Teenage Pregnancy in the Bahamas: Trends and Characteristics

SUSAN ROBERTS-SMITH, M.S.W.,* DAVID F. ALLEN, M.D., M.P.H.,† AND JAMES F. JEKEL, M.D., M.P.H.‡

*Social Worker, Community Psychiatry Program, Nassau, Bahamas; †Consulting Psychiatrist, Princess Margaret Hospital, Nassau, Bahamas; ‡Professor of Epidemiology and Public Health, Yale University School of Medicine, New Haven, Connecticut

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This survey of 99 pregnant teenagers in clinics on the island of New Providence, Bahamas, produced data suggesting that they are similar to their counterparts in urban clinics in the U.S.A. The pregnancies usually came from relationships of many months' standing, which were meaningful to the young mothers, rather than from "promiscuous" sexual behavior.

Few of the young mothers had been using birth control before they became pregnant, sometimes because of a lack of expectation of needing it or from fear or ignorance about birth control, and sometimes due to an inability to organize their lives sufficiently to find, purchase, and use regularly the contraception that would have prevented the pregnancy. Most of the young mothers felt that abortion was sinful and would not have used it at any time.

It is suggested that these general characteristics of teenage pregnancy are common in Western societies and are related to the perceived loneliness and uselessness of the teenage period. The pregnancies often may be seen as an attempt by teenagers, who see relatively little future for themselves in traditional education and employment, to strive for a creative life rooted in loving relationships.

Within the past few years, the Commonwealth of the Bahamas has become increasingly concerned about the number of teenage pregnancies that have been occurring there. For example, this concern was expressed in the first Bahamian conference on teenage pregnancy in May 1982. The concern has primarily come from those persons who work with pregnant teenagers, such as school officials, clinic personnel, and social workers, who have noticed rising numbers of pregnant teenagers.

The existence of teenage births is not always viewed as a problem. In some (especially rural) societies, early marriages are the rule, with childbearing starting soon thereafter. The fact that the Bahamas is increasingly concerned about teenage pregnancy may reflect not only the fact of increased numbers, but also that the nation is increasingly becoming, or at least perceiving itself as, an urban, Western nation rather than a developing nation. Most urbanized nations consider births to teenage women, particularly to those who are under 18 years and/or unmarried, a significant problem. There are reasons for this concern, in addition to any health problems that may be created. In a society where education is crucial for employment, pregnancy before the end of high school often means the end of, or at least delaying of, high school education. However, one must distinguish cause and effect...

Address reprint requests to: James F. Jekel, M.D., Dept. of Epidemiology and Public Health, Yale University School of Medicine, 333 Cedar Street, New Haven, CT 06510

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here. To some extent, the association of childbearing and the termination of schooling may be indirect. When a woman (or man) stops going to school, whether because of graduation or because of lack of interest, unless there are immediate prospects for marriage or a job, the possibility of an endless period of unemployment, a lack of social life, and other creative outlets begins to loom before the young woman (or man). This is a time when many teenagers begin to use escapes, such as drugs, alcohol, or sex, often with resultant childbearing. Industrial and, especially, post-industrial societies require extensive education; teens who drop out are in increasing danger of never finding a role in which they can feel ownership in what is happening. At times, childbearing may be the only creative thing they know how to do and take pride in. Some writers who have worked with pregnant teenagers have considered that having a baby often is an attempt to ward off an impending depression [1]. Both the pattern of teenage pregnancy and the concern that it is now evoking in the Bahamas may be evidence that the Bahamas is becoming, in social structure and attitudes, an urbanized, Western nation. It should be noted that somewhat similar concern has also been expressed recently in Jamaica, as well as elsewhere in the Caribbean basin [2].

Because of the increasing concern about teenage pregnancy in the Bahamas, we have analyzed the trends in births to Bahamian teenagers and have interviewed a sample of young Bahamian mothers in order to characterize the situation and to provide better data for planning programs and setting national policy. These interviews also furnish baseline data for comparison in later years and they have stimulated a number of questions we are now trying to answer with further studies. We hope to follow this study cohort over time to see how their lives develop, what problems they encounter, how the children fare in their health and development, and how the young mothers use or fail to use available support systems and services.

