## JAMAICA REPRODUCTIVE HEALTH SURVEY

1997

# YOUNG ADULT REPORT: <br> SEXUAL BEHAVIOR AND CONTRACEPTIVE USE AMONG YOUNG ADULTS 

Jay S. Friedman, M.A. Carmen P. McFarlane, M.Sc. (Econ.)<br>Leo Morris, Ph.D., M.P.H.

## NATIONAL FAMILY PLANNING BOARD

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## PREFACE

The 1997 Reproductive Health Survey (RHS) is the sixth in a series of periodic enquiries conducted for the National Family Planning Board (NFPB) into measures of fertility, contraception and other reproductive health issues among women in the reproductive age group and young adult men. The findings are used to monitor and evaluate the effectiveness of various interventions aimed at achieving the overall goal and objectives of the national programme. The RHS was previously called the Contraceptive Prevalence Survey (CPS), a study that covered a wide range of issues, most of them related to family planning. In light of the recognition at the 1994 International Conference on Population and Development in Cairo that family planning is the single most important intervention in achieving reproductive health goals, the CPS was renamed the Reproductive Health Survey.

The RHS covered women aged 15 to 49 years and young men aged 15 to 24 years. As a young adult module was included on the female questionnaire, the findings are presented in two publications as final reports, a full Final Report and a Young Adult Report.

We acknowledge the financial support of the United States Agency For International Development (USAID) as well as the technical support of the Division of Reproductive Health, Centers for Disease Control and Prevention (CDC) and McFarlane Consultants Ltd. in all aspects of the survey; the Statistical Institute of Jamaica (STATIN) for field work and data entry; and the Population Reference Bureau for development of a Summary Chart book on the findings of the survey.

We especially thank the 1991 young women and the 2279 young men who agreed to be interviewed and invited our interviewers into their homes.

Beryl Chevannes (Mrs)
National Family Planning Board

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## CHAPTER I

## BACKGROUND

### 1.1 INTRODUCTION

The 1997 Jamaica Reproductive Health Survey (JRHS) continues the series of surveys conducted by the National Family Planning Board (NFPB) and sponsored by the United States Agency for International Development (USAID). The full survey report (Final Report of the 1997 Jamaica Reproductive Health Survey) has been published separately (Mcfarlane et. al., 1998). Because of the significance of strategic planning for young adults aged 15-24 and particularly adolescents aged 15-19, it was considered useful to produce a further report entitled Sexual Behavior And Contraceptive Use Among Young Adults. This report concentrates on the questionnaire modules that pertain to this segment of the Jamaican population and focuses on their knowledge, attitudes and behaviours that affect reproductive health.

Earlier enquiries conducted by the Board were among females in 1983, 1989 and 1993 and among males in 1993; a more restricted enquiry was carried out in 1987 among males and females aged 14 to 24 years. Other studies in this field have been undertaken by other institutions, mainly the Statistical Institute Of Jamaica (STATIN). Estimates of fertility rates are generally available from the decennial population censuses carried out between 1861 and 1980 by the former Department of Statistics and more recently by STATIN. These institutions have also provided intercensal estimates. In addition, the former Department of Statistics carried out the 1975/76 Jamaica Fertility Survey within the framework of the World Fertility Survey.

### 1.2 OBJECTIVES OF THE 1997 JRHS

The main objective of the 1997 Jamaica Reproductive Health Survey (JRHS) was to obtain a wide range of information on the reproductive health of women and young adult men in Jamaica. The survey assessed health conditions, including maternal-child health and behavioural risk factors, as well as contraception. It examined the knowledge and practices of women and young men and their partners as they affect levels of fertility, spacing of births and provision of services related to reproductive health. These insights will prove invaluable for projecting data on women at risk of unintended pregnancy and for formulating policy relating to reproductive health and family planning. The 1997 JRHS included a sample of women 15 to 49 years of age and an independent sample of men 15 to 24 years of age.

In addition to the development of policies directly concerned with population growth, a further objective was to provide information for an effective family life education programme within and outside the
formal education system to improve knowledge and practices related to the conception and care of children.

### 1.3 COVERAGE OF THE REPORT

The 1997 JRHS covered a cross section of topics, including birth history, contraceptive knowledge and usage, attitudes towards reproduction, and behavioural risks. Background characteristics related to the demographic and socioeconomic status of the population surveyed were also covered, including age structure, educational attainment, socioeconomic and employment status, religious observance and union status.

In the main report, geographic coverage is national, with differentials by health region and by urban and rural area of residence, as well as by demographic and socioeconomic characteristics. These variables were selected as being important for assessing current programmes and for providing guidelines to areas that might benefit from special or intensified programme efforts. Some data separately published in a regional report were produced at the parish level to inform parish administrators of the successes and weaknesses of their programmes. Data on current fertility and unintended pregnancies resulting in a live birth have also been provided, as well as information on general attitudes of women and men towards desired family size, birth spacing, breast-feeding and contraceptive use. Concern about the high level of unintended teenage pregnancy has indicated that some special analysis of the problem should be conducted.

The data in this report cover young adult women and men aged 15-24 years, the same groups included in Volume IV of the 1993 Jamaica Contraceptive Prevalence Survey (JCPS) Report (Morris et al, 1995) and the 1987 Jamaica Young Adult Reproductive Health Survey (JYARHS) (Powell and Jackson 1988). The main objective of the current report is to present detailed information about the knowledge and behavior of young adult women and men in Jamaica that goes beyond the main report. Information that could contribute to an improved family life education programme and information on current sexual activity of young adult women and men, particularly with respect to the use of contraceptives and commonly held beliefs about sexuality is also included.

The socioeconomic index developed to assist in analyzing of the 1997 survey is one of the classifications used in the results. This three-level index (high, medium, low) was developed to assess the impact of social, economic and cultural factors on the respondent population; it was derived mainly from the education of the respondents and their household possessions, as well as household density and access to media. The items used included number of rooms occupied by household members, possession of a radio and television and newspaper readership.

### 1.4 METHODOLOGY

The 1997 JRHS used the design adopted for the Continuous Social and Demographic Surveys conducted by the STATIN. In brief, using a two-stage stratified sample, first geographic areas then dwellings were selected. For the first stage the country was divided into enumeration districts (EDs)
which were grouped into sampling regions consisting of a predetermined number of strata that were approximately equal in size. Two EDs within each sampling region, selected with probability proportional to size, made up the sample at the first stage. For the second stage, a predetermined number of dwellings were selected systematically from lists arranged in a circular basis in each of the EDs selected in the first stage. The JRHS does not have a self-weighting sample design, as smaller health regions have been over sampled.

The JRHS, added a third stage, in which one respondent per household was selected with a probability inverse to the number of eligible respondents in that household. In this report results are based on weighted data to adjust for over sampling of smaller parishes and the selection of one respondent per household. However, the unweighted number of cases are shown in each table, because it represents the number of cases needed for variance calculations. Further details on the sampling methodology are included in the main survey report (McFarlane et al, 1998).

There were 15,140 households selected in the female sample, yielding a total of 6,641 women, from whom complete interviews were obtained for 6,384 ( $96.1 \%$ ). Of these 6,384 women, 1,191 were young adults aged $15-24$. In the male sample, 13,919 households were selected, yielding a total of 2,470 young men, from whom complete interviews were obtained for 2,279 (92.3\%).

As mentioned above all results in this report have been weighted to compensate for the over sampling of the smaller health regions and selection of one respondent per household. Results are based on weighted data; however, the unweighted numbers used for variance calculations are shown in each table. When significance tests are used, sampling errors have been computed using an average design effect of 1.6 (see Appendix A: Sampling Error Estimates).

### 1.5 BACKGROUND CHARACTERISTICS

The female samples of young adults selected in the 1997 JRHS, the 1993 JCPS and the 1987 JYARHS were, with slight variation, divided almost evenly between the 15-19 and 20-24 age groups (Table 1.5.1). Further division into two age categories within each 5 -year age group did no reveal a substantial difference in age distribution between surveys. The percentage of older men increased from 1987 to 1993, with essentially no difference between 1993 and 1997.

Per the 1997 JRHS, half ( $50 \%$ ) of young men and just one-fourth of young women ( $25 \%$ ) were employed (Table 1.5.2). The percentage of unemployed, however, was almost identical for men and women; the higher proportion of employment among men was offset by the higher proportion of women keeping house ( $22 \%$ versus $3 \%$, respectively). A slightly higher proportion of young women than young men were students.

As age increased, higher percentages of both women and men worked and the percentage who were students decreased. Within every age group, men were more likely than women to report that they were currently working; in the 23-24 age group approximately four of five men, but only half of women said
they were employed.
Most young women have no steady partner (34 \%) or have a visiting partner (33 \%) (Table 1.5.3). Of those in more stable unions, the vast majority were in common-law marriages ( $15 \%$ ) rather than legal marriages (only $2 \%$ ). The proportion in a common law union increased with age, and the number of women who report no steady partner declined with age. Men have a similar pattern, though fewer men are married (less than $1 \%$ ) or in a common law union ( $7 \%$ ).

## CHAPTER II

## FAMILY LIFE EDUCATION AND KNOWLEDGE OF CONTRACEPTION AND SEXUALLY TRANSMITTED DISEASES

### 2.1 FAMILY LIFE EDUCATION

The extent to which young people are exposed to family life education and sex education may be an indicator of their knowledge and attitudes as they become more involved in sexual activity. Such knowledge is most likely imparted by parents, guardians, peers, teachers or health professionals; it may be imparted informally through casual communication or more formally through classes or courses. Because many adults are too embarrassed to discuss topics related to family life and sex, As communication on these topics between parents or guardians and children may be unsatisfactory; thus, greater reliance is being placed on schools to transmit this information.

