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**The Population Council**

<b>Contract No.</b>	<b>532-0069-C-00-2005-00</b>
<b>Project No.</b>	<b>532-0069</b>
<b>Project Title:</b>	<b>Assistance in Development and Implementation of a Comprehensive Population Policy and Plan for Jamaica</b>
<b>Progress Report</b>	
<b>For the period:</b>	<b>January - March 1983</b>

Quarterly Progress Report, January - March, 1983Summary

During this quarter the main efforts were directed towards three activities.

1. Briefing on population and development for members of the House of Representatives and of the Senate, March 17, 1983.
2. Preparations for a 2 week workshop on Population and Development, April - May 1983.
3. Initiation of collaboration between the National Family Planning Board and the Population Council on specific activities of the National Family Planning Board.

1. Briefing on Population and Development for Members of the House of Representatives and the Senate, March 17, 1983

By the fall of 1982 the National Population Policy formulated as a Ministry Paper had been discussed, reviewed, and revised twice by the Cabinet and was being considered for presentation to Parliament. The Population Policy Coordinating Committee conceived the idea that it would be useful to provide Members of Parliament with appropriate background materials on population trends and prospects in Jamaica prior to a debate of the National Population Policy in Parliament.

Originally the Population Policy Coordinating Committee had prepared a half-day seminar for Members of Parliament for January 27, 1983. This seminar was to have an introduction by the Hon. Minister of Health, Dr. Kenneth Baugh, and a statement by the Rt. Hon. Prime Minister Edward Seaga. Substantive presentations were to be made by Mrs. Dorian Powell, Head, Sociology Department, University of West Indies; Dr. Headley Brown, Chief Technical Director, National Planning Agency; Dr. R.E.D. Thwaites, Chairman,

National Family Planning Board; Mrs. Blossom Samuels, Government Town Planner; Mrs. Gloria Knight, General Manager, Urban Development Corporation; and Dr. Tomas Frejka, Consultant, Population Council. (Appendix 1).

For technical reasons the half-day seminar could not take place and in its stead a one hour Briefing on Population and Development for Members of the House of Representatives and Senate was prepared. The Briefing took place in the main chamber of the Parliament prior to a regular session of Parliament (Appendix 2). The Prime Minister was scheduled to introduce the topic, however, he was delayed in his return from the Conference of Heads of State of Non-aligned Nations in New Delhi and therefore the Briefing was introduced by the Hon. Dr. Kenneth Baugh, Minister of Health. Dr. Tomas Frejka then discussed the Population Trends in Jamaica and their Implications for Social and Economic Development, Dr. Headley Brown discussed the Importance of the Population Policy for National Planning and Dr. R.E.D. Thwaites discussed The National Family Planning Programme. Approximately half the Members of Parliament attended the Briefing. The session was also well attended by the public and covered by the communications media (see clippings in Appendix 3).

2. Preparations for a Two Week Workshop on Population and Development, April - May 1983

The workshop was planned to achieve three major objectives: 1. to strengthen the substantive knowledge of the participants in population and development issues in general and with a special focus on Jamaica; 2) to enable thorough discussions of all aspects of the Jamaica National Population Policy with particular attention to the implementation of the National

Population Policy; and 3) to provide the basis for strengthening cooperation between various agencies involved: governmental agencies, academic institutions, other public and private organizations, and international organizations.

All the major preparations for the workshop were done during the first quarter of 1983. The substantive program and the reading lists were prepared, and the lecturers and participants were selected and contacted.

The preparations were coordinated by Mrs. June Rattray of the National Family Planning Board and by Dr. Tomas Frejka of the Population Council. The program and reading lists were discussed with numerous experts from the University of West Indies, National Planning Agency, U.S. Agency for International Development, the Population Council and other organizations. Invariably new suggestions were put forth, modifications were made in the program and in the reading list. A special effort was made to secure a broad variety of lecturers with the appropriate expertise. An equally strenuous effort was made to secure broad participation in the workshop from the relevant institutions of government and academia.

The workshop will be discussed in greater detail in the next quarterly report (April-June 1983).

