

GENDER DIFFERENCES IN REPRODUCTIVE HEALTH

Knowledge and Outcomes for Young Adults in Jamaica

Reproductive Health and Adolescents

Reproductive health needs of young adults warrant special attention given the relatively large contribution of reproductive illnesses to the burden of disease for this group. Teenage fertility and unintended pregnancy have received the attention of both researchers and policy makers in Jamaica for some time. Early pregnancy can be disruptive socially but there is also increased risk of pregnancy complications for very young women. Obstetrical complications are the leading cause of hospital admissions for Jamaican women between ages 15 and 19 (PAHO, 2005).

According to the Jamaican government, rates of sexually transmitted infections (STI) were higher among adolescents than many other age groups. At least one in four adolescents has a history of STI (MOH, 2000). Throughout the AIDS epidemic, particular concern has focused on young adults and gender roles linked to sexual behaviour. HIV/AIDS is one of the three leading causes of death for 15-19 year olds (MOH, 2005). Gender differences and biological differences of sex also shape risk. Young women aged 10-19 have a risk of HIV infection that is three times higher than young men of comparable ages (MOH, 2005).

Girls Growing Up in Jamaica

There is much concern in Jamaican communities about early pregnancy for young women. Girls grow up in communities surrounded by role models for womanhood that are aligned with sexuality and bearing children yet messages that encourage sexual freedom often conflict with family expectations and parental fears around a daughter's developing sexuality and sexual risk (Bailey 1998). Young women also get conflicting messages about their economic independence; while girls are encouraged to stay in school and enter the labour force many expect to depend on support from men. The expectation that women should receive and that men should provide economic support often fuels gender tension in a society where many households are female-headed and many relationships are not legally recognized (LaFont 2000).

Boys Growing Up in Jamaica

Gender research in Jamaica highlights the pressure boys face to be tough and independent, to be sexually active and to have children

with a number of different partners, and to see success in school as unmanly (Branche 1998). Popular culture presents few positive role models for boys. More than girls, boys are expected to be socialised outside the home. The dominance of the street in young men's lives leaves them disconnected from the social networks of family and schools (Branche 1998). Along with narrowing the opportunities for education and employment in young men's life, life on the streets brings additional risks that include early sexual initiation, multiple partners, unprotected sex, conflict and violence.

2002 Jamaica Reproductive Health Survey

The 2002 Reproductive Health Survey was a household survey of a nationally representative sample of 7,168 women aged 15-49 (91.8 percent response rate) and 2,437 men aged 15-24 (87.2 percent response rate) that took place between October 2002 and May 2003 throughout Jamaica. The female and male samples were selected independently. Sampling for both men and women allowed for independent estimates by urban and rural residence and health regions. The survey employed a three stage stratified cluster sample design based on the 2001 census sectors (NPFB, 2005).

Fact Sheet Sample and Methods

This fact sheet employs data collected from 1,936 young women and 2,437 young men, aged 15-24, who participated in the 2002 Reproductive Health Survey. It focuses on key topics related to young adult sexuality and reproductive health in Jamaica, including family life and knowledge, first sexual intercourse, recent sexual activity, fertility and parenting. In all tables, weighted percentages are presented as well as the total number of actual cases. Statistical analysis is briefly described within the content of the fact sheet as appropriate.

Throughout the fact sheet, several terms refer to specific groups. The terms young adults, young women or young men are used to refer to the full age range, 15-24, of either sample whereas all other age groupings are specified. The term sexually experienced is used to refer to respondents who reported ever having had sexual intercourse. The term sexually active is applied to respondents who reported sexual intercourse in the three months prior to the survey. Visiting partner relationships were



GENDER DIFFERENCES IN REPRODUCTIVE HEALTH

included as a response category for nearly all questions about current relationships or sexual partners. These relationships were defined in the survey as being with a “more or less steady partner with whom you have sexual relations”.

Characteristics of the Adolescent Sample

Selected background characteristics of the 1,926 young women and 2,437 young men are described in Table 1.

Key findings are:

- Over 90% of respondents had at least 10 years of education in both urban and rural samples.
- In the Kingston Metropolitan Area (KMA), 73% of young

women and 65% of young men reported 13 years or more education. In rural areas, 56% of young women and 42% of young men reported the same.

