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LAW AND POPULATION GROWTH IN JAMAICA

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LAW AND POPULATION GROWTH IN JAMAICA

I. INTRODUCTION

A. General Background Information

Jamaica is a small picturesque Carribbean island located 90 miles south of Cuba and 100 miles west of Haiti. The island is about 150 miles long and 50 miles in width covering an area of 4,411 square miles, slightly less than the state of Connecticut. In the western and central zones of the island, white limestone plateaus predominate, while in the eastern sector, some of the highest mountains in the Western Hemisphere are to be found. Surrounding these highlands is a narrow coastal plain, highlighted by miles of gleaming white sand beaches along the northern and southern shores.

Only 20 percent of the land is arable and although agriculture is still the basis of the economy, manufacturing, mining and tourism have taken up increasingly larger shares of the Gross Domestic Product (GDP). Today, agriculture in the form of such crops as sugar cane, bananas, citrus, pimento, copra, and cocoa contributes only about 8 percent to GDP.[1] Mining, mainly bauxite, is the leading contributor to GDP -- 16.8 percent -- while manufacturing makes up 13.5 percent.[2] Jamaica is the world's leading producer of bauxite. The economy has recently been expanding rapidly.

Jamaica has a history of foreign domination. After Columbus discovered the island in 1494 the Spaniards were in continuous occupation until they were driven out by the English in 1670. The original inhabitants, the Arawak Indians, were enslaved by the Spaniards, but eventually died out due to massacre and European diseases. As replacements, the Spaniards imported slaves from Africa beginning in 1517, thereby initiating three centuries of slave trade. The English continued trading in slaves until its abolition by law in 1808. The practice of slavery itself continued until 1834 when the slaves were emancipated by the Abolition Act passed by the British Parliament.

Jamaica was a crown colony from 1816 to 1944 when it was given dominion status. In 1958 Jamaica became the largest member of the Federation of the West Indies, but dropped out four years later causing the dissolution of that organization. Finally, Jamaica became an independent nation on August 6, 1962, choosing to remain within the British Commonwealth of Nations.

The Queen of England is the titular head of state and is responsible for appointing the Governor-General. The constitution provides for free

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[1] Central Planning Unit, Economic Survey, (Jamaica, 1970) p. 11.

[2] Ibid., pp. 127 and 131.

elections in which the people choose the 53 members of the House of Representatives, the more powerful of the two houses. The Prime Minister heads the executive branch and appoints the cabinet ministers. Jamaica's legal system is based on the English Common Law and much of the precedent relied upon still comes from the United Kingdom. However, judges in the past few years have been turning more and more to legal precedents in the United States. The first law school began two years ago at the University of the West Indies, offering a curriculum similar to law schools in the United States. The country's Bar is in the process of converting from the English dual barrister-solicitor system to the single attorney system of the United States.

Jamaica has joined both the United Nations and the Organization of American States and has shown a keen interest in their programs and activities.

B. Character of the Population Problem

The first census was taken on the Island in 1611 by the Abbot of Jamaica. He reported to the King of Spain that there were 1,510 people of which over one third, or 558, were slaves.[3] In 1673, after the British had gained control, the slave population was almost two thirds of the 17,000 inhabitants, and by 1791, over five sixths (250,000) of a population of 290,000 were slaves.[4] During this period Roberts reports that the planters viewed childbearing as an interruption of the female slaves' working life and penalized those who became pregnant. It was cheaper to purchase slaves than to produce them.[5] During this period, birth rates were probably under 20 per 1,000, and deaths exceeded births by a wide margin.[6]

Planters were forced by the high cost of slaves during the late eighteenth century and by the cessation of the slave trade in 1807 to emphasize growth in fertility. It seems that they were not successful and it was not until the post-emancipation period that fertility began to increase. From 1840 to 1930, the birth rate remained at approximately 40 per 1,000, a great increase over the previous slavery period. This increase was most probably due to less arduous working conditions, better health conditions, reduced hazards of fever and more stable family relations.[7]

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[3]Fernando Henriques, Family and Colour in Jamaica (London, 1953) p. 15.

[4]Ibid., p. 17.

[5]G.W. Roberts, Statement of the Present Fertility Position of Jamaica, Monograph prepared for the Jamaica National Family Planning Board, (Kingston, 1970) p. 2.

[6]Ibid.

[7]Ibid., p. 3.

The 1930's and early 1940's witnessed a fall in the birth rate. In 1945, the birth rate was down to 29 per 1,000. Tekse correlates this fertility decrease in part to the increase in the incidence of sterility due to syphilis, which was spread throughout the island by returning laborers from Cuba, Panama, and the United States.[8] Around 1950, the trend of fertility took an upward turn, reaching 42.4 per 1,000 in 1960[9] and 39.9 per 1,000 for the 1960-64 period. Since then it gradually declined to 34.4 in 1970.[10]

Mortality rates before the 1920's were relatively high, but as in other developing countries, they were brought down fairly rapidly. Typhoid, malaria, and dysentary, the main causes of death, were controlled after great emphasis was placed on strengthening the public health laws and machinery beginning in the 1920's. Today, Jamaica has one of the lowest death rates in the world at 7.7 per 1,000.[11]

In ten years the population of Jamaica increased 15.6 percent to 1,861,300 in 1970. As seems to be the case in most developing countries, the proportion of young people in the population is ever increasing. In 1970, the percentage of the population in the age group under 14 years was 44.6. This compares with 39.5 percent in 1960 and 36.5 percent in 1943,[12] and represents a 12.9 percent increase within the last decade. A large number of young people means a high dependency burden which can be particularly onerous in a developing country such as Jamaica with high unemployment and inadequate old age security. The population density of Jamaica is 422 people per square mile (or 2,110 per square mile of arable land). This compares with the density of the following selected countries: Israel 22, United States 23, India 164, and Japan 277.[13]

There are four percent less males than females throughout the island. This low proportion of males to females is most acute in Kingston where there are 87.3 males for every 100 females.[14] The Kingston metropolitan area has a total population of 506,200 or over

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[8]Kalman Tekse, A Study of Fertility in Jamaica, (Department of Statistics, Jamaica 1968), p. 14.

[9]Department of Statistics, Population Census 1960. (Kingston, 1961).

[10]Economic Survey, op. cit., p. 46.

[11]Ibid.

[12]These figures are taken from; Department of Statistics, Population Census 1970, Preliminary Report, (Kingston, 1970), p. 13.

[13]United Nations, Demographic Yearbook, 1969, (New York, 1970), p. 115.

[14]Preliminary Report, 1970, op. cit., p. 11.

one fourth of the Island's inhabitants.[15]

The study of demography in Jamaica is interesting because of the unique illegitimacy situation and the unusual pattern of sexual unions. Of all births in 1960, 72.4 percent were illegitimate. In 1970, there were approximately 500,000 women in the childbearing age group, 15-44. Those who are actually exposed to the risk of childbearing have been divided into three categories of married, common law, and visiting. Married women are those who are legally married and living with their husbands. Common law unions designate a situation where the partners are not legally married but share a common stable household. Women in visiting unions maintain a steady sexual association with their partners, but are not married and do not share a common household.

Various studies have shown that there is differential fertility according to type of union.[16] Fertility is lowest among visiting unions. Tekse indicates that in 1960, for women aged 30-34, the percentage of childlessness was highest (38 percent) and the average number of children per mother was the lowest (2.75) among women who had never lived on a stable basis with a partner (visiting unions). This catagory includes single women who had never been exposed to risk. The percent of childlessness and the average number of children in common law unions was 16 percent and 4.04 children. Women in married unions show the lowest incidence of childlessness at 13 percent and the greatest number of children, 4.29.[17]

According to the Stycos and Back study, the average married woman in their sample had 6.3 pregnancies by the age 35-40, the average common law wife had 4.4, and the woman in a visiting relationship had only 3.8.[18]

All these writers attribute this occurrence to the stability of the type of union. Married women are considered the most stable and visiting unions the least. "The more stable the relation the greater the sustained risk of conception because of more frequent sexual relations, uninterrupted by periods without a mate."[19]

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[15] Ibid., p. 16.

[16] G.W. Roberts, Population of Jamaica (Cambridge University Press, London, 1957) pp. 294-306; Judith Blake, Family Structure in Jamaica (New York, 1961) p. 20; Stycos and Back, Control of Human Fertility in Jamaica (Cornell University Press, Ithaca, N.Y., 1964) pp. 125-164. Tekse, op. cit., p. 22.

[17] Tekse, op. cit., p. 22.

[18] Stycos and Back, op. cit., p. 281.

[19] Ibid.

It therefore has even been suggested, by some writers, that marriage as a legal institution should not be encouraged, as it tends to produce more children. However, other considerations affect this question. Thus, most women marry eventually and the age at marriage is many years past the average age of motherhood. The statistics indicating the number of children a married woman has, include those she had in former common law or visiting unions. A society with such a high proportion of unstable relations and illegitimate children cannot help but suffer from general instability throughout all the phases of its activities.

Between the 1943 and 1960 census, the number of childless women in the population decreased. This appears most vividly in the 15-19 age group, where the percent of childless women among visiting unions decreased from 89.6 to 83.3 percent.[20] Children per woman ratios also increased in this time period. Again, visiting type unions for women 15-19 showed the greatest growth. Roberts attributes these changes to the control of venereal infections and improvements in health conditions as well as changes in mating habits.[21]

Other changes in mating habits can be seen by comparing the 1943 and 1960 census. Tekse points out that the percent of women aged 44-49, who had never lived with a partner, decreased from 33 percent in 1943 to 16 percent in 1960. Furthermore, the average of females entering into visiting unions had decreased from 23 years in 1943 to 19 years in 1960.[22] It therefore seems that more women, in absolute and proportional terms, are engaging in sexual unions at earlier ages.

