



**JAMAICA**

**REPRODUCTIVE  
HEALTH SURVEY  
1997**

**SUMMARY  
CHARTBOOK  
OF MAIN  
FINDINGS**

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**NATIONAL FAMILY PLANNING BOARD**

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**1998**



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## PREFACE

The 1997 Jamaica Reproductive Health Survey (RHS) is the sixth in a series of periodic enquiries into measures of contraceptive use. These surveys are the primary data-gathering instrument by which the National Family Planning Board (NFPB) evaluates the status of family planning and the degree to which the country's reproductive health needs are being met. The title of the survey recognizes that traditional family programmes encompass more than just the ability to control the timing and number of births. Today, such programmes benefit from and influence a broad spectrum of reproductive health issues, such as the prevention of sexually transmitted diseases (STDs) and AIDS, screening for breast cancer, and appropriate prenatal care. The survey also serves to measure and evaluate fertility trends among different strata of Jamaican society and takes a special look at adolescent sexuality and fertility.

The 1997 RHS interviewed 6,384 women in the reproductive age group (15-49) and 2,279 young adult men aged 15-24. Interviews were conducted between August and December 1997. In April of 1998, a series of seminars were conducted at four locations in the country in order to present the preliminary results to health and family planning personnel in each of the four Health Regions. At these seminars, discussions were held with local area staff on the significance of the results and appropriate techniques of data analysis and presentation. This report is intended to further inform the process.

The survey was conducted with the valuable assistance of the Division of Reproductive Health, Centers for Disease Control and Prevention (CDC) in Atlanta, the Statistical Institute of Jamaica (STATIN), McFarlane Consultants, and with funding from the United States Agency for International Development (USAID). This report was produced by the Population Reference Bureau, Washington, DC, as part of the USAID-funded MEASURE *Communication* programme, a project designed to promote the dissemination and use of information about population, health, and nutrition to a wide variety of audiences.

Beryl Chevannes

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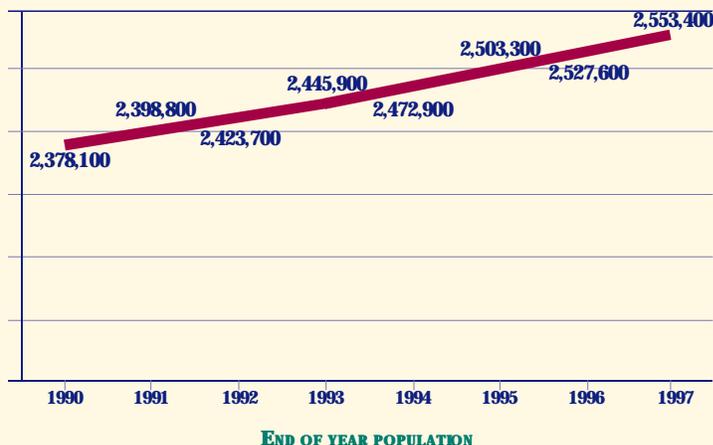
December 1998

## 1 THE DEMOGRAPHIC BACKGROUND

In 1998, Jamaica's population was estimated at 2.6 million, an increase of somewhat less than one million over the 1.8 million population of 1970. Life expectancy at birth is 73 years for women and 70 for men, a level comparable to many of the world's industrialised countries. Over the past two decades, fertility has gradually declined, as it has in all Caribbean countries. In the mid-1970s, women in Jamaica bore children at a rate that would result in a lifetime average of about 4.5 children each. This measure of fertility is referred to as the total fertility rate, or TFR. That decline in fertility appears to have slowed considerably, as evidenced both in the officially reported birth rates and in the results of fertility surveys since the late 1980s. Currently, the TFR in Jamaica is 2.8.

At present in Jamaica there are about 23 births annually per 1,000 population and 6 deaths per 1,000. This results in a rate of "natural increase" of 1.7 percent, sufficient to double the population in size every 40 years, were that rate to be maintained. However, the net amount of emigration from the island in the past few decades has averaged about 20,000 per year, so the population growth rate has actually been closer to 1.1 percent annually. Today, Jamaica can be described as a country with medium fertility and a prospect for consistent, although moderate, population growth in the future. The government has stated a goal to further reduce the TFR to the replacement level of about two children per woman.

**JAMAICA'S POPULATION, 1990-1997**



Source: Statistical Institute of Jamaica

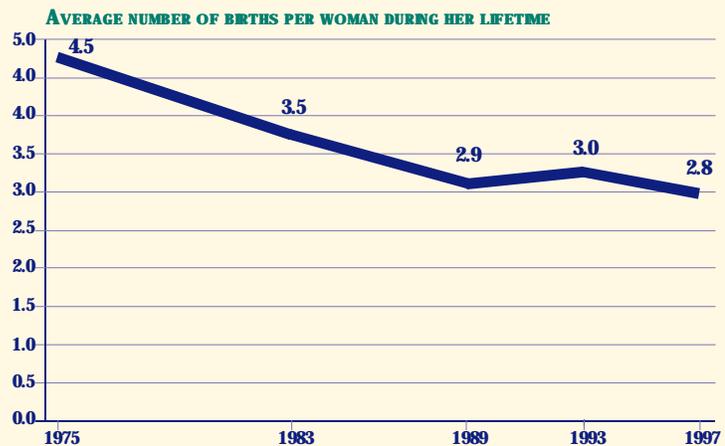
## 2. RECENT FERTILITY TRENDS

Jamaica has achieved a marked reduction in fertility in the past two decades. The total fertility rate\* (TFR) declined from about 4.5 in the mid-1970s to 2.8 at the time of the 1997 RHS. The 1990s, however, have been a period of relative stability in fertility. This is due to a desire on the part of Jamaican women for more than the approximately two children per couple needed to achieve an eventually stable population size.

\*The total fertility rate (TFR) is the average number of children a woman would have in her lifetime if the age-specific rates of a given year were to remain constant.

### TOTAL FERTILITY RATE IN JAMAICA, 1975-1997

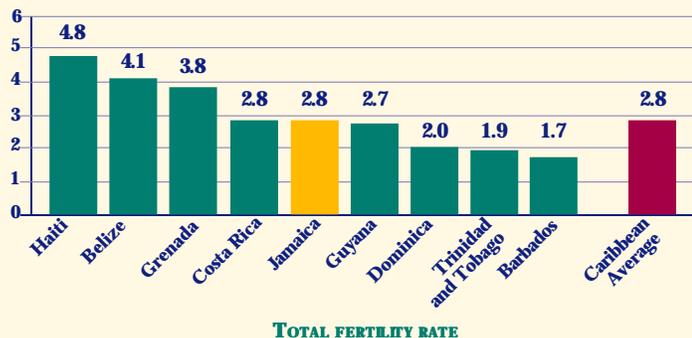
Recent survey data have shown that, in recent years, the decline in Jamaica's birth rate has slowed.