Slightly more than one-third of women reported receiving no information from their parents or guardians on menstruation before their first menstrual period; corresponding percentages were similar for pregnancy information before menarche and before first sex (Table 2.1.1). Younger women were more likely to have received such information from parents or guardians, suggesting an increasing trend among parents to impart this information, though problems with recall among those in the older age groups cannot be ruled out. Also, as might be expected, parents were more likely to give this information to their children if they are in a higher education or socioeconomic category and if they attend church more frequently. It is encouraging that the trend is towards greater parental involvement with children about these sensitive topics, but the fact that a substantial percentage of young people did not receive timely information from their parents indicates that IEC activities directed towards parents, encouraging them to either speak to their children or give them literature about these topics, would be useful. This is particularly true for those in lower socioeconomic and education groups.

Table 2.1.2 presents data by age on the percentage of young women and men who took a class or a course in family life or sex education in school only, outside of school only, or both inside and outside of school, as well as those who have never taken a course or class. Comparisons are made with the 1993 JCPS. In 1997, $85 \%$ of women and $76 \%$ of men reported they had taken a class or course in family life or sex education, the vast majority in school (Table 2.1.2). For both women and men, there was some improvement from 1993 when the corresponding figures were $80 \%$ and $68 \%$, respectively.

In general, the likelihood that a topic was covered in the school course or class changed little between 1993 and 1997 (Table 2.1.3). In both years, most men and women who had received sex education in school reported that the education included information about the menstrual cycle, pregnancy, human reproduction and STDs. AIDS was the exception; the proportion reporting this topic rose from $60 \%$ or less in 1993 to $75 \%$ or more in 1997. A question asked in 1997 but not in 1993 was whether the
course included information on services available for adolescents. As indicated in the table, overall two-thirds of respondents were advised that counseling was available, but less than one-half were told about the availability of clinical services (45\%) or contraception (34\%).

The age at which the young adult women and men had their first class was somewhat younger in 1997 than in 1993 (Table 2.1.4). In 1993 only $24 \%$ of women and $20 \%$ of men who had received sex education had their first class by age 13, in 1997 the corresponding percentages were $35 \%$ and $31 \%$, respectively.

One-third of both women and men indicated that parents were their preferred source of information on family life education topics (Table 2.1.5). For women, the second most favoured source was health staff, including staff of the National Family Planning Board ( $30 \%$ ), with another $18 \%$ mentioning peers, friends or siblings; teachers were preferred by only $8 \%$ and about $4 \%$ favoured the media. As for men, $26 \%$ named peers, friends or siblings and $19 \%$ named teachers. Only $13 \%$ of men named health staff (including NFPB staff).

### 2.2 FAMILY LIFE OR SEX EDUCATION AND KNOWLEDGE OF CONTRACEPTION AND STDs

The effect of family life or sex education is next analyzed by examination of the proportion of young adult women and men who know where to go for: (1) information on sexual relations and/or contraceptives; (2) treatment for a sexually transmitted disease. Nearly $90 \%$ of women knew where to go for information on sexual relations or contraceptives; $78 \%$ in the youngest age group, 15-17, had this knowledge (Table 2.2.1). Women in the highest socioeconomic group were more likely to have this knowledge than those in the lowest group and those who had a formal course in family life or sex education were more likely to have this knowledge than those who had not ( $p<0.05$ ). A similar pattern can be observed for men, although with lower percentages. Among men as well there was significantly greater knowledge among those who had taken a formal course ( $\mathrm{p}<0.05$ ).

Even higher percentages of women ( $94 \%$ ) and men ( $95 \%$ ) knew where to go for treatment of sexually transmitted diseases (Table 2.2.2). Differences by age, socioeconomic status and whether the respondent had a family life education course were not as great, however, as they were for knowing where to go for information on sex or contraception. Having had a course did not make a significant difference for women and barely reached significance at the 0.05 level for men.

Analyses of respondents' awareness of specific contraceptive method were broken down by whether the man or woman had a class or course on family life or sex education that included information on contraception (Table 2.2.3). There was little differential with respect to the three best-known methods, the condom, the pill, and injection, for which knowledge was almost universal. In the case of the fourth best-known method, tubal ligation, men but not women were more likely to have heard of the method if they had attended a class or course. For all the remaining methods except withdrawal and the morning after pill, both women and men were more likely to have heard of the method if they had taken a class or course. For all methods and in both subgroups (except withdrawal in those with instruction)
among women knowledge was higher than among men. Both women and men were unlikely to know of the morning-after pill.

Respondents' perceptions or beliefs about three specific contraceptive methods (condoms, pills, the injection) were studied by whether or not they had a class or course in family life or sex education (Table 2.2.4). These beliefs were: (1) the effectiveness of the condom in preventing STDs; (2) the effectiveness of the condom in preventing pregnancy; (3) the effectiveness of the pill in preventing pregnancy and (4) the safety of the pill and injection. Among women, there were no significant differences by instruction history; among men, there were significantly higher percentages ( $p<0.05$ ) for four of the six beliefs among those who had taken a sex education course. Less than one-fourth of women and one-third of men thought it unnecessary to use a condom with a steady partner.

Finally, over $80 \%$ of men thought the condom was the most appropriate method for people their age, but only $31 \%$ of women thought so; $28 \%$ chose the pill (Table 2.2.5). By age group, women aged 2024 were slightly less likely to think the condom most appropriate than those aged 15-19 (28 \% vs. 34 $\%$, respectively) and more likely to think that the pill or injection was most appropriate ( $34 \%$ vs. 24 $\%$. Fourteen percent of the women thought that injectables were the most appropriate method. Most young men and women thought they could afford the method they considered most appropriate, although $12 \%$ of women who favoured injectables believed they either could not afford them or did not know if they could afford them (Table 2.2.6). One-fourth of men who favoured injectables did not know whether they were affordable.

## CHAPTER III

## SEXUAL EXPERIENCE AND CONTRACEPTIVE USE

### 3.1 SEXUAL EXPERIENCE

Seventy percent of women and $85 \%$ of men reported, having had sexual intercourse (Tables 3.1.1 and 3.1.2). As expected, proportions increased with age; $38 \%$ of women and $64 \%$ of men were sexually experienced by age 18 ; by age 25,9 of 10 women and nearly all men were sexually experienced. This pattern was similar to that observed in 1993 and 1987 (data not shown for latter year). Women reported a decline in sexual experience since 1993, although this decline is not quite statistically significant ( $\mathrm{p}=0.06$ ). This decline for young women is only among adolescents $15-19$ years of age $(\mathrm{p}=0.06$ ). There was no significant change for 20-24 year old women or for men at any age.

For both women and men there was an inverse relationship between sexual experience and church attendance (Table 3.1.1). The difference was greater for women; among men there was a significant difference only between those attending weekly and all others ( $p=0.06$ ).

### 3.2 FIRST SEXUAL INTERCOURSE

Almost all women and men reported that their first sexual experience occurred outside a consensual union or legal marriage (Table 3.2.1). Most women ( $83 \%$ ) described their first partner as a boyfriend; this percentage increased with age at first intercourse through age 19. In contrast, men reported a more casual relationship with their first sexual partner, only $38 \%$ described her as a girlfriend and almost half ( $48 \%$ ) described her as a friend. Also, only $2 \%$ of women said their first partner was a casual acquaintance, but $13 \%$ of men did so. This same tendency was observed in 1993 (data not shown).

In 1997 women had a age at first sexual intercourse that was $2 \frac{1}{2}$ years above that reported by men ( 15.9 versus 13.4 years) (Table 3.2.2). Although the overall mean age at first sex declined from 1993, this was not the case for women. Younger age groups reported lower mean age at first intercourse, but these are truncated observations; a life table analysis is needed to detect true trends. Women who attended church frequently are more likely to have initiated sex at older ages than those who attended less frequently; there was no distinct pattern for men by this variable (data not shown). With respect to socioeconomic status and educational level, women in the higher groups reported a higher age at first intercourse; there was again no difference for men (data not shown).

In all age groups a woman's first sexual partner tends to be older than she was; in contrast among men older than 13, more than half of first partners were the same age or younger (Table 3.2.3). There was a larger difference a woman's age and that of her partner among those whose first intercourse took place at a younger age; $56 \%$ of those younger than 13 at first intercourse had a partner at least 6 years older; this was true of only $17 \%$ of women with first intercourse at 18 years or more. Among men whose age
at first intercourse was under $13,40 \%$ had a first partner who was either the same age or younger, and $28 \%$ had a first partner who was only 1 to 2 years older. Overall, among men, the older they were at first intercourse, the more likely they were to have a woman younger than themselves as a first sexual partner. The same pattern was observed in 1993 (data not shown).

In $199756 \%$ of young women reported using contraception at first intercourse, compared with $43 \%$ in 1993 ( $\mathrm{p}=0.05$ ) (Table 3.2.4). In 1987 this percentage was $40 \%$ (data not shown). As in 1993, those who were older at first intercourse were more likely to use contraception. The fact that relatively few women whose age at first intercourse was "unknown" reported that they used contraception at first intercourse suggests that many of these women may have been quite young. Characteristics other than age associated with contraception at first intercourse included a more stable relationship at first intercourse, higher educational attainment and higher socioeconomic status.