- A greater proportion of young men than young women were employed (38% vs. 19%). Whereas young men’s employment was consistent across urban and rural samples, 25% of the young women in KMA reported they were currently employed, compared to only 15% of young women in rural areas.
- Young women reported their relationship status as common-law union (12%) more frequently than young men (3%).
- Visiting partner relationships constitute 39% of the young women’s current relationships and 42% of the young men’s relationships.

Table 1: Characteristics of Young Adults by Gender and Residence, Weighted Percentages and Number of Actual Cases, Jamaica RHS 2002

| Characteristic | Total | Young Women | | | Total | Young Men | | |
|------------------------|-------|----------------------|-------------|-------|-------|---------------------|-------------|-------|
| | | Kingston Metro Areal | Other Urban | Rural | | Kingston Metro Area | Other Urban | Rural |
| Age Group | | | | | | | | |
| 15-17 | 31.5 | 34.1 | 28.8 | 32.2 | 34.9 | 34.4 | 32.9 | 36.4 |
| 18-19 | 23.2 | 17.9 | 23.7 | 25.2 | 22.4 | 16.9 | 24.1 | 23.8 |
| 20-22 | 28.6 | 32.6 | 26.7 | 28.0 | 27.4 | 28.8 | 28.4 | 26.1 |
| 23-24 | 16.7 | 15.3 | 20.8 | 14.5 | 15.3 | 20.0 | 14.5 | 13.7 |
| Years Schooling | | | | | | | | |
| 0-9 | 4.5 | 3.1 | 4.4 | 5.1 | 7.4 | 4.6 | 7.2 | 8.8 |
| 10-12 | 32.8 | 22.2 | 31.2 | 38.6 | 40.4 | 28.5 | 35.4 | 49.2 |
| 13 or More | 61.9 | 73.3 | 63.6 | 55.7 | 51.3 | 65.0 | 56.6 | 41.6 |
| Unknown | 0.8 | 1.4 | 0.8 | 0.6 | 0.9 | 1.9 | 0.9 | 0.4 |
| Employment | | | | | | | | |
| Employed | 19.4 | 24.5 | 22.2 | 15.2 | 38.3 | 39.2 | 37.4 | 38.6 |
| Unemployed | 12.6 | 10.0 | 12.6 | 13.7 | 15.8 | 14.8 | 15.6 | 16.3 |
| Student | 35.4 | 40.7 | 35.7 | 32.8 | 34.2 | 36.2 | 37.3 | 31.2 |
| At Home | 32.1 | 24.0 | 28.9 | 37.9 | 10.9 | 9.7 | 8.6 | 13.1 |
| Union Status | | | | | | | | |
| Married | 2.2 | 2.2 | 2.0 | 2.3 | 0.6 | 0.4 | 1.2 | 0.3 |
| Common-law | 11.9 | 11.6 | 11.6 | 12.3 | 3.4 | 5.7 | 3.2 | 2.5 |
| Visiting Partner | 38.6 | 35.1 | 42.2 | 37.6 | 42.1 | 49.9 | 43.2 | 37.9 |
| Former Union | 14.0 | 16.9 | 12.7 | 13.5 | 17.7 | 19.5 | 17.4 | 17.1 |
| Never in Union | 33.4 | 34.2 | 31.5 | 34.3 | 36.1 | 24.5 | 34.9 | 42.1 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Number of Cases | 1926 | 291 | 526 | 1109 | 2437 | 394 | 680 | 1363 |

Family Life Education and Knowledge

Family Life and Sex Education

Respondents were asked a series of questions about family life and sex education within school and from other sources. They were asked specifically if they had received information from their parents on “pregnancy and how it occurs.”

- Eighty-eight percent of young women and 81% of young men had received family life education in school. A smaller percentage had taken a course outside of school (20% of young women, 16% of young men).
- Across age categories, there is an indication that family life education may be reaching students at younger ages than in the past; 40% of women aged 15-17 and 31% of men aged 15-17 reported having taken a family life course before they were 13 years old whereas only 27% of women aged 23-24 and 19% of men aged 23-24 reported the same.
- Parents can be an important source of informal information on sexual risk and protection; among those who were sexually experienced, 66% of the young women and 52% of the young men had discussed pregnancy with their parents prior to sexual activity.
- Nearly half of the young adults gave their parents as the preferred source of information (45% of young women and 42% of young men). Other commonly preferred sources were: peers/friends (17% of young women and 19% of young men); media (15% of young women and 13% of young men); and teachers (12% of young women and 22% of young men).

