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A SUMMARY OF RECENT RESEARCH FINDINGS ON
FAMILY PLANNING PRACTICES AND ATTITUDES
IN JAMAICA

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A SUMMARY OF RECENT RESEARCH FINDINGS ON FAMILY
PLANNING PRACTICES AND ATTITUDES IN JAMAICA

Introduction

Two decades or so ago we were confronted with worldwide concern about the rapid rates of growth of world population. In recent years we have witnessed dramatic declines in world fertility patterns. Somewhere between the period 1970 to 1975 most developing countries had begun to experience some decline in levels of fertility. At the same time there has been a levelling off of rates of mortality, so that there is a narrowing of the gap between mortality and fertility. While modernization factors are believed to have contributed to fertility decline, it is strongly felt that in the developing countries especially, the key factor is the influence of family planning activities.

Despite the declines in fertility on a worldwide basis, rates remain relatively high in a number of Third World countries, with crude birth rates bordering on 30 p. 1000. While demographers have made some optimistic predictions on future rates, they have warned that such predictions are premised upon "a big IF - if family planning continues in less developed countries. It remains imperative (they warned), that all of the developing nations of the world continue their contribution to this programme undiminished".¹ //

In this brief paper the author will present data from several recent and on-going studies related to Family Planning.

Family Planning Practice

It is customary in making an assessment of the success of national family planning programmes to focus on the number of acceptors of family planning methods. A growing number of acceptors at family planning clinics are usually regarded as indicative of "good business" in the family planning programme. More recently proponents of Family Planning Programmes have been turned on to the fact that there is much more to family planning programme success than increases in acceptance. Family

Planning continuation as an index of programme success has increasingly been recognized, and attention has been focused on family planning "drop-outs" as well as family planning "acceptors".

A recent Jamaican study based on over 2000 clinic records drawn from a systematically selected sample of 39 clinics throughout the island, found a "drop-out" rate of over 70%. A "dropout" was defined as a client who had missed two scheduled visits, or, stated another way, one who is at least three months late for the last scheduled appointment.²

In focusing further on this problem, the study recorded the number of months between initial acceptance of a contraceptive method and the first date of a missed appointment. Approximately 30% of the sample became discontinuers after a first and single visit. More than half of these never returned to the clinic at all. Further, it was found that a good 60% of the sample experienced their first and sometimes their final drop-out from the clinic programme within the first 6 months of entry. From this, it has been possible to identify firstly, short-term users, which include women who drop out after a single visit: one to three or within 6 months, and secondly long-term users who remain in contact with the programme over a relatively long period of time. This long contact may however have been broken by intervals of non-attendance. So that even with long-term users, the risk of pregnancy at some time during contact has not been removed. The study has found that older and younger women are more likely to drop-out earlier than women of intermediary ages. Teenagers are especially vulnerable as one-visit clients. The study has raised the question regarding the need to re-examine the definition of the concept of "acceptor". It asks, "should a woman who pays one visit to the clinic and never returned be regarded as an acceptor?" Has she really psychologically "accepted" contraception even when she leaves with a method, especially if the method is a self-administered one?

Why do women drop-out of the clinic? This question was answered by a group of women from the clinic sample who were followed-up and interviewed in their homes. Contraceptive side-effects have emerged as the principal reason for dropping out of family planning clinics.

²Calculating drop-out rate is method-specific as the length of time between each appointment varies by method.

Problems of bleeding, "excessive or lack of" were the concern of the majority of women. Associated with this is an expressed fear of the "unknown" about contraceptives, frequently verbalized as a fear of cancer.

Women drop-out of the clinic too, because they want more children. From the follow-up study we could identify those who entered the clinic with an objective to "spaco" pregnancies and those who entered because they wanted no more pregnancies at all. It was found in the follow-up that 43% of the women located had continued use of contraceptives. The remainder of the clinic drop-outs had therefore become contraceptive drop-outs as well. Forty-six percent of the clinic drop-outs had done so because of pregnancy or had had at least one pregnancy since drop-out. Eighty-four percent of these women did not want the pregnancy, and only 19% were in fact using contraceptives at the time of the pregnancy.

Findings in relation to methods of contraceptives used show that the pill is the most used method among all ages. There is however a tendency for women to use depo-provera for a longer period of time than they do with the pill or the I.U.D. More than half of the users continued to use the clinic as source, the rest use commercial outlets.

Preliminary data from a more recent study allows us to estimate the number of "active" users in the island. The survey is a multi-stage probability study which included all parishes of the island. Detailed findings are not yet available, but it is however instructive to mention at this point some very preliminary observations. The study sample comprised women in the child-bearing years, ages 14-44.

The group was split almost 50/50 into never-users and over-users. Current users amount to slightly over one-third of the sample, 34.2%. However, we must look further, since not all women in the sample are at risk of conception and therefore are in need of contraceptive protection. More than two-thirds of the group of women either were in a union now or had experienced a union in the past. More than 7 out of 10 of these over-in-union women had practised in the past or were practising contraception at the time of interview. Of the women who were now-in-a-union, more than half, 58%,* were currently practising contraception.³

*The rates are in excess of those found in the Jamaica Fertility Survey 1975/76. (Ever-Users = 66%).

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The pill and the injection were the methods most frequently in use. The third highest was female sterilization reported by more than 17% of the current users. Women gave most often safety and ease of use as reasons for selecting the particular methods they were using. //

The proportions quoted when compared with earlier studies suggest an upward trend in rates of contraceptive usage. Noted in this more recent survey also, is the use made of sources other than family planning clinics for obtaining family planning methods. Nearly four out of 10 currently practising women received supplies outside of family planning clinics. More than 70% of those were using commercial outlets. This supports the finding from the follow-up study, that 4 out of 10 of continuing users were using commercial sources of supply. //

Historically, studies of fertility and contraception have focused on women. This concentration has also been directed at adolescent women, because of increasing concern over the childbearing performance of this group of women. We will quote here findings from small-scale surveys which addressed both the male issue and the adolescent issue. In a recent study of a group of males from the corporate area and a rural parish, it was found that 49% of the group had used contraceptives in the past, and 41% were currently using a method. Of course the condom is the method most frequently mentioned, though 20% of the men mentioned methods used by their partners.⁴

Use of contraceptives by adolescent women seems to vary according to certain specific characteristics. A 1977 study of a group of pregnant teenagers primarily of lower-income backgrounds showed that 35% of those young women have never used contraceptives.⁵ More recently, a study of school drop-outs who have had a second pregnancy commented on the low motivation for contraceptive use among the young group of ex-students. "[Either they have never used a method or those who used have been poor contraceptors". The study found however, that those students who were placed back in school and were able to remain in school, tend to be sustained users of contraceptives. The suggestion is that involvement in school or possibly a second chance in school serves as a motivative force for contraceptive usage.