Slightly less than one-third ( $31 \%$ ) of men reported that they used a contraceptive method at first intercourse, a significant increase from $1993(22 \%)(\mathrm{p}=0.05)$. In 1987 this percentage was $11 \%$, data not shown). The lower percentage for men versus women was in part attributable to their younger age at first intercourse. The likelihood of contraceptive use by men at first intercourse increased significantly with age and relationship status at first intercourse. As among women, men not reporting an age at first intercourse reported a low level of use of contraception at first intercourse, which suggests that their age at first intercourse was relatively young.

The vast majority of both women and men who used contraception at first intercourse reported using a condom ( $87 \%$ and $92 \%$, respectively); most of the remainder reported using withdrawal (Table 3.2.5). For women, the most common source of condoms in both 1997 and 1993 was the pharmacy ( $42 \%$ and $38 \%$ respectively) and for men it was a shop or supermarket ( $35 \%$ both years) (Table 3.2.6). In 1997, just over one-quarter of men received the condom from other sources, mainly friends. Of interest is that in both 1993 and 1997 one-third of women did not know the source of the condom used; we may presume it was obtained by the male partner.

Nearly two-thirds of the women who used condoms at first intercourse reported that they and their partner jointly decided to use them; a smaller percentage of men ( $42 \%$ ) reported a joint decision (Table 3.2.7). For women who had their first sexual intercourse after age 14 , a joint decision to use a condom was more likely than among younger women; in the case of men, age did not increase the likelihood of a joint decision. For both sexes, those with the highest educational level and higher socioeconomic status were more likely than those in lower educational and socioeconomic groups to report a joint decision.

What were the reasons for not using contraception at first intercourse? Not expecting to have sex was the reason given by $47 \%$ of women and $31 \%$ of men in 1997 ; another $13 \%$ of women and one-third of men stated that they did not know of any contraceptive methods at that time. The data were similar in 1993.

### 3.3 CURRENT SEXUAL ACTIVITY

Among both men and women who had ever had sexual intercourse, $57 \%$ reported being currently sexually active, which was defined as having intercourse in the last 30 days (Table 3.3.1). Not surprisingly, the less stable the relationship with the last sexual partner, the less likely were both men and women to report being currently sexually active. In three of the relationship categories, men 20 to 24 years old were more likely to be sexually active than their counterparts under the age of 20 ; among women the only such difference was seen in the visiting partner category.

Nearly all young women (97\%) and almost two-thirds (65\%) of men who had sexual relations in the previous 3 months reported having only one partner during that time (Table 3.3.2). Men in a visiting relationship or who were not currently in a union were more likely to have had multiple partners in the preceding 3 months than men who are married or in a common law union. Four of 10 men in a visiting relationship reported more than one partner, as did one-third of men not in a union. Even $21 \%$ of those in a marital or common law union report more than one partner in the previous 3 months.

Both men and women who are married, in a common-law union or who have a boy/girl friend, as well as women in a visiting relationship were likely to have had as their last sexual partner the person with whom they were having the relationship (Table 3.3.3). In contrast, $60 \%$ of men in a visiting relationship had a last sexual partner who was not the woman in this relationship. It is interesting that more than half of women and one-third of men who were sexually experienced but reported no steady partner characterized their last partner as a boyfriend or girlfriend.

### 3.4 CONTRACEPTIVE USE

Nearly three-quarters of sexually active women were currently using a contraceptive method (Table 3.4.1). Overall, current contraceptive use was lower among young women in more stable relationships; presumably those in marital or common law union were more likely to desire pregnancy. We may also presume that those in less stable relationships had a greater fear of STD transmission, as their higher contraceptive use was largely due to a higher level of condom use. Conversely, those in more stable relationships who also were older, tended to use more effective hormonal contraceptives (the pill and injection) instead of condoms which were favoured by younger women in less stable relationships. Very few younger women(15-19) used contraceptive methods other than condoms (see discussions of age, union status and contraceptive use in the main report.)

In addition to the general question on contraceptive use "...are you or your partner currently using a method of contraception or doing anything to prevent pregnancy?" women and men were asked whether they had sexual relations in the past 30 days and, if so, whether they had used a contraceptive method with their last sexual partner. About 7 of 10 women ( $71 \%$ ) and 8 of 10 men ( $80 \%$ ) replied in the affirmative (Tables 3.4.2 and 3.4.3). As in Table 3.4.1, among both women and men, contraceptive use with a last partner was higher in less stable current relationships, largely because of greater condom use
by respondents in these relationships. For women, condom use with their last partner was lowest among those who were married or in a common-law union and highest among those whose current relationship was with a boyfriend; for pill and injection use, on the other hand, there was an inverse relationship between stability of the relationship and use of the method (Table 3.4.2). For men, the condom was the most common method for all groups, but it was used to an even greater extent by those in less stable relationships. More than $60 \%$ of men used a condom when their current relationship was a visiting partner and more than $70 \%$ when this current relationship was a girlfriend or when there was no current partner at the time (Table 3.4.3). This suggests that Information, Education, Communication (IEC) activities which encourage young men to use condoms with those partners who are not well known to them have been successful.

In an analysis of the same data by 5-year age group, the overall proportion of women who had used contraception with their last sexual partner and the method mix did not change from 1993 to 1997 (Table 3.4.4). There was a shift, however, to greater use of injectables in the 15-19 age group; condom use and withdrawal use decreased from $36 \%$ to $30 \%$ and $7 \%$ to $3 \%$ percent, respectively, while injection use increased from $2 \%$ to $6 \%$.

Among younger men (ages 15 to 19) contraceptive use has increased significantly from $69 \%$ in 1993 to $83 \%$ in 1997 (Table 3.4.5). Because of increases in condom use and, to a lesser extent, injection use, overall usage increased in both male age groups from 1993 to 1997. Use of withdrawal decreased among men in both age groups, and pill use decreased slightly among 15 to 19 year old men.

The increase in overall injection use among both men and women is a reflection of the increased use of this method among all women aged 15-49 (see full report of the 1997 JRHS).

Overall, three of four sexually experienced women aged 15-24 years had used a condom at some time and $37 \%$ had used one at last intercourse (Table 3.4.6). However, only one of six ( $16 \%$ ) experienced women used a condom at every intercourse. On the other hand, among the small group of women who had sexual intercourse with non-steady partners, more than half ( $54 \%$ ) used condoms every time with those partners. There was no pattern by union status.

Patterns were similar for men, but a larger percentage of men than women had ever used condoms, had used them at last intercourse, had used them at every intercourse and had used them every time with a non-steady partner. The percentages by selected characteristics follow this pattern, also. The proportion of men who have ever used condoms was greater among those who had more than one sexual partner in the past three months.

## CHAPTER IV

## CHILDBEARING

### 4.1 FERTILITY

The percentages of women who had ever been pregnant or who had ever had a live birth did not change a great deal from 1993 to 1997, whether viewed overall or by age group and relationship status. In the 1997 survey, the characteristics associated with a greater likelihood of having been pregnant or having had a live birth include living in a rural area, having less education, and lower socioeconomic status. Eleven percent of 15-17 year old women, but $34 \%$ of 18-19 year olds had a first birth, which suggests that age-appropriate family life education should begin as early as possible.

Although age-specific fertility rates (ASFRs) for women aged 15-19 and 20-24 were both lower than in 1983, they have stabilized from 1989 at the 102-112 level for 15-19 year olds and at the 160-164 level for 20-24 year olds (Table 4.1.2). (Although the ASFR for 15-19 year olds appears to have increased between 1993 and 1997, the difference ( 107 versus 112) is within sampling error and is not significant.)

As may be seen in Table 4.1.3, fertility rates are highest for both age groups in rural areas and lowest in the Kingston Metropolitan Area.

### 4.2 PLANNING STATUS OF LAST PREGNANCY

A measure of the success of women and men in having their desired number of children when they want to have them is the planning status of their children. Women who had one or more births within 5 years of their interview or who were currently pregnant were asked two questions about the planning status of all their last (or current) pregnancy during this period. "When you became pregnant, did you want to become pregnant?" If not, "Was it that you wanted no more children, or that you just wanted to wait longer before another pregnancy?" Based on the responses, the pregnancies in question were classified as planned, mistimed, unwanted, unplanned, unknown status" (not known whether mistimed or unwanted) or unknown. It was assumed that currently pregnant women would go on to have a live birth. Planned pregnancies were defined as those that were wanted or intended; mistimed were classified as those that were wanted, but at some time in the future; and unwanted pregnancies were those not wanted, even at a future time. With this scheme, the mistimed, unwanted and unplanned, unknown pregnancy status can be combined as an estimate of unplanned or unintended pregnancies.

In 1997 only $23 \%$ of these pregnancies among 15-24 year old women were planned, which was virtually unchanged from the $21 \%$ reported in 1993 (Table 4.2.1). Almost two-thirds (65\%) were mistimed and another $7 \%$ were unwanted.

Having an unwanted pregnancy was positively associated with age and the number of living children
( $30 \%$ of births to women who had three or more children were unwanted). More than three-quarters of pregnancies of women less than 20 years old were mistimed; this percentage fell with age as the percentage of planned pregnancies increased. If even half of the unintended pregnancies among young women under the age of 20 had been prevented, the ASFR for this group would have been reduced to about 70 per 1000 .