From the period of slavery to the present, migration has played a key role in Jamaica's demographic situation. Following the period of importing slaves into Jamaica, and up to the present, emigration from the island has always been greater than immigration. Jamaicans, since the eighteenth century have continually migrated to countries that would accept them. The people's desire to migrate has been attributed to lingering slave attitudes which prevent upward mobility within the Jamaican society. The upper class tends to perpetuate measures which insure that it remains on top, thus forcing those who wish to raise their status to travel abroad, earn money, and return.[23]

The early part of the century witnessed laborers emigrating to

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[20]Roberts, Statement, op. cit., Table 14.

[21]Ibid., p. 20.

[22]Tekse, op. cit., p. 16.

[23]Interview with Dr. Bonnick, Director of the Central Planning Unit in Kingston, Jamaica, July 22, 1971.

Panama to help build the canal, to Cuba in order to work on the railroad, as well as to the United States. Many Jamaicans fought in the British Army in the Second World War and thereafter remained in the United Kingdom. Thousands came to the United States in the early 1940's to ease the shortage of farm labor, and others came during the Korean War to help alleviate the manpower shortage. A back-to-Africa movement in the mid-1940's cause great excitement on the Island, but only a handful of people actually chose to leave. Those who did settled in Liberia.

The greatest emigration by far has been to the United Kingdom. In the 1950's, Britain opened up its doors because of a post war labor shortage among the unskilled. This reached flood proportions in 1957, and five years later the British Parliament clamped down by passing the Immigration Act of 1962. This limited the freedom of Commonwealth citizens to move to Britain and required that those coming must have already secured a job prior to entry, have some skill that was in short supply (e.g. doctors), or be a dependent of someone already residing in the country. From 1962 to 1966, migration to the U.K. consisted mostly of women and children, and after 1966, emigration of laborers to the U.K. ended. At present, Enoch Powell and the right wing of the Conservative party are pushing for further controls of Commonwealth citizens now living in the U.K. Their scheme is to encourage emigration out of the U.K. by the financial inducement of paying the passage back home and through tighter police controls whereby a colored Commonwealth citizen would have to report his movements and activities in a way that other U.K. citizens would not have to do. Also, discrimination in access to jobs, public housing, voting, etc, has been suggested.

If such a situation were to occur, it would create a problem in Jamaica. An estimated 8,000 people would return home per year, increasing the labor force by an additional 4,000 workers. However, those returning would have money as well as skills.[24]

Jamaica is presently suffering from the "brain drain" dilemma. It is losing many of its professional and skilled people, mostly to the U.S. and Canada. Of the 30 Jamaican doctors that graduate annually from the University of the West Indies Medical School, an average of three remain on the Island. The shortage of dentists is most acute, as there are only 97 to serve a population of about two million. The number of nurses leaving the Island reached a high of 750 in 1967, most of them going to Canada. For the years 1967-1969, the percentage of professional, technical, and related occupations leaving the Island have been 17 percent, 13 percent, and 14 percent, respectively.[25]

The decrease in the birth rate over the last few years has been attributed partially to the great number of females between the ages of

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[24] Ibid.

[25] Economic Survey, op. cit., p. 48.

20 and 40 migrating to the U.S. and Canada, taking jobs mostly as domestic workers. At the time Jamaicans were migrating to the U.K., it was generally the case for the father to go first, followed by his wife and children, but the migration to the U.S. and Canada mainly consists of unattached working women. In 1969, out of a total of 20,836 Jamaicans emigrating to the U.S. and Canada, 7,051, or greater than one third, were females in the 20-39 age group.[26]

Some of the government officials consider emigration as the answer to Jamaica's increasing population problem. Such a statement was put forth in the Government's Five Year Independence Plan 1963-1968.[27] Blake, however, warns that emigration does not eliminate the cause of population growth or the excess of births over deaths. She states, "the cost of migration for the country of origin is high, for it must rear an individual to young adulthood only to lose him when he is becoming productive."[28]

The Government of Jamaica has stated that, "Unemployment is clearly the major social and economic problem...unemployment is particularly high in the case of women and young persons and there are serious difficulties facing school-leavers in regard to obtaining employment."[29] The problem of unemployment and underemployment is becoming increasingly more acute, due in part to the great population growth in the late 1950's. Because of the high growth rate, the dependency burden becomes heavy, leaving only about 40 percent of the population in the labor force, of which 18 percent are unemployed, and many more underemployed. Agriculture in 1960 accounted for 38 percent of the labor force, but recently the number has steadily been declining. Migration to the urban centers is taking place at a faster rate than new jobs can be created. The Government projected unemployment by 1975 to be 120,000--140,000 out of a 760,000 man labor force. The central planning unit has projected unemployment rates for 1975 according to three possibilities. Firstly, it could increase to 22-23 percent if there is low emigration, sugar and bananas do not produce as expected, bauxite decreases and tourism drops off. Under the second assumption, underemployment would fall slightly, to 16-17 percent, if the Government can start its proposed public work projects. Thirdly, if everything occurs as planned and the Government is well under way in its labor-intensive public works projects, unemployment would drop to 12-13 percent by 1975.[30] The Government is contemplating initiating a vast labor-

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[26] Ibid., p. 49.

[27] Ministry of Development and Welfare, Five Year Independence Plan 1963-1968, (Kingston, Jamaica), pp. 52 and 72.

[28] Blake, op. cit., p. 8.

[29] Ministry of Development and Welfare, op. cit., pp. 32-38.

[30] Dr. Bonnick, op. cit.

intensive public works project, similar to those in Ghana and Nigeria. A National Service Corporation would be created, whereby meals, clothing, and a small wage would be provided for working in such public works projects as rural road improvements, forest watershed protection and environmental beautification schemes. The present Youth Corps of Jamaica would also be vastly expanded.[31] The Government might also place greater emphasis on encouraging the establishment of new companies under incentive legislation. In 1970, 20 such new firms began operation, employing an average of 67 persons per firm.

C. Historical, Social, Religious, Cultural and Ideological Elements

A multiple of factors contribute to the various attitudes towards sexual behavior and family planning in Jamaica. Some of the early influences listed by Henriques affecting attitudes are: Christian influences, the behavior of the planters (slave owners discouraging Christianity which might have led to monogamous marriages),[32] and African traditions. According to the Consolidated Slave Act of 1793, planters were to instruct slaves in religion and facilitate their baptism. However, the planters in effect ignored this Act because there was inadequate legal machinery to enforce it. They felt that owning Christian slaves who practiced monogomy would reduce their numbers. Furthermore, the number of clergy which might have encouraged religion among the slaves was very small and many themselves were of unsuitable character.[33] The planters indulged in sexual relations with the female slaves, creating a class of mixed offspring which were naturally favored by them. From this class came the future upper and middle classes in Jamaica who adopted and continued the practice of sexual laxity.

The practices and attitudes brought over from Africa seem to be important in considering the origin of present day sexual patterns. Most of the slaves belonged to the Alkan tribe in Africa which practiced polygamy. After the slave trade was abolished, planters attempted to increase the number of slaves by means other than purchasing them. As Henriques points out, "the evidence seems to suggest that the direct encouragement of promiscuity by the planters was sufficient to establish

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[31] Ibid.

[32] Henriques, op. cit., p. 26.

[33] "In 1812 the Jamaican Almanack listed twenty Anglican clergymen in the whole island...another problem was the unsuitable character of some of the clergy. Some of them were capable of as much brawling and carousing as the rougher planters and the historian Long wrote that some were better qualified to be retailers of salt fish or boatswains to privateers than ministers of the Gospel." Jamaica Information Service, Religion in Jamaica, (Kingston), p. 2.

a cultural pattern which has persisted to the present day."[34]

Many demographers feel that if Jamaica is to curb its population growth, it will have to do so through family planning. Yet many obstacles impede the adoption and acceptance of family planning. Some of these obstacles are:

1. The great physical difficulty of organizing birth control in an economically underdeveloped country with a prevalence of subsistance and rudimentary agricultural practices.

2. Religious objection on the grounds that God told man to multiply and replenish the earth, and biblical feeling that each woman should have her quiver full of as many children as she can. Family planning is seen as contrary to God's will. Also the fatalistic belief that God gives a woman children when He wants to, regardless of the frequency of her sexual activities.

3. The fear of social condemnation for being sterile encourages girls to have sexual relations without contraception in order to prove that they can have children regardless of legitimacy status. Women are afraid of being called barren and this belief is "assumed to have an independent effect in motivating girls to engage in early intercourse -- an effect more powerful than would normally be provided by sexual desire alone."

4. Lack of proper housing conditions causing children to observe sex and consequently to regard it as an essential part of life.

5. The strong belief, especially on the part of the male, in "natural" sexual practices without interference of a contraceptive device. Men also feel that it is an insult to use a contraceptive with a wife or a common law partner, although for one night affairs it is acceptable.

6. The prevalence of "ganga" or marijuana, especially among the young, leading to the lowering of inhibitions.

7. Jamaicans have a strong and natural love of children. They believe that children make the home happier and children perform an essential part of recreation in family life.

8. The double standard that woman should be faithful but that a man need not be.

9. The shortage of trained medical personnel; doctors, nurses,

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[34]Henriques, op. cit., p. 26.

and midwives, to carry out a truly effective family planning program throughout the Island.

10. The assumption that children will help their parents in old age. One study of Blake shows that 90 percent of both sexes expected such help from the children.[35]

It might be interesting to examine the racial and religious makeup of the population. According to the 1960 census, the percentage distribution of the people of Jamaica by racial origin is as follows:

1960 Racial Makeup by Percent

Census Year	All Races	African	Afro-European	European	Chinese European	East Indian-Afro-East Indian	Other Races
1960 Jamaica	100	76.3	15.1	0.8	1.2	3.4	3.2

Source: Jamaica Information Service, The People of Jamaica. Monogram No. 3.