Contraceptive Knowledge

Respondents were read a set of contraceptive methods and asked if they were familiar with each. Additional questions on attitudes included questions about perceived safety and efficacy for specific methods.

- Knowledge of at least one method of contraception was universal (100% of young women and young men).
- Belief in the efficacy of condoms against STDs and pregnancy was weak. Forty-five percent and 46% of young men believed that condoms were effective against STDs and pregnancy, respectively, and 31% of young women believed in condom effectiveness against both STDs and pregnancy.
- Belief in the efficacy of oral contraceptive pills for protection against pregnancy was also weak. Only 28% of the young women and 23% of the young men believed the pill to be very effective if used correctly. Additionally, there was

not common belief that the pill is “very safe for women’s health”; only 9% of young women and 7% of young men agreed with that statement.

- Twenty-five percent of young men and 20% of young women reportedly believed that it is unnecessary to use a condom with a steady partner.

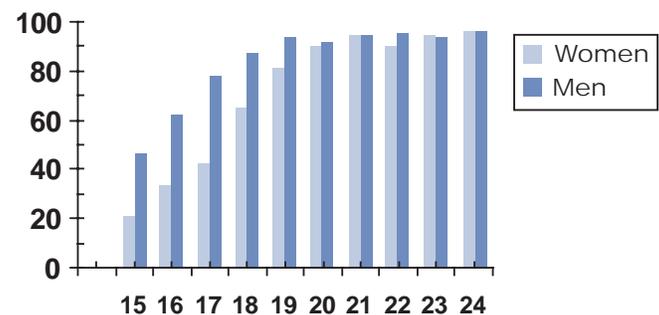
First Sexual Experience

Age at First Sexual Intercourse

Respondents were asked if they had ever had sexual intercourse and, for those who were sexually experienced, to recall the date of their first sexual intercourse.

- Between ages 15 and 20, fewer young women were sexually experienced compared to young men (Figure 1).
- Nearly half (46%) of the fifteen year-old men were sexually experienced and a fifth (21%) of the fifteen year-old women were sexually experienced.
- Despite gender differences in sexual experience during the teen-age years, by age 20 for women and age 19 for men, ninety percent were sexually experienced.

Figure 1: Percent Sexually Experienced Among Young Adult Respondents by Gender and Age at Interview



Partner at First Intercourse

Respondents were asked about their relationship to their first sexual partner at the time of first intercourse. Visiting partner relationships were not included among the response categories; the categories boyfriend or girlfriend likely included those that were considered as visiting relationships elsewhere.

- First sexual intercourse almost always took place outside of a formal union. Only 36 of 1396 sexually experienced young women and 2 of 1982 sexually experienced young men reported their first partner as a spouse or common-law partner.

GENDER DIFFERENCES IN REPRODUCTIVE HEALTH

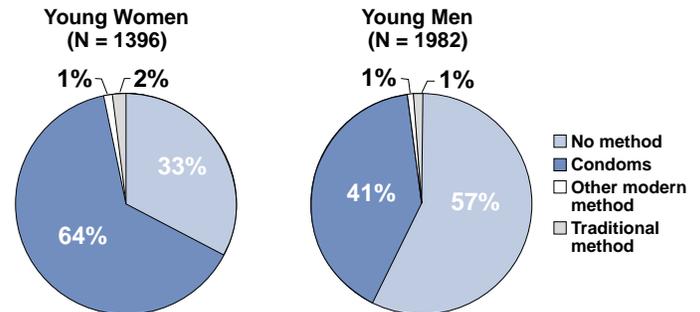
- Eighty-one percent of sexually experienced young women reported their first sexual intercourse with a boyfriend and 14% reported their first partner as a friend. Almost equal proportions of sexually experienced young men reported their first sexual experience with a girlfriend (44%) or a friend (46%). Eight percent of the young men reported their first sexual partner was a casual acquaintance. Two boys, < 1%, reported their first sexual partner was a prostitute.

