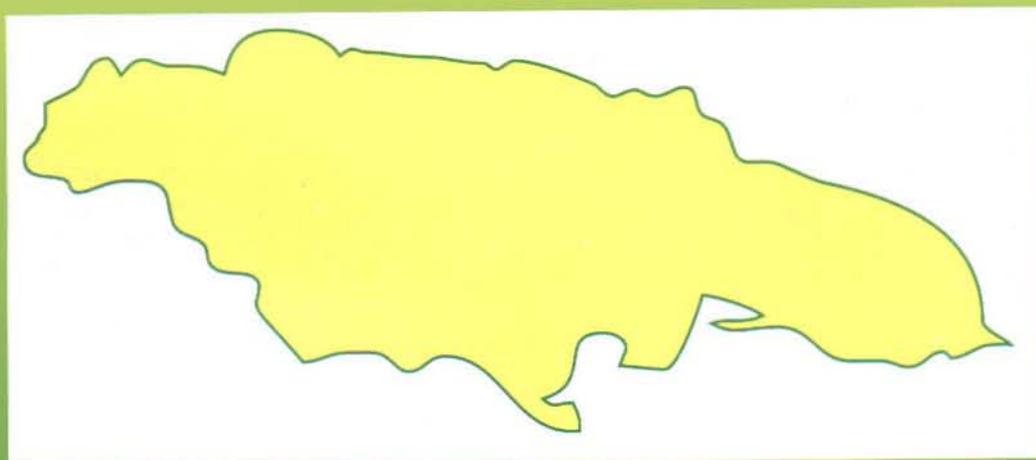


1993 Contraceptive Prevalence Survey

JAMAICA



VOLUME I
Administrative Report

NATIONAL FAMILY PLANNING BOARD
July 1994

**CONTRACEPTIVE
PREVALENCE SURVEY**

JAMAICA 1993

VOLUME I

ADMINISTRATIVE REPORT

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NATIONAL FAMILY PLANNING BOARD.
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PREFACE

The 1993 Jamaica Contraceptive Prevalence Survey (CPS) is the fifth in a series of periodic enquiries conducted by the National Family Planning Board (NFPB). The Survey seeks to update measures of fertility and contraceptive use among women aged 15 - 44 years and will for the first time include a special module for young adults (male and female) aged 15-24 years as well as males aged 15-54 years.

The scope of the survey, as in earlier studies, is designed to gather information on a broad range of areas including knowledge, attitudes and practices in contraception; perceptions on the role of men and women, including views on sexuality, child bearing, child rearing and health care.

This CPS, coming as it does in the last decade of the century, is of significance to the NFPB in particular and the wider community in general, as it heralds the beginning of the twenty first century and the realization of the goals of Jamaica's National Population Policy. It also comes against the gradual phased withdrawal of contraceptive procurement by the major funding agency, the United States Agency for International Development (USAID), by a twenty percent (20 percent) annual decline over the period 1993-1998 under the Family Planning Initiatives Project (FPIP), as well as the phased diminution of funding from other donor agencies such as the United Nations Fund for Population Activities (UNFPA). This CPS is in fact one of two surveys to be conducted during the life of the FPIP.

Against this background, the NFPB has many challenges ahead which are, *inter alia*, not only to maintain but also to increase contraceptive prevalence and to achieve further milestones by the inception of the twenty-first century, such as a population of

not more than 2.7 million and replacement level fertility of two children per woman.

For contraceptive methods and family life services to impact on fertility and contribute to the processes of national development, it is vital that programme effectiveness be evaluated. The reliable and current data collected from the CPS will be of invaluable use in policy analysis and programme implementation for administrators and planners, not only in health but in those areas which impact on population issues at the broader national level.

The Final Report of the 1993 CPS is presented in the following five volumes:

- I Administrative Report
- II Knowledge Of and Attitudes Towards Family, Contraception and AIDS
- III Sexual Experience, Contraceptive Practice and Reproduction
- IV Sexual Behaviour and Contraceptive Use Among Young Adults
- V Profiles of Health Regions

In addition, an Executive Summary, containing a summary of the main findings of the Survey will be presented. Volume I - the Administrative Report, contains background information on historical, geographical, demographic and social features relating to Jamaica and its population as well as the relationship of the Survey data to the population policies and programmes being implemented by the Government. In addition, the survey design and organization including the sample design as well as the outcome of the data collection are presented. Background variables used in the exposition

of the data are also displayed. Finally, a summary report on the National Dissemination Seminar together with recommendations made by participants are included.

Volume II presents data on knowledge of and attitudes towards family, contraception and AIDS of women aged 15-44 years and men aged 15-54 years while Volume III contains information on their sexual experience, contraceptive practice and reproductive history. Volume IV is dedicated to young adults, female and male, aged 15-24 years and in particular to their sexual behaviour and contraceptive use. The last volume, Volume V, presents selected information at the health region level so as to be able to determine the success or otherwise of the programmes being provided in each of the four health regions.

The 1993 CPS was funded by USAID and directed by Mrs. Carmen McFarlane, Survey Director, a former Director General of the Statistical Institute of Jamaica (STATIN), in collaboration with NFPB and the Ministry of Health, while field work and data entry were carried out by STATIN. Technical assistance was provided by the Division of Reproductive Health, National Centre for Chronic Disease Prevention and Health Promotion, Centres for Disease Control and Prevention (CDC) in the areas of survey design and sampling, questionnaire development and training, data processing and report preparation. STATIN and CDC were jointly responsible for printing.

The National Family Planning Board wishes to place on record its sincere thanks to all those organizations which participated in the planning of the Survey, the development of the questionnaire and the review of the various modules. Main participants were the Ministry of Health, the Statistical Institute of Jamaica, the Planning Institute of Jamaica and the Fertility Management Unit of the University of the West Indies.

Special acknowledgements are due to Mr. Vernon James, Director General, STATIN, for his leadership and support of STATIN's participation; Miss Isbeth Bernard, Director of Surveys, for supervision of the field work and data entry, Mrs. Valerie Nam, Director of Censuses & Related Studies and Mrs. Morville Anderson, Senior Statistician, for their assistance in training on the questionnaires, all of STATIN; and to Ms. Margaret Watson and Mr. Daniel Wallace, computer specialists of CDC, for installation of the data entry/edit software and training of STATIN personnel in its use.

The NFPB also wishes to thank the following persons for their input in the development, implementation and finalization of the survey: Mrs. Carmen McFarlane, Survey Director; Dr. Leo Morris and Mr. Jay Friedman of CDC; Mrs. Betsy Brown, Director, Office of Health, Nutrition and Population and Mrs. Grace Ann Grey, Project Officer, both of USAID; Dr. Sheila Campbell-Forrester, SMO, Cornwall Regional Hospital, Dr. Beryl Irons, SMO/MCH, Drs. Peter Weller and Peter Figueroa of the Epidemiology Unit and Ms. Kristin Fox, Director, Health and Information Unit, of MOH; Dr. Olivia McDonald, Medical Director, Mrs. Eugenia McFarquhar, Family Planning Co-ordinator, Mrs. Ellen Radlein, Director, Projects & Research, Mrs. Janet Davis, Director, Information, Education & Communication, and Mrs. Marian Kenneally, Programme Co-ordinator, of the NFPB.

Finally, to the more than 7,000 women and men who gave us their time to answer so many questions, we owe a debt of gratitude for this information, which we are sure will be useful in enhancing their lives.

Beryl Chevannes,
Executive Director.

July, 1994.

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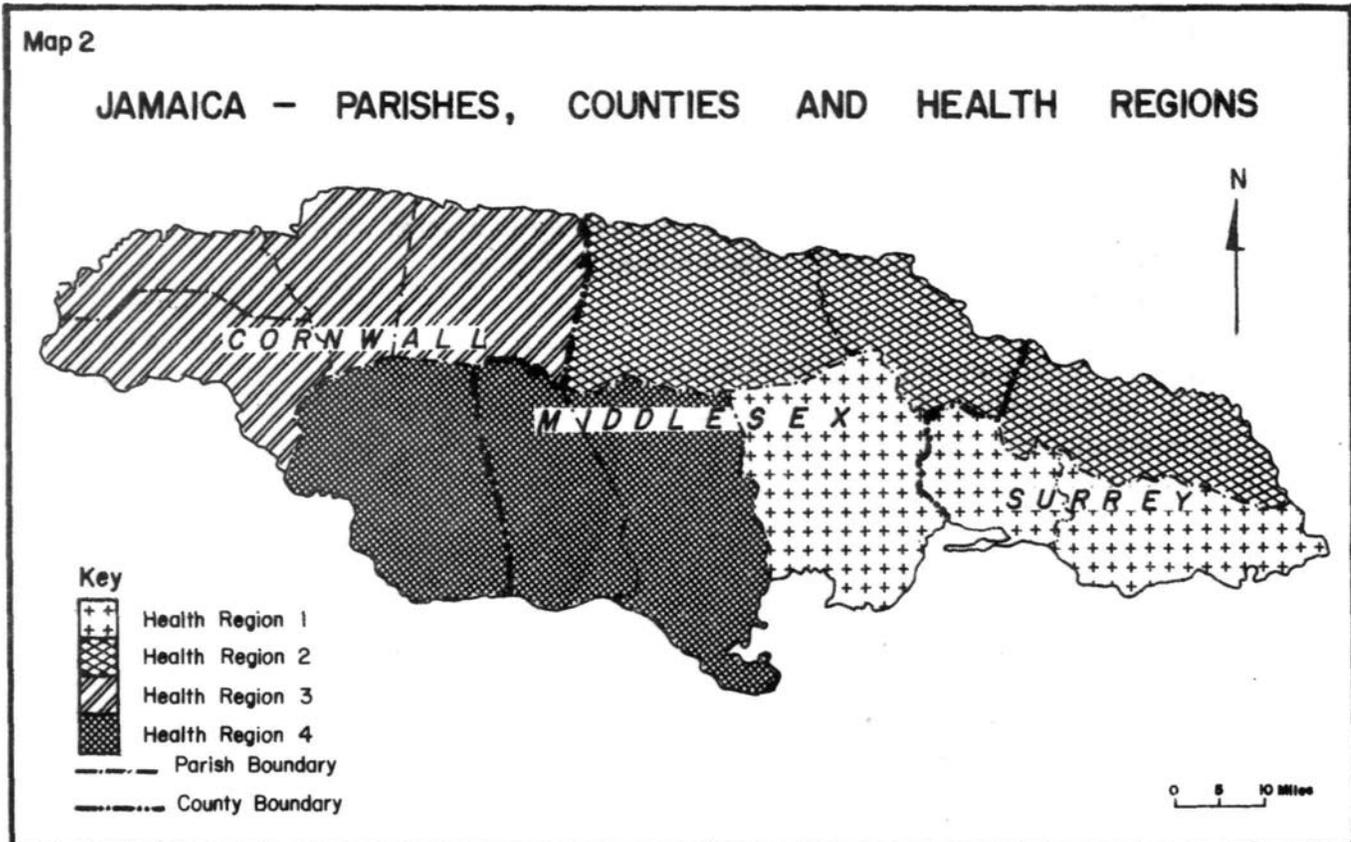
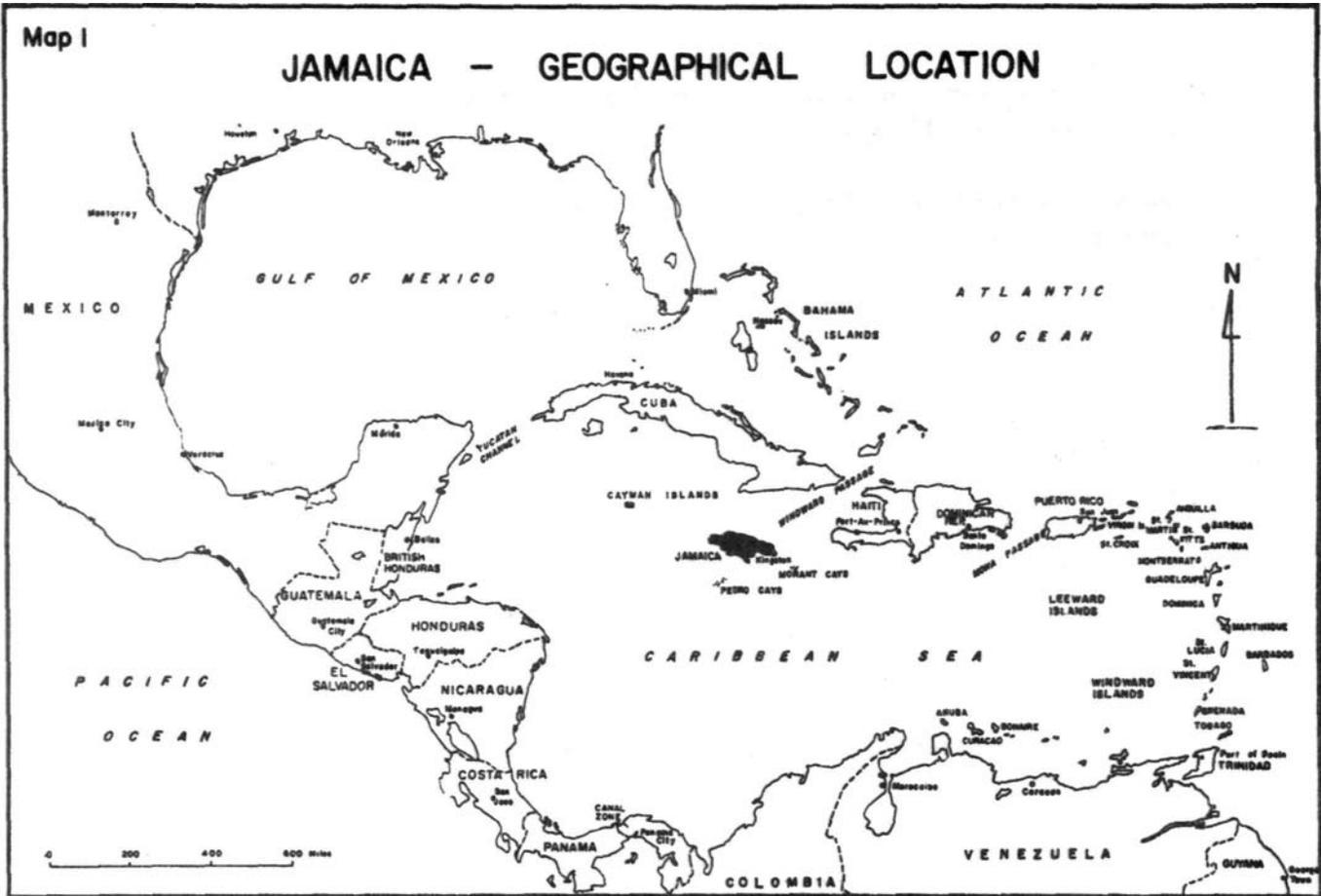
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CHAPTER I

BACKGROUND

I.1 HISTORICAL, GEOGRAPHICAL, DEMOGRAPHIC AND SOCIAL BACKGROUND

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

The island has a maximum length of 146 miles and the width varies from 22 to 51 miles, with a total area of 4,411 square miles or 11,244 square kilometers. Jamaica is divided into three counties: Cornwall in the west, Middlesex in the middle 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, Westmoreland and St. Elizabeth in the county of Cornwall. In addition to these divisions, a number of administrative areas has been defined and used for many purposes; the most important of these is the breakdown into constituencies which are the political divisions of the country. Constituency numbers vary by parish, ranging from two to eleven. A division of significance to this study is the breakdown into health regions. The health regions now being administered are comprised as follows:

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

The population of Jamaica at the end of 1992 was 2,460,500, with an annual growth rate of 1.0 percent. Annual growth rates have been varying over the period since populations were measured in the population census of 1844 at which time the population was 377,400. [Table 1.i](#) shows population sizes by gender in censuses conducted since then up until the last census in 1991. Annual average growth rates are also shown.

Variations in average annual growth rates have occurred, based on movements in the intercensal birth and death rates as well as

Table 1.i
Population Size and Annual Growth Rates
At Census Years, 1844-1991

<u>Census year</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Average Annual Growth Rate (%)</u>
1844	181,600	195,800	377,400	..
1861	213,500	227,800	441,300	0.9
1871	246,600	259,600	506,200	1.4
1881	283,000	297,800	580,800	1.4
1891	306,000	333,500	639,500	1.0
1911	397,400	434,000	831,400	1.3
1921	402,000	456,100	858,100	0.3
1943	598,300	638,800	1,237,100	1.7
1960	781,200	843,200	1,609,800	1.6
1970	900,800	947,700	1,848,500	1.4
1982	1,074,600	1,115,700	2,190,300	1.4
1991	1,157,800 *	1,208,200 *	2,366,000 *	0.9 *

* - Provisional

the migration balance, as shown in [Table 1.ii](#) below.

Table 1.ii
Components of Population and Intercensal Growth Rates
for Census Years, 1861-1991

<u>Census year</u>	<u>Intercensal rates per 1,000 population</u>			
	<u>Birth</u>	<u>Death</u>	<u>Natural Increase</u>	<u>Migration Balance</u>
1861	39.6	32.2	7.4	+ 12,800
1871	39.0	27.0	12.0	+ 8,000
1881	38.0	25.6	12.7	- 5,600
1891	36.7	23.1	13.6	- 24,800
1911	39.5	23.5	16.0	- 43,900
1921	37.9	25.6	12.3	+ 77,100
1943	33.2	17.9	15.3	- 25,800
1960	35.4	11.9	23.5	- 195,200
1970	39.1	8.2	30.9	- 296,500
1982	30.9	7.8	23.1	- 216,900
1991	24.7 *	5.7 *	19.0 *	- 199,500 *

* - Provisional

Declines in intercensal birth rates since 1844 have taken place but these have not been as significant as the corresponding death rates.

Thus, with the intercensal birth rate of 39.6 per 1,000 births between 1844 and 1861, the rate was at 37.9 per 1,000 in 1921. There

was a fall to 33.2 per 1,000 in 1943 but by the next census in 1960 the movement was reversed, rising to 35.4 per 1,000 in 1960 and climbing further to 39.1 per 1,000 in 1970. The most significant fall was in the decade of the 1970s and continuing into the 1980s so that the rate was 24.7 per 1,000 in the intercensal period ending in 1991. At the same time, the death rate fell consistently, from 32.2 per 1,000 in the intercensal period

between 1844 and 1861 to 5.7 per 1,000 in 1991. These movements resulted in rates of natural increase rising from 7.4 per 1,000 in 1861 to 19.0 per 1,000 in 1991. The migration balances, as shown in [Table 1.ii](#), complete the impact on the intercensal growth rates. Growth rates in the last intercensal period have also shown some variation as may be observed from [Table 1.iii](#) below.

Table 1.iii
Components and Rates of Population Growth, 1980-1992

<u>Year</u>	<u>Births</u>	<u>Deaths</u>	<u>Natural increase</u>	<u>Net migration</u>	<u>Total population increase</u>	<u>Annual rate of growth</u>
1980	58,600	14,500	44,100	- 24,300	19,800	0.9
1981	59,400	15,200	44,200	- 5,900	38,300	1.8
1982	61,500	14,500	47,000	- 9,800	37,200	1.7
1983	61,400	12,600	48,800	- 4,300	44,500	2.0
1984	57,400	13,400	44,100	- 10,500	33,600	1.5
1985	56,200	13,900	42,300	- 13,400	28,900	1.3
1986	54,100	13,300	40,800	- 20,100	20,700	0.9
1987	52,300	12,400	39,900	- 30,900	9,000	0.4
1988	53,600	12,200	41,400	- 38,900	2,500	0.1
1989	59,100	14,300	44,800	- 10,400	34,400	1.5
1990	59,600	12,200	47,400	- 24,600	22,800	1.0
1991	59,900	13,300	46,600	- 25,900	20,900	0.9
1992	58,600	13,200	45,400	- 20,500	24,900	1.0

Source: Demographic Statistics 1992, Statistical Institute of Jamaica, 1993.

Variations range from a high of 2.0 in 1983 to 0.1 in 1988.

Another consideration of consequence to this study is the distinction between urban and rural areas of residence. It is generally recognized that residential location has a significant impact on the quality of life of the inhabitants and accordingly can exert a strong influence on their attitudes to life. On this account, the design of the sample for the 1993 CPS allows for a differentiation of the results by urban and rural residence. In

Jamaica, as in many other countries, the breakdown into "urban" and "rural" is not based on predetermined characteristics inherent in the derived data, but instead, areas are defined as urban if they satisfy predetermined basic criteria of urban living. In the population censuses, two types of urban areas are identified - major urban and other urban. For purposes of the 1993 CPS, only major urban areas are considered as "urban". All other areas are categorized as "rural".

Population size of the conglomerations re-

presented in the major urban areas as defined for this study are presented in [Table 1.iv](#) below for census years 1960 to 1991. Five major urban centres are covered, including the township of Portmore. This town, which was developed during the 1970s as a dormitory for the Kingston Metropolitan Area, was rural in character before then. Accordingly, it has only been included as urban since the 1982 census.

In general, growth in major urban areas has been increasing over the period. Thus, whereas approximately 25 percent of the population lived in major urban areas in 1960, there was over one-third living in these areas by 1991. The decline in percentage terms in the Kingston Metropolitan Area which was seen in the decade of the 1970s was reversed in the 1980s although in 1991 the percentage was still below that in 1970.

Table 1.iv
Comparative Urban Populations between Censuses 1960, 1970, 1982, 1991

Designated area	1960		1970		1982		1991	
	Population	% of total						
Kingston Metropolitan Area	376,500	23.4	475,500	25.7	524,000	23.9	587,800	24.8
Montego Bay	23,600	1.5	45,500	2.5	70,300	3.2	83,400	3.5
May Pen	14,100	0.9	26,000	1.4	41,000	1.9	46,800	2.0
Spanish Town	14,700	0.9	39,200	2.1	89,100	4.1	92,400	3.9
Portmore*	..	..	(2,700)	(0.1)	73,200	3.3	90,100	3.8
Total Urban	428,900	26.6	586,200	31.7	797,600	36.4	900,500	38.0
Total Rural	1,180,900	73.4	1,262,300	68.3	1,392,800	63.6	1,465,600	62.0
JAMAICA	1,609,800	100.0	1,848,500	100.0	2,190,400	100.0	2,366,100	100.0

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

Age distribution in the population is important to any study of fertility and population control. Of particular significance is the proportion and size of the child bearing and child rearing ages. This is of consequence not only to females in the population but to males also. Accordingly, demographic enquiries in general and contraceptive prevalence surveys in particular have focused on breakdowns of the population into broad age groupings. Three main age groups are considered significant - the infant and child population, the adult population and the elderly. In general, the population under 15 years has been identified as the infant and

child population; the population between the ages of 15 to 44 years (and in the case of males, an extension up to age 54 years has been applied in some instances) as the reproductive age population, while the rest of the population is classified as elderly. The size of these three groups provide the determinants of dependency ratios and, in the case of females in the reproductive age, of fertility. The age structure of Jamaica's population has been determined largely by the patterns of migration and to a lesser extent by the relatively high fertility rates. The age breakdown by sex of the population is shown in [Table 1.v](#) below.

Table 1.v
Percent Distribution by Age and by Sex
1943, 1960, 1970 and 1982 Population Censuses, 1992 estimates

Age Group	Male					Female				
	1943	1960	1970	1982	1992	1943	1960	1970	1982	1992
0-4	13.1	17.5	16.5	12.5	11.6	12.2	15.9	15.5	11.9	11.3
5-14	24.9	25.5	31.1	26.8	21.2	23.1	23.5	29.3	25.5	20.9
15-24	18.1	16.2	15.6	21.6	21.8	19.2	17.4	16.2	21.8	21.1
25-34	16.0	11.9	9.8	12.4	16.8	16.4	13.4	10.3	12.8	17.4
35-44	12.4	10.4	8.4	8.5	9.5	11.9	10.9	9.0	8.3	9.8
45-54	7.4	9.3	7.4	6.6	6.7	7.5	8.7	7.6	6.8	6.4
55-64	4.5	5.5	6.2	5.2	5.2	5.0	5.4	6.1	5.5	5.0
65+	3.6	3.7	5.0	6.4	7.2	4.7	4.8	6.0	7.4	8.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

* - 1992 preliminary estimates are based on 1982 postcensal estimates.

Marked increases have been observed among males and females in the proportions of the population under 15 years between 1943 and 1970, representing the combined effects of both the high levels of migration, particularly among adults, and the high fertility rates, between 1970 and 1992, the proportion has fallen, reflecting mainly the lowering of the fertility rates. The reverse movements have been occurring in the middle age groups and particularly between the ages of 15 and 44 years. For both sexes, their percentage shares fell up to 1970 then rose between 1970 and 1982.

I.2 POPULATION POLICIES AND PROGRAMMES

It is generally recognized that the adoption and promotion of positive population policies by a country can have significant social and economic impact on its people which can contribute to improvement in their wellbeing and to their quality of life. The United Nations definition of a population policy is stated 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". In Jamaica, the country's current population policy has been articulated in a document entitled "A Statement of National Population Policy", published in 1983. 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".

Six basic goals have been identified:

- i) To achieve favourable conditions for economic and social development of the country in the next two decades.
- ii) To promote a continued improvement in the health status of the nation.
- iii) To ensure high quality family planning services for Jamaicans of reproductive age who wish to use them.

- iv) To create new and additional employment opportunities in sufficient number to correspond to the natural growth of the population of labour force age, through the vigorous development of agriculture, industry and services.
- v) To promote balanced rural, urban and regional development, thereby achieving optimal spatial distribution of the population.
- vi) To improve the satisfaction of basic human needs and the quality of life in such areas as housing, nutrition, education, and environmental conditions.

The primary aim of Jamaica's population policy, 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. The attainment of the goals is implicit in the specific target articulated in the Policy whereby it is expected to contain the population to 2.7 million or under by the year 2000; this compression being achieved through reduction of the average family size of almost 6 children per family which existed in the late 1960s to 2 per family by the late 1990s, thereby realizing the goal of replacement levels of fertility thereafter.

In order to achieve this desired level, the strategy adopted by the Government, which has the support of a wide cross-section of interests at national and local levels, is directed at achieving shifts in attitudes to family size away from a preference for larger families to more limited numbers, stimulated by changing attitudes to life in general brought about by improvements in social and economic conditions.

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

Supplementary to the implementation program would be the promotion of health education in relation to curative strategies and perhaps more importantly, in association with prevention. This is particularly significant in the context of the threats being faced as a result of the growing incidence of sexually transmitted diseases, especially AIDS.

I.3 OBJECTIVES AND COVERAGE OF THE SURVEYS

The 1993 Jamaica Contraceptive Prevalence Survey programme is the most recent in the continuing series of enquiries undertaken by the National Family Planning Board aimed at obtaining information on levels of fertility in Jamaica and on related factors which impact on the size of the population and on the rate

of growth. Earlier enquiries were conducted among females in 1974, 1979, 1983 and 1989 and among males between November 1983 to April 1985, with a more restricted enquiry carried out in 1987 among males and females in the age group 14-24 years. Other studies in this field have been undertaken by other institutions, chief of which is the government's statistical agency. Estimates of fertility rates are generally available from the decennial censuses of population carried out between 1861 until 1980 by the former Department of Statistics and more recently by the Statistical Institute of Jamaica, with intercensal estimates also being provided by these institutions. In addition, a more comprehensive study, the 1975/76 Jamaica Fertility Survey was carried out within the programme of the World Fertility Survey by the former Department of Statistics. The 1993 Survey is the most comprehensive of the enquiries to be undertaken, focusing on women and men in their most active reproductive ages, with specific emphasis on young adults in the group.

The main aim of the survey programme is to obtain a wide range of information on the knowledge and practices of Jamaican men and women in general and their partners in particular in all matters relating to the determination of the levels of fertility of women in the population, the number of births and efforts made (if any) to regulate the number and spacing of their children. It also aims at assessing other related health conditions covering maternal-child health and behavioural risk factors. These insights will prove invaluable for projecting trends as well as for formulating population policy and more generally, ensuring that the necessary data exist. The extension of the coverage to include men will enlarge the information which can be used among other things to develop meaningful male responsibility programmes for controlling the birth rate in

Jamaica. 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 Committee. The Survey should provide these main users as well as other decision-makers with data which will assist in the development of policies which would lead to effective control of the population of Jamaica by way of overall reductions in the birth rate and through a more efficient spacing of children.

In addition to the development of policies directly concerned with population growth, a further objective of the Survey is to provide information which could contribute to an effective family life education programme within and outside the formal education system which aim at improving knowledge practices relating to the conception and care of children. Finally, information on selected behavioural risk factors which include smoking and alcohol use during pregnancy and AIDS, are provided with a view to contributing to the effort of minimizing the impact which such diseases might have on the population as a whole and women in particular and in this context, providing information for the development of appropriate educational programmes.

The 1993 CPS covers a wide cross-section of topics which include fertility, infant and child mortality and reproductive history, contraceptive usage, attitudes towards reproduction, maternal and child health, and behavioural risks. Background characteristics relating to the demographic and socio-economic status of the population surveyed are also included. These comprise age structure, educational attainment, socio-economic and employment status, religious affiliation and union status. Within this coverage, knowledge of contraception and the level of contraceptive usage

will be estimated. Differentials across health regions, in urban and rural areas of residence as well as by demographic and socio-economic characteristics will be identified in order to assess the impact of current programmes as well as to provide guidelines as to areas which might benefit from special or intensified program efforts. Data on current fertility, levels of unintended fertility and estimates of current infant and child mortality will be provided as well as information on general attitudes of women and men towards desired family size, birth spacing, breast-feeding and contraceptive use. The reproductive history of men will also be provided, thus giving a more complete picture of child bearing in Jamaica.

The 1993 Contraceptive Prevalence Survey, in addition, provides information on current sexual activity of both men and women, particularly in relation to the use of contraceptives as well as commonly held beliefs on sexuality and on contraceptive practices by

respondents in the Survey. A further feature is the examination of the extent of family life education offered inside and outside of the formal education system. Details should be useful to planners of programmes in this area.

Geographic coverage in general is national with disaggregations at two levels - urban and rural, and health region. With respect to urban and rural distinctions, major urban areas throughout the country are identified and grouped. All other areas are classified as rural. Health regions, on the other hand, are grouped into parishes. The health regions used in this Report represent those which are currently in use in the administration and delivery of health care in Jamaica and differ somewhat from those which were current when the 1989 CPS was conducted. Set out below are the grouping of parishes now being used by the health administration together with those in use prior to this change are shown below:

<u>Health region</u>	<u>Current parishes</u>	<u>Previous parishes</u>
1	Kingston, St. Andrew, St. Thomas, St. Catherine	Kingston, St. Andrew, St. Thomas
2	Portland, St. Mary, St. Ann	Portland, St. Mary, St. Ann
3	Trelawny, St. James, Hanover, Westmoreland	Trelawny, St. James, Hanover, Westmoreland, St. Elizabeth
4	St. Elizabeth, Manchester, Clarendon	Manchester, Clarendon, St. Catherine

It will be noted that both the current and previous health regions vary in size of population, with current Health Region 1 being

significantly larger, population-wise than the other three regions. This is so both in the current and previous administrations.

CHAPTER II

ORGANIZATION OF THE SURVEY

II.1 GENERAL

The 1993 Jamaica Contraceptive Survey continues 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 while the sample design and selection, field work, coding and editing and data entry were carried out by STATIN and the tabulations by the Behavioural Epidemiology and Demographic Research Branch, Division of Reproductive Health, Centers for Disease Control and Prevention who also, through professionals from the Branch, provided technical consultation in all aspects of the Survey.