Almost two-thirds ( $62.5 \%$ ) of last pregnancies of the relatively few married young adult women were planned, a much higher percentage than in less stable unions ( $20 \%-30 \%$ ). Most births to those in a visiting relationship or when there was no steady partner were mistimed ( $70 \%-75 \%$ ), partly reflecting the fact that, in general, these women were younger than women who were married or in a common law union. With the relatively high contraceptive prevalence rate in Jamaica, even among young adult women, these high proportions of mistimed and unwanted pregnancies are surprising, but they may be due to younger women not using contraception consistently or using less effective contraceptive methods compared with women aged 25 and over (see McFarlane et. al., Final Report, 1998).

Overall, $10 \%$ of young adult men reported ever having fathered a child (Table 4.2.2). Although $61 \%$ of the relatively few men who were in a marital or common law union had fathered a child, it is striking that only $11 \%$ of those in a visiting relationship (and $3 \%$ of those not in union) have ever done so. Since relationship status is related to age, it is not surprising that while very few men under the age of 20 have fathered a child, this rises to $14 \%$ of men aged $20-22$ and $29 \%$ of men aged 23-24. About twice as many young men in the lowest socioeconomic category had fathered a child as men in the highest category ( $14 \%$ vs. $7 \% ; \mathrm{p}<0.05$ ); no differences were seen by education or by residence.
Fathers were then asked "did you want to have your last (only) child?". About two-thirds men replied affirmatively, a much higher proportion than the $23 \%$ of young adult women who planned their last pregnancy (Table 4.2.3). The difference is no doubt influenced by the different wording of the questions to men and women; it can be assumed that an even greater proportion of women would have replied in the affirmative if asked whether they wanted their last child rather than their last pregnancy. As might be expected, the proportion of young men who wanted their last child was higher among men in more stable relationships, as $78 \%$ of men in a marital or common law union wanted their last child compared to 59 to 61 percent of men in less stable relationships. Because of the small number of respondents to this question, neither this nor other differences indicated in the table were significant, however.

### 4.3 FIRST PREGNANCY AND SCHOOL STATUS, AND ATTITUDES TOWARD TIMING OF FIRST PREGNANCY

In both 1993 and 1997, about young adult women who had ever been pregnant became pregnant for the first time while still in school (Table 4.3.1). The slight difference by socioeconomic status in 1997 is not statistically significant. Seventeen percent of these women became pregnant while still in primary school and an additional $56 \%$ became pregnant before the fifth year of secondary school; results were similar in 1993.

Of the women who gave birth to a first child while in school, more than twice as many returned to school after the birth of the child in 1997 as in 1993 ( $34 \%$ vs. $16 \%, \mathrm{p}=0.05$ ) (Table 4.3.2). This finding suggests that services that have been established to encourage and help young women stay in school after a pregnancy are having a positive effect.

Forty-two percent of young adult women thought a woman should be aged 20-24 before being responsible enough to have her first child (Tables 4.3.3). Less than $20 \%$ thought a younger woman was old enough, a proportion that dropped to $13 \%$ among highly educated women and $12 \%$ among those with no live births. The greater proportion of women with one or more live births who believed younger women were responsible enough may reflect personal experience in having and caring for a child at a young age. Finally, in general, the more frequently a woman attended church, the less likely she was to believe that women younger than age 20 are responsible enough to have their first child.

As was the case with women, age 20 to 24 was the category most commonly chosen by men ( $45 \%$ ) when asked how old a woman should be before she is responsible enough to have her first child (Table 4.3.4). However, compared with women, a greater proportion of men, $28 \%$, thought women under 20 were responsible ( $p<0.05$ ). As with women, a greater proportion of men who had fathered one or more children believed younger women were responsible enough to have a child, which may be due to personal experience with a female partner who gave birth to and cared for a child at a young age.

In conclusion, some progress has been made among young adult women since 1993, as a greater proportion of those who became pregnant while in school returned to school after the child's birth. However, more than two-thirds of pregnancies in this group are mistimed or unwanted. Moreover, neither the planing status of the last pregnancy nor the ASFRs of young adult women has changed since 1993, so greater IEC and promotional efforts by family planning programme managers are needed.

## REFERENCES

Kish L, Cluster Sampling and Subsampling. New York: John Wiley and Sons, 1967. (pertains to Appendix A)

Le TN and Verma VK, An Analysis of Sampling Design and Sampling Errors of the Demographic and Health Surveys. DHS Analytical Reports No. 3. Calverton, Maryland: Macro International Inc., 1997. (pertains to Appendix A)

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Morris L, Sedivy V, Friedman JS, McFarlane CP. Contraceptive Prevalence Survey, Jamaica, 1993, Volume IV, "Sexual Behavior And Contraceptive Use Among Young Adults". Kingston: National Family Planning Board, 1995.

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## APPENDIX A

SAMPLING ERROR ESTIMATES

The estimates for a sample survey are affected by two types of errors: non-sampling error and sampling error. Non-sampling error is the result of mistakes made in carrying out data collection and data processing, including the failure to locate and interview the right household, errors in the way questions are asked or understood, and data entry errors. Although intensive qualitycontrol efforts were made during the implementation of the 1997 JRHS to minimize this type of error, non-sampling errors are impossible to avoid altogether and difficult to evaluate statistically. Sampling error is a measure of the variability between an estimate and the true value of the population parameter intended to be estimated, which can be attributed to the fact that a sample rather than a complete enumeration was used to produce it. In other words, sampling error is the difference between the expected value for any variable measured in a survey and the value estimated by the survey. This sample is only one of the many probability samples that could have been selected from the female population aged 15-49 and the male population aged 15-24 using the same sample design and projected sample size. Each of these samples would have yielded slightly different results from the actual sample selected.

Because the statistics presented here are based on a sample, they may differ by chance variations from the statistics that would result if all women and all men aged 15-24 in Jamaica would have been interviewed. Sampling error is usually measured in terms of the variance and standard error (square root of the variance) for a particular statistic (mean, proportion, or ratio). The standard error (SE) can be used to calculate confidence intervals (CI) of the estimates within which we can say with a given level of certainty that the true value of population parameter lies. For example, for any given statistic calculated from the survey sample, there is a $95 \%$ probability that the true value of that statistic will lie within a range of plus or minus two SE of the survey estimate. The chances are about 68 out of 100 (about two out of three) that a sample estimate would fall within one standard error of a statistic based on a complete count of the population.

The estimated sampling errors for $95 \%$ confidence intervals ( $1.96 \times \mathrm{SE}$ ) for selected proportions and sample sizes are shown in Table A. The estimates in Table A can be used to estimate $95 \%$ confidence intervals for the estimated proportions shown for each sample size. The sampling error estimates include an average design effect of 1.6 , needed because the JRHS did not employ a simple random sample but included clusters of elements in the second stage of the sample selection.

Table A
Sampling Error Estimates (Expressed in Percentage Points) for 95\% Confidence
Intervals
For Selected Estimated Proportions and Sample Sizes on Which the Proportions Are Based Assuming a Design Effect of 1.6

| Sample <br> Size | Estimated Proportions (Pi) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 0.05/0.95 | $\underline{0.10 / 0.90}$ | 0.20/0.80 | 0.30/0.70 | 0.40/0.60 | 0.50/0.50 |
| 25 | 0.108 | 0.149 | 0.198 | 0.227 | 0.243 | 0.248 |
| 50 | 0.076 | 0.105 | 0.140 | 0.161 | 0.172 | 0.175 |
| 100 | 0.054 | 0.074 | 0.099 | 0.114 | 0.121 | 0.124 |
| 200 | 0.038 | 0.053 | 0.070 | 0.080 | 0.086 | 0.088 |
| 400 | 0.027 | 0.037 | 0.050 | 0.057 | 0.061 | 0.062 |
| 800 | 0.019 | 0.026 | 0.035 | 0.040 | 0.043 | 0.044 |
| 1000 | 0.017 | 0.024 | 0.031 | 0.036 | 0.038 | 0.039 |
| 1500 | 0.014 | 0.019 | 0.026 | 0.029 | 0.031 | 0.032 |
| 2000 | 0.012 | 0.017 | 0.022 | 0.025 | 0.027 | 0.028 |
| 3000 | 0.011 | 0.014 | 0.020 | 0.021 | 0.022 | 0.023 |
| 4000 | 0.008 | 0.012 | 0.016 | 0.018 | 0.019 | 0.020 |
| 5000 | 0.008 | 0.011 | 0.014 | 0.016 | 0.017 | 0.018 |

The selection of clusters is generally characterized by some homogeneity that tends to increase the variance of the sample. Thus, the variance in the sample for the JRHS is greater than a simple random sample would be due to the effect of clustering. The design effect represents the ratio of the two variance estimates: the variance of the complex design using clusters, divided by the variance of a simple random sample using the same sample size (Kish L., 1967). For more details regarding design effects for specific reproductive health variables, the reader is referred to the Le and Verma report, which studied demographic and health surveys in 48 countries (Le TN and Verma JK, 1997). The pattern of variation of design effects is shown to be consistent across countries and variables. Variation among surveys is high but less so among variables. Urban -rural and regional differentials in design effects are small, which can be attributed to the fact that similar sample designs and cluster sizes were used across domains within each country. At the country level, the overall design effect, averaged over all variables and countries, is about 1.5 (we used 1.6 in Table $A$ to be slightly more conservative).

To obtain the $\mathbf{9 5 \%}$ CI for proportions or sample sizes not shown in the table, one may interpolate. For example, for a sample size of 200 and a point estimate of $\mathbf{2 5 \%}$ (midway between
$0.20 / 0.80$ and $0.30 / 0.70$ ), the $95 \%$ CI would be plus or minus $\mathbf{7 . 5} \%$; for a sample size of 300 (midway between 200 and 400 ) and an estimate of $20 \%$, the $95 \%$ CI would be plus or minus 6.0\%.