METHODS

The data on births reported here come from data published by the government of the Bahamas. The remainder of the data comes from a series of 99 interviews with pregnant teenagers at two clinics on the island of New Providence in the Bahamas (where the majority of Bahamians live), between August 1981, and March 1982. These were individually conducted private interviews by one social worker while the young mothers were waiting in two clinics for prenatal care. There was no regular social worker available in these clinics, and the interviews were conducted partly to determine the feasibility and utility of adding social work to the services regularly available to the young mothers. Most of the interviews were conducted in the middle trimester of pregnancy; almost none were earlier than the fourth month of pregnancy or later than the seventh. The interviews generally took about 30 minutes to complete. The young women were given the option of participating in the interview or not, without their decision influencing the kind of care they would receive in the clinic. All of the young mothers chose to participate. The interviews were used by the social worker to guide referrals for counseling, education, and/or to the residential facility available for pregnant teens, as well as to provide the data reported here.

FINDINGS

*Trends in Births and Birth Rates*

Statistics support the perception of many in the Bahamas that the number of pregnant young women has been increasing (Table 1). Since 1968, the number of births
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TABLE 1
Registered Live Births to Teenage Mothers in the Bahamas, 1968–1980, by Age

| Year | Total Births | Teen Births          | Births by Age |
|------|--------------|----------------------|---------------|
|      |              | No. (%)              | 10–14         | 15–19         |
| 1968 | 4,092        | 505 (12.3)           | 12            | 493           |
| 1969 | 5,073        | 613 (12.1)           | 11            | 602           |
| 1970 | 4,894        | 578 (11.8)           | 9             | 569           |
| 1971 | 5,334        | 600 (11.2)           | 13            | 587           |
| 1972 | 4,745        | 702 (14.8)           | 14            | 688           |
| 1973 | 4,419        | 738 (16.7)           | 10            | 728           |
| 1974 | 4,401        | 735 (16.7)           | 7             | 735           |
| 1975 | 4,033        | 680 (16.9)           | 11            | 669           |
| 1976 | 5,295        | 976 (18.4)           | 12            | 964           |
| 1977 | 4,871        | 1,002 (20.6)         | 23            | 979           |
| 1978 | 4,362        | 936 (21.5)           | 20            | 916           |
| 1979 | 4,897        | 1,043 (21.3)         | 19            | 1,024         |
| 1980 | 5,099        | 1,107 (21.7)         | 22            | 1,085         |
| 1981*| 5,368        | 1,089 (20.0)         | 17            | 1,072         |

*Provisional data

reported yearly in the Bahamas has fluctuated between about 4,000 and 5,300. During the first part of this time, the number of teen births varied between 500 and 700, or between 12 and 17 percent of the total number of births. However, in 1976, the number of births to teenagers jumped suddenly to 976, and it has stayed above 900 per year since then, reaching 1,100 in 1980. Likewise, the percentage of all births to teens has increased from around 12 percent from 1968 through 1971, and around 16 percent in 1972 through 1975, to over 20 percent in each year from 1977 through 1980. During this same time interval, the number of births to women 20 years or older appeared to decrease from an average of 4,274 for the years 1968 through 1971 to a yearly average of exactly 3,800 for the nine years from 1972 through 1980. Thus, the increasing proportion of births to teenagers was due both to an increase in the number of births to teenagers and to a drop in the number of births to older women.

The study of numbers of births to Bahamian teenagers must be supplemented by a study of birth rates. Because there are only estimated data on the size of the population for most of the years since 1968, good denominator data for rates are difficult to find. Using estimated total population figures for the Commonwealth of the Bahamas, the years 1969–1971 averaged 3.5 teenage births per 1,000 population, and the years 1977–1978 averaged 4.4 teenage births per 1,000 persons. The increase in rates is consistent with the pattern of increase seen in the raw numbers. The data would be more comparable if they were based on age-specific denominator data, but these were not available except for census years.

