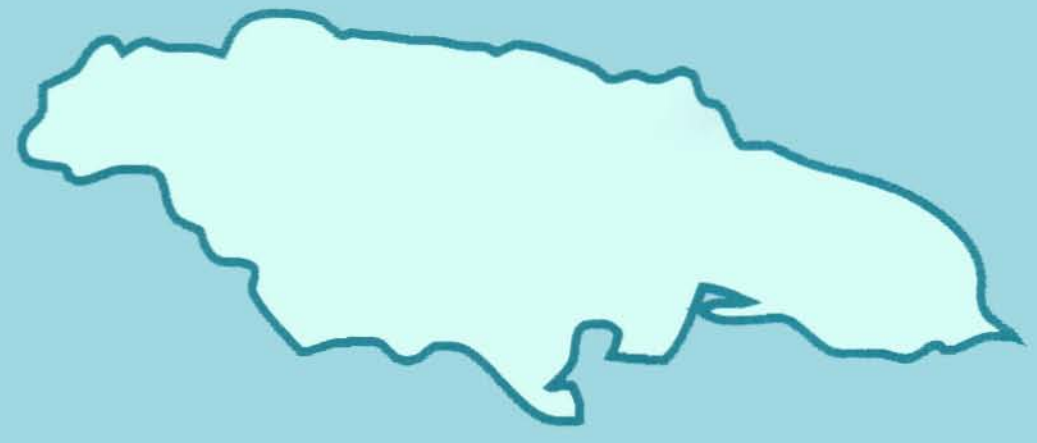
Reproductive Health Survey

Jamaica
1997



Final Report

National Family Planning Board
February 1999

REPRODUCTIVE HEALTH SURVEY
1997

JAMAICA

FINAL REPORT

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NATIONAL FAMILY PLANNING BOARD
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PREFACE

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

In order to provide reproductive health services to young adults 15-24 years old, a young adult module was also included. Additional questions have been explored in the survey as they related to pap smears and breast self-examination. The findings will presented in two publications as final reports, a General Report and a Young Adult Report.

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

We especially thank the Six Thousand Three Hundred and Eighty Four (6384) women and the Two Thousand Two Hundred and Seventy Nine (2279) young men who agreed to be interviewed and invited our interviewers into their homes.

Beryl Chevannes (Mrs)
National Family Planning Board

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EXECUTIVE SUMMARY

INTRODUCTION

The Executive Summary summarizes the findings of the Reproductive Health Survey (JRHS) carried out in Jamaica in 1997 among women aged 15-49 and young adult men aged 15-24. A similar contraceptive prevalence survey was carried out in 1993 among women aged 15-44 and men aged 15-54. The 1997 JRHS, therefore, not only provided data on the current situation in Jamaica regarding reproductive health and contraceptive practices, but also permitted an evaluation of changes since 1993. The 1997 JRHS utilized an updated sampling frame which has been adopted for the Continuous Social and Demographic Surveys conducted by the Statistical Institute Of Jamaica (STATIN).

Of 15,140 households selected in the survey of women, there were 6,641 eligible female respondents identified (43.9%), of whom 6,384 (96.1%) were successfully interviewed. Of 13,919 households selected in the survey of young adult men, there were 2,470 eligible male respondents identified (17.7%), of whom 2,279 (92.3%) were successfully interviewed.

SURVEY RESULTS

Fertility

Overall, fertility in Jamaica has been stable in recent years, following a rapid decline. From a Total Fertility Rate (TFR) of 4.5 in 1975, the rate fell to 2.8 in 1997. However, the rate has been almost unchanged since 1989. In general, age-specific fertility rates (ASFR) have fallen in older age groups, while the ASFR has increased among 15-19 year olds in recent years.

The failure of fertility to decline more since 1989 seems surprising, given the increase in reported contraceptive use by women in union from 55% in 1989 to 62% in 1993 to 66% in 1997. However, when fertility is plotted against contraceptive prevalence, the TFR falls almost exactly where it is expected (i.e., a population with the contraceptive use level reported for Jamaica would be expected to have a TFR of about 2.8). Since the TFR according to the 1989 survey was lower than expected, it is possible that the apparent failure of fertility to decline in recent years is in reality a result of an underestimate of the 1989 TFR.

Planning Status Of The Last Pregnancy

A pregnancy is defined as "planned" if the woman wanted to become pregnant at the time she became pregnant. A pregnancy is "mistimed" if she wanted to become pregnant at a later date and is "unwanted" if she did not want to have any more children. "Unintended" or unplanned pregnancies combine these latter two categories.

The distribution of respondents by planning status of last pregnancy within the past five years for women aged 15-49 showed that the proportion of planned pregnancies has been steadily increasing since 1989. In 1997, overall, 34 percent of pregnancies were reported by

respondents to have been planned; the majority were unintended including 43 percent mistimed and 18 percent unwanted. These percentages are an improvement from 1993, when 29 percent of pregnancies were reported were planned, 49 percent to be mistimed and 19 percent were unwanted.

The proportion of unwanted pregnancies increased with age and by number of live births. Conversely, mistimed pregnancies were concentrated among younger women and women with fewer live births, when women are more likely to have spacing failures.

As might be expected, the proportion of planned pregnancies was higher and the proportion of mistimed pregnancies lower in the more stable unions. The percentage of planned pregnancies rose with an increase in socio economic status and education. The percentage of unwanted pregnancies increased as age and the number of living children rose.

Given the relatively high level of contraceptive use by women in union in Jamaica, the percentage of unintended pregnancies is high. Two factors may be contributing to this: the less than optimum use of temporary methods resulting in contraceptive failure; and high levels of unprotected sexual activity by women who are not in union.

Prenatal Care and Reproductive Health

Women received prenatal care for almost all pregnancies resulting in a live birth in the 5 years previous to the survey. The source of more that three-fourths of all prenatal care was government clinics, with a further 17 percent from private doctors. For most pregnancies, women had 6 or more visits for prenatal care and for more than half of pregnancies women began their prenatal care by the fourth month of pregnancy. According to Ministry of Health criteria for the timing and number of prenatal visits, 35 percent of pregnancies had inadequate prenatal care. Twenty-one percent of pregnancies in the five years previous to the survey were classified as high risk according to Ministry of Health criteria; 66 percent of these women received inadequate prenatal care.

More than 80 percent of deliveries occurred in hospitals. Ten percent of deliveries were at home, mostly in rural areas. The principal person in attendance for almost three-fourths of deliveries was a trained nurse of midwife. Doctors were the principal person in attendance to a much greater extent in the Kingston Metropolitan Area than elsewhere.

Half of Jamaican women had a Pap Smear at least once in their lifetime, but only 15 percent had one in the past year. Similarly, while 55 percent of women had ever done a breast self-examination, only 28 percent did so on a monthly basis.

Knowledge Of Contraception

Knowledge of contraceptives refers to whether a respondent has heard of a contraceptive method, not necessarily that she has enough knowledge of the method to be able to use it correctly. Virtually all women had heard of the condom, pill, injectables and female sterilization, and 84 percent knew of the IUD. More than three-fourths of women heard of the

withdrawal method. The diaphragm, vaginal methods, natural methods and Norplant, which are little used in Jamaica, were much less well known. While the informed choice of a contraceptive method must be left to the couple, lack of knowledge of some of the more effective methods, particularly vasectomy and the implant, reduces the choice and potential use of some available long-term methods. The percentages of women having heard of all methods was virtually unchanged from 1993 to 1997.

Among young adult men, the best known methods were, as in the case of women, condoms, the pill, injectables, female sterilization and withdrawal. However, aside from condoms and the pill, all methods were less well known among men than among women.

Contraceptive Use

Contraceptive prevalence presented in this section applies to the use of contraceptive methods as a primary method, the measure which was used in earlier surveys. There was an increase in the percentage of women in union using contraception from 62 percent to 66 percent during the four-year period from 1993 to 1997. Most of this increase in primary method use is accounted for by an increase in the use of injectables, from 6 percent of women in union in 1993 to 11 percent 1997, undoubtedly reflecting recent campaigns to increase injectable use. The level of use of other methods by women remained essentially unchanged since 1993.

Young adult men aged 15-24 who had sexual relations in the last 30 days were asked to report whether they had used a contraceptive method with their last sexual partner. Eighty percent said they had, of whom three-fourths reported that the method used was the condom. This constituted an increase from 68 percent of young men in 1993. The increase was due to an increase in condom and injectable use, as the use of other methods by young men remained unchanged from 1993.

Oral contraceptives (21 percent) were the most prevalent method reported by women in union, followed by the condom (17 percent), female sterilization (12 percent) and injectables (11 percent). These were the same four leading methods reported in 1993. Young men reported the condom (61 percent) as the most prevalent method at last intercourse, followed by oral contraceptives (12 percent), sterilization (8 percent) and injectables (4 percent).

In general, as age and the number of live births increased, women tended to use more effective methods. While condom use predominated among women 19 years and under, since almost half of women in this age group using any method used the condom, the pill became the leading method used between 20 and 34 years of age. After age 35, the pill was, in turn, eclipsed by female sterilization as the major method. By age 40 the majority of women using any method were using surgical contraception. The pattern was similar as the number of live births increases.

Reasons For And Frequency Of Condom Use

Twenty-three percent of women indicated that they used condoms only to prevent pregnancy, 25 percent only to prevent a sexually transmitted disease, while 50 percent used condoms for both reasons. This contrasts with the 1993 survey when 29 percent reported that they used condoms to prevent pregnancy, 6 percent to prevent sexually transmitted diseases and 65 percent to prevent both.

Approximately one-half of condom-using respondents reported that with a steady partner they always used a condom. A further one-third reported using it most of the time, while 17 percent reported using it some of the time. It is important to note, however, that in reporting condom use with a non-steady partner more than three-fourths of female condom users said that they did not have a non-steady partner. Of those few who acknowledged having a non-steady partner, there was roughly an even split between those who always used and those who never used a condom.

The use of condoms depends on correct and consistent use. For female users of condoms, even if they are using another method, consistent condom use should be encouraged as a secondary method as a disease prevention measure.

Dual Method Use

Among women in union, use of a secondary method together with their primary method has increased from 5 percent of users in 1993 to 12 percent of users in 1997 who were also using a secondary method. Condoms accounted for almost all secondary method use (11 percent of users of a primary method). Less than one percent of all users were using a secondary method other than condoms.

Broken down by primary method used, almost one-quarter of pill users also used condoms as a secondary method, followed by 14 percent of injection users. Six percent of sterilized women also used condoms, as did 9 percent of IUD users. While data on primary method use show no increase in condom use since 1993, data on secondary use show that, in fact, there was an increase. In assessing condom use, supply managers and logisticians must therefore take note of users for whom the condom is a secondary method.

Pill Use

There are three marketing strategies for the pill in Jamaica. The first is the public sector programme in government health facilities, which distributes *Lo-Femenal* and *Ovral* brands. The second is the Social Marketing Programme, known as the "Personal Choice Programme", which sells *Perle* and *Minigynon* brands. The commercial sector sells *Nordette, Tri-Regol, Gynera* and others.

Female pill users were asked the brand they use, which were then classified by type of programme. The Personal Choice programme was the largest source of oral contraceptives. Broken down by residence, the commercial sector was the most heavily patronized in the Kingston Metropolitan Area, while other urban residents favoured the Personal Choice

Programme and rural residents used the public sector programme to the greatest extent. Two of the three brands sold in the commercial sector, *Nordette* and *Tri-Regal* as well as the "other" group, had their highest percentage of use in the Kingston Metropolitan Area and their lowest in rural areas.

Source Of Contraception

The sources of the four major methods for women varied according to the method used. In 1997, women largely obtained their pills and condoms in pharmacies and to a lesser extent in government health centres, with urban users patronizing pharmacies to a greater extent than rural users. The most significant additional source was shops and supermarkets for condoms, from which 16 percent purchased their condoms. Since they require a medical intervention, almost all injections and female sterilizations were obtained from government health centres and government hospitals in 1993 and 1997.

The major difference in the sources of contraception since 1993 was that more use was made of pharmacies for pills and, especially, condoms, while use of government health centres fell; this signaled a continued shift to the private sector as a source for these methods.

Almost one-third of women who had to travel to their source of contraception were able to the site in less than 15 minutes and a further third could do so in less than 30 minutes. A greater percentage of women in rural areas had to travel longer than 30 minutes to reach their contraceptive source, as presumably their sources were located at some distance in a village or town. Conversely, fewer women in higher socio economic groups had to travel more than 30 minutes to their source of contraception, no doubt because they had greater access to private means of transport.

Sterilization: Use And Demand

Compared with non-sterilized women, sterilized women tended to be older than the non-sterilized, to have had over two children more on average, to have been in a more stable relationship, to have been less educated and to have attended church more frequently. In Jamaica sterilized women tend to be self-selected for their higher parity; that is more than half of all sterilized women had four or more children, and half of all pregnancies among women who had four or more live births were unwanted. These data did not change from 1993.

In 1997, 23 percent of women who were capable of getting pregnant and who did not want any more children stated that they were interested in having the operation, a decrease from the 35 percent of 1993. Non-sterilized women who did not want more children, but were not interested in sterilization, were asked the reason. Twenty-six percent indicated that they were afraid of the operation and another 15 percent of women identified fear of the method and possible side effects. Certainly women in this latter group could be the target of educational efforts to inform them of the benefits and safety of female sterilization.

Among those women who were interested in sterilization, but not yet sterilized, one out of four women cited lack of information or fear of the operation. IEC messages could be aimed at those

women.

Of those women who indicated that they still wanted children, 25 percent would be interested in sterilization after they had all the children they wanted. As the number of respondents' live births increased, the percentage interested in sterilization increased up to three births and then fell off.

For those women who indicated that they would not be interested in sterilization even after they had all the children they want, the most frequent reasons were: "fear of the operation", followed by "may want to have more children in the future". Also, "fear of method and side effects" was cited by 16 percent of these respondents. Presumably, education efforts could convince a proportion of this large group of women of the safety of tubal ligation.

Discontinuation And Failure Rates Of Contraceptives

Since the tendency is to switch from short term to long term methods, such as injectables and tubal ligation, discontinuation rates or the percentage of users of the pill, injectables and condoms who discontinued after selected periods of time were calculated. After 12 months, the percentage of users who have discontinued using the condom was 42 percent compared with 32 percent for the pill and 31 percent for injectables; after 24 months, the comparative rates were 59, 48 and 50 percent, respectively, while after 36 months, they were 67, 61 and 58 percent, respectively.

Contraceptive failure rates were based on respondent's reports of having become pregnant while using a contraceptive, regardless of whether the pregnancy resulted from a failure of the method or improper use of the method. Twelve-month failure rates for Jamaica as a whole were found to be about 4% for pills, 0.3% for injectables, and 5% for condoms, which are not out of the ranges typically found for each of these methods.

Young Adults

Although a separate report on data pertaining to young adults will be published, a summary is presented in this report. The percentage of young adults who have taken a course in family life or sex education increased since 1993 from 80 to 86 percent for women and from 68 to 76 percent for men. School-based courses were the most common for women and men.

Eighty-eight percent of young women and 83 percent of young men indicated that they knew where to go for information on sex or contraception. Both women and men in the youngest age group were least likely to know where to go, while those who took a family life or sex education course or were in the higher socio economic category were more likely to know than others. The pattern was similar for those who knew where to go for the treatment of sexually transmitted diseases, but overall knowledge was higher.

The majority of women and men aged 15-24 reported (70 and 85 percent, respectively) that they had sexual intercourse. As expected, the proportion increased with age; 38 percent of young women and 64 percent of young men were sexually experienced by age 18, and by age 25 nearly

all women and men were sexually experienced. Women reported a decline in sexual experience since 1993, although this decline was barely significant statistically (p=0.06) among 15-19 year olds.

Virtually all young women and men reported that their first sexual experience occurred outside of a consensual union or legal marriage. Fifty-six percent of young women reported use of contraception at first intercourse and this proportion was significantly higher than the 43 percent who used contraception at first intercourse in 1993. Those who were older at first intercourse were generally more likely to have used contraception. Thirty-one percent of young men reported in 1997 that they used contraceptives at their first sexual intercourse. This is 9 percentage points (44 percent) more than was reported in 1993, which was in itself half again as great as the proportion of young men who so reported in 1987. Nonetheless, 31 percent was well below the level reported by women, in part attributable to the younger age of men at first intercourse, as the likelihood of contraceptive use generally increased with age at first intercourse. Almost all contraceptives used at first intercourse were condoms.

CHAPTER 1

BACKGROUND

1.A HISTORICAL, GEOGRAPHICAL, DEMOGRAPHIC, AND SOCIAL BACKGROUND

Jamaica, located in the northwestern section of the Caribbean archipelago, is one of a group of four islands that comprise the Greater Antilles. It is situated at latitude 18° north and longitude 77° west and is approximately 90 miles south of Cuba and 100 miles west of Haiti. The inhabitants speak English and share common cultural links with the other English-speaking territories of the region. At the regional level, it is a member of CARICOM, the Caribbean Community; at the international level, it is one of the group of countries that form the Latin American and Caribbean Region (ECLAC).

The island is 146 miles long; the width varies from 22 to 51 miles, with a total area of 4,411 square miles (11,244 square kilometers). It is divided into three counties, Cornwall in the west, Middlesex in the central area and Surrey in the east. There are fourteen 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, Westmorland and St. Elizabeth in the county of Cornwall. Other administrative areas have been defined and used for many purposes, the most important being the breakdown into constituencies, the political divisions of the country. The significant administrative division for this study is the breakdown into four health regions, which have varied over time, but currently comprise the following parishes:

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

The population of Jamaica at the end of 1996 was 2,527,600 and the annual growth rate was 1.0 percent. The crude birth rate (per 1,000 mean population) was then 22.8 with an

equivalent crude death rate of 5.9, resulting in a rate of natural increase of 16.9 per 1,000 mean population. This compares with intercensal crude birth and death rates of 39.6 and 32.2, respectively, in 1861, which represents a rate of natural increase of 7.4 per 1,000 population or 0.7 percent. Thus, both birth and death rates declined substantially. Death rates fell faster than birth rates until the early 1970s; since then, birth rates, which are still significantly higher, have shown faster rates of decline. (Statistical Institute Of Jamaica, 1996)

Another important factor is the distinction between urban and rural areas. It is generally recognized that residential location can have an impact on the quality of life and accordingly can exert a strong influence on attitudes and behaviours. Thus, the sample design for the 1997 Jamaica Reproductive Health Survey (JRHS) allowed for differentiation of results according to urban and rural residence. The breakdown into urban and rural is not based on predetermined characteristics inherent in the derived data; instead, areas are defined as urban by the census if they satisfy pre determined basic criteria of urban living. In the population censuses, two types of urban areas were identified, major urban and other urban. For the purposes of the 1997 JRHS, the only major urban area was the Kingston Metropolitan Area; all other urban areas were considered "other urban", and all other areas were classified as "rural".

Table A indicates the total population of Jamaica in different urban areas for the census years 1960 and 1991. The five urban centres covered include the township of Portmore, which was developed during the 1970s as a dormitory for the Kingston Metropolitan Area. It was rural before then and has been considered urban only since the 1982 census.

Table A
Percent of the Population Living in Urban Areas

	Urban Area	Percentage of population 1960	1991
▬	Kingston Metropolitan Area	23.4	26.3
▬	Montego Bay	1.5	3.5
▬	May Pen	0.9	2.0
▬	Spanish Town	0.9	4.8
▬	Portmore *	--	4.1
	Total - Urban Areas	**26.7**	**40.6**

* Classified as rural up to and including the 1970 census but as urban thereafter.

In general, growth in the urban areas has increased, from some 27 percent of the population of Jamaica in 1960 to 41 percent in 1991. The percent in the Kingston Metropolitan Area varied

over the three decades but was slightly higher at the end than at the beginning; in all other areas there were marked increases. (Statistical Institute Of Jamaica, 1997)

Age distribution is important to any study of fertility, contraceptive behaviour and reproductive health. Of particular significance is the proportion of women of childbearing age. The proportion of young adults, both male and female, in the population is also important. In general, the population under 15 years of age has been identified as the infant and child population and the population between the ages of 15 and 49 years (in some instances 44 years is used as the cut-off age) is the reproductive age population. Demographic enquiries and, in particular, contraceptive prevalence and reproductive health surveys have focused on breakdowns of the population into these broad age groupings. Table B presents breakdowns of the population in 1992 and 1996 by age and sex.

Table B
Age Distribution of the Total Population

	Male		Female	
Age group	**1992**	**1996**	**1992**	**1996**
0 - 4	11.6	11.7	11.3	11.3
5 - 14	21.2	20.7	20.9	20.5
15 - 24	21.8	19.3	21.1	19.2
25 - 34	16.8	17.3	17.4	17.1
35 - 44	9.5	11.9	9.8	11.9
45 - 54	6.7	7.3	6.4	7.1
55 - 64	5.2	5.4	5.0	5.1
65 +	7.2	6.4	8.1	7.9
Total	**100.0**	**100.0**	**100.0**	**100.0**

Little change has occurred between the two periods for either sex, although young adults 15-24 years of age represented a slightly lower proportion of the total population in 1996 than in 1992. (Statistical Institute Of Jamaica, 1997)

1.B POPULATION POLICIES AND PROGRAMMES

It is generally recognized that adoption and promotion of positive population policies by a country can have a significant social and economic impact on its people and can improve their quality of life. The United Nations defines population policy as "Measures and programmes designed to contribute to the achievement of social, economic and other collective goals through affecting critical demographic variables - mainly size and growth in the population, its

geographical distribution (local and abroad), and its demographic characteristics. The current population policy in Jamaica has been articulated in a document entitled "A Statement of National Population Policy", published in 1983 and revised in 1998. The definition of a population policy as set out in the document is "A coherent set of national priorities in terms of optimal size and growth of population, consistent with sustained social and economic growth and development".

Nine basic goals have been identified, three of which are quantitative and six qualitative. These are: population growth and size, fertility, mortality, external migration, internal migration and urbanization, gender, children, the aged and the environment. Those that are relevant to this study are:

Quantitative Goals

- Population Growth and Size: To ensure that the population does not exceed the number of persons that can be supported by the nation at satisfactory standards of living. In order to achieve this, the population should have a maximum growth rate of 0.8 per cent per annum over the next three decades. On this basis, the population would not exceed 2.7 million by the year 2000, or 3.0 million by the year 2020. This growth is in keeping with a downward trend to the ultimate goal of zero population growth. It is important to ensure that certain levels of fertility, mortality and external migration are achieved and maintained.

- Fertility: It is intended that the average number of children per woman, which has declined from almost six (6) in the late 1960s to 2.9 by 1989, should further decline to approximately two (2) children per woman by the year 2000 or shortly thereafter and be maintained at that level. In order to realize the goal of replacement level fertility, the Contraceptive Prevalence Rate (CPR) which was estimated at approximately 55 per cent in 1989 should reach a level of about 68 per cent by the year 2000.

- Mortality: To promote continued improvement in the average length of life. A specific goal is to increase average life expectancy at birth from its present estimated level of approximately 70 - 72 years to over 75 years by the year 2020.

Qualitative Goals

- External Migration: To introduce and promote measures which will influence the flow of migration in order to:

  i. reduce unemployment;

  ii. ensure the availability of skilled manpower;

  iii. increase the return flow of skills and resources to meet the development needs of the country; and

  iv. reduce the social cost of family separation due to emigration.

- Internal Migration and Urbanization: To a balance between spatial distribution of the population and that of development, that is, investment programmes and projects. It is necessary to ensure that the spread of population and resources is such as to minimize the adverse effects on the environment.

- Gender: To promote an adequate quality of life for both sexes; a primary concern is equity between the two in social, cultural and economic matters including family life (particularly reproductive behaviour), legal status, educational opportunities, employment and income levels. Equal access to decision making processes is considered an essential element of this goal.

- Children: To ensure the provision of opportunities and conditions to enable all children to fulfil their potential and enhance their total development as individuals and responsible citizens ..... Specific measures to achieve this include the strengthening of Family Life Education in schools and in the wider community.

The primary aim of Jamaica's population policy, which is an integral component of the Government's overall social and economic policy, may accordingly be stated as effecting greater improvement in the social and economic conditions of the people. Attainment of the goals is implicit in the specific target articulated in the Policy, whereby an objective is a population of 2.7 million or fewer by the year 2000. This will be achieved through reduction of the average family size of almost six children per family as of the late 1960s, to two per family by the late 1990s, thereby realizing the goal of replacement levels of fertility.

To achieve this desired family size, Government's strategy is to promote a preference for smaller families through improvements in social and economic conditions. However, limitations of family size is considered to be complementary to the basic health objectives set out in the policy, a main feature of which is to ensure the highest standards of reproductive health in the population. Reproductive health as defined and ratified at the 1994 United Nations International Conference on Population and Development (ICPD) is stated thus:

> Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

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, to the delivery of health care to the neediest strata of the population and to persons living in remote areas. The emphasis on reproductive health will see the development of a comprehensive, client-centered view of reproductive health and its promotion. This will result in the expansion of those services which provide the widest reproductive health benefits for the population. Supplementary to the implementation programme would be the promotion of health education in relation to curative strategies and prevention. This is particularly significant in the context of the growing incidence of sexually transmitted diseases, especially AIDS. In achieving the health objectives, a important goal is to increase the current average life expectancy at birth of approximately 70 years to about 73 years by the year 2000. This should be achieved by continuing reductions in fertility rates and the maintenance of acceptably low levels of mortality.

1.C OBJECTIVES OF THE 1997 JRHS

The main objective of the survey programme is to obtain a wide range of information about the

reproductive health of women and young adult men in Jamaica. The survey aims to assess health conditions covering maternal-child health and behavioural risk factors as well as considerations relating to contraception. It examines the knowledge and practices of women, young men, and their partners as they determine levels of fertility, spacing of births and provision of services related to reproductive health. These insights will prove invaluable for projecting population size and for formulating policy relating to reproductive health and family planning.

In addition to the development of policies directly concerned with population growth, a further objective is to provide information that could contribute to an effective family life education programme within and outside the formal education system, which aims at improving knowledge and practices relating to the conception and care of children.

1.D USERS OF THE DATA

Major users of the data will be the National Family Planning Board, the Ministry of Health, the Jamaica Family Planning Association, the Planning Institute of Jamaica, and the Population Policy Coordination Committee as well as local and international agencies. The survey should provide these users as well as other decision makers with data that will assist in the promotion of family planning and reproductive health programmes in Jamaica.

1.E COVERAGE OF THE 1997 JRHS

The survey was of women aged 15-49 years and young men aged 15-24 years. Coverage of women was the same as that of the 1983 and 1989 Jamaica Contraceptive Prevalence Surveys, whereas the 1993 survey covered women aged 15-44 years. (Powell, 1984; McFarlane and Warren, 1989) Conversely, the 1993 survey covered men aged 15-54 years, which provided information used to develop male responsibility programmes for preventing unintended pregnancies. (McFarlane et. al., 1994)

The 1993 coverage of men was not repeated in this survey, as preference was given to enlarging the sample of women so as to provide information at the parish level. Thus, the 1997 JRHS was designed to be the most comprehensive of the enquiries undertaken since 1983 by providing detailed information on women in their most active reproductive years (15-49) and on young adult males in the 15 to 24-year-old group.

The 1997 JRHS covered a wide cross section of topics, including birth history, contraceptive knowledge and usage, attitudes towards reproduction, and behavioural risks. Background characteristics relating to the demographic and socio economic status of the population

surveyed were also included. These comprised age structure, educational attainment, socio economic and employment status, religious affiliation and union status.

Results are shown by health regions and by urban and rural areas of residence as well as by demographic and socio economic characteristics. These variables have been selected as being important to the assessment of current programmes and to provide guidelines to areas that might benefit from special or intensified programme efforts. Some data was also produced at the parish level to inform parish administrators of the successes or weaknesses of their programmes. Data on current fertility and levels of unintended fertility was provided as well as information on general attitudes of women and men towards desired family size and contraception, birth spacing, breast-feeding and contraceptive use.

1.F ADMINISTRATION OF THE SURVEY

The 1997 Jamaica Reproductive Health Survey continued the series of surveys sponsored by the National Family Planning Board and by the United States Agency for International Development (USAID). McFarlane Consultants provided the services of Survey Director; the sample design and selection, field work, coding and editing and data entry were carried out by the Statistical Institute of Jamaica (STATIN); and data tabulations were done by the Behavioural Epidemiology and Demographic Research Branch, Division of Reproductive Health, Centers for Disease Control and Prevention, which also provided technical consultation in all aspects of the survey.

1.G THE SAMPLE DESIGN

The 1997 JRHS utilized the design adopted for the Continuous Social and Demographic Surveys conducted by the Statistical Institute of Jamaica. This design was based on a two-stage stratified sample in which the first stage is a selection of geographic areas and the second stage is a selection of dwellings. For the selection of the first stage units, the country was divided into enumeration districts (EDs), which were grouped into sampling regions consisting of a predetermined number of strata, approximately equal in size (where size is measured by the number of dwellings in each sampling region). Two EDs within each sampling region, selected with probability proportionate to size (determined by the number of dwellings), made up the sample at the first stage. At the second stage, a second predetermined number of dwellings were selected systematically from lists of dwellings arranged on a circular basis in each of the EDs designated in the first stage of selection. The third stage in this survey consisted of the random selection of one eligible male aged 15-24 or female aged 15-49 from the selected dwellings.

In the 1997 JRHS, the female sample was selected at the parish level and the male sample was, as in 1993, selected at the health region level. In the general sample design used by STATIN, the first

stage sample was selected by using identical sampling fractions in each parish.

The second stage selection of separate male and female households was made in the field. This facilitated enumeration of eligible respondents wherever possible at the first visit. The small populations of Hanover and Trelawny parishes necessitated oversampling the households in order to obtain a large enough sample to obtain meaningful estimates at the parish level. Based on these selections, and taking into consideration expected non-response rates, it was anticipated that a total of approximately 15,046 households would be needed in the female survey and 14,620 households in the male survey.

The following estimates were those used for the two survey designs:

Table C
Estimates of Expected Households Based On Desired Number Of Individual Questionnaires

Category	Female Survey	Male Survey
Desired number of completed questionnaires	6,500	2,500
Expected non-response rate	10.0%	10.0%
Proportion of households with eligible respondents	48.0%	19.0%
Total no. of households expected in the sample	15,046 (6,500 ÷ .90 ÷.48)	14,620 (2,200 ÷.90 ÷. 19)

1.H QUESTIONNAIRE DESIGN AND DEVELOPMENT

Four separate survey instruments were developed for use in the 1997 Reproductive Health Survey; one household questionnaire and one individual questionnaire for both male and female surveys.

The Household Questionnaires - Forms RHS 1A and 1B, were used mainly to record information on gender and age to identify eligible members of the household from which the third stage sample was selected. One male aged 15-24 and one female aged 15-49 were then selected by using a random number chart.

The Individual Questionnaires were developed for recording the information collected from women and young adult men selected for interviewing.

The female Individual Questionnaire (Form RHS 2) was divided into the following nine sections:

- Section I — Respondent's Background
- Section II — Relationship Status and Partnership History
- Section III — Fertility and Maternal Morbidity
- Section IV — Cancer Screening
- Section V — Contraceptive Knowledge and Usage
- Section VI — Attitudes towards Contraception, Childbearing and Current Sexual Activity
- Section VII — Family Life and Sex Education
- Section VIII — Early Sexual Experience and Child Rearing
- Section IX — General Attitudes and Opinions

The eight sections in the male Individual Questionnaire (Form RHS 3) are as follows:

- Section I — Respondent's Background
- Section II — Relationship Status and Partnership History
- Section III — Family Life and Sex Education
- Section IV — Reproductive History
- Section V — Contraceptive Knowledge and First Sexual Experience
- Section VI — Current Sexual Activity and Contraceptive Use
- Section VII — Attitudes towards Childbearing and Contraception
- Section VIII — General Attitudes and Opinions

The individual questionnaires were designed to provide comparisons with earlier surveys including the 1975/76 Jamaica Fertility Survey (Department of Statistics, 1979); the 1983, 1989 and 1993 Contraceptive Prevalence Surveys; and the 1987 Young Adult Reproductive Health Survey (Powell and Jackson, 1988).

To design the questionnaire, consultations were held between the Division of Reproductive Health, Centers for Disease Control and Prevention (CDC), whose core questionnaires for family planning, maternal-child health and young adult reproductive health surveys provided guidelines; the National Family Planning Board; the Ministry of Health, United States Agency for International Development, the Survey Director; and the Statistical Institute of Jamaica.

1.I RECRUITMENT AND TRAINING

The Statistical Institute of Jamaica was responsible for the field work, editing the questionnaires and data entry. Accordingly, it was in charge of recruiting field staff, editors and data entry staff.

Because of the sensitive nature of the questions in the survey, only female interviewers were used in the female survey; in the male survey, both male and female interviewers were used. (Experience in Jamaica has shown that female interviewers are as effective as male interviewers at interviewing male respondents).

Training for field work for both the pretest and the main surveys was the responsibility of STATIN, with the assistance of eight local trainers for the technical aspects. The Survey Director provided overall coordination of the training sessions, with the support of two CDC staff members. All trainers were professionals with extensive training and experience in the field of demography, epidemiology and survey taking. Officers of the National Family Planning Board, including the Medical Director and Liaison Officers, provided the interviewers with necessary training on contraceptive technology. Training on questionnaire editing was provided by the Survey Director, and the CDC for training in data entry, using an updated version of the SURVEY software they developed for survey data entry and editing on micro computers.

Training for the field work was undertaken in two phases. The first phase was June 10-12,1997 for the pretest of the questionnaires and for survey procedures. The second series of training classes for the main surveys was carried out August 18-21, 1997, at four sites: Kingston, Oracabessa, Eltham, and Treasure Beach. This training consisted of classroom lectures, discussions, mock interviews and written tests. A total of 153 field personnel were trained. Of these, 22 were supervisors (14 males and 8 females) and 131 were interviewers (27 males and 104 females). One office clerk was included in the field training.

1.J FIELD WORK

The organization of the field staff for administering the 1997 JRHS surveys was similar to that used for all other household surveys conducted by STATIN. The country was divided into four contiguous, nonoverlapping areas, each of which was managed by a senior supervisor. Within each area, there were four zones, each covering approximately 28 Primary Sampling Units. One supervisor and five interviewers were assigned to each zone.

Pretest field work was conducted in a few preselected areas and lasted 3 days. The original schedule for the main survey was for 3 months of field work, beginning August 22, 1997. There were, however, a number of interruptions, including unusually heavy rains. Accordingly, field work was extended for 1 month, to the end of December 1997.

1.K RESPONSE RATES

The household and individual status of interviews for both female and male samples is presented in

Table 1.1. Of the total number of 15,140 households selected in the female survey, there were 6,641 (43.9 percent) eligible respondents identified*; in the male survey, the number of eligible respondents was 2,470 (17.7 percent). Of the eligible households in the female survey, 12,124 questionnaires (80.1 percent) were completed; in the male survey, 11,159 questionnaires (80.2 percent) were completed.

As was indicated, one respondent was selected from each eligible household. There were 6,384 completed questionnaires (96.1 percent) in the female survey and 2,279 (92.3 percent) in the male survey.

All national results in this final report have been weighted to compensate for the over-sampling of smaller health regions and selection of one respondent per household already mentioned. However, unweighted numbers to be used for variance calculations are shown in each table. Results, however, are based on the weighted data.

* An eligible household in the female survey is any household with the possibility of one or more females aged 15-49 years; in the male survey, there must be the possibility of one or more males aged 15-24 years.

TABLE 1.1
Household And Individual Interview Status
Number And Percent Distribution - Female And Male Surveys
Women Aged 15-49 And Men Aged 15-24
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Women 15-49		Men 15-24	
Household Selection	Number	Percent	Number	Percent
Identified Eligible Respondent*	6,641	43.9	2,470	17.7
No Eligible Respondent	4,696	31.0	8,015	57.6
Occupants Not At Home, No Information**	2,610	17.2	2,321	16.8
Vacant Dwelling	709	4.7	600	4.3
Household Refusal	406	2.7	439	3.2
Other***	78	0.5	74	0.5
Total	15,140	100.0	13,919	100.0
Individual Selection				
Completed Interview	6,384	96.1	2,279	92.3
Refusal, Total And Partial	134	2.0	70	2.8
Eligible Respondents Never At Home	101	1.5	104	4.2
Respondent Incapable Of Interview	22	0.3	17	0.7
Total	6,641	100.0	2,470	100.0

* Includes households with eligible respondents who completed interviews, eligible respondents absent and refusal by eligible respondents.

** Households whose occupants were not present after repeated visits.

*** Includes non residential addresses and demolished dwellings.

CHAPTER 2

CHARACTERISTICS OF THE SURVEY POPULATION

2.A GENERAL

Age is the main background variable used to analyze the results of the survey and 5 year age cohorts have, in general, been used in this report. In studying young adults, however, 2 or 3 year age groups and where relevant, single years are presented. Other background variables used include education level, employment status, frequency of attendance at religious services, employment, area of residence, union status, parity, birth order, socio economic status, and others depending on the data being analysed.

Although selected data for young adult males will be shown in this report, the emphasis will be on results pertaining to women 15-49 years of age. A second supplementary report will present results, in detail, for young adult females and males.

2.B AGE DISTRIBUTION OF THE SURVEY POPULATION

The age distribution of the surveyed female population aged 15-49 years is presented in Table 2.1. Comparisons are given for the female population at the end of 1988, 1992 and 1996 (based on published demographic estimates) along with the results of the 1989 and 1993 Contraceptive Prevalence Surveys (CPSs). The age distribution from the 1997 JRHS for females in the 15-49 age group shows that directional movements over the period are consistent with lower fertility over time. Looking at the age distribution of the series, all age groups in the distribution for women fall within acceptable sampling error limits with perhaps fewer than expected young adults. There were minor discrepancies between survey and demographic estimates in several age groups.

2.C MARITAL AND UNION STATUS

Marital or union status, regarded as one of the primary direct determinants of fertility in any population, may be used to identify the degree to which women of reproductive age are sexually active. In a population in which the most childbearing activities occur within unions, this can be approximated by nuptiality or by the proportion of time women spend in formal or informal unions. However, in Jamaica, as in many Caribbean countries, sexual unions occur not only in the context of legal marriage, but also in common-law and visiting unions, and particularly for young adults, within relationships that are not necessarily steady, such as having a boyfriend or a girlfriend with whom there is some sexual activity. Accordingly, a study of sexual activity must include not only

persons who are legally married but also those who are living in a sexual union or are sexually active. This report, therefore, is concerned not with the legality of a union, but rather with its status. Thus, the following four types of relationships are identified:

a) Legally married - a union in which a woman or a man is legally married and lives with her or his spouse.

b) Common-law - a union in which a woman or a man lives with a partner to whom she or he is not legally married.

c) Visiting - a union in which a woman or a man reports having regular sexual relations with a partner with whom he or she does not live.

d) Boyfriend/girlfriend - a relationship that does not fall in any of the three unions specified above, in which a woman or man reports having a relationship with someone of the opposite sex. There may or may not be sexual intercourse between the two partners. If there is, it is classified as boyfriend/girlfriend with sexual relations; if not, then the classification is boyfriend/girlfriend without sexual relations.

Unless otherwise specified, "in union" includes categories (a), (b) and (c) and excludes category (d).

Utilizing this breakdown, the union status of females covered in the surveys is shown in Table 2.2, by five year age groups. The patterns shown, both overall and by age group, are typical of that expected in the Jamaican female population. Twenty-five percent of women in the specified age group had no steady partner. Of the remaining, the highest proportion (29 percent) were in visiting relationships, a slightly lower proportion (24 percent) were in a common-law relationship, and 16 percent were legally married. In addition, 7 percent had boyfriends, and more than half of them reporting having sex with the boyfriend. The pattern by age group demonstrates the reality of the situation. Of those in the 15-19 age group, fewer than one percent were legally married and living with their husband; this was true of only four percent in the 20-24 cohort. The percentages increased among older women up to age 40-44. The fall in the percentage in the 45-49 age group can be accounted for by the higher possibility of divorce among older age groups as well as the observed phenomenon of women outliving their partners. A third factor is that at these older ages, some women move out of legal relationships into less stable relationships such as common-law and / or visiting relationships.

The pattern among women in common-law relationships was somewhat different. The relatively low proportion (7 percent) of 15-19 year old women in a common law union demonstrates that unions

are more likely to be started in the older age groups.[1] The lower percentage of women in common-law union after age 30-34 illustrates that longstanding common-law unions tend to become more formalized, thus adding respectability to these relationships.

Visiting relationships were more prevalent among the young, as nearly 25 percent of women 15-19 years old were in this type of union. The proportion increased to 43 percent among those in the age group 20-24 years and fell off to fewer than 19 percent of women over age 40. The eight percent who had boyfriends were mainly in the younger age groups.

Table D below compares the distribution of relationships found in 1997 with those found in 1993.[2] As in Table 2.2, the data in this table represent not only those "in union" but those with a boyfriend, with or without sex as well as those with no steady partner.

On the whole, the relationship patterns of female respondents remained fairly steady, although some variations have occurred over the 4 year period. Whereas there has been practically no change among women in a union (68 percent in 1997 compared with 70 percent in 1993), the proportion of legal unions appear to have increased slightly (16 percent in 1997 from 13 percent in 1993).

Table D
Percent Distribution of Women Aged 15-49, By Current Union Status

Union Status	1997 JRHS	1993 JCPS
Married, Lving With Husband	16.0	13.4
With Common-Law Partner	23.5	24.3
With Visiting Partner	28.5	32.1
With Boyfriend, Having Sex	4.2	4.6
With Boyfriend, Having No Sex	3.2	3.2
No Steady Partner	24.5	22.4
Total	100.0	100.0
No. of cases	(6,384)	(3,110)

[1] Although it should be noted that this percentage is well above the under one percent of unions in which the woman is legally married and is living with her husband.

[2] Whereas coverage in the 1997 JRHS is for women aged 15-49 years, that for 1993 was for women aged 15-44 years. The changes in relationships between those women 40-44 and those in age group 45-49 years old should be considered when comparing the percent distribution in the 2 years.

2.D EDUCATIONAL LEVEL

Educational is another important variable associated with fertility and rates of growth in a population, because education levels attained are known to influence attitudes towards and perceptions about contraception and family size. For the purposes of the survey, education level was defined by years of schooling completed, shown by 5 year age groups for females aged 15-49 years in Table 2.3. Only 0.2 percent of female respondents had no schooling and a further 0.7 percent did not specify whether they had received any schooling. The number of years of schooling varied by age group. With the exception of the 15-19 age group, of whom a certain proportion had not yet completed their education, the data show that younger respondents received more schooling than older respondents.

2.E EMPLOYMENT STATUS

Economic activity is another factor that influences attitudes and practices that affect fertility. In this context, the employment status of women is examined. Classification by age group is presented in Table 2.3.

A further classification of employment status is presented in Table E:

Table E
Percent Distribution of Women Aged 15-49 Years
By Employment Status And Age Group
1997 JRHS

	Working		Not working				
Age Group	Out of Home	At Home	Un-employed	Home-maker	Student	Other	Total
15 - 19	9.8	1.1	15.3	17.2	56.1	0.7	100.0
20 - 24	34.5	4.1	20.4	27.9	10.7	0.2	100.0
25 - 29	47.4	5.2	11.5	29.2	2.3	0.4	100.0
30 - 34	46.5	5.4	9.1	32.9	0.9	0.6	100.0
35 - 39	50.2	8.1	7.7	30.0	0.1	0.9	100.0
40 - 44	39.1	5.7	4.6	43.1	0.0	1.2	100.0
45 - 49	42.9	5.9	4.3	35.6	0.1	0.0	100.0

The above table and Table 2.3 show that under 12 percent of women in the 15-19 age group were employed, with the percentages generally increasing thereafter. With greater age, there was a gradual increase in the percentage of women working away from home; this was most evident among those

working full-time. However, the increase in the proportion of women working as age increased was perhaps most evident among those working way from home. This increased from fewer than 10 percent of women in the 15-19 age group to over 40 percent at older ages. Unemployment was greater among younger women.

Table F presents a more detailed total percent distribution of respondents in each employment category:

Table F
Percent Distribution of Women Aged 15-49 Years

Employment status	% distribution
Working Outside of Home - Full Time	32.0
Working Outside of Home - Part Time	4.7
Sub-Total - Working Outside of Home	36.7
Working at Home - Full Time	6.2
Working at Home - Part Time	2.0
Sub-Total - Working at Home	8.2
Total - Working	**44.9**
Unemployed	**11.9**
Homemakers	**29.0**
Students	**13.7**
Other	**0.7**
Total	**100.0**
No. of Cases	**(6,384)**

2.F RELIGION

Religious beliefs and affiliations play a part in fertility behaviour, although the influence of religion appears to be lessening with the rise of other competing interests. Available data (not shown) demonstrate shifts in membership away from more traditional denominations towards non-traditional churches which are more revivalist in nature. This development, which may contribute to a lessening of the influence of membership in particular churches on attitudes and behaviour, would mean that frequency of attendance at any church is a more appropriate variable to use when studying reproductive health attitudes and practices. For this reason, frequency of attendance at religious services is the background religious variable used in the report, as indicated in Table 2.3. These data show that one third of all respondents attended religious services at least once per week, but older

women attended church more often than younger women; almost half of women over the age of 40 attended church one or more times per week. Contraceptive use patterns differ according to church attendance, as discussed later in the report.

2.G CHILDREN EVER BORN

Table 2.3 presents the percent distribution of women aged 15-49 years by number of their live births as reported in the 1997 JRHS. As expected, the highest proportion of women who had no children (79 percent) were in the 15-19 age group and this percentage fell with increasing age. Few women aged 15-19 (17 percent) had even one live birth. As Jamaica is not country with high fertility, only over the age of 35 did a significant percentage of women have four or more live births.

Comparisons with the 1993 JCPS were made for women aged 15-44 years, as indicated in Table G. As might be expected, there was little change in the percent distribution between the two surveys.

Table G
Percentage Distribution Of Women Aged 15-44 Years By Parity
1997 RHS, 1993 JCPS

Children Ever Born	1997	1993
0	33.1	32.0
1	22.0	21.9
2	17.2	16.7
3	13.0	12.1
4	14.6	17.3
Total	100.0	100.0

2.H SOCIO ECONOMIC INDEX

A further classification used to analyse the respondent population is socio economic index, based mainly on the types of possessions in the respondent's household, but also including the number of rooms in the house, the presence of piped water and toilet facilities, and years of education completed by the respondent. The survey population was divided into three categories for the purpose of the socio economic index: high, medium and low.

TABLE 2.1
Age Distribution Of Women 15-49
By Five-Year Age Groups
Compared With 1989, 1993 CPSs And 1988, 1992, 1996 STATIN Estimates
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

Age Group	1988 End Year Estimates	1989 JCPS	1992 End Year Estimates	1993* JCPS	1996 End Year Estimates	1997 JRHS
15-19	22.8	22.7	22.8	21.8	18.6	19.9
20-24	20.9	19.7	20.9	22.1	18.4	18.1
25-29	17.9	19.0	17.9	19.2	17.4	17.7
30-34	13.5	13.7	13.5	15.8	15.4	15.1
35-39	10.1	10.3	10.1	12.9	13.1	13.2
40-44	7.8	8.6	7.8	8.2	9.8	10.1
45-49	6.9	6.0	6.9	--	7.4	5.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	(252,481)	(6,112)	(268,320)	(3,110)	(243,524)	(6,384)

() = Unweighted Number Of Cases.

* The 1993 survey was of 15-44 year old women only.

TABLE 2.2
Union Status Of Women 15-49 Years of Age
By 5-Year Age Groups
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

		Age Group						
Union Status	Total	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Married	16.0	0.3	3.9	12.7	21.8	27.0	42.0	32.9
Common Law Union	23.5	6.6	23.9	30.4	33.8	30.7	20.0	21.7
Visiting Relationship	28.5	24.0	43.4	39.2	25.8	21.7	12.7	15.2
Boyfriend, With Sex	4.2	10.1	6.2	2.7	1.7	1.3	1.3	1.2
Boyfriend, No Sex	3.2	11.9	3.0	1.2	0.2	0.2	0.2	0.3
No Steady Partner	24.5	47.2	19.6	13.8	16.7	19.1	23.8	28.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(6384)	(960)	(1031)	(1233)	(1195)	(934)	(610)	(421)

TABLE 2.3
Selected Socio Demographic Characteristics Of Women 15-49 Years of Age
By 5-Year Age Group
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

		Age Group						
Education Level	Total	15-19	20-24	25-29	30-34	35-39	40-44	45-49
None	0.2	0.3	0.3	0.1	0.1	0.1	0.3	0.0
1-9 Years	33.8	28.7	18.9	26.3	30.7	41.3	57.8	69.1
10-12 Years	52.9	61.9	65.5	60.3	52.9	43.8	31.2	19.6
13 Or More Years	12.4	8.7	14.9	12.8	15.9	13.7	9.4	9.4
Not Stated	0.7	0.4	0.4	0.6	0.4	1.0	1.4	2.0
Employment Status								
Full-Time Out Of Home	32.0	8.7	30.4	42.2	41.1	42.1	33.4	37.0
Homemaker	29.0	17.2	27.9	29.2	32.9	30.0	43.1	35.6
Student	13.7	56.1	10.7	2.3	0.9	0.1	0.0	0.1
Unemployed	11.9	15.3	20.4	11.5	9.1	7.7	4.6	4.3
Full-Time At Home	6.2	0.3	5.4	6.8	7.6	8.7	9.1	12.2
Part-Time Out Of Home	4.7	1.1	4.1	5.2	5.4	8.1	5.7	5.9
Part-Time At Home	2.0	0.6	0.9	2.4	2.5	2.6	3.0	4.3
Other	0.7	0.7	0.2	0.4	0.6	0.9	1.2	0.0
Frequency Of Attendance* At Religious Services								
At Least Once/Week	32.0	33.0	26.2	23.9	28.4	34.4	49.1	46.5
At Least Once/Month	18.7	20.0	18.9	20.3	18.2	18.2	15.1	17.3
Less Than Once/Month	14.1	14.3	14.6	14.0	14.8	15.2	12.2	11.3
Special Occasions	24.4	21.3	27.3	28.4	28.6	23.0	17.6	17.3
Never	10.2	11.1	12.3	13.0	8.8	8.8	5.3	7.7
No Response	0.6	0.3	0.7	0.4	1.2	0.5	0.7	0.0
No. Of Live Births								
0	31.4	79.4	41.8	20.9	12.1	12.8	4.4	6.8
1	21.4	17.4	32.9	30.5	20.7	14.5	7.7	12.4
2	16.9	3.0	17.9	22.7	25.0	20.8	17.5	13.2
3	13.1	0.2	5.3	14.1	21.6	19.1	30.2	14.1
4 Or More	17.2	0.0	2.2	11.9	20.7	32.9	40.4	53.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(6384)	(960)	(1031)	(1233)	(1195)	(934)	(610)	(421)

* Information on frequency of attendance at religious services is missing for 2 women.

CHAPTER 3

FERTILITY AND FERTILITY-RELATED FACTORS

3.A AGE AT MENARCHE AND SEXUAL EXPERIENCE

All female respondents were asked: *"How old were you when your first period started (first started menstruation?)"*. The results in Table 3.1 show the mean age at the first menstrual period (menarche) was just over 13 years. This continued the decline in the age at menarche which has been observed in Jamaica and other countries, and which is due, no doubt, to improvements in nutrition and health in general.

In the past 30 years the mean age at menarche in Jamaica has fallen, as women currently aged 15-19 had their first period at 12.7 years, compared with 13.8 years for women currently aged 45-49 years. Mean age at menarche also declines as education levels increase, possibly because women in higher education categories have better health and nutrition, but also may attributable to the fact that women with more education were younger than less educated women.