Differences between estimates discussed in this report were found to be statistically significant at the five percent level using a two-tailed normal deviate test ( $\mathrm{p}=0.05$ ). This means that in repeated samples of the same type and size, a difference as large as the one observed would occur in only $5 \%$ of samples if there were, in fact, no differences between the proportion in the population.

In this text, terms such as "greater," "less," "increase," or "decrease" indicate that the observed differences were statistically significant at the $\mathbf{0 . 0 5}$ level using a two-tailed deviate test. Statements using the phrase "the data suggest" indicate that the difference was significant at the 0.10 level but not the 0.05 level. Lack of comment in the text about any two statistics does not mean that the difference was tested and not found to be significant.

The relative standard error of a statistic (also called "coefficient of variation") is the ratio of the standard error (SE) for that statistic to the value of the statistic. It is usually expressed as a percent of the estimate. Estimates with a relative standard error of $\mathbf{3 0 \%}$ or more are generally viewed as unreliable by themselves, but they may be combined with other estimates to make comparisons of greater precision. For example, an estimate of $20 \%$ based on a sample size of only 50 observations yields a SE of $\mathbf{7 \%}$ (one half the $\mathbf{9 5 \%}$ confidence interval shown in Table A). The relative standard error would be $35 \%$ (the ratio of the SE of $7 \%$ to the estimate of $20 \%$ ), too large for the estimate to be reliable.

## THE TABLES

TABLE 1.5.1
Age Distribution Of Young Adult Women And Men Aged 15-24 Compared With 1993 JCPS And 1987 JYARHS
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY


TABLE 1.5.2
Employment Status By Age Group And Sex Young Adult Women And Men Aged 15-24
(Percent Distribution) 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

WOMEN


TABLE 1.5.3
Relationship Status By Current Age And Sex Young Adult Women And Men Aged 15-24
(Percent Distribution) 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

## WOMEN

Relationship Status


## MEN

Relationship Status
Common Girl Girl No Law Visiting Friend Friend Steady
Age Group
All 15-24

15-17
18-19
20-22
23-24
0.0
0.5
15.5
$\begin{array}{llll}19.2 & 17.4 & 47.5 & 100.0\end{array}$
(799)
0.0
$2.2 \quad 30.9$
23.6
$11.2 \quad 32.1 \quad 100.0$
(408)
0.7
10.146 .2
$\begin{array}{llll}20.0 & 3.1 & 19.9 & 100.0\end{array}$
(646)
1.4
$20.4 \quad 48.5$
12.0
$\begin{array}{lll}2.0 & 15.8 & 100.0\end{array}$

TABLE 2.1.1
Percentage Of Young Adult Women Aged 15-24
Who Before The Age Of Menarche Received Information From Their Parents / Guardians On Menstruation And How Pregnancy Occurs
And Who Before Initiating Sexual Relations Received Information On How Pregnancy Occurs By Selected Characteristics 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY


TABLE 2.1.2
Percentage Of Young Adult Women And Men Aged 15-24 Years Who Took A Course In Family Life Or Sex Education

By Where Course Was Taken And Age Group Compared With 1993 JCPS (Percent Distribution) 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY


TABLE 2.1.3
Percentage Of Young Adult Women And Men Aged 15-24 Years Whose School-Based Class Or Course On Family Life Or Sex Education Included Various Topics Compared With 1993 JCPS 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY


TABLE 2.1.4
Age At Which School-Based Class Or Course On Family Life Or Sex Education Was First Taken Young Adult Women And Men Aged 15-24 Years Compared With 1993 JCPS (Percent Distribution) 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

|  | 1997 |  |  | 1993 |  |
| :--- | :---: | :---: | :---: | :---: | :---: |
| Age First Sex Education <br> Course Taken In School | Women | Men |  | Women | Men |
| Under 13 | 35.2 | 30.5 | 23.6 | 19.7 |  |
| $13-14$ | 38.6 | 45.1 | 42.3 | 38.7 |  |
| $15-17$ | 22.8 | 21.3 | 31.5 | 36.9 |  |
| $18-24$ | 1.2 | 1.0 | 1.1 | 1.4 |  |
| Unknown | 2.1 | 2.1 | 1.5 | 3.3 |  |
| Total | 100.0 | 100.0 | 100.0 | 100.0 |  |
| Number Of Cases | $(1624)$ | $(1664)$ |  | $(883)$ | $(671)$ |

TABLE 2.1.5

# Preferred Source Of Information On Family Life Education Topics <br> Young Adult Women And Men Aged 15-24 Years (Percent Distribution) <br> 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY 

Source Of Information WOMEN ..... MEN
Parents ..... 32.2 ..... 32.8
Health Personnel Including NFPB* Staff ..... 29.8 ..... 13.0
Peers / Friends / Siblings ..... 18.4 ..... 26.4
Teachers ..... 7.5 ..... 19.1
Print Media / TV / Radio ..... 3.8 ..... 5.6
Don't Know ..... 1.6 ..... 1.5
Other ..... 1.4 ..... 1.7
No Preferred Source ..... 5.3 ..... 0.0
Total ..... 100.0 ..... 100.0
Number Of Cases ..... (1974)(2278)

* National Family Planning Board

TABLE 2.2.1

## Proportion Of All Young Adult Men And Women Aged 15-24 Years Who Know Where To Go For Information On Sexual Relations Or Contraceptives <br> By Age Group, Socioeconomic Status And Whether Had Family Life Or Sex Education Course 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

|  | Women |  |  | Men |  |
| :--- | :---: | :---: | :---: | :---: | :---: |
| Characteristic | $\underline{\text { Percent }}$ | $\underline{N}$ |  | $\underline{\text { Percent }}$ | $\underline{\mathrm{N}}$ |
| Total | 87.8 | $(1,974)^{*}$ | 82.8 | $(2,278)^{*}$ |  |

Age Group

| $15-17$ | 78.2 | $(566)$ | 78.5 | $(799)$ |
| :--- | :--- | :--- | :--- | :--- |
| $18-19$ | 91.7 | $(390)$ | 85.3 | $(408)$ |
| $20-22$ | 91.9 | $(629)$ | 83.5 | $(645)$ |
| $23-24$ | 93.1 | $(389)$ | 87.4 | $(426)$ |

Socioeconomic Status

| Low | 83.2 | (867) | 78.6 | (987) |
| :--- | :--- | :--- | :--- | :--- |
| Medium | 88.9 | $(633)$ | 85.4 | (753) |
| High | 91.7 | $(474)$ | 85.8 | (538) |

Had Family Life Or Sex Education Course

| Yes | 89.3 | $(1661)$ | 85.8 |
| :--- | ---: | ---: | ---: |
| No | 77.8 | $(313)$ | 73.2 |

No
77.8
(313)
73.2

[^0]Table 2.2.2

## Proportion Of Young Adult Men And Women Aged 15-24 Years <br> Who Know Where To Go For

Treatment For A Sexually Transmitted Disease
By Age Group, Socioeconomic Status
And Whether Had Family Life Or Sex Education Course 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

|  | Women |  |  | Men |  |
| :--- | :---: | :---: | :---: | :---: | :---: |
|  | Percent | $\underline{N}$ | $\underline{\text { Percent }}$ | $\underline{\mathrm{N}}$ |  |
| Characteristic | 93.6 | $(1,974)^{*}$ | 94.8 | $(2,278)^{*}$ |  |
| Total |  |  |  |  |  |
| Age Group |  |  |  |  |  |
|  |  | 89.3 | $(566)$ | 89.9 | $(799)$ |
| $15-17$ | 95.5 | $(390)$ | 97.2 | $(408)$ |  |
| $18-19$ | 94.9 | $(629)$ | 97.0 | $(645)$ |  |
| $20-22$ | 96.7 | $(389)$ | 97.9 | $(426)$ |  |

Socioeconomic Status

| Low | 92.4 | $(867)$ | 93.1 | (987) |
| :--- | :--- | :--- | :--- | :--- |
| Medium | 93.6 | $(633)$ | 95.3 | $(753)$ |
| High | 94.8 | $(474)$ | 96.6 | $(538)$ |

Had Family Life Or Sex Education Course

| Yes | 94.3 | $(1661)$ | 95.9 |
| :--- | :---: | :---: | :---: |
| No | 88.9 | $(313)$ | 91.0 |

[^1]TABLE 2.2.3
Percentage Of Young Adult Women And Men Aged 15-24 Years Who Have Heard Of Various Methods Of Contraception By Whether They Have Taken A Class Or Course On Family Life Or Sex Education That Included Information On Contraception 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY


TABLE 2.2.4
Percentage Who Have Certain Beliefs About Specific Contraceptive Methods
By Whether Respondents Have Taken A Class Or Course On
Family Life Or Sex Education That Included Information On Modern Birth Control Methods
Young Adult Women And Men Aged 15-24 Years 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY


TABLE 2.2.5

## Contraceptive Method Perceived By Respondents As Most Appropriate For Young People By Age Group <br> Young Adult Women And Men Aged 15-24 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