3. Initiation of Collaboration between the National Family Planning Board and the Population Council on Specific Activities of the National Family Planning Board

Mrs. Dorothy Nortman, of the Population Council, visited the National Family Planning Board in March of 1983 to discuss three interrelated projects/areas of consultation and cooperation. Work on the first of the projects was started. The three projects are:

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1. A cost-benefit analysis of the family planning program in Jamaica;
2. The budgeting system for the family planning program in Jamaica; and
3. A system of ongoing evaluation of the Jamaica family planning program.

Mrs. Nortman worked primarily with Mrs. Pansy Hamilton, of the National Family Planning Board, and Mrs. Dorian Powell of the University of West Indies.

APPENDIX 1

DRAFT PROGRAMME FOR HALF-DAY SEMINAR FOR MEMBERS  
OF THE HOUSE OF REPRESENTATIVES AND SENATE

January 27, 1983

8.30 a.m.	-	9.00 a.m.	REGISTRATION
9.00 a.m.	-	9.15 a.m.	Introductory Remarks The Honourable Minister of Health
9.15 a.m.	-	9.30 a.m.	Statement by the Honourable Prime Minister and Minister of Finance and Planning
9.30 a.m.	-	10.00 a.m.	Population and Development Interrelations Ms Dorian Powell, Head, Dept. of Sociology, U.W.I.
10.00 a.m.	-	10.30 a.m.	Population Trends and their Implications for Social and Economic Development in Jamaica by Dr. Tomas Frejka, Population Consultant, Population Council.
10.30 a.m.	-	11.00 a.m.	DISCUSSION
11.00 a.m.	-	11.30 a.m.	COFFEE BREAK
11.30 a.m.	-	12 noon	Social and Economic Strategies to modify Jamaica's Future Population Growth. Dr. Headley Brown, Chief Technical Director, National Planning Agency.
12.00 a.m.	-	12.30 p.m.	Discussion of on-going project in Population and Development
			1) NFPB Projects Dr. R. Thwaites, Chairman, NFPB.
			ii) Comprehensive Rural Township Develop- ment Programme Ms Blossom Samuels - Government Town Planner, Town Planning Dept. Ms Gloria Knight - General Manager, Urban Development Corporation
12.30 p.m.	-	1.00 p.m.	DISCUSSION
1.00 p.m.			BUFFET LUNCHEON

***Briefing on  
Population and Development  
for Members of  
the House of Representatives  
and Senate  
at Gordon House  
on March 17, 1983***

**Sponsors:  
The National Family Planning Board  
The National Planning Agency**

# **Programme**

**1:00 – 1:05 p.m.**

**Opening Remarks –**

**The Rt. Hon. Edward Seaga  
Prime Minister & Minister of Finance**

**1:05 – 1:30 p.m.**

**Population Trends in Jamaica and their  
Implications for Social and Economic  
Development –**

**Dr. Thomas Frejka  
Population Consultant  
Population Council.**

**1:30 – 1:40 p.m.**

**The Importance of the Population  
Policy for National Planning.**

**Dr. Headley Brown  
Chief Technical Director  
National Planning Agency.**

**1:40 – 1:50 p.m.**

**The National Family Planning Programme –**

**Dr. R.E.D. Thwaites  
Chairman  
National Family Planning Board.**

**1:50 – 2:00 p.m.**

**DISCUSSION**

**Vote of Thanks –**

**The Hon. Dr. Kenneth Baugh  
Minister of Health.**

Sunday, March 26, 1963

# Watch it, Jamaica!

## The two-child family can save us from 2.7 Million population in year 2000

IF THE PRESENT birth rate continues the population of Jamaica could reach 2.7 million by year 2000 and three million by 2010. It is against this background that Parliament has been asked to support the National Family Planning Board's programme of two-child families by 1968.

At a briefing session on population and development at Gordon House on Thursday for Parliamentarians, Family Planning Board chairman, R.E.J. Thwaites said one target for the future was to keep the population below three million by 2000 AD and encourage people to accept the two-child family concept.

The Board also planned to provide good and early family planning methods to the public; train young people as counsellors to speak with their peers; expand the commercial distribution of contraceptives

(Pamphlet and Pills) and increase the facilities for tubal ligation.

Dr. Thwaites said the Board needed the support of legislators in providing the money to implement these proposals. He noted that 10,000 live births would save the country \$1.75 billion.

