1989 JAMAICA CONTRACEPTIVE PREVALENCE SURVEY

FINAL REPORT

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Charles Warren

December 1989

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PREFACE

The 1989 Jamaica Contraceptive Prevalence Survey is the fourth in a series of contraceptive surveys sponsored by the National Family Planning Board since 1974. The surveys are carried out in order to provide the Board with information which may be used to evaluate past programs, to monitor current activities, and to provide guidelines for the charting of new directions. This survey is wider in scope than the earlier ones and reflects the degree of integration of the Board's programs into the overall health strategy of the Government. Accordingly, it covers not only data on contraceptive prevalence but also on related subjects associated with women and health. Specific areas covered are fertility and general factors, which impact on fertility, infant and child mortality, maternal and child health, utilization of health facilities provided by both government and the private sector, together with behaviour factors related to reproduction. The report summarizes the findings of the survey which are of greatest interest to policy makers and administrators of health and family planning programs in the country and presents, in addition, recommendations made at a dissemination seminar held to evaluate the findings of the survey.

The 1989 Jamaica CPS was funded by the United States Agency for International Development and was directed through all its stages by the Survey Director, Mrs. Carmen McFarlane, former Director General of the Statistical Institute of Jamaica while fieldwork, data entry, and printing of this report were carried out by STATIN. Technical assistance in all aspects of the survey was provided by professional officers of the Division of Reproductive Health, Centre for Chronic Disease Prevention and Health Promotion, United States Centres for Disease Control, who also undertook responsibility for the tabulation of the data. The final report was written jointly by Mrs. McFarlane and Dr. Charles Warren of CDC.

The National Family Planning Board wishes to record its thanks to all those organizations which participated in the planning of the survey and in the development of the questionnaire, among which were:

The Ministry of Health
The Statistical Institute of Jamaica
The Planning Institute of Jamaica
The University of the West Indies
The United States Centres for Disease Control

The carrying out of such an extensive investigation involves the participation of a large number of persons too numerous to mention here. There are some, however, who have played key roles in the development, implementation, and finalization of the survey. The National Family Planning Board therefore wishes to place on record its sincere appreciation for the work done by the following persons throughout the progress of the survey: Mrs. Carmen McFarlane, the Survey Director; Mr. Vernon James, Mr. Richard Quarless, and the staff of the Statistical Institute of Jamaica who participated in the sample design and selection, fieldwork, data entry and edit, and the printing of the final report; Mrs. Valerie Nam and Mrs. Merville Anderson also of STATIN who assisted in training on the questionnaires; Drs. Carmen

Bowen-Wright, Deanna Ashley, and Peter Figueroa of the Ministry of Health who participated in the development of the questionnaire and in the evaluation of the findings; Dr. O.P. McDonald, Mrs. Norma Allen, Mrs. Pansy Hamilton, and Mr. Eric Douglas of the National Family Planning Board who contributed to the administration of the program, the development of the survey, training and evaluation of findings; Dr. Charles Warren, Mr. Patrick McConnon, Ms. Linda Webster, Mrs. Maryanne Neill, and Mr. Patrick Whitaker and their support staff from the Division of Reproductive Health, Centre for Chronic Disease Prevention and Health Promotion, Centres for Disease Control (CDC), who provided technical assistance in all aspects of the survey work and who also undertook responsibility for the tabulation of the data and the typesetting of the final report; and the United States Agency for International Development (USAID) who provided the funding for the Project and particularly to Mrs. Rebecca Cohn and Mrs. Grace-Ann Grey who so greatly facilitated the administration of the assistance.

Finally, the Board would like to take this opportunity to thank those members of households who were selected for interviewing and who gave so generally of their time, providing the information which has made this Report possible.

Newton Forbes
Executive Director
National Family Planning Board

December, 1989

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EXECUTIVE SUMMARY

The 1989 Jamaica Contraceptive Prevalence Survey

The 1989 Jamaica Contraceptive Prevalence Survey is one in a continuing series of enquiries undertaken in Jamaica, aimed at providing up-dated measures of fertility among Jamaican women together with information on attitudes, knowledge and practices in matters relating tc the determination of their levels of fertility, and efforts being made, if any, by them to regulate the number and spacing of their children. It also aims at assessing other factors which impact on reproductive behavior.

The survey covers topics such as fertility, infant and child mortality, contraceptive usage, attitudes towards reproduction, maternal-child health including the use of related health services and other behavioural factors associated with reproduction, against a background of age structure, educational attainment, religion and union status of the respondents. Data on current fertility, levels of unintended fertility and estimates of current infant and child mortality together with awareness of contraception and the level of contraceptive usage will be provided. Differentials in such usage across parishes and health regions, by parity and by socio-economic and demographic characteristics will be identified in order to assess the impact of current family planning programmes as well as to provide indications of areas which might benefit from special or intensified program efforts. Information on general attitudes of women toward desired family size, birth spacing, breastfeeding and contraceptive use will also be available.

The 1989 Jamaica Contraceptive Prevalence Survey was designed as a household survey based on interviews of eligible women (14-49 years of age), selected according to a predesigned plan. There were 6,333 acceptable completed interviews of which 6,112 were in the age group 15-49. Almost all of the results have been tabulated using women in the age group 15-49. Selection of households was made within geographic units which permitted the calculation of urban and rural as well as parish estimates.

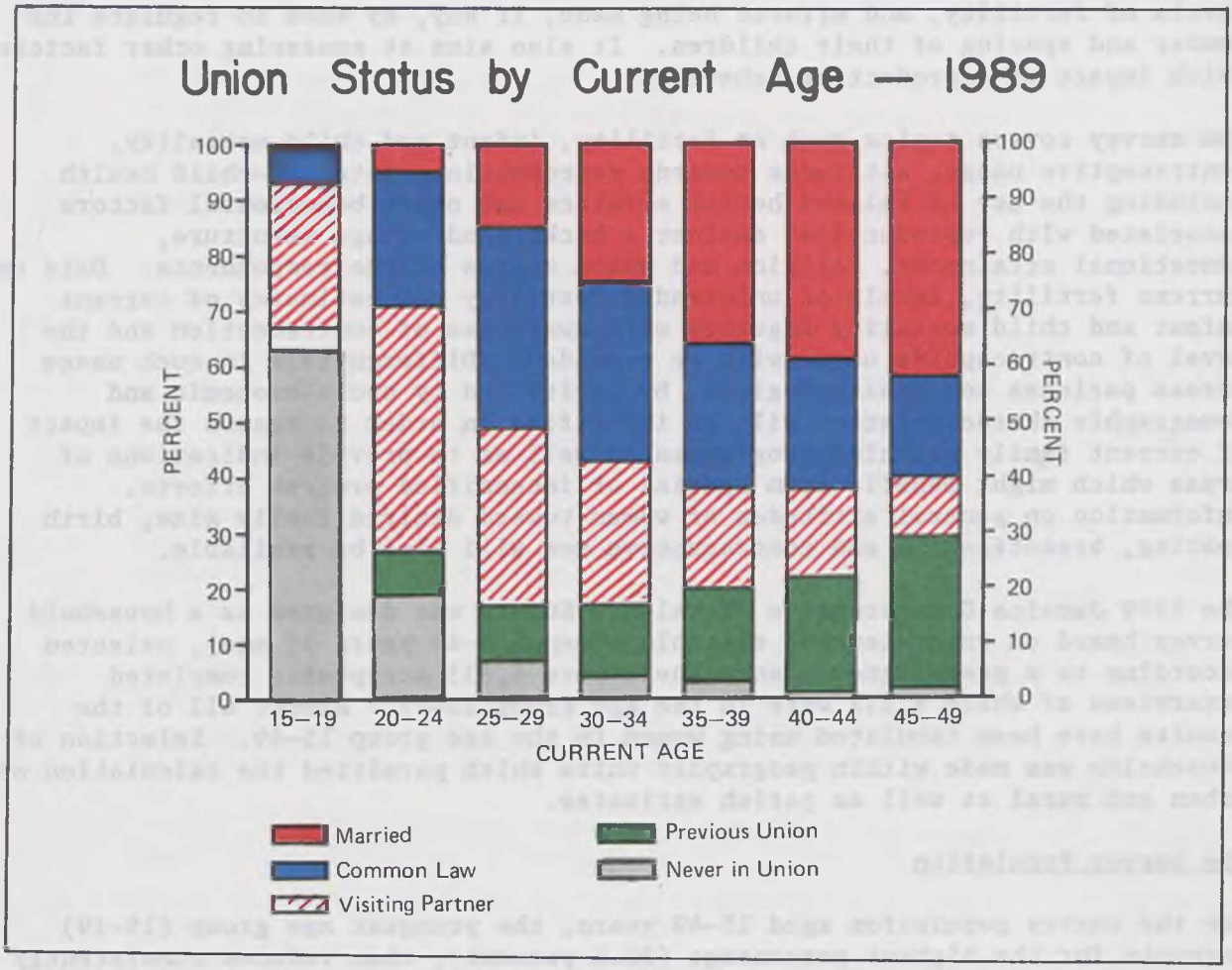
The Survey Population

For the survey population aged 15-49 years, the youngest age group (15-19) accounts for the highest percentage (22.6 percent), then reduces consistently to 6.0 percent for tne oldest age group (45-49 years), a pattern consistent with that observed in data from earlier years. Of the 6,112 women aged 15-49 years, 31 percent lived in urban areas (as defined for the survey) and the remaining 69 percent lived in rural areas, reflecting an increase in urbanization consistent with past trends.

Educational attainment as measured by highest level of schooling completed saw less than one percent of the women in the survey population with no schooling, slightly over one-third with primary schooling only, just over one-half with secondary education and less than one-tenth with post secondary education. With respect to religious affiliation, the data identify a shift away from the main orthodox religions with members of the Churches of God representing the largest group of the population.

Twenty percent of the survey population had never been in a union, 17 percent were married and living with a husband, 23 percent were living in a common law relationship and 28 percent in a visiting union; the remaining 12 percent had previously been in a union but were not, at the time of the survey, living with a partner. As may be seen from Figure S.1, sixty percent of the population in the age group 15-19 were never in a union, with the number decreasing with increasing age to 2 percent in age group 45-49.

Figure S.1



Women currently in a union in rural areas had a slightly higher proportion of the total in that area than those in urban areas. The percentage who were legally married was also higher in rural areas than in urban areas; common law unions were about equal in percentage terms in both areas while visiting relationships were more common in urban than in rural areas.

Median age at first union is 16.8 years with 16 percent entering a union before age 15 and two thirds before age 20. There was little variation between urban and rural areas and differentials by educational attainment also varied little except for women with post secondary education, with median age

of 18.3 years. All but two of the specified religions had median age at entry into first union at or around the national average. Among Anglicans and members of the United Church, the median age was higher while the lowest median age at first union was among those who recorded no religion. Parish variations were also not great, with highest median ages at entry found in St. Mary, Trelawny, Hanover, Manchester and St. Catherine while those with the lowest age at first union were Kingston, St. Thomas and St. Elizabeth.

The Singulate Mean Age at First Marriage (SMAM, the average age at first union among all women who eventually enter into unions) was 19.5 years, a slight increase over 1975-6 which was 19.2 years. The SMAM in rural areas is higher than in urban areas, a pattern which has held since 1975.

The pattern of changing relationships within unions, from the less stable to more stable, which had been observed in previous enquiries has been confirmed in this survey. Few women who are currently legally married started off the relationship with that status. The majority started off either in a common law relationship or were in a visiting relationship at the start of the union. For women who were currently in a common law partnership, none started out as legally married, a small percentage began as common-law but the vast majority were in a visiting relationship. A relatively similar pattern was observed in respect to the shift in type of relationship from first union to current union, with movement taking place generally in one direction, confirming the graduation from less stable to more stable unions already referred to.

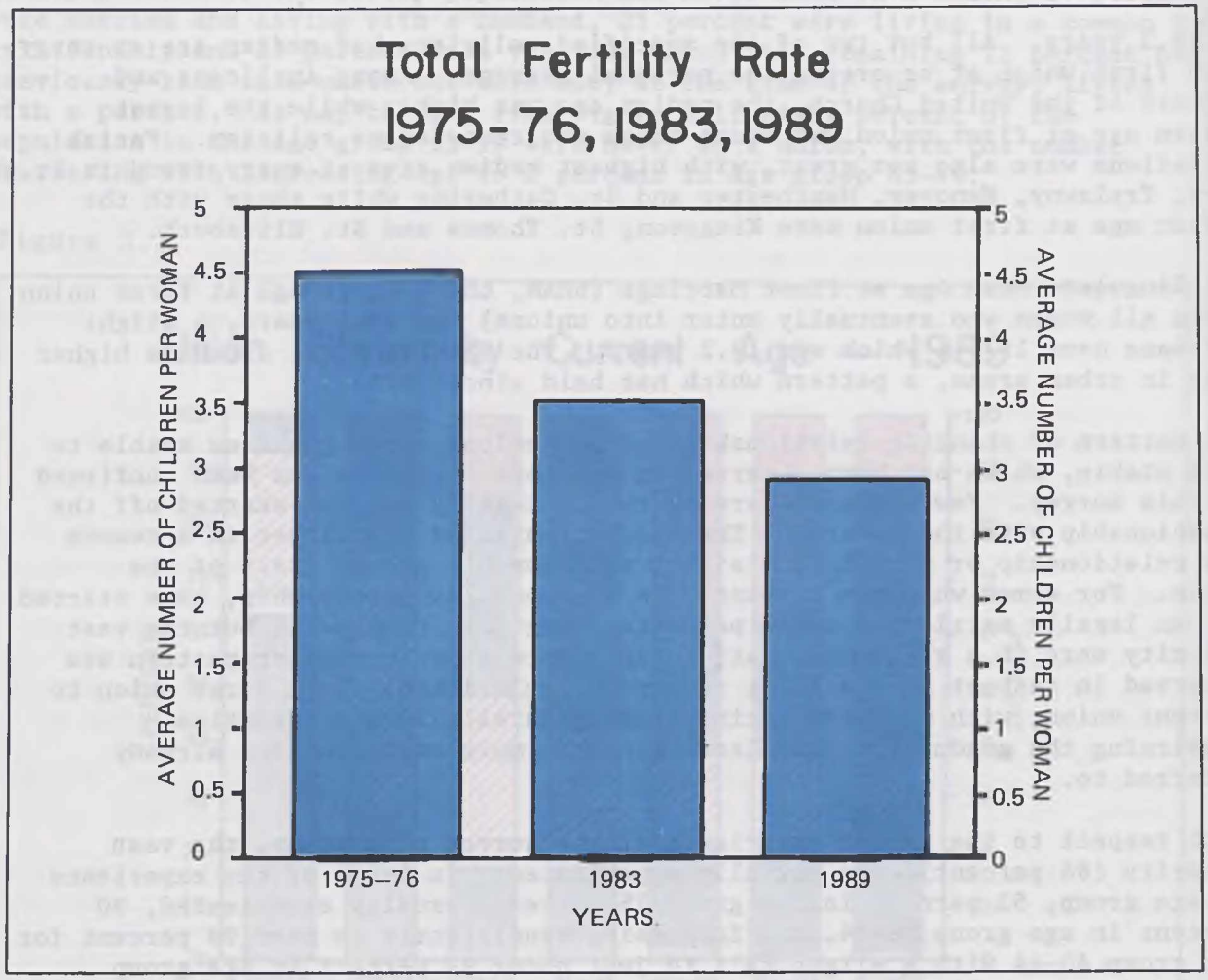
With respect to the sexual experience of the survey population, the vast majority (86 percent) were sexually experienced. In terms of the experience by age group, 53 percent in age group 15-19 were sexually experienced, 90 percent in age group 20-24, and increasing consistently to over 99 percent for age group 40-44 with a slight fall to just under 99 percent in age group 45-49. There is little variation between the sexual experience of urban and rural women although there are some more marked distinctions by parish. Sexual experience was lowest in St. Ann, Trelawny and Hanover and highest in Portland, St. Elizabeth and St Mary. At the health region level, percentages were by and large similar, with the lowest percentage in Regions 1 and 2 and the highest in Region 3.

Fertility

A point of concern in relation to estimates of fertility in Jamaica is their level of accuracy since rates calculated from official vital statistics records often differ from (and are generally lower than) the estimates derived from special enquiries. Thus, the quality of the data used in the calculation of fertility estimates from this survey was tested (using a cohort-period technique) to try to determine their accuracy. The results indicate a high degree of acceptability which confirms the view that survey estimates are generally more reliable than those derived from official vital statistics data.

The total fertility rate (TFR) in 1989 is estimated to be 3.0, a decline of 17 percent since 1983 when the TFR was 3.5 and of 36 percent since 1975-76 when the TFR was 4.5. These movements are illustrated graphically in Figure S.2. Age specific fertility rates confirm the fall in the fertility rates over the period since 1976-77, as may be seen in Figure S.3.

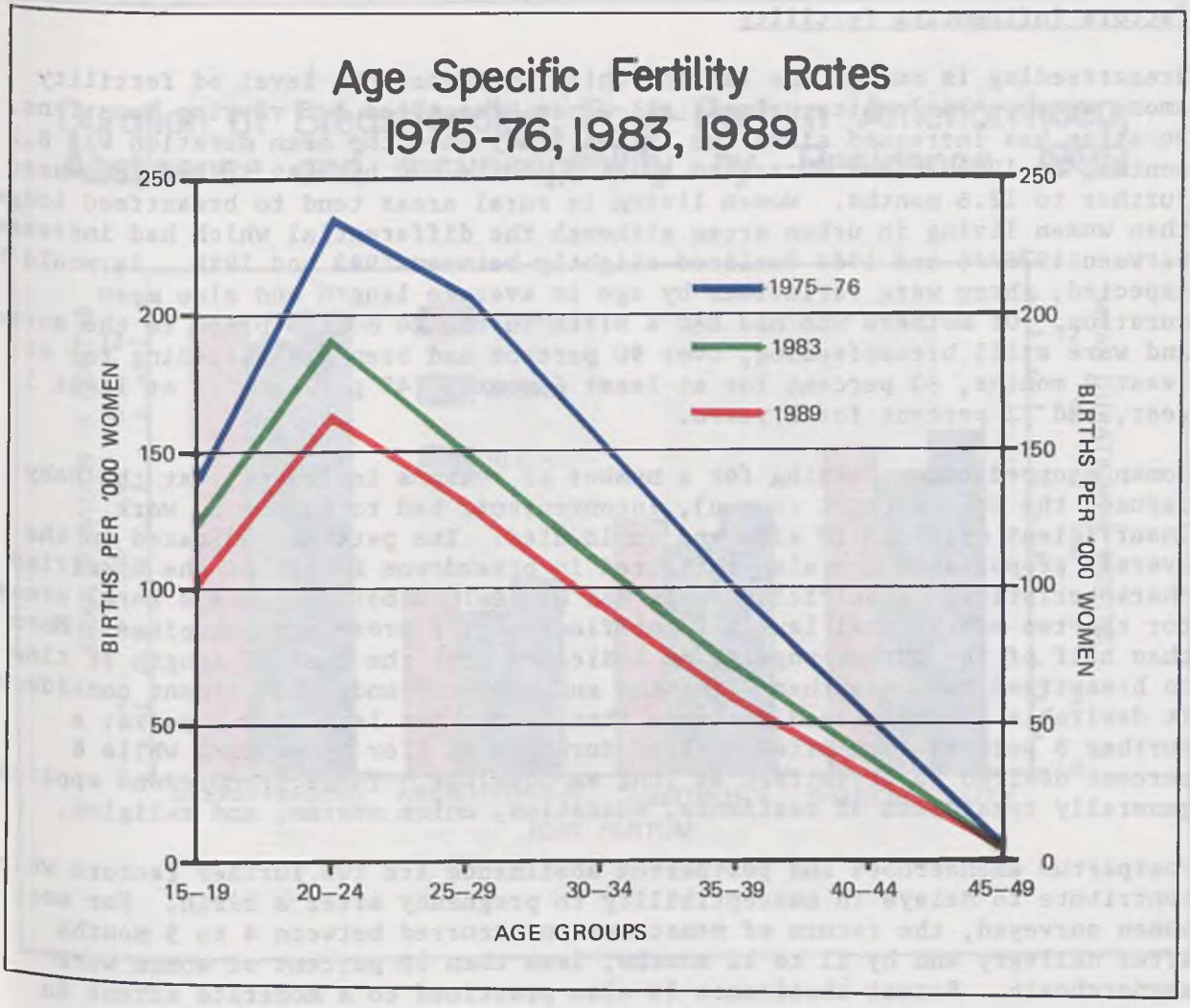
Figure S.2



A number of factors influencing the level of fertility can be identified. These include age at menarche, childlessness, desired birth interval length and current pregnancy intentions. In Jamaica the average age at menarche for women in the 15-49 age group in 1989 was 14 years, an apparent decline during the past 20 years. There was little variation by place of residence but those with primary education have older ages that the more highly educated.

One third of all women between the ages of 15 and 49 in Jamaica are childless and the results of the survey suggest that childbearing begins relatively late in Jamaica, with over 80 percent of women under the age of 20 not having had a birth and nearly two-fifths of those in the age group 20-24, childless. Variations by the social factors used reveal that women living in rural areas are less likely to be childless than those in urban areas and that less educated women are much less likely to be childless than those with secondary or higher education. Across the categories of religion, the relationship between childlessness and age is inconsistent, except that Anglicans under age 30 generally have higher levels of childlessness than other religious groups. Variations by health regions and by parishes are also observed.

Figure S.3



Average number of children ever born to women aged 15-49 by age of mother showed declines over earlier years from 1975-76 in all age groups. In general, numbers were higher for women living in rural areas than for those in urban areas; also, there appears to be a strong negative association between fertility and education. Although only two percent of women had a birth before age 15, 37 percent had had at least one child while still in their teen years. However, for those women over age 25, the mean age at first birth appears to have declined; women age 45 and over were 24 years of age, on average, when their first living child was born, whereas women between the ages of 25-34 were approximately age 20, on the average, when they had their first birth.

With respect to desired birth interval length, the results suggest that women in Jamaica desire long birth intervals, with over 70 percent desiring birth intervals of three or more years. Finally, with respect to intentions regarding pregnancy, 7 percent of women were currently pregnant and an additional 4 percent wanted to be pregnant.

Factors Influencing Fertility

Breastfeeding is one of the factors which influence the level of fertility among women. In Jamaica, almost all women breastfeed for varying durations. Duration has increased since the 1975-6 study when the mean duration was 8.2 months; by 1983 it had increased to 12.2 months and by 1989 it had increased further to 12.6 months. Women living in rural areas tend to breastfeed longer than women living in urban areas although the differential which had increased between 1975/76 and 1983 declined slightly between 1983 and 1989. As would be expected, there were variations by age in average length and also mean duration. Of mothers who had had a birth in the 24 months prior to the survey and were still breastfeeding, over 90 percent had been breastfeeding for at least 2 months, 80 percent for at least 6 months, 45 percent for at least 1 year, and 22 percent for 2 years.

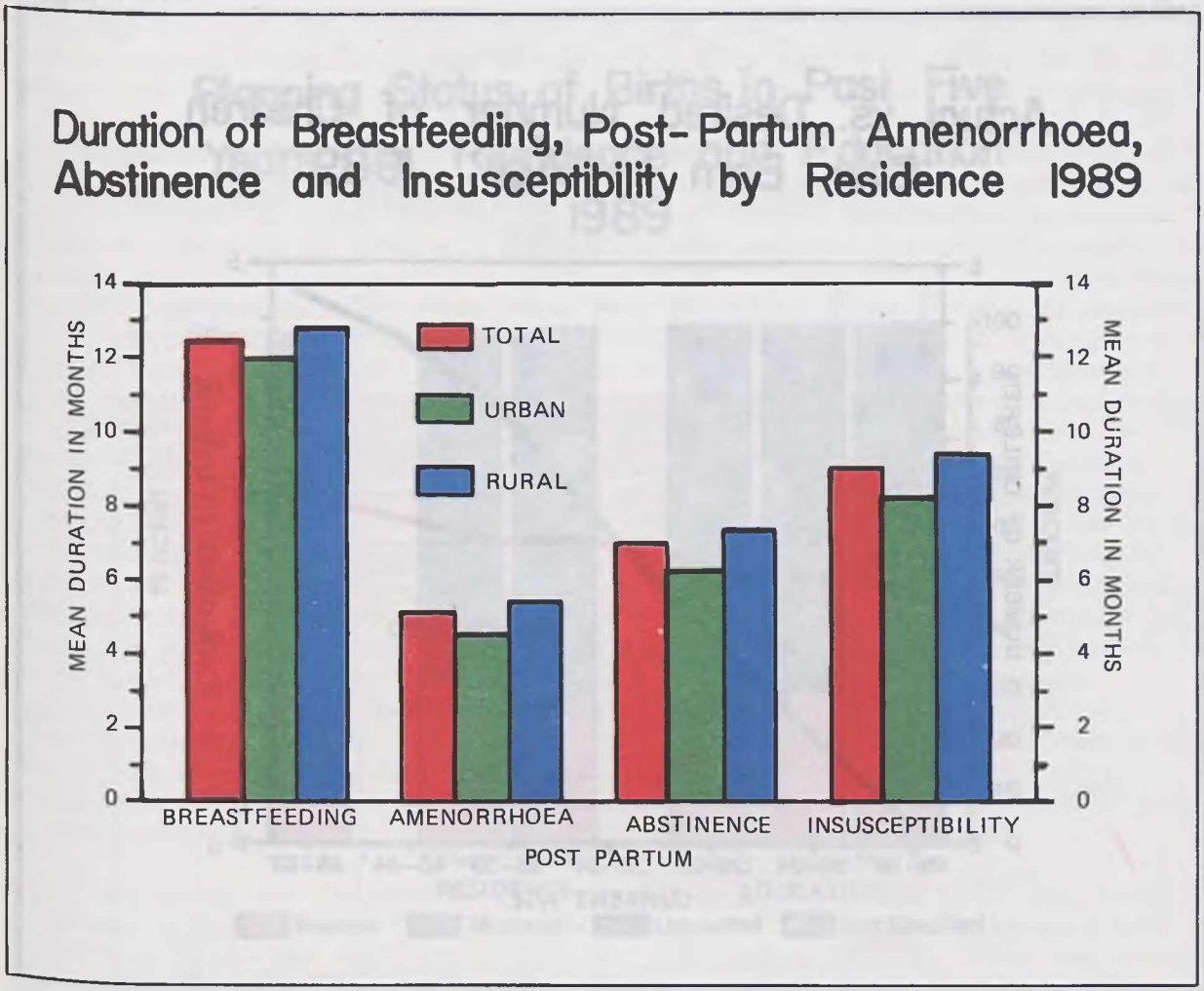
Women stopped breastfeeding for a number of reasons including that the baby refused the breast (most common), inconvenient, had to go out to work, insufficient milk, child sick and child died. The pattern indicated in the overall proportions are also reflected in breakdowns by all of the specified characteristics. Insufficient milk was highest in both urban and rural areas, for the two educational levels identified and for broad age groupings. More than half of the survey population indicated that the desired length of time to breastfeed was less than 12 months and slightly under 30 percent considered it desirable to breastfeed for more than 1 year but less than 2 years; a further 5 percent identified desired duration as 2 or more years while 8 percent desired to breastfeed as long as possible. These proportions applied generally regardless of residence, education, union status, and religion.

Postpartum amenorrhoea and postpartum abstinence are two further factors which contribute to delays in susceptibility to pregnancy after a birth. For most women surveyed, the return of menstruation occurred between 4 to 5 months after delivery and by 11 to 12 months, less than 10 percent of women were amenorrhoeic. Sexual abstinence is also practiced to a moderate extent in Jamaica. After 5 to 6 months following delivery, 36 percent of women were still abstaining and over one-fifth were still abstaining up to 17 to 18 months after delivery. The average period of abstinence is slightly longer in rural areas than in urban areas and the less educated abstain longer than the more educated.

When the overlapping period of amenorrhoea and abstinence are combined, the average number of months a woman is protected from pregnancy following their latest delivery is 9 months. Figure S.4 sets out the average period for the total population of women together with patterns in urban and rural areas for duration of breastfeeding, amenorrhoea, abstinence and for the latter two, their overlap, that is, the period of insusceptibility.

Family preferences affect attitudes towards family size and as such can influence the eventual size of families. Such attitudes are therefore important to the study of fertility. A large proportion of the survey population believes that both partners should decide on how many children a couple should have while a smaller but still significant proportion considers that such a decision should be made by the woman only and a still smaller proportion feels that the decision should be made by the man only. There is

Figure S.4

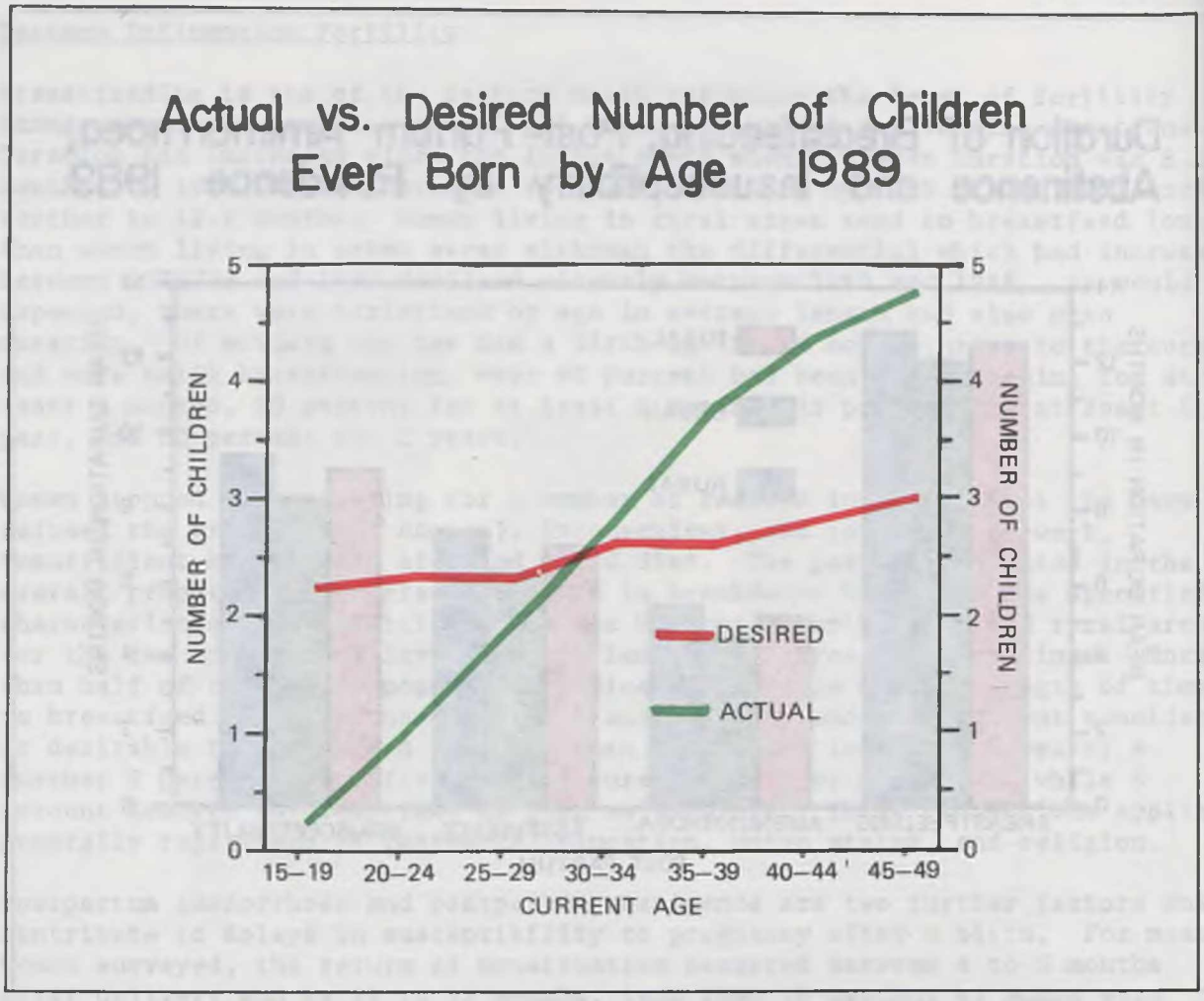


minimal variation by age and by all of the other social characteristics except, perhaps by union status where women who were legally married, those who had boyfriends but who were not sexually active as well as those who had never had a partner felt more strongly than the rest that the decision should be made by both.

With respect to desired family size, the average desired size moves up in ascending 5-year age groups from 2.2 to 3.0 children. This upward trend following increasing ages of women, is consistent throughout in all of the selected characteristics. The average desired size is also fairly consistent, with little variation by the specified characteristics. These levels are close to the desired targets set out in the official population policy but as may be seen in Figure S.5, are significantly lower than the levels of completed fertility which now obtains. Achievement of the target set in the Population Policy will depend on actual realization of the expressed desire of the women.

In this connection, therefore, the planning status of births in the past 5

Figure S.5

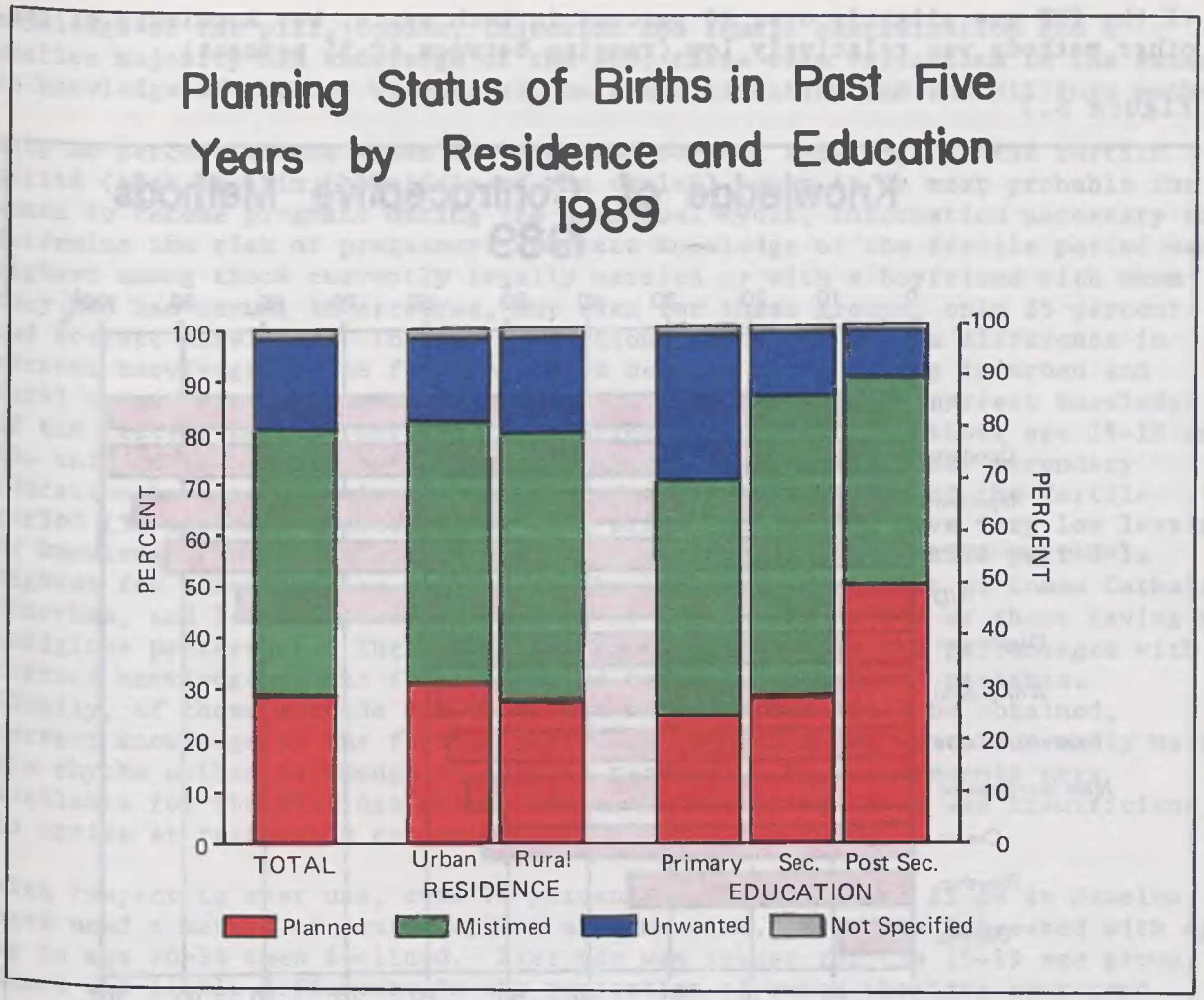


years as shown in Figure S.6 is of interest. More than half of the births which occurred in the five years before the survey were mistimed with nearly 30 percent planned and the remainder unwanted. Unwantedness was slightly higher in rural than in urban areas, was negatively associated with education and positively associated with the number of children ever born. On the other hand, a higher percentage of planned births took place in urban than in rural areas, was positively related to levels of education and negatively associated with the number of children ever born. Mistimed births showed little variation by residence and was negatively associated with the number of children ever born while the level of education was not consistent as a determining factor.

Infant Mortality

The infant mortality rate in 1989, estimated from the survey is 17 per 1000 live births while the child mortality rate (between ages 1 to 5) is 3 per 1000 live births. The infant mortality rate is lower in urban than in rural areas (13 per 1000 in urban areas and 18 per 1000 in rural areas). Levels of

Figure S.6



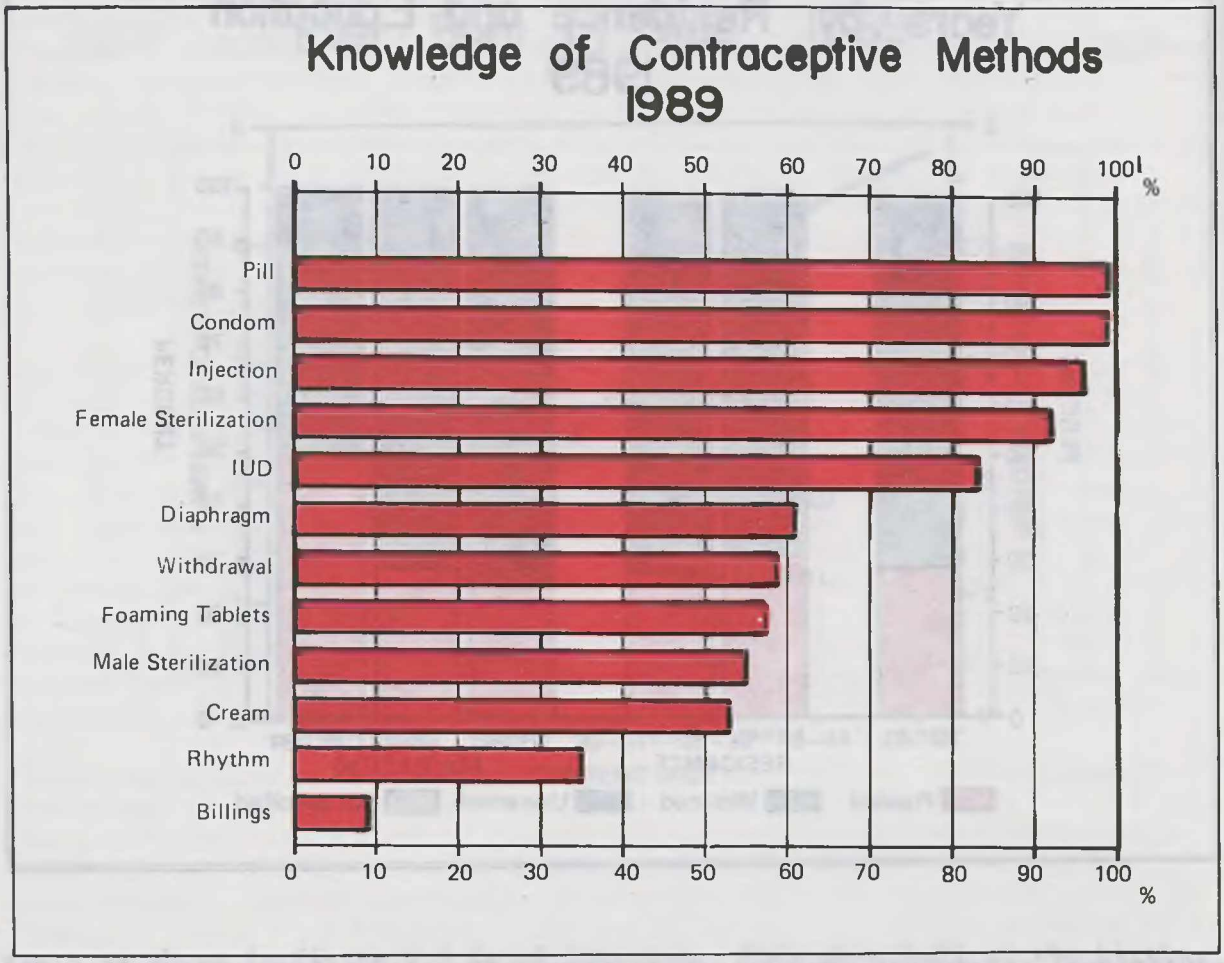
educational attainment appear to have some influence on infant mortality rates as they are highest for the least educated (primary) than for the other two categories. Child mortality rates also had the same pattern based on place of residence (5 per 1000 in urban areas compared with 3 per 1000 in rural areas).

Fertility Regulation

Knowledge of contraception in Jamaica is very high as may be seen in Figure S.7. Nearly 100 percent of the women surveyed have knowledge of at least one method which include the pill, IUD, condom, injection, foaming tablets, female sterilization and male sterilization. Knowledge of at least one effective method was virtually universal in all ages, age by residence, and age by education. There was wide variation in knowledge of individual methods for women when classified by the various social characteristics. Comparing levels of knowledge from 1983 with 1989, for each individual method where comparisons could be made, knowledge was higher in 1989 than in 1983, except for the rhythm method. Over 90 percent of women age 15-49 had knowledge of the pill, condom, injection and female sterilization in both 1983 and 1989. Knowledge

of the IUD was slightly over 80 percent in both years, but knowledge of the other methods was relatively low (ranging between 60-35 percent).

Figure S.7



Knowledge of each individual method was higher in urban than rural areas in 1989 and the same pattern of knowledge of the individual methods held in each location. Knowledge of the pill and condom was very high across all the age groups, 15-19 through 45-49. The 15-19 age group had lower levels of knowledge than the older age groups for injection, female sterilization, IUD, diaphragm, withdrawal and all other methods.

In each education group, over 90 percent of the women had knowledge of the pill, condom, injection and female sterilization. For each of these methods, women with post secondary education had the highest level of knowledge. Knowledge of the other methods was very high for the post secondary group except for the Billings method. Women with primary education had the lowest level of knowledge of each method. Slight differences in level of knowledge of the methods were observed across health regions with greater variation between parishes. While in each parish, the vast majority of women had

knowledge of the pill, condom, injection and female sterilization and a smaller majority had knowledge of the IUD, there were variations in the extent of knowledge of rhythm, withdrawal, male sterilization and the Billings method.

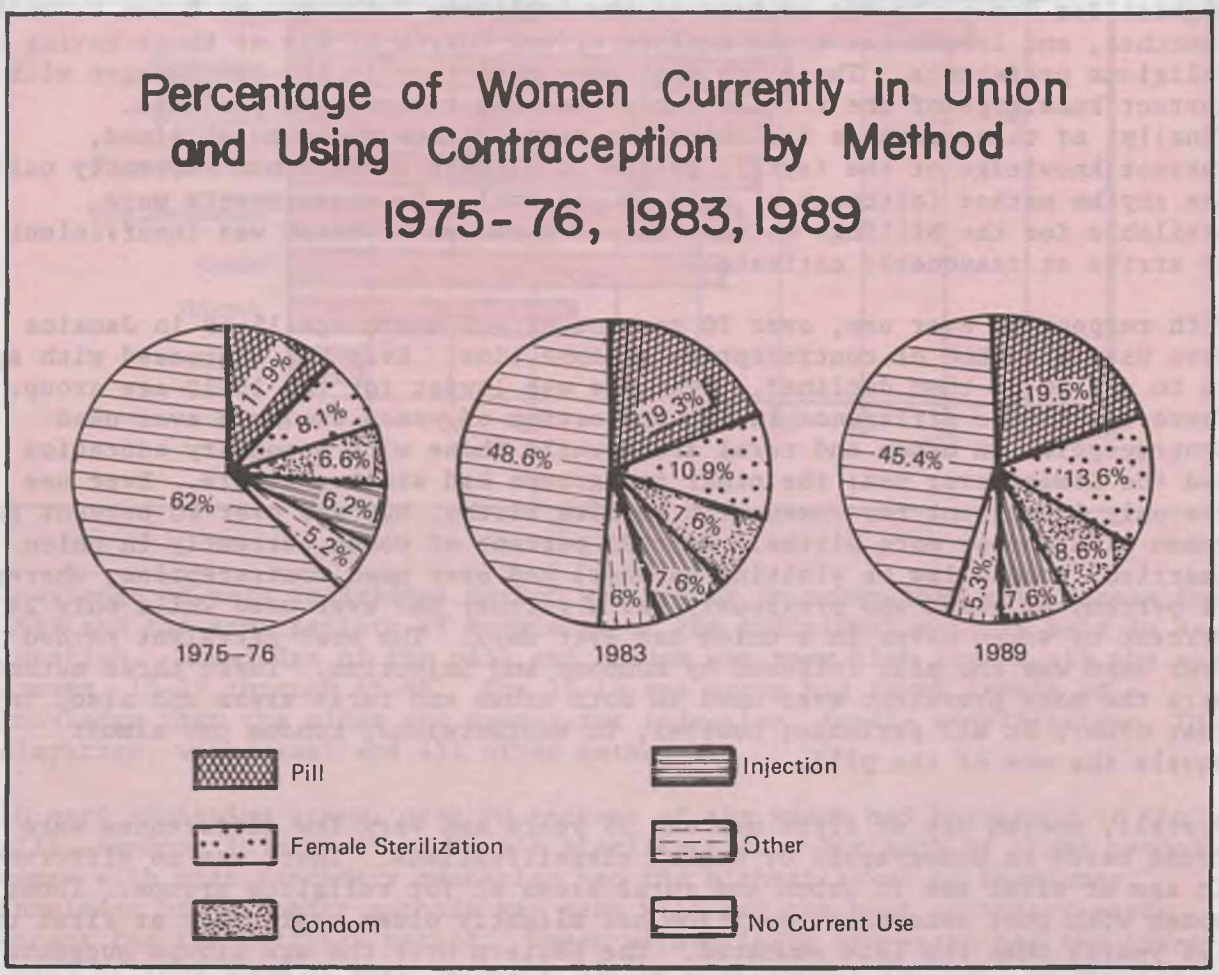
Only 20 percent of the women surveyed had correct knowledge of the fertile period (that is, "in the middle of the cycle"), when it is most probable for a woman to become pregnant during the menstrual cycle, information necessary to determine the risk of pregnancy. Correct knowledge of the fertile period was highest among those currently legally married or with a boyfriend with whom they had had sexual intercourse, but even for these groups, only 25 percent had correct knowledge. In this connection, there was little difference in correct knowledge of the fertile period between those living in urban and rural areas; women between ages 20 and 39 have the highest correct knowledge of the fertile period (between 22-24 percent), whereas for those age 15-19 and 40+ only 16-18 percent have correct knowledge; women with post secondary education have relatively high levels of correct knowledge of the fertile period (38 percent) whereas those with primary education have very low levels of knowledge (14 percent); and correct knowledge of the fertile period is highest for women who are members of the Anglican, Methodist or Roman Catholic churches, and lowest for those members of the Church of God or those having no religious preference. There was also some variation in the percentages with correct knowledge of the fertile period between regions and parishes. Finally, of those methods for which the measurements could be obtained, correct knowledge of the fertile period is highest among women currently using the rhythm method (although at only 40 percent). No measurements were available for the Billings method since the number of cases was insufficient to arrive at reasonable estimates.

With respect to ever use, over 70 percent of all women age 15-49 in Jamaica have used a method of contraception at some time. Ever use increased with age up to age 30-34 then declined. Ever use was lowest for the 15-19 age group. There was little difference in the proportion of women who have ever used contraception in urban and rural areas while those with secondary education had the lowest ever use; the other two groups had similar levels. Ever use was only 40 percent for women with no live births, but was over 80 percent for women with one or more births. Over 83 percent of women currently in union (married, common law or visiting partner) had ever used contraception, whereas 71 percent of women who previously had a partner had ever used while only 24 percent of women never in a union had ever used. The most prevalent method ever used was the pill followed by condoms and injection. These three methods were the most prevalent ever used in both urban and rural areas and also, in that order, in all parishes; however, in Westmoreland, condom use almost equals the use of the pill.

Overall, median age at first use was 19 years and very few differences were found based on demographic or social classifications. There was no difference in age at first use in urban and rural areas or for religious groups. Those women with post secondary education had slightly older median age at first use (21 years) than the less educated. The pattern over the age groups suggests age at first use may have declined in Jamaica over the past 20 years. Age at first use was 22-23 years for women age 40-49, whereas for women less than age 30 median age at first use was between 18 and 20 years. Slight variations from the average were observed in one health region and in four parishes.

Current use of contraception has been increasing in Jamaica over the recent past as may be observed from a comparison of data from the last three surveys in which contraceptive prevalence was measured. It increased rapidly between 1975 and 1983 but only moderately between 1983 and 1989. Although the method-mix of current users did not change over the 15 year period, there were changes in levels of use of particular methods, as may be seen in Figure S.8. Between 1975 and 1989, the most prevalent current method used was the pill, followed by female sterilization, condom and injection. There was a large percentage increase in the use of the pill between 1975 and 1983 although between 1983 and 1989 pill use increased very little. Female sterilization increased steadily from 1975. Change in condom use was minor over the 15 years (from 7 percent in 1975 to 9 percent in 1989). Current use of other methods is minimal in Jamaica but the trend in use of some of these methods changed over the 15 years. Use of the IUD declined from 4 percent in 1975 to 2 percent in 1989. During the same period, use of withdrawal increased slightly, from 1 percent to 2 percent.

Figure S.8



Over one-half of women currently legally married or in common law or visiting partner relationships are using contraception. Highest use is for those

legally married. It is also moderately high for women who have a boyfriend with whom they are having sexual intercourse. Use for women who have not had sexual intercourse is very low. Substantial variation in method-mix is found across the union status groups. Female sterilization was by far the most prevalent method used by the legally married, followed by the pill while injection was the third most prevalent method used by women legally married. Women currently in common law or visiting partner relationships were most likely to use the pill but also used female sterilization and injection, in that order, whereas women in visiting partner relationships were most likely to use condoms, injection and female sterilization, also in that order. Women currently with boyfriends with whom they have had sexual intercourse were most likely to use condoms or the pill.

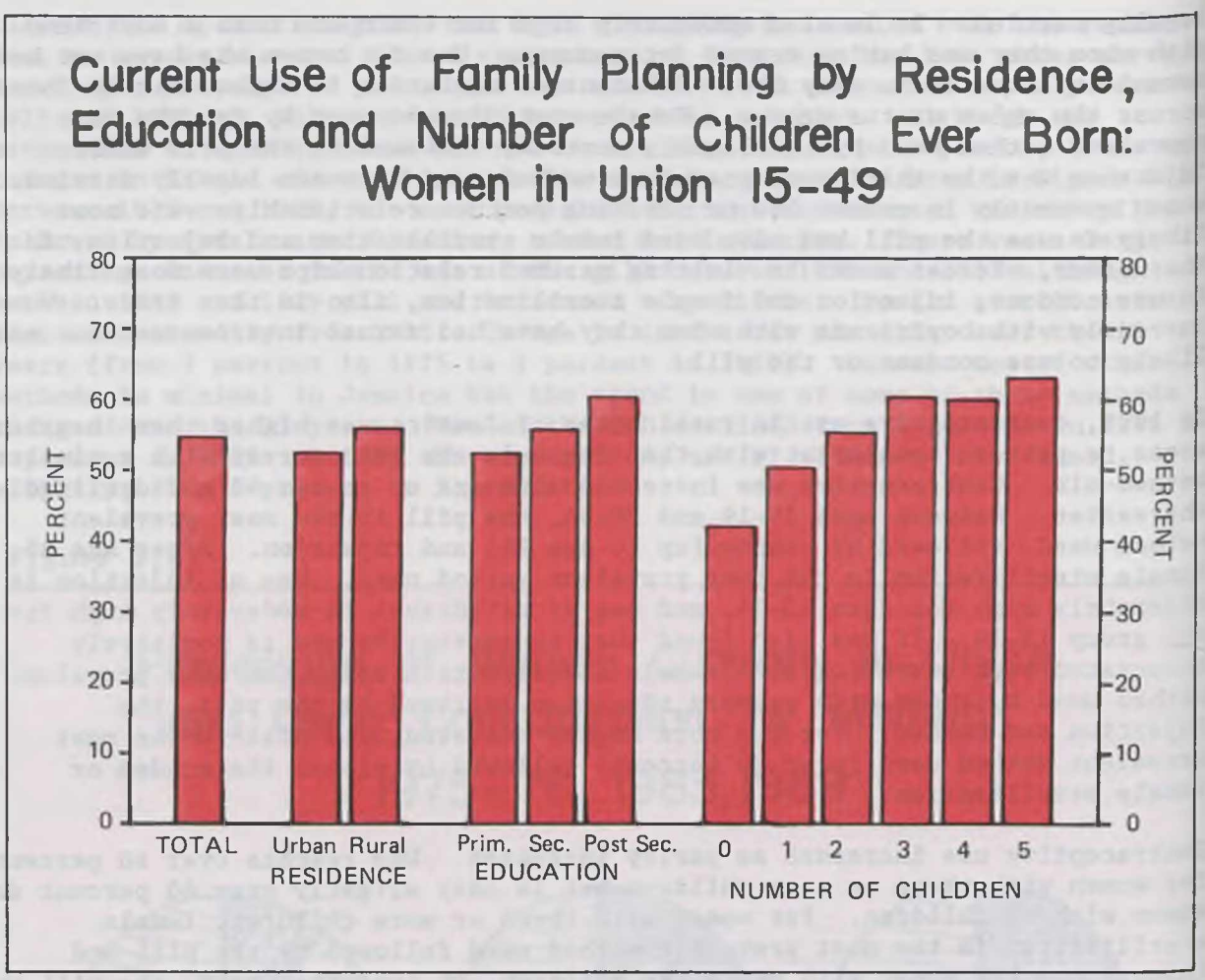
In 1989, contraceptive use in rural areas of Jamaica was higher than in urban areas, a pattern consistent with that found in the 1983 survey with a similar method-mix. Contraceptive use increased with age up to age 40 and declined thereafter. Between ages 15-19 and 30-34, the pill is the most prevalent method used, followed by condom (up to age 25) and injection. After age 35, female sterilization is the most prevalent method used. Use of injection is moderately high for ages 20-34, and use of withdrawal is moderately high for age group 15-19. It was also found that contraceptive use is positively associated with education with female sterilization being the most prevalent method used by those with primary education followed by the pill, the injection and condom. For the more highly educated, the pill is the most prevalent method used (over 20 percent) followed by either the condom or female sterilization.

Contraceptive use increases as parity increases. Use reaches over 60 percent for women with three or more children but is only slightly over 40 percent for women with no children. For women with three or more children, female sterilization is the most prevalent method used followed by the pill and injection. For women with up to two children, on the other hand, the pill and condom are the most prevalent methods. Figure S.9 sets out graphically the percentage of current users by selected demographic and social characteristics.

Contraceptive use is much higher for women who want no more children than for those wanting children, with those who want more children tending to use either the pill or the condom whereas those who want no more children use female sterilization, the pill and the injection, in that order. Comparing overall levels of contraceptive use by residence and other demographic and social characteristics, use is seen to be higher in rural areas than in urban areas for almost all age groups and where it differs, the variation is minimal; it is also higher for all education groups in the rural area relative to the urban area. In both areas, use increases as the number of children ever born increases; however, there is no clear association with contraceptive use and religious affiliation in either of the two areas of residence.

Since the prevalence of female sterilization was consistently high in Jamaica, it was considered that a comparison of the profiles of women who have been sterilized with those who have not been would prove informative. In this regard, the following general contrasts may be made. Women who have been sterilized tend to be 10 years older, on average, than the non-sterilized; to have nearly three children more on average than the non-sterilized and to be

Figure S.9



less well educated. Of those who have been sterilized, some 60 percent in both urban and rural areas were between ages 30-39 and nearly 50 percent of the urban and 56 percent of the rural had already had five or more live births; also, 75 to 80 percent of the operations occurred since 1980. In each age group, sterilized women have, on average, at least one child more than the non-sterilized. Some 32 percent of women who have been sterilized have never used any other method of contraception before the operation, with the proportion of previous non-users higher in urban than in rural areas, and for the less educated. A large majority of women who were sterilized received counselling prior to the operation, the extent being slightly higher in urban than in rural areas. However, overall, over 90 percent were satisfied with having had the operation.

Finally, there appears to be a continuing high demand for sterilization, with one-third of women who currently want no more children expressing an interest in having the operation. The demand is especially high for women who have post secondary education and for those who have more than six children. For those women who currently want more children, expressed demand for the

operation in the future is even higher, being particularly high among women less than age 25, for the less educated and for women with up to three children.

In relation to decisions on whether or not to use contraceptives, most of the respondents felt that either the woman, or the woman and her partner (in that order) should make the decision. These views held across all classifications of age, residence, education, religion and union status. The same decision making pattern obtained within each health region although within parishes there were variations including the fact that in some parishes, a moderate proportion of respondents felt the decision should be made by either a nurse, doctor, midwife or other person.

An examination of the survey data regarding reasons why women currently in union are not currently using contraception, revealed that nearly two-thirds of the women had pregnancy related reasons which included being currently pregnant, not sexually active, infertile or desire to get pregnant (in that order). The remainder gave reasons not related to pregnancy or infertility and are thus currently at high risk of getting pregnant. Reasons for non-use, examined over a variety of social and demographic factors, reveal that there was little variation by residence. At ages less than 25, women are most likely to say they are currently pregnant or were not sexually active; however, in the middle age range (25-35), an increasing percentage of women state that they desire pregnancy while at the older ages (35+) a high percentage of women say they are infertile or they have been surgically sterilized. Women with primary education are most likely to say they are infertile, currently pregnant or not sexually active, whereas, the more highly educated women include a high percentage who desire to get pregnant. Minor differences in reasons for non-use were found in the four health regions while variations by parish were more marked, although the patterns were more or less in the same direction.

Some focus was directed at women currently in union who are not currently using contraception. Among these women, it was found that previous users had generally, in order of magnitude, used the pill, the injection or the condom. This pattern held in both urban and rural areas. Women with post secondary education were more likely to have used the pill and not to have used injection when compared to women with less education. Previous use of the pill was very high for ages 15-19 to 30-34 but for the older women, injection was most likely to have been their last method. The main health region difference was that condom use was lower in Region 1 than in the other regions. With respect to the reasons for stopping use, users of the pill gave reasons related to health and bad side effects (in that order) as their primary reasons; in contrast, users of condoms gave bad side effects, not sexually active and desires pregnancy as their primary reasons for terminating use (again in that order).

What are the various sources from which contraceptives may be obtained and how satisfied have women been with the services received from these suppliers. In the first instance, in relation to sterilization, the great majority were performed in public hospitals, with a much smaller percentage in private hospitals or by private doctors in clinics. The only urban/rural difference was that the private doctor/clinic was less likely to be used in urban than in

rural areas. For the other methods, the most important source was the clinic/health centre followed by the pharmacy. As with sterilization, the primary source for other methods were similar in both urban and rural areas.

In the case of sterilization, women with primary education are more likely to use the public hospital than women with post secondary education who use the private hospital and private doctor/clinic. Differences in sources used by education groups was also found for users of other methods. As educational level increased, use of clinic/health centre decreased while use of pharmacy and private doctor/clinic increased.

An analysis of sources of contraception by method used shows that the clinic/health centre was the principal source for the pill, injection, and the IUD and that the other important source for the pill was the pharmacy. For injection, the pharmacy and public hospitals were important secondary sources while for the condom, the pharmacy was the principal source followed by the clinic/health centre and supermarket/shop. For users of clinics/health centres as their source of supply, over three quarters received counselling. The experience of those who used the pharmacy, supermarkets or shops for the purchase of condoms, on the other hand, was that only a small minority received counselling. Of significance, however, was that over 90 percent of the women were satisfied with the services they received at all locations.

The final area relating to fertility regulation studied was the determination of unmet need for family planning. The survey data indicate that certain segments of the population have greater need for family planning services than others, based on instances where women not currently pregnant who stated that they did not desire to become pregnant were not using any method of contraception for reasons not related to pregnancy, subfecundity or sexual activity. Thus, the women defined in this study as "in need of services" are noncontracepting, fecund, sexually active women (regardless of marital status) who were not currently pregnant and did not desire to become pregnant at the time of the interview.