Note: Data are two-year averages prior to the survey.

### FERTILITY IN THE CARIBBEAN REGION, MID 1990s

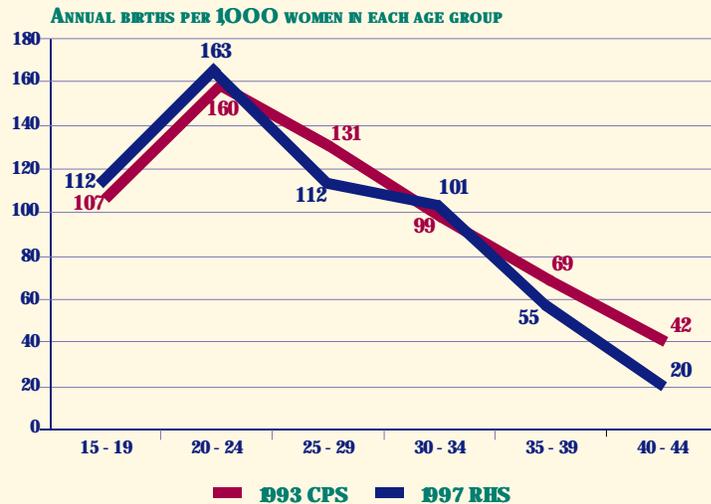
Jamaica's fertility is now at an average level for the Caribbean region.



Source: 1998 World Population Data Sheet, Population Reference Bureau

### FERTILITY RATE BY AGE OF THE MOTHER, 1993 AND 1997

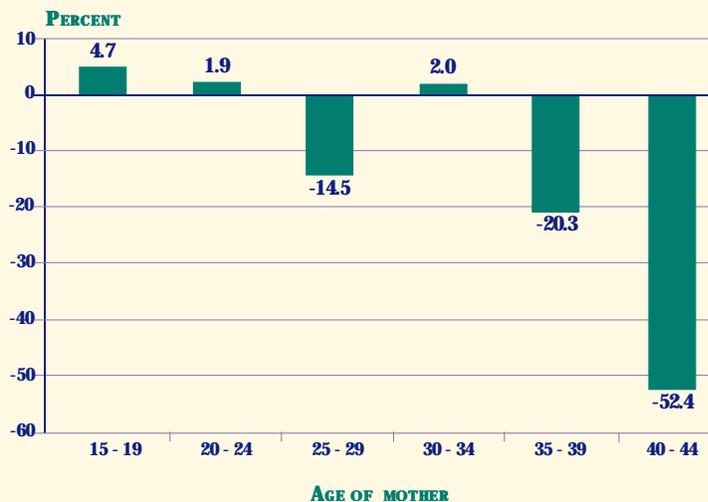
Between 1993 and 1997, fertility fell among several age groups of older women, but rose among the younger women, a key group.



The pattern of fertility by age is typical of that observed in the majority of countries. Births peak in a woman's early 20s, before beginning a gradual decline to the close of her childbearing years. The small decline in fertility measured by the 1993 and 1997 surveys\* was entirely due to the decrease in fertility among women above age 25. Of particular note is the relatively high fertility rate for teenage women and the fact that the surveys indicate that fertility is essentially unchanged for women below age 20. It should also be noted that the fertility rate for teenage women is unusually high, both in comparison to other countries and relative to the national TFR of 2.8.

### CHANGE IN FERTILITY RATES BY AGE OF THE MOTHER, 1993-1997

In recent years, birth rates have risen among teenagers, contrary to the trend in most other age groups.



How have fertility rates in Jamaica changed? In the 1990s, there was a notable decline for older women, but not for the younger age groups. This trend, in fact, has been observed since the latter half of the 1980s.

\* Throughout this chartbook, "WFS" refers to the Jamaica Fertility Survey 1975-1976, "CPS" refers to the Contraceptive Prevalence Surveys carried out in 1983, 1989, and 1993, and "RHS" to the 1997 Reproductive Health Survey.

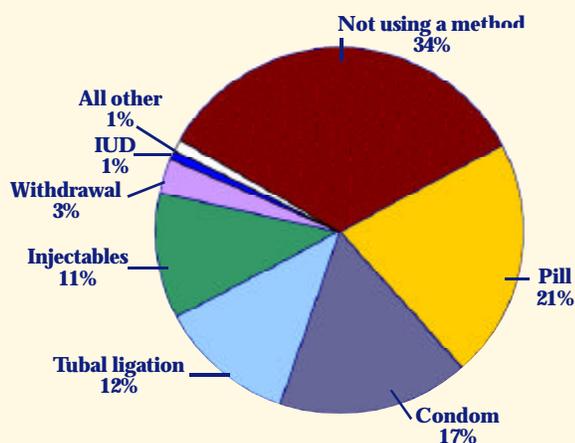
### 3. CONTRACEPTIVE USE

Overall, two out of three women in a union (married, common law union, or visiting relationship) were using contraceptives in 1997. This high rate of usage compares well with other advanced developing countries. Of the 66 percent of women using contraceptives, virtually all were using a “modern” method. The pill has been the most widespread form of family planning for many years and continues to be so today. The condom is a close second. Both of these methods, however, require continuous supply and use. Of the longer-term methods, injectables and the IUD, injectables are far more common. For couples who wish to cease childbearing altogether, female sterilisation (tubal ligation), is used almost exclusively. Only 0.1 percent of women in union reported their partners had a vasectomy, although the figure for married women, 0.4 percent, was slightly higher.

Despite the high level of contraceptive use, the country’s fertility has remained essentially constant at a TFR of about 2.8 to 3.0 children per woman in the 1990s. This may result from a desire for more children than the national goal of two per woman or from inconsistent use of “supplied” methods of contraceptives, such as the condom or pill. Given the high contraceptive prevalence rate at present, future data collection on the consistency and quality of contraceptive use would be of considerable value.

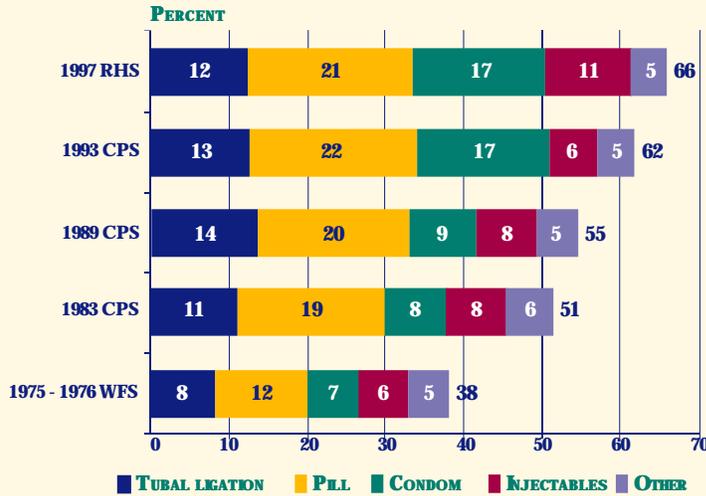
#### WOMEN IN UNION USING CONTRACEPTION BY METHOD: THE PILL REMAINS THE MOST POPULAR

Nearly all women using family planning in Jamaica rely on a modern method, such as the pill, condom, tubal ligation, and injectables.