He said legislators would perhaps be called on to change controversial legislation to bring in line the concept of small families since there was not 100 per cent contraception.

NATIONAL Planning Agency chairman, Nedley Brown, said there was a definite relation between population and development planning and estimation had to be given to the number of persons in supply and demand.

Dr. Brown said there had to be concern about labour force, age composition, migration and availability of manpower. Between 1950 and 1960 a half million people left Jamaica and in 1970 some 10,000 professional and management personnel left the country.

He said high population growth increased the labour force but retarded income earning and observed that measures designed to modify fertility may not be effective if the social and economic measures were not also planned.

Health Minister, Kenneth Bough, who said the National Population Policy would be tabled in Parliament soon, noted that the present world population was now 4.4 billion. While it took 130 years to reach two billion, he said it had taken 30 years to reach three billion and 16 years to reach the four billion mark.

IN JAMAICA, he said, the population was six times greater than at the time of the first census in 1845 because life expectancy had increased and the death rate was now 27-00 per thousand. The growth rate was now two per cent.

Dr. Bough said population change and growth would affect everyone and it was important that emphasis be paid to population control as the efforts of education and housing could be destroyed by an unbridled population.

He gave a brief historical background to family planning in Jamaica and paid tribute to the persons who had been involved with it over the years.

Population consultant, Thomas Frohja, gave a lecture and slide presentation on population trends here and observed that the size and composition of the population could make a difference in the quality of life.

The 1955 census showed the population of 2.1 million — a 1-0-0-00 growth in the 20th century. Over the past 50-70 years the mortality rate declined from 15 to seven per thousand and the crude birth rate increased to three per cent.

HE SAID OVER the past three decades some 700,000 people have left the country permanently. Life expectancy, which was 45 years in the 18th century, was now 70 years and increasing.

Dr. Frohja said the family planning programmes which were prepared two years ago would have to be updated when the results of the 1962 census were completed. It was reasonable to assume that the trends in mortality and fertility rate would continue, he said but the infant mortality rate was still high although there had been a decline to four per thousand in the late 1950s.

He said it could take about 10 years to reach two children per family but it might be accomplished if the fertility declined at the end of the first decade of the 21st century.

# POPULATION TRENDS

ACCORDING TO PRELIMINARY FINDINGS of the 1962 census, the population of Jamaica was some 2.1 million. At the beginning of the 20th century Jamaica's population was about 700,000, implying a three-fold growth since that time. Taking a somewhat shorter period — namely the 21 years of Jamaica's independence — the population has increased from under 1.7 million to the present 2.1 million, i.e. it has increased by about one-quarter. Why is that so?

Mortality, the crude death rate, has been considerably lower than fertility, the crude birth rate, throughout the period. Moreover, during the past 60 years there has been a considerable mortality decline, but for most of the period fertility has been high. Only in the past 15 years or so has there been a significant fertility decline. Rates of natural increase alone (the difference between the crude birth rates and the crude death rates) would have yielded a considerably larger population in 1962. Because, however, there has been a large emigration stream during the past 20 years — over 700,000 people leaving the country — the real population growth rate during those past 20 years has been about 1.5 per cent per year rather than between 2.5 and 3.5 per cent per year. In the more recent years it appears that the actual population growth rate has been even lower, i.e. (over 10) per cent per year.

A vivid expression of the mortality decline is the increase in average life expectancy — it has increased from 37 years in the early 1920s to around 70 years at the present time. Mortality in Jamaica is now at a level where further declines are likely to be relatively slow, even with significant further improvements in nutrition, in housing conditions, in education, in health care, and in the living conditions of the population in general.

## Teen fertility

Up to the late 1950s fertility was high. On average each woman was having about six children. Significant changes in childbearing behaviour have apparently occurred since then, i.e. throughout the 1970s. It appears that by around 1960 the average number of children per woman was about four. Compared to a number of other relatively small island countries in the Caribbean and elsewhere the fertility decline in Jamaica started later (chart) and the present total fertility rate of 4.0 is higher in Jamaica than in Singapore, Barbados or Trinidad and Tobago where the average number of children per woman (the total fertility rate) in the late 1970s was 1.8, 2.8 and 3.7 respectively (a total fertility rate of 2.1 is the rate sufficient for a generation to replace itself); and their crude birth rates in 1960 were 17, 17 and 23 respectively, compared to Jamaica's 27 per thousand. During the 1970s fertility in Jamaica has been declining among women of all ages, but teenage fertility remains higher in Jamaica than in most other Caribbean and Latin American countries.