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Statistics on the level of contraceptive usage might be encouraging, but of less comfort is the question of the quality of such use. The indications are that most users are involved with efficient and well recognized methods. References to traditional and inefficient methods have been minimal. But despite this fact, Over-users report fairly frequently on pregnancies that were not planned and were not welcome. This was noted among our group of follow-up women, our young school drop-outs and again in the more recent prevalence study. Sixty-nine percent of the women in the latter group said, they did not want their last pregnancy, and 96% of these women were not contracepting at the time of pregnancy. Most of the studies suggest a lack of sustained use, and further, a possibility of ignorance that even a brief exposure to risk can result in an unwanted pregnancy. Family Planning efforts need now to be directed less on expanding the population of users, and more on improving the quality of practice. Continuation of use is a key variable in achieving family planning success. The development of a more sophisticated user, one who understands the total implications of his/her action or non-action should be a prime objective of the Family Planning Programme of the 1980's.

Attitude to Contraception

How ready is the potential Jamaican user for this now sophistication? Despite almost total awareness of the existence of the Family Planning Programme, and evidence of increased usage over the years, there are pockets of resistance which maintain hard core resisters in the population at risk. These are to be found both among men and women.

Interestingly some of the same racial slurs that were popular during the advent of the programme are still around in 1979-80. Culture certainly dies hard. One out of four women in the prevalence survey said their partners were against contraceptives. Fourteen percent of the women felt that all family planning methods are harmful, while more than one-third said some methods were harmful. The women's response to whether or not they would be willing to accept sterilization after they had all the children they wanted, was interesting. Fifty-nine percent said, No. They were even more negative about their spouse taking such an operation. Seven out of 10 women objected.

Our main group mentioned earlier were also quite resistant to sterilization. Eighty-six percent said no for themselves, but were more approving of sterilization for their women. Approximately one-third of those who were against it for themselves, would be willing to allow their wives to have sterilization done.

The question of fear of contraceptives ~~seems to come across quite~~ strongly in discussions with potential users. This has been observed both in our adult and adolescent samples. Respondents are aware of contraceptives, but apparently they still do not know about contraceptives. Groups are influenced by what they hear, but the content of what reaches them still seems 'loaded' with misinformation and myths. The mass media programme has worked. The conventional knowledge question on Family Planning is no longer relevant to the Jamaican population. Rather it is knowledge about specific methods that the groups are now demanding. New educational strategies will need to be developed that will deal more effectively with the fears and 'hang-ups' of individuals. We will have to identify the "high-risk" groups, that is, those who will accept but either use a method intermittently or cease to use altogether, and work with such groups. High acceptability is not now the key question for Jamaica, it is rather high levels of continuation.

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"A DEMOGRAPHIC OVERVIEW OF JAMAICA, 1970;
and Policy Issues"

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A DEMOGRAPHIC OVERVIEW OF JAMAICA, 1970: SOME POLICY ISSUES

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Introduction:

The history of population movements in Jamaica has been characterised by rapidly changing fertility patterns, erratic but massive migration streams and pronounced downturns in the trends for mortality.

The strictly demographic forces distinguishing each period of population growth in the country are, to a large extent, functions of economic, social and political factors both within and outside the country. A significant example can be found in the fluctuations in the streams of emigration over the past few decades which depended on (a) the changing fortunes of sugar (b) the opening-up of economic opportunities in other countries (c) changes in immigration quota laws of foreign countries and (d) the internal socio-political climate of the country. Likewise, within the island, differential rates of parish growth, population redistribution and urbanisation have been largely due to (a) the growth of the Kingston-St. Andrew Metropolitan Area and the concomitant commercial activity (b) the recent spread of tourism in the North Coast Areas and (c) in past decades, the establishment of the agriculture, especially banana industry, and the resultant growth of small towns with port facilities.

At present, Jamaica's population growth appears to be entering an era of flexibility and dynamism and the country seems to be embarking on a period marked by enormous uncertainty with regard to long term demographic prospects.

Essentially, the above effects of the country's population dynamics and alternative fertility rates can exert a significant impact on the attainment of its development and planning goals. Jamaica's Five Year Plan establishes certain economic and social objectives which include increases in food production, provision of adequate housing, education for all children and improved health services, increased employment, provision of land through agrarian reform programmes and conservation of natural resources.

Population is, of course, only one element to be considered in the development process. However, it has great importance since the ultimate purpose of economic development, as seen above, is not simply to increase the total goods and services produced, but to increase the standard of living and quality of life of the individual, including the value of goods and services available per person, and to achieve a more equitable distribution of income among the people.

In this context, the present paper will attempt to (a) provide an analysis of Jamaica's population trends for 1979, its directions and implications (b) present some recent population projections and (c) provide some comments concerning a national population policy.

Total Population

The Total Population of Jamaica at the end of December, 1979 was estimated at 2,160,900. The net increase over the year of 23,600 which is considerably lower than that of the previous year, yielded

an annual population growth rate of 1.2 per cent for 1979, as compared with 1.3 in 1978. (see Table 1 and 2)

The trends in the growth rate reflect differing effects of declines in the birthrate, fluctuations in the death rate and, more important, sudden changes in the rates of emigration - which has significantly tempered the Net Increase for the year. Estimated net migration took a sharp rebound when it jumped by one-fifth over the previous year to 21,400, accounting for almost one-half of the Natural Increase for 1979. The Crude Birth Rate continued on its downward trend, though the pace of decline decelerated somewhat. Fluctuations in the mortality rate continued to hover around 7.0 per 1000.

FERTILITY

The country's fertility transition and patterns are occurring under an array of diverse socio-economic and politico-cultural circumstances. What seems evident, however, is that Jamaica appears to have made a decisive break with its historic high fertility pattern, as recent trends and current indications point predominantly to a continued downward-moving direction of change.