II.2 SAMPLE DESIGN

The 1993 Jamaica Contraceptive Prevalence Survey utilized the design adopted for the Continuous Social and Demographic Surveys conducted by the Statistical Institute of Jamaica. This design is based on a two-stage stratified sample with the first stage being a selection of geographic areas and the second stage, of dwellings. For the selection of the first stage units, the country has been divided into enumeration districts (EDs) which are 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), make up the sample at the first stage. At the second stage, a second pre-

determined number of dwellings are selected systematically from lists of dwellings arranged on a circular basis in each of the EDs designated in the first stage of selection.

The selection process for the 1993 Contraceptive Prevalence Survey involved a refinement of the general sample design of the household surveys conducted by STATIN. First stage sample selection is generally made by parishes, thus providing independent parish samples which allow for the calculation of major characteristics in the sample. In the 1993 CPS, the decision was taken that, based on the need to obtain an affordable sample size, the lowest level of disaggregation would be at the health region and not the parish level. Accordingly, the design provided for independent samples to be selected, with the lowest geographical level being the health region. Secondly, in the general sample design used by STATIN, the first stage sample is selected using identical sampling fractions in each parish; in the 1993 CPS, sampling fractions were varied to take account of the significant disparity in the population in the four health regions. This design was applied to ensure appropriate minimum levels of representation in the smaller health regions population-wise, while reducing oversampling in the more populated health regions. The modified sample design was adopted in an identical way for both the survey of males and that of females. In the effort to achieve cost-effectiveness, it was decided to use the EDs selected for the first stage sample of the Labour Force Survey carried out by STATIN as the basis for the first stage selection of the 1993 surveys, modified in accordance with the description

stated above. This ensured that the creation of lists of dwellings prepared for the labour force surveys would be available at no extra cost for use in the 1993 CPS. The modification applied at this stage was to reduce scientifically by twenty five percent the number of EDs in the parishes comprising Health Region 1, which were selected for the labour force surveys. The numbers of EDs selected in the remaining three health regions were maintained in the 1993 CPS.

The determination of the numbers of dwellings to be chosen at the second stage of selection also took into account the size of the health regions to be surveyed. Thus, the numbers of dwellings chosen in each ED in the four regions were 15, 23, 19 and 15 in Health Regions 1, 2, 3 and 4, respectively. Based on these selections, and taking into consideration expected non-response rates, it was anticipated that a total number of 3,500 responses would be obtained in each of the two surveys.

It should be noted that, as described above, this is not a self-weighting sample design and smaller health regions have been oversampled. In addition, one respondent per household was selected with probability inverse to the number of eligible respondents in the household. Thus, results are based on weighted data even though the unweighted number of cases are shown in each table.

II.3 QUESTIONNAIRE DESIGN AND DEVELOPMENT

Four separate survey instruments were developed for use in the 1993 Contraceptive Prevalence Survey programme; one household questionnaire and one individual questionnaire for both male and female surveys. The household questionnaires (Form CPS 1A for females and Form CPS

1B for males) were designed to record information on all members of the household and included the number of persons living in the household, name, sex, age and educational standard of all household members, identification of the head of household and relationship of all other members to the household head. Information on age provided the basis for identifying eligible residents, allowing for selection of respondents based on the predetermined age criteria, that is, females between the ages of 15 to 44 years in the female survey and males between the ages of 15 to 54 years in the male survey. Data on occupation of the head and number of rooms occupied by household members were also included.

The individual questionnaires, on the other hand, (Form CPS 2 for females and Form CPS 3 for males) were developed to capture the data on the selected respondents in each of the surveys. Each of the individual questionnaires were divided into eight sections with seven of the eight being identical except for the fact that each has been genderized. The eight sections in both of the surveys are:

- A. Respondent's background
- B. Union status and partnership history
- C. Fertility (female survey) or reproductive history (male survey)
- D. Family planning
- E. Attitudes toward contraception and sexuality
- F. Young adult module
- G. Current sexuality
- H. Knowledge of AIDS and its transmission and prevention.

The individual questionnaires were developed to provide comparisons with earlier studies including the 1975/76 Jamaica Fertility Survey, the 1983 and 1989 Contraceptive Prevalence Surveys and the 1987 Young Adult Reproductive Health Survey. In addition, the evaluation of the 1989 Survey by staff members of the National Family Planning Board and the Ministry of Health contributed to the introduction of the new areas of coverage.

Consultations on the content of the survey were held between the Division of Reproductive Health, Centers for Disease Control and Prevention (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 and the Survey Director, and on the more technical aspects of the survey design, with the Statistical Institute of Jamaica.

II.4 RECRUITMENT AND TRAINING

The Statistical Institute of Jamaica had responsibility for the conduct of the field work and for the coding and editing of the questionnaires and also for data entry. Accordingly, they were in charge of recruitment of field staff, editor/coders and data entry staff. Due to the sensitive nature of the questions included in the survey, a decision was taken to use only female interviewers in the female survey; in the male survey, both male and female interviewers would be used. Thus, females selected for interview would be questioned by females only; males would be interviewed by males or females. In the case of the interviews of males in the male survey, experience has shown that female interviewers are just as or even more effective than male interviewers. Coders,

editors and data entry clerks are not gender-specific although the office clerks working with the supervisors who were included in the training were all female.

Training on field work in both the pretest and the main surveys was the responsibility of STATIN while that on the technical aspects including the pretest was undertaken by a team of three local trainers headed by the Survey Director, supported by a team from CDC. All trainers were professionals who have had extensive training and experience in the field of demography, epidemiology and survey taking. Officers from the National Family Planning Board including the Medical Director assisted in the training on contraceptive methods. In the areas of coding and editing, the training was provided by the Survey Director while CDC had direct responsibility for training in data entry, using updated SURVEY software developed by them for data entry and editing on micro-computers.

Training for the field work was undertaken in two phases. The first related to the pretest of the questionnaires and to procedures to be implemented during the survey programme and was carried out during the period January 12-22, 1993. The second training for the main surveys was carried out over the period February 15 to March 1, 1993. Three training classes were held in Kingston, Black River and May Pen during the first week of the training (February 15-19, 1993) while another was held in Kingston the following week. Due to the postponement of field work in some parts of the country as a result of the holding of an election at the end of March, retraining of some twenty interviewers was undertaken by the Survey Director.

In all cases, the training consisted of classroom lecturers, discussions, mock interviews and written tests. Field interviews were also

carried out as part of the training with the completed questionnaires reviewed in the classroom. A total of 142 field personnel were trained. Of these, there were 23 supervisors (15 males and 8 females) and 107 interviewers (29 males and 78 females). Twelve office clerks, all females, were included in the training.

II.5 FIELD WORK

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

Field work for the pretest was scheduled to be conducted in a few pre-selected areas and was scheduled to last three days. This was executed according to schedule. In the case of the main surveys, the original schedule identified three months for both surveys. There were, however, a number of interruptions to the schedule, starting with the calling of a general election for the end of March, 1993 which resulted in a postponement of the start date in some volatile areas and a suspension in others where enumeration had commenced. Full work resumed in all areas in April but within a few days, heavy rains began in some parishes, causing a further cessation. Parishes affected were St. Thomas, Portland, St. Mary, St. Ann, Trelawny, St. James, Clarendon and St. Catherine.

The highly volatile political climate, difficulties experienced in carrying out the field

visits, reluctance of a relatively high proportion of persons to cooperate, not entirely unexpected in the context of the disruption to their normal routine caused by the floods, resulted in a longer than expected period of time needed to establish contact, both with householders and selected respondents as well as higher than expected refusal rates. Accordingly, in order to achieve the target for completed number questionnaires set, field work had to be extended beyond the scheduled time. Field work officially ended on August 31, 1993.

II.6 RESPONSE RATES

The household and individual status of interviews for both female and male samples are shown in [Table I-2.6.1](#). The profile of household selection categories is similar for both males and females. In both samples, slightly more than 50 percent of households (females - 53.9 percent; males - 54.6 percent) had an eligible respondent while residents were not at home in three percent of households.

In households with eligible female respondents, the percentage with complete interviews was disappointingly lower than in previous surveys. The completion rate of 81.9 percent compares with a completion rate of 94.6 percent achieved in the 1989 CPS. The refusal rate was higher than in past surveys - 7.0 percent compared with 2.2 percent in 1989.

In male households, a similar proportion, 80.0 percent of eligible respondents, were interviewed, compared with 95.7 percent of males successfully interviewed in the 1987 Young Adult Reproductive Health Survey (YARHS). The refusal rate was comparable to the female sample - 6.7 percent.

At the national level, in spite of the lower

completion rates for males (80.0 percent) and females (81.9 percent), the age distribution of respondents with complete interviews appears to be representative of the population. As seen in the following chapter, the age distribution of men and women with complete interviews closely approximates the end of year population estimates for 1992 produced by the Statistical Institute of Jamaica ([Table I-3.1.1](#)). For females, the only age group with more than a one percentage point difference between the CPS and the population estimates is the 35-39 year age group (11.7 percent versus 12.9 percent). However, since the 95 percent confidence interval for the 12.9 percent figure is 1.4 percent, the difference is not statistically significant. For males, the only age group statistically different from the end of year estimates for 1992 is the 15-19 year old age group. After taking into account sampling error, the percentage of teenage males in the sample is about 1.5 percentage points higher than expected. This was unexpected as sample surveys usually under-represent teenage males due to their mobility within the population.

Household completion rates and individual refusal rates appear to have been affected by two events that occurred during the survey. First, as mentioned in the previous section of this chapter, soon after the survey field work began, a general election was called. As is customary in Jamaica, interviewing was suspended during the 30 day election period. Refusal rates were higher in the Kingston Metropolitan Area (part of Health Region 1) where the election campaign was more intense. Secondly, unseasonal early heavy rains in some parishes were devastating, resulting in landslides and flooding, especially in Health Regions 2 and 4. The rains led to an increase in demolished buildings and/or eligible respondents temporarily

moving to other dwellings while their houses were being repaired.

The household and individual status of interviews are shown by health region in [Tables I-2.6.2](#) (for females) and [I-2.6.3](#) (for males). As seen in these two tables, the percentage of households with eligible respondents in the female sample ranges from 48 percent in Health Region 3 to 59 percent in Health Region 1 and in the male sample, the corresponding percentages range from 49 percent in Health Region 3 to 58 percent in Health Region 1. The pattern in each health region is similar for both samples. In both samples, there is an elevated proportion of households in Health Region 3 in the "other" category, which includes demolished households. Further analysis (not shown here) indicates the problem area to be in the parish of St. James. In this parish, 15 percent of female households and 21 percent of male households were in the "other" category compared with no more than 1 to 6 percent in the other three parishes in this health region. A significant factor in this finding is that there were a number of households not contacted during the visits, probably because of the nature of the employment in this parish, one of the main tourist areas in the country. Accordingly, it was not possible to identify if the households not located fell in the sample since the information to determine eligibility could not be obtained.

The individual status of interviews is shown in the bottom panel of these two tables. The higher refusal rates in Health Region 1 and eligible respondents not at home in Health Region 2 are noteworthy. In Health Region 1, the refusal rate in St. Andrew was 16 percent for both females and males. This parish, which forms part of the Kingston Metropolitan Area, includes a high proportion of both lower and upper socio-economic

areas. In the lower socio-economic areas, the political climate is especially volatile. At the same time, in the upper socio-economic areas, there is a growing resistance to providing information to government interviewers in all of the social surveys being conducted.

Respondents not at home (after several revisits) in Health Region 2 was a particular problem in Portland, due to the heavy rains and in St. Ann, another tourist area with characteristics similar to those described for St. James. The problem was more severe for males in both parishes than for females;

28 percent versus 22 percent and 36 percent versus 21 percent, respectively. The third parish in this region, St. Mary, did not have a serious revisit problem despite the heavy rains which fell in that parish but had higher refusal rates than the other two parishes (about 12 percent for both females and males).

All national results in this final report have been weighted to compensate for these differentials in non-response as well as the over-sampling of smaller health regions and selection of one respondent per household already mentioned in Section II.2 - Sampling Design.

TABLE I-2.6.1
Household and individual status of interviews; Number
and percent distribution - female and male surveys
1993 JAMAICA CPS

<u>CATEGORY</u>	<u>FEMALES</u>		<u>MALES</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
<u>Household selection</u>				
Identified eligible respondent*	3,799	53.9	3,852	54.6
No eligible respondent	2,497	35.4	2,357	33.4
Residents not at home	242	3.4	229	3.2
Vacant dwelling	293	4.2	314	4.5
Other**	221	3.1	300	4.3
Total	<u>7,052</u>	<u>100.0</u>	<u>7,052</u>	<u>100.0</u>
<u>Individual selection</u>				
Completed interviews	3,110	81.9	3,082	80.0
Eligible respondents not at home	424	11.2	510	13.5
Refusal	265	7.0	260	6.7
Total	<u>3,799</u>	<u>100.0</u>	<u>3,852</u>	<u>100.0</u>

* Includes eligible respondents with complete interviews, eligible respondents absent and refusal by eligible respondents.

** Includes non-residential addresses, demolished dwellings and household refusals.

TABLE I.2.6.2
Household and individual status of interviews
by health region: Females 15-44 years of age
(Percent distribution)
1993 JAMAICA CPS

<u>CATEGORY</u>	<u>HEALTH REGION</u>			
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<u>Total no. of households</u>	<u>2,490</u>	<u>1,518</u>	<u>1,634</u>	<u>1,410</u>
Identified eligible respondent*	59.9	56.9	47.8	48.8
No eligible respondent	30.1	33.7	39.2	41.0
Residents not at home	4.3	4.5	2.0	2.5
Vacant dwelling	3.9	4.2	4.3	4.5
Other **	2.2	0.9	6.7	3.2
Total	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
 <u>Total no. of eligible respondents</u>	 <u>1,467</u>	 <u>863</u>	 <u>781</u>	 <u>688</u>
Completed interviews	74.9	77.3	89.4	93.9
Eligible respondents not at home	13.5	17.6	6.7	3.2
Refusal	11.6	5.1	4.0	2.9
Total	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>

* Includes eligible respondents with complete interviews, eligible respondents absent and refusal by eligible respondents.

** Includes non-residential addresses, demolished dwellings and household refusals.

TABLE I-2.6.3
Household and individual status of interviews
By health region: males 15-54 years of age
(Percent distribution)
1993 JAMAICA CPS

CATEGORY	HEALTH REGION			
	1	2	3	4
<u>Total number of households</u>	<u>2,490</u>	<u>1,518</u>	<u>1,634</u>	<u>1,410</u>
Identified eligible respondent*	58.3	57.4	49.0	51.8
No eligible respondent	32.9	31.4	36.5	32.9
Residents not at home	4.2	3.6	2.1	2.6
Vacant dwelling	2.8	5.0	4.3	7.0
Other **	1.9	2.6	8.1	5.8
Total	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
<u>Total no. of eligible respondents</u>	<u>1,451</u>	<u>871</u>	<u>800</u>	<u>730</u>
Completed interviews	73.1	70.0	91.2	93.4
Eligible respondents not at home	15.2	25.8	4.4	4.1
Refusal	11.8	4.1	4.4	2.5
Total	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>

* Includes eligible respondents with complete interviews, eligible respondents absent and refusal by eligible respondents.

** Includes non-residential addresses, demolished dwellings and household refusals.

CHAPTER III

BACKGROUND CHARACTERISTICS OF THE SURVEY POPULATION

III.1 AGE DISTRIBUTION OF THE SURVEY POPULATION

One of the most important variables to be studied in enquiries relating to fertility and on associated factors which impact on population size and growth is that of age and particularly the distribution among the age ranges of the population surveyed. This distribution is meaningful, however, only if the results of the surveys are representative of the population as a whole and the age groups covered are shown to be consistent with observed structures and trends. The age distribution of the population as a whole for all population census years between 1943 and 1992 has been shown, by gender, in [Table 1.v](#). There it was shown that the impact of lowering rates of fertility, high levels of migration and increasing life expectancy had resulted in varying trends among the different age groups; in particular, the percentage of the under 15 population for both sexes was falling, rising in the middle age groups (up to age 35); falling again thereafter to age 54 and rising again in the oldest age groups.

The age distribution of the surveyed population (15-44 for females and 15-54 for males) is given in [Tables I-3.1.1](#) and [I-3.1.2](#), respectively. Here, comparisons are given for the female population for the years 1982, 1983, 1987, 1989, 1992 and 1993. Estimates for 1982, 1987 and 1992 are end-year estimates derived from intercensal estimates (with 1982 adjusted from the population census data for underestimation in some age groups) and the remaining

estimates from contraceptive prevalence surveys in 1983, 1987 and 1993. With respect to males, the 1982, 1987 and 1992 end-year estimates are given along with the results of the 1993 Contraceptive Prevalence Survey.

The trend for females in the 15-19 age group appears to confirm the continuing decline in the under 15 age group. This is not the case for young men in this age group, however. With the percentages for both males and females falling fairly sharply in 1992, it will be important to follow up the comparative movements when the results of the 1992 Population Census become available so as to ascertain the degree of accuracy of the 1992 estimates and to determine the extent of possible overestimation in the 1993 survey. The three five-year age groups (25-39 years) show increasing percentages, falling thereafter in the other groups represented. The increases in the more fertile age groups, particularly among women is important to observe.

Age is one of the background variables which will be compared with the main results of the survey. Five year age groups will be the indicator used in Volumes I, II, III and V. The age groups in Volume IV which presents data on young adults will, in general, represent two or three year age groups and where relevant, single years. The five year age classifications in Volume I will comprise the principal background variable along with other characteristics including education, religion, attendance at church services, employment and occupation.

Also included will be classifications relating to union status, both current and changes from initial status. In Volume II, the main variables will cover knowledge and attitudes towards family, contraception and AIDS; in Volume III they will relate to sexual experience, contraceptive practice and reproduct-

ive history; those in Volume V will cover all of the subjects included in the above volumes but will be presented at the health region level. The weighted percentage distribution of female and male respondents by five year age groups and the unweighted number of cases are given below:

Age group	Females 15-44 years		Males 15-54 years	
	Percent distribution	No. of cases	Percent distribution	No. of cases
15-19	21.8	(553)	23.3	(566)
20-24	22.1	(628)	19.6	(486)
25-29	19.2	(667)	15.5	(503)
30-34	15.8	(594)	13.3	(502)
35-39	12.9	(420)	10.2	(389)
40-44	8.2	(248)	7.4	(259)
45-49	...	...	5.8	(212)
50-54	...	...	4.9	(165)

III.2 EDUCATIONAL ATTAINMENT

Educational attainment is another variable considered to be an important factor associated with fertility and the rates of growth in a population since the educational levels attained are known to have influence on people's attitudes and their perceptions toward family including the size. Thus, it will be instructive to examine attitudes and behavioural results obtained from the survey in the context of the educational attainment of the population surveyed. Before doing this, however, it is important, as in the case of the age distribution, to examine the results derived from the classification by educational attainment with comparative data from other enquiries. [Tables I-3.2.1](#) and [I-3.2.2](#) give the percentage distribution of educational attainment for the population surveyed (15-44 years for females and 15-54 years for males). Comparative figures are given for females from the 1982 Population Census and the CPSs of 1983, 1989 and 1993. For males,

comparison is made with the 1982 Population Census. The 1993 survey figures support the trend, consistent for both females and males, of increasing percentages of secondary school attainers and the consequent lowered percentages of persons who completed their schooling at the primary or lower levels. Trends for post-secondary appear mixed which could be contributed to by imprecise classifications in some of the enquiries.

Four levels of educational attainment will be employed in the representation of the education variable. These are primary & lower, secondary not completed, secondary completed, and post secondary. Primary and lower includes "no education", "primary" and "other". With respect to "other", the categories included represent primary or lower levels such as schools for the disabled, other special schools and the JAMAL (Jamaican Movement for the Advancement of Literacy) classes; in addition, institutions such as creches, child care centres and play groups were included. With respect to secondary,

secondary - completed represents all persons who have completed five or more years of secondary education; all others who have attended secondary school and have completed less than five years of schooling at that

level is classified at secondary - not completed. The weighted percentage distribution and the unweighted number of cases represented in each of the four groups are set out below:

<u>Educational attainment</u>	<u>Females 15-44 years</u>		<u>Males 15-54 years</u>	
	<u>Percent distribution</u>	<u>No. of cases</u>	<u>Percent distribution</u>	<u>No. of cases</u>
Post secondary	11.3	(322)	5.1	(160)
Secondary - completed	27.5	(843)	35.0	(993)
Secondary - not completed	32.0	(956)	22.5	(649)
Primary or lower	29.2	(978)	37.5	(1,271)

III.3 RELIGION

Religious beliefs and affiliations may also play a part in the development of fertility behaviour, although the influence of religion appears to be lessening with the rise of other competing interests. Available data demonstrate the shifts in membership away from the more traditional denominations towards those non-traditional churches which are more revivalist in nature, a development which will contribute further to the lessening influence of church membership on attitudes and behaviour and here, attendance at church may be a more significant influence than membership. The consistency of the information on religious affiliation obtained from the surveys is examined in [Tables I-3.3.1](#) and [3.3.2](#). Data from the 1982 population census is used in the comparison for both females and males and additionally in the case of females, the 1989 CPS data have been presented also. In some cases, comparisons are difficult, due to varying differences in classification. On the overall, however, the directional movement in relation to both sexes appear consistent, although levels of affiliation differ by gender. Of note is the higher level of males than females (more than double) reporting no religion in the com-

parable year. The percentages affiliated with Church of God, the religion reported most often, is significantly higher for women than for men.

Also of interest is the pattern of attendance at church services, shown in [Table I-3.3.3](#). Here, attendance at church services applies to the reporting of respondents on actual attendance at church although the services attended are not necessarily those of their religious affiliation. In the case of women, some 42 percent attend church services at least once per month, a further 46 percent attend but rarely while nearly 12 percent never attends; the corresponding percentages for males are 25 percent attending at least once per month, a further 40 percent attends rarely while nearly one third percent (32.2) never attends. In the case of females, some 40 percent (36.7 percent) with no religious affiliation attend although rarely in most cases; 52.2 percent of women and 76.4 percent never attends. The only other significant group is that of those who rarely attends (7.0 percent of women and 5.1 percent of men).

In earlier surveys, religious affiliation did not appear to influence the fertility behaviour

patterns of the respondents. From a cursory examination of the data, it appears that attendance at church services is more sensitive. Accordingly, for purposes of classifi-

cation, this will be used as the indicator on religion. The percent contribution as well as the unweighted number of cases represented are given below.

<u>Attendance at church services</u>	<u>Females 15-44 years</u>		<u>Males 15-54 years</u>	
	<u>Percent distribution</u>	<u>No. of cases</u>	<u>Percent distribution</u>	<u>No. of cases</u>
At least weekly	26.4	(844)	15.3	(474)
At least monthly	14.9	(457)	9.4	(277)
Rarely	41.7	(1,277)	34.9	(1,085)
Never	4.7	(160)	10.6	(339)
No religion declared	11.0	(323)	27.0	(817)

III.4 ECONOMIC ACTIVITY

Economic activity is another of the factors which impact on attitudes as well as practices which affect levels of fertility, particularly among women. It is important, therefore, to include the related variables as part of the background characteristics of women and men in the sample. In the 1993 survey, information on employment status, place of work and occupation have been collected for both female and male respondents. The first of these classifications relate to employment status. Here, the information identifies those respondents who were employed at the time of the survey, separating those who were working at the time from those with jobs but were not working. Categories used were:

- "working";
- "with job, not working";
- "looking for work";
- "keeping house";
- at school";
- "incapable of working"; and
- "other".

Persons in the "keeping house" or "other" categories who "want work and are available" are not separately identified.¹ The table below gives the percentage distribution of respondents in each category and number of cases represented for both females and males.

<u>Employment status</u>	<u>Females 15-44 years</u>		<u>Males 15-54 years</u>	
	<u>Percent distribution</u>	<u>No. of cases</u>	<u>Percent distribution</u>	<u>No. of cases</u>
Working	42.1	(1,340)	73.2	(2,405)
With job, not working	1.7	(52)	2.8	(86)
Looking for work	9.9	(267)	10.1	(247)
Keeping house	33.0	(1,094)	1.0	(26)
At school	12.4	(321)	11.6	(276)
Incapable of working	0.4	(19)	0.4	(14)
Other	0.5	(11)	0.9	(22)
Total	100.0	(3,104)	100.0	(3,076)

The percent distribution of the total population is shown in [Tables I-3.4.1](#) and [I-3.4.2](#), for those working and those not working, by age group. The total labour force cannot be derived from these tables since the unemployed non-seekers were not identified and are included in the categories "keeping house" and "other". What has been shown, therefore, are those in the labour force who are employed and the rest of females and males who are unemployed. As is expected, a higher percentage of men than women were employed (76.0 percent for men compared with 43.8 percent for women). There was little gender difference in percentage terms among those seeking work (10.1 of women and 9.9 percent of men); the difference between those keeping house was, however, marked (1.0 percent of men and 33.0 percent of women).

Looking at the employed population by age groups, only ten percent of women in the age group 15-19 were employed with percentages increasing up the final age group of 40-44. In the age group 20-24, the percentage of those employed was almost four times that of the younger five year age group (39.2 percent), increasing to 54.8 percent in the age group 25-29 and gradually thereafter to 65 percent in the final age group 40-44. In the case of the men, 30 percent of the very young (age group 15-19) were employed, moving up to 78.9 percent in the next five year age group; thereafter, all other age groups had over 90 percent employed. The movement in the other categories were as expected.

Another aspect of economic activity is occupational classification of respondents. The categories used are: a) - professional, technical and related; b) - administrative, executive and managerial occupations; c) - clerical and sales; d) - self-employed independent producers; e) - service, sport and

recreation occupations; f) - craftsmen, production and operating occupations; and g) - unskilled manual and general workers. Professional, technical and managerial workers for both females and males represent a small proportion of the employed work force, with a higher proportion of females than males (11.5 percent of females compared with 5.6 percent of males). Clerical and sales workers, on the other hand, constitute a higher proportion of the female employed work force (23.5 percent compared with 6.1 percent for males). The self employed independent producers comprise a significant proportion, some 30 percent of females and 44 percent of males. Service workers are particularly notable in the case of females, constituting the next highest group for this sex (22.0 percent compared with 8.8 percent for males). Craftsmen, production and operating occupations, on the hand, demonstrate the opposite pattern (26.6 percent for males, the next highest group for this sex, with 8.4 percent for females) while a lower percentage (3.8 percent for females and 8.4 percent for males) comprise the group - unskilled manual and general workers.

Occupation groups classified by place of work (outside the home, inside the home, or both) are shown below:

<u>Place of work</u>	<u>Women aged 15-44</u>	<u>Men aged 15-54</u>
Outside the home	82.2	88.9
Inside & outside the home	3.0	5.2
Inside the home only	14.8	5.9
Total	<u>100.0</u>	<u>100.0</u>
No. of cases	(1,295)	(2,312)

As is expected, the majority of respondents work outside the home (82.2 percent of women and 88.9 percent of men). A smaller proportion (3.0 percent and 5.2 percent for

women and men respectively work both outside and outside of the home while the remainder (14.8 percent and 5.9 percent for women and men respectively) perform economic activities inside the home only.

III.5 RESIDENCE

Place of residence has, in many studies, been demonstrated to have some influence on factors which impact on the fertility of the population. In keeping with these findings, geographic dispersion of respondents has been used as another major background characteristic. The composition of the geographic areas designated as urban and rural has been shown in [Table 1.v](#). The consistent increase in the areas classified as major urban is evident in the table, with a percentage contribution of 38.0 percent in 1991 compared with 26.6 percent in 1960. The

population in the surveys in both urban and rural areas represents subsets of the total population which might move in different directions from the total, based on the age distribution patterns of migration, internal and/or external, from each area. The movement in the 1993 CPS may be compared with that of the 1989 CPS for females. Here, the increase in urban areas was from 30.7 percent in 1989 to 34.9 percent in 1993. The percentage of males in urban areas in the 1993 CPS is slightly lower than for females (31.5 percent compared with 34.9 percent for females).

The breakdown into urban and rural areas will be employed in the creation of the residence indicator, the composition of which is represented in the percent contribution of the respondents in the 1993 survey and the unweighted number of cases covered, as indicated below:

<u>Residence</u>	<u>Females 15-44 years</u>		<u>Males 15-54 years</u>	
	<u>Percent contribution</u>	<u>No. of cases</u>	<u>Percent contribution</u>	<u>No. of cases</u>
Urban	34.9	(872)	31.5	(786)
Rural	65.1	(2,238)	68.5	(2,296)

III.6 CHILDREN EVER BORN

Parity is another of those factors which impact on attitudes towards fertility and the planning of families. Accordingly it is a very important variable to be used in the analysis of some of the variables being examined. In the case of the reporting on children ever born by women, there is some possibility of error due to the recall factor. Also, children who die at birth or in infancy can often be overlooked. In the case of men, not only are the above factors relevant but, in addition, there is some possibility that men

can be unaware of some children born to women, either because the women themselves are not sure of the paternity of the children but in some cases they, for a number of reasons, do not communicate the information to the fathers. Accordingly, the information on children ever born relates to those reported rather than to all children ever born and the extent of under-reporting is probably higher for men than for women. Taking these factors into account, the percent distribution of children ever born together with the unweighted number of cases reported are shown below:

<u>Children ever born</u>	<u>Females 15-44 years</u>		<u>Males 15-54 years</u>	
	<u>Percent contribution</u>	<u>No. of cases</u>	<u>Percent contribution</u>	<u>No. of cases</u>
0	32.0	(863)	51.4	(1,345)
1	21.9	(672)	15.0	(506)
2	16.7	(579)	11.5	(437)
3	12.1	(412)	7.5	(289)
4+	17.3	(584)	14.5	(505)

III.7 SOCIO-ECONOMIC INDEX

A further classification which will be employed in the analysis of the impact of social, economic and cultural factors on the respondent population is a socio-economic index, developed mainly on the education and occupation of the head of the household but also considered on the basis of elements pertaining to the household density and access to media by household members. The items used in this latter comparison are: number of rooms occupied by household members, possession by members of the household of radio and television, and readership of newspapers by household members. The trends observed were analyzed on the basis of expected trends, taking into account the anticipated movement of each variable.

Within educational attainment and occupation categories, the physical density and access to

media variables were very consistent for each gender for both the male and female surveys. With the consistency found, the principal explanatory variables were educational attainment and occupation status. Thus, it was concluded that a validated index based on education and occupation, with adaptation, could be utilized for the socio-economic index. (See Appendix II for a more detailed description of the methodology).²

Four ranks have been employed in setting up the index. These are: high, medium, low and very low. In addition, there was insufficient information for some 2.5 percent of female respondents and 2.2 percent of male respondents to allow for their classification. Based on these factors and on the methodology employed in constructing the index, the percent distribution and the unweighted number of cases represented were computed, the result of which is given, by rank, below:

<u>Socio-economic index</u>	<u>Women 15-44 years</u>		<u>Men 15-54 years</u>	
	<u>Percent</u>	<u>No. of cases</u>	<u>Percent</u>	<u>No. of cases</u>
High	12.2	(351)	7.8	(227)
Medium	36.4	(1,138)	36.9	(1,077)
Low	38.7	(1,211)	43.0	(1,393)
Very low	10.2	(341)	10.1	(321)
Unknown	2.5	(69)	2.2	(64)
Total	<u>100.0</u>	<u>(3,110)</u>	<u>100.0</u>	<u>(3,082)</u>

The Socio-Economic Index will be used in all of the volumes to represent the impact of

socio-economic factors on fertility behaviour and other related characteristics.