The number of adherents to the various churches and religions are listed below:

1960 Religious Makeup of Population

Anglican	317,643	Plymouth Brethren	14,555
Baptist	306,370	Salvation Army	10,416
Church of God	191,231	Friends	3,977
Methodist	108,857	Pocomania	811
Presbyterian	82,698	Christian Science	341
7th Day Adventist	78,360	Hindu	1,181
Moravian	52,467	Jews	600
Congregationalist	22,440	Other religion	14,876
Pentecostal	14,739	No religion	183,738
		Not specified	89,555

Source: Jamaica Information Service, Religions in Jamaica, Monogram No. 7.

Recently demographers in Jamaica have begun to study the attitudes of males toward family planning. The following Table indicates that the two

[35]Judith Blake, Family Structure in Jamaica, (New York, 1961), pp. 20, 64.

objections to family planning most frequently given by males were religion and the desire to have more children.

Male Reasons for Objecting to Family Planning

	Absolute Number	Percent
Total objecting	257	100.
Religious	43	16.7
Race	8	3.1
Superstition	13	5.1
Health	19	7.4
Fear	13	5.1
Woman unfaithful	14	5.4
Desire for more children	51	19.8
Other	16	6.2
Non-response	80	31.2

Source: B.I. Morgan, C.J. Stratman, The Jamaican Male and Family Planning.

The Morgan-Stratman study brings out important information on the acceptance of family planning according to various classifications. Of all men studied, 75.3 percent approve of family planning and, as expected, married men make up the lowest component of this figure, 72.7 percent, and men in visiting unions the most, 82.7 percent. Of those who approve of family planning, 85.7 percent are willing to allow their partner to use and practice at least one of the methods of family planning, and only 38.5 percent of those who do not approve would be willing to allow their spouse to use family planning. According to men who support their children and those who do not, 76.2 percent of the former and only 64.0 percent of the latter approve of family planning.[36]

Although common law marriages and visiting unions seem to be prevalent, people in fact prefer marriage, over these less stable types of union. In Blake's study, 83 percent of the males and 74 percent of the females would choose legal marriage over common law marriage unreservedly.[37] Men prefer marriage because women will take better care of them. A woman prefers marriage because the man in a common law union recognizes few obligations towards her, and because a man's economic commitment in marriage is symbolic of his emotional commitment. Women themselves do not feel as obligated in common law unions as they do in legal marriages. They also feel that children need a good male example and that young ones are better cared for

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[36]B.J. Morgan and C.J. Stratman, The Jamaican Male and Family Planning, (Kingston, 1970). See in particular Table V.

[37]Blake, op. cit., p. 117.

and better trained in marriage.[38]

Although marriage is preferred, it is not entered into at an early age. Parents feel that the ideal marriage age for girls is 20 years, and that adolescent girls are too immature to marry. In a common law marriage, where both partners are desirous of marriage, the man is often too poor. The wedding ceremony and required reception are often beyond his means, and a man is ridiculed if he is not the supporter of his family. Finally, there is a lack of pressure on men to marry, as they are in a more advantageous position by staying single.

D. Brief History of Government and Private Policies and Action

For various reasons, population control was an issue of concern in Jamaica as early as the 1930's. Between 1938 and 1944, the People's National Party introduced birth control into public debate and made it part of the party's platform. It was hotly contested by the opposition, the Jamaican Labor Party, on the ground that the P.N.P. intended to decimate the Negro population. From 1944 to the early 1960's, both parties refused to address themselves to the issue of birth control, and even today neither party, for fear of political repurcussions, has taken a firm stand on the abortion issue.

In 1941, a government report suggested that wide scale birth control facilities and the teaching of birth control techniques should be made available to the poor and middle class. However, the Government chose to do nothing.[39] The refusal of the Government to play an active role meant that the initiative for carrying out programs fell upon the shoulders of private individuals. In June of 1939, the Jamaican Birth Control League was founded for the purpose of strengthening a sense of parental responsibility, mostly in the poor, and to make available family planning methods hitherto access ble only to the rich through private doctors. The league's name was changed in 1941 to the Jamaican Family Planning League.

In 1953, the Beth Jacobs Clinic was founded in St. Annes Bay, and four years later, in 1957, all clinics in Jamaica were united under the Jamaican Family Planning Association which became affiliated with the International Planned Parenthood Federation. One of the founders and directors of the J.F.P.A., Mrs. Beth Jacobs, was subsequently elected chairman of the I.P.P.F. Western Hemisphere.

In the Five Year Independence Plan 1963-1968 the Government stated:

> ...it will seek to bring about a greater awareness of

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[38] Ibid., pp. 122-128.

[39] Government Printing Office, Report of the Middle-Class Unemployment Committee, (Kingston, Jamaica, 1941), p. 8.

> the implications of rapid population growth and population pressure in the island, and of the national problems arising as well as the effects of excessive child-bearing on the lives and prospects of individuals.
>
> The government will encourage the spread of information on the techniques for spacing or limitation of families for the benefit of those persons who desire them.[40]

Despite this declaration, the Government boycotted a national population seminar in June 1964 at the University of the West Indies. However, one year later, the Governor General of Jamaica, Sir Clifford Campbell, personally opened the Kingston Clinic of the J.F.P.A.

About this time, Stycos and Back published the compilation and analysis of their 1956-1957 study on attitudes towards family planning in Jamaica. The results indicated that the majority of Jamaican women were receptive to the idea of family planning. In 1966, the Government established a Family Planning Unit within the Ministry of Health. Its purpose was to unify all family planning activities and to set up clinics throughout the Island. At the head of the Family Planning Unit was Dr. Lentworth Jacobs, the man who had been the prime force for over 25 years behind the campaign for the adoption and acceptance of family planning throughout the islands. His aim was to make every child a wanted child.

In 1970, the Family Planning Unit became a statutory entity, with the passage by Parliament of the National Family Planning Act.[41] The Act gave the National Planning Board, as the Unit was renamed, a wider and stronger position and brought the Board of Directors closer to day to day operations. Under paragraph 4 - (3) the Board is enpowered to:

(a) co-ordinate and where it thinks necessary, direct the work of other bodies or persons in the field of family and population planning in order to ensure an effective and economical national effort;

(b) undertake and promote research, and disseminate information, in relation to family and population planning;

(c) arrange and participate in national and international courses, seminars, and conferences in relation to family planning;

(d) provide for sex education and encourage the development thereof;

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[40]Ministry of Development and Welfare, op. cit., p. 240.

[41]Act No. 22, 1970.

(e) collaborate with other bodies and persons in the preparation and carrying out of family life programs;

(f) operate and collaborate with government and other bodies in operating clinics and other institutions concerned with maternity and child welfare and family population planning.

The relationship between the private Jamaican Family Planning Association with its three clinics, and the National Family Planning Board has not been fully resolved. The Association has agreed not to expand its activities and has cooperated closely with the Board. Its clinics have continually had the greatest number of new acceptors per clinic and the lowest percentage of dropouts.[42]

The Board has stated that its target is to reduce the birth rate to 25 per thousand in 1976.[43] The number of new clinics operated by the Board has increased from 25 in 1966, to 94 in 1969, to 156 in August, 1971. The clinics are run on a sessional basis, each session lasting three and one half hours. The number of sessions per clinic vary according to demand and the facilities and staff available. Four clinics are open five and one half days per week while some hold only one session per month. The Board is in the process of revamping its clinic schedule and plans to have one full time central clinic in each of the 14 parishes.[44]

The Board has achieved modest success through a variety of modern practices. It has developed field programs and post partum schemes. It is in the process of evaluating a national sex education program in conjunction with other ministries for use in schools throughout the Island. The Board has established a comprehensive training program for its staff, and has had international recognition for its publicity campaigns. The management of the Board is optimistically looking forward to the success of several new ideas including: a hospital education project to provide family planning counselling to all females in major hospitals; an intensive home visiting program to specific lower socio-economic areas; increasing the number of mobile units; the establishment of clinics and counselling centers in industries; and, a scheme whereby community workers such as nurses, public health inspectors and farm extension workers would include the distribution of family planning information in their routine

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[42] National Family Planning Board, Statistical Report, December Quarter 1970, (Kingston, Jamaica, January 1971); and personal interview with Dr.Stratman, Information Officer for the Jamaican Family Planning Association in Kingston, Jamaica, July 24, 1971.

[43] Jamaican National Family Planning Board, Programme in the West Indies, Monograph, (Kingston, Jamaica, 1970), p. 8.

[44] National Family Planning Board, Statistical Report, op. cit., p. 9.

work.[45]

The Jamaican Government and foreign assistance have provided funding for the Board's diversified population activities. Foreign aid has been given in the form of revenue, equipment, literature and professional assistance. The Government has increased its expenditures on family planning from $528,000 in 1969 to $661,000 in 1970. The United States Agency for International Development contributed $90,000 in 1970.[46] and acts as a consultant to the Board on matters concerning education, communication, administration and statistics. The Ford Foundation has provided the University of the West Indies with grants totaling $395,000 for training and research in population activities. Other organizations which have given assistance are: Population Council, Pathfinder Fund, I.P.P.F., Rockefeller Foundation, World Bank, World Health Organization, Church World Service and The United Nations Fund for Population Activities.[47]

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[45]Jamaican National Family Planning Board, Programme in the West Indies, op. cit., pp. 8, 9, 25 and 26.

[46]Economic Survey, op. cit., p. 50.

[47]The Population Council, Country Profile - Jamaica, Monograph, (New York, April 1971).