The Crude Birth Rate experienced a modest decline in 1979, as it moved down from 27.6 in 1978 to 27.1 the following year. On the other hand, the total number of births remained unchanged and, in fact, registered a slight increase over the total for the previous year. It appears that the Crude Birth Rate has reached a plateau, after its sharp descent in the early 1970s from 34.3 in 1972 to 27.4 in 1978. It should be noted, however that a similar

"plateau-like" stance was experienced in 1974-75, after which the rate dipped under 30.0, the first in the country's demographic history. (see Table 1 and 2)

Nonetheless, the above changes in the crude birth rate as well as fluctuations in the absolute number of births should be interpreted with caution, as they are much too brief and small to be accorded weight as a trend development. Furthermore, the absolute number of births is characterised by uncertainty due to the unreliability of the field registration system for vital statistics at the Registrar General's Office.

Age Specific Rates

Although the crude birth rate is a valuable measure of fertility, particularly in indicating directly the contribution of fertility to the growth rate, its analytic utility is extremely limited, especially as it is affected by many factors particularly the age and sex characteristics of the population. A more useful measure of fertility trends is the age-specific rates¹ which have not been available for the country since 1963, making it difficult to analyse and interpret changes observed in the crude birth rate and other fertility indicators.

Recent data, however, obtained from the Jamaica Fertility Survey 1975/76², has thrown some new light on the scope and direction of present fertility levels:

1. The pattern of age-specific fertility shows the frequency of childbearing according to age of the women, expressed in terms of the number of live births per annum per 1,000 women of a given age group at the midpoint of that year. The summary of these age specific rates gives a measure of gross total fertility
2. Jamaica World Fertility Survey, conducted by the Department of Statistics as part of the World Fertility Survey Programme, undertaken by International Statistical Institute, in cooperation with

Age specific rates were calculated for the period 1963 to 1975, on the basis of statistics collected during this survey.

Essentially, the survey rates show a general trend of decreasing fertility³, from a total fertility rate of 6.33 in 1963 to 3.66 in 1975. (see Table 7)

The primary factors of significance about the age pattern of fertility are the ages at which age specific fertility is at a maximum, and the degree of concentration of fertility in the age groups of highest fertility. While scattered declines among women in the various age groups were notable during the early 1950s and 1960s, it was not until the mid-sixties that significant decreases took place, and these declines were limited to women between the ages 25 to 34 years. The extent and direction of changes in fertility of younger women have varied considerably. Basically, the age specific rates registered gradual but substantial increases up to 1966, after which there was a definite turning point towards a downward trend. By the early 1970s, substantial declines occurred in nearly all age groups, with contractions of about 50% being experienced by age group 20 - 39 between 1970-75, while reductions of the order of about one-third played an important part among younger women in the ages 15-19 and 25-29.

3. Note that fluctuations in the annual rates are due, in large part, to a combination of factors such as age misstatement and displacement in favor of the years 1965 and 1970.

The degree of concentration of fertility at peak ages is also an important indication of trends and direction. Generally speaking, Jamaica's experience falls within the "broad-peak" type of age pattern of fertility, characterised by maximum and nearly uniform fertility levels in age groups 20-24 and 25-29.

A characteristic of declining fertility is the concentration of fertility in an increasingly narrow portion of the reproductive period. Notable changes in this direction began taking place during the years 1973-74 when a relatively marked contraction of the age specific rates for the ages 30-39 began. Parallel to this movement, has been increased concentration in the age group of peak fertility 20-24.

In addition to the degree of concentration of fertility within the prime child bearing years, it is important to consider trends in the contribution that other age groups make to the gross total fertility, for without comparable alterations throughout the age span, a change in one age group necessarily influences the relative contribution of another. In Jamaica, there appear to have been important changes at each extreme of the age distribution (See Table 16).

The relative contribution to gross total fertility of women age 15-29 has undergone a notable change, with continual expansion being registered from 1963 to 1975. On the whole, over 50% of the gross total fertility was attributable to women in the age group of peak fertility 20-29. Although the proportion of fertility contributed by women over 40 years of age was never very high, there

has been a marked rise for the proportion of this group over the 12-year span. Changes among women age 30-39 are the most clear-cut, reflecting a steady downward trend for the contribution this age group makes to the gross total fertility.

The above changes registered by the age specific fertility rates provide clear evidence to support indications of a genuine decline in fertility levels.

The factors contributing to these trends are complex. The massive emigration that began in the 1950s and reappeared in the early 1970s had a depressing effect upon the birth rate, owing to the imbalanced sex ratios (including a large proportion of females in the reproductive ages) and distortions of age structure that were a consequence. In addition, however, conditions of social and economic development, raising levels of living, undoubtedly influenced fertility. There were also improvements in education, increasing urbanisation of the population and other changes favourable to a decline in fertility.

A factor of substantial significance and which must be taken into account in any assessment of fertility levels is the existence of the National Family Planning Programmes. The impact of these programmes upon fertility, however, has proved difficult to determine precisely for a variety of reasons, but mainly because family planning programmes and the process of socio-economic development are interacting phenomena that cannot be assessed in isolation. Moreover, it is difficult to eliminate the demographic effects of migration, the changing age structure of the population and changing socio-economic values on the birth rate. In addition, significant organisational and implementation setbacks coupled with an inadequate data collection system makes it difficult to assess confidently the impact of these programmes.

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In summary, if we ignore the minor fluctuations, there is no need to expect a reversal of trends in the foreseeable future. On the other hand, although data suggests that downtrends of a significant order will continue, very recent indications (especially in the Crude Birth Rate), rendered partially obscure by statistical ambiguities, are that the pace has slowed considerably in the past year. Nevertheless, the specific extent, scope and cause of change are still in need of further evaluation and assessment.

Considerable attention should therefore be directed to the updating and reorganisation of the vital statistics data collection system. In addition, new research on the continuation rates of family planning, acceptors as well as fertility differentials should have greater priority in programmes of demographic research.

MORTALITY

The irregularities characterising the pattern of mortality over the past years continues, with the total number of deaths rising from 12,500 to 13,311, between 1978 and 1979, after falling drastically in the previous year. Likewise, the crude death rate climbed from 5.9 to 6.2 over the same period. (See table 1. and 2)

Although the mortality rates of Jamaica are, on the whole, encouraging, the continual trend fluctuations and contradictory patterns limit its validity and point to serious data limitations stemming from a faulty registration system and underenumeration.

Infant mortality rates plunged even further from 14.9 to 12.4 in 1979. Though faulty registration may have some bearing on these movements, the magnitude of this reduction in recent years could probably be a strong indication of the effects of family planning programmes in terms of the number of births averted and

the integration of maternal and childcare services with clinical services.