Age Group
Total $\quad \underline{\text { 20-24 }}$
Method Perceived As Most Appropriate
Condom
Pill
Injection
Abstinence
Sterilization
Other
None
Don't Know / No Answer
Total
Number Of Cases
Method Perceived As Most Appropriate

| Condom | 81.1 | 82.0 | 80.0 |
| :--- | ---: | ---: | ---: |
| Pill | 5.9 | 4.1 | 7.9 |
| Abstinence | 4.5 | 5.4 | 3.5 |
| Injection | 2.6 | 2.0 | 3.2 |
| Sterilization | 1.4 | 0.8 | 2.1 |
| Other | 0.7 | 0.5 | 1.0 |
| None | 0.3 | 0.4 | 0.1 |
| Don't Know / No Answer | 3.6 | 4.9 | 2.1 |
| Total | 100.0 | 100.0 | 100.0 |
| Number Of Cases | $(2279)$ | $(1207)$ | $(1072)$ |
| *p<0.05 |  |  |  |
| ** Data are missing for 17 women. |  |  |  |

TABLE 2.2.6
Percentage Of Young Adults Who Say They Could Afford The Contraceptive Method They Perceived As Most Appropriate*
Young Adult Women And Men Aged 15-24 Years
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

|  | WOMEN |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Could Afford | Could Not Afford | Don't <br> Know | Total | N |
| Method Perceived <br> As Most Appropriate |  |  |  |  |  |
| Condom | 94.6 | 1.7 | 3.7 | 100.0 | (599) |
| Pill | 93.7 | 3.0 | 3.3 | 100.0 | (550) |
| Injection | 88.6 | 8.5 | 3.0 | 100.0 | (296) |
|  | MEN |  |  |  |  |
|  | Could <br> Afford | Could Not Afford | $\begin{aligned} & \text { Don't } \\ & \text { Know } \end{aligned}$ | Total | N |
| Method Perceived As Most Appropriate |  |  |  |  |  |
| Condom | 94.3 | 3.0 | 2.7 | 100.0 | (1873) |
| Pill | 85.9 | 8.3 | 5.9 | 100.0 | (119) |
| Injection | 62.5 | 11.8 | 25.7 | 100.0 | (42) |

[^2]TABLE 3.1.1
Percent Of Young Adult Women Aged 15 to 24 Years
Who Have Ever Had Sexual Relations
By Age Group And Church Attendance
And Compared To 1993 JCPS 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY


Church Attendance

| At Least Weekly | 48.8 | $(598)$ | -- | -- |
| :--- | :---: | :---: | :---: | :---: |
| At Least Monthly | 69.1 | $(390)$ | -- | -- |
| Less Than Once/Month | 75.3 | $(292)$ | -- | -- |
| Special Occasions | 86.2 | $(478)$ | -- | -- |
| Never | 83.0 | $(221)$ | -- | -- |

-- Coded differently in 1993, so not comparable.

TABLE 3.1.2
Percent Of Young Adult Men Aged 15 to 24 Years
Who Have Ever Had Sexual Relations By Age Group And Church Attendance And Compared To 1993 JCPS 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

Percent Ever Had Sexual Relations

| MEN |  |  |
| :--- | :--- | :---: |
| $1997-1993$ |  |  |

Percent N
84.9 (2279)

Percent $\underline{N}$
84.4 (1052)

Total
Age Group
15-19
73.9 (1207)
$64.4 \quad$ (799)
90.7 (408)
$94.9 \quad(186)$
20-24
97.6 (1072)
96.2 (486)

Church Attendance

| At Least Weekly | 69.5 | $(419)$ | -- | -- |
| :--- | :---: | :---: | :---: | :---: |
| At Least Monthly | 80.5 | $(335)$ | -- | -- |
| Less Than Once/Month | 83.6 | $(319)$ | -- | -- |
| Special Occasions | 92.3 | $(586)$ | -- | -- |
| Never | 91.5 | $(610)$ | -- | -- |

-- Coded differently in 1993, so not comparable.

TABLE 3.2.1
Relationship To First Sexual Partner By Age At First Intercourse Young Adult Women And Men Aged 15-24 Years Who Are Sexually Experienced (Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY


TABLE 3.2.2

## Mean Age At First Intercourse* By Current Age Group Young Adult Women And Men Aged 15-24 Years <br> Who Are Sexually Experienced** Compared With 1993 JCPS 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

|  | Women |  |  | Men |  |
| :--- | :---: | :---: | :---: | :---: | :---: |
|  | $\underline{1997}$ | $\underline{1993}$ | $\underline{1997}$ | $\underline{1993}$ |  |
| Total | 15.9 | 15.9 | 13.4 | 13.9 |  |
| Characteristic |  |  |  |  |  |
| Age Group |  |  |  |  |  |
| $15-17$ | 14.7 | 14.3 | 12.4 | 13.0 |  |
| $18-19$ | 15.5 | 15.7 | 13.3 | 13.9 |  |
| $20-22$ | 16.2 | 16.4 | 14.0 | 14.2 |  |
| $23-24$ | 16.6 | 16.5 | 14.0 | 14.4 |  |
|  |  |  |  |  |  |
| Number Of Cases | $(1352)$ | $(864)$ | $(1633)$ | (766) |  |

* Truncated observations.
** Excludes 97 women and 284 men who did not remember or refused to state their age at first sexual intercourse.

TABLE 3.2.3
Age Of First Partner
By Age At First Sexual Intercourse
Young Adult Women And Men Aged 15-24 Years
Who Are Sexually Experienced
(Percent Distribution) 1993 JAMAICA CONTRACEPTIVE PREVALENCE SURVEY

## WOMEN

## Age Of First Partner



## MEN

Age Of First Partner


TABLE 3.2.4

## Percentage Of Sexually Experienced Young Adults Aged 15-24 Years Who Used Contraception At First Intercourse By Age At First Intercourse And Other Selected Characteristics Compared With 1993 CPS 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY



TABLE 3.2.5
Contraceptive Method Used At First Sexual Intercourse Young Adult Women And Men Aged 15-24 Who Used A Method At First Intercourse 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY


TABLE 3.2.7

## Partner Who Made Decision To Use Condoms At First Intercourse By Selected Characteristics

## Young Adult Women And Men Aged 15-24 Years Who Used Condoms At First Intercourse (Percent Distribution) 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY



* Does not include 14 women whose age at first intercourse is unknown.

TABLE 3.2.8

## Reasons For Not Using Contraception At First Intercourse Compared With 1993 CPS <br> Young Adult Women And Men Aged 15-24 Years <br> Who Did Not Use Contraception At First Intercourse (Percent Distribution) <br> 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY



TABLE 3.3.1
Percent Of Sexually Experienced Young Adults Aged 15-24 Who Are Currently Sexually Active* By Relationship With Last Sexual Partner 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

|  | Total 15-24 |  | Age Groups |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | 15-19 |  | 20-24 |  |
|  | Percent <br> Sexually <br> Active <br> (n) |  | Percent <br> Sexually $\qquad$ (n) |  | Percent Sexually Active | (n) |
| Relationship With Last Sexual Partner |  |  |  |  |  |  |
|  |  |  | WOMEN |  |  |  |  |  |
| Married Or Common Law Union | 74.7 | (503) | 76.6 | (101) | 74.3 | (402) |
| Visiting Relationship | 59.2 | (561) | 54.6 | (193) | 61.9 | (368) |
| Boyfriend | 38.1 | (365) | 40.9 | (206) | 34.1 | (159) |
| Other | 30.4 | (37) | ** | (15) | ** | (22) |
| Total | 56.5 | (1466) | 50.1 | (515) | 60.5 | (951) |
|  | MEN |  |  |  |  |  |
| Married Or Common Law Union | 88.7 | (136) | ** | (8) | 89.4 | (128) |
| Visiting Relationship | 76.6 | (318) | 55.2 | (82) | 84.6 | (236) |
| Girlfriend | 61.1 | (831) | 50.4 | (410) | 72.3 | (421) |
| Other | 32.8 | (633) | 25.2 | (376) | 43.6 | (257) |
| Total | 56.7 | (1918) | 41.3 | (876) | 70.1 | (1042) |

* Defined as having sexual intercourse in the last 30 days.
** Less than 25 cases.

TABLE 3.3.2
Reported Number Of Sexual Partners In The Past Three Months (Men By Relationship Status)
Young Adult Women And Men Aged 15-24
Who Have Had Sexual Relations In The Past Three Months
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY
WOMEN
MEN

Relationship Status
Total Total
Number Of Partners
One
97.2
65.4
2.1
20.0

Three 0.2
Four Or More 0.4
6.0
$100.0 \quad 100.0$
Married/ Visiting Not In Common Law Partner Union

Two
11.5
21.5
20.4
8.7
6.0
10.0
7.5

Total 100.0
(1457)
(170)
(640) (647)

TABLE 3.3.3

## Relationship With Last Sexual Partner By Current Relationship Status <br> Young Adult Women And Men Aged 15-24 <br> Who Have Ever Had Sexual Relations <br> (Percent Distribution) 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY



TABLE 3.4.1

# Percentage of Sexually Active Young Adult Women Aged 15-24* <br> Who Are Currently Using Contraception <br> By Current Relationship Status and Method <br> (Percent Distribution) <br> 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY 



* Sexually active is defined as having had sexual relations in the last 30 days.
** Less than 25 cases.
*** Data missing for 2 women.