Contraceptive Use at First Intercourse

Sexually experienced respondents were asked about contraceptive use at first intercourse for themselves and their partner (figure 2).

- 67% of the sexually experienced young women reported using some method of contraception at first intercourse while fewer than half of the young men (43%) did so.
- The most common method used at first intercourse was the condom; 64% of sexually experienced young women and 41% of sexually experienced young men reported condom use.
- Young women who reported first intercourse with a boyfriend reported higher contraceptive use (71%) at first intercourse compared to women who reported their partners only as friends (57%) ($p < 0.05$).
- Among sexually experienced young men, postponing sexual intercourse until after age 18 was associated with a greater

Figure 2: Contraceptive use at first sexual intercourse, among sexually experienced young adults.



likelihood of having used contraception at first intercourse (77%) compared to those who first had intercourse at younger ages (42%) ($p < 0.05$).

Recent Sexual Experience

Number of Recent Sexual Partners

Table 2 presents the number of sexual partners reported for the three months prior to interview for all sexually experienced

Table 2: Percent of Sexually Experienced Young Adults Reporting Number of Sexual Partners in Last Three Months by Gender and Selected Characteristics, Weighted Percents and Number of Actual Cases, Jamaica RHS 2002

| | Young Women* | | | | Young Men** | | | |
|---------------------------|--------------------|------|------|-------|--------------------|------|------|-------|
| | Number of Partners | | | Cases | Number of Partners | | | Cases |
| | 0 | 1 | 2+ | | 0 | 1 | 2+ | 0 |
| Total Residence | 23.0 | 72.0 | 5.0 | 1396 | 22.4 | 41.2 | 36.4 | 1957 |
| KMA | 26.7 | 69.6 | 3.8 | 204 | 20.2 | 37.6 | 42.2 | 324 |
| Other Urban | 20.2 | 75.0 | 4.7 | 384 | 19.2 | 44.9 | 35.8 | 543 |
| Rural | 23.5 | 70.9 | 5.7 | 808 | 25.6 | 40.3 | 34.0 | 1090 |
| Current Age | | | | | | | | |
| 15-17 | 23.3 | 66.4 | 10.3 | 185 | 38.4 | 31.3 | 30.3 | 551 |
| 18-19 | 26.7 | 68.0 | 5.3 | 323 | 19.2 | 42.6 | 38.2 | 471 |
| 20-22 | 20.8 | 76.2 | 3.1 | 532 | 17.2 | 45.6 | 37.2 | 606 |
| 23-24 | 22.6 | 72.9 | 4.5 | 356 | 12.0 | 46.6 | 41.4 | 329 |
| Union Status | | | | | | | | |
| Married/Common-law | 5.7 | 92.1 | 2.2 | 409 | 3.6 | 68.6 | 27.9 | 95 |
| Visiting Partner | 12.4 | 82.0 | 5.6 | 683 | 8.6 | 46.5 | 44.9 | 963 |
| Former Union | 59.9 | 35.3 | 4.8 | 225 | 38.4 | 38.0 | 23.6 | 395 |
| Never in Union | 64.7 | 25.6 | 9.7 | 79 | 42.4 | 26.9 | 30.7 | 504 |

*Excludes 25 Cases

** Excludes 23 cases of non-response

respondents (1396 young women and 1957 young men).

- The number of sexual partners varied starkly by gender. While only 5% of the sexually experienced young women reported two or more sexual partners during the period, 36% of the sexually experienced young men did.
- Twenty-eight percent of the young men who were currently married or in common-law relationships reported two or more sexual partners in the three months prior to interview whereas only 2% of the young women in similar relationships reported the same. Forty-five percent of the young men in visiting partnerships reported two or more partners compared to only 6% of the young women in similar relationships.

Partners of Sexually Active Young Adults

Young adults who were sexually active in the three months prior to the survey were asked about their relationship to their most recent partner.

- Young women reported more committed types of relationships than young men. Among sexually active young women, 22% reported their last partner as their husband or common-law partner and 48% reported a visiting partner while only 25% reported their last sexual intercourse with a boyfriend and 4% reported a casual partner. Among sexually active young men, 4% reported their last partner as their wife or common-law partner and 19% reported a visiting partner while 45% reported a girlfriend and 25% reported a casual partner.