EMIGRATION

-TOTAL

The inadequacies of the present system for the collection and tabulation of emigration statistics makes it necessary to secure data from the immigration offices of the three major receiving countries (U.K., U.S., and Canada) for the purpose of analysing such characteristics as the age/sex and occupational differentials of migrants. In this sense, the following figures are considered under-estimates in that they do not take into account other countries of destination, especially the new and significant wave towards other Caribbean countries such as Guyana Islands, Trinidad and Barbados. They also fail to include the number of emigrants who do not enter through official channels. Nevertheless, at best, they can be considered to represent rough approximations of the volume migrating.

In general, the total volume of migrants for 1978 has experienced an upturn, once more, after showing signs of simmering down since its sudden peak in 1974. Within this overall upsurge, however, rather large variations exist in the patterns and streams for each country (Table 3).

The number of Jamaicans entering the United States in 1978 shot up to 19,265, a rise of 7,703 (58%) over the previous year's total of 11,501, while Canada admitted 3,858 immigrants, representing a fall of 39% from the 1977 figure. Fewer, though not negligible, numbers entered the U.K., as the total moved down from 1,029 in 1977 to 599 the following year, equivalent to a drop of

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almost 50 per cent.

Sex Characteristics - Emigrants

An analysis of the age/sex characteristics of the migrants is essential to understanding the impact of emigration on the population structure. As can be seen in table 3, striking changes have been occurring in the age and sex contours of emigrants over the past few years, as trends increasingly point to a predominance of females and children.

In the earlier decades of the 1950s and 1960s, males were generally the predominant movers overseas; emigrants were distributed in a pattern that constituted a high ratio of males to females and a very high concentration of persons within the 20-29 years age group. These earlier movements reflected a pattern of labour migration where the tendency was for males to migrate first and for the initial surplus to be reduced by a steady female emigration over the subsequent years. By the beginning of the 1970s, a new distinctive pattern reflecting family migration began to emerge. The rising emigration rates were increasingly showing more women than men and a very high proportion of children.

The present sex ratio of 879.0 males per 1000 females is one of the lowest ever recorded. Earlier signs of an appreciable redress in this imbalance were noted in 1973 when the sex ratio moved up from 833.9 males per 1000 females to 947.0 in 1975, thus signalling the beginning of a trend towards narrowing the gap. The present reversal in trends reflected in the 1975 low ratio of females to males is probably related to (a) the strong attraction of the U.S.

and Canadian labour market for female workers (especially service and clerical workers), (b) the large proportion of women entering as wives (partly the result of the emphasis on family reunification in the Immigration Acts of the receiving countries) and (c) the recent pattern of whole families migrating due to the present socio-economic climate of the country.

Age Characteristics - Emigrants

Several notable changes have also emerged in the age distribution of migrants, though the degree of change varies with the country of destination. Essentially, in the case of the United States, sharp increases occurred in all age groups, with the more pronounced increments being gained in the 20-24 and 40-49 age groups, which doubled during 1977-1978, while the majority of the other age groups showed a nominal increase of approximately 50-60 per cent over the same period. With Canada, the overall declines of 60 per cent were paralleled in all age groups, although more marked in the younger groups under 19. (Table 4 and 5).

By Occupation - Emigrants

The above unexpected changes in the age composition is also reflected in the occupational structure of migrants. By far, the most clear-cut and continuous trend over the past four years has been a gradual increase in the proportion classified as "workers" and the concomitant decline in the 'non-worker' group registered as housewives, children and others with no occupation. Between 1975 and 1978, the numbers destined to the U.S. labour force doubled, while the proportionate distribution rose from

49.4 to 47.3 during the same period. Conversely the proportion classified as non-workers slipped from 59.6 to 52.7. Despite the continual downward trend in the numbers entering Canada since 1975, the proportion classified as workers gradually edged upwards from 33.2 to 33.6, in contrast to the moderate decline for non-workers from 67.8 to 66.2 between 1975 and 1978. This gradual but continued expansion in the proportion of migrants classified as workers clearly signals further significant losses from the already depleted pool of skills in the country. (Table 6 and 7)

A further breakdown by occupational composition depicts patterns of movement contrary to previous trends. In the case of U.S., absolute increases are shown for all occupational groups while Canada's overall decline in total is mirrored in all categories. Proportionwise, the most salient feature is the unexpected deceleration in the rate of increase of white collar occupations and a concomitant upsurge in the clerical and skilled craftsmen groups; the sudden but shortlived upswing in 1977 towards a heavy outflow of white collar workers appears to be receding, with signs that the outward movements are reverting, once more, towards the traditional blue collar occupational pattern of the early seventies.

The latter changes are better understood when viewed against the background of the earlier migration streams of the 1950s and 1960s, which were heavily weighted in favour of the professional and technical skills. The decade of the seventies then heralded in a new pattern of movement, with a predomance on the category termed skilled craftsmen. In 1977, however, sudden upturns in the outflow of the numbers in the professional, technical and

managerial groups, along with the concomitant declines in the numbers of skilled craftsmen, seemed to indicate a reversal in trends towards the pattern for the earlier period. By contrast, the following year, there was an unanticipated swing away from the professional group and once more in favour of skilled craftsmen.

This erratic swinging of the pendulum between professional and skilled craftsmen, as well as changing emphases on different age groups, poses problems of interpretation and prediction, especially as these changes are taking place so swiftly and in such short time periods. The latter unpredictable picture can probably be attributed to a mixture of influences such as (a) the labour market needs of the country of destination (b) the present socio-economic and political climate of Jamaica and (c) the degree of availability of local labour supply for migration (or the exhaustive capacity of certain skills).

The depletion of the pool of experienced and skilled personnel is already affecting the rate of implementation of development projects in the public sector, and the management of production in the private sector. The problem will become even more acute as economic recovery takes place. It necessitates not only long-term programmes for the expansion of professional training, but also consideration of a short-term remedial training policy to counteract further losses. Thus it might be desirable for training programmes to place greater emphasis on the upgrading of already existing skills, and on-the-job training, to meet the future void.

Equally relevant is the need to restructure the present system of recruitment of overseas professionals with a view to attracting, as well as retaining suitable personnel. Solution of these bottlenecks would accelerate the pace of economic recovery.

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Urbanisation and Distribution Trends

The spatial distribution of the population and especially the rate and pattern of urbanization will probably be one of the more serious population problems soon facing Jamaica¹.