Table I-3.1.1
Age distribution comparisons of women aged 15-44 by five year age group -- JAMAICA - 1982, 1983, 1987, 1989, 1992, 1993 (Percentage distribution)

<u>Age group</u>	<u>1982 end-year estimates</u>	<u>1983 JCPS</u>	<u>1987 end-year estimates</u>	<u>1989 JCPS</u>	<u>1992 end-year estimates</u>	<u>1993 JCPS</u>
15-19	27.7	26.0	25.6	24.2	21.7	21.8
20-24	23.0	21.8	23.1	21.0	22.0	22.1
25-29	17.1	19.7	19.0	20.2	19.8	19.2
30-34	12.7	13.2	13.7	14.5	16.2	15.8
35-39	10.5	11.2	10.2	11.0	11.7	12.9
40-44	9.0	8.1	8.4	9.1	8.6	8.2
All age groups	100.0	100.0	100.0	100.0	100.0	100.0
No. of cases	(482,150)	(2,063)	(550,380)	(5,739)	(591,880)	(3,110)

Table 1-3.1.2
Age distribution comparisons of men aged 15-54 by five year age group -- JAMAICA - 1982, 1987, 1992, 1993 (Percentage distribution)

<u>Age group</u>	<u>1982 end-year estimates</u>	<u>1987 end-year estimates</u>	<u>1992 end-year estimates</u>	<u>1993 JCPS</u>
15-19	24.4	23.1	20.2	23.3
20-24	19.9	20.3	19.5	19.6
25-29	14.5	16.4	16.9	15.5
30-34	10.8	11.8	13.8	13.3
35-39	9.1	8.7	9.8	10.2
40-44	7.9	7.4	7.5	7.4
45-49	7.1	6.4	6.6	5.8
50-54	6.3	5.9	5.7	4.9
All age groups	100.0	100.0	100.0	100.0
No. of cases	(537,100)	(615,850)	(676,040)	(3,082)

Table I-3.2.1
 Educational attainment of women aged 15-44 by highest level
 of education -- JAMAICA - 1982, 1983, 1989, 1993
 (Percentage distribution)

<u>Educational attainment</u>	<u>1982 Census</u>	<u>1983 JCPS</u>	<u>1989 JCPS</u>	<u>1993 JCPS</u>
None	1.0	*	0.3	0.1
Primary	41.3	39.6	33.5	27.0
Secondary	40.4	44.2	53.8	59.2
Post secondary	10.8**	10.4	7.9	11.3
Other	..	5.8	4.4	2.1
Not stated	6.5	-	0.1	0.3
Total	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
No. of cases	(452,048)	(2,044)	(5,739)	(3,110)

* - Included in "Other".

** - Includes "Other".

Table I-3.2.2
 Educational attainment of men aged 15-54 by
 highest level of education -- JAMAICA - 1982, 1993
 (Percentage distribution)

<u>Educational attainment</u>	<u>1982 Census</u>	<u>1993 CPS</u>
None	1.6	0.3
Primary	53.4	36.0
Secondary	32.4	57.4
Post secondary	6.6*	5.1
Other	..	1.0
Not stated	6.0	0.2
Total	<u>100.0</u>	<u>100.0</u>
No. of cases	(481,835)	(3,081)

* - Includes "Other".

Table I-3.3.1
Percentage distribution of women aged 15-44 by
religious affiliation -- JAMAICA - 1982, 1989, 1993

<u>Religious affiliation</u>	<u>1982 Census</u>	<u>1989 CPS</u>	<u>1993 CPS</u>
Church of God	20.1	32.9	26.7
Baptist	10.0	12.1	9.6
Seventh Day Adventist	7.7	**	12.3
Anglican	7.1	6.6	4.2
Pentecostal	6.2	*	10.3
Roman Catholic	5.5	5.6	4.2
United Church	3.9	3.9	2.4
Methodist	3.2	3.3	3.0
Rastafarian	0.3	0.3	0.1
Other	10.8	27.0	15.1
No religion	13.9	8.3	11.9
Not specified	11.3	-	0.2
Total	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
No. of cases	(476,790)	(5,739)	(3,108)

* - Included in "Church of God".

** - Included in "Other".

Table I-3.3.2
Percentage distribution of men aged 15-54 by
religious affiliation -- JAMAICA - 1982, 1993

<u>Religious affiliation</u>	<u>1982 Census</u>	<u>1993 JCPS</u>
Church of God	13.6	19.4
Baptist	8.1	8.2
Seventh Day Adventist	6.1	9.3
Anglican	6.4	4.2
Pentecostal	3.7	8.0
Roman Catholic	4.9	4.0
United Church	3.5	2.1
Methodist	2.7	2.4
Rastafarian	1.9	2.0
Other	8.0	10.8
No religion	28.6	28.4
Not specified	12.5	1.2
Total	<u>100.0</u>	<u>100.0</u>
No. of cases	(519,039)	(3,082)

Table I-3.3.3
 Percentage distribution by regularity of attendance
 at church services by religious affiliation
 1993 JAMAICA CPS

<u>Religious affiliation</u>	<u>At least once per week</u>	<u>At least once per month</u>	<u>Rarely</u>	<u>Do not attend</u>	<u>Not stated</u>	<u>Total</u>	<u>No. of cases</u>
<u>Women aged 15-44</u>							
No religion	2.1	2.0	36.7	57.5	1.7	100.0	(353)
Anglican	22.5	19.9	48.2	8.3	1.1	100.0	(140)
Baptist	17.9	21.7	57.5	3.0	0.0	100.0	(317)
Church of God	29.1	16.5	48.5	5.8	0.1	100.0	(850)
Methodist	21.0	17.2	56.9	4.9	0.0	100.0	(94)
Pentecostal	35.1	13.7	46.8	4.4	0.0	100.0	(316)
Rastafarian	*	*	*	*	*	*	(4)
Revivalist	49.0	26.1	20.2	3.4	1.3	100.0	(46)
Roman Catholic	19.6	17.7	55.5	7.2	0.0	100.0	(105)
Seventh Day Adventist	35.1	9.9	47.1	7.5	0.4	100.0	(391)
United Church	24.6	32.8	39.7	2.9	0.0	100.0	(76)
Other	*	*	*	*	*	*	(4)
Not specified	*	*	*	*	*	*	(10)
<u>Total</u>	<u>26.6</u>	<u>15.2</u>	<u>46.2</u>	<u>11.6</u>	<u>0.4</u>	<u>100.0</u>	<u>(3,108)</u>
<u>Men aged 15-44</u>							
No religion	0.0	0.0	0.0	100.0	0.0	100.0	(867)
Anglican	7.7	18.2	59.0	15.1	0.0	100.0	(135)
Baptist	13.9	16.4	57.3	12.4	0.0	100.0	(287)
Church of God	23.7	12.2	49.6	14.3	0.2	100.0	(578)
Methodist	17.2	21.6	49.5	11.7	0.0	100.0	(77)
Pentecostal	27.6	13.1	44.5	14.8	0.0	100.0	(238)
Rastafarian	2.5	13.1	36.0	47.6	0.8	100.0	(70)
Revivalist	32.8	28.3	25.9	13.0	0.0	100.0	(27)
Roman Catholic	9.8	7.6	56.9	25.3	0.4	100.0	(111)
Seventh Day Adventist	29.7	12.3	44.3	12.6	1.1	100.0	(291)
United Church	19.9	2.9	54.5	21.9	0.8	100.0	(68)
Other	27.4	13.4	49.0	9.6	0.6	100.0	(301)
Not specified	0.0	0.0	28.4	7.3	64.3	100.0	(33)
<u>Total</u>	<u>15.3</u>	<u>9.4</u>	<u>35.2</u>	<u>39.1</u>	<u>1.0</u>	<u>100.0</u>	<u>(3,082)</u>

* - < 25 cases.

Table I-3.4.1
Percent distribution of women aged 15-44 by five year
age group and employment status
1993 JAMAICA CPS

<u>Employment status</u>	<u>Total</u>	<u>Age group</u>					
		15-19	20-24	25-29	30-34	35-39	40-44
Working	42.1	9.5	36.5	52.0	55.9	60.4	64.5
With job, not working	1.7	0.6	2.7	2.8	1.8	0.7	0.5
Looking for work	9.9	14.2	16.3	7.4	7.4	3.7	1.4
Keeping house	33.0	25.0	37.7	34.5	34.1	34.9	33.3
At school	12.4	49.3	5.5	2.5	0.0	0.1	0.0
Incapable of working	0.4	0.5	0.7	0.2	0.3	0.2	0.3
Other	0.5	0.9	0.6	0.6	0.5	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of cases	(3,104)	(551)	(627)	(667)	(593)	(419)	(247)
Employed	43.8	10.1	39.2	54.8	57.7	61.1	65.0
Not employed	56.2	89.9	60.7	45.2	42.3	38.9	35.0

Table I-3.4.2
Percent distribution of men aged 15-44 by five year
age group and employment status
1993 JAMAICA CPS

<u>Employment status</u>	<u>Total</u>	<u>Age group</u>							
		15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54
Working	73.2	27.9	75.7	87.1	91.1	91.7	94.2	95.3	89.2
With job, not working	2.8	1.6	3.2	4.8	2.7	2.6	1.3	1.7	5.2
Looking for work	10.1	18.1	15.9	6.8	5.7	4.4	4.2	0.8	3.1
Keeping house	1.0	2.0	1.0	1.0	0.5	0.7	0.0	0.3	0.6
At school	11.6	48.4	1.5	0.1	0.0	0.0	0.0	0.0	0.0
Incapable of working	0.4	0.4	0.8	0.2	0.0	0.6	0.2	0.8	0.0
Other	0.9	1.6	1.9	0.0	0.0	0.0	0.0	1.1	1.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of cases	(3,076)	(565)	(486)	(502)	(501)	(388)	(258)	(211)	(165)
Employed	76.0	29.5	78.9	91.9	93.8	94.3	95.5	97.0	94.4
Not employed	24.0	70.5	21.1	8.1	6.2	5.7	4.5	3.0	5.4

Table I-3.4.3
 Percent distribution of respondents by occupation
 group by place of work
 1993 JAMAICA CPS

<u>Occupation group</u>	<u>Total</u>	<u>Outside the home</u>	<u>Inside the home</u>	<u>Both</u>
<u>Women aged 15 - 44 years</u>				
Professional/managerial *	11.5	12.8	4.6	12.1
Clerical and sales	23.5	26.1	10.0	18.6
Self-employed independent producers	30.6	25.8	54.9	43.6
Service, sport and recreation	22.0	21.6	24.4	18.8
Craftsmen, production and operating	8.4	8.9	5.6	6.9
Unskilled manual and general workers	3.8	4.6	0.3	0.0
Not stated	0.2	0.2	0.2	0.0
Total	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
No. of cases	(1,298)	(1,076)	(178)	(44)
<u>Men aged 15 - 54 years</u>				
Professional/managerial *	5.6	4.9	15.0	5.6
Clerical and sales	6.1	6.4	5.5	0.8
Self-employed independent producers	44.1	43.6	51.7	44.5
Service, sport and recreation	8.8	8.6	5.4	15.1
Craftsmen, production and operating	26.6	27.2	18.5	25.0
Unskilled manual and general workers	8.4	8.7	3.9	9.0
Not stated	0.5	0.6	0.0	0.0
Total	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
No. of cases	(2,321)	(2,065)	(129)	(127)

* - Comprises a combination of the two groups - professional, technical and related, and administrative, executive and managerial occupations.

CHAPTER IV

NUPTIALITY AND RELATIONSHIP STATUS

IV.1 MARITAL AND UNION STATUS

Marital or union status, regarded as one of the primary direct determinants of fertility in any population, may be used for the purpose of identifying the degree to which women in the reproductive age are sexually active. In a population in which the majority of child-bearing activities take place within unions, this can be approximated by nuptiality or the proportion of time women spend in formal or informal unions. In Jamaica, as in most Caribbean and Latin American countries, sexual unions occur not only in the context of legal marriage, but also in common-law and visiting unions, and particularly for young adults, within relationships which are not necessarily steady - often regarded as having a boyfriend or a girlfriend with whom there is some sexual activity. Accordingly, a study of sexual activity must take account not only persons who are legally married but also those who, though not legally married, are living in some sexual union or are being generally sexually active.

In this report, the concern is not on the legality of marriage but rather the status of the union. Thus, four sexual relationships are identified for study. These are:

- 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 together with a partner to whom she or he is not legally married.

- c) Visiting - a union in which a woman or a man reports that they have regular sexual relations with a partner but does not live together with him or her and they describes it as a visiting relationship.
- d) Boyfriend/girlfriend - a relationship which does not fall in either of the three unions specified above, in which the woman or man reports that they are having a relationship with some one of the opposite sex, described as a boyfriend or a girlfriend. 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).

The relationship status of both females and males has been studied in the 1993 CPS while in 1989 and in earlier CPSs, the study was confined to females only. [Table I-4.1.1](#) presents data on the percent distribution of women aged 15-44 years by current union status by five year groups for 1993 and 1989; [Table I-4.1.2](#) presents comparable data for men aged 15-54, also by five year age groups, for 1993 only. In these tables, "current union status" represents not only those "in union" but includes those with boyfriend/girlfriend, with or without sex and those with no steady partner. On the whole, the patterns of association of female respond-

ents has remained fairly steady although some variations may be observed over the four year period. Whereas there has been practically no change among women in union (69 percent compared with 68 percent) between 1989 and 1993, the proportion of legal unions appear to have fallen (15.1 percent in 1989 to 13.4 percent in 1993); and both common-law and visiting unions have proportionately increased, none of these differences are statistically significant. There was a slight increase in the proportion of women with boyfriends with whom they had sex but a corresponding decrease, again slight, in those with boyfriend with whom they were not having sex. In the case of those with no steady partner, there was a slight decline. Again, none of these differences are statistically significant.

Patterns among women and men are not very dissimilar, the main difference being those in common-law relationships (23.5 percent of women and 20.9 percent of men) and those with boyfriends/girlfriends with whom they are having sex (5.3 percent of women with boyfriends with whom they are having sex compared with 9.8 percent of men with girlfriends with whom they are having sex). There is a consistent rise in the proportion of respondents, women and men, who are legally married and living with spouse, as age increases. In the case of common-law unions, a similar increase is observed up to age 34 years, generally falling off thereafter. Visiting unions tend to be more intense between ages 20-24 again for both women and men, falling off thereafter, although the decrease in the case of men is more gradual for the age group 25-29.

[Tables I-4.1.3](#) and [I-4.1.4](#) present classifications of current union status by residence, educational attainment, religion and parity for 1993 and 1989 for women while [Table I-4.1.5](#) shows the classifications for men in

1993. As in 1989, the proportion of women in legally married unions is higher in rural than in urban areas; this is true also of the men. Proportionately, the reverse is true for the women and men in the other unions; that is, there are higher proportions of women and men living in common-law unions and with visiting partners in the urban than in the rural areas.

With respect to education, female secondary school graduates continue to appear atypical in respect to union status, with a higher percentage reporting "no steady partner" (24.2 percent compared with 19.1 and 19.9 percent for primary and lower and post secondary in 1993; in 1989 the corresponding percentages were 26.9 percent compared with 20.3 and 24.3 percent respectively). The differentials in the case of those legally married is perhaps the most significant. The comparisons by parity presents no surprises, being generally consistent between 1993 and 1989 in the case of women and for 1993 between women and men. It should be noted that parity in the case of men represents those children reported by them and does not necessarily represent all the children they have ever had since it is very probable that a number of children fathered by them was not even known by them. In all cases, the highest proportion of women, for both 1993 and 1989, with no children ever born were to those with no steady partner followed by those in visiting unions. In the case of men, the highest percentage was in the case of those with visiting partner, followed by those with no steady partner. Next were those with girlfriends with whom they were having sex. In all cases, the movement in the percentages was upward for those who were legally married as parity increased. There was a similar pattern for those in common-law unions for both women (in 1993 and 1989) and men (in 1993), whereby the per-

centage was highest for those in visiting unions for one child, reducing thereafter. Whereas in the case of women, however, the increase for those with one child was significantly higher than for those without any children, for men, there was not much difference between the two.

IV.2 UNION HISTORY

Information on the change in status of women currently in union, from that of initial status to that of the present status is given in [Tables I-4.2.1](#) and [4.2.2](#) for women and men for 1993. Patterns are fairly similar for both women and men in 1993. For women, 5.1 percent remained in a marriage relationship from the start of the initial union; the corresponding percentage for men is 4.6 percent. Again for women, 5.5 percent of those now legally married started out the relationship in a common law union, 49.3 percent with a visiting partner and 30.1 percent with a boyfriend. In the case of men, 11.8 percent started out with a common law partner, 43.8 percent as visiting and 39.8 percent with a girlfriend. In the case of those now in common law unions, 2.4 percent of women and 8.7 percent of men have maintained the same status while only a minimum number of women and men (0.1 percent in both cases) started off as married; of the rest, 57.1 percent of women

and 52.0 percent of men changed from a visiting relationship to common law, while 40.5 percent of women and 39.2 percent of men started out as boyfriend and girlfriend respectively. The movement within those now in visiting relationships showed a similar pattern; 45.5 percent of women and a slightly higher percentage (50.0 percent) of men did not change status while 0.9 and 1.1 percent of women and 1.3 and 1.4 percent of men changed from the more stable (legally married and common law) to the less stable status; 52.5 percent of women moved from boyfriend to visiting while the corresponding percent moving from girlfriend was 47.3 percent.

Changes by residence, age and education also show the similarity of movement between women and men demonstrated above in the case of those in a legal marital relationship; differences between them may, however, be observed in those currently in common law unions and in visiting relationships. A generally lower percentage of women than of men have maintained their initial relationship over all the characteristics, with little variation by residence but more marked changes by educational attainment, with less stability among those with primary and lower education than in the other two groups. Looking at upward changes toward greater stability among unions, the patterns were similar.

Table I-4.1.1
 Percent distribution of women aged 15-44 by current
 union status by five year age group - 1989 JCPS, 1993 JCPS

<u>Age group</u>	Married, living with <u>husband</u>	With common- law <u>partner</u>	With visiting <u>partner</u>	<u>With boyfriend</u>		No steady <u>partner</u>	<u>Total</u>	No. of <u>cases</u>
				having <u>sex</u>	having <u>no sex</u>			
<u>1993</u>								
15-19	0.1	5.9	29.3	11.2	9.3	44.2	100.0	(553)
20-24	3.6	25.1	44.7	5.8	3.4	17.4	100.0	(628)
25-29	11.7	36.4	35.4	2.4	1.1	13.0	100.0	(667)
30-34	23.4	33.0	27.5	2.4	0.9	12.8	100.0	(594)
35-39	29.5	28.3	24.6	0.5	0.7	16.4	100.0	(420)
40-44	33.7	18.8	19.3	0.4	0.0	27.8	100.0	(248)
Total	13.4	24.3	32.1	4.6	3.2	22.4	100.0	(3,110)
<u>1989</u>								
15-19	0.1	6.5	26.8	10.4	8.3	47.9	100.0	(1,395)
20-24	4.8	24.5	42.7	7.4	2.2	18.4	100.0	(1,210)
25-29	14.8	35.3	32.9	3.6	0.9	12.5	100.0	(1,153)
30-34	25.0	31.7	25.5	2.5	0.4	14.9	100.0	(841)
35-39	35.6	25.8	18.0	1.3	0.9	18.4	100.0	(625)
40-44	38.3	23.9	15.1	0.3	0.2	22.2	100.0	(515)
Total	15.1	23.5	29.1	5.3	2.8	24.2	100.0	(5,739)

Table I-4.1.2
 Percent distribution of men aged 15-54 by current
 union status by five year age group
 1993 JAMAICA CPS

<u>Age group</u>	Married, living with <u>wife</u>	With common- law <u>partner</u>	With visiting <u>partner</u>	<u>With girlfriend</u>		No steady <u>partner</u>	<u>Total</u>	No. of <u>cases</u>
				having <u>sex</u>	having <u>no sex</u>			
15-19	0.2	1.0	26.8	18.0	10.8	43.2	100.0	(566)
20-24	1.1	11.0	49.9	17.7	2.4	18.0	100.0	(486)
25-29	7.6	32.6	41.4	5.4	0.8	12.2	100.0	(503)
30-34	20.0	37.4	24.0	4.6	0.5	13.5	100.0	(502)
35-39	33.4	32.5	23.2	2.2	0.2	8.5	100.0	(389)
40-44	34.0	37.3	13.2	4.8	0.0	10.7	100.0	(259)
45-49	46.8	24.6	12.8	1.2	0.0	14.6	100.0	(212)
50-54	46.8	19.9	12.8	0.6	0.0	19.9	100.0	(165)
Total	15.0	20.9	30.3	9.8	3.2	20.8	100.0	(3,082)

Table I-4.1.3
 Percent distribution of women aged 15-44 by current union
 status by selected characteristics
 1993 JAMAICA CPS

<u>Characteristic</u>	<u>Married, living with husband</u>	<u>With common- law partner</u>	<u>With visiting partner</u>	<u>With boyfriend</u>		<u>No steady partner</u>	<u>Total</u>	<u>No. of cases</u>
				<u>having sex</u>	<u>having no sex</u>			
<u>1993</u>								
<u>Total</u>	13.4	24.3	32.1	4.6	3.2	22.4	100.0	(3,110)
<u>Residence</u>								
Urban	11.0	25.1	34.8	4.0	2.5	22.6	100.0	(872)
Rural	14.6	23.8	30.7	5.0	3.6	22.3	100.0	(2,238)
<u>Educational attainment</u>								
Primary & lower	18.5	29.3	28.6	3.6	0.9	19.1	100.0	(978)
Secondary	9.5	23.3	33.4	5.6	4.0	24.2	100.0	(1,799)
Post secondary	20.2	16.2	35.8	2.4	5.5	19.9	100.0	(322)
<u>Children ever born</u>								
0	2.8	7.1	28.3	9.5	9.5	42.8	100.0	(863)
1	8.5	24.7	45.1	5.1	0.1	16.5	100.0	(672)
2	18.8	34.9	34.8	1.1	0.1	10.3	100.0	(579)
3	22.7	35.4	28.4	2.1	0.1	11.3	100.0	(412)
4+	27.1	37.3	22.9	0.5	0.8	11.4	100.0	(584)
<u>1989</u>								
<u>Total</u>	15.0	23.5	29.1	5.4	2.8	24.2	100.0	(5,739)
<u>Residence</u>								
Urban	12.7	23.5	31.1	5.0	2.8	24.9	100.0	(1,769)
Rural	16.4	23.4	28.0	5.6	2.9	23.7	100.0	(3,970)
<u>Educational attainment</u>								
Primary & lower	20.2	28.4	26.9	3.2	1.0	20.3	100.0	(2,254)
Secondary	9.1	21.4	31.4	7.2	4.0	26.9	100.0	(3,060)
Post secondary	30.7	13.3	24.7	3.5	3.5	24.3	100.0	(421)
<u>Children ever born</u>								
0	3.8	7.3	26.6	9.2	7.4	45.7	100.0	(1,969)
1	10.8	25.4	42.4	6.5	0.8	14.1	100.0	(1,091)
2	17.4	35.5	33.4	2.0	0.5	11.2	100.0	(954)
3	24.2	35.9	25.1	2.0	0.2	12.6	100.0	(665)
4+	33.0	33.4	18.6	1.9	0.3	12.8	100.0	(1,060)

* - "Seventh Day Adventist" included in "Other".

Table I-4.1.4
 Percent distribution of men aged 15-54 by current union
 status by selected characteristics
 1993 JAMAICA CPS

<u>Characteristic</u>	<u>Married, living with wife</u>	<u>With common- law partner</u>	<u>With visiting partner</u>	<u>With girlfriend</u>		<u>No steady partner</u>	<u>Total</u>	<u>No. of cases</u>
				<u>having sex</u>	<u>having no sex</u>			
<u>Total</u>	15.0	20.9	30.3	9.8	3.2	20.8	100.0	(3,082)
<u>Residence</u>								
Urban	13.3	21.2	35.2	9.8	3.4	17.1	100.0	(786)
Rural	15.8	20.7	28.1	9.8	3.1	22.5	100.0	(2,296)
<u>Educational attainment</u>								
Primary & lower	21.9	24.8	23.7	6.9	1.1	21.6	100.0	(1,272)
Secondary	8.8	19.0	35.0	11.9	4.8	20.5	100.0	(1,642)
Post secondary	34.6	12.2	27.8	6.4	1.1	17.9	100.0	(160)
<u>No. of children ever born</u>								
0	2.9	5.3	36.4	16.6	6.0	32.8	100.0	(1,345)
1	14.2	30.6	37.7	5.0	0.8	11.7	100.0	(506)
2	29.9	36.8	25.2	2.5	0.0	5.6	100.0	(437)
3	28.9	45.4	18.1	1.7	0.0	5.9	100.0	(289)
4+	39.4	40.7	11.7	0.7	0.0	7.5	100.0	(505)

Table I-4.2.1
 Percent distribution of women aged 15-44 currently in a union by change from
 initial status to current status by selected characteristics
 1993 JAMAICA CPS

Characteristic	Currently legally married Initial status			Currently common-law Initial status			Currently visiting partner Initial status			Cases									
	IM	CL	VP	IM	CL	VP	IM	CM	VP										
<u>Total</u>	5.1	5.5	49.3	30.1	100.0	(488)	0.1	2.4	57.1	40.5	100.0	(904)	0.9	1.1	45.5	52.5	100.0	(890)	
<u>Age group:</u>																			
15-19	*	*	*	*	*	(1)	0.0	3.4	44.6	52.0	100.0	(47)	2.5	1.3	25.7	70.5	100.0	(148)	
20-24	0.0	7.6	30.9	61.5	100.0	(32)	0.0	1.0	53.6	45.4	100.0	(190)	0.4	1.6	42.1	55.9	100.0	(250)	
25-29	2.5	8.7	54.8	34.0	100.0	(88)	0.0	1.9	56.9	41.2	100.0	(278)	0.4	0.0	49.7	49.9	100.0	(207)	
30-34	4.4	11.2	58.3	26.1	100.0	(148)	0.4	1.7	57.3	40.5	100.0	(215)	1.3	2.0	59.3	37.4	100.0	(145)	
35-39	4.4	16.8	47.9	30.9	100.0	(136)	0.0	6.1	60.9	33.0	100.0	(120)	0.0	0.7	57.8	41.5	100.0	(94)	
40-44	10.3	27.3	40.4	22.0	100.0	(83)	0.0	2.0	70.3	27.7	100.0	(54)	0.0	0.0	66.7	33.3	100.0	(46)	
<u>Residence</u>																			
Urban	5.8	9.8	52.3	32.1	100.0	(114)	0.0	2.4	57.4	40.2	100.0	(259)	0.5	0.7	40.1	58.7	100.0	(276)	
Rural	4.8	17.8	48.1	29.3	100.0	(374)	0.1	2.3	56.9	40.7	100.0	(645)	1.1	1.3	48.8	48.8	100.0	(614)	
<u>Educational attainment</u>																			
Primary	3.7	25.7	43.2	27.4	100.0	(192)	0.3	3.6	57.7	38.4	100.0	(338)	0.0	0.8	52.5	46.7	100.0	(247)	
Secondary	3.5	8.2	58.6	29.7	100.0	(218)	0.0	1.7	58.4	39.9	100.0	(500)	1.3	1.0	43.6	54.1	100.0	(542)	
Post secondary	41.5	10.7	13.9	21.3	100.0	(75)	0.0	1.6	44.0	54.4	100.0	(63)	0.7	1.9	40.5	56.9	100.0	(101)	

* - < 25 cases.

Status of first union codes: IM - Legally married; CL - Common-law partner; VP - Visiting partner; BF - Boyfriend.

Table I-4.2.2
 Percent distribution of men aged 15-54 currently in a union by change from
 initial status to current status by selected characteristics
 1993 JAMAICA CPS

Characteristic	Currently legally married			Currently common-law			Currently visiting partner												
	IM	CL	VP	IM	CL	VP	IM	CL	VP										
Total	4.6	11.8	43.8	39.8	100.0	(541)	0.1	8.7	52.0	39.2	100.0	(803)	1.3	1.4	50.0	47.3	100.0	(839)	
Age group:																			
15-19	*	*	*	*	*	(1)	*	*	*	*	*	(8)	1.7	0.3	47.2	50.8	100.0	(148)	
20-24	*	*	*	*	*	(7)	0.0	5.9	53.5	40.6	100.0	(73)	0.7	0.9	46.0	52.5	100.0	(240)	
25-29	0.0	1.9	38.1	60.0	100.0	(45)	0.3	6.4	50.5	42.8	100.0	(200)	1.9	0.6	47.7	49.8	100.0	(173)	
30-34	4.7	13.5	38.3	43.5	100.0	(108)	0.0	9.6	50.6	39.8	100.0	(202)	1.6	3.8	56.0	38.6	100.0	(112)	
35-39	6.4	6.3	48.7	38.6	100.0	(122)	0.0	11.3	53.5	35.2	100.0	(138)	1.3	1.3	56.4	41.0	100.0	(85)	
40-44	6.5	11.1	51.0	31.4	100.0	(91)	0.0	5.3	59.9	34.8	100.0	(93)	0.0	12.9	56.9	30.2	100.0	(31)	
45-49	0.6	14.9	48.4	36.1	100.0	(88)	0.0	16.2	43.4	40.4	100.0	(57)	4.0	0.0	66.9	29.1	100.0	(33)	
50-54	7.7	21.2	32.6	38.5	100.0	(79)	0.0	14.1	44.7	41.2	100.0	(32)	*	*	*	*	*	(17)	
Residence																			
Urban	5.6	6.7	45.3	42.4	100.0	(131)	0.0	8.6	57.3	34.1	100.0	(212)	2.2	1.1	47.9	48.8	100.0	(241)	
Rural	4.3	13.7	43.2	38.8	100.0	(410)	0.1	8.8	49.5	41.6	100.0	(591)	0.8	1.6	51.1	46.5	100.0	(598)	
Educational attainment																			
Primary	3.7	15.9	43.1	37.3	100.0	(290)	0.0	10.4	48.0	41.5	100.0	(365)	1.8	2.3	55.6	40.3	100.0	(285)	
Secondary	5.2	7.4	43.3	44.1	100.0	(183)	0.0	7.5	55.0	37.5	100.0	(412)	1.2	1.1	48.8	48.9	100.0	(518)	
Post secondary	7.4	5.2	47.0	40.4	100.0	(66)	*	*	*	*	*	(23)	0.0	0.0	32.1	67.9	100.0	(35)	

* - < 25 cases.

Status of first union codes: IM - Legally married; CL - Common-law partner; VP - Visiting partner; GF - Girlfriend.

NOTES

1. The definition of the labour force recommended by the United Nations comprise the following:

- i). Working;
- ii). With job, not working;
- iii). Looking for work;
- iv). Wanting work and available for work.

It should be noted that a measurement of the total labour force is not available from the 1993 CPS since category (iv) has not been separately identified. The only measurement that is available, therefore, is based on the restricted (categories i - iii) rather the extended definition (all categories).

2. The Socio-Economic Index used in this Report is similar to the Hollingshead Index, with adaptations to take account of Jamaican conditions. The methodology used in the development of the Index is given in Appendix II.
3. "Professional, technical & related" is grouped with "administrative, executive & managerial" to form the first group; all other groups excluding "unskilled manual and general workers" are in the second group.

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APPENDIX I

SAMPLING ERRORS

The estimates for a sample survey are affected by two types of errors: (1) sampling error, and (2) non-sampling error.

Non-sampling error is the result of mistakes made in carrying out data collection and data processing, including the failure to interview the correct household, errors in the way questions are asked or understood, and data entry errors. Although quality control efforts were implemented during the design of the survey in order to minimize this type of error, non-sampling errors are impossible to avoid completely and are difficult to evaluate statistically.

Sampling error is defined as the difference between the expected value for any variable measured in a survey and the value estimated by the survey. Sampling error is a measure of the variability between all possible samples that could have been selected from the same population using the same sample design and size. For the entire population and for large subgroups, the sample size in the Jamaica survey is large enough that sampling error for most estimates is small. However, for small subgroups, sampling errors are larger and may affect the reliability of the estimates.