According to this definition, 16 percent of the women had unmet need for contraception. Unmet need was slightly higher for women living in urban than in rural areas, and was highest for women between 20-44 - the younger women tended not to be sexually active and for older women, subfecundity reduced their need. Unmet need was negatively associated with education in both urban and rural areas, that is, the higher the level of education, the lower was the unmet need. It was also highest for women with 1 to 3 children and as may be expected, women in unions had higher unmet need than those not in union; also, women in less stable unions (common law and visiting) had higher unmet need than those in legally married unions. Variations by health region and by parishes were also observed. The data also show that two thirds of the women most in need of family planning services have used contraception at some time and that nearly 60 percent of these have indicated a desire to use contraception now or in the future. The desire to use family planning is high for all classifications of the characteristics studies except for women 45-49, where anticipated subfecundity is high.

Sexual Experience And Contraceptive Knowledge Of Young Adults

An analysis of the young adults in the population reveals that the proportion of the population aged 14-24 years with some sexual experience has increased although slightly since 1987. The increase is due to an increase in sexual activity among older young adults (19+) with reduced proportions of the under nineteen age group (except for those who were 16 years) being sexually active. Also, although average age at first intercourse shows little real change over the 2-year period, the proportions who have had sexual intercourse show, in general, a downward trend when examined by individual ages. In addition, there was some variation by health region.

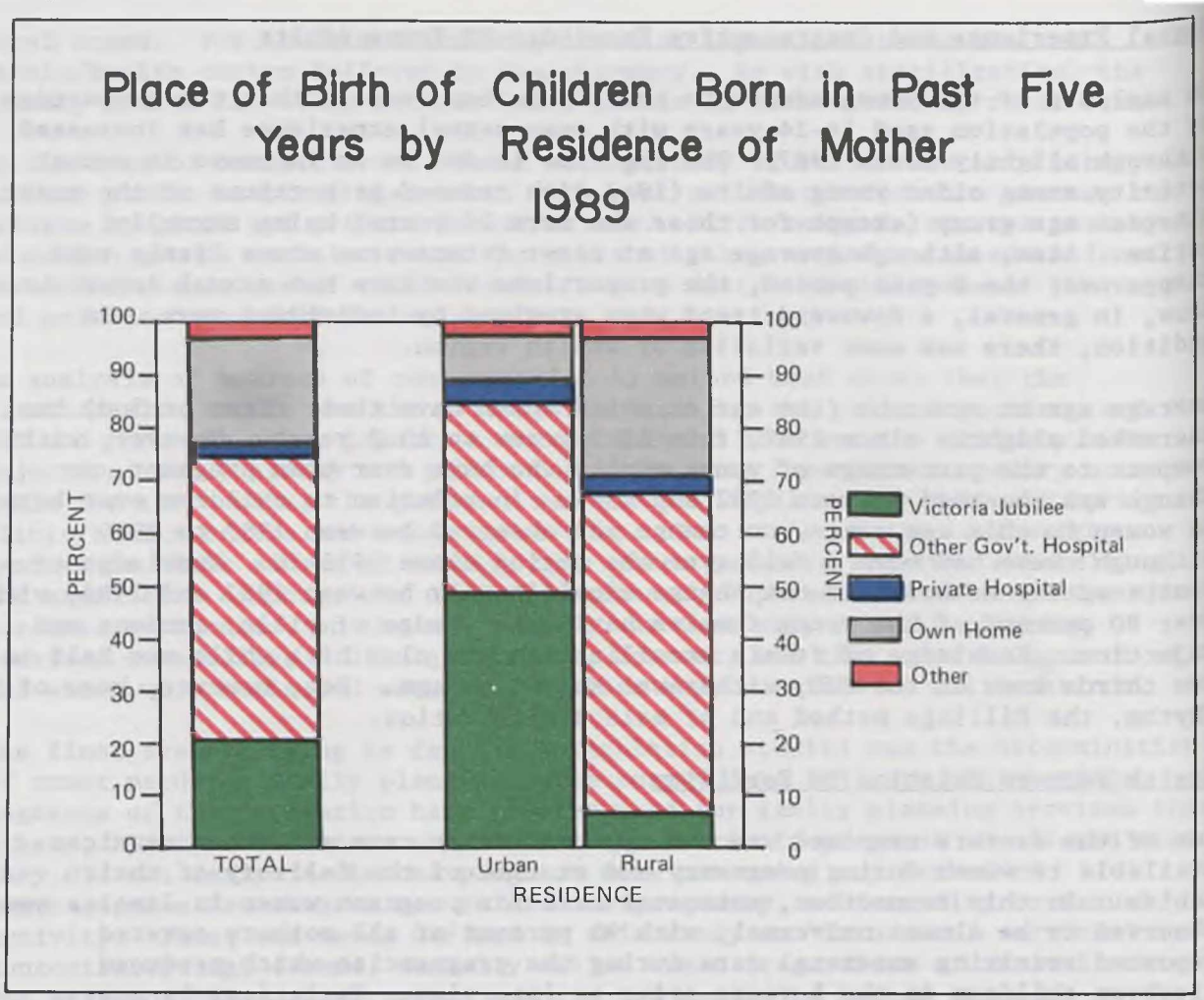
Average age at menarche (the age at which women have their first period) has increased slightly since 1987, from 13.1 years to 13.7 years. However, with respect to the percentage of young adults who have ever been pregnant, no change was observed between 1987 and 1989. In relation to children ever born to women in this age range, no change was observed between 1987 to 1989 although there had been a fall over the period since 1975-76. Knowledge of contraceptive methods did not change significantly between 1987 and 1989, with over 90 percent of the young females having knowledge of pills, condoms and injection. Knowledge of female sterilization was also high while one half to two thirds knew of the IUD, withdrawal and diaphragm. Few, however, knew of rhythm, the Billings method and of male sterilization.

Health Factors Relating To Fertility

One of the factors examined was the type of health care and other services available to women during pregnancy and at time of the delivery of their babies. In this connection, antenatal care for pregnant women in Jamaica was observed to be almost universal, with 98 percent of all mothers covered reported receiving antenatal care during the pregnancies which produced liveborn children in the 5 years prior to interview. Variations by age, education, health regions and by parishes were not very marked although the proportion in rural areas was slightly higher than in urban areas. Lower rates were, however, observed in the younger age groups rising up to age group 35-39 and falling from that level thereafter. Also, with respect to parity (the number of children ever born) the proportion was highest for the lowest parity decreasing through to parity 4, with a slight increase for parity 5 and over.

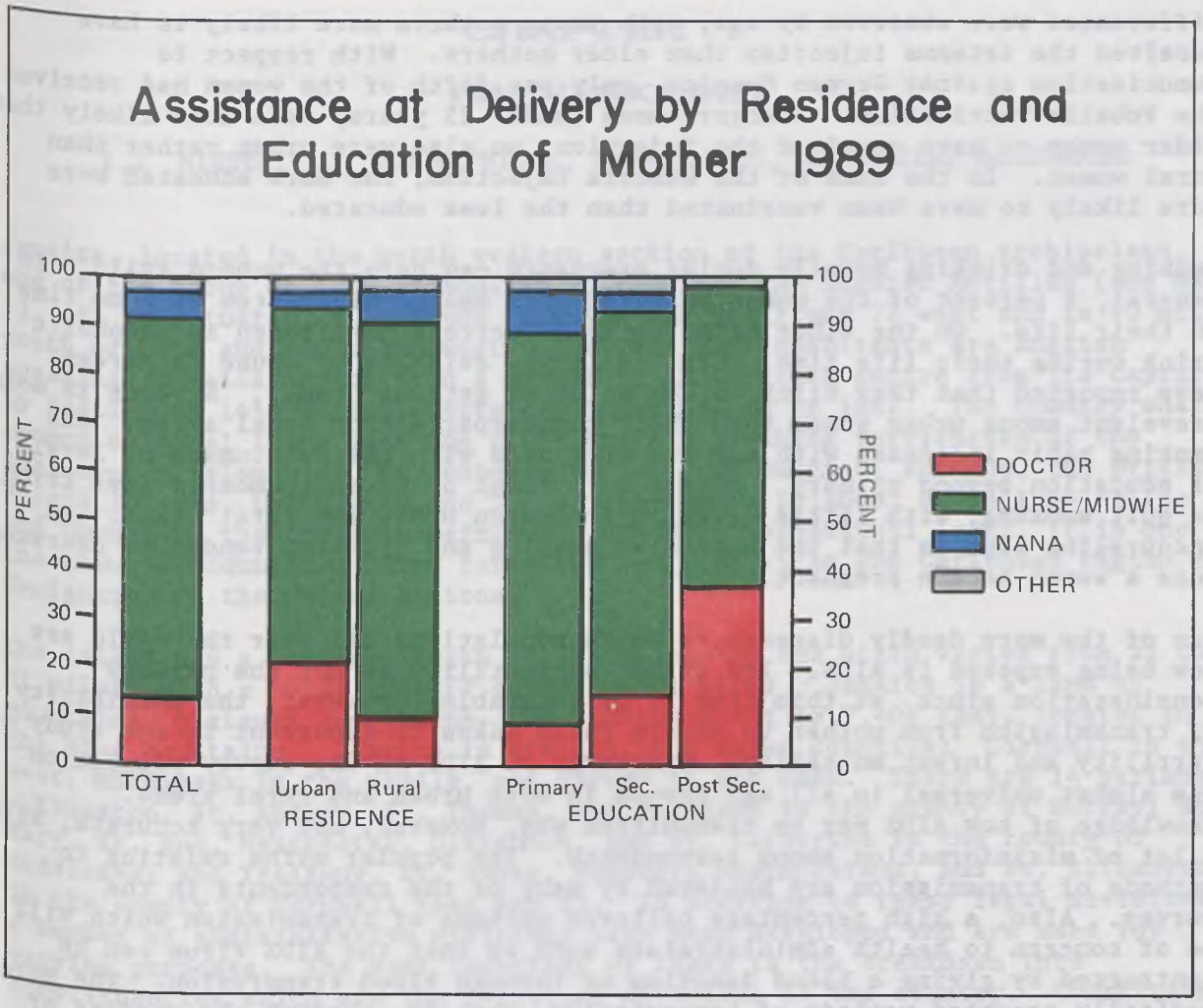
Three quarters of all births were in government hospitals, with the Victoria Jubilee Hospital accounting for 20 percent. Of the remaining, 20 percent were born at the mother's home while 5 percent were born in institutions including private hospitals, private nursing homes, rural maternity centres and the home of a relative or friend, among others. A higher proportion of urban dwellers relied on the services of the government institutions compared with rural dwellers, with a higher proportion of mothers in the parishes of Kingston and St. Andrew utilizing the services of a government health facility than in any of the other parishes (see Figure S.10). On the other hand, a relatively small proportion of urban dwellers had their babies in their own home compared with rural dwellers. Also, percentage wise, urban dwellers utilized private hospitals and nursing homes somewhat more that those in the rural areas. Accordingly, relatively few women in Kingston and St. Andrew had their babies in their own home.

Figure S.10



Over 90 percent of deliveries were assisted by a trained health professional (14 percent by a doctor, 78 percent by a trained nurse/midwife) while a small percentage was delivered by a Nana. Variations in the proportions were observed by residence and by educational levels (see Figure S.11). Relatively few women had assistance from no one at delivery. There appears to be a strong association between the number of children which a woman has and use which she makes of trained health personnel during delivery, with percentages decreasing consistently with the number of children born to the woman. There is also a marked relationship between parity and assistance by a doctor whereby the lower the parity, the higher the percentage receiving assistance by the doctor. Also, with respect to assistance by a doctor, the percentage increases with the higher educational attainment of the woman. At the parish level, the percent of women assisted by doctors are highest in the parishes of Kingston and St. Andrew. The next highest were in St. Catherine and St. James.

The proportion of caesarean deliveries to total live births remained relatively stable over the five years prior to the survey (approximately 3 percent being caesarean sections). Caesarean sections were more often,



percentage-wise, performed on older than younger women and were highest for urban than for rural women. Two-thirds of the women who had caesarean sections had hypertension at the time of delivery compared with 16 percent of women who delivered vaginally. Also, a much greater percentage of women who had caesarean sections also reported having diabetes than those who delivered vaginally. Other complications reported with higher percentages were: breech baby, disproportionate or prolonged labor and multiple birth. The majority of caesarean sections were performed in government hospitals although the percent performed at private facilities was almost double the percent of vaginal deliveries at these facilities.

Behavioral Health Factors And Attitudes

Tetanus and German Measles are two of a number of diseases against which a woman can be immunized which, if taken, will improve the chances of children born to them surviving. Approximately 65 percent of all women between age 15-45 years who had had a live birth within 5 years of the survey had received a tetanus toxoid injection, with no variation by place of residence.

Differences were observed by age, with young mothers more likely to have received the tetanus injection than older mothers. With respect to immunization against German Measles, only one fifth of the women had received the Rubella vaccination. Younger women (under 25 years) were more likely than older women to have received the injection, so also were urban rather than rural women. In the case of the Rubella injection, the more educated were more likely to have been vaccinated than the less educated.

Smoking and drinking heavily during pregnancy can harm the unborn child. In general, 8 percent of the women surveyed have smoked cigarettes at some time in their life. On the other hand, while 63 percent have taken an alcoholic drink during their life time, there is little evidence of abuse (2 percent have reported that they drink to the point of getting drunk). Smoking is more prevalent among urban women than their counterparts from rural areas. The smoking habit increases with age but decreases with the attainment of levels of education beyond primary. Nearly 60 percent of current smokers have tried to quit smoking, with little difference between urban and rural areas. An encouraging sign is that the habits of smoking and drinking tended to decrease once a woman became pregnant.

One of the more deadly diseases to which populations all over the world are now being exposed is AIDS. Its effect on fertility is not the primary consideration since, at this time it is incurable. However, the possibility of transmission from mother to unborn child makes it important in the study of fertility and infant mortality. Knowledge of AIDS in the survey population was almost universal in all age groups in both urban and rural areas. Knowledge of how AIDS may be transmitted was, however, not very accurate, with a lot of misinformation among respondents. The popular myths relating to methods of transmission are believed by many of the respondents in the survey. Also, a high percentage believed methods of transmission which will be of concern to health administrators such as that the AIDS virus can be contracted by giving a blood donation or through blood transfusion. The more medically accepted methods of transmission, that is, through the sharing of needles for drugs, by sexual intercourse between men and heterosexual intercourse are most widely accepted by the women surveyed. There were only slight variations between urban and rural dwellers in relation to the intensity of beliefs.

An important element in the control of AIDS will be the perception of the population in relation to the risk of its contraction. Over 50 percent of the survey population consider themselves at no risk at all while 20 percent consider themselves at little risk. Of the remaining who consider themselves at risk, only half think that the risk is great. The highest percentage of those who consider themselves at no risk at all are those who have never had a partner followed by those who presently have a boyfriend but are not having sex with the boyfriend. The next highest status in terms of "No Risk At All" is those women who have had a previous partner but are not now in a union, followed by women legally married and then by those with a boyfriend with whom they are currently having sex. The categories who most consider themselves at risk are those with common law partners and visiting partners.

CHAPTER 1

BACKGROUND

1.1 HISTORICAL, GEOGRAPHICAL, DEMOGRAPHIC, AND SOCIAL BACKGROUND

Jamaica, located in the north western section of the Caribbean archipelago, is one of the group of four islands which comprise the Greater Antilles (see Map 1). It is situated at latitude 18 north and longitude 77 west and is 90 miles south of Cuba and 100 miles west of Haiti. The inhabitants are English speaking, Jamaica having been a member of the British Empire from its capture by Britian in 1655 until it attained independence in 1962. The country shares common cultural links with the other English speaking territories of the Region--the islands of the Lesser Antilles, the Bahamas, Bermuda, the British Virgin Islands, the Cayman and Turks, and Caicos Islands, as well as Belize and Guyana on the American mainland. At the international level, it is one of the group of countries which forms the Latin American and Caribbean Region as designated by the United Nations.

The island has a maximum length of 146 miles and the width varies from 22 to 51 miles, with a total area of 4,243 square miles. Jamaica is a land of mountains, plateaux and plains--the highest point is 7,402 feet, located in the Blue Mountains. Jamaica is divided into three counties: Cornwall in the west, Middlesex in the middle, and Surrey in the east. There are 14 parishes - Kingston, St. Andrew, St. Thomas, and Portland in the county of Surrey; St. Mary, St. Ann, Manchester, Clarendon, and St. Catherine in the county of Middlesex; and Trelawny, St. James, Hanover, Westmoreland, and St. Elizabeth in the county of Cornwall (see Map 2). In addition to these legal divisions, a number of administrative divisions have been developed and are used for varying purposes. The most important of these is the breakdown into constituencies which are the political divisions of the country. Constituency numbers vary by parish, ranging from 2 to 11. A division of significance to this study is the breakdown into health regions. The regional breakdowns by parish are: Region 1 - Kingston, St. Andrew, St. Thomas; Region 2 - Portland, St. Mary, St. Ann; Region 3 - Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth; Region 4 - Manchester, Clarendon, St. Catherine (see also Map 2).

It is generally recognized that residential location has a significant effect on the quality of life of inhabitants of the particular area and accordingly has a profound influence on their attitudes to life. Accordingly, efforts have often been made to classify data on population by area of residence. The most common classification is by urban and rural. In Jamaica, as in many other countries, the breakdown into urban and rural is not based on predetermined characteristics inherent in the data, but rather urban areas are defined to ensure that they satisfy the basic criteria of urban living. In general, two categories are defined: major urban and other urban. Rural areas represent the residual.

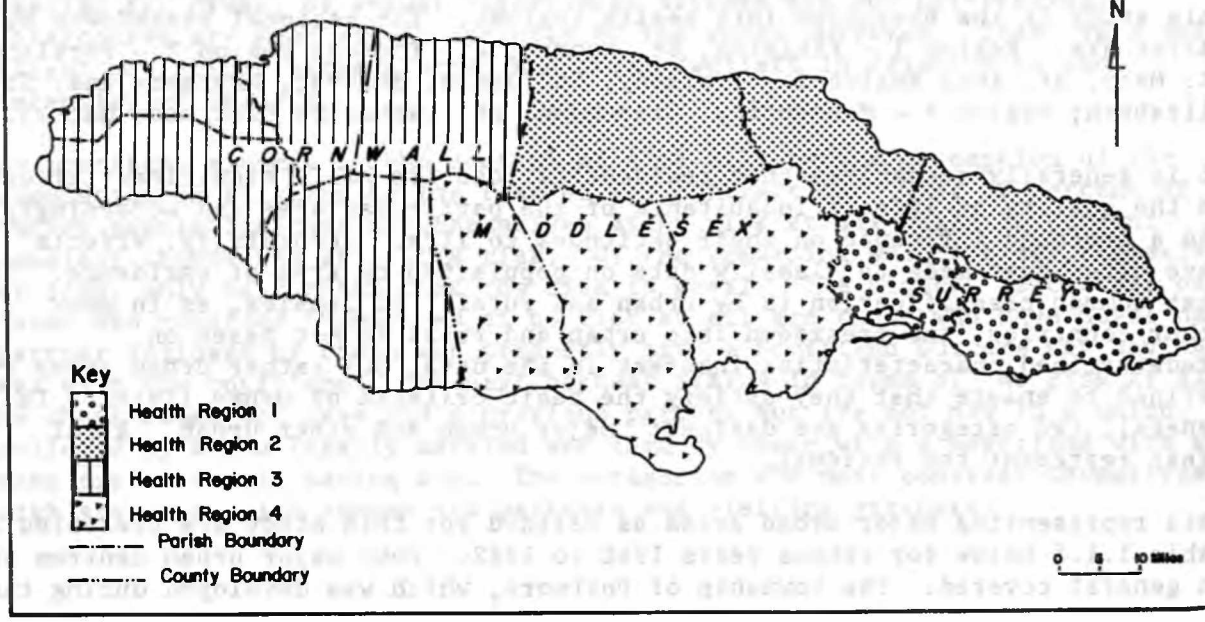
Data representing major urban areas as defined for this study are presented in Table 1.1.i below for census years 1960 to 1982. Four major urban centres are in general covered. The township of Portmore, which was developed during the

Map 1

JAMAICA – GEOGRAPHICAL LOCATION

Map 2

JAMAICA – PARISHES, COUNTIES AND HEALTH REGIONS



1970s as a dormitory for the Kingston Metropolitan Area, and which was rural in character up until, has been included in 1982 only. The growth in percent shares in the Kingston Metropolitan Area which took place between 1960 and 1970 was not maintained into 1982 even with the addition of the area of Portmore. In contrast, growth was steady in Montego Bay, May Pen, and Spanish Town. Accordingly, there was overall growth in the proportion of the population living in the major urban areas, with a corresponding decline in rural areas (defined in this study to represent all persons not living in major urban areas). In 1960, slightly over one quarter of the population were living in major urban areas; by 1982 the proportion had risen to somewhat over one third.

Table 1.1.i

Comparative Urban Populations Between Censuses, 1960, 1970, 1982

Designated Area	1960		1970		1982	
	Population	Percent of Total (%)	Population	Percent of Total (%)	Population	Percent of Total (%)
Kingston Metropolitan Area	376,500	23.4	475,500	25.7	524,000	23.9
Portmore*	-	-	(2,700)	(0.1)	73,217	3.3
Montego Bay	23,600	1.5	45,500	2.5	70,300	3.2
May Pen	14,100	0.9	26,000	1.4	41,000	1.9
Spanish Town	14,700	0.9	39,200	2.1	89,100	4.1
Total Urban	428,900	26.6	586,200	31.7	797,600	36.4
Total Rural	1,180,900	73.4	1,262,300	68.3	1,392,800	63.6
Total	1,609,800	100.0	1,848,500	100.0	2,190,400	100.0

*Classified as rural up to and including 1970 and as urban in 1982.
Sources: Population Census Reports.

The population of Jamaica has been estimated at the end of 1988 at 2,357,700 with a negligible rate of growth during that year of 0.1 percent. Estimates of population size by sex and average annual growth for Jamaica have been available for census years from 1844. These are shown in Table 1.1.ii.

Table 1.1.ii

Population Size and Annual Growth Rates
At Census Years, 1844-1982

Census Year	Male	Female	Total	Average Annual Growth Rate (%)
1844	181,633	195,800	377,433	-
1861	213,521	227,743	441,264	0.9
1871	246,573	259,581	506,154	1.4
1881	282,957	297,847	580,804	1.4
1891	305,948	333,543	639,491	1.0
1911	397,439	433,944	831,383	1.3
1921	401,973	456,145	858,118	0.3
1943	603,140	643,100	1,237,063	1.7
1960	781,190	843,210	1,609,800	1.6
1970	900,840	947,668	1,848,508	1.4
1982	1,074,633	1,115,724	2,190,357	1.4

Sources: Population Census Reports

The average annual growth rate has fluctuated over the period due to variations in the birth and death rates and in the migration balance which are given in Table 1.1.iii. As may be observed, the birth rate which was at the level of 39.6 per 1,000 population in 1861, fluctuated over the next century, ending up in 1970 at almost the same level as at the beginning of the period. Between 1972 and 1982, there was a 10 point decrease so that by 1982, the birth rate was 30.9 per 1,000 population.

Table 1.1.iii

Population Size and Annual Growth Rates
At Census Years, 1861-1982

	Intercensal Rates per 1,000 Population			
Census Year	Birth	Death	Natural Increase	Migration Balance
1861	39.6	32.2	7.4	+12,800
1871	39.0	27.0	12.0	+8,000
1881	38.0	25.6	12.7	-5,600
1891	36.7	23.1	13.6	-24,800
1911	39.5	23.5	16.0	-43,900
1921	37.9	25.6	12.3	+77,100
1943	33.2	17.9	15.3	-25,800
1960	35.4	11.9	23.5	-195,200
1970	39.1	8.2	30.9	-296,500
1982	30.9	7.8	23.1	-216,900

Sources: Official Vital Statistics Reports

Death rates have shown a more consistent trend (downward) with again some variation in the intercensal years between 1911 to 1921. By 1943, however, the fall was confirmed and by 1982 was 7.8 per 1,000 population. The movements of these vital rates since the 1970s are of interest in analyzing the results of the 1989 Survey, particularly for comparisons with earlier studies. Accordingly, components and rates of population growth since 1971 are given in Table 1.1.iv.

The age structure of Jamaica's population has been determined largely by the patterns of migration and to a lesser extent by the relatively high fertility rates. The age breakdown by sex of the population is shown in Table 1.1.v. Marked increases have been observed among both males and females in the proportion of the population under 15 years between 1943 and 1970, representing the combined effects of both the high levels of migration, particularly among adults and the high fertility rates. Between 1970 and 1982, however, the proportion has fallen, reflecting mainly the lowering fertility rates. The reverse movements have been occurring in the middle age groups and particularly between the ages of 15 and 44 years. For both sexes, their percent shares fell up to 1970, then rose between 1970 and 1982.

TABLE 1.1.iv

Components and Rates of Population Growth, 1971-1988

Year	Births	Deaths	Natural Increase	Net Migration	Total Population Increase	Annual Rate of Growth
1971	66,300	15,900	50,400	-31,500	18,900	1.0
1972	66,200	15,800	50,400	-10,200	40,200	2.1
1973	61,900	16,000	45,900	-10,200	35,700	1.9
1974	61,500	16,200	45,300	-13,000	32,300	1.6
1975	61,500	15,800	45,700	-12,100	33,600	1.7
1976	60,700	16,500	44,200	-22,200	22,000	1.1
1977	60,400	16,100	44,300	-21,200	23,200	1.1
1978	58,200	14,300	43,900	-17,800	26,100	1.3
1979	59,100	15,100	44,000	-21,400	22,600	1.1
1980	58,600	14,500	44,100	-24,300	19,800	0.9
1981	59,400	15,200	44,200	-5,900	38,300	1.8
1982	61,500	14,500	47,000	-9,800	37,200	1.7
1983	61,400	12,600	48,800	-4,300	44,500	2.0
1984	57,500	13,400	44,100	-10,500	33,600	1.5
1985	56,200	13,900	42,300	-13,400	28,900	1.3
1986	54,100	13,300	40,800	-20,100	20,700	0.9
1987	52,300	12,400	39,900	-30,900	9,000	0.4
1988	53,600	12,200	41,400	-38,900	2,500	0.1

Sources: Demographic Statistics Reports 1987, 1988, STATIN.

TABLE 1.1.v

Percent Distribution by Age and by Sex
1943, 1960, 1970, 1982

Age Group	Male				Female			
	1943	1960	1970	1982	1943	1960	1970	1982
0-4	13.1	17.4	16.5	12.5	12.2	15.9	15.4	11.8
5-14	24.8	25.6	31.1	26.9	23.1	23.5	29.3	25.5
15-29	26.5	22.6	21.1	28.6	28.2	24.6	21.9	29.1
30-34	20.1	16.0	12.7	13.8	19.3	17.0	13.6	13.9
45-49	4.1	5.0	3.8	3.2	4.0	4.7	3.9	3.3
50-64	7.8	9.7	9.8	8.6	8.5	9.4	9.9	9.0
65 and over	3.6	3.7	5.0	6.4	4.7	4.9	6.0	7.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

1.2 POPULATION POLICIES AND PROGRAMMES

Jamaica's current population policy has been articulated in a document entitled "A Statement of National Population Policy". The definition of a population policy as set out in the document is "A coherent set of national policy goals and objectives for the future that sets forth national priorities in terms of optimal size and growth of population, consistent with sustained social and economic growth and development". The United Nations definition describes it as "Measures and programmes designed to contribute to the achievement of social, economic, and other collective goals through affecting critical demographic variables:

a) mainly size and growth of the population,
b) its geographical distribution (local and abroad), and
c) its demographic characteristics.

Six basic goals have been identified. These are:

i) To achieve favorable conditions for economic and social development of the country in the coming two decades.

ii) To promote a continued improvement in the health status of the nation.

iii) To ensure high quality family planning services for all Jamaicans of reproductive age who wish to use them.

iv) To create new and additional employment opportunities in sufficient number to correspond to the natural growth of the population of labor force age, through the vigorous development of agriculture, industries, and services.

v) To promote balanced rural, urban and regional development, thereby achieving optimal spatial distribution of the population.

vi) To improve the satisfaction of basic human needs and the quality of life in such areas as housing, nutrition, education, and environmental conditions.

The primary aim of Jamaica's population policy may accordingly be stated as effecting greater improvement in the social and economic conditions of the people and may be regarded as an integral part of Government's overall social and economic policy.

The attainment of these goals is implicit in the specific target articulated in the Policy, whereby it is expected to contain the population to 3 million or under by the year 2000. This implies a reduction of the average family size of almost 6 children per family which existed in the late 1960s to 2 per family by the late 1980s, thereby realizing the goal of replacement levels of fertility thereafter. In order to achieve this desired level, the strategy adopted by the Government, which has the support of a wide cross-section of interests at national and local levels, is directed at achieving shifts in attitudes to family size away from a preference for larger families to more limited numbers, stimulated by changing attitudes to life in general brought about by improvements in social and economic conditions.

In achieving the health objectives of the Policy, a minimum goal which has been set is to increase average life expectancy at birth from levels of approximately 70 years, which has been attained in the 1970s to around 73 years by the year 2000. This should be achieved by continuing reductions in fertility rates and the maintenance of improvement in accepted levels of low mortality rates. Promotion of health will be in line with the objective of the World Health Organization of "health for all by the year 2000", with the responsible ministry working for "improvement in its network of health facilities while creating the optimum conditions for the private sector and for voluntary organizations to complement the activities of the public system". The responsible ministry would also continue to devote attention to maternal and child care and to the delivery of health care to the neediest strata of the population and to persons living in remote areas.

1.3 OBJECTIVES AND COVERAGE OF THE SURVEY

The 1989 Jamaica Contraceptive Prevalence Survey (1989 Jamaica CPS) is one in a continuing series of enquiries undertaken in Jamaica, aimed at providing information on fertility levels and related factors which impact on population size and growth. Estimates of fertility rates are generally available from the various population Censuses, which have been undertaken at more or less 10-year intervals since 1861. Information of a more comprehensive nature has been provided by the specialized surveys conducted in the intercensal periods, covering among other subjects, fertility, and contraception. Enquiries conducted in the recent past include the 1975-76 Jamaica Fertility Survey (1975-76 Jamaica FS), carried out within the programme of the World Fertility Survey by the former Department of Statistics, three Contraceptive Prevalence Surveys (CPS) for the years 1974, 1979 and 1983, sponsored by the National Family Planning Board (NFPB) and the 1987 Young Adult Reproductive Health Survey, also sponsored by the NFPB. In each of these surveys, women of

reproductive age have been the focus of the enquiry, except for the Young Adult study which included females and males age 14-24.

The main aim of 1989 Jamaica CPS is to up-date the measures of fertility among Jamaican women age 14-49 and, in addition, to provide a wide range of information on attitudes, knowledge and practices in all matters related to the determination of their levels of fertility, the number of births and efforts being made, if any, by them to regulate the number and spacing of their children. It also aims at assessing other factors which impact on reproductive behaviour. These insights should prove invaluable for projecting future population growth and characteristics and for use in formulating population policies. The data provided could, in addition, be used to supplement the information base of those organizations and concerned persons engaged in the promotion, development, and monitoring of programmes aimed at maximizing the human potential within Jamaica.

The coverage of the 1989 Jamaica CPS reflects its broad aims and objectives. It comprises a number of specific topics including fertility, infant and child mortality, contraceptive usage, attitudes towards reproduction, maternal-child health which extends to the use of related health services, and other behavioral factors associated with reproduction. Background characteristics including the age structure, educational attainment, religion, and union status of the population surveyed, are included. Within this coverage, data on current fertility, levels of unintended fertility and estimates of current infant and child mortality will be provided. In addition, awareness of contraception and the level of contraceptive usage will be estimated. Differentials in such usage across parishes and health regions, by parity and by socio-economic and demographic characteristics, will be identified in order to assess the impact of current family planning programmes as well as to provide indications of areas which might benefit from special or intensified program efforts. Information on general attitudes of women toward desired family size, birth spacing, breastfeeding, and contraceptive use is also available from the survey.

A useful supplement to the information on fertility, reproductive attitudes, and practices is that related to the provision and usage of health facilities made available by the government and the private sector for antenatal care, delivery, and post-natal care. These areas have been included for study in the survey and data on these aspects are accordingly made available. With respect to other behavioural factors, coverage includes prevalence of as well as knowledge and attitudes of women in Jamaica towards diseases and other health risks which have an impact on the levels of fertility, and also on the health of both mother and child. These include diseases such as diabetes and blood pressure, as well as habits related to smoking and to alcohol use and abuse. Knowledge of AIDS by the population covered, as well as perceptions of causes and risks of AIDS transmission, are also given.

1.4 ORGANIZATION OF THE SURVEY

The 1989 Jamaica CPS was sponsored by the National Family Planning Board and funded by the United States Agency for International Development (USAID).

Mrs. Carmen McFarlane, former Director General of the Statistical Institute of Jamaica (STATIN), served as Project Director while the sample design and selection, field work, and data entry and edit were carried out by STATIN. Technical assistance in all aspects of the Survey was provided by professionals from the Division of Reproductive Health, Centre for Chronic Disease Prevention and Health Promotion, Centres for Disease Control (CDC), who also undertook responsibility for the tabulation of the data.

The 1989 Jamaica CPS was designed as part of the permanent household sample programme of STATIN which employs sample frames of both geographic areas and listings of dwellings developed and maintained by STATIN. The design adopted by the household survey programme has two stages, with the first stage utilizing a geographic frame and the second a frame of dwellings. The geographic frame is based on the identification of enumeration districts (EDs) organized into primary sampling units (PSUs) representing dwelling densities within predetermined ranges. For the selection of the first stage units, PSUs are grouped into sampling regions of nearly equal size in terms of dwellings following certain criteria. From each sampling region, two PSUs, which may or may not consist of one ED each, are selected with probability proportionate to size. Updating of PSUs is carried out from time to time to take account of the changes in the size of PSUs and the number of dwellings. The last revision took place in 1988, based on data from the 1982 Population Census plus information on the additional dwellings constructed or converted for occupancy after the 1982 Census.

Utilizing this information, the sizes of EDs were updated and some were regrouped such that no PSU considered for inclusion contained less than 80 dwellings. New sampling regions were formed so that all are of near equal size, the prescribed size being 2,400 dwellings per sampling region. The sampling regions do not cross parish boundaries and the present number of sampling regions formed is 217. In keeping with the sample design, 2 PSUs per sampling region were selected from the list of revised PSUs to give a total of 434 PSUs for the whole country.

As part of the updating process, a relisting of dwellings was also carried out, thus providing an updated frame for the second stage sampling. This exercise was carried out by field officers from STATIN who visited each building in the selected PSUs to determine those which are used for dwelling purposes. The listing exercise which began early in 1988 was disrupted by the hurricane of September 12, at which time some 60 percent of the PSUs had been visited. As a result of the damage done by the hurricane, it was considered necessary to carry out spot checks in badly affected areas in order to determine if there was a need to relist completed areas. The assessment based on the outcome of the spot checks was that there was no necessity to carry out full-scale relisting. Listing in the remaining 40 percent of the PSUs was completed in January 1989. The sample at the second stage for each PSU was then selected from the updated list of dwellings, utilizing systematic sampling.

Independent samples were selected in each parish so as to allow for the calculation of parish estimates (which would provide limited information). In addition, independent samples were also selected in urban and rural areas in four parishes to facilitate the calculation of estimates by residence (urban

and rural). A total of 8,069 dwellings was selected for the overall sample, with sizes in the parish and area samples varying from 336 to 1,568. All women aged 14-49 in each selected household were eligible for inclusion in the 1989 Jamaica CPS.

Over-sampling was done in seven parishes (St. Andrew rural, St. Thomas, Portland, St. Mary, Trelawny, St. James, urban and rural, and Hanover) to ensure sufficient number of completed interviews in each parish or area. Because of this over-sampling, sample weights were determined by adjusting the parish distribution derived from the survey to match that from the 1987 Vital Statistics data. All proportions and means in this report are based on weighted numbers; unweighted numbers are, however, shown in the tables when the number of cases are presented. Details concerning calculation of survey sampling errors are shown in Appendix A.

The questionnaires for the 1989 Jamaica CPS were designed on the basis of the following enquiries: 1975-76 Jamaica Fertility Survey, 1983 Jamaica Contraceptive Prevalence Survey, the 1987 Jamaica Young Adult Reproductive Health Survey, the Division of Reproductive Health (Centres for Disease Control), core Family Planning/Maternal Child Health surveys, and Demographic Health Surveys (Model "A" Questionnaire). This approach was adopted to allow for data comparisons at both national and international levels. During the process of development of the questionnaires, consultations were held with the National Family Planning Board, the Ministry of Health, and on the more technical aspects of the design, with the Statistical Institute of Jamaica.

Two separate documents were developed--a Household Questionnaire and an Individual Questionnaire. The Household Questionnaire was developed to record the name, sex, and age of all members of the selected households, the head of the household, occupation of head, and relationship of each member to the head. This would provide the basis for identifying the eligible females in each household (females aged 14-49) as well as recording limited socio-economic characteristics of the households.

The second questionnaire, the Individual Questionnaire, consisted of six subject areas:

1. Background Characteristics
2. Relationship Status and Partnership History
3. Fertility
4. Family Planning
5. Behavioral Risks
6. Knowledge of and Opinions on AIDS.

Copies of both questionnaires are included in Appendix B.

Due to the sensitive nature of the questions included in the survey, a decision was taken to use female interviewers only. Supervisors were, however, of either sex to take advantage of the expertise of the STATIN staff. Also, no discrimination by sex was employed in the selection of office editors and data entry personnel. Training on fieldwork was the responsibility of STATIN while the Survey Director had responsibility for training on the technical aspects of the survey, including the questionnaires

and on manual editing and coding. The Survey Director was assisted in the training on the questionnaire by two senior professionals from STATIN who have had extensive training and experience in the field of demography and in survey work. Officers from the National Family Planning Board assisted in the training on contraceptive methods. Finally, professionals from CDC provided support on all aspects of training, with direct responsibility for training on on-line data entry and editing using the SURVEY program developed by CDC.

Training for fieldwork was undertaken in two phases. The first, related to the pretest of the questionnaires and was carried out during the week of November 28, 1988. The second training for the actual survey was carried out over a two-week period starting February 13, 1989. In both cases, the training consisted of classroom lectures, discussions, mock interviews, and written tests. Field interviews were also carried out during the training period and the questionnaires which were completed in the field were subsequently reviewed in the classroom. A total of 84 interviewers (32 from the permanent staff of STATIN) were trained, from which 80, together with 16 supervisors (all of the latter from STATIN's permanent staff), were selected to carry out the fieldwork.

Some members of the editing and coding staff were present for the interviewers' training and, in addition, all 11 editors and coders were trained over a one-day period. Training in data entry and computer processing was organized in two parts; the first consisted of training in the use of the software package, SPSS and was mainly for programmers and statisticians while the second session dealt with the use of the data entry SURVEY program and was for data entry clerks. The training in SPSS was considered useful to allow for further development of expertise in the Institute in tabulation of data. Training in both areas was also designed to satisfy a longer term objective; that is, to strengthen expertise in the national staff for application to future survey work.

The organization of the interviewers for conducting the survey was similar to that used by STATIN for all other household surveys. The country has been divided into four contiguous, non-overlapping areas, each of which has a senior supervisor in charge. Within each area, there are four zones which cover approximately 27 PSUs each. One supervisor and five interviewers are assigned to each zone.

Fieldwork was originally planned to last 8 weeks starting on February 28, 1988 but had to be extended. An assessment carried out in mid-May revealed that the number of dwellings per PSU originally selected would be insufficient to achieve the target number of interviews set. In the first instance, the rate of No Contacts was unusually high, due in part to the disruptions caused by the hurricane and the temporary arrangements in some households, whereby some persons were being offered shelter by relatives and friends in the light of the damage to their own dwellings caused by the September 1988 hurricane. In addition, the number of eligible females per household appeared to have been less than was anticipated. As a result of these observations, two further decisions were taken:

(a) to increase the sample in those areas where the count of completed questionnaires to that date was below the 300 target.

(b) to carry out further fieldwork, including rechecks in all parishes to verify and reduce the non-response rate.

Fieldwork officially ended on June 11, 1989.

Table 1.4.1 presents a summary of the outcome of the fieldwork as it relates to the status of the dwellings selected and the response of households and individuals to the attempts at interviewing. Of the 8,069 dwellings selected in the sample, 7,394 were found to be occupied. Of the 8.4 percent unoccupied, 6.3 percent were vacant, 1.9 percent demolished at the time of the enumeration, and the remaining 0.2 percent were not enumerated for other reasons which include non-contact with responsible persons who could provide information on the state of occupancy.

There were 7,420 households in the 7,394 dwellings identified as occupied. Of these, completed interviews were obtained for 95.2 percent (7,063). Of the remainder, 2.8 percent could not be contacted while 1.9 percent refused to provide any information.

A total of 6,694 women aged 14-49 were identified as eligible for interview on the completed household questionnaires. Of these, completed interviews were obtained for 94.6 percent (6,330). In addition, no contact was made with 1.2 percent either because the respondent was not at home during any of the visits made by the interviewer, or she was temporarily away from the household. Two percent (138 cases) were not completed for other reasons, including some who gave only partially completed interviews while 2.2 percent refused to be interviewed.

1.5 BACKGROUND CHARACTERISTICS OF THE SURVEY POPULATION

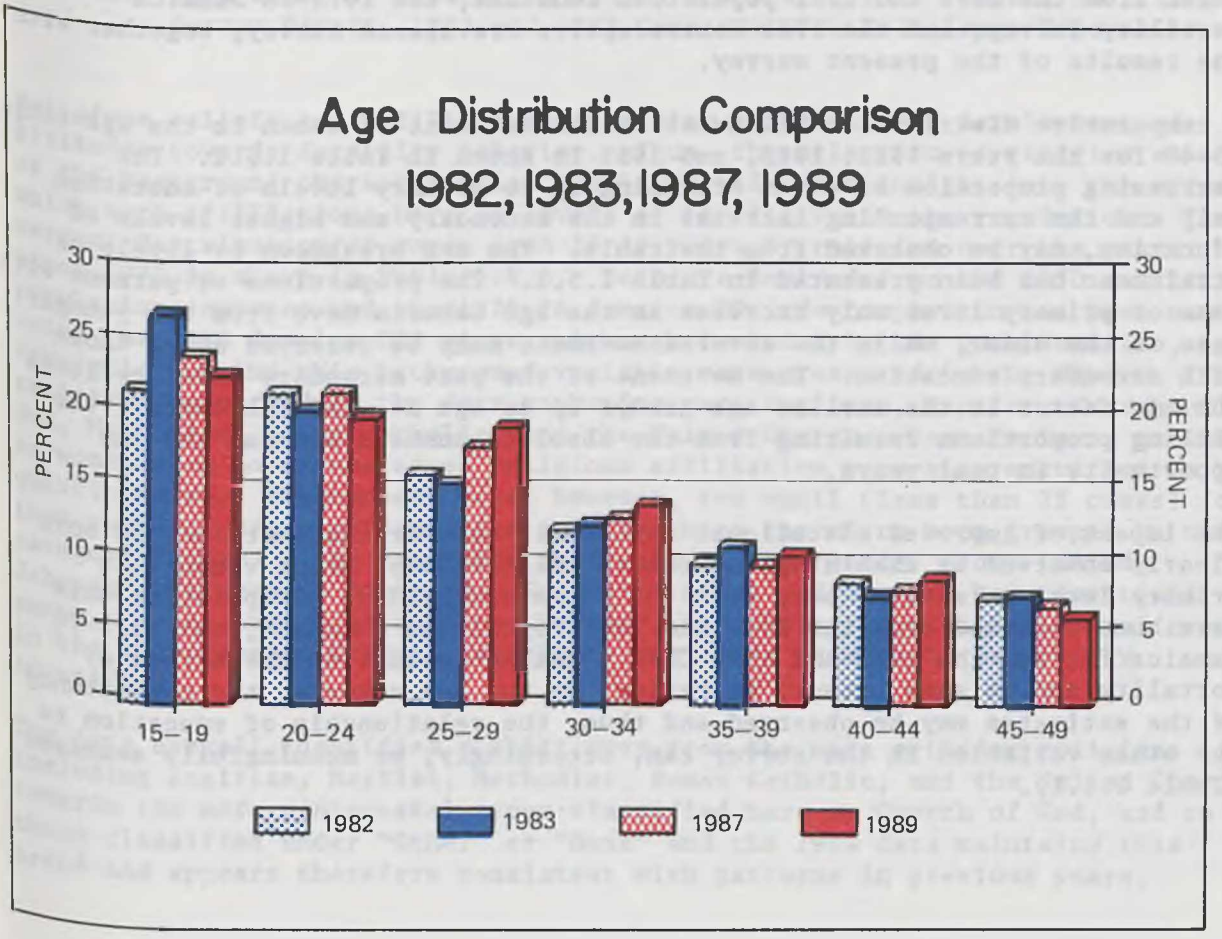
The findings of sample surveys are valid only if the samples selected are representative of the whole population. Hence, it is important to establish the degree of representativeness of the 1989 Jamaica CPS, and this may be done by comparing background characteristics of the population surveyed with information from other enquiries including population censuses. The patterns which are found should indicate similarity in basic structures and, where shifts are occurring, consistency in movement. The main characteristics which will be used in this comparison are age structure, residence, educational attainment, and religion. Union history will also be examined within the context of other comparable data. Comparisons will be made with data, where relevant and available, to indicate whether or not the sample appears to be representative of the population as a whole. If these conditions are satisfied, inferences made from the patterns shown in the survey may then be applied to the total population. Sources which will be used in the comparisons are mainly the 1970 and 1982 Population Censuses, the 1975-76 Jamaica FS, and the 1983 Jamaica CPS. Official vital statistics data will also be employed.

The age distribution of women in the population has a significant influence on the fertility history of that population, and is accordingly an important factor in any analysis on levels and rates of fertility and the related

factors. Thus, the age distribution of women aged 15-49 years in the population surveyed, by 5-year age groups, is given in Table 1.5.1. Comparative estimates for the years 1982, 1983, 1987 are also given. The 1982 estimate has been derived from the latest population census, the 1983 estimate from the last Contraceptive Prevalence Survey, while the 1987 estimate represents the latest estimate available from official sources. In the 1989 survey, the youngest age group (15-19) accounted for the highest percentage (22.6 percent) of the survey population, reducing consistently to 6.0 percent in the oldest age group (45-49 years). This pattern is, on the overall, consistent with that observed in all of the data from earlier years.

The movements of the age groups between years have not, however, always been in the same direction, particularly in the important high fertility age groups. The women in the younger age groups, 15-19 and 20-24, have in general been decreasing their percentage share over the period while those in age groups 25-29 and 30-34 have been recording increasing shares. The significance of these movements will become more evident when age-specific fertility rates are presented. Declines in the two age groups in the range 40-49 years have also been confirmed. These trends may be observed in Figure 1.5.1, which portrays graphically the movements over the four periods.

Figure 1.5.1



The major classification employed as a background variable in the survey is that of urban and rural. Urban in this context represents a restricted definition of "Major Urban" used in census tabulations and comprises the Kingston Metropolitan Area, Portmore, Montego Bay, May Pen, and Spanish Town. All other areas are classified as Rural. Using this definition, of the 6,112 women covered by the survey, 1,874 or 30.7 percent lived in the identified urban areas, and the remaining 4,238 or 69.3 percent were from rural areas. These percentages compare with 36.4 percent and 63.6 percent respectively in the corresponding areas in 1982.

Two other geographic classifications have been employed--parish and health region. Little comparative information on the subjects covered in the survey are available at this level. They are, however, important to assess the impact of policies and programmes at the implementation levels and are accordingly presented in respect to all of the subjects covered.

Educational attainment is another of the factors considered to be an important determinant of the fertility levels and rates in a population, since education levels attained are known to have some influence on people's attitudes. Accordingly, it is revealing to cross-classify many of the variables with this characteristic. For such relationships to be meaningful, however, it is important to establish the consistency between the results obtained from this survey with those from other enquiries. Data used in this exercise have been taken from the 1970 and 1982 population censuses, the 1975-76 Jamaica Fertility Survey, and the 1983 Contraceptive Prevalence Survey, together with the results of the present survey.

A comparative distribution of educational attainment of women in the age range 15-49 for the years 1982, 1983, and 1989 is shown in Table 1.5.2. The decreasing proportion of women attaining up to primary levels of education only and the corresponding increase in the secondary and higher levels of education, may be observed from the table. The age breakdown by levels of attainment has been presented in Table 1.5.3. The proportions of persons with none or primary level only increase as the age cohorts move from the younger ages to the older, while the reverse movement many be observed among those with secondary education. The movement of the post secondary level reflects the age factor in the earlier age groups up to age 24, and thereafter, the falling proportions resulting from the absolute numbers who had had the opportunity in past years.

The impact of improved educational opportunities over the years may be more clearly observed by examining the cohort relationships among women with primary level attainment only over the years since 1970. Comparative data have been obtained from the 1970 and 1982 Population Censuses, the 1975-76 Jamaica FS, and the 1983 and 1989 CPSs. Taking account of the effect of mortality and to some extent, migration, on the age cohorts, the consistency of the estimates may be observed and thus, the relationship of education to the other variables in the survey can, accordingly, be meaningfully assessed (Table 1.5.i).

TABLE 1.5.i

Percent of Women Aged 15-49 With Primary Level Education Only: 1970, 1975-6, 1982, 1983, 1989

Age Group	1970 Census	1975-6 JFS	1982 Census	1983 CPS	1989 CPS
15-19	66.0	37.4*	23.3	20.1	20.0
20-24	79.1	65.0	29.9	25.2	21.8
25-29	85.8	73.2	44.6	33.3	25.4
30-34	88.5	83.2	65.0	55.5	41.4
35-39	90.0	87.0	75.6	73.0	58.8
40-44	91.8	89.8	81.8	84.5	71.6
45-49	92.8	89.7	84.2	86.5	79.6
Total	71.9	67.2	46.9	42.9	36.3

*Proportion assumes that all 15-19 year olds still in school were at the secondary level.

Sources: 1970 and 1982 Population Census Reports, 1975-6 Jamaica Fertility Survey Report, 1983 and 1989 Contraceptive Prevalence Reports.

Religious beliefs and affiliations also play a part in the development of attitudes towards fertility behavior. Thus, the selection of religion as one of the background characteristics should provide some insight into the effect, which such affiliations have on levels of fertility and its regulation. The percent distribution of women aged 15-49 years by religion over the years since 1970 is shown in Table 1.5.4. Data are derived from the 1970 and 1982 population censuses and the 1975-76 Jamaica FS. No comparison has been made using the 1983 Jamaica CPS since, although included in the questionnaire, no tabulations using this background variable were presented in the Report. The religions specified in the data gathering were Anglican, Baptist, Church of God, Methodist, Roman Catholic, and the United Church. Rastafarians, as well as women with no acknowledged religious affiliation were also specified on the questionnaire. The numbers were, however, too small (less than 25 cases) for them to be separately identified and they have therefore been grouped in the category "Other". The remaining religions in the "Other" group include Jehovah's Witnesses, Moravians, Salvation Army, and Seventh Day Adventists, among a large number of others. However, the number in each individual group in the 1989 Jamaica CPS was relatively small for them to be separately identified.

The data overall identifies a shift away from the main orthodox religions including Anglican, Baptist, Methodist, Roman Catholic, and the United Church, towards the more pentecostal types classified here as Church of God, and to those classified under "Other" or "None" and the 1989 data maintains this trend and appears therefore consistent with patterns in previous years.

CHAPTER 2

NUPTUALITY AND EXPOSURE TO RISK OF PREGNANCY

2.1 MARITAL AND UNION STATUS

Marital or union status, regarded as one of the primary direct determinants of fertility in any population (Bongaarts and Potter, 1983), may be used for the purpose of identifying the degree to which women in the reproductive age range are sexually active. In Jamaica, as in most Caribbean and Latin American countries, sexual unions occur not only in the context of legal marriage but also in common law and visiting unions. Accordingly, a study of sexual activity among women must take account not only of those who are legally married but also those who, though not legally married, are living in some type of union. Three different types of unions are identified for the purpose of this study. These are:

a) Legally Married - a union in which a woman who is legally married, lives together in the same household as her spouse;
b) Common Law - a union in which a woman lives together with a partner to whom she is not legally married;
c) Visiting - a union in which a woman has a regular sexual relationship with a partner but does not live together with him.

For this study, women considered in union include all three types of unions.

The percent distribution of women aged 15-49 included in the survey by current union status is given in Table 2.1.1. Overall, 20 percent of the women covered have never been in a union, 17 percent are married and living with husband, 23 percent are living common law, and 28 percent are in a visiting union. The remaining 12 percent have previously been in a union but are now no longer living with a partner.

From the age distribution presented in Table 2.1.1 and in Figure S.1 presented earlier, it may be observed that nearly all women in Jamaica have been in a union or will be in one by the end of their reproductive life. From 60 percent reporting never in union in the age group 15-19, this number drops to 2 percent by the end of the period (age group 45-49). The percentage of women currently in union in rural areas is slightly higher (68 percent) than in urban areas (67 percent). The percentage who were legally married was also higher in rural areas (18.4 percent compared with 13.6 percent in urban areas); the percentage of common law unions was about the same in both areas, while visiting relationships were more common in urban than in rural areas (30.0 percent and 26.8 percent respectively).

A higher proportion of women with at least primary school education are in unions than those with higher levels of education (Table 2.1.1). Secondary school graduates appear atypical in respect to union status, however, since a high proportion (28 percent as compared with 9.7 percent for primary and 17.0 percent for post secondary) have never been in union and a correspondingly low

proportion (9.5 percent compared with 22.9 percent of primary and 32.1 percent of post secondary) are currently legally married. Secondary school graduates, on the other hand, comprise the highest proportion of visiting unions (31.1 percent compared with 23.9 percent for primary and 23.7 percent for post secondary).

The shift from less stable to more stable unions, which has been a feature of Jamaican society, is demonstrated in the results of the survey. The tradition of late marriages in Jamaica may also be observed in the age distribution where the proportion of women who are legally married increases with increasing age (Table 2.1.1). Starting with 0.1 percent and 5 percent in age groups 15-19 and 20-24, the proportion rises to 42 percent by age group 45-49. There are shifts, upwards to age group 25-29 and downward thereafter in the case of common law unions. These shifts are not as marked as in the case of visiting unions where, from a high proportion of 43 percent in the age group 20-24, this falls to 11 percent by age group 45-49. The importance of these shift will become more obvious when the differentials in fertility are examined.

The timing of first birth is recognized as an active contributor to total fertility, whereby the younger the age at first birth, the higher will be the expected total fertility. It is a recognized fact that births do take place outside of unions (see for example Table 2.1.1). However, since the large majority of births arise from within unions, the higher the age of first union, the lower will be the expected total fertility. Table 2.1.2 presents the percent distribution of all women aged 15-49 by age at first union.

Overall, 16 percent of the women surveyed entered into their first union before age 15, 33 percent in the ages 15-17, 14 percent in the ages 18-19 and 13 percent at 20 years and over. Information on age at entry into first union by current age is also given in Table 2.1.2. This may be cummulated to show age at entry for growing numbers of years, and these are shown in Table 2.1.1 up to age 20 and for 20 years and over. The table identifies identical movements up to 20 years where there is an increase from the youngest age group 15-19 years to the next age group 20-24, decreasing thereafter to the oldest age cohort 45-49. In the group over 20 years, the pattern is different and with less consistency. Differentials by parity are not as consistent as by age, in each of the age groups examined, either singly or cumulatively.

TABLE 2.1.i

Cummulative Percent Distribution of All Women
Aged 15-49 by Age at Entry into First Union by Current Age

Characteristic	Under 15 years	Up to 17 years	Up to 20 years	20 years and over
Current Age				
15-19	19.1	36.9	38.5	38.5
20-24	21.0	60.0	73.5	78.7
25-29	15.6	55.1	71.3	88.0
30-34	13.5	52.3	71.9	90.5
35-39	12.9	48.9	67.5	87.6
40-44	11.2	47.1	65.4	92.9
45-49	10.4	42.1	62.3	90.5
No. of Children Ever Born				
0	10.2	28.1	36.4	45.3
1	19.9	59.6	74.6	88.7
2	19.2	58.2	75.5	91.8
3	18.0	61.8	78.8	93.6
4	19.0	58.7	74.8	89.9
5+	19.3	61.9	77.2	91.1

The next measure to be considered is median age at first union, and for 1989, this has been estimated at 16.8 years (see Table 2.1.3). There is little variation in the median age at first union in urban and rural areas (16.6 years and 16.9 years, respectively). Differentials in respect to educational attainment varied little, except for women with post secondary education, among whom the median age is 18.3 years. All but two of the specified religions had median age at entry into first union at or around the national median; among Anglicans and members of the United Church, the median age was higher (17.4 years and 17.3 years respectively) while the lowest median age at first union was among those who recorded no religion.

There was not a great deal of variation in median age at first union at the parish level (see Table 2.1.4). Parishes with median age at entry of 17 years and over were St. Mary in Region 2, Trelawny and Hanover in Region 3, and Manchester and St. Catherine in Region 4. Parishes with the lowest median age at entry into first union were Kingston and St. Thomas in Region 1 (both with 16.2 years), and St. Elizabeth in Region 3 (16.3 years). All other parishes were close to the national median.

Median age at first union by current age showed the expected upward movement, from 15 years in age group 15-19 years to 18.2 years in age group 45-49 years. It is difficult to interpret the above movements particularly by age, where the trends are generally in the same direction, since the experience of women in the younger age groups is incomplete. For example, women age 15-19 currently in union could not have been more than 19 years old at initiation of

union; those age 20-24 could not have been more than age 24 at the start of the union; and so on. Thus, there are basic dissimilarities in the duration of opportunity for different age groups, increasing with age. On this account, it has become acceptable to calculate a measure which simulates the experience of the population at all age groups. This measure, the Singulate Mean Age at First Marriage (SMAM) is shown in Table 2.1.5 for the years 1975-76 and 1989. SMAM is the average age at first marriage among all women who eventually marry by age 50 and in this context, marriage includes: legal, common law, and visiting partner relationships. There is a slight increase in the SMAM in 1989 over 1975-76 (from 19.2 years in 1975-76 to 19.5 years in 1989). The SMAM in rural areas was higher in the earlier period than in the urban area, and has remained higher despite the fact that the increase in urban areas was greater than in rural areas (0.3 years in urban areas compared with 0.1 years in rural areas).

2.2 UNION HISTORY

Information on the change in status of women currently in union, from that when the union began, is presented in Table 2.2.1. Of the total number of women who are currently legally married, only 9 percent started off the relationship as legally married, 19 percent began in a common law relationship, while 73 percent were in a visiting relationship at the start of the union. This pattern of shifting of relationships mainly from visiting or common law to legally married is consistent with findings from earlier studies. In terms of those who are currently in a common law relationship, none of the women started out as legally married and there was no change in the status of the relationship for 13 percent of that group; the remaining 87 percent started off as visiting. For those now in visiting unions, almost all (99 percent) have not changed the nature of the relationship, having started out as visiting, the remaining one percent started out as common law and then changed to visiting.

Table 2.2.2 gives the percent distribution of the survey population who were ever in union by status in first union by selected characteristics. Under one percent of those ever in union started out their union history as married, living with husband. Under 10 percent started out as living with common law partner, while nearly 90 percent started out as visiting partner. Although the overall pattern is consistent for all classifications, some minor variations may be observed. For example, the proportions of those who started out as married, living with husband were highest in the older age groups (approximately 1 percent each in the age range 35-44 and 3.5 percent in age group 45-49. This compares with the low percentages of 0.0 to 0.4 in the other age groups). Also, the percentages of those who started out in common law relationships also increases with age. Conversely, those starting out in visiting relationships decreased on the overall. This pattern could be explained by women in the older age groups either forgetting or concealing the true nature of their first relationships.

There was no major difference found by urban/rural residence. In relation to education, although the overall tendency towards starting out in visiting relationships is observed, of the minority who started out in other unions,

more of the less educated women (with primary level schooling) tended to start out in common law relations than in married, living with husband. The figures show also, that an increasingly higher percent (although not large) of women with higher education started out in married relationships and a lower proportion started out in common law relationships. Variations by religious affiliation can be seen but the movements are not always consistent.

Table 2.2.3 presents information on the change in status from first union to current union for all women aged 15-49 who were ever in a union. Of those women who are in the category currently legally married, 7 percent started in their first union as legally married, 11 percent as common law, and 82 percent as visiting. For those how are currently common law, the respective proportions are 0.3 percent, 9 percent, and 91 percent; for currently visiting partner they are 0.1 percent, 5 percent, and 95 percent; while for those currently with no partner but had partner previously, they are 2 percent, 10 percent, and 88 percent.

The changes of status from that in first union to what obtained in current union, although not identical, is generally in the same direction, confirming the shifts from less stable to more stable unions, a point made previously.