Table 3.2 presents data for 1997 and 1993 on women who reported that they ever had sexual relations, by age and frequency of church attendance. Eighty-eight percent of women in both 1997 and 1993 reported that they had sexual relations. As may be expected, there was some variation by age. In 1997, just over fifty percent of women aged 15-19 had sexual experience; in 1993, the proportion was 59 percent. In both 1997 and 1993, 90 percent of women 20 years of age and over had sexual experience; the percentage increased with age and approached 100 percent by age group 25-29. Classification by church attendance is shown for 1997 only; the greater the frequency of church attendance, the lower the percentage of women who have ever had sexual relations.

Table 3.3, presents similar data for men aged 15-24. Eighty-five percent in 1997 and 84 percent in 1993 indicated they ever had sexual relations. As was the case for women, the proportion of young men who had ever had sexual relations increased consistently with age and was inversely related to church attendance.

Table 3.4 presents data on the age at which women's first sexual experience took place by 5 year age groups. This provides an indication of trends over time of the age at which women begin sexual activity. Reporting by the youngest age groups is incomplete because their time of exposure was partially truncated. The median age at first sex is 17.3 years, varying between 16.9 and 17.5; they are only minor variations and they are not statistically significant. Percentages having had sexual relations before the indicated ages also show minor differences by age group. Therefore, the age at which women had their first sexual experience has changed little over 30 years. Table 3.4 also

provides information on age at first birth by current age. Results from this panel show that younger women may be delaying childbearing; only one-third of 20-24 year old women report a first birth by age 20 compared to almost 50 percent or more of older women.

3.B BREAST-FEEDING AND POSTPARTUM INSUSCEPTIBILITY

Breast-feeding has two notable effects that make it important to include in surveys of reproductive health. First, breast-feeding can improve the health of infants, mainly through ensuring adequate nutrients and providing maternal antibodies to prevent disease in newborns. Second, by delaying the return of ovulation, breast-feeding increases the length of the interval between pregnancies. Among women who had a live birth in the 5 years preceding the date of the interview, 97 percent breast-fed their most recently born child (Table 3.5), a slight increase from the 94 percent reported in the 1993 survey (data not shown). Differentials according to age, health regions, education and residence in the proportion breast-fed were small.

The mean duration of breast-feeding, calculated by examining proportions of infants currently breast-fed according to their age, was 13.1 months, slightly higher than the 12.4 months observed in 1993, which was virtually unchanged since the 1989 survey (data for 1993 and 1989 not shown). Differences in mean duration between most population subgroups were greatest according to residence; lower mean duration was observed in the Kingston Metropolitan Area (12.1 months) than in rural areas (13.7 months). However, the mean duration of exclusive breast-feeding fell for the population as a whole in 1997: 1.0 months compared with 1.7 months in 1993. It was also lower for every subgroup of the population. This indicates that even though Jamaican women typically breast-feed for about 1 year, they usually start giving their babies liquids other than breast milk at a very early age, so the period of exclusive breast-feeding is in fact decreasing. This early introduction of other liquids tends to reduce the intensity of breast-feeding, thereby reducing the health benefits of breast-feeding and shortening the amenorrhoeic period.

The length of time it takes for a woman to again be at risk of pregnancy after the birth of a child, known as the postpartum insusceptible period, is determined primarily by the duration of postpartum amenorrhea (which is governed to a considerable degree by the length and intensity of breast-feeding) and the timing of the resumption of sexual intercourse. Table 3.6 presents the proportion of women who gave birth within 2 years of the interview who were still breast-feeding, who were still amenorrheic, and who had yet to resume sexual intercourse, according to time since the birth. Anyone who was still amenorrheic or was still sexually inactive was considered to still be in the postpartum insusceptible period.

The proportion of women in all of categories declined rapidly after the first 2 months postpartum (Table 3.6). For example, 83 percent were postpartum amenorrhoeic at 0-2 months; at 3-4 months,

the proportion was only 45 percent, and this fell to 4 percent by 19-24 months. The mean duration of amenorrhea was only 5.6 months after a live birth. Although 93 percent of women with births in the preceding 2 months had not resumed sexual intercourse, few women were still sexually inactive within 2 years. Because of the generally quick return of the menses and the lack of prolonged postpartum abstinence, the mean postpartum insusceptible period tends to be short, at 8.7 months. The estimated mean length of the insusceptible period increased since 1993 when it was 7.2 months (1993 data not shown). This can be compared to the decrease from 1989, when the mean was 9.0 months.

Table 3.7 displays percentages of women with births in the preceding 2 years who were still breast-feeding, amenorrheic, sexually active, and in the postpartum insusceptible period. Unlike the findings in 1993 (data not shown), the length of amenorrhea and therefore the insusceptible period in general, decreased with age. Other characteristics showed no particular pattern.

Female respondents were asked their opinion as to the age a child should be before the mother stops breast-feeding; i.e., the ideal breast-feeding duration. Seventy percent of women were of the opinion that children should be breast-fed at least 7 months, little changed from the corresponding percentages for 1993 (Table 3.8). This corresponds to actual breast-feeding practices in Jamaica since, as seen earlier in Table 3.6, sixty-nine percent of women who had a birth in the past two years were still breast-feeding when their child had reached 7-8 months of age. There was little difference in women's perception of the ideal breast-feeding duration according to their characteristics, except that younger women (and women not currently in a union) were less likely to have an opinion on the ideal breast-feeding duration, no doubt due to larger proportions of this group being nulliparous and, therefore, having no experience with breast-feeding.

3.C CURRENT SEXUAL ACTIVITY

Fifty-three percent of women reported that they had sexual intercourse at least once in the past month, that is, were sexually active (Table 3.9). This percentage varied by relationship status. More than 80 percent of married women and women in a consensual union were sexually active. This percentage dropped to 66 percent for women with a visiting partner and 54 percent for women with a boyfriend. Fewer than three percent of women with no steady partner reported sexual activity in the past 30 days. Differences in these data between 1993 and 1997 are minimal (1993 data not shown).

Sexually active women were about their relationship with their last sexual partner (Table 3.10). Almost all legally married women (99.5 %) and women in consensual union (93 percent) said their last sexual partner was their spouse. In the case of women in a visiting relationship, 87 percent had their last sexual intercourse with a visiting partner, whereas of those with a boyfriend with whom

they were having sex, 91 percent had their last sexual intercourse with their boyfriend. Compared with 1993, in 1997 a higher percentage of women in visiting relationships and with boyfriends had their last sexual encounter with those partners (1993 data not shown).

Those women who had not engaged in sexual intercourse in the past 30 days, that is, were not sexually active, were asked if they had sexual intercourse in the past three months. Thirty-five percent responded positively (Table 3.11). However, there was a great deal of difference between those in union or with a boyfriend, of whom more than half reported sexual intercourse in the past three months, and those with no steady partner, of whom only 8 percent had sexual relations in the past three months. As was also seen in Table 3.9, few women without a steady partner engaged in even casual sexual relations.

Among young men aged 15-24 years, overall 48 percent were currently sexually active (Table 3.12). Almost half the young men in this age group have no steady partner, and relatively few of these men, 10 percent, are sexually active. On the other hand, most young men in this age group who are in union (married or common law) are sexually active, as are almost two-thirds of those with a girlfriend. Among young men in a marital or common law union, however, only two-thirds had their last sexual act with their partner, and even fewer young men in a visiting relationship (41 percent) had their last sexual act with their partner (Table 3.13). Interestingly, this figure rises to 78 percent of young men with a girlfriend with whom they were having sex.

3.D FERTILITY RATES

Age-specific fertility rates (ASFR) and the total fertility rate (TFR), calculated for the two years prior to each survey, are displayed in Table 3.14 and Figure 1 for the years 1975, 1983, 1989, 1993 and 1997. The TFR of 2.8 for 1997 is lower than the TFR of 3.0 calculated for the 1993 survey, which was not a significant change from the rate of 2.9 found in 1989. Not only did the TFR remain relatively constant, but with the exception of the 25-29 year olds, none of the ASFRs exhibited any substantial change between the two surveys. This lack of evidence of an overall decline in fertility since the late 1980s comes as somewhat of a surprise in light of the considerable increase in the contraceptive prevalence rate (CPR). This apparent leveling off of rates of childbearing comes after a period of rapid fertility reduction between the early 1970s and the late 1980s, when the TFR fell by about one-third.

Despite the apparent lack of change in fertility, the TFR for 1997 was very close to what would have been expected for a country with Jamaica's CPR (Robey et. al., 1992). The TFR reported for 1989 was slightly below what would have been expected with the CPR that existed then. It appears, then, that an explanation for the low 1989 fertility rate being may be needed, rather than an explanation for the 1993 and 1997 rates.

Both total fertility and age specific fertility rates were lowest in the Kingston Metropolitan Area and highest in rural areas (Table 3.15).

In Jamaica, approximately one-third of all women aged 15-49 are childless (Table 3.16). As expected, the percentage of women who are childless decreases sharply as age increases. Four-fifths of women under the age of 20 are childless and nearly two-fifths of those 20-24 years old are childless. Fewer than 10 percent of women aged 35 and older are childless. There is little difference in childlessness according to residence, but less educated women and women in lower socio economic categories are not as likely to be childless as those in higher categories. There are higher percentages of childlessness among women who regularly attend church than among those who attend with less regularity. These data are virtually unchanged since 1993 and 1989 (data not shown).

3.E PLANNING STATUS OF LAST PREGNANCY

A measure of the success of women and men in having their desired number of children when they want to have them, is the planning status of their children. Questions on planning status referred to their last pregnancy. All female respondents who had a birth within 5 years of the interview were asked the following about the planning status of their last pregnancy. " *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 last birth to a woman in the past 5 years was classified as "planned", "mistimed", "unwanted", "unplanned, unknown status" (not known whether mistimed or unwanted) or unknown. Planned births were defined as those that were wanted; mistimed were classified as those that were wanted but at some time in the future; and unwanted births were those not wanted, even at a future time. With this scheme, the mistimed, unwanted and unplanned, unknown birth status can be combined as an estimate of unplanned births.

According to the above definitions, 34 percent of pregnancies in the 5 years preceding the interview were planned, which was higher than the 29 percent of pregnancies reported as planned in 1993 and the 25 percent reported in 1989 (Table 3.17 and Figure 2). Over 40 percent of pregnancies in the past 5 years were reported to be mistimed and another 19 percent were unwanted. (It should be noted that this does no include pregnancies that did not result in a live birth. If there were a large number of induced abortions, the proportion of pregnancies that were planned would be even lower.)

Unwanted pregnancies are positively associated with age and the number of living children (half of births to women who are at least age 40 or who had four or more children were unwanted). The majority of pregnancies of women under 29 years are mistimed. This percentage decreases rapidly as age increases, as the percentage of unwanted pregnancies increases.

Unwanted pregnancies were inversely related to education; 27 percent of pregnancies to women with 0-9 years of schooling were unwanted, compared with 16 percent to women with 13 or more years of schooling. The pattern was similar for socio economic status, as the last pregnancy of 27 percent of women in the lowest socio economic index category was unwanted, compared to 9 percent of women in the highest category. Over half (57.5 percent) of last pregnancies of married women were planned, which is much higher than the proportion of planned pregnancies for women in less stable relationships (28-35 percent). Most births to women in a visiting relationship or a less stable relationship were mistimed (52-53 percent), reflecting the fact that, overall, these women were also younger than married women. With the relatively high contraceptive prevalence rate in Jamaica, these high proportions of mistimed and unwanted pregnancies are worrisome.

Table 3.18 is a percent distribution of the number of children women want at the time of interview according to their current number of live births. Overall, nearly half wanted no more children, 18 percent wanted one or two children, and very few wanted three or more children. As expected, the number of additional children desired decreases with the current number of live births and suggests a movement towards a two-child family. Sixty percent of women with no live births reported they wanted one or two children, two-thirds with one child wanted one or no children and most women with two or more live births wanted no children.

The greatest proportion of respondents, 44 percent and unchanged since 1993, think a woman should be aged 20-24 before she is responsible enough to have her first child (Table 3.19). Less than 20 percent of respondents think younger women are old enough for this responsibility, a proportion which drops to less than 10 percent among highly educated women. Otherwise, there is little variation of this opinion according to respondent's characteristics.

TABLE 3.1
Mean Age At First Menstrual Period
Women Aged 15 to 49 By Selected Characteristics
Compared With Data From The 1993 and 1989 Contraceptive Prevalence Surveys
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	1997		1993		1989	
	Mean Age At First Period	N	Mean Age At First Period	N	Mean Age At First Period	N
Total	13.2	(6259)*	13.8	(3065)**	14.0	(6070)***
Age						
15-19	12.7	(950)	13.2	(550)	13.6	(1380)
20-24	13.0	(1020)	13.9	(619)	14.0	(1208)
25-29	13.3	(1210)	13.9	(663)	13.8	(1147)
30-34	13.4	(1174)	14.0	(584)	14.1	(837)
35-39	13.5	(908)	14.1	(411)	14.3	(618)
40-44	13.6	(590)	14.4	(238)	14.3	(510)
45-49	13.8	(407)	--	--	14.6	(370)
Years Of Education						
0-9	13.5	(2264)	--	--	--	--
10-12	13.1	(3235)	--	--	--	--
13 Or More	12.9	(708)	--	--	--	--
Socio Economic Index						
Low	13.5	(2228)	--	--	--	--
Medium	13.3	(2041)	--	--	--	--
High	12.9	(1990)	--	--	--	--

* The 1997 data exclude 13 women who had not yet had their first period and 110 women who did not remember when they had their first period. There was no information on age at first period for 2 women.

** The 1993 data exclude 4 women who had not yet had their first period and there was no information on age at first period for 2 women.

*** The 1989 data was calculated using standard Life Table techiques.

TABLE 3.2
Percent Of Women Aged 15 to 49 Who Have Ever Had Sexual Relations
By Age And Church Attendance
Compared To 1993 CPS*
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Percent Who Ever Had Sexual Relations			
	1997		1993	
		N		N
Total	87.6	(6384)	88.1	(3110)
Age Group				
15-19	51.4	(960)	58.9	(553)
15-17	*37.7*	*(567)*	*44.1*	*(340)*
18-19	*71.5*	*(393)*	*79.9*	*(213)*
20-24	89.9	(1031)	90.5	(628)
25-29	97.4	(1233)	97.5	(667)
30-34	98.6	(1195)	99.0	(594)
35-39	99.0	(934)	99.0	(420)
40-44	99.7	(610)	99.3	(248)
45-49	98.9	(421)	--	--
Church Attendance				
At Least Weekly	79.8	(2060)	--	--
At Least Monthly	87.2	(1223)	--	--
Less Than Once/Month	89.9	(909)	--	--
Special Occasions	94.8	(1532)	--	--
Never	92.4	(613)	--	--

* The 1993 contraceptive prevalence survey included only women 15-44 years of age.

TABLE 3.3
Percent Of Young Adult Men Aged 15 to 24 Who Have Ever Had Sexual Relations
By Age And Church Attendance
Compared To 1993 CPS
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Percent Who Ever Had Sexual Relations			
	1997		1993	
		N		N
Total	84.9	(2279)	84.4	(1052)
Age Group				
15-19	73.9	(1207)	74.5	(566)
15-17	*64.4*	*(799)*	*63.9*	*(380)*
18-19	*90.7*	*(408)*	*94.9*	*(186)*
20-24	97.6	(1072)	96.2	(486)
Church Attendance				
At Least Weekly	69.5	(419)	--	--
At Least Monthly	80.5	(335)	--	--
Less Than Once/Month	83.6	(319)	--	--
Special Occasions	92.3	(586)	--	--
Never	91.5	(610)	--	--

TABLE 3.4
Percentage of Women 15-49
Who Had Their First Sexual Relation And Their First Birth Before Selected Ages
And Median Age At First Sexual Relation And First Birth
By Current Age Group
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

		Current Age Group						
Had First Sexual Relations Before:	Total	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Age 15	13.5	[15.9]	13.7	12.1	13.0	12.7	13.3	11.9
Age 18	59.5	[47.6]	65.1	62.6	60.5	57.5	70.2	62.9
Age 20	76.5	[50.3]	84.7	84.2	85.5	78.7	87.7	82.3
Age 22	82.3	--	[88.7]	93.4	93.0	87.7	94.6	92.9
Age 25	84.8	--	[89.1]	96.1	95.9	95.6	98.9	97.0
Any Age	85.9	--	--	97.1	98.4	98.8	99.6	98.6
Never Had Sex	14.1	49.6	10.9	2.9	1.6	1.2	0.4	1.4
Median Age At First Sex (Years)	17.3	17.5	17.1	17.3	17.3	17.5	16.9	17.2
No. of Cases*	(5494)	(943)	(941)	(1095)	(991)	(754)	(463)	(316)
Had First Birth Before:	Total	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Age 15	3.3	[0.8]	1.7	3.1	4.3	4.5	4.5	8.1
Age 18	24.1	[3.9]	22.6	29.0	30.1	27.5	43.2	25.2
Age 20	38.6	--	33.7	50.3	49.6	47.1	62.2	47.1
Age 22	48.6	--	[37.3]	63.1	66.9	61.7	73.7	69.1
Age 25	55.1	--	[37.7]	68.7	79.1	73.0	85.5	79.7
Any Age	59.8	--	--	69.8	84.7	84.9	95.2	92.0
Never Had A Birth	40.2	96.1	62.3	30.2	15.3	15.1	4.8	8.0
Median Age At First Birth (Years)	21.2	**	**	20.0	20.1	20.6	18.7	20.4
No. of Cases*	(4982)	(763)	(697)	(875)	(971)	(784)	(534)	(358)

[ ] Time exposed partially truncated -- Not applicable

*Excludes women who did not remember their age at first sex or their age when they had their first birth.

** Less than 50 percent of cases had a birth, which is too few to calculate a median.

TABLE 3.5
Percent Of Women Who Breast-Fed Their Last Child
And The Mean Duration Of Breast-Feeding*
By Selected Characteristics
Women Aged 15-49 Who Had A Birth Within 5 Years Of Their Interview
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Percent Who Breast-Fed Last Child	Mean Duration Of Breastfeeding (In Months)	Mean Duration Of Exclusive Breast-Feeding (In Months)
Total	96.7	13.1	1.0
Residence			
Kingston Metropolitan Area	97.2	12.1	0.9
Other Urban	96.4	13.0	0.7
Rural	96.5	13.7	0.9
Health Region			
1	97.5	12.6	0.9
2	97.2	13.6	1.3
3	96.9	13.2	0.8
4	95.1	13.7	0.5
Age Of Mother			
15-19	96.4	14.2	0.6
20-24	96.2	12.6	0.7
25-29	97.3	13.3	1.1
30-34	96.8	13.1	1.2
35-44	96.8	13.2	0.5
Years Of Education			
0-9	95.3	14.2	1.4
10-12	97.4	12.9	0.6
13 Or More	97.6	11.0	0.6

* Calculated using current status information, rather than recalled durations.

TABLE 3.6

Percent Of Women Aged 15-49 Who Had A Birth In The 24 Months Prior To The Survey Who

1. Are Still Breast-Feeding;
2. Are Postpartum Amenorrheic;
3. Have Not Resumed Sexual Intercourse;
4. Are Postpartum Insusceptible*

By Number Of Months Since The Last Birth

1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

Number Of Months Since Birth	Breast-Feeding	Postpartum Amenorrhoeic	Not Resumed Sexual Intercourse	Postpartum Insusceptible*	N
0-2	97.4	83.3	93.0	98.8	(157)
3-4	75.3	44.5	64.9	78.1	(94)
5-6	87.4	35.5	30.1	49.8	(98)
7-8	69.0	24.4	22.6	40.7	(111)
9-10	60.8	17.4	24.3	31.9	(138)
11-12	46.8	9.0	16.1	23.0	(112)
13-18	41.1	5.6	10.9	15.9	(313)
19-24	22.8	3.8	6.2	9.9	(271)
Total	56.0	23.6	29.0	37.2	(1294)
Mean (In Months)**	13.2	5.6	6.8	8.7	

* Amenorrhoeic and/or not yet resumed sexual intercourse at the time of the survey.

** Calculated using the prevalence/incidence method.

TABLE 3.7

Percent Of Women 15-49 Who Had A Birth In The 24 Months Prior To The Survey Who

1. Are Still Breast-Feeding;
2. Are Postpartum Amenorrheic
3. Have Not Resumed Sexual Intercourse;
4. Are Postpartum Insusceptible*

By Selected Characteristics

1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

Selected Characteristics	Breast-Feeding	Postpartum Amenorrheic	Not Resumed Sexual Intercourse	Postpartum Insusceptible*	N
Total	56.0	23.6	29.0	37.2	(1294)
Residence					
Kingston Metro. Area	51.6	19.7	27.6	33.5	(242)
Other Urban	55.4	22.6	33.1	41.0	(205)
Rural	58.4	25.9	28.6	38.2	(847)
Health Region					
1	53.5	21.2	28.5	35.7	(390)
2	58.0	26.3	36.9	43.3	(287)
3	56.0	19.9	26.2	30.5	(320)
4	58.4	28.0	26.6	40.1	(297)
Age Group					
15-19	60.5	27.3	44.2	49.5	(179)
20-24	53.4	20.7	30.8	36.3	(364)
25-29	56.4	24.0	21.0	31.3	(318)
30-34	55.8	24.9	27.5	38.9	(255)
35 +	56.1	23.7	19.1	31.0	(178)
Years Of Education					
0-9	60.4	28.0	25.2	37.5	(457)
10-12	55.0	20.5	30.8	36.7	(723)
13 Or More	46.9	29.7	29.7	39.9	(108)

* Amenorrhoeic and/or not yet resumed sexual intercourse at the time of the survey.

TABLE 3.8
Respondents' Opinions Of Ideal Breast-Feeding Duration
Women Aged 15-49
(Percent Distribution)
By Selected Characteristics
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Ideal Desired Breastfeeding Duration						
	1-6 Months	7-12 Months	> 12 Months	As Long As Possible	Not Stated	Total	N
Total	9.0	33.9	36.0	13.8	7.2	100.0	(6384)
Age Group							
15-19	10.2	29.4	32.0	10.0	18.6	100.0	(960)
20-24	9.9	35.9	34.0	13.6	6.7	100.0	(1031)
25-29	11.2	34.3	36.0	14.3	4.2	100.0	(1233)
30-34	7.5	37.6	36.8	14.6	3.5	100.0	(1195)
35-39	5.6	35.8	39.7	15.1	3.7	100.0	(934)
40-44	8.6	30.9	41.6	15.7	3.2	100.0	(610)
45-49	7.8	33.1	37.9	18.9	2.3	100.0	(421)
Residence							
Kingston Metropolitan Area	11.2	34.5	32.8	12.0	9.4	100.0	(1450)
Urban	9.5	34.4	36.1	12.6	7.5	100.0	(1094)
Rural	7.2	33.4	38.4	15.6	5.5	100.0	(3840)
Years Of Education							
0-9	7.4	30.8	41.0	14.1	6.8	100.0	(2325)
10-12	9.3	35.3	34.4	13.1	8.0	100.0	(3285)
13 Or More	11.8	36.9	31.1	15.1	5.2	100.0	(719)
Frequency Of Church Attendance							
At least weekly	8.3	33.8	35.5	14.8	7.7	100.0	(2060)
At least monthly	7.0	33.6	39.3	13.5	6.6	100.0	(1223)
Rarely	8.1	38.2	30.8	13.6	9.2	100.0	(909)
Never	10.6	33.3	37.5	13.1	5.5	100.0	(1532)
No religion	12.5	30.3	35.8	13.5	7.9	100.0	(613)
Current Union Status							
Married	6.6	35.1	38.2	16.5	3.7	100.0	(1185)
Common-law partner	9.4	31.6	40.4	15.7	2.9	100.0	(1839)
Visiting partner	10.0	36.7	35.7	11.9	5.7	100.0	(1624)
Boyfriend/with sex	8.7	33.3	35.7	10.8	11.5	100.0	(265)
No steady partner	9.0	32.5	31.7	13.3	13.5	100.0	(1471)
Socio Economic Index							
High	6.4	31.7	41.2	14.7	6.0	100.0	(2271)
Medium	8.9	33.1	38.0	12.7	7.3	100.0	(2088)
Low	11.1	36.3	30.4	14.2	8.0	100.0	(2025)
1993 Total	12.3	35.7	37.6	9.9	4.5	100.0	(3095)

TABLE 3.9
Percent of Women Aged 15-49 Who Are Currently Sexually Active*
By Current Relationship Status
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

		Relationship Status				
	Total	Married	Common Law Union	Visiting Partner	Boy Friend	No Steady Partner
% Sexually Active	53.4	81.8	80.1	66.2	54.2	2.8
Number Of Cases	(6384)	(1185)	(1839)	(1624)	(265)	(1471)

* "Sexually Active" is defined as having had sexual relations in the past 30 days.

TABLE 3.10
Relationship Status With Last Sexual Partner
By Current Relationship Status
(Percent Distribution)
Women Aged 15-49 Who Are Sexually Active
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

Current Relationship Status	Relationship Status With Last Sexual Partner					
	Married/ Common Law	Visiting Partner	Boy Friend	Other	Total	N
Married	99.7	0.1	0.1	0.2	100.0	(969)
Common Law Union	94.1	2.8	2.7	0.4	100.0	(1474)
Visiting Partner	2.3	89.9	6.7	1.1	100.0	(1094)
Boyfriend With Sex	18.3	21.8	27.9	32.1	100.0	(142)
No Steady Partner	29.2	37.6	26.9	6.3	100.0	(42)

TABLE 3.11
Of Women Aged 15-49 Who Are Not Currently Sexually Active*
The Percentage Who Had Sexual Intercourse In The Past Three Months
By Relationship Status
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Percent	N
Total	35.4	(2091)
Relationship Status		
Married	56.8	(215)
Common Law	59.7	(362)
Visiting Partner	56.1	(528)
Boyfriend With Sexual Relations	52.5	(122)
No Steady Partner	8.1	(864)

TABLE 3.12
Percent of Young Adult Men Aged 15-24 Who Are Currently Sexually Active*
By Current Relationship Status
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

		Relationship Status			
	Total	Married/ Common Law	Visiting Partner	Girl Friend	No Steady Partner
% Sexually Active	48.2	90.5	74.9	65.1	10.2
Number Of Cases	(2279)	(177)	(691)	(458)	(953)

* "Sexually Active" is defined as having had sexual relations in the past 30 days.

** Fewer than 25 cases.

TABLE 3.13
Relationship Status With Last Sexual Partner
By Current Relationship Status
(Percent Distribution)
Young Adult Men Aged 15-24 Who Are Sexually Active
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Relationship With Last Sexual Partner							
Current Relationship Status	Married/ Common Law	Visiting Partner	Girl Friend	Casual Friend	Acquaintance	Other	Total	N
Married/Common Law	66.2	7.6	23.4	1.7	1.2	0.0	100.0	(161)
Visiting Partner	0.3	41.0	45.1	7.6	5.6	0.4	100.0	(502)
Girlfriend With Sex	1.2	3.2	77.8	12.6	5.1	0.0	100.0	(298)
No Steady Partner	0.0	5.7	19.6	44.8	27.3	2.4	100.0	(89)

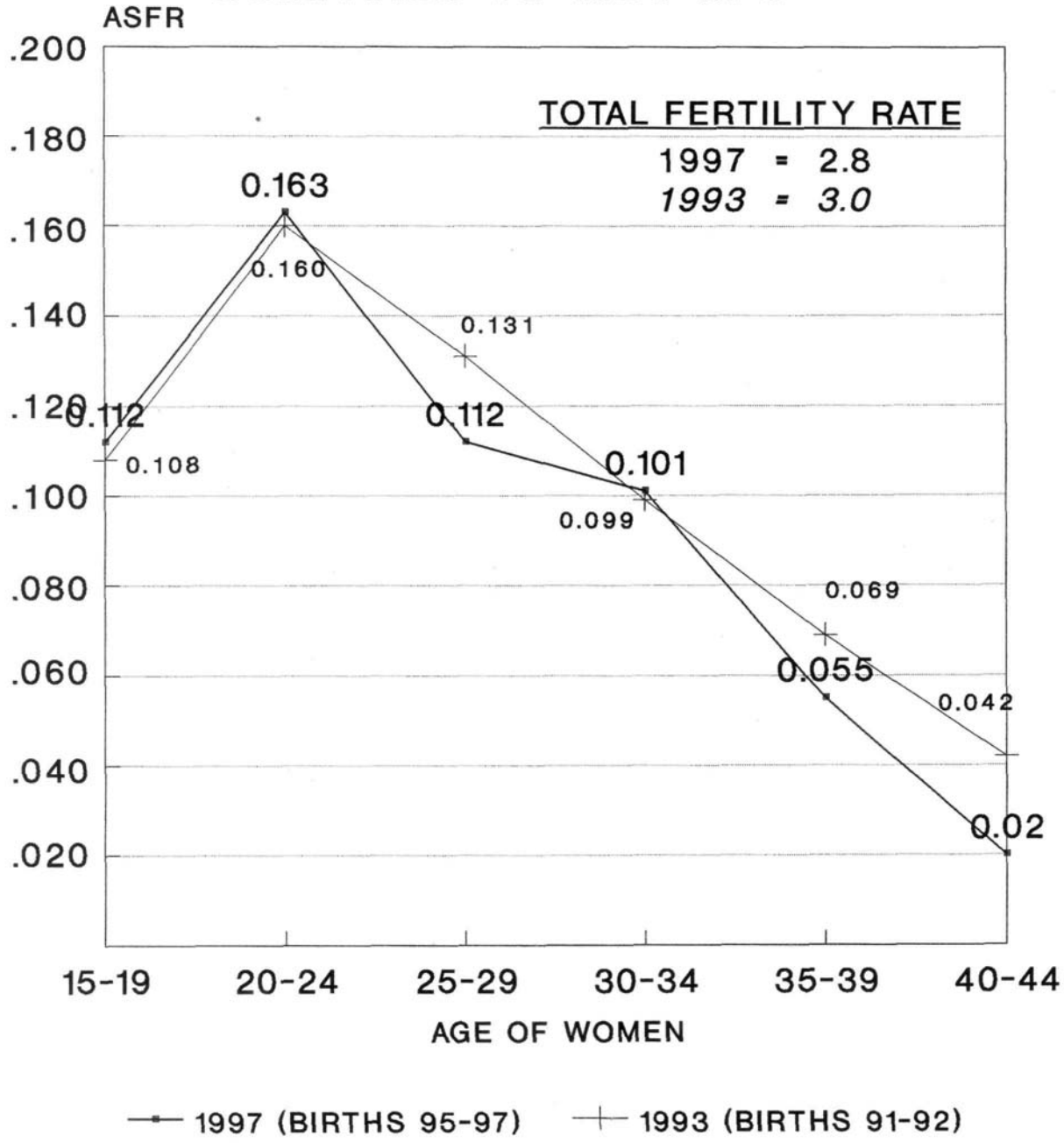
TABLE 3.14
Age-Specific Fertility Rates And Total Fertility Rate Jamaica*
By Maternal Age
Compared With 1975 Fertility Survey, 1983 JCPS, 1989 JCPS And 1993 CPS
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Age-Specific Fertlity Rate				
	Year Of Survey				
Maternal Age Group	1975	1983	1989	1993**	1997
15-19	137	122	102	107	112
20-24	234	190	164	160	163
25-29	207	150	131	131	112
30-34	155	110	96	99	101
35-39	101	73	60	69	55
40-44	54	40	30	42	20
45-49	9	8	4	-	0
Total Fertility Rate	4.5	3.5	2.9	3.0	2.8

* Calculated For 2 Years Before The Date Of Interview.

** The 1993 Jamaica Contraceptive Prevalence Survey only included women 15-44 years of age.

FIGURE 1
AGE-SPECIFIC FERTILITY RATES
WOMEN AGED 15-44
COMPARED TO 1993 CPS



1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

TABLE 3.15
Age-Specific Fertility Rates And Total Fertility Rate (TFR) Jamaica*
By Maternal Age And By Area Of Residence
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

Maternal Age Group	Area of Residence: Kingston Metropolitan Area	Other Urban	Rural
15-19	82	114	133
20-24	125	147	201
25-29	94	100	132
30-34	85	89	116
35-39	49	46	62
40-44	13	19	25
45-49	9	4	-
Total Fertility Rate (TFR)	2.2	2.6	3.3

* Calculated For 2 Years Before The Date Of Interview.

TABLE 3.16
Percent Of All Women 15-49 Years of Age Who Are Childless
By Current Age Group And Selected Characteristics
Total Compared With 1993 And 1989 Contraceptive Prevalence Surveys
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

		Age Group						
	Total	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Total	31.5	79.4	41.8	20.9	12.1	9.6	4.9	6.8
Residence								
Kingston Metro Area	35.7	86.3	49.7	28.7	15.5	8.4	4.9	5.3
Other Urban	32.4	81.8	43.2	15.8	15.6	10.4	6.2	12.0
Rural	28.1	74.1	35.0	15.7	8.8	10.1	4.5	6.2
Health Region								
1	35.0	83.9	47.0	27.1	15.6	10.7	5.3	7.4
2	27.1	77.6	36.9	9.6	6.3	7.7	4.1	7.8
3	32.9	77.2	43.0	22.3	12.1	9.0	4.5	7.9
4	25.5	72.8	32.1	12.4	9.0	9.0	4.8	3.7
Years Of Education								
0-9	19.9	71.5	22.8	10.2	6.9	6.8	3.8	5.4
10-12	36.2	80.9	42.6	20.6	12.8	12.0	3.9	8.9
13 +	42.1	94.4	63.5	44.7	19.4	10.4	13.6	13.5
Socio Economic Level								
Low	19.2	66.9	17.5	7.1	6.5	8.6	4.2	3.4
Medium	31.3	78.8	40.6	21.1	8.3	7.4	4.7	4.3
High	41.0	88.1	58.4	31.6	20.8	12.4	5.5	12.4
Church Attendance								
At Least Weekly	38.5	90.0	59.8	30.7	19.3	13.6	6.0	**
At Least Monthly	32.3	81.1	40.5	17.5	13.2	12.8	2.4	8.1
Less Than Once/Month	30.7	79.1	37.7	23.6	9.5	4.8	1.7	8.2
Special Occasions	24.4	67.1	33.7	14.7	9.0.	5.5	4.2	5.1
Never	26.7	67.8	27.7	18.6	2.5	4.7	12.1	3.8
1993 Total	32.0	79.5	38.8	17.0	8.9	6.7	7.4	--
1989 Total	33.2	82.9	37.7	19.7	10.3	5.4	6.6	10.4

** Fewer than 25 cases.

-- The 1993 Jamaica Contraceptive Prevalence Survey only included women 15-44 years of age.

TABLE 3.17
Planning Status Of
Current Pregnancies And Most Recent Pregnancies Resulting In A Live Birth
According to Selected Characteristics And Total Compared To 1989 And 1993 CPSs
Women 15-44 Who Had A Live Birth In Previous 5 Years Or Are Currently Pregnant
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Planning Status						
	Planned	Mistimed	Unwanted	Unplanned Unknown Status	Unknown	TOTAL	N
Total	34.4	43.0	18.3	1.3	3.1	100.0	(2935)
Residence							
Kingston Metro. Area	41.2	37.3	17.0	1.3	3.0	100.0	(583)
Other Urban	33.4	46.3	14.7	1.5	4.2	100.0	(464)
Rural	30.9	45.1	20.0	1.2	2.9	100.0	(1888)
Number of Living Children							
0	43.5	42.4	0.6	4.5	9.0	100.0	(114)
1	39.8	55.0	1.1	1.1	3.2	100.0	(816)
2	38.2	47.0	10.3	1.0	3.4	100.0	(734)
3	28.8	40.3	27.0	1.4	2.5	100.0	(545)
4+	24.5	22.2	50.0	1.1	2.1	100.0	(726)
Age							
15-19	13.2	79.4	3.8	1.2	2.4	100.0	(271)
20-24	27.7	59.1	7.9	1.3	4.0	100.0	(660)
25-29	37.9	42.0	16.5	1.3	2.3	100.0	(788)
30-34	43.7	25.9	26.1	1.3	3.0	100.0	(679)
35-39	45.2	17.3	32.6	1.5	3.4	100.0	(391)
40-44	34.9	11.2	49.4	0.3	4.3	100.0	(146)
Years Of Education*							
0-9	30.5	37.9	27.0	1.4	3.2	100.0	(1075)
10-12	34.4	47.9	13.6	1.3	2.9	100.0	(1564)
13 +	45.9	32.7	16.4	0.7	4.4	100.0	(276)
Socio Economic Index							
Low	25.2	44.7	26.3	1.1	2.8	100.0	(1305)
Medium	35.6	43.6	16.6	1.6	2.6	100.0	(935)
High	45.2	40.0	9.5	1.2	4.2	100.0	(695)
Relationship Status							
Married	57.3	19.2	19.7	0.7	3.1	100.0	(559)
Common Law	34.7	39.9	21.3	0.9	3.2	100.0	(1146)
Visiting Relationship	28.0	52.7	14.1	1.6	3.5	100.0	(847)
No Steady Partner	23.6	53.2	19.5	1.8	2.0	100.0	(383)
1993 Total	29.1	47.8	19.0	1.7	2.4	100.0	(1543)
1989 Total	25.4	51.9	19.9	**	2.8	100.0	(2299)

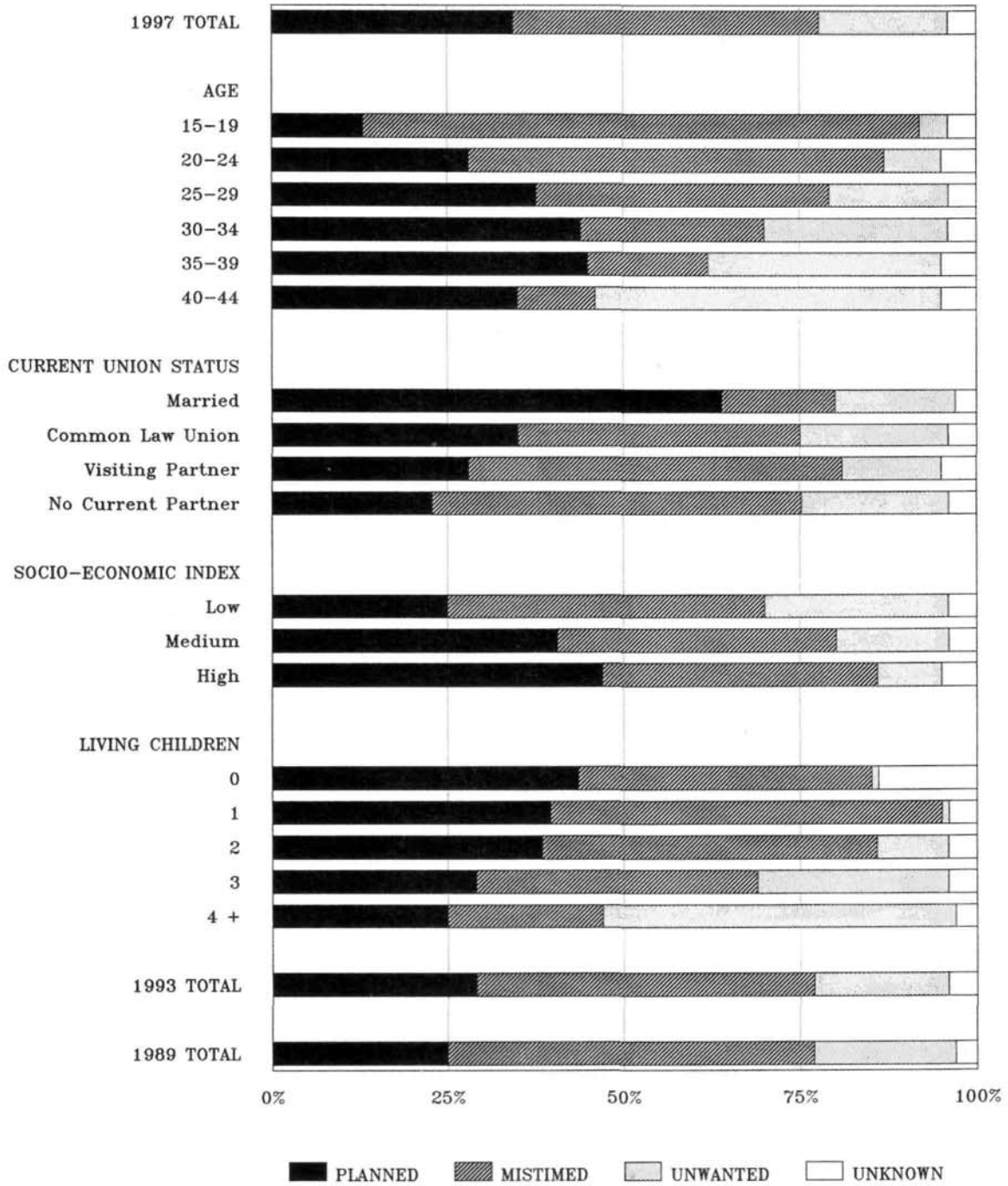
* No data on years of education for 15 women.

** The unplanned, unknown status category was not tabulated in 1989.

TABLE 3.18
Number Of Additional Children Desired By Women 15-49 Years of Age
By Current Number Of Live Births
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Number Of Additional Children Desired							
	0	1	2	3	4 +	Don't Know	Total	N
Total	46.5	17.5	18.1	3.2	1.6	13.2	100.0	(6384)
Current Number Of Live Births								
0	11.4	16.1	44.3	7.9	3.5	16.8	100.0	(1627)
1	30.9	36.7	13.2	2.7	1.1	15.4	100.0	(1350)
2	62.6	16.1	5.1	0.4	0.6	15.2	100.0	(1236)
3	79.8	9.0	2.0	0.3	0.8	8.1	100.0	(904)
4 Or More	90.1	3.2	0.9	0.0	2.5	7.4	100.0	(1267)

FIGURE 2
PLANNING STATUS OF LAST OR CURRENT PREGNANCY BY SELECTED CHARACTERISTICS (PERCENT DISTRIBUTION) WOMEN AGED 15- 44



1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

TABLE 3.19

Age Respondents Consider A Woman Is Responsible Enough To Have Her First Child

Women Aged 15-49

By Selected Characteristics

(Percent Distribution)

1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Age When Responsible Enough For First Child							
	Less than 18	18-19	20-24	30+	When She Is Mature	Other	Total	N
Total	1.5	16.9	44.4	13.4	11.9	11.9	100.0	(6383)
Age Group								
15-19	1.2	16.6	42.1	13.0	14.5	12.6	100.0	(959)
20-24	2.0	18.9	42.5	14.7	8.8	13.1	100.0	(1031)
25-29	1.5	17.1	41.6	13.9	13.6	12.2	100.0	(1233)
30-34	0.9	15.7	49.1	13.8	10.3	10.3	100.0	(1195)
35-39	1.9	18.0	45.9	12.8	11.1	10.2	100.0	(934)
40-44	1.2	14.8	48.7	12.4	11.3	11.6	100.0	(610)
45-49	1.7	15.3	44.5	11.4	14.2	12.9	100.0	(421)
Residence								
Kingston Metro. Area	1.4	16.0	45.0	14.4	13.3	9.9	100.0	(1450)
Other Urban	1.1	14.7	41.6	14.0	12.6	15.9	100.0	(1093)
Rural	1.6	18.3	44.9	12.5	10.7	12.1	100.0	(3840)
Years Of Education								
0-9 Years	2.2	18.3	45.5	11.6	9.8	12.6	100.0	(2325)
10-12 Years	1.4	17.8	44.6	13.8	11.9	10.6	100.0	(3284)
13 Or More Years	0.0	9.3	41.3	16.9	17.7	14.7	100.0	(719)
Frequency Of Church Attendance								
At Least Once/ Week	0.7	14.8	42.9	14.2	15.3	12.1	100.0	(2060)
At least Once/ Month	2.2	14.9	48.7	12.3	10.2	11.7	100.0	(1222)
Less Than 1 / Month	1.4	16.4	44.4	12.3	11.9	13.7	100.0	(909)
Special Occasions	1.3	19.7	45.1	13.4	9.8	10.8	100.0	(1532)
Never	2.8	20.8	39.9	15.1	9.6	11.8	100.0	(613)
Current Union Status								
Married	1.1	12.7	48.2	11.1	14.1	12.9	100.0	(1185)
Common Law Union	2.3	21.6	46.3	10.9	8.6	10.3	100.0	(1839)
Visiting Partner	1.8	18.5	46.7	12.0	9.1	11.9	100.0	(1623)
Boyfriend/with sex	0.1	20.2	38.4	17.1	14.8	9.5	100.0	(265)
No steady partner	0.9	13.1	39.3	17.7	15.9	13.1	100.0	(1471)
Socio Economic Index								
High	2.7	19.9	45.3	11.5	9.4	11.2	100.0	(2271)
Medium	1.4	17.8	46.2	12.6	11.0	11.0	100.0	(2088)
Low	0.6	13.9	42.2	15.6	14.6	13.2	100.0	(2024)
1993 Total	1.4	9.7	44.2	21.5	11.9	11.6	100.0	(3110)

CHAPTER 4

REPRODUCTIVE HEALTH

4.A MATERNAL HEALTH AND CHILD CARE

The importance of receiving prenatal care during pregnancy is well recognized and has been emphasized in government programmes to reduce infant mortality and to maintain or improve the health of mothers. Overall, prenatal care was virtually universal as 99 percent of all pregnancies to respondents in the past 5 years received some degree of prenatal care (data not shown).

Table 4.1 presents a percent distribution of the source of prenatal care in the 5 years preceding the survey compared with data from the 1993 and 1989 surveys. About 80 percent of respondents' pregnancies received antenatal care in government clinics or hospitals; the remaining 20 percent were cared for by private doctors or in private hospitals. Between 1993 and 1997, the utilization of government institutions appears to have stabilized at 80 percent after a movement toward private sector sources of prenatal care beginning in 1989. (The 1989 JCPS found only 11 percent of pregnancies were cared for by private sources and 88 percent received care in government facilities.) Private sector sources of prenatal care are used to a greater extent by older women, lower parity women, and women who are better educated and in higher socio-economic groups. They are also used to a greater extent in the Kingston Metropolitan Area (Table 4.2).

In the past 5 years women made at least five prenatal visits for more than 87 percent of their pregnancies (Table 4.3). The greatest number of prenatal visits were made by women in the Kingston Metropolitan Area and other urban areas, as more than 90 percent of pregnancies in these areas resulted in six or more visits, compared with less than 70 percent in rural areas. Fewer prenatal visits were made for pregnancies among women in lower socio-economic groups and women of higher parity (who tend to be in the lower socio-economic groups). Efforts at encouraging women to obtain complete prenatal care must be directed towards rural women in lower socio-economic categories Table 4.3 also presents data on the number of prenatal visits according to birth order. A slightly higher percentage of women had six or more visits at lower birth order, perhaps because first pregnancies are considered to be higher risk.

Table 4.4 presents the month prenatal care began for most recent pregnancies resulting in live births in the past 5 years. Prenatal care for nearly 60 percent of these pregnancies started in the first 3 months, 27 percent by the end of the 5th month and 9 percent in the 6th to the 9th month. With respect to residence, prenatal care tended to begin earlier in the Kingston Metropolitan Area (64 percent in the first trimester) although the percentage in the parish of Kingston is relatively low (50

percent). Parishes whrer this proportion was more than 60 percent were St. Thomas, Westmorland and St. Catherine. Parishes where proportions were below 50 percent were Trelawny, Portland, St. Elizabeth and St. Mary.

The percentage of pregnancies for which prenatal care began in the first 3 months differed by socio economic status; only 49 percent of pregnancies in the low socio economic group compared with 58 percent in the medium group and 70 percent in the high socio economic group. Birth order also had an impact; for 61 percent of pregnancies of birth order 1, prenatal care was started in the first 3 months; this percentage fell to 51 percent for the 5th and higher birth order. This may be due to women being complacent about higher birth order pregnancies as well as higher birth order women being most often in lower education and socio economic groups.

Table 4.5 indicates the percentage of pregnancies to women 15-49 years in the past 5 years that were classified as high risk according to Ministry of Health age and parity criteria.[3] Twenty-one percent of pregnancies were considered high risk. Of these, the lowest percentages were in the Kingston Metropolitan Area (19 percent) and other urban areas (18 percent), and the highest (23 percent) were in rural areas. Parishes with the lowest percentages were as follows: Kingston (17 percent), St. Catherine (18 percent), St. Mary (18 percent) and St. Ann (19); St. James had the highest percentage (27 percent).

Women in the lowest socio economic group were found to be at highest risk and those in the highest group were at lowest risk. In terms of birth order, the relatively high percentage for birth order 1 reflects the high proportion of women under 17 years old who are in this group; this is also true for birth order 5+ because of the high proportion of women over the age of 30 in this group.

How well do prenatal care services deal with high-risk pregnancies? Table 4.6 presents the percentage of all pregnancies and high-risk pregnancies for which the timing and the number of prenatal care visits was inadequate.[4] The timing and/or the number of visits during prenatal care was inadequate for one-third of all pregnancies and for two-thirds of high-risk pregnancies. With respect

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[3] In Jamaica, pregnancies of women 16 years old or less at the time of conception or 30 years or more with no previous pregnancies, 35 years old with 2 or more previous pregnancies or more than 5 pregnancies at any age are considered to be "high risk". There are other criteria not measured by this survey.

[4] The Ministry of Health criteria are as follows:

1. Prenatal care must begin by the 4th month;
2. For low-risk multiparous women (with more than one parity), a minimum of 6 visits; for all high risk pregnancies, a minimum of 10 visits.

to all pregnancies, St. Andrew (24 percent) and St. Catherine (23 percent) had the lowest percentages while Kingston (41 percent), St. Thomas (43 percent), Portland (47 percent), St. Mary (47 percent), Trelawny (47 percent) and St. Elizabeth (49 percent) had the highest.

For over 70 percent of pregnancies conceived before age 17, the number or timing of visits during prenatal care was inadequate, as were nearly 60 percent for those conceived between ages 35 and 45. Also, women of low socio economic status were more likely to have inadequate prenatal care for all pregnancies as well as high-risk pregnancies. As might be expected, women at the lowest and highest birth orders were more likely to have inadequate prenatal care according to the criteria.

What is the adequacy of the number of visits for prenatal care for high-risk pregnancies? As shown in Table 4.7, only 34 percent of high risk pregnancies had an adequate number of visits for prenatal care, a further 30 percent had a partially adequate number of visits, and for 36 percent of the pregnancies the number of visits was not adequate [5]. Women in the Kingston Metropolitan Area with high risk pregnancies are slightly more likely to have an adequate number of visits for prenatal care than those who live in other urban areas and are much more likely than those in rural areas. This is also true when the numbers defined as "fully adequate" and "somewhat adequate" are combined. Thus, 44 percent of high-risk pregnancies in rural areas had an inadequate number of prenatal visits, compared with 24 and 27 percent in the Kingston Metropolitan Area and other urban areas, respectively.

Only in St. James, St. Catherine and St. Andrew did a majority of high-risk pregnancies have a fully adequate number of prenatal visits; in Portland and St. Mary, the percentages were below 10 percent. Not unexpectedly, the percentage of adequate prenatal visits for high-risk pregnancies is higher as the socio economic index rises. Also, the level of adequacy rises with each additional birth to birth order 3, but falls thereafter.

For normal risk pregnancies, 29 percent of first pregnancies and 27 percent of subsequent pregnancies did not have an adequate number of visits for prenatal care (Table 4.8).[6] Place of residence had some influence, particularly among first pregnancies, where the degree of inadequacy

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[5] The criteria for high risk pregnancies established by the Ministry of Health are as follows:
- a. Prenatal care must begin by the 4th month of pregnancy;
- b. Six to nine visits are considered to be moderately adequate;
- c. Ten or more visits are considered fully adequate.

[6] The number of visit criteria established by The Ministry of Health for normal risk pregnancies are:
- a. For first pregnancies, a minimum of six visits;
- b. For subsequent pregnancies, a minimum of five visits.

in the Kingston Metropolitan Area was lower than in other urban areas and much lower than in rural areas. Women in the lower socio economic groups were more likely to have an inadequate number of prenatal visits.