Demographic Characteristics

The most striking facts about the Bahamian survey was that the young mothers seemed very similar in most respects to young mothers in clinics in the U.S.A. The youngest person in this survey was 13 years old, with the numbers rapidly increasing after age 14. Considering only the young mothers under 18 years of age (in order to make comparisons with studies in the United States), this age distribution is somewhat older than those of the studies of Furstenberg [3] and Klerman and Jekel
[4]. However, it approximates closely the age distribution of the comparison group Klerman and Jekel studied in 1963–1965. Although 16 percent of the study sample were married, none of the young women under 18 was married, which is similar to the United States, where few of the women under 18 are married when they deliver [5].

In terms of family life, most of the young mothers lived in the family in which they were raised: 25 percent with both parents, 43 percent with only the mother, and the remainder with only the father, with some other relatives, with the husband, or away from any family or relative's home. The number of siblings varied from none to 11, with a median of five. In 80 percent of the homes, all of the adults worked out of the home during the day. The young girls' parents were, or had been, married in 69 percent of the cases. The father of the young mother usually had an unskilled or semiskilled job (46 percent) or a skilled job (25 percent); about 7 percent had a mid-level professional or entrepreneurial job. Two-thirds of the teenagers had working mothers who were in unskilled or semiskilled jobs; although none of their mothers were reported as having "skilled" jobs, an almost equal number of women compared to men were in professional or entrepreneurial jobs. The above data are similar to the findings of Klerman and Jekel, where 32 percent of the New Haven and 36 percent of the Hartford samples lived with both parents, and about 52 percent of both samples lived with their mothers only. Relatively few young mothers in either the Furstenberg or Klerman and Jekel studies came from middle-class families, as was true in the Bahamas.

In 52 percent of the Bahamian interviews, the young mothers either did not know the weekly family income or preferred not to answer. Among the 47 families of mothers who did respond, 26 percent had an income of $100 or less per week, 38 percent had from $101–200, and 36 percent received more than $200 per week. It is difficult to compare these data with the U.S. because in some ways living in the Bahamas is less expensive (housing, utilities, no income tax), and in some ways it is far more expensive, because most food and manufactured products must be imported, and the government adds a heavy import tax. Those with mid-level and professional jobs earned $250 per week or more. These limited data do suggest that adolescent pregnancy in the Bahamas affects all social and income groups, as it does in the United States.

In the survey, 13 percent lived in families with one to three persons in the home, compared to 19 percent in both cities in the Klerman and Jekel study. Likewise, in the Bahamas, 36 percent of the young mothers lived in homes with four to six persons in the household, compared to 39 percent and 45 percent in the two Connecticut cities. And in the Bahamas, 51 percent lived in households with seven or more persons, compared to 43 percent and 36 percent in the two Connecticut cities. In 80 percent of the Bahamian homes, the parent or parents were out of the house working during the day, but only 8 percent of the young mothers were working, despite the fact that approximately half were 18 years of age or older.

School Achievement

In terms of school achievement, the young mothers had not done very well. Although 37 percent had graduated from high school, only 8 percent were currently employed. About 35 percent had left school because they were pregnant. (In the Bahamas, a high school student must leave school when she becomes pregnant, although she is offered alternative school during the pregnancy, and she may return
to school after the baby is delivered.) About 27 percent had dropped out of school before they had become pregnant, and only 12 percent had achieved nine or more of the BJC exams (Bahamas Junior Certificate Examinations are usually taken in grade nine). Still fewer had achieved the “O” (“Ordinary”) levels, which, in the Bahamian system, is more or less the equivalent of college preparation. The lack of prior school success is similar to that reported by Foltz et al. in Connecticut [6], in Baltimore by Furstenberg [3], and for the United States in 1968 and 1979 by Mott and Maxwell [7].

Relationship with the Father

One of the most important findings was that the relationship with the baby’s father was not usually a promiscuous one, but rather was a relationship which had existed for a time, which usually continued after the conception, and which was meaningful to the young mothers. They had gone with their boyfriends for more than three months in 89 percent of the cases, and for more than a year in 48 percent. Similar findings are reported from Rochester, New York, by Elster and Panzarine, where 95 percent of the couples had been going together for more than two months when conception occurred, 65 percent for seven months or more, and 52 percent for more than one year [8].