II. LAWS DEALING DIRECTLY WITH BIRTH

A. Birth Control

1. Use, Manufacture and Sale of Contraceptives

The Government, through the National Family Planning Board, encourages the use of contraceptives. In 1970, the most popular contraceptive device was the condom, with over seven million having been used.[48] Between November 1, 1968 and December 31, 1970, over 53,000 women were given contraceptives through the government clinics. In 1970, the 19,273 new acceptees chose the following contraceptive methods: pill 53%, creams and jellies 15%, I.U.D.'s 11%, condom 5% and others 16%. Contraceptives are given out for free if the patient cannot afford the price of 12 cents. The clinics also perform the valuable service of offering PAP smears free of charge to all women who desire them. In 1970, 71 percent of all new patients chose to take advantage of this service.[50]

At present there is no specific law against the manufacture or distribution of contraceptive devices. Draft legislation has been prepared for government consideration on manufacture and sale of consumer goods, and presumably contraceptives will be included in this category. To a limited extent, contraceptives are being sold over the counter in drug stores, and the Board is presently studying the possibility of expanding their distribution to other stores and vending machines.

All contraceptives, information, and equipment to be used by the Board are exempt from import and stamp duties. As set forth in the Family Planning Act:

> (1) No tonnage tax, customs duty or other similar import shall be payable in respect of goods which the collector-General is satisfied are imported into Jamaica for the use of the Board.
>
> (2) All instruments executed by or on behalf of the Board shall be exempt from stamp duty.[51]

2. Dissemination of Birth Control Information

There are no laws prohibiting the dissemination of birth control

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[48] JFPA News, Vol. 1, No. 2, (February 1971), p. 2.

[49] National Family Planning Board, Statistical Report, op. cit., pp. 4 and 12.

[50] Ibid., p. (vi).

[51] Law No. 22, 1970.

information. With a vigorous anti-natalist program, the Government and private concerns are using ingenious ideas and making all out efforts to inform the populace about the importance of birth control In fact, the advertising campaign has been so well acclaimed that it has been described as "....the most forthright and well-executed family planning advertising campaign in the world...."[52]

Mass communication media have constituted a significant source of birth control information. Newspapers and magazines run advertisements, as do radio and television. The concept of family planning is relatively new and controversial news items appear quite frequently, keeping the issue before the public. The Jamaican Information Service prints a variety of booklets on family planning, and the Board distributes information through its centers and publishes a quarterly statistical report. The J.F.P.A. also publishes its own literature, including a bi-monthly professional magazine which is distributed worldwide. Perhaps the most impressive part of the program are the many gaily-colored billboards situated throughout the Island. These generally depict Jamaicans and have a few succint words. One such poster shows a picture of a pregnant woman and the words "You NEED not become pregnant." The advertising campaign stresses the troubles that too many children can cause, and that families can have the number of children that they desire.

For over a decade the J.F.P.A. has been using mobile units to show movies and hold lectures in small villages. At first this was met with much opposition, especially from men, but within the last few years these units have been more widely accepted and have been instrumental in introducing family planning to thousands of rural men and women.

According to the information gathered by the National Family Planning Board, mass media have been the source of referral for 10% of the new acceptors in 1970 -- a 25% increase over 1969. The Table below indicates the importance of word of mouth persuasion, as shown by the fact that relatives and friends accounted for 37% of total referrals -- a 16% increase in one year.

New Acceptors Classified by Source of Referral

Source of Referral	Total 1970 Number	Total 1970 %	Total 1969 Number	Total 1969 %
Nurses	7050	37	9669	34
Friends	6156	32	8064	28
Mass Media	1913	10	2190	8
Relatives	918	5	1153	4
Encouragement visitors	852	4	4433	16
Doctors	739	4	1401	5
Family planning educators	463	2	572	2
Others	84	--	355	1
Not Recorded	1098	6	556	2
TOTAL:	19,273	100	28,393	100

Source: National Family Planning Board, Statistic Report, December Quarter 1970, (Kingston, Jamaica), p. 15.

[52] JFPA News, Vol. 1, No. 3, (April 1971), p. 3.

In September of 1971, the Caribbean affiliates of the International Planned Parenthood Federation established a regional center at the Kingston Clinic of the J.F.P.A., for the preparation and production of printed materials, films, stills, movies and other educational material in connection with family planning and sex education. The purpose of the production center is to provide, free of cost, to all Caribbean agencies, materials involved in family planning and sex education. This will be of particular value to countries which are not able to produce such materials on a professional and volume basis. Funding of the center will come from IPPF-WHR in New York, but the make up of the program and content of materials will be decided locally.

B. Abortion

The abortion issue is a prominent topic of debate in Jamaica. Much of the discussion is centered around the proposed liberalization or repeal of the present law. Under the Offenses Against the Person Act of 1861 and amendment 42 of 1969, abortion is illegal. The law is the same as the old British law, before its recent amendment. It reads:

Offenses Against the Person Act 1861

ATTEMPTS TO PROCURE ABORTION

Para. 65 - Administering drugs or using instruments to procure abortion.

Every woman, being with child, who with intent to procure her own miscarriage, shall unlawfully administer to herself any poison or other noxious thing, or shall unlawfully use any instrument or other means whatsoever with the like intent; and whosoever, with intent to procure the miscarriage of any woman, whether she be or be not with child, shall unlawfully administer to her, or cause to be taken by her, any poison or other noxious thing, or shall unlawfully use any instrument or other means whatsoever with the like intent, shall be guilty of felony and, being convicted thereof, to be imprisoned for life, with or without hard labour.

Para. 66 - Procuring drugs, etc, to procure abortion.

Whosoever shall unlawfully supply or procure any poison or other noxious thing, or any instrument or thing whatsoever, knowing that the same is intended to be unlawfully used or employed with intent to procure the miscarriage of any woman, whether she be or be not with child, shall be guilty of a misdemeanour, and being convicted thereof shall be liable, to be imprisoned for a term not exceeding 3 years, with or without hard labour.

Since the 1938 landmark Rex v. Bourne case, abortion has been permitted by a doctor in a situation where prior consent is obtained and where the "....continuance of the pregnancy will endanger the life of the mother or make her a physical or mental wreck..."[53] It is estimated that there are only a few hundred such legal abortions performed, many of these being on foreigners. In general, doctors are hesitant to perform abortions, as the law provides no real protection for them.[54] Doctors can only assert the "mental wreck" rule of Rex v. Bourne case as a defense, and many doctors fear the possibility of prosecution. If favorable legislation existed under which abortions could be performed, it is felt that many more doctors would make their services available.

It is estimated that there are between 10,000 and 20,000 illegal abortions performed each year in Jamaica.[55] Most of these are performed under unsanitary conditions by quack abortionists, usually pharmacists, who charge between $10 and $20.[56] The number of maternal deaths due to abortion is not known. However, according to figures from Jamaica's largest hospital, Victoria Jubilee, where over 40 percent of all births on the Island occur, the percentage of abortion-deaths per total maternal deaths has been between 6.0 and 7.2 percent for the past 20 years.[57]

These quack abortionists go unprosecuted, performing their work with the knowledge and acquiescence of the local police. Jubilee hospital has no record of a legal case arising from criminal abortion

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[53] Rex v. Bourne, Extract from Stone's Justices' Manual, 77th Edition, 1945, charge of Justice McNaghten to the jury.

[54] Interview with Mrs. Woodstock, Magistrate, Civil Division, in Kingston, July 14, 1971

[55] The National Family Planning Board estimates that there are 15,000 illegal abortions performed in the Island each year. National Family Planning Board, Program in the West Indies, op. cit., p. 19.

[56] Interview with Dr. James T. Burrowes, senior gynocologist and Jamaica's first Member of the Royal College of Obstetricians and Gynocologists in Great Britain.

[57] Dr. L.L. Williams, director of Victoria Jubilee Hospital, Some Observations on Maternal Deaths in Jamaica," presented before the Grabham Gynocological Society, Kingston 1969. Dr. Williams reports that there is approximately one abortion patient for every six live births, and that one third of the abortion patients are brought to the hospital due to complications arising from illegal abortions. Between 1964 and 1968, 10,829 patients were treated at the hospital, of which 19 died. There was evidence of criminal abortion in 13 of the cases.

in the last six years.[58] In most developing countries, there is a general public lack of respect for legal restraints on abortion. This is particularly true in Jamaica where, due to the increasing crime rates, the Government has neither the necessary police force nor legal machinery to enforce its abortion law.

Much of the debate in Jamaica has been centered around the role which the Family Planning Board and the Family Planning Association should play. Many members of the Board of Directors of the J.F.P.A. are strongly in favor of legalized abortion.[59] Recent articles in J.F.P.A. publications have all been pro-abortion. The National Family Planning Board on the other hand, has to be more cautious, as it is not the policy of the Government of Jamaica to support abortion as a means of limiting family size. The National Family Planning Board goes so far as to state that it "does not object to public debate, but it will not at this stage give its official support."[60]

The Board has been criticized by the National Association for the Repeal of the Abortion Law and the Abortion Committee of the Medical Association of Jamaica for not taking a more definite stand in favor of abortion. One leading spokesman is Dr. James Burrowes who is a member of these two organizations and advisor to the N.F.P.B. He feels that abortion advice should be a natural and logical extension of the family planning effort. He states that, "Family Planning clinics are the best agents to give such advice and should take over the responsibility without any further delay."[61]

Arguments put forth for liberalization of the abortion law emphasize that abortion on demand is necessary if Jamaica is to curb its population growth, and that legal abortion would put an end to, or radically decrease the number of, quack abortions and hence the number of deaths and injuries resulting therefrom. In a recent speech in Jamaica, Dr. Allan Guttmacher, President of Planned Parenthood World Population, stressed this first point when he stated, "There is no

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[58]Interview with Dr. Franklin, Assistant Director, Victoria Jubilee Hospital, in Kingston, July 28, 1971.

[59]Interviews with the following members of the Board have revealed their favorable attitude toward legalized abortion: Mr. Hector L. Gibson, President of the J.F.P.A., Kingston, July 17, 1962; Mr. Basil Morgan, Executive Secretary of the J.F.P.A., Mora, Jamaica, July 19, 1971; Dr. C.J. Stratmen, Information Officer, J.F.P.A., Kingston, July 21, 1971.