The percentage of ever pregnant and currently pregnant women aged 15-49 years who smoked cigarettes and/or drank alcohol during their last or current pregnancy is indicated in Table 4.9. It is encouraging that a relatively small percentage of ever-pregnant women smoked or drank during their last or current pregnancy (4 percent smoked, 8 percent drank). The differentials according to residence and age at conception are minimal except perhaps in the case of smoking, for women who conceived between age 35-45 years, where the percentage of smokers was higher. The differentials according to socio economic status and years of education are consistent, with the likelihood of smoking and drinking among the lower level groups is higher than among those in the higher level groups.

A number of procedures are carried out during prenatal care. Two of these are checks on blood pressure and administration of antitetanus vaccinations. Table 4.10 indicates that among those women whose blood pressure was checked during their most recent pregnancy in the past five years, 14 percent were told twice their blood pressure was high. There were no differences according to residence, health region or socio economic index. There were some differences by parish, as 20 percent of women in Kingston reported high blood pressure, compared with fewer than ten percent of women in St. Thomas, Hanover and St. Mary. As might be expected, the proportion of women with high blood pressure is directly related to age at conception.

Tetanus is a major killer of newborns throughout the world, but it is preventable. Two doses of tetanus toxoid vaccine given 1 month apart during pregnancy prevent tetanus in both mother and the newborn child. Table 4.11 indicates that 77 percent of pregnant women in the past 5 years had been given one or more antitetanus injections. There appears to be no marked variation except by parish; St. Catherine had a relatively low percentage (62 percent), whereas parishes with the highest percentages were Portland (85 percent), Kingston (86 percent), Hanover (87 percent) and Westmorland (88 percent).

The proportion of babies delivered in medical facilities is important. Table 4.12 presents data on place of delivery by type of institution and by selected characteristics. The institutions are broken

own into teaching hospitals, [7] regional hospitals, [8] other government hospitals, homes,[9] private medical facilities and other facilities. [10] Thirty percent of deliveries in the past 5 years were in a teaching hospital; a further 26 percent were in regional hospitals and 27 percent in other government hospitals. Thus, over 80 percent of births to women 15-49 in the 5 years preceding the survey were in a government hospital and less than 10 percent were at home. In general, most parishes followed this pattern, with the exception of St. Ann, where 12 percent were delivered in a private medical facility. More home deliveries occurred in rural areas and among women whose socio economic index was low as well as in six parishes where 10 percent or more of births at home. Also, the likelihood of home deliveries increased with birth order, presumably because most of these births were to rural or lower socio economic level women.

Table 4.13 presents data on who attended the births of children born in the preceding 5 years. Ninety-five percent of births were attended by a doctor, trained nurse or trained midwife. As may be expected, births among women in higher socio-economic categories, particularly in the Kingston Metropolitan Area, were the most likely to be attended by a doctor. Although very few (less than 4 percent of births) were attended by a "nana" (traditional birth attendant), these births were more likely to be among "other urban" and rural women in lower socio-economic categories and among women with birth order 5 or more.

4.B CANCER SCREENING

The survey included questions on two types of cancer screening: cervical cancer by taking a pap smear and screening for breast cancer by the respondent doing a breast self-examination. Table 4.14 presents data on pap smears. Although one in two women had ever had a pap smear, only about one in four had one in the past 2 years and one in 6 in the past year. There is little difference by age, except relatively few women under 20 had a recent pap smear. There is, however, a marked difference according to education and socio economic level. More than twice as many women in the "high" socio economic or education categories as women in the lowest categories had a pap

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[7] These include the Victoria Jubilee Hospital, the University Hospital of the West Indies and the Cornwall Regional Hospital.

[8] These include the Savanna-la-mar Hospital, the Mandeville Hospital, the St. Ann's Bay Hospital and the Spanish Town Hospital.

[9] These includes the respondent's home and the home of a friend or relative.

[10] "Other facilities" include rural maternity centres, most of which are government owned. There is, in particular, one relatively large privately owned rural maternity centre in St. Elizabeth.

smear in the past year. There was also a striking difference by parish, ranging from 20 percent of women in St. James to only 7 percent of women in St. Mary.

Respondents were asked if they had ever been taught by a health professional to do a breast self-examination, if had ever done one and if they had done one in the past year and in the past month. Table 4.15 shows that 34 percent of all women aged 15-49 reported that they had been taught to do a breast self-examination, but more than half indicated that they had at some time done such an examination, meaning that some women had learned to do the exam from some other source. Of those who had ever done a breast self-exam, the great majority had done one in the past year. Twenty-eight percent of women had performed an exam in the past month. In the case of respondents with breast cancer in their family, higher percentages were reported for all four categories.

The proportion of women had been taught to do a breast self-examination increased up to age 25-29. For those who had ever done the self-examination or who had done one in the past year, the peak was is in the 30-34 age group. Socio economic status appears to have some effect; lower percentages were observed in all categories for those who were in the lower socio economic group compared with those who were in the medium and high groups. Birth order appears not to have any effect on the level of screening for breast cancer. Two parishes, Westmorland and St. Mary, had particularly low percentages of women who had performed a breast self-examination in the past year.

4.C FORCED SEXUAL INTERCOURSE

Sexually experienced female respondents were asked if during their lifetime they had ever "been forced to have sexual intercourse". Twenty percent reported they had been forced to have sex at least once (Table 4.16). Despite the fact that respondents were asked to report forced sex during their entire lifetime, younger women reported forced sex to a greater extent than older women, as twenty-six percent of women aged 15-19 reported having been forced to have sex, which decreased to 11 percent of women aged 45-49. This may indicate a trend toward forced sex becoming an increasingly common phenomenon or, alternatively, that younger women are more forthcoming about reporting forced sex. There is also a slightly greater tendency for women in lower socio economic and education categories to report forced sex.

Respondents were next asked who the last person was who forced tham to have sex. Table 4.17 shows that for the most victims, about 80 percent, the last perpetrator was someone known to them rather than a casual acquaintance (12 percent) or an unknown rapist (6 percent). In fact, 38 percent of perpetrators were union partners (married, common law or visiting partner) of the victim. Moreover, one-third of victims who were currently married or in a visiting relationship and 43 percent of those in a common law union reported that the perpetrator was their partner at the time.

TABLE 4.1

Source Of "Most Of" Prenatal Care For All Pregnancies Resulting In Live Births In The Previous 5 Years
Women Aged 15-49 Who Had Prenatal Care
By Selected Socio Demographic Characteristics
Total Compared To 1989 And 1993 Contraceptive Prevalence Surveys
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Government Clinic	Government Hospital	Private Doctor	Private Hospital	Other	Total	N
1997 Total	76.6	4.4	16.8	1.4	0.8	100.0	(3777)
Age							
15-19	83.0	3.1	12.8	1.1	0.0	100.0	(268)
20-24	78.4	4.9	15.1	0.7	1.0	100.0	(906)
25-29	79.8	2.9	15.0	2.1	0.1	100.0	(1074)
30-34	71.9	4.4	20.1	1.2	2.4	100.0	(852)
35-39	70.1	7.3	20.7	1.7	0.2	100.0	(483)
40-49	72.7	5.5	20.5	1.4	0.0	100.0	(194)
Birth Order							
1	70.0	2.2	6.6	20.8	0.4	100.0	(1131)
2	79.3	1.0	3.4	15.5	0.8	100.0	(953)
3	77.4	1.4	2.7	16.6	1.9	100.0	(737)
4	81.7	0.0	4.9	12.6	0.9	100.0	(452)
5 +	85.5	0.7	2.0	11.5	0.3	100.0	(503)
Education Attained							
0-9 Years	84.3	4.5	10.0	0.5	0.7	100.0	(1495)
10-12 Years	75.8	3.9	18.0	1.5	0.9	100.0	(1942)
13 + Years	51.9	6.8	36.4	4.1	0.8	100.0	(317)
Socio Economic Index							
Low	89.1	2.8	7.1	0.3	0.8	100.0	(1857)
Medium	78.6	3.5	16.7	0.6	0.7	100.0	(1154)
High	53.1	8.3	33.4	4.2	1.1	100.0	(766)
1993 Total	72.6	7.1	18.6	1.0	0.4	100.0	(1865)
1989 Total	80.1	7.8	10.4	1.3	0.3	100.0	(3004)

TABLE 4.2

Source Of "Most Of" Prenatal Care For All Pregnancies Resulting In Live Births In The Previous 5 Years
Women Aged 15-49 Who Had Prenatal Care
By Geographic Characteristics
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Government Clinic	Government Hospital	Private Doctor	Private Hospital	Other	Total	N
1997 Total	76.6	4.4	16.8	1.4	0.8	100.0	(3777)
Residence							
Kingston Metropolitan Area	63.4	11.0	21.5	3.7	0.5	100.0	(709)
Other Urban	74.4	3.4	21.0	1.1	0.2	100.0	(568)
Rural	84.0	1.3	13.4	0.2	1.1	100.0	(2500)
Region							
1	69.6	8.5	18.6	2.7	0.7	100.0	(1140)
2	87.2	0.7	10.9	1.2	0.1	100.0	(826)
3	82.5	3.4	13.6	0.5	0.0	100.0	(935)
4	76.7	1.4	20.0	0.0	2.0	100.0	(876)
Parish							
Kingston	61.8	15.3	19.4	3.5	0.0	100.0	(120)
St. Andrew	67.3	9.6	17.7	3.9	1.5	100.0	(370)
St. Catherine	69.9	5.9	22.7	1.5	0.0	100.0	(422)
Clarendon	73.2	1.1	24.9	0.0	0.8	100.0	(338)
St. James	74.3	7.4	17.4	1.0	0.0	100.0	(220)
Manchester	79.1	1.7	19.2	0.0	0.0	100.0	(312)
St. Elizabeth	79.9	1.4	11.0	0.0	7.8	100.0	(226)
St. Ann	82.8	1.1	13.8	2.1	0.3	100.0	(268)
Westmoreland	85.7	0.3	13.8	0.3	0.0	100.0	(254)
Trelawny	87.1	0.6	12.0	0.3	0.0	100.0	(279)
Portland	89.2	0.0	10.8	0.0	0.0	100.0	(264)
Hanover	91.7	4.4	3.9	0.0	0.0	100.0	(182)
St. Mary	92.6	0.5	6.4	0.5	0.0	100.0	(294)
St. Thomas	94.8	1.4	3.9	0.0	0.0	100.0	(228)

TABLE 4.3
Number Of Visits For Prenatal Care
For All Pregnancies Resulting In Live Births In The Previous 5 Years
Women Aged 15-49 Who Had Prenatal Care
By Selected Characteristics
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Number Of Prenatal Visits				
	1-4	5	6 Or More	Total	N
Total	12.8	10.8	76.4	100.0	(3725)*
Residence					
Kingston Metropolitan Area	7.3	4.8	87.9	100.0	(709)
Other Urban	9.9	5.7	84.4	100.0	(558)
Rural	16.4	15.2	68.4	100.0	(2458)
Region					
1	8.8	6.9	84.4	100.0	(1137)
2	19.1	18.6	62.3	100.0	(815)
3	12.2	11.5	76.3	100.0	(913)
4	15.3	11.4	73.4	100.0	(860)
Parish**					
Kingston	7.6	4.2	88.2	100.0	(120)
St. Catherine	6.4	7.5	86.1	100.0	(422)
Hanover	6.2	8.8	85.0	100.0	(180)
St. Andrew	8.5	6.5	85.0	100.0	(370)
St. James	10.2	6.8	82.9	100.0	(216)
St. Elizabeth	11.8	10.3	77.9	100.0	(216)
Westmoreland	10.4	14.2	75.4	100.0	(244)
Clarendon	16.9	8.8	74.4	100.0	(336)
Manchester	15.2	15.2	69.5	100.0	(308)
St. Thomas	23.0	11.0	66.1	100.0	(225)
St. Mary	16.5	18.4	65.2	100.0	(293)
St. Ann	19.5	17.8	62.7	100.0	(260)
Trelawny	23.3	17.8	58.9	100.0	(273)
Portland	22.3	20.8	56.9	100.0	(262)
Source Of Prenatal Care***					
Public Facility	14.0	11.9	74.2	100.0	(3111)
Private Facility	7.4	6.4	86.2	100.0	(591)
Birth Order					
1	10.0	9.4	80.6	100.0	(1121)
2	15.2	10.3	74.5	100.0	(940)
3	11.0	12.5	76.5	100.0	(722)
4	14.6	11.8	73.5	100.0	(445)
5 +	17.2	12.9	70.0	100.0	(496)

* Data for the number of prenatal visits is missing for 52 births.

** Parishes are listed in descending order according to percentage of pregnancies for which 6 or more prenatal care visits were made.

*** 23 sources of prenatal care could not be classified as either public or private.

TABLE 4.4
Month Of Pregnancy When Prenatal Care Began
For All Pregnancies Resulting In Live Births In The Previous Five Years
Women Aged 15-49 Who Had Prenatal Care
By Selected Characteristics
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Month Of Pregnancy Prenatal Care Began							
	1-2	3	4	5	6 +	Don't Remember	Total	N
Total	28.9	28.2	16.7	10.0	9.4	6.7	100.0	(3777)
Residence								
K'ton Metro. Area	41.6	23.2	14.6	7.6	8.1	4.8	100.0	(709)
Other Urban	33.5	28.9	14.8	7.0	9.1	6.7	100.0	(568)
Rural	21.3	30.7	18.3	11.9	10.1	7.7	100.0	(2500)
Region								
1	37.8	25.9	15.0	8.8	7.6	4.9	100.0	(1140)
2	21.3	30.3	21.0	8.7	8.7	10.0	100.0	(826)
3	23.5	30.8	18.6	10.6	9.4	7.1	100.0	(935)
4	24.1	28.8	15.5	12.2	12.4	7.0	100.0	(876)
Parish								
St. Andrew	44.9	24.4	12.4	5.7	8.1	4.6	100.0	(370)
St. Thomas	39.5	24.8	14.7	8.7	8.4	3.9	100.0	(228)
Kingston	34.0	16.0	11.8	17.4	13.9	6.9	100.0	(120)
St. Catherine	29.9	31.9	19.6	9.4	4.4	4.9	100.0	(422)
St. James	29.8	24.1	16.1	9.4	14.1	6.7	100.0	(220)
St. Ann	26.5	30.2	16.9	5.8	6.4	14.3	100.0	(268)
Manchester	26.1	32.4	18.9	7.2	6.0	9.4	100.0	(312)
St. Elizabeth	25.8	22.3	12.0	11.7	24.7	3.5	100.0	(226)
Westmoreland	23.2	39.0	18.9	10.6	6.3	2.0	100.0	(254)
Clarendon	21.7	28.9	14.4	16.5	11.8	6.8	100.0	(338)
Portland	20.1	24.6	25.8	12.0	12.0	5.7	100.0	(264)
Hanover	18.7	31.3	20.0	11.7	4.8	13.5	100.0	(182)
Trelawny	14.9	28.9	22.0	12.3	8.9	13.1	100.0	(279)
St. Mary	14.1	34.5	24.1	11.1	10.1	6.1	100.0	(294)
Source Of Prenatal Care								
Public Facility	23.5	29.8	18.8	11.1	10.0	6.8	100.0	(3159)
Private Facility	53.0	21.8	8.1	5.3	5.3	6.6	100.0	(595)
Birth Order								
1	34.7	26.6	14.5	10.3	9.2	4.6	100.0	(1131)
2	27.4	29.4	17.6	9.7	9.6	6.4	100.0	(953)
3	28.6	27.9	17.9	8.6	9.1	8.0	100.0	(737)
4	24.1	27.7	17.5	11.1	9.7	9.9	100.0	(452)
5 +	19.7	31.6	19.3	10.8	9.7	8.9	100.0	(503)

* Parishes are listed in descending order according to percentage of pregnancies for which prenatal care began in the first or second month of pregnancy.

TABLE 4.5
Percentage Of Pregnancies Of Women 15-49 In The Previous 5 Years
That Were Classified As High-Risk According To Age And Parity Criteria*
By Selected Characteristics
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Percent	N
Total	21.0	(3821)
Residence		
Kingston Metropolitan Area	19.4	(722)
Other Urban	18.0	(575)
Rural	22.6	(2524)
Region		
1	19.4	(1159)
2	19.4	(827)
3	24.9	(944)
4	21.9	(891)
Parish		
Kingston	16.9	(124)
St. Catherine	17.5	(428)
St. Mary	17.8	(294)
St. Ann	19.3	(268)
St. Andrew	21.3	(376)
Clarendon	21.3	(342)
St. Elizabeth	21.4	(232)
St. Thomas	21.7	(231)
Portland	21.8	(265)
Trelawny	22.5	(280)
Manchester	22.9	(317)
Hanover	23.8	(183)
Westmoreland	23.9	(256)
St. James	27.3	(225)
Age At Conception		
13-16	100.0	(226)
17-19	0.0	(554)
20-24	0.5	(1119)
25-29	3.3	(926)
30-34	27.5	(649)
35-45	100.0	(345)
Socio Economic Index		
Low	23.7	(1885)
Medium	19.0	(1164)
High	19.1	(772)
Birth Order		
1	26.5	(1137)
2	5.6	(961)
3	8.9	(746)
4	15.3	(461)
5 Or More	61.9	(515)

*Pregnancies of women 16 years old or less at the time of conception or 30 years old or more with no previous pregnancies, 35 years old with 2 or more previous pregnancies or more than 5 pregnancies at any age, are considered in Jamaica to be "high-risk" using age and parity criteria. There are other criteria not measured by this survey and data are missing for 52 pregnancies.

TABLE 4.6
Percent Of All Pregnancies And High-Risk Pregnancies
Of Women Aged 15-49 In Past 5 Years
For Which The Timing And Number Of Visits During Prenatal Care Was Inadequate
According To Ministry Of Health Criteria* And By Selected Characteristics
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	All Pregnancies		High-Risk Pregnancies	
	Percent	N	Percent	N
Total	35.4	(3769)**	65.8	(766)
Residence				
Kingston Metropolitan Area	25.6	(722)	48.1	(132)
Other Urban	27.1	(565)	52.0	(104)
Rural	42.5	(2482)	76.6	(530)
Region				
1	27.5	(1156)	53.1	(212)
2	42.8	(816)	87.8	(157)
3	36.3	(922)	63.7	(213)
4	42.0	(875)	72.1	(184)
Parish				
St. Elizabeth	48.6	(222)	70.4	(48)
Trelawny	47.4	(274)	63.2	(60)
Portland	46.6	(263)	95.8	(57)
St. Mary	46.5	(293)	91.0	(47)
St. Thomas	43.2	(228)	77.0	(41)
Clarendon	42.3	(340)	72.7	(67)
Kingston	41.2	(124)	--	(19)
St. Ann	38.7	(260)	81.9	(53)
Manchester	37.8	(313)	72.3	(69)
Westmoreland	35.7	(246)	77.3	(57)
St. James	32.9	(221)	53.7	(58)
Hanover	31.6	(181)	59.6	(38)
St. Andrew	24.3	(376)	50.5	(75)
St. Catherine	22.6	(428)	43.4	(77)
Age At Conception				
13-16	71.4	(223)	71.4	(223)
17-19	34.8	(546)	--	(0)
20-24	31.9	(1104)	--	(6)
25-29	21.0	(911)	74.4	(38)
30-34	31.9	(641)	66.3	(157)
35-45	59.4	(342)	59.4	(342)
Source Of Prenatal Care				
Public Facility	37.4	(3111)	68.5	(644)
Private Facility	21.6	(591)	50.2	(106)
Birth Order				
1	38.4	(1127)	64.7	(279)
2	28.5	(948)	62.8	(55)
3	28.1	(731)	56.0	(62)
4	35.4	(454)	63.4	(68)
5 +	52.2	(508)	70.8	(302)

*These criteria are: (1) Prenatal care must begin by the 4th month; (2) For low risk multiparous women a minimum of 5 visits; (3) For low risk first pregnancies a minimum of 6 visits; (4) For all high-risk pregnancies a minimum of 10 visits.

** Data are missing for 52 pregnancies. -- Fewer than 25 cases.

TABLE 4.7
Adequacy Of Number Of Visits For Prenatal Care
Of High-Risk Pregnancies Resulting In Live Births In The Past 5 Years
Of Women Aged 15-49 Who Had Prenatal Care
According To Ministry Of Health Criteria* And By Selected Characteristics
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	(Number) Adequacy Of Prenatal Visits				
	(< 6) Not Adequate	(6-9) Partially Adequate	(10 +) Adequate	Total	N
Total	36.4	29.5	34.2	100.0	(766)**
Residence					
Kingston Metropolitan Area	23.5	24.6	51.9	100.0	(132)
Other Urban	26.8	25.2	48.0	100.0	(104)
Rural	44.0	32.5	23.4	100.0	(530)
Region					
1	27.6	25.5	46.9	100.0	(212)
2	49.1	38.7	12.2	100.0	(157)
3	38.6	25.1	36.3	100.0	(213)
4	39.2	32.9	27.9	100.0	(184)
Parish					
Kingston	--	--	--	100.0	(19)
St. Catherine	26.4	17.0	56.6	100.0	(77)
St. Andrew	25.3	25.3	49.5	100.0	(75)
St. James	41.3	12.5	46.3	100.0	(58)
Hanover	25.0	34.6	40.4	100.0	(38)
Trelawny	49.4	13.9	36.7	100.0	(60)
St. Elizabeth	45.9	24.6	29.5	100.0	(48)
Manchester	33.0	39.4	27.7	100.0	(69)
Clarendon	41.4	31.3	27.3	100.0	(67)
St. Thomas	27.9	49.2	23.0	100.0	(41)
Westmoreland	34.5	42.9	22.6	100.0	(57)
St. Ann	45.8	36.1	18.1	100.0	(53)
St. Mary	47.8	43.3	9.0	100.0	(47)
Portland	57.5	38.4	4.1	100.0	(57)
Source Of Prenatal Care					
Public Facility	38.2	30.4	31.5	100.0	(644)
Private Facility	23.0	27.2	49.8	100.0	(106)
Birth Order					
1	34.3	30.5	35.3	100.0	(279)
2	30.4	32.4	37.2	100.0	(55)
3	22.9	33.1	44.0	100.0	(62)
4	33.4	30.0	36.7	100.0	(68)
5 +	44.1	26.6	29.4	100.0	(302)

*The criteria for high-risk pregnancies are: 1. Prenatal care must begin by the 4th month; 2. 6-9 visits are considered to be moderately adequate; 3. 10 or more visits are considered to be fully adequate.

** Data is missing for 42 high-risk pregnancies. -- Fewer than 25 cases.

TABLE 4.8

Percent Of Normal-Risk Pregnancies Of Women Aged 15-49 In The Past 5 Years For Which The Timing And Number Of Visits During Prenatal Care Was Inadequate According To Ministry Of Health Criteria*

By Whether First Or Subsequent Pregnancy And By Selected Characteristics

1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	First Pregnancies		Subsequent Pregnancies	
	Percent	N**	Percent	N**
Total	29.0	(848)	26.5	(2154)
Residence				
Kingston Metropolitan Area	18.2	(191)	21.3	(388)
Other Urban	21.7	(150)	21.4	(301)
Rural	38.2	(507)	30.4	(1368)
Region				
1	20.3	(288)	21.8	(631)
2	43.8	(177)	26.4	(457)
3	26.1	(204)	28.3	(475)
4	37.2	(179)	32.3	(494)
Parish				
Portland	50.7	(52)	26.2	(148)
St. Mary	47.8	(63)	33.3	(173)
Trelawny	47.0	(59)	42.0	(148)
St. Elizabeth	44.0	(40)	42.2	(132)
Clarendon	42.6	(65)	30.9	(199)
Kingston	41.2	(25)	32.9	(76)
St. Ann	39.2	(62)	21.6	(136)
St. Thomas	37.7	(46)	31.2	(130)
Manchester	28.3	(74)	27.2	(163)
Hanover	25.0	(38)	24.0	(98)
Westmoreland	23.2	(55)	20.7	(125)
St. James	19.5	(52)	29.7	(104)
St. Catherine	17.1	(118)	18.2	(228)
St. Andrew	15.4	(99)	18.8	(197)
Age At Conception				
13-16	--	(0)	--	(0)
17-19	34.9	(362)	34.7	(183)
20-24	27.7	(348)	34.1	(733)
25-29	13.8	(137)	20.1	(704)
30-34	--	(0)	18.5	(436)
35-45	--	(0)	--	(0)
Source Of Prenatal Care				
Public Facility	33.2	(650)	27.3	(1727)
Private Facility	14.1	(189)	15.2	(291)

*The criteria for normal risk pregnancies are: (1) Prenatal care must begin by the 4th month; (2) a minimum of 5 visits for multiparous women; a minimum of 6 visits for nulliparous women.

** Data is missing for 42 pregnancies.

-- Fewer than 25 cases.

TABLE 4.9

Percent Of Ever Pregnant And Currently Pregnant Women Aged 15-49
Who Smoked Cigarettes And/Or Drank Alcohol During Their Last Or Current Pregnancy
By Selected Characteristics
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Percent Of Ever Pregnant Women Who During Last Pregnancy:			Percent Of Currently Pregnant Women Who During This Pregnancy:		
	Smoked	Drank	N	Smoked	Drank	N
Total	4.1	7.6	(3035)	2.9	4.8	(375)
Residence						
Kingston Metropolitan Area	4.3	8.0	(615)	3.0	5.1	(79)
Other Urban	3.9	7.7	(489)	3.0	9.6	(56)
Rural	4.0	7.4	(1931)	2.9	3.3	(240)
Age At Conception Of Last Birth						
13-16	4.1	7.5	(137)	--	--	(10)
17-19	3.8	6.7	(376)	0.0	2.6	(50)
20-24	3.7	7.9	(795)	3.9	5.0	(93)
25-29	3.4	7.1	(757)	3.2	2.6	(105)
30-34	3.0	8.5	(568)	4.4	8.9	(76)
35-45	8.5	8.5	(334)	2.2	6.5	(41)
Socio Economic Index						
Low	5.5	10.1	(1336)	4.5	6.1	(190)
Medium	3.4	7.0	(968)	1.6	2.9	(113)
High	3.1	5.1	(731)	1.8	4.7	(72)
Years Of Education						
0-9	6.2	10.6	(1109)	3.7	8.2	(139)
10-12	3.5	6.5	(1619)	3.0	3.1	(198)
13 Or More	0.3	4.3	(287)	0.0	2.4	(34)

-- Fewer than 25 cases.

TABLE 4.10
Percent Of Women Told They Had High Blood Pressure
During Their Most Recent Pregnancy
Women Aged 15-49 Whose Blood Pressure Was Checked
During Pregnancy In The Past 5 Years
By Selected Characteristics
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Percent	N
Total	13.5	(3821)
Residence		
Kingston Metropolitan Area	12.9	(582)
Other Urban	14.2	(469)
Rural	13.7	(1826)
Region		
1	12.7	(914)
2	12.7	(601)
3	13.6	(734)
4	15.5	(628)
Parish		
Kingston	20.0	(84)
St. James	17.9	(181)
St. Elizabeth	16.8	(176)
Clarendon	16.5	(243)
St. Ann	15.9	(190)
Trelawny	14.1	(197)
Manchester	13.5	(209)
St. Andrew	12.0	(303)
St. Catherine	11.6	(353)
Portland	10.3	(198)
Westmoreland	10.0	(196)
St. Thomas	9.9	(174)
Hanover	9.5	(160)
St. Mary	9.3	(213)
Age At Conception Of Pregnancy		
13-16	8.2	(129)
17-19	7.6	(363)
20-24	12.7	(763)
25-29	14.1	(703)
30-34	14.9	(544)
35-45	26.1	(322)
Socio Economic Index		
Low	14.6	(1255)
Medium	13.9	(920)
High	11.9	(702)

TABLE 4.11
Percent Of Women Aged 15-49 Who Received One Or More Tetanus Injections
During Pregnancies In The Past 5 Years
By Selected Characteristics
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Percent	N
Total	76.7	(3819)
Residence		
Kingston Metropolitan Area	75.2	(721)
Other Urban	75.7	(575)
Rural	77.8	(2523)
Region		
1	73.4	(1158)
2	80.5	(826)
3	83.8	(944)
4	74.7	(891)
Parish		
Westmoreland	88.3	(256)
Hanover	86.6	(183)
Kingston	85.8	(124)
Portland	85.0	(264)
St. Ann	83.1	(268)
St. James	81.9	(225)
St. Elizabeth	81.7	(232)
St. Thomas	79.3	(231)
Trelawny	77.5	(280)
St. Andrew	77.4	(375)
Clarendon	75.0	(342)
St. Mary	73.5	(294)
Manchester	70.2	(317)
St. Catherine	61.9	(428)
Age At Conception Of Pregnancy		
13-16	74.5	(226)
17-19	73.7	(554)
20-24	77.5	(1119)
25-29	77.4	(926)
30-34	77.7	(648)
35-45	78.8	(344)
Socio Economic Index		
Low	75.3	(1885)
Medium	77.8	(1162)
High	77.8	(772)
Adequate Prenatal Care According To Ministry Of Health Criteria		
Yes	78.2	(2411)
No	74.0	(1356)

TABLE 4.12

Place Of Delivery Of All Pregnancies Resulting In Live Births In The Past Five Years
Women Aged 15-49
By Selected Characteristics
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Place Of Delivery							
	Teaching[1] Hospital	Regional[2] Hospital	Other Gov't Hospital	Home[3]	Private Medical Facility	Other	Total	N
Total	29.7	26.3	27.4	9.6	4.4	2.6	100.0	(3820)
Residence								
K'ton Metro. Area	69.7	17.2	3.4	1.7	6.7	1.4	100.0	(722)
Other Urban	20.4	34.8	33.0	7.2	3.1	1.5	100.0	(575)
Rural	11.3	28.9	38.4	14.4	3.6	3.5	100.0	(2523)
Region								
1	56.4	18.4	13.8	4.5	5.5	1.5	100.0	(1159)
2	5.2	34.7	44.7	7.9	6.7	0.7	100.0	(826)
3	34.1	29.0	18.6	13.1	1.8	3.4	100.0	(944)
4	2.1	31.0	42.7	16.1	3.1	5.0	100.0	(891)
Parish*								
Kingston	91.2	0.7	2.0	1.4	4.1	0.7	100.0	(124)
St. Andrew	80.2	1.9	4.5	2.2	8.6	2.6	100.0	(376)
St. Thomas	4.8	0.3	89.0	4.5	1.0	0.7	100.0	(231)
Portland	3.3	1.2	87.1	5.4	2.7	0.3	100.0	(264)
St. Mary	10.6	14.6	66.1	7.4	0.8	0.5	100.0	(294)
St. James	71.4	2.3	10.9	7.6	2.6	5.3	100.0	(225)
St. Catherine	23.6	50.6	13.5	8.7	3.1	0.5	100.0	(428)
St. Ann	2.7	61.9	13.0	9.3	12.2	1.1	100.0	(268)
Hanover	39.8	16.9	28.1	10.4	2.6	2.2	100.0	(183)
Westmoreland	7.7	75.2	2.0	13.4	0.0	1.7	100.0	(256)
Manchester	1.7	59.1	19.9	14.9	4.3	0.2	100.0	(317)
Clarendon	2.5	13.4	64.9	16.5	1.7	1.0	100.0	(342)
St. Elizabeth	2.0	20.3	34.8	17.2	4.1	21.4	100.0	(232)
Trelawny	3.7	5.7	58.4	25.6	3.1	3.4	100.0	(280)
Socio Economic Index								
Low	20.2	25.2	34.4	15.4	1.6	3.2	100.0	(2260)
Medium	40.1	28.4	22.6	4.1	3.5	1.4	100.0	(1018)
High	41.3	26.1	14.1	1.3	14.4	2.9	100.0	(542)
Birth Order								
1	33.4	29.9	25.1	4.0	6.2	1.5	100.0	(1136)
2	31.1	25.7	27.1	9.9	3.8	2.5	100.0	(961)
3	28.9	22.2	28.1	12.5	4.7	3.6	100.0	(746)
4	25.0	23.8	29.6	15.9	1.8	3.8	100.0	(461)
5 +	21.0	25.1	31.8	16.0	2.6	3.6	100.0	(515)
Pregnancy Risk Classification								
High	30.1	27.0	27.3	4.1	9.4	2.2	100.0	(775)
Low	29.6	26.1	27.4	4.5	9.7	2.7	100.0	(3045)

1.Victoria Jubilee, University Hospital, Cornwall Regional Hospital
2.Savannah-La-Mar Hospital, Mandeville Hospital, St. Ann Hospital, Spanish Town Hosp
3.Respondent's home or the home of a friend or relative.

*Parishes are listed in ascending order according to percentage of home deliveries.

TABLE 4.13
Principal Person Who Assisted At Delivery
All Pregnancies Of Respondents That Resulted In Live Births In The Past 5 Years
Women Aged 15-49
By Selected Characteristics
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Principal Person Who Assisted At Delivery						
	Doctor	Trained Nurse Or Midwife	Nana*	Other	No One	Total	N
Total	20.7	73.9	3.0	0.9	1.5	100.0	(3820)
Residence							
K'ton Metro. Area	41.1	55.0	0.8	0.5	2.6	100.0	(722)
Other Urban	17.5	77.0	3.7	1.0	0.9	100.0	(575)
Rural	11.0	82.9	4.0	1.0	1.1	100.0	(2523)
Region							
1	35.1	59.5	2.3	0.7	2.4	100.0	(1159)
2	7.2	89.1	2.4	0.7	0.6	100.0	(826)
3	18.6	76.3	3.4	0.1	1.6	100.0	(944)
4	9.1	84.2	4.3	1.7	0.7	100.0	(891)
Parish**							
St. Andrew	46.2	50.3	1.3	0.4	1.7	100.0	(376)
Kingston	34.5	55.4	1.4	2.0	6.8	100.0	(124)
St. James	32.6	63.5	1.0	0.3	2.6	100.0	(268)
St. Catherine	26.4	66.9	4.3	0.7	1.8	100.0	(280)
St. Thomas	12.1	85.9	1.0	0.3	0.7	100.0	(231)
Westmoreland	11.1	82.3	5.4	0.0	1.1	100.0	(256)
St. Elizabeth	11.0	85.2	2.8	1.0	0.0	100.0	(317)
Hanover	10.4	87.9	0.4	0.0	1.3	100.0	(183)
Trelawny	10.0	83.5	6.3	0.0	0.3	100.0	(428)
Clarendon	9.2	80.8	5.4	3.1	1.5	100.0	(232)
Manchester	7.8	87.9	3.8	0.2	0.2	100.0	(342)
Portland	7.2	89.8	0.9	0.9	1.2	100.0	(264)
St. Mary	7.2	89.7	1.1	1.3	0.8	100.0	(294)
St. Ann	7.1	88.4	4.0	0.3	0.3	100.0	(225)
Socio Economic Index							
Low	9.6	81.7	5.6	1.0	2.1	100.0	(1885)
Medium	21.8	73.8	1.6	1.3	1.6	100.0	(1163)
High	38.3	60.7	0.5	0.2	0.3	100.0	(772)
Birth Order							
1	28.4	69.1	1.3	0.6	0.6	100.0	(1136)
2	20.7	74.0	3.7	1.1	0.5	100.0	(961)
3	17.5	75.3	3.7	0.7	2.9	100.0	(746)
4	13.1	78.5	3.7	1.4	3.2	100.0	(461)
5 +	9.5	81.6	5.4	0.8	2.8	100.0	(515)

*Traditional Birth Attendant, Lay Midwife

** Parishes are listed in descending order according to doctor assisting at delivery.

TABLE 4.14

Percent of Women Aged 15-49 Who Have: Ever Had A Pap Smear, And Who Had A Pap Smear In The Past 2 Years And Who Have Had A Pap Smear In The Past Year By Selected Characteristics

1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Ever Had A Pap Smear	Pap Smear Past 2 Years	Pap Smear Past 1 Year	N
Total	50.1	27.4	15.0	(6349)*
Age Group				
15-19	10.2	8.3	5.3	(955)
20-24	37.9	27.3	15.4	(1025)
25-29	57.3	34.2	19.7	(1228)
30-34	65.3	35.0	17.7	(1191)
35-39	73.3	35.9	18.4	(927)
40-44	75.9	31.0	16.2	(603)
45-49	72.1	27.9	15.8	(420)
Region				
1	54.5	30.8	16.5	(2253)
2	36.9	20.9	12.2	(1205)
3	49.8	27.0	14.8	(1606)
4	48.9	24.3	13.5	(1285)
Parish**				
St. James	51.7	32.1	20.0	(398)
Clarendon	52.7	31.0	19.9	(476)
St. Catherine	56.1	33.7	19.8	(858)
Portland	43.1	24.8	15.6	(402)
St. Andrew	53.3	30.0	15.4	(780)
Kingston	53.5	28.2	14.7	(178)
St. Ann	37.7	22.8	14.2	(380)
Hanover	58.1	23.4	12.4	(375)
Westmoreland	41.8	23.0	11.9	(409)
St. Thomas	57.1	27.0	11.6	(437)
Trelawny	52.5	25.1	10.2	(424)
St. Elizabeth	40.5	18.4	9.4	(404)
Manchester	50.9	20.1	8.3	(405)
St. Mary	31.4	15.2	6.8	(423)
Years Of Education				
0-9	50.8	22.4	11.8	(2312)
10-12	47.4	27.3	14.7	(3266)
13 +	59.4	40.5	24.5	(717)
Socio Economic Level				
Low	44.0	19.8	9.2	(2251)
Medium	48.2	24.6	12.3	(2081)
High	56.3	35.4	21.6	(2017)
Number Of Live Births				
0	21.0	15.1	9.7	(1620)
1	59.1	36.6	20.0	(1342)
2	64.2	33.6	17.9	(1228)
3	65.5	31.2	17.3	(899)
4 +	66.4	29.1	13.7	(1260)

* 35 women could not remember if they ever had a Pap smear

** Parishes listed in descending order by pap smear in the past year.

TABLE 4.15
Percent of Women Aged 15-49 Who Have:
Been Taught By A Health Professional To Do A Breast Self-Examination,
Who Have Ever Done A Breast Self-Examination
And Percentage Who Did A Breast Self-Examination In The Past Year
And In The Past Month
By Selected Characteristics
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Taught To Do Breast Self-Exam	Ever Did Breast Self-Exam	Did Exam Past Year	Did Exam Past Month	N
Total	34.1	54.5	45.3	27.8	(6383)
Breast Cancer In Family					
Yes	49.3	63.0	53.2	38.0	(241)
No	33.5	54.2	45.0	27.5	(6142)
Age Group					
15-19	14.1	34.1	27.4	15.6	(960)
20-24	32.6	51.4	44.5	28.3	(1031)
25-29	42.1	57.5	47.1	30.2	(1233)
30-34	40.2	65.8	55.2	33.0	(1194)
35-39	41.4	61.0	51.3	33.0	(934)
40-44	43.3	67.4	56.1	33.2	(610)
45-49	36.2	61.9	48.4	27.9	(421)
Region					
1	39.8	59.8	50.0	30.8	(2259)
2	23.1	45.5	38.0	24.1	(1216)
3	30.6	49.3	37.2	24.0	(1618)
4	31.5	53.1	46.5	26.8	(1290)
Parish*					
Trelawny	27.1	56.9	45.6	33.8	(430)
St. Catherine	39.8	56.2	48.2	33.5	(857)
Portland	30.6	54.0	48.7	33.3	(406)
St. Elizabeth	31.9	50.3	43.6	32.8	(404)
St. James	31.4	54.7	45.5	32.5	(403)
St. Andrew	43.9	63.8	52.7	30.3	(783)
St. Ann	25.5	53.1	45.4	30.3	(382)
Kingston	34.2	58.3	52.1	28.3	(179)
St. Thomas	20.1	51.8	36.7	25.6	(440)
Clarendon	30.9	53.4	47.2	24.8	(479)
Manchester	32.1	55.0	47.8	24.3	(407)
Hanover	40.1	61.6	37.6	19.8	(376)
Westmoreland	27.0	31.8	21.2	9.2	(409)
St. Mary	14.1	28.6	19.8	8.8	(428)
Socio Economic Level					
Low	23.9	43.4	34.8	20.9	(2271)
Medium	31.5	53.2	43.8	26.6	(2088)
High	44.0	64.1	54.6	34.1	(2024)
Number Of Live Births					
0	24.3	44.7	36.7	22.5	(1627)
1	41.5	61.5	52.1	32.5	(1350)
2	37.4	59.7	50.6	31.9	(1235)
3	40.1	59.4	50.5	29.3	(904)
4 +	34.9	54.7	43.6	26.8	(1267)

* Parishes are listed in descending order according to breast exams in the past month.

TABLE 4.16
Percentage Of Sexually Experienced Women Aged 15-49
Who Have Ever Been Forced To Have Sexual Intercourse
By Selected Characteristics
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Percent	n
Total	20.4	(5690)*
Residence		
Kingston Metropolitan Area	18.9	(1295)
Other Urban	22.3	(978)
Rural	20.8	(3417)
Age		
15-19	25.9	(509)
20-24	21.9	(936)
25-29	22.3	(1189)
30-34	20.2	(1156)
35-39	18.5	(906)
40-44	16.6	(590)
45-49	10.8	(404)
Socio Economic Index		
Low	23.1	(2086)
Medium	21.8	(1867)
High	16.9	(1737)
Years Of Education		
0-9	21.3	(2103)
10-12	20.4	(2892)
13 Or More	16.9	(650)

* Information is missing for 122 women who were not sure or refused to state whether they had ever been forced to have sexual intercourse.

TABLE 4.17

Relationship To Last Person Who Forced Respondents To Have Sexual Intercourse
Women Aged 15-49 Who Have Ever Been Forced To Have Sexual Intercourse
By Current Union Status
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

Relationship To Most Recent Perpetrator	Total	Current Union Status				
		Married	Common Law	Visiting Partner	Boyfriend	No Steady Partner
Husband / Common Law Partner	20.5	33.9	43.0	2.7	1.6	16.6
Visiting Partner	17.1	5.1	5.6	33.0	2.8	17.9
Boyfriend	26.1	21.1	15.1	33.3	43.1	27.2
Friend	12.6	7.9	10.0	11.1	32.6	15.3
Casual Acquaintance	12.1	15.3	13.8	11.2	11.6	9.1
Unknown Rapist	5.8	10.8	5.8	5.2	6.2	3.6
Relative	3.9	4.0	3.5	2.1	2.1	8.6
Other	2.0	1.9	3.2	1.4	0.0	1.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(1188)	(173)	(407)	(360)	(65)	(183)

CHAPTER 5

CONTRACEPTIVE KNOWLEDGE

5.A KNOWLEDGE OF CONTRACEPTIVE METHODS

The population of Jamaica has been exposed to widespread contraceptive education for some 30 years, which is reflected in the extent of knowledge of contraceptive methods. Table 5.1 shows the percentage of women aged 15-49 who had heard of specific contraceptive methods in 1997, with comparisons for 1993 and 1989. As in earlier surveys, the results demonstrate that knowledge is almost universal. Ninety-nine percent had heard of the pill and condom in 1989, 1993 and 1997. Knowledge of the contraceptive injection, although high in 1989 (96 percent), has increased slightly to 99 percent in 1997. Knowledge of female sterilization exceeded 90 percent in 1997.

The proportion who had heard of the withdrawal method increased from 59 percent of women in 1989 to 84 percent in 1997. On the other hand, knowledge of the IUD remained constant at between 83 and 84 percent. Although even lower overall, knowledge of other methods have all shown steady increases over the period, some more pronounced than others.

The pattern of knowledge of contraceptive methods among young adult men is similar to that of women, but, with the exception of the condom and the pill, levels of knowledge are lower (Table 5.2). For young men, the level of knowledge of all methods has increased since 1993 with the exception of female sterilization. Most significant is the increased knowledge of male sterilization, Norplant, spermicides and injectables. The increased knowledge among young men may be due to increased use of these methods by women, but a publicity campaign promoting vasectomy also may have contributed to increasing awareness of contraception in general.

Table 5.3 shows knowledge about specific contraceptive methods in 1997 by 5-year age groups. For the three most well-known methods (the pill, the condom and the injectable) there is little variation by age. In the case of female sterilization, which also has a high level of knowledge, there is a gradual increase with age, from 87 percent in the youngest age group to almost universal knowledge (98 percent) at ages 45-49.

Table 5.4 presents knowledge about contraceptive methods according to place of residence. In general, knowledge is lower in rural than in other areas, particularly for the lesser known methods. Not shown in a table is that the pattern of knowledge by health region shows marked consistency, except that knowledge of the less well-known methods is lower in Health Regions 2 and 4 than elsewhere.

The level of knowledge among women has been further cross-tabulated by educational attainment and is presented in Table 5.5. Here it is shown that, with the exception of the most commonly used methods in Jamaica (pill, condom, injection and female sterilization), women with higher levels of education are more likely to have heard of specific methods.

5.B OPINIONS ON SPACING, PREGNANCY AND SEXUALITY

Female respondents were asked their opinion on spacing of births; specifically "How old do you think a child should be before another child is born". Only four percent of women felt that there should be less than 2 years between births (Table 5.6). This has changed only slightly since 1993. The great majority of women, 90 percent, felt there should be at least 2 years between births and 40 percent felt that more than 4 years was the ideal birth interval. Older women were slightly more likely than younger women to feel between 2 and 4 years, rather than more than 4 years, was the ideal birth interval.

Female respondents were asked whether they agreed with a number of statements regarding opinions on pregnancy, sexuality and attitudes toward life. As seen in the upper panel of Table 5.7, forty-five percent of respondents agreed with the statement "A girl can only get pregnant if she has seen her first period". Since it would be very rare for a young woman to ovulate prior to her first menstrual period, this means that more than half of the women interviewed are in doubt about when fecundity begins. Moreover, a greater percentage of less well educated women agreed with the statement than better educated women, the opposite of what would have been expected, raising the question of whether the statement was well understood during interviews. If the statement was well understood, the data show a lack of understanding among women in all education categories.

Only 27 percent of women agreed with the statement "It is not necessary to use a condom with a steady partner", showing that almost three-fourths of women are aware of the value of condoms as a disease prevention measure even with steady partners.

In spite of anecdotal information otherwise, very few women (less than 10 percent) agreed with the statements: "A girl must have a baby by the time by the time she is 18 years old"; "A boy must have sex to show that he is a man" and "A girl can avoid getting pregnant by having sex standing up, using Pepsi or going to the sea". The respondents who were more likely to agree with these "folk stories" were those who had the least education.

With respect to attitudes toward life, the lower panel of Table 5.7 shows that regardless of educational level, almost 90 percent of women agreed with the statement "when you get what you want, it is usually because you worked hard for it". A high percentage of women also thought that they did not have to "conform to wishes of others" to get what they want, as 85 percent disagreed

with that statement. Also, most women (82 percent) felt their life was not controlled "by people with more power" than they had themselves and 79 percent disagreed that "what others in your family want should always come first before what you want". In the above cases, better educated women were more likely to disagree with these statements.

Although the first four responses in the lower panel of Table 5.7 seem to indicate that women believe that they have control over their life, responses to the next two statements contradict this confidence. (Note: the statements were not read in the order shown in Table 5.7). Only one-third of women agreed that they "can generally determine happens in their life" and only 29 percent agrees that "planning too far ahead is not wise since many things turn out to be good or bad luck".

The inconsistencies in response to these "locus of control" statements merit secondary analysis.

TABLE 5.1

Percent of Women Aged 15-49 Who Have Heard of Specific Contraceptive Methods Compared With 1993 and 1989 Contraceptive Prevalence Surveys

1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

Method	1997	1993*	1989
Pill	99.3	99.1	99.0
Condom	99.3	98.5	98.9
Injectable	99.0	97.1	96.0
Female Sterilization	94.9	95.1	92.0
Withdrawal	83.7	75.1	58.7
IUD	83.4	84.1	83.1
Diaphragm	70.3	65.3	61.3
Male Sterilization	64.9	57.9	55.8
Spermicides	64.3	60.2	57.9
Calendar / Rhythm	50.1	43.4	34.9
Norplant	36.6	21.8	--
Morning-After Pill	11.4	--	--
No. of Cases	(6383)**	(3110)	(6112)

* Women aged 15-44.

** Data on knowledge of contraceptive methods is missing for 1 woman in the 1997 survey.

-- Had not yet been developed and licensed.

TABLE 5.2

Percent of Young Adult Men Aged 15-24 Who Heard of Specific Contraceptive Methods Compared With 1993 Contraceptive Prevalence Survey

1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

Method	1997	1993
Condom	98.8	98.0
Pill	96.6	94.4
Injectable	92.2	80.7
Withdrawal	73.8	69.1
Female Sterilization	73.0	76.4
Male Sterilization	52.6	37.8
IUD	40.6	35.4
Diaphragm	38.7	33.4
Spermicides	33.5	21.8
Calendar / Rhythm	29.5	23.2
Norplant	22.6	10.0
No. of Cases	(2279)*	(1052)

* Data on knowledge of contraceptive methods is missing for 1 man in the 1997 survey.

