



**NATIONAL FAMILY PLANNING BOARD**

**(NFPB)**

**ANNUAL REPORT**

**FOR**

**Years Ending 31st March, 1975**

**And 31st March, 1976**

**NATIONAL FAMILY PLANNING BOARD**  
**8 SYLVAN AVE, KINGSTON 8**  
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## ANNUAL REPORT – 1974/75 and 1975/76

### INTRODUCTION

In the previous report mention was made in the concluding paragraph of the preparatory work being undertaken towards integration of the education and clinic services with the general health care system of the Ministry of Health and Environmental Control.

The transfer of these services and the relevant staff was effected on the 1st April, 1974 after many months of planning concerning which a Working Party had been set up to examine in detail, all the implications and determine the placement of staff which were being transferred to the Ministry to continue implementation of those operations to which they had been assigned during their tenure of office with the Board.

Following deliberations and a final report of the Working Party the transfer and placement of staff was carried out with no apparent difficulty. Staff who had previously been engaged in duties and functions of an educational nature were transferred to the Bureau of Health Education of the Ministry while others who had been assigned to clinic duties were absorbed into the health system of the Ministry. Ancillary staff were also suitably assigned.

This exercise was the first step towards the ultimate provision of a comprehensive health care system designed to establish a service throughout the island which would on a community basis meet the needs of the vast majority of persons requiring various family planning and allied services.

Consequent on the transfer of these services to the Ministry, the Board was given a new mandate setting out its revised role and responsibilities as outlined in a Ministry Paper presented to the House in January, 1974. While there was no significant change in the other services being administered by the Board, there was an expansion of certain areas, and a greater responsibility for co-ordination of the family planning activities of Government Agencies and private organisations had to be assumed. The area of public information and education was expanded to include a new and vital programme of Family Life Education which is being given the priority a programme of this nature deserves if we are to achieve the goal of total development of the individual and the acquiring of acceptable standards of living for all.

After a review of the new role and responsibilities was carried out jointly by members of the Board and senior staff, a plan of action was decided on for the prompt and effective implementation of the revised system of administering the family planning programme. During the period under review, the Board was successful in laying the foundation, in collaboration with the Ministry of Education, for family life education to become an integral part of the schools' curriculum and for teachers to be specially trained for conducting sessions at appropriate levels within all schools. In addition, the Board's informational drive has been developed with a strong ingredient of family life and family responsibility in pursuance of our planned objective.

Despite an unavoidable lull in the educational and clinic activities of the programme caused by re-adjustment of staff transferred and re-allocation of functions, a reasonable

degree of momentum was maintained. While it became evident that the messages being transmitted through the mass media campaign needed revision in order to continue to make an impact, the awareness and the motivation that were initially created had not been lost although new acceptorship at clinics totalling 45,089 for the 2-year period reflected a slight drop in numbers of 2,029 compared with the previous year. There was however, an average increase of 18,096 persons making re-visits to clinics. Notably too, was the drop in the birthrate from 31.3 in 1973 to 30.1 per thousand in 1975. A further decline to 29.8 in 1976 has been confirmed. The development of a new mass media campaign in 1974 embodied the widening concept of family planning and laid the foundation for a greater degree of public participation.

In January 1976, following twenty one months of the first phase of integration of a portion of family planning services with the health care system of the Ministry, a further decision was taken to amalgamate to a greater extent, the operations of the National Family Planning Board with those of the Ministry. This merger became effective in July, 1976 and in fact represents greater Ministry involvement and control of policy and implementation. Since April, 1974 however, the programmatic responsibilities of the Board have been revised to include responsibility for management of the following areas:-

- (i) Public information and communication on all aspects of family planning including family life education;
- (ii) Training and staff development;
- (iii) Publicity in the form of mass communication, and public relations activities;
- (iv) Statistics and Surveys;
- (v) Launching of a project for the commercial distribution of contraceptives;
- (vi) General administrative and management functions including finance, accounts and stores;
- (vii) International Assistance;

#### MEMBERSHIP OF BOARD

Membership of the Board during the period 1st April, 1974 to 31st March 1976 is reflected hereunder:

Dr. P. Macpherson-Russell	— Snr. Research Fellow, Department of Education, U.W.I. — Chairman
Dr. A.W. Patterson	— Principal Medical Officer, Ministry of Health — Vice Chairman
Mr. C.H. Allison	— Chief Executive Officer to 31/12/75
Prof. George Roberts	— Economist & Demographer — U.W.I.
Dr. L.L. Williams	— Gynaecologist
Mrs. A. Melhado	— Social Worker
Mrs. Carmen McFarlane	— Civil Servant, Director of Statistics
Mr. H.E.B. Jones	— Businessman

Mrs. S. Fletcher	— Administrator — Jamaica Tourist Board
Mr. R.A. Ramcharan	— Civil Servant — Ministry of Health and Environmental Control
Rev. Gilbert McKenzie	— Minister of Religion
Mrs. L. Mathurin-Mair	— Warden — U.W.I.
Mr. E.M.R. Owen	— Secretary to 31/12/75 — Chief Executive Officer from 1/1/76
Mr. W.J. Lumsden	— Secretary from 1/1/76

#### COMMITTEES

The previous four committees of the Board were in existence up to October 1974 namely:

1. Planning & Evaluation
2. Publicity, Public Relations & Training
3. Scientific and Drugs
4. Finance

The first three named became ad hoc committees due to the changing pattern in programme implementation, but the Finance Committee continued to function within its original terms of reference.

#### PARTICIPATING AGENCIES:

It is pleasing to report the continued participation in various aspects of the programme's activities of the undermentioned Ministries, Government and other Agencies which have contributed significantly to the attainment of our main goals and objectives.

The Board wishes to express its gratitude and appreciation for the co-operation and assistance rendered by the following Ministries and Agencies.

Ministry of Health & Environmental Control  
 Bureau of Health Education  
 The Government Medical Laboratory  
 Public Health staff (Doctors, Nurses, Midwives, Public Health Inspectors)  
 Part-time Medical Practitioners  
 Ministry of Education  
 Ministry of Youth and Community Development  
 Ministry of Agriculture  
 Ministry of Labour and Employment  
 U.S. Aid for International Development  
 The University of the West Indies  
 The Jamaica Family Planning Association  
 Religious denominations  
 Social and Welfare Organizations



## MESSAGE FROM THE MINISTER OF HEALTH



It is with great pleasure that I send this message to all who read this report as well as to those agencies and individuals whose interest and cooperation are contributing factors to the successful pursuance of family planning in Jamaica. As we are all aware, the goal of achieving stable and responsible family life rests with the opportunities and facilities that can be provided for the vast majority of the population who over the years, have been desperately in need of such help, and who, through diverse circumstances, have not been able to secure the greatest measure of assistance to enhance their social and economic well-being.

While family planning facilities are designed to help the nation overcome the difficulties associated with too-large families and rapid population growth, it must be recognised that what is required in order to accelerate social progress is a combination of those services and facilities which are essential to the physical and mental development of the individual. No family planning programme can be meaningful, or indeed successful, where in particular, mothers and children are under-fed, badly housed or without proper health care. These matters are of the utmost concern to the Government and are receiving the most urgent consideration.

The integration of family planning services and activities with those of the health care system of the Ministry of Health aims at providing a combination of services and facilities whereby the pressing need for comprehensive health care in the areas of maternal and child health, nutrition and family planning may be more adequately met.

It is envisioned that this approach will help us to achieve at a faster rate, the ultimate objective of a healthy nation and a population growth compatible with the resources available to ensure the social and economic development of all.

I wish to pay tribute to all Government Ministries and Departments and to all Social Welfare Organisations who have been unstinting in their support of the national family planning programme.

DOUGLAS R. MANLEY,  
Minister of Health & Environmental Control

## THE PUBLIC INFORMATION AND COMMUNICATION PROGRAMME:

In keeping with the revised role and responsibilities of the Board mentioned in a preceding paragraph, the public information and communication aspects of the Board's activities assumed a greater degree of priority in order to lay special emphasis on public education and in particular, family life education. In pursuance of this, revised plans and procedures were introduced, in order to implement as speedily as possible, activities aimed at reaching certain goals which were set for accomplishment.

The Board has been mandated to intensify its public information programme as the main source through which those persons adequately informed might be motivated to become acceptors of family planning and encourage others where a similar need was evident.