The young mothers often reported that they had become sexually involved only because of intense pressure from their boyfriends (whom they did not want to lose); this was true in 44 percent of the relationships. The young mothers did not, as a rule, find the sexual experiences positive. Only 19 percent found them “very enjoyable”; about 30 percent were ambivalent about the sexual experiences; 20 percent found the sexual aspect unsatisfying, and about 30 percent had a negative reaction to the whole experience. The relationship with the boyfriend continued after the conception for exactly 80 percent of the young mothers.

The young fathers were older than the Bahamian young mothers in about 90 percent of the cases. In fact, in about 15 percent of the cases, the father was eight or more years older than the young mother, with the median being four to five years older. Finkelstein et al. also estimated the fathers’ ages to be four to five years older than the adolescent mothers [9]. In the Connecticut study, Lorenzi et al. [5] found that the fathers were almost always older than the young mothers and that the relationships with the fathers also was a meaningful one which, in many cases, was expected by the young mothers to lead to marriage.

Further evidence that the relationships were not casual was the fact that the relationships usually endured for a considerable period of time. In the Bahamas, during the pregnancy 80 percent of the young mothers stated they were still seeing the father, compared to 84 percent reported by Elster and Panzarine. Lorenzi et al. [5] reported that approximately two-thirds of the young mothers were seeing the fathers regularly at three months postpartum, although that percentage fell fairly steadily after that time.

The young mothers were asked how the fathers showed they cared for them. About 36 percent stated that the father was providing love; 24 percent were providing money or things; and 18 percent were providing both. In 20 percent of the cases, the pair had broken up, or the young mother was receiving nothing. In the Lorenzi et al. study, 42 percent were expecting to receive or were receiving financial help, but over 10 percent were no longer in contact with the father before the delivery.
Reactions to Pregnancy

The reactions to pregnancy were somewhat different for the young mothers, the boyfriends, and the families of the young mothers. The young mothers were initially shocked by the pregnancy: 17 percent were "unhappy" and 32 percent were "miserable" when they discovered they were pregnant. This is similar to the study of Smith et al. in Texas, who found that 66 percent of a sample of young mothers had initially been "surprised" [10]. However, in the Bahamas, as has been observed elsewhere, the mothers usually became positive about the pregnancy after a while.

By the time of the interviews reported here, 62 percent stated that they were either "happy" or "very happy" about the pregnancy. The fathers were usually "happy" or "proud" when they found that they were to become fathers (57 percent). Most of the remainder were reported as being "surprised." Four of the families made the young mothers leave home; 20 percent of the families were reported to have been "very helpful," 25 percent "moderately helpful," and 45 percent were initially angry but had "adjusted" by the time of the interviews. In the study by Lorenzi et al., the fathers' reactions to the delivery of the infant were also positive: 20 percent were "highly excited," 60 percent were "delighted, happy," and 20 percent were "generally pleased" after the birth [5].

Occurrence of the Pregnancy

When asked "How did the pregnancy happen?", 44 percent stated that the sexual relationship that led to the pregnancy was something wanted by the boyfriend, rather than by them, and often (about 10 percent of the total) the sexual relationship was actually forced on them. For 38 percent of the young mothers, the sexual part of the relationship was experimental, arising partly from curiosity. About 10 percent admitted to the importance of sexual feelings and another two percent said that it helped them to "feel like a woman." The other six percent gave reasons such as that their friends were doing it, they wanted the affection, or other explanations.

In most (91 percent) no birth control devices had been used. This is similar to the 89 percent not using birth control in the study by Smith et al. [10]. However, despite the lack of use of birth control, only 6 percent admitted to having wanted the baby. The few who did want the pregnancy stated that "it was time," or "to have something of my own," or some similar reason. Those not using birth control sometimes thought they could not get pregnant (7 percent) or wanted to see if they could get pregnant (2 percent). Sometimes (4 percent) the boyfriend did not want the girl to use any contraception. More common were reasons related to the problems of getting birth control devices or worries about using them. For example, 7 percent did not know how to get birth control devices, and 7 percent were ashamed to ask for them; 14 percent thought that contraception was dangerous; and others had used contraception and stopped, either because they had experienced side effects or had run out and hadn't "gotten around to getting more." In addition, a few claimed they did not know about birth control, or that their parents were against its use, and some stated that they were not prepared because they were not expecting to have sexual relations.