TABLE 5.3
Percent of Women Aged 15-49 Who Have Heard of Specific Contraceptive Methods
By 5-Year Age Group
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

		Age Group						
Method	Total	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Pill	99.3	98.1	99.7	99.9	99.5	99.6	98.8	100.0
Condom	99.3	99.0	99.7	99.7	99.2	99.7	98.1	99.0
Injectable	99.0	98.0	99.0	99.5	99.4	99.5	99.1	99.0
Female Sterilization	94.9	87.2	95.2	95.9	97.8	98.1	97.5	98.2
Withdrawal	83.7	68.3	87.4	89.9	87.9	88.7	84.8	82.6
IUD	83.4	63.1	82.3	88.2	90.9	90.6	92.7	91.9
Diaphragm	70.3	59.7	66.6	72.7	74.0	75.2	77.1	79.1
Male Sterilization	64.9	54.4	62.4	68.4	69.2	69.5	70.1	68.4
Spermicides	64.3	48.4	58.6	66.4	70.8	72.8	77.5	73.4
Calendar / Rhythm	50.1	39.3	50.6	51.3	56.2	55.0	52.6	51.0
Norplant	36.6	31.1	40.3	40.7	40.0	36.4	30.9	31.6
Morning-After Pill	11.4	6.8	15.2	15.1	15.4	8.8	6.3	7.4
No. of Cases	(6383)	(959)	(1031)	(1233)	(1195)	(934)	(610)	(421)

TABLE 5.4

Percent of Women Aged 15-49 Who Have Heard of Specific Contraceptive Methods
By Area Of Residence
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

		Area Of Residence		
Method	Total	Kingston Metro Area	Other Urban	Rural
Pill	99.3	99.3	99.3	99.3
Condom	99.3	99.7	99.3	99.0
Injectable	99.0	99.3	98.3	99.0
Female Sterilization	94.9	95.0	93.1	95.3
Withdrawal	83.7	87.7	85.5	80.2
IUD	83.4	87.6	81.1	81.0
Diaphragm	70.3	77.8	73.9	63.5
Male Sterilization	64.9	75.6	66.1	56.6
Spermicides	64.3	69.9	64.8	59.9
Calendar / Rhythm	50.1	57.0	53.4	44.0
Norplant	36.6	45.8	36.9	29.8
Morning After Pill	11.4	15.9	13.3	7.5
No. of Cases	(6383)	(1450)	(1093)	(3840)

TABLE 5.5
Percent of Women Aged 15-49 Who Have Heard of Specific Contraceptive Methods
By Years Of Education
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

		Years Of Education		
Method	Total	0-9 Years	10-12 Years	13 + Years
Pill	99.3	98.7	99.6	99.7
Condom	99.3	98.7	99.6	99.7
Injectable	99.0	98.6	99.2	99.5
Female Sterilization	94.9	94.2	94.6	98.0
Withdrawal	83.7	77.9	85.4	91.9
IUD	83.4	79.0	83.7	93.3
Diaphragm	70.3	58.6	73.3	88.1
Male Sterilization	64.9	52.0	68.1	86.0
Spermicides	64.3	55.3	65.9	80.6
Calendar / Rhythm	50.1	37.4	52.0	74.2
Norplant	36.6	25.5	39.1	55.1
Morning After Pill	11.4	5.2	11.9	25.3
No. of Cases	(6383)	(2325)	(3284)	(719)

TABLE 5.6
Respondents' Opinions Of Ideal Interval Between Births
By Selected Characteristics
Women Aged 15-49
(Percent distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Ideal Interval Between Births					
	Under 2 Years	2-4 Years	More Than 4 Yrs	No Opinion	Total	n
Total	4.3	49.1	40.4	6.1	100.0	(6383)
Age Group						
15-19	3.5	47.5	42.3	6.7	100.0	(960)
20-24	5.2	43.0	45.4	6.4	100.0	(1031)
25-29	4.9	44.7	42.9	7.5	100.0	(1233)
30-34	3.1	50.6	39.9	6.5	100.0	(1195)
35-39	4.3	54.4	36.1	5.2	100.0	(934)
40-44	4.6	58.2	33.1	4.0	100.0	(610)
45-49	5.5	57.8	33.2	3.5	100.0	(421)
Residence						
Kingston Metropolitan Area	4.5	46.8	42.0	6.7	100.0	(1450)
Other Urban	4.0	50.7	40.5	4.9	100.0	(1094)
Rural	4.3	50.4	39.2	6.1	100.0	(3840)
Years Of Education						
0-9 Years	4.2	50.6	39.0	6.2	100.0	(2325)
10-12 Years	4.2	46.0	43.6	6.2	100.0	(3285)
13 Or More Years	5.4	59.1	30.6	4.9	100.0	(719)
Number Of Live Births						
0	5.1	50.4	39.0	5.4	100.0	(1627)
1	4.1	43.1	45.5	7.4	100.0	(1350)
2	4.0	46.9	42.8	6.2	100.0	(1236)
3	4.0	51.7	37.4	6.9	100.0	(904)
4 +	3.7	54.8	36.3	5.3	100.0	(1267)
Current Union Status						
Married	4.3	56.6	35.0	4.0	100.0	(1185)
Common Law Union	3.9	44.7	44.2	7.3	100.0	(1839)
Visiting Partner	4.8	44.8	43.6	6.8	100.0	(1624)
Boyfriend	3.3	57.5	32.0	7.2	100.0	(265)
No steady	4.3	52.1	38.2	5.5	100.0	(1471)
Socio Economic Index						
High	4.3	48.8	39.9	7.1	100.0	(2271)
Medium	4.0	45.9	43.5	6.6	100.0	(2088)
Low	4.7	52.1	38.2	5.0	100.0	(2025)
1993 Total	6.5	45.5	43.0	5.0	100.0	(2864)

TABLE 5.7
Percent of Women Aged 15-49 Who Agree Or Disagree With
Selected Statements On Sexuality, Pregnancy And Attitudes Toward Life
By Years Of Education
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Percent Who Agree With Statements			
		Years Of Education		
Sexuality / Pregnancy	Total	0-9 Years	10-12 Years	13 + Years
A girl can only get pregnant if she has seen her first period.	44.9	51.3	43.3	34.6
It is not necessary to use a condom with a steady partner.	26.9	32.5	24.5	22.0
A girl must have a baby by the time she is 18.	9.4	13.9	8.2	2.5
A boy must have sex to show he is a man.	6.0	10.1	4.5	1.9
A girl can avoid getting pregnant by having sex standing up, using Pepsi or going to the sea.	4.3	6.5	3.7	1.1

	% Who Agree (**A**) Or Disagree (**D**) With Statements			
		Years Of Education		
Attitudes Toward Life	Total	0-9 Years	10-12 Years	13 + Years
When you get what you want, it is usually because you worked hard at it. (**A**)	89.3	90.1	88.5	90.5
To get what you want, you have to conform to the wishes of others. (**D**)	84.6	79.7	75.5	93.3
Your life is mostly controlled by people with more power than you. (**D**)	82.1	79.3	82.1	88.7
What others in your family want should always come first before what you want. (**D**)	78.8	74.3	80.6	83.3
You can generally determine what will happen in your own life. (**A**)	33.9	29.4	35.4	39.7
Planning too far ahead is not wise since many things turn out to be a matter of good or bad luck. (**A**)	28.6	30.6	29.4	20.0
No. of Cases	(6328)*	(2325)	(3284)	(719)

*Information on education is missing for 56 women.

CHAPTER 6

CONTRACEPTIVE USAGE

6.A EVER USE OF CONTRACEPTIVES

Table 6.1 looks at women aged 15-49 who reported having ever used any contraceptive method and compares the information with 1993 data. In 1997, 80 percent of all Jamaican women aged 15-49 used a method of contraception at some time, which is almost identical to the 79 percent of women aged 15-44 in 1993.

In 1997 ever use increased with age up to 30-34 years and declined slightly thereafter. As might be expected, ever use was lowest for the 15-19 age group. The lower use by 15-19 year olds is correlated with the approximately 50 percent ever use reported by women with no live births and/or no current partner in both 1997 and 1993. Although over 90 percent of women currently in a union (married, common law or visiting partner) ever used contraception, only 50 percent of women not currently in union (mostly young women) ever used a method.

Ever use does not appear to be closely correlated with years of schooling. In 1997, however, women in the "low" socio economic group appeared more likely to have ever used contraception. In both periods frequency of church attendance appeared to have had some impact, with those attending with greater frequency having a lower tendency to have ever used a contraceptive.

Ever use of specific methods is presented in Table 6.2 and the data for 1997 are compared with data for 1993 and 1989. In the most recent surveys, the modern method ever used by the most respondents was the condom (59 percent in 1997 and 53 percent in 1993); in 1989 it was the pill (48 percent). Ever use of withdrawal changed significantly over the period; from 14 percent of women in 1989, it rose to 20 percent in 1993 and increased to 29 percent of women in 1997. Further research into this change is warranted.

The injectable, in third position in terms of ever use in 1989 and 1993, rose even further percentagewise in 1997. The use of female sterilization (between 10 and 11 percent over the period) remained fairly constant. Use of the remaining methods remained fairly consistent except for the calendar or rhythm method which moved from a low of 3 percent in 1989 to a high of 8 percent in 1993; it decreased to 6 percent in 1997.

6.B INITIAL USE OF CONTRACEPTIVES

The mean age at which women first used contraception is indicated in Table 6.3 according to a variety of social and demographic variables and is compared with the 1993 JCPS wherever possible. Overall, mean age at first use for women was just under 20 years in both years (19.5 in 1997 and 19.7 in 1993). Mean age at first use was fairly similar in all three areas. Mean age at first use is a function of age; the older the respondent, the higher is the mean age at first use. Most importantly, mean age at first use was lower in all age groups in 1997 than in 1993. This was also true with increasing parity; as the number of live births of respondents increased, mean age at first use rose in both periods. Therefore, mean age at first use appears to be decreasing over time. There was no significant difference in age at first use for the education or socio economic groups, but there were consistent reductions as the frequency of church attendance decreased.

The distribution of women aged 15-44 years by number of living children when they first used contraception is presented in Table 6.4 for 1997 and 1993. In 1997, 54 percent of women aged 15-44 years had no children when they first used a contraceptive method; 30 percent had one child and 16 percent had two or more children. In the comparative period in 1993, 48 percent had no children at first use, 31 percent had one child and 21 percent had two or more children. Thus, use was greater in 1997 than in 1993 for those who had no children, which means that women are starting to use contraception earlier in their reproductive years for spacing of births. This is consistent with the data in Table 6.3.

Table 6.4 shows that the percentage of women who had no children when they first used a method was highest in the Kingston Metropolitan Area and lowest in rural areas. This percentage increased with higher levels of schooling and socio economic levels. There was no strong correlation with frequency of church attendance.

6.C CURRENT USE OF CONTRACEPTIVES

Each respondent who reported they were currently using contraception was asked the following question:" *Which contraceptive method are you or your partner currently using?"* Respondents were also asked whether they or their partner simultaneously used another secondary method. The tables that immediately follow present only primary method use; the data on secondary method use are presented later in this section.

Table 6.5 presents contraceptive use by relationship status for all women aged 15-49 years, irrespective of whether they were in a union. In all other tables in this section, the data presented are restricted to women and men currently in a union only. To reiterate what was mentioned previously, in the Jamaican context, "in union" is defined as being married, living in a common law

union or having a visiting relationship. Those persons whose partner is a boyfriend or girlfriend or who have no current partner are considered to be not in union. As was shown previously, relationship status is, to a great extent, related to age, as younger men and women tend to be in a visiting relationships and as they become older enter into a common law union and then later into marriage. Therefore, many of the data on current contraceptive use that show differences by relationship status may also be influenced by age and other age-related variables, such as the number of live births.

Results in Table 6.5 show that 50 percent of all women aged 15-49 were currently using a contraceptive method, compared to 48 percent of all women aged 15-44 in 1993. The most widely used method among all women was the pill (15 percent of women), followed by the condom (14 percent) and tubal ligation (10 percent). The slight increase in total use since 1993 is mainly due to the increase in use of injectables, which almost doubled in the 4-year period from 4.7 to 8.1 percent ($p<0.05$).

Use of any method is about the same for the three types of union at 64, 66 and 67 percent of women who are married, in a common law union or in a visiting relationship, respectively. In addition, 62 percent of women with a boyfriend with whom they have sexual relations use some method. However, relatively few women with a boyfriend with whom they have no sex or women with no steady partner use a method of any kind.

As mentioned above, the remaining data presented in this section are restricted to women who are currently in a union. Table 6.6 shows use of any contraceptive method by this group in 1997 and 1993. Overall, 66 percent of women in union were using a contraceptive method, compared with 62 percent in 1993. Usage increased in all but the 15 to 19 year old age group from 1993 to 1997. The pattern is similar by number of live births; use increased for all women except those who had no live births, who were largely young women. There was little variation by parish, with more than 70 percent of women using a method in Hanover and Trelawny; in most other parishes between 61 and 69 percent of women were using a method. The exception is St. Thomas where only 56 percent of women were using contraception.

With respect to employment status, contraceptive prevalence is highest among students (83 percent) and lowest among homemakers (58 percent) (data not shown). For those working full time, the differential between those working outside the home and those working at home is minimal (70 percent compared with 68 percent). There is a marked difference, however, among part time workers, as the percent using contraception among those working part time outside the home is closer to that of those working full time (74 percent); for those working part time at home, contraceptive use approximates that of homemakers (56 percent). The unemployed have a relatively high prevalence rate of 70 percent. There is little variation in contraceptive use by women in a union

according to education or socio economic level.

Table 6.7 presents the trend of contraceptive usage by Jamaican women in union since 1983. Contraceptive use increased moderately between 1983 and 1989, rising from 51 percent to 55 percent of women in union, an increase of 8 percent. Use increased at a greater rate between 1989 and 1993 (55 to 62 percent), an increase of 14 percent. Between 1993 and 1997, the increase was 4 percentage points or 6 percent.

The method mix among women did not change significantly during the 6 year period between 1983 and 1989. During that period, the most prevalent method used in Jamaica was the pill, followed by female sterilization, the condom and injectables. Change in condom use was relatively minor during those 6 years, increasing from 7.6 percent of women in a union in 1983 to 8.6 percent in 1989, an increase of only 13 percent. However, the rise in use of condoms between 1989 and 1993 (9 to 17 percent) was a much more dramatic increase of 86 percent, accounting for most of the increase in overall contraceptive use in this period. This increase also changed the method mix, as the condom became the second most prevalent method used by women in union. This large increase in condom use was, no doubt, due in part to the increased fear since 1989 of sexually transmitted diseases (STDs) especially AIDS.

Between 1993 and 1997, changes were minimal in all specific methods used except for injectables, the use of which increased by 76 percent, from 6 percent of women in union to 11 percent. Other than those already mentioned, the use of other methods is minimal in Jamaica.

Table 6.8 indicates the percentage of women 15-49 years old who, in 1997, were currently using any contraceptive method, any modern method or any traditional method, by selected characteristics. As indicated previously, the 1997 contraceptive prevalence rate was 65.9 percent. Overall, 62.8 percent were using a modern method[11], which, as shown in the right-hand column, represents 95 percent of all users. An additional 3 percent were using a traditional method[12]. There was no significant pattern by parish because in all parishes over 90 percent of women using any method were using a modern method.

Table 6.9 and Figure 3 present contraceptive use for 1993 and 1997 by age group and method for women in a union. As indicated, 66 to 69 percent of women aged 20 to 44 were using a

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[11] Defined as including female and male sterilization, injection, pill, IUD, condom, spermicides and diaphragm.

[12] Included are withdrawal and natural methods such as calendar or rhythm and Billings methods.

contraceptive method. The proportion of 15-19 year old women who were using a method has not increased since 1993. Looking at specific methods used, in general, as in 1993, as age increases women tended to use more effective methods. The most prevalent method used by women under the age of 20 is the condom, which was used by almost half the users in that age group. The pill was the most prevalent method used by women between the ages of 20 and 34 followed by the condom and injections. After age 35, female sterilization was the most prevalent method used, and by age 40 almost two thirds of women in a union using any method have been sterilized. The use of injectables followed the same pattern as the pill; use was highest by women in their middle reproductive years; that is, between ages 20 and 39. After age 40 relatively few women used injectables.

Table 6.10 presents for 1997 the mean age of women using specific contraceptive method, with comparisons with 1993. The proportionate utilization of the different methods as age increased, as in Table 6.9, is evident in the mean age of users. Thus, the mean age for women who used condoms is lower than that of women who used the pill and injectables, and the mean age of women who were sterilized is almost 9 years older than those of pill and injectable users. The pattern was similar in 1993, but the mean age was slightly older for all methods in 1997.

Among men aged 15-24 who had sexual relations in the last 30 days, 80 percent used a contraceptive method at last sexual intercourse, compared with 68 percent in 1993 ($p<0.05$) (Table 6.11). The patterns of contraceptive use among young men by age group are somewhat similar to those of women, except for a much greater overall use of condoms. Among young men, the second most prevalent method is the pill, as 12 percent of men reported in both 1997 and 1993 that their female partner used the pill

The 1997 JRHS found that although contraceptive use among women did not differ significantly between health regions, the method mix varied somewhat (Table 6.12). In all four regions, the four methods most frequently used were the pill, condom, tubal ligation and injectables, in that order. However, use of the condom is lower in Health Regions 2 and 4, while use of injectables varies somewhat from 14 percent of women in union in Health Region 4 to 9 percent in Health Region 1. Compared with 1993, the largest increase in contraceptive use was seen in Health Region 3.

The pattern of contraceptive use by parity was similar to that for age; contraceptive prevalence increased consistently as the number of live births increased and dropped slightly after three live births (Table 6.13). Similar to age, condoms were the major method (31 percent) for women with no live births (the youngest), and the pill was the major method for women with 1 or 2 live births. Sterilization was the method of choice for higher parity women, as one-third of all women with four or more births were sterilized. The injection was most heavily used by women with 2 or 3 live births, which demonstrates the movement to more long term methods with increasing parity.

Did their level of education of women influence their use of contraceptives? In answering this question account must be taken of the correlation between years of schooling and other factors such as age and parity, which would tend to affect the relationship. Overall, there was no significant difference in contraceptive use by education. Nevertheless, Table 6.14 indicates that condom use increased with education and that there was greater use of sterilization among those with less education. However, both of these observations may be influenced by the fact that younger women (who used condoms to a greater extent and sterilization to a lesser extent) were, in general, better educated than older women and less educated women tended to have higher parity, a group with greater use of female sterilization.

There was a direct relationship between age and frequency of church attendance; older women were more likely than younger women to attend church services (see Table 2.3). This should, therefore, be considered when interpreting the results on contraceptive use by frequency of church attendance shown in Table 6.15. Hence, for example, those women who attended church services with greater regularity were more likely to make use of tubal ligation than the younger women who attended church services less. Also, pill and condom use were lower for those attending with greater regularity. In general, overall differences by frequency of attendance were not great, although those who attend most regularly had a slightly lower level of use.

Not shown in a table is that there were no significant differences in contraceptive use by by parish. The pill is the most prevalent method in all parishes except Kingston, where condom use is highest.

Contraceptive prevalence, as shown in Table 6.1 and subsequent tables, relate to the primary method used by the respondents. However, condoms were also used as a secondary method, which is important when analyzing contraceptive use, particularly trends over time[13].

The use of a secondary method together with the primary method, by women aged 15-49 years currently in union, is shown in Table 6.16. Among all contraceptive users, 88 percent were not using

[13]There are two factors in determining primary and secondary method use: the methods named by the respondent and re-coding during data processing. Interviewers were instructed that when a respondent reported using two methods, or where he/she is using one method and the partner another, to record the most effective method as the primary method, because information about secondary method use was obtained from a subsequent set of questions. If it was difficult to make a choice, the respondent was allowed to make the selection, since it was irrelevant which order the methods were reported, as errors were corrected by re-coding during data analysis. This final determination of primary and secondary methods was made by applying priority criteria based on effectiveness. The following were the classifications used, in descending order of effectiveness: a. Sterilization; b. Hormonal methods; c. Barrier methods; d.Other methods.

a secondary method, and condoms accounted for almost all secondary method use (11 percent of users of a primary method). Fewer than one percent of all users were using a secondary method other than condoms.

Almost one-quarter of pill users (24 percent) also used condoms as a secondary method, followed by 14 percent of injection users. Six percent of sterilized women also used condoms, as did 9 percent of IUD users. In assessing condom use as a primary method by 17 percent of women in a union, supply managers and logisticians must therefore take note of an additional 11 percent of users for whom the condom was a secondary method.

To summarize the above findings, overall contraceptive use was high for all socio demographic groups and does not vary greatly by age group. However, the choice of method does vary, with women and to a lesser extent, men, moving from the condom to the pill and then to female sterilization as they get older.

As has been shown, the same is true of relationship status which, to a great extent, is related to age. Younger men and women tended to be in visiting relationships and, as they become older, entered into common-law unions, and later into marriage. Therefore, many of the data on current contraceptive use that show differences by relationship status, may also be influenced by age and other age-related variables, such as number of live births.

6.D SOURCE OF CONTRACEPTION

The source of the four major contraceptive methods for women varied according to the method used (Tables 6.17 for 1997, Table 6.18 for 1993 and Figure 4 comparing 1997, 1993 and 1989). In 1997, women largely obtained their pills and condoms in pharmacies and to a lesser extent in government health centres, with urban users patronizing pharmacies to a greater extent than rural users. The most significant additional sources were shops and supermarkets for condoms, as 16 percent of condom users used these sources for purchasing condoms. Because they require medical intervention, almost all injections and female sterilizations were obtained from government health centres and government hospitals, respectively, and to an even greater extent in rural areas than in urban areas.

As seen in Figure 4, the major difference in the sources of contraception since 1989 is that the trend has been toward greater use of pharmacies for pills, and pharmacies and shops for condoms, while use of government health centres has decreased. This signals a continued shift to the private sector as a source for these methods. The source of injections and female sterilization for women has been virtually unchanged since 1989.

Table 6.19 looks at sources of the most prevalent contraceptive methods used by women aged 15-49

who were not in union. The patterns were similar to those of women not in a union, though greater use was made of pharmacies and less use of government health centres than women in union. The shop or supermarket is also one of the main sources for condoms.

While some government health centres and hospitals offer family planning services at any time, others only offer these services on certain days or at certain times. Respondents who named a government facility as their source were asked how services were offered there. Table 6.20 shows that less than half those using a government facility as their source could do so on any day and at any time. This percentage is lower in the Kingston Metopolitan Area, but much higher in Region 3. On the other hand, not shown in a table is that more than 90 percent of women whose government facility offered family planning services only on certain days or at certain times reported that the days or times were convenient for them.

Almost one-third of women who have to travel to their source of contraception could reach the site in less than 15 minutes and a further third could do so in less than 30 minutes (Table 6.21). A greater percentage of women in rural areas must travel longer than 30 minutes to reach their contraceptive source, as presumably their sources are located at some distance in a village or town. Also, rural women may may have less access to personal or public means or transport. Conversely, fewer women in higher socio economic groups must travel more than 30 minutes to their source of contraception, no doubt because they have greater access to private means of transport.

TABLE 6.1
Percent of Women Aged 15-49 Who Ever Used Any Contraceptive Method
By Selected Characteristics
Compared With 1993 CPS
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	1997		1993	
Total	80.2	(6384)	79.2	(3110)
Residence				
Kingston Metro Area	81.2	(1450)	--	--
Other Urban	78.8	(1094)	82.6	(872)
Rural	80.3	(3840)	77.4	(2238)
Age				
15-19	45.4	(960)	47.5	(553)
20-24	83.0	(1031)	82.1	(628)
25-29	92.5	(1233)	92.8	(667)
30-34	93.0	(1195)	90.7	(594)
35-39	91.4	(934)	92 4	(420)
40-44	90.2	(610)	81.1	(248)
45-49	83.2	(421)	**	**
Number Of Live Births				
0	50.6	(1627)	51.3	(863)
1	91.9	(1350)	89.0	(662)
2	95.2	(1236)	91.3	(579)
3	95.2	(904)	95.8	(412)
4 +	94.7	(1267)	95.3	(584)
Relationship Status				
Married	93.2	(1185)	92.1	(488)
Common Law	94.9	(1839)	92.4	(904)
Visiting Partner	94.9	(1624)	91.4	(892)
Not In Union	51.0	(1736)	50.0	(826)
Years Of Education				
0-9	80.9	(2325)	--	--
10-12	79.5	(3285)	--	--
13 +	82.6	(719)	--	--
Socio Economic Level				
Low	82.6	(2271)	79.6	(1456)
Medium	81.6	(2088)	84.8	(647)
High	77.7	(2025)	73.5	(682)
Church Attendance*				
At Least Weekly	70.2	(2060)	64.8	(474)
At Least Monthly	81.5	(1223)	77.7	(277)
Less Than Once Per Month	82.5	(909)	85.7	(1277)
Special Occasions Only	89.2	(1532)	--	--
Never	85.6	(613)	81.2	(160)

* Data on church attendance are missing for 47 women.

** In 1993 only women aged 15-44 were included in the survey.

-- These data were measured differently in 1993 and so are not comparable with the 1997 data.

TABLE 6.2

Percent of Women Aged 15-49 Who Ever Used Specific Contraceptive Methods
Compared With 1993 And 1989 Contraceptive Prevalence Surveys
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

Method	1997	1993	1989
Any Method	80.4	79.2	70.5
Condom	58.7	52.5	32.8
Pill	52.4	51.2	47.6
Withdrawal	29.3	19.5	13.6
Injectable	27.8	24.0	22.7
Female Sterilization	10.0	10.1	11.0
Calendar / Rhythm	5.6	7.8	2.9
IUD	5.1	5.0	5.5
Spermicides	3.4	2.8	3.6
Diaphragm	1.0	1.0	0.7
Norplant	0.5	0.5	--
Male Sterilization	0.2	0.0	0.1
No. of Cases	(6383)	(3110)	(6112)

TABLE 6.3
Mean Age (In Years) When Women Aged 15-44* First Used A Contraceptive Method
By Selected Characteristics
Compared With 1993 Contraceptive Prevalence Survey
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	1997		1993	
Total	19.5	(4540)	19.7	(2280)
Residence				
Kingston Metro Area	19.3	(1085)	--	--
Other Urban	19.2	(734)	--	--
Rural	19.7	(2721)	--	--
Current Age				
15-19	15.7	(431)	16.1	(510)
20-24	17.6	(845)	17.9	(904)
25-29	19.3	(1054)	19.7	(920)
30-34	20.4	(994)	21.1	(598)
35-39	21.9	(761)	22.5	(354)
40-44	22.7	(455)	24.0	(211)
Number Of Live Births				
0	17.9	(801)	17.7	(1969)
1	18.9	(1100)	19.0	(1091)
2	19.9	(1021)	19.8	(1954)
3	19.9	(730)	20.7	(665)
4 +	21.3	(888)	22.0	(1060)
Years Of Education				
0-9	19.8	(1550)	--	--
10-12	19.1	(2422)	--	--
13 +	19.9	(534)	--	--
Socio Economic Index				
Low	19.6	(1645)	--	--
Medium	19.2	(1487)	--	--
High	19.6	(1408)	--	--
Church Attendance				
At Least Weekly	20.5	(1238)	--	--
At Least Monthly	19.6	(882)	--	--
Less Than Once Per Month	19.2	(688)	--	--
Special Occasions	18.8	(1232)	--	--
Never	18.7	(468)	--	--

* For purposes of comparison with the 1993 CPS, includes only women aged 15-44. The analysis includes only women who have ever used contraception and who remember the age when they first started using it.

TABLE 6.4
Number Of Living Children
When Women Aged 15-44* First Used A Contraceptive Method
By Selected Characteristics
Compared With 1993 Contraceptive Prevalence Survey
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	1997					1993				
	Number Of Living Children When First Used Contraception					Number Of Living Children When First Used Contraception				
	0	1	2+	Total	N	0	1	2+	Total	N
Total	54.3	29.8	15.9	100.0	(4894)	48.1	31.2	20.7	100.0	(2497)
Current Age										
15-19	86.1	13.3	0.6	100.0	(445)	82.1	17.3	0.6	100.0	(248)
20-24	68.0	27.3	4.7	100.0	(885)	66.0	29.4	4.6	100.0	(526)
25-29	56.0	34.0	10.1	100.0	(1129)	44.1	40.7	15.2	100.0	(613)
30-34	45.9	35.4	18.7	100.0	(1090)	33.5	35.8	30.7	100.0	(540)
35-39	37.4	33.0	29.6	100.0	(825)	31.7	28.4	39.9	100.0	(378)
40-44	27.5	29.9	42.6	100.0	(520)	18.7	26.9	54.4	100.0	(192)
Residence										
Kingston Metro Area	60.9	27.4	11.7	100.0	(1141)	--	--	--	--	--
Other Urban	56.1	30.5	13.4	100.0	(823)	--	--	--	--	--
Rural	48.8	31.3	19.9	100.0	(2930)	--	--	--	--	--
No. Of Live Births										
0	100.0	0.0	0.0	100.0	(842)	100.0	0.0	0.0	100.0	(431)
1	64.6	35.4	0.0	100.0	(1175)	60.5	39.5	0.0	100.0	(595)
2	42.6	40.4	17.0	100.0	(1113)	32.1	52.6	15.3	100.0	(525)
3	29.5	46.3	24.3	100.0	(795)	23.3	41.4	35.3	100.0	(391)
4 +	19.3	30.8	50.0	100.0	(969)	15.2	25.0	59.8	100.0	(555)
Years Of Education										
0-9	39.8	34.7	25.6	100.0	(1677)	--	--	--	--	--
10-12	59.1	28.2	12.7	100.0	(2608)	--	--	--	--	--
13 +	68.0	24.8	7.2	100.0	(570)	--	--	--	--	--
Socio Economic Index										
Low	42.4	33.5	24.1	100.0	(1777)	--	--	--	--	--
Medium	53.5	31.0	15.5	100.0	(1613)	--	--	--	--	--
High	64.4	25.8	9.8	100.0	(1504)	--	--	--	--	--
Church Attendance										
At Least Weekly	50.5	29.8	19.7	100.0	(1344)	--	--	--	--	--
At Least Monthly	55.8	29.3	14.9	100.0	(948)	--	--	--	--	--
< Once/Month	57.4	27.2	15.4	100.0	(728)	--	--	--	--	--
Special Occasions	54.5	30.9	14.6	100.0	(1333)	--	--	--	--	--
Never	55.9	30.9	13.1	100.0	(506)	--	--	--	--	--

* For purposes of comparison with the 1993 CPS, women aged 45-49 are excluded. The analysis includes only women who have ever used contraception and who remember number of children they had when they first started using it.

-- These variables were measured differently in 1993 and were not comparable.

TABLE 6.5
Percentage of All Women Aged 15-49 Currently Using Contraception
By Relationship Status and Method
Compared With Total For 1993 Contraceptive Prevalence Survey
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

Method	All Women	Relationship Status: Married	Common Law Union	Visiting Partner	Boy Friend With Sex	Boy Friend No Sex	No Current Partner
	1997 RHS						
Currently Using Any Method	50.3	63.7	66.0	66.9	62.4	4.7	11.9
---	---	---	---	---	---	---	---
Pill	15.3	16.1	21.0	24.0	16.3	0.4	1.1
Condom	13.6	9.8	15.5	22.0	36.4	2.6	1.9
Tubal Ligation	10.0	26.1	11.2	6.0	2.0	1.1	6.4
Injectable	8.1	7.6	14.1	10.0	5.1	0.6	2.3
Withdrawal	2.0	2.1	2.6	3.4	1.7	0.0	0.1
IUD	0.8	0.9	1.2	1.0	0.5	0.0	0.2
Natural Methods	0.2	0.5	0.1	0.4	0.0	0.0	0.0
Vaginal Methods	0.1	0.0	0.1	0.2	0.0	0.0	0.0
Implant	0.1	0.2	0.2	0.1	0.0	0.0	0.1
Vasectomy	0.1	0.4	0.2	0.0	0.5	0.0	0.0
Not Using	49.7	36.3	34.0	33.1	37.6	95.3	88.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(6384)	(1185)	(1839)	(1624)	(265)	(138)	(1333)
	1993 CPS						
Currently Using Any Method	48.3	66.2	60.7	61.0	58.5	2.7	10.3

TABLE 6.6
Percent of Women Aged 15-49 Currently in a Union*
Who Are Currrently Using Any Contraceptive Method
By Selected Characteristics
Compared With 1993 CPS**
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	1997		1993	
Total	65.9	(4648)	61.9	(2283)
Residence				
Kingston Metro Area	66.1	(1044)	--	--
Other Urban	67.4	(795)	--	--
Rural	65.3	(2809)	--	--
Region				
1	65.9	(1652)	64.3	(817)
2	65.5	(888)	61.6	(494)
3	66.2	(1154)	56.9	(500)
4	65.9	(954)	60.1	(472)
Number Of Live Births				
0	56.0	(700)	56.6	(351)
1	63.2	(1083)	60.0	(533)
2	68.8	(1031)	56.2	(514)
3	73.8	(755)	70.9	(371)
4 +	69.0	(1079)	67.7	(514)
Years Of Education				
0-9	63.1	(2325)	--	--
10-12	67.3	(3285)	--	--
13 +	68.1	(719)	--	--
Socio Economic Level				
Low	62.6	(1760)	--	--
Medium	66.8	(1519)	--	--
High	68.1	(1369)	--	--

* Includes legally married, common law union and visiting partner.

** The 1993 survey included women 15-44 years of age only.

TABLE 6.7
Percentage of Women Aged 15-49* Currently in a Union**
Who Are Currently Using Contraception,
By Method
Compared With 1983, 1989 And 1993 CPSs
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	1983 CPS	1989 CPS	1993 CPS	1997 RHS
Currently Using Any Method	51.4	54.6	62.0	65.9
Pill	19.3	19.5	21.5	21.2
Condom	7.6	8.6	16.9	17.0
Female Sterilization	10.9	13.6	12.5	12.3
Injection	7.6	7.6	6.2	10.9
Withdrawal	1.9	2.4	2.9	2.8
IUD / Vaginal Methods	3.0	1.6	1.1	1.1
Natural Methods	1.1	1.0	0.7	0.3
Implant	***	***	0.1	0.1
Other	0.0	0.3	0.1	0.2
Not Using	48.6	45.4	38.0	34.1
Total	100.0	100.0	100.0	100.0
Number of Cases	(1,939)	(4,153)	(2,283)	(4,648)

* The 1993 survey included women 15-44 years of age only.

** Union includes legally married, common law union and visiting partner.

*** = Not applicable as the implant was not yet available.

TABLE 6.8
Percent of Women In Union Aged 15-49 Are Currrently Using
Any Contraceptive Method, Any Modern Method Or Any Traditional Method
By Selected Characteristics
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Any Method	Any* Modern Method	Any** Traditional Method	% Of All Users Who Use A Modern Method	N
Total	65.9	62.8	3.1	95.2	(4648)
Residence					
Kingston Metro Area	66.1	63.4	2.7	95.9	(1044)
Other Urban	67.4	64.7	2.7	96.1	(795)
Rural	65.3	61.7	3.6	94.5	(2809)
Region					
1	65.9	63.1	2.8	95.7	(1652)
2	65.5	62.8	2.8	95.8	(888)
3	66.2	63.0	3.2	95.2	(1154)
4	65.9	61.9	4.0	93.9	(954)
Age Group					
15-19	58.7	55.3	3.3	94.3	(321)
20-24	66.9	62.9	3.9	94.1	(771)
25-29	67.8	65.5	2.3	96.7	(1043)
30-34	68.8	65.0	3.7	94.6	(1014)
35-39	66.1	63.0	3.0	95.4	(758)
40-44	67.8	64.9	2.9	95.7	(444)
45-49	55.3	52.8	2.5	95.5	(297)
Number Of Live Births					
0	56.0	52.9	3.2	94.4	(700)
1	63.2	60.5	2.7	95.7	(1083)
2	68.8	65.2	3.6	94.8	(1031)
3	73.8	70.2	3.6	95.1	(755)
4 +	69.0	66.1	2.9	95.9	(1079)
Union Status					
Married	58.3	61.0	2.7	95.8	(1766)
Common Law Union	69.9	63.4	2.7	96.0	(1558)
Visiting Relationship	70.1	63.2	3.4	94.4	(483)
Years Of Education					
0-9	63.1	60.2	2.9	95.4	(2325)
10-12	67.3	64.0	3.3	95.1	(3285)
13 +	68.1	64.8	3.3	95.1	(719)
Socio Economic Level					
Low	62.6	59.2	3.4	94.6	(1760)
Medium	66.8	63.7	3.1	95.1	(1519)
High	68.1	65.0	3.0	95.6	(1369)

* Female / male sterilization, injection, pill, IUD, condom, spermicides, diaphragm.

** Withdrawal and natural methods, such as the calendar, Billings and rhythm methods

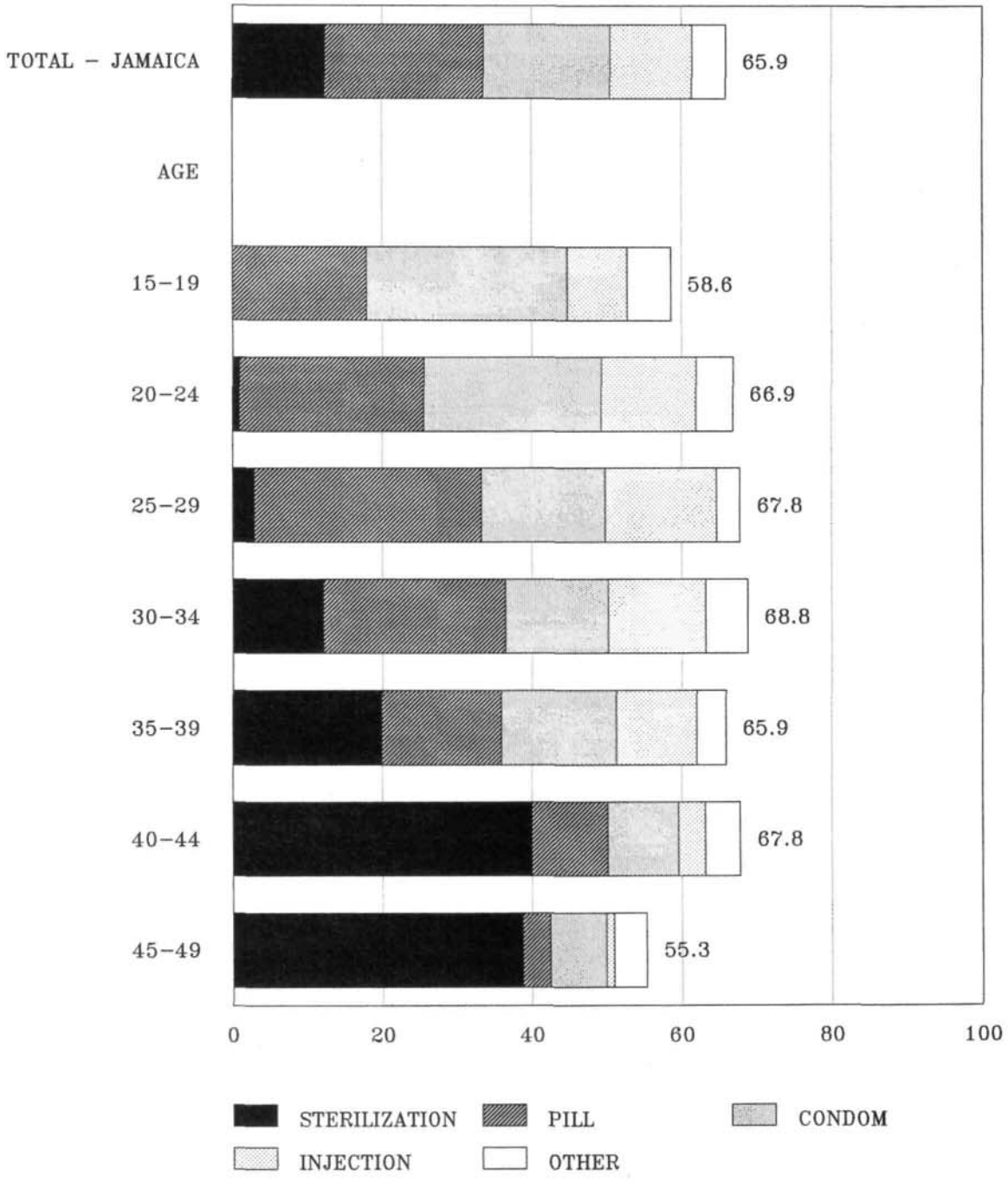
TABLE 6.9
Percentage of Women In Union Aged 15-49 Currently Using Contraception
By Age Group and Method
Compared With 1993 Contraceptive Prevalence Survey
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

Method	1997							
		Age Group						
	Total	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Currently Using Any Method	65.9	58.6	66.9	67.8	68.8	65.9	67.8	55.3
Pill	21.2	17.9	24.6	30.3	24.3	16.0	10.1	3.7
Condom	17.0	26.9	23.8	16.6	13.8	15.4	9.5	7.5
Tubal Ligation	12.3	0.0	0.9	2.9	12.1	19.9	40.0	38.7
Injectable	10.9	8.0	12.6	14.9	13.0	10.7	3.5	1.0
Withdrawal	2.8	3.3	3.8	2.1	3.2	2.1	2.7	2.2
IUD	1.0	2.5	0.5	0.7	1.2	0.8	1.7	0.5
Natural Methods	0.3	0.0	0.1	0.1	0.5	0.8	0.2	0.3
Vasectomy	0.2	0.0	0.1	0.0	0.4	0.0	0.1	0.8
Implant	0.1	0.0	0.2	0.1	0.3	0.0	0.0	0.3
Spermicides	0.1	0.0	0.3	0.1	0.0	0.2	0.0	0.3
Not Using	34.1	41.4	33.1	32.2	31.2	34.1	32.2	44.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(4,648)	(321)	(771)	(1043)	(1014)	(758)	(444)	(297)

Method	1993						
		Age Group					
	Total	15-19	20-24	25-29	30-34	35-39	40-44
Currently Using Any Method	62.0	58.8	61.1	60.3	64.8	63.1	64.0
Pill	21.5	16.6	26.0	25.9	23.6	18.1	5.2
Condom	16.9	34.4	21.7	15.7	13.9	10.1	3.0
Tubal Ligation	12.5	0.0	0.5	6.7	13.8	26.8	48.8
Injectable	6.2	1.6	8.5	8.0	8.1	3.5	1.8
Withdrawal	2.9	4.4	2.8	2.9	2.8	2.0	3.4
IUD	1.0	1.1	1.0	0.6	1.2	1.3	0.5
Natural Methods	0.7	0.0	0.6	0.5	1.2	1.2	0.3
Vaginal Methods	0.1	0.0	0.0	0.0	0.2	0.1	0.0
Implant	0.1	0.8	0.0	0.0	0.0	0.0	0.0
Other	0.1	0.0	0.0	0.0	0.0	0.0	1.0
Not Using	38.0	41.2	38.9	39.7	35.2	36.9	36.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(2283)*	(195)	(472)	(573)	(509)	(351)	(183)

* Data are missing for one woman in the 1993 CPS.

FIGURE 3
PERCENT OF WOMEN IN UNION AGED 15-49 CURRENTLY USING A CONTRACEPTIVE METHOD BY AGE GROUP



1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

TABLE 6.10
Mean Age of Women Aged 15-44 Currently in a Union
By Contraceptive Method Used
Compared With 1993 CPS
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Mean Age			
Contraceptive Method	1997 RHS		1993 CPS	
Condom	27.2	(704)	25.2	(365)
Pill	27.9	(986)	27.4	(508)
Injection	28.2	(544)	27.4	(147)
Withdrawal	28.2	(116)	27.7	(65)
IUD	29.1	(41)	**	(21)
Female Sterilization	37.0	(474)	36.2	(277)
Natural Methods	**	(13)	**	(18)

** Fewer than 25 cases.

TABLE 6.11

Percent Of Young Adult Men Who Used Contraception With Their Last Sexual Partner*

Men Aged 15-24 Who Had Sexual Relations In The Last 30 Days

By Age Group and Method Used

Compared With 1993 Contraceptive Prevalence Survey

(Percent Distribution)

1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

Method	1997			1993		
		Age Group			Age Group	
	15-24 Total	15-19	20-24	15-24 Total	15-19	20-24
Used Any Method	79.6	82.5	78.1	68.1	69.1	67.5
---	---	---	---	---	---	---
Condom	61.1	72.3	55.4	50.9	55.5	48.4
Pill	11.7	5.3	15.0	11.9	7.9	14.2
Injectable	3.5	2.4	4.1	1.1	0.5	1.5
Withdrawal	2.2	1.4	2.7	3.9	5.2	3.2
Diaphragm	0.3	0.8	0.1	0.0	0.0	0.0
Natural Methods	0.3	0.0	0.4	0.0	0.0	0.0
IUD	0.2	0.0	0.3	0.1	0.0	0.2
Spermicides	0.1	0.0	0.1	0.0	0.0	0.0
Implant	0.1	0.4	0.0	0.0	0.0	0.0
Tubal Ligation	0.1	0.0	0.1	0.1	0.0	0.1
Vasectomy	0.1	0.0	0.1	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.0	0.0
Used No Method	20.4	17.4	21.9	31.9	30.9	32.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(1067)	(344)	(723)	(1052)	(566)	(486)

* These data, from both the 1997 Reproductive Health Survey which interviewed only men aged 15-24, and the 1993 CPS survey which interviewed men aged 15-54, are from questions asked only of men 15-24 years of age in both surveys. These young adult men were asked if they had sexual relations in the past 30 days and, if so, if they used contraception with their last sexual partner.

TABLE 6.12

Percentage of Women In Union Aged 15-49 Currently Using Contraception
By Health Region and Method
Total Compared With 1993 Contraceptive Prevalence Survey
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	1997				
		Health Region			
	Total	1	2	3	4
Currently Using Any Method	65.9	65.9	65.5	66.2	65.9
Method					
Pill	21.2	20.3	23.5	20.8	21.8
Condom	17.0	19.4	13.7	17.6	13.6
Tubal Ligation	12.3	12.3	12.5	12.4	12.0
Injectable	10.9	9.1	11.6	10.7	14.2
Withdrawal	2.8	2.6	2.4	2.8	3.7
IUD	1.0	1.4	1.1	1.0	0.2
Natural Methods	0.3	0.3	0.4	0.3	0.3
Vasectomy	0.2	0.2	0.1	0.2	0.1
Implant	0.1	0.2	0.1	0.1	0.0
Spermicides	0.1	0.1	0.0	0.3	0.0
Not Using	34.1	34.1	34.5	33.8	34.1
Total	100.0	100.0	100.0	100.0	100.0
Number of Cases	(4648)	(1652)	(888)	(1154)	(954)

	1993				
		Health Region			
	Total	1	2	3	4
Currently Using Any Method	62.0	64.3	61.6	56.9	60.1
Number of Cases	(2283)	(817)	(494)	(500)	(472)

TABLE 6.13
Percentage of Women In Union Aged 15-49 Currently Using Contraception
By Number Of Live Births and Method
Total Compared With 1993 Contraceptive Prevalence Survey
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

		Number Of Live Births				
	Total	0	1	2	3	4 +
				1997		
Currently Using Any Method	65.9	56.0	63.2	68.8	73.8	69.0
Method						
Pill	21.2	19.2	28.6	25.6	18.9	11.3
Condom	17.0	31.0	18.6	15.7	10.4	9.3
Tubal Ligation	12.3	0.8	1.2	8.8	18.7	33.8
Injectable	10.9	1.8	9.3	14.0	20.4	10.7
Withdrawal	2.8	3.0	2.4	3.1	3.4	2.5
IUD	1.0	0.0	2.3	0.7	1.0	0.7
Natural Methods	0.3	0.2	0.3	0.4	0.2	0.3
Vasectomy	0.2	0.0	0.0	0.3	0.5	0.0
Implant	0.1	0.0	0.3	0.0	0.2	0.1
Spermicides	0.1	0.0	0.3	0.0	0.0	0.1
Not Using	34.1	44.0	36.8	31.2	26.2	31.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of Cases	(4648)	(700)	(1083)	(1031)	(755)	(1079)
				1993		
Currently Using Any Method	62.0	56.6	60.0	56.2	70.9	67.7
Number of Cases	(2283)	(351)	(533)	(514)	(371)	(514)

TABLE 6.14
Percentage of Women In Union 15-49
Currently Using Contraception
By Years Of Education and Method
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

		Years Of Education		
	Total	0-9	10-12	13+
Currently Using Any Method	65.9	63.1	67.3	68.1
Method				
Pill	21.2	17.6	22.9	23.9
Condom	17.0	12.3	19.4	20.3
Tubal Ligation	12.3	17.7	8.9	10.9
Injectable	10.9	11.9	10.9	8.0
Withdrawal	2.8	2.7	3.0	2.9
IUD	1.0	0.5	1.5	0.7
Natural Methods	0.3	0.2	0.3	0.5
Vasectomy	0.2	0.0	0.2	0.4
Implant	0.1	0.1	0.1	0.4
Spermicides	0.1	0.0	0.2	0.2
Not Using	34.1	36.9	32.7	31.9
Total	100.0	100.0	100.0	100.0
Number of Cases	(4607)*	(1763)	(2358)	(486)

* Data on years of education is missing for 41 women in union.

TABLE 6.15
Percentage of Women In Union Aged 15-49
Currently Using Contraception
By Frequency Of Church Attendance and Method
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

		Frequency Of Church Attendance				
	Total	At Least Weekly	At Least Monthly	Less Than Monthly	Special Occasions	Never
Currently Using Any Method	65.9	61.9	69.3	67.9	66.0	65.7
Method						
Pill	21.2	15.1	24.2	24.9	23.1	19.7
Condom	17.0	13.6	19.1	17.6	16.7	20.4
Tubal Ligation	12.3	20.0	11.4	9.5	8.9	8.8
Injectable	10.9	8.7	9.8	11.5	12.2	13.4
Withdrawal	2.8	2.5	3.3	2.9	3.2	2.1
IUD	1.0	0.9	1.2	0.9	1.2	0.9
Natural Methods	0.3	0.5	0.1	0.6	0.1	0.2
Vasectomy	0.2	0.2	0.0	0.0	0.3	0.2
Implant	0.1	0.3	0.0	0.0	0.2	0.0
Spermicides	0.1	0.2	0.1	0.1	0.1	0.0
Not Using	34.1	38.1	30.7	32.1	34.0	34.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of Cases	(4614)*	(1277)	(896)	(709)	(1243)	(489)

* Data on frequency of church attendance are missing for 34 women in union.

TABLE 6.16
Percentage Of Contraceptive Users
Who Are Concurrently Using A Secondary Contraceptive Method
By Primary And Secondary Method Used
(Percent Distribution)
Women In Union Aged 15-49
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Secondary Method Used						
	None	Condom	Withdrawal	Natural Methods	Other	Total	N
All Primary Method Users	88.4	11.2	0.2	0.1	0.1	100.0	(3058)*
Selected Primary Methods							
Pill	75.9	24.0	0.2	0.0	0.0	100.0	(998)
Injectable	85.5	14.3	0.0	0.0	0.2	100.0	(548)
IUD	91.3	8.7	0.0	0.0	0.0	100.0	(42)
Tubal Ligation	94.0	5.5	0.0	0.0	0.5	100.0	(590)
Condom	99.2	--	0.6	0.2	0.0	100.0	(723)
Withdrawal	100.0	0.0	--	0.0	0.0	100.0	(123)

* Number of cases for selected primary methods do not add up to number of cases for all primary methods because only those primary methods with 25 or more users appear in this table.