Concurrent with the informational drive, a strong family life education component should form an essential and integral part of the total informational and educational programme. Improvement of the quality of life of the nation was a declared policy of the Government and therefore the means for achieving this goal had to be explored and effected. Parents had to be informed and motivated towards responsible parenthood involving spacing of their children, their care and upbringing and the provision of such basic necessities as are necessary for the welfare of the family as a whole.

Children approaching teenage and adulthood had to be taught the implications of sex, the biological process and the necessity for responsible sexual behaviour. It was also necessary to provide such information and facilities as to enable the vast majority of children to adopt proper social habits, all resulting in the total development of the individual.

Following a series of meetings and discussions with the Ministry of Education and the Ministry of Youth & Community Development, plans were formulated for launching a programme of sex education in schools and among youth clubs engaged in community activities. Agreement was reached with the Ministry of Education to introduce a personal development programme including sex education in all primary, secondary and high schools on a phased basis so that all children of school age would receive information and guidance to assist them in their development. Students of the tertiary level of education were also involved in the information and guidance imparted on the subject of family life education.

At the outset it was recognised that in order to pursue successfully the whole concept and ensure implementation of plans and procedures, teachers and tutors would themselves require to be suitably indoctrinated and thereafter motivated and willing to include family life education in their curriculum so that a number of sessions could be done on an organised basis. Where such sessions could not be separately accommodated, the instructions were given at convenient times forming an adjunct to the subject being taught.

In order to prepare teachers for delivery of this service, the Ministry of Education with the assistance and collaboration of the National Family Planning Board and the Family Planning Unit of the Department of Social & Preventive Medicine, U.W.I. organised and carried out a series of seminars, conferences and workshops for the specific purpose of teacher-training in the area of family life education and for the in-

volvement of community and welfare workers. Special mention should be made of the Highgate project which served as a model workshop for other parishes. This project was specially designed to engage persons of that community in dialogue on community welfare activities as they affect the family life and development of child and parent. The special feature of this programme was the participation of teachers and parents in developing a method of imparting information and giving guidance on family life to others residing in the area. This workshop was used as a model for conducting similar workshops in a number of other parishes.

The strategy for accelerating action was pursued through the two committees which were set up to determine policy and monitor implementation respectively. The policy committee, designated the Policy Co-ordinating Committee, was established at Ministerial level between the Ministries of Education and Youth & Community Development with the participation of the Chairman of the Board. The second committee, known as the Inter-Agency Committee involved senior functionaries of the aforementioned Ministries, the National Family Planning Board and representatives of government and private agencies whose work and interest include a significant component of family life activities. Among the terms of reference of both committees was that of reviewing the operations of the programme and assessing progress. Meetings of the Inter-Agency Committee were held monthly while the Policy Co-ordinating Committee met as and when required.

Up to the end of the period under review approximately 3000 teachers have participated in summer courses and workshops lasting from one to three weeks in order to provide the necessary orientation for the teachers to effectively carry out guidance and counselling in schools. In this regard, it should be mentioned that the Guidance Counsellors of the Ministry of Education play an important role, but due to the insufficiency of the number of this category of personnel, additional human resources from such agencies as the U.W.I. and the Bureau of Health Education rendered valuable assistance in training and workshop participation.

Special mention must be made of a Workers' Population Education project which was launched under the auspices of the United Nations Development Programme and conducted at the Trade Union Education Institute of the U.W.I. for three years. The major objective of the project was to bring forcefully and positively to the attention of workers allied to the major trade unions in Jamaica the need for greater responsibility towards planning for better family living through incorporation of population education with their regular workers' education programmes. The strategy that was developed for administering the project allowed for such flexibility as would facilitate planning and organising on a basis by which the normal activities of the participating unions would not be unduly hampered.

Basically the project involved training of outreach workers who, after completion of their training, would organise parish workshops and seminars for union delegates and other workers. While the Trade Union Education Institute was the main executing agency, the National Family Planning Board and the Jamaica Family Planning Association played supporting roles and formed part of a committee that was set up to review, from time to time, the performance of the project. The project is due for completion on the 30th June, 1977 and the accomplishments to date show that 65 two-day seminars were held involving attendance of 3,202 persons, the ratio of male to female attendance being 3 to 1.