Urbanization is of course a complex process, which emerges in response to economic and social forces and which in turn institutes changes in value systems and behavior patterns inherent in which are small family norms and other factors that will contribute towards the overall reduction in fertility.

Current trends indicate an acceleration in the proportion of the population living in urban areas. While the island's total population between 1960 and 1970 increased by 12.7 per cent, the urban population grew by 38.9 per cent over the same period. In contrast, the population of the rural areas remained virtually unchanged, registering a mere increase of 0.6 per cent.

Another significant indicator is the proportion of the population living in urban areas. In 1960 about 33.6 per cent of the population lived in urban areas and there were 37 areas thus classified. By 1970 approximately 41.4 per cent of the population lived in urban areas and the number of these had increased to forty-three.

The difference between the two magnitudes illustrates the rapid increase taking place in the island's level of urbanization.

Although the Kingston and St. Andrew parishes remained the dominant urban centres in 1970, their share of the urban population had declined from 72 per cent in 1960 to 63 per cent in 1970, signalling the beginnings of a reduction in degree of Corporate Area primacy and a shift towards a wider distribution of the population.

1. The most recent data on this subject are based on the 1970 Census.

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The fastest rates of growth for towns took place in Spanish Town, May Pen and Montego Bay. Furthermore, the greatest degree of urbanization occurred in the parish of St. Catherine whose urban population increased by 117.3 per cent while its rural areas suffered a 5.6 per cent decline.

One of the main implications of this trend in population growth is a possible shift of large numbers of the unemployed and underemployed rural labour force to the urban labour force. An important consideration flowing from this trend is the probability that Jamaica's future population explosion might turn into an urban explosion. Since the pattern of urbanisation in this country has not emerged in direct response to industrialization, but has, to some extent, been the consequence of population pressure in rural districts, the question of the ability of the metropolitan area to sustain such an expansion assumes major importance.

Population Projections

National Growth Trends:

Population projections incorporating fairly reasonable assumptions concerning the three components of growth, reveal significant potentials of growth for the future. (See methodology and assumptions in Appendix A).

Between 1970 and 1990, total population is estimated to increase by 99 per cent, according to Projection I. However, when declines in fertility are taken into account in Projection II the overall growth is reduced to an increase of 45 per cent. Even more marked is the influence of emigration in Projection III which considerably lowers the absolute growth of the population to 39 per cent over the 20-year period. (See Table 3.)

Projection II implies an average annual rate of growth of 2.2 per cent until 1990 after which the rate of growth of population is expected to gradually decline to 1.8 per cent by 1983 on account of the effect of falling fertility. By incorporating the migration component (Projection III) the average annual rate of growth is reduced to 1.2 per cent up to 1990 after which it is expected to rise to 1.4 per cent per annum in the succeeding years.

Changing Age Structure

Perhaps the most outstanding feature is the consequence of the combination of appreciable reductions in fertility and sizable emigration on the age structure of the population (Table 8).

Age 0-4

The principal effect of decline in fertility appears in the ages under 5. The number of children in this group is expected to decline steadily up to 1990. By Projection II the decline is equivalent to 12.4 per cent compared with the number of 1975. In Projection III, the number of children under age 5 decline by almost one-quarter between 1975 and 1990.

Age 5 - 14

A similar position emerges in the case of the school-age population 5-14 which attains a maximum in 1975 (under both Projections I and II), after which it levels off. In Projection II this age group remains almost stable until 1990 when it declines slightly to 586.9 thousand. Projection III reflects the indentations expected to be made by emigration after 1975 resulting in steeper declines in numbers within this age group which is expected to reach a level of 510.5 thousand in 1990, equivalent to a decline of approximately 13.3 per cent.

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Age 15-64

By contrast, the population in the working and child-bearing ages 15-64 is expected to expand significantly. Probably the most significant feature of this group is ^{the} impressive expansion of the youth group, age 15-29 which (in Projection II) more than doubles over the 20-year interval moving from 553.5 thousand, in 1970 to 911.6 thousand by 1990. Although emigration takes a heavy toll in this age group, as shown in Projection III the doubling effect still occurs with the projected figure moving to 800.9 thousand in 1990. These movements are significant in respect of plans for secondary schools and for training programmes.

Gradual but steady increases are recorded for the age group 65+, a movement well worth noting for social security planning.

Summary:

In general, the overall picture depicted is one of major falls in the numbers of children under 5, a gradual stabilisation in the numbers within the age group 5-14, and a substantial addition to the population in the working and child-bearing age group 15-64. In the latter group the bulge is greatest in the age group 15-29. This is a result of the spill-over from the high fertility years of the 1960s. On the average, the annual rate of growth is expected to be approximately 1.2 per cent over the next 5 years.

Population Control

The projections indicate that a substantial drop in fertility can be anticipated, if the social and economic changes underway continue to have their impact. However it is clear that the goal of 25 births

per thousand (formulated by the National Family Planning Board) cannot be achieved by year 1980. According to the projections (in the Table below), this goal is likely to be attained by 1983.

Projected Crude Birth Rates 1970-1990
According to Projection III
(Births Per Thousand)

1970	1976	1977	1980	1983	1989	1990
34.4	29.4	26.9	26.9	24.7	23.7	20.1

Conclusion:

The issues which the country faces in relation to future population growth concern:

- (i) management of the accelerating numbers within the age group 15-29;
- (ii) the extent to which the present outward flow of migration will continue (a situation that probably hinges on the state of the socio-political climate);
- (iii) the degree to which the latter two concerns affect future fertility levels; and
- (iv) the slowing down of the tempo of urbanization by means of a planned redistribution of population and development of a comprehensive settlement policy.

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Population Policy Issue

The concept "population policy" has always presented a perpetual dilemma to population planners. The problem is to decide whether the term should be narrowly interpreted to mean a settled course adopted and followed by a government to influence demographic developments or whether it should be regarded as comprising all those aspects of a national law that affect demographic trends. Of course, the choice between the two meanings has significant consequences.

On a more positive tone, it is possible to say that the Jamaican Government already has an "implicit" population policy in the sense that the two previous Five Year Plans contain indirectly policies designed to cope with population problems. These include (a) family planning programmes (b) employment projects and programmes (especially for women) (c) rural development programmes designed to decelerate the tempo of urbanisation (d) increased training programmes (e) increased secondary school places (due to a projected increase in population 15-17 years) (f) increased nutrition and maternal and childcare programmes (g) population redistribution strategies and spatial planning, including community development and sub-urban housing schemes (h) agricultural production to meet future population demands.