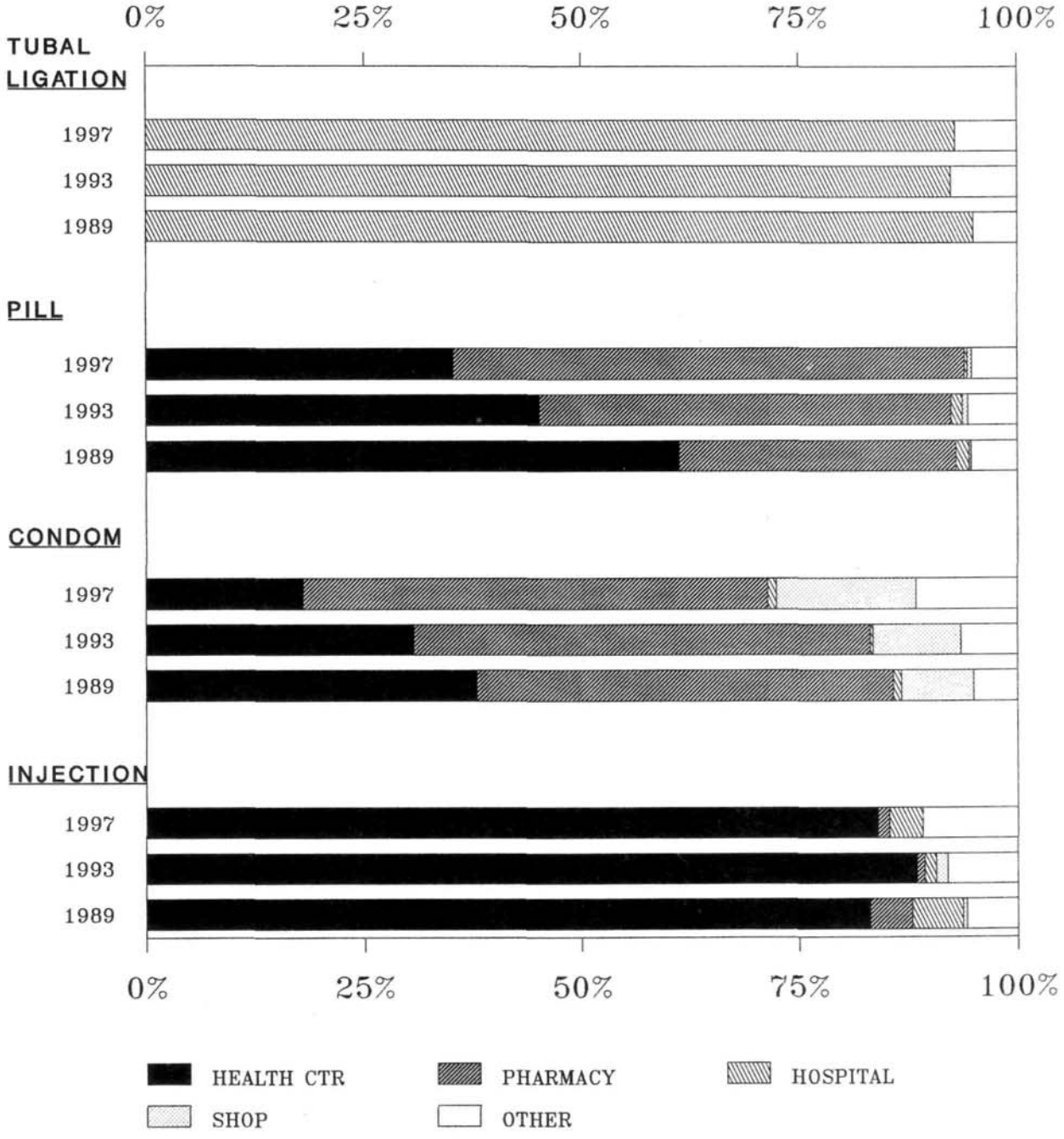
TABLE 6.17
Source Of Most Prevalent Contraceptive Methods
By Method Currently Used And Urban Or Rural Residence
(Percent Distribution)
Women In Union Aged 15-49
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	1997 Contraceptive Method											
	Pill			Condom			Injection			Female Sterilization		
Source Of Contraception	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural
Pharmacy	58.8	71.6	46.2	53.6	59.7	45.2	1.3	0.3	2.0	0.0	0.0	0.0
Public Hlth Centre/Clinic	35.3	21.8	48.5	18.0	12.4	25.7	84.0	81.2	86.4	2.2	4.4	0.0
Private Doctor	2.8	3.3	2.3	1.3	1.9	0.3	5.5	7.8	3.7	0.0	0.0	0.0
Private Clinic	0.9	1.2	0.6	0.3	0.1	0.5	3.0	4.2	1.9	3.1	3.0	3.2
Outreach Worker	0.5	0.2	0.7	0.6	0.4	0.9	0.0	0.0	0.0	0.0	0.0	0.0
Shop / Market	0.5	0.5	0.4	16.0	12.8	20.3	0.0	0.0	0.0	0.0	0.0	0.0
Government Hospital	0.2	0.2	0.3	0.8	1.2	0.2	3.8	3.5	4.0	87.6	82.3	92.9
Workplace	0.2	0.2	0.2	0.7	0.3	1.2	1.7	2.9	0.7	0.0	0.0	0.0
Private Hospital	0.1	0.2	0.0	0.2	0.3	0.0	0.0	0.0	0.0	5.3	8.4	2.4
Other	0.8	0.9	0.7	8.7	10.9	5.8	0.7	0.2	1.2	1.7	1.9	1.5
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
Number Of Cases	(998)	(384)	(614)	(723)	(335)	(388)	(548)	(187)	(361)	(590)	(227)	(363)

TABLE 6.18
Comparative Data From 1993 CPS On
Source Of Most Prevalent Contraceptive Methods
By Method Currently Used And Urban Or Rural Residence
(Percent Distribution)
Women In Union Aged 15-44
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	1993 Contraceptive Method											
	Pill			Condom			Injection			Female Sterilization		
Source Of Contraception	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural
Pharmacy	46.7	55.4	43.1	48.7	65.1	37.5	0.9	0.0	1.4	0.0	0.0	0.0
Government Health Centre	44.7	31.4	50.2	28.5	16.2	36.9	88.4	79.9	92.5	0.0	0.0	0.0
Outreach Worker	2.9	0.0	4.2	0.6	1.2	0.2	0.0	0.0	0.0	0.0	0.0	0.0
Government Hospital	1.3	3.9	0.3	0.3	0.4	0.2	1.3	2.0	1.0	88.7	84.3	91.6
Private Hospital	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.7	6.3	2.0
Private Clinic	0.9	1.4	0.7	2.7	4.3	1.6	4.3	8.0	2.5	3.6	2.3	4.4
Shop / Market	0.6	0.0	0.9	9.3	4.9	12.4	1.3	4.1	0.0	0.0	0.0	0.0
Other	2.8	7.9	0.7	2.7	5.5	0.8	3.7	6.0	2.6	4.0	7.1	2.0
Don't Know	0.0	0.0	0.0	7.3	2.5	10.4	0.0	0.0	0.0	0.0	0.0	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
Number Of Cases	(507)	(117)	(390)	(358)	(121)	(237)	(145)	(35)	(110)	(274)	(84)	(190)

FIGURE 4
SOURCE OF CONTRACEPTION OF WOMEN IN UNION WHO ARE CURRENTLY USING MOST PREVALENT METHODS (PERCENT DISTRIBUTION) COMPARED WITH 1993 AND 1989 CPSs



1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

TABLE 6.19
Source Of Most Prevalent Contraceptive Methods
By Method Currently Used
(Percent Distribution)
Women Not In Union Aged 15-49
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	1997 Contraceptive Method			
Source Of Contraception	Pill	Condom	Injection	Female Sterilization
Pharmacy	72.8	57.2	0.0	0.0
Public Health Centre/Clinic	23.9	6.7	83.0	0.0
Private Doctor	0.0	0.0	6.9	0.0
Private Clinic	0.0	0.3	2.5	2.4
Outreach Worker	0.0	1.1	0.0	0.0
Shop / Market	0.0	24.1	0.0	0.0
Government Hospital	0.0	0.0	7.6	91.9
Workplace	2.3	1.1	0.0	0.0
Private Hospital	0.0	0.0	0.0	5.1
Other	1.0	9.8	0.0	1.1
Total	100.0	100.0	100.0	100.0
Number Of Cases	(67)	(116)	(51)	(103)

TABLE 6.20

Availability Of Family Planning Services At Government Clinics / Health Centers Reported By Women Aged 15-49 Who Obtain Contraception From Government Sources By Selected Characteristics

(Percent Distribution)

1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Percent Who Can Obtain Family Planniing Services At Government Clinics / Health Centers:				
	At Any Time	Only Certain Times Or Days	Not Sure	Total	N
Total	41.0	56.1	3.0	100.0	(1167)
Residence					
Kingston Metropolitan Area	31.8	66.1	2.1	100.0	(158)
Other Urban	45.5	50.1	4.4	100.0	(184)
Rural	43.5	53.6	2.9	100.0	(825)
Region					
1	31.4	67.0	1.6	100.0	(317)
2	36.2	61.1	2.7	100.0	(249)
3	69.3	26.4	4.3	100.0	(288)
4	40.1	55.8	4.1	100.0	(313)
Socio Economic Index					
Low	41.3	55.3	3.4	100.0	(706)
Medium	43.3	54.2	2.4	100.0	(334)
High	34.6	62.9	2.5	100.0	(127)

TABLE 6.21
Length Of Time To Travel To Source Of Contraception
Reported By Women Aged 15-49
By Selected Characteristics
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Time To Source Of Contraception							
	0* Mins.	Less Than 15 Mins.	15-29 Mins.	30-59 Mins.	60 + Mins.	No Response	Total	N
Total	2.5	32.6	32.1	20.8	7.6	4.5	100.0	(2552)
Residence								
Kingston Metro. Area	3.1	44.9	30.5	13.7	3.7	4.1	100.0	(565)
Other Urban	1.9	34.1	38.8	15.4	2.9	6.9	100.0	(447)
Rural	2.4	23.2	31.0	27.7	11.8	3.9	100.0	(1540)
Region								
1	2.5	40.6	30.8	16.4	6.0	3.7	100.0	(871)
2	2.9	29.4	25.1	25.6	8.6	8.4	100.0	(487)
3	5.1	30.1	32.2	19.0	8.1	5.5	100.0	(674)
4	0.4	19.6	39.3	28.5	9.7	2.6	100.0	(520)
Socio Economic Index								
Low	1.4	24.7	30.5	26.4	12.2	4.8	100.0	(1152)
Medium	3.1	33.8	34.6	19.9	6.0	2.6	100.0	(828)
High	3.4	41.8	31.1	14.4	3.1	6.2	100.0	(572)

* Receives contraception at home or workplace from outreach worker.

CHAPTER 7

HORMONAL CONTRACEPTIVE USE

7.A PILL USE

The pill is the most widely used method of contraception in Jamaica. It was considered useful, therefore, to explore more of the facts about pill use. Three marketing strategies relating to the pill are practice in Jamaica. The first is the public sector programme in government health facilities. The pills distributed through this system include *Lo-Femenal* and *Ovral.* The second programme is that in which distributors lower the price of some brands of pills available for sale in certain public and private sector outlets. This is the Social Marketing Programme, known as the "Personal Choice Programme", which sells the *Perle* and *Minigynon* brands of pill. The commercial sector sells non subsidized contraceptive pills including *Nordette, Tri-Regol, Gynera* and others. [14]

The Personal Choice programme advertises its message on radio and television, as well as in newspapers. To gauge the effectiveness of these messages women were asked whether they had ever heard or read any family planning message in the media and whether they had ever heard or read a Personal Choice message. More than 90 percent of women had heard or read a message of any kind and more than 80 percent a Personal Choice message (Table 7.1), demonstrating that these messages were effectively reaching a high proportion of their target audience. There was little difference according to respondents' characteristics, except women under the age of 20, women in the "low" socio economic group and those not currently using contraception were slightly less likely to have heard or read these messages. More than 75 percent of women had heard or read a Personal Choice message in all parishes except St. Mary, where much less, only 57 percent of women, had ever heard or read a message.

Women using pills were asked the brand they used, which were then classified by type of programme. Table 7.2 presents the distribution of the different brands of pills by residence of the respondent. The Personal Choice programme was the largest source of oral contraceptives. Broken down by residence, the commercial sector was most heavily patronized in the Kingston Metropolitan Area, and while other urban residents favoured the Personal Choice programme; rural residents used the public sector Personal Choice programmes to approximately the same extent. Some 45 percent

[14] Brand names are stated to classify use according to programme and do not imply endorsement by the National Family Planning Board or the Centers For Disease Control and Prevention.

of pill users reported using brands of the Personal Choice programme, with 32 percent using *Perle* [15]and 13 percent using *Minigynon.* The highest use *of Perle* was in "other urban" areas and rural areas (32 - 33 percent); use was lower in the Kingston Metropolitan Area (29 percent). For *Minigynon,* on the other hand, highest use was in "other urban" areas (22 percent); use in the Kingston Metropolitan Area (14 percent) and rural areas (10 percent) was lower.

In the public sector programme, use of *Lo-Femenal* was lowest in the Kingston Metropolitan Area and highest in rural areas (23 percent). Use of *Ovral,* on the other hand, showed no particular pattern. Two of the three brands identified in the commercial sector programme, *Nordette* and *Tri-Regal* as well as the "other" group, had their highest percentage of use in the Kingston Metropolitan Area and lowest use in rural areas.

Use of the different brands of pills was also examined according to the socio economic index (Table 7.3). As the socio economic level rose, pill users used the commercial sector to a greater extent and the public sector to a lesser extent. Within the Personal Choice programme, *Perle* was used to a slightly greater extent by users in the lowest socio economic group and *Minigynon* used more by those in the highest group.

To measure respondents' perception of the effectiveness of the pill, women were asked: *"If a woman takes the pill correctly, how sure can she be that she will not become pregnant? "* The findings are presented in Table 7.4 by health region, education and pill use. Overall, 40 percent indicated they were "completely sure", 24 percent were "almost sure", 13 percent believed there was "some risk of pregnancy", while 8 percent felt it was "not sure at all" that a woman would not get pregnant while taking the pill. Sixteen percent of women said they "did not know".

Looking at the responses by health region, by combining the "almost sure" and "completely sure", responses, there was little difference between them, as between 64 and 66 percent of respondents were almost or completely sure, except for Health Region 2, where the percentage was slightly lower at 60 percent.

Except for the youngest and oldest age groups, who are, in fact, the women who used the pill the least, more than 70 percent of women were "almost sure" or "completely sure" that the pill would prevent pregnancy. This is borne out in the by looking at this question by ever use and current use of the pill, as 78 percent of ever users and 87 percent of current users were "almost sure" or "completely sure" that the pill would prevent pregnancy if correctly taken.

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[15] It should be noted that many women refer to other brands as *Perle.* Accordingly, the percentages here could be overstated.

A second question about the pill was *"How safe for a woman's health is the pill"?* The findings in Table 7.5 show that overall 36 percent of women reported that they consider the pill to be safe, and 30 percent considered it to be "not safe"; some 14 percent said that it "depends on the woman" and 20 percent said that they "did not know".

The youngest age group (15-19), who along with the 45 to 49-year-old group used the pill the least, also had the lowest percentage of those who considered the pill completely safe. Ever and current pill users, with greater experience, had more confidence in its safety. There was almost no variation by education.

7.B INJECTION USE

Table 7.6 similarly presents women's perception of the safety of injectables. The question and possible responses were the same as for the pill. Twenty-five percent considered injectable contraceptives safe, while one-fourth (26 percent) did not know if they were safe or not. Of those who had ever used injectables, 41 percent responded "completely safe", and 64 percent of currently users consider them completely safe. Again, perception of safety varies with age: the younger the age, the lower the perception of safety, with minor variation. There was little variation by education.

TABLE 7.1

Percentage Of Women 15-49 Who Have Ever Heard / Read A Media Family Planning Message And The Percentage Who Have Ever Heard Or Read A Media "Personal Choice" Message By Selected Characteristics

1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Ever Heard/Read Family Planning Message	Ever Heard/Read Personal Choice Message	
	Percent	Percent	N
Total	92.2	84.1	(6384)
Residence			
Kingston Metropolitan Area	93.8	85.1	(1450)
Other Urban	91.5	86.2	(1094)
Rural	91.1	82.8	(3840)
Region			
1	93.7	85.4	(2260)
2	84.9	73.6	(1216)
3	91.5	85.4	(1618)
4	93.8	87.2	(1290)
Parish*			
Hanover	96.9	91.7	(376)
St. Catherine	96.5	91.4	(858)
St. Elizabeth	96.0	86.3	(404)
Westmoreland	95.8	89.3	(409)
Kingston	95.5	76.4	(179)
Clarendon	94.3	89.2	(479)
St. Andrew	92.0	83.8	(783)
Manchester	91.4	85.3	(407)
St. James	90.5	84.1	(403)
St. Thomas	89.6	80.8	(440)
Portland	87.0	77.4	(406)
St. Anne	86.2	82.9	(382)
Trelawney	81.9	76.4	(430)
St. Mary	81.4	57.1	(428)
Age Group			
15-19	84.0	77.6	(960)
20-24	94.7	89.4	(1031)
25-29	94.0	87.5	(1233)
30-34	95.0	87.4	(1195)
35-39	95.6	84.4	(934)
40-44	92.7	80.2	(610)
45-49	90.7	77.6	(421)
Socio Economic Index			
Low	88.3	77.8	(2271)
Medium	93.2	84.8	(2088)
High	94.1	88.4	(2025)
Years Of Education			
0-9	89.3	79.0	(2325)
10-12	93.4	86.4	(3285)
13 +	94.2	88.2	(719)
Currently Uses Contraception			
Yes	95.3	87.2	(3409)
No	88.9	81.0	(2975)

*Parishes in descending order according to having heard a family planning message.

TABLE 7.2
Type Of Pill Program And Brand Of Pill Used
By Residence
Women 15-49 Years of Age Who Are Current Users Of The Pill (Oral Contraceptives)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

Type Of Pill Program And Brand Of Pill Used*	Total	Area Of Residence: Kingston Metro Area	Other Urban	Rural
Personal Choice**	44.8	42.8	54.0	42.9
Perle	*31.6*	*28.7*	*32.1*	*33.2*
Minigynon	*13.2*	*14.1*	*21.9*	*9.7*
Public Sector***	32.4	22.1	28.6	40.1
Lo-Femenal	*16.9*	*7.8*	*16.3*	*22.8*
Ovral	*15.5*	*14.3*	*12.2*	*17.3*
Commercial Sector****	21.2	34.8	17.5	14.0
Nordette	*7.4*	*13.0*	*4.9*	*4.8*
Tri-Regol	*5.0*	*7.2*	*5.2*	*3.6*
Gynera	*2.2*	*2.7*	*3.0*	*1.6*
Other	*6.6*	*11.9*	*4.4*	*4.0*
Don't Know/Not Sure	1.7	0.3	0.0	3.1
Total	100.0	100.0	100.0	100.0
No. of Cases	(1065)	(211)	(195)	(659)

* Brands of pills are stated to classify use according to programme and do not constitute endorsement by the National Family Planning Board or the Center For Disease Control and Prevention.

** Subsidized sales (Social Marketing)

*** Government health facilities

**** Non subsidized private sector sales

TABLE 7.3
Type Of Pill Program And Brand Of Pill Used
By Socio Economic Index
Women 15-49 Years of Age Who Are Current Users Of The Pill (Oral Contraceptives)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

Type Of Pill Program And *Brand Of Pill Used**	Total	Socio Economic Index: Low	Medium	High
Personal Choice**	44.8	44.4	45.6	44.4
Perle	*31.6*	*36.2*	*33.1*	*27.1*
Minigynon	*13.2*	*8.1*	*12.5*	*17.3*
Public Sector***	32.4	44.9	35.4	21.1
Lo-Femenal	*16.9*	*26.3*	*17.8*	*9.6*
Ovral	*15.5*	*18.7*	*17.6*	*11.5*
Commercial Sector****	21.2	8.0	17.5	33.5
Nordette	*7.4*	*2.2*	*3.9*	*13.9*
Tri-Regol	*5.0*	*2.1*	*4.3*	*7.8*
Gynera	*2.2*	*0.2*	*2.5*	*3.4*
Other	*6.6*	*3.5*	*6.8*	*8.5*
Don't Know/Not Sure	1.7	2.7	1.5	1.0
Total	100.0	100.0	100.0	100.0
No. of Cases	(1065)	(211)	(195)	(659)

* Brands of pills are stated to classify use according to programme and do not constitute endorsement by the National Family Planning Board or the Centers For Disease Control and Prevention.

** Subsidized sales (Social Marketing)

*** Government health facilities

**** Non subsidized private sector sales

TABLE 7.4
Respondents' Perceptions Of Effectiveness Of The Pill To Prevent Pregnancy
Women Aged 15-49 By Selected Characteristics
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Perception Of Pill's Effectiveness To Prevent Pregnancy						
	Completely Sure	Almost Sure	Some Risk Of Pregnancy	Not Sure To Prevent Pregnancy	Don't Know	TOTAL	N
Total	40.2	23.9	12.7	7.5	15.6	100.0	(6384)
Region							
1	36.6	27.8	15.8	7.4	12.4	100.0	(2260)
2	35.5	24.4	9.4	8.7	22.0	100.0	(1216)
3	47.0	18.1	7.6	6.6	20.7	100.0	(1618)
4	45.6	20.0	12.5	7.8	14.1	100.0	(1290)
Age Group							
15-19	30.4	18.5	12.0	9.2	30.0	100.0	(960)
20-24	37.7	26.2	14.1	8.0	14.0	100.0	(1031)
25-29	45.1	26.1	11.9	6.6	10.3	100.0	(1233)
30-34	46.1	25.6	12.9	5.2	10.2	100.0	(1195)
35-39	44.6	23.2	15.3	6.3	10.6	100.0	(934)
40-44	44.3	23.4	11.2	9.3	11.9	100.0	(610)
45-49	35.9	26.9	10.0	9.3	17.9	100.0	(421)
Years Of Education							
0-9	42.4	19.5	10.9	8.3	18.9	100.0	(2325)
10-12	40.1	24.4	12.9	7.6	15.0	100.0	(3285)
13 +	35.6	33.2	16.6	5.1	9.5	100.0	(719)
Ever Used Pills							
Yes	51.3	27.0	12.3	5.0	4.4	100.0	(3588)
No	28.0	20.6	13.2	10.3	27.9	100.0	(2796)
Currently Uses Pills							
Yes	63.3	23.9	7.1	3.1	2.6	100.0	(1065)
No	36.1	24.0	13.8	8.3	17.9	100.0	(5319)

TABLE 7.5
Respondents' Perceptions Of Safety Of The Pill For A Woman's Health
Women 15-49 By Selected Characteristics
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Perception Of Pill's Safety For Woman's Health					
	Safe	Not Safe	Depends On Woman	Don't Know	TOTAL	N
Total	35.5	30.3	14.0	20.3	100.0	(6384)
Age Group						
15-19	26.7	24.9	12.5	36.0	100.0	(960)
20-24	36.0	31.8	11.8	20.4	100.0	(1031)
25-29	40.6	31.1	14.6	13.7	100.0	(1233)
30-34	39.6	31.1	15.5	13.8	100.0	(1195)
35-39	35.8	34.9	14.4	14.9	100.0	(934)
40-44	35.2	29.8	19.2	15.8	100.0	(610)
45-49	36.8	30.5	10.9	21.8	100.0	(421)
Years Of Education						
0-9	34.3	29.8	13.1	22.9	100.0	(2325)
10-12	35.7	31.6	13.6	19.1	100.0	(3285)
13 +	37.3	27.0	17.6	18.0	100.0	(719)
Ever Used The Pill						
Yes	45.2	32.5	14.9	7.4	100.0	(3588)
No	24.7	27.8	13.0	34.5	100.0	(2796)
Currently Uses Pill						
Yes	59.8	22.1	12.9	5.2	100.0	(1066)
No	31.0	31.8	14.2	23.0	100.0	(5318)

TABLE 7.6
Respondents' Perceptions Of
Safety Of Injectable Contraceptives For A Woman's Health
Women Aged 15-49 By Selected Characteristics
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Perception Of Injection's Safety For Woman's Health					
	Safe	Not Safe	Depends On Woman	Don't Know	TOTAL	N
Total	24.9	37.0	11.6	26.4	100.0	(6384)
Age Group						
15-19	21.0	28.1	11.5	39.4	100.0	(960)
20-24	24.9	36.3	10.5	28.3	100.0	(1031)
25-29	25.0	42.1	10.4	22.6	100.0	(1233)
30-34	26.5	39.8	12.0	21.7	100.0	(1195)
35-39	25.4	42.6	12.6	19.4	100.0	(934)
40-44	26.5	38.2	14.0	21.2	100.0	(610)
45-49	30.7	33.8	12.2	23.3	100.0	(421)
Years Of Education						
0-9	27.2	36.0	10.9	25.8	100.0	(2325)
10-12	24.1	38.6	10.8	26.5	100.0	(3285)
13 +	22.1	33.7	16.8	27.4	100.0	(719)
Ever Used Injection						
Yes	40.8	41.2	11.6	6.4	100.0	(1975)
No	18.8	35.5	11.6	34.1	100.0	(4409)
Currently Uses Injection						
Yes	64.3	19.9	9.6	6.3	100.0	(599)
No	21.5	38.6	11.8	28.2	100.0	(5785)

CHAPTER 8

CONDOM USE

8.A CONDOM USE

Respondents who have had sexual relations were asked a series of questions about condom use. Two of these were *"Have you ever asked a partner to use a condom?"* and *"Has a partner ever suggested to you that he wear a condom?"* The results are presented in Table 8.1.

More women had asked a partner to use a condom than their partners had suggested to them that he use a condom. Slightly over 50 percent of women had asked a partner to use a condom compared with about one-third whose partner had asked her to let him use a condom. The likelihood of women to ask a partner to use a condom varies with their age, as younger women are more likely to ask. More than 58 percent of 15-29 year olds have asked a partner to use a condom; this is true of only 23 percent of 45-49 year olds. The necessity to ask can be attributed to a number of factors; for example, women in relatively stable relationships may have less fear of contracting human immunodeficiency virus (HIV) or other STDs. As indicated previously, older women are more likely to be in a more stable relationship, and younger people may be more likely to speak openly about such topics.

The above hypothesis is borne out by the findings based on relationship status. Women in marital unions were the least likely to have asked a partner to use a condom (40 percent), compared with those in common-law unions and visiting relationships (50 and 62 percent, respectively). The percentage of women with boyfriends who have ever asked a partner to use a condom is similar (60 percent). The percentages above relate to all respondents, whether or not they ever used a condom. The lower part of the table shows that 69-70 percent of those women who ever used a condom and 81 percent who are currently using have ever made such a request of a partner. Women with more education and in higher socio economic groups are also more likely to make such request of their partners. In the case of partners suggesting that they use a condom, the pattern is similar, including ever and current use of condoms. A male partner was more likely to suggest using a condom if the woman was younger, currently in a relationship with a boyfriend and had ever used condoms.

One aspect of condom use that was explored was negative reactions of partners to condom use. The following question was asked: *"Has any of the following ever happened to you because you asked a partner to wear a condom ?*

1 *He refused to wear a condom.*
2 *He refused to have sex with you.*
3 *He threatened you.*
4 *He threatened never to go with you again.*
5 *He forced you to have sex without a condom.*

Another question asked was *Has any of the following ever happened to you because a partner wanted to wear a condom?*

1 *You refused to let him wear a condom*
2 *You refused to have sex with him.*
3 *You threatened never to go with him again.*

The findings from these questions are presented in Tables 8.2 and 8.3. The strongest reaction to a woman asking her partner to use a condom was his refusal to do so; one quarter of the women reported that this was so. Smaller percentages of women indicated that they were forced to have sex without a condom (7 percent), or the partner refused to have sex with them (5 percent). Approximately one percent reported that the partner threatened them or threatened not to go out with them again.

The reaction of women to the suggestion coming from their partners is not as strong as the reaction of the males. Nine percent reported that the women refused to let them wear the condom, six percent refused to have sex with the partner who made the suggestion, and 2 percent threatened never to go out with him again. The correlation between these responses and education and residence was not strong.

8.B REASONS FOR CONDOM USE

All respondents were asked to identify whether or not they were concurrently using two contraceptive methods. If the answer was "yes", then the more effective method was defined as the primary method and the less effective method was defined as the secondary method.[16] Table 8.4 looks at condom use according to this definition. Of those women who reported they use condoms

[16] See Notes 11 and 12 in Chapter 6.

as a primary method, over 90 percent had used a condom at their last sexual intercourse; of those who had used it as a secondary method, 67 percent had used a condom at their last sexual intercourse.

Among those who used condoms as a primary method, the pattern of use did not vary by socio economic characteristics. For women who used condoms as a secondary method, use at last sexual intercourse was lower among those in the 25-34 year old age group and in Regions 2 and 4, as well as in rural areas in general, although the sample sizes do not allow any conclusions to be drawn. Education did not appear to have an impact on levels of use.

The reasons for condom use are examined in Table 8.5. Twenty-three percent of women indicated that they used condoms only to prevent pregnancy, 25 percent only to prevent STDs, and 50 percent used condoms for both reasons. This contrasts with the 1993 survey when 29 percent reported that they used condoms to prevent pregnancy, 6 percent to prevent STDs and 65 percent to prevent both (data not shown).

How is this translated into frequency of condom use? The middle panel of Table 8.5 shows that approximately one-half of condom-using respondents reported that with a steady partner they always used a condom. A further one-third reported using a condom most of the time, and 17 percent report using it some of the time. It is important to note, however, that in reporting condom use with a non-steady partner (lower panel of Table 8.5), more than three-fourths of women who rely on condoms say that they do not have a non-steady partner. Of those few who acknowledge having a non-steady partner, there is roughly an even split between those who always use and those who never use a condom.

8.C EFFECTIVENESS OF CONDOM USE

How do respondents perceive the effectiveness of condoms to prevent pregnancy and STDs? This was examined by two questions: (a) *If a couple uses a condom correctly, how sure can the woman be that she will not become pregnant?* and *(b)Ifa couple uses a condom correctly, how sure can the woman be that she will not get a sexually transmitted disease like gonorrhea, syphilis or AIDS?"* Possible responses were completely sure, almost sure, some risk of pregnancy / of getting STD, not sure at all and don't know. The answers to these two questions are given in Tables 8.6 and 8.7

Approximately one-third of respondents felt that condoms were a completely sure way of preventing pregnancy, one-quarter were almost sure and one-fifth believed that there was some risk. The percentages are similar for respondents' perception of condoms' effectiveness to' prevent STDs. There was little difference in the degree of certainty regarding the prevention of pregnancy and STDs

according to socio economic characteristics of respondents, except slightly more women in the lowest education category did not know if condoms were effective or not. Also, there was some variation by parish. There were also marked similarities between the results of the two tables for ever or current users of condoms compared to never and non current users of condoms. The percentage of respondents who were completely sure of the efficacy of condoms was much lower in both of the latter groups, meaning there is scope for increased education on the value of condoms.

TABLE 8.1
Of Women Aged 15-49 Who Have Ever Had Sexual Relations
The Percentage Who Have Ever Asked A Partner To Use A Condom
And The Percentage Who Have Ever Had A Partner Suggest That He Wear A Condom
By Selected Characteristics
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Respondent Asked Partner To Use Condom	Partner Suggested He Use Condom	
	Percent	Percent	N
Total	51.7	31.7	(5816)
Age Group			
15-19	57.5	45.6	(515)
20-24	61.0	41.4	(955)
25-29	60.3	34.7	(1211)
30-34	52.5	28.3	(1184)
35-39	46.0	24.7	(927)
40-44	37.2	20.7	(607)
45-49	22.9	12.4	(417)
Relationship Status			
Married	39.8	24.7	(1184)
Common Law	50.0	30.0	(1838)
Visiting Partner	62.0	37.8	(1623)
Boyfriend	60.5	42.9	(302)
No Steady Partner	43.5	25.9	(869)
Years Of Education			
0-9	43.6	27.0	(2161)
10-12	55.7	34.5	(2946)
13 +	58.3	33.9	(658)
Socio Economic Index			
Low	44.8	27.9	(2139)
Medium	52.6	30.2	(1906)
High	56.7	36.4	(1771)
Ever Used Condom			
Yes	68.6	42.7	(3804)
No	17.5	9.4	(2012)
Currently Use Condom			
Yes	80.7	55.3	(839)
No	46.4	27.4	(4917)

TABLE 8.2
The Percent Of Respondents / Partners
Who Report Various Negative Reactions By Their Partners Or Themselves
To Suggestions About Using Condoms
Women Aged 15-49 Who Have Ever Asked A Partner To Use A Condom
Or Who Have Ever Had A Partner Suggest To Her That He Wear A Condom
By Years Of Education
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

Type Of Negative Reaction Of Partner To Respondent	Total	Years Of Education 0-9	10-12	13 +
He Refused To Wear A Condom	25.6	28.3	25.4	21.0
He Forced Her To Have Sex Without A Condom	7.5	9.0	7.6	4.2
He Refused Sex With Her	5.2	5.8	4.6	6.4
He Threatened Her	1.4	1.1	1.5	1.2
He Threatened Never To Go Out With Her Again	1.1	1.0	1.2	0.6
No. of Cases	(2986)	(955)	(1659)	(372)

Type Of Negative Reaction Of Respondent To Partner	Total	0-9	10-12	13 +
She Refused To Let Him Wear A Condom	9.2	8.8	10.2	5.6
She Refused To Have Sex With Him	6.3	5.3	7.0	5.6
She Threatened Never To Go Out With Him Again	2.4	3.0	2.4	0.9
No. of Cases	(1815)	(598)	(988)	(229)

TABLE 8.3
The Percent Of Respondents / Partners
Who Report Various Negative Reactions By Their Partners Or Themselves
To Suggestions About Using Condoms
Women Aged 15-49 Who Have Ever Asked A Partner To Use A Condom
Or Who Have Ever Had A Partner Suggest That He Wear A Condom
By Area Of Residence
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

		Area Of Residence		
Type Of Negative Reaction Of Partner To Respondent	Total	Kingston Metro. Area	Other Urban	Rural
He Refused To Wear A Condom	25.6	28.6	21.2	24.7
He Forced Her To Have Sex Without A Condom	7.5	8.7	5.1	7.4
He Refused Sex With Her	5.2	6.1	1.6	5.7
He Threatened Her	1.4	2.1	0.9	1.0
He Threatened Never To Go Out With Her Again	1.1	1.1	0.8	1.1
No. of Cases	(3002)	(728)	(514)	(1760)
Type Of Negative Reaction Of Respondent To Partner				
She Refused To Let Him Wear A Condom	9.2	8.9	10.8	8.8
She Refused To Have Sex With Him	6.3	6.6	3.1	7.3
She Threatened Never To Go Out With Him Again	2.4	1.8	1.3	3.3
No. of Cases	(1822)	(433)	(325)	(1064)

TABLE 8.4

Percentage Of Women Whose Partner Used A Condom At Their Last Sexual Intercourse
By Reported Condom Use Status And Selected Characteristics
Women Aged 15-49 Who Ever Had Sexual Relations
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Condom Use Status			
	Condoms Used As Primary Method		Condoms Used As Secondary Method	
Total	91.7	(839)	67.2	(360)
Region				
1	90.5	(332)	72.2	(132)
2	86.8	(133)	53.0	(74)
3	94.4	(237)	70.0	(91)
4	95.8	(137)	61.5	(63)
Residence				
Kingston Metro. Area	90.3	(235)	76.1	(83)
Other Urban	96.5	(146)	73.9	(72)
Rural	91.3	(457)	57.3	(205)
Age				
15-24	92.7	(321)	70.4	(133)
25-34	88.5	(326)	59.8	(172)
35-49	94.6	(192)	79.9	(55)
Relationship Status				
Married	88.7	(126)	73.0	(46)
Common Law	93.5	(267)	53.4	(113)
Visiting Partner	91.6	(330)	69.5	(170)
No Steady Partner	91.0	(116)	81.6	(31)
Years Of Education				
0-9	91.6	(230)	67.1	(95)
10-12	90.9	(498)	63.8	(218)
13 +	95.2	(108)	78.0	(45)
Socio Economic Level				
Low	91.1	(242)	57.0	(115)
Medium	91.3	(281)	61.8	(115)
High	92.3	(316)	74.0	(130)

TABLE 8.5
Reasons For Using Condoms
And Frequency of Condom Use With Steady And Non Steady Partners
Women Aged 15-49 Who Currently Use Condoms As A Primary Or Secondary Method
By Age Group
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

		Age Group		
	Total	15-24	25-34	35-49
Reason For Condom Use				
Prevent Pregnancy	22.5	19.1	24.5	27.4
Prevent Sexually Transmitted Disease	25.0	24.3	26.1	24.7
Both Of The Above	50.4	55.1	47.0	45.4
Other	0.4	0.2	0.0	1.3
Don't Know / Don't Remember	1.7	1.3	2.5	1.2
Total	100.0	100.0	100.0	100.0
Number Of Cases	(1206)	(460)	(498)	(248)
Frequency Of Condom Use With A Steady Partner				
Always	48.6	52.8	42.4	50.5
Most Of The Time	31.7	27.2	36.4	33.7
Sometimes	17.1	18.6	17.1	13.4
Never	0.4	0.0	1.0	0.3
Refused	2.2	1.4	3.1	2.2
Total	100.0	100.0	100.0	100.0
Number Of Cases	(1203)	(458)	(497)	(248)
Frequency Of Condom Use With A Non Steady Partner				
Always	38.3	45.9	31.6	28.4
Most Of The Time	7.9	6.4	7.1	14.6
Sometimes	5.6	5.8	6.5	2.5
Never	30.9	27.2	33.2	37.7
Refused	17.3	14.6	21.6	16.8
Total	100.0	100.0	100.0	100.0
Number Of Cases	(313)	(139)	(124)	(50)

TABLE 8.6
Respondents' Perceptions Of Effectiveness Of Condom In Preventing Pregnancy
Women Aged 15-49 By Selected Characteristics
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Perception Of Condom's Effectivness In Preventing Pregnancy						
	Completely Sure	Almost Sure	Some Risk Of Pregnancy	Not Sure At All	Don't Know	TOTAL	N
Total	35.1	24.0	21.0	7.1	12.3	100.0	(6384)
Years Of Education							
0-9	34.1	21.0	20.8	8.7	15.3	100.0	(2325)
10-12	36.1	25.8	20.6	6.2	11.3	100.0	(3285)
13 +	34.0	27.9	23.0	6.8	8.2	100.0	(719)
Parish*							
Hanover	56.7	15.6	11.6	3.3	12.9	100.0	(376)
St. Thomas	41.8	21.9	23.4	7.3	5.6	100.0	(440)
Clarendon	41.4	17.1	23.0	6.9	11.6	100.0	(479)
Westmoreland	40.1	30.6	13.4	7.3	8.5	100.0	(409)
Kingston	38.2	17.9	17.9	12.2	13.8	100.0	(179)
Portland	37.8	21.1	22.7	11.0	7.3	100.0	(406)
St. Catherine	37.7	32.3	16.5	5.7	7.8	100.0	(858)
Manchester	37.3	21.2	20.1	8.8	12.6	100.0	(407)
Trelawny	35.2	15.7	17.3	11.5	20.4	100.0	(430)
St. Ann	35.1	18.5	10.1	8.6	27.6	100.0	(382)
St. Elizabeth	34.8	11.0	27.9	10.3	16.0	100.0	(404)
St. Andrew	29.9	30.7	25.9	5.2	8.3	100.0	(783)
St. James	28.1	20.7	31.7	4.3	15.1	100.0	(403)
St. Mary	18.3	33.6	15.6	8.1	24.4	100.0	(428)
Ever Used Condoms							
Yes	42.0	28.1	20.3	6.0	3.8	100.0	(3807)
No	25.3	19.5	22.0	8.6	24.5	100.0	(2577)
Currently Uses Condoms							
Yes	52.4	24.4	16.3	3.4	3.5	100.0	(1199)
No	31.0	24.6	22.1	8.0	14.4	100.0	(5185)

* Parishes are listed in descending order according to the percentage who feel the condom is completely sure (effective).

TABLE 8.7
Respondent's Perception Of Effectiveness Of Condoms
In Preventing Sexually Transmitted Diseases
Women Aged 15-49 By Selected Characteristics
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Perception Of Condom's Effectivness In Preventing Sexually Transmitted Diseases						
	Completely Sure	Almost Sure	Some Risk	Not Sure At All	Don't Know	TOTAL	N
Total	35.9	25.6	20.6	7.1	10.8	100.0	(6384)
Years Of Education							
0-9	34.1	23.2	19.9	9.0	13.8	100.0	(2325)
10-12	37.2	26.4	20.6	6.2	9.7	100.0	(3285)
13 +	35.5	28.3	22.6	6.7	7.0	100.0	(719)
Parish*							
Hanover	57.2	15.2	11.8	3.5	12.3	100.0	(376)
Clarendon	44.5	17.4	20.1	8.1	10.0	100.0	(479)
St. Thomas	42.8	23.7	20.7	7.0	5.8	100.0	(440)
St. Catherine	40.6	34.5	12.4	4.8	7.7	100.0	(858)
Westmoreland	40.0	34.7	12.6	7.3	5.4	100.0	(409)
Trelawny	39.6	14.2	16.0	11.8	18.4	100.0	(430)
Portland	39.3	21.5	19.9	12.4	6.9	100.0	(406)
St. Elizabeth	39.1	10.6	30.3	6.3	13.7	100.0	(404)
Kingston	39.0	17.5	19.5	9.8	14.2	100.0	(179)
Manchester	37.5	24.5	17.3	10.2	10.5	100.0	(407)
St. Ann	31.6	22.0	20.1	8.0	18.2	100.0	(382)
St. Andrew	30.0	31.5	25.2	5.6	7.8	100.0	(783)
St. James	24.1	19.1	36.8	5.1	14.8	100.0	(403)
St. Mary	18.8	33.1	14.0	12.5	21.8	100.0	(428)
Ever Used Condoms							
Yes	43.3	28.3	19.2	5.8	3.5	100.0	(3807)
No	25.4	21.7	22.6	9.1	21.2	100.0	(2577)
Currently Uses Condoms							
Yes	53.2	24.8	15.3	4.3	2.4	100.0	(1199)
No	31.7	25.8	21.9	7.8	12.8	100.0	(5185)

* Parishes are listed in descending order according to the percentage who think the condom is completely sure (effective).

CHAPTER 9

STERILIZATION - USE AND DEMAND

9.A USE OF STERILIZATION

The profiles of in union women who have and have not been sterilized are compared in Table 9.1. Women who have been sterilized tend to be older than the non-sterilized, to have over two children more, on average, than the non-sterilized (mean of 4.1 compared with 1.9), to be in a more stable relationship, to be less educated and to attend church more frequently. Socio economic index does not appear to differ.

The above data on mean number of live births indicate that, in Jamaica as in other countries, women who become sterilized tend to be self-selected for their higher parity; that is more than half of all sterilized women have four or more children, and half of all pregnancies among women with four or more live births were unwanted (see Table 3.14). The lower educational attainment of sterilized women is due in part to high parity being negatively correlated with education. These data have not changed substantially since 1993.

Table 9.2 examines, for those women in a union who have been sterilized, when during their reproductive life the operation took place. In 1997, some 64 percent of sterilized women had the procedure between ages 25 and 34, with a mean age of 30.7. Fifty-seven percent of sterilized women already had 4 or more live births, with a mean of 4.1. The data for 1993 and 1989 show that the mean number of live births at sterilization has been falling (from 4.7 in 1989 to 4.3 in 1993), although there was little change in the mean age at sterilization.

The mean number of children ever born to sterilized and non-sterilized women are compared by age group in Table 9.3. Comparisons with 1993 are also shown. In each age group, the sterilized women have at least one child or more than the non-sterilized, with the difference narrowing as age increases. This is the same pattern observed for 1993. This, again, is an indication that women who are sterilized in Jamaica tend to be self-selected for their higher fertility.

9.B SATISFACTION WITH STERILIZATION

In 1993, thirteen percent of sterilized women stated that, for a variety of reasons, they were not satisfied with having had the operation; in 1997 this proportion had fallen to 7 percent (Table 9.4). In 1997, as well as in 1993, dissatisfaction was highest for women who were less than 30 years at the time of sterilization. Also, the value of counselling prior to the operation can be seen since, in

1993 and 1997, women who were not counselled before the operation were much more likely to be dissatisfied than women who had been counselled. Not shown in a table is that in 1997, among those not satisfied with the operation, almost half had side effects or complications resulting from the operations itself, while less than one-third of unsatisfied women, or about 2 percent of sterilized women overall, stated that they regretted having been sterilized because they wanted more children.

9.C DEMAND FOR STERILIZATION

Table 9.5 looks at the potential demand for sterilization among women who are fecund (that is, are capable of getting pregnant) and who do not want any more children. In 1993, about one-third of women in this group (35 percent) stated that they were interested in having the operation. This interest was higher for women who were in a union, who had 4 or more children, and who were 30-34 years of age. In 1997, the overall percentage fell to 23 percent. The percentage increased by age up to age group 30-34 and fell thereafter. As in 1993, interest also increased with the number of live births. A higher percentage of among women in the "low" socio economic group are interested, no doubt because they have higher parity than in the "high' socio economic group.

9.D REASONS FOR NON-STERILIZATION

Non-sterilized women who did not want more children, but were not interested in sterilization, were asked the reason why they were not interested (Table 9.6). Twenty-six percent indicated that they were afraid of the operation, while 16 percent of women said they might want children in the future. Another 15 percent of women identified fear of the method and possible side effects, 10 percent said they were too young and 8 percent reported that they were not sexually active. Certainly, those who expressed fear of the operation, fear of method and side effects, those who are "thinking about it", "don't believe in it" and who indicated lack of information could presumably be the target of educational efforts to inform them of the benefits and safety of female sterilization. There was no pattern of differences for these reasons according to years of education.

Those women who did not want more children, but were interested in sterilization and who were not yet sterilized, were asked why they had not been sterilized. Table 9.7 presents this data by years of education. Some 21 percent of women in this group reported that they were "thinking about it"; a further 16 percent cited "lack of information", 11 percent were "currently pregnant" and a further 11 percent indicated "fear of the operation and its side effects". As one out of four women cited lack of information or fear of the operation, certainly an appropriate information programme could be aimed at those women. There was little difference according to education for these major reasons. Of the lesser reasons for not being sterilized, the only appreciable difference reported by education was "lack of money", which was reported to a much lesser extent by those with 10 or more years of education, since better educated respondents were also in higher economic groups.

As shown in Table 9.8, of those women who have indicated that they still wanted children, 25 percent would be interested in becoming sterilized after having all the children they want. Age was not a determinant. As the number of respondents' live births increased, the percentage interested in sterilization increased up to three births and then fell off. There was no pattern by number of additional children wanted or by relationship status. Interest was inversely related to church attendance.

For those 1,817 women who indicated that they would not be interested in sterilization even after they have had all the children they want, Table 9.9 presents their reasons for not being interested. The most frequent reasons were: "fear of the operation", followed by "may want to have more children in the future", though the percentage stating this latter reason fell with age. Also, "Fear of method and side effects" was stated by 16 percent of these respondents, and 12 percent said they were "too young". Presumably, education efforts could convince a proportion of this large group of women of the safety of tubal ligation.

TABLE 9.1

Characteristics Of Sterilized Women Compared With Non-Sterilized Women
Women In Union Aged 15-44* By Selected Characteristics
(Percent Distribution)
Compared With 1993 Contraceptive Prevalence Survey
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	1997 RHS			1993 CPS		
	Total	Sterilized	Not Sterilized	Total	Sterilized	Not Sterilized
Age						
15-19	9.9	0.0	11.0	11.0	0.0	12.6
20-24	20.7	1.8	22.9	23.2	0.9	26.4
25-29	23.5	6.4	25.5	23.0	12.3	24.5
30-34	22.7	19.4	18.5	19.0	21.0	18.8
35-39	16.1	30.3	14.4	15.3	32.7	12.8
40-44	10.3	38.8	6.9	8.5	33.1	5.0
No. Of Live Births						
0	17.6	1.4	20.4	17.6	0.2	20.1
1	25.4	2.4	29.0	24.6	0.3	28.1
2	21.0	15.4	22.2	21.2	11.3	22.6
3	14.5	23.4	13.6	15.0	25.1	13.6
4 +	21.5	57.4	14.9	21.7	63.1	15.8
Relationship Status						
Married	20.8	46.1	17.8	19.1	47.1	15.2
Common Law	34.9	32.9	35.1	34.8	30.2	35.4
Visiting Partner	44.3	21.0	47.1	46.1	22.7	49.4
Years Of Education						
0-9 Years	32.3	47.2	30.5	--	--	--
10-12 Years	55.6	41.7	57.2	--	--	--
13 + Years	12.1	11.2	12.3	--	--	--
Socio Economic Index						
Low	31.5	36.1	30.9	--	--	--
Medium	33.3	31.3	33.6	--	--	--
High	35.2	32.6	35.5	--	--	--
Church Attendance						
At Least Weekly	24.4	40.6	22.5	21.8	35.4	19.9
At Least Monthly	19.3	17.2	19.5	14.0	13.7	14.1
Less Than Once/Month	15.1	11.6	15.6	45.4	36.9	46.6
Special Occasions	28.7	21.7	29.5	12.4	9.8	12.7
Never	11.9	8.6	12.3	4.9	3.2	5.2
No Response	0.6	0.4	0.6	12.4	9.8	12.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Mean Number Of Live Births	2.1	4.1	1.9	2.2	4.3	1.9
Number Of Cases	(4,351)	(474)	(3,877)	(2,284)	(277)	(2,007)

* Women over the age of 44 are excluded from the analysis to make the data comparable with the data from the 1993 survey, which did not include the 45-49 age group.

-- Education and socio-economic index were measured differently in 1993, so comparisons with 1997 are not possible.

TABLE 9.2

Characteristics Of Sterilized Women In Union Aged 15-44 At Time Of Sterilization Compared With 1993 And 1989 Contraceptive Prevalence Surveys

(Percent Distribution)

1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	1997	1993	1989
Age At Sterilization*			
Less Than 25	11.2	13.0	10.5
25-29	33.2	32.3	29.1
30-34	30.7	36.0	35.9
35-39	22.1	18.7	20.1
40-44	2.3	0.0	4.2
Unknown	0.5	0.0	0.2
Total	100.0	100.0	100.0
Mean Age At Sterilization	30.7	30.0	31.1
Number Of Live Births			
0	1.4	0.2	0.5
1	2.4	0.3	1.3
2	15.4	11.3	12.9
3	23.4	25.1	21.2
4 +	57.4	63.1	64.1
Total	100.0	100.0	100.0
Mean Number Of Live Births	4.1	4.3	4.7
Number Of Cases	(474)	(277)	(468)

* Information on age at sterilization missing for4 women in 1997, 3 women in 1993 and 4 women in 1989.

TABLE 9.3

Mean Number Of Children Ever Born To Women In Union Aged 15-49
By Age And Whether Or Not Sterilized
Compared With Data From 1993 Contraceptive Prevalence Survey
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	1997				
Age	Sterilized	N	Not Sterilized	N	Difference
15-29	3.2	(44)	1.3	(2091)	1.9
30-39	3.9	(275)	2.6	(1497)	1.3
40-44	4.5	(155)	3.3	(289)	1.2
45-49	4.8	(116)	3.6	(181)	1.2
Total	4.2	(590)	1.9	(4058)	2.3

	1993				
Age	Sterilized	N	Not Sterilized	N	Difference
15-29	3.2	(38)	1.3	(1203)	1.9
30-39	4.2	(137)	2.7	(673)	1.5
40-44	4.9	(102)	3.8	(131)	1.1
Total	4.3	(277)	1.9	(2007)	2.4

TABLE 9.4
Percent Of Sterilized Women Who Were Not Satisfied* With The Operation
By Selected Characteristics
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	1997		1993	
	Percent	N	Percent	N
Total	7.1	(692)	13.2	(315)
Age At Sterilization				
Less Than 30	11.4	(270)	21.2	(138)
30-34	5.2	(222)	9.2	(117)
35 +	3.8	(190)	2.5	(58)
Counseled Before Sterilization**				
Yes	3.9	(458)	6.6	(140)
No	14.1	(234)	18.5	(175)
Socio Economic Index				
Low	9.4	(269)	--	--
Medium	8.0	(219)	--	--
High	3.9	(204)	--	--
Years Of Education				
0-9	7.0	(359)	--	--
10-12	8.2	(254)	--	--
13 Or More	2.7	(68)	--	--
Place Operation Performed				
Public Hospital	7.6	(621)	12.9	(282)
Other	3.2	(71)	15.8	(33)
Residence				
Urban	8.4	(263)	14.3	(99)
Rural	5.8	(429)	12.5	(216)
Union Status				
Married	4.2	(281)	7.9	(130)
Common Law Union	11.1	(197)	15.5	(92)
Visiting Partner	7.9	(111)	19.5	(55)
Not In Union	7.1	(103)	16.2	(38)

* The exact question asked was, "Are you satisfied with having had the operation?"

** 1993: Counselling on any topic related to sterilization.
1997: Counselling on "family-planning methods".

TABLE 9.5
Percent Of Women Who Are Interested In Sterilization
By Selected Characteristics
Fecund Women Aged 15-49 Who Do Not Want Any More Children
Compared With Data From 1993 Contraceptive Prevalence Survey
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	1997		1993	
	Percent	N	Percent	N
Total	22.8	(2270)	34.9	(1013)
Age Group				
15-24	19.8	(430)	35.2	(242)
25-29	25.1	(455)	38.2	(238)
30-34	31.2	(496)	44.7	(265)
35-44	21.7	(733)	24.1	(268)
45-49	9.8	(156)	--	--
Number Of Live Births				
0-1	14.5	(473)	34.6	(240)
2	20.1	(590)	28.9	(252)
3	24.9	(513)	35.3	(214)
4 +	31.2	(694)	40.2	(307)
Relationship Status				
Married	23.7	(453)	36.7	(160)
Common Law	30.5	(791)	37.2	(393)
Visiting Partner	21.2	(557)	36.4	(285)
Not In Union	14.4	(469)	27.1	(175)
Socio Economic Index				
Low	26.0	(1011)	--	--
Medium	22.2	(702)	--	--
High	19.3	(557)	--	--

TABLE 9.6
Reasons Why Women Aged 15-49 Who Do Not Want More Children
Are Not Interested In Being Sterilized
By Years Of Education
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

		Years Of Education		
	Total	0-9	10-12	13+
Fear Of Operation	25.7	26.6	24.5	27.2
May Again Want Children In Future	16.1	11.9	19.8	15.7
Fear Of Method And Side Effects	14.8	14.7	15.6	11.4
Too Young	10.0	7.8	12.2	8.2
Not Sexually Active	8.0	10.9	4.8	11.0
Advanced Age, Approaching Menopause	5.9	9.6	2.4	7.1
Partner / Family Opposed	2.1	2.1	2.6	1.3
Against Religion	2.2	1.4	3.4	0.0
Prefer Other Contraceptive Methods	1.5	1.3	1.8	1.2
"Don't Believe In It"	1.2	1.2	1.2	1.0
Lack Of Information	1.1	0.8	1.4	1.3
Thinking About It	1.0	1.7	0.4	1.0
Other	4.0	3.7	3.7	7.0
No Reason Stated	6.3	6.2	6.3	6.6
Total	100.0	100.0	100.0	100.0
Number Of Cases	(1521)*	(658)	(712)	(151)

*Information on education is missing for 9 women who do not want more children and are not interested in being sterilized.