Because the statistics presented in this report are based on a sample, they may differ by chance variations from the statistics that would result if all women 15-44 years of age or all men 15-54 years of age in Jamaica had been interviewed. The standard error of an estimate (or sampling error) is a measure of such differences. The standard error can be used to calculate confidence intervals for

estimated statistics.

The estimated sampling errors for selected percents and sample sizes are shown in [Table A-1](#). The chances are about 68 out of 100 (about two out of three) that sample estimate would fall within one standard error of a statistic based on a complete count of the population. The chances are about 95 in 100 that a sample estimate would fall within two standard errors of the same measure obtained if all people in the population were interviewed. To obtain the sampling error for percents or sample sizes not shown in the table, one may interpolate. For example, for a sample size of 200 and an estimate of 25 percent, the sampling error would be 3.55 percent, halfway between the values of 3.3 and 3.8 for 20 and 30 percent, respectively; for an estimate of 40 percent and a sample size of 350, the sampling error would be 3.05 percent, halfway between the values for 300 and 400.

Statistical differences between percents discussed in this report were found to be statistically significant at the 5 percent level using a 2-tailed normal deviate test. 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 percent of samples if there were, in fact, no difference between the percents in the population.

In the text, terms such as "greater," "less," "increase," or "decrease" indicate that the observed differences were statistically significant at the 0.05 level using a 2-tailed normal deviate test. Statements using the phrase "the data suggest" indicate that the difference

was significant at the 0.10 (10 percent) level but not the 0.05 (5 percent) level. Lack of comment in the text about any two statistics does not mean that the difference was tested and found not to be significant.

The relative standard error (or coefficient of variation) of a statistic is the ratio of the

standard error to the statistic and usually is expressed as a percent of the estimate. In this report statistics with a relative standard error of 30 percent or more are generally indicated with an asterisk (*). These estimates may be viewed as unreliable by themselves, but may be combined with other estimates to make comparisons of greater precision.

Table A-1
 Sampling error estimates expressed in percentage points for selected percents and sample sizes on which percents are based*

Sample size	Estimated percent					
	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
25	5.2	7.0	8.3	10.7	11.4	11.6
50	3.6	4.9	6.6	7.5	8.1	8.2
100	2.6	3.5	4.7	5.3	5.7	5.8
150	2.1	2.9	3.9	4.4	4.7	4.8
200	1.8	2.5	3.3	3.8	4.0	4.1
300	1.5	2.0	2.7	3.1	3.3	3.4
400	1.3	1.8	2.3	2.7	2.8	2.9
500	1.2	1.6	2.1	2.4	2.6	2.6
1,000	0.8	1.1	1.5	1.7	1.8	1.9
2,000	0.6	0.8	1.1	1.2	1.3	1.3
3,000	0.5	0.6	0.9	1.0	1.1	1.1

* Based on an overall average design effect of 1.4.

APPENDIX II

SOCIO-ECONOMIC INDEX - METHODOLOGY

The socio-economic index is designed to provide a measure of the effect of socio-economic factors on the behaviour of the persons being surveyed. The index developed is similar to the Hollingshead Socio-economic Index, with a minor variation which will be described later. The Hollingshead Index assumes the characteristics of the head of the household as the main determinant of status and uses as elements of such definition a combination of educational attainment and occupation of the head. The socio-economic index used in the analyses of the subsequent volumes adopts the principle of the Hollingshead Index as outlined, adapting it to the Jamaican situation.

The first investigation which was carried out was an examination of the characteristics of the household based on gender, involving an identification of the numbers of female and male heads in the two surveys. With respect to the categorization of head, in both surveys, a head of household was identified in accordance with instructions given to inter-

viewers which were to record as the household head any person identified as such by the person giving the information, the only criterion being that the head should be adult and acknowledged as such by the household. The results obtained indicate some bias towards male household heads, particularly in the male survey. There was an almost fifty/fifty breakdown (49.7 percent of female-headed households to 50.3 percent of male-headed households) in the female survey. In contrast, in the male survey, the breakdown is much more heavily weighted in favour of the males (28.4 percent of female-headed households compared with 71.6 percent of male-headed households). This arose mainly from the design of the sample and the fact that it appears that more of the smaller households and particularly one-person households are headed by males (for example, the 18.6 percent of one-person households in the male survey [headed of course by males] compared with 3.1 percent being one-person households [headed by women] in the female survey).

<u>No. of persons in household</u>	<u>Heads - female survey</u>			<u>Heads - male survey</u>		
	<u>Females</u>	<u>Males</u>	<u>Total</u>	<u>Females</u>	<u>Males</u>	<u>Total</u>
1	3.1	0.0	1.6	0.0	18.6	13.3
2	9.6	6.3	8.0	10.9	13.3	12.6
3	14.1	14.5	14.3	16.8	15.8	16.1
4	14.1	16.9	15.4	19.1	16.9	17.5
5	16.0	16.7	16.4	14.2	12.1	12.7
6	13.1	14.8	13.9	15.4	8.7	10.7
7	8.0	10.6	9.2	8.7	5.8	6.6
8+	22.0	20.2	21.2	15.0	8.8	10.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of cases	(1,532)	(1,578)	(3,110)	(879)	(2,203)	(3,082)
Percent distribution	52.8	47.2	100.0	28.8	71.2	100.0

How do the patterns relating to gender of the head of the household therefore compare between the two surveys. The categorization on educational attainment demonstrates patterns relating to earlier years, indicating the older age ranges of the heads. This is consistent in both surveys. The percentages move in the same direction in the two surveys although there are slight differences in the percent distribution in the two surveys. In the case of the breakdown by occupation, on the other hand, the patterns are consistent in both surveys and are fairly close to those of the respondent population.³ In respect of the household heads, however, the lower rates of employment among women is more pronounced than among the respondents. It would appear, therefore, that while some

difference has been observed in relation to educational attainment, the significance of the gender of the household head with respect to occupation is not meaningfully different between the two surveys. It appears, therefore that, despite the observed bias in gender of household head in the two surveys, the categorization based on educational attainment and occupation appear to reflect the breakdown expected for household heads and is consistent with the overall population.

The representation of the categories by educational attainment and by occupation groups showing percentage distribution and unweighted number of cases in each of the two surveys by gender of household head are set out below:

<u>Category</u>	<u>Heads - female survey</u>			<u>Heads - male survey</u>		
	<u>Females</u>	<u>Males</u>	<u>Total</u>	<u>Females</u>	<u>Males</u>	<u>Total</u>
<u>Educational attainment of household head:</u>						
Primary & lower	56.4	64.0	60.6	64.0	56.6	59.6
Secondary	32.4	25.3	28.9	27.3	35.1	32.7
Post secondary	7.3	5.2	6.3	3.9	5.2	4.9
Not stated	2.9	5.5	4.2	4.8	2.1	2.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of cases	(1,497)	(1,518)	(3,015)	(854)	(2,149)	(3,003)
<u>Occupational group of household head:</u>						
Professional/managerial	5.6	5.3	5.5	4.9	5.3	5.2
Skilled & semi-skilled	43.2	78.8	61.1	41.6	78.0	67.7
Unskilled & manual	15.0	6.9	11.0	16.2	8.7	10.8
Not working	36.2	9.1	22.4	37.3	8.1	16.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of cases	(1,517)	(1,556)	(3,073)	(863)	(2,161)	(3,024)

How do the differences appear in relation to factors which are not expected to be influenced by gender. Occupancy of households by

number of rooms was next examined. Here, the variable used was number of rooms occupied by the household. From the

results, it would appear that gender does have some effect on room occupancy al-

though on the overall, the movement is generally consistent.

<u>No. of persons in household</u>	<u>Heads - female survey</u>			<u>Heads - male survey</u>		
	<u>Females</u>	<u>Males</u>	<u>Total</u>	<u>Females</u>	<u>Males</u>	<u>Total</u>
<u>No. of rooms occupied by the household:</u>						
One room	23.8	15.5	19.6	12.9	23.0	20.1
Two rooms	25.0	25.0	25.0	29.1	27.9	28.2
Three rooms	26.5	28.0	27.3	26.4	22.4	23.6
Four rooms	12.1	15.1	13.6	14.6	12.7	13.2
Five or more rooms	11.5	15.3	13.3	14.4	11.6	12.4
Not stated	1.1	1.2	1.2	2.7	2.4	2.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of cases	(1,511)	(1,557)	(3,068)	(856)	(2,143)	(2,999)

The next stage in the examination of the data was to classify the heads of households based on the breakdown of their educational attainment and occupation with the possession of

radios and television by household members and their readership of the main national newspapers. The information relating to these characteristics are set out below:

<u>Educational attainment of household head</u>	<u>Ownership of Television sets</u>			<u>Ownership of Radios</u>		
	<u>Yes</u>	<u>No</u>	<u>Total</u>	<u>Yes</u>	<u>No</u>	<u>Total</u>
<u>Female Survey</u>						
Post secondary	88.0	12.0	100.0	96.2	3.8	100.0
Secondary	67.8	32.2	100.0	91.3	8.7	100.0
Primary & lower	53.9	46.1	100.0	86.8	13.2	100.0
Total	<u>65.5</u>	<u>34.5</u>	<u>100.0</u>	<u>90.4</u>	<u>9.6</u>	<u>100.0</u>
<u>Male Survey</u>						
Post secondary	90.5	9.5	100.0	97.4	2.6	100.0
Secondary	67.3	32.7	100.0	93.9	6.1	100.0
Primary & lower	47.5	52.5	100.0	85.4	14.6	100.0
Total	<u>60.3</u>	<u>39.7</u>	<u>100.0</u>	<u>90.6</u>	<u>9.4</u>	<u>100.0</u>

Occupation group of household head	Ownership of Television sets			Ownership of Radios		
	Yes	No	Total	Yes	No	Total
<u>Female Survey</u>						
Professional/managerial	89.0	11.0	100.0	97.0	3.0	100.0
Skilled & semi-skilled	67.6	32.4	100.0	92.1	7.9	100.0
Unskilled & manual	53.3	46.7	100.0	87.7	12.3	100.0
Not working	59.8	40.2	100.0	85.5	14.5	100.0
Total	<u>65.5</u>	<u>34.5</u>	<u>100.0</u>	<u>90.4</u>	<u>9.6</u>	<u>100.0</u>

Occupation group of household head	Ownership of Television sets			Ownership of Radios		
	Yes	No	Total	Yes	No	Total
<u>Male Survey</u>						
Professional/managerial	92.9	7.1	100.0	98.7	1.3	100.0
Skilled & semi-skilled	58.3	41.7	100.0	90.4	9.6	100.0
Unskilled & manual	51.4	48.6	100.0	85.3	14.7	100.0
Not working	63.2	36.8	100.0	91.9	8.1	100.0
Total	<u>60.1</u>	<u>39.9</u>	<u>100.0</u>	<u>90.5</u>	<u>9.5</u>	<u>100.0</u>

From the above, it may be seen that the pattern of ownership appears to reflect the status of the heads, with the movement in both surveys being in the expected direction when classified by both educational attainment and occupation. The more significant movement is in respect to television ownership since the

possession of one or more radios is more universal than that of television sets.

This expected movement is also apparent in relation to readership of national newspapers as shown below, taking into account the general readership in terms of class:

Characteristics	Readership of National Newspapers					
	Female survey			Male Survey		
	Daily	Weekly	R/N *	Daily	Weekly	R/N *
<u>The Gleaner:</u>						
Post secondary	31.7	42.8	25.5	6.8	17.8	75.4
Secondary	13.4	32.8	53.8	15.8	30.0	54.2
Primary & lower	0.7	13.6	78.8	42.1	41.5	16.4
Total	<u>13.4</u>	<u>29.8</u>	<u>56.8</u>	<u>13.4</u>	<u>25.6</u>	<u>61.0</u>
Professional/managerial	30.4	46.4	23.2	41.1	36.7	22.2
Skilled & semi-skilled	13.2	29.4	57.4	12.8	25.0	62.2
Unskilled & manual	12.0	27.5	60.5	9.4	23.5	67.1
Not working	10.1	27.9	62.0	10.1	24.9	65.0
Total	<u>13.3</u>	<u>29.8</u>	<u>56.9</u>	<u>13.5</u>	<u>25.4</u>	<u>61.1</u>

Characteristics	Readership of National Newspapers					
	Female survey			Male Survey		
	Daily	Weekly	R/N *	Daily	Weekly	R/N *
The Herald:						
Post secondary	7.2	7.8	86.0	10.2	12.1	77.7
Secondary	2.6	4.9	92.5	2.4	5.1	92.5
Primary & lower	1.4	3.4	95.2	0.5	2.9	96.6
Total	<u>2.7</u>	<u>4.7</u>	<u>92.6</u>	<u>2.0</u>	<u>4.5</u>	<u>93.5</u>
Professional/managerial	11.6	11.0	77.4	41.1	36.7	22.2
Skilled & semi-skilled	2.7	4.2	93.1	12.8	25.0	62.2
Unskilled & manual	1.5	6.0	92.5	9.4	23.5	67.1
Not working	1.2	4.4	94.4	10.1	24.9	65.0
Total	<u>2.7</u>	<u>4.8</u>	<u>92.5</u>	<u>13.5</u>	<u>25.4</u>	<u>61.1</u>
The Star:						
Post secondary	33.9	37.1	29.0	38.1	31.3	30.6
Secondary	22.2	40.5	37.3	19.8	36.4	43.8
Primary & lower	33.9	37.1	29.0	8.8	23.2	68.0
Total	<u>20.2</u>	<u>36.2</u>	<u>43.6</u>	<u>16.2</u>	<u>30.7</u>	<u>53.1</u>
Professional/managerial	26.8	40.0	33.2	34.2	34.8	31.0
Skilled & semi-skilled	1.4	33.1	65.5	15.8	29.6	54.6
Unskilled & manual	18.6	36.5	44.9	12.2	33.2	54.6
Not working	16.6	38.0	45.4	15.0	31.0	54.0
Total	<u>20.3</u>	<u>36.1</u>	<u>43.6</u>	<u>16.3</u>	<u>30.5</u>	<u>53.2</u>
Other Newspapers:						
Post secondary	2.2	43.4	54.4	5.3	42.0	52.7
Secondary	1.6	35.9	62.5	1.2	30.6	68.2
Primary & lower	1.2	22.3	74.5	0.8	15.7	83.5
Total	<u>1.5</u>	<u>32.9</u>	<u>65.6</u>	<u>16.2</u>	<u>30.7</u>	<u>53.1</u>
Professional/managerial	3.4	37.8	58.8	3.3	39.2	57.5
Skilled & semi-skilled	1.4	33.1	65.5	1.1	23.3	75.6
Unskilled & manual	1.3	37.9	60.8	0.7	28.9	70.4
Not working	1.6	29.8	68.6	1.5	23.4	75.1
Total	<u>1.5</u>	<u>33.1</u>	<u>65.4</u>	<u>1.2</u>	<u>24.7</u>	<u>74.1</u>

* - R/N = Rarely or Never

As indicated earlier, the Index of Social Well-being is comparable to the Hollingshead

Index, but has been adapted to Jamaican conditions. The significant difference is that all

persons falling in the "Professional/Managerial" group has been ranked as "high" regardless of educational attainment. The treatment in the Hollingshead Index is to distinguish persons in that category in terms of their educational attainment; thus persons who had gone no further than "primary" would be classified as "medium" rather than as "high" regardless of their occupational status. However, an adaptation for Jamaica is to allocate those persons with primary and lower levels of education who are in the

"professional/managerial" group to "high", which takes into account the educational system of earlier years. Many older persons with only primary education have advanced in their jobs despite this low level of education and accordingly enjoy a high status in the society. Thus, in terms of their likely status, they have been ranked as "high" in the Index.

The Algorithm employed in the Socio-Economic Index is accordingly as follows:

<u>Occupational group</u>	<u>Post secondary</u>	<u>Secondary</u>	<u>Primary and lower</u>
Professional/managerial	1	1	1
Skilled & semi-skilled	1	2	3
Unskilled and manual	2	3	4
Not working	2	3	4

KEY:

- 1 - High
- 2 - Medium
- 3 - Low
- 4 - Very low

**APPENDIX IIIA
HOUSEHOLD QUESTIONNAIRE - FEMALE**

1993 CONTRACEPTIVE PREVALENCE SURVEY - JAMAICA

HOUSEHOLD QUESTIONNAIRE - FEMALE

FORM CPS 1A
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	Final Visit
Day (Date)				
Month				
Interview Status *				
Eligible Respondent **				
Interviewer's Name				
Supervisor's Name				
Next Visit: Date				
Time				

* Interview Status Codes:

** Eligible Respondent Codes

- 1. Completed household interview
- 2. Not at home - deferred
- 8. Other (specify):

- 3. Vacant dwelling
- 4. Refusal
- 5. Partly completed

- 1 Yes
- 2 No

FOR OFFICE USE ONLY:

Reviewed by: _____

Position: _____

Date: _____

Edited by: _____ Date: _____

* Relationship codes:

** Educational standard codes:

	<u>Level</u>	<u>Years</u>	<u>N/S</u>
1 Head	0 None		
2 Spouse of head	1 Primary	1 2 3 4 5 6 7 8 + 9	
3 Child of head	2 Secondary	1 2 3 4 5 6 7 8 + 9	
4 Other relative of head	3 Post secondary	1 2 3 4 5 6 7 8 + 9	
8 Other	8 Other		
9 Not stated	9 Not stated		

11. Number of women aged 15-44 years living in household
(Total number of eligible women recorded in the Schedule)
number

12. *Now, I would like you to tell me the occupation of the head of the household.*

Occupation

For office use only

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

 number

99 No response

14. *Who gave this information? [BY OBSERVATION]*

1 One of the eligible female respondents

2 Other household member

3 Neighbour

8 Other (specify): _____

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 OVERLEAF.

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 No. 1 _ _ _ _

No. of Eligible Respondents _ _

Last digit on questionnaire number	Last digit of number of eligible women								
	1	2	3	4	5	6	7	8	9
0	1	2	3	1	2	5	2	8	7
1	1	1	1	2	3	6	3	1	8
2	1	2	2	3	4	1	4	2	9
3	1	1	3	4	5	2	5	3	1
4	1	2	1	1	1	3	6	4	2
5	1	1	2	2	2	4	7	5	3
6	1	2	3	3	3	5	1	6	4
7	1	1	1	4	4	6	2	7	5
8	1	2	2	1	5	1	3	8	6
9	1	1	3	2	1	2	4	1	7

SEQUENCE NUMBER OF WOMAN SELECTED FOR INTERVIEW: _ _

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

COMMENTS

**APPENDIX IIIB
INDIVIDUAL QUESTIONNAIRE - FEMALE**

1993 CONTRACEPTIVE PREVALENCE SURVEY - JAMAICA

INDIVIDUAL QUESTIONNAIRE – FEMALE
(For Eligible Female Respondents aged 15-44 Years)

FORM CPS 2
CONFIDENTIAL
CAP.368

Identification No.

Parish		Constituency		E.D. No.			Dwelling No.			H/hold No.	
							Sequence Number			Sex	1

Interview calls	1	2	3	Final Visit
Day				
Month				
Interview Status *				
Interviewer's Name				
Supervisor's Name				
Next Visit: Date				
Time				

*** Interview Status Codes:**

- | | |
|----------------------------------|---------------------|
| 1. Completed household interview | 4. Refusal |
| 2. Not at home - deferred | 5. Partly completed |
| 8. Other (specify): | |

FOR OFFICE USE ONLY:

Reviewed by: _____

Position: _____

Date: _____

Edited by: _____ Date: _____

SECTION I - RESPONDENT'S BACKGROUND

TIME INTERVIEW STARTED

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

___ ___ month 19 ___ ___ year 99 Don't know

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

103. *In what parish was your mother living at the time of your birth, or in what country other than Jamaica ?*

- 1 Kingston
- 2 St. Andrew
- 3 St. Thomas
- 4 Portland
- 5 St. Mary
- 6 St. Ann
- 7 Trelawny
- 8 St. James
- 9 Hanover
- 10 Westmoreland
- 11 St. Elizabeth
- 12 Manchester
- 13 Clarendon
- 14 St. Catherine
- 88 Other country (specify): _____

104. *Have you ever attended school?*

- 1 Yes
- 2 No (SKIP TO Q. 106)

105. *How many years of primary, secondary and/or post secondary schooling did you complete?*

<u>LEVEL</u>	<u>YEARS</u>										<u>NOT SPECIFIED</u>
1 Primary	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 Other (specify):	_____										
9 Refused/not stated											

106. *What is your religion?*

- 1 Anglican
- 2 Baptist
- 3 Church of God
- 4 Methodist
- 5 Pentecostal
- 6 Rastafarian
- 7 Revivalist
- 8 Roman Catholic
- 9 Seventh Day Adventist
- 10 United Church
- 88 Other (specify): _____
- 98 No religion
- 99 No response

107. With what frequency do you attend religious services?

- 1 At least once a week
- 2 At least once a month
- 3 Rarely
- 6 Do not attend
- 9 No response

108. What is your employment status?

- 1 Working
 - 2 With a job but not working
 - 3 Looking for work
 - 4 Keeping house
 - 5 At school
 - 6 Incapable of working
 - 8 Other (specify): _____
- } SKIP TO Q. 111

109. Do you work outside or inside the house?

- 1 Inside only
- 2 Outside
- 3 Both

110. What is your occupation?

_____ Occupation For office use only

9999 No response

111. Do you have radio and/or television in the household and if so, how many?

	<u>Yes</u>	<u>No</u>	<u>Number</u>
1 Radio	1	2	___ ___
2 Television	1	2	___ ___

112. Do members of the household read any newspapers and with what regularity? [STATE THE GREATEST REGULARITY APPLICABLE WITHIN THE HOUSEHOLD]

	<u>Daily</u>	<u>Weekly</u>	<u>Rarely</u>	<u>Never</u>
1 Gleaner	1	2	3	4
2 Jamaica Herald	1	2	3	4
3 Star	1	2	3	4
8 Other (specify)_____	1	2	3	4

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 (SKIP TO Q. 203)
- 2 No

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

- 1 Yes (SKIP TO Q. 206)
- 2 No

203. *Are you living with a common-law partner now? [IF RESPONDENT DOES NOT APPEAR TO UNDERSTAND THE TERM "COMMON-LAW", ASK]: Are you living as man and wife now with a partner to whom you are not legally married?*

- 1 Yes (SKIP TO Q. 206)
- 2 No

204. *Do you have a visiting partner, that is, a more or less steady partner with whom you have sexual relations?*

- 1 Yes (SKIP TO Q. 206)
- 2 No

205. *Do you have a boyfriend?*

- 1 Yes (SKIP TO Q. 207)
- 2 No (SKIP TO Q. 209)

206. *When you and your husband/partner first started together, what type of relationship did you have? [READ OPTIONS].*

- 1 *Married*
- 2 *Common-law*
- 3 *Visiting partner*
- 4 *Steady boyfriend*

SKIP TO Q.208

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

- 1 Yes
- 2 No (SKIP TO Q. 209)

208. *In what month and year did your present relationship start?*

___ ___ month 19 ___ ___ year

98 Doesn't remember

209. *What is the total number of partners, including your present partner if any, you have had in the past five years?*

___ ___ number

90 Many partners, more than 10

98 Doesn't remember

IF "00", SKIP TO Q.212.

IF "01" AND Q. 208 IS BLANK, SKIP TO Q. 211.

IF "01" AND THERE IS A RESPONSE AT Q.208, SKIP TO Q. 213.

IF "02" OR MORE, CONTINUE.

210. *When you and your first partner started together, what type of relationship did you have ?*
[READ OPTIONS]

1 *Married*

2 *Common-law*

3 *Visiting partner*

4 *Steady boyfriend*

211. *In what month and year did your first relationship start?*

___ ___ month 19 ___ ___ year

98 Doesn't remember (month/year)

SKIP TO Q.213

212. *Have you ever had sexual intercourse?*

1 Yes

2 No (SKIP TO Q. 301)

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

___ ___ years

98 Doesn't remember

305. When do you expect to give birth'}

___ ___ month 19 ___ ___ year

306. Just before you became pregnant with this child (your last child) did you ... [READ]

Yes No

A Smoke any kind of tobacco products 1 2
B Drink any alcoholic beverages 1 2

307. During the past month, have you ... [READ]

Yes No

A Smoked any kind of tobacco products 1 2
B Drunk any alcoholic beverages 1 2

308. During the 12 months before your last (this) pregnancy, did you use any contraceptive method, even for a short time, to avoid getting pregnant?

- 1 Yes
- 2 No (SKIP TO Q. 312)

309. What was the last method you used during that time?

- | | |
|----------------------------------------|-----------------------------|
| 1 Female sterilization, tubal ligation | 8 Foaming tablets |
| 2 Male sterilization, vasectomy | 9 Creams/jellies |
| 3 Implant (Norplant) | 10 Diaphragms |
| 4 Injection | 11 Withdrawal |
| 5 Pill | 12 Rhythm (calendar method) |
| 6 Intra-uterine device/coil | 13 Billings method |
| 7 Condom | 88 Other (specify): |

310. Did you become pregnant while you were using [LAST METHOD]?

- 1 Yes (SKIP TO Q. 312)
- 2 No

311. What was the main reason you stopped using [LAST METHOD]?

- | | |
|----------------------------------------|--------------------------|
| 1 Wanted to get pregnant
TO Q. 314) | 5 Cost too much (SKIP |
| 2 Husband/partner disapproved | 6 Inconvenient to use |
| 3 Health concerns | 7 Infrequent sex |
| 4 Accessibility/availability | 8 Other (specify): _____ |
| | 9 Don't know |

312. *When you became pregnant with your last (current) pregnancy, did you want to become pregnant?*

- 1 Yes (SKIP TO Q. 314)
- 2 No
- 3 God's will, fate, didn't think about it (SKIP TO Q. 314)
- 4 Don't know, not sure (SKIP TO Q. 314)

313. *Was it that you wanted no more children, or that you just wanted to wait longer before another pregnancy?*

- 1 Wanted no more children
- 2 Wanted to wait longer
- 8 Don't know, not sure, don't remember

Now we want to collect information on the number of times you have been pregnant.

314. *How many pregnancies resulted in live births?* _____

315. *How many in still births?* _____

316. *How many in miscarriages?* _____

317. *How many in abortions?* _____

318. *Currently pregnant?* [ENTER "1" if "YES" at Q. 304] _____

319. *Therefore, the total number of your pregnancies is:* _____

320. *How many live births have you had?* _____

**IF SHE HAS HAD ONE OR MORE MISCARRIAGES OR
ABORTION (THAT IS, TERMINATION OF PREGNANCY),
CONTINUE**

ALL OTHERS, SKIP TO BOX ABOVE Q. 329.

321. *Vie last time that you lost a baby before seven months of pregnancy, what month and year was it?*

____ month 1 9 ____ year 98 Don't remember (month/year)

322. *Was it a miscarriage or an induced abortion (that is, a termination of pregnancy) ?*

- 1 Miscarriage (SKIP TO BOX ABOVE Q. 329)
- 2 Abortion
- 9 Refusal (SKIP TO BOX ABOVE Q. 329)

323. *Who performed the abortion?*

- | | | | |
|---|---------|---|-----------------------|
| 1 | Doctor | 5 | Herself |
| 2 | Nurse | 6 | Friend, family member |
| 3 | Midwife | 8 | Other (specify): |
| 4 | Nana | | |
-

324. *After the abortion did you have complications which required treatment?*

- 1 Yes
- 2 No (SKIP TO BOX ABOVE Q. 329)

325. *Where were you treated?*

- | | | | |
|---|------------------------|---|-------------------------------|
| 1 | Government hospital | 5 | At home |
| 2 | Private hospital | 6 | At home of relative or friend |
| 3 | Private clinic/doctor- | 8 | Other (specify): |
| 4 | Pharmacy | | |
-

IF SHE ANSWERED "GOVERNMENT OR PRIVATE HOSPITAL", [CODE 1 OR 2], CONTINUE

ALL OTHERS, SKIP TO QUESTION 327.

326. *How many nights did you spend in the hospital?*

___ ___ nights

98 Don't know

327. *Do you still have a health problem as a result of the abortion?*

- 1 Yes
- 2 No (SKIP TO BOX ABOVE Q. 329)

328. *What is the problem ?*

	<u>Mentioned</u>	<u>Not Mentioned</u>
A Pain	1	2
B Sterility	1	2
C Infection	1	2

**IF SHE IS CURRENTLY PREGNANT WITH HER FIRST PREGNANCY
(Q. 304 = "YES" AND TOTAL PREGNANCIES IN Q. 319 = "1"),
OR
IF SHE HAS HAD NO LIVE BIRTHS ("00" IN Q. 320)
SKIP TO QUESTION 401.
OTHERWISE. CONTINUE.**

Now, I would like to talk to you about all the live births you have had.