2.3 HISTORY OF SEXUAL INTERCOURSE

The extent of sexual experience in a population is further enhanced by information on the age at start of sexual intercourse, whether on not in union, and this in given in Table 2.3.1. A total of 86 percent of all women aged 15-49 have had sexual intercourse, while the remaining 14 percent were still sexually inexperienced. The expected differentials in breakdowns by age can be observed. Of those in the age group 15-19, 53 percent were sexually experienced, in age group 20-24, the proportion was 90 percent; 97 percent in age group 25-29, rising to over 99 percent for age group 40-44, with a slight fall to just under 99 percent in age group 45-49.

Breakdowns by special characteristics which include residence (urban, rural, health region, and parish), educational attainment, and religion are presented in Tables 2.3.1 to 2.3.3 and the selected characteristics by current age in Tables 2.3.4 to 2.3.6. There is little variation between urban and rural women, although there are some more marked distinctions by parish. Sexual experience was lowest in St. Ann, Trelawny, and Hanover (81 to 83 percent), and highest in Portland, St. Elizabeth, and St. Mary (89 to 90 percent). (See Table 2.3.3.) At the Health Region level, percentages were by and large similar, with the lowest percentage in Regions 1 and 2 (85.7 percent) and the highest in Region 3 (87.2 percent).

Distinctions by educational attainment may be seen among primary school graduates for whom the proportion is highest (93 percent) and for secondary school graduates with lower than average percentage (80 percent). Differentials by religion are not marked. Patterns by current age are also fairly consistent for the selected characteristics used. Variations by parish, however, are worthy of note. For example, in those parishes in which sexual experience was lowest, this was most evident in the younger age groups

and in particular, age group 15-19 years and to a lesser extent in the age group 20-24 years.

2.4 BREASTFEEDING

Breastfeeding is another of the primary direct determinants of fertility (Bongaarts and Potter, 1983). The physical effect of breastfeeding is that, depending on factors such as intensity, it inhibits the resumption of ovulation and menstruation, thus delaying susceptibility to pregnancy after a birth. Almost all women at least attempt to breastfeed their infants in Jamaica (see Table 2.4.1). All of the studies in Jamaica since 1975 indicate that the practice of breastfeeding has been almost universal. Duration of breastfeeding has increased during the past 15 years, probably influenced by the Ministry of Health's campaign "The Breast is Best". Mean duration of breastfeeding was 8.2 months in 1975-76, increasing to 12.2 months in 1983 and further increasing to 12.6 months in 1989 (Table 2.4.2). Women living in rural areas tend to breastfeed longer than women living in urban areas, although the differential which had increased between 1975-76 and 1983 (from 1.1 months to 1.4 months) declined slightly between 1983 and 1989 (to 0.9 month).

The proportion who breastfeed varies by age (Table 2.4.3). Starting with 97 percent of women in the 15-19 age group, the proportion falls to 95 percent in age group 20-24 and then rises up to 99 percent in age group 30-34, falling again thereafter to 91 percent in the combined age group 40-49. The mean duration of breastfeeding also shows variations by age groups. The most educated women had the longest duration of breastfeeding (96 percent) while Portland and Clarendon had the lowest proportions. Mean duration of breastfeeding varied with age, as in proportion ever breastfed. Women aged 15-19 had a high mean duration (15.1 months), compared with the other age groups (for which the mean duration was 11.5 to 12.5 months).

Regions 1 and 4 had lower proportions than Regions 2 and 3 (Table 2.4.4). All women in Trelawny and Hanover who had had a live birth during the 24 months prior to interview breastfed their babies. Other high proportions were in St. Mary, St. Ann, St. James, and Manchester (98 to 99 percent). The lower proportions were in Portland and Clarendon (93 percent) (see Table 2.4.5).

All women who had stopped breastfeeding were asked, why? The main reason given was that the baby refused the breast (41 percent) (see Table 2.4.6). Other reasons, in descending order of importance were: inconvenient (15 percent), had to go out to work (12 percent), insufficient milk (7 percent), child sick (slightly over one percent), and child died (slightly under one percent). Various reasons (accounting for 23 percent), which were not specified, were given. The importance of the reasons given varied little when cross-classified by the specific background characteristics.

Table 2.4.7 gives breakdowns by parish and by health regions. In all health regions, "baby refused" had, as in the other categories, the highest proportion. In Region 1, that proportion was 50 percent; in the other regions it was between 34 to 39 percent. The high rate in Region 1 was contributed to

mainly by Kingston (60 percent). Trelawny also had over 50 percent giving this reason. Relatively low percentages were seen in Portland (17 percent) and St. Elizabeth (25 percent). For those who considered it "inconvenient", the highest was in Region 4 (20 percent), while the lowest was Region 3 (9 percent). At the parish level, high percentages were in the parishes of St. Mary (27 percent), Clarendon (24 percent), and St. Catherine (23 percent). Low proportions were in St. Elizabeth (5 percent), Hanover (6 percent), St. Thomas (7 percent), Portland (8 percent), and St. James (slightly under 10 percent).

A low proportion of women in Health Region 1 (4 percent) gave "insufficient milk" as their reason for stopping. The next lowest was Region 2 (5 percent), while the higher proportions were in the other 2 regions (9 percent in each). The greatest difference in proportions were in St. Thomas and Kingston, (with low proportions of one and 3 percent respectively), and Hanover and Westmoreland, (with highs of 23 percent and 19 percent respectively).

For those mothers who did not breastfeed their babies, almost half (44 percent) gave as the reason--insufficient milk (Table 2.4.8). Other reasons in descending order of magnitude are: baby refused (15 percent), inconvenient (15 percent), child sick (11 percent), had to work (8 percent), and child died (6 percent) (See Table 2.4.8). The patterns indicated in the overall proportions are also reflected in breakdowns by all of the specified characteristics. Thus, insufficient milk was highest in both urban and rural areas, for the two educational levels identified and for the three age groups specified (under 25, 25-29, and 30 and over).

The desire of women to breastfeed their children for the proposed duration can provide health planners with information which may be used in the development of their educational programmes. Thus, information on desired breastfeeding length are presented in Tables 2.4.9 to 2.4.15. More than half of the women in the survey (57 percent) desire breastfeeding for less than 12 months, and a further 29 percent considered it desirable to breastfeed for more than 1 year but less than 2 years. A further 5 percent identified desired duration as 2 or more years, while 8 percent desired to breastfeed as long as possible (Table 2.4.9). The order of magnitude described for the totals are also evident in the distinctions by residence, urban and rural, by education, by union status, and by religion. It is also evident in the breakdowns by parish and by health regions.

2.5 POSTPARTUM AMENORRHOEA AND ABSTINENCE

Postpartum amenorrhoea and postpartum abstinence are two further factors which can contribute to a delaying susceptibility to pregnancy after a birth. Postpartum amenorrhoea is that period after birth before the resumption of menstruation, during which, as in the case of breastfeeding, ovulation is inhibited. Postpartum abstinence, on the other hand, is that period after a birth during which the new mother voluntarily abstains from sexual intercourse. The first is a physical condition outside the control of the woman, the second is entirely at her determination. Jamaica is not one of those countries in which cultural taboos exert a strong influence in the

practice of sexual abstinence. There are, however, views which have become traditional and these have been supported by medical advice on the advantage of some period of abstinence following a birth. Respondents who gave birth in the 24 months preceeding the survey were asked how many months they were amenorrhoeic after each delivery, and how long they abstained from intercourse. Current status estimates were used which refer to whether or not the woman was breastfeeding and/or amenorrhoeic at the time of the survey, rather than her reported durations for these events. This methodology avoids problems related to timing and recall.

As indicated earlier and re-enforced in Table 2.5.1, breastfeeding is long in Jamaica; over 43 percent of the women are still breastfeeding after 12 months since delivery and over 28 percent of the children delivered 17-18 months prior to the survey continue to breastfeed. On the other hand, as indicated in the table, the return of menstruation for most women occurred between 4 to 5 months following delivery. By 11-12 months following delivery, less than 10 percent of the women were amenorrhoeic. Sexual abstinence was also practiced to a moderate extent in Jamaica. After 5-6 months following delivery, 36 percent of the women continued to abstain. Over 15 percent were continuing to abstain after 11-12 months following delivery.

The proportions of women protected from pregnancy, due to either amenorrhoea or abstinence, are shown in the column "postpartum insusceptible" (Table 2.5.1). Over one-half of the women are insusceptible to pregnancy up to 6 months following delivery, and 22 percent are insusceptible up to 1 year following delivery. One-fifth of the women are still protected from pregnancy up to 17-18 months after delivery.

The mean number of months of breastfeeding, postpartum amenorrhoea, postpartum abstinence, and postpartum insusceptibility by social and demographic characteristics of the mother are shown in Table 2.5.2 and Figure S.4 presented earlier. The prevalence/incidence method for estimating mean duration of an event was used to calculate these durations for births that occurred in the 24 months prior to the date of the survey (Mosley et al., 1982).

Rural women breastfed approximately 1 month longer, on average, than women in urban areas (Table 2.5.2). More educated women breastfed for shorter durations (11 months) than the less educated (13 months). Breastfeeding is longer in Health Region 2 (14 months) than in the other regions (12-13 months).

Menstruation resumed on average, 5 months after delivery, which is about 7 months prior to cessation of breastfeeding (Table 2.5.2). In general, the relationship between duration of breastfeeding and menstruation is consistent across the social and demographic factors; that is, women who breastfeed longer have longer durations of amenorrhoea.

On average, women abstain from sexual intercourse for 7 months after delivery. Abstinence is slightly longer in rural than urban areas. Also, the less educated abstain longer than the more educated, and abstinence is longer in Health Region 2 than in any of the other regions.

When the overlapping period of amenorrhoea and abstinence are combined, the average number of months a woman is protected from pregnancy following her latest delivery is 9 months. The insusceptible period was slightly longer in rural than in urban areas, for the less educated than the more educated, and was slightly longer in Region 2 than in the other regions.

CHAPTER 3

FERTILITY

In this chapter, two measures of fertility will be presented: (1) mean number of children ever born, and (2) total fertility rate (TFR). The mean number of children ever born is a measure of cumulative fertility within age groups. By age group 45-49 it represents completed fertility for that particular cohort of women who have nearly completed their reproductive life cycle. The TFR is a synthetic cohort measure or period rate. It is the sum of all age-specific rates and is interpreted as the total number of children a woman would bear by the end of her reproductive period if the prevailing fertility rates were to apply to her from age 15 to 49. In addition, this chapter includes data on average age at menarche, childlessness, desired birth interval length, and current pregnancy intentions.

3.1 GENERAL FACTORS INFLUENCING FERTILITY

All respondents were asked: "How old were you when your first period started?" From this question, average age at menarche was estimated using standard Life Table techniques. The results in Table 3.1.1 show average age at menarche is 14 years. Those women with primary education have older age at menarche (14.3 years) than the higher educated (13.8 and 13.7 years, respectively). Also, age at menarche appears to have declined during the past 20 years. Women currently age 20-34 have an average age at menarche of near 14 years, whereas women currently age 40-49 have an average age at menarche of 14.6 years (Table 3.1.1). Average age at menarche was similar, generally, across the Health Regions and parishes (Table 3.1.2).

The definition used for childlessness in this report is simply whether the woman has ever had a live birth. This measure can be used as an indicator of primary infertility in a population. It should be noted that control for age of the respondent is essential for this to be a meaningful indicator. The results in Table 3.1.3 suggest that childbearing begins relatively late in Jamaica. Eighty-three percent of all women under age 20 have not had a birth, and 38 percent of all women in the 20-24 age group are childless. As expected, the percentage childless, generally, decreases with age.

Table 3.1.3, also, shows data on childlessness across a variety of social factors. Women living in rural areas are less likely to be childless than women living in urban areas. Also, the less educated (primary level) are much less likely to be childless than those with secondary or higher education. Across the categories of religion, the relationship between childlessness and age is inconsistent, except that Anglicans under age 30, generally, have higher levels of childlessness than the other religious groups. Levels of childlessness are shown for the four health regions of the Ministry of Health in Table 3.1.4. Childbearing appears to begin earlier in Region 2 than in the other regions. In contrast, more women delay childbearing in Region 1 than in the other regions.

There is a great deal of variaton in childlessness across the parishes (Table 3.1.5). Much of the early childbearing in Region 2 appears to be in Portland and St. Mary. For ages under 30, there is relatively high childlessness in St. Ann. Region 1 had the highest level of childlessness of any region and much of that is due to relatively high levels of childlessness in Kingston and St. Andrew. In Region 3, Hanover, St. James and Trelawny had relatively high levels of childlessness, whereas in Westmoreland and St. Elizabeth childbearing tended to begin earlier. In Region 4, childbearing began earlier in Manchester and Clarendon than in St. Catherine.

3.2 CHILDREN EVER BORN

The average number of children ever born by age group is compared for 1975, 1983 and 1989 in Table 3.2.1 and Figure S.2 presented earlier. For age groups 20- 24 through 30-34, the average number of children ever born declined by over 32 percent between 1975 and 1989, with most of the decline occurring between 1975 and 1983 (between 20-25 percent). Average number of children ever born declined by 24 percent between 1975 and 1989 for age group 35-39 and most of this decline occurred between 1983 and 1989 (17 percent decline). Age groups 40-44 and 45-49 had virtually no change between 1975 and 1983, but each had a decline between 1983 and 1989 (11 percent and 19 percent, respectively). The youngest age group, 15-19, showed only modest decline between 1975 and 1989.

The urban/rural differential in average number of children ever born for 1989 is shown in Table 3.2.2. For each age group over age 20, fertility is higher in rural than urban areas of Jamaica. The largest differential is for age groups 40-44 and 45-49 (a difference of 1.0 and 0.8 children, respectively).

Differentials in average number of children ever born are shown for education groups in Table 3.2.3. Comparing fertility between the primary, secondary and post secondary groups, there is a very strong negative association between fertility and education. Those women with primary education consistently have higher fertility than the higher educated women. This differential shows that the fertility of women with primary education is at least double the fertility of women with post secondary education in most age groups. Average number of children ever born is also compared across health regions (Table 3.2.4) and their corresponding parishes (Table 3.2.5). Comparing fertility for ages 15-19 and 20-24, there are only slight regional differences. However, by age group 45-49, the average number of children ever born (a measure of completed fertility) is lowest in Region 1 (4.1 children on average) and highest in Region 2 (5.8 children on average). Fertility in Regions 3 and 4 is approximately midway between that of Regions 1 and 2.

Use of the parish data is somewhat limited because of the small sample sizes within some of the age groups; however, parish comparisons within regions can be made. Region 1 had the lowest fertility and much of this appears due to the low fertility in St. Andrew. For age groups 20-24 through 30-34, St. Andrew consistently had lower fertility than either Kingston or St. Thomas. Region 2 had the highest fertility and where comparisons are possible, St. Ann has higher fertility at the older age groups than either Portland or St.

Mary. For Region 3, all of the parishes have similar levels of fertility, with the exception of St. Elizabeth which has relatively high fertility at the older age groups. For Region 4, fertility is similar in Clarendon and St. Catherine; however, in Manchester fertility is lower than that of either Clarendon or St. Catherine.

3.3 CURRENT FERTILITY RATE ESTIMATES

The total fertility rate (TFR) was calculated in two ways: (1) cohort-period technique (Goldman and Hobcraft, 1982) and, (2) a direct measure of TFR using births that occurred between January 1986 and December 1988. The cohort-period results are shown in Table 3.3.1. The cohort-period technique can be used to evaluate the quality of the reported fertility data by examining patterns of fertility within age groups across the years prior to the survey groups. Results in Panel A of Table 3.3.1 suggest that fertility has declined dramatically in Jamaica over the past 20 years. For each age cohort, the age-specific fertility rate increases across the years prior to survey groups up to group 20-24 years (i.e., from 0-4 years to 20-24 years).

Panels B and C show that when cohort (P) and period (F) rates are examined, there is little indication of omissions of births or date displacement for up to 20 years prior to the survey. Thus, the quality of the fertility data in the 1989 Jamaica CPS appears to be very good. This can be seen by examining the pattern of fertililty rates across the age groups. In both Panels B and C, the fertility rates vary across the years prior to survey groups in the expected direction. In Panel B this is shown by moving up the age group diagonals where the cumulative fertility rates decrease (for example: 4.24 - 4.02 - 3.44 - 2.62 - 1.46 - 0.34). In Panel C, the high quality of the fertility data is shown by moving down the age groups within the years prior to survey groups. In each case the period fertility rate increases (for example: 0.20 - 0.92 - 1.64 - 2.24 - 2.66 - 2.89 - 2.96). Also, in Panel C, the cumulative fertility rate for the 5 years before the survey at age group 45-49 (2.96) is the cohort-period estimate of TFR.

The TFR was also estimated for the years 1986-1988, so comparisons could be made to previously reported TFRs in surveys conducted in 1975 and 1983 (Table 3.3.2 and Figure S.3). The results show that for each age group, the age-specific fertility rate has fallen over the 15 years. The graphs in Figure S.3 show the age-specific rate pattern has not changed. Age group 20-24 consistently had the highest rate followed by age group 25-29; however, the level of fertility fell dramatically between 1975 and 1989. The TFR declined by 22 percent between 1975 and 1983 (4.5 to 3.5) and further declined by 17 percent between 1983 and 1989 (3.5 to 2.9).

3.4 AGE AT FIRST BIRTH

Table 3.4.1 presents data on age at first birth by the woman's current age. Only 2 percent of the women had a birth before age 15, but 37 percent had at least one child while still in their teen years. For those women over age 25,

the mean age of first birth appears to have declined. Women age 45 and over were 24 years of age, on average, when they had their first birth. Whereas, women between the ages of 25-34 were approximately age 20 when they had their first birth.

3.5 DESIRED BIRTH INTERVAL

All respondents were asked the following question: "How old do you think it is best for a child to be before another child is born?" This question is used to assess the respondent's opinion concerning desired birth interval length. Results in Table 3.5.1 show that women desired relatively long birth intervals in Jamaica. Only 4 percent of the women desire a very short interval of less than one year and only an additional 21 percent desire an interval less than two years. Forty percent desire an interval of between three and four years and 31 percent desire an interval greater than four years. The following tables (Table 3.5.1 through 3.5.7) compare desired birth interval length across a variety of social and demographic factors. These points can be made:

(1) Urban residents desire slightly longer birth intervals than rural residents but the difference is minor (Table 3.5.1).

(2) As age of the respondent increases, length of desired birth interval declines (Table 3.5.2). Below age 30 over one-third of the women desired an interval of over 4 years, whereas between age 30 and 44 only one-fourth desired the long interval and by age 45 only 17 percent desired an interval of over 4 years.

(3) The relationship between desired birth interval length and education is not clear (Table 3.5.3). Approximately one-third of women with post secondary education desire a short interval of less than 2 years, whereas one-third of respondents with secondary education and nearly 30 percent of respondents with primary education desire an interval of over 4 years.

(4) Only minor differences in desired birth interval length were found for the religious groups examined in this study (Table 3.5.4). Angicans and Baptist appear to desire slightly shorter intervals than the other religious groups.

(5) Women currently in legal marriages desire shorter birth intervals than women in any other union status (Table 3.5.5). Only 24 percent of women in legal marriages desired birth intervals of over 4 years. Women currently with a visiting partner or those with boy friends with whom they have had sexual intercourse desire the longest intervals (over one-third desired birth intervals over 4 years).

(6) Women living in Health Region 3 desire the shortest birth intervals (Table 3.5.6). Women in the other regions have similar desired birth intervals.

(7) Women in Hanover and Westmoreland have much shorter desired birth interval lengths than women in the other parishes (Table 3.5.7). Only 18

and 16 percent of the women in these 2 parishes desire an interval over 4 years, whereas in the other parishes between one-fourth and slightly over one-third desire long intervals.

3.6 CURRENT PREGNANCY INTENTION

Each respondent currently in union was asked if she was currently pregnant and, if not, if she currently desired to get pregnant. Results in Table 3.6.1 show that 7 percent of women currently in union were pregnant and an additional 4 percent wanted to get pregnant. Levels of current pregnancy and desire for pregnancy are compared across a variety of social factors in Table 3.6.1. Women living in urban areas were slightly more likely to be pregnant or to desire pregnancy than women living in rural areas. The percentage of women currently pregnant or those desiring pregnancy decreased with age, such that by age 35 over 90 percent of the women did not desire pregnancy. Women with secondary education were more likely to be pregnant or to desire pregnancy than women in any other education group. Women who were Roman Catholic or those with no religious preference were more likely than the other religious groups to be pregnant or to desire pregnancy.

Results in Table 3.6.2 show there is little difference in levels of current pregnancy or desire to get pregnant across the Health Regions. Following these results, it was not surprising that few differences were also found within the parishes (Table 3.6.3). Women in Kingston, Portland and Westmoreland were more likely to be pregnant or to desire pregnancy than women in the other parishes. In the other parishes nearly 90 percent or more of the women do not desire pregnancy.

CHAPTER 4

FERTILITY REGULATION

This chapter covers a wide range of topics concerning contraceptive methods: knowledge, ever use, current use, sterilization demand, source of methods, reasons for non-use, and women with unmet need for family planning services. Most of the tables presented in the Chapter focus on level of use found among women currently in union (i.e., legally married, common law, or visiting partner relationships) who are age 15-49 years.

4.1 KNOWLEDGE OF METHODS

All women aged 15-49 were asked if they had ever heard of the different contraceptive methods available in Jamaica. Specifically, they were asked to spontaneously name all the methods they knew, then they were asked, "Have you ever heard of (Method 'X')?" In this chapter, knowledge refers to either a spontaneous or prompted affirmative response for each method.

The results in Table 4.1.1, show that nearly 100 percent of women in Jamaica have knowledge of at least one effective method (effective methods include: pill, IUD, condom, injection, foaming tablets, female sterilization and male sterilization). Knowledge of at least one effective method was virtually universal in all of the age, age by residence, and age by education categories examined (Table 4.1.1).

There was wide variation in knowledge of individual methods for women by various social and demographic characteristics as shown in Tables 4.1.2 - 4.1.6. Results in Table 4.1.2 and Figure S.8 presented earlier compare level of knowledge from the 1983 Jamaica CPS and 1989 Jamaica CPS. For each individual method, where comparisons could be made, knowledge was higher in 1989 than in 1983, except for rhythm. Over 90 percent of the women had knowledge of the pill, condom, injection and female sterilization in both 1983 and 1989. Knowledge of the IUD was slightly over 80 percent in both surveys, but knoweldge of the other methods was relatively low (ranging between 60-35 percent). Figure S.7, presented earlier, gives a graphic representation of the extent of knowledge by methods in 1989.

Knowledge of each individual method was higher in urban than rural areas in 1989 (Table 4.1.2). The same pattern of knowledge of the individual methods held in each location. That is, knowledge of the pill, condom and injection was virtually universal, followed by high levels of knowledge (80-92 percent) of female sterilization and the IUD. Knowledge of the other methods was much lower, ranging from two-thrids to one-third of the women.

Knowledge of the pill and condom was very high across all the age groups 15-19 through 45-49 (Table 4.1.3). The 15-19 age group had lower levels of knowledge than the older age groups for: injection, female sterilization, IUD, diaphragm, withdrawal and all of the other methods.

Knowledge of methods across education groups is shown in Table 4.1.4. In each education group, over 90 percent of the women had knowledge of the pill, condom, injection and female sterilization. For each of these methods, women with post secondary education had the highest level of knowledge. Knowledge of the other methods was very high for the post secondary group, ranging from 96 percent (IUD) to 80 percent or more for all methods except Billings. Women with primary education had the lowest level of knowledge of each method.

Results in Table 4.1.5 show only slight differences in level of knowledge of methods across the Health Regions. In all four regions over 90 percent of the women had knowledge of the pill, condom, injection and female sterilization. The level of knowledge was slightly lower in Region 2 compared to the other regions for each method.

Level of knowledge of each method is compared by parish in Table 4.1.6. In each parish nearly 90 percent or more of the women had knowledge of the pill, condom, injection and female sterilization. Knowledge of the IUD was near 90 percent in St. Andrew and St. Thomas, but much lower in St. Elizabeth (69 percent). Over two-thirds of the women in Kingston, St. Andrew, Hanover and Westmoreland had knowledge of withdrawal, whereas only two-fifths knew of withdrawal in St. Thomas and Portland. Only 30 percent of the women knew of male sterilization in St. Elizabeth, which compares to over 60 percent in St. Andrew, St. Mary, Trelawny and St. Catherine. Less than one-fourth of the women knew of rhythm in four parishes: St. Thomas, Portland, St. Elizabeth and Manchester.

4.2 KNOWLEDGE OF MENSTRUAL CYCLE

Knowledge of risk of pregnancy was determined by asking all respondents a question concerning when it is most probable for a woman to become pregnant during the menstrual cycle ("When, during her monthly menstrual cycle, do you think a woman has the greatest chance of becoming pregnant?"). The results in Table 4.2.1 show that only 20 percent had correct knowledge of the fertile period (i.e., "in the middle of the cycle"). Correct knowledge of the fertile period was highest for those currently legally married or with a boyfriend with whom they had had sexual intercourse. But even for these groups only one-fourth had correct knowledge.

Knowledge of the fertile period was assessed across a variety of social and demographic factors in Tables 4.2.2 - 4.2.8. A summary of the results from these tables follows:

(1) There was little difference in correct knowledge of the fertile period between those living in urban and rural areas (21 percent and 20 percent, respectively)(Table 4.2.2).

(2) Women between ages 20 and 39 have the highest correct knowledge of the fertile period (between 22-24 percent), whereas for those age 15-19 and 40+ only 16-18 percent have correct knowledge (Table 4.2.3).

(3) Women with post secondary education have relatively high levels of correct knowledge of the fertile period (38 percent), whereas those with primary education have very low levels of knowledge (14 percent) (Table 4.2.4).

(4) Correct knowledge of the fertile period is highest for women who are members of the Anglican, Methodist or Roman Catholic churches, and lowest for those members of the Church of God or those having no religious preference (Table 4.2.5).

(5) Correct knowledge of the fertile period is very low in Health Regions 2 (15 percent) and 4 (18 percent). In Regions 1 and 3, knowledge ranges from 22-24 percent (Table 4.2.6).

(6) Correct knowledge of the fertile period varies widely by parish (Table 4.2.7). Knowledge is very low in St. Elizabeth (4 percent) and Manchester (10 percent). Correct knowledge of the fertile period is very high in two parishes (Westmoreland, 47 percent; Hanover, 37 percent). In the following parishes knowledge is less than 20 percent (St. Thomas, Portland, St. Mary, St. Ann, Trelawny and St. Catherine). In the remaining parishes knowledge is slightly over 20 percent (Kingston, St. Andrew, St. James and Clarendon).

(7) Correct knowledge of the fertile period is highest among women currently using rhythm (40 percent) or the IUD (33 percent); and lowest for those using female sterilization (15 percent), injection (15 percent), or withdrawal (18 percent) (Table 4.2.8).

4.3 EVER USE OF CONTRACEPTION

Over 70 percent of all women age 15-49 in Jamaica have ever used a method of contraception at some time (Table 4.3.1). Ever use increased with age up to age 30-34 then declined. Ever use was lowest for the 15-19 age group. There was little difference in the proportion of women who have ever used contraception in urban and rural areas. Those women with secondary education had the lowest ever use (67 percent) while all of the other education groups had similar high levels (near 75 percent). Ever use was only 40 percent for women with no live births, but was over 80 percent for women with one or more births. Over 83 percent of women currently in union (married, common law or visiting partner) had ever used contraception, whereas 71 percent of women who previously had a partner had ever used but only 24 percent of women never in a union had ever used.

Ever use of contraception did not vary by Health Region and most parishes had ever use levels near 70 percent (Table 4.3.2). Two parishes had levels of ever use over 75 percent (Portland and Westmoreland).

Ever use of specific methods by residence and parish is shown in Tables 4.3.3 and 4.3.4. The most prevalent method ever used was the pill (48 percent), followed by condom (33 percent), injection (23 percent), and withdrawal (14 percent) (Table 4.3.3). These same four methods were the most prevalent ever used in both urban and rural areas. The pill was the most prevalent method ever used in every parish (Table 4.3.4). In nearly every parish, the five most prevalent methods ever used were: pill, injection, condom, withdrawal, and female sterilization.

All women who had ever used contraception were asked the following question, "At what age did you first use contraception?" Median age at first use is shown in Table 4.3.5 for a variety of social and demographic factors. Overall, median age at first use was 19 years and very few group differences were found. There was no difference in age at first use in urban and rural areas or for the religious groups. Those women with post secondary education had slightly older median age at first use (21 years) than the less educated. The pattern over the age groups suggests age at first use may have declined in Jamaica over the past 20 years. Age at first use was 22-23 years for women age 40-49, whereas for women less than age 30 median age at first use was between 18 and 20 years.

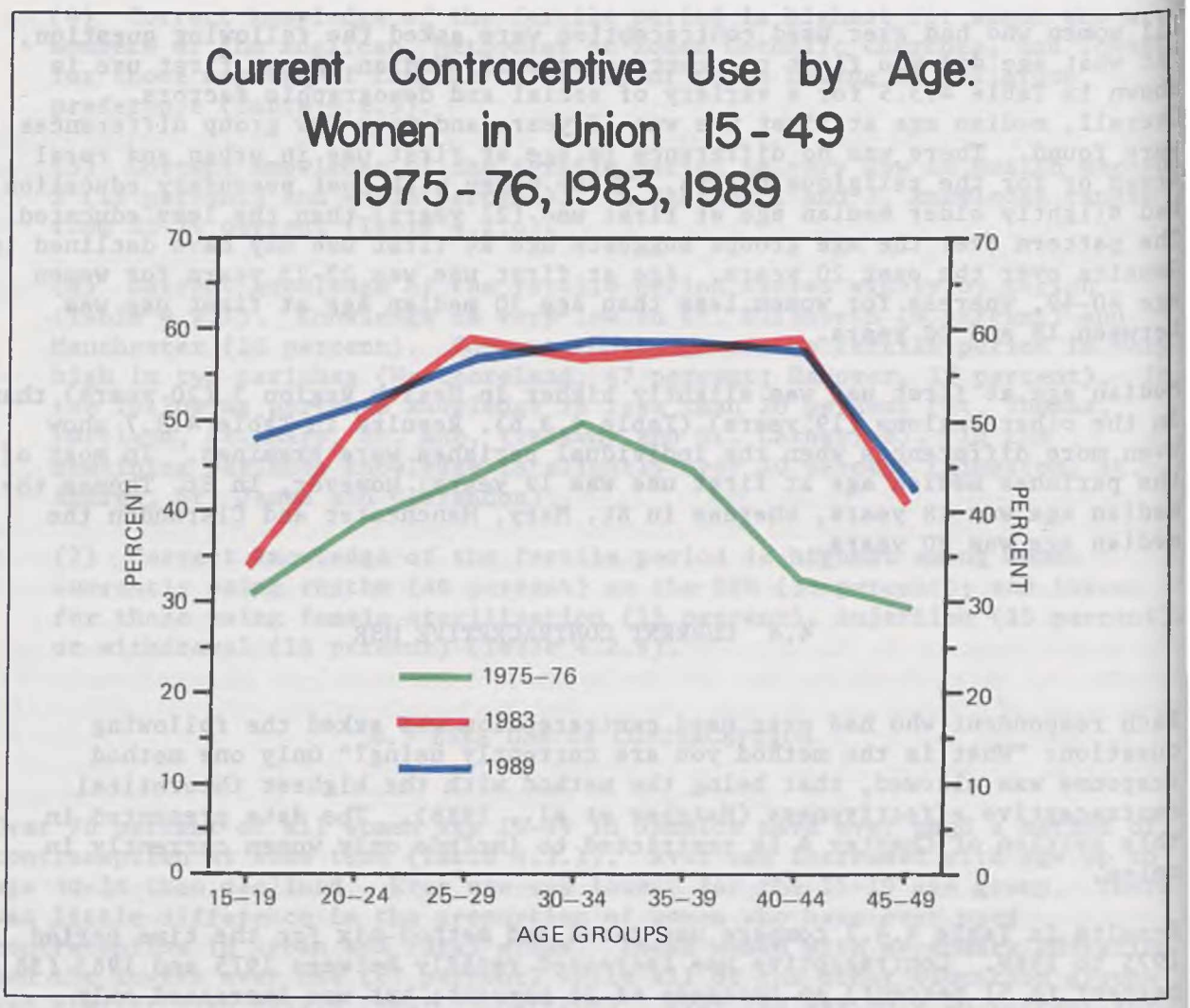
Median age at first use was slightly higher in Health Region 3 (20 years) than in the other regions (19 years) (Table 4.3.6). Results in Table 4.3.7 show even more differences when the individual parishes were examined. In most of the parishes median age at first use was 19 years; however, in St. Thomas the median age was 18 years, whereas in St. Mary, Manchester and Clarendon the median age was 20 years.

4.4 CURRENT CONTRACEPTIVE USE

Each respondent who had ever used contraception was asked the following question: "What is the method you are currently using?" Only one method response was allowed, that being the method with the highest theoretical contraceptive effectiveness (Hatcher et al., 1988). The data presented in this section of Chapter 4 is restricted to include only women currently in union.

Results in Table 4.4.1 compare use rates and method-mix for the time period 1975 to 1989. Contraceptive use increased rapidly between 1975 and 1983 (38 percent to 51 percent) an increase of 34 percent; but use increased only moderately between 1983 and 1989 (51 percent to 55 percent) an increase of 8 percent. The prevalence of contraceptive use found in the 1989 CPS (55 percent) is very consistent with that forecast by Nortman in a study conducted for NFPB in 1983. Figure 4.4.1 shows contraceptive use by age group for the three surveys. Contraceptive use increased for all ages between 1975 and 1983. Between 1983 and 1989 the only major change was the increase in use for the 15-19 age group.

Figure 4.4.1



Method-mix did not change over the 15 year period, but the level of use of the particular methods did change (Table 4.4.1). Between 1975 and 1989, the most prevalent method used in Jamaica was the pill, followed by female sterilization, condom and injection. As can be seen in Table 4.4.1 most of the increase occurred between 1975 and 1983. The pill increased in use from 12 percent in 1975 to 19 percent in 1983, and increase of 58 percent. Between 1983 and 1989 pill use increased very little, from 19 percent to 20 percent. Female sterilization increased from 8 percent in 1975 to 11 percent in 1983, an increase of 38 percent. From 1983 to 1989 use of female sterilization further increased by 27 percent, from 11 percent to 14 percent. Change in condom use was minor over the 15 years, increasing from 7 percent in 1975 to 9 percent in 1989. Use of injection increased between 1975 and 1983 by 33 percent, from 6 percent to 8 percent; but had no change between 1983 and 1989. Use of other methods is minimal in Jamaica but the trend in use of some of these methods changed over the 15 years. Use of the IUD declined from 4 percent in 1975 to 2 percent in 1989. During the same period, use of withdrawal increased slightly, from 1 percent to 2 percent.

The remaining tables in this section focus only on results from the 1989 survey. Table 4.4.2 shows levels of use by current union status. Forty-three percent of all women age 15-49 in Jamaica are currently using contraception. Over one-half of women currently legally married, or in common law or visiting partner relationships are using contraception. Highest use is for those legally married (60 percent). Contraceptive use is also moderately high (48 percent) for women who have a boyfriend with whom they have had sexual intercourse.

Substantial variations in method-mix are found across the union status groups (Table 4.4.2). By far, female sterilization (29 percent) was the most prevalent method used by the legally married, followed by the pill (11 percent). Injection (5 percent) was the third most prevalent method used by women legally married. Women currently in common law or visiting partner relationships were most likely to use the pill (21 percent and 24 percent, respectively). Twelve percent of women in common law relationships also used female sterilization followed by injection (9 percent); whereas, women in visiting partner relationships were most likely to use condoms (11 percent), injection (8 percent), and female sterilization (6 percent). Women currently with boyfriends with whom they have had sexual intercourse were most likely to use condoms (21 percent) or the pill (15 percent).

In 1989, contraceptive use in rural areas of Jamaica was higher than use in urban areas (56 percent vs. 52 percent) (Table 4.4.3). This pattern is opposite of what is found in most countries, where use is highest in urban rather than rural areas (London et al., 1985), but is consistent with the pattern found in the 1983 Jamaica CPS. The method-mix pattern is similar in the two residential areas: the pill is the most prevalent method used, followed by female sterilization, condoms and injection. Figure S.9 presented earlier gives a graphic representation of current use by residence, levels of education, and number of children ever born.

Contraceptive use increases with age up to age 40 then declines (Table 4.4.4). Between ages 15-19 and 30-34, the pill is the most prevalent method used, followed by condom and injection. After age 35, female sterilization is the most prevalent method used. Use of injection is moderately high for ages 20-34, and use of withdrawal is moderately high for age group 15-19.

Contraceptive use is positively associated with education (52 percent for primary vs. 60 percent for post secondary)(Table 4.4.5). Female sterilization is the most prevalent method used by those with primary education (21 percent), followed by the pill (14 percent), 8 percent injection and 6 percent condom. For the higher educated, the pill is the most prevalent method used (over 20 percent) followed by condom and female sterilization.

Differences in contraceptive use between the religious groups is not great (Table 4.4.6). Roman Catholics have lowest reported use (51 percent) but use in the other religious groups is not that higher (ranging from 54-62 percent). Also, like the other groups, Roman Catholics tend to use the most effective methods: female sterilization, pill, condom and injection.

Contraceptive use increases as number of children ever born to the women increases (Table 4.4.7). Use reaches over 60 percent for women with 3 or more children, but is only 42 percent for women with no children. Female

sterilization is the most prevalent method used for women with 3 or more children, followed by the pill and injection. For women with 0-2 children, the pill and condom are the most prevalent methods used.

As would be expected, contraceptive use is much higher for women who want no more children (62 percent) than for women wanting more children (46 percent) (Table 4.4.8). Also, women who want more children tend to use either the pill (22 percent) or condom (12 percent), whereas women who want no more children use female sterilization (25 percent), the pill (17 percent) or injection (10 percent).

Results in Table 4.4.9 compare levels of contraceptive use across Health Regions. In general, use does not vary a great deal between the regions (53-56 percent, respectively). Also, the method-mix is similar within each region. In each region the pill is the most prevalent method used, followed by female sterilization, condom and injection. However, when use within each parish is examined a number of important differences are found (Table 4.4.10). Contraceptive use is very low in 2 parishes (Kingston, 42 percent; St. James, 47 percent), but use is over 60 percent in 4 parishes (Trelawny, Hanover, St. Thomas, and St. Elizabeth). A number of method differences were also found within the parishes. Use of female sterilization is relatively low in Westmoreland, St. James, Portland, and St. Andrew when compared to St. Thomas, Trelawny, and St. Mary. Use of condom is low in Kingston, St. Thomas, St. Mary, and Clarendon relative to the other parishes. Also, use of injection is low in Kingston, St. Mary, and St. Ann compared with relatively high use in Portland, Westmoreland, St. Thomas, Trelawny, and Hanover. Finally, use of withdrawal is high in Clarendon relative to its level of use in the other parishes.

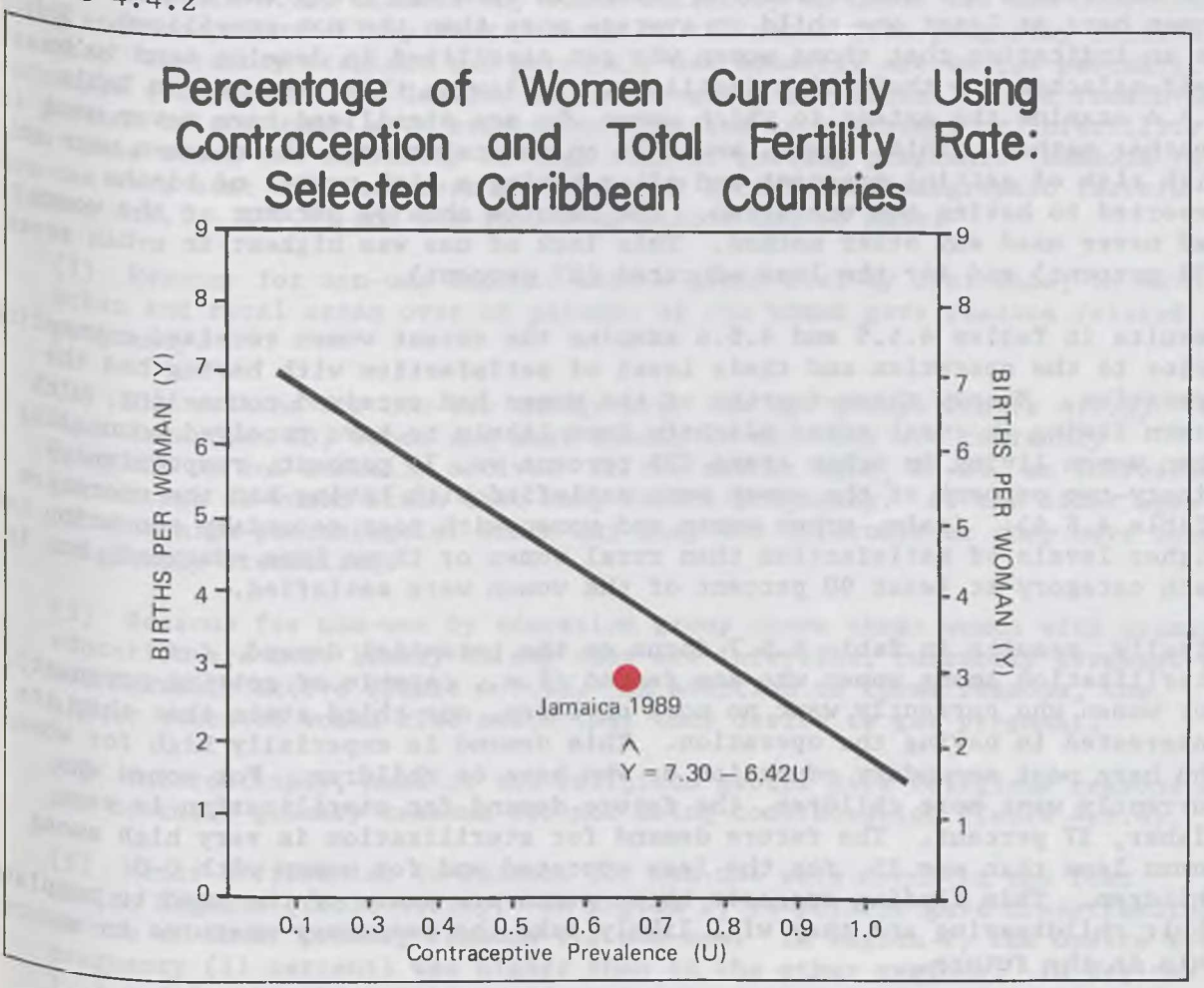
Table 4.4.11 compares overall level of contraceptive use by residence within categories of various social and demographic factors. Use is higher in the rural area than in urban areas for all age groups except 20-24 and 45-49 where the difference is minimal. Use is also higher for all education groups in the rural area relative to the urban area. In the rural areas, use reaches 66 percent for those with post secondary education. For both urban and rural areas, use increases as number of children ever born increases. For the religious groups there is no clear association with contraceptive use in either urban or rural areas.

For certain groups with post secondary education, contraceptive use reaches impressively high levels (Table 4.4.12). This is especially true for women age 30-34 and 40-44 (72 percent using), women living in rural areas (66 percent), women with 1-2 live births (63 percent) and especially for women with 3 live births (85 percent). For all four education groups, use is higher in rural than urban areas. Also, for all four groups, use generally increases with an increase in the number of children ever born.

Finally, the data appearing in Table 4.4.13 and Figure 4.4.2 place contraceptive prevalence and fertility in Jamaica in perspective, geographically, by comparing the 1989 Jamaica results to recent survey results from other countries in the region. Contaceptive prevalence in Costa Rica is the highest (69 percent) of any of the countries, followed by Panama (58 percent), and Jamaica (55 percent). Guatemala has the lowest prevalence of

countries recently surveyed in the region, due primarily to its large indigenous population. With the exception of Costa Rica, Jamaica, and Honduras, by far the most prevalent method in each of the countries is female sterilization. In Costa Rica, Jamaica, and Honduras, the pill is the most used method. Compared to other countries in the region, Jamaica has the lowest fertility rate (TFR=2.9) of any of the countries and the third highest level of contraceptive use. The close association between fertility (TFR) and contraceptive use is summarized in the regression line shown in Figure 4.4.2. Jamaica's point estimate is slightly below the expected line but is similar to that of Trinidad and Tobago (see Table 4.4.13).

Figure 4.4.2



4.5 FEMALE STERILIZATION

The results in Table 4.5.1 attempt to compare the profile of women who have been sterilized to that of women who have not been sterilized. The following general contrasts can be made. Women who have been sterilized tend to be 10

years older, on average, than the non-sterilized (average age of 38 years vs. 28 years), to have nearly 3 children more, on average, than the non-sterilized (4.9 vs. 2.1), and to be less educated (63 percent vs 37 percent with primary education).

Table 4.5.2 examines, for those women who have been sterilized, when during their reproductive life the event took place. For both urban and rural women, 56 to 60 percent were between ages 30-39. Forty-seven percent of the urban and 56 percent of the rural had already had 5 or more live births. Also, 75 to 80 percent of the operations occurred since 1980.

Results in Table 4.5.3 compare average number of children ever born between the sterilized and non-sterilized women. In each age group the sterilized women have at least one child on average more than the non-sterilized. This is an indication that those women who get sterilized in Jamaica tend to be self-selected for their high fertility. Following this, results in Table 4.5.4 examine the extent to which women who are sterilized have never used another method. This, again, would be an indicator that these women were at high risk of getting pregnant and after having a high number of births resorted to having the operation. The results show 32 percent of the women had never used any other method. This lack of use was highest in urban areas (38 percent) and for the less educated (37 percent).

Results in Tables 4.5.5 and 4.5.6 examine the extent women received counseling prior to the operation and their level of satisfaction with having had the operation. Nearly three-fourths of the women had received counseling, with women living in rural areas slightly less likely to have received counseling than women living in urban areas (72 percent vs. 78 percent, respectively). Ninety-two percent of the women were satisfied with having had the operation (Table 4.5.6). Again, urban women and women with post secondary education had higher levels of satisfaction than rural women or those less educated; but in each category at least 90 percent of the women were satisfied.

Finally, results in Table 4.5.7 focus on the potential demand for sterilization among women who are fecund (i.e., capable of getting pregnant). For women who currently want no more children, one-third state that they are interested in having the operation. This demand is especially high for women who have post secondary education or who have 6+ children. For women who currently want more children, the future demand for sterilization is even higher, 37 percent. The future demand for sterilization is very high among women less than age 25, for the less educated and for women with 0-3 children. This finding suggests these women are aware of the need to regulate their childbearing and they will likely take the necessary measures to assure this in the future.

4.6 DECISION MAKING CONCERNING USE OF CONTRACEPTION

All respondents were asked the question: "Who should decide whether a person should use a method of contraception?" Most of the respondents felt either the woman (47 percent) or the woman and her partner (44 percent) should make the decision (Table 4.6.1). The results in Table 4.6.1 show that these two

choices (woman or woman and partner) held across all classifications of age, residence, education, religion and union status. The same decision making pattern held within each Health Region (Table 4.6.2). However, within the parishes there was some noticeable variation (Table 4.6.3). In St. Mary (14 percent) and St. James (10 percent) a moderate proportion of the respondents felt the decision should be made by either a nurse, doctor, midwife or other person.

4.7 REASONS FOR NON-USE OF CONTRACEPTION

Results in Table 4.7.1 examine why women currently in union are not currently using contraception. Sixty-four percent of the women gave pregnancy related reasons: currently pregnant (15 percent), not sexually active (14 percent), infertile (12 percent) or desires to get pregnant (9 percent). The remaining 34 percent of the women gave reasons not related to pregnancy or infertility, thus these women are currently at high risk of getting pregnant. Reasons for non-use were next examined over a variety of social and demographic factors (Tables 4.7.1 - 4.7.6) and the following points can be made:

(1) Reasons for non-use did not vary a great deal by residence; in both urban and rural areas over 60 percent of the women gave reasons related to pregnancy.

(2) The reasons for non-use change over the age groups (Table 4.7.2). At ages less than 25, women are most likely to say they are currently pregnant or not sexually active. In the middle ages, 25-35, an increasing percentage of women state that they desire pregnancy. At the older ages (35+) a high percentage of women say they are infertile or they have been surgically sterilized.

(3) Reasons for non-use by education group shows those women with primary education are most likely to say they are infertile, currently pregnant or not sexually active (Table 4.7.3). In addition to these reasons, the higher educated women also state that they desire to get pregnant.

(4) Interestingly, none of the religious groups gave religious reasons as one of their primary reasons for not using contraception (Table 4.7.4).

(5) Minor differences in reasons for non-use were found in the four Health Regions (Table 4.7.5). In Region 2, 14 percent gave breastfeeding as one of their primary reasons for non-use. In Region 1, the desire for pregnancy (11 percent) was higher than in the other regions. In Regions 1, 3 and 4, the three primary reasons for non-use were: currently pregnant, not sexually active, or infertile.

(6) In three parishes (Kingston, St. James, and St. Ann) between 41-49 percent of the women gave reasons for non-use other than pregnancy: whereas in the other parishes the comparible figure was less than 40 percent (Table 4.7.6). In three parishes pregnancy related reasons accounted for over 70 percent of the total (Westmoreland, 80 percent; St. Elizabeth, 72 percent; and St. Catherine, 70 percent).

4.8 DISCONTINUATION OF CONTRACEPTIVE USE

Women currently in union who are not currently using contraception were asked a series of questions concerning the method they last used and the reason they stopped using. This section focuses on these responses. The previous users had either used the pill (55 percent), injection (21 percent) or condoms (15 percent) (Table 4.8.1). This pattern held in both urban and rural areas. With over 57 percent of women in urban areas and 54 percent in rural areas having used the pill. Women with post secondary education were more likely to have not used injection compared to women with less education. Previous use of the pill was very high for ages 15-19 to 30-34; but for the older women the pill and injection were most likely to have been their last method. The main Health Region difference was that condom use was lower in Region 1 than the other three regions (Table 4.8.2). More detail is shown in Table 4.8.3 by parish. The pill was most prevalent in three parishes (Kingston, St. Mary, and Trelawny). Also, in four parishes condoms were widely used (Portland, Westmoreland, St. Elizabeth, and Manchester).

Results in Table 4.8.4 show the reasons given for stopping use by method last used. Users of the pill gave reasons related to health and bad side effects as their primary reasons. In contrast, users of condoms gave bad side effects, not sexually active and desires pregnancy as their primary reasons for terminating use.

4.9 SOURCE OF CONTRACEPTION

This section discusses sources of contraception and whether the person was satisfied with the services received by the various sources. Sources will be discussed separately for users of female sterilization and users of other methods.

As shown in Table 4.9.1, Panel A, 88 percent of the sterilizations were performed in public hospitals, with an additional 7 percent in private hospital, and 4 percent by a private doctor/clinic. The only urban/rural difference was that the private doctor/clinic was less likely to be used in urban than rural areas. For the other methods, Panel B, the most important source was the clinic/health centre (62 percent) followed by pharmacy (28 percent). As with sterilization, the primary sources for other methods were similar in both urban and rural areas (clinic/health centre and pharmacy).

Results in Table 4.9.2 examine sources used by the different education groups. For sterilization, Panel A, women with primary education are more likely to use the public hospital (92 percent) than women with post secondary education (69 percent). The post secondary use private hospital (21 percent) and private doctor/clinic (9 percent). Differences in sources used by education groups was also found for users of other methods (Panel B). As education level increased, use of clinic/health centre decreased but use of pharmacy and private doctor/clinic increased.

An analysis of source of contraception by method used (Table 4.9.3) shows the clinic/health centre was the principal source for the pill, injection, and the

IUD. The other important source for the pill was the pharmacy. For injection, the pharmacy and public hospital were important secondary sources; and for the IUD, the private doctor/clinic, public hospital, and pharmacy were important secondary sources. For the condom, the pharmacy was the principal source, followed by the clinic/health centre and supermarket/shop.

All of the respondents who were currently using methods other than sterilization (NOTE: the sterilization information was included in section 4.5) were asked if they received counseling about family planning methods by the source they used. The results in Table 4.9.4 show that over three-fourths of those who used the clinic/health centre (the primary or very important secondary source for all methods) did receive counseling. However, nearly one-half of the users of condom received their supplies at pharmacy and only 18 percent received counseling. Results in Table 4.9.5 show that 90+ percent of the women were satisfied with the services they received at all locations.

4.10 WOMEN IN NEED OF FAMILY PLANNING SERVICES

The survey data indicate that certain segments of the population have greater need of family planning services than others. A woman was characterized as "in need of services" (or "at risk of an unplanned pregnancy") if she was not currently pregnant, stated that she did not desire to become pregnant, and she was not using any method of contraception for reasons not related to pregnancy, subfecundity, or sexual activity. Thus, the women defined in this study as "in need of services" are noncontracepting, fecund, sexually active women (regardless of marital status), who were not currently pregnant and did not desire to become pregnant at the time of the interview.

According to this definition, 16 percent of the women had unmet need for contraception (Table 4.10.1). Unmet need was slightly higher for women living in urban than rural areas. Results in Tables 4.10.1 and 4.10.2 show the level of unmet need varied by the characteristics included in the study. The following summary points can be made:

(1) Unmet need was highest for women between ages 20-44. The young women tended not to be sexually active and for older women subfecundity reduced their need.

(2) Unmet need was negatively associated with education in both urban and rural areas. That is, the higher the level of education, the lower was the unmet need.

(3) Unmet need was highest for women with 1-3 children, precisely the women who need to control their fertility so that they do not exceed their desired level.

(4) As expected, women in union (legally married, common law, or visiting partner) had higher unmet need than those not in union. Also, women in less stable unions (common law and visiting partner) had the highest unmet need.

(5) Women in Health Region 2 had much higher unmet need than women living in the other regions.

(6) Unmet need was over 20 percent in 3 parishes (Kingston, St. Mary, and St. Ann) and less than 15 percent in 7 parishes (St. Andrew, St. Thomas, Trelawny, Hanover, Westmoreland, St. Elizabeth, and St. Catherine).

The data presented in Table 4.10.3 show that 64 percent of the women most in need of family planning services have used contraception at some time. Also, 58 percent of these women desire to use contraception now or in the future. Thus, the potential demand for services is quite high in Jamaica. The desire to use family planning is high for all classifications of the characteristics studied (except for women 45-49, where anticipated subfecundity is high). The implication of these findings for NFPB program planning is obvious.

CHAPTER 5

FERTILITY PREFERENCES

5.1 FAMILY SIZE DECISION

The ultimate goal of the Population Policy is to reach and maintain a level of replacement fertility, that is, a two-child family. As mentioned earlier, the strategy to be adopted is directed at achieving shifts in attitudes to family size away from preference for larger families to more limited numbers. In pursuance of this objective, it is important to be aware of the attitudes of men and women towards ideal family size and views relating to the determination of this number. Accordingly, one of the questions asked in the survey is "Who should make the decision about the number of children couples should have". Table 5.1.1 presents the replies to this question. A large proportion of the population (63 percent) believes that both partners should make such a decision. A smaller proportion (30 percent) considers that such a decision should be made by the woman only. A much smaller proportion (5 percent) feels that the decision should be made by the man only. The pattern for the total is reflected with minimal variation across the age groups. Women in the age groups comprising 30-44 years felt more strongly than the others that women should be the decision makers while the lower proportions were among age group 20-29 and 45-49. Women in urban areas also supported more strongly the view that women should be the decision makers than their counterparts in the rural area. In all cases, however, they agreed by a large majority that the decision should be made by the couple.

There was some variation by union status. Women who were legally married felt more strongly than the rest that the decision should be made by both husband and wife. Women who had boyfriends but who were not sexually active were also strongly of this view, so also were those who had never had a partner. The result here is not surprising. In the stable union of marriage, there is generally more sharing than in the less stable unions. Also, for the other groups which strongly support this view, the situation tends to be more academic for them, not being sexually active at this stage of their lives.

5.2 DESIRED FAMILY SIZE

Average desired family size is presented by age group and by selected characteristics in Table 5.2.1. The desired average moves up from those who are in the youngest age group, 15-19, up to 45-49; from 2.2 to 3.0 children. This upward trend following increasing ages of women is consistent throughout in all of the selected characteristics. This average desired size is also fairly consistent with little variation by the specified characteristics. These desired levels are lower than the levels of completed fertility which now obtains and are much closer to the desired targets. (In this connection, see Figure S.5 presented earlier.) Achievement of the target set in the Population Policy must, however, depend on actual realization rather than expressed desire.

5.3 FERTILITY PLANNING STATUS

An assessment of the real desires of women to achieve targeted levels of family size may be made through consideration of the planning status of births. All women were asked two questions concerning the planning status of all of their births that occurred in the 5 years prior to the date of the survey. "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?" On the basis of responses to these questions, each birth was classified as either "planned", "mistimed", or "unwanted". Planned births were defined as those that were desired; mistimed were classified as those that were desired, but at some time in the future; and unwanted births were those not desired, even in a future time. Using this scheme, the mistimed and unwanted births can be combined as an estimate of unplanned births.

Tables 5.3.1 to 5.3.4 use the above definitions to show data on the planning status of births to women aged 15-49 over the past 5 years prior to the Survey. More than half of the births (52 percent) were mistimed, 29 percent were planned, while 18 percent were unwanted (Table 5.3.1). Unwantedness was slightly higher in rural than urban areas (19 percent vs. 16 percent). Unwantedness was negatively related to education (28 percent of women with primary education had unwanted births) and positively associated with number of children ever born (over one-half of births to women who had six or more children were unwanted). (In connection with the examination by the various characteristics see Figure S.6 presented earlier.)

Thirty-five percent of births to women living in Health Region 1 were planned, whereas in regions 2-4 only about one-fourth of the births were planned (Table 5.3.2). Correspondingly, unwantedness was lowest in region 1 (12 percent) relative to the other regions. Over one-fourth of births in three parishes were unwanted (Trelawny, St. James, and Manchester), whereas in the three parishes that comprise Health Region 1 (Kingston, St. Andrew, and St. Thomas) less than 15 percent of the births were unwanted (Table 5.3.3).

Women who were currently pregnant were also asked about the planning status of this pregnancy (Table 5.3.4). The results are similar to those for all births in the past 5 years. Nearly 20 percent of the pregnancies were unwanted and unwantedness had a strong negative association with education.

CHAPTER 6

SEX EXPERIENCE AND CONTRACEPTIVE USAGE – YOUNG ADULTS

The concern relating to the increasing incidence of teenage pregnancies and childbirths has indicated that some special analysis of the problem should be attempted. A previous study (the Young Adult Reproductive Health Survey) sponsored by the National Family Planning Board and conducted in 1987 focused on young adults in the population (both males and females) and provided very useful indicators of patterns of behavior of persons in this age group. The 1989 Jamaica CPS included females in the population in this age range. The information obtained from the Survey, therefore, should provide useful indicators of change since 1987 for females in this age range.

6.1 SEXUAL EXPERIENCE

Table 6.1.1 presents comparative data for 1987 and 1989 of the percent of young females aged 14-24 years who have had sexual intercourse. The proportion of the population in this age range with some sexual experience has increased from 66 percent in 1987 to 67 percent in 1989. The rise has, however, been the result of increasing sexual activity among the older age groups (19+) while there were reduced proportions of those under 19 years (except for those who were 16 years) who had ever had sexual intercourse.

Average age at first intercourse did not change during the period averaging 16.9 years in 1987 and 16.8 years in 1989 (Table 6.1.2). The proportions who have had intercourse by age at first intercourse show, in general, a downward trend when examined by individual ages. All but four of the 16 individual ages and those under ten years only have falling proportions. Those which have risen are age 10 (0.4 percent to 0.6 percent), age 14 (15 percent to 17 percent), age 15 (18 percent to 21 percent) and age 20 (2 percent to 3 percent).

The percent of young female adults who have ever had sex varies by health region (Tabel 6.1.3). Region 2 has the lowest percent (slightly under 67 percent) followed closely by Region 4 (also slightly under 67 percent), while Region 3 has the highest (68.0 percent); Region 1 (with slightly under 68 percent) is closest to the national average.

6.2 FERTILITY EXPERIENCE AND ATTITUDES TOWARDS CHILDREN

Age at menarche, that is, the age at which women have their first period is another of those intermediate determinants of fertility since it determines the length of the period in which women are potentially at risk of pregnancy. The change in the age of menarche is therefore one of the factors which must be taken into account in identifying the determinants of fertility in a given country. Table 6.2.1 gives the age at menarche for young females in 1987 and 1989. Average age at Menarche has increased slightly between 1987 (age 13.1) and 1989 (age 13.7).

Data in Table 6.2.2 compares for 1987 and 1989 the percent of women who have ever been pregnant. The results indicate virtually no change between the years, in both surveys approximately 40 percent of all the 14-24 year olds had ever been pregnant. Also, when the analysis is restricted to include only those women who have had sex, there is little difference in the percent that had ever been pregnant (between 59-61 percent).

Table 6.2.3 presents comparative data for 1975 to 1989 for the average number of children ever born to young women aged 15-24 years by age group. Data for 1975-76, 1983, 1987 and 1989 are presented. Average numbers in age group 15-19 fell from 0.3 in 1975-76 and 1983 to 0.2 in 1987 and remained at 0.2 in 1989. In the older age group, there was a fall from 1.6 to 1.2 from 1975-76 to 1983 and to 1.1 in 1987. The corresponding figure in 1989 was still 1.1.