TABLE 9.7
Reasons Why Women Aged 15-49
Who Do Not Want Any More Children And Who Are Interested In Being Sterilized
Are Not Yet Sterilized
By Years Of Education
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

		Years Of Education	
	Total	0-9	10+
Thinking About It	20.6	19.9	21.0
Lack Of Information	16.3	15.9	16.7
Currently Pregnant	11.4	11.8	11.2
Fear Of Operation And Side Effects	11.4	11.5	11.3
Plan To Do So Soon	7.8	5.4	9.6
Too Young	6.9	5.0	8.3
Lack Of Money	6.8	11.7	3.2
May Again Want Children In Future	5.6	4.2	6.7
Current Partner Opposed	3.1	3.8	2.7
Medical Barrier	1.9	0.8	2.8
Other	8.2	10.1	6.7
Total	100.0	100.0	100.0
Number Of Cases	(734)	(347)	(387)

TABLE 9.8
Percent Of Women Who Would Be Interested In Sterilization
After Having All The Children They Want
By Selected Characteristics
Fecund Women Aged 15-49 Who Want Or Might Want More Children
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Percent	N
Total	25.2	(3158)
Age Group		
15-19	24.2	(818)
20-24	24.7	(721)
25-29	22.9	(721)
30-34	32.2	(531)
35-39	26.4	(276)
40-49	29.8	(91)
Number Of Live Births		
0	20.6	(1416)
1	28.9	(927)
2	34.0	(497)
3	30.1	(193)
4 +	28.1	(125)
Relationship Status		
Married	22.4	(359)
Common Law	29.5	(772)
Visiting Partner	29.7	(905)
Not In Union	20.5	(1122)
Number Of Additional Children Wanted		
1	29.8	(1079)
2	23.5	(957)
3 +	26.7	(251)
Don't Know / Up To Fate, etc.	20.8	(847)
Church Attendance		
At Least Weekly	21.0	(1022)
At Least Monthly	25.8	(613)
Less Than Once/Month	27.9	(471)
Special Occasions	27.2	(755)
Never	29.0	(276)

TABLE 9.9
Reasons Why Women Aged 15-49 Who Want Or Might Want More Children
Are Not Interested In Being Sterilized After Having All The Children They Want
By Age Group
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

		Age Group		
	Total	15-24	25-34	35-49
Fear Of Operation	23.0	21.6	24.4	26.6
May Again Want Children In Future	22.0	24.1	21.9	10.8
Fear Of Method And Side Effects	16.2	13.5	20.2	18.4
Too Young	11.6	17.0	5.9	0.0
Against Religion	4.2	3.1	4.6	9.2
"Don't Believe In It"	3.0	2.2	4.3	3.2
Lack Of Information	2.5	3.0	1.4	3.5
Not Sexually Active	1.6	1.6	1.2	3.2
Advanced Age, Approaching Menopause	1.3	0.3	0.4	9.5
Prefer Other Contraceptive Methods	1.3	1.3	1.4	0.8
Partner / Family Opposed	1.0	0.6	1.9	0.4
Other	4.4	3.4	5.5	6.4
No Reason Stated	7.9	8.4	7.0	8.3
Total	100.0	100.0	100.0	100.0
Number Of Cases	(1817)	(875)	(721)	(221)

CHAPTER 10

NON-USE OF CONTRACEPTIVES

10.A DISCONTINUATION AND FAILURE RATES

As mentioned previously, the survey data have shown that, with increasing age, the tendency has been to switch from shorter term methods, such as the condom and the pill, to more long term methods, such as injectables and finally tubal ligation. Accordingly, discontinuation rates (calculated using life table methodology), or the percentage of users of the pill, injectables and condoms who discontinued use after selected periods of time are presented in Table 10.1. The periods used are discontinuation: after 12 months; after 24 months and after 36 months. The percentage of women who discontinued condom use at the end of each period were higher than for the pill or the injection (which are about equal). After 12 months, the percentage of users who discontinued using the condom was 42 percent compared with 32 percent for the pill and 31 percent for injectables; after 24 months, the comparative rates were 59, 48 and 50 percent, respectively, while after 36 months, the rates were 67, 61 and 58 percent, respectively. The percentages were fairly similar according to health region.

Contraceptive failure rates (as was the case for discontinuation rates) were based on information from a five-year contraceptive calendar. Whenever a woman reported that she became pregnant while using a contraceptive method it is considered to be a contraceptive failure, regardless of whether the pregnancy resulted from a failure of the method or improper use of the method. Table 10.2 shows failure rates, based on life table calculations, after 12, 24, and 36 months for pills, injectables, and condoms, according to health region. Twelve-month failure rates for Jamaica as a whole were found to be about 4 percent for pills, 0.3 percent for injectables, and 5 percent for condoms. These failure rates are not out of the ranges typically found for each of the three methods examined (Hatcher et al., 1998). Somewhat surprisingly, the failure rates for each of the methods appear to be just as high in the second and third years of use as in the first year. There do not appear to be any consistent variations in failure according to health region.

10.B REASONS FOR NOT USING A CONTRACEPTIVE METHOD

The reasons why women and men say they are not currently using contraception are examined in the next series of tables. Eighty-six percent of female non-users gave reasons for non-use related to pregnancy, subfecundity or sexual activity, which cannot be changed through education (Table 10.3). Most women in this group said they were not sexually active (58 percent of total), while 11 percent reported they were currently pregnant, a further 8 percent indicated a desire to get pregnant and 10

percent were sub-fecund or post-partum. The remaining 14 percent of non-using women gave other reasons, including "don't like" contraception, being "against" contraception and having concerns about side effects. Presumably some of the women in this group could be persuaded to use contraception through educational efforts. These data are similar to the corresponding data from the 1993 JCPS.

Reasons for non-use are presented according to several social and demographic variables factors in Tables 10.4 and 10.5. The following points can be made:

(1) Reasons for non-use by women vary according to relationship status (Tables 10.4). Although the major reason for non-use by women who were in a marital union was sub fecundity and for those in a consensual union it was current pregnancy, the primary reason for women in a less stable or in no relationship was absence of sexual activity.

(2) Reasons for non-use by last contraceptive method used showed that those women who never used a method were most likely (80 percent) to report they were not using contraception because they were not sexually active (Table 10.5). Those women who last used a hormonal method, the pill or injection, were more likely than others to state reasons related to side effects and health concerns. Interestingly, the highest percentage of women saying they are not using because they are currently pregnant (28 percent) were those whose last method was withdrawal, which may be related to this method's relatively high failure rate.

Respondents using contraception were asked if they would prefer a method other than the one they were currently using. As shown in Table 10.6, 87 percent of women currently using a contraceptive method indicated satisfaction with their current method. Of the 13 percent of users who preferred to use another method, almost all preferred a more effective method. For example, of the 21 percent of IUD users who preferred another method, 15 percent indicated tubal ligation as the preferred method. Also, 12 percent of condom users preferred the pill or injection and 4 percent of pill users wanted to switch to injections.

10.C NEED FOR 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" if she was sexually active, not currently pregnant, stated that she did not desire to become pregnant, and was not using any method of contraception for reasons not related to subfecundity.

According to this definition, 15 percent of the women were estimated to have an unmet need for contraception, compared with a slightly lower proportion, 14 percent, in 1993 (Tables 10.7 and 10.8).

The level of unmet need varied according to the variables included in the study. The following summary points can be made:

(1) Women with no steady partner, who are largely young women, had the highest level of unmet need (Table 10.7), and their level of unmet need had increased since 1993 (p=0.05). Married women had a higher level of unmet need compared to 1993, when they had the lowest percentage of unmet need (p=0.06). Almost one in five 15-19 year old women had an unmet need for family planning services.

(2) Unmet need was highest in the Kingston Metropolitan Area and Health Region 2 and lowest in Health Region 3 (Table 10.8).

To summarize, the need for family planning services among women was about 15 percent for all sub groups (about 13% for women in union), but it was higher for those under 20 years of age, for those with a boyfriend or no current steady partner, for women who attended religious services regularly, and for those whose level of education was highest. It was also relatively high in St. Andrew, St. Thomas, Portland, St. Ann and Manchester.

TABLE 10.1
Contraceptive Discontinuation Rates:
Percent Of Women Aged 15-49
No Longer Using The Pill, Injectables And Condoms
After 12, 24 And 36 Months
By Health Region
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Percentage No Longer Using				
		Health Region			
	Total	1	2	3	4
Pill					
After 12 Months	31.5	31.5	34.7	28.1	29.4
After 24 Months	49.5	47.9	51.0	46.1	48.6
After 36 Months	60.7	59.3	62.2	60.1	58.5
Injectables					
After 12 Months	31.1	25.5	31.0	33.1	31.9
After 24 Months	47.5	46.1	46.7	50.9	44.9
After 36 Months	58.3	55.2	59.7	63.9	55.9
Condoms					
After 12 Months	42.2	43.3	44.8	37.8	44.5
After 24 Months	58.5	58.9	57.7	54.5	62.2
After 36 Months	67.3	66.5	66.4	63.0	70.4
All Methods Combined					
After 12 Months	33.2	33.6	34.3	31.5	33.0
After 24 Months	48.5	48.6	48.5	47.0	49.2
After 36 Months	57.5	57.2	57.6	57.4	58.2

TABLE 10.2
Contraceptive Failure Rates:
Percent Of Women Aged 15-49
Who Reportedly Became Pregnant While Using The Pill, The Injection And Condoms
After 12, 24 And 36 Months
By Health Region
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Percentage Who Reportedly Became Pregnant				
		Health Region			
	Total	1	2	3	4
Pill					
After 12 Months	3.9	3.6	5.9	3.0	4.1
After 24 Months	8.5	7.6	11.5	8.4	8.7
After 36 Months	12.1	10.3	14.7	13.5	13.0
Injectables					
After 12 Months	0.3	0.2	1.3	0.0	0.3
After 24 Months	1.7	1.4	2.8	0.0	2.9
After 36 Months	2.0	1.4	2.8	1.7	2.9
Condoms					
After 12 Months	5.3	4.9	6.4	7.2	3.6
After 24 Months	10.9	10.2	10.7	13.6	10.0
After 36 Months	15.4	13.8	15.7	20.3	14.5

TABLE 10.3
Reasons for Not Currently Using a Contraceptive Method
(Percent Distribution)
Women Aged 15-49 Compared With Data From 1993 CPS
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

Reasons	1997 RHS	1993 CPS
Reasons Related To Pregnancy, Sub-fecundity and Sexual Activity	86.0	80.6
Not Sexually Active	58.0	52.6
Currently Pregnant	10.6	12.4
Respondent Or Partner Desires Pregnancy	7.8	5.7
Subfecund	7.4	8.3
Postpartum, Breast-feeding	2.2	1.6
Other Reasons	14.0	19.3
Don't Like	3.4	5.0
Experienced Side Effects	2.8	2.8
Health Concerns	1.6	1.7
Fear of Side Effects	1.3	2.0
Partner Against	0.9	0.0
Religion Against	0.6	0.0
Other	3.4	7.8
TOTAL	100.0	100.0
Number of Cases	(2978)	(1530)

TABLE 10.4
Reasons for Not Currently Using a Contraceptive Method
By Relationship Status
(Percent Distribution)
Women Aged 15-49 Not Currently Using a Method
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

		Relationship Status				
	Total	Married	Common Law	Visiting Partner	Steady Boy Friend	No Steady Partner
Reasons Related To Pregnancy, Infertility And Sexual Activity	86.0	65.2	72.6	75.8	81.5	99.1
Not Sexually Active	58.0	10.7	11.2	28.6	52.1	94.8
Currently Pregnant	10.6	13.4	24.7	22.9	16.2	0.5
Subfecund	7.4	21.2	14.8	7.7	5.0	2.1
Respondent Or Partner Desires Pregnancy	7.8	17.2	18.0	10.4	5.5	1.6
Postpartum, Breast-feeding	2.2	2.7	3.9	6.2	2.7	0.1
Other Reasons	14.0	34.2	27.2	23.8	18.8	1.0
Don't Like	3.4	7.5	6.5	5.7	5.5	0.5
Experienced Side Effects	2.8	6.8	6.9	4.6	0.0	0.2
Fear of Side Effects	1.3	3.0	1.8	2.6	3.3	0.1
Health Concerns	1.6	2.1	4.7	3.2	0.0	0.1
Partner Against	0.9	1.3	2.1	1.9	1.2	0.0
Religion Against	0.6	4.6	0.3	0.1	1.7	0.0
Other	3.4	9.7	5.2	6.1	6.9	0.2
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
Number of Cases	(2978)	(437)	(626)	(530)	(95)	(1290)

TABLE 10.5
Reasons for Not Currently Using a Contraceptive Method
By Selected Last Used Contraceptive Methods*
(Percent Distribution)
Women Aged 15-49 Not Currently Using a Method
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

		Last Contraceptive Method Used			
	Never Used	Pill	Condom	Injection	Withdrawal
Reasons Related To Pregnancy, Infertility and Sexual Activity	92.4	79.2	84.9	75.8	89.5
Not Sexually Active	79.9	37.4	53.3	44.6	32.1
Currently Pregnant	2.5	16.9	13.5	11.8	28.3
Subfecund	4.9	9.3	6.3	10.9	14.8
Respondent Or Partner Desires Pregnancy	4.3	10.6	9.0	8.1	11.4
Postpartum, Breast-feeding	0.8	5.0	2.8	0.4	2.9
Other Reasons	7.8	20.8	15.3	24.1	10.8
Don't Like	3.4	3.5	3.6	2.0	3.6
Experienced Side Effects	0.0	6.3	2.4	9.8	0.0
Fear of Side Effects	0.9	0.9	2.0	2.5	2.0
Health Concerns	0.3	3.5	1.0	4.5	1.1
Partner Against	0.9	0.9	1.0	1.2	0.3
Religion Against	0.8	1.1	0.3	0.1	0.0
Other	1.5	4.6	5.0	4.0	3.8
TOTAL	100.0	100.0	100.0	100.0	100.0
Number of Cases	(2964)	(783)	(652)	(286)	(131)

* Information on last method used is missing for 14 women.

TABLE 10.6
Percent Of Users Of Selected Contraceptive Methods
Who Would Prefer To Use A Different Contraceptive Method
By Current And Preferred Method
(Percent Distribution)
Women Aged 15-49
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Preferred Method								
Current Method	No Other	Injection	Pill	Tubal Ligation	Norplant	Vasectomy	Other	Total	N
All Methods	87.0	3.5	3.3	2.1	1.1	0.2	2.9	100.0	(2712)*
Injectable	94.3	0.0	1.0	1.4	1.6	0.0	1.8	100.0	(599)
Pill	90.1	3.5	0.0	1.7	1.2	0.3	3.4	100.0	(1065)
Condom	82.4	5.2	6.5	2.2	0.5	0.1	3.1	100.0	(838)
IUD	79.0	2.7	2.6	15.1	0.7	0.0	0.0	100.0	(46)
Withdrawal	67.1	7.2	15.2	4.4	1.8	0.0	4.4	100.0	(131)

* Number of cases for individual selected methods do not add up to number of cases for all methods because only those selected methods with 25 or more users appear in this table.

TABLE 10.7
Percent of Women Aged 15 to 44
Estimated To Be In Need* of Family Planning Services
By Selected Socio Economic Characteristics And Compared With 1993 CPS
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	1997		1993	
	% In Need	N	% In Need	N
Total	15.4	(5963)	13.7	(3110)
Relationship Status				
Married	14.2	(1036)	8.8	(488)
Common Law	12.0	(1746)	14.5	(904)
Visiting Partner	12.6	(1569)	13.8	(892)
Boyfriend (With Or Without Sex)	16.2	(396)	15.2	(203)
No Current Steady Partner	22.2	(1216)	15.1	(623)
Age				
15-19	19.0	(960)	16.2	(553)
20-24	15.3	(1031)	13.5	(628)
25-29	13.3	(1233)	12.8	(667)
30-34	13.2	(1195)	13.3	(594)
35-39	15.6	(934)	14.1	(420)
40-44	14.8	(610)	10.4	(248)
Number Of Live Births				
0	16.5	(1586)	12.3	(863)
1	15.6	(1302)	13.7	(672)
2	16.6	(1176)	18.0	(579)
3	10.5	(844)	13.0	(412)
4+	14.9	(1055)	12.9	(584)
Years Of Education				
0-9	14.3	(2039)	--	--
10-12	15.3	(3203)	--	--
13 +	18.5	(676)	--	--
Socio Economic Index				
Low	14.8	(2115)	--	--
Medium	15.5	(1957)	--	--
High	15.6	(1891)	--	--
Church Attendance*				
At Least Weekly	17.9	(1851)	--	--
At Least Monthly	14.4	(1147)	--	--
Less Than Once Per Month	12.7	(859)	--	--
Special Occasions	15.6	(1470)	--	--
Never	12.8	(589)	--	--

*Women are defined as being in need of family planning services who are fecund, sexually active, not currently pregnant, not currently desiring a pregnancy, and not using a contraceptive method.

TABLE 10.8
Percent of Women Aged 15 to 44
Estimated To Be In Need* of Family Planning Services
By Selected Geographic Characteristics
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	% In Need	N
Total	15.4	(5963)
Residence		
Kingston Metropolitan Area	16.6	(1360)
Other Urban	14.8	(1014)
Rural	14.6	(3589)
Region		
1	16.4	(2102)
2	18.5	(1143)
3	11.9	(1511)
4	13.8	(1207)

* Women are defined as being in need of family planning services who are fecund, sexually active, not currently pregnant, not currently desiring a pregnancy, and not using a contraceptive method.

CHAPTER 11

YOUNG ADULTS

11.A GENERAL

The 1997 Reproductive Health Survey continues the study of young adult men and women aged 15-24 years, because concern about the high level of unintended adolescent childbearing has indicated a special analysis of the problem. A separate report, specific to young adults, will complete the series of final reports on the 1997 survey. Accordingly, this chapter provides a summary of the available data.

11.B SOCIO DEMOGRAPHIC CHARACTERISTICS

The age distribution of the young adult population, male and female, sampled in the JRHS, 1993 JCPS and 1987 YARHS is shown in Table 11.1. The data were similar for the three surveys. Another variable studied is employment status, which is presented in Table 11.2. Among young women, the highest percentage were students (35 percent), the next highest were working (25 percent), a further 22 percent were keeping house, and a lower percentage was unemployed (18 percent). Among young men half were working, and only 29 percent were students.

Within every age group, men were more likely than women to report that they were currently working. Approximately four of five men 20-24 years of age reported they were working. The proportions of men and women who were unemployed was highest among those aged 18-19. Women are much more likely than men to report that they were keeping house. As would be expected, the proportions in school decline with increasing age among both men and women.

The relationship status of young adults is shown in Table 11.3. Approximately one-third of both genders had no steady partner and only a small percent were married (2 percent of women and 0.5 percent of men). One-third of both women and men had visiting partners, which was the most common relationship status in this age group.

11.C EXPOSURE TO FAMILY LIFE EDUCATION

Courses for young adults in family life and sex education are offered in schools and at other venues outside of schools. Table 11.4 looks at young adults who took a course in family life or sex education by where the course was taken and by age group. Comparisons are made with 1993. The percentage of young adults who have taken a course increased since 1993 from 80 to 86 percent for women and from 68 to 76 percent for men. As may be observed, in both years, the percentage of

those who took a course was higher for women than for men. Courses in school were the most common for both young women and young men.

The topics covered differed by gender (Table 11.5). For example, the menstrual cycle was almost universally covered for women in both years, but a lower percentage of men, 85 percent in 1997 and 79 percent in 1993, had this topic covered in their course. Men were taught about condoms and AIDS to a slightly greater extent than women, perhaps because they were considered to be at greater risk of contracting AIDS. Teaching about AIDS increased for both sexes since 1993. About two-thirds of young men and women were taught about counselling services available for adolescents, while less than half were taught about clinic services and only one-third about contraceptive distribution. The percentages of those taught about service availability were low when compared to the percentages taught about the more theoretical aspects of reproductive health. Also, since the possible responses to these questions were read to respondents, the possibility that they would not recall what topics they were taught was minimized. Steps should be taken to encourage teaching of the availability of clinic services and contraceptive distribution.

Without being specific as to the exact place, Table 11.6 shows the proportion of young adult males and females who knew where to go for information on sex or contraceptives or on treatment of STDs. Eighty-eight percent of young women and 83 percent of young men indicated that they knew where to go for information on sex or contraception. Both women and men in the youngest age group were least likely to know where to go. Those who took a family life or sex education course or were in the higher socio economic category were more likely to know than others.

The pattern was similar for those who knew where to go for treatment of STDs, but overall knowledge was higher and the variations are less marked.

11.D EXPOSURE TO SEXUAL ACTIVITY

Table 11.7 shows the majority of both women and men aged 15-24 reported, at the time of the survey, that they have had sexual intercourse (70 and 85 percent, respectively). As expected, the proportion increases with age; 38 percent of young women and 64 percent of young men in the 15-17 year old age group are sexually experienced and by age 25 nearly all women and men are sexually experienced. This pattern was similar to that seen in 1993 and 1987 (data not shown). Women reported a decline in sexual experience since 1993, although this decline was not quite significant statistically ($p=0.06$). This decline for young women was only among adolescents 15-19 years of age ($p=0.06$). There was no change for 20-24 year old women or for men at any age.

Table 11.8 shows that the mean age at first intercourse reported for young women of 15.9 years was approximately 2 years older than that reported by men in both 1997 and 1993. Although the mean

age at first sexual experience did not vary by residence among women, more men residing in urban areas reported being sexually experienced at an early age than those in rural areas. For women, the mean age at first intercourse rose with educational attainment and socio economic status. Also, the mean was generally higher with more frequent church attendance.

Virtually all young women and men reported that their first sexual experience occurred outside of a consensual union or legal marriage (Table 11.9). The majority of young women described their first partner as a boyfriend; the proportion increasing as age at first intercourse increased up to age 18-19. In contrast, fewer than half of young men described their first partner as a girlfriend, and most of the remainder described her as "a friend". Among men, an older age at first intercourse tended to be associated with a girlfriend relationship; while first intercourse with a friend showed an inverse relationship until age 20.

11.E CONTRACEPTIVE USE AT FIRST INTERCOURSE

Patterns of contraceptive use at first sexual experience were different for men and women. Table 11.10 shows that 56 percent of young women reported use of contraception at first intercourse and this proportion was significantly higher than the 43 percent who used contraception at first intercourse in 1993. As might be expected, similar to 1993, those who were older at first intercourse were generally more likely to use contraception. Other characteristics associated with a greater likelihood of contraceptive use at first intercourse included a more stable relationship, higher educational attainment and higher socio economic status.

Thirty-one percent of young men reported in 1997 that they used contraceptives at their first sexual intercourse. This is 9 percentage points (44 percent) more than was reported in 1993, which was in itself half again as great as the proportion of young men who so reported in 1987 (data for 1987 not shown). Nonetheless, 31 percent is well below the level reported by women, in part attributable to the younger age of men at first intercourse, as the likelihood of contraceptive use generally increased with age at first intercourse. Variation according to other characteristics of men was similar to that of the women, but at a lower level. Variation by parish was marked; for women, the proportion who used contraception at first intercourse ranged from 68 percent in Portland to 43 percent in St. Thomas; for men, the range was from 48 percent in St. James to 8 percent in Kingston; however, parish results should be treated with caution due to the small sample sizes.

11.F SOURCE OF CONDOMS

The source of condoms is the only source of contraception examined, as 88 percent of young women and 94 percent of young men who used any method at first intercourse used a condom (data not shown). Among young women, the primary source of condoms used at first intercourse was the

pharmacy, followed by the supermarket or shop; government clinics were in third position (Table 11.11). One-third of women, however, reported that they did not know where the condoms were obtained; no doubt because the male partner obtained them.

Young men identified the supermarket or shop as their primary source of condoms, followed by the pharmacy. An important source for young men was other sources, mostly friends (29 percent in 1997 and 41 percent in 1993). Very few men reported that they did not know where the condom was obtained.

11.G REASONS FOR NOT USING CONTRACEPTION AT FIRST INTERCOURSE

Table 11.12 presents the reasons for not having used contraception at first intercourse. This table shows that nearly half of young women and approximately one-third of men who did not use contraception at first intercourse in both 1997 and 1993 reported the reason is that they did not expect to have sexual intercourse. A second reason given (13 percent and 21 percent of young women in 1997 and 1993, respectively, and one-third of young men in both years) is that they did not have knowledge of contraception at that time. The next most quoted reason given was that they could not get the method at that time.

TABLE 11.1
Age Distribution
Young Adult Women And Men Aged 15-24
(Percent Distribution)
Compared With 1993 Jamaica Contraceptive Prevalence Survey
And 1987 Young Adult Reproductive Health Survey
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Women			Men		
Age Group	1997 RHS	1993 CPS	1987 YARHS	1997 RHS	1993 CPS	1987 YARHS
15-17	31.1	29.8	33.3	34.2	35.8	35.6
18-19	21.3	19.9	20.7	19.3	18.6	22.5
20-22	30.4	30.4	29.2	28.8	28.3	28.1
23-24	17.2	19.8	16.9	17.7	17.3	13.7
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
Number Of Cases	(1,991)	(1,181)	(1,938)	(2,279)	(1,052)	(1,868)

CPS = 1993 Contraceptive Prevalence Survey

YARHS = 1987 Young Adult Reproductive Health Survey

TABLE 11.2
Employment Status By Age Group And Sex
Young Adult Women And Men Aged 15-24
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

WOMEN

		Age Group			
Employment Status	Total	15-17	18-19	20-22	23-24
Student	34.5	73.9	30.0	14.5	4.0
Working	25.0	2.6	22.5	36.1	49.1
Keeping House	22.3	11.2	26.1	28.0	27.6
Unemployed	17.7	11.3	21.1	21.1	19.1
Incapable Of Working/Other	0.5	1.0	0.3	0.3	0.2
TOTAL	100.0	100.0	100.0	100.0	100.0
Number Of Cases	(1,991)	(567)	(393)	(630)	(401)

MEN

		Age Group			
Employment Status	Total	15-17	18-19	20-22	23-24
Working	50.2	14.5	50.8	72.5	82.1
Student	28.9	68.2	17.2	6.4	2.4
Unemployed	18.2	13.5	28.6	19.2	14.2
Keeping House	2.6	3.7	3.3	1.8	1.0
Incapable Of Working	0.2	0.1	0.1	0.1	0.3
TOTAL	100.0	100.0	100.0	100.0	100.0
Number Of Cases	(2,277)*	(799)	(407)	(646)	(425)

* Excludes 2 male cases with missing information.

TABLE 11.3
Relationship Status By Current Age And Sex
Young Adult Women And Men Aged 15-24
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Relationship Status							
	Married	Common Law Union	Visiting Partner	Boy/Girl Friend With Sex	Boy/Girl Friend No Sex	No Steady Partner	Total	N
				WOMEN				
All Women	2.0	14.8	33.2	8.3	7.7	34.1	100.0	(1,991)
Age Group								
15-17	0.0	4.0	15.0	9.2	13.8	58.0	100.0	(567)
18-19	0.7	10.4	37.0	11.4	9.2	31.3	100.0	(393)
20-22	3.7	22.2	43.2	7.0	3.6	20.3	100.0	(630)
23-24	4.2	27.0	43.8	4.8	1.8	18.4	100.0	(401)
				MEN				
All Men	0.5	7.1	33.1	19.0	9.3	31.0	100.0	(2,279)
Age Group								
15-17	0.0	0.5	15.5	19.2	17.4	47.5	100.0	(799)
18-19	0.0	2.2	30.9	23.6	11.2	32.1	100.0	(408)
20-22	0.7	10.1	46.2	20.0	3.1	19.9	100.0	(646)
23-24	1.4	20.4	48.5	12.0	2.0	15.8	100.0	(426)

TABLE 11.4
Percent Of Young Adult Women And Men Aged 15-24
Who Took A Course In Family Life Or Sex Education
By Where Course Was Taken And Current Age Group
(Percent Distribution)
Compared With 1993 Jamaica Contraceptive Prevalence Survey
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Total 1993	Total 1997	Age Group 15-17	18-19	20-22	23-24
Where Course Was Taken			WOMEN			
In School Only	60.0	70.6	75.1	67.5	72.7	62.5
Both In/Out Of School	17.7	13.8	10.8	18.5	11.4	17.8
Outside School Only	2.6	1.9	0.2	2.9	2.5	2.4
None	19.7	13.8	13.9	11.1	13.3	17.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number Of Cases	(1,171)	(1,991)	(567)	(393)	(630)	(401)
Where Course Was Taken			MEN			
In School Only	53.4	64.5	73.2	61.4	59.4	59.4
Both In/Out Of School	11.4	9.7	7.2	12.1	10.8	10.3
Outside School Only	3.2	2.2	0.6	4.1	2.8	2.4
None	32.1	23.6	19.1	22.4	27.0	27.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number Of Cases	(1,028)	(2,279)	(799)	(408)	(646)	(426)

TABLE 11.5
Proportion Of Young Adult Women And Men Aged 15-24
Whose School-Based Class Or Course On Family Life Or Sex Education
Included Various Topics
Compared With 1993 Jamaica Contraceptive Prevalence Survey
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	1997		1993	
Topics Included In Course	Women	Men	Women	Men
Menstrual Cycle	96.1	84.7	96.3	78.6
Pregnancy	93.8	93.5	95.4	92.0
Human Reproduction	91.3	88.7	91.6	88.4
STD	87.8	93.7	87.0	89.7
Condoms	83.5	93.5	--	--
AIDS	75.0	82.7	57.3	60.0
Modern Birth Control Methods*	72.8	75.3	78.2	78.1
Services Available For Adolescents:				
Counselling	67.1	68.3	--	--
Clinic Services	45.4	45.6	--	--
Contraceptive Distribution	34.6	33.6	--	--
Number Of Cases	(1626)	(1665)	(883)	(671)

* The question read ".....such as the pill, IUD or injections."

-- This information was not collected in 1993.

TABLE 11.6
Proportion Of All Young Adult Men And Women Aged 15-24
Who Know Where To Go For:
1. Information On Sex Or Contraceptives;
2. Treatment For A Sexually Transmitted Disease
By Age Group, Socio Economic Status
And Whether Had Family Life Or Sex Education Course
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Percent Who Know Where To Go For Information On Sex Or Contraception			
	Women		Men	
Characteristic		N		N
Total	87.8	(1,974)*	82.8	(2,278)*
Age Group				
15-17	78.2	(566)	78.5	(799)
18-19	91.7	(390)	85.3	(408)
20-22	91.9	(629)	83.5	(645)
23-24	93.1	(389)	87.4	(426)
Had Family Life Or Sex Education Course				
Yes	89.3	(1661)	85.8	(1712)
No	77.8	(313)	73.2	(566)
Socioeconomic Status				
Low	83.2	(867)	78.6	(987)
Medium	88.9	(633)	85.4	(753)
High	91.7	(474)	85.8	(538)

	Percent Who Know Where To Go For Treatment For Sexully Transmitted Disease			
	Women		Men	
Characteristic		N		N
Total	93.6	(1,974)*	94.8	(2,278)*
Age Group				
15-17	89.3	(566)	89.9	(799)
18-19	95.5	(390)	97.2	(408)
20-22	94.9	(629)	97.0	(645)
23-24	96.7	(389)	97.9	(426)
Had Family Life Or Sex Education Course				
Yes	94.3	(1661)	95.9	(1712)
No	88.9	(313)	91.0	(566)
Socioeconomic Status				
Low	92.4	(867)	93.1	(987)
Medium	93.6	(633)	95.3	(753)
High	94.8	(474)	96.6	(538)

* Information is missing for 17 young adult women and 1 young adult man.

TABLE 11.7
Percent Of Young Adult Women And Men Aged 15 to 24
Who Have Ever Had Sexual Relations
By Age Group
Compared With 1993 Jamaica Contraceptive Prevalence Survey
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	WOMEN			
	1997		1993	
	Percent Ever Had Sexual Relations	n	Percent Ever Had Sexual Relations	n
Total	69.7	(1991)	74.8	(1181)
Age Group				
15-19	51.4	(960)	58.9	(553)
15-17	*37.7*	*(567)*	*44.1*	*(340)*
18-19	*71.5*	*(393)*	*79.9*	*(213)*
20-24	89.9	(1031)	90.5	(628)

	MEN			
	1997		1993	
Age Group				
15-19	73.9	(1207)	74.5	(566)
15-17	*64.4*	*(799)*	*63.9*	*(380)*
18-19	*90.7*	*(408)*	*94.9*	*(186)*
20-24	97.6	(1072)	96.2	(486)

TABLE 11.8
Mean Age At First Intercourse*
By Selected Characteristics
Young Adult Women And Men Aged 15-24 Years Who Are Sexually Experienced
Compared With 1993 Jamaica Contraceptive Prevalence Survey
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	Women		Men	
	1997	1993	1997	1993
Total	15.9	15.9	13.4	13.9
Characteristic				
Age Group				
15-17	14.7	14.3	12.4	13.0
18-19	15.5	15.7	13.3	13.9
20-22	16.2	16.4	14.0	14.2
23-24	16.6	16.5	14.0	14.4
Residence				
Urban	15.8	15.8	13.2	13.5
Rural	15.9	15.9	13.6	14.1
Educational Attainment				
0-9 Years	14.9	15.2	13.4	14.1
10-12 Years	16.0	15.5	13.4	13.6
13 Or More Years	16.9	16.2	13.5	13.9
Socio Economic Status				
Low	15.3	15.6	13.6	14.1
Medium	15.9	15.9	13.2	13.2
High	16.3	17.6	13.5	12.8
Frequency Of Church Attendance				
At Least Once Per Week	16.3	15.9	13.7	13.7
At least Once Per Month	16.0	16.4	12.5	13.7
Less Than Once Per Month	15.9	15.8	13.5	13.6
Special Occasions	15.7	15.8	13.0	13.6
Never	15.5	15.9	12.9	14.5
Number Of Cases	(1352)	(864)	(1633)	(766)

*Truncated observations.

TABLE 11.9
Relationship To First Sexual Partner
By Age At First Intercourse
(Percent Distribution)
Young Adult Women And Men Aged 15-24 Years Who Are Sexually Experienced
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

Age At First Intercourse	Relationship To First Partner						
	Spouse	Boy/Girl Friend	Friend	Casual Acquaintance	Other	Total	N
WOMEN							
Under 14	0.7	68.0	24.1	6.4	0.9	100.0	(170)
14	3.2	76.8	17.1	2.4	0.6	100.0	(191)
15	1.7	82.9	11.6	1.8	2.1	100.0	(250)
16	0.7	84.8	11.9	1.7	1.0	100.0	(327)
17	1.3	88.4	8.3	2.0	0.0	100.0	(214)
18-19	0.9	92.0	6.4	0.4	0.3	100.0	(195)
20-24	2.9	75.4	17.8	2.0	1.9	100.0	(102)
Total 15-24	1.4	82.7	12.8	2.2	0.9	100.0	(1449)
MEN							
Under 14	0.3	30.9	54.8	12.3	1.8	100.0	(990)
14	0.3	43.0	46.4	9.2	1.3	100.0	(265)
15	0.0	45.5	38.7	15.7	0.2	100.0	(261)
16	0.0	49.4	36.5	14.1	0.0	100.0	(177)
17	0.7	48.7	29.8	20.1	0.7	100.0	(95)
18-19	1.6	49.2	35.5	13.8	0.0	100.0	(94)
20-24	3.0	31.0	51.5	10.5	4.1	100.0	(35)
Total 15-24	0.3	37.7	47.8	12.8	1.3	100.0	(1917)

TABLE 11.10
Percent Of Sexually Experienced Young Adults Aged 15-24 Years
Who Used Contraception At First Intercourse
By Selected Characteristics And Age At First Intercourse
Compared With 1993 CPS
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

Characteristics	Women				Men			
	1997 JRHS		1993 CPS		1997 JRHS		1993 CPS	
Total	55.7	(1447)	42.7	(896)	31.0	(1917)	21.6	(863)
Age At First Intercourse								
Less Than 14	40.6	(171)	22.7	(84)	17.0	(990)	8.1	(324)
14	48.4	(190)	38.6	(124)	38.3	(265)	25.6	(117)
15-17	57.7	(790)	41.6	(494)	50.6	(533)	37.2	(273)
18-19	68.3	(195)	59.7	(130)	55.1	(94)	35.4	(30)
20-24	47.3	(101)	61.1	(34)	47.1	(35)	**	(13)
Relationship Status At First Intercourse								
Married/Common-law	70.4	(27)	**	(9)	**	(6)	**	(3)
Boy/Girlfriend	59.6	(1167)	45.7	(706)	44.7	(691)	29.6	(377)
Friend	37.3	(202)	24.6	(72)	22.4	(948)	13.9	(376)
Casual acquaintance	20.7	(39)	2.3	(28)	25.6	(247)	15.2	(70)
Other	**	(10)	44.0	(77)	6.5	(25)	26.1	(28)
Residence								
Urban	57.3	(572)	45.9	(249)	31.7	(699)	15.4	(242)
Rural	54.1	(875)	41.0	(648)	30.4	(1218)	24.8	(621)
Educational Attainment								
0-9 Years	45.8	(402)	--	--	28.6	(601)	--	--
10-12 Years	57.4	(889)	--	--	32.4	(1096)	--	--
13 Or More Years	64.9	(146)	--	--	30.1	(211)	--	--
Socioeconomic Status								
Low	45.0	(534)	--	--	28.5	(639)	--	--
Medium	53.8	(520)	--	--	31.1	(672)	--	--
High	66.0	(393)	--	--	33.2	(606)	--	--
Parish								
Portland	68.3	(100)	--	--	28.8	(143)	--	--
Kingston	66.7	(47)	--	--	8.1	(51)	--	--
St. Catherine	61.1	(193)	--	--	28.6	(234)	--	--
St. Ann	60.9	(87)	--	--	31.4	(170)	--	--
St. James	59.1	(98)	--	--	48.0	(198)	--	--
St. Elizabeth	58.7	(76)	--	--	45.0	(135)	--	--
Trelawny	56.6	(107)	--	--	28.4	(53)	--	--
Clarendon	53.8	(115)	--	--	16.6	(185)	--	--
Hanover	53.2	(71)	--	--	19.6	(77)	--	--
Westmoreland	52.3	(90)	--	--	29.8	(146)	--	--
St. Andrew	50.5	(172)	--	--	32.0	(235)	--	--
Manchester	50.0	(95)	--	--	36.5	(136)	--	--
St. Mary	49.4	(102)	--	--	39.3	(115)	--	--
St. Thomas	42.9	(94)	--	--	10.6	(39)	--	--

** Fewer than 25 cases.

TABLE 11.11
Source Of Condoms Used At First Intercourse
Compared With 1993 CPS
Young Adult Women And Men Aged 15-24 Years Who Used Condoms At First Intercourse
(Percent Distribution)
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

	WOMEN		MEN	
Source Of Condoms	1997	1993	1997	1993
Pharmacy	41.6	37.6	22.1	14.1
Shop/Market	15.2	16.8	34.6	34.7
Government Clinic / Hospital	5.6	10.0	11.0	9.6
Friend, Parents, Relative	0.0	--	26.4	--
Other	1.8	3.0	2.3	40.8
Don't know	35.8	32.6	3.5	0.9
Total	100.0	100.0	100.0	100.0
No. of cases	(670)	(298)	(586)	(165)

TABLE 11.12
Reasons For Not Using Contraception At First Intercourse
Compared With 1993 CPS
(Percent Distribution)
Young Adult Women Aged 15-24 Years
Who Did Not Use Contraception At First Intercourse
1997 JAMAICA REPRODUCTIVE HEALTH SURVEY

Reason For Not Using Contraception	Women		Men	
	1997	1993	1997	1993
Didn't Expect To Have Sex	46.6	46.9	30.7	34.7
Didn't Know Of Any Methods	13.2	20.9	32.7	32.3
Couldn't Get Method At That Time	6.3	4.0	10.6	7.6
Too Embarrassed	4.2	1.6	4.0	2.9
Partner Was Against	3.4	5.6	7.0	0.9
Didn't Know Where To Get Method	3.4	2.6	2.0	6.4
Desired Pregnancy	1.0	0.5	0.4	1.7
Sex Not Satisfying When Method Used	0.0	0.4	0.3	1.3
Other	5.7	11.7	5.2	10.2
Don't know	10.1	5.8	5.1	3.9
No Response	6.1	--	1.9	--
Total	100.0	100.0	100.0	100.0
No. Of Cases	(669)	(530)	(1293)	(672)

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APPENDIX I

SAMPLING ERROR ESTIMATES

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

Because the statistics presented here are based on a sample, they may differ by chance variations from the statistics that would result if all women 15-49 years of age and all men aged 15-24 in Jamaica would have been interviewed. Sampling error is usually measured in terms of the variance and standard error (square root of the variance) for a particular statistic (mean, proportion, Or ratio). The standard error (SE) can be used to calculate confidence intervals (CI) of the estimates within which we can say with a given level of certainty that the true value of population parameter lies. For example, for any given statistic calculated from the survey sample, there is a 95 percent probability that the true value of that statistic will lie within a range of plus or minus two SE of the survey estimate. The chances are about 68 out of 100 (about two out of three) that a sample estimate would fall within one standard error of a statistic based on a complete count of the population.

The estimated sampling errors for 95% confidence intervals (1.96 x SE) for selected proportions and sample sizes are shown in Table 1. The estimates in Table 1 can be used to estimate 95% confidence intervals for the estimated proportions shown for each sample size. The sampling error estimates include an average design effect of 1.6, needed because the JRHS did not employ a

simple random sample but included clusters of elements in the second stage of the sample selection.

TABLE 1
Sampling Error Estimates (Expressed in Percentage Points) for 95% Confidence Intervals
For Selected Estimated Proportions and Sample Sizes
on Which the Proportions Are Based Assuming a Design Effect of 1.6

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

The selection of clusters is generally characterized by some homogeneity that tends to increase the variance of the sample. Thus, the variance in the sample for the JRHS is greater than a simple random sample would be due to the effect of clustering. The design effect represents the ratio of the two variance estimates: the variance of the complex design using clusters, divided by the variance of a simple random sample using the same sample size (Kish L., 1967). For more details regarding design effects for specific reproductive health variables, the reader is referred to the Le and Verma report, which studied demographic and health surveys in 48 countries (Le TN and Verma JK,

1997). The pattern of variation of design effects is shown to be consistent across countries and variables. Variation among surveys is high but less so among variables. Urban -rural and regional differentials in design effects are small, which can be attributed to the fact that similar sample designs and cluster sizes were used across domains within each country. At the country level, the overall design effect, averaged over all variables and countries, is about 1.5 (we used 1.6 in Table A. 1 to be slightly more conservative).

To obtain the 95% CI for proportions or sample sizes not shown in the table, one may interpolate. For example, for a sample size of 200 and a point estimate of 25% (midway between 0.20/0.80 and 0.30/0.70), the 95% CI would be plus or minus 7.5%; for a sample size of 300 (midway between 200 and 400) and an estimate of 20%, the 95% CI would be plus or minus 6.0%.

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

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

The relative standard error of a statistic (also called "coefficient of variation") is the ratio of the standard error (SE) for that statistic to the value of the statistic. It is usually expressed as a percent of the estimate. Estimates with a relative standard error of 30% or more are generally viewed as unreliable by themselves, but they may be combined with other estimates to make comparisons of greater precision. For example, an estimate of 20% based on a sample size of only 50 observations yields a SE of 7% (one half the 95% confidence interval shown in Table A.l). The relative standard error would be 35% (the ratio of the SE of 7% to the estimate of 20%), too large for the estimate to be reliable.

APPENDIX II

COMMENTS MADE BY DISCUSSANTS AT THE NATIONAL DISSEMINATION SEMINAR

1997 REPRODUCTIVE HEALTH SURVEY

August 25,1998

1. Fertility

Discussant: Dr. Eva Fuller

1. Total Fertility Rate (TFR) of 2.8 is disappointing, disconcerting.

2. There needs to be some work done, an example of which is that being done in Japan, to get TFR down to 1.4.

Observations of concern

1. Increase in age-specific fertility rate of 15-19 year olds.

2. One-third of teenagers surveyed had a child by age 20 years.

3. Non-use of contraceptives at first sex by teenagers.

4. High prevalence of short term methods.

5. Short duration of exclusive breastfeeding - a worrying finding.

Recommendations

1. Jamaica has not in the past focussed on adolescent groups. This should be the new policy direction. The Ministry of Health is now working with other agencies to structure the reproductive health programme.

2. The age of admission of children at the Bustamante Children's Hospital should be extended to age 15 years.

3. There is the need to improve the Health Seeking Behaviour Programme.

4. There should be a return to "Two is better than too many" campaign of the 1980's, with special focus on young adults.

5. The reproductive health policy should include provision for the emergency marketing of contraceptives (ECP) to this age group.

6. There should be consistent promotion of condom use.

7. Questions on family life education (FLE) should be included in the National Assessment Paper (NAP).

Future examination

1. Abortion rate should be studied in order to assess its impact on fertility.

2. Further research should be carried out on:

   a) the indicator - mean number of children desired.

   b) the gender of older children.

   c) timing of last birth in relation to number of children desired.

3. The findings of the survey should be interpreted so that the average lay person can understand and apply them.

2. Other Reproductive Health Issues
Discussant: Dr. Diane Ashley

1. The survey cannot measure quantitative issues and many questions arise from quantitative data.

2. The findings should be compared with trends observed in other studies. (The parish data should be reviewed).

3. No multivariate analysis has been done on the findings or tests of statistical significance.

4. The policy in place is to reduce numbers seen for routine prenatal care at government hospitals.

5. Rural / urban differences in prenatal care are due to access. Rural area has less access to services especially in the private sector. Income and educational levels are among the factors which influence where people go for services.

6. Age / parity has been used as the criteria of risk in this study as these are two most important factors that influence maternal mortality. Even with just two variables, the findings show a similar range for proportion of high-risk pregnancies. (???).

7. Adequacy of care measured in numbers is inadequate but gives some idea of level of care.

8. With respect to the inadequate care in rural areas especially in the North-East and Southern regions, the findings show that they have the highest maternal mortality, highest rate of Nana deliveries and the lowest rate of doctor intervention.

9. In Trelawny, the findings are similar to those in the North-East health region rather than in the West, the health region in which it falls. Follow-up qualitative work is required.

10. St. Catherine was found to have the largest proportion of high-risk pregnancies with adequate prenatal care. A special programme is in place in St. Catherine.

11. Differences in prenatal visits are similar to those observed in other studies. These should be analyzed by economic status, union status, age and educational level. In the analysis, the following should be observed:

    a). Women in stable unions with previous history of miscarriage or abortion who are most likely to start prenatal care early.

    b). Late attendees who are likely to be among self-employed women with no one to continue economic activity; multiparous women with previous uncomplicated prenatal care and delivery.

12. With respect to the findings on blood pressure, variations between parishes have been observed. With respect to diastolic hypertension, the difference in prevalence is 11

percent while there was a 14 percent differential between health regions. These differences may be due to different definitions applied in the different areas. Also, the frequency of measurement taken during pregnancy can account for the three percent difference between the report during pregnancy and that outside of pregnancy.

13. With respect to both pap smears and breast self-examination, a lot of work needs to be done in these programmes.

14. Data suggest (through analysis) access to care varies between regions, amount of care provided to those at high risk, coincides with areas already identified with high maternity mortality rate.

15. It would be instructive to identify if there is correlation between highest TFR and contraceptive prevalence rate.

16. Clients should be targeted in relation to access and quality of service.

17. With respect to educational services, the major difference between contraceptive use and other public health services should be observed. In this context, the factors affecting behaviour should be determined.

18. There is need to identify programmes which could lead to an upward shift in the mean age at first birth.

3. Contraceptive Knowledge, Use and Source
Discussant: Dr. Olivia McDonald

Dr. McDonald applied the findings of the survey in relation to the goal, objectives and strategies of the NFPB's five year strategic plan. Successes have been seen bit the impact is not tangible. Areas discussed were: current status of method mix, method source and improved efficacy of method use.

The findings in the 1997 RHS were highlighted. These include, *inter alia*, changing attitudes towards reproduction and in particular, a preference for two children. Challenges for the programme were also mentioned. Steps suggested for follow-up are:

1. The programme should determine whether the goal should be an outcome or an output.

2. Consideration should be given to the expansion of Norplant.

3. A programme matrix should be designed using a targeted approach.

4. Behaviour change communication by IEC:

   - selective advertising that promote specific methods to targeted groups;

   - needs as identified in the study of which two in particular was mentioned: reproductive physiology and ECP, particularly to extremes of the reproductive age group..

5. The programme should include a gender plan of action.

Discussion

1. The differences in the socio-economic index and the educational criteria used in the findings should be defined.

2. It was proposed that Table 9.1 should be re-examined since there appears to be some inconsistency in the findings.

3. It was proposed that the TFR data should be disaggregated and that some analysis of sub-groups should be undertaken.

4. It was noted that other surveys had shown a consistently higher use of condom use as a secondary method than the earlier CPSs and the 1997 RHS

5. Specific targeting was proposed.

6. Gaps in the ECP for providers / clients were identified.

7. Size 48mm male condom and female condom proposed for introduction in the programme.

8. Reasons for the differences in contraceptive use at parish / regional levels were defined in regional seminars and these should be published.

4. Reproductive Health Information on Adolescents

Discussant: Mrs. J. Davis

Issues which emerged:

1. Access to condoms and size of target audience.
2. Providers attitude to target audience.
3. The need for the Information, Education and Communications (IEC) of the NFPB to work in tandem with service delivery.
4. The involvement of teens in programme planning.
5. The need for consistent messages to teens who access the programmes.
6. The need for a multisectoral approach to include the private sector.

Concerns

1. The proportion of persons receiving information on STDs / HIV / AIDS in the family life education programmes is lower than that in other subjects.
2. The comfort level of teachers in the delivery of FLE. It is hoped that this will improve as more graduate teachers who have received FLE as part of their training join the system.
3. The need to delay first birth from a mean age of 20 years to 24 years in order to have women undergoing this experience at the optimal age and thus be at the lowest risk.
4. There is need to analyze birth spacing against the background of contraceptive behaviour in the context of its role in public health.
5. The findings should be considered in the context of current policy, intervention and its facilitation of further analysis.

1997 REPRODUCTIVE HEALTH SURVEY - JAMAICA

FORM RHS 1A

FEMALE

CONFIDENTIAL
CAP. 368

Identification No. Questionnaire No. 2 __ __ __ __ __

Parish		Constituency		E.D. No.			Dwelling No.			H/hold No.	
				Eligible Respondents						Sex	2

Interview calls	1	2	3	4	Final Visit
Day (Date)					
Month					
Interview Status *					
Interviewer's Name					
Interviewer's No.					
Supervisor's Name					
Supervisor's No.					
Next Visit: Date					
Time					

* Interview Status Codes:

1. Completed household interview - no eligible respondent
2. Completed household interview - selected respondent not at home
3. Refusal - household
4. Vacant dwelling
5. Completed interview - individual
6. Selected respondent not at home deferred
7. Refusal - individual
8. Partly completed - individual
9. Other (specify): _____

FOR OFFICE USE ONLY:

Reviewed by: _____ Position: _____

Date: _____

Edited by: _____ Date: _____

10. How many persons live in this household? ___ ___ number

PLEASE RECORD THE NAMES AND OTHER PARTICULARS OF **ALL** PERSONS WHO LIVE IN THIS HOUSEHOLD. THIS SHOULD INCLUDE ALL WHO USUALLY EAT AND SLEEP HERE. START WITH THE OLDEST MEMBER, THEN THE NEXT OLDEST, ETC.

