6.1	17.5
Gas Stoves	77.4	22.6	54.1	83.1
Electric Stoves	.9	99.1	0	1.1
Refrigerators	62.2	37.8	35.4	68.6
Air Conditioners	.5	99.5	0	.6
Fans	44.7	55.3	21.3	50.4
Radio Cassettes	72.7	27.3	67.1	74.1
Phonographs	.2	99.8	.2	.2

Stereo Equipment	15.5	84.5	2.8	18.5
Video Equipment	24.1	75.9	6.1	28.6
Washing machine	3.8	96.2	.2	4.6
TV Set	75.7	24.3	53.3	81.2
Bicycles	15.7	84.3	8.5	17.3
Motor Bikes	1.2	98.8	.8	1.3
Motor Vehicle	8.9	91.1	.7	10.8

Seventy seven percent of adolescents live in households with gas stoves, 76% have TV sets and 72 have stereos. Just under one quarter have videos, and almost 10% live in households that have cars.

Poverty status affects the household possessions negatively. Non poor households are more likely to have all of the possessions, with the exception of phonographs (who had these in the 1990's anyway?).

Conclusions

Adolescents in Jamaica are fairly well off. Most tend to live with one or both of their parents, in households where there is at least one income earner, even though it may not be the head of the household.

Four % reported being ill and les than one percent were injured in the preceding 4 weeks. 5.6% of the accents have a child, and at the time of the survey, 22.6% of the girls reported that thy were pregnant, mostly in the older age groups. One half of adolescents visited a health care practitioner when they were ill. Teen pregnancy, while of national concern has a higher incidence as well as higher occurrence rate in rural areas.

Non attendance at school on a Friday is also a rural phenomenon. 80% of adolescents were attending school, and they were in primary, all age, secondary and tertiary intuitions, attaining approximately the recommended age for grade attainment, with girls doing better in this regard than boys. The main reason for absence from school was lack of money, and this cause was cited more often for girls than boys, in the sample.

Less than 2% of adolescents reported that they were exposed to violence, either to observe or to participate in a violent act. surprisingly more females reported witnessing a violent act than males, but participation in violence was equal for males and females.

The physical living environments of the majority of adolescents was fairly good. They lived in wood or concrete structures, and had access to toilet facilities, whether indoor or out, shared or with exclusive use. Over 95% of adolescents lived in households that had access to electricity, and kitchen facilities.

Poverty was a significant variable in determining the living arrangements and access to certain services such as education and health care, as well as negatively impacting on basic sanitation and household amenities.

Social Supports

The majority of adolescents live in the family home. The family structure was varied, consisting of nuclear family, a mother and a father, and maybe including a number of children, to single parent households, to households that included step parents. IN others aunts, uncle grandparents cousins and friends lived in the home along with the parent. In a few isolated cases, adolescents did not live with a parent, but with a guardian, that was an aunt, uncle or grand parent or else was unrelated.

Some of the older adolescents did not live with a parent or guardian, instead they lived with friends or on their own, with their own children.

Adolescent rely a lot on support from family. In some regards, the support is economic, including things like supplying food and clothing, and money to buying lunch and books. In other instances, the support is emotional. Adolescents turn to family for advice, to be there in case of anything. This reliance is strongest at the youngest age groups. As they get older, adolescents seek out friends more, often in cases when they feel the mother or father would not understand. Other figures, in the extended family, play important roles, such as uncle or aunt, as well as persons in the community such as the teacher and guidance counselor and the pastor. Older adolescents also use the church and/or God as avenues for support.

Adolescents looked up to persons in their family and communities. They admired family members, especially mothers that were able to cope with difficult circumstances, and were helpful to them and guided them.

Public figures that are looked up to include successful sports personalities and businessmen. Actors that had positive images were well received. Music stars got mixed responses.   Groups seen as smart and intelligent got the thumbs up, especially from younger adolescents, while entertainers that promulgated lewd lyrics were given the thumbs down.

Preparedness for livelihood.

Many young persons do not feel prepared to enter the work force, and many see other that have been unable to obtain employment. They see the school as the primary institution with responsibility to prepare them to enter the world of work and feel that it is not doing an adequate job.

Recommendations

Research

Future research undertaken to examine in more detail the effect of adolescent living arrangements on development outcomes, decision making and involvement in risky behaviours, and to determine whether living arrangements and types of households would constitute useful predictor or screening tool for certain risk behaviours or outcomes.

An examination of coping mechanisms employed by adolescents could point to important initiatives that may serve to protect from or expose adolescents to negative development outcomes.

Finally, the use of qualitative data to supplement findings of survey data will allow for richness and depth of analysis in order to guide policy, communication strategies and programme development

Programme design and development

Development of programme to address the needs of teenagers that may be pregnant in rural areas, as well as design of programmes to reduced rates of teen pregnancy in these locations.