A demographic factor which has been putting upward pressure on the crude birth rate during the 1970s and will continue to do so during the 1980s is the fact that large cohorts of people born in the 1950s and 1960s are entering their prime childbearing years. In 1970 there were about 320,000 women 15-20 years old, by 1980 there were about 300,000 and by 1990 there are likely to be 260,000 women of that age. Three quarters of all births occur in this age group.

To summarise, Jamaica has experienced a major mortality decline, reaching a crude death rate of 7 per thousand and an average duration of life of 70 years. Up to the late 1950s fertility was high, however, since then significant changes in childbearing behaviour are taking place. For most of its modern history Jamaica has been a country with a high rate of emigration.

These demographic developments are in many ways closely and consequently linked among themselves and to other social and economic developments. Unquestionably, life and living conditions during this century have been changing rapidly — for instance, presently only about 20 per cent of the population derives their main income from agriculture, over 50 per cent of the population has at least a primary education and the country has a dense network of health facilities. Jamaica also has an experienced family planning programme. This programme can trace its history to the first public clinic established as early as 1928 but the national programme was developed in detail during the 1950s.

## Growth prospects

These and other conditions have contributed to the direction of the mortality and fertility trends. In turn, the high rates of population growth were among the circumstances that regulate why so many people have left the country, and why between one quarter to one third of the remaining population that sought to work

## AND THE IMPLICATIONS FOR JAMAICA'S FUTURE



Chart shows Jamaica's fertility decline began later than three comparatively small islands, but maintains a higher ongoing fertility rate. Crude birth rates per thousand for 1960 were: Singapore 17, Barbados 17,

Trinidad and Tobago 23, against Jamaica's 27. Teenage fertility remains higher in Jamaica than in most other Caribbean and Latin American countries.

will be available. Since these population projections take into account available knowledge about past demographic trends and the concomitant social and economic developments, the projections provide perfectly adequate illustrations of the dimensions of possible future trends of population change.

Prior to discussing the results of the projections, let me briefly outline the underlying assumptions. Given the profound social and economic changes that are taking place in Jamaica, it is reasonable to assume that the general direction of change in mortality and fertility will continue.

The future decline of mortality is likely to be moderate because mortality is already relatively low; close to the levels in some of the developed countries.

While there is little doubt that the fertility decline is likely

to continue, it is difficult to predict and that they might even have to be revised, either upwards or downwards.

The first clear conclusion of the projections is that the population of Jamaica will continue to increase. By the year 2000, an increase of at least 50 per cent but possibly of 60 per cent or more can be expected. In absolute terms that is an increase of between 500,000 and 600,000 people.

The crude death rate is likely to remain at about 7 per thousand over the next two decades. The crude birth rate and thus the rate of natural increase will decline during the 1970s only if there will be a rapid fertility decline. This is so because of the present significant increase in the number of women of prime childbearing age born in the late 1950s and in the 1960s. The actual rate of population growth will, of course, be lower than the rate of natural increase depending on the volume of emigration.

Significant changes will also take place in the age composition of the population. Since 1970 the proportion of the children 0-14 in the population has already declined from 45 per cent to 40 per cent. However, compared to many other countries 40 per cent under 15 years of age is still a very large proportion. This measure in 1960, was, for instance, 37 per cent, 30 per cent and 23 per cent respectively in Singapore, Barbados, and Trinidad and Tobago.

The absolute growth of child age groups will depend largely on the rate of fertility decline. The 0-4 age group which had about 200,000 in 1960 could decline in size by 1990 according to the low projection to 150,000, but if fertility were to decline according to the high projection, this group could be as large as 250,000.

## Rapid decline

The projections of growth for adult age groups are rather sensitive so long as they are for people that are alive at the time of the projection, although actual migration trends could change the picture. The number of teenagers, or rather the 15-19 age group, will level off during the 1960s, i.e. it will remain in the order of 500,000. The number of people in their 20s will continue to grow very rapidly: there were about 250,000 in 1960, but by 1990 there will be around 400,000 and by 2000 about 500,000.