SCHEDULE OF ALL PERSONS LIVING IN HOUSEHOLD

LINE NO.	NAME *Please give me the names of all persons who usually live in your household*	SEX * *Is _____ male or female?*	AGE *How old is he/she?*	EDUCATIONAL STANDARD ** Highest Level	Years	SEQ. NO. ***
01	_____ _____	___	___ ___	___	___	____
02	_____ _____	___	___ ___	___	___	____
03	_____ _____	___	___ ___	___	___	____
04	_____ _____	___	___ ___	___	___	____
05	_____ _____	___	___ ___	___	___	____
06	_____ _____	___	___ ___	___	___	____
07	_____ _____	___	___ ___	___	___	____
08	_____ _____	___	___ ___	___	___	____
09	_____ _____	___	___ ___	___	___	____
10	_____ _____	___	___ ___	___	___	____
11	_____ _____	___	___ ___	___	___	____
12	_____ _____	___	___ ___	___	___	____

* Gender codes

1 Males
2 Females

** Educational standard codes:

Level		Years (Use appropriate number)	N/S
0	None		
1	Primary/All age	1 - 8+	9
2	Secondary	1 - 8+	9
3	Post secondary	1 - 8+	9
8	Other		
9	Not stated		

*** Eligible females aged 15 - 49 years only.

11. Number of eligible females aged 15-49 years living in household __ __
(Total number of eligible females recorded in the Schedule) number

IF THERE IS ONE OR MORE ELIGIBLE RESPONDENTS, SELECT THE ONE TO BE INTERVIEWED, BASED ON THE INSTRUCTIONS GIVEN AND USING THE RANDOM TABLE SHOWN BELOW.

THEN COMPLETE THE INDIVIDUAL QUESTIONNAIRE FOR THE SELECTED RESPONDENT.

IF THERE ARE NO ELIGIBLE RESPONDENTS, COMPLETE TITLE PAGE AND MOVE ON TO THE NEXT HOUSEHOLD.

RANDOM SELECTION OF RESPONDENT

Questionnaire Number 2 ___ ___ ___ ___ ___ Number of Eligible Females __ __

Last digit on questionnaire number	Number Of Eligible Females In Household									
	1	2	3	4	5	6	7	8	9	10
0	1	2	3	4	2	2	6	2	4	10
1	1	1	1	1	3	3	7	3	5	1
2	1	2	2	2	4	4	1	4	6	2
3	1	1	3	3	5	5	2	5	7	3
4	1	2	1	4	1	6	3	6	8	4
5	1	1	2	1	2	1	4	7	9	5
6	1	2	3	2	3	2	5	8	1	6
7	1	1	1	3	4	3	6	1	2	7
8	1	2	2	4	5	4	7	2	3	8
9	1	1	3	1	1	5	1	3	4	9

SEQUENCE NUMBER OF FEMALE SELECTED FOR INTERVIEW: ___ ___

AFTER COMPLETING THE HOUSEHOLD QUESTIONNAIRE, RETURN TO TITLE PAGE AND COMPLETE INFORMATION ON INTERVIEW CALLS

C O M M E N T S

1997 REPRODUCTIVE HEALTH SURVEY - JAMAICA

INDIVIDUAL QUESTIONNAIRE

FEMALE

FORM RHS 2

Questionnaire No.						Line No.		Sequence No.	
2									

Parish		Constituency		ED No.			Dwelling No.			Household No.	

SECTION I - RESPONDENT'S BACKGROUND

TIME INTERVIEW STARTED ___ ___ : ___ ___

101. *In what month and year were you born?*

__ __ month 1 9 __ __ year 29 Don't know

102. *How old were you on your last birthday?*

__ __ years

103. *Have you ever attended school?*

1 Yes
2 No (SKIP TO Q105)

104. *How many years did you attend school?*

___ ___ years

29 Don't know / Doesn't remember

105. *With what frequency do you attend religious services*?

1 At least once a week
2 At least once a month
3 Less than once a month
4 Only for special occasions (weddings, funerals, christenings, etc.)
5 Doesn't attend at all
9 No response

106. *What was your employment status during the past week?*

1 Working
2 With a job but not working __
3 Looking for work
4 Keeping house (SKIP TO Q109)
5 Student
6 Incapable of working __
8 Other (specify): _____

107. *Do you work full-time or part-time?* [LESS THAN 20 HOURS = PART-TIME; 20+ HOURS IS FULL TIME]

1 Full-time 2 Part-time

108. *Do you work at home or away from home?*

1	At home	3	Both
2	Away from home		

109. *Do you regularly read any of the following newspapers?* [READ LIST]

		YES	NO			YES	NO
A	*Gleaner*	1	2	D	*Observer*	1	2
B	*Star*	1	2	E	Other (specify):	1	2
C	*Jamaica Herald*	1	2		_____		

110. *Are there any of the following possessions in your household?* [READ LIST]

		YES	NO			YES	NO
A	*Telephone*	1	2	E	*Refrigerator*	1	2
B	*Radio*	1	2	F	*Computer*	1	2
C	*Television*	1	2	G	*A working motor vehicle*	1	2
D	*VCR*	1	2				

111. *How many rooms does your household occupy (exclude bathrooms and kitchen)?*

___ ___ number 99 No response

112. *What is the main source of water for the household?* [READ LIST]

1	*Public piped into dwelling*	6	*Public catchment*
2	*Public piped into yard*	7	*Spring or river*
3	*Private piped into dwelling*	8	Other (specify): _____
4	*Private catchment, not piped*		
5	*Public standpipe*	9	Not stated

113. *What type of toilet facilities does this household have?*

1	WC linked to sewer	5	None (SKIP TO STATEMENT BEFORE Q201 NEXT PAGE)
2	WC not linked to sewer		
3	Pit	9	Not stated / Don't know
4	Other (specify): _____		

114. *Are these facilities shared with another household?*

1	Shared	9	Not stated
2	Not shared		

SECTION II - RELATIONSHIP STATUS AND PARTNERSHIP HISTORY

Now, I would like to ask you some questions about your steady relationships.

201. *Are you legally married now?*

1 Yes 2 No (SKIP TO Q203)

202. *Are you and your husband living together as man and wife now?*

1 Yes (SKIP TO Q208) 2 No

203. *Are you living with a common-law partner now; that is, are you living as man and wife now with a partner to whom you are not legally married?*

1 Yes (SKIP TO Q208) 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. 208) 2 No

205. *Do you have a boyfriend?*

1 Yes 2 No (SKIP TO Q207)

206. *Have you ever had sexual intercourse with your present boyfriend?*

1 Yes 2 No

207. *Have you ever been in a partnership; that is, a marriage, a common-law union or a visiting relationship?* [IF RESPONDENT **IS LEGALLY MARRIED**, BUT IS **NOT** LIVING WITH HUSBAND, CODE 1 = "YES" WITHOUT ASKING.]

1 Yes 2 No (SKIP TO Q301)

208. *What was the month and year when your **first** marriage, **first** common-law or **first** visiting relationship began?*

___ ___ month ___ ___ year

77 Don't know month
29 Don't know year

SECTION III - FERTILITY AND MATERNAL MORBIDITY

Now, we are going to talk about your history of menstruation and 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 (first started menstruation)?*

___ ___ age
77 Never had a period (SKIP TO Q303)

302. *How long has it been since your last period (your last menstruation)?*

___ ___ months
00 Up to one month
66 Currently having a period
96 Does not have a period (menstruate) any more
97 Before last pregnancy
98 Don't remember

303. *At what age did you first have sexual intercourse?*

____ ____ years

00 Never had sexual intercourse (SKIP TO Q401)
88 Doesn't remember
99 Refused

304. *Are you pregnant now?*

1 Yes (SKIP TO Q307)
2 No
7 Not sure

305. *Have you ever been pregnant?*

1 Yes
2 No (SKIP TO Q401)

306. *Did your last pregnancy end before 1992; that is, in December 1991 or earlier?*

1 Yes, ended in December 1991 or earlier (SKIP TO STATEMENT BEFORE Q315)
2 No, ended in January 1992 or later

307. *During your last pregnancy (this pregnancy) how often did you (do you) usually drink beer, stout, wine, liquor or other alcoholic drinks?*

0 Not at all
1 Less than once a month
2 1 or 2 days a month
3 1 or 2 days a week
4 3 or 4 days a week
5 Nearly every day
7 Don’t remember

308. *During your last (this) pregnancy how many cigarettes a day did you (do you) usually smoke?*

0	None	5	About 1½ packs (25-34)
1	About one a day or less	6	About 2 packs (35-44)
2	Just a few (2-4)	7	More than 2 packs (45 +)
3	About half a pack (5-14)	9	Don't remember
4	About a pack (15-24)		

309. *During your last pregnancy (this pregnancy) did you (do you) use any of the following hard drugs?* [READ OPTIONS 1 - 4].

		YES	NO
1	*Marijuana (ganja)*	1	2
2	*Cocaine*	1	2
3	*Crack*	1	2
4	*Any other?* (specify):		
	_____	1	2
	_____	1	2
	_____	1	2

310. *During your last pregnancy (this pregnancy) was your blood pressure ever checked?*

1	Yes	9	Don't remember (SKIP TO Q312)
2	No (SKIP TO Q312)		

311. *During your last pregnancy (this pregnancy) were you told more than once that your blood pressure was high?*

1	Told two or more times	3	Never told
2	Told once only	9	Don't know / Don't remember

312. *Have you been told more than once that you had high blood pressure when you were not pregnant?*

1	Told two or more times	3	Never told
2	Told once only	9	Don't know / Don't remember

313. *During your last pregnancy (this pregnancy) did you have any convulsions or fits?*

1	Yes	9	Don't remember
2	No		

314. *Did you ever have convulsions or fits when you were not pregnant?*

1	Yes	9	Don't remember
2	No		

Now we want to collect information on your pregnancies.

315. *How many pregnancies resulted in live births?* ___ ___

316. *How many in still births?* ___ ___

317. *How many in miscarriages?* ___ ___

318. *How many in abortions*? ___ ___

319. *Currently pregnant?* [Yes = ”1“, No = “0”] ___

320. *Therefore, the total number of your pregnancies is:* ___ ___

IF SHE HAS HAD NO LIVE BIRTHS ("00" IN Q. 315)
SKIP TO QUESTION 344. OTHERWISE, CONTINUE.

321. ***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 birth of each.* [WHEN YOU HAVE COMPLETED THE RECORDING, CHECK QUESTION 315 TO ENSURE THAT THE ANSWER IS CONSISTENT. IF NOT, QUERY AND CORRECT AS APPROPRIATE]

Birth Order	Name	Sex	Birth Date Month	Birth Date Year
0. Last birth	_____	___	____ ____	1 9 ____ ____
1. Next to last	_____	___	____ ____	1 9 ____ ____
2. Second from last	_____	___	____ ____	1 9 ____ ____
3. Third from last	_____	___	____ ____	1 9 ____ ____
4. Fourth from last	_____	___	____ ____	1 9 ____ ____
5. Fifth from last	_____	___	____ ____	1 9 ____ ____
6. Sixth from last	_____	___	____ ____	1 9 ____ ____
7. Seventh from last	_____	___	____ ____	1 9 ____ ____
8. Eighth from last	_____	___	____ ____	1 9 ____ ____
9. Ninth from last	_____	___	____ ____	1 9 ____ ____
10.Tenth from last	_____	___	____ ____	1 9 ____ ____
11.Eleventh from last	_____	___	____ ____	1 9 ____ ____
12.Twelfth from last	_____	___	____ ____	1 9 ____ ____

Sex Code
1 = Boy, 2 = Girl

29 Don't remember (month/year)

IF LAST LIVE BIRTH WAS BEFORE JANUARY 1, 1992
SKIP TO QUESTION 344.
FOR ALL BIRTHS ON OR AFTER JANUARY 1, 1992,
RECORD THE NAMES AND LINE NUMBERS FROM Q321
IN THE BIRTH HISTORY CHART ON NEXT PAGE

BIRTH HISTORY CHART (Only for live births occurring from January 1, 1992)

COPY LINE NUMBER AND NAME FROM Q321 ON PREVIOUS PAGE		LINE NUMBER ___ NAME: _____	LINE NUMBER ___ NAME: _____	LINE NUMBER ___ NAME: _____	LINE NUMBER ___ NAME: _____	LINE NUMBER ___ NAME: _____
322.	*When you became pregnant with* [NAME], *did you want to become pregnant?*	1 Yes (SKIP TO Q324) 2 No (CONTINUE) 3 God's will, fate, etc. (SKIP TO Q324) 8 Don't know (SKIP TO Q324)	1 Yes (SKIP TO Q324) 2 No (CONTINUE) 3 God's will, fate, etc. (SKIP TO Q324) 8 Don't know (SKIP TO Q324)	1 Yes (SKIP TO Q324) 2 No (CONTINUE) 3 God's will, fate, etc. (SKIP TO Q324) 8 Don't know (SKIP TO Q324)	1 Yes (SKIP TO Q324) 2 No (CONTINUE) 3 God's will, fate, etc. (SKIP TO Q324) 8 Don't know (SKIP TO Q324)	1 Yes (SKIP TO Q324) 2 No (CONTINUE) 3 God's will, fate, etc. (SKIP TO Q324) 8 Don't know (SKIP TO Q324)
323.	*Was it that you wanted no more children or just wanted to wait longer before another pregnancy?*	1 Wanted no more children. 2 Wanted to wait longer 8 Don't know	1 Wanted no more children. 2 Wanted to wait longer 8 Don't know	1 Wanted no more children. 2 Wanted to wait longer 8 Don't know	1 Wanted no more children. 2 Wanted to wait longer 8 Don't know	1 Wanted no more children. 2 Wanted to wait longer 8 Don't know
324.	*When you were pregnant with* [NAME] *were you given any injections to prevent the baby from getting tetanus, that is, lock jaw?*	1 Yes 2 No (SKIP TO Q326) 8 Don't know (SKIP TO Q326)	1 Yes 2 No (SKIP TO Q326) 8 Don't know (SKIP TO Q326)	1 Yes 2 No (SKIP TO Q326) 8 Don't know (SKIP TO Q326)	1 Yes 2 No (SKIP TO Q326) 8 Don't know (SKIP TO Q326)	1 Yes 2 No (SKIP TO Q 326) 8 Don't know (SKIP TO Q326)
325.	*How many?*	___ Number 8 Don't remember	___ Number 8 Don't remember	___ Number 8 Don't remember	____ Number 8 Don't remember	____ Number 8 Don't remember
326.	*When you were pregnant with* [NAME] *did you see anyone for a (prenatal) check on this pregnancy?*	1 Yes 2 No (SKIP TO Q330)	1 Yes 2 No (SKIP TO Q330)	1 Yes 2 No (SKIP TO Q330)	1 Yes 2 No (SKIP TO Q330)	1 Yes 2 No (SKIP TO Q329)
327.	*Where did you go for most of this care?*	1 Gov't health centre/ clinic 2 Government hospital 3 Private hospital 4 Rural maternity centre 5 Private doctor/clinic 6 Midwife 7 Other _____ (specify)	1 Gov't health centre/ clinic 2 Government hospital 3 Private hospital 4 Rural maternity centre 5 Private doctor/clinic 6 Midwife 7 Other _____ (specify)	1 Gov't health centre/ clinic 2 Government hospital 3 Private hospital 4 Rural maternity centre 5 Private doctor/clinic 6 Midwife 7 Other _____ (specify)	1 Gov't health centre/ clinic 2 Government hospital 3 Private hospital 4 Rural maternity centre 5 Private doctor/clinic 6 Midwife 7 Other _____ (specify)	1 Gov't health clinic 2 Government hospital 3 Private hospital 4 Rural maternity centre 5 Private doctor/clinic 6 Midwife 7 Other _____ (specify)
328.	*How many times did you go?*	___ ___ times 77 = more than 9 times	___ ___ times 77 = more than 9 times	___ ___ times 77 = more than 9 times	___ ___ times 77 = more than 9 times	___ ___ times 77 = more than 9 times

COPY LINE NUMBER AND NAME FROM Q321 ON PAGE 8	LINE NUMBER ___ NAME: _____	LINE NUMBER ___ NAME: _____	LINE NUMBER ___ NAME: _____	LINE NUMBER ___ NAME: _____	LINE NUMBER ___ NAME: _____
329. *In what month of the pregnancy did the prenatal care begin*	_____ month 0 = Don't remember	_____ month 0 = Don't remember	_____ month 0 = Don't remember	_____ month 0 = Don't remember	_____ month 0 = Don't remember
330. Where did you give birth to [NAME]?	1 A 2 B 3 Other Gov't hospital 4 Private hospital 5 Private nursing home 6 Rural maternity centre 7 Own home 8 Home of relative/friend 0 Other _____	1 A 2 B 3 Other Gov't hospital 4 Private hospital 5 Private nursing home 6 Rural maternity centre 7 Own home 8 Home of relative/friend 0 Other _____	1 A 2 B 3 Other Gov't hospital 4 Private hospital 5 Private nursing home 6 Rural maternity centre 7 Own home 8 Home of relative/friend 0 Other _____	1 A 2 B 3 Other Gov't hospital 4 Private hospital 5 Private nursing home 6 Rural maternity centre 7 Own home 8 Home of relative/friend 0 Other _____	1 A 2 B 3 Other Gov't hospital 4 Private hospital 5 Private nursing home 6 Rural maternity centre 7 Own home 8 Home of relative/friend 0 Other _____

HOSPITAL CODES: A = Victoria Jubilee Hospital (VJH); University Hospital of the West Indies (UHWI); Cornwall Regional Hospital (CRH).
B = Savanna-la-mar Hospital (SLMH); Mandeville Hospital (MH); St. Ann's Bay Hospital (SABH); Spanish Town Hospital (STH).

331. *Who is the **main person** who assisted with the delivery of* [NAME]?	1 Doctor 2 Trained nurse/midwife 3 Nana 4 Other _____ 0 No one	1 Doctor 2 Trained nurse/midwife 3 Nana 4 Other _____ 0 No one	1 Doctor 2 Trained nurse/midwife 3 Nana 4 Other _____ 0 No one	1 Doctor 2 Trained nurse/midwife 3 Nana 4 Other _____ 0 No one	1 Doctor 2 Trained nurse/midwife 3 Nana 4 Other _____ 0 No one
332. *Was* [NAME] *delivered by a normal delivery, by forceps or by a 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	1 Normal delivery 2 Forceps delivery 3 Caesarean section
333 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
334 <u>IF DEAD</u>: *How old was* [NAME] *when he/she died?*[RECORD **DAYS** IF UNDER 30 DAYS **MONTHS** IF UNDER 12 MONTHS **YEARS** IF 12 MONTHS AND OVER].	1 ___ ___ day(s) 2 ___ ___ month(s) 3 ___ year(s)	1 ___ ___ day(s) 2 ___ ___ month(s) 3 ___ year(s)	1 ___ ___ day(s) 2 ___ ___ month(s) 3 ___ year(s)	1 ___ ___ day(s) 2 ___ ___ month(s) 3 ___ year(s)	1 ___ ___ day(s) 2 ___ ___ month(s) 3 ___ year(s)

IF NO OTHER LIVE BIRTHS CONTINUE WITH Q335 ON NEXT PAGE.
OTHERWISE CONTINUE WITH NEXT BIRTH, THAT IS, RETURN TO Q322.

335. *What was the date (INCLUDING THE DAY) of your most recent live birth?*

___ ___ day (date) ___ ___ month ___ ___ year

29 Don't remember

336. *Did you have any seizures or convulsions while giving birth to* _____?
[NAME]

1 Yes
2 No
9 Don't remember

337. *How many months after your last live birth did your period (menstruation) return?*

___ ___ months

00 Less than 1 month
77 Not yet returned
88 Not yet returned and have become pregnant again
29 Don't remember

338. *How many weeks after* _____ *'s birth did you resume sexual relations*?
[NAME]

___ ___ weeks

00 Less than one week
77 Not yet resumed

339. *Did you breastfeed* _____ ?
[NAME]

1 Yes
2 No (SKIP TO BOX BEFORE Q343)

340. *How soon (in minutes, hours <u>or</u> days) after the baby's birth did you first breastfeed that last child, that is, first put him / her to the breast?* [INTERVIEWER: RECORD AS MINUTES, HOURS OR DAYS, BUT ENTER **ONE** ANSWER ONLY].

1 ___ ___ minutes

2 ___ ___ hours

3 ___ ___ days

341. *Are you still breastfeeding* _____?
[NAME]

1 Yes (SKIP TO BOX BEFORE Q343)
2 No

342. *How many months did you breastfeed* _____ ?
[NAME]

___ ___ months

IF CHILD IS MORE THAN 24 MONTHS OLD, SKIP TO QUESTION 344

343. *During the last 24 hours, did* _____ *get any of the following food besides breastmilk:*
[NAME]

[READ LIST]

		YES	NO
A	*Fresh milk*	1	2
B	*Tinned or powdered milk*	1	2
C	*Infant formula*	1	2
D	*Plain water*	1	2
E	*Glucose*	1	2
F	*Sugar water*	1	2
G	*Bush tea*	1	2
H	*Juices*	1	2
I	*Solid food (rice, potatoes, bananas, etc.)*	1	2
J	*Puree, pap, baby food*	1	2

344. CURRENTLY PREGNANT: [REFER TO QUESTION 304. **DON'T READ QUESTION**].].

1 Yes (CONTINUE)
2 No (SKIP TO Q401)
8 Not sure (SKIP TO Q401)

345. *When you became pregnant (this last time), did you want to become pregnant?*

1 Yes (SKIP TO Q401)
2 No (CONTINUE)
3 God's will, fate, etc. (SKIP TO Q401)
8 Don't know / Not sure (SKIP TO Q401)

346. *Was it that you wanted no more children or just wanted to wait longer before getting pregnant?*

1 Wanted no more children
2 Wanted to wait longer
8 Don't know / Not sure

SECTION IV - CANCER SCREENING

401. *A Pap Smear is a test for cancer of the cervix, which is done during a pelvic exam by a doctor or nurse. How long has it been since your last Pap smear, if ever?*

1 Less than 1 year
2 1 year, less than 2 years ago
3 2 to 4 years ago
4 5 or more years ago
5 Never
7 Don't know / Not sure

402. *How often, if ever, do you examine your breasts for lumps?*

1 Monthly
2 Less than once a month, at least once per year
3 Less than once per year
4 Never (SKIP TO Q405)
7 Don't know / Not sure

403. *When doing your breast examination did you ever find a suspicious lump?*

1 Yes
2 No (SKIP TO Q405)
7 Don't know / Not sure (SKIP TO Q405)

404. *When you found the lump, did you go to see a doctor for advice?*

1 Yes
2 No
7 Don't know / Not sure

405. *Have you ever been taught by a doctor or other health professional to do a breast self-examination to check for lumps?*

1 Yes
2 No

406. *How many women in your family who are blood relatives (mother and sisters only) have had breast cancer?*

___ ___ number

00 None
77 Don't know

SECTION V - CONTRACEPTIVE KNOWLEDGE AND USAGE

Now, I would like to talk about methods that people use to avoid becoming pregnant.

501. a. READ THE NAME OF EACH METHOD AND CIRCLE "1" OR "2", AS APPROPRIATE.

b. THEN: IF CONTRACEPTIVE METHOD IS KNOWN BY RESPONDENT, ASK ABOUT USE FOR THAT METHOD AND CIRCLE "3" OR "4" AS APPROPRIATE. IF NOT KNOWN, GO ON TO THE NEXT METHOD.

	Method	*Have you ever heard of [METHOD]?*		*Have you/your partner ever used it?*	
		Yes	No	Yes	No
1.	*Female sterilization, tubal ligation*	1	2	3	4
2.	*Male sterilization, vasectomy*	1	2	3	4
3.	*Implant (Norplant)*	1	2	3	4
4.	*Injection*	1	2	3	4
5.	*Pill*	1	2	3	4
6.	*IUD / coil*	1	2	3	4
7.	*Condom*	1	2	3	4
8.	*Foaming tablets / creams / jellies*	1	2	3	4
9.	*Diaphragm*	1	2	3	4
10.	*Withdrawal*	1	2	3	4
11.	*Rhythm, calendar, Billings*	1	2	3	4
88.	*Other (specify):* _____	1	2	3	4

502. HAS RESPONDENT EVER USED AT LEAST ONE METHOD OF CONTRACEPTION?
[AT LEAST ONE - "3" CIRCLED IN Q. 501]

1 Yes
2 No (SKIP TO Q515)

503. *How old were you when you first used contraception?* ___ ___
age

88 Don't remember

504. [IF NEVER HAD ANY LIVE BIRTHS (Q315 = 00), CODE "00" AND GO TO QUESTION 505. OTHERWISE ASK]: *How many living children did you have when you first used contraception?*

___ ___ number

29 Don't remember

505. *Are you or your partner currently using a method of contraception or doing anything to prevent pregnancy?*

1 Yes
2 No (SKIP TO Q513)

506. *Which method?*

1	Female sterilization, tubal ligation	7	Condom
2	Male sterilization, vasectomy	8	Spermicides
3	Implant (Norplant)	9	Diaphragm
4	Injection	10	Withdrawal
5	Pill	11	Rhythm, calendar, Billings
6	Intra-uterine device / coil	88	Other (specify): _____

507. *Are you and your partner also using a second method at the same time for either sexually transmitted disease prevention or contraception?*

1 Yes
2 No (SKIP TO Q509)

508. *Which method?*

1	Female sterilization, tubal ligation	7	Condom
2	Male sterilization, vasectomy	8	Spermicides
3	Implant (Norplant)	9	Diaphragm
4	Injection	10	Withdrawal
5	Pill	11	Rhythm, calendar, Billings
6	Intra-uterine device / coil	88	Other (specify): _____

509. CURRENT PILL USER [("5" IN Q506 OR Q508). **CODE WITHOUT ASKING**].

1 Yes
2 No (SKIP TO Q511)

510. *What brand of pill do you currently use?*

1	Minigynon	5	Gynera
2	Perle I.D.	6	Tri-Regol
3	Ovral	7	Other (specify): _____
4	Nordette	9	Don't know / Not sure

511. CURRENTLY STERILIZED ["1" OR "2" IN Q506 **OR** Q508].

1 Yes (SKIP TO Q547)
2 No

512. CURRENT USER OF METHODS 3 - 9 IN Q506 **OR** Q508:

1 Yes (SKIP TO Q519)
2 No (SKIP TO Q528)

513. *What was the last contraceptive method you or your partner used?*

1	Female sterilization, tubal ligation	7	Condom	
2	Male sterilization, vasectomy	8	Foaming tablets, cream, jelly	
3	Implant (Norplant)	9	Diaphragm __	
4	Injection	10	Withdrawal	(SKIP
5	Pill	11	Rhythm, calendar, Billings	TO
6	Intra-uterine device (IUD) / coil	88	Other (specify): __	Q515)
			_____	

514. *Where did you or your partner get your contraceptive supplies*?

1	Government hospital	7	Outreach worker
2	Government health clinic / centre	8	Factory /workplace
3	Private hospital	9	Supermarket /shop /bar
4	Private clinic	88	Other (specify):
5	Private doctor		_____
6	Pharmacy	98	Doesn't know / doesn't remember

515. IF SHE IS PREGNANT NOW [SEE Q304], CIRCLE CODE "3". OTHERWISE ASK: *Do you think you are able to get pregnant at the present time?*

1 Yes (SKIP TO Q517)
2 No
3 Currently pregnant (SKIP TO Q534)
4 Not sure, don't know (SKIP TO Q517)

516. *Why not?*

1	Menopause		__
2	Respondent or partner has had an operation for medical reasons which makes pregnancy impossible		(SKIP TO Q556)
3	Respondent has tried to get pregnant for at least two years without success (or has not gotten pregnant despite at least two years of non-contraception		__
4	Respondent is not sexually active	(SKIP TO Q534)	
5	Postpartum / breastfeeding		
6	Other (specify) _____		

517. *Would you like to become pregnant now?*

1 Yes (SKIP TO Q. 540)
2 No
3 God's will, fate
9 Don't know, not sure

518. *Why are you or your partner not using a method to prevent pregnancy now?*

1	Health / medical	8	Partner opposes
2	Doesn't like contraceptives	9	Lack of knowledge
3	Had side effects using last method	10	Money problems
4	Fear of side effects	11	Religion against
5	Not sexually active	12	Partner wants me to become pregnant
6	Postpartum / breastfeeding	88	Other (specify): _____
7	Sources far away		

SKIP TO QUESTION 534

519 *Where do you or your partner get your contraceptive supplies*?

1	Government hospital			7	Outreach worker	__
2	Government health clinic / centre			8	Factory /workplace	(SKIP TO Q525)
3	Private hospital	__	(SKIP TO Q525)	9	Supermarket /shop /bar	
4	Private clinic			88	Other (specify): _____	
5	Private doctor					
6	Pharmacy	__		29	Doesn't know / remember	__

520. *Do they offer family planning services there at any time or do they only offer family planning services at special times of day or on certain days?*

1 Can get family planning services at any time (SKIP TO Q524)
2 Can only get family planning services at special times or on certain days
7 Don't know / Not sure (SKIP TO Q522)

521. *Are the special times or days convenient for you?*

1 Yes (SKIP TO Q524)
2 No
7 Not sure

522. *What times of the day are convenient for you to get family planning services?* [CIRCLE ALL THAT APPLY}.

			YES	NO
1	Early morning	(Until 10 am)	1	2
2	Late morning	(10:00 - noon)	1	2
3	Early afternoon	(12:00 - 3 pm)	1	2
4	Late afternoon	(3:00 pm - 6 pm)	1	2
5	Evenings	(6:00 pm or later)	1	2
8	Other (specify):		1	2

_____

523. *Which day or days of the week are convenient for you?* [DO NOT READ. CIRCLE ALL THAT APPLY]

		YES	NO
A	Monday	1	2
B	Tuesday	1	2
C	Wednesday	1	2
D	Thursday	1	2
E	Friday	1	2
F	Saturday	1	2
G	Sunday	1	2

524. *What are your views on the length of the waiting time at the health centre / hospital? Is it .....?* [READ OPTIONS 1 and 2]

1 *Too long*
2 *Not too long*
3 Don't know

525. *How long does it take you to get to the place?*

1	At home/workplace (SKIP TO Q527)	5	45 to 59 minutes
2	Less than 15 minutes	6	1 hour or more
3	15 to 29 minutes	9	No response
4	30 to 44 minutes		

526. *Is it too far away thus causing a problem for you to get there?*

1	Yes	9	Not sure
2	No		

527. *Do you or your partner pay for the contraceptive method you now use?*

1	Yes	9	Don’t know, not sure
2	No		

528. *Would you prefer using a different method than the one you now use to prevent pregnancy?*

1	Yes	7	Don't know, not sure (SKIP TO Q534)
2	No (SKIP TO Q534)		

529. *What method would you most like to use?*

1	Female sterilization, tubal ligation	7	Condom
2	Male sterilization, vasectomy	8	Foaming tablets / cream / jelly
3	Implant (Norplant)	9	Diaphragm
4	Injection	10	Withdrawal (SKIP TO Q533)
5	Pill	11	Rhythm, Calendar, Billings
6	Intra-uterine device (IUD) / coil	88	Other (specify): _____

530. *Do you know where to obtain this method (or information about this method if it is the Rhythm, Calendar or Billings method* [METHOD 11])?

1 Yes 2 No (SKIP TO Q533)

531. *Where?* [IF MORE THAN ONE PLACE MENTIONED, CIRCLE THE ONE SHE WOULD MOST LIKELY USE]

1	Government hospital	7	Outreach worker
2	Government health clinic/centre	8	Factory/workplace
3	Private hospital	9	Supermarket/shop/bar
4	Private clinic	88	Other (specify):
5	Private doctor		_____
6	Pharmacy	29	Doesn't know / doesn't remember

532. *How much time would you have to travel to obtain the supplies or information about the method?*

1 At home
2 Less than 15 minutes
3 15 to 29 minutes
4 30 to 44 minutes
5 45 to 59 minutes
6 1 hour or more
9 No response

533. *What is the most important reason why you are not using this other method?*

1 Family planning or health staff won't prescribe it
2 Too expensive
3 Not available / Unreliable supply / Difficult access
4 Source too far away
5 Don't know how to get it
6 Husband / partner objects to it
7 Religious reasons
8 Fear of side effects
9 Still thinking about it / Have not made up my mind
20 Other_____
29 Don't know / Not sure

534. *Do you want to have any (more) children (after this pregnancy)*?

1 Yes (SKIP TO Q540)
2 No
3 God's will, fate (SKIP TO Q542)
7 Not sure (SKIP TO Q542)

QUESTIONS 535-539 ARE ONLY FOR **WOMEN WHO DO NOT WANT MORE CHILDREN**.

535. *Would you or your partner be interested in an operation that would prevent you from having any (more) children?*

1 Yes
2 No (SKIP TO Q546)
9 Not sure

536. *Do you know where to go for this operation?*

1 Yes (SKIP TO Q538)
2 No

537. *Do you know where to get information about this operation*?

1 Yes
2 No (SKIP TO Q556)

538. *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
8 Other (specify): _____

539. *Since you have (or will have) all the children you want (and you know where to get this operation / information about this operation), why have you not had it?* [IF CURRENTLY PREGNANT ("1" IN Q. 304), CIRCLE "14"]

1 Fear of method/side effects
2 Fear of operation (cut)
3 Thinking about having it
4 Too young
5 Plan to have it soon
6 May want more children if situation changes
7 Lack of information
8 Lack of money
9 Current partner opposes
10 Advanced age, approaching menopause
11 Not sexually active
12 Service facility too far away
13 Doctor refused to do the operation
14 Currently pregnant
88 Other (specify): _____
99 No reason stated

SKIP TO QUESTION 556.

QUESTIONS 540-545 ARE ONLY FOR **WOMEN WHO WANT OR MIGHT WANT MORE CHILDREN**.

540. *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
29 Don't know

541. *When would you like to have the next one?* [ANSWER IN MONTHS IF LESS THAN TWENTY-FOUR MONTHS OR IN YEARS IF TWO YEARS OR MORE]

___ ___ months ___ ___ years

00 Now, as soon as possible
29 Don't know (month / year)

542. ***When*** *you have had all the children you want, would you be interested in an operation that would prevent you from having any (more) children?*

1	Yes	7	Not sure
2	No (SKIP TO Q. (546)		

543. *Do you know where to go for this operation?*

1	Yes (SKIP TO Q545)	2	No

544. *Do you know where to get information about this operation*?

1	Yes	2	No (SKIP TO Q556)

545. *Where*? [IF MORE THAN ONE PLACE MENTIONED, CIRCLE THE ONE SHE WOULD MOST LIKELY USE]

1	Clinic/health centre	4	Private doctor/clinic
2	Public hospital	8	Other (specify):
3	Private hospital		_____

SKIP TO QUESTION 556.

546. *Why would you not be interested in this operation?* [IF CURRENTLY PREGNANT ("1" IN Q304), CIRCLE "14"]

1	Fear of method/side effects	9	Current partner opposes
2	Fear of operation (cut)	10	Advanced age, approaching menopause
3	Thinking about having it	11	Not sexually active
4	Too young	12	Service facility too far away
5	Plan to have it soon	13	Family opposes
6	May want more children if situation changes	14	Currently pregnant
		88	Other (specify):
7	Lack of information		_____
8	Lack of money	29	No reason stated

SKIP TO QUESTION 556.

QUESTIONS 547 - 554 ARE FOR WOMEN WHO HAVE BEEN STERILIZED OR WHOSE HUSBAND / PARTNER HAS HAD A VASECTOMY.

547. *Were you or your husband/partner sterilized or both?*

1	Husband/partner only	3	Both
2	Respondent only (SKIP TO Q550)		

548. *Where was your husband's (partner's) vasectomy done?*

1 Public hospital
2 Private hospital
3 Private doctor/clinic
8 Other (specify): _____
9 Don't know / Not sure

549. *How old were you when he had the operation?*

___ ___ age 9 Don't know / Not sure

IF BOTH ARE STERILIZED, CONTINUE.
OTHERWISE,
SKIP TO BOX BEFORE QUESTION 556.

550. *Where was your tubal ligation done?*

1 Public hospital
2 Private hospital
3 Private doctor/clinic
8 Other (specify): _____

551. *How old were you when you had the operation?*

___ ___ age 88 Don't remember

552. *In what month and year was the operation done?*

___ ___ month ___ ___ year 29 Don't know

553. *Did you receive any counselling about family planning methods at that location?*

1 Yes 2 No

554. *Are you satisfied with having had the operation?*

1 Yes (SKIP TO Q556)
2 No

555. *Why are you not satisfied with the operation?*

1 Had severe side effects from operation
2 The operation has caused complications
3 Had bad side effects
4 It has decreased sexual enjoyment
5 Desires more children because child(ren) died
6 Would like another child
7 Sterilization is morally wrong
8 Husband/partner treats me differently
88 Other (specify): _____
29 Don't know
99 Refused

IF **RESPONDENT HAS NEVER HAD SEX [Q. 303 = "00"]**,
SKIP TO Q625.

IF **RESPONDENT HAS NEVER BEEN PREGNANT [Q. 305 = "2" OR "NO"]**
AND HAS NEVER USED CONTRACEPTION [Q502 = "2"],
SKIP TO Q601.

ALL OTHERS, CONTINUE.

556. ***Now we would like to obtain a monthly record of your family planning history over a 5 year period (since January 1992). Therefore, I would like to go back over some of the information we have discussed and try to get the exact dates of certain events.***

First, I need to go over and record in this chart the dates of all of your live births, your stillbirths, your miscarriages and your abortions which occurred since then. You told me that you had

_____ *pregnancy(ies) which resulted in (a) live birth(s)* [Q315];
_____ *pregnancies which ended in (a) stillbirth(s)* [Q316]*;*
_____ *which ended in (a) miscarriage(s)* [Q317]*; and*
_____ *which ended in (an) abortion(s)* [Q318].

You have also told me that the live birth(s) occurred in _____ [months], ____ [years] [INTERVIEWER, CHECK Q321 AND RECOUNT THE DATES OF BIRTH OF THE LIVE BIRTH(S) OCCURRING AFTER JANUARY 1, 1992. ENTER THE CORRECT CODE FOR EACH OCCURRENCE IN THE MONTH AND YEAR WHICH APPLY].

Now, please tell me the month and year each of the pregnancies started and how many months you were pregnant.

[ENTER CODE "1" FOR EACH MONTH DURING WHICH SHE WAS PREGNANT. **REMEMBER**, YOU SHOULD NOT ENTER "1" IN THE MONTH IN WHICH THE **OCCURRENCE** TOOK PLACE.

Next, I have to record all of your contraceptive usage during that period and how long you have used each method.

[SKIP TO THE SECOND COLUMN AND BEGIN WITH THE LAST METHOD USED AND WORK BACKWARDS.

FINALLY, FILL IN ALL THE BLANKS WITH "0" ("NO METHOD") EXCEPT FOR THOSE **MONTHS** SHE WAS **NOT** ON A METHOD **BECAUSE SHE WAS PREGNANT**. REMEMBER, IF SHE WAS ON A METHOD AND BECAME PREGNANT ON THE METHOD, YOU SHOULD FIND OUT WHEN SHE DISCOVERED THAT SHE WAS PREGNANT AND MAKE THE APPROPRIATE ENTRIES UP TO THAT MONTH].

Lastly, I would like you to tell me why did you stop using ____ in ____.

[IDENTIFY THOSE TIMES WHEN THE RESPONDENT EITHER SWITCHED FROM ONE METHOD TO ANOTHER, OR STOPPED USING ALTOGETHER.

FIND OUT THE REASON FOR STOPPING THE METHOD WHICH WAS CURRENTLY BEING USED AND ENTER THE APPROPRIATE CODE **IN THE THIRD COLUMN** FOR THE RELEVANT YEAR].

CODES TO BE USED IN THE CALENDAR

COLUMN 1 PREGNANCY	**COLUMN 2** METHOD USED	**COLUMN 3** REASON STOPPED USING
0 Not pregnant	0 No method	
1 Pregnant	1 Female sterilization tubal ligation	1 Became pregnant on method
2 Live birth	2 Male sterilization, vasectomy	2 Wanted to get pregnant
3 Stillbirth	3 Implant (Norplant)	3 Husband/partner objected
4 Miscarriage/ tubal pregnancy	4 Injection	4 Side effects
5 Abortion	5 Pill	5 Health concerns
	6 IUD / coil	6 Physician's decision
	7 Condom	7 Supply/availability/cost
	8 Vaginal methods	8 Inconvenient method
	9 Other methods	9 Wanted better/more effective method
		10 To give body a rest
		11 Infrequent sex / No sex
		12 Marriage / relationship ended
		13 Could no longer get pregnant
		77 Other _____
		88 Don't remember

CONTRACEPTIVE USE/PREGNANCY CALENDAR:

(INTERVIEWER: FILL IN ALL PREGNANCIES AND BIRTHS FROM PREGNANCY HISTORY BEFORE COLLECTING CONTRACEPTIVE HISTORY). THEN ASK:

Starting as of yesterday, please try to remember in which months you started and stopped use of contraceptive methods. Please tell me about all the methods you used right back to January 1992.

MONTH	COLUMN			MONTH	COLUMN			MONTH	COLUMN		
	1	2	3		1	2	3		1	2	3
1997				**1995**				**1993**			
Dec. 12				Dec. 12				Dec. 12			
Nov. 11				Nov. 11				Nov. 11			
Oct. 10				Oct. 10				Oct. 10			
Sep. 9				Sep. 9				Sep. 9			
Aug. 8				Aug. 8				Aug. 8			
July 7				July 7				July 7			
June 6				June 6				June 6			
May 5				May 5				May 5			
Apr. 4				Apr. 4				Apr. 4			
Mar. 3				Mar. 3				Mar. 3			
Feb. 2				Feb. 2				Feb. 2			
Jan. 1				Jan. 1				Jan. 1			
1996				**1994**				**1992**			
Dec. 12				Dec. 12				Dec. 12			
Nov. 11				Nov. 11				Nov. 11			
Oct. 10				Oct. 10				Oct. 10			
Sep. 9				Sep. 9				Sep. 9			
Aug. 8				Aug. 8				Aug. 8			
July 7				July 7				July 7			
June 6				June 6				June 6			
May 5				May 5				May 5			
Apr. 4				Apr. 4				Apr. 4			
Mar. 3				Mar. 3				Mar. 3			
Feb. 2				Feb. 2				Feb. 2			
Jan. 1				Jan. 1				Jan. 1			

IF USING A METHOD IN JANUARY 1992,
CONTINUE WITH Q. 557.
ALL OTHERS SKIP TO Q601.

557. *You said you were using _____ in January of 1992. When did you start using that method?*

__ __ month _ _ __ year

SECTION VI - ATTITUDES TOWARDS CONTRACEPTION, CHILDBEARING AND CURRENT SEXUAL ACTIVITY

601. *Have you had sexual intercourse in the last 30 days?*

1 Yes
2 No (SKIP TO Q603)

602. *How many times have you had sexual intercourse in the last 30 days?*

___ ___ times
77 Don't remember - less than 30
90 Don't remember - more than 30
98 Don't remember
99 Refused

SKIP TO QUESTION 604

603. *Have you had sexual intercourse in the last 3 months?*

1 Yes
2 No (SKIP TO Q605)

604. *With how many men have you had sexual intercourse in the last 3 months?*

___ ___ men
77 Don't remember - 10 or more
88 Don't remember - less than 10
98 Don't remember
99 Refused

605. *What was your relationship to the last person with whom you had sexual intercourse?*

1 Husband / partner
2 Visiting partner
3 Boyfriend
4 Friend
5 Casual acquaintance
6 Mother's partner
7 Other relative's partner
8 Other (specify): _____

606. *Did you or the man involved use a contraceptive method the last time you had sexual intercourse?*

1 Yes
2 No (SKIP TO Q610)
9 Can't remember / Don't know (SKIP TO Q610)

607. *What was this method?*

1	Female sterilization, tubal ligation	7	Condom
2	Male sterilization, vasectomy	8	Foaming tablets / cream / jelly
3	Implant (Norplant)	9	Diaphragm
4	Injection	10	Withdrawal
5	Pill	11	Rhythm, Calendar, Billings
6	Intra-uterine device / coil	88	Other (specify): _____

608. *At the same time, did you or the man involved also use a second contraceptive method for disease prevention or contraception the last time you had sexual intercourse?*

1 Yes
2 No (SKIP TO Q610)

609. *What was this method?*

1	Female sterilization, tubal ligation	7	Condom
2	Male sterilization, vasectomy	8	Foaming tablets / cream / jelly
3	Implant (Norplant)	9	Diaphragm
4	Injection	10	Withdrawal
5	Pill	11	Rhythm, Calendar, Billings
6	Intra-uterine device / coil	88	Other (specify): _____

610. *Have you ever asked a partner to use a condom?*

1 Yes
2 No (SKIP TO Q612)

611. *Has any of the following ever happened to you because you asked a partner to wear a condom?* [READ OPTIONS 1-5]

		YES	NO	DK	REF
1	*He refused to wear a condom?*	1	2	8	9
2	*He refused to have sex with you?*	1	2	8	9
3	*He threatened you?*	1	2	8	9
4	*He threatened never to go with you again?*	1	2	8	9
5	*He forced you to have sex without a condom?*	1	2	8	9

612. *Has a partner ever suggested to you that he wears a condom?*

1 Yes
2 No (SKIP TO Q614)

613. *Has any of the following ever happened to you because a partner wanted to wear a condom?* [READ OPTIONS 1-3]

		YES	NO	DK	REF
1	*You refused to let him wear a condom*	1	2	8	9
2	*You refused to have sex with him?*	1	2	8	9
3	*You threatened never to go with him again?*	1	2	8	9

614. CURRENT CONDOM USER:

1 Yes [CODE 7 IN Q506 OR Q508] 2 No (SKIP TO Q618)

615. *Why do you and your partner use condoms?*

1 Prevent pregnancy
2 Prevent sexually transmitted diseases (STDs) including AIDS
3 Both
8 Other (specify): _____
9 Don't know / Don't remember

616. *How often do you use condom when you have sexual intercourse with a steady partner?* [READ OPTIONS 1- 4]

1 *Always*
2 *Most of the time*
3 *Sometimes*
4 *Never*
5 Have no steady partner
9 Refused to answer

617. *How often do you use condoms when you have sexual intercourse with a non-steady partner?* [READ OPTIONS 1- 5]

1 *Always*
2 *Most of the time*
3 *Sometimes*
4 *Never*
5 *Rarely / Never have intercourse with non-steady partner*
9 Refused to answer

618. *The last time you had sexual intercourse, did your partner use a condom?*

1 Yes
2 No
9 Don't remember / Not sure

619. *Have you ever in your lifetime been forced to have sexual intercourse?*

1 Yes
2 No (SKIP TO Q622)
7 Not sure (SKIP TO Q622)
9 Refused (SKIP TO Q622)

620. *How many times?*

1 Five times or less
2 Six to ten times
3 More than ten times
4 Not sure
9 Refused

621. *By whom?* [INTERVIEWER: IF MORE THAN ONE INDIVIDUAL, ASK: "WHO WAS IT THE LAST TIME"].

1 Husband / common-law partner
2 Visiting partner
3 Boyfriend
4 Friend
5 Casual acquaintance
6 Mother's partner
7 Father
8 Other relative / Other relative of partner
9 Other (specify): _____

622. *Over the past year, have you ever had:* [READ ALTERNATIVES]

		YES	NO	REFUSED
A	*A discharge from the vagina due to disease?*	1	2	9
B	*A sore in the area of the vagina?*	1	2	9
C	*To visit a doctor/clinic/other health centre for a sexually transmitted illness (venereal disease) such as gonorrhea or syphilis?*	1	2	9
D	*To treat yourself for a sexually transmitted illness such as gonorrhea or syphilis?*	1	2	9

623. *Have you ever heard a family planning message on the radio or television or read one in a newspaper?*

1 Yes
2 No (SKIP TO Q625)
7 Don't know / Not sure (SKIP TO Q625)
9 Refused to answer (SKIP TO Q625)

624. *Were any of these messages about the Personal Choice program?*

1 Yes
2 No
7 Don’t know / Not sure

625. *If a woman takes the pill correctly, how sure can she be that she will not become pregnant?* [READ OPTIONS 1-4]

1 *Completely sure*
2 *Almost sure*
3 *Some risk of pregnancy*
4 *Not sure at all*
9 Don’t know

626. *How safe for a woman's health is the pill?* [READ OPTIONS 1-4]

1 *Completely safe*
2 *Almost completely safe*
3 *Not very safe*
4 *Unsafe*
5 Depends on the woman
9. Don’t know

627. *How safe for a woman's health is the contraceptive injection ?* [READ OPTIONS 1-4]

1 *Completely safe*
2 *Almost completely safe*
3 *Not very safe*
4 *Unsafe*
5 Depends on the woman
9 Don’t know

628. *If a couple uses a condom correctly, how sure can the woman be that she will not become pregnant?* [READ OPTIONS 1-4]

1 *Completely sure*
2 *Almost sure*
3 *Some risk of pregnancy*
4 *Not sure at all*
9 Don’t know

629. *If a couple uses a condom correctly, how sure can the woman be that she will not get a sexually transmitted disease like gonorrhea, syphilis or AIDS?* [READ OPTIONS 1-4]

1 *Completely sure*
2 *Almost sure*
3 *Some risk of getting STD*
4 *Not sure at all*
9 Don't know

. ***Now I would like to ask you about your attitude towards childbearing.***

630. *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
29 Don't know

631. *In Jamaica, what is the earliest age a woman can legally consent to having sexual intercourse?*

___ ___ years

88 There is no legal limit
29 Doesn't know / have an opinion

632. *If you have sex without any protection, do you know of any method you can use the next day or after to avoid getting pregnant?*

1 Yes
2 No (SKIP TO Q634)
9 Don't know / Not stated (SKIP TO Q634)

633. *What is this method?*

1 Morning after pill 8 Other (specify): _____

634. *In your opinion, at what age is a woman responsible enough to have her first child?*

___ ___ years

55 Depends on circumstances
66 One year after entering first union
77 When she matures, is in a stable union
88 Other (specify): _____
98 Doesn't have an opinion

635. *How old do you think a child should be before the mother stops breastfeeding him/her?*

____ ____ months

77 As long as possible
29 Don’t know

636. *How old do you think it is best for a child to be before another child is born?*

____ ____ months

88 Fate, up to God
29 No opinion

SECTION VII - FAMILY LIFE AND SEX EDUCATION

701. AGE OF RESPONDENT: [SEE QUESTION 102]

1 15 - 24 [CONTINUE WITH Q702].
2 25 - 49 [SKIP TO STATEMENT BEFORE Q901].

702. *For young people your age who have sexual intercourse, what do you think is the most appropriate method to use to avoid pregnancy?*

1	Female sterilization, tubal ligation	10	Diaphragm	__
2	Male sterilization, vasectomy	11	Withdrawal	__
3	Implant (Norplant)	12	Rhythm	
4	Injection	13	Billings method	SKIP
5	Pill	14	Abstinence	TO
6	Intra-uterine device	00	None	Q704
7	Condom	29	Doesn't know	
8	Foaming tablets	99	Doesn't answer	__
9	Creams / jellies	88	Other (specify):	_____

703. *Could you afford to use this method?*

1 Yes 9 Doesn't know
2 No

704. [FOR THOSE WHO HAVE NEVER HAD A PERIOD (Q301 = "77") omit *"Before you started having periods"*. [OTHERWISE ASK]: *Before you started having periods, did you ever receive any information from your parents or guardians about menstruation?*

1 Yes 9 Doesn't know
2 No

705. [FOR THOSE WHO HAVE NEVER HAD A PERIOD (Q301 = "77") omit *"Before you started having periods"*. [OTHERWISE ASK]: *Before you started having periods, did you ever receive any information from your parents or guardians about pregnancy and how it occurs?*

1 Yes 9 Doesn't know
2 No

706. [FOR THOSE WHO HAVE NEVER HAD SEX (Q303 = "00") omit *"Before you ever had sexual relations"*. [OTHERWISE ASK]: *Before you ever had sexual relations, did you ever receive any information from your parents or guardians about pregnancy and how it occurs?*

1 Yes 9 Doesn't know
2 No

707. *Have you ever had a class or course about family life education or sex education in school?*

1 Yes
2 No (SKIP TO Q715)
9 Doesn't know (SKIP TO Q715)

708. *How many weeks did the class or course last?*

___ ___ weeks

29 Don't remember at all
30 Entire school year
97 Many weeks, don't remember number

709. *On the average, how many hours per week was the class or course taught?* [IF LESS THAN ONE HOUR, CODE AS "00"].