329. Beginning with your last live birth, please give me the names and dates of birth of each.
[WHEN YOU HAVE COMPLETED THE RECORDING, CHECK Q.320 TO ENSURE THAT THE ANSWER IS CONSISTENT. IF NOT, QUERY AND CORRECT AS APPROPRIATE]

<u>Birth Order</u>	<u>Name</u>	<u>Birth Date</u>	
		<u>Month</u>	<u>Year</u>
Last birth	_____	___ ___	19 ___ ___
Next to last	_____	___ ___	19 ___ ___
Second from last	_____	___ ___	19 ___ ___
Third from last	_____	___ ___	19 ___ ___
Fourth from last	_____	___ ___	19 ___ ___
Fifth from last	_____	___ ___	19 ___ ___
Sixth from last	_____	___ ___	19 ___ ___
Seventh from last	_____	___ ___	19 ___ ___
Eighth from last	_____	___ ___	19 ___ ___
Ninth from last	_____	___ ___	19 ___ ___
Tenth from last	_____	___ ___	19 ___ ___
Eleventh from last	_____	___ ___	19 ___ ___
Twelfth from last	_____	___ ___	19 ___ ___

98 Don't remember
(month/year)

330. How many of your live births occurred from January 1, 1988?
_____ number

**IF LAST LIVE BIRTH WAS BEFORE JANUARY 1, 1988 ["00 " IN Q. 330],
SKIP TO QUESTION 342.
FOR ALL BIRTHS ON OR AFTER JANUARY 1, 1988,
RECORD THE NAMES AND DATES OF BIRTH
IN THE BIRTH HISTORY CHART ON NEXT PAGE**

BIRTH HISTORY CHART
(Only for live births occurring from January 1, 1988)

	Last birth	Next to last birth	Second from last birth	Third from last birth	Fourth from last birth
NAME	_____	_____	_____	_____	_____
331. <i>Is [NAME] a boy or a girl?</i>	1 Boy 2 Girl	1 Boy 2 Girl	1 Boy 2 Girl	1 Boy 2 Girl	1 Boy 2 Girl
332. <i>When you were pregnant with [NAME] were you given any injection to prevent the baby from getting tetanus, that is lockjaw?</i>	1 Yes 2 No (SKIP TO Q.334) 8 Don't know (SKIP TO Q.334)	1 Yes 2 No (SKIP TO Q.334) 8 Don't know (SKIP TO Q.334)	1 Yes 2 No (SKIP TO Q.334) 8 Don't know (SKIP TO Q.334)	1 Yes 2 No (SKIP TO Q.334) 8 Don't know (SKIP TO Q.334)	1 Yes 2 No (SKIP TO Q.334) 8 Don't know (SKIP TO Q.334)
333. <i>How many?</i>	___ Number	___ Number	___ Number	___ Number	___ Number
334. <i>When you were pregnant with [NAME] did you see anyone for a check on this pregnancy?</i>	1 Yes 2 No (SKIP TO Q. 337)				
335. <i>Where did you go for most of this care?</i>	1 Gov't health centre/clinic 2 Gov't hospital 3 Pvte hosp. 4 Rur. mat. centre 5 Pvt doctor/clinic 6 Midwife 7 Other	1 Gov't health centre/clinic 2 Gov't hospital 3 Pvte hosp. 4 Rur. mat. centre 5 Pvt doctor/clinic 6 Midwife 7 Other	1 Gov't health centre/clinic 2 Gov't hospital 3 Pvte hosp. 4 Rur. mat. centre 5 Pvt doctor/clinic 6 Midwife 7 Other	1 Gov't health centre/clinic 2 Gov't hospital 3 Pvte hosp. 4 Rur. mat. centre 5 Pvt doctor/clinic 6 Midwife 7 Other	1 Gov't health centre/clinic 2 Gov't hospital 3 Pvte hosp. 4 Rur. mat. centre 5 Pvt doctor/clinic 6 Midwife 7 Other

336. How many rimes did you go ?	_____ times	_____ times	_____ times	_____ times	_____ times
337. Where did you give birth to [NAME]?	1 Victoria Jubilee 2 Other Gov't hosp. 3 Pvte hospital 4 Pvte nursing home 5 Rur. mat. centre 6 Own home 7 Home of relative or friend 8 Other	1 Victoria Jubilee 2 Other Gov't hosp. 3 Pvte hospital 4 Pvte nursing home 5 Rur. mat. centre 6 Own home 7 Home of relative or friend 8 Other	1 Victoria Jubilee 2 Other Gov't hosp. 3 Pvte hospital 4 Pvte nursing home 5 Rur. mat. centre 6 Own home 7 Home of relative or friend 8 Other	1 Victoria Jubilee 2 Other Gov't hosp. 3 Pvte hospital 4 Pvte nursing home 5 Rur. mat. centre 6 Own home 7 Home of relative or friend 8 Other	1 Victoria Jubilee 2 Other Gov't hosp. 3 Pvte hospital 4 Pvte nursing home 5 Rur. mat. centre 6 Own home 7 Home of relative or friend 8 Other
338. Who assisted with the delivery of [NAME]?"	1 Doctor 2 Trained nurse 3 Trained midwife 4 Nana 5 Other 6 No one	1 Doctor 2 Trained nurse 3 Trained midwife 4 Nana 5 Other 6 No one	1 Doctor 2 Trained nurse 3 Trained midwife 4 Nana 5 Other 6 No one	1 Doctor 2 Trained nurse 3 Trained midwife 4 Nana 5 Other 6 No one	1 Doctor 2 Trained nurse 3 Trained midwife 4 Nana 5 Other 6 No one
339. How was [NAME] delivered?	1 Normal delivery 2 Forceps delivery 3 Caesarean section				
340. Is [NAME] still alive?	1 Yes (SKIP TO BOX) 2 No				
341. IF DEAD: 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 _____ days 2 _____ mths 3 _____ yrs	1 _____ days 2 _____ mths 3 _____ yrs	1 _____ days 2 _____ mths 3 _____ yrs	1 _____ days 2 _____ mths 3 _____ yrs	1 _____ days 2 _____ mths 3 _____ yrs

IF NO OTHER LIVE BIRTHS CONTINUE WITH Q.342 ON NEXT PAGE. OTHERWISE CONTINUE WITH NEXT BIRTH, THAT IS, RETURN TO Q.331.

342. *Has your period (menstruation) returned since your last birth?*

- 1 Yes
- 2 No, but have become pregnant since last birth (SKIP TO Q. 344)
- 3 No (SKIP TO Q. 344)

343. *How many months after birth did your period (menstruation) return?*

___ ___ months

- 00 Less than 1 month
- 98 Don't remember

344. *How many weeks after you had your last birth did you resume sexual relations?*

___ ___ weeks

- 00 Less than one week
- 77 Not yet resumed

345. *Did you breastfeed your last child?*

- 1 Yes
- 2 No (SKIP TO Q. 401)

346. *How soon (in minutes, hours or days) after the birth did you first breastfeed that last child, that is, first put him/her to the breast?*

- 1 ___ ___ minutes
- 2 ___ ___ hours
- 3 ___ ___ days

347. *Are you still breastfeeding that child?*

- 1 Yes (SKIP TO Q. 349)
- 2 No

348. *How many months did you breastfeed that child?*

___ ___ months

- 00 Less than one month
- 98 Don't remember

349. *How old was the child, in months, when you started giving him/her milk other than breast milk and/or solid food?*

___ ___ months

00 Less than one month

44 Not yet

55 Child died first

98 Don't remember

IF CURRENTLY BREASTFEEDING, CONTINUE.

ALL OTHERS, SKIP TO QUESTION 401

350. *During the last 24 hours, how many times did the infant suckle?*

___ ___ times

351. *During the last 24 hours, how many times did the child get other food such as:* [READ]

No. of times

Fresh milk

Tinned or powdered milk

Plain water

Sugar water/tea

Juices

Solid food (rice, potatoes, bananas, etc.)

SECTION IV - FAMILY PLANNING

Now, I would like to talk about methods that people use to space or limit the number of their children.

401. a. **FIRST ASK:** *Please tell me all the methods you have heard of to space or limit the number of children a person can have. [CIRCLE " 1" IN THE COLUMN "SPONTANEOUS", NEXT TO EACH METHOD MENTIONED].*
- b. **THEN:** *READ EACH METHOD NOT MENTIONED. [CIRCLE "2" OR "0", AS APPROPRIATE].*
- c. **THEN:** *ASK QUESTIONS ABOUT USE FOR EVERY METHOD KNOWN BY THE RESPONDENT. [CIRCLE "3" OR "4" AS APPROPRIATE].*

<u>Method</u>	<u>Sponta- neous</u>	<i>Have you ever heard of [METHOD]?</i>		<i>Have you/your partner ever used it?</i>	
		<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
1 <i>Female sterilization, tubal ligation</i>	1	2	0	3	4
2 <i>Male ster., vasectomy</i>	1	2	0	3	4
3 <i>Implant (Norplant)</i>	1	2	0	3	4
4 <i>Injection</i>	1	2	0	3	4
5 <i>Pill</i>	1	2	0	3	4
6 <i>IUD/coil</i>	1	2	0	3	4
7 <i>Condom</i>	1	2	0	3	4
8 <i>Foaming tablets</i>	1	2	0	3	4
9 <i>Creams/jellies</i>	1	2	0	3	4
10 <i>Diaphragm</i>	1	2	0	3	4
11 <i>Withdrawal</i>	1	2	0	3	4
12 <i>Rhythm (calendar method)</i>	1	2	0	3	4
13 <i>Billings method</i>	1	2	0	3	4
88 <i>Other (specify):</i>	1	2	0	3	4

402. HAS RESPONDENT EVER USED AT LEAST ONE METHOD OF CONTRA
CEPTON? [AT LEAST ONE "3" CIRCLED IN Q. 401]

- 1 Yes
2 No (SKIP TO Q. 414)

407. What was the last family planning method you or your partner used?

- | | | | |
|---|--------------------------------------|----|--------------------------|
| 1 | Female sterilization, tubal ligation | 8 | Foaming tablets |
| 2 | Male sterilization, vasectomy | 9 | Creams/jellies |
| 3 | Implant (Norplant) | 10 | Diaphragm |
| 4 | Injection | 11 | Withdrawal |
| 5 | Pill | 12 | Rhythm (calendar method) |
| 6 | Intra-uterine device/coil | 13 | Billings method |
| 7 | Condom | 88 | Other (specify): _____ |
- } SKIP TO Q. 414

408. Where did you or your partner get your family planning 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 |

**IF METHOD USED WAS "INJECTION" ["4" IN Q. 407],
AND SUPPLY SOURCE WAS "PHARMACY" ["6" IN Q. 408],
CONTINUE WITH Q. 409.**

ALL OTHERS, SKIP TO Q. 410.

409. Who administered the injection ?

- | | | | |
|---|----------------|---|---------------------------|
| 1 | A doctor | 4 | Other health professional |
| 2 | A nurse | 8 | Other (specify): _____ |
| 3 | The pharmacist | 9 | Doesn't remember |

410. How far did you have to travel to obtain the supplies?

- | | | | |
|---|--------------------|---|---------------------|
| 1 | At home | 5 | 5 to under 10 miles |
| 2 | Under one mile | 6 | 10 miles and over |
| 3 | 1 to under 2 miles | 9 | No response |
| 4 | 2 to under 5 miles | | |

411. INJECTION OR PILL USER?

- | | |
|---|----------------------------------------------------|
| 1 | Yes (CODES 4 OR 5 IN Q. 407, CONTINUE WITH Q. 412) |
| 2 | No (SKIP TO Q. 414) |

412. *Did you ever use the injection or pill while you were breastfeeding?*

- 1 Yes
- 2 No (SKIP TO Q. 414)
- 8 Don't remember (SKIP TO Q. 414)

413. *Did you have any problems or side effects? [CIRCLE ALL THAT APPLY]*

	<u>Yes</u>	<u>No</u>
1 None, no problems	1	2
2 Gained weight	1	2
3 Headaches	1	2
4 Breastmilk dried up	1	2
5 Irregular bleeding	1	2
8 Other (specify): _____		

IF SHE IS PREGNANT NOW [SEE Q. 304], CODE "3" IN Q. 414.

414. *Do you think you are able to get pregnant at the present time?*

- 1 Yes (SKIP TO Q. 416)
- 2 No
- 3 Currently pregnant (SKIP TO Q. 418)
- 4 Not sure, don't know

415. *Why not?*

- 1 Menopause
 - 2 Has had an operation for medical reasons which makes pregnancy impossible (or husband/partner has had an operation)
 - 3 Has tried to get pregnant for at least two years without success (or has not gotten pregnant despite at least two years of non-contraception)
 - 4 Not sexually active (SKIP TO Q. 418)
 - 5 Postpartum/breastfeeding
 - 6 Other (specify) _____
- }
- (SKIP TO Q. 458)

416. *Would you like to become pregnant now?*

- 1 Yes (SKIP TO Q. 418)
- 2 No
- 3 God's will, fate
- 9 Don't know, not sure

417. *Why are you not using a method to prevent pregnancy now?*

- | | |
|----------------------------------------------|---------------------------------------------|
| 1 Health/medical | 8 Partner opposes |
| 2 Doesn't like | 9 Lack of knowledge |
| 3 Had side effects from last (other) methods | 10 Considers contraception not effective |
| 4 Fear of side effects | 11 Considers method last used not effective |
| 5 Method unavailable | 12 Method difficult to use |
| 6 Partner's responsibility | 13 Money problems |
| 7 Source far away | 14 Religion against |
| | 88 Other (specify): _____ |

418. *In the future (after this pregnancy), do you think you will want to use a method to prevent pregnancy?*

- 1 Yes
- 2 No (SKIP TO Q. 439)
- 3 Not sure (SKIP TO Q. 439)

419. *What method would you most like to use?*

- | | |
|----------------------------------------|--------------------------------|
| 1 Female sterilization, tubal ligation | 9 Creams/jellies |
| 2 Male sterilization, vasectomy | 10 Diaphragm |
| 3 Implant (Norplant) | 10 Withdrawal (SKIP TO Q. 439) |
| 4 Injection | 11 Rhythm (calendar method) |
| 5 Pill | 12 Billings method |
| 6 Intra-uterine device/coil | 88 Other (specify): _____ |
| 7 Condom | |
| 8 Foaming tablets | 98 Don't know (SKIP TO Q. 439) |

420. *Do you know where to obtain that method, (or information on the method if it is either the Rhythm or Billings methods (METHODS 12 AND 13)?)*

- 1 Yes
- 2 No (SKIP TO Q. 439)

421. *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 | 98 Doesn't know/doesn't remember |

422. *How far would you have to travel to obtain the supplies or information relating to the method?*

- | | | | |
|---|--------------------|---|---------------------|
| 1 | At home | 5 | 5 to under 10 miles |
| 2 | Under one mile | 6 | 10 miles and over |
| 3 | 1 to under 2 miles | 9 | No response |
| 3 | 2 to under 5 miles | | |

SKIP TO QUESTION 439

423. *Where do you/your partner get your family planning 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 | 10 | Other (specify): _____ |
| 5 | Private doctor | | |
| 6 | Pharmacy | 98 | Doesn't know/doesn't remember |

**IF METHOD USED IS "INJECTION" (THAT IS, "4" IN Q. 407),
AND SUPPLY SOURCE IS "PHARMACY", CONTINUE WITH Q. 424.**

ALL OTHERS, SKIP TO Q. 425.

424. *Who administered the injection?*

- | | |
|---|---------------------------|
| 1 | A doctor |
| 2 | A nurse |
| 3 | The pharmacist |
| 4 | Other health professional |
| 8 | Other (specify): _____ |
| 9 | Doesn't remember |

425. *How far did you have to travel to obtain the supplies?*

- | | | | |
|---|--------------------|---|---------------------|
| 1 | At home | 5 | 5 to under 10 miles |
| 2 | Under 1 mile | 6 | 10 miles and over |
| 3 | 1 to under 2 miles | 9 | No response |
| 4 | 2 to under 5 miles | | |

426. INJECTION OR PILL USER?

- | | |
|---|----------------------------------------------------|
| 1 | Yes [CODES 4 OR 5 IN Q. 404: CONTINUE WITH Q. 427] |
| 2 | No (SKIP TO Q. 439) |

427. *Did you ever use the injection or pill while you were breastfeeding?*

- | | | | |
|---|-----------------------------------|---|------------|
| 1 | Yes | 8 | Don't know |
| 2 | No (SKIP TO BOX FOLLOWING Q. 428) | | |

428. *Did you have any problems or side effects? [CIRCLE ALL THAT APPLY]*

- | | <u>Yes</u> | <u>No</u> |
|---|------------------------|-----------|
| 1 | None, no problems | 1 2 |
| 2 | Gained weight | 1 2 |
| 3 | Headaches | 1 2 |
| 4 | Breast milk dried up | 1 2 |
| 5 | Irregular bleeding | 1 2 |
| 8 | Other (specify): _____ | |

**INJECTION USERS [CODE "4" IN Q. 404]
SKIP TO Q. 439.**

**PILL USERS [CODE "5" IN Q. 404]
CONTINUE.**

429. *What is the brand name of the pill you are currently using?*

- | | | | |
|----|------------|----|------------------------|
| 1 | Anteovin | 12 | Ortho |
| 2 | Diane | 13 | Ortho Novum |
| 3 | Eugynon | 14 | Ovral |
| 4 | Gynera | 15 | Ovulen |
| 5 | Lo Femenal | 16 | Perle |
| 6 | Logynon | 17 | Trinordiol |
| 7 | Microgynon | 18 | Trinovum |
| 8 | Microval | 19 | Tri-Regal |
| 9 | Minulet | 88 | Other (specify): _____ |
| 10 | Neogynon | | |
| 11 | Nordette | 98 | Doesn't know |

430. *How long (in months) have you been using this (brand) continuously?*

___ ___ months

431. *Who first told you to use if?*

- | | | | |
|---|-----------------|---|------------------------|
| 1 | A doctor | 5 | A friend |
| 2 | A nurse | 8 | Other (specify): _____ |
| 3 | A pharmacist | | |
| 4 | A family member | | |

432. *Do you currently have a supply of [BRAND] which you are currently using?*

- 1 Yes
- 2 No
- 9 No answer

433. *What brand were you using before?*

- | | |
|--------------|---------------------|
| 1 Anteovin | 12 Ortho |
| 2 Diane | 13 Ortho Novum |
| 3 Eugynon | 14 Ovral |
| 4 Gynera | 15 Ovulen |
| 5 Lo Femenal | 16 Perle |
| 6 Logynon | 17 Trinordiol |
| 7 Microgynon | 18 Trinovum |
| 8 Microval | 19 Tri-Regal |
| 9 Minulet | 88 Other (specify): |
| 10 Neogynon | _____ |
| 11 Nordette | 00 None |

ALL SKIP TO QUESTION 439

434. *In the future, do you think you will want to use a different method to prevent pregnancy?*

- 1 Yes
- 2 No (SKIP TO Q. 439)
- 9 Don't know, not sure (SKIP TO Q. 439)

435. *What method would you most like to use?*

- | | |
|----------------------------------------|--------------------------------|
| 1 Female sterilization, tubal ligation | 8 Foaming tablets |
| 2 Male sterilization, vasectomy | 9 Creams/jellies |
| 3 Implant (Norplant) | 10 Diaphragm |
| 4 Injection | 11 Withdrawal (SKIP TO Q. 439) |
| 5 Pill | 12 Rhythm (calendar method) |
| 6 Intra-uterine device/coil | 13 Billings method |
| 7 Condom | 88 Other (specify): |
| | _____ |

436. *Do you know where to obtain this method, or information about this method if it is either the Rhythm method or the Billings method [METHODS 12 AND 13]?*

- 1 Yes
- 2 No (SKIP TO Q. 439)

437. *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 | 98 Doesn't know/doesn't remember |

438. *How far would you have to travel to obtain the supplies or information about the method?*

- | | |
|----------------------|-----------------------|
| 1 At home | 5 5 to under 10 miles |
| 2 Under one mile | 6 10 miles and over |
| 3 1 to under 2 miles | 9 No response |
| 4 2 to under 5 miles | |

439. *Do you want to have any (more), children (after this pregnancy)?*

- 1 Yes (SKIP TO Q. 445)
- 2 No
- 3 God's will, fate (SKIP TO Q. 447)
- 9 Not sure (SKIP TO Q. 447)

RESPONDENTS WHO HAVE INDICATED THAT THEY WOULD LIKE TO HAVE A TUBAL LIGATION IN THE FUTURE OR THEIR PARTNER TO HAVE A VASECTOMY ["1" OR "2" IN Q. 419], SKIP TO Q. 458.

ALL OTHERS, CONTINUE.

QUESTIONS 440-444 ARE ONLY FOR WOMEN WHO DO NOT WANT MORE CHILDREN.

440. *Would you be interested in an operation that would prevent you from having any (more) children ?*

- 1 Yes
- 2 No (SKIP TO Q. 451)
- 9 Not sure

441. *Do you know where to go for this operation?*

- 1 Yes (SKIP TO Q. 443)
- 2 No

442. Do you know where to get information about this operation"?

- 1 Yes
- 2 No (SKIP TO Q. 458)

443. 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): _____

444. 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 "16"]

- 1 Fear of method/side effects
- 2 Fear of operation (cut)
- 3 Fear of anaesthesia
- 4 Service facility too far
- 5 Too young
- 6 Future partner might want more children
- 7 May want more children if situation changes
- 8 Lack of information
- 9 Lack of money
- 10 Current partner opposes
- 11 Advanced age, approaching menopause
- 12 Not sexually active
- 13 Religion
- 14 women should have all the children they want
- 15 Family opposes
- 16 Currently pregnant
- 88 Other (specify): _____
- 99 No answer

SKIP TO QUESTION 458.

QUESTIONS 445-451 ARE ONLY FOR WOMEN WHO WANT OR MIGHT WANT MORE CHILDREN.

445. 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
- 98 Don't know

446. When would you like to have the next one? [ANSWER IN MONTHS IF LESS THAN TWELVE MONTHS OR IN YEARS IF MORE THAN ONE YEAR]

- ___ ___ months ___ ___ years
- 00 Now, as soon as possible
- 98 Don't know (month/year)

447. *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
- 2 No (SKIP TO Q. (451)
- 3 Not sure

448. *Do you know where to go for this operation?*

- 1 Yes
- 2 No

449. *Do you know where to get information about this operation?*

- 1 Yes
- 2 No (SKIP TO Q. 458)

450. *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): _____

SKIP TO QUESTION 458

451. *Win- would you not be interested in this operation?* [IF CURRENTLY PREGNANT ("1" IN Q. 304), CIRCLE "16"]

- | | |
|-----------------------------------------------|------------------------------------------------------|
| 1 Fear of method/side effects | 10 Current partner opposes |
| 2 Fear of operation (cut) | 11 Advancing age, approaching menopause |
| 3 Fear of anaesthesia | 12 Not sexually active |
| 4 Service facility too far | 13 Religion |
| 5 Too young | 14 Women should have all the children they want more |
| 6 Future partner may want children | 15 Family opposes |
| 7 May want more children if situation changes | 16 Currently pregnant |
| 8 Lack of information | 88 Other (specify): _____ |
| 9 Lack of money | 99 No answer |

SKIP TO QUESTION 458

456. *Are you satisfied with having had the operation?*

1 Yes (SKIP TO Q. 458)

2 No

457. *Why are you not satisfied with the operation?*

1 In a new union

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 because my other children have grown up

7 Sterilization is morally wrong

8 Husband/partner treats me differently

9 She feels less important

88 Other (specify): _____

98 Don't know

99 Refused

**IF RESPONDENT HAS NEVER HAD SEX [Q. 212 = "NO"],
SKIP TO Q. 504.**

**IF RESPONDENT HAS NEVER BEEN PREGNANT [Q. 314 = "00"]
AND HAS NEVER USED CONTRACEPTION [Q. 402 = "2"],
SKIP TO Q. 504.**

ALL OTHERS, CONTINUE.

458. *Now we would like to obtain a monthly record of your family planning history over a 5 year period (since January 1988). 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) [Q. 314]; pregnancies which ended in (a) stillbirth(s) [Q. 315]; ____ which ended in (a) miscarriage(s) [Q. 316]; and ____ which ended in (an) abortion(s) [Q.317]. You have also told me that the live birth(s) occurred in __, 19 __ [INTERVIEWER, CHECK Q. 329 AND RECOUNT THE DATES OF BIRTH OF THE LIVE BIRTH(S) OCCURRING AS OF JANUARY 1, 1988. ENTER THE CORRECT CODE FOR EACH OCCURRENCE IN THE MONTH AND YEAR WHICH APPLY].

METHODS CALENDAR

	M O N T H											
	1	2	3	4	5	6	7	8	9	10	11	12
<u>1988</u>												
Pregnancy/Outcome	—	—	—	—	—	—	—	—	—	—	—	—
Method used	—	—	—	—	—	—	—	—	—	—	—	—
Reason stopped use	—	—	—	—	—	—	—	—	—	—	—	—
<u>1989</u>												
Pregnancy/Outcome	—	—	—	—	—	—	—	—	—	—	—	—
Method used	—	—	—	—	—	—	—	—	—	—	—	—
Reason stopped use	—	—	—	—	—	—	—	—	—	—	—	—
<u>1990</u>												
Pregnancy/Outcome	—	—	—	—	—	—	—	—	—	—	—	—
Method used	—	—	—	—	—	—	—	—	—	—	—	—
Reason stopped use	—	—	—	—	—	—	—	—	—	—	—	—
<u>1991</u>												
Pregnancy/Outcome	—	—	—	—	—	—	—	—	—	—	—	—
Method used	—	—	—	—	—	—	—	—	—	—	—	—
Reason stopped use	—	—	—	—	—	—	—	—	—	—	—	—
<u>1992</u>												
Pregnancy/Outcome	—	—	—	—	—	—	—	—	—	—	—	—
Method used	—	—	—	—	—	—	—	—	—	—	—	—
Reason stopped use	—	—	—	—	—	—	—	—	—	—	—	—
<u>1993</u>												
Pregnancy/Outcome	—	—	—	—	—	—	—	—	—	—	—	—
Method used	—	—	—	—	—	—	—	—	—	—	—	—
Reason stopped use	—	—	—	—	—	—	—	—	—	—	—	—

**IF USING A METHOD IN JANUARY 1988, CONTINUE WITH Q. 459.
ALL OTHERS SKIP TO INSTRUCTIONS FOLLOWING Q. 459.**

459. You said you were using _____ in January of 1988. When did you start using that method?

___ ___ month 19 ___ ___ year

**IF CURRENTLY USING A MODERN METHOD [LAST
"METHOD USED" SHOWN IN 1993 IS CODE 1-10], SKIP TO Q. 501.
ALL OTHERS, SKIP TO Q. 504.**

SECTION V - ATTITUDES TOWARD CONTRACEPTION AND SEXUALITY

501. *If you or your partner do not currently pay for the contraceptive(s) you use, would you be prepared to pay for it them?*

- 1 Yes
- 2 No (SKIP TO Q. 503)
- 3 Already pays for it/them

502. *How much would you/your partner be prepared to pay [If "1" in Q. 501]? Or, what is the highest amount you/your partner would be prepared to pay [If "3" in Q. 501]? Please tell me if more than one method is being used. [IF \$997 AND MORE. CODE "997"].*

<u> FIRST METHOD </u>	<u> SECOND METHOD </u>
J\$ <u> </u> <u> </u> <u> </u>	J\$ <u> </u> <u> </u> <u> </u>
per cycle of pill	per cycle of pill
per piece of condom	per piece of condom
per tube of foam/jelly	per tube of foam/jelly
per dose of injection	per dose of injection
per IUD (device only)	per IUD (device only)
per unit of diaphragm	per unit of diaphragm
per procedure (tubal ligation)	per procedure (tubal ligation)
per procedure (vasectomy)	per procedure (vasectomy)
998 Don't know	998 Don't know
999 Regardless of cost	999 Regardless of cost
	000 No second method

SKIP TO Q. 504

503. *What would you then do to obtain contraceptives if you could not get them free of charge ?*

- 1 Stop using, do without, etc.
- 2 Abstain from sex
- 3 Use Natural Family Planning methods or withdrawal
- 4 Use herbal medicines
- 8 Other (specify):

504. *If a woman takes the pill correctly, how sure can she be that she will not become pregnant? [READ OPTIONS 1-3]*

- 1 Completely sure
- 2 Slight risk of pregnancy
- 3 Some risk of pregnancy
- 9 Don't know

505. *How safe for a woman's health is the pill?* [READ OPTIONS 1 -3]

- | | | | |
|---|------------------------|---|-------------------|
| 1 | <i>Completely safe</i> | 3 | <i>Unsafe</i> |
| 2 | <i>Slight risk</i> | 9 | <i>Don't know</i> |

**IF RESPONDENT HAS NEVER HEARD OF TUBAL LIGATION,
INJECTION, PILL OR IUD, SKIP TO Q. 507.**

ALL OTHERS, CONTINUE.

I am now going to ask you how you feel about different kinds of contraceptives. For each contraceptive mentioned, that is, the injection, the pill, the IUD and tubal ligation, please give me your response after I read the possible answers. [READ ALL ANSWERS EXCEPT "DON'T KNOW"]

		<u>TL</u>	<u>the Inj- ection</u>	<u>the Pill</u>	<u>the IUD</u>
506a.	<i>How would you rate [METHOD] as to its effectiveness in preventing pregnancy?</i>	1 <i>Very effective</i> 2 <i>Sometimes effective</i> 3 <i>Not effective</i> 9 <i>Don't know</i>	—	—	—
506b.	<i>How would you rate [METHOD] as to its ease of use?</i>	1 <i>Very easy</i> 2 <i>Somewhat easy</i> 3 <i>Not easy</i> 9 <i>Don't know</i>	—	—	—
506c.	<i>Do you think [METHOD] can cause vaginal discharge?</i>	1 <i>Yes</i> 2 <i>No</i> 9 <i>Don't know</i>	—	—	—
506d.	<i>Do you think [METHOD] can cause abnormal bleeding ?</i>	1 <i>Yes</i> 2 <i>No</i> 9 <i>Don't know</i>	—	—	—
506e.	<i>Do you think women who use [METHOD] have a higher risk of cancer?</i>	1 <i>Yes</i> 2 <i>No</i> 9 <i>Don't know</i>	—	—	—
506f.	<i>Do you think [METHOD] can cause infertility if you use it for a long time, say five years?</i>	1 <i>Yes</i> 2 <i>No</i> 9 <i>Don't know</i>	XXX	—	—
506g.	<i>Do you think [METHOD] is bad for blood circulation?</i>	1 <i>Yes</i> 2 <i>No</i> 3 <i>Don't know</i>	—	—	—

Now, I'd like to read some statements to you. Please indicate if you agree, disagree or are uncertain about them.

	<u>Agree</u>	<u>Dis- agree</u>	<u>Un- certain</u>	<u>No Re- sponse</u>
507. <i>God should decide how many children one should have.</i>	1	2	8	9
508. <i>Work in the kitchen is women's work.</i>	1	2	8	9
509. <i>Care of children is women's work.</i>	1	2	8	9
510. <i>Sex with a virgin can cure gonorrhoea.</i>	1	2	8	9
511. <i>The man is the one to decide how many children his wife/partner should have.</i>	1	2	8	9
512. <i>A woman should be a virgin when she marries.</i>	1	2	8	9
513. <i>Men should always have financial responsibility towards their children.</i>	1	2	8	9
514. <i>Parents who provide their children with sex education encourage them to have sexual intercourse.</i>	1	2	8	9
515. <i>Sex education should be taught in schools.</i>	1	2	8	9
516. <i>A woman should have a baby before she is twenty to prove she is not a mule.</i>	1	2	8	9
517. <i>A woman can become pregnant during her first sexual intercourse.</i>	1	2	8	9
518. <i>If a man uses a condom, it doesn't take away any pleasure from the woman.</i>	1	2	8	9
519. <i>You can use the same condom more than once.</i>	1	2	8	9
520. <i>Using the pill will protect you against sexually transmitted diseases including AIDS.</i>	1	2	8	9
521. <i>Who ought to make the decision to use something to avoid becoming pregnant, the man only, the woman only, or both together?</i>				

- 1 The man
- 2 The woman
- 3 Both

- 4 Each one is on his or her own
- 8 Other (specify):

Now I would like to ask you about your attitude towards childbearing.