6.3 KNOWLEDGE OF CONTRACEPTIVE METHODS

Knowledge of individual contraceptive methods did not change greatly between 1987 and 1989 (Table 6.3.1). In both surveys, over 90 percent of the young females had knowledge of pills, condoms, and injection. Knowledge of female sterilization was also high (between 84 percent and 88 percent). Between one-half and two-thirds had knowledge of the IUD, withdrawal, and diaphragm. Knowledge of male sterilization, rhythm, and the Billings methods was low in both surveys.

CHAPTER 7

INFANT AND CHILD MORTALITY AND MATERNAL HEALTH

7.1 INFANT AND CHILD MORTALITY

It is widely acknowledged that current measures of infant and child mortality in Jamaica available from official vital statistics records do not provide accurate measurements of infant and child mortality rates since the number of deaths in the age range 0-5 years is known to be under-reported and also, the effect of late registration of births is not usually reflected in the published data.

TABLE 7.1.i

Infant Mortality Rates (Infant Deaths per 1,000 Live Births)
Vital Statistics, 1975-76 JFS, 89 JCPS, UN Pop. Division

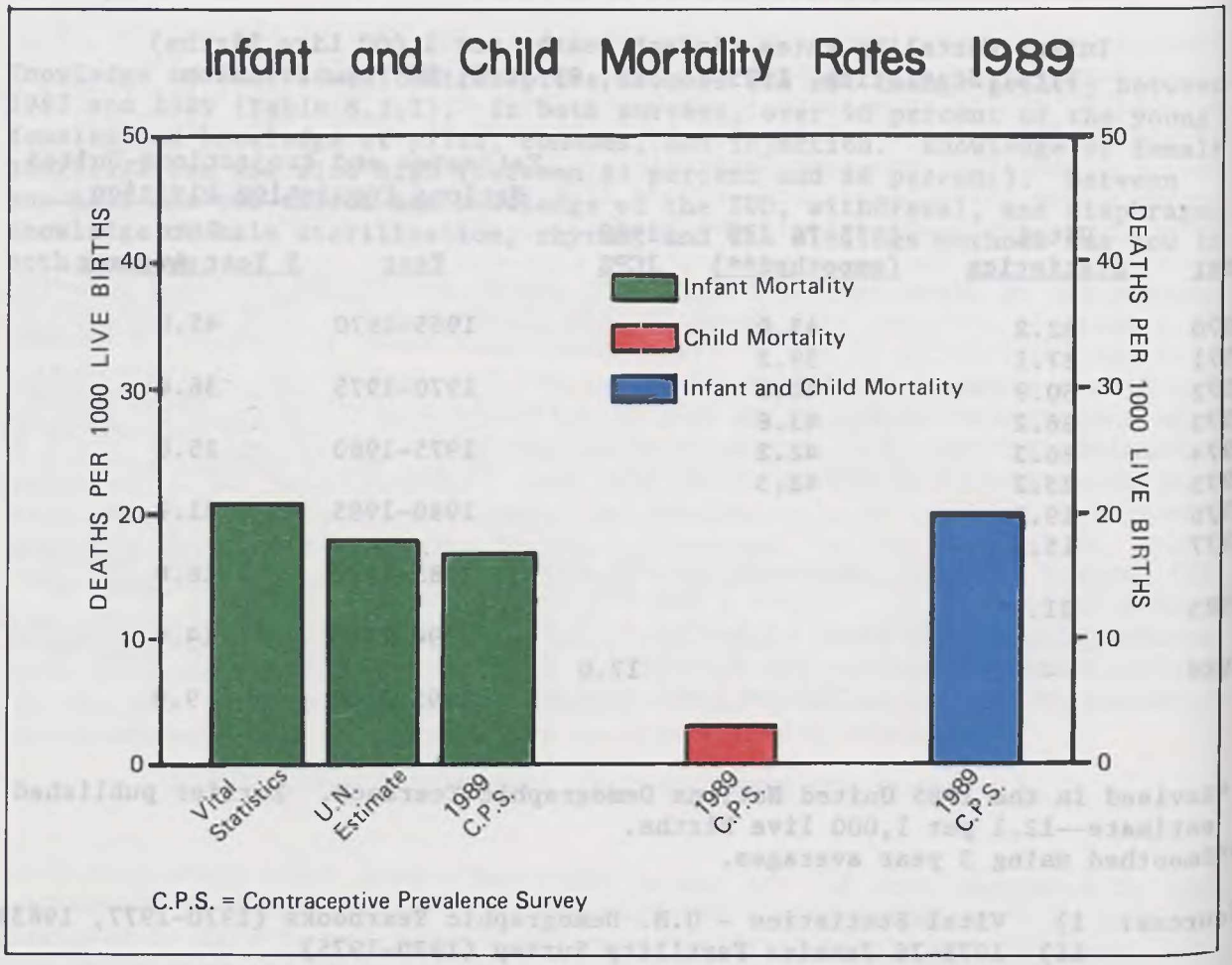
Year	Vital Statistics	1975-76 JFS (smoothed**)	1989 JCPS	Estimates and Projections-United Nations Population Division	
				Year	Rate 5 Year Average
1970	32.2	43.0		1965-1970	45.0
1971	27.1	39.2			
1972	30.9	40.2		1970-1975	36.0
1973	26.2	43.8			
1974	26.3	42.2		1975-1980	25.0
1975	23.2	42.3			
1976	19.9			1980-1985	21.0
1977	15.3				
				1985-1990	18.0
1983	21.0*				
				1990-1995	14.0
1989	-		17.0		
				1995-2000	9.0

*Revised in the 1985 United Nations Demographic Yearbook. Earlier published estimate--12.1 per 1,000 live births.
**Smoothed using 3 year averages.

Sources:
i) Vital Statistics - U.N. Demographic Yearbooks (1970-1977, 1983).
ii) 1975-76 Jamaica Fertility Survey (1970-1975).
iii) 1989 Jamaica Contraceptive Prevalence Survey (1989).
iv) United Nations Population Division - Estimates and projections (1965-70 - 1995-2000).

Infant mortality rates have been published in the United Nations Demographic Yearbooks, based on information provided to them from official vital statistics records. These rates have been calculated and published annually up to 1977 and again for 1983 and 1984, the years for which reports on infant deaths have been supplied by the Registrar General's Office. Rates have also been calculated using data from the 1975-76 Jamaica Fertility Survey. In addition, estimates and projections of five year average rates have been made by the Population Division of the United Nations, up to the year 2000, and based on these calculations, the rate published in the UN Demographic Yearbook for 1983 has been revised. All of these estimates are presented in Table 7.1.i in order to set the rate of 17 percent derived from the 1989 Jamaica Contraceptive Prevalence Survey into perspective. Figure 7.1.1 sets out the IMR rates graphically.

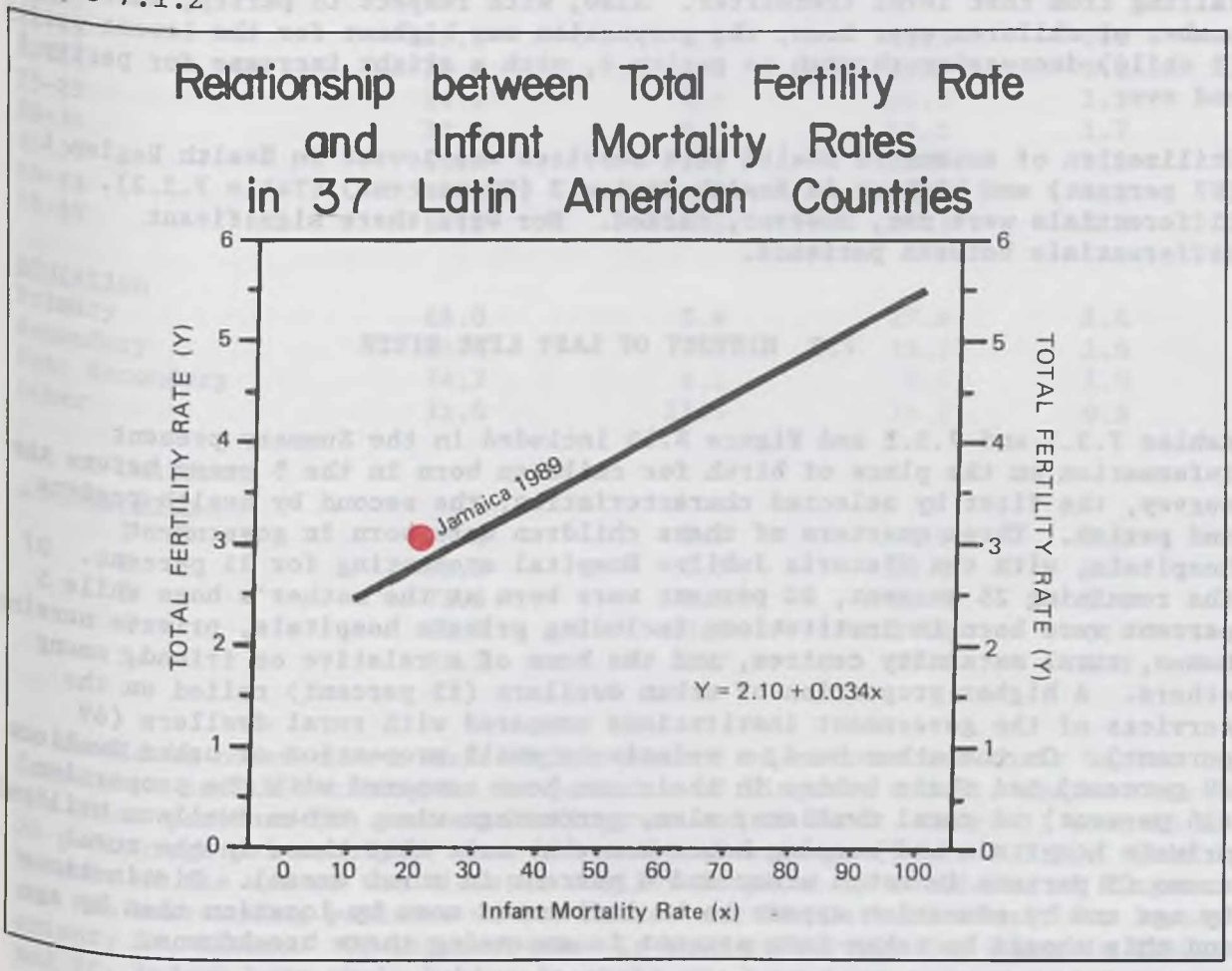
Figure 7.1.1



The 1989 Jamaica CPS estimate is also presented in Table 7.1.1 in the form of probabilities of children dying before reaching age 1 and 5. The information is calculated from the history of children born alive to survey respondents

within five years of interview. For each birth the respondent was asked: "Is (name) still alive?" A total of 3,082 cases were used in the calculation. Based on these estimates, the probability of children dying before reaching age 1 is .017 and .20 before reaching age 5. This represents an Infant Mortality Rate of 17 per 1,000 live births in the first year of birth and a child mortality rate of 20 per 1,000 live births between ages 1 to 5. The 95 percent confidence interval for each estimate is also shown in Table 7.1.1. The IMR is lower in urban than rural areas (13/1000 vs 18/1000) but the difference is not statistically significant. Figure 7.1.2 shows the relationship between IMR and TFR. The estimated IMR and TFR for Jamaica are very consistent with the expected level.

Figure 7.1.2



7.2 ANTENATAL CARE

The importance of receiving prenatal care during pregnancy is well recognized and has been emphasized in the Government's health care programme in its effort to reduce infant mortality and to maintain or improve the health of

mothers. Thus, the number of mothers who received antenatal care have been identified in order to assess the degree of utilization of the services provided. Tables 7.2.1 and 7.2.2 present information on the number of mothers who had live births in the 5 years before the survey who received antenatal care.

Antenatal care for pregnant women in Jamaica is almost universal, with 98 percent of all mothers covered reported receiving antenatal care during the pregnancies which produced all live born children in the five years prior to interview (Table 7.2.1). The proportion in rural areas was slightly higher than in urban areas (98 percent in rural compared with 97 percent in urban areas). With the relatively high utilization of antenatal care services, the variations by age and by education were not very marked. Lower rates were, however, observed in the younger age groups rising up to age group 35-39 and falling from that level thereafter. Also, with respect to parity, that is the number of children ever born, the proportion was highest for the lowest parity (1 child) decreasing through to parity 4, with a slight increase for parity 5 and over.

Utilization of antenatal health care services was lowest in Health Region 1 (97 percent) and highest in Health Region 3 (99 percent) (Table 7.2.2). Differentials were not, however, marked. Nor were there significant differentials between parishes.

7.3 HISTORY OF LAST LIVE BIRTH

Tables 7.3.1 and 7.3.2 and Figure S.10 included in the Summary present information on the place of birth for children born in the 5 years before the survey, the first by selected characteristics, the second by health regions and parish. Three quarters of these children were born in government hospitals, with the Victoria Jubilee Hospital accounting for 21 percent. Of the remaining 25 percent, 20 percent were born at the mother's home while 5 percent were born in institutions including private hospitals, private nursing homes, rural maternity centres, and the home of a relative or friend, among others. A higher proportion of urban dwellers (85 percent) relied on the services of the government institutions compared with rural dwellers (69 percent). On the other hand, a relatively small proportion of urban dwellers (9 percent) had their babies in their own home compared with the proportion (25 percent) of rural dwellers; also, percentage-wise, urban dwellers utilized private hospitals and nursing homes somewhat more that those in the rural areas (5 percent in urban areas and 4 percent in rural areas). Distinctions by age and by education appear to be influenced more by location than by age and this should be taken into account in assessing these breakdowns.

TABLE 7.3.i

Place of Birth of Children Born in the 5 Years Before the Survey by Type by Selected Characteristics

Characteristic	Government Hospital	Institution	Own Home	Other
Total	74.6	4.7	19.7	1.0
Residence				
Urban	84.8	5.1	8.7	1.3
Rural	69.4	4.4	25.3	0.9
Age				
15-19	83.6	2.2	13.3	0.8
20-24	77.1	3.5	18.7	0.8
25-29	74.2	3.9	20.7	1.3
30-34	73.4	6.9	18.0	1.7
35-39	69.0	7.8	23.1	0.0
40-44	61.0	6.3	31.5	1.2
45-49	60.3	5.2	34.5	0.0
Education				
Primary	68.0	3.4	27.6	1.0
Secondary	79.6	3.7	15.7	1.0
Post Secondary	74.7	8.1	5.7	1.5
Other	72.5	11.9	14.7	0.8
No. of Children Ever Born				
1	85.3	5.7	8.0	1.0
2	76.8	5.5	16.8	0.8
3	73.5	4.3	20.6	1.6
4	71.2	3.4	24.8	0.4
5+	62.3	3.2	33.4	1.0

It should be noted that a much higher percent of mothers had their babies in a Government health facility in the parishes of Kingston and St. Andrew than in the other parishes (94 percent in Kingston and 89 in St. Andrew), some 15 to 20 percentage points higher than the national average (Table 7.3.2). This is because of the use of the Victoria Jubilee Hospital by residents of Kingston and the surrounding parishes of St. Andrew and St. Catherine and to a lesser extent, St. Thomas. Of interest also is that relatively few women in Kingston and St. Andrew have their babies in their own home (one percent and 3 percent respectively) compared with other parishes in which the percentage exceeded 30 percent.

Over 90 percent of deliveries, based on babies born alive during the 5 years prior to the survey, were assisted by a trained health professional (14 percent by a doctor, 78 percent by a trained nurse/midwife) while a small percentage (5 percent) was delivered by a Nana (Table 7.3.3 and Figure S.11).

Relatively few women (one percent) had no assistance from a health professional or anyone else at delivery. As would be expected, more urban women (21 percent) were delivered by doctors than rural women (10 percent). There were, on the other hand, more deliveries by trained nurses in the rural areas (81 percent) than in the urban areas (73 percent). Assistance from Nanas was higher in rural than in urban areas (6 percent compared with 3 percent) while of the few women who did not receive assistance at delivery, the percent in urban areas (2 percent) was higher than in rural areas (one percent).

The number of children which women have appears to have an important effect on their use of trained health personnel (Table 7.3.3). The percentage decreases consistently with the number of children born to the woman; from 97 percent with the first live born child to 84 percent with the fifth or more birth. There is also a strong association between the parity of the woman and assistance by a doctor, the lower the parity, the higher the percent receiving assistance by the doctor. Also, with respect to assistance by a doctor, the percentage increases with the higher educational attainment of the woman.

At the parish level, the percent of women assisted by doctors are highest in the parishes of Kingston and St. Andrew (26 percent and 27 percent respectively) and somewhat double the national average (Table 7.3.4). The next highest averages were in St. Catherine and St. James.

Information on type of deliveries are given in Tables 7.3.5 and 7.3.6. The number of caesarean sections per 100 live births has varied little since 1984. Overall, approximately 4.4 percent of live births reported in the survey were caesarean deliveries, with 3.3 percent being primary caesarean sections. Compared with vaginal deliveries, the percent of caesarean sections performed was higher for older than for younger women, decreased with increasing parity, and was higher for urban than for rural areas. Almost 34 percent of the women who had a caesarean section had hypertension at the time of delivery compared to 16 percent of the women who delivered vaginally. Similarly, a much greater percent of women who had caesarean sections also reported having diabetes, a breech baby, disproportion or prolonged labour, and a multiple birth. The majority of the caesarean sections were performed at government hospitals; however, the percent performed at private facilities was almost double the percent of vaginal deliveries at those private facilities.

7.4 IMMUNIZATION OF MOTHER

Immunization is one means to decrease the morbidity and mortality in a population, both for adults and children, and as such is advocated by most nations and by the international and regional organizations concerned in creating a healthy environment for all. There are a number of diseases against which a woman can be immunized which, if taken, will improve the chances of survival of children born to them. Two such diseases are tetanus and german measles. Tetanus toxoid injections given to women can reduce the risk of young children affected by neonatal tetanus while the Rubella vaccination provides immunity from German Measles, reducing the risk of

passing on the disease to the young child. Thus, questions on immunization against tetanus and German Measles were included in the questionnaire.

One of the major causes of mortality among very young children is neonatal tetanus which can easily be prevented by the mother taking a tetanus toxoid injection before the birth of the child. Tables 7.4.1 and 7.4.2 present information on the percent of women who reported receiving a tetanus toxoid injection prior to the birth of their live born children. The data are presented by age and by educational attainment as well as by parity. Classifications by parish and by health regions are also given. The proportion of all women who had had a live birth in the five years preceding the survey and who had a tetanus toxoid injection were similar in both urban and rural areas. With an overall percentage of 65 percent, the proportion in the urban area was 65 percent compared with 65 percent in the rural area.

There were marked differences, based on the age of the mother, in the proportion of mothers who had a tetanus toxoid injection. Younger women in general were more likely to be immunized than older women although women in the middle age groups appeared to have been the exception. In both rural and urban areas, mothers who were currently in the age group 30-34 showed high rates of immunization (72 percent in the urban area and 66 percent in the rural area). The rate in the urban area was higher than in the rural area in the youngest age group (15-19 years) where there was a higher rate in the rural area.

Patterns of immunization appear not to have been influenced directly by educational attainment as secondary school graduates had the highest level while those with post graduate training were lowest. There were inconsistent variations also when parity is taken into account.

Immunization rates varied among parishes with higher rates observed in some of the more rural parishes than in the more urban ones (Table 7.4.2). In terms of health regions, the highest rate was in Region 2 while Region 4 had the lowest.

Only one-fifth of women who had a live birth in the past 5 years had been immunized against German Measles (Table 7.4.3). Urban mothers were much more likely than rural mothers to have received a Rubella vaccination (29 percent vs 18 percent, respectively). Younger women (less than age 25) in the urban area were more likely than older women to have had the vaccination, whereas in the rural area, the opposite was found. In both urban and rural areas, women with post secondary education were much more likely than the less educated to have been vaccinated.

Only 11 percent of women who recently delivered in Health Region 3 had received a Rubella vaccination, followed by only 20 percent in Health Region 4 (Table 7.4.4). In Health Regions 1 and 2, 30 percent and 26 percent of the mothers had been vaccinated. Parish results give more detail regarding geographic differences in vaccination coverage. The lowest levels of Rubella coverage were found in Westmoreland (5 percent), Hanover (9 percent), Clarendon (10 percent), St. James (13 percent), and St. Thomas (13 percent). In contrast, relatively high levels of coverage were found in Kingston (37 percent), St. Andrew (31 percent), and St. Ann (29 percent).

7.5 SMOKING AND DRINKING BEHAVIOR BEFORE AND DURING CURRENT PREGNANCY

It is generally recognized that smoking and drinking heavily during pregnancy can harm the unborn child. Thus, two of the behavioral habits included in the 1989 Jamaica CPS were those of smoking and drinking by the women during her current pregnancy. The feature studied was the change in the habits subsequent to the start of the current pregnancy. Tables 7.6.1 and 7.6.2 present information on the behavior of women during and before pregnancy.

Fifty-seven percent of women neither smoked nor drank before they became pregnant (Table 7.5.1). Of those who either smoked or drank, 29 percent only drank and 11 percent smoked and drank. Urban women were more likely than rural women to smoke or drink before getting pregnant. Also, younger women (less than age 25) were more likely than older women to smoke or drink, as were women with few children (0 or 1 live birth). Interestingly, the higher educated women were more likely to smoke or drink than the less educated. An encouraging note, however, was that once women got pregnant many stopped either smoking or drinking, that is, only 25 percent smoked or drank in the past month. This change in habit was found in all classifications of the social and demographic factors analyzed.

In Table 7.5.2, the planning status of the pregnancy is associated with smoking and drinking behavior. Unexpectedly, women who planned to get pregnant were much more likely to either smoke or drink than women who had mistimed or unwanted pregnancies. This finding suggests an Information, Education, and Communication (IEC) program focusing on the harmful effects of smoking and drinking during pregnancy could be very helpful.

CHAPTER 8

BEHAVIOURAL HEALTH FACTORS AND ATTITUDES

8.1 INCIDENCE OF DIABETES AND BLOOD PRESSURE PROBLEMS

Diabetes is a disease which affects men, women and children. Prevalence among women is, in general, higher than among men. A feature of its effect on women is its appearance as a complication of pregnancy even when its symptoms are not usually evident in periods outside of pregnancy. Tests for diabetes has therefore become common as part of regular antenatal care. Diabetes is one of those diseases, however, which may be active without the diabetic being aware of it and accordingly, information obtained outside of the facilities for testing may not provide the most reliable estimate of prevalence. Very few measures of prevalence are available in Jamaica as in many parts of the world. Generally, such data are obtained as a result of testing samples of men and women under controlled circumstances. Rates vary widely, based on a number of factors which include age, race, country of origin, country of residence and whether or not insulin dependent. In a recent compilation of estimates of the prevalence of non-insulin-dependent diabetes in various populations published by the World Health Organization, estimates varied from between zero percent to as high as 33 percent for men and 37 percent for women, mainly in populations within the age range of 20 or more years. Of the thirty countries or areas covered, sixteen had a prevalence rate of under 5 percent, seven had between 5 and 10 percent and the remaining seven had over 10 percent. One measure of prevalence available in Jamaica has been given in a publication by Morrison and Alleyne, obtained from a study of 1,315 individuals, males and females, aged 15 years and over, which noted prevalence of 6.1 percent (ref). Interpretation of the results obtained from the survey, therefore, must be made in this context.

Prevalence of diabetes among the women surveyed is shown in Tables 8.1.1 and 8.1.2. From the cases reported, the prevalence is quite low, 2.3 percent of all women aged 15-49, with a higher rate (3.7 percent) in urban areas and a corresponding lower rate (2.1 percent) in rural areas. These levels appear low but account must be taken of the usual age of onset of the disease and particularly the age at which it manifests itself in the population. Variation by level of educational attainment is minimal but that by age group seems more meaningful, with the prevalence rate increasing by age except for the deviation in age group 20-24. It is difficult to interpret the variation by religious affiliation also.

The highest rate of 4.1 percent with diabetes in Health Region 1, with the rate of 6.2 percent in the parish of Kingston is consistent with the higher urban rate (Table 8.1.2). The question of easy of access to medical attention and accordingly the greater possibility of diagnosis must not be overlooked in considering the variations by regions and by parish. There seems to be some contradictions in the rates by areas, however, which make interpretation difficult.

The percent distribution of women in the survey reporting blood pressure problems is also shown in Tables 8.1.1 and 8.1.2. A higher percent of women

in the age group 15-49 are aware of having a blood pressure problem than those reporting having diabetes; 12 percent in both urban and rural areas. As expected, there appears to be strong correlation between having a blood pressure problem and age, with the proportion in age group 15-19 being only 3 percent, increasing by 5-year age groups to 26 percent for age group 45-49. The estimates also show that women with lower levels of educational attainment tend to have greater problems with blood pressure than those with higher levels. The variations by health regions appear to be minor although those in individual parishes are more marked.

8.2 ATTITUDES TOWARD SMOKING CIGARETTES

Another behavioural risk covered in the survey is the extent to which respondents smoked cigarettes. The results showed that 8 percent have smoked cigarettes at some time in their life with 6 percent currently smoking (Table 8.2.1). The smoking habit is more prevalent in urban than in rural areas. In urban areas, 10 percent have ever smoked with 8 percent currently smoking. Corresponding proportions for rural areas are 7 percent and 5 percent, respectively.

The highest rate of ever smokers as well as current smokers is among primary school achievers (11 percent and 9 percent respectively). The rates fall for those who have completed secondary school only (6 percent and 5 percent) but rises again for those who have completed some form of post secondary education (8 percent and 5 percent). There is also strong correlation with age with the rates increasing along with age up to age group 40-44 when it falls slightly in age group 45-49. In general in the age groups, the difference between those who have ever smoked and those who are still smoking is not very marked except for the three oldest age groups. In age groups 35-39 and 44-49, the differences are quite wide. On the other hand, the percent of women in the age group 40-44 who ever smoked do not differ from those who are currently smoking.

Religious affiliation does appear to have some influence on smoking habit although account should be taken of those categories in which the number of cases are relatively low. It is however noticeable that the highest proportion of those who are currently smoking indicated that they have no religious affiliation.

Nearly 60 percent of current smokers have tried to quit and there is little difference between women in urban or in rural areas (Table 8.2.1). The number of cases from which assessments are to be made are generally quite small but from the available data, women whose highest level of education is primary and who are, in fact, the heaviest smokers, try less than secondary school graduates. Also, there appears to be little appreciable variation across ages while on the basis of religion, members of the Churches of God tend to try harder to quit smoking than those of other religious affiliations.

There are variations in smoking behavior between parishes with higher proportions of ever smokers found in Kingston, St. Andrew and St. Mary (12.4 percent, 11.1 percent and 10.6 percent respectively) while the lowest proportions were in Trelawny, Westmoreland and Manchester (3.5 percent, 4.2

percent and 4.6 percent) (Table 8.2.2). By health regions, Region 1 had the highest percent distribution (11 percent) followed by Region 2 (7 percent). The percent distributions in the other two regions were fairly similar (6.2 percent in Region 3 and 6.5 percent in Region 4). The pattern of women currently smoking follows more or less that of those who have ever smoked.

8.3 ATTITUDES TOWARD CONSUMPTION OF ALCOHOL

A relatively high proportion of women aged 15-49 (63 percent) has taken an alcoholic drink at some time in their lives but the evidence of abuse is negligible (Table 8.3.1). Only 2 percent on average have reported that they have taken alcohol to the point of being drunk. With respect to those who have ever had a drink, variation by residence is negligible. Women aged 15-19, although having the lowest rate, still registered nearly 60 percent. In the case of the few women who have reported having drunk to the point of inebriation, a higher proportion of those in urban areas (3 percent) reported this condition than those in rural areas (2 percent). It should be noted, also, that the highest proportion of women who were ever in that condition (4 percent) was reported in the youngest age group, with the number decreasing over the next 5-year age groups (to one percent) and increasing over the next 2 groups and varying thereafter.

In an effort to identify the risk to women of drunken driving, the survey explored the extent to which women were at such risk. A relatively low proportion (just over five percent) reported that they had in the past month prior to interview, ridden with a driver who had had too much to drink (Table 8.3.1). Again, there was little variation by place of residence. The largest variation was observed by educational level where women with post secondary education reported far higher proportions than the other groups.

Results in Table 8.3.2 compare drinking behavior across the health regions and parishes. Women in Regions 3 and 4 are more likely to have ever drank alcohol (68-70 percent) than women in Regions 1 and 2 (54-59 percent). By Parish, ever had alcohol is lowest in Portland (39 percent), Trelawny (44 percent), and St. Ann (54 percent); and highest in St. James (77 percent), Hanover (76 percent), Westmoreland (71 percent), and St. Elizabeth (71 percent).

8.4 KNOWLEDGE OF AND ATTITUDES TOWARD AIDS

The deadly disease Acquired Immune Deficiency Syndrome, more popularly known as AIDS, has a devastating effect on persons who are affected by it and is particularly distressing when it attacks women who are pregnant since it is then passed on to babies born to these women. This disease will therefore not only result in increasing mortality rates in populations in which the prevalence is high but will significantly lower the quality of life of those affected by the disease and their associates. Not a great deal is known about the knowledge and attitudes of populations to this disease although such information would be extremely useful in developing educational programmes aimed at increasing awareness among people so that preventative measures may be taken. The present survey has, therefore, included some questions on AIDS

so as to learn more about the knowledge and attitudes of the women surveyed to AIDS.

Knowledge of the disease was one area canvassed. Table 8.4.1 provides information on the number of women in the survey who had ever heard of AIDS. The information has been cross-classified by age and by union status, by residence. From the table, it would appear that knowledge is almost universal. A total of 99.8 percent of the women surveyed had heard of AIDS, 100 percent in urban areas and 99.6 percent in rural areas. Knowledge by the different age groups was also very high with the lowest proportion, 99.2 percent among the youngest age group in rural areas. Also in the rural areas where there are still a few who have not heard of AIDS, knowledge did not differ, based on union status.

It has been demonstrated that the knowledge of the AIDS virus is almost universal in both urban and rural areas, across all age groups and regardless of union status. Knowledge of how it may be transmitted is, however, not very accurate. There was a lot of misinformation among the respondents. The extent of the myths which are believed by the respondents in the survey have been summarized in Table 8.4.2.

On the average, 3 percent of women in the survey believe that AIDS can be caught by a handshake or a hug; 8 percent by being in the same room with a person with AIDS; and 16 percent by sharing personal items. An even larger proportion (35 percent) is of the view that the AIDS virus may be transmitted by an insect bite while nearly 60 percent consider, despite the intense publicity campaign on this point, that one may contract the virus by giving a blood donation. Still higher proportions of women consider that the mode of transmission may be by sharing needles for drugs (77 percent), by receiving a blood transfusion (83 percent), by sexual intercourse between men (98 percent) and heterosexual intercourse (also 98 percent). There were slight variations between urban and rural dwellers but they all are of the same order. The greater knowledge of presently accepted sources for transmitting the virus is a positive factor if such knowledge leads to prevention.

Action leading to prevention will be assisted or hampered depending on the perception of people to the risk of contracting the disease. Using this as a measure of the extent to which prevention is uppermost in the minds of the women surveyed, the significance of the answer is questionable. Over 50 percent (Table 8.4.3) consider themselves at no risk at all and, in addition, 20 percent consider themselves at little risk. Of the remaining 27 percent who consider themselves at risk, only half consider that the risk is great. Although some differences may be observed between perceptions in rural as against urban areas where in urban areas a greater proportion consider themselves at some risk and in rural areas the percentage of those who consider themselves at no risk is greater, the difference is not minimal.

The differentials in perceived risk between those in different types of unions (see Table 8.4.4) is not unexpected. The highest percentage of those who consider themselves at no risk at all are those who have never had a partner (71 percent) followed by those who presently have a boyfriend but are not having sex with the boyfriend (70 percent). The next highest status in terms of "no risk at all" are those women who have had a previous partner but are

not now in a union (61 percent). Women legally married are next (55 percent) followed by those with boyfriend with whom they are currently having sex (51 percent). The categories who least consider themselves at no risk are those with common law partners (46 percent) and visiting partners (44 percent). It would appear, therefore, that the union status of the individual has some influence on the perception of exposure to risk.

CHAPTER 9

DISSEMINATION SEMINAR

The main results of the survey were presented in a seminar held to disseminate and evaluate the findings of the survey. The major objectives of this seminar were:

1. To present and compare the findings of the 1989 Jamaica CPS with data from other relevant sources.

2. To evaluate the findings within the context of national population policies and programmes.

3. To examine the utility of the data and their significance for the formulation of family planning and population policies and strategies.

The issues were examined under the following main headings:

a) measurements of fertility and infant mortality;

b) fertility regulation; and

c) health factors affecting fertility.

The following are the highlights of the evaluation of the findings and the recommendations made by the participants. (See Appendix C for a list of participants by institutional affiliation).

9.1 MEASUREMENT OF FERTILITY

It was the general view that the measurement of fertility obtained from the survey was reasonable both in respect to the quality tests carried out and in the light of earlier findings. It was noted also that fertility rates obtained from official vital statistics have, over the years, been lower (by a more or less stable percentage of about 10 percent) than those obtained from actual surveys.

With respect to infant mortality, some concern was raised regarding the r_ces presented. It is a generally accepted fact that some mothers have not been able to distinguish between babies born dead and those who in fact lived for a few hours after birth and then died. These mothers, thus, were thus unable to provide accurate information on the number of infant deaths they had had as distinct from the number of stillborn births. Also, there is the recognized fact of memory lapses on the part of the mother, particularly in respect to children who die at very young ages. It was recognized, however, that these factors apply to all rates obtained using similar types of survey methods and are, therefore, not unique to this survey and accordingly, any undercount implicit in the measurement provided in this survey would apply equally to those obtained by other such enquiries. Since not a great deal of reliance can be placed on estimates derived from the official registration system with

the suspected low registration of deaths, a more accurate estimate of infant mortality can only be made if another method such as a longitudinal study of pregnancies is used to trace the history of such births up to a given number of years. In the mean time it was noted that the estimate derived from the survey was consistent with the revised estimates made by the Population Division of the United Nations.

9.2 FERTILITY REGULATION

The seminar noted the almost universal awareness of at least one effective contraceptive method in all areas of Jamaica and among all socio-economic groups and that for each method except the rhythm method, knowledge was higher in 1989 than in previous years. The fairly low level of correct knowledge of the reproductive cycle among all women surveyed was also observed. Cognizance was taken particularly of the relationship between relatively higher correct knowledge by members of the established churches as compared with those of the evangelicals.

It was further noted that despite the high level of awareness of contraceptive methods, only 70 percent of the women surveyed had ever used a method and that current usage was 55 percent. Of significance were the differentials between urban and rural areas. Thus, for example, although knowledge of each individual method was higher in urban than in rural areas, both ever use and current contraceptive use are higher in rural than in urban areas, a pattern not found in most countries. Differentials by parishes were also evident. Median age at time of first use (19 years) was the same in both urban and rural areas while there was some variation by parish, ranging from 18 years to 20 years. On the overall, age at time of first use declined from age 23 for women in the 45-49 age group to 16 in the 15-19 age group.

Knowledge, ever use and current use were highest for the pill while in respect to knowledge and ever use, the condom and injection (Depo-provera) were second and third. Female sterilization was second for current use, with the condom third. The other popular method was the injection which was the third best known and also ever used. In terms of current use, however, it was fourth. For all other methods, although in most cases knowledge was relatively high, current use was extremely low, at 2.4 percent or less.

The use of the pill, female sterilization, condom, and withdrawal have continued to increase from 1975-76, through 1983 and on to 1989 though at different rates. On the other hand, Depo-provera users as a percentage of total users, which had increased between 1975-76 and 1983, remained at the same level in 1989. In 1989, the proportion of IUD users fell from that observed in the earlier period. In the case of users of the rhythm method (a relatively small proportion of overall users), the increased proportion in 1983 was reduced somewhat in 1989.

The pill and the condom were the two most commonly used methods for teenagers, with three quarters of current users in this age group employing these methods of contraception. Other methods used by this age group, to a lesser degree were withdrawal, injection, rhythm and the IUD, in that order. For women over age 40 and particularly those in the age group 45-49, female sterilization was

by far the most popular method used. The pill, the condom and for those in the 40-44 age group, injection, were, on the other hand, the most frequent methods used by those who were not sterilized. Usage of the other methods by this age group were either relatively low or, as in the case of the diaphragm and the Billings method, not used at all.

In the case of women who were sterilized, it was observed that approximately 50 percent had had five or more children before the operation and that for nearly one third, sterilization had been the only method of contraception ever used.

With respect to counselling, it was noted that whereas on the overall, women were satisfied with the counselling received from the main service outlets, the level of counselling received from supermarkets, other shops and pharmacies, particularly in relation to the condom, was comparatively low.

Finally, it was observed that 16 percent of women had unmet need for contraception and that 64 percent of these women had used contraception at some time. Also, that nearly 60 percent of these women desire to use contraception now or in the future, thus demonstrating that the potential for increasing contraceptive use in Jamaica is high. The realization of this potential will require the provision of acceptable methods to persons who have never used a method and desire to do so now as well as to attract those women who have in the past used a method which they, for a number of reasons, found unsatisfactory and would use another more acceptable method. Account will have to be taken of the needs of special populations such as teenagers and those over 40 years who have specific needs.

9.3 HEALTH FACTORS AFFECTING FERTILITY

The findings that a high percentage of live births in the 5 years preceding the survey (70 percent) were unplanned (mistimed and unwanted) and that some 50 percent were mistimed with nearly 20 percent unwanted were considered by the seminar as important, highlighting the need for more intensive education on family life education, particularly on contraceptive methods. The pattern was similar island wide but with some variation in percentages on a parish basis. Despite the higher current usage in rural than in urban areas, the extent of planned births was higher in urban areas and, as would be expected, varied inversely with age. The distinctions between mistimed and unwanted births are important when seen in relation to the different characteristics, with mistimed births more prevalent in rural than in urban areas; also, the differentials between mistimed and unwanted births varied with age, with higher levels of unwanted and conversely lower levels of planned births with increasing age. This pattern also obtained between women with post secondary education and those below.

The almost universal practice of breastfeeding was observed from the findings of the survey whereby women, on average, breastfeed for over 12 months. The intensity of breastfeeding was not addressed in this survey and independent enquiries carried out by the Ministry of Health indicate a falling off of the level of intensity. Since this is a factor in the efficacy of breastfeeding as an inhibiting factor influencing fertility, it was considered that there was a need to re-enforce breastfeeding in educational campaigns aimed at

encouraging longer periods of intensive breastfeeding. This was considered necessary to ensure higher nutrition among children under one year old as well as to provide protection to the mother in respect to conception.

The patterns relating to diabetes and blood pressure did not evoke any significant response, particularly as these were currently being addressed in antenatal care programmes. Smoking and drinking habits, particularly as they related to pregnant women were considered relevant to proper antenatal care.

Finally, note was taken of the almost universal knowledge of the AIDS disease, of misinformation which exists in relation to its transmission and of the perception of the women with respect to the extent of risk faced by them, despite the educational campaign which had been launched by the government in relation to the risks involved and the forms of transmission.

9.4 RECOMMENDATIONS

The following recommendations were made, based on the findings presented at the seminar and the consideration of their policy and programing implications:

1. Note should be taken of the observed difference between fertility estimates obtained from surveys and those calculated on the basis of vital statistics data in the development of policies and the implementation of programmes. Since vital statistics data are available on an annual basis and survey data at less frequent intervals, the differential should always be taken into account when annual fertility estimates based on vital statistics data are considered for use.

2. Possible limitations in the infant mortality rate should be noted and on this account, longitudinal studies tracing pregnancy histories for the purpose of making estimates of infant mortality should be carried out.

3. In view of the high level of knowledge of contraceptive methods and the much lower current use, and also the limited usage of applicable methods to specialized populations such as teenagers and women in their forties, it was considered that the educational programmes of the National Family Planning Board and the supporting agencies could shift away from the intensive promotion of the more popular methods such as the pill and the condom toward a more specialized campaign which would reflect the recommendations of methods considered suitable for use by the specially identified populations who were in need.

4. In relation to (3) above, a new effort could be directed at developing programmes to delay fertility which would focus on the 15-24 age group (the high fertility age group). In this connection, account should be taken of the fact that teenagers are generally reluctant to go to health centres/clinics for contraceptives because of the lack of confidentiality. It was also recommended that injection could be considered for use by teenagers with children but that the application of this method should always be preceded by counselling. The need for identifying other methods suitable for teenagers was also suggested.

5. In view of the findings relating to low usage of contraception by women with high parity who subsequently become sterilized, a programme for the promotion of alternative methods for high parity women in the middle years of their child-bearing could be implemented to encourage the use of other forms of contraception even before sterilization is considered.

6. In light of the observed finding that women over 40 and particularly those in the age group 45-49 had reduced their contraceptive use, often on the belief that they were no longer fertile, it was recommended that some special promotion be directed at this age group.

7. Taking account of the relatively low level of the correct knowledge of the reproductive cycle by all age and socio-economic groups in the population, it was recommended that there should be some intensification of family life education in both the schools and the churches.

8. Family life education should be an examined subject in schools and should begin at least at age ten, taking account of the early age of start of sexual activity and of childbearing among children. It was also recommended that in order to improve the correct knowledge of the reproductive cycle, the teaching of the Billings method could be included in the curriculum.

9. Family life education by all church administrations and particularly in the evangelical churches where the level of correct knowledge of the reproductive cycle was lowest, was also recommended.

10. Increased counselling by service delivery agencies and particularly by pharmacies, shops and supermarkets was also recommended. This could take the form of specially prepared brochures such as simple checklists and simple information leaflets, developed in conjunction with the National Family Planning Board and the Family Life Education Unit of the Ministry of Health. Pharmacists could also be provided with training in counselling skills.

11. Also in the area of counselling, it was recognized that the crowded conditions which obtained in the government health centres and clinics and also in the hospitals were not conducive to effective counselling and it was recommended that some effort be made to improve the conditions under which counselling could take place in these institutions.

12. Peer counselling should be standardized and implemented widely. Males should be included as counsellors. In the light of shortages of paid counsellors, a proposal for volunteers could be considered.

13. It was considered that the outreach programme in rural areas had contributed to the higher contraceptive use in rural than in the urban areas and wherever possible, should be replicated in the urban areas and expanded to cover a greater number of industrial establishments. In addition, in-depth studies should be undertaken for the purpose of exploring the reason for the lower contraceptive use in urban areas.

14. An examination of the parish differentials in contraceptive use should be

undertaken in order to identify the strengths and weaknesses of the implementation of programmes in each parish.

15. With respect to the reduction in the use of the IUD, it is suggested that refresher courses and new training be offered in relation to the insertion of the IUD.

16. It was considered that new contraceptive methods are needed and that every effort should be made to evaluate all available options.

17. The finding that pharmacies and supermarkets/shops were providing depo-provera and that pharmacies were providing IUDs should be investigated and if found to be accurate, appropriate action should be taken.

18. A small proportion of women are in favour of the type of tubal ligation which may be reversible. Although on the overall this is a programme which would benefit only a few women and in the light of the financial constraints could not fall high on the priority agenda of a family planning programme, there should be recognition that such research should not be restricted and ought to made available, resources permitting.

19. Note should be taken of the high percentage of mistimed and unwanted births, and of the factors which contribute to these phenomena. In the light of this and to the greatest extent possible, educational programmes aimed at minimizing these should be put in place.

20. The high incidence of breastfeeding among women provides a good background against which to direct a strong educational campaign on the benefits of breastfeeding. Points of emphasis should include nutritional advantages as well as contraceptive value.

21. Taking account of the fact that Nanas presently assist in the delivery of over 5 percent of babies and that this proportion is of particular importance in rural areas where the percentage is over six percent, it is recommended that some form of training be given to them so as to minimize the occurrence of infant and maternal deaths. Such training should include information on the importance of birth and death registration, including the filling out of the appropriate forms so that they, in turn can advise the women whom they assist with the delivery of babies.

22. Smoking and drinking should be handled as risk factors during pregnancy. There is therefore the need to include these items in anti-natal history taking and counselling.

23. Taking account of the findings that there is still a lot of misinformation concerning the transmission of AIDS, there is the need to intensify the educational campaign relating to the methods of transmission. Points to be stressed should be the medically accepted risk factors. The implications relating to the donation of blood and particularly the minimum risk involved should be stressed; also the non-risk factors such as insect transmission and blood transfusion. Such programmes should be offered not only to the public in general but also

to a number of special interest groups which should include attendants to ante-natal clinics.

REFERENCES

Asociacion Demografica Salvadorena (ADS) y Centros de Control de Enfermedades (CDC). 1988. Encuesta Nacional de Salud Familiar (FESAL88): Final Report. San Salvador, El Salvador.

Bongaarts, J. and R.G. Potter. 1983. Fertility, Biology, and Behavior: An Analysis of the Proximate Determinants. New York: Academic Press.

Department of Statistics, Population Census Reports - 1970; Jamaica. 1974, 1976.

Department of Statistics, Jamaica Fertility Survey 1975-76, Country Report, Vol. 1; Kingston, Jamaica. 1979.

Department of Statistics, Population Census Reports - 1982; Jamaica. 1986, 1987.

Family Planning Association of Trinidad and Tobago. 1988. 1987 Demographic and Health Survey: Final Report. Port-of-Spain, Trinidad.

Morrison, E.Y. St. A. and Alleyne, S.I., 'Factors related to the presence of hyperglycaemia in Jamaica - A pilot survey'; West Indies Medical Journal No. 29, pp. 90-96. 1980.

Mosley, N.H., Werner, L.M., and S. Becker. 1982. "The dynamics of birth spacing and marital fertility in Kenya." WFS Scientific Reports No. 30, Voorburg: International Statistical Institute.

National Family Planning Board, Statistical Report 1987.

Panama Ministry of Health. 1986. 1984 Maternal-Child Health/Family Planning Survey: Final Report. Panama City, Panama.

Powell, Dorien. 1984. Report on the Jamaica Contraceptive Prevalence Survey - 1983; National Family Planning Board.

Powell, Dorien. 1988. Young Adult Reproductive Health Survey, Jamaica - 1987; National Family Planning Board.

The Population Policy Task Force and the Population Policy Coordinating Committee, A Statement of Nation Population Policy; Population Policy Coordinating Committee, December 1982.

The Statistical Institute of Jamaica, Statistical Yearbook 1986, STATIN 1986.

The Statistical Institute of Jamaica, Demographic Statistics 1988; 1989.

United Nations, United Nations Demographic Yearbooks 1970-1977, 1983; United Nations, New York.

TABLES

TABLE 1.4.1

Household and Individual Interview Status
1989 Jamaica Contraceptive Prevalence Survey
(Number and Percent Distribution)

Category	Percent
Household Selection	
Dwellings	
Occupied	91.6
Unoccupied	8.4
Vacant	(6.3)
Demolished	(1.9)
Other	(0.2)
Total	100.0
Households in Occupied Dwellings	
Completed Interviews	95.2
Residents Not At Home	2.8
Refusal	1.9
Total	100.0
(Total Number of Dwellings)	(8,069)
(Total Number of Occupied Dwellings)	(7,394)
(Total Number of Households in Occupied Dwellings)	(7,420)
Individual Selection	
Completed Interviews	94.6
Refusal	2.2
Eligible Respondent Not At Home	1.2
Other	2.0
Total	100.0
(Total Number of Eligible Respondents)	(6,694)
(Total Number of Completed Interviews)	(6,333)

TABLE 1.5.1

Age Distribution Comparisons, 1982 Jamaica Census,
1983 Jamaica CPS, 1987 Population Estimates, 1989 Jamaica CPS

Age Group	1982 Census	1983 CPS	1987* Pop. Estimates	1989 CPS
15-19	25.6	26.8	23.9	22.7
20-24	21.4	20.2	21.5	19.7
25-29	15.8	15.2	17.7	19.0
30-34	12.0	12.3	12.8	13.7
35-39	9.6	10.8	9.5	10.3
40-44	8.4	7.4	7.8	8.6
45-49	7.2	7.4	6.8	6.0
	100.0	100.0	100.0	100.0
	(516,290)	(1,034)	(590,515)	(6,112)

*From 1988 Demographic Statistics Report

TABLE 1.5.2

Educational Attainment of All Women Aged 15-49
1982 Population Census, 1983 Jamaica CPS, 1989 Jamaica CPS
(Percent Distribution)

Educational Attainment	1982*	1983	1989
None	1.1	0.0	0.4
Primary	46.8	42.9	36.3
Secondary	40.7	41.7	51.0
Post Secondary	2.1	9.9	7.8
Other/Not Stated	9.2	5.6	4.5
Total	100.0	100.0	100.0
No. of Cases	(454,438)	(2,219)	(6,112)

*Based on number of persons responding.

TABLE 1.5.3

Education Distribution of All Women
Age 15-49 by Age
1989 Jamaica CPS
(Percent Distribution)

		Age Group						
Education	Total	15-19	20-24	25-29	30-34	35-39	40-44	45-49
None	0.4	0.3	0.4	0.1	0.0	0.6	0.7	1.1
Primary	36.3	20.0	21.8	25.4	41.4	58.8	71.6	79.6
Secondary	51.1	73.8	65.4	58.1	42.2	26.3	16.0	8.7
Post Secondary	7.8	3.2	7.6	10.8	10.9	9.0	8.4	5.7
Other	4.4	2.6	4.8	5.6	5.5	5.2	3.1	4.6
Refused	0.1	0.1	0.0	0.0	0.1	0.2	0.2	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(6112)	(1395)	(1210)	(1153)	(841)	(625)	(515)	(373)

TABLE 1.5.4

Percent Distribution of All Women Aged 15-49 by Religion,
1970 Census, 1975-76 Jamaica FS
1982 Census, 1983 Jamaica CPS, 1989 Jamaica CPS

Religion	1970	1975-76	1982*	1989
Anglican	15.9	12.4	8.2	6.6
Baptist	17.8	16.6	11.4	12.3
Church of God	17.5	20.9	30.8	32.6
Methodist	6.3	4.6	3.7	3.4
Roman Catholic	8.5	8.4	6.2	5.7
United Church	5.1	3.3	2.9	3.8
Other/None	28.9	35.7	36.8	35.6
Total	100.0	100.0	100.0	100.0
No. of Cases	(362,816)	(3,096)	(455,353)	(6,112)

*Based on number of persons responding.

TABLE 2.1.1

Percent Distribution of All Women Aged 15–49
by Current Union Status
and Selected Characteristics
1989 Jamaica CPS

Characteristic	Current Union Status: Never in Union	Married, Living with Husband	Living with Common-Law Partner	Living With Visiting Partner	No Longer Living with Partner	Total	No. of Cases
Total	19.9	16.7	23.1	28.0	12.3	100.0	(6112)
Age							
15–19	60.3	0.1	6.5	26.8	6.3	100.0	(1395)
20–24	18.1	4.8	24.5	42.7	9.8	100.0	(1210)
25–29	7.8	14.8	35.3	32.9	9.2	100.0	(1153)
30–34	4.6	25.0	31.7	25.5	13.2	100.0	(841)
35–39	3.4	35.6	25.8	18.0	17.2	100.0	(625)
40–44	0.9	38.3	23.9	15.1	21.9	100.0	(515)
45–49	1.9	41.7	18.1	10.6	27.8	100.0	(373)
Residence							
Urban	19.1	13.6	23.4	30.0	14.0	100.0	(1874)
Rural	20.4	18.4	23.0	26.8	11.3	100.0	(4238)
Education*							
Primary	9.7	22.9	28.7	23.9	14.9	100.0	(2268)
Secondary	28.1	9.5	21.4	31.1	9.9	100.0	(3089)
Post Secondary	17.0	32.1	12.7	23.7	14.6	100.0	(442)
Other	14.0	20.1	17.0	35.9	13.0	100.0	(284)
Religion							
Anglican	19.8	16.2	20.2	30.1	13.7	100.0	(404)
Baptist	18.2	15.7	23.6	30.1	12.4	100.0	(799)
Methodist	24.3	12.0	21.4	27.5	14.7	100.0	(214)
United Church	17.6	18.3	25.3	29.7	9.1	100.0	(240)
Roman Catholic	15.1	15.3	24.8	30.4	14.4	100.0	(294)
Church of God	19.8	17.1	22.7	28.4	12.0	100.0	(1960)
Other	22.2	20.3	21.3	24.4	11.8	100.0	(1742)
No Religion	17.8	6.3	31.6	31.9	12.3	100.0	(459)
No. of Children Ever Born							
0	52.4	4.4	7.4	26.3	9.5	100.0	(2004)
1	7.7	11.3	25.2	41.6	14.2	100.0	(1114)
2	2.8	18.2	34.4	32.4	12.2	100.0	(991)
3	2.3	25.4	35.1	23.8	13.5	100.0	(710)
4	2.8	29.8	34.8	18.3	14.4	100.0	(422)
5+	1.8	37.6	29.1	17.4	14.2	100.0	(871)

*Excludes 29 cases recorded as "none" or "refused.

TABLE 2.1.2

Percent Distribution of All Women Aged 15-49 by Age at First Union and Selected Characteristics 1989 Jamaica CPS

Characteristic	Never In Union	Age at First Union <15	15-17	18-19	20-21	22-24	25+	Unknown	Total	No. of Cases
Total	19.9	16.2	33.2	13.5	5.9	3.7	3.3	4.3	100.0	(6112)
Age										
15-19	60.3	19.1	17.8	1.6	-	-	-	1.1	100.0	(1395)
20-24	18.1	21.0	39.0	13.5	4.1	1.1	-	3.2	100.0	(1210)
25-29	7.8	15.6	39.5	16.2	8.5	5.5	2.7	4.2	100.0	(1153)
30-34	4.6	13.5	38.8	19.6	7.8	5.5	5.3	5.0	100.0	(841)
35-39	3.4	12.9	36.0	18.6	8.9	5.1	6.1	9.0	100.0	(625)
40-44	0.9	11.2	35.9	18.3	12.2	8.1	7.2	6.1	100.0	(515)
45-49	1.9	10.4	31.7	20.2	7.1	7.9	13.2	7.7	100.0	(373)
Residence										
Urban	19.1	18.4	34.4	12.5	5.0	3.5	4.0	3.3	100.0	(1874)
Rural	20.4	14.9	32.6	14.1	6.4	3.8	2.9	4.9	100.0	(4238)
Education*										
Primary	9.7	18.4	37.0	14.8	5.8	3.8	4.4	6.0	100.0	(2268)
Secondary	28.1	16.1	32.1	11.8	4.8	2.6	1.8	2.7	100.0	(3089)
Post Secondary	17.0	8.6	26.9	17.8	11.8	7.4	5.7	4.9	100.0	(442)
Other	14.0	12.7	29.6	15.1	7.5	7.8	6.8	6.5	100.0	(284)
Religion										
Anglican	19.8	14.1	31.6	14.9	7.1	5.2	3.9	3.3	100.0	(404)
Baptist	18.2	14.9	34.5	14.2	6.4	3.7	2.7	5.4	100.0	(799)
Methodist	24.3	16.5	28.0	15.2	5.2	3.0	5.2	2.5	100.0	(214)
United Church	17.6	15.9	28.6	17.1	8.2	4.1	2.8	5.7	100.0	(240)
Roman Catholic	15.1	19.7	35.8	14.0	3.9	3.2	3.7	4.8	100.0	(294)
Church of God	19.8	15.8	34.5	13.6	5.5	3.9	3.1	3.9	100.0	(1960)
Other	22.2	14.8	32.5	12.7	6.4	4.0	3.5	4.0	100.0	(1742)
No Religion	17.8	24.2	33.0	11.0	4.2	1.2	2.7	5.8	100.0	(459)
No. of Children Ever Born										
0	52.8	10.2	17.9	8.3	4.0	2.8	2.1	1.9	100.0	(2004)
1	8.2	19.9	39.7	15.0	6.8	3.9	3.4	3.1	100.0	(1114)
2	3.0	19.2	39.0	17.3	7.9	4.4	4.0	5.3	100.0	(991)
3	2.4	18.0	43.8	17.0	6.5	4.7	3.6	3.9	100.0	(710)
4	3.3	19.0	39.7	16.1	6.0	4.7	4.4	7.0	100.0	(422)
5+	2.5	19.3	42.6	15.3	6.1	3.6	4.2	6.4	100.0	(871)

*Excludes 29 cases with either no or unknown education.

TABLE 2.1.3

Median Age at First Union Among Women Age 15-49 Ever in Union
by Current Age and Selected Characteristics
1989 Jamaica CPS

Characteristic	Total	Current Age						
		15-19	20-24	25-29	30-34	35-39	40-44	45-49
Total	16.8	15.0	16.2	17.0	17.2	17.6	17.9	18.2
Residence								
Urban	16.6	14.9	16.0	16.9	16.9	17.2	17.8	18.9
Rural	16.9	15.1	16.3	17.1	17.3	17.8	17.9	18.0
Education								
Primary	16.8	14.8	15.6	16.5	17.0	17.1	17.5	17.8
Secondary	16.7	15.0	16.4	17.1	17.0	18.2	17.8	18.2
Post Secondary	18.3	*	17.0	18.4	18.2	19.5	20.9	*
Other	17.8	*	16.9	17.6	17.8	17.9	*	*
Religion								
Anglican	17.4	15.8	17.1	16.9	16.8	18.4	17.5	18.6
Baptist	17.0	15.4	16.5	17.2	17.1	17.6	17.9	17.7
Methodist	16.8	*	*	16.6	18.2	*	*	*
United Church	17.3	*	16.6	18.3	17.8	18.3	*	*
Roman Catholic	16.7	15.2	15.7	17.5	16.9	16.8	17.8	*
Church of God	16.8	15.1	16.4	16.9	17.3	17.1	18.0	17.8
Other	16.9	14.8	16.2	16.9	17.2	18.1	18.0	18.7
No Religion	15.9	14.6	15.6	16.7	16.3	16.7	*	*

*<25 cases

TABLE 2.1.4

Median Age at First Union Among Women Age 15-49
Ever in Union by Current Age and Health Region/Parish
1989 Jamaica CPS

Characteristic	Total	Current Age 15-19	20-24	25-29	30-34	35-39	40-44	45-49
Total	16.8	15.0	16.2	17.0	17.2	17.6	17.9	18.2
Health Region**								
1	16.7	14.8	16.1	17.0	16.9	17.2	17.7	18.5
2	16.9	14.8	16.1	17.1	17.8	18.0	18.9	17.6
3	16.8	15.1	16.2	16.9	17.2	17.6	17.5	18.1
4	17.0	15.2	16.5	17.1	17.3	17.6	18.0	18.3
Parish								
Kingston	16.2	14.7	15.8	17.0	18.3	*	*	*
St. Andrew	16.8	14.9	16.2	17.1	16.9	17.4	18.4	19.2
St. Thomas	16.2	*	16.2	15.7	15.8	*	*	*
Portland	16.7	*	15.8	17.7	16.8	*	*	*
St. Mary	17.2	15.4	16.0	17.8	18.2	19.1	*	*
St. Ann	16.8	*	16.3	16.6	18.2	17.9	18.5	*
Trelawny	17.1	*	16.2	16.9	17.4	18.0	*	*
St. James	16.8	14.8	16.2	16.8	17.2	17.8	17.7	19.0
Hanover	17.1	*	17.0	17.1	17.6	*	*	18.0
Westmoreland	16.7	*	16.2	16.9	16.5	17.3	*	*
St. Elizabeth	16.3	14.8	15.6	16.5	17.1	*	16.8	*
Manchester	17.3	15.2	16.4	17.9	18.1	17.8	18.0	*
Clarendon	16.8	14.8	16.2	16.8	17.0	17.6	17.7	17.7
St. Catherine	17.1	15.3	17.0	17.1	17.5	17.2	18.1	18.7

*<25 cases.
**Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 2.1.5

Singulate Mean Age at First Marriage (SMAM)*, by Residence
1975-76 Jamaica FS, 1989 Jamaica CPS

Characteristic	SMAM	
	1975-76	1989
Total	19.2	19.5
Residence		
Urban	18.9	19.2
Rural	19.5	19.6

*SMAM is the average age at first marriage among all women who eventually marry. In this context marriage includes: legal, common law, and visiting partner relationships.