TABLE 3.4.2

## Of Young Adult Women Aged 15-24 Who Had Sexual Relations In The Last 30 Days The Percentage Who Used Contraception With Their Last Sexual Partner ${ }^{*}$ By Current Relationship Status and Method (Percent Distribution) 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

|  |  | Relationship Status |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Total | Married/ <br> Common <br> Law Union | Visiting <br> Partner | Boy Friend |  |
| Any Method | 70.9 | 67.6 | 73.5 | 73.0 | ** |
| Condom | 27.3 | 19.3 | 28.7 | 44.0 | ** |
| Pill | 26.6 | 27.0 | 28.0 | 22.9 | ** |
| Injectable | 10.9 | 16.2 | 9.2 | 3.0 | ** |
| Withdrawal | 3.6 | 2.5 | 5.0 | 0.8 | ** |
| IUD | 1.4 | 1.1 | 1.7 | 1.1 | ** |
| Tubal Ligation | 0.4 | 0.8 | 0.3 | 0.0 | ** |
| Spermicide | 0.2 | 0.0 | 0.4 | 0.0 | ** |
| Rhythm | 0.2 | 0.3 | 0.1 | 0.0 | ** |
| Vasectomy | 0.2 | 0.0 | 0.0 | 1.3 | ** |
| Norplant | 0.1 | 0.4 | 0.0 | 0.0 | ** |
| Not Using | 29.1 | 32.4 | 26.5 | 27.0 | ** |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Number Of Cases | (882) | (398) | (369) | (98) | (17) |

* Respondents were asked if they had sexual relations in the past 30 days and, if so, if they used contraception with their last sexual partner regardless of whether that partner was their primary partner or another partner.
** Less than 25 cases.

TABLE 3.4.3
Of Young Adult Men Aged 15-24 Who Had Sexual Relations In The Last 30 Days The Percentage Who Used Contraception With Their Last Sexual Partner*

By Current Relationship Status and Method (Percent Distribution) 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY


* Respondents were asked if they had sexual relations in the past 30 days and, if so, if they used contraception with their last sexual partner regardless of whether that partner was their primary partner or another partner.

TABLE 3.4.4
Of Young Adult Women Aged 15-24 Who Had Sexual Relations In The Last 30 Days
The Percentage Who Used Contraception With Their Last Sexual Partner*
By Age Group and Method Used
Compared With 1993 JCPS
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY


* Respondents were asked if they had sexual relations in the past 30 days and, if so, if they used contraception with their last sexual partner regardless of whether that partner was their primary partner or another partner.

TABLE 3.4.5

## Of Young Adult Men Aged 15-24 Who Had Sexual Relations In The Last 30 Days The Percentage Who Used Contraception With Their Last Sexual Partner* <br> By Age Group and Method Used <br> Compared With 1993 JCPS <br> (Percent Distribution) 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY



[^3]TABLE 3.4.6
Percentage Of Sexually Experienced Young Adult Women Aged 15-24 Years Who: 1. Have Ever Used Condoms, 2. Used Condoms At Last Intercourse, 3. Use Condoms At Every Intercourse And Percentage Of Young Adult Women Aged 15-24 Years With Non-Steady Sexual Partners Who Use Condoms At Every Intercourse
By Age Group, No. Of Partners Past 3 Months, Union Status And Current Condom Use Status Compared With 1993 JCPS 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

Percentage Of All Sexually Experienced Young Adult Women Who:
Use Condoms
Used Condoms Use Condoms At Every Inter-

| Ever Used <br> Condoms | At Last <br> Intercourse | At Every <br> Intercourse | course With Non- <br> Steady Partner* |
| :---: | :---: | :---: | :---: |

Total
Age Group
15-19
20-24
Number Of Partners **
In Past Three Months

## None

1
2 Or More
Union Status

| Married Or Common Law | 78.4 | $(503)$ | 24.9 | $(503)$ | 10.4 | $(503)$ | 26.0 | $(33)$ |
| :--- | ---: | :--- | :--- | :--- | ---: | :--- | :--- | :--- |
| Visiting Relationship | 79.6 | $(585)$ | 38.2 | $(585)$ | 19.6 | $(585)$ | 49.7 | $(55)$ |
| Boyfriend | 80.5 | $(179)$ | 54.3 | $(179)$ | 23.8 | $(179)$ | $* * *$ | $(23)$ |
| No Steady Partner | 58.2 | $(199)$ | 39.0 | $(199)$ | 5.4 | $(199)$ | $* * *$ | $(7)$ |

1993 Total
$63.8 \quad(903) \quad 29.9 \quad(903) \quad 17.7 \quad$ (903)

* Only includes those respondents who have non-steady partners.
** Data on number of partners in past 3 months missing for 11 women.
*** Less than 25 cases.
-- Not included in 1993 JCPS.

TABLE 3.4.7
Percentage Of Sexually Experienced Young Adult Men Aged 15-24 Years Who: 1. Have Ever Used Condoms, 2. Used Condoms At Last Intercourse, 3. Use Condoms At Every Intercourse And Percent Of Young Adult Men Aged 15-24 Years With Non-Steady

Sexual Partners Who Use Condoms At Every Intercourse By Age, Number Of Partners In Past 3 Months And Union Status Compared With 1993 JCPS 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

Percentage Of All Sexually Experienced Young Adult Men Who:


| Total | 86.2 | (1918) | 64.5 | (1918) | 31.2 | (1918) | 65.3 | (1305) |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

Age Group

| $15-19$ | 83.8 | $(876)$ | 66.4 | $(876)$ | 35.6 | $(876)$ | 62.4 | $(559)$ |
| ---: | ---: | ---: | ---: | ---: | ---: | ---: | ---: | ---: |
| $20-24$ | 88.4 | $(1042)$ | 62.9 | $(1042)$ | 27.4 | $(1042)$ | 67.6 | $(746)$ |

Number Of Partners * In Past Three Months

| None | 71.2 | $(444)$ | 51.0 | $(444)$ | 30.1 | $(444)$ | 63.2 | $(220)$ |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| 1 | 89.9 | $(985)$ | 68.4 | $(985)$ | 33.4 | $(985)$ | 67.6 | $(637)$ |
| 2 Or More | 92.2 | $(484)$ | 69.1 | $(484)$ | 28.3 | $(484)$ | 63.3 | $(445)$ |
|  |  |  |  |  |  |  |  |  |
| Union Status |  |  |  |  |  |  |  |  |
| Married Or Common Law | 84.9 | $(177)$ | 30.5 | $(177)$ | 14.0 | $(177)$ | 57.6 | $(98)$ |
| Visiting Relationship | 93.5 | $(689)$ | 65.2 | $(689)$ | 28.1 | $(689)$ | 63.6 | $(503)$ |
| Girlfriend | 88.5 | $(458)$ | 70.2 | $(458)$ | 36.3 | $(458)$ | 70.6 | $(334)$ |
| No Steady Partner | 75.4 | $(594)$ | 59.6 | $(594)$ | 36.5 | $(594)$ | 65.8 | $(370)$ |
|  |  |  |  |  |  |  |  |  |
|  | 81.5 | $(889)$ | 51.2 | $(889)$ | 19.7 | $(903)$ | -- | -- |
| 1993 Total |  |  |  |  |  |  |  |  |

* Includes only those respondents who have non-steady partners.
** Data on number of partners in past 3 months are missing for 5 men.
-- $\quad$ Not included in 1993 JCPS.

Table 4.1.1
Percentage Of Young Adult Women Aged 15-24 Years Who Have Ever Been Pregnant And Who Ever Had A Live Birth By Selected Characteristics Compared With 1993 JCPS 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

|  | 1997 |  |  | 1993 |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Ever <br> Pregnant | Ever Had <br> Live Birth | Ever <br> Pregnant | Ever Had <br> Live Birth |  |
| Total | 43.2 | 38.5 |  | 44.6 | 41.0 |

## Characteristic

Age Group

15-17
18-19
20-22
23-24
Relationship Status
Married Or Common-Law
Visiting
Boyfriend
No Steady Partner
Residence
Kingston Metropolitan Area
36.6
15.1
37.3
58.8
73.9
85.0
64.0
30.1
12.5

Other Urban
Rural
Educational Attainment
0-9 Years
10-12 Years
$13+$ Years
Socioeconomic Status
Low
Medium
High
60.6
56.3
$45.0 \quad 39.5$
$30.4 \quad 26.1$
14.1
11.6
40.0
33.9
$61.0 \quad 57.2$
$69.7 \quad 67.2$67.2

77.8

72.8
62.0
56.3
$29.4 \quad 24.1$
13.7
12.6

TABLE 4.1.2
Age-Specific Fertility Rates (ASFRs)*
Young Adult Women Aged 15-24 Years
Compared With 1993, 1989 And 1983 JCPSs And 1987 JYARHS 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

|  | ASFR By <br> By Age Group |  |  | Percent Movement <br> By Age Group |  |
| :--- | :---: | :---: | :---: | :---: | :---: |
| Year And | $\underline{15-19}$ | $\underline{20-24}$ | $\underline{15-19}$ | $\underline{20-24}$ |  |
| 1983 JCPS | 122 | 190 | - | -- |  |
| 1987 JYARHS | 113 | 163 | -7.4 | -14.2 |  |
| 1989 JCPS | 102 | 164 | -10.8 | +0.6 |  |
| 1993 JCPS | 107 | 160 | +4.7 | -2.5 |  |
| 1997 JRHS | 112 | 163 | +4.5 | +1.8 |  |

* Calculated for 2 years before the date of interview.

TABLE 4.1.3
Age-Specific Fertility Rates*
Young Adult Women Aged 15-24 Years
By Area of Residence 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

| Maternal <br> Age Group | Kingston <br> Metropolitan <br> Area | Other <br> Urban | Area |
| :---: | :---: | :---: | :---: |

* Calculated for 2 years before the date of interview.