Despite their failure to use birth control before this pregnancy, 98 percent believed that children should be spaced, and 86 percent planned on using it in the future. Most of those planning to use birth control were planning to use the "pill" (72 percent), and most of the remainder were planning to use the coil. Almost half expected to obtain their birth control devices from the local family planning clinic (47 per-
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percent), and the others expected to use the community clinic of the Princess Margaret Hospital, a private physician, or were unsure (18 percent). In the study by Smith et al., 70 percent of the young mothers were aware of where to obtain birth control information and devices, even though they did not use them. Of the 16 percent not planning to use contraceptives, a small number thought it was sinful or didn’t like the bother, while others either thought it was dangerous or were convinced they were not going to have sex again.

Abortion was seldom considered by this group, but that was not surprising because the clinic population were carrying their pregnancies. Abortions are not as common in the Bahamas as in the U.S.A., and 84 percent of the study population considered abortion to be sinful. Another 13 percent thought that abortions sometimes were not wrong. However, almost 27 percent of the study groups stated that they had considered an abortion, even though they eventually decided against having one.

Plan for Their Families

Almost half of the young mothers wanted a total of two children; 12 percent wanted only one, 26 percent wanted three, and 13 percent four. None wanted more than four. The interviewed mothers thought that children should be spaced because they were expensive, took a lot of time, and that they wore down the mother’s body.

At the time of the interviews, 57 percent of the young mothers expected the child’s father to take financial responsibility for the child, which may be unrealistic, considering the low rates of marriage among teens and the uncertain earning power of many of the young fathers. However, in Connecticut Lorenzi et al. found that at three and 15 months postpartum, 64 percent of the mothers were receiving some support from the fathers, and that this had dropped to 49 percent by approximately two years after the birth of the child. By 26 months postpartum, 27 percent of the New Haven sample were married, mostly to the father [5].

The church (principally Episcopal and Baptist denominations) is an important institution in the life of Bahamians, and it has the potential to be an important support system for the mother and baby. About 18 percent of the young mothers said that their church was supporting them completely, and another 13 percent said it was giving them qualified support; 12 percent said the church did not support them, 45 percent said they had stopped going to church (possibly because of negative attitudes toward their pregnancies or the fear of such an attitude), and 11 percent were not church members when they became pregnant. It was apparent that many of the young mothers were somewhat lonesome: 46 percent of those under 18 years and 24 percent of those 18 and 19 said that they had lost friends by becoming pregnant, or had never had any.

Relationship to the Baby

When asked how much adjustment they would have to make in their lives when the baby came, 8 percent thought there would be none, and 25 percent thought only a little adjustment would be necessary. Another 25 percent were more realistic, expecting the baby to require “moderate” adjustment, and 43 percent even stated that the baby would require a great deal of change in their lives. In the study by Smith et al. [10], a majority of the young mothers believed that the baby would bring much change into their lives.

Many of the young mothers thought that money problems would be the most im-
portant demands the child would bring, whereas others were concerned about the
time involved, the effort of caring for the child, the discipline the child would re-
quire, or the love it would need. In return, almost half of the young mothers thought
that the baby would meet their own needs for love, and another 27 percent thought
the baby would provide them with someone to be close to or give them something to
do. Another 13 percent didn’t think the baby would meet any of their personal
needs.

DISCUSSION

The sudden jump in teenage births in 1976 suggests that something unusual hap-
pened that year, such as a sudden immigration of persons or a change in the method
of reporting births. There has been a significant number of yearly immigrants to the
Bahamas from Haiti since the mid-1970s, but, as far as is known, this has been a
gradual, if steady, immigration, and not something which could explain the sudden
jump in teenage births in 1976. Two possible explanations are both related to the
Bahamian independence from Great Britain in 1973. First, although since 1972 the
registration data are updated to include late registration, there was a changeover in
governmental jobs, including vital statistics, from British to native personnel, which
might have allowed some incompleteness of registration during the transition. Sec-
ond, unjustified fears about the transition produced a temporary decline in both
tourism and investment, the primary sources of income in the new nation, which,
when combined with rapid inflation (partly due to inflation in the U.S.A.), led to in-
creasing unemployment [11].