Contraceptive Use at Recent Intercourse

Respondents who were sexually active in the three months prior to the survey were asked about contraceptive use the last time they had sexual intercourse.

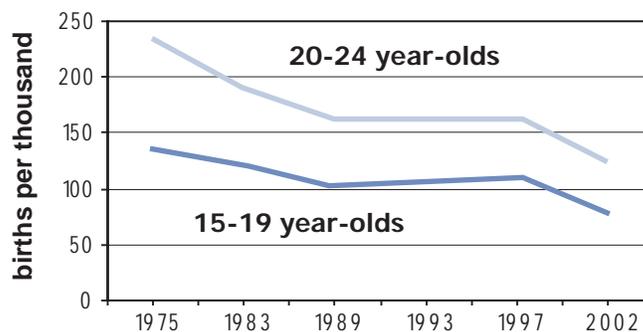
- Sexually active young men reported higher use of contraception at last intercourse compared to sexually active young women; 83% of these young men reported that they or their partner used contraception at last intercourse compared to 68% of young women.
- While the condom was the most common form of contraception used, among the sexually active, 80% of the young men reported condom use at last intercourse compared to only 49% of young women.

Correlates of Contraceptive Use at Recent Intercourse

Contraceptive use at last intercourse was modelled in multivariate models for sexually active young men and sexually active young women separately. The results below are controlled for respondent's age, current pregnancy, education and other covariates described below.

- Family life and sex education in school was associated with a greater likelihood of having used contraception at last intercourse for young men only. An odds ratio of 1.5 indicated that young men who had taken a family life course in school were one and a half times more likely to have used contraception than their peers who had not taken a course ($p < 0.05$).
- For both young men and young women, those who discussed pregnancy with their own parents prior to having sex were more likely to have used contraception at last intercourse, compared to those who had not (odds ratio for young men: 1.4, $p < 0.05$ and odds ratio for young women: 1.4, $p < 0.05$).
- Young men who reported their last sexual intercourse with their wife or cohabiting partner were less likely to have used contraception compared to men in casual relationships (girlfriend, friend, casual acquaintance or other) (odds ratio = 0.4, $p < 0.05$). There was no statistically significant difference in use of contraception at last intercourse for men who reported their partner as a 'visiting partner' compared to more casual relationships. Among young women, there was no association between who the last partner was and whether contraception was used.
- Young women who had had a live birth were less likely to have used contraception at their last sexual intercourse than those who had never given birth (odds ratio = 0.5, $p < 0.05$). Having fathered a child was not a significant predictor of recent contraceptive use for young men.

Figure 3: Fertility Rates, 1975 – 2002
Women aged 15-19 and 20-24 years



Fertility and Parenting

Parenting Among Young Women

- Fertility rates for 20-24 year old women have declined from 234 per 1000 to 124 per 1000 since the first World Fertility Survey in 1975 (figure 3). Fertility rates for 15-19 year old women have declined from 137 to 79 in the same period. Decline over the period was not steady; the 2002 fertility

GENDER DIFFERENCES IN REPRODUCTIVE HEALTH

rates were the first to have decreased relative to a previous survey since 1989.

- Among the full sample of young women, 35% reported at least one live birth (table 3).
- Motherhood was significantly associated with age; less than 5% of the 15-19 year olds reported any live births while 66% of the 22-24 year olds reported live births ($p < 0.05$).
- The experience of having had at least one live birth was remarkably similar for young women in the Kingston metropolitan area, other urban areas and rural areas and across education categories.
- Young women were asked to report on the planning status for their most recent birth. Eighty-eight percent of recent births reported by women aged 15-19 were unplanned and 66% reported by women aged 20-24 were unplanned. Nearly all of these unplanned births were mistimed (occurred earlier than desired) as opposed to unwanted (no more children were desired).

Parenting Among Young Men

- Less than 10% of the young men reported fathering children (Table 3).
- Fatherhood was significantly associated with age; less than 1%

of the 15-17 year olds reported fathering children while 24% of the 22-24 year olds reported fathering children ($p < 0.05$).

- Among those young men who had fathered two or more children, over half reported having had children with multiple women (56%).