Need to address the situation on non attendance at school, for economic reasons especially, and in rural communities, the issues of non attendance on a Friday needs to be tackled. The introduction of school feeding programmes, or subsidies, book rentals loan to purchase school uniforms and supplies, and how they may be targeted to rural children needs to be investigated. The issue of access to transport though not examined in this study may be an important factor in programme development

The role of the school in preparing adolescents to enter the work environment needs to be examined. In particular, schools need to review their role vis a vis the need to address:

- Career counseling and guidance
- Skills acquisition
- FLE
- Pregnancy avoidance
- Assisting pregnant teenagers to complete schooling

If schools are unable to perform these functions then the need to develop referral systems and to develop linkages with other programmes that can supply these interventions.

If the programmes do not exist, then the development of innovation approaches to address the gap needs to be fostered, and where programme do exist then the documentation and dissemination of best practices to enhance the overall programme environment needs to be supported.

The role of community members and leaders as well as the family needs to be strengthened. Perhaps the school is not the only location where young people can be exposed to livelihood preparation opportunities. Businesses can offer support programmes and the development of a national mentoring initiative can supplement the effects in educational institutions. Community groups, youth clubs, faith based organizations and other organized groups for young people may need to address this issue. The role of the National Youth Service in addressing these needs should also be explored.

Policy and advocacy

The study points to the need for a comprehensive approach to the development of a policy for adolescents that seeks to include, inter alia, the limitations that may be experienced due to living arrangements and lack of social supports for adolescents. the issues that would need to be addressed, include non attendance at school due to economic

reasons and pressure to work at family employment; the development of a social support network for adolescents so that each adolescent would have at least one adult that would be irrationally committed to their development; parenting issues; and those factors that contribute to adolescents being both victims and perpetrators of violence.

Appendix I

Analytical Framework

The study seeks to describe the living environments of adolescents, on the individual level and the household level. Individual characteristics include:

Age: The exact age of the children in the study was recorded on the instrument, which was then used to generate age group categories. The upper and lower limits of each category were chosen to coincide with the school system. The final categories were children 5 and under, representing preschool age children, children age 6-10, who are of the age to be in primary school and children aged 11 - 14, that would represent secondary school aged children.

sex: This variable is recorded directly on the questionnaire and is either male or female.

area of residence: of the child referred to whether the child lives in a household located in the Kingston Metropolitan Area (KMA), which includes Kingston and St Andrew and some urban areas of St Catherine; Other towns, which is the urban areas in all other parishes such that Mandeville the capital of Manchester would be recorded as Other Town, as would smaller towns such as Christiana and Treasure Beach. The final category in this variable is rural, and would represent areas that are not described as urban or other town.

School type and attendance: The educational system in Jamaica is set up that children attend primary schools or all -age schools for grades 1-6. Grades 7 and over are secondary and a number of school types offer this level of education. All age schools are terminal at grade 9, comprehensive and new secondary schools as well as traditional high schools offer up to grade 11. Traditional High school also offer grades 12 and 13 for 'A' level students. Tertiary institutions offer degree programmes and are concentrated in KMA. School attendance is captured with the question related to the number of days in the reference week that the child attended school. This is an important variable as in many instances children do not attend school for all five days of the school week.. The

reasons may be social or economic. Absence from school may be as a result of ill health, or because the parent cannot afford to send the child to school and give lunch , or because the child is needed to perform tasks at home such as caring for younger children, or chores related to market activities.

health: The main indicators of health status is the response to the questions, "Have you been ill in the last four weeks" and if ill, "How many days were you ill". While there are limitations to the use of self reported illness, that ill is a subjective measure and different persons regard illness differently, The measure also introduces an element of error, such that the measure is limited in its reliability as it is constrained by the individuals recall over the past four weeks. The alternative is to have doctors or health care practitioners administer health tests. This alternative would be expensive, time consuming and unwieldy to administer. The use of self reported illness is internationally accepted as a proxy for health status (Grosh, Deaton).

If ill, visits doctor: is an indicator of access to social services (curative health care) if ill.

Characteristics on the household level are those which have to be assigned to the individual, but are based on the household level questionnaires, and are important in that they shed light on the welfare of the individual. These include:

Type of dwelling: is an important indicator of welfare as it represents the conditions under which the child lives.

type of toilet facilities: indicates the access of the child to adequate facilities for the disposal of sanitary wastes.

access to toilet, kitchen: represent welfare indicators of access. While indoor plumbing and kitchen facilities are the ideal, access to toilet facilities even if shared is better than no access at all, as is true of access to kitchen facilities.

Source of water and fuel : The main source of water, whether indoor plumbing outdoor pipe or shared stand pipe or river is an important indicator of welfare as the source of potable water may influences the child's susceptibility to water borne illnesses. The source of fuel, whether coal, gas, kerosene or electricity is also important to the well being of the child.

The results of the focus groups are presented based on three main questions, Who do you live with? Who is there for you and Who do you look up to? These analysis are presented disaggregated by area of residence, sex, and age group as appropriate.