[60]Jamaican National Family Planning Board, Programme in the West Indies, op. cit., p. 19.

[61]Dr. James T. Burrowes, "Abortion -- the Facts," JFPA News, Vol. 1, No. 2, February, 1971, p. 8.

doubt about it that the most effective method of decreasing population growth is safe, legal, cheap abortion. This cannot be argued against."[62]

However, in Jamaica, even without "safe, legal, cheap abortion," the birth rate throughout the Island decreased 15 percent, from 40.0 per thousand in 1966 to 34.0 per thousand in 1970. Experience in other countries has shown that there are arguments against liberal abortion laws which should also be considered.

At this time it is uncertain whether or not Jamaica will liberalize its law. Neither of the two major political parties, the Peoples National Party or the Jamaica Labor Party, believe that the climate is right to propose a change in the law. The opposition to change is not on moral grounds, but because it would be "political Hari Kari."[63]

However, drafts of new laws have been proposed dealing with abortion. One such law reads as follows:

> Abortion is legal when two medical practitioners (one of whom must be experienced in the field of Obstetrics and Gynaecology and ultimately responsible for the operation) are of the opinion that the continuance of the pregnancy would--
> (i) involve serious risk to the life or the health (physical or mental) of the pregnant woman during or after the pregnancy; or
> (ii) involve substantial risk that the child, if born, would suffer from severe disease or abnormality (physical or mental); or
> (iii) lead to serious deterioration in the well being of the family.[64]

Many groups have voiced opposition to liberalization of the abortion law. The most vocal has been the Jamaica Anti-Abortion Group which has dedicated itself at all costs to preventing a change in the law.[65] They

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[62] Dr. Alan Guttmacher in a speech delivered at the J.F.P.A.'s Fifth Biennial Seminar, in Kingston, November 28, 1970.

[63] Interview with Mr. Allan Issacs, Chairman of the Policy Committee for the PNP and spokesman in Parliament for Planning and Development in Kingston, July 28, 1971. Mr. Issacs feels that although some people practice abortion, there is a widespread deep connection among the majority of the people that abortion is morally wrong, and it would be political suicide for either party to suggest a change in the law.

[64] Proposed by Dr. James T. Burrowes, Gynocologist.

[65] Interview with Abraham Shoucoir, Chairman of the Jamaica Anti-Abortion Group in Kingston, July 27, 1971.

oppose abortion on moral and legal grounds. Legally, they point out that the fetus has been recognized by legislative acts as a "person" and therefore abortion should be treated as murder. The abortion issue in Jamaica is far from resolved. It is still highly controversial in this small country filled with superstitious beliefs and over two dozen religions.

C. Sterilization

As is true in many other countries, legal problems concerning sterilization in Jamaica relate to the lack of certainty as to grounds on which the operation may be performed. Sterilization, like therapeutic abortion, is governed by certain sections of the Offences Against the Person Act of 1861. Under this Act, unless sterilization is an incidental feature of an operation for the purpose of treating an illness, it might be held by a court to be an illegal assault, especially if performed for reasons such as family limitation, social and economic pressures, high parity or for eugenic considerations. However, because the law is so obscure and has not been invoked or clarified for many years, the Medical Defense Union advises doctors in Jamaica to perform sterilizations if consent is received from the patient and spouse.

In fact, thousands of sterilizations are performed in Jamaica each year, most of them on middle and upper class females by private doctors. Some practitioners require that the patient be over 30 and have five or more children, but most doctors are not strict on these requirements.[66]

In government hospitals, tubal ligations are performed free of charge. In 1969, 1,265 such operations were performed while almost 2,000 were performed in 1970.[67] These figures represent only those operations performed for family planning reasons. The family planning program supports tubal ligations when requested by the patient and the Board feels that sterilization for women should be an integral part of the family planning program, particularly in cases where a woman's age and parity make it appropriate. One recent study at Victoria Jubilee Hospital showed that tubal ligation was the method of family planning preferred by 62 percent of the patients surveyed.[68] The Board has promised increased activity in this field.

One suggestion which the Board might consider is to offer financial incentives for those who volunteer to be sterilized. If the economic advantage of investing in sterilization as compared to industrial

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[66] Interview with Dr. Patterson, Medical Director of the Jamaican Family Planning Board in Kingston, July 27, 1971.

[67] Ibid.

[68] Speech by Dr. Williams, op. cit.

development is as great as Enke[69] suggests it is, Jamaica might consider following India's example. In India, financial incentives are offered and granted according to policy guidelines: a woman must be married, have at least three children and have given her consent. Other factors are also taken into consideration such as: the ages of living children, age of husband and wife, social and economic prospects of the couple, and the woman's emotional and mental attitude toward pregnancy and birth control.[70]

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[69]See, Stephen Enke, Economic Benefits of Slowing Population Growth, (California 1969) where he claims that money invested in population limitation yields 100 times the benefit of investments in industry.

[70]United Nations Document E/CN.9/232, Measures, Policies and Programmes Affecting Fertility, with Particular Reference to National Family Planning Programmes, (Provisional Report of the Secretary General), 17 September 1969, pp. 197-198. (Hereafter referred to as U.N., Measures.)

III. LAW ON FAMILY PLANNING EDUCATION AND SERVICES

Family planning education has been given emphasis in Jamaica for a number of years. Today, the education services, which are coordinated through the JNFPB, are certainly among the finest offered by any developing country. In 1958 a one-year government-sponsored study recommended that all secondary schools initiate a program in sex education. No official action was taken at that time, although 40 percent of the schools voluntarily established such a program.

On the private level, Dr. and Mrs. Lentworth Jacobs in the 1940's and 50's traveled throughout the Island giving lectures, showing films and distributing contraceptives mostly to rural women in small villages. This was to be the forerunner of the mobile units that are now utilized by the J.F.P.A.

As mentioned previously, the National Board began an intensive mass communication program in October of 1969 designed to develop an awareness of the importance of birth control and to motivate young women particularly. The program has been internationally recognized for its quality, originality and acceptability by the public.

The National Family Planning Board has a field program which reaches individuals by personal contact and through group meetings. The Board considers this "...the most important single element in an education and promotion program."[71] At present there is one field officer for each of the 14 parishes. The employment of 25 additional family planning education officers is scheduled for the near future. This program also envisages instructing the over 400 public health inspectors, who annually visit every home on the Island, in the methods of family planning.

In January of 1969 a pilot post-partum scheme was undertaken at the Victoria Jubilee Hospital for the purpose of disseminating family planning information to patients served by the hospital and to encourage these patients to visit a family planning clinic on discharge. Results from the one year project showed that 70 percent of the mothers were contacted and 24 percent of these kept their appointments at family planning clinics within six weeks after discharge from the hospital. These results were so gratifying that in April of 1970 U.S. AID offered to underwrite the major portion of the cost of an expanded two year post-partum program. The expanded program has been inaugurated in five major hospitals and includes the use of audio visual aids, group discussions and person-to-person contact designed to motivate mothers to attend the family planning clinics. An elaborate follow-up system has been devised to ensure maximum attendence.

The National Family Planning Act provides the mandate under which

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[71]Jamaica National Family Planning Board, Programme in the West Indies, op. cit., p. 8.

the Board operates in this area. The Act states that the Board may:

> (d) provide for sex education and encourage the development thereof.
>
> (e) collaborate with other bodies and persons in the preparation and carrying out of family planning programs.[72]

Under this mandate the NFPB has developed programs in family life education in which teachers, youth leaders and community development officers can participate. The NFPB has assisted the Ministry of education in creating and establishing curricula in secondary high schools, technical schools and training colleges. In July of 1971 the NFPB sponsored a two week Pan Carribean seminar on family life education, which did not limit itself to family planning but included sessions on imporving all aspects of family life.

Studies have shown that the usual age of first sexual contact in Jamaica is 17.0 years for women, while menstruation normally starts between the ages of 15 and 16. Therefore, young girls begin sexual relations fairly close to the time they are first susceptible to pregnancy.[73] The NFPB has recognized this fact and is putting great emphasis on establishing a sex education program in the schools as an integral part of family life education.

In the private sector, counseling services are provided free of charge by two Family Counseling Centers. Services include social welfare help, employment opportunities, family planning sessions, a prenatal program and marriage encounter groups. Client visits have been averaging 800 per month for the past two years.[74]

In 1966 the NFPB established an in-staff program designed to provide training for the Board's personnel at all levels by means of courses, conferences and seminars. The staff participating in the training program consists of doctors, nurses, midwives, clerks, public health workers, hospital personnel, family planning education officers and medical students.

New training programs have been developed for 1971-1972. The additional family planning education officers that are to work in the 14 parishes will receive pre-service training, stressing practical experience on the parish level. Home visitors will receive training in

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[72]Act. No. 22, 1970, 4 - (3).

[73]Blake, op. cit., pp. 46-47.

[74]Interview with Father Kane, founder and director of the Family Counseling Center, Kingston, July 26, 1971.

motivational techniques and human relations. Training in family planning methods will also be extended to community workers engaged in welfare work, key personnel in industry (so that they can encourage their employees to partake in family planning training courses), school guidance officers and teachers involved in family life education, and medical students at the University of the West Indies.

IV. FAMILY LAW AFFECTING POPULATION

A. Minimum Marriage Age

Under Jamaican law, the minimum required age for marriage is 16 years for both males and females. If either partner to a marriage is under 16 years, the marriage is void ab initio. Between 16 and 21, the law requires the consent of the child's parents unless such consent is being unreasonably withheld, in which case application may be made to the local magistrate.