### WOMEN IN UNION USING A PRIMARY METHOD

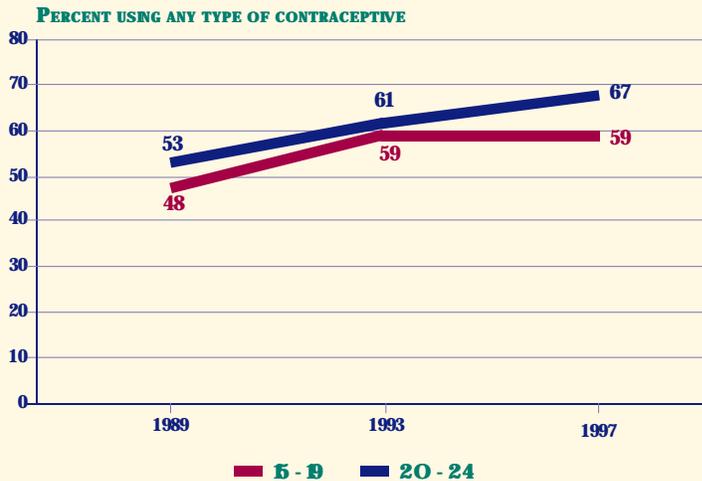
All the increase in contraceptive use from 1993 to 1997 was due to injectables.



The use of contraception has nearly doubled in the two decades since the 1975-1976 fertility survey. Although the mix of methods has remained roughly proportional, increased use of both the condom and injectables has been readily apparent since 1989. From 1989 to 1993, most of the increase in contraceptive use was due to increased condom use. But, from 1993 to 1997, the increase in overall contraceptive use was largely due to an increase in injectable use. The increase in the use of injectables from 1993 to 1997 was a result of promotional efforts by the NFPB and other organisations.

### USE OF CONTRACEPTIVES BY YOUNG ADULTS IN UNION, 1989-1997

Contraceptive use has reached a high level for young women, but has recently ceased its rise among 15-19-year-olds.



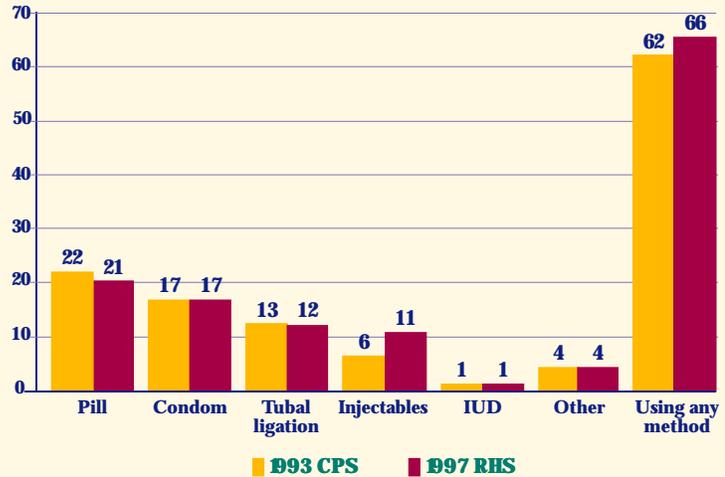
The fact that young women in union seek and are receptive to contraceptive services is evident in both the high rates of usage and the increase in contraceptive prevalence observed in the past three surveys for women aged 20-24. Use among 15-19-year-old women, however, has not increased since 1993.

From 1993 to 1997, all of the increase in contraceptive use was accounted for by a rapid rise in the popularity of injectables. This growth in the use of injectables spans all age groups, as can be seen in the table below.

### CONTRACEPTIVE PREVALENCE BY METHOD, 1993 AND 1997

The increase in the use of injectables suggests that more women are seeking a reliable, convenient method to prevent unintended pregnancies.

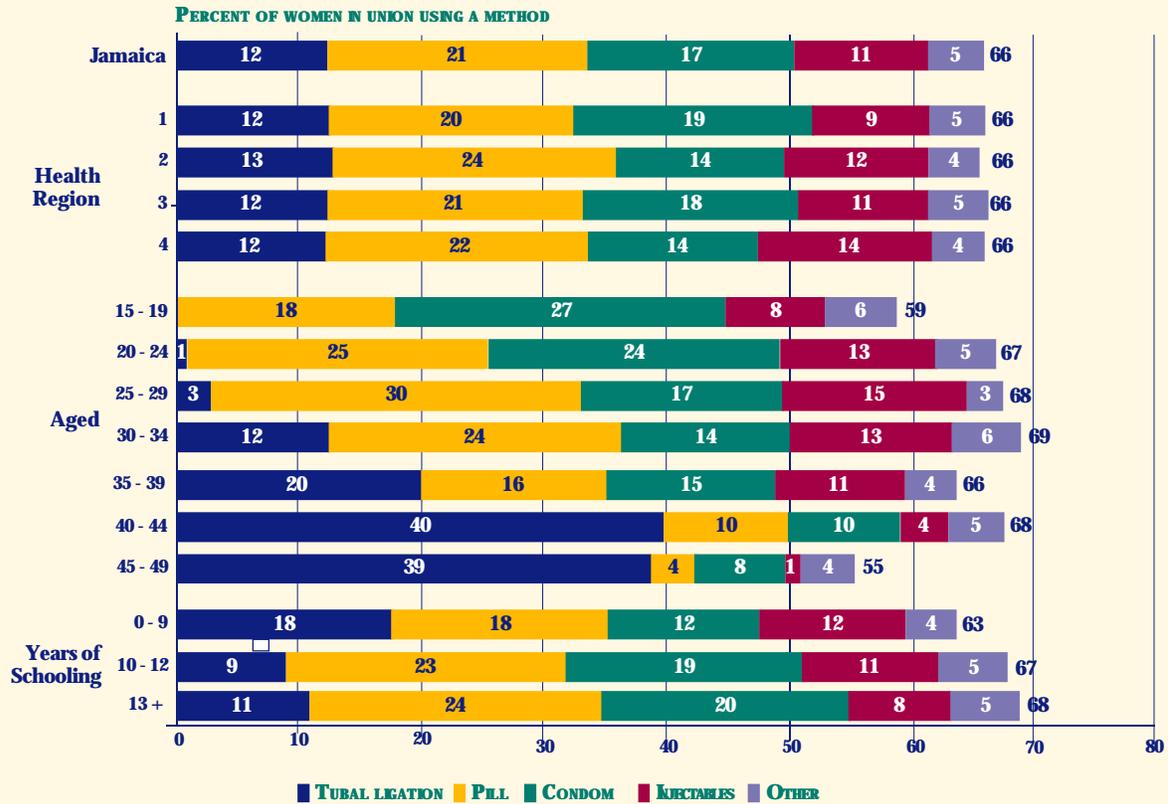
PERCENT OF WOMEN IN UNION USING CONTRACEPTIVES