## By Tomas Frejka

(of The Jamaica Population Council)

to continue it is impossible to predict the exact path of future fertility decline. Therefore three alternative assumptions about future fertility change were adopted: a rapid, moderate and a slow fertility decline. All three assume resulting replacement level fertility, i.e. all three assume that eventually the average number of children per woman will be about 2. The rapid fertility decline projection assumes that replacement level fertility is reached by the late 1960s, in the moderate fertility decline projection replacement level fertility is reached by the late 1970s, and according to the slow fertility decline replacement level fertility is reached at the end of the first decade of the 21st century.

The assumptions about emigration trends were the most difficult to establish. While many believe that an early end of emigration is not likely given high unemployment and rapid growth of the population of young adults, others point out that the economic situation in Jamaica could improve and absorb many unemployed, and that the supply of potential emigrants is diminishing. Many of those who might wish to emigrate are poor and do not have the means

# House briefed on population development

Members of both Houses of Parliament attended a briefing on population and development at Garden House last Thursday.

The meeting, held just before the formal sitting of the House, heard talks from Dr. Thomas Frejka, population consultant, Dr. R. E. D. Thurler, chairman of the National Family Planning Board (NFPB) and Dr. Headley Brown, Chief Technical Director of the National Planning Agency. The Minister of Health, Dr. Ken Bough, made the opening remarks and the Leader of the House, the Hon J.A.C. Smith closed the vote of thanks.

A summary of the NFPB 1983 programme which was made available to the Parliamentarians named the main goals of the NFPB as follows: to ensure that the population of Jamaica will not exceed three million by the year 2000; to reduce the crude birth rate from approximately 27 per

1,000 in 1980 to 20 per 1,000 by 1990; and, the achievement of Replacement Fertility rate (i.e. two children per woman) by the late 1980's.

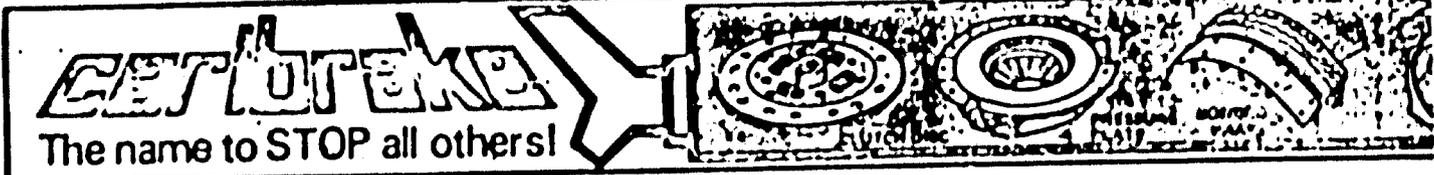
Other objectives named were: to increase contraceptive prevalence from the current 58% to 70% by 1985; to ensure access to high quality family planning services by 1984, for those who wish to use them; to develop and improve family life education and clinical services to adolescents and young adults; to recruit 40,000 to 50,000 new acceptors of contraceptive services by 1985; to promote and sustain large scale nation-wide information, education and communication programmes in family planning, population and family life; and, to encourage and promote the participation of voluntary and private sector organisations in providing family planning services.

Among the strategies that the parliamentarians were told are being used to achieve these goals are

the promotion of the desirable family concept within the general population, utilising the support of international agencies for technical assistance and finance and ensuring the availability of contraceptive supplies for all sectors through the Ministry of Health and the commercial distribution of contraceptive programmes.

The Board plans to establish one family planning clinic in each parish capital and/or main town to offer comprehensive contraceptive services to complement the service offered by the Ministry of Health.

Significant financial assistance is being received by the Board from the US/AID programme and the United Nations Fund for Population Assistance. The US/AID project amounted to approximately U.S \$5-million for the period 1981-86 and the UNFPA provided approximately U.S \$90,000 per year worth of the contraceptive, Depo Provera.



*Dr. Frejka*

*With the Compliments  
of*

*The United States of America*

*A.I.D. Mission to Jamaica*

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*Thought you'd  
be interested*

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Ed. H. MANSO*