What, of course, is really lacking, and what most people would like to see is something more coherent with all the scattered parts drawn together under one heading termed "population policy".

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Moreover, what is yet to be achieved is the interrelation of this policy with the national development plan as well as the formal acceptance by the government elevating it to the level of a national policy.

The Ministry of Health, the National Planning Agency, as well as other Ministries are in the process of assessing and evaluating the present status of the country's "population policy" with a view to broadening its scope, coordinating and systematising the scattered components as well as elevating it to the explicit "legal" level. The task force/committee has only recently been established and is still in the process of defining the framework for the policy, organisational procedures and research objectives and targets.

Conclusion:

The present population dynamics are undergoing such drastic changes within such short periods of time that conclusions cannot easily be drawn about these patterns, as a fairly long period of observation is required. This problem of identifying any clear-cut trends also makes it very difficult to accurately assess future population trends or improve the basis for making population projections.

From the foregoing, it seems possible that Jamaica is finally beginning to solve some of its population problems. Nevertheless, despite the unusually low growth rate as well as the apparent declining fertility, it would be a grave error of judgement to suppose that the "population problem" has been solved. Rapid

growth over the last few decades has left the country with a approximately 40 per cent of its people under the age of 15 and about to enter their childbearing years. Moreover, recent statistics from maternity hospitals indicate that close to three-quarters of the country's births are coming from mothers under the age of 25. Therefore, even if the present fall-off in fertility rates is maintained for the next 20 years, this will not prevent Jamaica's population from seriously accelerating by the end of the century.

Furthermore, the effects of the above vital changes will clearly necessitate major socio-economic adjustments in the decades ahead. The especially rapid growth of the 15-25 age group is certain to raise additional severe problems of labour force absorption and to exacerbate problems of rural-urban distribution. In addition, rising concern with old age problems will begin to loom large if, as now seems inevitable, high growth rates of the 65+ aged population continue into the future. Even more significant is the heavy depletion of the country's pool of skills by emigration, which can act as a substantial deterrent to economic development.

Essentially, what is taking place, therefore, is not an elimination or even substantial reduction of the "population problem", but rather a transformation of its character and magnitude which calls not for complacency and relaxation of effort but for new perceptions and a renewed willingness to design policies and programmes to deal with the consequences of change.

BARBARA ENLAMB
NATIONAL PLANNING AGENCY,
10th JUNE, 1969.

APPENDIX A

METHODOLOGY AND ASSUMPTIONS

Methodology and Assumptions

(a) Total Population Projections

Population projections based on three alternative assumptions are presented at one year intervals by 5 year-age groups, sex and parish for the 15 year period 1975-1990. Projections are based on the 1970 Census with 1970 being used as base year. The projections are made in 5 year intervals by the component method. Figures presented for the intermediate years 1975, 77, 78, 79, 81, 83, 84 have been obtained by means of interpolation.

Assumptions underlying the projections are given as under:

- (i) Mortality - Mortality rates obtained from the 1969-76 provisional life tables remain unchanged.
- (ii) Fertility - The age/sex adjusted birth rates of 1975 remain constant till 1980 after which they decline at the rate of 20 per cent every 5 years.
- (iii) Migration - Net migration between 1975-85 continues at the rate 20,000 per annum, after which it declines to an annual deficit of 10,000 per annum. The sex ratio is 50 per cent male and 50 per cent female.

Three projections (high, medium and low) are presented with varying demographic assumptions:

Projection I (High) - delineates what will happen if present rates of fertility and mortality remain constant and no loss from migration is experienced. This can be considered as a maximum estimate.

Projection II (Medium) - shows the consequence of assuming declines in fertility. Losses from migration are not assumed.

Projection III (Low) - takes into account both the decline in fertility as well as the effects of migration on population growth.

Table 1

DEMOGRAPHIC STATISTICS FOR JAMAICA 1972-79

Year	Population at 31st December	Mean Population	Crude Birth Rate (per 1000)	Death Rate (per 1000)	Rate of Natural Increase (per 1000)	Infant Mortality (per 1000 Live Births)
1972	1,953,500	1,932,400	34.3	7.2	27.1	30.9
1973	1,990,900	1,972,100	31.4	7.2	24.2	26.2
1974	2,025,000	2,007,900	30.5	7.2	23.5	25.9
1975	2,060,300	2,042,700	30.1	6.9	23.2	23.5
1976	2,084,200	2,072,300	29.3	7.1	22.2	20.3
1977	2,109,400	2,096,800	28.9	6.8	22.1	15.1
1978	2,137,300	2,123,400	27.4	5.9	21.5	14.9
1979*	2,160,900	2,149,100	27.1	6.2	20.9	*12.4

*Provisional estimates from Registrar General's Office

Table 2

VITAL STATISTICS FOR JAMAICA 1972-79

Year	Live Births	Deaths	Natural Increase	Net Migration	Net Increase	Infant Deaths	Still Births
1972	66,219	13,970	52,300	-11,200	41,100	2,048	675
1973	61,857	14,157	47,700	-10,200	37,200	1,622	616
1974	61,506	14,375	47,100	-12,900	34,300	1,612	622
1975	61,400	14,000	47,400	-12,100	35,300	1,440	663
1976	60,700	14,671	46,000	-22,200	23,300	1,229	562
1977	60,500	14,230	46,300	-12,100	25,200	916	532
1978	58,200	12,500	45,700	-17,800	27,900	869	478
1979*	58,257	13,311	44,946	-21,400+	23,600	724	483

*Provisional estimates from Registrar General's Office

+Estimates from Department of Statistics

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Table 3

MAIN STREAMS OF JAMAICA EMIGRATION 1972-78

Country	1972	1973	1974	1975	1976	1977	1978
United States	13,427	9,953	12,403	11,073	9,526	11,591	12,265
Canada	3,902	9,363	11,286	5,211	7,232	5,291	3,656
U.K.	1,620	1,872	1,397	1,394	1,193	1,029	599
Total	18,139	21,198	25,091	20,681	17,506	16,321	23,722