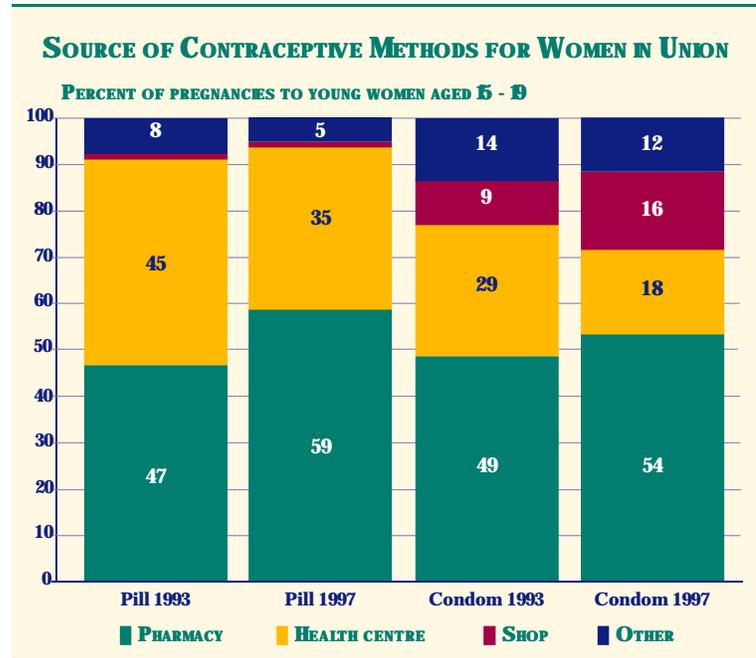
AGE	PERCENT OF WOMEN IN UNION USING INJECTABLES		CHANGE
	1993 CPS	1997 RHS	
15-19	1.6	8.0	+ 6.4
20-24	8.5	12.6	+ 4.1
25-29	8.0	14.9	+ 6.9
30-34	8.1	13.0	+ 4.9
35-39	3.5	10.7	+ 7.2
40-44	1.8	3.5	+ 1.7

Contraceptive prevalence is uniform throughout Jamaica's four Health Regions at 66 percent, the same as the national average. The 1997 RHS and previous surveys also reveal the shift in methods preferred by women as their age increases. The youngest women exhibit a high reliance on the condom, women in their middle reproductive years rely on hormonal methods, the pill, and injectables, while older women favour the permanency of tubal ligation. The use of sterilisation also rises quickly with the number of births a woman has had, as does that of longer-term methods, such as injectables. There is a higher prevalence of tubal ligation among women with less schooling, who are also older and have more children.

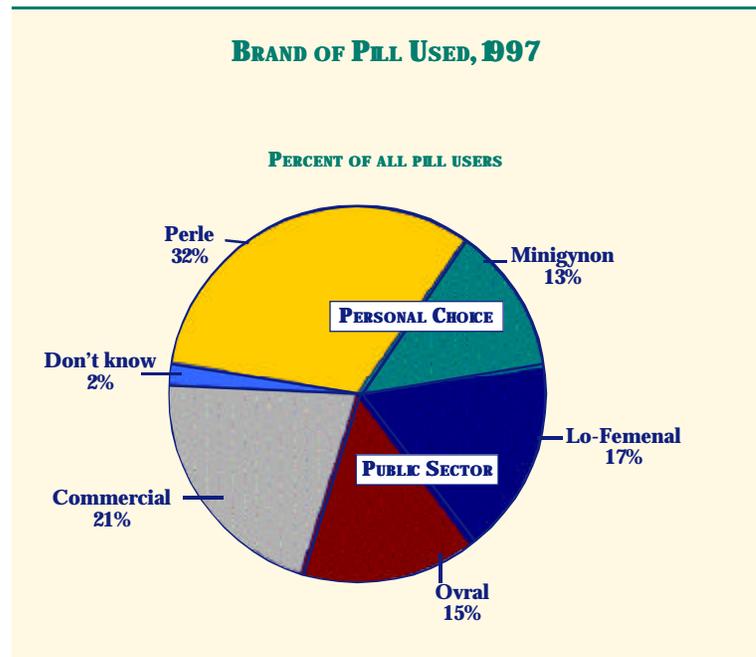
**CONTRACEPTIVE USE VARIES BY HEALTH REGION, AGE, AND EDUCATIONAL LEVEL**



The trend is toward obtaining contraceptive supplies from private, rather than government, sources. There has been an increase in the percent of users who obtained pills at pharmacies from 47 percent in 1993 to 59 percent in 1997. Similarly, condoms purchased from either a pharmacy or a shop rose from 58 percent of users in 1993 to 70 percent in 1997.



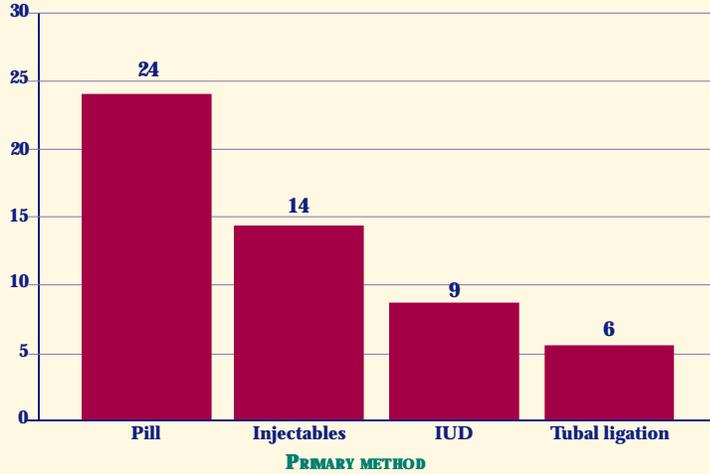
The popularity of private sources for contraceptives is also evident in the brand of pill now used by a growing number of women. Overall, only 32 percent of pills, Lo-Femenal and Ovral, are obtained from the public sector while the majority are purchased either through the social marketing programme (Personal Choice) or from commercial sources.