TABLE 2.2.1

Percent Distribution of Change in Union Status from Initial Status of Present Union to Current Status for Women Currently in Union Age 15–49 by Selected Characteristics 1989 Jamaica CPS

Characteristic	Currently Legally Married — Initial Status**					Currently Common Law — Initial Status**					Currently Visiting Partner — Initial Status**				
	LM	CL	VP	Total	No. of Cases	LM	CL	VP	Total	No. of Cases	LM	CL	VP	Total	No. of Cases
Total	8.7	18.5	72.8	100.0	(1023)	0.0	13.1	86.9	100.0	(1418)	0.0	0.9	99.1	100.0	(1712)
Age															
15–19	*	*	*	*	(1)	0.0	8.7	91.3	100.0	(89)	0.0	0.2	99.8	100.0	(365)
20–24	12.7	6.9	80.4	100.0	(56)	0.0	8.9	91.1	100.0	(297)	0.0	0.5	99.5	100.0	(518)
25–29	7.6	14.5	77.9	100.0	(164)	0.0	10.2	89.8	100.0	(414)	0.2	1.1	98.7	100.0	(382)
30–34	8.1	17.5	74.4	100.0	(212)	0.0	12.6	87.4	100.0	(267)	0.0	2.3	97.7	100.0	(216)
35–39	6.8	22.6	70.6	100.0	(225)	0.0	21.4	78.6	100.0	(162)	0.0	2.0	98.0	100.0	(113)
40–44	9.0	19.5	71.6	100.0	(202)	0.0	21.4	78.6	100.0	(123)	0.0	0.6	99.4	100.0	(75)
45–49	11.8	21.2	67.0	100.0	(163)	0.0	21.6	78.4	100.0	(66)	0.0	1.2	98.8	100.0	(43)
Residence															
Urban	7.5	18.9	73.6	100.0	(261)	0.0	13.2	86.8	100.0	(437)	0.0	0.8	99.2	100.0	(567)
Rural	9.2	18.4	72.4	100.0	(762)	0.0	13.0	87.0	100.0	(981)	0.1	1.0	98.9	100.0	(1145)
Education															
Primary	5.8	23.2	71.0	100.0	(523)	0.0	16.6	83.4	100.0	(655)	0.0	1.4	98.6	100.0	(551)
Secondary	10.5	17.2	72.3	100.0	(289)	0.0	10.8	89.2	100.0	(653)	0.1	0.9	99.0	100.0	(955)
Post Secondary	12.3	6.9	80.8	100.0	(146)	0.0	8.8	91.2	100.0	(56)	0.0	0.0	100.0	100.0	(102)
Other	11.1	13.3	75.6	100.0	(58)	0.0	4.0	96.0	100.0	(50)	0.0	0.0	100.0	100.0	(99)

*<25 cases.

**Initial Status codes:

LM--Legally Married

CL--Common Law

VP--Visiting Partner

TABLE 2.2.2

Percent Distribution of Women Aged 15–49 Ever In Union
by Status in First Union According to Selected Characteristics
1989 Jamaica CPS

Characteristics	Status in First Union: Married, Living With Husband	Living With Common-Law Partner	With Visiting Partner	Unknown	Total	No. of Cases
Total	0.7	8.2	89.3	1.8	100.0	(3369)
Age						
15–19	0.4	1.9	96.4	1.3	100.0	(276)
20–24	0.2	4.1	94.5	1.2	100.0	(652)
25–29	0.0	5.3	93.3	1.4	100.0	(728)
30–34	0.2	9.9	88.1	1.8	100.0	(600)
35–39	1.3	12.5	83.1	3.1	100.0	(445)
40–44	0.9	15.4	81.2	1.9	100.0	(382)
45–49	3.5	12.1	82.3	2.1	100.0	(286)
Residence						
Urban	0.5	8.4	89.6	1.5	100.0	(1117)
Rural	0.8	8.2	89.1	1.9	100.0	(2252)
Education*						
Primary	0.4	12.4	85.1	2.1	100.0	(1509)
Secondary	0.6	5.6	92.6	1.2	100.0	(1451)
Post Secondary	2.2	3.1	92.8	1.9	100.0	(225)
Other	0.6	3.6	93.1	2.7	100.0	(170)
Religion						
Anglican	0.9	4.9	92.1	2.1	100.0	(225)
Baptist	1.0	7.2	90.5	1.3	100.0	(453)
Methodist	2.4	7.5	89.5	0.6	100.0	(102)
United Church	0.8	7.9	88.6	2.7	100.0	(134)
Roman Catholic	0.0	4.2	94.6	1.2	100.0	(176)
Church of God	0.7	8.1	89.7	1.5	100.0	(1103)
Other	0.2	9.9	87.6	2.3	100.0	(902)
No Religion	0.7	4.5	85.8	2.0	100.0	(274)

*Excludes 29 cases coded "no" or "unknown" education.

TABLE 2.2.3

Percent Distribution of Change in Union Status from Status of First Union to Current Union Status for Women Ever in Union Age 15-49 by Selected Characteristics
1989 Jamaica CPS

Characteristic	Currently Legally Married — Status of First Union**					Currently Common Law — Status of First Union**					Currently Visiting Partner — Status of First Union**					Currently No Partner but Had Partner Previously — Status of First Union**				
	LM	CL	VP	Total	No. of Cases	LM	CL	VP	Total	No. of Cases	LM	CL	VP	Total	No. of Cases	LM	CL	VP	Total	No. of Cases
Total	6.6	11.4	81.9	100.0	(1023)	0.3	8.9	90.7	100.0	(1418)	0.1	4.9	95.0	100.0	(1712)	1.6	10.4	88.0	100.0	(718)
Age																				
15-19	*	*	*	*	(1)	0.0	6.0	94.0	100.0	(89)	0.0	0.8	99.2	100.0	(365)	1.2	0.0	98.8	100.0	(85)
20-24	8.9	6.8	84.3	100.0	(56)	0.0	4.9	95.1	100.0	(297)	0.0	2.9	97.1	100.0	(518)	0.0	0.8	99.2	100.0	(117)
25-29	7.6	12.0	80.4	100.0	(164)	0.0	5.4	94.6	100.0	(414)	0.0	4.0	96.0	100.0	(382)	0.0	7.3	92.7	100.0	(104)
30-34	4.5	11.0	84.5	100.0	(212)	0.5	11.0	88.5	100.0	(267)	0.0	9.7	90.3	100.0	(216)	0.0	10.7	89.3	100.0	(108)
35-39	5.5	11.3	83.2	100.0	(225)	0.6	17.4	82.0	100.0	(162)	0.9	13.0	86.1	100.0	(113)	3.4	15.1	81.5	100.0	(102)
40-44	7.2	10.8	81.9	100.0	(202)	1.8	13.6	84.6	100.0	(123)	0.0	16.1	83.9	100.0	(75)	1.1	22.0	76.9	100.0	(107)
45-49	8.5	13.6	77.9	100.0	(163)	0.0	14.8	85.2	100.0	(66)	0.0	9.2	90.8	100.0	(43)	5.7	15.6	78.7	100.0	(95)
Residence																				
Urban	4.9	11.4	83.8	100.0	(261)	0.7	9.2	90.1	100.0	(437)	0.2	5.2	94.6	100.0	(567)	0.4	11.6	88.0	100.0	(256)
Rural	7.4	11.5	81.1	100.0	(762)	0.1	8.8	91.1	100.0	(981)	0.0	4.8	95.2	100.0	(1145)	2.4	9.5	88.1	100.0	(462)
Education																				
Primary	4.1	15.0	80.9	100.0	(523)	0.4	11.5	88.1	100.0	(655)	0.0	8.6	91.4	100.0	(551)	1.1	17.0	81.9	100.0	(321)
Secondary	8.7	10.5	80.8	100.0	(289)	0.2	7.4	92.4	100.0	(653)	0.0	3.5	96.5	100.0	(955)	2.1	5.6	92.3	100.0	(294)
Post Secondary	7.8	4.2	88.0	100.0	(146)	1.7	6.5	91.8	100.0	(56)	0.0	1.1	98.9	100.0	(102)	2.7	3.1	94.2	100.0	(63)
Other	9.9	3.9	86.2	100.0	(58)	0.0	0.0	100.0	100.0	(50)	1.1	3.8	95.1	100.0	(99)	0.0	6.5	93.5	100.0	(36)

*<25 cases.

**Status of First Union codes:
LM--Legally Married
CL--Common Law
VP--Visiting Partner

TABLE 2.3.1

Percentage of All Women Age 15-49 Who Have Ever Had Sexual Intercourse by Selected Characteristics
1989 Jamaica CPS

Characteristic	Percent Ever Had Sexual Intercourse	No. of Cases
Total	86.2	(6112)
Age		
15-19	53.1	(1395)
20-24	90.0	(1210)
25-29	96.6	(1153)
30-34	98.6	(841)
35-39	98.2	(625)
40-44	99.6	(515)
45-49	98.6	(373)
Residence		
Urban	86.6	(1874)
Rural	86.0	(4238)
Education*		
Primary	93.7	(2268)
Secondary	80.3	(3089)
Post Secondary	87.5	(442)
Other	91.8	(284)
Religion		
Anglican	86.7	(404)
Baptist	88.0	(799)
Methodist	87.1	(214)
United Church	88.7	(240)
Roman Catholic	89.2	(294)
Church of God	85.9	(1960)
Other	83.6	(1742)
No Religion	89.9	(459)

*Excludes 29 cases coded as "no" or "unknown" education.

TABLE 2.3.2

Percentage of All Women Age 15-49, Who Have Ever Had Sexual Intercourse by Health Region 1989 Jamaica CPS

Health Region*	Percent Ever Had Sexual Intercourse	No. of Cases
1	85.7	(1729)
2	85.7	(882)
3	87.2	(1784)
4	86.5	(1717)
Total	86.2	(6112)

*Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelanny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 2.3.3

Percentage of All Women Age 15-49 Who Have Ever Had Sexual Intercourse by Parish 1989 Jamaica CPS

Parish	Percent Ever Had Sexual Intercourse	No. of Cases
Kingston	85.5	(241)
St. Andrew	85.5	(1215)
St. Thomas	87.2	(273)
Portland	90.4	(272)
St. Mary	88.7	(274)
St. Ann	81.2	(336)
Trelanny	82.6	(287)
St. James	88.3	(581)
Hanover	82.3	(316)
Westmoreland	88.5	(313)
St. Elizabeth	89.2	(287)
Manchester	85.2	(344)
Clarendon	87.8	(474)
St. Catherine	86.3	(899)
Total	86.2	(6112)

TABLE 2.3.4

Percent of All Women Age 15-49 Who Have Ever Had Sexual Intercourse by Age and Selected Characteristics 1989 Jamaica CPS

Selected Characteristic	Total	Current Age 15-19	20-24	25-29	30-34	35-39	40-44	45-49
Total	86.2	53.1	90.0	96.6	98.6	98.2	99.6	98.6
Residence								
Urban	86.6	57.4	87.4	95.4	99.0	98.2	99.4	97.6
Rural	86.0	50.7	91.5	97.4	98.2	98.2	99.8	99.2
Education								
Primary	93.7	63.3	92.8	97.6	98.7	98.7	100.0	99.2
Secondary	80.3	49.8	91.1	97.5	98.5	97.0	97.7	97.8
Post Secondary	87.5	55.8	75.2	90.7	97.5	98.8	100.0	*
Other	91.8	69.0	87.1	94.6	100.0	100.0	*	*

*<25 cases.

TABLE 2.3.5

Percent of All Women Age 15-49 Who Have Ever Had Sexual Intercourse by Age and Health Region 1989 Jamaica CPS

Health Region*	Total	Current Age 15-19	20-24	25-29	30-34	35-39	40-44	45-49
1	85.7	53.5	87.1	95.8	98.6	97.2	99.4	96.8
2	85.7	49.7	90.9	97.4	99.0	99.0	99.0	97.6
3	87.2	56.1	92.6	98.2	98.1	96.3	100.0	100.0
4	86.5	51.8	91.2	96.3	98.7	100.0	100.0	100.0
Total	86.2	53.1	90.0	96.6	98.6	98.2	99.6	98.6

*Health Region codes by Parish:

1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 2.3.6

Percent of All Women Age 15-49 Who Have Ever Had Sexual Intercourse by Age and Parish 1989 Jamaica CPS

Parish	Total	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Kingston	85.5	55.0	86.0	97.4	100.0	*	*	*
St. Andrew	85.5	53.5	87.1	95.0	98.2	96.4	99.1	98.2
St. Thomas	87.2	49.1	89.6	100.0	97.9	96.4	*	*
Portland	90.4	61.1	93.0	100.0	100.0	100.0	*	*
St. Mary	88.7	58.7	96.1	95.9	100.0	96.7	*	*
St. Ann	81.2	39.0	86.2	96.9	97.4	100.0	100.0	*
Trelawny	82.6	41.3	94.1	95.6	97.7	100.0	*	*
St. James	88.3	62.2	92.3	96.9	98.8	94.2	100.0	100.0
Hanover	82.3	44.0	93.8	100.0	100.0	*	*	100.0
Westmoreland	88.5	51.7	92.4	98.4	100.0	96.8	*	*
St. Elizabeth	89.2	66.2	92.0	100.0	93.8	96.4	100.0	*
Manchester	85.2	45.6	93.9	93.8	100.0	100.0	100.0	*
Clarendon	87.8	59.4	91.2	96.2	95.4	100.0	100.0	100.0
St. Catherine	86.3	50.5	90.0	97.2	100.0	100.0	100.0	100.0
Total	86.2	53.1	90.0	96.6	98.6	98.2	99.6	98.6

*<25 cases.

TABLE 2.4.1

Percentage of All Live Births in the 24 Months Prior to the Survey Who Were Ever Breastfed by Residence 1975-76 Jamaica FS, 1983 Jamaica CPS and 1989 Jamaica CPS

Characteristic	Percent Breastfed 1975-76	1983	1989
Total	94.3	98.1	96.0
Residence			
Urban	94.1	96.8	96.4
Rural	94.5	99.2	95.8

TABLE 2.4.2

Estimates of Mean Duration of Breastfeeding*, by Residence: Women Aged 15-49 Who Had a Live Birth in the 24 Months Prior to Interview, 1975-76 Jamaica FS, 1983 Jamaica CPS, and 1989 Jamaica CPS

Characteristic	Duration Breastfed 1975-76	1983	1989
Total	8.2	12.2	12.6
Residence			
Urban	7.6	11.5	12.0
Rural	8.7	12.9	12.9

*Calculated using prevalence/incidence method.

TABLE 2.4.3

Proportion Ever Breastfed and Estimate of Mean Duration of Breastfeeding*, by Selected Characteristics, Women Aged 15-49 Who Had a Live Birth in the 24 Months Prior to Interview 1989 Jamaica CPS

Characteristic	Proportion Ever Breastfed	Mean Duration (in Months)
Total	96.0	12.6
Age		
15-19	97.4	15.1
20-24	94.9	12.1
25-29	95.4	11.9
30-34	98.9	12.5
35-39	96.7	12.5
40-49	91.1	11.5
Education		
Primary	96.2	13.5
Secondary	96.1	12.3
Post Secondary	97.3	10.8
Other	92.9	10.1

*Calculated using prevalence/incidence method.

TABLE 2.4.4

Proportion Ever Breastfed and Estimates of Mean Duration of Breastfeeding*, by Health Region: Women Aged 15-49 Who Had a Live Birth in the 24 Months Prior to Interview 1989 Jamaica CPS

Health Region**	Proportion Ever Breastfed	Mean Duration (in Months)	Number of Cases
1	95.3	12.4	304
2	97.3	14.3	193
3	97.0	12.9	371
4	95.3	11.8	361
Total	96.0	12.6	1229

* Calculated using prevalence/incidence method.
** Health Regions codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 2.4.5

Proportion Ever Breastfed and Estimate of Mean Duration of Breastfeeding* by Parish: Women Aged 15-49 Who Had a Live Birth in the 24 Months Prior to Interview 1989 Jamaica CPS

Parish	Proportion Ever Breastfed	Mean Duration (in Months)	Number of Cases
Kingston	95.4	12.9	43
St. Andrew	95.1	11.8	205
St. Thomas	96.4	15.0	56
Portland	92.9	9.7	56
St. Mary	98.6	18.1	70
St. Ann	98.5	12.8	67
Trelawny	100.0	12.7	59
St. James	97.8	10.4	128
Hanover	100.0	13.3	56
Westmoreland	95.4	13.2	66
St. Elizabeth	95.2	15.9	62
Manchester	97.8	11.4	93
Clarendon	92.9	12.6	113
St. Catherine	95.5	11.5	155
Total	96.0	12.6	1229

TABLE 2.4.6

Reason Stopped Breastfeeding: All Women Age 15–49 Who Had a Live Birth in the 5 Years Prior to Interview Who Breastfed That Child by Selected Characteristics
1989 Jamaica CPS
(Percent Distribution)

Characteristic	Reason Stopped Breastfeeding								
	Inconvenient	Had to Work	Insuff. Milk	Baby Refused	Child Died	Child Sick	Other	Total	No. of Cases
Total	15.1	11.8	7.1	41.1	0.9	1.4	22.5	100.0	(2314)
Residence									
Urban	14.6	12.2	6.8	48.1	0.9	0.8	16.6	100.0	(657)
Rural	15.4	11.6	7.3	37.6	0.9	1.7	25.6	100.0	(1657)
Education									
Primary	14.2	10.8	9.0	39.0	1.0	1.6	24.4	100.0	(926)
Secondary	16.1	11.2	5.2	43.4	0.8	1.6	21.8	100.0	(1163)
Post Secondary	14.9	21.5	11.5	38.3	0.9	0.0	12.9	100.0	(117)
Other	11.5	16.4	8.3	36.3	1.0	0.0	26.5	100.0	(103)
Age									
15–19	19.6	9.1	6.9	38.2	0.7	2.2	23.3	100.0	(139)
20–24	15.4	10.8	6.8	41.0	1.2	1.4	23.4	100.0	(703)
25–29	15.8	11.4	6.8	41.8	0.8	1.6	21.9	100.0	(697)
30–34	13.8	12.3	7.1	42.2	1.2	1.2	22.2	100.0	(433)
35–39	10.8	16.6	7.4	44.5	0.0	0.5	20.4	100.0	(218)
40–44	15.0	13.3	12.5	28.1	1.2	1.4	28.4	100.0	(98)
45–49	27.5	9.5	0.0	46.4	0.0	4.4	12.2	100.0	(26)
No. of Children Ever Born									
1	12.8	13.0	7.2	45.0	0.6	0.7	20.7	100.0	(467)
2	15.2	13.0	6.5	41.2	1.5	1.8	20.9	100.0	(643)
3	15.2	11.3	7.6	42.0	0.4	1.5	22.1	100.0	(455)
4	19.0	8.9	7.0	36.6	0.4	1.9	26.1	100.0	(259)
5	17.1	15.6	7.0	31.6	0.6	1.3	26.8	100.0	(181)
6+	14.1	8.0	7.8	43.1	1.7	1.3	24.0	100.0	(309)

TABLE 2.4.7

Reason Stopped Breastfeeding: All Women Age 15–49 Who Had a Live Birth in the 5 Years Prior to Interview Who Breastfed That Child by Health Region and Parish 1989 Jamaica CPS (Percent Distribution)

Characteristic	Reason Stopped Breastfeeding								
	Incon-venient	Had to Work	Insuff. Milk	Baby Refused	Child Died	Child Sick	Other	Total	No. of Cases
Total	15.1	11.8	7.1	41.1	0.9	1.4	22.5	100.0	(2314)
Health Region*									
1	14.0	12.8	4.0	50.9	0.7	1.0	16.7	100.0	(540)
2	16.7	11.6	5.1	33.6	0.4	0.9	31.8	100.0	(360)
3	8.7	12.7	9.0	36.5	1.4	1.5	30.2	100.0	(711)
4	20.2	10.3	9.3	39.0	1.0	2.0	18.2	100.0	(703)
Parish									
Kingston	18.6	14.3	2.9	60.0	0.0	0.0	4.3	100.0	(70)
St. Andrew	13.6	12.0	4.8	48.9	0.8	0.8	19.1	100.0	(376)
St. Thomas	7.4	16.0	1.1	45.7	1.1	4.3	24.5	100.0	(94)
Portland	8.3	9.8	4.6	17.4	1.5	0.8	57.6	100.0	(132)
St. Mary	26.5	13.3	4.1	34.7	0.0	0.0	21.4	100.0	(98)
St. Ann	15.5	11.6	6.2	42.6	0.0	1.6	21.9	100.0	(130)
Trelawny	10.6	12.8	10.6	52.1	1.1	2.1	10.6	100.0	(104)
St. James	9.6	11.8	5.2	35.8	0.9	2.2	34.5	100.0	(243)
Hanover	6.1	22.6	17.4	33.9	0.9	0.0	19.1	100.0	(115)
Westmoreland	12.6	18.5	10.1	47.9	1.7	0.0	9.3	100.0	(119)
St. Elizabeth	5.4	5.4	6.9	25.4	2.3	1.5	53.1	100.0	(130)
Manchester	11.1	12.4	14.2	31.5	0.6	0.6	29.6	100.0	(162)
Clarendon	23.5	8.7	8.7	42.4	0.5	3.1	13.3	100.0	(196)
St. Catherine	22.9	10.1	7.2	40.9	1.4	2.0	15.4	100.0	(345)

*Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 2.4.8

Reason For Never Breastfeeding: All Women Age 15-49
Who Had a Live Birth in the 5 Years Prior to Interview
Who Never Breastfed That Child by Selected Characteristics
1989 Jamaica CPS
(Percent Distribution)

Characteristic	Reason for Never Breastfeeding								
	Incon-venient	Had to Work	Insuff. Milk	Baby Refused	Child Died	Child Sick	Other	Total	No. of Cases
Total	14.8	7.8	44.0	15.2	6.0	11.4	0.9	100.0	(106)
Residence									
Urban	13.3	15.5	53.5	13.8	3.9	0.0	0.0	100.0	(25)
Rural	15.5	4.6	40.1	15.7	6.8	16.1	1.2	100.0	(81)
Education									
Primary	17.2	0.0	36.9	22.0	7.1	14.0	2.7	100.0	(36)
Secondary+	13.9	11.1	47.2	12.5	5.6	11.1	0.0	100.0	(68)
Age									
<25	7.3	7.3	50.9	16.4	7.3	12.7	0.0	100.0	(51)
25-29	32.9	8.0	44.2	3.7	7.9	3.3	0.0	100.0	(29)
30+	8.0	12.0	28.0	28.0	4.0	20.0	4.0	100.0	(26)
Health Region**									
1	12.7	16.2	62.0	5.6	3.5	0.0	0.0	100.0	(28)
2	*	*	*	*	*	*	*	100.0	(14)
3	18.8	4.8	23.6	18.6	8.9	25.2	0.0	100.0	(28)
4	16.5	0.0	36.5	24.8	8.2	14.0	0.0	100.0	(36)

*<25 cases.
**Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 2.4.9

Desired Breastfeeding Length (in Months)
For All Women Age 15-49 by Residence
1989 Jamaica CPS
(Percent Distribution)

Desired Breastfeed Length (in Months)	Total	Residence	
		Urban	Rural
<12	57.3	56.1	58.0
12-23	29.0	28.7	29.3
24-35	4.0	4.8	3.5
36+	1.2	1.2	1.2
As long as possible	8.0	8.7	7.5
Don't know	0.5	0.4	0.5
Total	100.0	100.0	100.0
No. of Cases	(6112)	(1874)	(4238)

TABLE 2.4.10

Desired Breastfeeding Length (in Months)
For All Women Age 15-49 by Age
1989 Jamaica CPS
(Percent Distribution)

Desired Breastfeed Length (in Months)	Total	Age						
		15-19	20-24	25-29	30-34	35-39	40-44	45-49
<12	57.3	63.8	59.5	57.0	52.8	51.9	52.6	52.8
12-23	29.0	24.2	29.6	29.0	31.8	31.3	32.8	31.0
24-35	4.0	3.7	3.7	5.6	3.4	2.6	3.6	5.0
36+	1.2	1.3	1.0	1.0	1.0	2.1	1.0	1.4
As long as possible	8.0	6.5	5.9	7.1	10.2	11.5	9.8	8.9
Don't know	0.5	0.5	0.3	0.4	0.7	0.7	0.2	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(6112)	(1395)	(1210)	(1153)	(841)	(625)	(515)	(373)

TABLE 2.4.11

Desired Breastfeeding Length (in Months)
for All Women Age 15-49 by Education
1989 Jamaica CPS
(Percent Distribution)

Desired Breastfeed Length (in Months)	Total*	Education			
		Primary	Secondary	Post Secondary	Other
<12	57.3	51.4	60.0	65.2	60.6
12-23	29.0	34.3	27.3	20.6	22.4
24-35	4.0	4.8	3.8	1.2	3.5
36+	1.2	1.3	1.3	0.4	1.0
As long as possible	8.0	7.7	7.1	11.6	11.7
Don't know	0.5	0.4	0.4	1.1	0.8
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases	(6112)	(2268)	(3089)	(442)	(284)

*Total includes 29 cases coded as "no" or "unknown" education.

TABLE 2.4.12

Desired Breastfeeding Length (in Months)
for All Women Age 15-49 by Union Status
1989 Jamaica CPS
(Percent Distribution)

Desired Breastfeed Length (in Months)	Total	Union Status						
		Legally Married	Common Law	Visiting Partner	Boyfriend/ Had Sex	Boyfriend/ No Sex	Previous Partner	Never Had Partner
<12	57.3	52.7	53.9	58.7	63.4	64.5	55.9	64.2
12-23	29.0	32.9	30.9	28.7	25.4	21.8	29.8	23.7
24-35	4.0	2.4	5.1	4.9	2.8	2.0	3.5	3.1
36+	1.2	0.8	1.6	1.4	1.1	0.0	0.9	1.3
As long as possible	8.0	11.0	8.2	5.8	6.1	11.0	9.5	6.9
Don't know	0.5	0.2	0.2	0.6	1.1	0.8	0.4	1.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(6112)	(1023)	(1418)	(1712)	(320)	(164)	(726)	(749)

TABLE 2.4.13

Desired Breastfeeding Length (in Months)
For All Women Age 15–49 by Religion
1989 Jamaica CPS
(Percent Distribution)

Desired Breastfeed Length (in Months)	Total	Religion							
		Anglican	Baptist	Methodist	United Church	Roman Catholic	Church of God	Other	No Religion
<12	57.3	61.5	59.1	61.2	64.0	55.6	55.8	56.5	56.3
12–23	29.0	23.4	28.2	29.9	24.0	23.5	31.3	29.8	29.9
24–35	4.0	3.6	5.0	1.1	3.8	4.3	3.8	4.3	3.0
36+	1.2	1.3	1.3	0.0	2.2	1.2	1.1	1.2	1.6
As long as possible	8.0	9.3	6.5	6.9	5.6	15.0	7.4	7.7	8.5
Don't know	0.5	0.9	0.0	0.9	0.5	0.4	0.5	0.5	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(6112)	(404)	(799)	(214)	(240)	(294)	(1960)	(1742)	(459)

TABLE 2.4.14

Desired Breastfeeding Length (in Months)
for All Women Age 15–49 by Health Region
1989 Jamaica CPS
(Percent Distribution)

Desired Breastfeeding Length (in Months)	Total	Health Region*			
		1	2	3	4
<12	57.3	57.0	53.5	64.1	54.3
12–23	29.0	27.0	31.9	26.3	32.4
24–35	4.0	4.1	4.0	2.8	4.6
36+	1.2	1.1	1.3	0.8	1.6
As long as possible	8.0	10.0	8.7	5.5	6.9
Don't know	0.5	0.7	0.5	0.6	0.2
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases	(6112)	(1729)	(882)	(1784)	(1717)

*Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 2.4.15

Desired Breastfeeding Length (in Months)
For All Women Age 15-49 by Parish
1989 Jamaica CPS
(Percent Distribution)

Desired Birth Interval Length (in Months)	Total	Kingston	St. Andrew	St. Thomas	Portland	St. Mary	St. Ann	Trelawny	St. James	Hanover	Westmoreland	St. Elizabeth	Manchester	Clarendon	St. Catherine
<12	57.3	56.8	57.3	55.0	54.4	47.4	57.4	61.7	54.7	68.4	68.0	71.4	48.6	57.0	55.3
12-23	29.0	26.1	26.7	32.2	33.1	31.0	31.8	26.5	31.8	25.3	25.2	20.6	36.3	33.3	30.3
24-35	4.0	5.0	4.1	2.2	3.3	4.4	4.2	3.5	4.8	2.2	1.6	1.4	5.8	3.2	4.8
36+	1.2	1.7	0.8	1.8	2.6	1.1	0.9	0.4	1.9	0.0	0.3	0.4	1.7	2.1	1.3
As long as possible	8.0	10.0	10.3	8.4	5.5	15.3	5.6	7.7	6.5	4.1	4.5	4.5	7.6	4.2	8.1
Don't know	0.5	0.4	0.8	0.4	1.1	0.7	0.0	0.4	0.2	0.0	0.3	1.7	0.0	0.2	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(6112)	(241)	(1215)	(273)	(272)	(274)	(336)	(287)	(581)	(316)	(313)	(287)	(344)	(474)	(899)

TABLE 2.5.1

Percentage of Births in 24 Months Prior to Survey Whose Mothers are Still Breastfeeding, Postpartum Amenorrhoea or Abstaining by Number of Months Since Birth

Months Since Birth	Breastfeeding	Postpartum Amenorrhoea	Postpartum Abstaining	Postpartum Insusceptible*	No. of Cases
<2	91.2	83.6	91.2	95.8	(75)
3-4	92.0	58.9	70.3	83.1	(121)
5-6	79.8	29.3	36.3	53.8	(133)
7-8	64.8	20.8	28.4	39.2	(130)
9-10	58.2	22.0	21.3	37.8	(87)
11-12	44.9	9.2	15.5	21.5	(85)
13-14	43.1	9.8	16.2	22.0	(101)
15-16	34.7	5.2	10.4	15.6	(115)
17-18	28.5	7.5	14.6	21.2	(111)
19-20	22.8	5.7	16.0	21.7	(97)
21-22	27.0	0.0	12.7	12.7	(75)
23-24	22.6	4.0	13.9	17.3	(87)
Total	52.2	21.4	28.9	37.4	(1217)
Mean**(in months)	12.5	5.1	6.9	9.0	

*Either amenorrhoeic or abstaining at the time of the survey.
**Calculated using prevalence/incidence method.

TABLE 2.5.2

Mean* Number of Months of Breastfeeding, Postpartum Amenorrhea, and Postpartum Abstinence by Selected Characteristics

Selected Characteristic	Breastfeeding	Postpartum Amenorrhoea	Postpartum Abstinence	Postpartum Insusceptibility
Total	12.5	5.1	6.9	9.0
Residence				
Urban	12.0	4.5	6.2	8.2
Rural	12.8	5.4	7.3	9.4
Education				
Primary	13.4	6.4	7.5	10.1
Secondary	12.3	4.7	6.9	8.7
Post Secondary	10.8	2.4	6.1	7.4
Other	10.3	3.9	4.4	5.5
Health Region**				
1	12.3	4.7	6.9	8.7
2	14.1	5.7	8.1	10.3
3	12.9	6.6	6.9	9.7
4	11.7	4.2	6.5	8.1

*Calculated using prevalence/incidence method.
**Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 3.1.1

Average* Age When Period First Started: All Women Age 15-49 by Selected Characteristics 1989 Jamaica CPS

Characteristic	Average Age	No. of Cases
Total	14.0	(6070)
Residence		
Urban	14.0	(1862)
Rural	14.0	(4208)
Education		
Primary	14.3	(2252)
Secondary	13.8	(3069)
Post Secondary	13.7	(440)
Other	14.2	(282)
Age		
15-19	13.6	(1380)
20-24	14.0	(1208)
25-29	13.8	(1147)
30-34	14.1	(837)
35-39	14.3	(618)
40-44	14.6	(510)
45-49	14.6	(370)

*Calculated using standard Life Table techniques

TABLE 3.1.2

Average* Age When Period First Started:
All Women Age 15-49 by Health Region and Parish
1989 Jamaica CPS

Characteristic	Average Age	No. of Cases
Total	14.0	(6070)
Health Region**		
1	13.9	(1717)
2	14.2	(865)
3	14.0	(1780)
4	14.0	(1708)
Parish		
Kingston	13.9	(239)
St. Andrew	13.9	(1206)
St. Thomas	13.9	(272)
Portland	14.1	(264)
St. Mary	14.2	(267)
St. Ann	14.3	(334)
Trelawny	13.8	(286)
St. James	14.1	(579)
Hanover	14.2	(315)
Westmoreland	13.9	(313)
St. Elizabeth	13.7	(287)
Manchester	14.2	(343)
Clarendon	14.2	(470)
St. Catherine	13.9	(895)

*Calculated using standard Life Table techniques
**Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 3.1.3

Percent of All Women Age 15-49 Who Are Childless
by Current Age and Selected Characteristics
1989 Jamaica CPS

Characteristic	Total	Current Age 15-19	20-24	25-29	30-34	35-39	40-44	45-49
Total	33.2	82.9	37.7	19.7	10.3	5.4	6.6	10.4
Residence								
Urban	36.0	84.2	43.9	25.5	12.0	3.7	6.9	14.6
Rural	31.5	82.2	34.1	16.1	9.2	6.3	6.4	8.0
Education								
Primary	16.3	72.5	20.9	10.7	5.4	4.2	3.5	9.0
Secondary	43.2	84.7	38.0	17.5	12.2	6.7	5.6	9.3
Post Secondary	43.3	100.0	68.1	51.2	15.9	5.0	30.8	*
Other	37.1	89.3	58.7	23.2	20.7	7.6	*	*
Religion								
Anglican	37.2	87.9	55.5	24.7	12.4	5.0	10.4	18.8
Baptist	32.4	84.5	40.5	22.7	7.5	9.2	7.7	5.8
Methodist	34.0	89.2	39.2	17.6	12.7	*	*	*
United Church	30.6	78.3	42.3	23.8	1.4	18.4	*	*
Roman Catholic	33.1	81.5	44.4	26.1	10.0	3.4	7.2	*
Church of God	31.7	80.5	35.5	17.6	9.3	3.7	2.1	10.6
Other	35.1	85.6	40.1	19.0	11.0	4.8	10.1	12.5
No Religion	31.9	78.8	20.2	16.6	18.4	6.1	*	*

*<25 cases.

TABLE 3.1.4

Percent of All Women Age 15-49 Who Are Childless
by Current Age and Health Region
1989 Jamaica CPS

Characteristic	Total	Current Age 15-19	20-24	25-29	30-34	35-39	40-44	45-49
Total	33.2	82.9	37.7	19.7	10.3	5.4	6.6	10.4
Health Region*								
1	35.9	84.3	43.1	26.2	11.3	7.0	6.5	12.7
2	27.5	79.7	26.9	9.2	6.5	3.8	5.7	9.1
3	32.2	82.0	34.2	14.1	9.9	8.0	8.4	8.9
4	33.0	83.4	38.6	20.1	11.0	3.0	5.7	9.6

*Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 3.1.5

Percent of All Women Age 15-49 Who Are Childless
by Current Age and Parish
1989 Jamaica CPS

Characteristic	Total	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Total	33.2	82.9	37.7	19.7	10.3	5.4	6.6	10.4
Parish								
Kingston	34.8	86.7	30.2	26.3	12.5	*	*	*
St. Andrew	37.9	84.2	48.0	28.1	12.5	9.9	7.6	9.3
St. Thomas	23.8	77.4	29.2	9.6	2.1	3.6	*	*
Portland	26.5	74.1	31.6	10.3	10.6	6.9	*	*
St. Mary	25.2	73.0	17.6	10.2	10.0	3.3	*	*
St. Ann	29.8	86.6	30.8	7.8	0.0	2.6	3.3	*
Trelawny	33.1	81.3	29.4	17.8	9.3	13.3	*	*
St. James	34.2	80.7	39.2	21.6	8.6	5.8	7.0	13.8
Hanover	36.4	92.3	27.7	12.0	9.4	*	*	3.0
Westmoreland	30.0	83.3	37.9	11.1	7.6	9.7	*	*
St. Elizabeth	29.3	77.5	28.0	7.6	15.6	7.1	5.6	*
Manchester	31.1	83.5	28.8	20.0	6.8	2.3	10.7	*
Clarendon	32.3	77.4	37.2	22.5	13.6	3.9	5.9	5.7
St. Catherine	34.2	86.4	43.8	19.0	11.1	2.8	3.8	11.5

*<25 cases.

TABLE 3.2.1

For All Women Age 15-49 Mean Number of Children Ever Born by Maternal Age 1975-76 Jamaica Fertility Survey, 1983 Jamaica CPS, and 1989 Jamaica CPS

	Mean Number Children Ever Born		
Age	1975-76	1983	1989
15-19	0.3	0.3	0.2
20-24	1.6	1.2	1.0
25-29	2.8	2.2	1.9
30-34	4.1	3.3	2.8
35-39	5.0	4.6	3.8
40-44	5.4	5.4	4.4
45-49	5.3	5.4	4.8

TABLE 3.2.2

For All Women Age 15-49 Mean Number of Children Ever Born by Maternal Age and Residence 1989 Jamaica CPS

Age	Total	Urban	Rural
15-19	0.2	0.2	0.2
20-24	1.0	0.9	1.1
25-29	1.9	1.6	2.0
30-34	2.8	2.7	2.9
35-39	3.8	3.6	3.9
40-44	4.4	3.8	4.8
45-49	4.8	4.3	5.1

TABLE 3.2.3

For All Women Age 15-49 Mean Number of Children Ever Born by Maternal Age and Education 1989 Jamaica CPS

		Education			
Age	Total	Primary	Secondary	Post Secondary	Other
15-19	0.2	0.3	0.2	0.0	0.1
20-24	1.0	1.5	1.0	0.5	0.6
25-29	1.9	2.4	1.8	0.8	1.5
30-34	2.8	3.4	2.5	2.1	2.1
35-39	3.8	4.3	3.3	2.1	3.3
40-44	4.4	4.9	3.7	1.8	*
45-49	4.8	5.1	3.4	*	*

*<25 cases

TABLE 3.2.4

For All Women Age 15-49 Mean Number of Children Ever Born by Maternal Age and Health Region 1989 Jamaica CPS

		Health Region*			
Age	Total	1	2	3	4
15-19	0.2	0.2	0.2	0.2	0.2
20-24	1.0	0.9	1.3	1.1	1.1
25-29	1.9	1.5	2.1	2.2	1.9
30-34	2.8	2.6	3.2	2.9	2.8
35-39	3.8	3.3	3.9	3.9	4.2
40-44	4.4	3.6	5.1	4.7	4.9
45-49	4.8	4.1	5.8	5.2	4.8

*Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 3.2.5

For All Women Age 15–49 Mean Number of Children Ever Born
by Maternal Age and Parish
1989 Jamaica CPS

Age	Total	Parish													
		Kingston	St. Andrew	St. Thomas	Portland	St. Mary	St. Ann	Trelawny	St. James	Hanover	Westmoreland	St. Elizabeth	Manchester	Clarendon	St. Catherine
15–19	0.2	0.2	0.2	0.2	0.3	0.3	0.1	0.2	0.2	0.1	0.2	0.3	0.2	0.3	0.2
20–24	1.0	1.0	0.8	1.1	1.3	1.6	1.0	1.2	1.1	1.1	1.1	1.2	1.2	1.1	1.0
25–29	1.9	1.6	1.4	2.2	2.2	2.4	1.9	1.7	2.2	2.0	2.2	2.5	2.0	2.0	1.9
30–34	2.8	3.0	2.5	2.9	2.9	2.8	3.7	3,1	2.8	2.7	3.1	2.9	3.1	2.8	2.6
35–39	3.8	*	3.0	4.5	3.6	3.8	4.0	3.5	3.8	*	3.6	4.8	4.2	4.8	3.9
40–44	4.4	*	3.5	*	*	*	5.9	*	4.1	*	*	5.3	4.7	5.2	4.9
45–49	4.8	*	4.2	*	*	*	*	*	5.6	5.5	*	*	*	5.3	4.6

*<25 cases

TABLE 3.3.1

Cohort-Period Fertility Rates and Cumulative Rates by Cohort and Period 1989 Jamaica CPS

A. Cohort-Period Fertilty Rates

	Years Prior to Survey						
Age Group	0-4	5-9	10-14	15-19	20-24	25-29	30-34
15-19	.039	.056	.057	.066	.074	.069	.048
20-24	.145	.169	.189	.216	.224	.202	
25-29	.143	.174	.206	.231	.243		
30-34	.120	.152	.163	.213			
35-39	.085	.116	.131				
40-44	.046	.056					
45-49	.013						

B. Cumulative Fertility of Cohorts at End of Period

	Years Prior to Survey						
Age Group	0-4	5-9	10-14	15-19	20-24	25-29	30-34
15-19	0.20	0.28	0.28	0.33	0.37	0.34	0.24
20-24	1.01	1.13	1.28	1.45	1.46	1.25	
25-29	1.84	2.14	2.48	2.62	2.46		
30-34	2.74	3.24	3.44	3.53			
35-39	3.66	4.02	4.18				
40-44	4.24	4.46					
45-49	4.53						

C. Cumulative Fertility Within Periods

	Years Prior to Survey						
Age Group	0-4	5-9	10-14	15-19	20-24	25-29	30-34
15-19	0.20	0.28	0.28	0.33	0.38	0.34	0.24
20-24	0.92	1.12	1.23	1.41	1.49	1.36	
25-29	1.64	2.00	2.26	2.56	2.71		
30-34	2.24	2.76	3.08	3.63			
35-39	2.66	3.34	3.73				
40-44	2.89	3.62					
45-49	2.96						

TABLE 3.3.2

Age-Specific Fertility Rates by Maternal Age and Total Fertility Rate (TFR) 1975-76 Jamaica FS, 1983 Jamaica CPS, 1989 Jamaica CPS (All Women Aged 15-49)

Age Group	Age-Specific Fertility Rate 1975*	1983**	1989***
15-19	137	122	100
20-24	234	190	161
25-29	207	150	130
30-34	155	110	93
35-39	101	73	59
40-44	54	40	31
45-49	9	8	5
Total Fertility Rate (TFR)	4.5	3.5	2.9

*Calculated for years 1973-75
**Calculated for years 1981-83
***Calculated for years 1986-88

TABLE 3.4.1

Percent Distribution of Women by Age at First Birth According to Current Age 1989 Jamaica CPS

Current Age	No Birth	Age at First Birth									Mean Age
		<15	15-17	18-19	20-21	22-24	25+	Unknown	Total	Cases	
15-19	82.9	1.4	12.6	2.9	-	-	-	0.2	100.0	(1395)	-
20-24	37.7	2.2	25.0	20.0	11.2	2.6	-	1.3	100.0	(1210)	-
25-29	19.7	3.7	23.1	22.0	14.3	11.7	4.3	1.2	100.0	(1153)	19.5
30-34	10.3	2.7	23.4	18.7	16.0	14.8	11.2	2.9	100.0	(841)	20.5
35-39	5.4	3.7	18.3	21.5	14.8	14.5	18.3	3.5	100.0	(625)	21.4
40-44	6.6	2.2	12.2	16.8	17.6	17.8	22.5	4.2	100.0	(515)	22.1
45-49	10.4	1.0	8.7	9.6	13.6	17.1	34.4	5.2	100.0	(373)	23.9
Total	33.2	2.4	18.8	15.6	11.0	8.8	8.2	2.0	100.0	(6112)	20.2

TABLE 3.5.1

Desired Birth Interval Length (in Months)
For All Women Age 15-49 by Residence
1989 Jamaica CPS
(Percent Distribution)

Desired Birth Interval Length (in Months)	Total	Residence	
		Urban	Rural
<13	3.8	3.2	4.1
13-24	21.4	21.5	21.4
25-36	24.2	22.5	25.2
37-48	15.4	15.1	15.6
49+	30.7	33.3	29.2
Don't know	4.5	4.4	4.5
Total	100.0	100.0	100.0
No. of Cases	(6112)	(1874)	(4238)

TABLE 3.5.2

Desired Birth Interval Length (in Months)
For All Women Age 15-49 by Age
1989 Jamaica CPS
(Percent Distribution)

Desired Birth Interval Length (in Months)	Total	Current Age						
		15-19	20-24	25-29	30-34	35-39	40-44	45-49
<13	3.8	5.0	2.9	2.5	3.5	4.0	4.2	5.6
13-24	21.4	19.5	17.8	18.9	23.4	22.9	25.1	36.8
25-36	24.2	22.7	21.9	23.4	25.4	26.0	29.2	27.3
37-48	15.4	16.3	14.9	16.8	15.0	15.8	13.9	11.4
49+	30.7	32.7	37.0	33.4	27.6	26.9	24.5	17.1
Don't know	4.5	3.9	5.5	5.0	5.1	4.4	3.2	1.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(6112)	(1395)	(1210)	(1153)	(841)	(625)	(515)	(373)

TABLE 3.5.3

Desired Birth Interval Length (in Months)
For All Women Age 15-49 by Education
1989 Jamaica CPS
(Percent Distribution)

Desired Birth Interval Length (in Months)	Total*	Education			
		Primary	Secondary	Post Secondary	Other
<13	3.8	4.6	3.5	2.6	1.9
13-24	21.4	23.3	18.4	32.0	22.6
25-36	24.2	23.8	24.0	28.2	23.0
37-48	15.4	15.1	16.3	11.6	14.5
49+	30.7	28.6	33.2	23.8	32.6
Don't know	4.5	4.6	4.7	1.8	5.4
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases	(6112)	(2268)	(3089)	(442)	(284)

*Includes 29 cases coded as "no" or "unknown" education.

Desired Birth Interval Length (in Months)	Total
<13	3.8
13-24	21.4
25-36	24.2
37-48	15.4
49+	30.7
Don't know	4.5
Total	100.0
No. of Cases	(6112)

TABLE 3.5.4

Desired Birth Interval Length (in Months)
For All Women Age 15-49 by Religion
1989 Jamaica CPS
(Percent Distribution)

Religion							
Anglican	Baptist	Methodist	United Church	Roman Catholic	Church of God	Other	No Religion
5.9	3.7	4.2	5.0	2.3	3.3	3.6	4.4
24.2	21.8	23.2	22.5	26.6	19.9	21.4	20.1
22.0	22.1	31.1	22.9	24.0	25.6	25.1	18.7
18.9	16.5	11.8	15.4	14.0	14.6	15.1	17.1
24.9	32.6	26.5	30.1	30.5	30.9	30.9	33.7
4.1	3.3	3.2	4.1	2.6	5.6	3.9	6.0
100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(404)	(799)	(214)	(240)	(294)	(1960)	(1742)	(459)

TABLE 3.5.5

Desired Birth Interval Length (in Months)
For All Women Age 15–49 by Union Status
1989 Jamaica CPS
(Percent Distribution)

Desired Birth Interval Length (in Months)	Total	Union Status						
		Legally Married	Common Law	Visiting Partner	Boyfriend/ Sex Exp.	Boyfriend/ No Sex	Previous Partner	Never Had Partner
<13	3.8	4.6	3.1	3.1	4.9	4.1	2.8	5.8
13-24	21.4	27.8	20.0	18.1	22.2	23.9	22.7	21.0
25-36	24.2	27.2	23.9	22.1	21.8	20.8	26.4	25.2
37-48	15.4	13.8	16.5	14.6	14.3	16.5	16.8	16.0
49+	30.7	24.3	30.5	36.0	33.2	31.2	27.9	29.6
Don't know	4.5	2.4	6.0	6.1	3.6	3.4	3.3	2.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(6112)	(1023)	(1418)	(1712)	(320)	(164)	(726)	(749)

TABLE 3.5.6

Desired Birth Interval Length (in Months)
For All Women Age 15-49 by Health Region
1989 Jamaica CPS
(Percent Distribution)

Desired Birth Interval Length (in Months)	Total	Health Region*			
		1	2	3	4
<13	3.8	3.3	3.6	4.4	4.0
13-24	21.4	21.4	21.2	23.7	19.9
25-36	24.2	23.4	22.2	25.9	24.7
37-48	15.4	15.2	17.6	16.2	14.1
49+	30.7	32.1	30.4	26.2	32.6
Don't know	4.5	4.6	5.0	3.6	4.8
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases	(6112)	(1729)	(882)	(1784)	(1717)

*Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 3.5.7

Desired Birth Interval Length (in Months)
For All Women Age 15-49 by Parish
1989 Jamaica CPS
(Percent Distribution)

Desired Birth Interval Length (in Months)	Total	Kingston	St. Andrew	St. Thomas	Portland	St. Mary	St. Ann	Trelawny	St. James	Hanover	Westmoreland	St. Elizabeth	Manchester	Clarendon	St. Catherine
<13	3.8	2.1	3.6	3.3	2.6	6.6	2.1	2.1	4.3	3.2	0.3	9.8	4.1	5.3	3.2
13-24	21.4	19.5	22.6	17.6	20.6	21.2	21.4	19.9	20.0	20.2	30.7	25.8	16.3	25.1	18.6
25-36	24.2	19.1	24.5	25.6	22.4	24.4	20.5	24.7	23.8	31.0	34.8	18.8	23.8	26.2	24.4
37-48	15.4	18.3	14.2	14.6	12.5	14.6	22.3	16.4	13.1	25.3	16.0	16.0	16.6	11.4	14.6
49+	30.7	36.5	30.4	34.4	32.0	27.7	31.6	33.1	33.9	18.0	16.0	26.1	32.3	28.5	34.8
Don't know	4.5	4.6	4.6	4.4	9.9	5.5	2.1	3.8	5.0	2.2	2.2	3.5	7.0	3.6	4.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(6112)	(241)	(1215)	(273)	(272)	(274)	(336)	(287)	(581)	(316)	(313)	(287)	(344)	(474)	(899)

TABLE 3.6.1

Current Pregnancy Intention of Women Currently in Union
Age 15-49 by Selected Characteristics
1989 Jamaica CPS
(Percent Distribution)

Selected Characteristics	Currently Pregnant	Currently Not Pregnant: Desire Pregnancy	Currently Not Pregnant: Don't Desire Pregnancy	Currently Not Pregnant: Don't Know	Total	No. of Cases
Total	6.7	4.0	88.1	1.3	100.0	(4153)
Residence						
Urban	8.0	4.4	85.8	1.9	100.0	(1265)
Rural	6.0	3.7	89.4	0.9	100.0	(2888)
Age						
15-19	14.6	3.2	81.1	1.1	100.0	(455)
20-24	9.0	4.4	85.8	0.9	100.0	(871)
25-29	7.5	5.3	85.3	1.9	100.0	(960)
30-34	5.8	5.5	87.6	1.0	100.0	(695)
35-39	3.6	3.3	91.3	1.8	100.0	(500)
40-44	0.5	0.8	98.0	0.7	100.0	(400)
45-49	0.0	1.0	98.2	0.8	100.0	(272)
Education*						
Primary	5.6	2.6	90.4	1.5	100.0	(1729)
Secondary	7.7	4.4	86.7	1.2	100.0	(1897)
Post Secondary	8.1	5.6	84.8	1.5	100.0	(304)
Other	4.7	8.2	87.1	0.0	100.0	(207)
Religion						
Anglican	5.7	2.1	90.8	1.4	100.0	(268)
Baptist	5.6	4.4	89.2	0.8	100.0	(554)
Methodist	3.4	1.9	91.7	3.0	100.0	(131)
United Church	3.6	3.8	90.4	2.3	100.0	(174)
Roman Catholic	8.4	4.8	84.6	2.2	100.0	(207)
Church of God	7.5	3.5	88.4	0.5	100.0	(1344)
Other	6.2	4.4	87.8	1.5	100.0	(1156)
No Religion	8.8	5.4	83.8	2.0	100.0	(319)

*Excludes 16 cases coded as "no" or "unknown" education.

TABLE 3.6.2

Current Pregnancy Intention of Women Currently In Union Age 15-49 by Health Region
1989 Jamaica CPS
(Percent Distribution)

Selected Characteristic	Currently Pregnant	Currently Not Pregnant: Desire Pregnancy	Currently Not Pregnant: Don't Desire Pregnancy	Currently Not Pregnant: Don't Know	Total	No. of Cases
Total	6.7	4.0	88.1	1.3	100.0	(4153)
Health Region*						
1	7.1	4.6	86.4	1.9	100.0	(1154)
2	6.0	4.0	89.4	0.6	100.0	(607)
3	6.3	3.3	89.5	0.9	100.0	(1198)
4	6.9	3.7	88.4	1.1	100.0	(1194)

*Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 3.6.3

Current Pregnancy Intention of Women Currently In Union Age 15-49 by Parish
1989 Jamaica CPS
(Percent Distribution)

Selected Characteristic	Currently Pregnant	Currently Not Pregnant: Desire Pregnancy	Currently Not Pregnant: Don't Desire Pregnancy	Currently Not Pregnant: Don't Know	Total	No. of Cases
Total	6.7	4.0	88.1	1.3	100.0	(4153)
Parish						
Kingston	12.1	1.3	82.6	4.0	100.0	(149)
St. Andrew	5.6	5.8	87.1	1.5	100.0	(804)
St. Thomas	7.0	3.0	89.6	0.5	100.0	(201)
Portland	7.3	7.8	84.8	0.0	100.0	(191)
St. Mary	5.2	3.1	91.1	0.5	100.0	(191)
St. Ann	5.8	2.7	90.7	0.9	100.0	(225)
Trelawny	5.0	2.2	92.8	0.0	100.0	(180)
St. James	7.1	3.4	89.0	0.5	100.0	(380)
Hanover	3.9	2.0	94.2	0.0	100.0	(205)
Westmoreland	7.0	3.5	86.4	3.1	100.0	(228)
St. Elizabeth	6.3	3.9	89.8	0.0	100.0	(205)
Manchester	7.0	3.7	87.6	1.7	100.0	(241)
Clarendon	7.1	2.4	89.6	0.9	100.0	(337)
St. Catherine	6.7	4.4	88.0	1.0	100.0	(616)

TABLE 4.1.1

Percentage of All Women Aged 15-49 Who Have Knowledge of at Least One Effective* Method of Contraception by Age and Residence 1989 Jamaica CPS

		Residence		Education			
	Total	Urban	Rural	Primary	Secondary	Post Secondary	Other
Total	99.8	99.9	99.7	99.7	99.9	100.0	99.6
Age							
15-19	99.5	100.0	99.2	98.5	99.9	100.0	97.1
20-24	99.8	99.8	99.9	99.6	99.9	100.0	100.0
25-29	99.9	100.0	99.9	100.0	99.9	100.0	100.0
30-34	99.7	99.4	99.9	99.8	99.4	100.0	100.0
35-39	99.8	100.0	99.8	100.0	100.0	100.0	100.0
40-44	100.0	100.0	100.0	100.0	100.0	100.0	100.0
45-49	99.8	100.0	99.7	99.8	100.0	100.0	100.0

*Effective methods include: pill, IUD, condom, injection, foaming tablets, female sterilization, and male sterilization.

TABLE 4.1.2

Percent of All Women Aged 15-49 With Knowledge of Specific Contraceptive Methods by Residence, 1983 Jamaica CPS and 1989 Jamaica CPS

Method	1983	1989		
	Total	Total	Urban	Rural
Pill	98.4	99.0	99.4	98.8
Condom	96.5	98.9	99.2	98.8
Injection	94.9	96.0	96.8	95.6
Female Sterilization	90.7	92.0	92.2	91.9
IUD	80.4	83.1	86.4	81.2
Diaphragm	54.0	61.3	65.7	58.7
Withdrawal	50.6	58.7	63.7	55.8
Foaming Tablets	na	57.9	59.9	56.7
Male Sterilization	43.2	55.8	60.7	52.9
Creams/Jellies	na	52.7	56.4	50.6
Rhythm	42.3	34.9	39.2	32.3
Billings	na	9.2	10.9	8.2
No. of Cases		(6112)	(1874)	(4238)

na = not available from 1983 CPS.

TABLE 4.1.3

Percent of All Women Aged 15-49 With Knowledge of Specific Contraceptive Methods by Age Group
1989 Jamaica CPS

Method	Total	Age Group						
		15-19	20-24	25-29	30-34	35-39	40-44	45-49
Pill	99.0	97.3	99.6	99.9	99.7	99.3	99.2	98.3
Condom	98.9	98.7	99.5	99.6	99.6	99.0	97.3	96.6
Injection	96.0	89.3	97.8	99.0	98.2	98.2	97.2	96.1
Female Sterilization	92.0	80.7	92.2	95.2	96.4	97.3	98.6	95.5
IUD	83.1	56.5	85.1	92.8	94.6	93.4	91.9	90.3
Diaphragm	61.3	45.6	61.8	67.9	70.2	69.6	64.2	59.1
Withdrawal	58.7	49.4	62.8	64.8	65.4	58.9	52.7	53.5
Foaming Tablets	57.9	35.8	52.8	65.9	70.8	73.5	69.1	60.4
Male Sterilization	55.8	41.6	57.6	61.9	62.3	63.0	58.4	52.7
Creams/Jellies	52.7	33.5	48.7	59.7	62.0	67.6	64.0	53.2
Rhythm	34.9	25.8	38.2	40.6	38.7	35.4	32.2	33.9
Billings	9.2	6.8	7.7	11.3	10.7	9.3	11.2	9.6
No. of Cases	(6112)	(1395)	(1210)	(1153)	(841)	(625)	(515)	(373)

TABLE 4.1.4

Percentage of All Women Aged 15-49 With Knowledge of Specific Contraceptive Methods by Education
1989 Jamaica CPS

Method	Total*	Education			
		Primary	Secondary	Post Secondary	Other
Pill	99.0	98.5	99.4	99.5	98.8
Condom	98.9	98.1	99.4	100.0	99.2
Injection	96.0	96.2	95.6	97.5	97.3
Female Sterilization	92.0	92.0	91.2	96.8	94.2
IUD	83.1	81.3	82.1	96.2	87.9
Diaphragm	61.3	50.6	62.9	92.7	77.2
Withdrawal	58.7	47.6	60.8	89.6	73.9
Foaming Tablets	57.9	53.1	56.2	84.1	72.0
Male Sterilization	55.8	45.4	57.5	87.6	66.2
Creams/Jellies	52.7	46.1	51.9	81.4	67.3
Rhythm	34.9	21.3	36.2	79.4	53.7
Billings	9.2	6.0	8.6	24.6	15.4
No. of Cases	(6112)	(2268)	(3089)	(442)	(284)

*Total includes 29 cases recorded as "none" or "refused."