Table 4

JAMAICAN EMIGRANTS TO UNITED STATES BY AGE: 1975-78

AGE GROUP	Percent Distribution				Total Numbers			
	1975	1976	1977	1978	1975	1976	1977	1978
0-4	5.1	3.5	4.3	4.0	331	331	492	762
5-9	11.3	9.9	6.4	8.0	1,253	809	959	1,534
10-19	37.8	34.0	25.5	27.4	4,192	3,069	2,396	5,277
20-29	71.0	18.3	18.1	20.8	1,860	1,698	2,082	3,928
30-39	14.1	14.7	17.2	19.1	1,562	1,325	1,978	3,637
40-49	0.0	3.5	9.6	13.4	825	767	1,103	2,008
50-59	5.3	6.2	7.4	5.9	588	532	652	1,181
60-69	2.5	3.4	4.0	3.3	278	304	453	606
70+	0.9	1.1	1.4	1.4	100	191	171	262
Total	100.0	100.0	100.0	100.0	11,073	9,025	11,591	12,265

Table 5
JAMAICA EMIGRANTS TO CANADA BY AGE 1975-1978

AGE GROUP	Percent Distribution				Total Numbers			
	1975	1976	1977	1978	1975	1976	1977	1978
0-4	5.3	4.1	5.7	4.3	433	301	356	187
5-9	18.0	15.3	15.1	13.2	1,346	1,333	941	511
10-14	21.6	21.2	18.1	17.3	1,774	1,526	1,193	525
15-19	12.6	14.4	13.4	14.1	1,032	1,036	843	543
20-24	9.9	6.5	6.4	10.3	812	692	584	396
25-29	10.1	9.1	9.7	11.2	831	653	610	432
30-34	7.7	6.7	8.6	7.5	630	483	525	200
35-39	4.2	4.0	4.8	4.9	348	285	309	188
40-44	2.5	2.7	2.6	2.5	206	191	173	192
45-49	1.7	1.6	2.5	1.3	154	117	134	75
50-54	1.3	1.5	1.6	1.8	107	107	103	70
55-59	1.0	1.5	1.7	1.4	81	111	104	56
60-64	1.1	2.7	2.9	3.1	97	191	162	118
65-69	0.7	1.6	2.0	2.7	61	130	124	154
70+	0.9	1.9	2.2	2.9	74	136	140	110
Total	100.0	100.0	100.0	100.0	8,211	7,262	6,251	3,050

Table 6

JAMAICAN MIGRATION TO UNITED STATES BY OCCUPATION: 1975-79

Occupational Group	Percent Distribution				Total Numbers			
	1975	1976	1977	1978	1975	1976	1977	1978
Professional and Technical	4.5	5.5	7.6	7.1	593	493	899	1,362
Administrative and Managerial	1.5	2.5	7.2	5.4	181	222	826	1,049
Trainers & Farm Managers	0.1	0.2	0.1	0.1	10	16	12	20
Clerical & Kindred	5.5	5.5	6.8	6.6	611	494	777	1,648
Sales Workers	0.7	1.0	1.2	1.6	73	93	141	301
Craftsmen, Foremen, Kindred	6.4	7.5	5.8	6.2	229	673	663	1,191
Operators & Kindred	7.0	6.3	4.8	5.8	774	569	543	1,119
Private Household Workers	7.3	7.7	4.8	5.6	810	693	551	1,126
Service Workers except Private	3.6	4.1	4.2	4.2	395	373	435	305
Farm Labourers and Foremen	0.7	0.8	1.2	1.3	32	71	139	254
Labourers except farm	0.9	1.2	1.2	1.2	97	109	136	230
Housewives, Children and others with no Occupation	59.6	57.8	55.0	52.7	6,696	5,220	6,326	10,150
Total	100.0	100.0	100.0	100.0	11,076	9,026	11,501	19,265

Table 7

JAMAICAN MIGRATION TO CANADA BY OCCUPATION 1975-79

Occupational Group	Per Cent				Total Numbers			
	1975	1976	1977	1978	1975	1976	1977	1978
Professional and Technical	1.5	2.0	3.2	3.2	118	214	202	171
Administrative and Managerial	3.0	2.4	4.6	3.0	245	177	263	116
Clerical	5.0	5.7	7.3	6.6	407	412	462	255
Communication and Transportation	0.9	0.8	0.7	1.3	70	61	54	51
Sales Workers	1.4	1.5	2.4	2.5	112	112	143	95
Service Workers	5.0	3.5	2.5	4.1	411	254	203	158
Domestic Servants
Farmers and Miners	0.2	0.3	0.5	1.3	72	24	32	52
Construction	2.6	2.3	2.2	2.2	214	169	137	84
Manufacture and Mechanical Trades	8.5	6.5	5.8	4.8	690	470	364	167
Labourers (General)	3.6	3.4	3.4	3.6	292	246	216	137
Housewives, Children and others with no Occupation	67.8	70.6	66.7	66.2	5,563	5,143	4,195	2,552
Total Percent/Numbers	100.0	100.0	100.0	100.0	6,211	7,282	6,291	3,858

**Table 8: Changing Age Structure of the Population of
Jamaica 1975-1990 for both Sexes**

Age Interval	POPULATION (thousands)					Z DISTRIBUTION				
	Census 1970	1975	1980	1985	1990	Census 1970	1975	1980	1985	1990
		<u>Projection III</u>					<u>Projection III</u>			
0 - 4	294.9	303.6	297.4	260.6	232.4	15.9	14.9	12.5	11.4	9.7
5 - 14	557.6	589.1	571.2	555.5	510.5	30.2	29.0	29.7	24.2	21.2
15 - 29	393.5	512.5	641.5	744.8	808.8	21.5	25.2	29.3	32.5	33.6
30 - 44	243.9	251.5	276.6	339.6	439.4	13.2	12.4	12.9	14.8	18.2
45 - 64	252.7	258.7	253.1	252.4	273.0	13.7	12.7	12.0	11.0	11.3
65+	101.8	117.3	123.6	139.6	145.1	5.5	5.3	6.0	6.1	6.0
TOTAL	1,849.4	2,033.3	2,143.4	2,391.2	2,405.2	100.0	100.0	100.0	100.0	100.0
		<u>Projection II</u>					<u>Projection II</u>			
0 - 4	294.9	304.0	298.1	297.4	267.0	15.9	14.6	12.8	11.7	9.7
5 - 14	557.6	600.1	593.2	596.3	583.9	30.2	28.7	25.5	23.4	21.5
15 - 29	393.5	540.0	717.2	840.0	891.6	21.5	25.8	30.8	32.9	32.5
30 - 44	243.9	265.0	307.3	336.2	524.9	13.2	12.6	13.2	15.1	19.2
45 - 64	252.7	264.8	276.7	283.0	308.4	13.7	12.6	11.9	11.1	11.3
65+	101.8	119.3	134.6	143.6	157.5	5.5	5.7	5.3	5.8	5.8
TOTAL	1,849.4	2,094.4	2,327.0	2,551.5	2,738.0	100.0	100.0	100.0	100.0	100.0
		<u>Projection I</u>					<u>Projection I</u>			
0 - 4	294.9	304.9	332.7	488.3	602.9	15.9	14.6	15.9	17.3	18.0
5 - 14	557.6	600.1	593.2	680.1	361.6	30.2	23.6	24.6	24.0	25.7
15 - 29	393.5	540.0	717.2	840.0	891.6	21.5	25.8	29.7	29.7	26.7
30 - 44	243.9	265.0	307.3	336.2	524.9	13.2	12.7	12.7	13.7	15.7
45 - 64	252.7	264.8	276.7	283.0	303.4	13.7	12.6	11.5	10.0	9.2
65+	101.8	119.8	134.6	143.6	157.2	5.5	5.7	5.6	5.3	4.7
TOTAL	1,849.4	2,094.4	2,411.6	2,826.1	3,346.6	100.0	100.0	100.0	100.0	100.0