According to the 1960 census the average age of a mother at the birth of her first child is 19.6 years, while the average age at first marriage is 29.3. Age at marriage is therefore not a meaningful indicator of first exposure to pregnancy, which Blake found to be 17.0 years.[75] Although it is true in most countries that the number of children a marriage produces is related to the age at marriage,[76] such would not be the case in Jamaica. Raising the minimum age for marriage would have little or no effect on the birth rate, particularly in light of the fact that three out of every four births are born out of wedlock.

B. Polygamy

Polygamy has been illegal throughout Jamaican history. In practice, however, although a man may not be legally married to two women, it is common for him to openly engage in sexual relations with more than one woman.

C. Marriage and Divorce Laws

Due to the high illegitmacy rate and instability caused by common law marriages and visiting unions, the Government of Jamaica favors marriages.[77] The 1960 census revealed that of women over 35 years of

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[75] Blake, op. cit., p. 46-47.

[76] See The Mysore Population, a cooperative project of the United Nations and the Government of India (U.N. Publications Sales No. 61.XII.3), p. 119. This survey showed that women marrying between 14 and 17 years of age gave birth to 5.9 children, while those marrying between 18 and 21 gave birth to only 4.7 children.

[77] Kruiger puts forth the proposition that, as a developing country improves economically, there is both social and economic pressure to marry. As more people marry, a greater number of children are brought up in proper homes with parents who are more apt to have respect for those values that seem important and necessary for a prosperous developing country. The result is that the illegitimacy rate decreases and the moral fibre of the country as a whole is strengthened. As an example Kruiger points out that in the Netherlands Antilles, where the percentage of

age, 82.8 percent of those who lived in common law unions were mothers and 63.1 percent of all other women not married were mothers.[78] Lady Higgins in the 1940's held mass weddings for the poor where wedding rings were given to all the new brides as a reward for agreeing to marry.

It is quite easy for two adults to obtain a marriage license. All that is required is that the couple be of age, give their mutual consent and not fall within the affinity relationship. There is no waiting period nor blood test. In the United States and other countries, a waiting period may serve the purpose of eliminating hastily conceived marriages by giving the couple more time to assess the negative features of marriage.[79] But in Jamaica this would not apply, as the vast majority of those seeking a marriage license are already living together in a common law union.

The law also requires that the couple be formally married through a ceremony conducted by a marriage officer appointed by the Ministry of Health. The ceremony cannot take place before six o'clock in the morning nor after seven at night and all the doors should be open. Two witnesses are required and the marriage certificate must be signed in the presence of the marriage officer.[80] A marriage may be annulled if all the requirements are not fullfilled or if one partner refuses to have sexual intercourse despite the wish of the other.

Divorces are frowned upon by the courts and as a matter of public policy, they will not hear divorce proceedings until at least three years have elapsed, except in a case where the situation is one of exceptional depravity on the part of one member. If at the end of three years it is impossible to live together, then one party may apply for a judicial separation. The parties may mutually agree to live apart from each other and after 5 years this may be the basis for a divorce. The law recognizes desertion as ground for divorce.[81]

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married people has increased, both the marriage age and the illegitimacy rate has decreased. Kruiger, G.J., Preliminary Report on Family Life (Kingston, Jamaica, 1967), p. 22-23.

[78] Roberts, Statement of the Present Fertility Position in Jamaica, op. cit., Table 14.

[79] For an interesting study in this area see: Shipman and Yuan Tien, Non-Marriage and the Waiting Period (1965), cited in Driver, "Population Policies of State Governments in the United States: Some Preliminary Observations," 15 Villanova Law Review (Summer, 1970), p. 743.

[80] Gloria Cumper, Legal Aspects of Family Life in Jamaica, Monograph prepared for the Ministry of Health (Kingston, 1971), p. 2.

[81] Ibid., pp. 5-6.

V. LAWS ON ECONOMIC FACTORS RELATED TO THE FAMILY

A. Maternity Benefits[82]

Maternity benefits are those measures that a Government can take to ease the burden involved in pregnancy, delivery and child care. They usually take the form of monetary payments, or of legal provisions calling for better working conditions for women during and after pregnancy. The correlation between these measures and fertility is probably positive, depending on the circumstances. Whereas it is difficult to measure the direct impact, it can be said that where such maternity benefits exist, childbearing is more likely to be looked upon as acceptable and desirable.

Jamaica has no programs offering monetary aid, but all women are given free natal care at any of the government hospitals located throughout the Island. Jamaica has followed Great Britain in establishing a National Insurance Program but unlike Great Britain, there are no provisions for pecuniary maternity benefits nor are there any indications that such benefits are contemplated for the immediate future.

Maternity benefits in Jamaica take the form of labor law provisions and practices concerning women who are pregnant or have recently given birth and who are employed in government service or in the private sector. There are no legal provisions regulating the employment of pregnant women, but, there is an enabling law, The Women (Employment of) Law, enacted in 1942, which empowers the Minister of Labor to give orders concerning the employment of women before and after childbirth. No regulations have, however, so far been issued in this connection.

In general, it has been the practice of the private sector to follow the Government in this area, particularly in relation to the removal of discrimination against unmarried women. Prior to 1965, an unmarried woman in government work was forced to resign if she was absent from work beyond the period of her vacation leave. However, new government staff orders promulgated in 1965 do not discriminate, and unmarried women are now entitled to maternity leave. These orders state that a "female officer" who requires leave for maternity purposes,

> may be granted the vacation leave for which she may be eligible, for this purpose. If further leave is required she may be granted, in addition, special maternity leave on full salary for a period not exceeding 30 days and leave without pay for an additional period not exceeding 30 days.

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[82] The majority of information found in this section is taken from an article in the Kingston Sunday Observor, July 18, 1971, "More Liberal Attitudes to Maternity Leave."

In the private sector, maternity leave is conceded without reference to marital status. The general practice throughout industry is for the employer to grant up to six months leave without pay, but without loss of seniority. Twenty percent of the companies on the Island however, continue regular pay for a portion of maternity leave.

In 1968 a precedent-setting arbitration award was handed down concerning maternity benefits in one of the largest corporations employing women. The award stated that "after two years continuous service a female employee should be eligible for four weeks' maternity leave on full pay to be followed by four weeks' maternity leave without pay, plus any sick or vacation leave to which such employee is eligible." The arbitrators added the following rider, apparently to discourage fecundity:

> No application for such maternity leave will be considered for a second or subsequent pregnancy until three years have elapsed since the last application was made and/or granted; and any such female employee should not lose seniority because of having been on such maternity leave.[83]

The effect of these increasingly lenient provisions may be either pro- or anti-natalist. Working women tend to have fewer children. These provisions might act as a catalyst in allowing a woman to escape from the bonds of childbearing without loss of status. They may permit her to continue to enjoy her independence while fulfilling her familial role of housekeeper and mother.[84]

On the other hand, if these measures are perceived by the working woman as allowing her to have many children without permanently losing her job, and in some cases receiving part of her wage so that she feels that she is being paid to have children, then they will be neutral or pro-natalist in effect.[85]

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[83]Polack arbitration award between Jamaica Omnibus Services Ltd. and the two unions, NWU and BTU. The newspaper article mentioned in the above footnote stated:

> In what is believed to be the first time maternity protection was determined by arbitration, the Polack award of 1968 set out certain terms which appeared to certain elements of bias towards family planning.

[84]Rosen, Robert, Legal Aspects of Population Control with Specific Reference to Egypt. Harvard Law School, May 1971.

[85]Such was the case in the Kerala Region of India where among the maternity benefits granted by the tea plantation owners to the workers was two months leave with full pay upon the birth of each child. This was seen as partially responsible for the failure of an intensive family planning program. "The Conflicting Effects of Family

B. Child Allowances

Jamaica has no laws directly concerning child or family allowances. What affect such laws would have on fertility, should they be adopted, is uncertain. In 1967, sixty-two countries had general family or child allowance programs, most of these countries paying allowances directly to families on a per child basis. The impact that these programs have on fertility has not been determined.[86] In developing countries it is generally true that higher income families have fewer children than lower income families.[87] It has been suggested that this leads to the conclusion that family allowances encourage smaller families by "creating the desire and possibility for a better standard"[88] and also by creating an awareness of the costs of raising a family and an appreciation of the value of the individual.[89]

Under Jamaica's Poor Relief Law,[90] the Board of Supervision for the Relief of the Poor is empowered to pay a maintenance allowance of $2.40 per week to paupers and children of paupers who are wholly destitute. This program, however, has been inadequate as only $1,175,000 was paid in 1968 to 14,240 paupers, most of whom were not children.[91]

Jamaica has other laws dealing directly with the maintenance and protection of children. The Child Care and Protection Division of the Ministry of Youth and Community Development, operating under Law 44 of 1948, is the government agency officially responsible for the well being of the children of Jamaica. Its functions are many. Under the Juveniles Law[92] it brings to court those cases where children are in need of care

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Planning and Maternity Benefit Measures," Journal of Family Welfare (Bombay), vol. 10, no. 4, (June 1964), pp. 40-43, cited in U.N., Measures, p. 45.

[86]U.N., Measures, op. cit., pp. 28-31.

[87]S. Freidlander and M. Silver, "A Quantitative Study of the Determinants of Fertility Behavior," Demography (USA), vol. 4, no. 1 (1967), p. 44 cited in U.N., Measures, p. 38.

[88]D.H. MacGregor, "Family Allowances," Economic Journal (UK), vol. 30, no. 1 (March 1928), p. 5. cited in U.N., Measures, p.38.

[89]A. Sauvy, Théorie Générale de la Population, vol. 11: La Vie des Populations (Paris 1960) pp. 138-139, cited in U.N., Measures, p. 37.

[90]Chapter 299 of 1953 and amendments no. 15 of 1959, no. 11 of 1964.

[91]Interview with Mrs. Phyllis Constantine, Director, Board of Supervisors for the Relief of the Poor, in Kingston, July 16, 1971.