The survey data reported here suggest that in the Bahamas, as in the U.S.A.,
teenage pregnancy is not usually the result of indiscriminate sexuality, but rather it
usually comes from a meaningful relationship between teenage men and women who
are often lonely, lacking in ordinary school accomplishments, and facing a possible
future of relative unemployment and near poverty. Given the uncertainties of the
future, with dubious prospects for developing satisfying careers and building a
strong investment in a society that is in some small way under their control, these
teenage women may be understood if they seek meaningful relationships, even apart
from marriage, and if they bear children, which, after all, has traditionally been one
of the most creative things a woman could do. Childbearing is still one form of
creativity not denied to teenagers with limited schooling and job prospects. It seems
probable that in all societies of the world, unless there can be meaningful, respon-
sible roles developed for teenagers, with good prospects for the future, teenage
pregnancy will be a common finding. If this is correct, solution of the problem will
require more than clinics and contraceptives: it will require an educational and
employment system that stimulates and encourages all teens and prepares them for
creative jobs that will be available for them. For example, Jekel et al. found that
school continuation or cessation was the best predictor of subsequent fertility con-
trol, with those teenagers who remain in school having a much lower rate of rapid
subsequent pregnancy than those dropping out [12]. School continuation was a bet-
ter predictor of subsequent fertility than whether or not they accepted contraception
at a postpartum visit. Teenage pregnancy admits less of technical solutions than of
social solutions, although both avenues should be explored. However, for the
Bahamas, as for other complex societies, good education and creative employment
would seem to be the foundation for a meaningful reduction of teenage pregnancy.

Such changes, however, take time, and meanwhile there is much that can be done.
Educationally, vocational training programs geared to the employment needs of the
Bahamas would give many teenagers a more realistic approach to education. This might include training or retraining programs for high school graduates, as well as high school completion/equivalency training.

Family life education might give the teens a more realistic view of the complex needs of a child and a family and help them to understand that it is in the interest of future babies, as well as their own lives, to delay childbearing. Life skills training might help teens better to enter the mainstream of adult life and to approach society and their own lives maturely.

In terms of the health of the teens and their babies, good prenatal care is essential. This should include social work support services to help them adjust to a wide range of new problems. It should also include strong support for accessible family planning services, so that those teenagers who do not wish to bear children need neither do so nor resort to abortions.

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**REFERENCES**

1. Lewis DO, Klerman LV, Jekel JF, Currie JB: Experiences with psychiatric services in a program for pregnant school-age girls. Social Psychiatry 8:16-25, 1973
2. McNeil P, Olafson F, Powell DL, et al: The women's centre in Jamaica: an innovative project for adolescent mothers. Stud in Fam Plan 14:143-149, 1983
3. Furstenberg FF: Unplanned Parenthood: The Social Consequences of Teenage Childbearing. New York, The Free Press, 1976
4. Klerman LV, Jekel JF: School-Age Pregnancy: Problems, Programs, and Policy. Hamden, Linnet Books, 1973
5. Lorenzi ME, Klerman LV, Jekel JF: School-age parents: how permanent a relationship? Adolescence 12:13-22, 1977
6. Foltz A-M, Klerman LV, Jekel JF: Pregnancy and special education: who stays in school? Am J Pub Health 62(12):1612-1619, 1972
7. Mott FL, Maxwell NL: School-age mothers: 1968 and 1979. Fam Plan Perspect 13:287-292, 1981
8. Elster AB, Panzarine S: Adolescent fathers. In Premature Adolescent Pregnancy and Parenthood. Edited by ER McAnarney. New York, Grune & Stratton, 1983, Chapter 13
9. Finkelstein JW, Finkelstein JA, Christie M, et al: Teenage pregnancy and parenthood: outcomes for mother and child. J Adol Health Care 3:1-7, 1982
10. Smith PB, Weinman ML, Mumford DM: Social and affective factors associated with adolescent pregnancy. J Sch Health 52:90-93, 1982
11. Funk & Wagnalls: Standard Reference Encyclopedia Yearbook: Events of 1974. New York, Funk & Wagnalls, Inc, 1975, pp 100-101
12. Jekel JF, Klerman LV, Bancroft DRE: Factors associated with rapid subsequent pregnancies among school-age mothers. Am J Pub Health 63:769-773, 1973