Public information and communication was also maintained through the use of the conventional media of press, radio and television by which appropriate messages and information on various aspects of family living, health care and family planning were transmitted to the public. The messages and slogans were developed with particular emphasis on parental responsibility so that persons might be motivated towards caring about life and the use of contraceptives where this was desirable.

But a special feature of the information programme was the introduction in 1975 of an "Answering Service" to facilitate the public in their request for information on various aspects of family planning and health care. A substantial number of letters were being received by the National Family Planning Board from persons residing both in urban and rural areas throughout the island in which various information and advice were sought. The matters related in general to questions on the types and use of contraceptives, their side effects, female disorders, post natal problems and numerous other enquiries. An enthusiastic approach towards this trend developed and replies were dispatched promptly and the information given with such clarity as to be understood by persons of all levels of literacy.

This system of giving information and guidance was further developed and organised so that the service may become more fully effective and that its existence as a service may be notified to the vast majority of persons who wish such assistance. Appropriate material was therefore developed to form an "information bank" in which is stored all relevant information such as may be requested from time to time. The public was informed – and this continues – through press advertisement that this service is available at the Board by calling a telephone number set aside for this purpose or by writing and setting out any information or advice requested.

The Answering Service forms an integral part of the Information and Communication Section and is carried out as a full-time activity. The steady increase in the number of letters and oral enquiries received is a clear indication of the desire on the part of numerous persons to utilise the facilities for good family living and of the essential nature of the service.

TYPE OF REQUESTS BY LETTERS  
THROUGH ANSWERING SERVICE:

1975

TABLE 18

Type of Request	Up to October	November	December	Total
Family Life Education Literature	22	14	1	37
Booklets and information on VD and Condoms.	8	2	—	10
Information on menstruation and Family Planning methods.	17	10	4	31
Specific information on 'Perle'.	7	7	1	15
Specific information on Depo Provera.	2	—	—	2
Specific information on Spermicides.	1	—	1	2
Specific information on Rhythm methods.	—	2	—	2
Specific information Tubal Ligation.	—	1	—	1
Pill to be sent by mail.	1	1	—	1
Information on Vaginal Discharge.	2	2	—	4
To have an abortion	5	2	—	7
Information on how to get pregnant.	3	—	—	3
Advice on 'How to deal with boys pressuring for sex'.	1	2	—	3
Advice re problems of impotence.	1	1	—	2
Other types of requests	19	10	2	31
	89	53	9	151



## TRAINING AND STAFF DEVELOPMENT

During the period under review, the activities of the Training Division of the National Family Planning Board were concentrated on upgrading the skills of members of Health teams in the parishes throughout the island.

As outlined in Ministry Paper No. 1, January 1974, family planning services were to be integrated into the Ministry's Maternal and Child Health system so that clients could receive comprehensive service in any health facility.

The aims of this integrated approach were:

- (a) to serve the client at more regular intervals and thereby deliver a more complete service;
- (b) to make family planning services more widely available;
- (c) to encourage more people to use the service by eliminating the necessity for persons to attend special family planning clinics.

To this end therefore, a total of 796 persons in nine of the thirteen parishes were trained on an interdisciplinary basis. The training exercises were conducted as series of two or three courses depending on the size of the health team and lasted for two weeks, one week of theory in classroom setting, and one week of practical training in the clinic situation. Where circumstances did not permit, the practical training took place some time after participants had received the theoretical teaching. This approach was received enthusiastically by participants, and each course, although basically the same in content was adapted to suit the needs of the particular parish.

Towards the end of the period under review, a different approach in the teaching was assumed. Participants from other agencies e.g. Jamaica Constabulary Force, Jamal, Ministry of Education attended, along with members of the Health team for one week in the theoretical aspect of the course. This approach was particularly welcomed by the "guests" who found the course extremely beneficial and interesting.

The training team was also involved in the preparation of persons for the distribution of contraceptives through commercial channels. Initially, the sales representatives were given a basic introduction to Human Reproduction and contraceptive methods. This was followed by the training of Retailers throughout the island on a zoned basis. The programme was designed to:-

1. make these persons more aware of the existing family planning programme.
2. provide information on human reproduction, and contraceptive methods.
3. strengthen the concept and rationale for family planning.
4. identify the locations of the health clinics at which family planning services were available.