TABLE 4.1.5

Percentage of All Women Aged 15-49 With Knowledge of Specific Contraceptive Methods by Health Region
1989 Jamaica CPS

Method	Total	Health Region* 1	2	3	4
Pill	99.0	99.2	98.3	98.9	99.1
Condom	98.9	99.2	97.4	99.3	98.9
Injection	96.0	96.7	91.9	96.9	96.5
Female Sterilization	92.0	91.9	90.9	92.1	92.5
IUD	83.1	88.0	80.7	76.7	83.1
Diaphragm	61.3	67.8	56.0	57.5	58.5
Withdrawal	58.7	64.7	48.7	62.3	53.2
Foaming Tablets	57.9	60.6	56.5	54.9	57.5
Male Sterilization	55.8	62.0	53.2	46.0	56.7
Creams/Jellies	52.7	56.3	44.0	48.0	55.7
Rhythm	34.9	38.8	35.6	33.4	30.9
Billings	9.2	11.1	10.6	6.7	8.1
No. of Cases	(6112)	(1729)	(882)	(1784)	(1717)

*Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 4.1.6

Percent of All Women Aged 15-49 With Knowledge of Specific Contraceptive Methods by Parish 1989 Jamaica CPS

Method	Total	King-ston	St. And-rew	St. Tho-mas	Port-land	St. Mary	St. Ann	Trel-awny	St. James	Han-over	West-more-land	St. Eliz-abeth	Man-ches-ter	Cla-ren-don	St. Cath-rine
Pill	99.0	98.3	99.8	97.1	98.9	98.9	97.6	98.6	98.4	99.0	99.4	99.3	99.1	99.0	99.2
Condom	98.9	98.3	99.6	98.5	98.5	97.1	97.0	99.6	99.3	99.4	100.0	98.6	98.0	98.3	99.7
Injection	96.0	96.3	96.9	96.3	95.2	94.9	88.1	96.2	95.0	98.4	98.7	97.2	97.4	96.4	96.1
Female Sterilization	92.0	91.7	92.0	91.6	89.3	93.8	89.6	85.7	93.8	93.4	89.5	95.1	94.2	91.1	92.6
IUD	83.1	85.5	88.6	90.1	84.2	82.1	78.0	82.9	79.5	76.0	78.3	69.0	82.8	77.2	86.2
Diaphragm	61.3	64.3	69.6	62.6	55.9	64.6	50.0	63.8	59.2	67.4	60.4	45.0	55.2	50.2	64.2
Withdrawal	58.7	66.4	67.2	41.4	37.1	49.6	53.9	60.3	62.3	69.0	76.4	47.7	52.6	49.0	55.6
Foaming Tablets	57.9	61.0	61.5	52.8	54.8	61.7	53.6	61.0	56.1	60.1	58.8	44.2	50.0	53.6	62.5
Male Sterilization	55.8	58.1	65.0	48.7	45.2	63.9	49.7	64.5	49.6	46.2	47.9	30.3	54.4	50.2	61.1
Creams/Jellies	52.7	58.9	57.3	42.5	42.3	54.7	37.2	53.7	48.9	54.4	51.8	37.6	52.9	51.7	59.0
Rhythm	34.9	41.9	40.6	17.6	24.3	42.3	36.6	30.0	31.7	45.2	43.8	22.3	21.5	27.0	36.8
Billings	9.2	8.7	12.3	8.1	7.7	20.1	5.4	5.6	11.5	2.2	3.8	5.9	5.5	8.0	9.1
No. of Cases	(6112)	(241)	1215)	(273)	(272)	(274)	(336)	(287)	(581)	(316)	(313)	(287)	(344)	(474)	(899)

TABLE 4.2.1

Knowledge of Time During Woman's Monthly Menstrual Cycle
When She Is At Greatest Risk of Getting Pregnant: All Women
Age 15-49 by Union Status
1989 Jamaica CPS
(Percent Distribution)

		Union Status						
Timing	Total	Legally Married	Common Law	Visiting Partner	Boyfriend/ Had Sex	Boyfriend/ No Sex	Previous Partner	Never Had Partner
During her period	3.3	1.6	2.0	3.3	4.4	6.3	4.2	6.4
Right after her period ended	22.7	24.2	27.2	23.6	17.8	12.6	19.7	16.9
In middle of the cycle	20.3	25.9	18.1	18.1	25.3	23.2	23.1	17.4
Just before her period begins	20.1	18.0	20.0	22.1	16.3	27.5	20.8	17.5
At any time	23.6	22.2	22.9	23.9	25.2	23.2	21.9	27.0
Other	0.4	0.4	0.3	0.5	0.2	0.3	0.4	0.1
Don't know	9.7	8.8	9.4	8.4	10.7	7.0	9.9	14.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(6112)	(1023)	(1418)	(1712)	(320)	(164)	(726)	(749)

TABLE 4.2.2

Knowledge of Time During Woman's Monthly Menstrual Cycle When She Is At Greatest Risk of Getting Pregnant: All Women Age 15-49 by Residence 1989 Jamaica CPS

Timing	Total	Residence	
		Urban	Rural
During her period	3.3	3.5	3.3
Right after her period ended	22.7	22.7	22.7
In middle of the cycle	20.3	21.0	19.8
Just before her period begins	20.1	21.1	19.5
At any time	23.6	22.7	24.1
Other	0.4	0.4	0.3
Don't know	9.7	8.6	10.4
Total	100.0	100.0	100.0
No. of Cases	(6112)	(1874)	(4238)

TABLE 4.2.3

Knowledge of Time During Woman's Monthly Menstrual Cycle When She Is At Greatest Risk of Getting Pregnant: All Women Age 15-49 by Age Group 1989 Jamaica CPS

Timing	Total	Age Group						
		15-19	20-24	25-29	30-34	35-39	40-44	45-49
During her period	3.3	7.3	2.2	1.9	2.7	2.2	1.6	2.7
Right after her period ended	22.7	18.4	21.1	23.2	24.0	24.8	26.3	30.2
In middle of cycle	20.3	15.6	21.8	23.6	21.9	23.4	17.9	16.6
Just before her period begins	20.1	21.0	21.0	21.3	20.4	17.9	18.7	14.4
At any time	23.6	26.2	26.0	21.9	20.7	20.0	23.5	23.9
Other	0.4	0.2	0.4	0.4	0.5	0.6	0.1	0.4
Don't know	9.7	11.2	7.5	7.6	9.9	11.2	11.9	11.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(6112)	(1395)	(1210)	(1153)	(841)	(625)	(515)	(373)

TABLE 4.2.4

Knowledge of Time During Woman's Monthly Menstrual Cycle
When She Is At Greatest Risk of Getting Pregnant:
All Women Age 15-49 by Education
1989 Jamaica CPS

		Education			
Timing	Total*	Primary	Secondary	Post Secondary	Other
During her period	3.3	3.2	4.1	0.4	1.9
Right after her period ended	22.7	27.4	21.0	14.6	17.4
In middle of the cycle	20.3	13.6	22.0	37.5	25.7
Just before her period begins	20.1	18.6	20.6	24.5	20.6
At any time	23.6	24.2	24.1	16.4	23.6
Other	0.4	0.2	0.4	0.6	1.0
Don't know	9.7	12.9	7.9	6.0	9.4
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases	(6112)	(2268)	(3089)	(442)	(284)

*Includes 29 cases coded as "no" or "unknown" education.

TABLE 4.2.5

Knowledge of Time During Woman's Monthly Menstrual Cycle
When She Is At Greatest Risk of Getting Pregnant:
All Women Age 15-49 by Religion
1989 Jamaica CPS

		Religion							
Timing	Total	Anglican	Baptist	Methodist	United Church	Roman Catholic	Church of God	Other	No Religion
During her period	3.3	2.2	3.1	3.3	4.4	3.8	3.5	3.3	3.3
Right after her period ended	22.7	14.4	22.2	19.7	25.8	19.8	25.0	23.7	19.2
In middle of the cycle	20.3	26.7	20.0	27.7	23.2	24.2	17.8	20.1	18.7
Just before her period begins	20.1	21.6	20.2	22.1	13.1	21.6	20.2	19.1	22.6
At any time	23.6	28.8	22.2	18.7	24.5	23.0	23.8	23.7	22.0
Other	0.4	0.1	0.4	0.3	0.7	0.6	0.2	0.6	0.0
Don't know	9.7	6.2	11.8	8.2	8.3	7.0	9.5	9.6	14.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(6112)	(404)	(799)	(214)	(240)	(294)	(1960)	(1742)	(459)

TABLE 4.2.6

Knowledge of Time During Woman's Monthly Menstrual Cycle
When She Is At Greatest Risk of Getting Pregnant:
All Women Age 15-49 by Health Region
1989 Jamaica CPS

Timing	Total	Health Region* 1	2	3	4
During her period	3.3	2.9	3.4	1.8	5.0
Right after her period ended	22.7	21.5	27.6	20.0	23.9
In middle of the cycle	20.3	21.8	15.2	24.1	17.8
Just before her period begins	20.1	21.4	20.0	15.3	22.1
At any time	23.6	22.8	19.0	28.6	22.7
Other	0.4	0.2	0.4	0.9	0.2
Don't know	9.7	9.5	14.4	9.2	8.4
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases	(6112)	(1729)	(882)	(1784)	(1717)

*Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 4.2.7

Knowledge of Time During Woman's Monthly Menstrual Cycle
When She Is At Greatest Risk of Getting Pregnant:
All Women Age 15-49 by Parish
1989 Jamaica CPS
(Percent Distribution)

Timing	Total	King-ston	St. And-rew	St. Tho-mas	Port-land	St. Mary	St. Ann	Trel-awny	St. James	Han-over	West-more-land	St. Eliz-abeth	Man-ches-ter	Cla-ren-don	St. Cath-rine
During her period	3.3	2.9	3.1	1.1	4.0	4.7	2.1	3.8	2.9	1.3	0.3	1.0	6.7	3.4	5.1
Right after her period ended	22.7	24.5	21.0	18.0	31.6	25.6	27.1	24.4	20.1	18.0	16.0	22.3	20.4	26.0	24.2
In middle of the cycle	20.3	21.2	22.8	15.4	15.4	12.4	17.0	16.7	21.7	37.3	47.3	3.8	9.9	21.3	19.2
Just before her period begins	20.1	19.1	22.2	20.5	21.3	17.2	21.4	25.4	18.1	14.9	11.5	10.4	21.2	20.5	23.2
At any time	23.6	23.6	21.6	30.8	18.4	13.5	23.2	20.2	25.8	20.9	16.6	50.5	27.9	24.7	19.6
Other	0.4	0.0	0.2	0.4	0.7	0.7	0.0	0.0	2.6	1.0	0.0	0.0	0.0	0.2	0.2
Don't know	9.7	8.7	9.1	13.9	8.5	25.9	9.2	9.4	8.8	6.6	8.0	11.8	14.0	4.0	8.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(6112)	(241)	(1215)	(273)	(272)	(274)	(336)	(287)	(581)	(316)	(313)	(287)	(344)	(474)	(899)

TABLE 4.2.8

Knowledge of Time During Woman's Monthly Menstrual Cycle
When She Is At Greatest Risk of Getting Pregnant: All Women
Age 15-49 by Current Contraceptive Use Status
1989 Jamaica CPS
(Percent Distribution)

		Current Contraceptive Use Status*							
Timing	Total	Female Sterile.	Pill	Injection	IUD	Condom	Rhythm	Withdrawal	Not Using
During her period	3.3	2.0	2.2	3.4	0.0	2.2	0.0	2.8	4.1
Right after her period ends	22.7	26.1	22.3	27.9	9.8	24.1	27.9	25.0	21.6
In the middle of the cycle	20.3	15.1	22.5	15.2	32.6	20.6	40.1	18.0	20.5
Just before her period begins	20.1	20.0	19.7	23.4	19.6	21.1	13.1	21.1	19.8
At any time	23.6	26.6	25.5	21.0	27.4	24.1	11.1	24.3	22.8
Other	0.4	0.1	0.3	0.3	0.0	0.7	2.5	0.6	0.4
Don't know	9.7	10.1	7.5	8.7	10.6	7.2	5.2	8.2	10.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(6112)	(669)	(910)	(367)	(71)	(430)	(41)	(113)	(3485)

*Excludes 26 cases who were using either: male sterilization, diaphragm, foaming tablets, cream/jellies, or Billings methods.

TABLE 4.3.1

Percentage of All Women Age 15-49 Who Ever Used Any Method of Contraception by Selected Characteristics
1989 Jamaica CPS

Characteristic	Percent Ever Used	No. of Cases
Total	70.5	(6112)
Age		
15-19	37.6	(1395)
20-24	75.1	(1210)
25-29	84.3	(1153)
30-34	87.3	(841)
35-39	84.8	(625)
40-44	75.1	(515)
45-49	67.1	(373)
Residence		
Urban	69.9	(1874)
Rural	70.9	(4238)
Education		
Primary	74.2	(2268)
Secondary	66.7	(3089)
Post Secondary	76.8	(442)
Other	75.6	(284)
No. of Children Ever Born		
0	40.2	(2004)
1	80.0	(1114)
2	85.6	(991)
3	89.0	(710)
4	87.6	(422)
5+	88.9	(871)
Union Status		
Married	83.4	(1023)
Common Law	85.0	(1418)
Visiting Partner	83.4	(1712)
Previous Union	71.4	(726)
Never in Union	24.3	(1233)

TABLE 4.3.2

Percentage of All Women Age 15-49 Who Ever Used Any Method of Contraception by Health Region and Parish 1989 Jamaica CPS

Characteristic	Percent Ever Used	No. of Cases
Total	70.5	(6112)
Health Region*		
1	69.0	(1729)
2	71.0	(882)
3	71.7	(1784)
4	71.2	(1717)
Parish		
Kingston	68.5	(241)
St. Andrew	69.0	(1215)
St. Thomas	71.1	(273)
Portland	75.7	(272)
St. Mary	70.4	(274)
St. Ann	69.0	(336)
Trelawny	68.6	(287)
St. James	69.9	(581)
Hanover	69.6	(316)
Westmoreland	75.1	(313)
St. Elizabeth	73.5	(287)
Manchester	70.4	(344)
Clarendon	69.2	(474)
St. Catherine	72.5	(899)

*Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 4.3.3

Percentage of All Women Age 15-49 Who Ever Used Contraception by Method and Residence
1989 Jamaica CPS

Method	Total	Residence	
		Urban	Rural
Female Sterilization	11.0	10.9	11.1
Male Sterilization	0.1	0.0	0.1
Pill	47.6	48.4	47.1
Injection	22.7	23.9	22.0
IUD	5.5	6.5	4.8
Condom	32.8	30.5	34.2
Diaphragm	0.7	0.9	0.6
Foaming Tablets	3.6	3.7	3.5
Creams/Jellies	1.9	2.0	1.8
Rhythm	2.9	2.6	3.1
Billings	0.3	0.4	0.2
Withdrawal	13.6	14.6	13.0
No. of Cases	(6112)	(1874)	(4238)

TABLE 4.3.4

Percentage of All Women Age 15-49 Who Ever Used Contraception
by Method and Parish
1989 Jamaica CPS

Method	Total	King-ston	St. And-rew	St. Tho-mas	Port-land	St. Mary	St. Ann	Trel-awny	St. James	Han-over	West-more-land	St. Eliz-beth	Man-ches-ter	Cla-ren-don	St. Cath-rine
Female Sterilization	11.0	13.3	10.0	15.4	9.9	15.7	11.0	13.2	8.6	10.4	8.0	11.8	11.9	10.6	11.0
Male Sterilization	0.1	0.0	0.1	0.0	0.0	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.0	0.0
Pill	47.6	49.8	47.7	52.0	53.3	54.4	41.1	43.6	48.9	47.8	49.5	47.4	44.2	44.1	47.5
Injection	22.7	29.5	21.6	28.9	29.8	20.4	13.4	21.2	18.6	20.2	24.3	22.0	27.0	20.0	24.2
IUD	5.5	5.0	8.2	7.0	2.9	6.6	4.5	4.2	4.0	2.5	1.0	2.4	3.8	4.0	6.9
Condom	32.8	24.9	30.2	24.9	36.4	34.3	29.8	24.7	29.3	37.3	47.0	30.3	34.3	34.0	39.9
Diaphragm	0.7	0.8	0.7	1.1	1.5	0.7	0.6	1.0	0.9	0.3	0.3	0.0	0.9	0.6	0.6
Foaming Tablets	3.6	3.7	3.7	3.7	4.4	5.1	3.9	2.8	3.3	1.9	1.3	1.0	3.2	3.4	5.0
Creams/Jellies	1.9	2.5	1.6	2.2	1.5	0.7	1.5	1.0	1.7	1.9	1.9	1.0	2.3	2.9	2.4
Rhythm	2.9	2.1	2.9	0.4	4.8	2.9	3.3	1.0	2.6	1.0	5.1	1.7	2.6	2.7	4.2
Billings	0.3	0.0	0.5	0.4	0.0	0.4	0.3	0.0	0.9	0.0	0.0	0.0	0.0	0.4	0.2
Withdrawal	13.6	11.2	15.0	5.9	9.2	11.3	14.9	10.4	15.8	9.2	12.5	8.7	14.8	15.8	15.7
No. of Cases	(6112)	(241)	(1215)	(273)	(272)	(274)	(336)	(289)	(581)	(316)	(313)	(287)	(344)	(474)	(899)

TABLE 4.3.5

Median Age at Time of First Contraceptive Use by Selected Characteristics: Ever Users of Contraception Age 15-49 1989 Jamaica CPS

Selected Characteristics	Median Age	No. of Cases
Total	19	(2372)
Residence		
Urban	19	(701)
Rural	19	(1671)
Education		
Primary	20	(853)
Secondary	19	(1187)
Post Secondary	21	(204)
Other	19	(122)
Age		
15-19	16	(313)
20-24	18	(513)
25-29	20	(579)
30-34	20	(418)
35-39	21	(276)
40-44	22	(187)
45-49	23	(86)
Religion		
Anglican	19	(162)
Baptist	19	(318)
Methodist	19	(96)
United Church	20	(108)
Roman Catholic	19	(119)
Church of God	19	(752)
Other	19	(637)
No Religion	19	(180)

TABLE 4.3.6

Median Age at Time of First Contraceptive Use by Health Region: Ever Users of Contraception Age 15-49 1989 Jamaica CPS

Health Region*	Median Age	No. of Cases
1	19	(666)
2	19	(328)
3	19	(706)
4	20	(672)
Total	19	(2372)

*Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 4.3.7

Median Age at Time of First Contraceptive Use by Parish: Ever Users of Contraception Age 15-49 1989 Jamaica CPS

Parish	Median Age	No. of Cases
Kingston	19	(75)
St. Andrew	19	(473)
St. Thomas	18	(118)
Portland	19	(110)
St. Mary	20	(95)
St. Ann	19	(123)
Trelawny	19	(121)
St. James	19	(195)
Hanover	19	(136)
Westmoreland	19	(125)
St. Elizabeth	19	(129)
Manchester	20	(131)
Clarendon	20	(181)
St. Catherine	19	(360)
Total	19	(2372)

TABLE 4.4.1

Percentage of Women Currently in Union Aged 15-49 Who Are Currently Using Contraception by Method, 1975-76 Jamaica FS, 1983 Jamaica CPS, and 1989 Jamaica CPS

Contraceptive Status	1975-76 Total	1983 Total	1989 Total
Current User	38.0	51.4	54.6
Pill	11.9	19.3	19.5
Female Sterilization	8.1	10.9	13.6
Condom	6.6	7.6	8.6
Injection	6.2	7.6	7.6
IUD/Vaginals	3.5	3.0	1.6
Withdrawal	1.4	1.9	2.4
Rhythm	0.3	1.1	1.0
Other	0.0	0.0	0.3
Not Currently Using	62.0	48.6	45.4
Total	100.0	100.0	100.0
No. of Cases	(1,544)	(1,939)	(4,153)

TABLE 4.4.2

Percentage of All Women Aged 15 to 49 Who Are Currently Using Contraception by Method and Current Union Status 1989 Jamaica CPS

Contraceptive Status	Total	Current Union Status: Legally Married	Common Law	Visiting Partner	Boyfriend Sexually Exp.	Boyfriend No Sex	Prev. Partner/ No Partner Now	Never Had Partner
Current User	42.6	59.6	52.2	53.6	47.5	6.4	22.7	0.6
Pill	14.5	11.1	20.7	23.5	15.6	2.7	3.6	0.0
Female Sterilization	11.0	29.2	11.9	5.6	2.8	1.8	12.5	0.5
Condom	7.0	6.6	7.1	11.1	21.3	0.0	0.4	0.0
Injection	5.7	4.8	8.9	8.1	1.0	0.0	4.4	0.1
Withdrawal	1.9	2.8	1.6	2.8	4.0	1.2	0.4	0.0
IUD	1.2	2.2	1.1	1.4	1.8	0.8	1.1	0.0
Rhythm	0.7	1.6	0.4	1.0	0.5	0.0	0.0	0.0
Foam Tablets	0.2	0.5	0.2	0.1	0.4	0.0	0.0	0.0
Billings	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0
Cream/Jellies	0.1	0.2	0.1	0.0	0.0	0.0	0.0	0.0
Diaphragm	0.1	0.2	0.1	0.1	0.0	0.0	0.0	0.0
Male Sterilization	0.1	0.3	0.0	0.0	0.0	0.0	0.0	0.0
Non User	57.4	40.4	47.8	46.4	52.5	93.6	77.3	99.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(6112)	(1023)	(1418)	(1712)	(320)	(164)	(726)	(749)

TABLE 4.4.3

Percentage of Women Currently in Union Aged 15 to 49
Who Are Currently Using Contraception by Method and Residence
1989 Jamaica CPS

Contraceptive Status	Total	Residence	
		Urban	Rural
Current User	54.6	52.4	55.8
Pill	19.5	18.6	20.0
Female Sterilization	13.6	13.1	13.9
Condom	8.6	8.5	8.7
Injection	7.6	6.5	8.2
Withdrawal	2.4	2.9	2.1
IUD	1.5	1.6	1.4
Rhythm	1.0	0.9	1.0
Foam Tablets	0.2	0.2	0.3
Billings	0.1	0.1	0.0
Cream/Jellies	0.1	0.0	0.1
Diaphragm	0.1	0.1	0.1
Male Sterilization	0.1	0.1	0.1
Non User	45.4	47.6	44.2
Total	100.0	100.0	100.0
No. of Cases	(4153)	(1265)	(2888)

TABLE 4.4.4

Percent of All Women Currently in Union Aged 15 to 49
Who Are Currently Using Contraception by Method and Age of Respondent
1989 Jamaica CPS

Contraceptive Status	Total	Age 15-19	20-24	25-29	30-34	35-39	40-44	45-49
Current User	54.6	47.9	52.5	56.8	58.3	59.0	57.3	42.8
Pill	19.5	19.7	26.8	27.3	19.9	10.9	5.5	2.5
Female Sterilization	13.6	0.0	1.3	4.9	16.9	28.9	37.0	35.8
Condom	8.6	16.7	10.7	8.9	7.1	5.9	4.5	1.3
Injection	7.6	4.8	9.5	10.2	9.4	5.5	4.5	0.0
Withdrawal	2.4	5.6	2.4	2.4	1.3	2.0	1.8	1.2
IUD	1.5	0.3	1.0	1.6	2.0	2.5	1.8	0.8
Rhythm	1.0	0.7	0.5	0.9	1.3	1.3	1.7	0.4
Foam Tablets	0.2	0.0	0.2	0.2	0.2	0.6	0.3	0.4
Billings	0.1	0.0	0.1	0.1	0.0	0.1	0.0	0.0
Cream/Jellies	0.1	0.0	0.0	0.1	0.0	0.2	0.0	0.2
Diaphragm	0.1	0.0	0.0	0.0	0.2	0.6	0.0	0.0
Male Sterilization	0.1	0.0	0.0	0.0	0.0	0.5	0.3	0.0
Non User	45.4	52.1	47.5	43.2	41.7	41.0	42.7	57.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(4153)	(455)	(871)	(960)	(695)	(500)	(400)	(272)

TABLE 4.4.5

Percentage of Women Currently in Union Aged 15 to 49 Who Are Currently Using Contraception by Method and Respondent's Education 1989 Jamaica CPS

Contraceptive Status	Total*	Education			
		Primary	Secondary	Post Secondary	Other
Current User	54.6	52.4	55.4	60.5	55.2
Pill	19.5	14.0	24.0	20.4	21.1
Female Sterilization	13.6	21.2	7.8	11.7	7.8
Condom	8.6	6.0	10.4	10.7	9.8
Injection	7.6	7.7	8.3	3.4	5.3
Withdrawal	2.4	1.9	2.4	4.3	3.3
IUD	1.5	1.0	1.2	4.1	3.8
Rhythm	1.0	0.4	0.8	4.5	1.8
Foam Tablets	0.2	0.1	0.3	0.5	0.0
Billings	0.1	0.0	0.0	0.0	1.3
Cream/Jellies	0.1	0.1	0.0	0.3	0.0
Diaphragm	0.1	0.0	0.1	0.3	0.4
Male Sterilization	0.1	0.0	0.1	0.3	0.6
Non User	45.4	47.6	44.6	39.5	44.8
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases	(4153)	(1729)	(1897)	(304)	(207)

*Total includes 13 cases who reported "no" educational attainment.

TABLE 4.4.6

Percentage of Women Currently in Union Aged 15 to 49
Who Are Currently Using Contraception by Method and Religion
1989 Jamaica CPS

Contraceptive Status	Total	Religion							
		Anglican	Baptist	Methodist	United Church	Roman Catholic	Church of God	Other	No Religion
Current User	54.6	59.7	53.5	61.7	56.8	51.4	54.3	53.8	54.3
Pill	19.5	21.3	21.3	28.9	25.8	14.4	17.4	19.2	21.5
Female Sterilization	13.6	18.1	11.3	13.6	8.6	15.2	14.3	13.9	10.8
Condom	8.6	6.9	9.4	5.7	6.5	10.7	8.9	8.5	8.7
Injection	7.6	7.3	5.1	8.4	9.4	5.5	8.5	7.0	10.0
Withdrawal	2.4	1.0	2.6	1.0	1.2	1.0	3.0	2.9	1.4
IUD	1.5	2.9	2.0	3.3	1.3	1.9	1.3	0.9	1.4
Rhythm	1.0	1.1	1.0	0.0	3.0	2.0	0.5	1.2	0.3
Foam Tablets	0.2	0.3	0.5	0.8	0.0	0.0	0.3	0.2	0.0
Billings	0.1	0.0	0.2	0.0	0.0	0.3	0.0	0.0	0.0
Cream/Jellies	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0
Diaphragm	0.1	0.4	0.0	0.0	1.0	0.0	0.0	0.0	0.4
Male Sterilization	0.1	0.4	0.0	0.0	0.0	0.5	0.0	0.0	0.0
Non User	45.4	40.3	46.5	38.3	43.2	48.6	45.7	46.2	45.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(4153)	(268)	(554)	(131)	(174)	(207)	(1344)	(1156)	(319)

TABLE 4.4.7

Percentage of Women Currently in Union Aged 15 to 49
Who Are Currently Using Contraception by Method
and Number of Children Ever Born
1989 Jamaica CPS

Contraceptive Status	Total	Number of Children Ever Born					
		0	1	2	3	4	5+
Current User	54.6	42.3	50.6	55.9	60.6	60.4	63.5
Pill	19.5	17.3	28.3	24.0	18.0	18.1	7.7
Female Sterilization	13.6	0.2	1.0	7.5	18.5	24.5	41.1
Condom	8.6	16.8	9.5	7.6	5.3	6.6	3.4
Injection	7.6	0.1	7.0	11.2	12.8	9.0	6.9
Withdrawal	2.4	5.3	1.7	1.6	2.3	0.3	2.1
IUD	1.5	0.6	2.0	2.2	1.9	0.7	0.9
Rhythm	1.0	1.6	0.8	0.8	1.0	0.9	0.6
Foam Tablets	0.2	0.1	0.0	0.7	0.2	0.0	0.3
Billings	0.1	0.1	0.1	0.0	0.1	0.0	0.0
Cream/Jellies	0.1	0.0	0.1	0.0	0.0	0.0	0.2
Diaphragm	0.1	0.0	0.0	0.1	0.2	0.2	0.2
Male Sterilization	0.1	0.1	0.0	0.0	0.4	0.0	0.0
Non User	45.4	57.7	49.4	44.1	39.4	39.6	36.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(4153)	(743)	(875)	(844)	(598)	(357)	(736)

TABLE 4.4.8

Percentage of Women Currently in Union Aged 15 to 49
Who Are Currently Using Contraception by Method
and Desire for Additional Children
1989 Jamaica CPS

Contraceptive Status	Total	Desire Additional Children: Want More	Desire Additional Children: Want No More
Current User	54.6	45.8	62.2
Pill	19.5	22.2	17.2
Female Sterilization	13.6	0.0	25.2
Condom	8.6	11.9	5.7
Injection	7.6	5.0	9.7
Withdrawal	2.4	3.2	1.7
IUD	1.5	1.5	1.4
Rhythm	1.0	1.3	0.8
Foam Tablets	0.2	0.3	0.1
Billings	0.1	0.2	0.0
Cream/Jellies	0.1	0.1	0.1
Diaphragm	0.1	0.1	0.1
Male Sterilization	0.1	0.0	0.2
Non User	45.4	54.2	37.8
Total	100.0	100.0	100.0
No. of Cases	(4153)	(1896)	(2257)

TABLE 4.4.9

Percentage of Women Currently in Union Aged 15 to 49
Who Are Currently Using Contraception by Method and Health Region
1989 Jamaica CPS

Contraceptive Status	Total	Health Region* 1	2	3	4
Current User	54.6	53.9	53.3	55.3	55.5
Pill	19.5	19.6	19.5	20.1	18.8
Female Sterilization	13.6	13.5	14.2	12.6	14.1
Condom	8.6	7.8	8.9	9.0	9.2
Injection	7.6	6.7	6.3	9.8	7.5
Withdrawal	2.4	2.6	1.8	1.8	2.8
IUD	1.5	2.3	1.2	0.9	1.1
Rhythm	1.0	0.9	0.9	0.8	1.2
Foam Tablets	0.2	0.3	0.3	0.0	0.3
Billings	0.1	0.1	0.0	0.2	0.0
Creams/Jellies	0.1	0.0	0.0	0.1	0.2
Diaphragm	0.1	0.1	0.0	0.1	0.2
Male Sterilization	0.1	0.1	0.0	0.0	0.2
Non User	45.4	46.1	46.7	44.7	44.5
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases	(4153)	(1154)	(607)	(1198)	(1194)

*Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 4.4.10

Percentage of Women Currently in Union Aged 15 to 49
Who Are Currently Using Contraception by Method and Parish
1989 Jamaica CPS

Contraceptive Status	Total	Parish													
		Kingston	St. Andrew	St. Thomas	Portland	St. Mary	St. Ann	Trelawny	St. James	Hanover	Westmoreland	St. Elizbeth	Manchester	Clarendon	St. Catherine
Current User	54.6	41.6	56.5	61.2	59.2	50.3	52.4	63.9	47.1	62.9	52.2	60.5	56.0	53.7	56.2
Pill	19.5	15.4	20.4	23.3	21.7	19.9	18.2	20.0	17.9	27.3	18.0	21.5	16.6	19.6	19.3
Female Sterilization	13.6	14.1	12.6	18.9	11.5	16.2	14.2	17.2	10.8	14.2	9.6	14.6	12.9	13.6	14.8
Condom	8.6	6.1	8.9	3.5	8.4	5.8	11.6	12.8	8.5	8.3	7.9	9.3	10.3	6.0	10.4
Injection	7.6	4.0	6.8	11.0	14.7	5.2	2.7	10.6	5.8	10.7	14.0	9.8	9.1	8.9	6.0
Withdrawal	2.4	2.0	3.0	1.0	0.5	1.0	3.1	2.2	2.1	1.5	0.9	2.4	2.5	4.8	2.0
IUD	1.5	0.0	3.0	2.0	0.5	1.6	1.3	0.6	0.5	1.0	0.9	1.5	1.7	0.6	1.1
Rhythm	1.0	0.0	1.2	0.5	1.6	0.5	0.9	0.0	0.8	0.0	0.9	1.5	1.7	0.3	1.5
Foam Tablets	0.2	0.0	0.2	1.0	0.5	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6
Billings	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0
Cream/Jellies	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.0	0.0	0.0	0.0	0.4	0.0	0.2
Diaphragm	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.3
Male Sterlilzation	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	0.0
Non-User	45.4	58.4	43.5	38.8	40.8	49.7	47.6	36.1	52.9	37.1	47.8	39.5	44.0	46.3	43.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(4153)	(149)	(804)	(201)	(191)	(191)	(225)	(180)	(380)	(205)	(228)	(205)	(241)	(337)	(616)

TABLE 4.4.11

Percent of Women Currently in Union Age 15-49 Currently Using Contraception by Residence and Selected Characteristics 1989 Jamaica CPS

Characteristic	Total	Urban	Rural
Total	54.6	52.4	55.8
Age			
15-19	47.9	41.7	52.4
20-24	52.5	53.2	52.1
25-29	56.8	55.1	57.7
30-34	58.3	54.3	60.6
35-39	59.0	56.4	60.4
40-44	57.3	55.6	58.3
45-49	42.8	43.4	42.6
Education			
Primary	52.4	50.2	53.3
Secondary	55.4	53.8	56.6
Post Secondary	60.5	54.6	66.5
Other	55.2	46.0	60.8
No. of Children Ever Born			
0	42.3	38.5	45.4
1	50.6	49.9	51.0
2	55.9	57.5	54.9
3	60.6	61.5	60.1
4	60.4	56.3	62.3
5	63.5	61.0	64.7
Religion			
Anglican	59.7	58.0	60.4
Baptist	53.5	51.6	54.4
Methodist	61.7	*	63.5
United Church	56.8	43.4	62.1
Roman Catholic	51.4	48.1	57.5
Church of God	54.3	51.0	56.2
Other	54.2	55.5	53.5
No Religion	54.3	55.2	53.2

*<25 cases.

TABLE 4.4.12

Percent of Women Currently in Union Age 15-49 Currently Using Contraception by Education by Selected Characteristics 1989 Jamaica CPS

Characteristic	Total	Education			
		Primary	Secondary	Post Secondary	Other
Total	54.6	52.4	55.4	60.5	55.2
Age					
15-19	47.9	43.6	49.4	*	*
20-24	52.5	45.0	54.0	55.2	66.9
25-29	56.8	53.8	58.3	59.9	49.5
30-34	58.3	59.8	54.2	71.6	51.7
35-39	59.0	58.6	61.2	51.4	72.9
40-44	57.3	55.6	61.0	72.4	*
45-49	42.8	39.6	*	*	*
Residence					
Urban	52.4	50.2	53.8	54.6	46.0
Rural	55.8	53.3	56.6	66.5	60.8
No. of Children Ever Born					
0	42.3	32.0	44.3	47.4	48.2
1	50.6	40.8	52.5	63.2	59.8
2	55.9	48.3	59.4	62.5	55.9
3	60.6	54.8	62.6	84.6	56.4
4	60.4	54.9	67.8	*	*
5+	63.5	63.0	68.0	*	*
Religion					
Anglican	59.7	53.0	64.5	70.2	*
Baptist	53.5	48.7	55.6	60.9	65.6
Methodist	61.7	53.8	62.4	*	*
United Church	56.8	52.6	55.0	*	*
Roman Catholic	51.4	37.7	53.9	65.0	*
Church of God	54.3	55.1	53.8	48.7	59.6
Other	54.2	52.2	55.6	61.0	46.4
No Religion	54.3	56.2	54.6	*	*

*<25 cases.

TABLE 4.4.13

Percentage of Currently Married Women
Currently Using Contraceptives, by Method
Mexico, Central America, and Panama
(Percent Distribution)

Current Use and Method	Costa Rica (1986)*	Panama (1984)**	Jamaica (1989)*	Mexico (1987)*	Trinidad & Tobago (1987)*	Dominican Republic (1986)*	El Salvador (1988)**	Honduras (1987)**	Guatemala (1987)**
Currently Using	69.3	58.2	54.6	53.0	52.7	50.0	47.1	40.6	23.2
Female sterilization	16.7	32.8	13.6	18.8	8.2	32.9	29.6	12.6	10.4
Pill	19.2	11.8	19.5	9.8	14.0	8.8	7.6	13.4	4.0
IUD	7.4	6.0	1.6	10.5	4.4	3.0	2.0	4.3	1.8
Condom	12.9	1.6	8.6	1.9	11.8	1.4	2.4	1.8	1.1
Rhythm/Billings	7.6	2.3	1.0	8.0	2.6	1.4	2.4	3.5	2.8
Other methods	5.5	3.7	10.3	4.0	11.7	2.5	3.1	4.9	3.1
Not Currently Using	30.7	41.8	45.4	47.0	47.3	50.0	52.9	59.4	76.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases (Unweighted)	(2097)	(5222)	(4153)	(9709)	(2617)	(4130)	(2276)	(6093)	(3345)
TFR	3.6	4.0	2.9	3.8	3.1	3.8	4.6	5.5	5.6

*Women aged 15–49
**Women aged 15–44

TABLE 4.5.1

Profile of Women Currently in Union Age 15-49 Using Female Sterilization and Women Currently in Union Not Sterilized by Selected Characteristics 1989 Jamaica CPS (Percent Distribution)

Characteristic	Sterilized Women	Not-Sterilized Women	Total
Residence			
Urban	35.1	36.7	36.4
Rural	64.9	63.3	63.6
Total	100.0	100.0	100.0
Age			
15-19	0.0	12.9	11.2
20-24	2.1	23.9	20.9
25-29	8.5	25.6	23.3
30-34	20.7	15.9	16.6
35-39	25.7	9.9	12.1
40-44	26.6	7.1	9.8
45-49	16.4	4.6	6.2
Total	100.0	100.0	100.0
Mean Age	37.8	28.3	29.6
No. of Children Ever Born			
0	0.2	21.5	18.6
1	1.6	24.2	21.1
2	11.3	21.9	20.5
3	19.5	13.4	14.2
4	14.7	7.1	8.2
5+	52.6	11.8	17.4
Total	100.0	100.0	100.0
Mean No. Children Ever Born	4.9	2.1	2.5
Education			
Primary	63.0	36.8	40.4
Secondary	26.8	49.8	46.6
Post Secondary	6.8	8.0	7.8
Other	2.8	5.1	4.8
None/Unknown	0.6	0.3	0.4
Total	100.0	100.0	100.0
No. of Cases	(566)	(3587)	(4153)

TABLE 4.5.2

Timing of Sterilization* in Terms of Life-Cycle Characteristics of Sterilized Women Age 15-49
1989 Jamaica CPS
(Percent Distribution)

Timing	Total	Urban	Rural
Age at Sterilization			
<25	9.1	9.6	8.8
25-29	26.7	21.6	29.4
30-34	35.0	34.8	35.1
35-39	22.3	25.1	20.8
40-49	6.8	8.9	5.7
Unknown	0.2	0.0	0.2
	100.0	100.0	100.0
Number of Children Ever Born			
1	1.6	3.2	0.8
2	11.4	15.4	9.2
3	19.5	21.1	18.6
4	14.8	13.1	15.7
5+	55.7	47.3	55.7
	100.0	100.0	100.0
Year of Operation			
1985-1989	45.6	44.4	46.6
1980-1984	30.9	35.8	28.0
1975-1979	15.4	15.1	15.6
1970-1974	5.5	1.2	7.7
Before 1970	2.1	2.9	1.7
Unknown	0.5	0.6	0.4
	100.0	100.0	100.0
No. of Cases	(566)	(162)	(404)

*Excludes 3 cases with missing information.

TABLE 4.5.3

Mean Number of Children Ever Born to Women Currently In Union Age 15-49 by Age for Sterilized and Non-Sterilized Couples 1989 Jamaica CPS

Age of Woman	Sterilized	Non-Sterilized	Difference
15-19	*	0.5	-
20-24	*	1.2	-
25-29	3.6	1.9	1.7
30-34	4.2	2.7	1.5
35-39	4.9	3.6	1.3
40-44	5.3	4.3	1.0
45-49	6.1	4.6	1.5

*<25 cases

TABLE 4.5.4

Among Women Age 15-49 Who Have Been Sterilized The Percentage Who Never Used Another Method by Selected Characteristics 1989 Jamaica CPS

Selected Characteristic	Percent Never Used Another Method	No. of Cases
Total	32.0	(569)
Residence		
Urban	37.5	(163)
Rural	30.0	(406)
Education		
Primary	36.6	(364)
Secondary	27.5	(143)
Post Secondary	9.9	(38)
Religion		
Anglican	30.2	(47)
Baptist	35.7	(65)
Roman Catholic	30.2	(33)
Church of God	30.8	(199)
Other	33.2	(189)
No Religion	31.0	(36)

TABLE 4.5.5

Percent Who Received Counseling About Family Planning Methods Among Women Who Have Been Sterilied: Women Currently In Union Age 15-49 by Source of Sterilization and Residence 1989 Jamaica CPS

Source	Percent Received Counseling			No. of Cases		
	Total	Urban	Rural	Total	Urban	Rural
Public Hospital	74.0	77.5	72.0	(505)	(142)	(363)
Private Hospital	79.8	*	*	(38)	(14)	(24)
Private Doctor/Clinic	71.2	*	*	(26)	(7)	(19)
Total	74.0	76.2	72.9	(569)	(163)	(406)

*<25 cases

TABLE 4.5.6

Among Women Age 15-49 Who Have Been Sterilized the Percentage Satisfied With Having Had the Operation by Selected Characteristics 1989 Jamaica CPS

Selected Characteristic	Percent Satisfied	No. of Cases
Total	92.4	(569)
Residence		
Urban	96.3	(163)
Rural	90.3	(406)
Education		
Primary	91.9	(364)
Secondary	92.5	(143)
Post Secondary	100.0	(38)
Religion		
Anglican	92.0	(47)
Baptist	94.7	(65)
Roman Catholic	97.6	(33)
Church of God	92.1	(199)
Other	89.6	(189)
No Religion	100.0	(36)

TABLE 4.5.7

Percent of Fecund Women Currently in Union Age 15-49 Who Are Interested in Sterilization by Current Desire for Additional Children and Selected Characteristics 1989 Jamaica CPS

Characteristic	Want No More Children	No. of Cases	Want More Children	No. of Cases
Total	32.7	(1380)	37.0	(1854)
Residence				
Urban	32.7	(392)	35.5	(612)
Rural	32.6	(988)	38.0	(1242)
Age				
15-19	38.9	(75)	40.3	(374)
20-24	28.8	(253)	37.3	(591)
25-29	31.0	(341)	35.6	(522)
30-34	40.6	(289)	36.3	(239)
35-39	37.5	(207)	33.7	(92)
40-44	24.5	(154)	29.0	(25)
45-49	16.0	(61)	*	(11)
Education				
Primary	32.6	(666)	39.0	(474)
Secondary	31.3	(570)	37.4	(1095)
Post Secondary	45.3	(83)	30.9	(166)
Other	28.0	(56)	34.8	(115)
No. of Children Ever Born				
0-1	27.2	(202)	36.0	(1259)
2-3	31.8	(665)	40.5	(507)
4-5	32.5	(326)	35.1	(63)
6+	41.9	(187)	20.5	(25)
Current Contraceptive Use Status				
Currently Using	29.2	(734)	36.8	(991)
Not Using	36.5	(646)	37.3	(863)

*<25 cases

TABLE 4.6.1

Decision Making Concerning the Use of Contraception:
All Women Age 15-49 by Selected Characteristics
1989 Jamaica CPS
(Percent Distribution)

	Who Should Decide Whether A Person Should Use Contraception						
Characteristic	Husband/ Partner	Wife/ Woman	Both	Other	Don't Know	Total	No. of Cases
Total	3.3	46.8	43.8	5.9	0.2	100.0	(6112)
Age							
15-19	4.0	45.6	42.7	7.6	0.1	100.0	(1395)
20-24	3.2	47.3	43.9	5.5	0.1	100.0	(1210)
25-29	2.9	47.8	43.7	5.5	0.1	100.0	(1153)
30-34	2.1	48.4	43.9	5.6	0.0	100.0	(841)
35-39	3.3	48.5	41.7	6.0	0.5	100.0	(625)
40-44	3.4	45.8	46.1	4.2	0.5	100.0	(515)
45-49	4.4	42.0	47.8	5.5	0.3	100.0	(373)
Residence							
Urban	3.1	51.9	38.9	5.9	0.2	100.0	(1874)
Rural	3.4	43.9	46.7	5.9	0.1	100.0	(4238)
Education*							
Primary	4.6	49.4	40.1	5.9	0.0	100.0	(2268)
Secondary	2.8	46.0	44.8	6.2	0.2	100.0	(3089)
Post Secondary	0.4	44.8	49.6	5.1	0.1	100.0	(442)
Other	2.5	39.5	51.8	5.6	0.6	100.0	(284)
Religion							
Anglican	1.7	46.8	46.0	5.2	0.3	100.0	(404)
Baptist	2.4	45.8	46.4	5.4	0.0	100.0	(799)
Methodist	1.6	47.6	45.7	5.1	0.0	100.0	(214)
United Church	3.4	47.7	41.3	7.1	0.5	100.0	(240)
Roman Catholic	1.6	49.7	40.5	7.4	0.8	100.0	(294)
Church of God	3.9	47.5	42.6	5.9	0.1	100.0	(1960)
Other	3.6	42.7	48.4	5.1	0.2	100.0	(1742)
No Religion	3.8	57.0	30.1	9.1	0.0	100.0	(459)
Union Status							
Legally Married	4.0	37.2	53.0	5.4	0.4	100.0	(1023)
Common Law	3.5	49.0	42.0	5.3	0.2	100.0	(1418)
Visiting Partner	3.0	52.1	39.5	5.3	0.1	100.0	(1712)
Boyfriend/Sex Exp.	2.6	46.3	45.9	5.2	0.0	100.0	(320)
Boyfriend/No Sex	2.0	44.7	45.7	7.6	0.0	100.0	(164)
Previous Partner	3.4	49.3	41.3	6.0	0.0	100.0	(726)
Never Had Partner	2.9	42.3	45.7	9.0	0.1	100.0	(749)

*Excludes 29 cases who had either "no" or "unknown" education.

TABLE 4.6.2

Decision Making Concerning the Use of Contraception: All Women Age 15-49 by Health Region 1989 Jamaica CPS (Percent Distribution)

	Who Should Decide Whether a Person Should Use Contraception						
Characteristics	Husband/ Partner	Wife/ Woman	Both	Other	Don't Know	Total	Number of Cases
Total	3.3	46.8	43.8	5.9	0.2	100.0	(6112)
Health Region*							
1	2.8	53.3	38.4	5.2	0.3	100.0	(1729)
2	4.1	40.4	47.0	8.5	0.0	100.0	(882)
3	2.8	39.3	51.0	6.7	0.2	100.0	(1784)
4	3.7	47.6	43.5	5.1	0.1	100.0	(1717)

Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 4.6.3

Decision Making Concerning the Use of Contraception: Women Age 15-49 by Parish 1989 Jamaica CPS (Percent Distribution)

	Who Should Decide Whether a Person Should Use Contraception						
Characteristic	Husband/ Partner	Wife/ Woman	Both	Other	Don't Know	Total	No. Cases
Total	3.3	46.8	43.8	5.9	0.2	100.0	(6112)
Parish							
Kingston	4.2	58.1	32.0	5.3	0.4	100.0	(241)
St. Andrew	2.5	51.8	40.2	5.3	0.2	100.0	(1215)
St. Thomas	2.6	52.4	40.3	4.3	0.4	100.0	(273)
Portland	5.9	52.2	34.6	7.3	0.0	100.0	(272)
St. Mary	6.6	44.9	34.7	13.8	0.0	100.0	(274)
St. Ann	1.5	31.2	62.2	5.1	0.0	100.0	(336)
Trelawny	2.8	32.4	59.9	4.5	0.4	100.0	(287)
St. James	4.1	34.9	50.6	10.4	0.0	100.0	(581)
Hanover	1.6	40.5	54.8	2.8	0.3	100.0	(316)
Westmoreland	1.6	32.0	61.3	4.8	0.3	100.0	(313)
St. Elizabeth	2.8	54.4	35.9	6.9	0.0	100.0	(287)
Manchester	2.3	41.0	52.3	4.4	0.0	100.0	(344)
Clarendon	5.3	47.3	42.4	5.0	0.0	100.0	(474)
St. Catherine	3.4	50.5	40.5	5.5	0.1	100.0	(899)

TABLE 4.7.1

Reasons For Not Currently Using Contraception: Women Currently In Union Age 15-49 by Residence
1989 Jamaica CPS
(Percent Distribution)

Reason Not Using	Total	Urban	Rural
Reasons Related To Pregnancy, Infertility and Sexual Activity	63.5	60.7	65.2
Currently Pregnant	15.3	17.6	13.9
Not Sexually Active	13.6	14.2	13.2
Infertile	12.4	12.2	12.5
Desires Pregnancy	9.1	9.8	8.7
Postpartum/Breastfeeding	6.2	2.3	8.5
Surgically Sterilized	3.9	2.8	4.6
Menopausal	3.0	1.8	3.8
Other Reasons	36.5	39.3	34.8
Health/Medical	4.9	6.5	3.9
Doesn't Like	4.0	3.5	4.4
Had Bad Side Effects	2.3	2.8	2.1
Fear Side Effects	1.2	0.8	1.4
Religious Reasons	0.9	0.6	1.1
Spouse Opposes	0.9	0.5	1.1
Lacks Knowledge	0.3	0.5	0.3
Method Not Effective	0.2	0.2	0.2
Embarrassed to Use	0.1	0.3	0.0
Method Difficult to Use	0.1	0.0	0.1
Money Problems	0.1	0.0	0.1
Other	21.6	23.8	20.2
Total	100.0	100.0	100.0
No. of Cases	(1798)	(572)	(1226)

TABLE 4.7.2

Reasons For Not Currently Using Contraception: Women Currently In Union Age 15-49 by Age 1989 Jamaica CPS (Percent Distribution)

Reasons For Not Using	Total	Current Age 15-19	20-24	25-29	30-34	35-39	40-44	45-49
Reasons Related to Pregnancy, Infertility, and Sexual Activity	63.5	60.4	62.7	65.8	64.5	60.1	57.7	72.9
Currently Pregnant	15.3	28.6	19.5	18.4	14.5	9.2	1.2	0.0
Not Sexually Active	13.6	16.2	18.4	14.9	11.4	10.7	9.3	5.0
Infertile	12.4	2.8	4.3	11.9	17.2	18.0	24.5	20.7
Desires Pregnancy	9.1	6.4	9.5	13.1	13.6	8.6	2.0	1.9
Postpartum/Breastfeeding	6.2	6.4	10.2	6.3	6.6	5.1	1.3	0.4
Surgically Sterilized	3.9	0.0	0.8	1.2	0.9	7.3	13.9	15.8
Menopausal	3.0	0.0	0.0	0.0	0.3	1.2	5.5	29.1
Other Reasons	36.5	39.6	37.3	34.2	35.5	39.9	42.3	27.1
Health/Medical	4.9	1.9	7.0	5.3	3.6	6.9	4.2	3.0
Doesn't Like	4.0	5.3	3.4	2.9	3.9	6.4	5.3	2.6
Had Bad Side Effects	2.3	1.8	2.9	1.9	3.9	3.1	1.4	0.0
Fear of Side Effects	1.2	1.5	2.5	0.5	1.0	1.5	0.4	0.0
Religious Reasons	0.9	0.5	0.5	0.8	1.3	1.1	0.4	2.8
Spouse Opposes	0.9	2.1	0.5	1.6	0.0	0.0	0.8	0.7
Lacks Knowledge	0.3	1.3	0.6	0.2	0.0	0.0	0.0	0.0
Method Not Effective	0.2	0.0	0.3	0.0	0.2	0.5	0.0	0.0
Embarrassed to Use	0.1	0.0	0.0	0.5	0.0	0.0	0.0	0.0
Method Difficult to Use	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.6
Money Problems	0.1	0.0	0.0	0.0	0.0	0.0	0.6	0.0
Other	21.6	25.3	19.5	20.5	21.3	20.4	29.3	17.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(1798)	(229)	(404)	(380)	(273)	(191)	(171)	(150)

TABLE 4.7.3

Reasons For Not Currently Using Contraception:
Women Currently In Union Age 15-49 by Education
1989 Jamaica CPS
(Percent Distribution)

Reasons For Not Using	Total*	Education			
		Primary	Secondary	Post Secondary	Other
Reasons Related to Pregnancy, Infertility, and Sexual Activity	63.5	64.0	62.5	67.8	63.6
Currently Pregnant	15.3	12.1	18.0	21.4	10.5
Not Sexually Active	13.6	11.5	15.5	14.4	12.3
Infertile	12.4	16.0	10.1	10.0	6.7
Desires Pregnancy	9.1	5.8	10.4	15.0	18.4
Postpartum/Breastfeeding	6.2	6.0	7.1	3.0	4.5
Surgically Sterilized	3.9	6.4	0.9	2.2	10.0
Menopausal	3.0	6.2	0.5	1.8	1.2
Other Reasons	36.5	36.0	37.5	32.2	36.4
Health/Medical	4.9	4.3	5.5	6.7	1.6
Doesn't Like	4.0	5.3	3.2	2.8	3.4
Had Bad Side Effects	2.3	1.6	3.0	1.6	4.4
Fear of Side Effects	1.2	0.7	1.9	0.0	1.2
Religious Reasons	0.9	0.9	0.9	1.7	0.0
Spouse Opposes	0.9	0.8	1.1	0.0	0.0
Lacks Knowledge	0.3	0.4	0.4	0.0	0.0
Method Not Effective	0.2	0.2	0.2	0.0	0.0
Embarrassed to Use	0.1	0.0	0.2	0.0	0.0
Method Difficult to Use	0.1	0.1	0.0	0.0	0.0
Money Problems	0.1	0.1	0.0	0.0	0.0
Other	21.6	21.5	21.2	19.5	25.8
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases	(1798)	(786)	(800)	(113)	(92)

*Includes 7 cases coded as "no" or "unknown" education.

TABLE 4.7.4

Reasons For Not Currently Using Contraception:
Women Currently In Union Age 15-49 by Religion
1989 Jamaica CPS
(Percent Distribution)

Reasons For Not Using	Total	Religion							
		Anglican	Baptist	Methodist	United Church	Roman Catholic	Church of God	Other	No Religion
Reasons Related to Pregnancy, Infertility, and Sexual Activity	63.5	63.1	63.6	60.1	73.4	56.7	62.6	65.4	63.1
Currently Pregnant	15.3	14.7	12.4	9.5	8.9	18.0	16.8	14.1	21.2
Not Sexually Active	13.6	18.3	10.9	21.3	14.0	9.0	13.0	16.0	10.2
Infertile	12.4	12.2	14.1	15.7	24.0	14.1	11.7	10.4	11.2
Desires Pregnancy	9.1	5.5	9.7	5.5	9.4	10.3	7.8	10.0	13.0
Postpartum/Breastfeeding	6.2	3.8	4.4	5.7	9.9	3.4	7.2	6.5	5.8
Surgically Sterilized	3.9	4.0	5.9	0.0	3.9	1.1	3.8	5.2	0.5
Menopausal	3.0	4.6	6.2	2.4	3.3	0.8	2.3	3.2	1.2
Other Reasons	36.5	36.9	36.4	39.9	26.6	43.3	37.4	34.6	36.9
Health/Medical	4.9	4.6	4.6	6.8	2.7	5.6	4.0	4.6	10.6
Doesn't Like	4.0	9.3	4.6	2.6	3.9	3.6	3.8	3.5	3.6
Had Bad Side Effects	2.3	1.6	3.2	0.0	0.0	5.0	2.2	2.0	3.0
Fear of Side Effects	1.2	1.5	1.7	2.4	0.7	0.0	1.9	0.7	0.0
Religious Reasons	0.9	1.0	0.6	0.0	0.0	0.0	0.7	2.1	0.0
Spouse Opposes	0.9	0.0	0.3	0.0	2.6	0.0	1.3	0.7	1.6
Lacks Knowledge	0.3	0.0	0.0	0.0	0.0	0.0	0.5	0.7	0.0
Method Not Effective	0.2	0.0	0.5	1.5	0.0	0.0	0.0	0.2	0.0
Embarrassed to Use	0.1	0.0	0.0	0.0	0.0	1.7	0.0	0.0	0.0
Method Difficult to Use	0.1	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0
Money Problems	0.1	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0
Other	21.6	18.5	20.4	26.7	16.7	27.2	23.1	20.5	18.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(1798)	(106)	(246)	(45)	(69)	(93)	(590)	(513)	(135)

TABLE 4.7.5

Reasons For Not Currently Using Contraception:
Women Currently In Union Age 15-49 by Health Region
1989 Jamaica CPS
(Percent Distribution)

Reasons For Not Using	Total	Health Region* 1	2	3	4
Reasons Related to Pregnancy, Infertility, and Sexual Activity	63.5	59.4	60.4	68.3	65.8
Currently Pregnant	15.3	16.2	13.0	14.5	16.0
Not Sexually Active	13.6	13.5	8.6	14.4	15.4
Infertile	12.4	11.8	6.6	16.4	12.7
Desires Pregnancy	9.1	10.6	8.8	7.5	8.6
Postpartum/Breastfeeding	6.2	2.1	13.8	8.4	5.7
Surgically Sterilized	3.9	3.5	4.9	3.3	4.3
Menopausal	3.0	1.7	4.7	3.8	3.1
Other Reasons	36.5	40.6	39.6	31.7	34.2
Health/Medical	4.9	6.8	3.1	4.5	3.8
Doesn't Like	4.0	4.2	3.8	4.0	4.1
Had Bad Side Effects	2.3	2.8	1.1	2.9	1.9
Fear of Side Effects	1.2	0.5	1.7	0.5	2.3
Religious Reasons	0.9	0.5	0.8	0.7	1.6
Spouse Opposes	0.9	0.9	0.0	0.7	1.4
Lacks Knowledge	0.3	0.4	0.0	0.6	0.2
Method Not Effective	0.2	0.2	0.3	0.0	0.2
Embarrassed to Use	0.1	0.3	0.0	0.0	0.0
Method Difficult to Use	0.1	0.0	0.4	0.0	0.0
Money Problems	0.1	0.0	0.0	0.0	0.2
Other	21.6	23.9	28.5	17.6	18.6
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases	(1798)	(491)	(276)	(519)	(512)

*Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 4.7.6

Reasons For Not Currently Using Contraception:
Women Currently In Union Age 15-49 by Parish
1989 Jamaica CPS
(Percent Distribution)

Reasons For Not Using	Total	King-ston	St. And-rew	St. Tho-mas	Port-land	St. Mary	St. Ann	Trel-awny	St. James	Han-over	West-more-land	St. Eliz-abeth	Man-ches-ter	Cla-ren-don	St. Cath-erine
Reasons Related To Pregnancy, Infertility and Sexual Activity	63.5	51.2	62.1	63.7	63.7	63.8	56.2	69.1	59.3	63.3	79.8	72.4	60.5	1.7	70.3
Currently Pregnant	15.3	22.5	13.5	18.2	18.2	10.6	12.4	13.8	13.6	10.5	16.2	16.2	17.2	15.9	15.6
Not Sexually Active	13.6	11.2	14.4	13.0	10.4	14.9	2.9	12.3	16.1	13.2	16.2	11.2	10.1	23.2	13.0
Infertile	12.4	8.8	12.9	13.0	5.2	7.4	6.7	20.0	12.6	14.5	24.2	13.8	11.1	9.3	15.3
Desires Pregnancy	9.1	2.5	14.1	7.8	19.5	6.4	5.7	6.2	6.5	5.3	8.1	10.0	9.1	5.3	10.3
Postpartum/Breastfeeding	6.2	1.2	2.4	2.6	2.6	16.0	17.1	13.8	5.5	7.9	8.1	11.2	5.0	4.0	6.9
Surgically Sterilized	3.9	3.8	2.7	9.1	3.9	2.1	7.6	1.5	3.5	6.6	3.0	2.5	5.0	3.3	4.6
Menopausal	3.0	1.2	2.1	0.0	3.9	6.4	3.8	1.5	1.5	5.3	4.0	7.5	3.0	0.7	4.6
Other Reasons	36.5	48.8	37.9	36.3	36.3	36.2	43.8	30.9	40.7	36.7	20.2	27.6	39.5	38.3	29.7
Health/Medical	4.9	8.8	6.3	5.2	1.3	3.2	3.8	3.1	5.5	4.0	2.0	6.2	7.1	2.0	3.4
Doesn't Like	4.0	5.0	3.9	3.9	2.6	3.2	4.8	9.2	3.0	4.0	1.0	6.2	6.1	4.6	3.0
Had Bad Side Effects	2.3	6.2	1.2	5.2	1.3	1.1	1.0	3.1	3.5	1.3	3.0	2.5	1.0	2.0	2.3
Fear of Side Effects	1.2	0.0	0.6	1.3	2.6	2.1	1.0	1.5	0.0	1.3	1.0	0.0	1.0	3.3	2.3
Religious Reasons	0.9	1.2	0.3	0.0	0.0	0.0	1.9	1.5	1.0	0.0	1.0	0.0	1.0	2.6	1.2
Spouse Opposes	0.9	0.0	1.2	1.3	0.0	0.0	0.0	1.5	1.5	0.0	0.0	0.0	1.0	2.0	1.2
Lacks Knowledge	0.3	0.0	0.6	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	1.2	0.0	0.7	0.0
Method Not Effective	0.2	0.0	0.3	0.0	1.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4
Embarrassed to Use	0.1	1.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Method Difficult to Use	0.1	0.0	0.0	0.0	0.0	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Money Problems	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4
Other	21.6	26.2	23.6	19.5	27.3	25.5	31.4	10.8	25.1	25.0	12.1	11.2	22.2	21.2	15.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(1798)	(80)	(334)	(77)	(77)	(94)	(105)	(65)	(199)	(76)	(99)	(80)	(99)	(151)	(262)

TABLE 4.8.1

Most Recent Contraceptive Method Used: Women Currently In Union Age 15-49 Who Had Used Contraception in the Past But Are Not Currently Using by Residence, Education, and Age
1989 Jamaica CPS
(Percent Distribution)

Last Method Used	Total	Residence		Education*				Age						
		Urban	Rural	Primary	Secondary	Post Secondary	Other	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Pill	54.8	56.8	53.6	48.7	59.0	60.3	58.1	54.7	57.6	62.0	59.3	40.2	44.0	41.2
Injection	21.2	22.1	20.7	28.8	18.0	5.0	13.5	1.6	15.1	22.7	24.5	35.4	26.4	27.6
Condom	14.9	12.0	16.8	14.4	14.6	20.0	16.7	35.2	19.3	9.3	11.7	9.1	11.8	15.0
IUD	2.7	3.1	2.4	3.2	1.7	5.6	3.3	0.0	1.5	1.5	2.1	6.0	8.6	5.0
Diaphragm	0.3	0.7	0.1	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.5	2.2	0.0	0.0
Foaming Tablets	0.5	0.4	0.5	0.5	0.4	1.1	0.0	0.0	0.2	0.0	0.3	1.1	1.9	1.5
Creams/Jellies	0.5	0.4	0.6	0.6	0.4	0.0	1.7	1.6	0.0	0.0	0.0	0.0	1.8	4.2
Rhythm	1.0	1.0	1.0	1.1	0.9	1.3	1.5	0.0	1.1	1.2	0.6	0.7	2.5	1.5
Billings	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Withdrawal	3.3	3.2	3.3	1.2	4.6	4.4	5.3	6.4	5.0	2.7	0.8	4.3	1.4	1.4
Other	0.3	0.4	0.3	0.5	0.1	1.3	0.0	0.0	0.0	0.5	0.0	0.9	0.7	1.0
Unknown	0.4	0.0	0.6	0.3	0.3	1.1	0.0	0.4	0.2	0.2	0.3	0.0	1.0	1.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(1239)	(400)	(839)	(511)	(572)	(87)	(66)	(112)	(297)	(311)	(216)	(137)	(93)	(73)

*Excludes 3 cases coded as "no" or "unknown" education.