### CONDOM USE AS A SECONDARY CONTRACEPTIVE

Condom use as a second method has become more common, most likely as a disease prevention measure.

PERCENT OF WOMEN USING OTHER CONTRACEPTIVE METHODS WHO ALSO USE CONDOMS



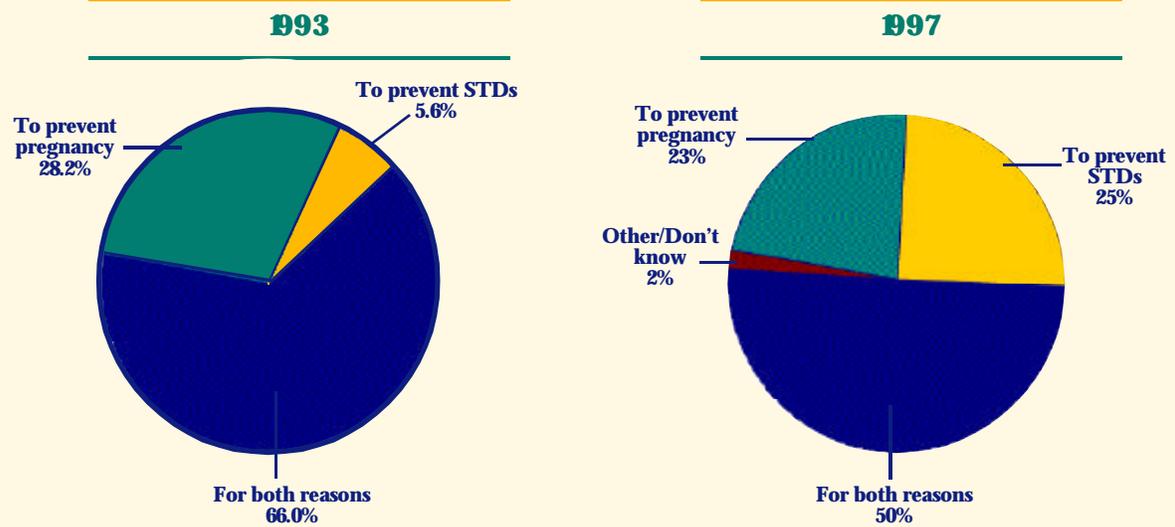
Further evidence of the effect of education programmes on STDs and AIDS can be seen in the use of condoms as a second contraceptive method. Nearly one in four users of the pill, for example, concurrently used a condom.

There has been a rapid increase in the use of condoms as protection against sexually transmitted diseases (STDs/HIV AIDS). From 1993 to 1997, the use of condoms primarily for the prevention of disease grew to one out of four users, a significant change from just four years earlier.

### REASONS FOR USING CONDOMS, 1993 AND 1997

In 1993, only 6 percent of women used condoms primarily for the prevention of disease, but, in 1997, one out of four used them for that reason.

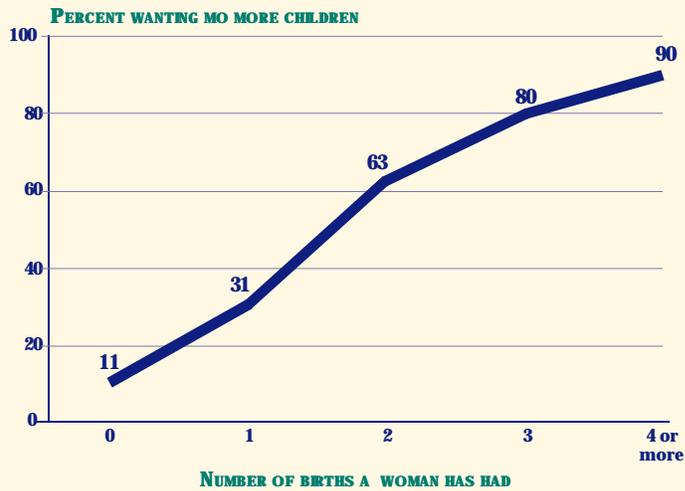
#### PERCENT OF WOMEN WHO USE CONDOMS AS A PRIMARY OR SECONDARY METHOD



## 4. FERTILITY INTENTIONS

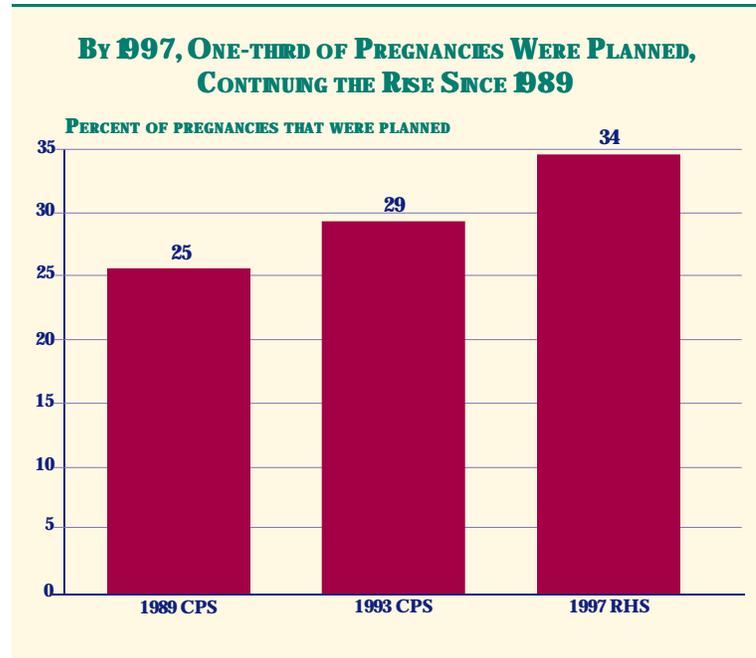
### THE DESIRE TO CEASE CHILDBEARING RISES QUICKLY WITH EACH SUCCEEDING BIRTH

Two-thirds of Jamaican women with 2 children say they don't want any more children.