### FOOTNOTE.

- (i) see table I for details of parishes in which training was conducted
- (ii) see table II for details of persons attending
- (iii) see table III for details of subjects discussed

Short internal courses were conducted for members of staff. The aims of these courses were:-

- (a) to help staff become more aware of how the organization in which they work, functions;
- (b) the status of the programme;
- (c) available methods of contraception and their use

A total of 31 participated.

At the same time the Training Office was engaged in meeting requests from other organisations for information on Population/Family Planning and related subjects, mainly Human Reproduction, Human Sexuality and Parental Responsibility. The organisations making these requests were educational - schools, places of further education (e.g. C.A.S.T., U.W.I.) hospitals - for student nurses, pupil midwives and interns.

During the summer vacation the Training Office participated in preparing teachers for the Family Life Education programme of the Ministry of Education. This involvement is continuing as and when required.

The Board participated in a course for Training Officers and Managers in Training Programme Administration, at the Jamaica Industrial Development Corporation. The subject areas covered were:-

- (i) the role and importance of training in an organisation
- (ii) the training function
- (iii) training methodology and use of training aids
- (iv) development of a training office

The Ministry of Health in conjunction with the National Family Planning Board have been developing a plan for training of appropriate categories of staff to serve the needs of the integrated health system. Constraints by way of a shortage of staff in some areas the Ministry's operations have not made it possible to make the fullest advantage of the training facilities available.

While therefore, long-term training of staff was unavoidably kept to a minimum, emphasis was placed on local short-term training which took the form of conferences, seminars, workshops encompassing a wide range of disciplines and subjects as shown at Tables II to III.

The Board continued its co-ordinating and monitoring activities in regard to training functions of private, voluntary and social welfare agencies. Requests made by these agencies for the Board's assistance in developing training plans or participating in the training exercises received prompt response and the collaborative effort proved fruitful in all cases.

The policy of providing suitable training facilities for all medical, para-medical and other staff engaged in family planning and health care activities is continuing with growing momentum. The expansion of the Training Unit within the Ministry of Health will serve to accelerate the combined efforts of the Ministry and the Board in implementing an orderly and progressive system of training and development of staff and appropriate personnel of other agencies.



**TABLE I****PARISHES IN WHICH TRAINING WAS CONDUCTED**

St. Catherine  
 St. Elizabeth – Westmoreland's health team was trained along with St. Elizabeth's in Black River.  
 St. Thomas  
 St. Mary  
 Portland  
 Clarendon  
 Manchester  
 St. Ann

**TABLE II****PERSONS ATTENDING**

Matrons  
 Ward Sisters  
 Midwives  
 Nursing Supervisors  
 Senior Public Health Nurses  
 Registered Nurses (Health Centres and Rural Maternity Centres)  
 Senior Public Health Inspectors  
 Public Health Inspectors  
 Health Educators  
 National Youth Service Workers  
 Clerks  
 Community Health Aides  
 Other – Police Constables & Teachers.

**TABLE III****SUBJECTS DISCUSSED**

1. The role of Preventive Medicine in promoting a healthy society.
2. Socio-Cultural factors affecting Family Planning.
3. Contraceptive Methods and Techniques.
4. Management & Treatment of Common Gynaecological Disorders.
5. Communication & Interpersonal Relationships.
6. Principles of Management & Supervision.
7. The role of Health Education in the Family Planning Programme.
8. Social Psychology of Poverty.
9. Demographic Picture in Jamaica.
10. Sexually transmitted diseases.
11. Commercial Distribution of Contraceptives.
12. Nutrition.
13. Standard Clinic Procedure/Stocks & Supplies.
14. Family Life Education.
15. Dealing with the Teenage Client.
16. Male & Female Sterilization.
17. Aims and Objectives of the Family Planning Programme.

**FAMILY PLANNING AND HEALTH EDUCATION**

The family planning education activities having been fully transferred to the Bureau of Health Education within the Ministry in April, 1974 the combination of family planning education with the Bureau's programme of health education was a natural corollary. The Bureau has since assumed full responsibility for administering the combined services throughout the island.