TABLE 4.8.2

Most Recent Contraceptive Method Used: Women Currently In Union Age 15-49 Who Had Used Contraception in the Past But Are Not Currently Using by Health Region 1989 Jamaica CPS
(Percent Distribution)

Last Method Used	Total	Health Region* 1	2	3	4
Pill	54.8	58.3	56.5	53.3	51.2
Injection	21.2	22.5	16.6	21.1	21.9
Condom	14.9	10.4	16.9	17.9	17.2
IUD	2.7	3.6	2.2	1.3	2.8
Diaphragm	0.3	0.7	0.0	0.0	0.3
Foaming Tablets	0.5	0.0	0.0	1.0	0.8
Creams/Jellies	0.5	0.4	1.0	1.1	0.0
Rhythm	1.0	1.1	0.9	0.0	1.7
Billings	0.0	0.0	0.0	0.0	0.0
Withdrawal	3.3	2.3	4.2	3.3	3.9
Other	0.3	0.3	0.4	0.9	0.0
Unknown	0.4	0.2	1.3	0.2	0.3
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases	(1239)	(340)	(191)	(351)	(357)

*Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 4.8.3

Most Recent Contraceptive Method Used: Women Currently in Union Age 15-49 Who Had Used Contraception in the Past but are Not Currently Using by Parish
1989 Jamaica CPS
(Percent Distribution)

Last Method Used	Total	King-ston	St. And-rew	St. Tho-mas	Port-land	St. Mary	St. Ann	Trel-awny	St. James	Han-over	West-more-land	St. Eliz-abeth	Man-ches-ter	Cla-ren-don	St. Cath-erine
Pill	54.8	61.3	57.3	56.9	50.0	61.9	55.5	61.0	57.7	51.1	43.2	55.1	47.1	57.8	49.4
Injection	21.2	22.6	22.9	19.6	17.9	17.5	15.3	24.4	16.9	19.2	26.2	20.4	25.7	16.5	23.2
Condom	14.9	9.6	10.5	11.8	21.4	14.3	16.7	4.8	13.9	17.0	25.0	20.4	21.4	17.6	15.3
IUD	2.7	1.6	4.0	7.8	1.8	1.6	2.8	0.0	1.5	4.3	0.0	2.0	1.4	2.1	3.7
Diaphragm	0.3	1.6	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5
Foaming Tablets	0.5	0.0	0.0	0.0	0.0	0.0	0.0	2.4	2.3	0.0	0.0	0.0	0.0	0.0	1.6
Creams/Jellies	0.5	1.6	0.0	0.0	1.8	0.0	1.4	2.4	0.0	2.1	2.4	0.0	0.0	0.0	0.0
Rhythm	1.0	0.0	1.8	0.0	1.8	1.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	2.6
Billings	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Withdrawal	3.3	1.6	2.6	2.0	0.0	1.6	8.3	4.9	6.2	4.3	0.0	2.0	4.3	4.1	3.7
Other	0.3	0.0	0.4	0.0	1.8	0.0	0.0	0.0	1.5	0.0	1.2	0.0	0.0	0.0	0.0
Unknown	0.4	0.0	0.0	2.0	3.6	1.6	0.0	0.0	0.0	2.1	0.0	0.0	0.0	1.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(1239)	(62)	(227)	(51)	(56)	(63)	(72)	(41)	(130)	(47)	(84)	(49)	(70)	(97)	(190)

TABLE 4.8.4

Reasons Stopped Using Contraception, by Last Method Used: Women Currently in Union Age 15-49 Who Had Used Contraception in the Past But Are Not Currently Using
1989 Jamaica CPS
(Percent Distribution)

Reasons Stopped Using Contraception	Last Method Used					
	Total	Pill	Injection	IUD	Condom	Other
Health Problems	28.6	31.6	43.0	24.9	4.2	12.6
Had Bad Side Effects	22.7	24.2	27.5	32.2	15.6	6.2
Not Sexually Active	8.1	7.1	3.8	0.0	19.1	8.2
Desires Pregnancy	7.8	9.0	2.4	3.7	10.7	10.0
Now Pregnant	5.0	5.4	0.5	3.7	3.6	20.0
Stopped for a Rest	3.5	4.2	1.8	2.1	2.8	4.9
Spouse Opposes	2.5	1.8	0.5	0.0	8.2	3.1
Infertile	1.8	1.4	4.0	0.0	1.2	0.0
Method Use Problems	1.8	0.8	0.5	15.7	4.0	5.0
Accessibility Problems	1.0	1.1	1.3	0.0	0.2	1.2
Other	10.8	7.7	11.6	14.1	16.7	20.7
Don't Know/No Answer	6.4	5.7	3.4	3.7	13.7	7.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(1239)	(676)	(258)	(33)	(189)	(83)

TABLE 4.9.1

Source of Contraception by Residence for Current Users of Contraception: Women Currently In Union Age 15-49 1989 Jamaica CPS

A. Users of Sterilization

Source	Total	Residence	
		Urban	Rural
Public Hospital	88.2	87.4	88.5
Private Hospital	7.2	8.6	6.4
Private Doctor/Clinic	4.2	2.7	5.1
Other	0.4	1.3	0.0
Total	100.0	100.0	100.0
No. of Cases	(569)	(163)	(406)

B. Users of Other Methods

Source	Total	Residence	
		Urban	Rural
Clinic/Health Centre	61.7	58.0	63.7
Public Hospital	2.2	2.1	2.3
Private Hospital	0.3	0.2	0.3
Private Doctor/Clinic	3.8	5.3	2.9
Supermarket/Shop	1.8	1.4	2.0
Pharmacy	28.3	31.5	26.6
Outreach Worker	0.5	0.2	0.7
Other	1.4	1.3	1.5
Total	100.0	100.0	100.0
No. of Cases	(1587)	(453)	(1134)

TABLE 4.9.2

Source of Contraception by Education for Current Users of Contraception: Women Currently in Union Age 15-49
1989 Jamaica CPS

A. Users of Sterilization

Source	Total	Education*		
		Primary	Secondary	Post Secondary
Public Hospital	88.2	91.6	86.1	68.7
Private Hospital	7.2	3.5	10.5	20.9
Private Doctor/Clinic	4.2	4.4	3.4	8.6
Other	0.4	0.5	0.0	1.8
Total	100.0	100.0	100.0	100.0
No. of Cases	(569)	(364)	(143)	(38)

*Excludes 24 cases with no, unknown or other education

B. Users of Other Methods

Source	Total	Education**			
		Primary	Secondary	Post Secondary	Other
Clinic/Health Centre	61.7	72.2	60.6	36.0	51.4
Public Hospital	2.2	2.6	2.0	3.4	1.5
Private Hospital	0.3	0.2	0.1	1.9	0.0
Private Doctor/Clinic	3.8	2.8	2.8	11.9	6.4
Supermarket/Shop	1.8	2.4	1.5	2.3	0.0
Pharmacy	28.3	18.4	30.8	41.7	38.5
Outreach Worker	0.5	0.5	0.4	0.8	2.2
Other	1.4	0.9	1.7	1.9	0.0
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases	(1587)	(512)	(865)	(123)	(83)

**Excludes 4 cases with no or unknown education.

TABLE 4.9.3

Source of Contraception, by Selected Methods for Current Users of Contraception: Women Currently in Union Age 15-49
1989 Jamaica CPS
(Percent Distribution)

Source of Contraception	Pill	Injection	IUD	Condom
Clinic/Health Centre	62.8	87.6	43.2	40.5
Public Hospital	1.4	4.6	11.0	0.8
Private Hospital	0.1	0.3	2.0	0.4
Private Doctor/Clinic	3.6	1.2	32.0	1.1
Supermarket/Shop	0.4	0.4	0.0	6.6
Pharmacy	30.4	5.1	8.0	46.8
Outreach Worker	0.7	0.0	0.0	0.8
Other	0.6	0.8	3.8	3.0
Total	100.0	100.0	100.0	100.0
No. of Cases	(824)	(331)	(58)	(357)

TABLE 4.9.4

Percent Who Received Counseling About Family Planning Methods Among Current Users of Methods Other Than Sterilization: Women Currently In Union Age 15-49 by Source of Contraception and Residence
1989 Jamaica CPS

Source	Percent Received Counseling			No. of Cases		
	Total	Urban	Rural	Total	Urban	Rural
Clinic/Health Centre	77.8	76.6	78.5	(999)	(261)	(738)
Public Hospital	81.7	*	*	(33)	(11)	(22)
Private Doctor/Clinic	88.4	*	92.1	(55)	(24)	(31)
Supermarket/Shop	16.8	*	*	(27)	(6)	(21)
Pharmacy	18.5	24.6	14.7	(436)	(143)	(293)
Total	59.5	59.3	59.6	(1587)	(453)	(1134)

*<25 cases

TABLE 4.9.5

Percent Who Were Satisfied With Services Received Among Current Users of Methods Other Than Sterilization: Women Currently In Union Age 15-49 by Source

Source	Percent Satisfied			No. of Cases		
	Total	Urban	Rural	Total	Urban	Rural
Clinic/Health Centre	95.2	93.8	96.0	(999)	(261)	(738)
Public Hospital	90.0	*	*	(33)	(11)	(22)
Private Doctor/Clinic	94.6	*	97.8	(55)	(24)	(31)
Supermarket/Shop	97.6	*	*	(27)	(6)	(21)
Pharmacy	99.1	100.0	98.5	(436)	(143)	(293)
Total	96.2	95.5	96.6	(1587)	(453)	(1134)

*<25 cases

TABLE 4.10.1

Percentage of All Women Aged 15-49 Who Are In Need of Family Planning Services*, by Selected Characteristics and Residence
1989 Jamaica CPS

Characteristic	Total		Urban		Rural	
Total	16.0	(6112)	16.5	(1874)	15.7	(4238)
Age						
15-19	11.5	(1395)	13.2	(413)	10.5	(982)
20-24	19.3	(1210)	18.2	(374)	20.0	(836)
25-29	17.4	(1153)	17.0	(373)	17.8	(780)
30-34	16.6	(841)	16.6	(262)	16.6	(579)
35-39	16.7	(625)	20.0	(179)	15.0	(446)
40-44	16.5	(515)	17.3	(168)	16.1	(347)
45-49	13.7	(373)	14.2	(105)	13.5	(268)
Education						
Primary	17.7	(2268)	17.8	(564)	17.6	(1704)
Secondary	15.4	(3089)	16.7	(1015)	14.5	(2074)
Post Secondary	12.0	(442)	13.1	(196)	10.9	(246)
Other	15.6	(284)	13.2	(96)	17.2	(188)
No. of Children Ever Born						
0	10.5	(2004)	13.2	(672)	8.8	(1332)
1	19.0	(1114)	19.3	(347)	18.9	(767)
2	20.0	(991)	19.2	(310)	20.5	(681)
3	19.4	(710)	17.4	(193)	20.3	(517)
4	15.4	(422)	16.4	(127)	14.8	(295)
5+	17.6	(871)	17.5	(225)	17.7	(646)
Union Status						
Married	16.0	(1023)	15.1	(261)	16.5	(762)
Common Law	22.5	(1418)	23.3	(437)	22.1	(981)
Visiting Partner	21.2	(1712)	22.4	(567)	20.4	(1145)
Prev. Union	6.1	(726)	6.6	(257)	5.6	(469)
Never in Union	7.0	(1233)	6.9	(352)	7.0	(881)

*Women are defined as in need of family planning services who are: not currently pregnant, not currently desiring a pregnancy, and not using a contraceptive method for reasons not related to pregnancy, subfecundity, or sexual inactivity.

TABLE 4.10.2

Percentage of All Women Aged 15-49 Who Are In Need of Family Planning Services*, by Health Region and Parish
1989 Jamaica CPS

Characteristic	Percent In Need	No. of Cases
Total	16.0	(6112)
Health Region**		
1	16.0	(1729)
2	20.2	(882)
3	14.2	(1784)
4	15.3	(1717)
Parish		
Kingston	22.0	(241)
St. Andrew	14.5	(1215)
St. Thomas	13.6	(273)
Portland	18.4	(272)
St. Mary	21.2	(274)
St. Ann	20.5	(336)
Trelawny	13.6	(287)
St. James	18.2	(581)
Hanover	12.7	(316)
Westmoreland	12.8	(313)
St. Elizabeth	11.5	(287)
Manchester	15.1	(344)
Clarendon	19.0	(474)
St. Catherine	13.5	(899)

*Women are defined as in need of family planning services who are: not currently pregnant, not currently desiring a pregnancy, and not using a contraceptive method for reasons not related to pregnancy, subfecundity, or sexual inactivity.

**Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 4.10.3

Percentage of All Women Aged 15-49 Who Are In Need of Family Planning Services Who Have Ever Used Contraception and Who Desire to Use Contraception Now or In the Future, by Selected Characteristics
1989 Jamaica CPS

Characteristic	Percent that... Ever-Used Contraception	Desire to Use Contraception	No. of Cases
Total	63.5	58.2	(964)
Residence			
Urban	63.1	53.6	(301)
Rural	63.8	61.1	(663)
Age			
15-19	39.0	70.4	(162)
20-24	66.4	72.0	(238)
25-29	71.3	63.3	(196)
30-34	77.3	60.3	(133)
35-39	72.3	45.2	(100)
40-44	50.0	25.2	(85)
45-49	63.7	14.3	(50)
Education			
Primary	61.9	51.6	(398)
Secondary	65.1	65.4	(462)
Post Secondary	62.4	42.2	(53)
Other	63.9	59.0	(47)
No. of Children Ever Born			
0	37.7	57.1	(206)
1	62.4	67.5	(209)
2	73.9	62.5	(199)
3	75.8	54.2	(132)
4	73.8	50.0	(64)
5+	72.6	48.1	(154)
Union Status			
Married	62.5	40.7	(160)
Common Law	70.1	57.0	(310)
Visiting Partner	63.1	67.6	(357)
Previous Union	66.5	48.4	(48)
Never in Union	41.1	61.7	(89)

TABLE 5.1.1

Percentage Distribution of Who Makes the Decision About the Number of Children Couples Should Have: All Women Age 15–49 by Selected Characteristics
1989 Jamaica CPS

Characteristic	Decision Maker							
	Husband/ Partner	Wife/ Woman	Both	Mother-in-Law	Up to God	Other	Total	No. of Cases
Total	5.0	30.0	63.2	0.1	1.0	0.6	100.0	(6112)
Age								
15–19	6.0	30.8	60.9	0.1	0.9	1.4	100.0	(1395)
20–24	5.7	27.4	65.8	0.2	0.8	0.1	100.0	(1210)
25–29	4.5	28.5	65.9	0.1	0.8	0.2	100.0	(1153)
30–34	4.5	33.3	60.4	0.0	1.0	0.8	100.0	(841)
35–39	4.9	31.6	61.0	0.0	1.8	0.7	100.0	(625)
40–44	4.0	32.7	61.5	0.0	1.3	0.6	100.0	(515)
45–49	3.9	27.0	66.8	0.0	1.8	0.5	100.0	(373)
Residence								
Urban	4.5	33.4	60.8	0.1	1.0	0.2	100.0	(1874)
Rural	5.4	28.0	64.5	0.1	1.1	0.9	100.0	(4238)
Education								
Primary	6.5	34.7	56.5	0.1	1.7	0.6	100.0	(2268)
Secondary	4.6	28.5	65.6	0.1	0.6	0.6	100.0	(3089)
Post Secondary	1.8	20.5	75.4	0.0	1.2	1.1	100.0	(442)
Other	4.1	26.4	68.2	0.0	0.3	1.0	100.0	(284)
Religion								
Anglican	1.8	33.9	63.5	0.0	0.9	0.0	100.0	(404)
Baptist	5.0	26.2	67.4	0.0	0.6	0.8	100.0	(799)
Methodist	3.1	26.0	70.9	0.0	0.0	0.0	100.0	(214)
United Church	5.6	31.1	60.2	0.0	1.9	1.2	100.0	(240)
Roman Catholic	1.8	27.7	68.2	0.0	1.7	0.6	100.0	(294)
Church of God	4.8	31.4	61.7	0.1	1.1	0.9	100.0	(1960)
Other	6.3	27.9	64.0	0.1	1.3	0.4	100.0	(1742)
No Religion	6.8	38.0	53.8	0.0	0.4	1.1	100.0	(459)
Union Status								
Legally Married	5.1	21.2	72.1	0.0	1.6	0.0	100.0	(1023)
Common Law	7.1	33.5	57.8	0.0	1.2	0.4	100.0	(1418)
Visiting Partner	4.5	34.9	59.0	0.1	0.9	0.6	100.0	(1712)
Boyfriend/Sex	5.6	32.9	59.5	0.0	0.3	1.7	100.0	(320)
Boyfriend/No Sex	3.8	22.8	70.6	0.0	0.0	2.8	100.0	(164)
Previous Partner	3.3	30.6	64.6	0.2	1.0	0.2	100.0	(726)
Never had Partner	4.0	24.3	68.9	0.1	1.0	1.7	100.0	(749)

TABLE 5.2.1

Average Desired Family Size*: All Women Age 15-49
by Current Age of Respondent and Selected Characteristics
1989 Jamaica CPS

Characteristic	Age Group						
	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Total	2.2	2.3	2.3	2.6	2.6	2.8	3.0
Residence							
Urban	2.2	2.3	2.3	2.6	2.5	2.6	2.7
Rural	2.1	2.3	2.4	2.6	2.6	3.0	3.1
Education							
Primary	2.1	2.3	2.3	2.6	2.7	3.0	3.0
Secondary	2.2	2.3	2.4	2.6	2.4	2.6	2.3
Post Secondary	2.2	2.6	2.1	2.7	2.4	2.4	**
Other	2.3	2.4	2.3	2.3	2.4	**	**
Health Region***							
1	2.3	2.2	2.3	2.7	2.5	2.5	2.7
2	2.2	2.3	2.4	2.7	2.9	3.0	4.0
3	2.0	2.3	2.2	2.4	2.5	2.8	2.7
4	2.2	2.3	2.4	2.7	2.6	3.2	3.0
Parish							
Kingston	2.3	2.1	2.6	2.8	**	**	**
St. Andrew	2.2	2.2	2.2	2.6	2.4	2.5	2.7
St. Thomas	2.3	2.7	2.3	2.9	3.1	**	**
Portland	2.0	2.2	2.5	2.8	3.1	**	**
St. Mary	2.3	2.5	2.4	2.8	2.6	**	**
St. Ann	2.3	2.3	2.5	2.6	3.1	3.4	**
Trelawny	2.1	2.3	2.1	2.5	2.4	**	**
St. James	2.1	2.6	2.2	2.2	2.4	2.6	2.2
Hanover	1.9	2.3	2.4	2.6	**	**	3.7
Westmoreland	2.0	2.1	2.2	2.3	2.6	**	**
St. Elizabeth	1.8	2.2	2.3	2.5	2.4	2.8	**
Manchester	2.1	2.2	2.4	2.3	2.5	3.0	**
Clarendon	2.3	2.5	2.8	2.9	2.9	3.5	3.6
St. Catherine	2.1	2.3	2.2	2.7	2.4	3.2	2.7

*Excludes 97 cases coded as "up to God" or "unknown" for desired family
**<25 cases.
***Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 5.3.1

Planning Status of All Live Births in The 5 Years Prior to Date of Interview by Selected Characteristics
Women Currently in Union Age 15-49
1989 Jamaica CPS
(Percent Distribution)

Selected Characteristic	Planning Status				Total	No. of Cases
	Planned	Mistimed	Unwanted	Unknown		
Total	28.7	51.5	18.2	1.6	100.0	(2708)
Residence						
Urban	30.9	51.1	16.3	1.7	100.0	(747)
Rural	27.6	51.7	19.2	1.5	100.0	(1961)
Education*						
Primary	24.5	45.6	28.1	1.8	100.0	(1099)
Secondary	28.6	57.8	12.1	1.5	100.0	(1344)
Post Secondary	49.9	40.1	8.6	1.4	100.0	(137)
Other	42.6	47.4	8.6	1.5	100.0	(121)
Religion						
Anglican	27.2	43.4	27.4	1.9	100.0	(144)
Baptist	26.9	54.3	17.0	1.8	100.0	(308)
Methodist	23.2	57.1	17.5	2.2	100.0	(81)
United Church	38.2	42.2	13.7	5.9	100.0	(124)
Roman Catholic	31.4	46.9	18.5	3.1	100.0	(88)
Church of God	29.1	51.6	18.0	1.3	100.0	(948)
Other	28.2	51.9	19.0	0.9	100.0	(799)
No Religion	27.1	56.5	15.3	1.1	100.0	(216)
No. of Children Ever Born						
1	31.7	65.8	1.2	1.4	100.0	(563)
2	33.1	61.6	4.5	0.8	100.0	(754)
3	31.0	48.5	18.6	1.9	100.0	(524)
4	23.3	45.8	27.1	3.8	100.0	(305)
5	23.3	33.7	42.4	0.6	100.0	(218)
6+	18.4	26.7	52.9	2.0	100.0	(344)

*Excludes 7 cases with "no" or "unknown" education.

TABLE 5.3.2

Planning Status of All Live Births in The 5 Years Prior to Date of Interview by Health Region
Women Currently in Union Age 15-49
1989 Jamaica CPS
(Percent Distribution)

Selected Characteristic	Planning Status				Total	No. of Cases
	Planned	Mistimed	Unwanted	Unknown		
Total	28.7	51.5	18.2	1.6	100.0	(2708)
Health Region*						
1	35.2	50.6	12.4	1.8	100.0	(633)
2	25.5	55.2	18.1	1.1	100.0	(424)
3	26.1	51.2	20.9	1.8	100.0	(826)
4	26.1	50.9	21.5	1.4	100.0	(825)

*Health Region codes by Parish:

1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 5.3.3

Planning Status of All Live Births in The 5 Years Prior to Date of Interview by Parish
Women Currently in Union Age 15-49
1989 Jamaica CPS
(Percent Distribution)

Selected Characteristic	Planning Status				Total	No. of Cases
	Planned	Mistimed	Unwanted	Unknown		
Total	28.7	51.5	18.2	1.6	100.0	(2708)
Parish						
Kingston	30.4	57.0	10.1	2.5	100.0	(79)
St. Andrew	35.7	49.6	12.8	1.9	100.0	(431)
St. Thomas	40.6	45.5	13.8	0.0	100.0	(123)
Portland	31.9	50.7	15.9	1.4	100.0	(138)
St. Mary	22.4	56.0	20.2	1.5	100.0	(134)
St. Ann	24.3	57.2	17.8	0.7	100.0	(152)
Trelawny	16.2	56.8	25.2	1.8	100.0	(111)
St. James	28.5	44.5	25.9	1.1	100.0	(263)
Hanover	28.5	47.7	21.5	2.3	100.0	(130)
Westmoreland	24.4	56.9	15.6	3.1	100.0	(160)
St. Elizabeth	27.8	52.5	18.5	1.2	100.0	(162)
Manchester	22.0	50.0	26.9	1.1	100.0	(186)
Clarendon	24.8	52.0	20.7	2.4	100.0	(246)
St. Catherine	29.0	50.6	19.3	1.0	100.0	(393)

TABLE 5.3.4

Planning Status of Currently Pregnant Women
Age 15-49 by Selected Characteristics
1989 Jamaica CPS
(Percent Distribution)

Characteristic	Planning Status				Total	No. of Cases
	Planned	Mistimed	Unwanted	Unknown		
Total	23.3	54.8	19.7	2.2	100.0	(309)
Residence						
Urban	27.8	49.3	20.4	2.5	100.0	(104)
Rural	20.2	58.5	19.2	2.0	100.0	(205)
Education						
Primary	20.2	51.6	26.0	2.3	100.0	(104)
Secondary	17.7	64.0	16.8	1.6	100.0	(167)
Post Secondary+	56.4	20.5	17.9	5.1	100.0	(36)
Age						
15-19	15.8	74.5	4.2	5.5	100.0	(78)
20-24	19.3	64.5	15.6	0.6	100.0	(91)
25-29	31.8	40.7	27.4	0.0	100.0	(75)
30+	28.4	34.3	35.8	3.0	100.0	(65)
Health Region*						
1	24.4	54.5	21.1	0.0	100.0	(83)
2	24.3	54.9	17.8	3.0	100.0	(48)
3	20.6	55.1	20.6	3.8	100.0	(88)
4	22.0	54.7	20.2	3.1	100.0	(90)

*Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 6.1.1

Percentage of Women Age 14-24
Who Have Ever Had Sexual Intercourse by Age,
1987 Jamaica YARHS and 1989 Jamaica CPS

Age Group	Percent Who Have Had Sexual Intercourse		Number of Cases	
	1989	1987	1989	1987
14	15.0	15.3	(222)	(203)
15-17	42.0	41.2	(877)	(645)
18-19	76.8	78.3	(518)	(401)
20-24	90.9	90.5	(1210)	(892)
Total	67.3	66.2	(2827)	(2141)
Individual Ages				
14	15.0	15.3	(222)	(203)
15	24.6	27.0	(269)	(230)
16	39.8	36.3	(323)	(226)
17	59.8	64.6	(285)	(189)
18	72.2	76.5	(277)	(196)
19	82.0	80.0	(241)	(205)
20	84.7	87.2	(248)	(195)
21	90.4	89.6	(244)	(183)
22	91.6	90.9	(264)	(187)
23	93.6	91.3	(223)	(195)
24	94.6	94.7	(231)	(132)

TABLE 6.1.2

Age at First Sexual Intercourse,
1987 Jamaica YARHS and 1989 Jamaica CPS
(Percent Distribution)

Age at first sexual intercourse	1987*	1989**
<10	0.5	0.3
10	0.4	0.6
11	1.2	0.9
12	4.5	3.7
13	9.0	7.3
14	14.5	17.3
15	18.4	21.0
16	19.3	18.4
17	14.2	13.9
18	9.8	8.6
19	4.7	4.0
20	1.8	2.8
21	0.6	0.5
22	0.6	0.6
23	0.4	0.1
24	0.1	0.0
Total	100.0	100.0
No. of Cases	(1392)	(1885)
Average age at first intercourse***	16.9	16.8

*Excludes 26 females who had sexual intercourse but did not report age at first intercourse from 1987 survey.
**Excludes 19 females who had sexual intercourse but did not report age at first intercourse from 1989 survey.
***Calculated using standard life table techniques.

TABLE 6.1.3

Percent Who Have Ever Had Sexual Intercourse
by Health Region: All Women Age 14-24
1987 Jamaica YARHS and 1989 Jamaics CPS

Health Region*	Percent Who Have Had Sexual Intercourse		Number of Cases	
	1989 Females	1987 Females	1989 Females	1987 Females
1	67.6	66.3	(771)	(710)
2	66.8	68.1	(404)	(323)
3	68.0	66.4	(868)	(443)
4	66.9	65.1	(784)	(665)
Total	67.4	66.2	(2827)	(2141)

*Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 6.2.1

Age At Menarch by Age Group,
1987 Jamaica YARHS and 1989 Jamaica CPS
(Percent Distribution)

1989 Survey

Age at First Period	Total	Age Group 14	15-17	18-19	20-24
8	0.0	--	--	--	0.1
9	0.9	1.4	0.9	1.0	0.6
10	2.4	3.3	2.3	2.3	2.3
11	6.1	7.6	6.7	5.3	5.8
12	20.8	23.2	22.4	17.9	20.4
13	27.0	33.7	29.9	30.7	22.0
14	24.1	17.3	24.8	21.1	26.1
15	11.9	--	10.2	16.0	13.6
16	4.4	--	1.0	5.3	7.3
17	0.6	--	--	0.4	1.1
18	0.2	--	--	--	0.5
Not yet had period	1.5	13.6	1.7	0.0	0.0
Unknown	0.1	--	0.1	--	0.2
Total	100.0	100.0	100.0	100.0	100.0
Average age at first period	13.7	13.2	13.6	13.8	14.0
No. of Cases	(2826)	(222)	(877)	(518)	(1209)

1987 Survey

Age at First Period	Total	Age Group 14	15-17	18-19	20-24
8	0.1	--	--	0.5	0.1
9	0.9	2.0	0.8	0.7	0.9
10	2.4	3.9	2.5	1.2	2.6
11	6.2	6.9	5.4	5.5	7.0
12	23.4	20.7	24.2	20.2	24.9
13	27.4	35.0	31.3	27.4	22.9
14	20.4	11.8	22.0	22.7	20.2
15	10.8	--	9.6	14.5	12.6
16	4.3	--	1.7	5.5	6.5
17	1.0	--	--	1.2	1.8
18	0.3	--	--	0.5	0.6
Not yet had period	2.6	19.2	2.5	0.0	0.0
Unknown	0.0	0.5	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0
Average age at first period	13.1	12.5	13.0	13.4	13.2
No. of Cases	(2141)	(203)	(645)	(401)	(892)

TABLE 6.2.2

**Percentage of Women Ever-Pregant
By Age Group, All Women and
Women with Sexual Experience
1987 Jamaica YARHS and 1989 Jamaica CPS**

	1989 Survey			
Age Group	All Women		Sexually Experienced	
14	1.1	(222)	7.6	(34)
15-17	12.5	(877)	29.7	(362)
18-19	38.3	(518)	49.7	(398)
20-24	66.6	(1210)	73.3	(1107)
Total	39.6	(2827)	58.8	(1901)

	1987 Survey			
Age Group	All Women		Sexually Experienced	
14	0.5	(203)	3.2	(31)
15-17	13.3	(645)	32.3	(266)
18-19	39.4	(401)	50.3	(314)
20-24	68.9	(892)	76.2	(807)
Total	40.2	(2141)	60.6	(1418)

TABLE 6.2.3

**Average Number of Children Ever Born
by Age Group, Several Data Sets**

Age Group	1975-76 JFS *	1983 JCPS **	1987 YARHS ***	1989 JCPS ****
15-49	0.3	0.3	0.2	0.2
20-24	1.6	1.2	1.1	1.1

* 1975/76 Jamaica Fertility Survey
** 1983 Jamaica Contraceptive Prevalence Survey
*** 1987 Jamaica Young Adult Reporductive Health Survey
**** 1989 Jamaica Contraceptive Prevalence Survey

TABLE 6.3.1

Percent of All Women Age 14-24 With Knowledge of Specific Contraceptive Methods
1987 Jamaica YARHS and 1989 Jamaica CPS

Method	1987	1989
Pill	98.8	97.7
Condom	96.4	98.8
Injection	94.4	91.9
Female Sterilization	87.9	84.0
IUD	72.6	65.8
Withdrawal	54.5	53.3
Diaphragm	53.5	50.5
Male Sterilization	41.0	47.0
Rhythm	36.6	29.9
Billings	8.3	6.8
	(2141)	(2827)

TABLE 7.1.1

Probabilities of Dying Before Reaching Age 1 and Age 5 For Children Born Within 5 Years of Interview by Selected Characteristics

Characteristic	Probability of Dying Before Reaching Age: 1	95% CI	5	95% CI	No. of Cases
Total	.017	(.012-.022)	.020	(.015-.025)	(3082)
Residence					
Urban	.013	(.005-.021)	.018	(.009-.027)	(860)
Rural	.018	(.012-.024)	.021	(.015-.027)	(2222)

TABLE 7.2.1

Percent of Children Born in the 5 Years Before the Survey Whose Mothers Received Antenatal Care by Residence and Selected Characteristics 1989 Jamaica CPS

Characteristic	Total	No. of Cases	Urban	No. of Cases	Rural	No. of Cases
Total	97.7	(3100)	96.6	(863)	98.3	(2237)
Age						
15-19	96.8	(272)	94.8	(80)	97.8	(192)
20-24	97.3	(953)	95.2	(230)	98.3	(723)
25-29	97.9	(892)	97.8	(266)	98.0	(626)
30-34	98.3	(545)	97.0	(168)	99.1	(377)
35-39	99.4	(277)	100.0	(78)	99.0	(199)
40-44	95.9	(130)	90.9	(36)	98.3	(94)
45-49	96.1	(29)	*	(5)	*	(24)
Education						
Primary	96.5	(1235)	94.1	(283)	97.4	(952)
Secondary	98.3	(1568)	97.2	(481)	99.0	(1087)
Post Secondary	100.0	(156)	100.0	(64)	100.0	(92)
Other	99.0	(132)	100.0	(33)	98.5	(99)
No. of Children Ever Born						
1	98.6	(704)	97.7	(205)	99.0	(499)
2	98.0	(857)	97.4	(256)	98.4	(601)
3	97.0	(578)	93.6	(142)	98.4	(436)
4	96.6	(332)	96.4	(96)	96.7	(236)
5+	97.7	(629)	96.5	(164)	98.2	(465)

*<25 cases.

TABLE 7.2.2

Percent of Children Born in the 5 Years Before the Survey Whose Mother Received Antenatal Care by Health Region and Parish 1989 Jamaica CPS

Characteristic	Antenatal Care	No. of Cases
Total	97.7	(3100)
Health Region*		
1	96.5	(736)
2	97.7	(498)
3	98.7	(946)
4	98.2	(920)
Parish		
Kingston	98.0	(99)
St. Andrew	96.0	(503)
St. Thomas	97.0	(134)
Portland	98.8	(167)
St. Mary	96.8	(155)
St. Ann	97.7	(176)
Trelawny	98.4	(135)
St. James	97.4	(319)
Hanover	99.3	(146)
Westmoreland	100.0	(168)
St. Elizabeth	98.9	(178)
Manchester	99.0	(211)
Clarendon	99.3	(271)
St. Catherine	97.0	(438)

*Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 7.3.1

Place of Birth for Children Born in the 5 Years Before the Survey by Selected Characteristics
1989 Jamaica CPS
(Percent Distribution)

Characteristic	Place of Birth									
	Victoria Jubilee	Other Gov't. Hosp.	Priv. Hosp.	Priv. Nursing Home	Rur. Mat. Centre	Own Home	Home of Rel/Friend	Other	Total	No. of Cases
Total	20.8	53.8	2.7	0.7	1.3	19.7	0.6	0.4	100.0	(3100)
Residence										
Urban	49.0	35.8	3.8	1.1	0.2	8.7	0.4	0.9	100.0	(863)
Rural	6.6	62.8	2.1	0.5	1.8	25.3	0.7	0.2	100.0	(2237)
Age										
15-19	24.4	59.2	1.0	0.0	1.2	13.3	0.8	0.0	100.0	(272)
20-24	21.1	56.0	1.8	0.4	1.3	18.7	0.6	0.2	100.0	(953)
25-29	20.3	53.9	2.2	0.8	0.9	20.7	0.7	0.6	100.0	(892)
30-34	22.3	51.1	4.5	1.1	1.3	18.0	0.7	1.0	100.0	(545)
35-39	17.0	52.0	5.5	1.3	1.0	23.1	0.0	0.0	100.0	(277)
40-44	20.2	40.8	1.9	0.9	3.5	31.5	0.8	0.4	100.0	(130)
45-49	4.5	55.8	0.0	0.0	5.2	34.5	0.0	0.0	100.0	(29)
Education										
Primary	16.0	52.0	0.8	0.6	2.0	27.6	0.7	0.3	100.0	(1235)
Secondary	26.2	53.4	2.3	0.7	0.7	15.7	0.6	0.4	100.0	(1568)
Post Secondary	16.7	58.0	16.0	1.3	0.8	5.7	0.0	1.5	100.0	(156)
Other	4.4	68.1	7.8	1.4	2.7	14.7	0.8	0.0	100.0	(132)
No. of Children Ever Born										
1	22.7	62.6	3.6	0.6	1.5	8.0	0.6	0.4	100.0	(704)
2	21.9	54.9	4.0	0.4	1.1	16.8	0.3	0.5	100.0	(857)
3	19.2	54.3	3.0	0.4	0.9	20.6	0.8	0.8	100.0	(578)
4	20.4	50.8	1.1	1.4	1.0	24.8	0.4	0.0	100.0	(332)
5+	18.8	43.5	0.4	1.0	1.8	33.4	0.8	0.2	100.0	(629)

TABLE 7.3.2

Place of Birth for Children Born in the 5 Years Before the Survey
by Health Region and Parish
1989 Jamaica CPS
(Percent Distribution)

Characteristic	Place of Birth									
	Victoria Jubilee	Other Gov't. Hosp.	Priv. Hosp.	Priv. Nursing Home	Rur. Mat. Centre	Own Home	Home of Rel/Friend	Other	Total	No. of Cases
Total	20.8	53.8	2.7	0.7	1.3	19.7	0.6	0.4	100.0	(3100)
Health Region*										
1	61.8	26.8	4.5	0.7	0.2	5.0	0.0	1.0	100.0	(736)
2	1.6	72.9	0.4	0.0	0.0	23.6	0.9	0.6	100.0	(498)
3	1.4	60.7	1.1	0.3	4.7	30.6	1.0	0.2	100.0	(946)
4	6.0	65.0	3.1	1.3	0.3	23.5	0.8	0.0	100.0	(920)
Parish										
Kingston	82.8	12.1	3.0	0.0	0.0	1.0	0.0	1.0	100.0	(99)
St. Andrew	63.4	26.0	5.4	1.0	0.2	3.0	0.0	1.0	100.0	(503)
St. Thomas	8.2	61.9	2.2	0.0	0.8	26.1	0.0	0.8	100.0	(134)
Portland	3.6	77.8	0.0	0.0	0.0	16.2	1.8	0.6	100.0	(167)
St. Mary	0.6	78.1	0.6	0.0	0.0	20.0	0.0	0.6	100.0	(155)
St. Ann	1.1	65.7	0.6	0.0	0.0	30.9	1.1	0.6	100.0	(176)
Trelawny	2.6	58.4	1.3	1.3	1.3	35.1	0.0	0.0	100.0	(135)
St. James	1.8	65.5	1.8	0.4	7.1	23.0	0.4	0.4	100.0	(319)
Hanover	2.7	75.3	1.4	0.0	1.4	18.5	0.0	0.7	100.0	(146)
Westmoreland	0.6	64.3	1.2	0.0	0.0	33.9	0.0	0.0	100.0	(168)
St. Elizabeth	1.1	47.8	0.6	0.6	8.4	38.8	2.8	0.0	100.0	(178)
Manchester	1.0	73.0	4.7	0.5	0.5	19.9	0.5	0.0	100.0	(211)
Clarendon	1.1	61.2	0.7	3.0	0.7	33.2	0.0	0.0	100.0	(271)
St. Catherine	11.6	63.2	3.6	0.7	0.0	19.4	1.4	0.0	100.0	(438)

*Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 7.3.3

Assistance at Delivery of Children Born in the 5 Years Before the Survey by Selcted Characteristics
1989 Jamaica CPS
(Percent Distribution)

Characteristic	Assistance at Delivery						Total	No. of Cases
	Doctor	Trained Nurse/Midwife	Nana	Other	No One	Don't Remember		
Total	13.6	78.1	5.3	1.6	1.3	0.1	100.0	(3100)
Residence								
Urban	21.3	72.6	2.8	1.1	2.0	0.2	100.0	(863)
Rural	9.7	80.9	6.6	1.8	0.9	0.0	100.0	(2237)
Age								
15-19	14.5	76.2	6.1	2.3	0.9	0.0	100.0	(272)
20-24	11.9	80.9	4.3	1.6	1.4	0.0	100.0	(953)
25-29	14.2	78.2	5.1	1.7	0.7	0.1	100.0	(892)
30-34	14.3	77.6	4.4	1.8	1.7	0.2	100.0	(545)
35-39	16.1	73.0	8.2	1.2	1.5	0.0	100.0	(277)
40-44	12.2	76.5	9.4	0.0	2.0	0.0	100.0	(130)
45-49	8.6	76.1	11.6	0.0	3.8	0.0	100.0	(29)
Education								
Primary	8.6	79.7	8.7	1.6	1.3	0.0	100.0	(1235)
Secondary	14.2	78.6	3.7	1.7	1.5	0.2	100.0	(1568)
Post Secondary	36.8	62.5	0.0	0.6	0.0	0.0	100.0	(156)
Other	23.6	75.1	0.5	0.8	0.0	0.0	100.0	(132)
No. of Children Ever Born								
1	21.2	75.7	1.8	0.8	0.4	0.0	100.0	(704)
2	17.2	75.9	4.4	1.1	1.3	0.1	100.0	(857)
3	10.7	82.0	4.9	1.4	0.8	0.2	100.0	(578)
4	9.2	80.4	4.0	4.1	2.4	0.0	100.0	(332)
5+	5.1	79.0	11.8	2.1	2.0	0.0	100.0	(629)

TABLE 7.3.4

Assistance at Delivery of Children Born in the 5 Years Before the Survey by Health Region and Parish
1989 Jamaica CPS
(Percent Distribution)

Characteristic	Assistance at Delivery							No. of Cases
	Doctor	Trained Nurse/Midwife	Nana	Other	No One	Don't Remember	Total	
Total	13.6	78.1	5.3	1.6	1.3	0.1	100.0	(3100)
Health Region*								
1	25.0	71.7	0.4	0.4	2.4	0.3	100.0	(736)
2	6.1	84.5	6.8	1.7	0.8	0.0	100.0	(498)
3	8.6	80.3	8.5	2.2	0.4	0.0	100.0	(946)
4	10.2	79.5	6.9	2.3	1.1	0.0	100.0	(920)
Parish								
Kingston	26.3	72.7	0.0	1.0	0.0	0.0	100.0	(99)
St. Andrew	27.2	68.6	0.2	0.2	3.4	0.4	100.0	(503)
St. Thomas	7.5	89.6	2.2	0.0	0.8	0.0	100.0	(134)
Portland	6.6	85.6	3.6	3.6	0.6	0.0	100.0	(167)
St. Mary	7.7	86.4	2.6	2.6	0.6	0.0	100.0	(155)
St. Ann	4.6	82.3	12.0	0.0	1.1	0.0	100.0	(176)
Trelawny	4.0	90.3	5.6	0.0	0.0	0.0	100.0	(135)
St. James	12.9	81.1	1.7	3.3	1.0	0.0	100.0	(319)
Hanover	8.2	84.9	1.4	4.1	1.4	0.0	100.0	(146)
Westmoreland	7.7	81.5	8.9	1.8	0.0	0.0	100.0	(168)
St. Elizabeth	5.1	74.1	19.7	1.1	0.0	0.0	100.0	(178)
Manchester	9.9	86.2	1.9	1.0	1.0	0.0	100.0	(211)
Clarendon	5.9	80.3	10.0	3.0	0.7	0.0	100.0	(271)
St. Catherine	13.0	75.6	7.5	2.5	1.4	0.0	100.0	(438)

*Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 7.3.5

Number of Cesarean Sections (CS) per 100 Live Births
For Births That Occurred in the 5 Years Prior to Date of Interview
1989 Jamaica CPS

Year	Total No. of CS	No. of Primary CS
1984	3.7	3.3
1985	4.6	3.0
1986	6.2	5.6
1987	4.2	2.6
1988	3.6	2.4
1989	4.7	3.1
1984-89	4.4	3.3

TABLE 7.3.6

Percent of Vaginal and Primary Cesarean Deliveries by Selected Characteristics

Characteristic	Type of Delivery	
	Vaginal	Primary Cesarean
Maternal Age:		
<20	24.6	23.1
20-29	55.4	50.7
30-39	17.7	22.6
40-49	2.3	3.6
	100.0	100.0
Parity:		
1	32.1	42.7
2	24.5	34.9
3+	43.4	22.4
	100.0	100.0
Area of Residence:		
Urban	32.7	49.8
Rural	67.3	50.2
	100.0	100.0
Maternal Hypertension	16.1	33.6
Maternal Diabetes	0.8	1.8
Breech Baby	1.9	13.5
Disproportion or Prolonged Labor	6.9	39.9
Multiple Birth	0.8	4.2
Place of Delivery:		
Government Facility	73.5	90.9
Private Facility	3.1	7.2
Home	21.7	0.0
Other	1.7	1.9
	100.0	100.0
No. of Cases	(2944)	(97)

TABLE 7.4.1

Percent of Children Born in the 5 Years Before the Survey Whose Mothers Received a Tetanus Toxoid Injection by Residence and Selected Characteristics
1989 Jamaica CPS

Characteristic	Total	No. of Cases	Urban	No. of Cases	Rural	No. of Cases
Total	64.7	(3101)	64.9	(863)	64.6	(2238)
Age						
15-19	67.8	(272)	52.5	(80)	76.0	(192)
20-24	64.1	(953)	63.9	(230)	64.2	(723)
25-29	64.2	(893)	65.7	(266)	63.3	(627)
30-34	68.1	(545)	71.7	(168)	66.0	(377)
35-39	63.2	(277)	70.0	(78)	59.9	(199)
40-44	59.7	(130)	55.2	(36)	61.9	(94)
45-49	37.6	(29)	*	(5)	*	(24)
Education						
Primary	63.3	(1235)	62.9	(283)	63.4	(952)
Secondary	66.5	(1569)	66.1	(481)	66.8	(1088)
Post Secondary	60.0	(156)	61.4	(64)	58.8	(92)
Other	61.8	(132)	66.8	(33)	59.6	(99)
No. of Children Ever Born						
1	67.5	(704)	62.0	(205)	70.5	(499)
2	62.6	(857)	61.6	(256)	63.1	(601)
3	64.4	(578)	63.2	(142)	64.8	(436)
4	61.8	(333)	69.2	(96)	58.0	(237)
5+	66.1	(629)	72.6	(164)	63.2	(465)

*<25 cases.

TABLE 7.4.2

Percent of Children Born in the 5 Years Before the Survey Whose Mothers Received a Tetanus Toxoid Injection by Health Region and Parish
1989 Jamaica CPS

Characteristic	Tetanus Toxoid Injection	No. of Cases
Total	64.7	(3101)
Health Region*		
1	68.0	(736)
2	71.1	(499)
3	67.5	(946)
4	56.5	(920)
Parish		
Kingston	69.7	(99)
St. Andrew	66.0	(503)
St. Thomas	77.6	(134)
Portland	68.9	(167)
St. Mary	69.0	(155)
St. Ann	73.9	(177)
Trelawny	83.1	(135)
St. James	69.9	(319)
Hanover	76.7	(146)
Westmoreland	60.7	(168)
St. Elizabeth	60.1	(178)
Manchester	50.7	(211)
Clarendon	62.7	(271)
St. Catherine	55.7	(438)

*Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 7.4.3

Percent of Mothers Who Received a Rubella Injection for Women Who Had a Live Birth in the 5 Years Before the Survey by Residence and Selected Characteristics
1989 Jamaica CPS

Characteristic	Total	No. of Cases	Urban	No. of Cases	Rural	No. of Cases
Total	21.9	(3101)	28.8	(863)	18.4	(2238)
Age						
15-19	18.6	(272)	29.7	(80)	12.7	(192)
20-24	21.9	(953)	34.9	(230)	16.3	(723)
25-29	23.2	(893)	27.6	(266)	20.8	(627)
30-34	24.6	(545)	28.2	(168)	22.5	(377)
35-39	22.6	(277)	26.2	(78)	20.9	(199)
40-44	10.7	(130)	8.2	(36)	11.9	(94)
45-49	2.1	(29)	*	(5)	*	(24)
Education						
Primary	18.3	(1235)	23.6	(283)	16.4	(952)
Secondary	23.3	(1569)	30.9	(481)	18.8	(1088)
Post Secondary	36.7	(156)	45.0	(64)	29.1	(92)
Other	20.0	(132)	11.1	(33)	23.8	(99)
No. of Children Ever Born						
1	24.8	(704)	35.0	(205)	19.3	(499)
2	22.6	(857)	26.5	(256)	20.5	(601)
3	19.6	(578)	24.8	(142)	17.3	(436)
4	18.9	(333)	28.7	(96)	13.9	(237)
5+	21.1	(629)	28.4	(164)	17.9	(465)

*<25 cases.

TABLE 7.4.4

Percent of Mothers Who Received a Rubella Injection for Women Who Had a Live Birth in the 5 Years Before the Survey by Health Region and Parish 1989 Jamaica CPS

Characteristic	Rubella Injection	No. of Cases
Total	21.9	(3101)
Health Region*		
1	30.3	(736)
2	26.2	(499)
3	11.1	(946)
4	20.2	(920)
Parish		
Kingston	37.4	(99)
St. Andrew	30.8	(503)
St. Thomas	12.7	(134)
Portland	22.2	(167)
St. Mary	25.8	(155)
St. Ann	29.0	(177)
Trelawny	16.1	(135)
St. James	12.6	(319)
Hanover	8.9	(146)
Westmoreland	5.4	(168)
St. Elizabeth	13.5	(178)
Manchester	23.7	(211)
Clarendon	10.3	(271)
St. Catherine	24.4	(438)

*Health Region codes by Parish:

1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 7.5.1

Smoking and Drinking Behavior of Women Age 15–49
Currently Pregnant by Behavior Prior to Getting Pregnant
and Behavior in the Past Month by Selected Characteristics
1989 Jamaica CPS
(Percent Distribution)

Characteristic	Prior to Getting Pregnant					During Past Month					No. of Cases
	Smoke & Drank	Smoke Only	Drank Only	Neither	Total	Smoke & Drank	Smoke Only	Drank Only	Neither	Total	
Total	11.1	3.4	28.6	56.9	100.0	3.6	4.3	17.3	74.7	100.0	(309)
Residence											
Urban	13.6	7.2	25.4	53.9	100.0	6.0	8.0	14.3	71.7	100.0	(104)
Rural	9.4	0.8	30.8	59.0	100.0	2.1	1.8	19.4	76.7	100.0	(205)
Age											
15–19	9.5	4.0	26.7	59.7	100.0	2.1	4.0	17.3	76.5	100.0	(78)
20–24	15.8	7.5	32.5	44.2	100.0	3.2	7.6	19.7	69.5	100.0	(91)
25–29	4.6	0.9	30.3	64.1	100.0	1.4	3.5	12.0	83.2	100.0	(75)
30–34	6.0	0.0	28.9	65.1	100.0	4.4	0.0	21.5	74.0	100.0	(43)
35+	*	*	*	*	*	*	*	*	*	*	(22)
No. of Children Ever Born											
0	9.2	3.8	31.4	55.6	100.0	1.8	3.8	13.4	81.0	100.0	(97)
1	14.0	6.1	26.5	53.4	100.0	4.6	6.1	17.9	71.4	100.0	(85)
2	7.8	1.7	30.6	59.9	100.0	2.2	0.0	18.6	79.1	100.0	(51)
3	6.7	0.0	38.7	54.5	100.0	0.0	6.7	28.2	65.1	100.0	(31)
4+	16.7	1.6	17.4	64.4	100.0	10.1	5.8	16.3	67.7	100.0	(45)
Education											
Primary	11.6	1.2	31.0	56.2	100.0	4.6	4.2	22.5	68.7	100.0	(104)
Secondary	10.5	5.1	26.9	57.6	100.0	2.8	5.1	16.8	75.4	100.0	(167)
Post Secondary+	12.7	1.8	31.6	53.9	100.0	5.2	1.8	7.0	86.0	100.0	(36)

*<25 cases.

TABLE 7.5.2

Smoking and Drinking Behavior of Women Age 15–49
Currently Pregnant by Behavior Prior to Getting Pregnant
and Behavior in the Past Month by Wantedness of Current Pregnancy
1989 Jamaica CPS
(Percent Distribution)

Characteristic	Prior to Getting Pregnant					During Past Month					No. of Cases
	Smoke & Drank	Smoke Only	Drank Only	Neither	Total	Smoke & Drank	Smoke Only	Drank Only	Neither	Total	
Total	11.1	3.4	28.6	56.9	100.0	3.6	4.3	17.3	74.7	100.0	(309)
Wantedness*											
Planned	8.8	2.9	43.5	44.8	100.0	4.8	2.9	19.9	72.4	100.0	(73)
Mistimed	10.5	2.7	25.8	61.0	100.0	2.8	4.4	17.6	75.2	100.0	(169)
Unwanted	12.0	6.3	21.1	60.6	100.0	5.2	6.4	15.4	73.1	100.0	(60)

*Excludes 7 cases with unknown information.

TABLE 8.1.1

Percent With Diabetes and Percent Who Have Been Told More Than Once They Have A Blood Pressure Problem: All Women Age 15-49 by Selected Characersitics
1989 Jamaica CPS

Characteristic	Diabetes	Blood Pressure	No. of Cases
Total	2.7	11.8	(6112)
Residence			
Urban	3.7	11.8	(1874)
Rural	2.1	11.8	(4238)
Education			
Primary	3.3	16.7	(2268)
Secondary	2.4	8.9	(3089)
Post Secondary	3.1	7.5	(442)
Other	0.7	11.8	(284)
Age			
15-19	2.3	2.9	(1395)
20-24	0.9	7.2	(1210)
25-29	3.1	11.1	(1153)
30-34	3.0	13.2	(841)
35-39	3.9	22.8	(625)
40-44	3.9	21.9	(515)
45-49	4.6	26.4	(373)
Religion			
Anglican	1.6	12.1	(404)
Baptist	2.8	10.9	(799)
Methodist	1.7	8.4	(214)
United Church	0.8	12.3	(240)
Roman Catholic	6.7	14.1	(294)
Church of God	3.1	12.5	(1960)
Other	2.1	11.6	(1742)
No Religion	2.4	10.3	(459)

TABLE 8.1.2

Percent With Diabetes or With a Blood Pressure Problem:
All Women Age 15-49 by Health Region and Parish
1989 Jamaica CPS

Characteristic	With Diabetes	With a BP Problem	No. of Cases
Total	2.7	11.8	(6112)
Health Region*			
1	4.1	11.8	(1729)
2	2.6	11.2	(882)
3	1.2	12.0	(1784)
4	2.2	11.9	(1717)
Parish			
Kingston	6.2	16.2	(241)
St. Andrew	3.9	10.5	(1215)
St. Thomas	0.7	11.4	(273)
Portland	1.5	9.2	(272)
St. Mary	2.9	15.7	(274)
St. Ann	3.0	8.9	(336)
Trelawny	2.1	10.1	(287)
St. James	1.9	11.0	(581)
Hanover	0.0	14.6	(316)
Westmoreland	0.6	16.9	(313)
St. Elizabeth	1.0	8.7	(287)
Manchester	1.7	11.3	(344)
Clarendon	3.0	15.2	(474)
St. Catherine	2.0	10.3	(899)

*Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 8.2.1

Percent With Various Smoking Habits:
All Women Age 15-49 by Selected Characteristics
1989 Jamaica CPS

Characteristic	Ever Smoked	Currently Smoke	No. of Cases	Current Smokers, Tried to Quit	No. of Cases
Total	8.2	6.2	(6112)	59.9	(358)
Residence					
Urban	10.4	7.8	(1874)	60.0	(143)
Rural	6.9	5.2	(4238)	59.8	(215)
Education					
Primary	11.4	9.0	(2268)	56.4	(194)
Secondary	6.2	4.6	(3089)	64.7	(134)
Post Secondary	8.4	5.3	(442)	*	(22)
Other	3.8	1.8	(284)	*	(6)
Age					
15-19	2.0	1.4	(1395)	*	(16)
20-24	5.5	4.0	(1210)	62.2	(43)
25-29	8.0	6.4	(1153)	54.3	(73)
30-34	10.5	8.4	(841)	64.5	(71)
35-39	11.5	7.7	(625)	57.0	(48)
40-44	17.8	15.4	(515)	62.9	(72)
45-49	16.1	9.8	(373)	63.5	(35)
Religion					
Anglican	8.6	7.4	(404)	50.4	(29)
Baptist	8.7	6.0	(799)	55.5	(42)
Methodist	7.0	4.0	(214)	*	(9)
United Church	9.0	5.0	(240)	*	(13)
Roman Catholic	12.6	9.1	(294)	57.5	(26)
Church of God	7.2	5.6	(1960)	67.7	(107)
Other	6.2	4.4	(1742)	63.0	(74)
No Religion	14.7	12.8	(459)	50.4	(58)

*<25 cases

TABLE 8.2.2

Percent With Various Smoking Habits:
All Women Age 15-49 by Health Region and Parish
1989 Jamaica CPS

Characteristic	Ever Smoked	Currently Smoke	No. of Cases
Total	8.2	6.2	(6112)
Health Region*			
1	11.1	8.3	(1729)
2	7.3	5.4	(882)
3	6.2	5.0	(1784)
4	6.5	4.8	(1717)
Parish			
Kingston	12.4	8.3	(241)
St. Andrew	11.1	8.5	(1215)
St. Thomas	8.1	6.6	(273)
Portland	6.6	5.5	(272)
St. Mary	10.6	8.0	(274)
St. Ann	5.4	3.6	(336)
Trelawny	3.5	2.8	(287)
St. James	7.1	6.2	(581)
Hanover	5.4	4.1	(316)
Westmoreland	4.2	1.9	(313)
St. Elizabeth	8.7	7.7	(287)
Manchester	4.6	3.8	(344)
Clarendon	7.0	5.7	(474)
St. Catherine	7.0	4.8	(899)

*Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 8.3.1

Percent Various Alcohol Consumption Behaviors:
All Women Age 15–49 by Selected Characteristics
1989 Jamaica CPS

Characteristic	Ever Had A Drink	No. of Cases	Drink to the Point of Being Drunk	No. of Cases	Ridden With a Driver in Past Month Who Had Too Much to Drink	No. of Cases
Total	63.4	(6112)	2.2	(3641)	5.4	(6112)
Residence						
Urban	63.3	(1874)	3.0	(1125)	5.2	(1874)
Rural	63.5	(4238)	1.7	(2516)	5.5	(4238)
Education						
Primary	64.9	(2268)	2.7	(1375)	5.4	(2268)
Secondary	61.3	(3089)	2.0	(1796)	4.9	(3089)
Post Secondary	66.8	(442)	0.8	(265)	8.2	(442)
Other	68.8	(284)	1.7	(188)	5.1	(284)
Age						
15–19	59.1	(1395)	3.8	(791)	4.7	(1395)
20–24	63.7	(1210)	2.4	(737)	6.2	(1210)
25–29	64.5	(1153)	1.2	(700)	5.8	(1153)
30–34	67.0	(841)	1.5	(522)	5.5	(841)
35–39	62.3	(625)	1.8	(368)	5.0	(625)
40–44	65.2	(515)	1.6	(306)	5.4	(515)
45–49	66.6	(373)	1.7	(217)	4.0	(373)
Religion						
Anglican	66.6	(404)	0.8	(259)	4.0	(404)
Baptist	65.8	(799)	1.9	(493)	6.0	(799)
Methodist	67.8	(214)	3.0	(134)	9.9	(214)
United Church	67.5	(240)	1.2	(156)	6.3	(240)
Roman Catholic	68.1	(294)	2.8	(193)	6.3	(294)
Church of God	62.9	(1960)	2.2	(1146)	5.0	(1960)
Other	62.0	(1742)	2.3	(1014)	4.8	(1742)
No Religion	56.5	(459)	2.9	(246)	5.7	(459)

TABLE 8.3.2

Percent With Various Alcohol Related Characteristics
All Women Age 15-49 by Health Region and Parish
1989 Jamaica CPS

Characteristic	Ever Drank	Rode With Driver in Past Month Who Had Too Much To Drink	No. of Cases
Total	63.4	5.4	(6112)
Health Region*			
1	59.4	4.7	(1729)
2	53.5	5.4	(882)
3	70.1	6.0	(1784)
4	67.6	5.6	(1717)
Parish			
Kingston	63.9	4.2	(241)
St. Andrew	57.7	5.2	(1215)
St. Thomas	61.5	2.2	(273)
Portland	39.3	6.2	(272)
St. Mary	62.4	7.3	(274)
St. Ann	54.2	3.6	(336)
Trelawny	44.2	16.4	(287)
St. James	77.1	4.8	(581)
Hanover	76.3	2.5	(316)
Westmoreland	70.6	5.4	(313)
St. Elizabeth	70.7	4.5	(287)
Manchester	71.5	2.3	(344)
Clarendon	64.1	7.6	(474)
St. Catherine	67.7	5.9	(899)

*Health Region codes by Parish:
1 Kingston, St. Andrew, St. Thomas
2 Portland, St. Mary, St. Ann
3 Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4 Manchester, Clarendon, St. Catherine

TABLE 8.4.1

Percentage of All Women Aged 15-49 Who Have Ever Heard of AIDS, by Selected Characteristics and Residence
1989 Jamaica CPS

Selected Characteristics	Residence			No. of Cases		
	Total	Urban	Rural	Total	Urban	Rural
Total	99.8	100.0	99.6	(6112)	(1874)	(4238)
Age						
15-19	99.4	100.0	99.2	(1396)	(413)	(983)
20-24	99.7	100.0	99.5	(1209)	(374)	(835)
25-29	99.9	100.0	99.8	(1153)	(373)	(780)
30-34	100.0	100.0	100.0	(841)	(262)	(579)
35-39	99.8	100.0	99.8	(625)	(179)	(446)
40-44	100.0	100.0	100.0	(515)	(168)	(347)
45-49	99.7	100.0	99.5	(373)	(105)	(268)
Union Status						
Legally Married	100.0	100.0	100.0	(1023)	(261)	(762)
Common Law	99.9	100.0	99.9	(1418)	(437)	(981)
Visiting Partner	100.0	100.0	100.0	(1712)	(567)	(1145)
Boyfriend/Had Sex	99.7	100.0	99.4	(320)	(87)	(233)
Boyfriend/No Sex	100.0	100.0	100.0	(164)	(53)	(111)
Previous Partner	99.9	100.0	99.7	(726)	(257)	(469)
Never Had Partner	98.4	100.0	99.5	(749)	(212)	(537)

TABLE 8.4.2

Knowledge of How AIDS May Be Transmitted
(Among Respondents Who Have Heard of AIDS), by Residence
1989 Jamaica CPS

Mode of Transmission	Total	Residence	
		Urban	Rural
Handshake or hugging	3.0	2.6	3.2
Being in same room with a person with AIDS	7.9	6.9	8.5
Sharing personal items	16.1	16.2	16.0
Being bitten by insect	35.0	36.4	34.2
Giving a blood donation	58.5	62.5	56.2
Sharing needles used for drugs	77.4	79.4	76.3
Receiving a blood transfusion	82.8	88.3	79.7
Sexual intercourse between men	98.4	98.9	98.1
Heterosexual intercourse	98.6	99.0	98.4
No. of Cases	(6097)	(1874)	(4223)

TABLE 8.4.3

Risk of Contacting AIDS, Among Respondents
Age 15-49 Who Have Heard of AIDS by Residence
1989 Jamaica CPS

Risk of Getting AIDS	Total	Residence	
		Urban	Rural
Great risk	14.3	16.6	13.0
Some risk	13.0	15.9	11.3
Not much risk	20.1	20.3	20.0
No risk at all	52.6	47.2	55.7
Total	100.0	100.0	100.0
No. of Cases	(6097)	(1874)	(4223)

TABLE 8.4.4

Risk of Contacting AIDS, Among Respondents Age 15-49
Who Have Heard of AIDS by Current Union Status
1989 Jamaica CPS
(Percent Distribution)

Risk of Getting AIDS	Total	Current Union Status						
		Legally Married	Common Law	Visiting Partner	Boyfriend/ Had Sex	Boyfriend/ No Sex	Previous Partner	Never Had Partner
Great Risk	14.3	12.1	15.5	15.3	14.4	12.6	14.8	12.5
Some Risk	13.0	12.0	14.2	17.1	12.8	7.5	9.7	7.4
Not Much Risk	20.1	21.4	24.1	23.7	21.6	10.2	14.9	9.0
No Risk At All	52.6	54.5	46.2	43.9	51.2	69.7	60.6	71.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(6097)	(1023)	(1417)	(1712)	(319)	(164)	(725)	(737)

APPENDIX A

SAMPLING ERRORS AND DESIGN

Survey sampling is a selection method where the population from which the chosen sample to be analyzed has a finite (countable) number of member elements. The results from sample surveys are affected by two types of errors: nonsampling error and sampling error.