Source: National Planning Agency, May, 1978

TABLE 9

AGE SPECIFIC FERTILITY RATES FROM THE JAMAICA FERTILITY SURVEY, 1965-1975

Age	Rates Based on Jamaica Fertility Survey													Rates Based on Vital Statistics
	1975	1974	1973	1972	1971	1970	1969	1968	1967	1966	1965	1964	1963	1963
15-19	140	143	128	173	153	216	169	179	143	195	211	131	161	149
20-24	217	251	240	263	281	271	249	271	292	307	303	274	231	180
25-29	183	205	231	239	225	265	229	267	276	276	298	277	353	271
30-34	95	173	147	200	203	201	224	210	236	197	294	213	266	227
35-39	73	82	126	126	126	136	143	206	125	172	183	'132'	'183'	150
40-44	42	55	46	51	66	52	'52'	'52'	'52'	'52'	'52'	'52'	'52'	52
45-49	9	'9'	'9'	'9'	'9'	'9'	'9'	'9'	'9'	'9'	'9'	'9'	'9'	3
TOTAL FERTILITY RATE	3.66	4.01	4.94	5.46	5.36	5.75	5.37	5.97	5.69	6.04	6.77	5.97	6.63	5.73

Table 10

Relative Contribution of women in each Age Group to gross total fertility 1963-75 (percentage distribution of age specific fertility rates)

AGE OF WOMEN	YEAR					
	1975	1973	1970	1967	1965	1963
15-19	19.1	12.9	10.8	13.0	15.6	12.2
20-24	29.6	24.2	23.0	25.6	22.4	22.0
25-29	22.6	25.4	23.0	24.3	22.0	27.0
30-34	11.6	16.9	17.5	20.7	21.7	20.1
35-39	10.9	12.9	11.8	11.0	15.9	14.2
40-44	5.7	6.6	4.5	0.5	3.8	3.9
45-49	1.2	0.7	9.8	0.8	0.7	9.7
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: Calculated from Jamaica Fertility Survey 1975/76
Department of Statistics and World Fertility Survey pg. 63

NATIONAL FAMILY PLANNING BOARD

*Jamaine
- 10/1/80*

TO: All Board Members, and
All Senior Staff of N.F.P.B.
Mrs. Dash - U.N.F.P.A.
Mr. Tiffany - USAID
Dr. Khanna - P.A.H.O.

FROM: The Chairman

Re: New Directions For The Eighties

Arising from our very stimulating Retreat on June 12th and 13th, at Mallards Beach Hotel, I have written down the following ... objectives for the Board to pursue with vigour over the next few years. If they are accepted at next Board Meeting, they will become the guidelines for our operations, and the yardstick's for measuring the performance of the organisation and its managers. I also propose to give a press conference on them.

Accordingly I would ask that you review each objective and put in your written comment in the space provided. Then return the document to the Secretary to the Board - Mrs June Rattray. Please comment freely on the content, the priority, the grammar or any other aspect of each objective.

I will be most grateful.

D. E. Miller

.....
D. E. Miller
Chairman
National Family Planning Board

OBJECTIVES OF THE
NATIONAL FAMILY PLANNING BOARD
JUNE 1980

OBJECTIVE	COMMENT
1. To support the national and global thrust for Primary Health Care, and its strategies toward "Health for all by the year 2000".	
2. To launch and sustain a massive Family Life Education programme, through all existing channels - JAMAL, Radio, T.V., Schools, Ministry of Agriculture, Teacher Training Colleges, Commercial Films etc. The programme will:-	

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OBJECTIVE	COMMENT
<p>(a) provide clinical and physical information on contraception.</p> <p>(b) deal with the real fears of people.</p> <p>(c) provide and project statistical information on population matters to the country.</p>	
3. To promote and support activities which relate to Family Life Education and which improve the quality of life for all Jamaicans, where these include a family planning component. This will require establishment of formal and informal linkages with many agencies and organisations.	
4. To support in (the rural part of) each parish at least one project which aims at improvement of the status of women, and simultaneously delays the age of first pregnancy and/or puts off the second pregnancy.	
5. To develop technical papers on population policy, abortion, family planning, and social legislation, for presentation to the Minister responsible for Health, with a view to presentation in parliament and/or inclusion in national planning.	
6. To promote, collaborate with, and support appropriate research by local and international bodies into population issues.	
7. To stimulate and arrange for adequate quantities of international technical assistance and financial co-operation, in the area of family planning, and to oversee and co-ordinate all these international activities.	
8. By 1985 to reach and make available to 60% of Jamaican women in the child bearing age - 15 to 45 - family planning advice and safe contraceptive services of their choice - pill, diaphragm, condom, injection, foam, sterilization, coil etc. - either through the commercial sale of contraceptives or through government health clinics.	
9. By 1985, to make available in Jamaica, clinical facilities to meet the existing demand for tying off tubes or vasectomy from couples who consider their family completed. This means reducing the waiting time for these operations to 3 weeks or less.	
10. By 1990 to reduce the crude birth rate to 20 per thousand by bearing contraceptive projects and campaigns at specially important target groups e.g. adolescents, policemen, etc.	
11. To work towards limiting the population of Jamaica to 4 million by encouraging two-child families, by the time the population reaches 4 million or by the year 2000 whichever is earlier.	
12. To undertake all statutory duties required of the Board by its own law and all other laws of Jamaica.	