522. *If you could choose exactly the number of children to have in your whole life, how many would that be?*

___ ___ number

77 Fate, up to God

88 Don't know

523. *In your opinion, at what age is a woman responsible enough to have her first child?*

___ ___ years

66 Soon after she enters her first union

77 When she matures, is in a stable union

55 *Depends on circumstances*

98 *Doesn't have an opinion*

88 *Other (specify):* _____

524. *What is the main reason a woman might wish to limit the number of children that she has?*

1 Health of the mother

2 Health of the child

3 Economic reasons

4 Wellbeing of the family

5 Don't think a woman should limit the number of children she has

8 *Other (specify):* _____

525. *How old do you think a child should be before the mother stops breastfeeding him/her?*

___ ___ months

77 As long as possible

526. *How old do you think it is best for a child to be before another child is born?*

___ ___ months

527. *Who should decide the number of children a couple wants to have?*

1 Husband/partner

4 Mother-in-law

2 Wife/woman

5 Fate, up to God

3 Both

6 *Other (specify):* _____

528. *What are the days during the month when a woman has to be careful to avoid becoming pregnant? [READ OPTIONS 1-5]*

1 *During her period*

5 *At any time*

2 *Right after her period has ended*

8 *Other (specify):*

3 *In the middle of the cycle*

4 *Just before her period begins*

9 Don't know

529. Which do you think is better, vasectomy for men or tubal ligation for women?

- | | | | |
|---|----------------|---|--------------------------------------|
| 1 | Vasectomy | 3 | Neither, both equally (SKP TO Q.531) |
| 2 | Tubal ligation | 9 | No opinion (SKIP TO Q. 531) |

530. Why do you think vasectomy/tubal ligation [USE ANSWER TO Q. 529] is better?

- 1 Cheaper
- 2 Safer
- 3 Vasectomy diminishes a man's potency
- 4 Tubal ligation eliminates the future possibility of childbearing
- 5 Vasectomy eliminates the future possibility of childbearing

- 8 Other (specify): _____
- 9 Don't know

531. EVER USED CONDOMS.

- | | | | |
|---|----------------------|---|---------------------|
| 1 | Yes [Q. 401-7 = "3"] | 2 | No (SKIP TO Q. 533) |
|---|----------------------|---|---------------------|

532. Why do (did) you and your partner use condoms? [READ OPTIONS 1-3]

- 1 Prevent pregnancy
- 2 Prevent sexually transmitted diseases
- 3 Prevent pregnancy and disease
- 4 Don't know/Don't remember

SKIP TO QUESTION 534

533. Why haven't you and your partner(s) ever used condoms?

- 1 Partner(s) didn't like them
- 2 Have only one partner
- 3 Preventing pregnancy is woman's responsibility
- 4 They diminish pleasure/spontaneity
- 5 Not effective at preventing pregnancy
- 6 They are too expensive
- 7 Condoms are to be used only outside of marriage
- 8 Condoms are to be used only with prostitutes
- 9 Never sexually active
- 88 Other (specify): _____
- 98 Don't know

534. CURRENT CONDOM USER.

- 1 Yes [CODE "7" IN Q. 404]
- 2 No (SKIP TO Q. 601)

535. *How often do you use condoms during sexual intercourse?* [READ OPTIONS 1-5]

- 1 *Every time*
- 2 *Every time with certain partners*
- 3 *Most of the time*
- 4 *Some of the times*
- 5 *Occasionally*
- 9 *Refused*

536. *The last time you had sexual intercourse, did you use a condom ?*

- 1 *Yes*
- 2 *No*

537. *What is the brand name of the condom you/your partner normally use?*

- | | |
|-----------------|---------------------|
| 1 Arouser | 15 Maximum |
| 2 Bare Back | 16 Pamitex |
| 3 Black Jack | 17 Panther |
| 4 Fantasy | 18 Power Play |
| 5 Featherlite | 19 Rough Rider |
| 6 Fiesta | 20 Sensuals |
| 7 Gold | 21 Siltex |
| 8 Gossemar | 22 Sultan |
| 9 Jellia | 23 trojan |
| 10 Jiffi | 24 Wet'N'Wild |
| 11 Kiss of Mint | 88 Other (specify): |
| 12 Licks | _____ |
| 13 Life Force | 00 No brand |
| 14 Life Styles | 98 Don't know |

538. *Do you currently have a supply of them?*

- 1 *Yes*
- 2 *No*
- 9 *No answer/don't know*

539. *Did you buy them (the last time you had them) ?*

- 1 *Yes*
- 2 *No (SKIP TO Q. 541)*

540. *Where did you buy the condoms that you normally use?*

- | | |
|----------------|--------------------|
| 1 Pharmacy | 4 Bar |
| 2 Supermarket | 8 Other (specify): |
| 3 Grocery shop | _____ |

ALL SKIP TO Q. 601

541. *Where did you get the condoms if you did not buy it?*

- 1 Hospital
- 2 Clinic
- 3 Doctor's office
- 4 Partner
- 5 Friend
- 6 Outreach worker
- 8 Other (specify): _____

SECTION VI - YOUNG ADULT MODULE
(For Eligible Female Respondents aged 15-24 years)

601. AGE OF RESPONDENT: [SEE Q. 102]

- 1 15-24 [CONTINUE WITH Q. 602] 2 25-44 (SKIP TO Q. 701)

602. *What ways are used by men to get a young woman into a sexual relationship?* [IF MORE THAN ONE WAY MENTIONED, ASK THE MOST IMPORTANT WAY].

- 1 Persistence
- 2 Good looks
- 3 Coaxing
- 4 Bragging about property
- 5 Money
- 6 Material things
- 7 Seclusion/seduction
- 8 Saying she doesn't love him if she won't have sex
- 9 Promise employment
- 10 Promise marriage
- 11 Promise "Uptown, Downtown, and Parade"/promise "the world"
- 12 Brute force
- 88 Other (specify): _____
- 98 Don't know
- 99 No answer

603. *How can a woman put off 'having sex if she is not ready for it?* [IF SHE GIVES MORE THAN ONE REASON, ASK FOR THE MOST IMPORTANT].

- 1 Take his mind off it
- 2 Avoid him
- 3 Don't take anything
- 4 Stay away from secluded areas
- 5 Pretend menstruation
- 6 Don't move in with him
- 7 Don't listen
- 8 Pretend illness
- 9 Say no
- 88 Other (specify): _____
- 98 Don't know
- 99 No answer

604. *For young people your age who have had sexual intercourse, what do you think is the most appropriate contraceptive method to use to avoid pregnancy?*

- 1 Female sterilization, tubal ligation
 - 2 Male sterilization, vasectomy
 - 3 Implant (Norplant)
 - 4 Injection
 - 5 Pill
 - 6 Intra-uterine device/coil
 - 7 Condom
 - 8 Foaming tablets
 - 9 Creams/jellies
 - 10 Diaphragm
 - 11 Withdrawal
 - 12 Rhythm
 - 13 Billings method
 - 14 Abstinence
 - 00 None
 - 98 Doesn't know
 - 99 Doesn't answer
 - 88 Other (specify): _____
- } SKIP TO Q.606

605. *Could you afford to use this method?*

- 1 Yes
- 2 No
- 9 Doesn't know

606. *Have you ever had a class or course about family life or sex education in school?*

- 1 Yes
- 2 No (SKIP TO Q. 612) 9
- Doesn't know

607. *How old were you when you had the first class or course?*

___ ___ age

- 98 Doesn't remember

608. *What grade of schooling (level and years) had you reached when you had this first class or course ?*

	<u>LEVEL</u>	<u>YEARS</u>									<u>NOT SPECIFIED</u>
1	Primary	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
9	Doesn't remember										

609. *Who was the main person who taught this first class or course?*

- 1 School teacher
- 2 Physician
- 3 Counsellor or psychologist
- 4 Social worker
- 5 Nurse

- 8 Other (specify): _____
- 9 Doesn't remember

610. *Was it a man or a woman?*

- 1 Man
- 2 Woman
- 9 Doesn't remember

611. Did this first class or course or any later class or course in school include information about.....? [READ]

	<u>Yes</u>	<u>No</u>	<u>Doesn't Remember</u>
1 The human reproductive system	1	2	8
2 The woman's menstrual cycle or period	1	2	8
3 Pregnancy and how it occurs	1	2	8
4 Modern birth control methods such as the pill, IUD, condom, spermicidals, or injectables	1	2	8
5 Sexually transmitted diseases that can result from sexual contact	1	2	8
6 AIDS	1	2	8
7 Services available for adolescents	1	2	8

612. At what age do you think sex education should begin in schools?

___ ___ age

77 It should not be taught

98 Doesn't know

613. Have you ever had a formal course or lecture about family life or sex education anywhere outside of the school?

1 Yes

2 No (SKIP TO Q. 619)

614. Where was the first place you had it?

1 Community centre

2 Clinic

3 Club

4 Church

5 Youth centre

7 Work place

8 HEART

9 Home

88 Other (specify):

6 Bar

98 Doesn't remember

615. How old were you when you had this first course or lecture on sex education?

___ ___ age

98 Doesn't remember

616. *Who was the main person who taught this course?*

- | | |
|-----------------------------------|---------------------------|
| 1 School teacher | 6 Other social worker |
| 2 Physician | 7 Peers |
| 3 Nurse | 8 Parent/guardian |
| 4 Counsellor or psychologist | 88 Other (specify): _____ |
| 5 Family planning outreach worker | 99 Doesn't remember |

617. *Was it a man or a woman?*

- 1 Man
- 2 Woman
- 9 Doesn't remember

618. *Did this first class or course or any later class or course in school include information about? [READ]*

	<u>Yes</u>	<u>No</u>	<u>Doesn't Remember</u>
1 <i>The human reproductive system</i>	1	2	8
2 <i>The woman's menstrual cycle or period</i>	1	2	8
3 <i>Pregnancy and how it occurs</i>	1	2	8
4 <i>Modern birth control methods such as the pill, IUD, condom, spermicidals or injectables</i>	1	2	8
5 <i>Sexually transmitted diseases that can result from sexual contact</i>	1	2	8
6 <i>AIDS</i>	1	2	8
7 <i>Services available for adolescents</i>	1	2	8

Now, I'd like to ask you some very personal questions which are very important to the study.

619. *In what month and year did you first have sexual intercourse? [CHECK WITH ANSWERS GIVEN AT QUESTIONS 212 AND 213. IF NOT CONSISTENT, CLARIFY AND CORRECT WHERE RELEVANT]*

- ___ ___ month 19___ ___ year 98 Doesn't remember
 99 No response
 2222 Has never had sexual intercourse (SKIP TO Q. 801)

620. *How old was the person with whom you had sexual intercourse for the first time?*

___ ___ age

621. *What was the relationship of this person to you at that time?*

- | | |
|--------------------|--------------------------|
| 1 Husband/partner | 5 Casual acquaintance |
| 2 Visiting partner | 6 Mother's partner |
| 3 Boyfriend | 8 Other (specify): _____ |
| 4 Friend | |

622. *Where did this first experience take place?*

- | | |
|-------------------------|-----------------------------------|
| 1 At her own home | |
| 2 At her partner's home | 7 At a dance hall/party |
| 3 At a friend's home | 8 At the beach |
| 4 In a hotel or motel | 9 In the bushes |
| 5 In a car | 88 Another place (specify): _____ |
| 6 School | 98 Doesn't remember |

623. *Did you or your partner use a contraceptive method during this first sexual intercourse?*

- 1 Yes
- 2 No (SKIP TO Q. 627)
- 9 Doesn't remember/doesn't know (SKIP TO Q. 628)

624. *What was the method?*

- | | |
|----------------------------------------|-----------------------------|
| 1 Female sterilization, tubal ligation | 8 Foaming tablets |
| 2 Male sterilization, vasectomy | 9 Cream/jellies |
| 3 Implant (Norplant) | 10 Diaphragm |
| 4 Injection | 11 Withdrawal |
| 5 Pill | 12 Rhythm (calendar method) |
| 6 Intra-uterine device/coil | 13 Billings method |
| 7 Condom | 88 Other (specify): _____ |

625. *Where did you or your partner get this method used during your first sexual intercourse? (IN CASE OF BILLINGS OR RHYTHM (CALENDAR METHOD),... Where did you or your partner receive orientation?)*

- | | |
|-----------------------------------|----------------------------------|
| 1 Government hospital | 7 Outreach worker |
| 2 Government health clinic/centre | 8 Factory/work place |
| 4 Private clinic | 9 Supermarket/shop/bar |
| 5 Private doctor | 88 Other (specify): _____ |
| 6 Pharmacy | 99 Doesn't know/doesn't remember |

631. *During your pregnancy, did you receive help with your schooling from any organization ?*

- 1 Yes
- 2 No (SKIP TO Q. 633)

632. *Winch organization offered help?*

- 1 Women's Centre
- 2 Church
- 3 Y.W.C.A.
- 4 Service Clubs
- 8 Other (specify): _____

633. *After the first child was born, did you return to school?*

- 1 Yes
- 2 No (SKIP TO Q. 635)

634. *What type of school did you return to?*

- 1 Primary
- 2 Secondary
- 3 Post secondary
- 8 Other (specify): _____

635. *Does anyone help you with the care of your child/children?*

- 1 Yes
- 2 No (SKIP TO Q. 701)

636. *What kind of help do you get?*

	<u>Yes</u>	<u>No</u>
A Child care	1	2
B Financial help	1	2
C Gifts	1	2
D Other (specify): _____		

637. *Who is the main source of help?*

- 1 Husband/partner
- 2 Mother
- 3 Grandmother
- 4 Other relative
- 5 Partner's parents/relative
- 8 Other (specify): _____

SECTION VII - CURRENT SEXUAL ACTIVITY
(For all eligible respondents)

701. EVER HAD SEXUAL INTERCOURSE? [SEE Q. 207 OR Q. 212]

- 1 Yes
- 2 No (SKIP TO Q. 801)

702. *Have you had sexual intercourse in the last 30 days?*

- 1 Yes
- 2 No (SKIP TO Q. 705)

703. *How many times have you had sexual intercourse in the last 30 days?*

___ ___ times

- 90 Many times - more than 10 98
- Don't remember

704. *With how many men?*

___ ___ number

- 98 Don't remember

705. *What was the relationship of the last person with whom you had sexual intercourse to you?*

- 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): _____

706. *Did you or the man involved use a contraceptive method during the last time you had sexual intercourse?*

- 1 Yes
- 2 No (SKIP TO Q. 708)

707. *What was this method?*

- | | |
|----------------------------------------|-----------------------------|
| 1 Female sterilization, tubal ligation | 8 Foaming tablets |
| 2 Male sterilization, vasectomy | 9 Cream/jellies |
| 3 Implant (Norplant) | 10 Diaphragm |
| 4 Injection | 11 Withdrawal |
| 5 Pill | 12 Rhythm (calendar method) |
| 6 Intra-uterine device/coil | 13 Billings method |
| 7 Condom | 88 Other (specify): |

708. NUMBER OF MEN WITH WHOM YOU HAD SEXUAL RELATIONS IN PAST 30 DAYS. [CHECK Q. 704]

- 1 One man (SKIP TO Q. 801)
- 2 Two men
- 3 Three or more men

709. *What was the relationship of the next-to-last person with whom you had sexual intercourse in the past 30 days to you?*

- | | |
|--------------------|----------------------------|
| 1 Husband/partner | 5 Casual acquaintance |
| 2 Visiting partner | 6 Mother's partner |
| 3 Boyfriend | 7 Other relative's partner |
| 4 Friend | 8 Other (specify): _____ |

710. *Did you or this person use a contraceptive method?*

- 1 Yes
- 2 No (SKIP TO BOX FOLLOWING Q. 711)

711. *What was this method?*

- | | |
|----------------------------------------|-----------------------------|
| 1 Female sterilization, tubal ligation | 8 Foaming tablets |
| 2 Male sterilization, vasectomy | 9 Cream/jellies |
| 3 Implant (Norplant) | 10 Diaphragm |
| 4 Injection | 11 Withdrawal |
| 5 Pill | 12 Rhythm (calendar method) |
| 6 Intra-uterine device/coil | 13 Billings method |
| 7 Condom | 88 Other (specify): |

**RESPONDENTS WHO HAVE HAD SEXUAL RELATIONS WITH TWO MEN
IN PAST 30 DAYS, SKIP TO Q. 801.**

WITH THREE OR MORE MEN, CONTINUE.

712. *What was the relationship of the second-from-last person with whom you had sexual intercourse in the past 30 days to you?*

- 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): _____

713. *Did you or this person use a contraceptive method?*

- 1 Yes
- 2 No (SKIP TO Q. 801)

714. *What was this method?*

- | | |
|----------------------------------------|------------------------------|
| 1 Female sterilization, tubal ligation | 8 Foaming tablets |
| 2 Male sterilization, vasectomy | 9 Cream/jellies |
| 3 Implant (Norplant) | 10 Diaphragm |
| 4 Injection | 11 Withdrawal |
| 5 Pill | 12 Rhythm (calendar method) |
| 6 Intra-uterine device/coil | 13 Billings method |
| 7 Condom | 88 Other (specify):
_____ |

SECTION VIII - KNOWLEDGE AND TRANSMISSION OF AIDS AND PREVENTION

801. *Have you ever heard of HIV or HIV infection?*

- 1 Yes
- 2 No

802. *Have you ever heard of the disease called AIDS?*

- 1 Yes
- 2 No

803. *Do you think a person can be infected with the virus which causes AIDS and not have any signs or symptoms of the AIDS disease?*

- 1 Yes
- 2 No
- 8 Don't know

804. *Can you tell me two different ways in which a person can become infected with the virus which causes AIDS?*

	<u>First</u>	<u>Second</u>
Sexual transmission	1	1
Intravenous drugs	2	2
Blood transfusion	3	3
Mother to child	4	4
Mosquito bites	5	5
Casual contact	6	6
Other (specify): _____	8	8
Don't know		

805. *Can a person get AIDS from someone who has the AIDS virus but does not have the disease?*

- 1 Yes
- 2 No
- 8 Don't know

806. *What risk do you think there is of your getting AIDS? [READ]*

- 1 *A great risk*
- 2 *Some risk*
- 3 *Not much risk*
- 4 *No risk at all*

807. What can a person do to reduce the risk of getting AIDS? [IF NON-SPONTANEOUS RESPONSE, PROBE: Can a personto reduce the risk of AIDS?]

	<u>Sponta- neous</u>	<u>Yes</u>	<u>Probed No</u>	<u>DK</u>
A Use condoms	1	2	3	9
B Avoid relations with prostitutes	1	2	3	9
C Have only one sexual partner	1	2	3	9
D Ask partner to have blood tested for AIDS	1	2	3	9
E Not have sexual relations	1	2	3	9
F Sterilize needles	1	2	3	9
G Avoid relations with bisexuals/homosexuals	1	2	3	9
H Any thing else? _____	1	2	3	9

808. In which of the following ways do you think a person can get the virus which causes AIDS?

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>
A Shaking hands or hugging	1	2	8
B Being in the same room as a person who has the AIDS virus	1	2	8
C Sharing personal items like dishes, toilets, etc.	1	2	8
D Sharing needles used for drugs	1	2	8
E Sexual intercourse between men	1	2	8
F Sexual intercourse between a man and a woman	1	2	8
G Giving a blood donation	1	2	8
H Receiving a blood transfusion	1	2	8
I Being bitten by an insect that has bitten someone with the AIDS virus	1	2	8

END OF INTERVIEW..... THANK YOU!!!

	<u>Date</u>	<u>Hr.</u>	<u>Min.</u>
TIME INTERVIEW STARTED:	_____	___	___
[See Title Page and page 2]			
TIME INTERVIEW ENDED:	_____	___	___
INTERRUPTION TIME (IF ANY):	_____	___	___
DURATION OF INTERVIEW:		___	___

**NOW RETURN TO TITLE PAGE AND COMPLETE INFORMATION
ON INTERVIEW CALLS.**

**APPENDIX IIIA
HOUSEHOLD QUESTIONNAIRE - MALE**

1993 CONTRACEPTIVE PREVALENCE SURVEY - JAMAICA

HOUSEHOLD QUESTIONNAIRE - MALE

FORM CPS 1B
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	Final Visit
Day (Date)				
Month				
Interview Status *				
Eligible Respondent **				
Interviewer's Name				
Supervisor's Name				
Next Visit: Date				
Time				

* Interview Status Codes:

- 1. Completed household interview
- 2. Not at home - deferred
- 8. Other (specify):

** Eligible Respondent Codes

- 3. Vacant dwelling
- 4. Refusal
- 5. Partly completed
- 1 Yes
- 2 No

FOR OFFICE USE ONLY:

Reviewed by: _____

Position: _____

Date: _____

Edited by: _____ Date: _____

* Relationship codes:

** Educational standard codes:

	<u>Level</u>	<u>Years</u>	<u>N/S</u>
1 Head	0 None		
2 Spouse of head	1 Primary	1 2 3 4 5 6 7 8 + 9	
3 Child of head	2 Secondary	1 2 3 4 5 6 7 8 + 9	
4 Other relative of head	3 Post secondary	1 2 3 4 5 6 7 8 + 9	
8 Other	8 Other		
9 Not stated	9 Not stated		

11. Number of women aged 15-44 years living in household
(Total number of eligible women recorded in the Schedule)
number

12. *Now, I would like you to tell me the occupation of the head of the household.*

Occupation

For office use only

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

 number

99 No response

14. *Who gave this information? [BY OBSERVATION]*

1 One of the eligible female respondents

2 Other household member

3 Neighbour

8 Other (specify): _____

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 OVERLEAF.

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 No. 2 _ _ _ _

No. of Eligible Respondents _ _

Last digit on questionnaire number	Last digit of number of eligible women								
	1	2	3	4	5	6	7	8	9
0	1	2	3	1	2	5	2	8	7
1	1	1	1	2	3	6	3	1	8
2	1	2	2	3	4	1	4	2	9
3	1	1	3	4	5	2	5	3	1
4	1	2	1	1	1	3	6	4	2
5	1	1	2	2	2	4	7	5	3
6	1	2	3	3	3	5	1	6	4
7	1	1	1	4	4	6	2	7	5
8	1	2	2	1	5	1	3	8	6
9	1	1	3	2	1	2	4	1	7

SEQUENCE NUMBER OF MAN SELECTED FOR INTERVIEW: _ _

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

COMMENTS

APPENDIX IIID
INDIVIDUAL QUESTIONNAIRE - MALE

1993 CONTRACEPTIVE PREVALENCE SURVEY - JAMAICA

INDIVIDUAL QUESTIONNAIRE – MALE
(For Eligible Male Respondents aged 15-44 Years)

FORM CPS 3
CONFIDENTIAL
CAP.368

Identification No.

Parish		Constituency		E.D. No.			Dwelling No.			H/hold No.	
							Sequence Number			Sex	2

Interview calls	1	2	3	Final Visit
Day				
Month				
Interview Status *				
Interviewer's Name				
Supervisor's Name				
Next Visit: Date				
Time				

* Interview Status Codes:

- 1. Completed household interview
- 2. Not at home - deferred
- 8. Other (specify):

- 4. Refusal
- 5. Partly completed

FOR OFFICE USE ONLY:

Reviewed by: _____

Position: _____

Date: _____

Edited by: _____

SECTION I - RESPONDENT'S BACKGROUND

TIME INTERVIEW STARTED

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

___ ___ month 19 ___ ___ year 99 Don't know

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

103. *In what parish was your mother living at the time of your birth, or in what country other than Jamaica ?*

- 1 Kingston
- 2 St. Andrew
- 3 St. Thomas
- 4 Portland
- 5 St. Mary
- 6 St. Ann
- 7 Trelawny
- 8 St. James
- 9 Hanover
- 10 Westmoreland
- 11 St. Elizabeth
- 12 Manchester
- 13 Clarendon
- 14 St. Catherine
- 88 Other country (specify): _____

104. *Have you ever attended school?*

- 1 Yes
- 2 No (SKIP TO Q. 106)

105. *How many years of primary, secondary and/or post secondary schooling did you complete?*

<u>LEVEL</u>	<u>YEARS</u>										<u>NOT SPECIFIED</u>
1 Primary	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 Other (specify):	_____										
9 Refused/not stated											

106. *What is your religion?*

- 1 Anglican
- 2 Baptist
- 3 Church of God
- 4 Methodist
- 5 Pentecostal
- 6 Rastafarian
- 7 Revivalist
- 8 Roman Catholic
- 9 Seventh Day Adventist
- 10 United Church
- 88 Other (specify): _____
- 98 No religion
- 99 No response

107. With what frequency do you attend religious services?

- 1 At least once a week
- 2 At least once a month
- 3 Rarely
- 6 Do not attend
- 9 No response

108. What is your employment status?

- 1 Working
 - 2 With a job but not working
 - 3 Looking for work
 - 4 Keeping house
 - 5 At school
 - 6 Incapable of working
 - 8 Other (specify): _____
- } SKIP TO Q. 111

109. Do you work outside or inside the house?

- 1 Inside only
- 2 Outside
- 3 Both

110. What is your occupation?

_____ Occupation For office use only

9999 No response

111. Do you have radio and/or television in the household and if so, how many?

	<u>Yes</u>	<u>No</u>	<u>Number</u>
1 Radio	1	2	___ ___
2 Television	1	2	___ ___

112. Do members of the household read any newspapers and with what regularity? [STATE THE GREATEST REGULARITY APPLICABLE WITHIN THE HOUSEHOLD]

	<u>Daily</u>	<u>Weekly</u>	<u>Rarely</u>	<u>Never</u>
1 Gleaner	1	2	3	4
2 Jamaica Herald	1	2	3	4
3 Star	1	2	3	4
8 Other (specify)_____	1	2	3	4

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 (SKIP TO Q. 203)
- 2 No

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

- 1 Yes (SKIP TO Q. 206)
- 2 No

203. *Are you living with a common-law partner now? [IF RESPONDENT DOES NOT APPEAR TO UNDERSTAND THE TERM "COMMON-LAW", ASK]: Are you living as man and wife now with a partner to whom you are not legally married?*

- 1 Yes (SKIP TO Q. 206)
- 2 No

204. *Do you have a visiting partner, that is, a more or less steady partner with whom you have sexual relations?*

- 1 Yes (SKIP TO Q. 206)
- 2 No

205. *Do you have a girlfriend?*

- 1 Yes (SKIP TO Q. 207)
- 2 No (SKIP TO Q. 209)

206. *When you and your husband/partner first started together, what type of relationship did you have? [READ OPTIONS].*

- 1 *Married*
- 2 *Common-law*
- 3 *Visiting partner*
- 4 *Steady girlfriend*

SKIP TO Q.208

207. *Have you ever had sexual intercourse with your present girlfriend?*

- 1 Yes
- 2 No (SKIP TO Q. 209)

208. *In what month and year did your present relationship start?*

___ ___ month 1 9 ___ ___ year 98 Doesn't remember

209. *Besides your main partner, do you have another with whom you have sexual relations?*

- 1 Yes
- 2 No

210. *What is the total number of partners, including your present partner if any, you have had in the past five years?*

___ ___ number 90 Many partners, more than 10
98 Doesn't remember

IF "00", SKIP TO Q.213.

IF "01" AND THERE IS A RESPONSE AT Q.208, SKIP TO Q. 214.

IF "01" AND Q. 208 IS BLANK, SKIP TO Q. 212.

IF "02" OR MORE, CONTINUE.

211. *When you and your first partner started together, what type of relationship did you have ?*
[READ OPTIONS]

- 1 Married
- 2 Common-law
- 3 Visiting partner
- 4 Steady girlfriend

212. *In what month and year did your first relationship start?*

___ ___ month 1 9 ___ ___ year 98 Doesn't remember (month/year)

SKIP TO Q.214

213. *Have you ever had sexual intercourse?*

- 1 Yes
- 2 No (SKIP TO Q. 401)

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

___ ___ years 98 Doesn't remember

SECTION III - REPRODUCTIVE HISTORY

Now, we are going to talk about your history as a parent. Some of the questions may not apply to you, but just say so when this is the case.

301. Have you ever fathered any children?

- 1 Yes
- 2 No (SKIP TO Q. 315)

302. How many children have you fathered who currently live with you? ___ ___

303. How many children have you fathered who live somewhere else? ___ ___

304. How many children have you fathered who have died? ___ ___
[INCLUDE CHILDREN BORN ALIVE BUT WHO DIED SHORTLY AFTER BIRTH]

305. Therefore, the total number of children you have had is: ___ ___

306. 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. [INCLUDE IN THIS LIST ALL CHILDREN WHO WERE BORN ALIVE, INCLUDING THOSE WHO DIED AFTER THEY WERE BORN].

Birth Order	Name	Birth Date		Sex	Is [NAME] still alive?
		Month	Year		
Last birth	_____	___	19 ___	___	___
Next to last	_____	___	19 ___	___	___
Second from last	_____	___	19 ___	___	___
Third from last	_____	___	19 ___	___	___
Fourth from last	_____	___	19 ___	___	___
Fifth from last	_____	___	19 ___	___	___
Sixth from last	_____	___	19 ___	___	___
Seventh from last	_____	___	19 ___	___	___
Eighth from last	_____	___	19 ___	___	___
Ninth from last	_____	___	19 ___	___	___
Tenth from last	_____	___	19 ___	___	___
Eleventh from last	_____	___	19 ___	___	___
Twelfth from last	_____	___	19 ___	___	___

98 Don't remember (month/year) 1 Male 1 Yes
2 Female 2 No

**IF RESPONDENT HAS HAD ONE CHILD ONLY
[Q. 305 = "01"], SKIP TO Q. 308.**

ALL OTHERS, CONTINUE WITH Q. 307.

307. *Did you plan to have your first child?*

- 1 Yes
- 2 No
- 9 Not sure

308. *Did you plan to have your last (only) child?*

- 1 Yes
- 2 No
- 9 Not sure

309. *How many "baby mothers" (including wives) do you have?* [IF RESPONDENT HAS ONE CHILD ONLY, ENTER "01"]

___ ___ number

88 Doesn't know

310. *Do you help with the care of your children'}*

- 1 Yes
- 2 No (SKIP TO BOX ABOVE Q. 313)

311. *What kind of help do you give?*

	<u>Yes</u>	<u>No</u>
1 Child care	1	2
2 Financial Help	1	2
3 Gifts	1	2
8 Other (specify): _____		

312. *Do you think the help you give is important or not important in taking care of your children?*

- 1 Important
- 2 Not important

**IF RESPONDENT HAS HAD ONE CHILD ONLY BORN ALIVE,
[Q. 305 = "01"], SKIP TO Q. 315.**

ALL OTHERS, CONTINUE.

313. *Have you ever had more than one child born in the same year with different mothers?*

- 1 Yes
- 2 No (SKIP TO Q. 315)

314. *What was the highest number you have had in that year?*

___ ___ number

88 Don't know/not sure

315. *Is anyone (including your wife) pregnant for you now?*

- 1 Yes
- 2 No (SKIP TO Q. 401)
- 8 Doesn't know (SKIP TO Q. 401)

316. *Is this person your current partner?*

- 1 Yes
- 2 No (SKIP TO Q. 318)

317. *Did you plan this pregnancy?*

- 1 Yes
- 2 No
- 3 God's will, fate, didn't think about it
- 4 Don't know, not sure

SKIP TO Q. 401

318. *Did you plan this pregnancy (any of these pregnancies) ?*

- 1 Yes
- 2 No
- 3 God's will, fate, didn't think about it
- 4 Don't know, not sure

SECTION IV - FAMILY PLANNING

Now, I would like to talk about methods that people use to space or limit the number of their children.