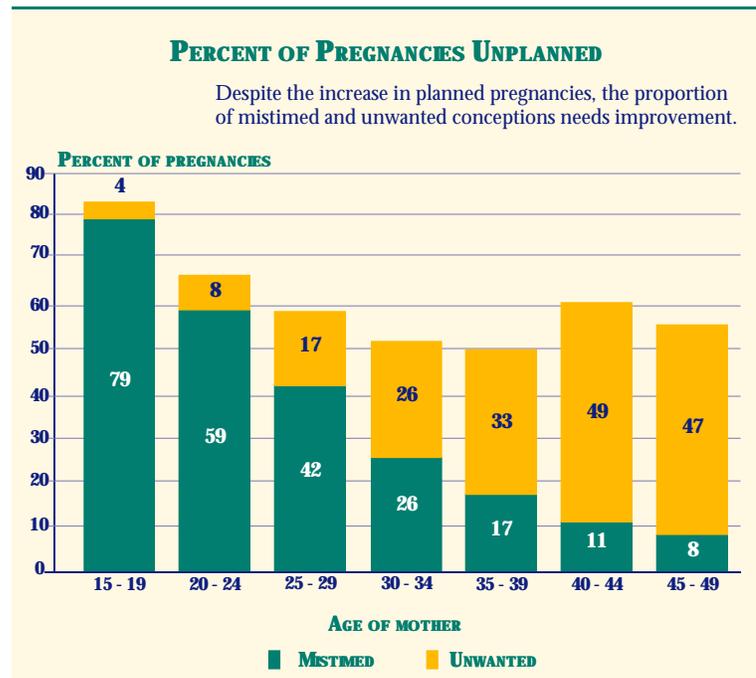


By the time they have had two children, almost two-thirds of Jamaican women said that they did not want any more children. This points to a definite need nationwide for reproductive health services and education for longer term and permanent methods.

As a result of almost universal awareness and rising use of contraceptives, the proportion of births to women aged 15-44 reported as “planned” has risen steadily, from 25 percent in 1989 to 34 percent by 1997. Despite the increase in planned pregnancies, the proportion of mistimed and unwanted conceptions needs improvement.

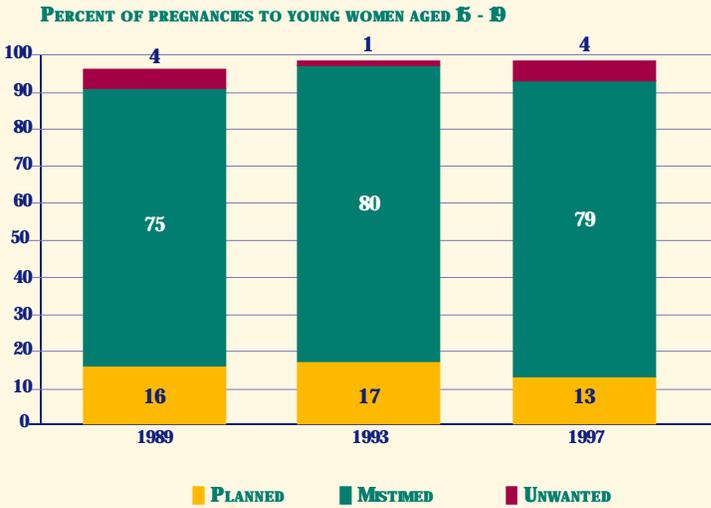


Nonetheless, the proportion of births reported as mistimed by younger women and unwanted by older women remains substantial. Overall, mistimed births are predominant among younger women and unwanted births among older women who most likely do not wish to have any more children.



### PLANNING STATUS OF PREGNANCIES TO 15-19-YEAR-OLDS SINCE 1989

Less than one in five births to teenagers were planned, while the vast majority took place at the wrong time in their lives or were not wanted at all. The situation has changed little for many years.



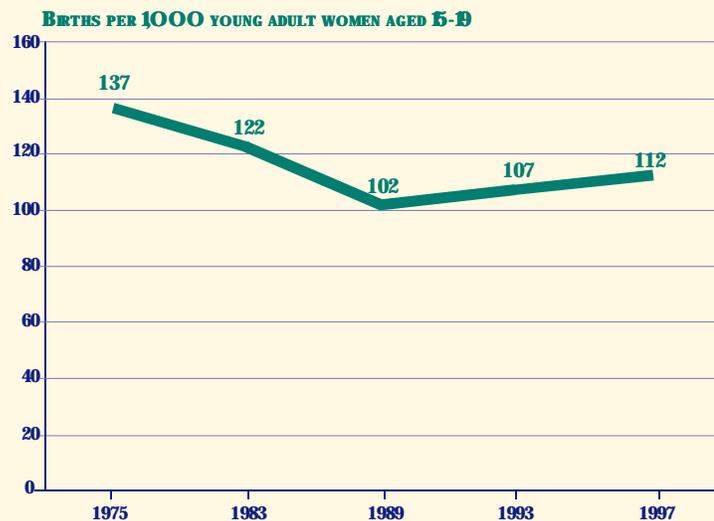
Nowhere is the need for contraceptive education and services more apparent than among young adults. From 1989 to 1997, the proportion of births that adolescent mothers reported as planned declined to 13 percent. Eight out of 10 were mistimed.

## 5. FERTILITY AND CONTRACEPTION AMONG YOUNG ADULTS

During the 1990s, fertility among the youngest women rose to 112 births per 1,000 women aged 15-19, from a low of 102 in 1989. This rate is exceptionally high given that overall fertility in Jamaica has reached a more modest level. Part of the explanation for this development may be the reliance of young adults on the condom and, to a lesser extent, the pill. Both methods are dependent upon consistent use. In addition, the condom requires motivation on the part of the male partner.

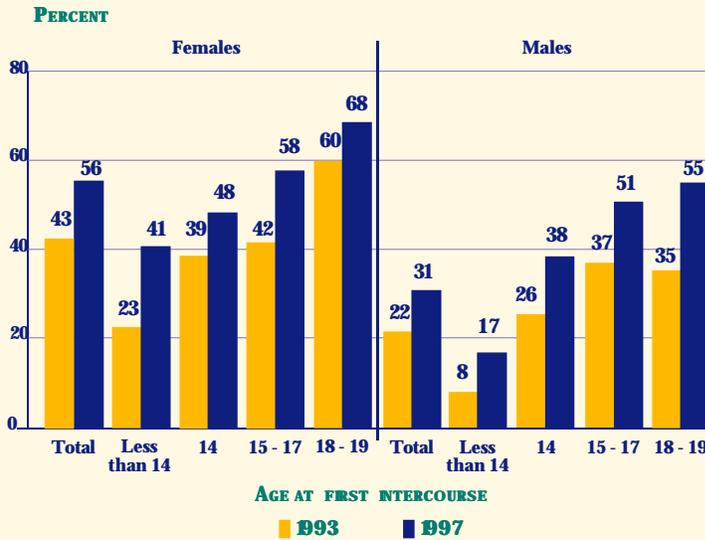
### CHILDBEARING AMONG 15-19-YEAR-OLDS, REVERSING THE TREND

Of particular concern, the 15-19-year-old birth rate has not only ceased its decline — it actually rose in the most recent surveys.