[92]Chapter 189 of 1953 and amendments no. 60 of 1955, no. 19 of 1957, no. 68 of 1961, no. 42 of 1963 no. 22 of 1964 and no. 26 of 1964.

and protection. It operates the foster home programs and supervises 13 government institutions including six places of safety where children are kept pending a court decision or placement, six approved schools for the training of children who have committed offences and one children's home. The Division is severely handicapped, as the law is not only outdated, but it is not child- or family-oriented, and the Division is not authorized to do preventive work.[93]

The Maintenance Law[94] provices for the maintenance and care of children by their parents or guardians and by those who cohabit with their parents or guardians. It states:

> 1. Every man is hereby required to maintain his own children and also every child, whether born in wedlock or not, which his wife may have living at the time of her marriage with him; and also
>
> if he cohabits with any woman, every child which such woman may have living at the commencement of such cohabitation; and also
>
> the legitimate children of any marriage that his wife may have by him during his marriage, or any child of which he may have been duly adjudged to be the father under any law that may be passed to provide for the maintenance of illegitimate children in the event of the parents of such children failing to maintain them,
>
> so long as such children respectively shall be unable, by reason of tender years or bodily or mental infirmity, to maintain themselves.
>
> 2. Every widow and unmarried woman is hereby required to maintain her own children legitimate or illegitimate....

Child benefits also take the form of educational opportunities. Although these opportunities cannot be compared with those in developed countries, they go a long way in helping the poor children in Jamaica to develop into worthwhile productive citizens.

Education is free for primary grades and for those who pass the yearly exams given in high school and college. Unfortunately, school attendence averages only 64-65 percent and the dropout rate for the primary levels is high. The Government realizes the importance of

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[93] Interview with Mrs. Beverly Marsh, Chief Children's Officer in charge of the Child Care and Protection Division, Ministry of Youth and Community Development in Kingston, July 19, 1971.

[94] Chapter 32 of 1953.

education and is making great strides in improving and expanding its physical facilities and upgrading the quality of its teachers and curriculum.[95] It is the aim of the Government that by 1980 all children in Jamaica will be exposed to free education.[96]

Because the Government has been unable to cope with the problems relating to poor children, a network of private agencies have grown over the years and have now joined together to form The Council of Voluntary Social Services. The tradition of voluntary social services is very strong and deeply rooted in Jamaican society. These voluntary organizations have preceded, in most cases, the government and statutory bodies in experimenting, pioneering and providing the much needed services to the poor of Jamaica. Some of the leading voluntary agencies helping children are: The Child Welfare Association, Jamaica Children's Service Society, Jamaica Save the Children Fund, City Child Care Limited, Jamaica Association for Child Guidance, and the Canadian Save the Children Fund. They provide such free services as: medical clinics, prenatal clinics, family planning clinics, day nurseries, family counseling, private schooling, and distribution of milk under the Government Milk Distribution Scheme.[97]

C. Paternity

The Bastardy Law[98] states that if paternity is proven, the father can be made to pay the mother or guardian a weekly sum not exceeding 40 shillings for the maintenance and education of the child. This law, in practice, is seldom invoked and a number of changes would be needed to give both the mother and child the protection originally envisaged by the act. Section 13 provides that only the mother may initiate bastardy proceedings, and unfortunately, this has prevented other persons who may have custody of the child from obtaining the needed maintenance funds. The law also requires that the complaint must be made before the child is born or within 12 months thereafter, unless proof can be given that the alleged father supported the child within twelve months of birth or he left the Island within twelve months of birth, in which case the complaint must be made within twelve months after his return. Even when payment is made after one year or if the

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[95] Interview with Mr. Ross Murray, Chief Education Officer, Department of Education, in Kingston, July 30, 1971.

[96] Speech given by Mr. Arthur Williams, Parliamentary Secretary in the Ministry of Education; reported in the Star, (Kingston, July 23, 1971).

[97] Council of Voluntary Social Services, A Handbook of the Social Services of Jamaica, (Kingston, October, 1970).

[98] Chapter 35 of 1953. Law no. 32 of 1969 changed the name of the Bastardy Law to the Affiliation Law.

alleged father admitted paternity, if no payment is made or support given within the first year the mother is precluded from filing a complaint. It is recommended that the period of one year be extended to twelve years and admission of paternity be an alternative to payments within the specific period.

A mother or guardian may request that payment be made to the court's Collecting Officer. It is recommended that all payments be made to the Collecting Officer who should be given authority to enforce such payments.[99] At present, mothers are afraid to press the father for payment or to take official action for fear that he will discontinue support altogether. Each time the father defaults in payments, the woman must return to the court and petition for a new order against him. It is not surprising that many women give up the struggle to collect maintenance.

Jamaicans take pride in their lack of discrimination, yet nearly three fourths of its people are treated as second class under various laws due to their illegitimacy status. The Soroptomist Club of Jamaica, a professional women's association dedicated to improving the social welfare of the island's poor, has suggested changes in laws that would improve the legal status of the illegitimate child and guarantee that fathers accept responsibility for all their children, legitimate or illegitimate.[100]

Under the Regulation of Births Law a provision is made for registration of the father's name and its inclusion on the birth certificate, whether the child is legitimate or not. In the case of an illegitimate child, this is seldom done, and the child is usually registered under the mother's name only. It is suggested that whereas it is now the duty only of the parents of legitimate children to register them, the law should require this also on the part of the parents of illegitimate children, and at the same time the father should be required to sign a declaration of paternity. At present, such a declaration must be signed before a justice of the peace, clerk of the courts, doctor or marriage officer. To facilitate the legal procedures, the list of persons who may legally witness the signing should be enlarged to include midwives, public health nurses and teachers.

Registration of the birth of an illegitimate child would then take the following course:

1) If both parents attend before the registrar, or if the mother

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[99] These recommendations are those of Mrs. Woodstock, civil magistrate and of the Civics Division of the Soroptomist Club of Jamaica.

[100] Much of the information in this section comes from a memorandum prepared by the Civics committee of the Soroptomist Club on "The Legal Status of the Illegitimate Child."

produces a signed declaration of paternity, the father's name would be registered and entered on the birth certificate.

2) If the father's name is not given on the form applying for registration, the registrar should ask the mother for his name. A letter would then be sent to him by registered post saying that he had been named as the father of the child and he would be required to reply. A form of declaration of paternity would be enclosed with this letter. If he replies admitting paternity and signs the declaration, his name would then be registered. If he denies paternity, or fails to reply within a reasonable time, the mother should be instructed by the registrar to apply immediately to the court for recognition of paternity.

Protection against false allegations of paternity would be insured by continuing the requirement that the woman must prove her case in court under the usual rules of evidence. She would be liable for prosecution in the case of perjury or false allegations.

It is also suggested that the present birth certificate which clearly shows that the holder is illegitimate be changed. A shorter form certificate could be used stating only the name, date and place of birth which would serve for all purposes except proof of nationality.

D. Laws Concerning Taxation

Taxing systems in countries throughout the world have various measures, some of which may act as incentives or disincentives on the decision to have children. Granting deductions in the amount of income tax payable is the most widespread form of tax relief, having been instituted for the purpose of easing the family's financial burdens. The allowable deduction in most countries increases as the number of children increases. Jamaican law allows for a straight deduction of $144 per child ($288 if attending a university) with no limit on the number of children for which deducting can be granted.

It is difficult to determine the fertility significance of this income tax provision. It might seem to have an effect similar to that of a family allowance program where payments are also made according to the number and age of children. However, it appears likely that an income tax deduction will have less effect than an allowance program since a smaller number of families actually pay income taxes and receive deductions than those who would receive family allowance payments. Moreover, tax savings are a less perceptible addition to family wealth than cash payments. Furthermore, for tax savings to be pro-natalist there must first exist an efficient government to administer the assessment, collection and enforcement program required for a successful income tax program. Such is not always the case, particularly in developing countries. In Jamaica the minimum taxable income is $1,200[101]

[101] Department of Income Tax, Kingston.

and the per capita national income for 1969 was $446.50[102] indicating that the average person would have to almost triple his income before he would be eligible for tax savings. Only 15%[103] of the population pays taxes; these people are the ones who enjoy higher educational opportunities and a higher status within society, and accordingly they are the people who have greater access to family planning services and who are already limiting the number of their children.

Jamaica might follow the example of India, which has recently eliminated discrimination against the unmarried taxpayer and now allows a tax deduction for any company which makes expenditures to promote family planning among its employees.[104] Companies and corporations are profit-motivated and could be utilized quite successfully in furthering Jamaica's national interest of lowering its birth rate through family planning. Tax deductions as well as citations and prizes could be awarded to companies as an inducement to open a family planning office on the premises or to permit a mobile unit to visit periodically.

E. Social Security

Social security programs are established for the purpose of providing money to those unable to earn their own income due to old age, invalidity, sickness and unemployment. Most countries have an old age pension program which benefits at least government employees.[105]

The fertility significance of social security programs is dependent on a number of factors including: the number of persons covered, the extent of coverage, the administrative effectiveness of the program and whether the country is developed or developing. The degree of development of the country involved is perhaps most significant. Developed countries provide much greater coverage than developing countries.[106] Friedlander and Silver found a strong correlation between social security programs and birth rates in developed countries, but not so in developing countries. They attribute this to the differ-

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[102] Department of Statistics, National Income and National Product 1969, (Kingston, May 1970), p. 17.

[103] Department of Income Tax, Kingston.

[104] B.L. Raina, "Possible Effects of Public Policy Measures on Fertility in India," Proceedings of the World Population Conference, 1965, p. 103.

[105] U.N., Measures, pp. 54-55.