- 401. a. **FIRST ASK:** *Please tell me all the methods you have heard of to space or limit the number of children a person can have. [CIRCLE " 1" IN THE COLUMN "SPONTANEOUS", NEXT TO EACH METHOD MENTIONED].*
- b. **THEN:** *READ EACH METHOD NOT MENTIONED. [CIRCLE "2" OR "0", AS APPROPRIATE].*
- c. **THEN:** *ASK QUESTIONS ABOUT USE FOR EVERY METHOD KNOWN BY THE RESPONDENT. [CIRCLE "3" OR "4" AS APPROPRIATE].*

<u>Method</u>	<u>Spontaneous</u>	<i>Have you ever heard of [METHOD] ?</i>		<i>Have you/your partner ever used it?</i>	
		<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
1 <i>Female sterilization, tubal ligation</i>	1	2	0	3	4
2 <i>Male ster., vasectomy</i>	1	2	0	3	4
3 <i>Implants (Norplant)</i>	1	2	0	3	4
4 <i>Injections</i>	1	2	0	3	4
5 <i>Pill</i>	1	2	0	3	4
6 <i>WD/coil</i>	1	2	0	3	4
7 <i>Condom</i>	1	2	0	3	4
8 <i>Foaming tablets</i>	1	2	0	3	4
9 <i>Creams/jellies</i>	1	2	0	3	4
10 <i>Diaphragm</i>	1	2	0	3	4
11 <i>Withdrawal</i>	1	2	0	3	4
12 <i>Rhythm (calendar method)</i>	1	2	0	3	4
13 <i>Billings method</i>	1	2	0	3	4
88 <i>Other (specify):</i>	1	2	0	3	4

402. HAS RESPONDENT EVER USED AT LEAST ONE METHOD OF CONTRA CEPTION. [AT LEAST ONE "3" CIRCLED IN Q. 401]

- 1 Yes
- 2 No (SKIP TO BOX BELOW Q. 413)

403. *Are you/your (main) partner currently using a method of contraception?*

- 1 Yes
- 2 No (SKIP TO Q. 405)

404. *Which method? Please tell me if you and your (main) partner are using two methods?*

<u>FIRST METHOD</u>	<u>SECOND METHOD</u>
1 Female sterilization, tubal ligation	1 Female sterilization, tubal ligation
2 Male sterilization, vasectomy	2 Male sterilization, Vasectomy
3 Implants (Norplant)	3 Implants (Norplant)
4 Injection	4 Injection
5 Pill	5 Pill
6 Intra-uterine device/coil	6 Intra-uterine device/Coil
7 Condom	7 Condom
8 Foaming tablets	8 Foaming tablets
9 Creams/jellies	9 Creams/jellies
10 Diaphragm	10 Diaphragm
11 Withdrawal	11 Withdrawal
12 Rhythm (calendar method)	12 Rhythm (calendar method)
13 Billings method	13 Billings method
88 Other (specify): _____	88 Other (specify): _____
	00 No second method

405. *How old were you when you/your partner first used contraception:*

___ ___ age

98 Don't remember

406. *How many living children did you have when you/your partner first used contraception?*

___ ___ number 98

Don't remember

407. MORE THAN ONE SEXUAL PARTNER? [SEE Q. 209].

- 1 Yes
- 2 No (SKIP TO INSTRUCTION FOLLOWING Q. 409)

408. *Are you/your other partner currently using a method of contraception?*

- 1 Yes
- 2 No (SKIP TO BOX BELOW Q. 409)

409. *Which method? Please tell me if you and your other partner are using two methods?*

FIRST METHOD

SECOND METHOD

- | | |
|-------------------------------------------|-------------------------------------------|
| 1 Female sterilization,
tubal ligation | 1 Female sterilization,
tubal ligation |
| 2 Male sterilization, vasectomy | 2 Male sterilization, vasectomy |
| 3 Implants (Norplant) | 3 Implants (Norplant) |
| 4 Injection | 4 Injection |
| 5 Pill | 5 Pill |
| 6 Intra-uterine device/coil | 6 Intra-uterine device/coil |
| 7 Condom | 7 Condom |
| 8 Foaming tablets | 8 Foaming tablets |
| 9 Creams/jellies | 9 Creams/jellies |
| 10 Diaphragm | 10 Diaphragm |
| 11 Withdrawal | 11 Withdrawal |
| 12 Rhythm (calendar method) | 12 Rhythm (calendar method) |
| 13 Billings method | 13 Billings method |
| 88 Other (specify): _____ | 88 Other (specify): _____ |
- 00 No second method

**THE REST OF THIS SECTION INCLUDING THE FOLLOWING
INSTRUCTIONS REFER TO "MAIN PARTNER" ONLY**

**IF RESPONDENT HAS USED CONTRACEPTION IN THE PAST BUT IS NOT
CURRENTLY USING [Q. 402 = "YES" AND Q. 403 = "NO"], CONTINUE.**

**IF RESPONDENT IS USING ONE OF METHODS 3-10 [THAT IS,
A MODERN REVERSIBLE CONTRACEPTIVE METHOD NOW
(Q. 402 = "YES" AND Q. 404 = METHODS 3-10)],
SKIP TO Q. 423.**

**IF RESPONDENT IS USING ONE OF METHODS 11-13 ONLY
[Q. 404 = ""11", "12" OR "13"] SKIP TO Q. 425.**

**IF RESPONDENT OR WIFE/PARTNER IS STERILIZED
[Q. 404 = METHODS 1 OR 2], SKIP TO Q. 450.**

410. What was the last family planning method you or your partner used?

- | | | | |
|---|--------------------------------------|----|------------------|
| 1 | Female sterilization, tubal ligation | 8 | Foaming tablets |
| 2 | Male sterilization, vasectomy | 9 | Creams/jellies |
| 3 | Implants (Norplant) | 10 | Diaphragm |
| 4 | Injection | 11 | Withdrawal |
| 5 | Pill | 12 | Rhythm |
| 6 | Intra-uterine device/coil | 13 | Billings method |
| 7 | Condom | 88 | Other (specify): |
- } (SKIP TO BOX FOLLOWING Q. 413)

411. Where did you or your partner get your family planning 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 |

**IF METHOD USED WAS "INJECTION" ["4" IN Q. 410],
AND SUPPLY SOURCE WAS "PHARMACY" ["6" IN Q. 411],
CONTINUE WITH Q. 412.**

ALL OTHERS, SKIP TO Q. 413.

412. Who administered the injection?

- | | | | |
|---|----------------|---|---------------------------|
| 1 | A doctor | 4 | Other health professional |
| 2 | A nurse | 5 | Other (specify): _____ |
| 3 | The pharmacist | 9 | Doesn't remember |

413. How far did you or your partner have to travel to obtain the supplies?

- | | | | |
|---|--------------------|---|---------------------|
| 1 | At home | 5 | 5 to under 10 miles |
| 2 | Under 1 mile | 6 | 10 miles and over |
| 3 | 1 to under 2 miles | 9 | No response |
| 4 | 2 to under 5 miles | | |

**IF MARRIED OR LIVING WITH COMMON-LAW PARTNER,
CONTINUE.**

ALL OTHERS, SKIP TO Q. 418.

414. *Do you think your partner is able to get pregnant at the present time?*

- | | |
|------------------------|---------------------------------------|
| 1 Yes (SKIP TO Q. 416) | 3 Currently pregnant (SKIP TO Q. 418) |
| 2 No | 4 Not sure, don't know |

415. *Why not?*

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------------------------|
| 1 Menopause | } | (SKIP TO BOX FOLLOWING Q. 455) |
| 2 Has had an operation for medical reasons which makes pregnancy impossible (or husband/partner has had an operation) | | |
| 3 Has tried to get pregnant for at least two years without success (or has not gotten pregnant despite at least two years of non-contraception) | | |
| 4 Not sexually active (SKIP TO Q. 418) | | |
| 5 Postpartum/breastfeeding | | |
| 6 Other (specify) _____ | | |

416. *Would you like her to become pregnant now?*

- | | |
|------------------------|------------------------|
| 1 Yes (SKIP TO Q. 418) | 3 God's will, fate |
| 2 No | 4 Don't know, not sure |

417. *Why are you/your partner not using a method to prevent pregnancy now?*

- | | |
|----------------------------------------------|---------------------------------------------|
| 1 Health/medical | 8 Partner opposes |
| 2 Doesn't like | 9 Lack of knowledge |
| 3 Had side effects from last (other) methods | 10 Considers contraception not effective |
| 4 Fear of side effects | 11 Considers method last used not effective |
| 5 Method unavailable | 12 Method difficult to use |
| 6 Partner's responsibility | 13 Money problems |
| 7 Source far away | 14 Religion against |
| | 88 Other (specify): _____ |

418. *In the future (after this pregnancy), do you think you will want to use a method to prevent pregnancy?*

- | |
|-----------------------------|
| 1 Yes |
| 2 No (SKIP TO Q. 437) |
| 3 Not sure (SKIP TO Q. 437) |

419. *What method would you most like to use?*

- | | | | |
|---|--------------------------------------|----|-----------------------------|
| 1 | Female sterilization, tubal ligation | 9 | Creams/jellies |
| 2 | Male sterilization, vasectomy | 10 | Diaphragm |
| 3 | Implants (Norplant) | 11 | Withdrawal (SKIP TO Q. 437) |
| 4 | Injection | 12 | Rhythm (calendar method) |
| 5 | Pill | 13 | Billings method |
| 6 | Intra-uterine device/coil | 88 | Other (specify):
_____ |
| 7 | Condom | | |
| 8 | Foaming tablets | 98 | Don't know (SKIP TO Q. 437) |

420. *Do you know where to obtain that method, (or information on the method if it is either the Rhythm or Billings methods (METHODS 12 AND 13))?*

- | | | | |
|---|-----|---|---------------------|
| 1 | Yes | 2 | No (SKIP TO Q. 437) |
|---|-----|---|---------------------|

421. *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 | 98 | Doesn't know/doesn't remember |

422. *How far would you/your partner have to travel to obtain the supplies or information relating to the method?*

- | | | | |
|---|--------------------|---|---------------------|
| 1 | At home | 5 | 5 to under 10 miles |
| 2 | Under 1 mile | 6 | 10 miles and over |
| 3 | 1 to under 2 miles | 9 | No response |
| 4 | 2 to under 5 miles | | |

ALL SKIP TO QUESTION 437

423. *Where do you/your partner get your family planning 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 |

**IF METHOD USED IS "INJECTION" (THAT IS, "4" IN Q. 407), AND
SUPPLY SOURCE IS "PHARMACY" (THAT IS, "6" IN Q. 423),
CONTINUE.**

ALL OTHERS, SKIP TO Q. 425.

424. *Who administered the injection?*

- 1 A doctor
- 2 A nurse
- 3 The pharmacist
- 4 Other health professional
- 8 Other (specify): _____
- 9 Doesn't remember

425. *How far did you/your partner have to travel to obtain the supplies or information on the methods?*

- 1 At home
- 2 Under 1 mile
- 3 1 to under 2 miles
- 4 2 to under 5 miles
- 5 5 to under 10 miles
- 6 10 miles and over
- 9 No response

426. **PILL USER? [CODE "5" IN Q. 404]**

- 1 Yes (CONTINUE WITH Q. 427)
- 2 No (SKIP TO Q. 437)

427. *What is the brand name of the pill your (main) partner is currently using?*

- 1 Anteovin
- 2 Diane
- 3 Eugynon
- 4 Gynera
- 5 Lo Femenal
- 6 Logynon
- 7 Microgynon
- 8 Microval
- 9 Minulet
- 10 Neogynon
- 11 Nordette
- 12 Ortho
- 13 Ortho Novum
- 14 Ovral
- 15 Ovulen
- 16 Perle
- 17 Trinordiol
- 18 Trinovum
- 19 Tri-Regal
- 88 Other (specify): _____
- 98 Doesn't know

428. *How long (in months) has she been using this (brand) continuously?*

___ ___ ___ months

429. *Who first told her to use it?*

- | | |
|-------------------|--------------------------|
| 1 A doctor | 5 A friend |
| 2 A nurse | 8 Other (specify): _____ |
| 3 A pharmacist | |
| 4 A family member | 9 Doesn't know |

430. *Does she currently have a supply of [BRAND] which she is currently using?*

- | | |
|-------|----------------|
| 1 Yes | 9 Doesn't know |
| 2 No | |

431. *What brand was she using before?*

- | | |
|--------------|---------------------------|
| 1 Anteovin | 12 Ortho |
| 2 Diane | 13 Ortho Novum |
| 3 Eugynon | 14 Ovral |
| 4 Gynera | 15 Ovulen |
| 5 Lo Femenal | 16 Perle |
| 6 Logynon | 17 Trinordiol |
| 7 Microgynon | 18 Trinovum |
| 8 Microval | 19 Tri-Regal |
| 9 Minulet | 88 Other (specify): _____ |
| 10 Neogynon | 00 No change |
| 11 Nordette | 98 Doesn't know |

ALL SKIP TO QUESTION 437

432. *In the future, do you think you or your partner will want to use a Afferent method to prevent pregnancy?*

- | | |
|-----------------------|-------------------------------------------|
| 1 Yes | 9 Doesn't know, not sure (SKIP TO Q. 437) |
| 2 No (SKIP TO Q. 437) | |

433. *What method would you/your partner most like to use?*

- | | |
|----------------------------------------|--------------------------------|
| 1 Female sterilization, tubal ligation | 8 Foaming tablets |
| 2 Male sterilization, vasectomy | 9 Creams/jellies |
| 3 Implants (Norplant) | 10 Diaphragm |
| 4 Injection | 11 Withdrawal (SKIP TO Q. 443) |
| 5 Pill | 12 Rhythm (calendar method) |
| 6 Intra-uterine device/coil | 13 Billings method |
| 7 Condom | 88 Other (specify): _____ |

434. *Do you/your partner know where to obtain this method, or information about this method if it is either the Rhythm method or the Billings method [METHODS 12 AND 13]?*

- 1 Yes
- 2 No (SKIP TO Q. 437)

435. *Where?* [IF MORE THAN ONE PLACE MENTIONED, CIRCLE THE ONE HE WOULD MOST LIKELY USE]

- | | |
|-----------------------------------|----------------------------------|
| 1 Government hospital | 7 Outreach |
| 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 |

436. *How far would you/your partner have to travel to obtain the supplies or information about the method?*

- | | |
|----------------------|-----------------------|
| 1 At home | 5 5 to under 10 miles |
| 2 Under 1 mile | 6 10 miles and over |
| 3 1 to under 2 miles | 9 No response |
| 4 2 to under 5 miles | |

437. *Do you want to have any (more) children (after this pregnancy)?*

- | | |
|------------------------|------------------------------------|
| 1 Yes (SKIP TO Q. 443) | 3 God's will, fate (SKIP TO Q.445) |
| 2 No | 9 Not sure (SKIP TO Q. 445) |

RESPONDENTS WHO HAVE INDICATED THAT THEY WOULD LIKE TO HAVE A VASECTOMY IN THE FUTURE OR THEIR PARTNER TO HAVE A TUBAL LIGATION ["2" OR "1" IN Q. 419], SKIP TO BOX FOLLOWING Q. 455.

ALL OTHERS, CONTINUE.

QUESTIONS 438-442 ARE ONLY FOR MEN WHO DO NOT WANT MORE CHILDREN.

438. *Would you be interested in an operation that would prevent you or your partner from having any (more) children?*

- 1 Yes
- 2 No (SKIP TO Q. 449)
- 3 Not sure

439. *Do you/does your partner know where to go for this operation?*

- 1 Yes (SKIP TO Q. 441)
- 2 No

440. *Do you/does your partner know where to get information about this operation'}*

- 1 Yes
- 2 No (SKIP TO BOX FOLLOWING Q. 455)

441. *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 | |

442. *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?*

- | | |
|-----------------------------------------------------|-----------------------------------------------|
| 1 Fear of method/side effects | 10 Current partner opposes |
| 2 Fear of operation (cut) | 11 Advanced age, approaching menopause |
| 3 Fear of anaesthesia | 12 Not sexually active |
| 4 Service facility too far | 13 Religion |
| 5 Too young | 14 Man should have all the children they want |
| 6 Future partner might want children | 15 Family opposes |
| 7 May want more children if those living should die | 88 Other (specify):
_____ |
| 8 Lack of information | 99 No answer |
| 9 Lack of money | |

SKIP TO BOX FOLLOWING Q. 455.

QUESTIONS 443-449 ARE ONLY FOR MEN WHO WANT OR MIGHT WANT MORE CHILDREN.

443. *How many (more) children would you like to have (after this pregnancy)?*

- | | |
|------------------------|-------------------------------------|
| ___ ___ children | 77 As many as God sends, up to fate |
| 66 As many as possible | 98 Don't know |

QUESTIONS 450 - 455 ARE FOR MEN WHO HAVE HAD A VASECTOMY OR WHOSE WIVES/PARTNERS HAVE HAD TUBAL LIGATION.

450. *Where was your vasectomy/your wife's (partner's) tubal ligation done?*

- 1 Public hospital
- 2 Private hospital
- 3 Private doctor/clinic
- 8 Other (specify): _____

451. *How old were you when you/she had the operation?* _____
age

452. *Did you/your partner receive any counselling about family planning methods at that location?*

- 1 Yes
- 2 No (SKIP TO Q. 454)

453. *Did the counsellor or person you talked with give the following information?*
[FOR EACH POSSIBLE RESPONSE ASK: "Did she tell you about "]

	<u>Yes</u>	<u>No</u>	<u>DK/DR</u>
A <i>How the operation is performed</i>	1	2	9
B <i>The fact that sterilization does not affect sex life</i>	1	2	9
C <i>Postoperative consequences like pain, discomfort</i>	1	2	9
D <i>The anesthesia which would be used</i>	1	2	9
E <i>The possible medical risks of surgery and anesthesia</i>	1	2	9
F <i>The possibility of failure</i>	1	2	9
G <i>The fact that if the operation is successful, you would not be able to have more children</i>	1	2	9
H <i>The possibility of regret</i>	1	2	9
I <i>What to do in the event of postoperative complications</i>	1	2	9
J <i>Other available contraceptive methods</i>	1	2	9
K <i>Benefit of other methods</i>	1	2	9
L <i>Side effects of other methods</i>	1	2	9

454. Are **you** satisfied with you/your partner having had the operation?

- 1 Yes (SKIP TO BOX FOLLOWING Q. 455)
- 2 No

455. Why are you not satisfied with the operation?

- 1 In a new union
- 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 because my other children have grown up
- 7 Sterilization is morally wrong
- 8 Husband/partner treats me differently
- 9 She feels less important
- 88 Other (specify): _____
- 98 Don't know
- 99 Refused

**IF CURRENTLY USING A MODERN METHOD
[Q. 404 AND/OR Q. 409 = "1-10"], CONTINUE
WITH Q. 501.**

ALL OTHERS, SKIP TO Q. 504.

SECTION V - ATTITUDES TOWARD CONTRACEPTION AND SEXUALITY

501. *If you or your partner do not currently pay for the contraceptive (s) you use, would you be prepared to pay for it/them ?*

- 1 Yes
- 2 No (SKIP TO Q. 503)
- 3 Already pays for it/them

502. *How much would you/your partner be prepared to pay [If "1" in Q. 501]? Or, what is the highest amount you/your partner would be prepared to pay [If "3" in Q. 501]? Please tell me if more than one method is being used. [IF \$997 AND MORE, CODE "997"].*

FIRST METHOD

SECOND METHOD

J\$

- per cycle of pill
- per piece of condom
- per tube of foam/jelly
- per dose of injection
- per IUD (device only)
- per unit of diaphragm
- per procedure (tubal ligation)
- per procedure (vasectomy)

J\$

- per cycle of pill
- per piece of condom
- per tube of foam/jelly
- per dose of injection
- per IUD (device only)
- per unit of diaphragm
- per procedure (tubal ligation)
- per procedure (vasectomy)

- 998 Don't know
- 999 Regardless of cost

- 998 Don't know
- 999 Regardless of cost
- 000 No second method

SKIP TO Q. 504

503. *What would you then do to obtain contraceptives if you could not get them free of charge?*

- 1 Stop using, do without, etc.
- 2 Abstain from sex
- 3 Use Natural Family Planning methods or withdrawal
- 4 Use herbal medicines
- 8 Other (specify):

504. *If a woman takes the pill correctly, how sure can she be that she will not become pregnant? [READ OPTIONS 1-3]*

- 1 Completely sure
- 2 Slight risk of pregnancy
- 3 Some risk of pregnancy
- 9 Don't know

505. *How safe for a woman's health is the pill?* [READ OPTIONS 1 -3]

- | | | | |
|---|------------------------|---|-------------------|
| 1 | <i>Completely safe</i> | 3 | <i>Unsafe</i> |
| 2 | <i>Slight risk</i> | 9 | <i>Don't know</i> |

**IF RESPONDENT HAS NEVER HEARD OF TUBAL LIGATION,
INJECTION, PILL OR IUD, SKIP TO Q. 507.**

ALL OTHERS, CONTINUE.

I am now going to ask you how you feel about different kinds of contraceptives. For each contraceptive mentioned, that is, the injection, the pill, the IUD and tubal ligation, please give me your response after I read the possible answers. [READ ALL ANSWERS EXCEPT "DON'T KNOW"]

		<u>TL</u>	<u>the Inj- ection</u>	<u>the Pill</u>	<u>the IUD</u>
506a.	<i>How would you rate [METHOD] as to its effectiveness in preventing pregnancy?</i>	1 <i>Very effective</i> 2 <i>Sometimes effective</i> 3 <i>Not effective</i> 9 <i>Don't know</i>	—	—	—
506b.	<i>How would you rate [METHOD] as to its ease of use?</i>	1 <i>Very easy</i> 2 <i>Somewhat easy</i> 3 <i>Not easy</i> 9 <i>Don't know</i>	—	—	—
506c.	<i>Do you think [METHOD] can cause vaginal discharge?</i>	1 <i>Yes</i> 2 <i>No</i> 9 <i>Don't know</i>	—	—	—
506d.	<i>Do you think [METHOD] can cause abnormal bleeding ?</i>	1 <i>Yes</i> 2 <i>No</i> 9 <i>Don't know</i>	—	—	—
506e.	<i>Do you think women who use [METHOD] have a higher risk of cancer?</i>	1 <i>Yes</i> 2 <i>No</i> 9 <i>Don't know</i>	—	—	—
506f.	<i>Do you think [METHOD] can cause infertility if you use it for a long time, say five years?</i>	1 <i>Yes</i> 2 <i>No</i> 9 <i>Don't know</i>	XXX	—	—
506g.	<i>Do you think [METHOD] is bad for blood circulation?</i>	1 <i>Yes</i> 2 <i>No</i> 3 <i>Don't know</i>	—	—	—

Now, I'd like to read some statements to you. Please indicate if you agree, disagree or are uncertain about them.

	<u>Agree</u>	<u>Dis- agree</u>	<u>Un- certain</u>	<u>No Re- sponse</u>
507. <i>God should decide how many children one should have.</i>	1	2	8	9
508. <i>Work in the kitchen is women's work.</i>	1	2	8	9
509. <i>Care of children is women's work.</i>	1	2	8	9
510. <i>Sex with a virgin can cure gonorrhoea.</i>	1	2	8	9
511. <i>The man is the one to decide how many children his wife/partner should have.</i>	1	2	8	9
512. <i>A woman should be a virgin when she marries.</i>	1	2	8	9
513. <i>Men should always have financial responsibility towards their children.</i>	1	2	8	9
514. <i>Parents who provide their children with sex education encourage them to have sexual intercourse.</i>	1	2	8	9
515. <i>Sex education should be taught in schools.</i>	1	2	8	9
516. <i>A woman should have a baby before she is twenty to prove she is not a mule.</i>	1	2	8	9
517. <i>A woman can become pregnant during her first sexual intercourse.</i>	1	2	8	9
518. <i>If a man uses a condom, it doesn't take away any pleasure from the woman.</i>	1	2	8	9
519. <i>You can use the same condom more than once.</i>	1	2	8	9
520. <i>Using the pill will protect you against sexually transmitted diseases including AIDS.</i>	1	2	8	9
521. <i>Who ought to make the decision to use something to avoid becoming pregnant, the man only, the woman only, or both together?</i>				

- 1 The man
- 2 The woman
- 3 Both

- 4 Each one is on his or her own
 - 8 Other (specify):
-

**IF RESPONDENT HAS NO LIVING CHILDREN
[SEE Q. 302 AND 303], SKIP TO Q. 523**

ALL OTHERS. CONTINUE.

Now I would like to ask you about your attitude towards childbearing.

522. *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

99 Don't know

523. *In your opinion, at what age is a woman responsible enough to have her first child?*

___ ___ years

66 Soon after she enters her first union

77 When she matures, is in a stable union

55 Depends on circumstances

98 Doesn't have an opinion

88 Other (specify): _____

524. *What is the main reason a woman might wish to limit the number of children that she has?*

1 Health of the mother

2 Health of the child

3 Economic reasons

4 Wellbeing of the family

5 Don't think a woman should limit the number of children she has

8 Other (specify): _____

525. *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

526. *How old do you think it is best for a child to be before another child is born?*

___ ___ months

98 Fate, up to God

99 Don't know

527. *Who should decide the number of children a couple wants to have?*

1 Husband/partner

4 Mother-in-law

2 Wife/woman

5 Fate, up to God

3 Both

6 Other (specify): _____

528. *What are the days during the month when a woman has to be careful to avoid becoming pregnant?* [READ OPTIONS 1-5]

- | | | | |
|---|-----------------------------------------|---|----------------------------------|
| 1 | <i>During her period</i> | 5 | <i>At any time</i> |
| 2 | <i>Right after her period has ended</i> | 8 | <i>Other (specify):</i>
_____ |
| 3 | <i>In the middle of the cycle</i> | 9 | <i>Don't know</i> |
| 4 | <i>Just before her period begins</i> | | |

529. *Which do you think is better, vasectomy for men or tubal ligation for women?*

- | | | | |
|---|-----------------------|---|-----------------------------------------------|
| 1 | <i>Vasectomy</i> | 3 | <i>Neither, both equally (SKIP TO Q. 531)</i> |
| 2 | <i>Tubal ligation</i> | 9 | <i>No opinion (SKIP TO Q. 531)</i> |

530. *Why do you think vasectomy/tubal ligation [USE ANSWER TO Q. 529] is better?*

- 1 *Cheaper*
- 2 *Safer*
- 3 *Vasectomy diminishes a man's potency*
- 4 *Tubal ligation eliminates the future possibility of childbearing*
- 5 *Vasectomy eliminates the future possibility of childbearing*
- 8 *Other (specify):* _____
- 9 *Don't know*

531. **EVER USED CONDOMS.**

- | | | | |
|---|-----------------------------|---|----------------------------|
| 1 | <i>Yes [Q. 401-7 = "3"]</i> | 2 | <i>No (SKIP TO Q. 533)</i> |
|---|-----------------------------|---|----------------------------|

532. *Why do (did) you and your partner use condoms?* [READ OPTIONS 1-3]

- | | | | |
|---|----------------------------------------------|---|--------------------------------------|
| 1 | <i>Prevent pregnancy</i> | 3 | <i>Prevent pregnancy and disease</i> |
| 2 | <i>Prevent sexually transmitted diseases</i> | 4 | <i>Don't know/Don't remember</i> |

SKIP TO QUESTION 534

533. *Why haven't you and your partner(s) ever used condoms?*

- 1 *Partner(s) didn't like them*
- 2 *Have only one partner*
- 3 *Preventing pregnancy is woman's responsibility*
- 4 *They diminish pleasure/spontaneity*
- 5 *Not effective at preventing pregnancy*
- 6 *They are too expensive*
- 7 *Condoms are to be used only outside of marriage*
- 8 *Condoms are to be used only with prostitutes*
- 9 *Never sexually active*
- 88 *Other (specify):* _____
- 98 *Don't know*

534. CURRENT CONDOM USER.

- 1 Yes [CODE "7" IN Q. 404 OR Q. 409]
- 2 No (SKIP TO Q. 601)

535. *How often do you use condoms during sexual intercourse?* [READ OPTIONS 1-5]

- 1 *Every time*
- 2 *Every time with certain partners*
- 3 *Most of the time*
- 4 *Some of the times*
- 5 *Occasionally*
- 9 Refused

536. *The last time you had sexual intercourse, did you use a condom?*

- 1 Yes
- 2 No

537. *What is the brand name of the condom you/your partner normally use!*

- | | |
|-----------------|---------------------|
| 1 Arouser | 15 Maximum |
| 2 Bare Back | 16 Pamitex |
| 3 Black Jack | 17 Panther |
| 4 Fantasy | 18 Power Play |
| 5 Featherlite | 19 Rough Rider |
| 6 Fiesta | 20 Sensuals |
| 7 Gold | 21 Siltex |
| 8 Gossemar | 22 Sultan |
| 9 Jellia | 23 Trojan |
| 10 Jiffi | 24 Wet'N'Wild |
| 11 Kiss of Mint | 88 Other (specify): |
| 12 Licks | |
| 13 Life Force | 00 No brand |
| 14 Life Styles | 98 Don't know |

538. *Do you currently have a supply of them!*

- 1 Yes
- 2 No
- 9 No answer/don't know

539. *Did you buy them (the last time you had them)?*

- 1 Yes
- 2 No (SKIP TO Q. 541)

540. *Where did you buy the condoms that you normally use?*

- 1 Pharmacy
- 2 Supermarket
- 3 Grocery shop
- 4 Bar
- 8 Other (specify): _____

ALL SKIP TO Q. 601

541. *Where did you get the condoms if you did not buy it?*

- 1 Hospital
- 2 Clinic
- 3 Doctor's office
- 4 Partner
- 5 Friend
- 6 Outreach worker
- 8 Other (specify): _____

SECTION VI - YOUNG ADULT MODULE
(For all eligible respondents aged 15-24 years)

601. AGE OF RESPONDENT: [SEE Q. 102]

- 1 15-24 [CONTINUE WITH Q. 602] 2 25-54 (SKIP TO Q. 701)

602. *What ways are used by men to get a young woman into a sexual relationship?* [IF MORE THAN ONE WAY MENTIONED, ASK THE MOST IMPORTANT WAY].

- 1 Persistence
- 2 Good looks
- 3 Coaxing
- 4 Bragging about property
- 5 Money
- 6 Material things
- 7 Seclusion/seduction
- 8 Saying she doesn't love him if she won't have sex
- 9 Promise employment
- 10 Promise marriage
- 11 Promise "Uptown, Downtown, and Parade"/promise "the world"
- 12 Brute force
- 88 Other (specify): _____
- 98 Don't know
- 99 No answer

603. *How can a woman put off having sex if she is not ready for it?* [IF HE GIVES MORE THAN ONE REASON," ASK FOR THE MOST IMPORTANT].

- 1 Take his mind off it
- 2 Avoid him
- 3 Don't take anything
- 4 Stay away from secluded areas
- 5 Pretend menstruation
- 6 Don't move in with him
- 7 Don't listen
- 8 Pretend illness
- 9 Say no
- 88 Other (specify): _____
- 98 Don't know
- 99 No answer

604. *For young people your age who have had sexual intercourse, what do you think is the most appropriate contraceptive method to use to avoid pregnancy?*

- 1 Female sterilization, tubal ligation
 - 2 Male sterilization, vasectomy
 - 3 Implant (Norplant)
 - 4 Injection
 - 5 Pill
 - 6 Intra-uterine device/coil
 - 7 Condom
 - 8 Foaming tablets
 - 9 Creams/jellies
 - 10 Diaphragm
 - 11 Withdrawal
 - 12 Rhythm
 - 13 Billings method
 - 14 Abstinence
 - 00 None
 - 98 Doesn't know
 - 99 Doesn't answer
 - 88 Other (specify): _____
- (SKIP TO Q.606)

605. *Could you afford to use this method?*

- 1 Yes
- 2 No
- 9 Doesn't know

606. *Have you ever had a class or course about family life or sex education in school?*

- 1 Yes
- 2 No (SKIP TO Q. 612)

607. *How old were you when you had the first class or course?*

___ ___ age

- 98 Doesn't remember

608. *What grade of schooling (level and years) had you reached when you had this first class or course?*

	<u>LEVEL</u>	<u>YEARS</u>										<u>NOT SPECIFIED</u>
1	Primary	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	
9	Doesn't remember											

609. *Who was the main person who taught this first class or course?*

- 1 School teacher
- 2 Physician
- 3 Counsellor or psychologist
- 4 Social worker
- 5 Nurse
- 8 Other (specify): _____
- 9 Doesn't remember

610. *Was it a man or a woman?*

- 1 Man
- 2 Woman
- 9 Doesn't remember

611. Did this first class or course or any hirer class or course in school include information about..... ? [READ]

	<u>Yes</u>	<u>No</u>	<u>Doesn't Remember</u>
1 The human reproductive system	1	2	8
2 The woman's menstrual cycle or period	1	2	8
3 Pregnancy and how it occurs	1	2	8
4 Modern birth control methods such as the pill, IUD, condom, spermicidals, or injectables	1	2	8
5 Sexually transmitted diseases that can result from sexual contact	1	2	8
6 AIDS	1	2	8
7 Services available for adolescents	1	2	8

672. At what age do you think sex education should begin in schools?

___ ___ age

- 77 It should not be taught
- 98 Doesn't know

613. Have you ever had a formal course or lecture about family life or sex education anywhere outside of the school?

- 1 Yes
- 2 No (SKIP TO Q. 619)

614. Where was the first place you had it?

- 1 Community centre
- 2 Clinic
- 3 Club
- 4 Church
- 5 Youth centre
- 6 Bar

- 7 Work place
- 8 HEART
- 9 Home
- 88 Other (specify):

98 Doesn't remember

615. How old were you when you had this first course or lecture on sex education?

___ ___ age

98 Doesn't remember

616. *Who was the main person who taught this course?*

- | | |
|-----------------------------------|---------------------------|
| 1 School teacher | 6 Other social worker |
| 2 Physician | 7 Peers |
| 3 Nurse | 8 Parent/guardian |
| 4 Counsellor or psychologist | 88 Other (specify): _____ |
| 5 Family planning outreach worker | 99 Doesn't remember |

617. *Was it a man or a woman?*

- 1 Man
- 2 Woman
- 9 Doesn't remember

618. *Did this first class or course or any later class or course in school include information about ? [READ]*

	<u>Yes</u>	<u>No</u>	<u>Doesn't Remember</u>
1 <i>The human reproductive system</i>	1	2	8
2 <i>The woman's menstrual cycle or period</i>	1	2	8
3 <i>Pregnancy and how it occurs</i>	1	2	8
4 <i>Modern birth control methods such as the pill, IUD, condom, spermicidals or injectables</i>	1	2	8
5 <i>Sexually transmitted diseases that can result from sexual contact</i>	1	2	8
6 <i>AIDS</i>	1	2	8
7 <i>Services available for adolescents</i>	1	2	8

Now, I'd like to ask you some very personal questions which are very important to the study.