### CONTRACEPTIVE USE AT FIRST SEX BY YOUNG ADULTS, 1993 AND 1997

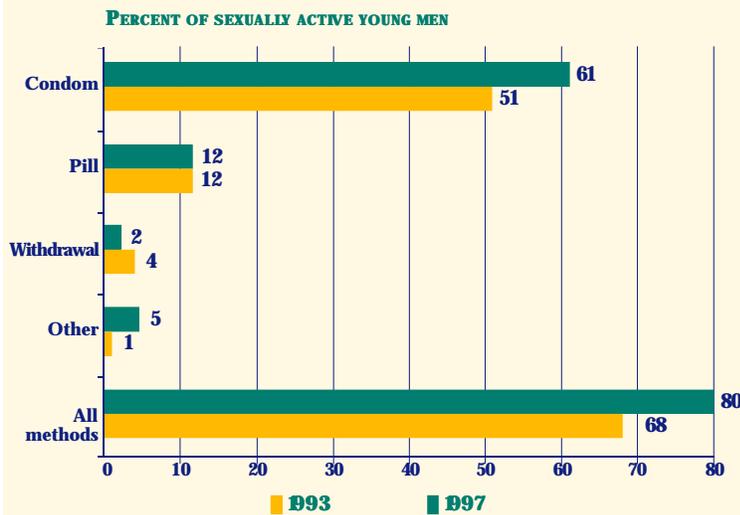
There was a sharp increase in the use of contraceptives at first intercourse among teenagers in just four years.



The use of contraception at first sex is an indicator of the degree to which young adults have both been made aware of contraceptives and have access to supplies and services. Over half of young women report having used contraceptives at first intercourse, a total that jumped from 43 to 56 percent in just four years, an improvement that was seen in all age groups. Young men reported a lower level of use, but also some improvement.

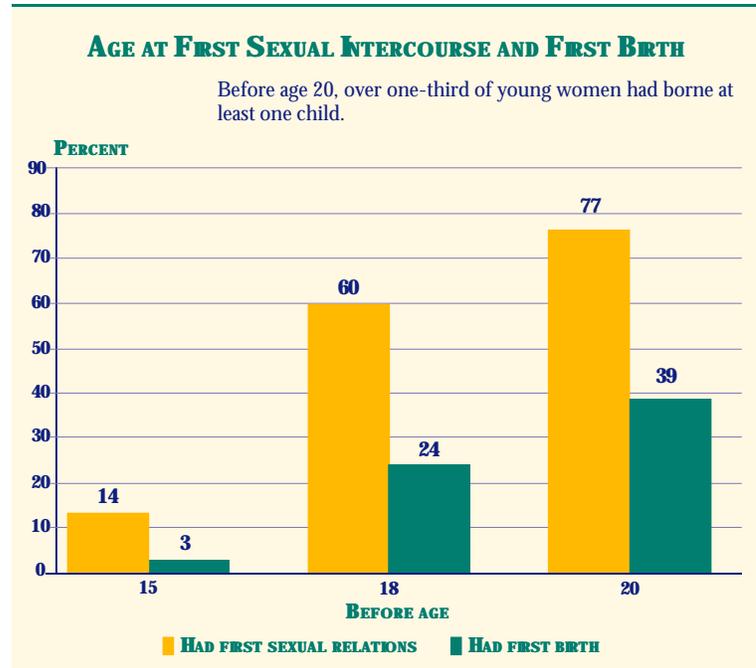
### CONTRACEPTIVE METHODS USED BY YOUNG MEN (AGED 15-24) AT LAST INTERCOURSE IN THE LAST 30 DAYS, 1993 AND 1997

In just four years, the use of condoms among young men has increased 20 percent, a probable result of AIDS education programmes.

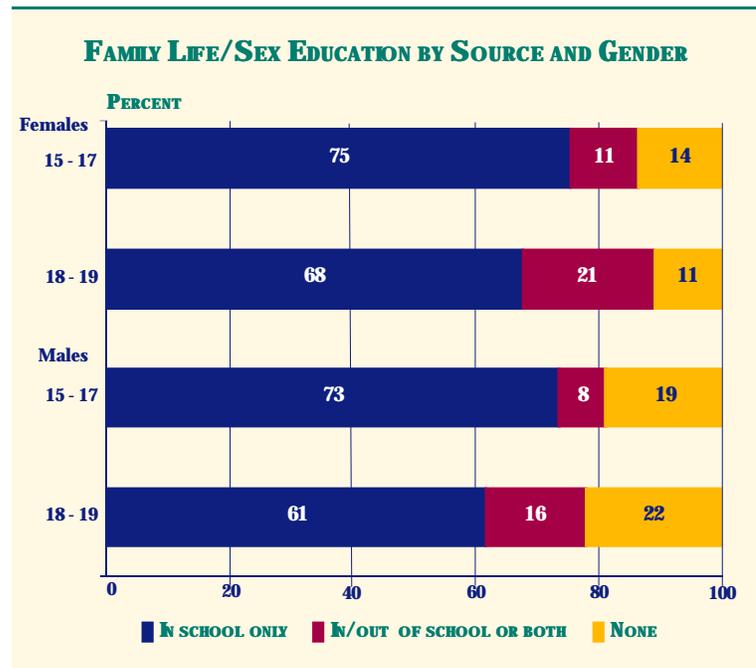


The reported use of contraceptives by young men who were sexually active in the 30 days prior to their interview was high, with eight of ten stating they had used a method at last intercourse. The rise in contraceptive use from 1993 to 1997 was almost all due to increased condom use, which is the method used by three of four young men using any method.

The initiation of sexual activity typically begins between the ages of 15 and 18. By age 15, 14 percent of girls had initiated sexual intercourse and, by age 20, 39 percent had borne their first child. This suggests that, to avoid unintended pregnancies, family life education should have begun before that time.

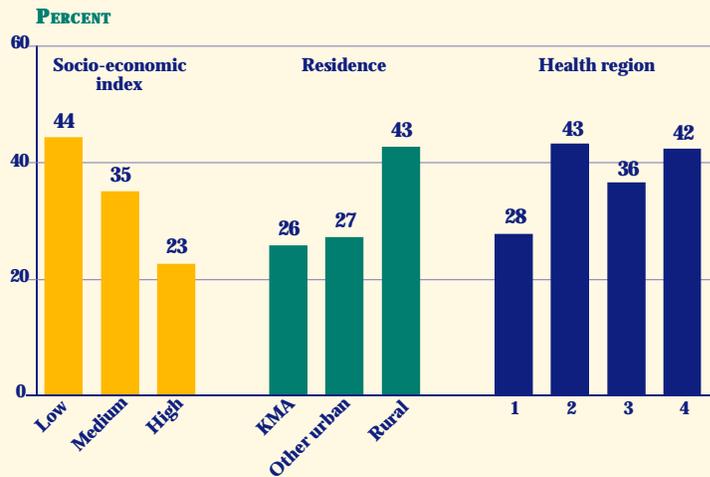


The proportion of young people who have received family life education in the schools has shown a promising upward trend, according to the 1997 RHS. Three-fourths of the 15-17-year-old girls reported that they had received this instruction in schools, an increase from 68 percent of girls aged 18-19. The increase for boys in the same age groups was even more dramatic, 61 to 73 percent. Nonetheless, the high level of unintended pregnancies in these age groups suggests that the quality of family life and sex education can be improved.