Concurrent with the transfer of family planning education activities was the re-assignment of the Board's staff of Family Planning Education Officers and Assistant Family Planning Education Officers altogether 43 in number. In order to ensure the successful merging of both these services and to make the officers more effective in their new role, steps were taken to carry out a series of in-service training courses designed to improve the skills of the newly assigned officers in the area of health education and later to provide a Diploma Course for a number of them.

**RESTRUCTURING OF THE BUREAU OF HEALTH EDUCATION**

The immediate needs of the Bureau were seen as:

- (a) Providing supervision and support to the field staff.
- (b) Re-defining the functions of the personnel of the Bureau of Health Education and preparing them for their new roles.

Plans were therefore developed to allow for the following:

- (1) the training of staff at Regional and Parish levels in order to prepare them for their expanded roles;
- (2) strengthening of the staff at Regional level with minimum disruption in the provision of educational services;
- (3) providing promotional opportunity, job satisfaction and improvement of morale.

It was proposed that the nomenclature, Family Planning Education Officer, and Assistant Family Planning Education Officer, be changed to Health Education Officer and Assistant Health Education Officer to further support the concept of integration and allow for more flexibility of operation. These officers would operate at Parish level.

As was previously mentioned one of the first areas of priority following the transfer of staff was that of preparing them for their new duties

A 3-day programme for 7 regional officers was carried out at the Pan American Health Organization Office in May 15-17, 1974.

The main objective was to improve the administrative skills of senior personnel. Some aspects which received emphasis were:

Performance appraisal

Planning of work

Handling and resolving conflict

Reporting of activities

Relationship between Health Educators, the Medical Officers of Health and the Health Team.

A planning conference for all field officers was conducted at the U.W.I. - Social Welfare Training Centre - during the week December 9-13, 1974. Objectives included provision of opportunity for Educators to consider the implications for family planning education within the broader health framework, in keeping with the philosophy of the integrated approach.

Two Health Education Specialists consultants, Dr. Elizabeth Clarke and Miss Mary Jo Kraft were made available to the Bureau of Health Education by P.A.H.O. and the American Public Health Association for approximately six weeks in January and February 1975.

Consideration was given to the following:

- (i) Short-term and long term training programmes for Education Supervisors as well as the field staff.
- (ii) The design of a two to three year operational plan for Family Planning in Maternal and Child Health, and Family Life Education, both priority programme areas of the Board and the Ministry of Health & Environmental Control.

- (iii) The development of a health education manpower plan to include all the various disciplines of health workers.

The Consultants assisted with the identification of training needs for Education Officers and other categories of workers and helped to further develop a design for training.

They provided technical support and on-the-job training to education staff at Parish level.

### Martha Stuart Workshop

The Bureau of Health Education was requested at very short notice to co-ordinate a workshop conducted by Martha Stuart Communications Incorporated during 11th - 23rd November, 1974, at the Pegasus Hotel in Kingston.

The participants included representatives of the National Family Planning Board, Ministries of Education and Agriculture, the Jamal Foundation, the Agency for Public Information and the Bureau of Health Education.

The workshop related to the field of communications and the main purpose was:

- (a) to expose the participants to the "hardware" of video-tape recording - cameras, recorders, play-back units, as well as to introduce a portable video system - the portapak;
- (b) to give each participant a chance to make or to participate in the making of video-tapes.

The workshop culminated in the making of a professional video-tape in the studios of the J.B.C. The subject of this tape was "Family Planning" and its effects on a cross-section of Jamaican Women.

A second video-tape was produced at the Bureau of Health Education on Family Life Education.

Approximately 500 National Youth Service Workers assigned to the Ministry of Health & Environmental Control, throughout the island received training in Family Planning during an orientation course conducted by the Bureau of Health Education in September 1974. The Family Planning input was conducted in six sessions.

The objective was to create awareness of the following:-

- (a) the population problem
- (b) the Family Planning Programme and its philosophy
- (c) the responsibility of the individual in Family Planning

A one-week training course in Family Planning was conducted in July, 1974 by the staff of the Bureau of Health Education for 112 students who were pursuing the course in Public Health at the West Indies School of Public Health. The group consisted of 24 nurses and 88 Public Health Inspectors who were drawn from the Caribbean region.

The aim of the course was to increase their knowledge of family planning in order that they as field health workers would participate in the programme in a more positive way.