619. *In what month and year did you first have sexual intercourse? [CHECK WITH ANSWERS GIVEN AT QUESTIONS 213 AND 214. IF NOT CONSISTENT, CLARIFY AND CORRECT WHERE RELEVANT]*

- ___ ___ month 1 9 ___ ___ year 98 Doesn't remember
 99 No response
 2222 Has never had sexual intercourse (SKIP TO Q. 801)

620. *How old was the person with whom you had sexual intercourse for the first time?*

___ ___ age

621. *What was the relationship of this person to you at that time?*

- | | | | |
|---|------------------|---|---------------------|
| 1 | Wife/partner | 5 | Casual acquaintance |
| 2 | Visiting partner | 6 | Father's partner |
| 3 | Girlfriend | 8 | Other (specify): |
| 4 | Friend _____ | | |

622. *Where did this first experience take place?*

- | | | | |
|---|-----------------------|----|--------------------------------|
| 1 | At his own home | | |
| 2 | At his partner's home | 7 | At a dance hall/party |
| 3 | At a friend's home | 8 | At the beach |
| 4 | In a hotel or motel | 9 | In the bushes |
| 5 | In a car | 88 | Another place (specify): _____ |
| 6 | School | 98 | Doesn't remember |

623. *Did you or your partner use a contraceptive method during this first sexual intercourse?*

- 1 Yes
- 2 No (SKIP TO Q. 627)
- 9 Doesn't remember/doesn't know (SKIP TO Q. 628)

624. *What was the method?*

- | | | | |
|---|--------------------------------------|----|--------------------------|
| 1 | Female sterilization, tubal ligation | 8 | Foaming tablets |
| 2 | Male sterilization, vasectomy | 9 | Cream/jellies |
| 3 | Implant (Norplant) | 10 | Diaphragm |
| 4 | Injection | 11 | Withdrawal |
| 5 | Pill | 12 | Rhythm (calendar method) |
| 6 | Intra-uterine device/coil | 13 | Billings method |
| 7 | Condom | 88 | Other (specify): |
- _____

625. *Where did you or your partner get this method used during your first sexual intercourse? (IN CASE OF BILLINGS OR RHYTHM (CALENDAR METHOD),... Where did you or your partner receive orientation?)*

- | | | | |
|---|---------------------------------|----|-------------------------------|
| 1 | Government hospital | 7 | Outreach worker |
| 2 | Government health clinic/centre | 8 | Factory/work place |
| 4 | Private clinic | 9 | Supermarket/shop/bar |
| 5 | Private doctor | 88 | Other (specify): _____ |
| 6 | Pharmacy | 99 | Doesn't know/doesn't remember |

626. *Whose decision was it to use this method? You alone, your partner alone, or was it made together¹?*

- | | | | |
|---|--------------------|---|------------------------|
| 1 | His decision | 3 | Decision made together |
| 2 | Partner's decision | 4 | Doesn't remember |

SKIP TO Q. 701.

627. *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 Contraceptive methods are bad for one's health
- 4 Religion doesn't permit use
- 5 Didn't know of any methods
- 6 Knew of methods but didn't know where to get them
- 7 Intercourse is not satisfying when methods are used
- 8 Wanted to use something but couldn't get it at that moment
- 9 Too embarrassed to get method
- 10 Wanted to become pregnant
- 11 Other (specify): _____
- 88 Doesn't know
- 98 Didn't respond

SECTION VII - CURRENT SEXUAL ACTIVITY
(For all eligible respondents)

701. EVER HAD SEXUAL INTERCOURSE? [SEE Q. 207 OR Q. 213]

- 1 Yes
- 2 No (SKIP TO Q. 801)

702. *Have you had sexual intercourse in the last 30 days?*

- 1 Yes
- 2 No (SKIP TO Q. 705)

703. *How many times have you had sexual intercourse in the last 30 days?*

___ ___ times

- 90 Many times - more than 10 98
- Don't remember

704. *With how many women ?*

___ ___ number

- 98 Don't remember

705. *What was the relationship of the last person with whom you had sexual intercourse to you?*

- 1 Wife/partner
- 2 Visiting partner
- 3 Girlfriend
- 4 Friend
- 5 Casual acquaintance
- 6 Father's partner
- 7 Other relative's partner
- 8 Other (specify): _____

706. *Did you or the woman involved use a contraceptive method during the last time you had sexual intercourse?*

- 1 Yes
- 2 No (SKIP TO Q. 708)

707. *What was this method?*

- | | | | |
|---|--------------------------------------|----|--------------------------|
| 1 | Female sterilization, tubal ligation | 8 | Foaming tablets |
| 2 | Male sterilization, vasectomy | 9 | Cream/jellies |
| 3 | Implant (Norplant) | 10 | Diaphragm |
| 4 | Injection | 11 | Withdrawal |
| 5 | Pill | 12 | Rhythm (calendar method) |
| 6 | Intra-uterine device/coil | 13 | Billings method |
| 7 | Condom | 88 | Other (specify): |

708. NUMBER OF WOMEN WITH WHOM YOU HAD SEXUAL RELATIONS IN PAST 30 DAYS. [CHECK Q. 704]

- 1 One woman (SKIP TO Q. 801)
- 2 Two women
- 3 Three or more women

709. *What was the relationship of the next-to-last person with whom you had sexual intercourse in the past 30 days to you?*

- | | | | |
|---|------------------|---|--------------------------|
| 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): _____ |

710. *Did you or this person use a contraceptive method?*

- 1 Yes
- 2 No (SKIP TO BOX FOLLOWING Q. 711)

711. *What was this method?*

- | | | | |
|---|--------------------------------------|----|--------------------------|
| 1 | Female sterilization, tubal ligation | 8 | Foaming tablets |
| 2 | Male sterilization, vasectomy | 9 | Cream/jellies |
| 3 | Implant (Norplant) | 10 | Diaphragm |
| 4 | Injection | 11 | Withdrawal |
| 5 | Pill | 12 | Rhythm (calendar method) |
| 6 | Intra-uterine device/coil | 13 | Billings method |
| 7 | Condom | 88 | Other (specify): |

RESPONDENTS WHO HAVE HAD SEXUAL RELATIONS WITH TWO WOMEN IN PAST 30 DAYS, SKIP TO Q. 801.

WITH THREE OR MORE WOMEN, CONTINUE.

712. *What was the relationship of the second-from-last person with whom you had sexual intercourse in the past 30 days to you?*

- 1 Wife/partner
- 2 Visiting partner
- 3 Girlfriend
- 4 Friend
- 5 Casual acquaintance
- 6 Father's partner
- 7 Other relative's partner
- 8 Other (specify): _____

713. *Did you or this person use a contraceptive method?*

- 1 Yes
- 2 No (SKIP TO Q. 801)

714. *What was this method?*

- | | |
|----------------------------------------|------------------------------|
| 1 Female sterilization, tubal ligation | 8 Foaming tablets |
| 2 Male sterilization, vasectomy | 9 Cream/jellies |
| 3 Implant (Norplant) | 10 Diaphragm |
| 4 Injection | 11 Withdrawal |
| 5 Pill | 12 Rhythm (calendar method) |
| 6 Intra-uterine device/coil | 13 Billings method |
| 7 Condom | 88 Other (specify):
_____ |

SECTION VIII - KNOWLEDGE AND TRANSMISSION OF AIDS AND PREVENTION

801. *Have you ever heard of HIV or HIV infection?*

- 1 Yes
- 2 No

802. *Have you ever heard of the disease called AIDS?*

- 1 Yes
- 2 No

803. *Do you think a person can be infected with the virus which causes AIDS and not have any signs or symptoms of the AIDS disease?*

- 1 Yes
- 2 No
- 8 Don't know

804. *Can you tell me two different ways in which a person can become infected with the virus which causes AIDS?*

	<u>First</u>	<u>Second</u>
Sexual transmission	1	1
Intravenous drugs	2	2
Blood transfusion	3	3
Mother to child	4	4
Mosquito bites	5	5
Casual contact	6	6
Other (specify): _____	8	8
Don't know		

805. *Can a person get AIDS from someone who has the AIDS virus but does not have the AIDS disease?*

- 1 Yes
- 2 No
- 8 Don't know

806. *What risk do you think there is of your getting AIDS? [READ]*

- 1 *A great risk*
- 2 *Some risk*
- 3 *Not much risk*
- 4 *No risk at all*

807. What can a person do to reduce the risk of getting AIDS? [IF NON-SPONTANEOUS RESPONSE, PROBE: Can a person to reduce the risk of AIDS?]

	<u>Spontaneous</u>	<u>Yes</u>	<u>Probed</u> <u>No</u>	<u>DK</u>
A Use condoms	1	2	3	9
B Avoid relations with prostitutes	1	2	3	9
C Have only one sexual partner	1	2	3	9
D Ask partner to have blood tested for AIDS	1	2	3	9
E Not have sexual relations	1	2	3	9
F Sterilize needles	1	2	3	9
G Avoid relations with bisexuals/homosexuals	1	2	3	9
H Any thing else? _____	1	2	3	9

808. In which of the following ways do you think a person can get the virus which causes AIDS? [READ]

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>
A Shaking hands or hugging	1	2	8
B Being in the same room as a person who has the AIDS virus	1	2	8
C Sharing personal items like dishes, toilets, etc.	1	2	8
D Sharing needles used for drugs	1	2	8
E Sexual intercourse between men	1	2	8
F Sexual intercourse between a man and a woman	1	2	8
G Giving a blood donation	1	2	8
H Receiving a blood transfusion	1	2	8
I Being bitten by an insect that has bitten someone with the AIDS virus	1	2	8

APPENDIX IV

REPORT ON THE NATIONAL DISSEMINATION SEMINAR

The main results of the surveys were presented in a two-day seminar held in February 1994 to disseminate and evaluate the findings of the surveys. The purpose of the Seminar was to discuss the findings of the 1993 Contraceptive Prevalence Survey so as to develop a better understanding among policy makers and family planning, health and population workers of their implications in order to improve the delivery of family planning services.

The major objectives of the Seminar were:

1. To present and compare the findings of the 1993 CPS with data from other relevant sources.
2. To examine the findings within the context of areas of national population policy which relate to family planning.
3. To make recommendations on the implications of the data for family planning.

The four main areas presented at the Seminar were:

- a) Fertility and planning status of last pregnancy.
- b) Contraception: Knowledge, use and attitudes, including women in need of family planning services.
- c) Young adults.
- d) AIDS.

The following are the highlights of the eval-

uation of the findings and the recommendations made by the participants.

Measurement of Fertility

A significant finding of the survey was that the total fertility rate had remained virtually unchanged since 1989 (3.0 births per woman compared with 2.9 in 1989, a change which was not statistically significant). This was an unexpected result since the target for 1993, based on earlier trends, had been set at 2.7 births per woman. The apparent failure of fertility to decline, on cursory examination, appears surprising, given the substantial increase in reported contraceptive use by women in union (from 55 percent to 62 percent) in the interval between the two surveys. However, when fertility is plotted against contraceptive prevalence, the 1993 TFR falls exactly where it is expected (that is, a population with the contraceptive use level reported for Jamaica would be expected to have a TFR of about 2.9).

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 and/or due to an increase in prevalence principally accounted for by an increase in condom use. Other factors which could account for the higher than expected TFR could have been that the changes in prevalence rate could have occurred in the recent past thus it would have been too early to be reflected in the fertility rate or that changes which occurred in the method mix would not have contributed directly to a lowering of the fertility rate.

Mean number of children ever born is another measure of fertility which can be applied. There was a reduction in all but the younger age groups (15-19 and 20-24 years) where no change occurred. This supports the findings of the total fertility rate. With respect to level of education, there was an inverse relationship, the higher the level of education, the lower is the number of children ever born.

With respect to desired number of children, there was a substantial increase in every age group. This was seen when cross-classified against most of the major characteristics. Until secondary analysis is performed, there is no obvious explanation for this increase in desired number of children. In the case of educational levels, as in the case of the number of children ever born, there was a consistent inverse relationship whereby the higher the level of education, the lower was the desired number of children.

The planning status of the last pregnancy within the last five years was examined. Planned pregnancies were slightly under 21 percent, that is, 4/5ths of last pregnancies were unplanned. Another feature was that some 50 percent were mistimed, mostly among younger women. This showed no progress since the 1989 survey when the proportion of planned pregnancies was 29 percent and the percentage of mistimed pregnancies was similar to the 1993 level.

With respect to non-contraceptive determinants of fertility, breast-feeding of babies continued to be high (94 percent in 1993, a slight fall from the 98 percent in 1989). Duration of breast-feeding remained virtually unchanged, with no urban/rural differences. With respect to the period of exclusive breast-feeding, the mean was 1.7 months with slight urban/rural differences. More significant were the differences between

women who were employed and those who were not employed. No distinction was made in the survey between "exclusive breastfeeding" and "complete breastfeeding", concepts which was gaining recognition at the international level and particularly in the World Health Organization as important to meaningful analysis of breastfeeding habits, particularly in the context of the contraceptive impact, that is, the period during which ovulation is inhibited.

Other factors considered were postpartum amenorrhoea and postpartum abstinence; two factors which can contribute to delaying susceptibility to pregnancy after a birth. Postpartum amenorrhoea is that period after birth before the resumption of menstruation, during which, as in the case of breastfeeding, ovulation is inhibited; while postpartum abstinence is that period after birth when the new mother voluntarily abstains from sexual intercourse. It was found that within 3-4 months after the birth of the child, 60 percent of women were no longer amenorrhoeic and by 12 months the proportion had fallen to only 3.3 percent. The mean period of postpartum abstinence was 5.5 months, with average postpartum insusceptibility being 7.2 months. Union status was found to be associated with the resumption of sexual activity; of women who had a child in the last 12 months, 21 percent of women in union had resumed sexual activity compared with 37 percent for those not in union.

In the discussion, the concern over the apparent failure of the fertility rate to fall was expressed and it was agreed that this should be studied further. With respect to breastfeeding, the latest thinking by the WHO on the nutritional as well as the contraceptive advantages of breast feeding was considered as important to its promotion and should therefore be taken into account in the presentation of results of the surveys and

other enquiries. With respect to resumption of sexual activity, it was felt that the average of 5.5 months does not seem to fit the Jamaican pattern which is assumed to be far less. It was also felt that the terms used to categorize the planning status of pregnancy seemed inappropriate in the context of the family patterns in the Caribbean. Finally, it was felt that there was need for additional research into reasons why three quarters of pregnancies were unintended.

Contraception

Knowledge of at least one effective method of contraception was found to be almost universal, as also was knowledge of the major methods, the pill, the condom, the injectable and tubal ligation (all with knowledge over 90 percent for women and in the high eighties or over 90 percent for men.) Withdrawal, although not as well known as the forementioned four methods, is still fairly well known as were the IUD, the diaphragm, the vaginal tablets and the associated creams and jellies and vasectomy. Not so well known were the other natural methods, the calendar and the Billings methods. It is not unexpected, therefore, that knowledge of the menstrual cycle is not very high. Knowledge is higher in urban than in rural areas while there is positive correlation with the educational level of the respondent, that is, the higher the level the greater is the knowledge of the most fertile period during the menstrual cycle.

Contraceptive prevalence increased significantly for women in union over the four year period since the last survey (from 55.5 percent to 61.9 percent). The rate in 1993 was even higher for men (69.2 percent) than for women. In terms of specific methods, while the pill remains the most prevalent method, there was little change in all major methods except condoms, which

accounted for almost the entire increase in total use. For at least half of married females and males (more than half in the case of males), the condom was used primarily for contraception. On the other hand, many unmarried persons use the condom for both prevention against pregnancy and protection against STDs. Nearly two-thirds of women who use condoms use them always; about one-third do not use them all the time, including some who use the condom as their primary method. More than half of males do not use condoms all the time.

There is little urban/rural difference in contraceptive use. More women report using the pill as the primary method. Method use changes with age, from condoms used by younger women, the pill by older age groups and sterilization by the oldest age group. A similar pattern is reflected by union status which tends to be correlated with age, as younger women are more involved in non-union relationships. There is no discernible pattern in relation to education or socio-economic status except at the lower level. The pattern for female sterilization describe by women is similar for men, with more men reporting older female partners who were sterilized. More women than men reported confidence in the pill as a sure and safe way of preventing pregnancy.

With respect to sources of contraception, in the case of both female sterilization and injectables, the public sector remains the main source of supply as these are procured mainly at government hospitals and health clinics. There seems, however, to be some movement away from the public sector as the main source of the other major contraceptive methods. This shift may be more apparent than real, however, since a number of the brands sold in the commercial system are, in fact, being subsidized through the social marketing program, thus providing a con-

tinuation of a public service.

Attitudes towards the determination of family size as well as the use of contraceptives were next explored. Most women and men (88 percent and 86 percent, respectively) felt that decisions on family size should be made by both partners. Of the remainder, most of the female respondents felt that the woman should be the one to take the decision while in the case of male respondents, the opposite is true. This patterns was similar in respect to the various characteristics - urban/rural, education level, socio-economic status. Also, the pattern in 1993 was similar to that seen in 1989, although the responsibility of individuals were considered to be more important in 1989. Decisions regarding determination of the use of contraception showed a similar pattern.

Views on specific contraceptive methods were also explored. For example, one of the questions asked was 'which method of sterilization, tubal ligation or vasectomy, was "better"'. Although not a significant difference, more women (some 40 percent) than men (37 percent) saw tubal ligation as a better method than vasectomy. At the same time one-third of men and one fourth of women considered vasectomy and tubal ligation to be an equally good option. At the same time, more men than women felt that use of the pill, the injectables and the IUD could result in infertility, with the views of men being more strongly expressed than those of women (30 percent for males and 17 percent for women). Finally, with respect to condom use, some 56 percent of women and 58 percent of men felt that using a condom diminishes the pleasure during sexual intercourse.

There was some differential by age group, as the younger the group, the more it was felt that there was less pleasure with condom use.

Almost all, however, felt that the same condom would not be effective on second use.

The percentage of women in need of family planning services, or at risk of an unintended pregnancy, were estimated, with the measurement confined to women who are not currently pregnant, fecund, sexually active, and she has stated that she does not desire to become pregnant but is not using any method of contraception for reasons not related to pregnancy. UNMET need was estimated at 9.4 percent, varying from 9.1 percent in urban areas to 9.5 percent in rural areas, with the greatest need for women with lowest parity.

In the discussion, it was felt that the increase in prevalence, consisting mainly of increased condom use, could have been influenced by the campaign which has been put in place with respect of its use in the prevention of STDs, including HIV, particularly since it is difficult to separate family planning from the STD program. Account must however be taken of the findings that while one-third of the men report condom use, about fifty percent are not consistent users.

With respect to the findings that while one-third of the men report condom use, about fifty percent are not consistent users.

With respect to the findings on unmet need, it was felt that the concept applied in the reporting on the findings is perhaps too narrow. It was felt that the following should be represented:

- current users who are not consistent in their use;
- current users who desire a more satisfactory or effective method;
- currently pregnant women reporting that

their pregnancy was unplanned.

A view was expressed that the target of replacement fertility ought to be reexamined. Policy makers should determine the extent to which this is a goal for the population as a whole since if this is not their desired objective, there would be need for appropriate behavioral change in order for the target to be achieved.

Young Adults

Sexual experience and contraceptive use of young adults 15-24 years of age were examined. There were marked differences between male and female young adults as to what each felt was the most appropriate contraceptive method. Females reported condoms (37 percent) and the pill (37 percent) while males reported condoms (79 percent). This may be indicative of females viewing methods as a means of preventing pregnancy while males see them as a means of pregnancy control and/or protection against STDs.

There has been relatively no change in the exposure to family life education (FLE) since the 1987 survey of young adults. Females (81 percent in 1987 and 1993) and males (61 percent in 1987; 68 percent in 1993) reported that they had been exposed to FLE. However, while quantity remains relatively high there is concern about the quality of these services. An assessment of the FLE program is needed with a more structured relationship between NFPB/MOH and MOE.

The findings seem constant between the two surveys, in that the proportion of females 15-17 years of age reporting sexual experience in 1993 (44 percent) was not significantly different from that in 1989 (42 percent) and 1987 (41 percent). This may be an indication of the effectiveness of programmes in

preventing earlier initiation of sexual intercourse. Sexual experience increases with age for females, 15-17 age group (44 percent) and 18-19 (80 percent) as well as males (63 percent and 96 percent, respectively). Also, more males reported initiating sexual experience prior to 14 years of age (24 percent) than did females (6 percent).

Females (43 percent) were twice as likely than males (21 percent) to have used some form of contraceptive at first sexual intercourse. Most females (82 percent) reported the first partner to have been a steady boyfriend whereas only 46 percent of males did. The behavior of males regarding contraceptive use and casual relationship during first sexual encounter could be indicative of a lack of commitment.

For both women and men, the method used at first sexual intercourse was overwhelmingly condoms. The main sources have not changed very much. For women the source tends to be a pharmacy; however, a large proportion did not know the source. This is not surprising since the condom was the main method and supplied by their partner. Males reported the source to be shops, supermarkets and friends.

As in 1987, most indicating non-use of a contraceptive reported that they did not expect to have intercourse at the time of first intercourse or they did not know about contraception (mostly those less than 15 years of age at first intercourse).

Approximately half the males and 44 percent of females reported that they were currently sexually active. Union status made a difference as the more stable the union the more likely of a report of a sexually intercourse within the specified period. For example, 90 percent males and 95 percent females who were married reported having sexual inter-

course at least once in the previous 30 days while only 47 percent of males and 30 percent of females in boy/girlfriend relationships reported sexual activity in the period.

In the discussion, it was a concern that there has been so little change in family life education, especially with respect to males; hence, there is the need to involve the Ministry of Education through sharing of information and work jointly on related issues. There is also the need to consider the needs of those not attending school.

A significant proportion of females (22 percent) and males (50 percent) reported having had their first sexual experience at 14 years or less. Disaggregation of data needs to be done to determine actual age and use the information in targeting these groups. Programmes tend to be aimed at awareness of contraception but there is the need to know why there is a gap between knowledge and behavior so as to be more effective in reaching those who are not using contraceptives.

Sources appear to be mainly outside the public health care facilities and we should begin to question whether young adults are being provided with the best services outside of health care facilities and whether we need to add to existing public services to ensure that young adults receive and pass on correct information. There is the need to strengthen networks; for example, more needs to be done in the area of peer counselling and finding a way by which friends can become a medium through which adolescents obtain contraceptives and information and/or access services.

Main areas requiring further study include gender, early sex education, parity and provision of services. Services seem not to be as successful as expected so there is a

need to examine other alternatives such as use of school based clinics. Interventions tend not be accommodating to the adolescent so consideration should be given to involving them in planning. Interventions should be innovative e.g. summer camps found to be useful in reaching young adults. Networking is another useful strategy. Media campaign for those not in school is needed.

AIDS

Between 1989 and 1993 there was little change in the high proportion of women knowledgeable about AIDS. In 1993, a high proportion of men were also found to be knowledgeable. Positive responses to questions on three modes of HIV transmission, which were considered correct based on presently accepted theories, heterosexual intercourse, sexual intercourse between men and sharing needles used for drugs, were reported by over 90 percent of respondents to be associated with the modes of transmission. However, some other modes of transmission which are not considered to be associated with transmission of AIDS were reported by a significant minority of respondents (40 percent for being bitten by an mosquito insect that has bitten someone with the AIDS virus, between 20 and 26 percent for sharing personal items, seven and nine percent for being in the same room with an AIDS victims, and two and five percent for handshake or hugging). Another mode of HIV "transmission", giving a blood donation, had a high percentage of positive responses, approximately 70 percent, although it is among those which are not considered as an accepted mode of HIV transmission. Giving blood is obviously confused with receiving a blood transfusion. Only in the case of sharing needles used for drugs was there any significant improvement in knowledge. The perception that giving a blood donation is a mode of transmission was

higher in 1993 over 1989.

Urban dwellers responded more accurately than rural dwellers; also, more persons with higher levels of education answered correctly than those at the lower levels. Responses were mixed in relation to union status while those by the different socio-economic groups recorded responses as for education, more correct for the highest group.

With respect to perception of risk, more persons considered themselves at no risk of getting AIDS than those considering themselves at great risk or some risk. The situation was significantly different in 1993 than in 1989 (37 percent reported no risk in 1989 as compared with 53 percent in 1993). When the responses of women who had heard of AIDS were examined relative to their perception of the degree of risk, a high proportion (46 percent) of the 15-19 age group felt themselves at no risk. There was little urban/rural difference and the lower the level of education the higher the proportion of those who felt themselves at no risk. A higher proportion of church attenders felt themselves to be at no risk than those who did not attend church. Also, most of those who felt that there was no risk were in boy/girlfriend relationships or had no steady partner. The patterns was similar for men.

Approximately one third of persons who have ever used a condom believed they were at no risk; the percentage of never users with who felt they were at no risk is 42 percent. Men more than women felt that they were not at risk although less women felt that they were at great risk.

It was acknowledged that knowledge does not necessarily remain static and that if the educational programs are not maintained, there is likelihood of regression. Also, as the level of knowledge is increased, it may

be necessary to become more specific, refine aims and take account of new targets and new risks while maintaining momentum. With knowledge among females with boy-friends being higher than males in a similar relationship, this is a target group which can be addressed; another target group is those at the lower socio-economic group level. In fact, with lower knowledge among males than females, men could be considered to constitute another target group.

RECOMMENDATIONS

The following recommendations were made, based on the findings presented at the seminar, the consideration of policies and programme implications:

1. Intra-agency coordination and integration of mutual activities should be improved.
2. A campaign should be carried out in the mass media with a view to influencing changes in desired fertility.
3. The three concepts relating to breast-feeding which are considered useful for the analysis of breastfeeding, both in relation to the nutritional value to the baby and to the contraceptive impact on the mother are: full breastfeeding, complete breastfeeding and exclusive breastfeeding. Health workers should be educated about the differences in the three concepts so as to ensure that the message being passed on to mothers is accurately and adequately presented.
4. There should be continuous promotion of "complete breastfeeding" and as a corollary, the "Baby Friendly" initiative now being promoted by the Ministry of

Health should be intensified.

5. Policy statements should be made as early as possible concerning the contraceptive prevalence rate to be achieved in the future, based on the results derived from the 1993 CPS, and information disseminated to all sectors involved in family planning.
6. The campaign being carried out by the NFPB in its Information, Education and Communication (IEC) programme on methods should aim at increasing awareness of all methods based on the new information obtained from the surveys. In carrying out this recommendation, the following should be considered:
 - a) The core information available from the surveys should be examined with a view to determining methods of communicating the information. Methods of dissemination should involve the community and more face-to-face interaction.
 - b) Knowledge and culture should be integrated into the programme through the use of the information on myths available from the surveys.
7. Contraceptives should be easily accessible to the clients in public sector clinics.
8. Information on vasectomy should be widely available to the public. However, there is need to be more careful about what information is passed on, given the cultural orientation.
9. Emphasis should not be placed on abstinence in the postpartum amenorrhoeic period since such promotion is not likely to add to any benefits while breastfeed-

ing is being done.

10. The quality of counselling offered to potential clients should be improved and should be more generally available in the community including during evening hours.
11. NFPB should evaluate the quality of Family Life Education (FLE) component in the curriculum being offered in schools, with a view to strengthening the FLE input in the general school curriculum. Attention should be paid to the integration of programmes; for example, an examination of what is now being offered in FLE indicates that some important subjects areas are conveniently omitted. This is important since it is recommended that Family Life Education should be made an examinable subject.
12. The programme component and education programmes of any FLE curriculum should be relevant to the group being targeted. (For example, adult values, opinions, etc. should not be imposed in teenage programmes; also special attention should be given to the promotion of self-esteem).
13. Appeals to target groups should be made through channels which will attract them - for example, sports, music and other interesting socio-cultural activities. (Thus, a Michael Holding or a Shabba Ranks might be considered more acceptable to address adolescents than, say, the Governor General).
14. Programmes of FLE developed for young adults should encourage active male participation.
15. A structured relationship should be deve-

loped between the various agencies with responsibility for delivery of FLE to young adults.

16. Health workers should be trained in the taking of sexual history.
17. NFPB should develop a mass media campaign in an effort to effect attitudinal changes.
18. Encouragement of increased use of contraceptives at first sexual intercourse by both males and females with casual partners.
19. Community workers and other leaders should be exposed to education particularly in FLE.
20. NFPB should work closely with community-based organizations or groups such as churches, youth and sports clubs and other NGOs to reach adolescents not attending school. There should also be indoctrination of society leaders, movers and shakers in accepting the changing needs such as educating parents, teachers, church and moral guardians.
21. There may be need to expand the education on AIDS to that of HIV.
22. The necessity to expose church members to the risks of contracting AIDS might require the innovation of new avenues of education such as combining the message of abstinence with that of AIDS prevention and, at the same time, e of education, both in relation to AIDS and family planning.
23. On a more general note, employment opportunities should be increased.
24. With respect to the findings on fertility, further analysis of the data should be done to explain why has desired fertility increased in all groups, in all socio-economic classes and in both urban and rural.
25. Information on the relationship between breastfeeding and contraception should be obtained for use in research and for educational and other promotional purposes.
26. The appropriateness of methods and the timing of expansion in the social marketing programmes should be determined in order to ensure sustainability of methods.
27. Investigations should be carried out concerning the barriers to the use of injectables.
28. Qualitative follow-up studies such as research on focus group should be undertaken to support the findings of the CPS.
29. More indepth research should be conducted in respect of failure rates.
30. The terms "full breastfeeding", "complete breastfeeding" and "exclusive breastfeeding" should be clarified in the final report.
31. There should be some examination of the survey data to determine if there is some correlation between heads of households by the various characteristics and the sexual activity of members of the household.
32. The survey data should be examined to determine if there is any correlation between the rate of drop outs in schools and the period of introduction of FLE in schools.

33. There is need for further analyses in relation to knowledge and perception of risks relating to STDs and particularly HIV/AIDS, correlating these with other behavioural factors related to these diseases, studied in the CPS.

with related agencies, both within and across Ministries of Government, in the study of overlapping programmes such as, for example, the promotion of condom use for contraception and AIDS prevention.
34. In particular, data relating to perception of risks of HIV/AIDS require more correlation analysis with factors such as condom use (using and not using) and union status.
35. More information is needed, not only in terms of STDs and HIV but on differential condom use. Depending on the relationship, use of condom could inform intervention approaches, for example:
 - a) condom use with one partner and not with another;
 - b) condom use with another method with one partner and not with another over a period of time; and
 - c) what informs these choices and what decisions can be made.
36. There is need for greater integration
37. More generally, persons of relatively low education should be targeted and located. Suitable materials should be developed for this target group.
38. Some attempt should be made to work with the churches in order to help find new ways to communicate and market to their members, views that are acceptable to them. Findings of organizations such as the EPI Unit and NFPB could be used to promote the views and motivate the members.
39. Questions about relationships in future surveys should be equally as extensive for males as for females. (For example, information on second partner should apply to women as to men).
40. Another workshop should be held at a later date when more data is available to make the activity more productive.

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