## 6. USE OF REPRODUCTIVE HEALTH SERVICES

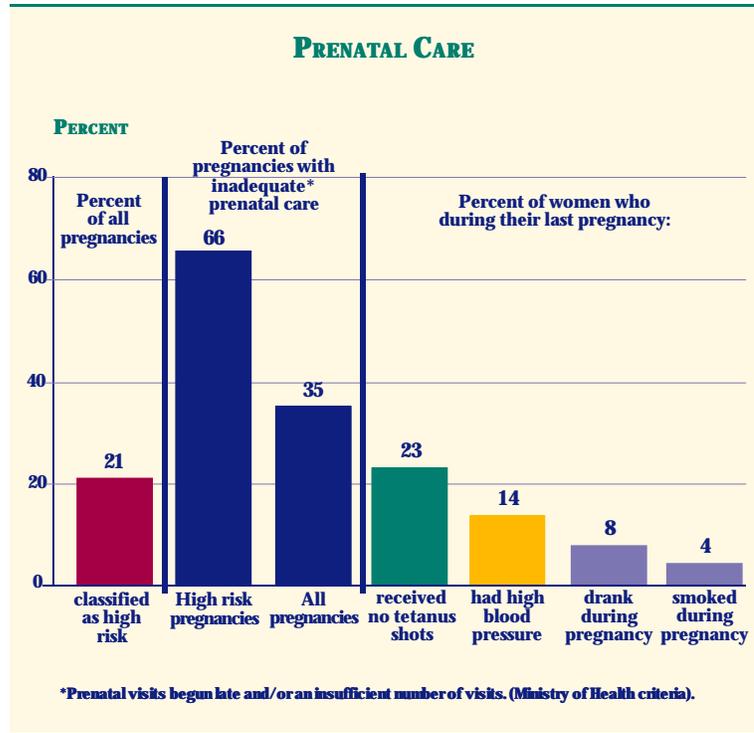
### PREGNANCIES WITH INADEQUATE\* PRENATAL CARE



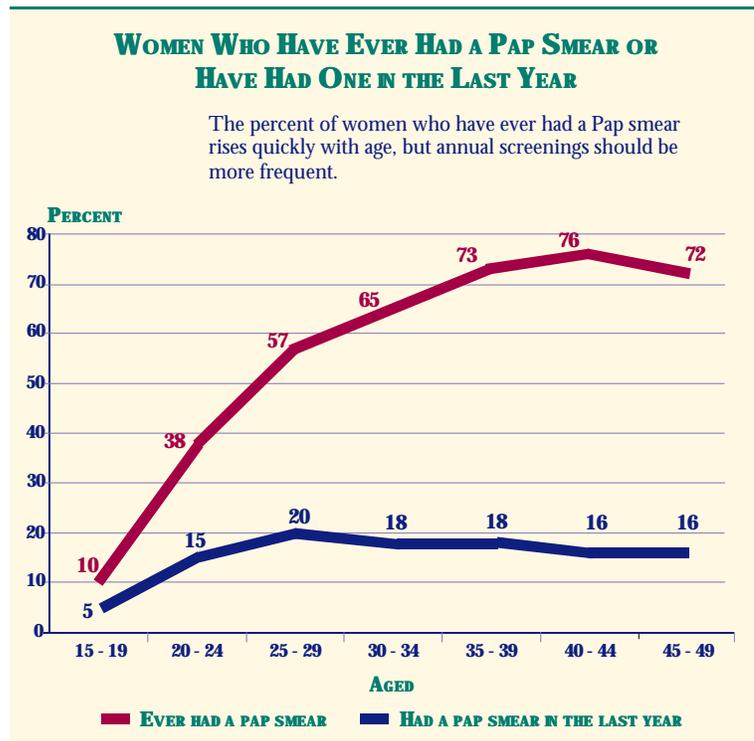
\*Prenatal visits begun late and/or an insufficient number of visits. (Ministry of Health criteria).

Early and adequate prenatal care is important during pregnancy, both for the health of the mother and child. In Jamaica, women whose socio-economic index is “low” and women who lived in rural areas were the most likely to have begun prenatal visits late or to have made an insufficient number of visits.

One in five pregnancies in Jamaica is classified as being of high risk. These pregnancies also were quite likely not to have had adequate prenatal care. Two out of three high risk pregnancies lacked this care, compared to one out of three total pregnancies.

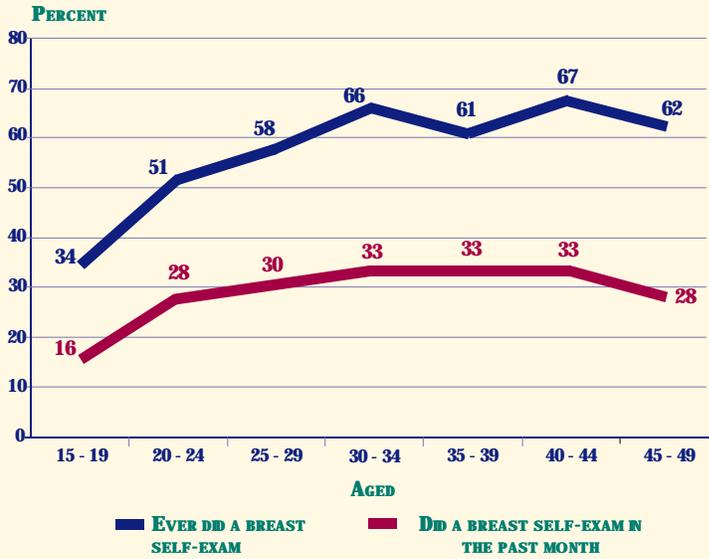


While relatively high proportions of women in the country have ever had a Pap smear, the number who have this test on the recommended annual basis is considerably lower.



**WOMEN WHO HAVE EVER DONE A BREAST SELF-EXAM AND DID ONE IN THE PAST MONTH**

Breast self-examination for early detection of possible cancers should be a monthly practice for women of all ages.



The percentage of women who have ever performed a breast self-exam – two out of three by age 30 – is much higher than those who practice this self-screening for breast cancer at the ideal monthly interval.