Nonsampling error is usually caused by procedure mistakes and is attributable to the nonsampling parts. Examples of this would be interviewing the wrong household, data entry errors, differences in the interviewers, and problems with the questions themselves. These types are difficult to evaluate statistically and impossible to avoid entirely. Preventive measures are used to minimize this source of error.

Unlike nonsampling problems, sampling error can be evaluated statistically. The difference between an estimate and an expected value is the variable error and can be different for different samples from the same survey. The variability observed among all possible samples in the same design is known as the sampling error for a given population. The unit of measure for sampling error is the "standard error" for the statistic of interest. Useful statistics might include the standard error of the mean or standard error for a proportion or a percentage. The standard error is derived from the square root of the variance of the statistic across all possible samples of equal size and design. Confidence intervals can be computed from the standard error that would include a large part of the population being estimated. Since it is usually impractical to measure every member of a population, adequate samples that are randomly chosen can accurately reflect the composition of the population. A conventionally acceptable confidence interval is the value of two "standard errors" on either side of the mean average for a number of interest. One can be 95 percent certain that a single member randomly selected would have a value that would lie within the bounds of the confidence intervals. The limits of the Jamaica survey are two standard errors above and below the mean for the high and low limit respectively.

The method of choosing members of a sample determines the design of a survey. The most basic design utilizes simple random sampling, a method of probability sampling in which a sample of a specific number of elements is randomly chosen without replacement from a study population. If simple random sampling had been used to select members in the Jamaica survey, standard errors could have been derived from conventional computer program languages such as SAS or SPSS. However, a more complex two stage sampling design was used in Jamaica and calculation of standard errors using more difficult formulas was required. A packaged procedure called SESUDAAN, developed by Research Triangle Institute was used to compute sampling error.

SESUDAAN computes the standard error by using Taylor Series Linearization, a calculus derivation easily adapted to the computer and well known in statistical literature. A two stage sampling design can be thought of as taking a sample from a fixed number of previously selected samples. The individual elements are referred to as the "primary sampling units" or PSUs.

The second level or sample of the samples is called the stratum. In the 1989 Jamaica CPS, the Enumeration Districts were the PSUs and Parishes were the Stratum. The standard error can be calculated by taking the square root of the variance derived from the following general formula:

$$\text{var}(r) = \frac{1-f}{X^2} \sum_{h=1}^{H} \frac{m}{m_k 1} \sum_{i=1}^{m} z_{hi}^2 - \frac{z_h^2}{m_h}$$

given that $r = y/x$, $z_h = y_h - rx_h$ and $z_{hi} = y_{hi} - rx_{hi}$ also,

h represents the stratum from 1 to H
m is the total number of PSUs in the h-th stratum,
y is the sum of the values of variable y in PSU i in the h-th stratum,
x is the sum of the number of cases in PSU i in the h-th stratum
f is the overall sampling fraction, usually negligible

SESUDAAN also calculates the "design effect" for estimates of different survey designs. The design effect is defined as the ratio between the standard error using a given sample design and the standard error that would result if simple random sampling had been used. A value for design effect that is greater than one indicates that the increase in sampling error is due to a more complex and less statistically efficient design. A value of one signifies that the sample design is as efficient as a simple random sample.

The following tables display values for variables of interest extracted from the survey. The Jamaica proportions are given for selected variables of contraception. These variables were chosen in order to give an idea of the accuracy of individual variable analysis.

In viewing the survey, the sampling errors for contraception are relatively small which means that the sample sizes are large enough for the variables to be reliable. A non-contraceptive example would be that for females of all regions of Jamaica, the proportion living in urban areas (RESI), is 0.36406 with a standard error of 0.019578 or approximately 36.41 percent with a standard error of 1.958 percent. A 95 percent confidence interval for RESI can be calculated by adding and subtracting two standard errors from the proportion to get the high and low limits. This would give a high limit of 0.4032 and a low limit of 0.3249 or about 40.3 percent and 32.5 percent respectively.

A confidence interval of this type could be compared with the proportion of women ever using any method of birth control (EVUS). An illustration of this would be the value of EVUS for females in union being 0.84922 with a low limit of 0.83667 and a high limit of 0.86166, or 2 standard errors below and above the average value. This shows a much smaller or a more accurate confidence limit of about 83.7 to 86.2 percent for EVUS. It may be repeated at this point that standard error is an evaluation of the randomness of the sampling procedure and cannot measure nonsampling error. The previous calculations of confidence limits can be made for the other variables of interest.

LIST OF SELECTED VARIABLES FROM THE 1989 JAMAICA
CONTRACEPTIVE PREVALENCE SURVEY

NAME	ESTIMATE	VARIABLE	BASE POPULATION
RESI	PROPORTION	URBAN	IN UNION ONLY
EDUC	PROPORTION	SECONDARY OR MORE	IN UNION ONLY
PRG	PROPORTION	CURRENTLY PREGNANT	IN UNION ONLY
EVUS	PROPORTION	EVER USE ANY METHOD	IN UNION ONLY
CUUS	PROPORTION	NOW USING ANY METHOD	IN UNION ONLY
PILL	PROPORTION	USING PILL	IN UNION ONLY
IUD	PROPORTION	USING IUD	IN UNION ONLY
INJECT	PROPORTION	USING INJECTION	IN UNION ONLY
FEMSTER	PROPORTION	FEMALE STERILIZATION	IN UNION ONLY
BREA	MEAN	LENGTH OF BREASTFEEDING	ALL WOMEN
CCEB	MEAN	CHILDREN EVER BORN	ALL WOMEN
IDEAL	MEAN	IDEAL FAMILY SIZE	ALL WOMEN

PROPORTIONS, MEANS, AND CONFIDENCE LIMITS FOR
CATAGORICAL AND CONTINUOUS VARIABLES
1989 JAMAICA CONTRACEPTIVE PREVALENCE SURVEY

NAME	PROPORTION OR MEAN	STANDARD ERROR	LOW LIMIT	HIGH LIMIT	SAMPLE SIZE	DESIGN EFFECT	CLASS
RESI	0.36406	0.019578	0.32491	0.40322	4163	6.89186	CATAGORICAL
EDUC	0.46786	0.009735	0.44839	0.48733	4163	1.58464	CATAGORICAL
PRG	0.07052	0.004028	0.06247	0.07858	4163	1.03046	CATAGORICAL
EVUS	0.84922	0.006224	0.83677	0.86166	4163	1.25930	CATAGORICAL
CUUS	0.64267	0.009764	0.62315	0.66220	3540	1.46966	CATAGORICAL
PILL	0.19434	0.007361	0.17962	0.20906	4163	1.44058	CATAGORICAL
IUD	0.01470	0.001938	0.01083	0.01858	4163	1.07910	CATAGORICAL
INJECT	0.07542	0.004680	0.06606	0.08478	4163	1.30738	CATAGORICAL
FEMSTER	0.13553	0.006071	0.12339	0.14767	4163	1.30942	CATAGORICAL
BREA	9.45168	0.236945	8.97779	9.92557	1589	1.07072	CONTINUOUS
CCEB	1.97425	0.032451	1.90935	2.03916	6330	1.28044	CONTINUOUS
IDEAL	5.15270	0.429330	4.29404	6.01136	2011	1.50108	CONTINUOUS

APPENDIX B

HOUSEHOLD AND INDIVIDUAL QUESTIONNAIRES

QUESTIONNAIRE NUMBER _____ _____ _____ _____

1989 CONTRACEPTIVE PREVALENCE SURVEY - JAMAICA

FORM CPS 2
CONFIDENTIAL
CAP. 368

HOUSEHOLD QUESTIONNAIRE

Identification No.

Parish	Const.	E.D. No.	Dwelling No.	House-hold No.

Interview calls	1	2	3	Final Visit
Day				
Month				
Interview Status *				
Interviewer's Name				
Supervisor's Name				
Next visit: Date				
Time				

* Interview Status Codes:

1 Completed household interview
2 Not at home
3 Deferred
4 Refusal
5 Partly completed
6 Other (specify)

FOR OFFICE USE ONLY

Reviewed by: _____ Date: _____

Position: _____

Edited by: _____ Date: _____

2

HOUSEHOLD SCHEDULE

PLEASE RECORD THE NAMES OF ALL PERSONS WHO USUALLY LIVE AT THIS LOCATION. THIS SHOULD INCLUDE ALL WHO USUALLY EAT AND SLEEP HERE. YOU SHOULD START WITH THE HEAD OF THE HOUSEHOLD

	NAME		SEX	AGE	SEQUENCE NUMBER
	Please give me the names of the persons who usually live in your household	What is the relationship to the head of household?*	Is (NAME) male or female? (1 Male) (2 Female)	How old is he/she? (YEARS)?	(ELIGIBLE WOMEN)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Total Number of Eligible Women (age 14-49) (Include numbers on Page 3, where relevant) ____

* Relationship Codes:

1	Head	4	Other relative of Head
2	Spouse of Head	5	Other
3	Child of Head	8	Not stated

3

Now I would like you to tell me the occupation of the head of the household.

_____ ___ ___ ___ ___

For office use only

Who Gave This Information? [BY OBSERVATION]

1 One of the eligible female respondents
2 Other household member
3 Neighbour
4 Other (specify) _____

IF THERE ARE NO ELIGIBLE WOMEN, TERMINATE THE INTERVIEW.

RETURN TO TITLE PAGE AND COMPLETE INFORMATION ON INTERVIEW CALLS

HOUSEHOLD SCHEDULE (CONT'D)

	NAME		SEX	AGE	SEQUENCE NUMBER
	Please give me the names of the persons who usually live in your household	What is the relationship to the head of household?*	Is (NAME) male or female? (1 Male) (2 Female)	How old is he/she? (YEARS)?	(ELIGIBLE WOMEN)
13	_____	_____	___	___ ___	___ ___
14	_____	_____	___	___ ___	___ ___
15	_____	_____	___	___ ___	___ ___
16	_____	_____	___	___ ___	___ ___
17	_____	_____	___	___ ___	___ ___
18	_____	_____	___	___ ___	___ ___
19	_____	_____	___	___ ___	___ ___
20	_____	_____	___	___ ___	___ ___

* - See codes at bottom of Page 2.

4

COMMENTS

QUESTIONNAIRE NUMBER _____ _____ _____ _____

1989 CONTRACEPTIVE PREVALENCE SURVEY - JAMAICA

FORM CPS 1
CONFIDENTIAL
CAP. 368

INDIVIDUAL QUESTIONNAIRE

(For all women aged 14 - 49 years)

Identification No.

Parish	Const.	E.D. No.	Dwelling No.	House-hold No.	Sequence Number

Interview calls	1	2	3	Final Visit
Date				
Time started				
Time ended				
Duration				
Interview Status *				
Interviewer's Name				
Supervisor's Name				
Next visit: Date				
Time				

* Interview Status Codes:

1 Completed individual interview
2 Not at home
3 Deferred
4 Refusal
5 Partly completed
6 Other (specify)

FOR OFFICE USE ONLY

Reviewed by: _____ Date: _____
Edited by: _____ Date: _____

2

SECTION I - RESPONDENT'S BACKGROUND

101. In what month and year were you born?

____ ____ Month ____ ____ Year (SKIP TO Q 103)
99 Don't know

102. How old were you on your last birthday? ____ ____ Age

103. Was your mother living in this Parish at the time of your birth, or in another Parish in Jamaica or in another country?

1 In this Parish
2 Another Parish - Name _____
3 Another Country - Name _____

104. Have you ever attended school?

1 Yes
2 No (SKIP TO Q 107)

105. What is the highest level of education you have attained at school, college, or university?

LEVEL		YEARS	NOT SPECIFIED
1	Primary	0 1 2 3 4 5 6 7 8+	9
2	Secondary	1 2 3 4 5 6 7+	9
3	Post Secondary	1 2 3 4+	9
4	Other	1 2 3 4+	9
8	Refused		

106. What is the highest examination you have passed?

1 None
2 General Certificate of Education ("O" Level) 1-3 subjects
3 General Certificate of Education ("O" Level) 4+ subjects
4 General Certificate of Education ("A" Level)
5 Higher Certificate, Degree or Diploma
6 Other (specify) _____
8 Not stated

107. What is your religion?

1 Anglican
2 Baptist
3 Methodist
4 United Church (Presbyterian/Congregational)
5 Roman Catholic
6 Church of God
7 Rastafarian
8 Other (specify) _____
9 No Religion

SECTION II - RELATIONSHIP STATUS AND PARTNERSHIP HISTORY

201. Now, I would like to ask you some questions about your steady relationships. Are you legally married now?

1 Yes
2 No (SKIP TO Q 203)

202. Are you and your husband living together as man and wife now?

1 Yes (SKIP TO Q 206)
2 No

203. Are you living with a common-law partner now? [IF RESPONDENT DOES NOT APPEAR TO UNDERSTAND THE TERM COMMON-LAW, ASK]: Are you living as man and wife now with a partner to whom you are not married?

1 Yes (SKIP TO Q 206)
2 No

204. Do you have a visiting partner, that is, a more or less steady partner with whom you have sexual relations?

1 Yes (SKIP TO Q 206)
2 No

205. Do you have a boyfriend?

1 Yes (SKIP TO Q 207)
2 No (SKIP TO Q 209)

206. When you and your husband/partner first started together, what type of partnership did you have?

1 Married
2 Common-Law
3 Visiting Partner/Steady Boy Friend

¦ SKIP TO QUESTION 208 ¦

207. Have you ever had sexual intercourse with your present boyfriend?

1 Yes
2 No (SKIP TO Q 209)

208. In what month and year did your present relationship start?

Month ____ ____ Year ____ ____
8888 Doesn't remember

4

209. What is the total number **of partners,** including your present partner if any, you have had in your life? ____ ____

IF "00", SKIP TO Q 212 IF "01" AND AN ANSWER AT Q 208, SKIP TO Q 213 IF "01 OR MORE" AND NO ANSWER AT Q 208, OR "02 OR MORE" AND AN ANSWER AT Q 208, CONTINUE

210. When you and your first partner started together, what type of partnership did you have?

1 Married
2 Common-Law
3 Visiting Partner/Steady Boyfriend

211. In what month and year did your first partnership start?

Month: ____ ____ Year: ____ ____
(SKIP TO Q 213)

212. Have you ever had sexual intercourse?

1 Yes
2 No (SKIP TO Q 301)

213. At what age did you first have sexual intercourse? ____ ____
Age

5

SECTION III - FERTILITY

Now we are going to talk about your childbearing history. Some of the questions may not apply to you. In these cases, just say so.

301. How old were you when your first period started?

____ ____ Age
77 Never had a Period

302. Have you ever been pregnant?

1 Yes
2 No

303. Are you currently pregnant?

1 Yes (SKIP TO Q 312)
2 No
3 Not sure

IF SHE ANSWERED "YES TO QUESTION 302 AND EITHER "NO" OR "NOT SURE" TO QUESTION 303, SKIP TO QUESTION 321

IF SHE ANSWERED "YES" TO QUESTION 302 AND "YES TO QUESTION 303, SKIP TO QUESTION 312

IF SHE ANSWERED "NO" TO QUESTION 302 AND "NO" OR "NOT SURE" TO QUESTION 303, CONTINUE WITH QUESTION 304

304. Now I would like to ask you about your attitude toward childbearing. If you could choose exactly the number of children to have in your whole life, how many would that be?

____ ____ Number
77 Fate, Up to God
88 Don't know

305. What is the main reason a woman might wish to limit the number of children that she has?

_____

_____

306. How old do you think a child should be before the mother stops breast-feeding him/her?

____ ____ Months
77 As long as possible

6

307. How old do you think it is best for a child to be before another child is born?

____ ____ Months

308. Who should decide the number of children a couple wants to have?

1 Husband/Partner
2 Wife/Woman
3 Both
4 Mother-in-law
5 Fate, Up to God
6 Other (specify) _____

309. Have you ever had a Rubella injection, that is an injection for German Measles?

1 Yes
2 No (SKIP TO Q 311)
8 Don't know (SKIP TO Q 311)

310. In what year? ____ ____ Year

311. What are the days during the month when a woman has to be careful to avoid becoming pregnant? [READ]

1 During her Period
2 Right after her Period has ended
3 In the middle of the Cycle
4 Just before her Period begins
5 At any time
6 Other (specify) _____
8 Don't know

¦ SKIP TO Q 401 ¦

312. When do you expect to give birth? ____ ____ ____ ____
Month Year

313. Just before you became pregnant did you ... [READ]

	Yes	No
Smoke any kind of Tobacco Products	1	2
Drink any Alcoholic Beverages	1	2

7

314. During the past month have you ...[READ]

	Yes	No
Smoked any kind of Tobacco Products	1	2
Drunk any Alcoholic Beverages	1	2

315. During the 12 months before this pregnancy, had you used any contraceptive method, even for a short time, to avoid getting pregnant?

1 Yes
2 No (SKIP TO Q 319)

316. What was the last method you used during this time?

1	Female Sterilization, Tubal Ligation	8	Other Condom
2	Male Sterilization, Vasectomy	9	Diaphragm
3	Perle	10	Foaming Tablets
4	Other Pill	11	Creams/Jellies
5	Injection	12	Rhythm (Calendar Method)
6	Inter-Uterine Device/Coil	13	Billings Method
7	Panther	14	Withdrawal
		15	Other (specify)

317. Did you become pregnant while you were using (LAST METHOD)?

1 Yes (SKIP TO Q 319)
2 No

318. What was the main reason you stopped using (LAST METHOD)?

1 Wanted to get pregnant
2 Husband/Partner disapproved
3 Health concerns
4 Access/Availability
5 Cost too much
6 Inconvenient to use
7 Infrequent sex
8 Other (specify) _____
9 Don't know

319. When you became pregnant did you want to become pregnant?

1 Yes (SKIP TO Q 321)
2 No
3 God's will, Fate, didn't think about it
8 Don't know, not sure

8

320. Was it that you wanted **no more children, or** that you just **wanted** to wait longer before another pregnancy?

1 Wanted no more children
2 Wanted to wait longer
8 Don't know, not sure, don't remember

321. Now we want to collect information on the number of times you have been pregnant.

How many pregnancies resulted in live births?	____ ____
How many in still births?	____ ____
How many in miscarriages?	____ ____
How many in abortions	____ ____
Currently pregnant? (ENTER "1" IF "YES" at Q 303]	____
Total Number	____ ____

322. How many live births have you had? ____ ____

323. Now I would like to ask about your attitudes towards child-bearing. What is the main reason a woman might wish to limit the number of children that she has? _____

_____

324. How old do you think a child should be before the mother stops breast-feeding him/her?

____ ____ Months
77 As long as possible

325. How old do you think it is best for a child to be before another child is born?

____ ____ ____ Months

326. Who should decide the number of children a couple wants to have?

1 Husband/Partner
2 Wife/Woman
3 Both
4 Mother-in-law
5 Fate, Up to God
6 Other (specify) _____

327. Have you ever had a Rubella injection, that is, an injection for German Measles?

1 Yes
2 No (SKIP TO Q 329)
8 Don't know (SKIP TO Q 329)

328. In what year? ____ ____ Year

9

329. What are the days during the month when a woman has to be careful to avoid becoming pregnant? [READ]

1 During her Period
2 Right after her Period has ended
3 In the middle of the Cycle
4 Just before her Period begins
5 At any time
6 Other (specify)_____
8 Don't know

330. If you could go back to the time when you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? ____ ____
Number

IF SHE IS CURRENTLY PREGNANT WITH HER FIRST PREGNANCY (Q 303 = "YES" AND TOTAL PREGNANCIES IN Q 321 = "1"), SKIP TO QUESTION 401, OTHERWISE CONTINUE

331. Now I would like to talk to you about all the live births you have had. Beginning with your last live birth, please give me the names and dates of each.

Birth Order	Name	Birth date Month		Year	
Last birth					
Next to last					
Second from last					
Third from last					
Fourth from last					
Fifth from last					
Sixth from last					
Seventh from last					
Eighth from last					
Ninth from last					
Tenth from last					
Eleventh from last					
Twelfth from last					

Total No. of live births since January 1984: ____

IF NO LIVE BIRTHS, SKIP TO QUESTION 401

IF LAST LIVE BIRTH WAS BEFORE JANUARY 1984 SKIP TO QUESTION 363.

IF LAST LIVE BIRTH WAS AFTER JANUARY 1984, RECORD THE NAMES AND DATES IN THE BIRTH HISTORY CHART.

BIRTH HISTORY CHART

	Last Birth	Next To Last Birth	Second From Last Birth	Third From Last Birth	Fourth From Last Birth
NAME	_____	_____	_____	_____	_____
332. Is (NAME) a boy or a girl?	1 Boy 2 Girl	1 Boy 2 Girl	1 Boy 2 Girl	1 Boy 2 Girl	1 Boy 2 Girl
333. In what month and year was (NAME) born? PROBE: When is his/her birthday?	Month ___ ___ Year ___ ___	Month ___ ___ Year ___ ___	Month ___ ___ Year ___ ___	Month ___ ___ Year ___ ___	Month ___ ___ Year ___ ___
334. How much did the baby weigh at birth?	Lbs. ___ ___ Ozs. ___ ___ 9999 Don't know	Lbs. ___ ___ Ozs. ___ ___ 9999 Don't know	Lbs. ___ ___ Ozs. ___ ___ 9999 Don't know	Lbs. ___ ___ Ozs. ___ ___ 9999 Don't know	Lbs. ___ ___ Ozs. ___ ___ 9999 Don't know
		! IF WEIGHT IS GIVEN, SKIP TO Q 336, OTHERWISE CONTINUE !			
335. Did (s/he) weigh more or less than five and one half pounds	1 More 2 5 1/2 of less	1 More 2 5 1/2 of less	1 More 2 5 1/2 of less	1 More 2 5 1/2 of less	1 More 2 5 1/2 of less
336. When you were pregnant with (NAME) were you given any injection to prevent the baby from getting tetanus, that is, lock jaw?	1 Yes 2 No 8 Don't know	1 Yes 2 No 8 Don't know	1 Yes 2 No 8 Don't know	1 Yes 2 No 8 Don't know	1 Yes 2 No 8 Don't know
337. When you were pregnant with (NAME) did you see anyone for a check on this pregnancy?	1 Yes 2 No (SKP TO Q 340)	1 Yes 2 No (SKP TO Q 340)	1 Yes 2 No (SKP TO Q 340)	1 Yes 2 No (SKP TO Q 340)	1 Yes 2 No (SKP TO Q 340)

338. Where did you go for most of this care?	1 Gov't Health Centre/Clinic 2 Gov't Hospital 3 Private Hospital 4 Rur. Mat. Centre 5 Pvt Doctor/Clinic 6 Midwife 7 Other	1 Gov't Health Centre/Clinic 2 Gov't Hospital 3 Private Hospital 4 Rur. Mat. Centre 5 Pvt Doctor/Clinic 6 Midwife 7 Other	1 Gov't Health Centre/Clinic 2 Gov't Hospital 3 Private Hospital 4 Rur. Mat. Centre 5 Pvt Doctor/Clinic 6 Midwife 7 Other	1 Gov't Health Centre/Clinic 2 Gov't Hospital 3 Private Hospital 4 Rur. Mat. Centre 5 Pvt Doctor/Clinic 6 Midwife 7 Other	1 Gov't Health Centre/Clinic 2 Gov't Hospital 3 Private Hospital 4 Rur. Mat. Centre 5 Pvt Doctor/Clinic 6 Midwife 7 Other
339. How many times did you go?	___ ___ Times	___ ___ Times	___ ___ Times	___ ___ Times	___ ___ Times
340. Where did you give birth to (NAME)?	1 Victoria Jubilee 2 Other Gov't Hosp. 3 Private Hospital 4 Pvt Nursing Home 5 Rur. Mat. Centre 6 Own Home (SKIP TO Q 342) 7 Home of relative or friend (SKIP TO Q 342) 8 Other (SKIP TO Q 342)	1 Victoria Jubilee 2 Other Gov't Hosp. 3 Private Hospital 4 Pvt Nursing home 5 Rur. Mat. Centre 6 Own Home (SKIP TO Q 342) 7 Home of relative or friend (SKIP TO Q 342) 8 Other (SKIP TO Q 342)	1 Victoria Jubilee 2 Other Gov't Hosp. 3 Private Hospital 4 Pvt Nursing Home 5 Rur. Mat. Centre 6 Own Home (SKIP TO Q 342) 7 Home of relative or friend (SKIP TO Q 342) 8 Other (SKIP TO Q 342)	1 Victoria Jubilee 2 Other Gov't Hosp. 3 Private Hospital 4 Pvt Nursing Home 5 Rur. Mat. Centre 6 Own Home (SKIP TO Q 342) 7 Home of relative or friend (SKIP TO Q 342) 8 Other (SKIP TO Q 342)	1 Victoria Jubilee 2 Other Gov't Hosp. 3 Private Hospital 4 Pvt Nursing Home 5 Rur. Mat. Centre 6 Own Home (SKIP TO Q 342) 7 Home of relative or friend (SKIP TO Q 342) 8 Other (SKIP TO Q 342)
341. How many days did you stay at the (LOCATION) after birth of [NAME]	___ ___ Days	___ ___ Days	___ ___ Days	___ ___ Days	___ ___ Days
342. Who assisted with the delivery of (NAME)?	1 Doctor 2 Trained Nurse 3 Trained Midwife 4 Nana 5 Other 6 No one	1 Doctor 2 Trained Nurse 3 Trained Midwife 4 Nana 5 Other 6 No one	1 Doctor 2 Trained Nurse 3 Trained Midwife 4 Nana 5 Other 6 No one	1 Doctor 2 Trained Nurse 3 Trained Midwife 4 Nana 5 Other 6 No one	1 Doctor 2 Trained Nurse 3 Trained Midwife 4 Nana 5 Other 6 No one
343. How was (NAME) delivered?	1 Normal delivery 2 Forceps delivery 3 Caesarean Section	1 Normal delivery 2 Forceps delivery 3 Caesarean Section	1 Normal delivery 2 Forceps delivery 3 Caesarean Section	1 Normal delivery 2 Forceps delivery 3 Caesarean Section	1 Normal delivery 2 Forceps delivery 3 Caesarean Section

344. At the time [NAME] was delivered, did you have any of these conditions? [READ EACH ONE]

Diabetes/Sugar	1	Yes	1	Yes	1	Yes	1	Yes	1	Yes
	2	No	2	No	2	No	2	No	2	No
	8	Don't know	8	Don't know	8	Don't know	8	Don't know	8	Don't know
High Blood Pressure/Pressure	1	Yes	1	Yes	1	Yes	1	Yes	1	Yes
	2	No	2	No	2	No	2	No	2	No
	8	Don't know	8	Don't know	8	Don't know	8	Don't know	8	Don't know
Baby in breech position	1	Yes	1	Yes	1	Yes	1	Yes	1	Yes
	2	No	2	No	2	No	2	No	2	No
	8	Don't know	8	Don't know	8	Don't know	8	Don't know	8	Don't know
Labour lasted more than one day or baby too big or passage too small	1	Yes	1	Yes	1	Yes	1	Yes	1	Yes
	2	No	2	No	2	No	2	No	2	No
	8	Don't know	8	Don't know	8	Don't know	8	Don't know	8	Don't know
More than one baby	1	Yes	1	Yes	1	Yes	1	Yes	1	Yes
	2	No	2	No	2	No	2	No	2	No
	8	Don't know	8	Don't know	8	Don't know	8	Don't know	8	Don't know
Previous Caesarian Section	1	Yes	1	Yes	1	Yes	1	Yes	1	Yes
	2	No	2	No	2	No	2	No	2	No
	8	Don't know	8	Don't know	8	Don't know	8	Don't know	8	Don't know

345. After the delivery of [NAME], did you have any of these complications? [READ EACH ONE]

Infection related to delivery (fever)	1	Yes	1	Yes	1	Yes	1	Yes	1	Yes
	2	No	2	No	2	No	2	No	2	No
	8	Don't know	8	Don't know	8	Don't know	8	Don't know	8	Don't know
Transfusion	1	Yes	1	Yes	1	Yes	1	Yes	1	Yes
	2	No	2	No	2	No	2	No	2	No
	8	Don't know	8	Don't know	8	Don't know	8	Don't know	8	Don't know
Other complications (specify)	1	Yes	1	Yes	1	Yes	1	Yes	1	Yes
	2	No	2	No	2	No	2	No	2	No
	8	Don't know	8	Don't know	8	Don't know	8	Don't know	8	Don't know

346. During the 12 months preceding the birth of [NAME] had you used any family planning method, even for a short time to avoid getting pregnant?	1	Yes	1	Yes	1	Yes	1	Yes	1	Yes
	2	No(SKIP TO Q 350)	2	No(SKIP TO Q 350)	2	No(SKIP TO Q 350)	2	No(SKIP TO Q 350)	2	No(SKIP TO Q 350)
347. What was the last method you used during that pregnancy?	1	Female Sterilization, T.L.	1	Female Sterilization, T.L.	1	Female Sterilization, T.L.	1	Female Sterilization, T.L.	1	Female Sterilization, T.L.
	2	Male Sterilization, Vasectomy	2	Male Sterilization, Vasectomy	2	Male Sterilization, Vasectomy	2	Male Sterilization, Vasectomy	2	Male Sterilization, Vasectomy
	3	Perle	3	Perle	3	Perle	3	Perle	3	Perle
	4	Other Pill	4	Other Pill	4	Other Pill	4	Other Pill	4	Other Pill
	5	Injection	5	Injection	5	Injection	5	Injection	5	Injection
	6	IUD/Coil	6	IUD/Coil	6	IUD/Coil	6	IUD/Coil	6	IUD/Coil
	7	Panther	7	Panther	7	Panther	7	Panther	7	Panther
	8	Other Condom	8	Other Condom	8	Other Condom	8	Other Condom	8	Other Condom
	9	Diaphragm	9	Diaphragm	9	Diaphragm	9	Diaphragm	9	Diaphragm
	10	Foaming Tablets	10	Foaming Tablets	10	Foaming Tablets	10	Foaming Tablets	10	Foaming Tablets
	11	Creams/Jellies	11	Creams/Jellies	11	Creams/Jellies	11	Creams/Jellies	11	Creams/Jellies
	12	Rhythm (Calendar Method)	12	Rhythm (Calendar Method)	12	Rhythm (Calendar Method)	12	Rhythm (Calendar Method)	12	Rhythm (Calendar Method)
	13	Billings Method	13	Billings Method	13	Billings Method	13	Billings Method	13	Billings Method
	14	Withdrawal	14	Withdrawal	14	Withdrawal	14	Withdrawal	14	Withdrawal
	15	Other (specify)	15	Other (specify)	15	Other (specify)	15	Other (specify)	15	Other (specify)
348. Did you become pregnant while you were using (LAST METHOD)?	1	Yes(SKP TO Q 350)	1	Yes(SKP TO Q 350)	1	Yes(SKP TO Q 350)	1	Yes(SKP TO Q 350)	1	Yes(SKP TO 350)
	2	No	2	No	2	No	2	No	2	No
349. What was the main reason you stopped using (LAST METHOD)?	1	To get pregnant	1	To get pregnant	1	To get pregnant	1	To get pregnant	1	To get pregnant
	2	Husband/Partner disapproved	2	Husband/Partner disapproved	2	Husband/Partner disapproved	2	Husband/Partner disapproved	2	Husband/Partner disapproved
	3	Health concern	3	Health concern	3	Health concern	3	Health concern	3	Health concern
	4	Access/availab.	4	Access/availab.	4	Access/availab.	4	Access/availab.	4	Access/availab.
	5	Cost too much	5	Cost too much	5	Cost too much	5	Cost too much	5	Cost too much
	6	Inconvenient	6	Inconvenient	6	Inconvenient	6	Inconvenient	6	Inconvenient
	7	Infrequent sex	7	Infrequent sex	7	Infrequent sex	7	Infrequent sex	7	Infrequent sex
	8	Other (specify)	8	Other (specify)	8	Other (specify)	8	Other (specify)	8	Other (specify)
	9	Don't know	9	Don't know	9	Don't know	9	Don't know	9	Don't know

350. When you became pregnant did you want to become pregnant?	1	Yes(SKP TO Q 352)	1	Yes(SKP TO Q 352)	1	Yes(SKP TO Q 352)	1	Yes(SKP TO Q 352)	1	Yes(SKP TO Q 352)
	2	No	2	No	2	No	2	No	2	No
	3	God's will, Fate	3	God's will, Fate	3	God's will, Fate	3	God's will, Fate	3	God's will, Fate
	8	Don't know	8	Don't know	8	Don't know	8	Don't know	8	Don't know
351. Was it that you wanted no more children, or that you just wanted to wait longer before another pregnancy?	1	Wanted no more children	1	Wanted no more children	1	Wanted no more children	1	Wanted no more children	1	Wanted no more children
	2	Wanted to wait longer	2	Wanted to wait longer	2	Wanted to wait longer	2	Wanted to wait longer	2	Wanted to wait longer
	8	Don't know	8	Don't know	8	Don't know	8	Don't know	8	Don't know
352. Did you ever feed (NAME) at the breast?	1	Yes(SKP TO Q 354)	1	Yes(SKP TO Q 354)	1	Yes(SKP TO Q 354)	1	Yes(SKP TO Q 354)	1	Yes(SKP TO Q 354)
	2	No	2	No	2	No	2	No	2	No
353. Why did you never feed (NAME) at the breast?	1	Inconvenient	1	Inconvenient	1	Inconvenient	1	Inconvenient	1	Inconvenient
	2	Had to work	2	Had to work	2	Had to work	2	Had to work	2	Had to work
	3	Insufficient milk	3	Insufficient milk	3	Insufficient milk	3	Insufficient milk	3	Insufficient milk
	4	Baby refused	4	Baby refused	4	Baby refused	4	Baby refused	4	Baby refused
	5	Child died	5	Child died	5	Child died	5	Child died	5	Child died
	6	Child sick	6	Child sick	6	Child sick	6	Child sick	6	Child sick
	7	Other	7	Other	7	Other	7	Other	7	Other
		(ALL SKIP TO Q 357)		(ALL SKIP TO Q 357)		(ALL SKIP TO Q 357)		(ALL SKIP TO Q 357)		(ALL SKIP TO Q 357)
354. Are you still breastfeeding (NAME)?	1	Yes (SKIP TO Q 357)		/ / / /		/ / / /		/ / / /		/ / / /
	2	No (or dead)		/ / / /		/ / / /		/ / / /		/ / / /
355. How many months did you breastfeed (NAME)?		___ ___ Months		___ ___ Months		___ ___ Months		___ ___ Months		___ ___ Months
	96	Until death	96	Until death	96	Until death	96	Until death	96	Until death
356. Why did you stop breast-feeding (NAME)?	1	Inconvenient	1	Inconvenient	1	Inconvenient	1	Inconvenient	1	Inconvenient
	2	Had to work	2	Had to work	2	Had to work	2	Had to work	2	Had to work
	3	Insufficient milk	3	Insufficient milk	3	Insufficient milk	3	Insufficient milk	3	Insufficient milk
	4	Baby refused	4	Baby refused	4	Baby refused	4	Baby refused	4	Baby refused
	5	Child died	5	Child died	5	Child died	5	Child died	5	Child died
	6	Child sick	6	Child sick	6	Child sick	6	Child sick	6	Child sick
	7	Other	7	Other	7	Other	7	Other	7	Other

357. How many months after the birth of (NAME) did your menstrual period first return?	___ ___ Months 96 Hasn't returned	___ ___ Months 96 Hasn't returned	___ ___ Months 96 Hasn't returned	___ ___ Months 96 hasn't returned	___ ___ Months 96 Hasn't returned
358. Have you resumed sexual relations since the birth of (NAME)?	1 Yes or (Pregnant) 2 No (SKIP TO Q 360)	/ / / / / / / /	/ / / / / / / /	/ / / / / / / /	/ / / / / / / /
359. How many months after the birth of (NAME) did you resume sexual relations? [IF LESS THAN ONE MONTH, CODE "0 1"]	___ ___ Months	___ ___ Months	___ ___ Months	___ ___ Months	___ ___ Months
360. Is (NAME) still alive?	1 Yes(SKIP TO BOX) 2 No	1 Yes(SKIP TO BOX) 2 No	1 Yes(SKIP TO BOX) 2 No	1 Yes(SKIP TO BOX) 2 No	1 Yes(SKIP TO BOX) 2 No
361. IF DEAD: How old was (NAME) when he/she died? [RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF OVER ONE MONTH	1 ___ ___ days 2 ___ ___ months	1 ___ ___ days 2 ___ ___ months	1 ___ ___ days 2 ___ ___ months	1 ___ ___ days 2 ___ ___ months	1 ___ ___ days 2 ___ ___ months
362. What illnesses did (NAME) have when he/she died?	1 Diarrhoea 2 Fever 3 Vomiting 4 Poor sucking 5 Convulsions 8 Other (specify)	1 Diarrhoea 2 Fever 3 Vomiting 4 Poor sucking 5 Convulsions 8 Other (specify)	1 Diarrhoea 2 Fever 3 Vomiting 4 Poor sucking 5 Convulsions 8 Other (specify)	1 Diarrhoea 2 Fever 3 Vomiting 4 Poor sucking 5 Convulsions 8 Other (specify)	1 Diarrhoea 2 Fever 3 Vomiting 4 Poor sucking 5 Convulsions 8 Other (specify)

IF NO OTHER LIVE BIRTHS GO TO QUESTION 401, OTHERWISE CONTINUE WITH NEXT BIRTH, THAT IS, RETURN TO QUESTION 332

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363. When you became pregnant with your last live birth did you want to become pregnant?

1 Yes (SKIP TO Q 401)
2 No
3 God's will, Fate
8 Don't know

364. Was it that you wanted no more children or that you just wanted to wait longer before another pregnancy?

1 Wanted no more children
2 Wanted to wait longer
8 Don't know

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SECTION IV - FAMILY PLANNING

401. Now, I would like to talk about methods that people use to space or limit the number of their children.

a. FIRST ASK: Please tell me all the methods you have heard of to space or limit the number of children a person can have. [CIRCLE NUMBER "1" NEXT TO EACH METHOD MENTIONED].

b. THEN: READ EACH METHOD NOT MENTIONED AND CIRCLE "2" OR "0", AS APPROPRIATE.

c. THEN: ASK QUESTIONS ABOUT USE FOR EVERY METHOD KNOWN BY THE RESPONDENT. [CIRCLE "3" OR "4" AS APPROPRIATE].

Method	Spontaneous	Have You Ever Heard of it?		Have you/your Partner ever used it?	
		Yes	No	Yes	No
1. Female Sterilization, Tubal Ligation	1	2	0	3	4
2. Male Sterilization, Vasectomy	1	2	0	3	4
3. Perle	1	2	0	3	4
4. Other Pills	1	2	0	3	4
5. Injection	1	2	0	3	4
6. Inter-Uterine Device/Coil	1	2	0	3	4
7. Panther	1	2	0	3	4
8. Other Condom	1	2	0	3	4
9. Diaphragm	1	2	0	3	4
10. Foaming Tablets	1	2	0	3	4
11. Creams/Jellies	1	2	0	3	4
12. Rhythm (Calendar Method)	1	2	0	3	4
13. Billings Method	1	2	0	3	4
14. Withdrawal	1	2	0	3	4
15. Other _____ (specify)	1	2	0	3	4

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402. ENTER HERE IF RESPONDENT HAS EVER USED AT LEAST ONE METHOD OF CONTRACEPTION. (SEE ANSWER TO QUESTION 401).

1 Yes
2 No (SKIP TO Q 405)

403. Are you currently using a method of contraception?

1 Yes
2 No (SKIP TO Q 405)

404. What is the method you are currently using? [RECORD ONLY ONE METHOD, THE MOST EFFECTIVE].

1	Female Sterilization, Tubal Ligation	8	Other Condom
2	Male Sterilization, Vasectomy	9	Diaphragm
3	Perle	10	Foaming Tablets
4	Other pill	11	Creams/Jellies
5	Injection	12	Rhythm (Calendar Method)
6	Inter-Uterine Device/Coil	13	Billings Method
7	Panther	14	Withdrawal
		15	Other (specify)

405. Who should decide whether a person should use a method of contraception?

1 Husband/Partner
2 Wife/Woman
3 Both
4 Mother-in-law
5 Nurse
6 Doctor
7 Midwife
8 Doesn't believe in using contraception
9 Other (specify) _____

IF RESPONDENT HAS NEVER USED CONTRACEPTION (Q 402 = "NO") - SKIP TO Q 414.

IF RESPONDENT IS USING MODERN REVERSIBLE CONTRACEPTION NOW (Q 403 = "YES" AND Q 404 = "METHODS 3 - 11") - SKIP TO Q 422.

IF RESPONDENT IS NOW USING METHODS 12-15 ONLY, (Q 404 = "12-15") SKIP TO Q 427.

IF RESPONDENT OR HUSBAND IS STERILIZED (Q 404 = "METHODS 1 OR 2), SKIP TO Q 445

IF RESPONDENT HAS USED CONTRACEPTION IN THE PAST BUT IS NOT USING IT NOW (Q 402 = "YES" AND Q 403 = "NO", CONTINUE

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406. How old were you when you first used contraception? ____ ____
Age

407. What was the family planning method you used most recently?

1	Female Sterilization, Tubal Ligation	8	Other Condom
2	Male Sterilization, Vasectomy	9	Diaphragm
3	Perle	10	Foaming Tablets
4	Other pill	11	Creams/Jellies
5	Injection	12	Rhythm (Calendar Method)
6	Inter-Uterine Device/Coil	13	Billings Method
7	Panther	14	Withdrawal
		15	Other (specify)

408. What was the date you last used this method? __ __ __ __
Month Year

409. Why did you stop using that method? _____

410. Where do you/your partner get your family planning supplies?

1 Clinic/Health Centre
2 Public Hospital
3 Private Hospital
4 Private Doctor/Clinic
5 Supermarket/Shop
6 Pharmacy
7 Outreach Worker
8 Other (specify) _____

411. Did you/your partner receive any counselling about family planning methods at that location?

1 Yes
2 No

412. Was there anything you particularly disliked about the services you/your partner received there?

1 Yes
2 No (SKIP TO BOX)

413. What was that?

1 Wait too long
2 Staff discourteous
3 Services expensive
4 Desired method unavailable
5 Other (specify) _____

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IF PREGNANT NOW (CHECK Q 303), SKIP TO Q 418

414. Do you think you are able to get pregnant at the present time?

1 Yes (SKIP TO Q 416)
2 No
3 Not sure, don't know

415. Why not?

1 Menopause
2 Has had an operation for medical reasons which makes pregnancy impossible (or husband/partner has had an operation)
3 Has tried to get pregnant for at least 2 years without success (or has not gotten pregnant despite at least 2 years of non-contraception

(SKIP TO Q 453)

4 Not sexually active
5 Postpartum/breast-feeding

(SKIP TO Q 418)

6 Other (specify) _____

_____

416. Would you like to become pregnant now?

1 Yes (SKIP TO Q 418)
2 No
3 God's will, Fate (SKIP TO Q 418)
8 Don't know, not sure (SKIP TO Q 418)

417. Why are you not using a method to prevent pregnancy now?

_____

_____

418. In the future, do you think you will want to use a method to prevent pregnancy?

1 Yes
2 No (SKIP TO Q 434)
3 Not sure (SKIP TO Q 434)

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419. What method would you most like to use?

1	Female Sterilization, Tubal Ligation	8	Other Condom
2	Male Sterilization, Vasectomy	9	Diaphragm
3	Perle	10	Foaming Tablets
4	Other Pill	11	Creams/Jellies
5	Injection	12	Rhythm (Calendar Method)
6	Inter-Uterine Device/Coil	13	Billings Method
7	Panther	14	Withdrawal
		15	Other (specify)

_____

420. Do you know where to obtain methods for preventing pregnancy or information on methods?

1 Yes
2 No (SKIP TO Q 432)

421. Where? (IF MORE THAN ONE PLACE MENTIONED, CIRCLE THE ONE SHE WOULD MOST LIKELY USE)

1 Clinic/Health Centre
2 Public Hospital
3 Private Hospital
4 Private Doctor/Clinic
5 Supermarket/Shop
6 Pharmacy
7 Outreach Worker
8 Other (specify) _____

(ALL SKIP TO Q 432)

422. How old were you when you first used contraception? ____ ____
Age

423. Where do you/your partner get your family planning supplies?

1 Clinic/Health Centre
2 Public Hospital
3 Private Hospital
4 Private Doctor/Clinic
5 Supermarket/Shop
6 Pharmacy
7 Outreach Worker
8 Other (specify) _____

424. Did you/your partner receive any counselling about family planning methods at that location?

1 Yes
2 No

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425. Was there anything you/your partner particularly disliked about the services you/he received there?

1 Yes
2 No (SKIP TO Q 432)

426. What was that?

1 Wait too long
2 Staff discourteous
3 Services expensive
4 Desired method unavailable
5 Other (specify) _____
(ALL SKIP TO Q 432)

427. How old were you when you first used contraception? ____ ____
Age

428. In the future do you think you will want to use a different method to prevent pregnancy?

1 Yes
2 No (SKIP TO Q 434)
3 Don't know, not sure (SKIP TO Q 434)

429. What method would you most like to use?

1 Female Sterilization, Tubal Ligation
2 Male Sterilization, Vasectomy
3 Perle
4 Other Pill
5 Injection
6 Inter-Uterine Device/Coil
7 Panther
8 Other Condom
9 Diaphragm
10 Foaming Tablets
11 Creams/Jellies
12 Rhythm (Calendar Method)
13 Billings Method
14 Withdrawal
15 Other (specify)

_____

430. Do you know where to obtain this method or information about this method?

1 Yes
2 No (SKIP TO Q 432)

431. Where? (IF MORE THAN ONE PLACE MENTIONED, CIRCLE THE ONE SHE WOULD MOST LIKELY USE)

1 Clinic/Health Centre
2 Public Hospital
3 Private Hospital
4 Private Doctor/Clinic
5 Supermarket/Shop
6 Pharmacy
7 Outreach Worker
8 Other (specify) _____

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432. Would you like to receive family planning supplies from someone in your local community?

1 Yes
2 No (SKIP TO Q 434)
8 Don't know, maybe (SKIP TO Q 434)

433. Who should dispense the family planning supplies?

1 Trained Nurse
2 Trained Midwife
3 Nana
4 Other (specify) _____

434. Do you want to have any (more) children (after this pregnancy?

1 Yes (SKIP TO Q 440)
2 No
3 God's will, Fate (SKIP TO Q 441)
4 Not sure (SKIP TO Q 441)

QUESTIONS 435-439 ARE ONLY FOR WOMEN WHO DO NOT WANT MORE CHILDREN.

435. Would you be interested in an operation that would prevent you from having any (more) children?

1 Yes
2 No (SKIP TO Q 439)
8 Not sure

436. Do you know where to go for this operation or to get information about it?

1 Yes
2 No (SKIP TO Q 453)

437. Where? (IF MORE THAN ONE PLACE MENTIONED, CIRCLE THE ONE SHE WOULD MOST LIKELY USE)

1 Clinic/Health Centre
2 Public Hospital
3 Private Hospital
3 Private Doctor/Clinic
8 Other (specify) _____

438. Since you have all the children you want and you know where to get this operation, why have you not had it?

_____

(SKIP TO Q 453)

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439. Why are you not interested in this operation?

_____

_____

(SKIP TO Q 453)

QUESTIONS 440-444 ARE ONLY FOR WOMEN WHO WANT OR MIGHT WANT MORE CHILDREN.

440. How many (more) children would you like to have (after this pregnancy)?

____ ____ children
66 As many as possible
77 As many as God sends, up to Fate
88 Don't know

441. After you have all the children you want, would you be interested in an operation that would prevent you from having any (more) children?

1 Yes
2 No (SKIP TO Q 444)
3 Not sure

442. Do you know where to get this operation or information about it?

1 Yes
2 No (SKIP TO Q 453)

443. Where could you get the operation?

1 Clinic/Health Centre
2 Public Hospital
3 Private Hospital
4 Private Doctor/Clinic
8 Other (specify) _____

(ALL SKIP TO Q 453)

444. Why would you not be interested in this operation?

_____

(SKIP TO Q 453)

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QUESTIONS 445-452 ARE FOR WOMEN WHO HAVE BEEN STERILIZED OR WHOSE HUSBANDS/PARTNERS HAVE HAD A VASECTOMY.

445. Where was your tubal ligation/your husband's (partner's) vasectomy done?

1 Public Hospital
2 Private Hospital
3 Private Doctor/Clinic
8 Other (specify) _____

446. How old were you when you/he had the operation? ___ ___ Age

447. Did you receive any counselling about family planning methods at that location?

1 Yes
2 No

448. Was there anything you particularly disliked about the services you received there?

1 Yes
2 No (SKIP TO Q 450)

449. What did you not like?

1 Wait too long
2 Staff discourteous
3 Services expensive
4 Other (specify) _____

450. Have you ever used any other method of contraception?

1 Yes
2 No (SKIP TO Q 452)

451. How old were you when you first used contraception? ___ ___ Age

452. Are you satisfied with having had the operation?

1 Yes
2 No

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453. Now we would like to obtain a monthly record of your family planning history over a 5 year period (since January 1984). Therefore, I would like to go back over some of the information we have discussed and try to determine precise dates of certain events.

First, I need to record the dates of all of your livebirths and the months you were pregnant between January 1984 and now.

Next, I have to record other pregnancy outcomes and dates pregnant by date that occurred between January 1984 and now.

I now need to record all of your contraceptive usage during that period and how long you have used each method. [BEGIN WITH THE LAST METHOD USED AND WORK BACKWARDS. FINALLY, FILL IN ALL THE BLANKS].

CODES TO BE USED IN THE METHOD CALENDAR

1	Female Sterilization, Tubal Ligation	13	Billings Method
2	Male Sterilization, Vasectomy	14	Withdrawal
3	Perle	15	Other (specify)
4	Other Pill	16	Used a method, but does not know which one
5	Injection		
6	Inter-Uterine Device/Coil	17	No method used
7	Panther	18	Pregnant
8	Other Condom	19	Livebirth
9	Diaphragm	20	Stillbirth
10	Foaming Tablets	21	Spontaneous Abortion
11	Creams/Jellies	22	Induced abortion
12	Rhythm (Calendar Method)		

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METHOD CALENDAR

Month	1984	1985	1986	1987	1988	1989
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

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SECTION V - KNOWLEDGE OF AND OPINIONS ON AIDS

501. Have you ever heard of AIDS or the AIDS virus?

1 Yes
2 No (SKIP TO Q 601)

502. In which of the following ways do you think a person can get the AIDS virus? [READ]

	Yes	No	Don't know
1. Shaking hands or hugging	1	2	8
2. Being in the same room with a person who has the AIDS virus	1	2	8
3. Sharing personal items like dishes, toilets, etc.	1	2	8
4. Sharing needles used for drugs	1	2	8
5. Sexual intercourse between men	1	2	8
6. Sexual intercourse between a man and a woman	1	2	8
7. Giving a blood donation	1	2	8
8. Receiving a blood transfusion	1	2	8
9. Being bitten by an insect that has bitten someone with the AIDS virus	1	2	8

503. Can a person get AIDS from someone who has the AIDS virus but does not have the disease?

1 Yes
2 No
8 Don't know

504. What risk do you think there is of your getting AIDS? [READ]

1 A great risk
2 Some risk
3 Not much risk, or
4 No risk at all?

505. Did you begin to use any of these methods for protection since you first heard about AIDS? [READ]

	Yes	No	Already Using
Condom	1	2	3
Diaphragm	1	2	3
Spermicidal Jelly, Foam or Cream	1	2	3
Other _____ (specify)	1	2	3

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SECTION VI - BEHAVIOURAL RISKS

601. Now I would like to ask you some questions about your general health. Do you have diabetes/sugar?

1 Yes
2 No
3 Don't know

602. Have you had your blood pressure taken in the past 12 months?

1 Yes
2 No

603. Have you ever been told by a doctor, nurse, or other health professional that you a blood pressure(pressure) problem?

(IF YES, PROBE AS TO SPECIFICALLY WHETHER IT WAS A DOCTOR, NURSE OR OTHER HEALTH PROFESSIONAL.)

1 Yes, by a Doctor
2 Yes, by a Nurse
3 Yes, by other Health Professional
4 No (SKIP TO Q 608)
8 Don't know/Not sure (SKIP TO Q 608)
9 Refused (SKIP TO Q 608)

604. Have you been told on more than one occasion that you have a blood pressure problem, or have you been told this only once?

1 More than once
2 Only once
3 Don't know/Not sure
4 Refused

605. Was your pressure problem that of high blood pressure or low blood pressure?

1 High Blood Pressure
2 Low Blood Pressure (SKIP TO Q 608)

606. Are you supposed to be taking medicine for your high blood pressure/ pressure now?

1 Yes
2 No (SKIP TO Q 608)
3 Don't know/Not sure (SKIP TO Q 608)
4 Refused (SKIP TO Q 608)

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607. Are you taking the medicine?

1 Yes, all or most of the time
2 Yes, but only occasionally
3 No
9 Refused

608. About how much do you weigh?

___ ___ ___ Pounds
888 Don't know/Not sure
999 Refused

609. About how tall are you?

___ Ft. ___ ___ Inches
888 Don't know/Not sure
999 Refused

610. Now I would like to ask a few questions on smoking. Have you smoked more than 100 cigarettes in your entire life?

1 Yes
2 No (SKIP TO Q 615)
8 Don't know/Not sure (SKIP TO Q 615)
9 Refused (SKIP TO Q 615)

611. Do you smoke cigarettes now?

1 Yes
2 No (SKIP TO Q 614)
9 Refused (SKIP TO Q 615)

612. On the average, about how many cigarettes a day do you smoke?

___ ___ Number
77 Don't smoke regularly
99 Refused

613. Have you quit smoking for a week or more sometime during the past year?

1 Yes
2 No
3 Refused

(ALL SKIP TO Q 615)

614. About how long has it been since you last smoked a cigarette? Was it:

READ] 1 Within the past year. . . . . (0 to 12 months)
] 2 Within the past 2 years . . . . . (13 to 24 months)
] 3 Within the past 3 to 5 years . . . (25 to 60 months)
] 4 More than 5 years ago . . . . . (61+ months)

DO NOT READ] 7 Never . . . . . .
] 8 Don't know/Not sure . . . . . .
] 9 Refused . . . . . .

615. Now about alcohol. At any time in your life have you drunk alcoholic beverages?

1 Yes
2 No (SKIP TO Q 623)

616. What type of alcoholic beverage do you usually drink? Is it:

READ] 1 Beer/Stout
] 2 Wine/Port
] 3 Hard Liquor such as Rum, Whiskey, Gin, etc.
] 4 Other (specify) _____

617. At what age did you first begin drinking alcohol? ____ ____
Age

618. When was the last time you had an alcoholic drink?

READ] 1 Today (SKIP TO Q 621)
] 2 In the last week (SKIP TO Q 621)
] 3 In the last month (SKIP TO Q 621)
] 4 In the last year (SKIP TO Q 621)
] 5 More than a year ago

619. At what age did you have you last drink? ____ ____
Age

620. When you were drinking, did you usually drink enough to physically:

READ] 1 Feel high/feel good; Get a little dizzy
] 2 Be drunk
] 3 Not remember anything; Blackout
] 4 Not as much as any of these

(ALL SKIP TO Q. 623)

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621. When you drink, do you usually drink enough to physically:

READ] 1 Feel high/feel good; Get a little dizzy
] 2 Be drunk
] 3 Not remember anything; Blackout
] 4 Not as much as any of these (SKIP TO Q 623)

622. How many times have you drunk this much in the past month?

____ ____ Number of times

623. In the past month have you ridden with a driver who perhaps had had too much to drink?

1 Yes
2 No

END OF INTERVIEW .... THANK YOU !!!

NOW RETURN TO TITLE PAGE AND COMPLETE INFORMATION ON INTERVIEW CALLS INCLUDING TIME INTERVIEW ENDED.

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COMMENTS

APPENDIX C

LIST OF PARTICIPANTS IN THE DISSEMINATION SEMINAR

National Family Planning Board

Mr. Alvin Rattray	Chairman
Mr. Stewart Gaynor	Board Member
Mr. Newton Forbes	Executive Director
Mr. Lennox Deane	Deputy Executive Director
Dr. O.P. McDonald	Medical Officer
Mr. Eric Douglas	Acting Director, Projects & Research
Mrs. S. Becker	Assistant Director, IEC (Comm)
Mrs. Ellen Radlein	Statistician
Mrs. Janet Davis	Training Officer
Mr. D. McFarquhar	Training Officer
Mrs. Norma Allen	Nursing Supervisor
Mrs. Patricia Powell	Regional Liaison Officer
Mr. L.J. William Watson	Regional Liaison Officer
Mrs. L. Mullings	Regional Liaison Officer
Mr. Cyril Lewin	Regional Liaison Officer

Ministry of Health

Mr. Rupert Ramcharan	Permanent Secretary
Dr. Carmen Bowen-Wright	Principal Medical Officer, Primary Health Care
Dr. Dianna Ashley	Senior Medical Officer, Maternal & Child Health
Dr. Peter Figueroa	Senior Medical Officer, Epidemiology
Mrs. Beryl Chevannes	Family Planning Coordinator
Miss Carol Gayle	Director, Health & Information
Mr. Allan Brooks	Press Secretary to the Minister

Statistical Institute of Jamaica

Mr. Vernon James	Director General
Mr. Richard Quarless	Assistant Director, Survey Division
Mrs. Merle Higman	Head, Population Studies Unit

Ministry of Education

Dr. Delores Brissett

Ministry of Youth & Community Development

Mrs. Doris Watts — National Coordinator

Planning Institute of Jamaica

Miss Eulalee Graham — Demographer

University of the West Indies

Dr. Pat Anderson	Senior Research Fellow
Mrs. Pansy Hamilton	Projects Officer, Medical Research

Family Life Centre

Mrs. Lola Rose

Jamaica Family Planning Association

Mrs. Peggy Scott	Chief Executive Officer

McFarlane Consultants

Mrs. Carmen McFarlane	Statistical Consultant
Dr. Dennis McFarlane	Economic Consultant

Women's Centre

Ms. A. Shillingford

United States Agency for International Development

Mrs. Rebecca Cohn	Head, Health and Family Planning
Mrs. Grace-Ann Grey	Projects Officer, Health & Family Planning

United States Centers for Disease Control

Dr. Charles Warren	Demographer, Division of Reproductive Health
Mr. Patrick McConnon	Deputy Director, Division of Reproductive Health

Press

Miss Eulalee Thompson	Gleaner Company
Mr. F. Atkinson	Jamaica Broadcasting Corporation
Mr. Robert Royae	Jamaica Broadcasting Corporation
Miss Karen Jones	Jamaica Information Service
Mr. Denvil Buchannan	JAMPRESS
Miss A. Taylor	Jamaica Record
Miss D. Parkinson	KLAS Radio

Miss D. Parkinson

Miss Karen Jones

Mr. Robert Doyle