TABLE 4.2.1
Planning Status Of Last Pregnancies And Current Pregnancies
According To Selected Characteristics And Total Compared To 1989 And 1993 CPSs Young Adult Women Who Had Live Birth In Past 5 Years Or Who Are Currently Pregnant (Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

|  | Planning Status |  |  |  |  |  | $\underline{\mathrm{N}}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Planned | Mistimed | Unwanted | Unplanned, Unknown Status | Unknown | Total |  |
| Total | 23.2 | 65.4 | 6.7 | 1.2 | 3.5 | 100.0 | (931) |
| Residence |  |  |  |  |  |  |  |
| Kingston Metro. Area | 27.7 | 58.6 | 8.7 | 0.9 | 4.2 | 100.0 | (174) |
| Other Urban | 21.0 | 66.9 | 4.5 | 2.3 | 5.3 | 100.0 | (157) |
| Rural | 21.6 | 68.4 | 6.1 | 1.1 | 2.7 | 100.0 | (600) |
| Number Of Living Children |  |  |  |  |  |  |  |
| 0 | 34.4 | 50.3 | 0.8 | 5.8 | 8.8 | 100.0 | (78) |
| 1 | 24.8 | 69.0 | 1.6 | 0.7 | 4.0 | 100.0 | (499) |
| 2 | 19.8 | 64.9 | 12.0 | 1.3 | 2.0 | 100.0 | (255) |
| $3+$ | 12.6 | 56.6 | 29.5 | 0.9 | 0.4 | 100.0 | (99) |
| Age |  |  |  |  |  |  |  |
| 15-17 | 9.1 | 84.6 | 2.9 | 1.9 | 1.5 | 100.0 | (100) |
| 18-19 | 15.6 | 76.4 | 4.3 | 0.8 | 2.9 | 100.0 | (171) |
| 20-22 | 26.6 | 64.3 | 4.7 | 1.1 | 3.4 | 100.0 | (379) |
| 23-24 | 29.5 | 51.2 | 12.8 | 1.5 | 5.0 | 100.0 | (281) |
| Years Of Education |  |  |  |  |  |  |  |
| 0-9 | 21.8 | 60.6 | 11.5 | 3.1 | 3.0 | 100.0 | (312) |
| 10-12 | 23.7 | 67.7 | 4.4 | 0.5 | 3.8 | 100.0 | (608) |
| Socioeconomic Index |  |  |  |  |  |  |  |
| Low | 21.7 | 64.2 | 10.0 | 1.7 | 2.5 | 100.0 | (429) |
| Medium | 21.8 | 67.9 | 5.6 | 1.4 | 3.4 | 100.0 | (320) |
| High | 27.5 | 63.7 | 3.2 | 0.5 | 5.2 | 100.0 | (182) |
| Relationship Status |  |  |  |  |  |  |  |
| Married | 62.5 | 28.6 | 8.8 | 0.0 | 0.0 | 100.0 | (57) |
| Common Law | 30.1 | 58.0 | 6.3 | 0.7 | 5.0 | 100.0 | (353) |
| Visiting Relationship | 19.8 | 69.7 | 5.8 | 1.0 | 3.8 | 100.0 | (371) |
| No Steady Partner | 12.1 | 74.7 | 9.1 | 3.1 | 1.1 | 100.0 | (150) |
| Total 1993 | 21.3 | 69.9 | 7.0 | 1.0 | 1.8 | 100.0 | (546) |

TABLE 4.2.2
Percentage Of Young Adult Men Who Reported That They Ever Fathered A Child By Selected Characteristics Young Adult Men Aged 15-24 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY
Percent ..... N
Total ..... 10.0 ..... (2278)
Age Group
15-17 ..... 0.1
18-19 ..... 3.5
20-22 ..... 14.4
23-24 ..... 29.3(799)(408)(645)(426)
Relationship Status
Married / Common Law ..... 61.2
Visiting Relationship ..... 10.6
Not In Union ..... 3.2
Residence
Kingston Metropolitan Area ..... 10.9
Other Urban ..... 11.1
Rural ..... 9.1(440)(37)
Years Of Education$0-9$ 10.5(1461)
10-12 ..... 9.6
13 Or More ..... 11.2(761)(1264)Socioeconomic Index
Low ..... 13.9 ..... (766)(238)
9.4
Medium ..... 7.2
High
H(792)
(720)

TABLE 4.2.3

## Percentage Of Young Adult Men Who Wanted To Have Their Last (Only) Child By Selected Characteristics

Young Adult Men Who Have Fathered One Or More Children 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

|  | Percent | $\underline{\mathrm{N}}$ |
| :---: | :---: | :---: |
| Total | 68.3 | (247) |
| Residence |  |  |
| Kingston Metropolitan Area | 73.3 | (54) |
| Other Urban | 64.3 | (44) |
| Rural | 66.1 | (149) |
| Number Of Live Births |  |  |
| 1 | 69.9 | (499) |
| $2+$ | 65.0 | (99) |
| Years Of Education |  |  |
| 0-9 | 67.5 | (89) |
| 10-12 | 68.7 | (157) |
| Socioeconomic Index |  |  |
| Low | 65.5 | (110) |
| Medium | 73.8 | (84) |
| High | 66.0 | (53) |
| Relationship Status |  |  |
| Married / Common Law | 78.1 | (112) |
| Visiting Relationship | 60.7 | (87) |
| Not In Union | 58.5 | (48) |

TABLE 4.3.1

# Percentage Of Ever Pregnant Young Adult Women Aged 15-24 Years Who Became Pregnant For The First Time While Still In School By Socioeconomic Status <br> And Percent Distribution Of Educational Attainment At Time Of That First Pregnancy Compared With 1993 JCPS <br> 1997 JAMAICA REPRODUCTIVE HEALTH SURVEY 

Percent Of Respondents Who
First Became Pregnant
While Still In School Percent ..... N
1993 Total ..... 32.0(568)
1997 Total ..... 32.8(865)
Socioeconomic Status
Low ..... 36.4
Medium ..... 29.6(496)
High ..... 29.1(249)(120)
Percent Distribution Of
Educational Level Attained
At Time Of Pregnancy ..... 19971993
Primary ..... 17.4 ..... 16.0
Secondary 1-2 Years ..... 11.5 ..... 17.3
Secondary 3 Years ..... 22.4 ..... 25.8
Secondary 4 Years ..... 22.3 ..... 20.9
Secondary 5-8 Years ..... 19.9 ..... 14.7
Post-Secondary ..... 6.5 ..... 5.3
Total ..... 100.0 ..... 100.0
Number of Cases ..... (273)*(161)

* Eleven women did not remember the educational level they had attained when they became pregnantin school.

TABLE 4.3.2
Of Those Young Adult Women Who Became Pregnant For The First Time While Still In School The Percent Who Returned To School After The Birth Of Their First Child

By Educational Attainment At Time Of First Pregnancy Compared With 1993 JCPS
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY
Percent Who Returned To School

Total |  | 1997 |  |
| :---: | :---: | :---: |
|  | $34.4(273)$ | $1593(159)$ |

Educational Level<br>At Time Of Pregnancy

Primary Or Less
Secondary 1-3 Years
Secondary $4+$ Years
$35.7 \quad$ (52) $19.9 \quad$ (30)
$27.9 \quad$ (96)
38.5 (125)
13.7 (66)
15.9 (63)

TABLE 4.3.3
Age Respondents Consider A Woman Is Responsible Enough To Have Her First Child Young Adult Women Aged 15-24
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY


TABLE 4.3.4
Age Respondents Consider A Woman Is Responsible Enough To Have Her First Child Young Adult Men Aged 15-24
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY


Frequency Of
Church Attendance

| At Least Once / Week | 1.7 | 22.1 | 41.0 | 16.3 | 7.1 | 11.8 | 100.0 | (419) |
| :--- | :--- | :--- | :--- | ---: | ---: | ---: | ---: | ---: |
| At Least Once / Month | 3.3 | 21.7 | 49.7 | 5.9 | 7.8 | 11.7 | 100.0 | $(335)$ |
| Less Than Once / Month | 2.7 | 25.0 | 48.2 | 7.5 | 7.1 | 9.5 | 100.0 | $(319)$ |
| Special Occasions | 4.0 | 26.4 | 44.1 | 6.4 | 6.6 | 12.5 | 100.0 | $(586)$ |
| Never | 4.7 | 26.4 | 46.3 | 7.8 | 3.6 | 11.2 | 100.0 | $(610)$ |

Number Of Children Fathered

| 0 | 3.5 | 23.7 | 46.3 | 9.0 | 6.1 | 11.4 | 100.0 | $(2035)$ |
| :--- | ---: | ---: | ---: | ---: | ---: | ---: | ---: | ---: |
| 1 | 3.6 | 30.9 | 39.3 | 7.9 | 6.4 | 12.0 | 100.0 | $(188)$ |
| $2+$ | 0.8 | 40.5 | 32.7 | 3.8 | 4.4 | 17.8 | 100.0 | $(56)$ |


[^0]:    * Information is missing for 17 young adult women and 1 young adult man.

[^1]:    * Information is missing for 17 young adult women and 1 young adult man.

[^2]:    * Other than the condom, pill and injection, no method was mentioned enough to be included.

[^3]:    * Respondents were asked if they had sexual relations in the past 30 days and, if so, if they used contraception with their last sexual partner regardless of whether that partner was their primary partner or another partner.