[106] See Table on the following page.

ence between the existence and effectiveness of established laws.[107]

It is generally agreed that the poor people in the developing countries perceive children as a type of social security in times of old age, sickness and unemployment.[108] Guaranteeing social security payments would free people from being dependent upon a large number of children. Sweden, which provides 15 percent[109] more social security benefits per capita than any other country has experienced this phenomenon. According to the Swedish Association for Sex Education:

> The traditional role of the large family as an insurance against age, sickness and unemployment has been replaced by the state. Thus, the State Compulsory Pension System has provided economic independence for the aged. Parents do not need to rely on their children during their declining years. Through considerable expansion in the general medical and social welfare system, the state has taken over responsibility[110] hitherto assumed by close relatives.

[106]In the table below, the four selected developed countries provide almost 100 times more social security coverage than the four selected developing countries.

1963 AVERAGE SOCIAL SECURITY BENEFITS PER HEAD OF POPULATION EXPRESSED IN U.S. DOLLARS AT PARITY RATES FOR SELECTED COUNTRIES

Developed Countries		Developing Countries	
Sweden	303.6	India	1.1
West Germany	290.6	Turkey	4.4
France	258.1	Guatemala	4.9
New Zealand	242.7	Tanzania	1.7
	1094.0		11.1

Source: International Labour Office, The Cost of Social Security, 1961-1963 (Geneva, 1967), pp. 313-315.

[107]S. Friedlander and M. Silver, op. cit., p. 59.

[108]According to Blake's study, over 90 percent of both sexes in Jamaica expected help from their children in old age. She states that, "In fact one of the primary reasons for desiring children would appear to be the hope for social security." It is interesting to note that only 50 percent of the women thought that their children would actually look after them, and both parents agreed that after leaving the family, girls provide more help to the family than do boys. Blake, op. cit., pp. 64-65.

[109]International Labour Office, The Cost of Social Security, 1961-1963 (Geneva, 1967), pp. 313-315.

[110]Swedish Association for Sex Education, Chapter on "Sweden," Law and Population, edited by Luke T. Lee and A. Larson, (Durham, North Carolina: Rule of Law Press; Leiden: A.W. Sijthoff), 1971.

However, if such social security payments enable the wife to remain at home or discourage her from seeking employment by taxing her at the same rate as her husband without offering commensurate benefits, the effect would be pro-natalist.

Jamaica, under the National Insurance Act of 1965[111] has established a social security program that covers old age pensions and grants, invalidity pensions and grants, widow's/widower's pensions and grants, orphan's and special child's pensions and grants and funeral grants. Six hundred and seventy thousand of the 740,000 labor force are registered in the program and the National Insurance Fund stood at $62,708,800 after five years of operation in April 1971.[112] The people covered are classified into four categories: employed persons, domestic workers, self-employed persons and voluntary contributors.

To become eligible, a person and his employer must contribute for at least one hundred and fifty-three weeks, averaging not less than thirteen contributions for each year of coverage. A person must also have reached the retirement age of sixty-five for men and sixty for women or elect to have the retirement age extended five years with additional benefits then accruing.

Unfortunately, the benefits are not adequate to provide more than a fraction of what is actually needed for full maintenance. The program is not intended to provide complete support.[113] Other industry insurance schemes are also in effect and National Insurance is intended to be a floor upon which other schemes can be based. In addition, the program has established the basic machinery necessary for further expansion of the present system.[114] For those who are too old or incapacitated to have fulfilled the necessary requisites necessary to receive benefits under the National Insurance Scheme, there exists a Public Assistance Program which was initiated in September of 1970 under which this category of people may apply for a small payment of $2.20 per week.[115]

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[111] Law no. 38 of 1965.

[112] Mrs. Esme Grant, Parliamentary Secretary for the Ministry of Labour and National Insurance in her budget speech before the House of Representatives. Gleaner, July 21, 1971.

[113] Thus in March 1969 for example: if an employee's weekly wage was $44 per week or $2,288 per year he would receive, upon retirement, an old age pension for himself and his wife totalling $245.36 per year. If he should die his wife would receive $140.14 per year.

[114] Interview with Mr. Woodham, Under Secretary in charge of National Insurance in the Ministry of Labour and National Insurance, Kingston, July 20, 1971.

[115] P. Constantine, op. cit., note 91.

Even though the amount of coverage is nominal, payments under these programs could very well have fertility implications as any additional increase in the relatively low standard of living can be expected to alter the foundations upon which reproductive decisions are made. Furthermore, where such payments are looked upon by the recipients as being adequate, dependable, periodic and having government backing, their effect on family size will most probably be even greater.

F. Laws on Descent and Distribution of Property

The effect that laws dealing with descent and distribution of property might have on birth rates and fertility decisions is a matter of speculation. Virtually no studies have been conducted in this area. Such questions arise as: In what respects do inheritance laws based on primogeniture, or laws denying the right of succession to spouses, affect fertility? What effect on fertility decisions is produced by laws making it impossible for a person to disinherit completely his spouse and children (illegitimate and legitimate)?

In Jamaica every competent person is entitled to determine the distribution of his property by will. However, as is true in Great Britain and in many of the states of the United States, a common law spouse may not make a claim against the will of the deceased. In fact, what is called a common law marriage in Jamaica is not legally recognized as such.

Under the Intestate Law[116] legitimate children share in the estate of a deceased parent, subject to the life interest of the surviving spouse in one half of the estate, plus £50 or 10%, whichever is greater.

Section eleven of the Intestate Law discrimates against illegitimate children. The purpose of this section when originally enacted hundreds of years ago was to prevent the passage of land to the illegitimate mulatto children of plantation owners. Illegitimate children cannot inherit from their father or from their mother if she has surviving legitimate children.[117]

Many groups are attempting to repeal this law and should such a

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[116] Intestates' Estates and Property Changes Law, Chapter no. 166 of 1953.

[117] The Law states: "Where after the commencement of this law, the mother of an illegitimate child, such child not being a legitimate person, dies intestate as respects to all or any of her real or personal property and does not leave any legitimate issue her surviving, the illegitimate child, or, if he is dead, his issue, shall be entitled to take any interest to which he or such issue would have been entitled if he had been born legitimate. The Intestates' Estates and Property Charges Law, Chapter 66, Part II, Illegitimacy and Succession, 11 (1).

change occur, this would perhaps effect the poor and middle class man who is responsible for most of the children born out of wedlock. The majority of middle class and poor men die intestate and such a change might alter their decision to have illegitimate children.

It has also been suggested that a man should not be able by will to disinherit completely his spouse and legitimate or illegitimate children. The inheritance law could, for example, state that not more than twenty-five percent of an estate could be willed to others who are not direct kin.[118] This would guarantee that illegitimate children, who for fear of public scorn were not named in their father's will, would inherit their rightful share.

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[118] C.J. Kruiger, op. cit., p. 42.

VI. POSSIBLE IMPROVEMENTS IN LAWS AFFECTING POPULATION AND FAMILY PLANNING SERVICES

Several suggestions might be considered which could enhance the Government's efforts to reduce the birth rate. At present, contraceptives are distributed through family planning clinics and sold in most pharmacies. Because the widespread availability of contraceptives is essential to the success of any family planning program, measures should be taken to establish a wider base of distribution. The Government could require by law the sale of non-drug contraceptives by pharmacies, department stores, trading companies and cooperatives as the People's Republic of China has done.[119] Pills and other drug type contraceptives could only be distributed through the family planning clinics, private doctors and pharmacies. Doctors might be given a free supply of contraceptives and birth control information and should be encouraged to promote their distribution.

In the area of dissemination of birth control information, Jamaica would be wise to follow India's lead by establishing a direct mail facility for the regular mailing of family planning information to various target groups, such as program administrators, community leaders, local opinion leaders, school teachers and village level teachers.[120] To this list might be added midwives as they could influence many Jamaican mothers to accept family planning methods.

Jamaica imports all the contraceptives that are used on the Island. To stimulate industry, employment and interest in family planning methods, businesses could be given tax holidays and other advantages for manufacturing contraceptives locally. Thailand has a law, the Industrial Investment Promotion Act of 1962, which allows the Government to give such advantages to those businesses who manufacture items that are felt to be in the interest of the country. It has been suggested that contraceptives be included as in the country's interest.[121]

One of the crucial limiting factors affecting the operation of clinics is the shortage of available doctors. Doctors are paid only a nominal wage per session and are heavily overworked. Despite the fact that much of a doctor's time is spent fitting I.U.D.'s, only 11 percent of new acceptors chose I.U.D.'s in 1970 as compared with 14

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[119] People's Republic of China State Council Bulletin, 1957, no. 14, pp. 259-62, cited in the Population Council, Studies in Family Planning, vol. 2, no. 4, (April 1971), p. 83.

[120] S.G. Singer, "India," Law and Population, op. cit.

[121] "Thailand," Law and Population, op. cit.

percent in 1969.[122] To help alleviate the situation, para-medical personnel might be trained to insert I.U.D.'s. This would allow for a more thorough follow-up, lack of which seems to be the reason for many I.U.D. rejections. Pakistan, because of its severe shortage of doctors, found it necessary to establish a 12-27 month training program in the insertion of I.U.D.'s and presently 70-80 percent of all I.U.D.'s are fitted by these para-medical people.[123]

In the field of legal reforms it has been suggested that a system of Family Corts be established in each parish.[124] This would strengthen social control on the local level in matters dealing with the infringement of laws regulating man-woman-child relationships. Cases which formerly were considered civil would become criminal and it would be the responsibility of the state, rather than the discretion of the woman, to summon an alleged wrong-doer to court. The Family Court would have jurisdiction over divorce, maintenance and custody cases, registration of fathers, child and woman neglect and rape cases. The purpose of such a reform would be to make people more responsible for their dependents and guarantee that indigent persons receive what they are lawfully entitled to without expensive court costs and attorney fees.

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[122] National Family Planning Board, Statistical Report, op. cit.

[123] "Pakistan," Law and Population, op. cit.

[124] Kruiger, op. cit., p. 45.

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