___ ___ hours

97 Many hours, don't remember number
29 Don't remember at all

710. *What grade of schooling (level and years) had you reached when you had this class/ course?*

	LEVEL	YEARS									NOT SPECIFIED
1	Primary/All age	0	1	2	3	4	5	6	7	8+	9
2	Secondary	0	1	2	3	4	5	6	7	8+	9
3	Post-secondary	0	1	2	3	4	5	6	7	8+	9
4	Doesn't remember										

711. *How old were you at that time?*

__ __ years

29 Don't know / Doesn't remember

712. *Who was the main person who taught this first class or course?*

1 School teacher
2 Counsellor or psychologist
3 Nurse
8 Other (specify): _____

713. *Did this first class or course in school include information about .....?* [READ]

		Yes	No	DR
A	*The human reproductive system*	1	2	8
B	*The woman's menstrual cycle or period*	1	2	8
C	*Pregnancy and how it occurs*	1	2	8
D	*Modern birth control methods such as the pill, IUD or injections*	1	2	8
E	*Condoms*	1	2	8
F	*Disease that can result from sexual contact*	1	2	8
G	*AIDS*	1	2	8

714. *Did the class or course include information on services available for adolescents?* [READ].

		Yes	No	Don't remember
1	*Counselling*	1	2	9
2	*Clinic services*	1	2	9
3	*Distribution of contraceptives*	1	2	9

715. *At what age do you think family life education or sex education should begin in schools?*

__ __ age

77 It should not be taught in schools
29 Doesn't know

716. *Have you ever had a formal class or course about family life education or sex education anywhere outside of the school or home?*

1 Yes 2 No (SKIP TO Q722)

717. *Where was the first formal class or course outside of the school or home held?*

1 Community centre
2 Clinic
3 Club
4 Church
5 Youth centre
6 Bar
7 Work place
8 HEART
88 Other (specify): _____
29 Doesn't remember

718. *How old were you when you had this first class or course on family life education or sex education?*

__ __ age

29 Does not remember

719. *Who was the main person who taught this course?*

1	School teacher	7	Outreach worker / volunteer
2	Physician	8	Other social worker
3	Nurse	9	Peers / friends
4	Counsellor or psychologist	10	Parent / guardian
5	National Family Planning Board Officer	88	Other (specify): _____
6	Liaison Officer	29	Doesn't remember / Don't know

720. *Did this first class or course outside of the school or home include information about .....* [READ]

		First class/course included		
		Yes	No	DK
A	*The human reproductive system*	1	2	8
B	*The woman's menstrual cycle*	1	2	8
C	*Pregnancy and how it occurs*	1	2	8
D	*Modern birth control methods such as the pill, IUD or injections*	1	2	8
E	*Condoms*	1	2	8
F	*Disease that can result from sexual contact*	1	2	8
G	*AIDS*	1	2	8

721. *Did the class or course include information on the following services available for adolescents?* [READ].

		Yes	No	Don't remember
1	*Counselling*	1	2	9
2	*Clinic services*	1	2	9
3	*Distribution of contraceptives*	1	2	9

722. *Do you know where to go if you need to get information on sex or contraceptives?*

1 Yes 2 No

723. *Would you know where to go if you needed treatment for a sexually transmitted disease?*

1 Yes
2 No

724. *Which is your preferred source of information about family life education topics?* [READ]

1 *Parents / guardians*
2 *Sisters or brothers*
3 *NFPB Officer*
4 *School teachers*
5 *Peers / friends*
6 *Media (specify):* _____
7 Other (specify): _____
0 No preferred source
9 Don't know

725. *What do you think is the ideal age when a child should be given sex education?*

__ __ years

97 Depends
29 Don't know

SECTION VIII - EARLY SEXUAL EXPERIENCE AND CHILD REARING

Now, I'd like to ask you some personal questions which are very important to the study.

801. *In what month and year did you first have sexual intercourse?* [CHECK WITH ANSWERS GIVEN AT QUESTION 303. IF NOT CONSISTENT, CLARIFY AND CORRECT WHERE RELEVANT]

___ ___ month 1 9 ___ ___ year

2222 Has never had sexual intercourse (SKIP TO STATEMENT BEFORE Q901)
98 Doesn't remember
29 No response

802. *How old was the person with whom you had sexual intercourse for the first time?*

__ __ years

88 Don't know / Not sure

803. *What was the relationship of this person to you at that time?*

1	Husband / common-law partner	5	Mother's partner (SKIP TO Q805)
2	Boyfriend	6	Rape (SKIP TO Q810)
3	Friend (SKIP TO Q805)	8	Other (specify: (SKIP TO Q805)
4	Casual acquaintance (SKIP TO Q805)		_____

804. *How long were you going with him when you first had sex?*

1	__ __ days	3	__ __ months
2	__ __ weeks	4	__ __ years
666	Had just met him	777	Don't remember

805. *Did you or your partner use a contraceptive method during this first sexual intercourse?*

1 Yes 2 No (SKIP TO Q809)

806. *What was the method?*

1	Female sterilization, tubal ligation	7	Condom
2	Male sterilization, vasectomy	8	Foaming tablets, cream, jelly
3	Implant (Norplant)	9	Diaphragm
4	Injection	10	Withdrawal (SKIP TO Q808)
5	Pill	11	Rhythm, calendar, Billings
6	Intra-uterine device (IUD) / coil	88	Other (specify): _____

807. *Where did you or your partner get this method used during your first sexual intercourse?* IN CASE OF BILLINGS, CALENDAR OR RHYTHM METHOD ....., *Where did you or your partner receive orientation?*

1	Government hospital	7	Outreach worker
2	Government health clinic/centre	8	Factory/workplace
3	Private hospital	9	Supermarket/shop/bar
4	Private clinic	10	Rhythm without instruction
5	Private doctor	88	Other (specify) _____
6	Pharmacy	29	Doesn't know/doesn't remember

808. *Whose decision was it to use this method? Yours alone, your partner's alone, or was it made together?*

1 Her decision
2 Partner's decision
3 Decision made together
9 Doesn't remember

ALL SKIP TO QUESTION 810

809. *Why didn't you or your partner use a contraceptive method during this first sexual intercourse?*

1 Didn't expect to have sexual relations at that time
2 Partner was against using something
3 Didn't know of any methods
4 Knew of methods but didn't know where to get them
5 Wanted to use something but couldn't get it at that moment
6 Too embarrassed to get method
7 Wanted to become pregnant
8 Other (specify): _____
88 Doesn't know
29 No response

810. EVER HAD A LIVE BIRTH: [SEE ANSWERS TO Q315].

1 Yes [CONTINUE]
2 No [SKIP TO STATEMENT BEFORE Q901].

811. *When pregnant with your first child, were you still in school?*

1 Yes
2 No (SKIP TO Q814)

812. *What grade of schooling (level and years) had you reached?*

	LEVEL	YEARS									NOT SPECIFIED
1	Primary/All age	0	1	2	3	4	5	6	7	8+	9
2	Secondary	0	1	2	3	4	5	6	7	8+	9
3	Post-secondary	0	1	2	3	4	5	6	7	8+	9
29	Doesn't remember										

813 *After the first child was born, did you return to school?*

1 Yes 2 No

814 *Do you have a child / children who is / are alive today for anyone other than your present husband / partner?*

1 Yes 9 Refused to answer (SKIP TO Q820)
2 No (SKIP TO Q820)

INTERVIEWER: ASK Q815 - Q818 ABOUT THE YOUNGEST OF THOSE CHILDREN.

815. *Does the baby father help you with the care or financial support of the child*? [READ RESPONSES]

1 *At all times* 3 *Seldom*
2 *Sometimes* 4 *No* (SKIP TO Q818)

816. *What kind of help does he give you?*

		Yes	No
A	Child care	1	2
B	Financial help	1	2
C	Gifts	1	2
D	Other (specify): _____		

817. *Do you think the help he gives is important or not important in taking care of his child?*

1 Important 2 Not important

818. *Who is the main source of help?*

1 Baby's father 6 Mother's relative
2 Current partner 7 Father's relative
3 Maternal grandparent(s) 0 Don't receive any help
4 Paternal grandparent(s) 88 Other (specify):
5 Friend / neighbour _____

819. *How many children do you have who are still alive?*

1 One living child (SKIP TO Q823) 2 Two or more living children (CONTINUE)

820. *Does any one help with the care or financial support of your child / children with your current husband / partner?*

1 Yes
2 No (SKIP TO Q823)
8 No other (living) children with current husband / partner (SKIP TO Q823)

821. *What kind of help do you get?*

		YES	NO
A	Child care	1	2
B	Financial help	1	2
C	Gifts	1	2
D	Other (specify): _____	1	2

822. *Who is the main source of help?*

1 Husband / partner
2 Respondent's mother
3 Respondent's grandmother
4 Other relative
5 Partner's parents / relative
6 Partner's grandparents
7 Partner's other relative
8 Other specify: _____

823. PREGNANT NOW [**DO NOT ASK.** CHECK Q304]

1 Yes
2 No (SKIP TO Q825)
8 Doesn't know (SKIP TO Q825)

824. *What type of support do you get from this prospective "baby father"?* [READ RESPONSES]

1 *No relationship at this time*
2 *Gives emotional support only*
3 *Gives financial support only*
4 *Gives emotional and financial support*
8 Other support (specify): _____

825. *Do you and your partner discuss the type of family you want to have together such as .....?* [READ]

		YES	NO
A	*Number of children you may have in the future*	1	2
B	*Spacing of children*	1	2
C	*Adoption*	1	2

SECTION IX - GENERAL ATTITUDES AND OPINIONS

Now, I'd like to read some statements to you. Please tell me whether you think each one is true or untrue .....

		Agree	Don't agree	Un-certain	No res-ponse
901.	*If a woman doesn't have sex, she'll get sick*	1	2	8	9
902.	*A girl must have a baby by the time she is 18 years old*	1	2	8	9
903.	*A girl can only get pregnant if she has seen her first period*	1	2	8	9
904.	*A boy must have sex to show that he is a man*	1	2	8	9
905.	*A girl can avoid getting pregnant by having sex standing up, using pepsi or going to the sea*	1	2	8	9
906.	*It is not necessary to use a condom with a steady partner*	1	2	8	9
907.	*Planning too far ahead is not wise since many things turn out to be a matter of good or bad luck*	1	2	8	9
908.	*Your life is mostly controlled by people with more power than you*	1	2	8	9
909.	*To get what you want, you have to conform to the wishes of others*	1	2	8	9
910.	*What others in your family want should always come first before what you want*	1	2	8	9
911.	*You can generally determine what will happen in your own life*	1	2	8	9
912.	*When you get what you want, it is usually because you worked hard for it*	1	2	8	9

END OF INTERVIEW ..... THANK YOU!!!

	Date	Hour	Minute.
TIME INTERVIEW ENDED:	___ ___ ___ ___	___ ___	___ ___

NOW RETURN TO TITLE PAGE AND COMPLETE INFORMATION ON INTERVIEW CALLS.

COMMENTS

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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_____

_____

_____

_____

_____

1997 REPRODUCTIVE HEALTH SURVEY - JAMAICA

FORM RHS 1B

MALE

CONFIDENTIAL
CAP. 368

Identification No. Questionnaire No. 1 __ __ __ __ __

Parish		Constituency		E.D. No.			Dwelling No.			H/hold No.	
				Eligible Respondents						Sex	1

Interview calls	1	2	3	4	Final Visit
Day (Date)					
Month					
Interview Status *					
Interviewer's Name					
Interviewer's No.					
Supervisor's Name					
Supervisor's No.					
Next Visit: Date					
Time					

* Interview Status Codes:

1. Completed household interview - no eligible respondent
2. Completed household interview - selected respondent not at home
3. Refusal - household
4. Vacant dwelling
5. Completed interview - individual
6. Selected respondent not at home deferred
7. Refusal - individual
8. Partly completed - individual
9. Other (specify): _____

FOR OFFICE USE ONLY:

Reviewed by: _____ Position: _____

Date: _____

Edited by: _____ Date: _____

10. How many persons live in this household? ___ ___ number

PLEASE RECORD THE NAMES AND OTHER PARTICULARS OF **ALL** PERSONS WHO LIVE IN THIS HOUSEHOLD. THIS SHOULD INCLUDE ALL WHO USUALLY EAT AND SLEEP HERE. START WITH THE OLDEST MEMBER, THEN THE NEXT OLDEST, ETC.

SCHEDULE OF ALL PERSONS LIVING IN HOUSEHOLD

LINE NO.	NAME *Please give me the names of all persons who usually live in your household*	SEX * *Is _____ male or female?*	AGE *How old is he/she?*	EDUCATIONAL STANDARD ** Highest Level	 Years	SEQ. NO. ***
01	_____	___	___ ___	___	___	____
02	_____	___	___ ___	___	___	____
03	_____	___	___ ___	___	___	____
04	_____	___	___ ___	___	___	____
05	_____	___	___ ___	___	___	____
06	_____	___	___ ___	___	___	____
07	_____	___	___ ___	___	___	____
08	_____	___	___ ___	___	___	____
09	_____	___	___ ___	___	___	____
10	_____	___	___ ___	___	___	____
11	_____	___	___ ___	___	___	____
12	_____	___	___ ___	___	___	____

* Gender codes

1 Males
2 Females

** Educational standard codes:

Level		Years (Use appropriate number)	N/S
0	None		
1	Primary/All age	1 - 8+	9
2	Secondary	1 - 8+	9
3	Post secondary	1 - 8+	9
8	Other		
9	Not stated		

*** Eligible females aged 15 - 49 years only.

11. Number of eligible males aged 15-49 years living in household __ __
(Total number of eligible males recorded in the Schedule) number

IF THERE IS ONE OR MORE ELIGIBLE RESPONDENTS, SELECT THE ONE TO BE INTERVIEWED, BASED ON THE INSTRUCTIONS GIVEN AND USING THE RANDOM TABLE SHOWN BELOW.

THEN COMPLETE THE INDIVIDUAL QUESTIONNAIRE FOR THE SELECTED RESPONDENT.

IF THERE ARE NO ELIGIBLE RESPONDENTS, COMPLETE TITLE PAGE AND MOVE ON TO THE NEXT HOUSEHOLD.

RANDOM SELECTION OF RESPONDENT

Questionnaire Number 1 ___ ___ ___ ___ ___ Number of Eligible Males __ __

Last digit on questionnaire number	Number Of Eligible Males In Household									
	1	2	3	4	5	6	7	8	9	10
0	1	2	3	1	2	5	2	8	7	10
1	1	1	1	2	3	6	3	1	8	1
2	1	2	2	3	4	1	4	2	9	2
3	1	1	3	4	5	2	5	3	1	3
4	1	2	1	1	1	3	6	4	2	4
5	1	1	2	2	2	4	7	5	3	5
6	1	2	3	3	3	5	1	6	4	6
7	1	1	1	4	4	6	2	7	5	7
8	1	2	2	1	5	1	3	8	6	8
9	1	1	3	2	1	2	4	1	7	9

SEQUENCE NUMBER OF MALE SELECTED FOR INTERVIEW: ___ ___

AFTER COMPLETING THE HOUSEHOLD QUESTIONNAIRE, RETURN TO TITLE PAGE AND COMPLETE INFORMATION ON INTERVIEW CALLS

C O M M E N T S

1997 REPRODUCTIVE HEALTH SURVEY - JAMAICA

INDIVIDUAL QUESTIONNAIRE

MALE

FORM RHS 2

Questionnaire No.						Line No.		Sequence No.	
2									

Parish		Constituency		ED No.			Dwelling No.			Household No.	

SECTION I - RESPONDENT'S BACKGROUND

TIME INTERVIEW STARTED ___ ___ : ___ ___

101. *In what month and year were you born?*

__ __ month 1 9 __ __ year

29 Don't know

102. *How old were you on your last birthday?*

__ __ years

103. *How many years did you attend school?*

___ ___ years

29 Don't know

104. *With what frequency do you attend religious services*?

1 At least once a week
2 At least once a month
3 Less than once a month
4 Only for special occasions (weddings, funerals, christenings, etc.)
5 Doesn't attend at all
9 No response

105. *What was your employment status during the past week?*

1 Working
2 With a job but not working __
3 Looking for work
4 Keeping house (SKIP TO Q109)
5 Student
6 Incapable of working __
8 Other (specify): _____

106. *Do you work full-time or part-time?* [LESS THAN 20 HOURS = PART-TIME; 20+ HOURS IS FULL TIME]

1 Full-time
2 Part-time

107. *Do you work at home or away from home?*

1	At home	3	Both
2	Away from home		

108. *Do you regularly read any of the following newspapers?* [READ LIST]

		YES	NO			YES	NO
A	*Gleaner*	1	2	D	*Observer*	1	2
B	*Star*	1	2	E	Other (specify): _____	1	2
C	*Jamaica Herald*	1	2				

109. *Are there any of the following possessions in your household?* [READ LIST]

		YES	NO			YES	NO
A	*Telephone*	1	2	E	*Refrigerator*	1	2
B	*Radio*	1	2	F	*Computer*	1	2
C	*Television*	1	2	G	*A working motor vehicle*	1	2
D	*VCR*	1	2				

110. *How many rooms does your household occupy (exclude bathrooms and kitchen)?*

___ ___ number 99 No response

111. *What is the main source of water for the household?* [READ LIST]

1	*Public piped into dwelling*	6	*Public catchment*
2	*Public piped into yard*	7	*Spring or river*
3	*Private piped into dwelling*	8	Other (specify): _____
4	*Private catchment, not piped*		
5	*Public standpipe*	9	Not stated

112. *What type of toilet facilities does this household have?*

1	WC linked to sewer	5	None (SKIP TO STATEMENT BEFORE Q201)
2	WC not linked to sewer		
3	Pit	9	Not stated / Don't know
4	Other (specify): _____		

113. *Are these facilities shared with another household?*

1	Shared	9	Not stated
2	Not shared		

SECTION II - RELATIONSHIP STATUS AND PARTNERSHIP HISTORY

Now, I would like to ask you some questions about your steady relationships.

201. *Are you legally married now?*

1 Yes 2 No (SKIP TO Q203)

202. *Are you and your husband living together as man and wife now?*

1 Yes (SKIP TO Q208) 2 No

203. *Are you living with a common-law partner now; that is, are you living as man and wife now with a partner to whom you are not legally married?*

1 Yes (SKIP TO Q208) 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 Q208) 2 No

205. *Do you have a girlfriend?*

1 Yes 2 No (SKIP TO Q207)

206. *Have you ever had sexual intercourse with your present boyfriend?*

1 Yes 2 No

207. [IF RESPONDENT **IS LEGALLY MARRIED**, BUT IS **NOT** LIVING WITH WIFE (Q201 = "1" AND Q202 – "2"), CODE 1 = "YES" WITHOUT ASKING, OTHER WISE ASK:] *Have you ever been in a partnership; that is, a marriage, a common-law union or a visiting relationship?*

1 Yes 2 No (SKIP TO Q209)

208. *What was the month and year when your **first** marriage, **first** common-law or **first** visiting relationship began?*

___ ___ month ___ ___ year 77 Don't know month
29 Don't know year

209. *At what age did you first have sexual intercourse?*

___ ___ years 98 Doesn't remember
99 Refused
00 Never had sexual intercourse (SKIP TO Q304)

SECTION III - FAMILY LIFE EDUCATION

301. *Before you had sex did you ever receive any information from your parents or guardians about pregnancy and how it occurs?*

1	Yes	7	Don't remember
2	No		

302. *Before you had sex, did you ever receive any information from your parents or guardians about birth control methods?*

1	Yes	7	Don't remember
2	No		

303. *Before you had sex, did you ever receive any information from your parents or guardians about condoms specifically?*

1	Yes	7	Don't remember
2	No		

304. *For young people your age who have sexual intercourse, what do you think is the most appropriate method to use to avoid pregnancy?*

1	Female sterilization, tubal ligation	10	Diaphragm	
2	Male sterilization, vasectomy	11	Withdrawal	—
3	Implant (Norplant)	12	Rhythm	
4	Injection	13	Billings method	(SKIP
5	Pill	14	Abstinence	TO
6	Intra-uterine device	00	None	Q306)
7	Condom	29	Doesn't know	
8	Foaming tablets		99 Doesn't answer	__
9	Creams/jellies	88	Other (specify): _____	

305. *Could you afford to use this method?*

1 Yes
2 No
9 Doesn't know

306. *Have you ever had a class or course about family life or sex education <u>in school</u>?*

1 Yes
2 No (SKIP TO Q314)
9 Doesn't know (SKIP TO Q314)

307. *How many weeks did the class or course last?*

_____	weeks	29	Don't remember at all
97	Many weeks, don't remember number	30	Entire school year

308. *On the average, how many hours per week was the class or course taught?* [IF LESS THAN ONE HOUR, CODE AS "00"].

_____	hours	97	Many hours, don't remember number
		29	Don't remember at all

309 *How old were you when you had the first class or course?*

____age		29	Doesn't remember

310. *What grade of schooling (level and years) had you reached when you had this class/course?*

	LEVEL	_____ YEARS ____								_____	NOT SPECIFIED
1	Primary/All age	0	1	2	3	4	5	6	7	8+	9
2	Secondary	0	1	2	3	4	5	6	7	8+	9
3	Post-secondary	0	1	2	3	4	5	6	7	8+	9
4	Doesn't remember										

311. *Who was the main person who taught this first class or course?*

1 School teacher
2 Counsellor or psychologist
3 Nurse
8 Other (specify):_____

312. *Did this first class or course in school include information about ..... ?* [READ]

		Yes	No	DR
A	*The human reproductive system*	1	2	8
B	*The woman's menstrual cycle or period*	1	2	8
C	*Pregnancy and how it occurs*	1	2	8
D	*Modern birth control methods such as the pill, IUD or injections*	1	2	8
E	*Condoms*	1	2	8
F	*Disease that can result from sexual contact*	1	2	8
G	*AIDS*	1	2	8

313. *Did the class or course include information on the following services available for adolescents?* [READ].

		YES	NO	DK
1	*Counselling*	1	2	7
2	*Clinic services*	1	2	7
3	*Distribution of contraceptives*	1	2	7

314. *At what age do you think family life or sex education should begin in schools?*

__ __ age

77 It should not be taught in schools
29 Doesn't know

315. *Have you ever had a formal class or course about family life or sex education anywhere outside of the school or home?*

1 Yes
2 No (SKIP TO Q321)

316. *Where was the first formal class or course outside of the school or home held?*

1 Community centre
2 Clinic
3 Club
4 Church
5 Youth centre
6 Bar
7 Workplace
8 HEART
88 Other (specify): _____
29 Doesn't remember

317. *How old were you when you had this first class or course on family life or sex education?*

__ __ age

29 Does not remember

318. *Who was the main person who taught this course?*

1 School teacher
2 Physician
3 Nurse
4 Counsellor or psychologist
5 National Family Planning Board Officer
6 Liaison officer
7 Outreach worker / volunteer
8 Other social worker
9 Peers / friends
10 Parent / guardian
88 Other (specify): _____
29 Doesn't remember

319. *Did this first class or course outside of the school or home include information about…* [READ]

		First class/course included		
		Yes	No	DK
A	*The human reproductive system*	1	2	8
B	*The woman's menstrual cycle*	1	2	8
C	*Pregnancy and how it occurs*	1	2	8
D	*Modern birth control methods such as the pill, IUD or injections*	1	2	8
E	Condoms	1	2	8
F	*Disease that can result from sexual contact*	1	2	8
G	*AIDS*	1	2	8

320. *Did this class or course include information on the following services available for adolescents?* [READ].

		YES	NO	DK
1	*Counselling*	1	2	7
2	*Clinic services*	1	2	7
3	*Distribution of contraceptives*	1	2	7

321. *Which is your preferred source of information about family life or sex education topics?* [READ OPTIONS 1-6].

1	*Parents / guardians*	5	*Peers /friends*
2	*Sisters or brothers*	6	*Media* (specify): _____
3	*NFPB Officer*	7	Other (specify): _____
4	*Teachers*	8	Don't know

322. *What do you think is the ideal age when a child should be first given sex education?*

__ __ years

323. *Do you know where to go if you need to get information on sex or contraception?*

1 Yes 2 No

324. *Would you know where to go if you needed treatment for a sexually transmitted disease?*

1 Yes 2 No

SECTION IV - REPRODUCTIVE HISTORY

Now, we are going to talk about the children you have had. Some of the questions may not apply to you, but just say so when this is the case.

401. *Have you ever fathered any children even if the child or children died shortly after birth?*

1 Yes

2 No (SKIP TO Q417)

402. *How many children have you fathered who currently live with you?* __ __

403. *How many children have you fathered who live somewhere else?* __ __

404. *How many children have you fathered who have died?* __ __

[INCLUDE CHILDREN BORN ALIVE BUT WHO DIED SHORTLY AFTER BIRTH]

405. *Therefore, the total number of children you have fathered is:*

406. *Now, I would like to ask you for some details about all your children. Please answer in the order of their birth, starting from the last child and going backwards to the first.*

Birth order	Name	Birth date Month	Year	Sex	Is [NAME] still alive?
Last birth	_____	__ __	19 __ __	__	__
Next to last	_____	__ __	19 __ __	__	__
2nd from last	_____	__ __	19 __ __	__	__
3rd from last	_____	__ __	19 __ __	__	__
4th from last	_____	__ __	19 __ __	__	__
5th from last	_____	__ __	19 __ __	__	__
6th from last	_____	__ __	19 __ __	__	__
7th from last	_____	__ __	19 __ __	__	__
8th from last	_____	__ __	19 __ __	__	__
		29 Don't remember (month/year)		1 Male 2 Female	1 Yes 2 No

IF RESPONDENT HAS HAD **ONE CHILD ONLY** [Q. 405 = "01"], **SKIP TO Q408.**

ALL OTHERS , **CONTINUE WITH Q407.**

407. *Did you want to have your first child?*

1 Yes
2 No
7 Not sure

408. *Did you want to have your last (only) child?*

1 Yes
2 No
7 Not sure

IF RESPONDENT HAS HAD **ONLY ONE CHILD** [Q. 405 = "01"], **SKIP TO Q. 411.**

ALL OTHERS, **CONTINUE.**

409. *How many "baby mothers" (including wives) have you had?* [IF 01" SKIP TO Q411]

__ __ number

88 Doesn't know

410. *Have you ever had more than one child born in the same year with different mothers?*

1 Yes

2 No

411. *Were you still in school when your first child was born ?*

1 Yes

2 No (SKIP TO BOX BEFORE Q413)

412. *How many years schooling had you had up to that time?*

__ __ years

29 Don't remember

IF ANY OF HIS CHILDREN ARE NOT LIVING WITH RESPONDENT (SEE Q403), CONTINUE.

OTHERWISE, SKIP TO Q417.

413. *Do you help with the care or financial support of your child/children not now living with you?* [READ RESPONSES]

1 *At all times*
2 *Most of the time*
3 *Seldom*
4 *No* (SKIP TO Q416)

414. *What kind of help do you give?*

		Yes	No
A	Child care	1	2
B	Financial help	1	2
C	Gifts	1	2
D	Other (specify):	1	2

415. *Do you think the help you give is important or not important in taking care of the child/children not now living with you?*

1 Important
2 Not important
7 Don't know / Not sure

416. *Who is the main source of help to the mother?*

0 Does not receive any help
1 The father (respondent)
2 Paternal grandparents
3 Maternal grandparents
4 Father's relatives
5 Mother's relatives
6 Mother's current partner
7 Friend / neighbour
8 Other (specify): _____
9 Don't know

417. *Is any one (including your wife) pregnant for you now ?*

1 Yes
2 No (SKIP TO Q.501)
9 Doesn't know (SKIP TO Q501)

418. *Is it one woman or more than one who is pregnant for you?*

1 One
2 More than one

419. *Did you want this pregnancy (these pregnancies) ?*

1 Wanted one pregnancy
2 Wanted both pregnancies
3 Wanted no pregnancy
4 God's will, fate, didn't think about it
9 Don't know, not sure

IF MARRIED OR IN A COMMON LAW UNION,
SKIP TO STATEMENT BEFORE QUESTION 501

420. *What type of support do you give the first prospective baby mother ?* [READ RESPONSES]

1 *No relationship at this time*
2 *Gives emotional support only*
3 *Gives financial support only*
4 *Gives both emotional and financial support*
8 Other (specify):_____

421. [IF NO SECOND BABY MOTHER, CODE = 5 WITHOUT ASKING. OTHERWISE ASK:]
What type of support do you give the second prospective baby mother ? [READ RESPONSES] .
1 *No relationship at this time*
2 *Gives emotional support only*
3 *Gives financial support only*
4 *Gives both emotional and financial support*
5 No second baby mother
8 Other (specify):_____

SECTION V - CONTRACEPTIVE KNOWLEDGE AND FIRST SEXUAL EXPERIENCE

Now, I would like to talk about methods that people use to avoid becoming pregnant.

501. a. READ THE NAME OF EACH METHOD AND CIRCLE "1" OR "2", AS APPROPRIATE.

b. THEN: IF CONTRACEPTIVE METHOD IS KNOWN BY RESPONDENT, ASK ABOUT USE FOR THAT METHOD AND CIRCLE "3" OR "4" AS APPROPRIATE. IF NOT KNOWN, GO ON TO THE NEXT METHOD.

	Method	*Have you ever heard of [METHOD]?*		*Have you/your partner ever used it?*	
		Yes	No	Yes	No
1.	*Female sterilization, tubal ligation*	1	2	3	4
2.	*Male sterilization, vasectomy*	1	2	3	4
3.	*Implant (Norplant)*	1	2	3	4
4.	*Injection*	1	2	3	4
5.	*Pill*	1	2	3	4
6.	*IUD / coil*	1	2	3	4
7.	*Condom*	1	2	3	4
8.	*Foaming tablets / creams / jellies*	1	2	3	4
9.	*Diaphragm*	1	2	3	4
10.	*Withdrawal*	1	2	3	4
11.	*Rhythm, calendar, Billings*	1	2	3	4
88.	*Other (specify):* _____	1	2	3	4

Now, I'd like to ask you some personal questions which are very important to the study.

502. *In what month and year did you first have sexual intercourse?* [CHECK WITH ANSWERS GIVEN AT QUESTION 209. IF NOT CONSISTENT, CLARIFY AND CORRECT WHERE RELEVANT]

__ __ month 19 __ __ year

2222 Has never had sexual intercourse (SKIP TO Q702 ON PAGE 24)
29 Doesn't remember
99 No response

503. *About how old was the person with whom you had sexual intercourse for the first time?*

__ __ years

88 Don't know/Not sure

504. *What was the relationship of this person to you at that time?*

1	Wife / common-law partner	5	Father's partner
2	Girlfriend	6	Prostitute
3	Friend	8	Other (specify):
4	Casual acquaintance _____		

505. *Did you or your partner use a contraceptive method during this first sexual intercourse?*

1 Yes

2 No (SKIP TO Q509)

506. *What was the method?*

1	Female sterilization, tubal ligation	7	Condom
2	Male sterilization, vasectomy	8	Foaming tablets, cream, jelly
3	Implant (Norplant)	9	Diaphragm
4	Injection	10	Withdrawal (SKIP TO Q508)
5	Pill	11	Rhythm, calendar, Billings
6	Intra-uterine device (IUD) / coil	88	Other (specify):_____

507. *Where did you or your partner get this method used during your first sexual intercourse?* IN CASE OF BILLINGS, CALENDAR OR RHYTHM METHOD……, *Where did you or your partner receive orientation?*

1	Government hospital	7.	Outreach worker
2	Government health clinic/centre	8	Factory/workplace
3	Private hospital	9	Supermarket/shop/bar
4	Private clinic	77	Rhythm without instruction
5	Private doctor	88	Other (specify): _____
6	Pharmacy	29	Doesn't know/doesn't remember

508. *Whose decision was it to use this method? You alone, your partner alone, or was it made together?*

1	His decision	3	Decision made together
2	Partner's decision	9	Doesn't remember

ALL SKIP TO QUESTION 601

509. *Why didn 't you or your partner use a contraceptive method during this first sexual intercourse?*

1 Didn't expect to have sexual relations at that time
2 Knew of methods but didn't know where to get them
3 Didn't know of any methods
4 Partner was against using something
5 Wanted to use something but couldn't get it at that moment
6 Too embarrassed to get method
7 Wanted partner to become pregnant
8 Other (specify):_____
29 Doesn't know
98 Didn't respond

SECTION VI - CURRENT SEXUAL ACTIVITY AND CONTRACEPTIVE USE

601. *Have you had sexual intercourse in the last 30 days?*

1	Yes	2	No (SKIP TO Q603)

602. *How many times have you had sexual intercourse in the last 30 days?*

___ ___ times		90	Don't remember - more than 30
		98	Don't remember
77	Don't remember - less than 30	99	Refused

SKIP TO QUESTION 604

603. *Have you had sexual intercourse in the last 3 months?*

1	Yes	2	No (SKIP TO Q605)

604. *With how many men have you had sexual intercourse in the last 3 months?*

___ ___ men		88	Don't remember - less than 10
77	Don't remember - 10 or more	98	Don't remember
		99	Refused

605. *What was your relationship to the last person with whom you had sexual intercourse?*

1	Wife / partner	5	Casual acquaintance
2	Visiting partner	6	Father's partner
3	Boyfriend	7	Other relative's partner
4	Friend	8	Other (specify): _____

606. *Did you or the man involved use a contraceptive method the last time you had sexual intercourse?*

1	Yes (SKIP TO Q610)	8	Can't remember / Don't know (SKIP TO Q610)
2	No (SKIP TO Q610)		

607. *What was this method?*

1	Female sterilization, tubal ligation	7	Condom
2	Male sterilization, vasectomy	8	Foaming tablets / cream / jelly
3	Implant (Norplant)	9	Diaphragm
4	Injection	10	Withdrawal
5	Pill	11	Rhythm, Calendar, Billings
6	Intra-uterine device / coil	88	Other (specify): _____

608. *At the same time, did you or your partner also use a second contraceptive method for disease prevention or contraception the last time you had sexual intercourse together?*

1 Yes
2 No (SKIP TO BOX BEFORE Q611)

609. *What was this method?*

1	Female sterilization, tubal ligation	7	Condom
2	Male sterilization, vasectomy	8	Foaming tablets / cream / jelly
3	Implant (Norplant)	9	Diaphragm
4	Injection	10	Withdrawal
5	Pill	11	Rhythm, Calendar, Billings
6	Intra-uterine device / coil	88	Other (specify): _____

ALL SKIP TO BOX BEFORE QUESTION 611.

610. *Why did you or your last partner not use a method to prevent pregnancy?*

1	Health / medical	8	Partner opposes
2	Doesn't like contraceptives	9	Lack of knowledge
3	Had side effects using last method	10	Money problems
4	Fear of side effects	11	Religion against
5	Not sexually active	12	Partner wants to become pregnant
6	Postpartum / breastfeeding	88	Other (specify):
7	Sources far away		_____

CHECK QUESTIONS 603 AND 604.

IF RESPONDENT HAS HAD NO SEX IN THE LAST THREE MONTHS ["00" in Q603] OR HAS HAD SEX WITH ONLY ONE WOMAN IN PAST THREE MONTHS, SKIP TO Q617.

IF MORE THAN ONE WOMAN, CONTINUE

611. *What was your relationship to the second to last person with whom you had sexual intercourse?*

1	Wife / partner	5	Casual acquaintance
2	Visiting partner	6	Father's partner
3	Girlfriend	7	Other relative's partner
4	Friend	8	Other (specify):_____

612. *Did you or this woman use a contraceptive method the last time you had sexual intercourse together?*

1 Yes
2 No (SKIP TO Q616)
8 Don't know (SKIP TO Q616)

613. *What was this method?*

1	Female sterilization, tubal ligation	7	Condom
2	Male sterilization, vasectomy	8	Foaming tablets/cream/jelly
3	Implant (Norplant)	9	Diaphragm
4	Injection	10	Withdrawal
5	Pill	11	Rhythm, Calendar, Billings
6	Intra-uterine device / coil	88	Other (specify): _____

614. *At the same time, did you or this woman also use a second contraceptive method for the prevention of sexually transmitted disease or for contraception the last time you had sexual intercourse?*

1 Yes 2 No (SKIP TO Q617)

615. *What was this method?*

1	Female sterilization, tubal ligation	7	Condom
2	Male sterilization, vasectomy	8	Foaming tablets/cream/jelly
3	Implant (Norplant)	9	Diaphragm
4	Injection	10	Withdrawal
5	Pill	11	Rhythm, Calendar, Billings
6	Intra-uterine device / coil	88	Other (specify): _____

ALL SKIP TO QUESTION 617.

616. *Why did you or your second-to-last partner not use a method to prevent pregnancy?*

1	Health / medical	8	Partner opposes
2	Doesn't like contraceptives	9	Lack of knowledge
3	Had side effects using last method	10	Money problems
4	Fear of side effects	11	Religion against
5	Not sexually active	12	Partner wants to become pregnant
6	Postpartum / breastfeeding	88	Other (specify):
7	Sources far away		_____

617. *Have you ever suggested to a partner that you use a condom?*

1 Yes 2 No (SKIP TO Q619)

618. *Has any of the following ever happened to you because you asked a partner to wear a condom?* [READ 1-4]

		YES	NO	DK	REF
1	*She refused to let you wear a condom?*	1	2	8	9
2	*She refused to have sex with you?*	1	2	8	9
3	*She threatened never to go with you again?*	1	2	8	9
4	*Against you better judgement you had sex without a condom?*	1	2	8	9

619. *Has a partner ever suggested to you that you use a condom?*

1 Yes
2 No (SKIP TO Q621)

620. *Has any of the following ever happened to you because a partner asked you to use a condom?* [READ 1-5]

		YES	NO	DK	REF
1	*You used the condom?*	1	2	8	9
2	*You refused and made her have sex with you without the condom?*	1	2	8	9
3	*You refused to have sex with her?*	1	2	8	9
4	*You got angry?*	1	2	8	9
5	*You threatened never to go with her again?*	1	2	8	9

621. *Do you ever use a condom with any partner?* [IF CODE "7" IN Q607, Q609, Q613 OR Q615, CODE "1"- YES WITHOUT ASKING]

1 Yes 2 No (SKIP TO Q625)

622. *Why do you and your partner use condoms ?*

1 Prevent pregnancy
2 Prevent sexually transmitted diseases (STDs) including AIDS
3 Both
9 Don't know / Don't remember

623. *How often do you use condoms when you have sexual intercourse with a steady partner?* [READ OPTIONS 1- 4]

1 *Always* 4 *Never*
2 *Most of the time* 5 No steady partner
3 *Seldom* 9 Refused to answer

624. *How often do you use condoms when you have sexual intercourse with a non-steady partner?* [READ OPTIONS 1- 5]

1	*Always*	5	*Rarely / Never have intercourse with non-steady partner*
2	*Most of the time*		
3	*Seldom*	9	Refused to answer
4	*Never*		

625. HAS RESPONDENT EVER USED AT LEAST ONE METHOD OF CONTRACEPTION?
[AT LEAST ONE - "3" CIRCLED IN Q. 501]

1	Yes	2	No (SKIP TO BOX BEFORE Q630)

626. [IF RESPONDENT HAS NOT FATHERED ANY CHILDREN (Q401 = "2"), CODE "00" WITHOUT ASKING. OTHERWISE, ASK:] *How many living children did you have when you first used contraception?*

__ __ number		98	Don't remember

627. USER WITH LAST PARTNER OF:

1	METHODS 1 OR 2 IN Q607 OR Q609 (SKIP TO Q701)
2	METHODS 3 - 9 IN Q607 OR Q609 (SKIP TO Q634)
3	METHODS 10, 11 OR 88 ONLY IN Q607 OR Q609 (SKIP TO Q644)
0	NO METHOD [Q606 = "2" OR "8"] (CONTINUE)

628. *What was the last contraceptive method you or any partner used?*

1	Female sterilization, tubal ligation	7	Condom	
2	Male sterilization, vasectomy	8	Foaming tablets, cream, jelly	
3	Implant (Norplant)	9	Diaphragm	__(SKIP
4	Injection	10	Withdrawal	TO BOX BEFORE
5	Pill	11	Rhythm, calendar, Billings	__Q630
6	Intra-uterine device (IUD) / coil	88	Other (specify): _____	

629. *Where did you or that partner get that method?*

1	Government hospital	7	Outreach worker
2	Government health clinic / centre	8	Factory /workplace
3	Private hospital	9	Supermarket /shop /bar
4	Private clinic	88	Other (specify): _____
5	Private doctor		
6	Pharmacy	98	Doesn't know / doesn't remember

IF MARRIED OR LIVING WITH COMMON-LAW PARTNER- ("YES" IN Q202 OR Q203) - CONTINUE.

ALL OTHERS, SKIP TO QUESTION 701.

630. *Do you think your partner is able to get pregnant at the present time?*

1	Yes (SKIP TO Q. 632)	3	Currently pregnant (SKIP TO Q701)
2	No	4	Not sure, don't know

631. *Why not?*

1	Menopause	__
2	Respondent or partner has had an operation for medical reasons which makes pregnancy impossible	(SKIP TO Q701)
3	Partner has tried to get pregnant for at least two years without success (or has not gotten pregnant despite at least two years of non-contraception	
4	Respondent is not sexually active	__
5	Postpartum / breastfeeding	
6	Other (specify) _____	

632. *Would you like her to become pregnant now?*

1	Yes (SKIP TO Q701)	3	God's will, fate
2	No	9	Don't know, not sure

633. *Why are you or your partner not using a method to prevent pregnancy now?*

1	Health / medical	8	Partner opposes
2	Doesn't like contraceptives	9	Lack of knowledge
3	Had side effects using last method	10	Money problems
4	Fear of side effects	11	Religion against
5	Not sexually active	12	Partner wants to become pregnant
6	Postpartum / breastfeeding	88	Other (specify):
7	Sources far away		_____

SKIP TO QUESTION 701.

634. *Where do you /your partner get your contraceptive supplies?*

1	Government hospital		7	Outreach worker	__
2	Government health clinic/centre		8	Factory / workplace	SKIP TO
3	Private hospital	__	9	Supermarket/shop/bar	Q641
4	Private clinic	SKIP TO	88	Other (specify):	
5	Private doctor	Q641		_____	
6	Pharmacy	__	98	Doesn't know/remember	__

635. *Who gets the supplies? You or your partner?*

1	Himself	3	Both
2	His partner (SKIP TO Q643)		

636. *Do they offer family planning services at the Government facility at any time or do they only offer family planning services at special times of day or on certain days?*

1 Can get family planning services at any time (SKIP TO Q640)
2 Can only get family planning services at special times or on certain days
7 Don't know / Not sure

637. *Is the special time or day convenient for you?*

1	Yes (SKIP TO Q640)	7	Not sure
2	No		

638. *Which day or days of the week are convenient for you?* [DO NOT READ. CIRCLE ALL THAT APPLY]

		YES	NO			YES	NO
A	Monday	1	2	E	Friday	1	2
B	Tuesday	1	2	F	Saturday	1	2
C	Wednesday	1	2	G	Sunday	1	2
D	Thursday	1	2				

639. *What time of day is convenient for you to get family planning services?* [CIRCLE ALL THAT APPLY].

			YES	NO
1	Early morning	(Until 10.00 a.m.)	1	2
2	Late morning	(10.00 a.m.- noon)	1	2
3	Early afternoon	(12:00 a.m.-3.00 p.m.)	1	2
4	Late afternoon	(3.00 p.m. - 6.00 p.m.)	1	2
5	Evenings	(6.00 pm or later)	1	2
7	Not sure		1	2
8	Other (specify): _____		.1	2

640. *What are your views on the usual length of the waiting time at the health centre /hospital? Is it. ...* ? [READ OPTION 1 and 2].

1	*Too long*	8	Don't know
2	*Not too long*		

641. *How long does it take you to get to the place?*

1 At home or workplace (SKIP TO Q643)
2 Less than 15 minutes
3 15 to 29 minutes
4 30 to 44 minutes
5 45 to 59 minutes
6 1 hour or more
9 No response

642. *Is it too far away thus causing a problem for you to get there?*

1 Yes
2 No
7 Not sure

643. *Do you or your partner pay for the contraceptive method you now use ?*

1 Yes
2 No
7 Don't know, not sure

644. *Would you prefer using a different method than the one you now use to prevent pregnancy?*

1 Yes
2 No (SKIP TO Q701)
7 Don't know, not sure (SKIP TO Q701)

645. *What method would you most like to use?*

1	Female sterilization, tubal ligation	7	Condom
2	Male sterilization, vasectomy	8	Foaming tablets/cream/jelly
3	Implant (Norplant)	9	Diaphragm
4	Injection	10	Withdrawal (SKIP TO Q701)
5	Pill	11	Rhythm, Calendar, Billings
6	Intra-uterine device (IUD) / coil	88	Other (specify):_____

646. *Do you know where to obtain this method (or information about this method if it is the Rhythm, Calendar or Billings method* [METHOD 11])?

1 Yes
2 No (SKIP TO Q701)

647. *Where?* [IF MORE THAN ONE PLACE MENTIONED, CIRCLE THE ONE HE WOULD MOST LIKELY USE]

1	Government hospital	7	Outreach worker
2	Government health clinic / centre	8	Factory / workplace
3	Private hospital	9	Supermarket / shop / bar
4	Private clinic	88	Other (specify):
5	Private doctor		_____
6	Pharmacy	29	Doesn't know / doesn't remember

648. *How much time would you or your partner have to travel to obtain the supplies or information about the method?*

1	At home	5	45 to 59 minutes
2	Less than 15 minutes	6	More than 1 hour
3	15 to 29 minutes	9	No response
4	30 to 44 minutes		

649. *What is the most important reason why you and your partner are not using the other method?*

1 Family planning or health staff won't prescribe it
2 Too expensive
3 Not available / Unreliable supply / Difficult access
4 Source too far away
5 Don't know how to get it
6 Wife / partner objects to it
7 Religious reasons
8 Fear of side effects
9 Still thinking about it / Have not made up my mind
20 Other (specify): _____
29 Don't know / Not sure

SECTION VII - ATTITUDES TOWARDS CHILDBEARING AND CONTRACEPTION

701. *Over the past year, have you ever had:* [READ ALTERNATIVES]

		YES	NO	REF
A	*A discharge from the sex organ due to disease?*	1	2	9
B	*A sore on the sex organ?*	1	2	9
C	*To visit a doctor/clinic/other health centre for a sexually transmitted illness (venereal disease) such as gonorrhea or syphilis?*	1	2	9
D	*To treat yourself for a sexually transmitted illness such as gonorrhea or syphilis?*	1	2	9

702. Have you ever heard a family planning message on the radio or television or read one in a newspaper?

1 Yes
2 No (SKIP TO 704)
8 Don't know / Not sure (SKIP TO Q704)
9 Refused to answer (SKIP TO Q704)

703. *Were any of these messages about the Personal Choice program?*

1 Yes
2 No
9 Don't know / Not sure

704. *If a woman takes the pill correctly, how sure can she be that she will not become pregnant?*[READ OPTIONS 1-4]

1 *Completely sure*
2 Almost sure
3 Some risk of pregnancy
4 *Not sure at all*
9 Don't know

705. *How safe for a woman's health is the pill?* [READ OPTIONS 1 -4]

1 Completely safe
2 Almost completely safe
3 *Not very safe*
4 *Unsafe*
7 Depends on the woman
9 Don't know

706. *How safe for a woman's health is the contraceptive injection?* [READ OPTIONS 1-4]

1 *Completely safe*
2 *Almost completely safe*
3 *Not very safe*
4 *Unsafe*
7 Depends on the woman
9 *Don't know*

707. *If a couple uses a condom correctly, how sure can he/she be that the woman will not become pregnant?* [READ OPTIONS 1-4]

1	*Completely sure*	4	*Not sure at all*
2	*Almost sure*	9	Don't know
3	*Some risk of pregnancy*		

708. *If a couple uses a condom correctly, how sure can he/she be that he will not get a sexually transmitted disease?* [READ OPTIONS 1-4]

1	*Completely sure*	4	*Not sure at all*
2	*Almost sure*	7	Don't know
3	*Some risk of getting STD*		

709. *Now I would like to ask you about your attitude towards 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
	98	Don't know

710. *In Jamaica, what is the earliest age a woman can legally consent to having sexual intercourse?*

__ __ years

88	There is no legal limit
29	Doesn't know / have an opinion

711. *If you have sex without any protection, do you know of any method the woman can use the next day or after to avoid getting pregnant?*

1	Yes
2	No (SKIP TO Q713)
9	Don't know / Not stated (SKIP TO Q713)

712. *What is this method?*

1	Morning after pill
8	Other (specify): _____

713. *In your opinion, at what age is a woman responsible enough to have her first child?*

__ __ years		77	When she is in a stable union
		88	Other (specify): _____
55	Depends on circumstances		
66	One year after entering first union	98	Doesn't have an opinion

714. *In your opinion, at what age is a man responsible enough to have his first child?*

__ __ years

55 Depends on circumstances
66 One year after entering first union
77 When he is in a stable union
88 Other (specify): _____
98 Doesn't have an opinion

715. *How old do you think a child should be before the mother stops breastfeeding him/her?*

__ __ months

77 As long as possible
98 Don't know

716. *When a woman is breastfeeding, is she more likely, less likely or equally likely to become pregnant than if she was not breastfeeding?*

1 More likely to get pregnant
2 Less likely to get pregnant
3 Equally likely to get pregnant
9 Does not have an opinion

717. *How old do you think it is best for a child to be before another child is born?*

__ __ months

88 Fate, up to God
98 No opinion

SECTION VIII - GENERAL ATTITUDES AND OPINIONS

Now, I'd like to read some statements to you. Please tell me whether you think each one is true or untrue

		Agree	Don't agree	Un-certain	No res-ponse
801.	*If a woman doesn't have sex, she'll get sick*	1	2	8	9
802.	*A girl must have a baby by the time she is 18 years old*	1	2	8	9
803.	*A girl can get pregnant only after she has seen her period for the first time*	1	2	8	9
804.	*A boy must have sex to show he is a man*	1	2	8	9
805.	*A girl can avoid getting pregnant by having sex standing up, using pepsi or going to the sea*	1	2	8	9
806.	*It is not necessary to use a condom with a steady partner*	1	2	8	9
807.	*Boys who have sex early benefit more than those who delay having it*	1	2	8	9
808.	*There is something wrong with a boy who has not had sex by the time he is 16*	1	2	8	9
809.	*If a boy masturbates, he will get sick*	1	2	8	9
810.	*If a boy masturbates, he will die*	1	2	8	9
811.	*If a boy has an erection he will get sick unless he discharges*	1	2	8	9
812.	*Planning too far ahead is not wise since many things turn out to be a matter of good or bad luck*	1	2	8	9
813.	*Your life is mostly controlled by people with more power than you*	1	2	8	9
814.	*To get what you want, you have to conform to the wishes of others*	1	2	8	9
815.	*You can generally determine what will happen in your own life*	1	2	8	9
816.	*When you get what you want, it is usually because you worked hard for it*	1	2	8	9

END OF INTERVIEW ..... THANK YOU!!!

	Date	Hour	Minute.
TIME INTERVIEW ENDED:	___ ___ ___ ___	___ ___	___ ___

NOW RETURN TO TITLE PAGE AND COMPLETE INFORMATION ON INTERVIEW CALLS.

COMMENTS

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