Strategies to Improve Reproductive Health among Jamaican Youth

Improve Family Life Education in Schools

Family life education in schools offers an opportunity to reach Jamaican youth prior to sexual activity. While coverage of family life education was high and there was indication that family life education is reaching youth at younger ages, there is room for improvement regarding specific messages and understanding. There was only weak acceptance of the efficacy of condoms for both pregnancy and sexually transmitted disease protection and of the efficacy of the oral contraceptive pill for pregnancy protection. Messages should be consistent and clear. Gaps in knowledge about the importance of condoms and specific contraceptive methods should be addressed.

Table 3: Percent of All Young Adults Reporting Childbearing by Gender and Selected Characteristics, Weighted Percentages and Number of Actual Cases, Jamaica RHS 2002

| | Young Women | | | | Cases | Young Men** | | | | |
|---------------------------|---------------------------|------|------|-----|-------|--------------|---------------------------|-----|-----|--------------|
| | <u>Number of Partners</u> | | | | | <u>Cases</u> | <u>Number of Partners</u> | | | <u>Cases</u> |
| | 0 | 1 | 2 | 3+ | | | 0 | 1 | 2+ | |
| Total Residence | 66.0 | 23.6 | 7.9 | 2.6 | 1926 | 91.6 | 6.5 | 1.3 | 0.5 | 2436 |
| KMA | 65.7 | 27.4 | 4.0 | 3.0 | 291 | 91.2 | 6.0 | 1.9 | 0.9 | 394 |
| Other Urban | 66.7 | 21.8 | 9.2 | 2.4 | 526 | 90.7 | 7.8 | 0.9 | 0.6 | 680 |
| Rural | 65.6 | 23.0 | 8.7 | 2.6 | 1109 | 92.4 | 5.9 | 1.4 | 0.3 | 1362 |
| Current Age | | | | | | | | | | |
| 15-17 | 94.1 | 5.4 | 0.5 | 0 | 568 | 99.5 | 0.5 | 0 | 0 | 901 |
| 18-19 | 70.9 | 25.6 | 3.5 | 0 | 421 | 96.1 | 3.6 | 0.2 | 0 | 531 |
| 20-21 | 50.2 | 33.8 | 12.3 | 3.6 | 569 | 86.3 | 10.6 | 2.2 | 0.8 | 652 |
| 22-24 | 33.0 | 37.5 | 20.1 | 9.4 | 368 | 76.4 | 17.3 | 4.3 | 2.0 | 352 |
| Union Status | | | | | | | | | | |
| Married/Common-law | 25.2 | 51.4 | 17.1 | 6.3 | 409 | 49.5 | 39.9 | 6.0 | 4.6 | 96 |
| Visiting Partner | 55.3 | 30.6 | 10.7 | 3.4 | 690 | 87.3 | 9.8 | 2.3 | 0.7 | 983 |
| Former Union | 56.8 | 30.7 | 9.6 | 2.9 | 234 | 95.3 | 3.6 | 0.7 | 0.4 | 415 |
| Never in Union | 99.4 | 0.6 | 0 | 0 | 593 | 99.6 | 0.4 | 0 | 0 | 943 |

Promote Communication with Parents

Discussions with parents can provide an important source of information on reproductive health and sexuality. Among the sexually active respondents, those who had talked to their parents about pregnancy and how it occurs were 40% more likely to have used contraception at last intercourse. Nonetheless, nearly half of the respondents had not talked to their parents about pregnancy. Discussions about pregnancy, contraception and personal protection with condoms should be encouraged between parents and their children prior to sexual activity. Education campaigns may need to target parents to encourage discussions and to ensure that correct information is available.

Increase Condom Use

The data on contraceptive use revealed that only 49% of the sexually active young women and 80% of the sexually active young men used a condom at last intercourse. This leaves a considerable proportion of sexually active youth vulnerable to infection with HIV and other sexually transmitted infections. Condom use should be promoted as dual protection against pregnancy and infection through family life and sex education. Health care providers should counsel sexually active youth to use condoms in all sexual relationships. Young adults must have access to condoms at distribution points in their own communities.

Increase Condom Use in Committed Relationships

A quarter of young men and young women believed that a condom was not warranted for sexual intercourse with a committed partner. Men's reported multiple partners indicate risk of exposure to HIV and STIs. Given that 28% of the young men in married or common-law relationships and 45% of those in visiting relationships reported two or more partners in the three months prior to the survey, young women in these relationships need to be aware that their personal risk is dependent on their partner's exposure. Condoms should be promoted even in what are considered to be committed relationships.

Decrease Multiple Partner Relationships

One of the most striking gender differences is in the number of recent sexual partners reported by young men and young women. Among sexually experienced young men, 36% reported multiple partners in the thirty days prior to the interview, and

among sexually experienced young women, 5% reported multiple partners in the same period. Risk of infection with HIV and other sexually transmitted diseases should be linked to numbers of sexual partners in family life and sex education. Health care providers should counsel patients to limit numbers of sexual partners and to use condoms with partners in all relationships. These messages should be specifically targeted at young men. Condom use should be promoted not only in the context of multiple partner relationships but also, as pointed out above, in all relationships.

Support Young Women to Avoid Early and Unintended Pregnancy

While young men become sexually active at a younger age than young women, on average, young women enter committed relationships and parenthood earlier than young men. This helps explain gender differences found in reporting of relationship status, where young women tended to report more committed types of relationships than young men, and parenting, where young women were more likely to report live births than young men. The disparity between 35% of the young women and only 10% of the young men reporting any live birth indicates an important gender difference for youth in Jamaica. While the experience of motherhood was more common among young women in marriage and common-law relationships, it was not limited to these women. Half of the young women in marriage and common-law relationships reported motherhood but just over a third of those outside of these relationships did as well.

Target Young Men at Risk of Fatherhood

Among the young men who reported fathering two or more children, half reported having fathered a baby by more than one woman. Sharing children with several women makes the possibilities for support and active parenting more complicated for young men. Gender tension around the roles of breadwinner/homemaker has been identified as an important feature of gender relations that reach family court in Jamaica and men's obligations to different women likely fuel such tensions (LaFont 2000). Along with encouraging men's commitment to families, identifying young men who have already fathered children and targeting them with interventions to promote protected sex and family planning may reduce transmission of STIs and HIV and decrease unplanned pregnancy

References

- Bailey, Wilma. 1998. "Conflict and Accommodation: Female gendered existence in the inner city of Kingston." In Wilma Bailey, ed., *Gender and the Family in the Caribbean*. Mona, Jamaica: Institute of Social and Economic Research. Pp. 128 - 146.
- Branche, Clement. 1998. "Boys in conflict" in *Gender and the Family in the Caribbean*, Wilma Bailey Ed. Mona, Jamaica: Institute of Social and Economic Research. Pp. 185 - 201.
- LaFont, Suzanne. 2000. "Gender Wars in Jamaica." *Identities*, Vol. 7(2), pp. 233-260.
- Ministry of Health (MOH), National HIV/STI Prevention and Control Program. 2005. *HIV/AIDS Epidemic Update: January to December 2004*. Kingston, Jamaica: Ministry of Health.
- Ministry of Health (MOH). 2000. *Summary of STD cases in Jamaica, 1999*. Kingston, Jamaica: Ministry of Health.
- National Family Planning Board (NFPB). 2005. *Reproductive Health Survey 2002, Jamaica*. Kingston, Jamaica: National Family Planning Board.
- Pan American Health Organization (PAHO). *Jamaica Health Situation Analysis and Trends Summary*. Accessed at http://www.paho.org/English/DD/AIS/cp_388.htm on 12/20/2005.

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Centers for Disease Control and Prevention

CDC's Division of Reproductive Health identifies global reproductive health as one of its five reproductive health priority areas. Under the MEASURE CDC project, a Participating Agency Services Agreement with USAID, CDC's Division of Reproductive Health assists countries throughout the world in the development, implementation, analysis and dissemination of national Reproductive Health Surveys (RHS) that provide high quality, population-based data on reproductive health indicators. Since the 1970s, RHS surveys have documented key health indicators for women and children in numerous countries around the world. Beginning in the 1980s, CDC has also supported surveys focusing on young adult and male reproductive health.

CDC technical assistance on RHS surveys builds national capacity to conduct demographic and health research and provides data for the evaluation of policies, programs, and interventions. The MEASURE CDC project is increasingly focusing efforts on linking research findings to policy for health improvement. Through dissemination conferences, data workshops, fact sheets and support for decision-making, MEASURE CDC hopes to increase the use of RHS survey findings and the impact on health.