Other control level training activities in which the Bureau of Health Education has been involved during 1974-1975 include the following:

**PARTICIPATION IN:-**

- (a) Meetings of the Training Committee of the National Family Planning Board.
- (b) Meetings at national level regarding the celebration of World Population Year.
- (c) A workshop in Family Planning and Population Education carried out by the Ministry of Education in June 1974 at C.A.S.T.
- (d) A seminar organized by the National Family Planning Board in July 1974. Topic, - "To explore concepts and philosophies in relation to the Family Planning Programme."
- (e) A workshop organised by National Family Planning Board in August 1974 at the United Theological College - Mona. Topic: - "Family Planning Training Needs and proposals for action."
- (f) Meetings with Medical Health Officers regarding the solution of problems associated with integration such as areas of responsibility and channels of communication.
- (g) Workshops with Curriculum Development Thrust in the development of the Family Life Education Programme.
- (h) Discussions with National Family Planning Board staff to work out ways of liaising with the National Family Planning Board.
- (i) The training of Trainers in the Community Health Aides training programme.
- (j) The planning and implementation of the National Family Planning Board's training programmes at Regional and Parish levels.

**World Population Year**

All parishes reported that the activities associated with the celebration of World Population Year were among the main highlights of the parish programmes. Events included photographic displays, exhibitions, float parades, essay competitions, song composition, drama presentations, fairs, church services, rap sessions and public meetings.

In the parish of Manchester World Population Year activities were responsible for bringing together 16 agencies which contributed in a new integrated approach to create greater awareness of the problems associated with our over population.

**Community Group Activity**

Local communities provide the main focus of family planning educational activities on the field. Information regarding over-population, family planning methods and the philosophy of family life education was disseminated to different groups and their leaders via workshops, lecture/discussions, films, demonstrations, debates, panel discussions, public meetings and consultations.

The following is a breakdown of the groups involved and the approximate number of persons reached by the field staff through group activities.

<u>Groups</u>	<u>Approx. No. of persons</u>	<u>Approx. No. of consultations</u>	<u>Sessions conducted in programme planning</u>
Professional	96	37	4
Social & Civic	8851	100	71
Religious	987	46	32
Industrial	3352	66	39
Clinical	66,875	141	29
Community	219	18	16
Shortwood Training College	250		
Literacy	53	12	1
Jamaica Defence Force	366	12	4
Police Training School	700	-	-
Home visits	947	-	-
Clinic-drop-outs	37	-	-
Labourers	510	-	4
Agricultural Workers	80	3	2
<b>TOTAL</b>	<b>82,323</b>	<b>435</b>	<b>202</b>

This group includes the following categories:-

- Nursing mothers
- Pregnant women
- Post Partum women
- Child Welfare and Family Planning Clinic patients.

**Programmes for Industrial Workers**

In eight parishes Family Planning Education Programmes involving workers in industry have been in progress. Mention must here be made of the co-operation and support which have been given to the field staff by the managers and supervisors of factories who themselves have been engaged in the discussions and programme planning activities conducted by the education officers. Some have assisted in providing accommodation as well as organising working hours in order to facilitate the implementation of the educational activities.

Consequent on the final re-adjustment and training of staff during the past two years family planning and health education activities throughout the regions have shown an upward trend and with the continual assistance of allied agencies, the family planning and health education components of the total health care programme are reaching the greatest number of persons who are most in need of the facility of such assistance.

## PUBLIC RELATIONS AND PUBLICITY

There can be no doubt that the National Family Planning Board's advertising campaign succeeded in sensitising people to the concept of family planning, and was moderately successful in motivating people to use the service.

It was felt however that in order to determine the direction future advertising campaigns should take, it was necessary to carry out a survey among our target population. No new advertising campaign was therefore undertaken in 1974, with the result that the survey was used as the basis for the 1975/76 campaign.

Public Relations activities were accelerated in an effort to:

- (i) Create and sustain national awareness of Jamaica's population policy.
- (ii) Create an understanding of the issue of population as part of total development.
- (iii) Create a realization of the role of the family planning programme within the framework of national development.
- (iv) Show the benefits of family planning not only to the individual, but also to the nation, with the ultimate goal of individual, family and national stability.
- (v) Establish and maintain a high national profile, for the National Family Planning Board with special emphasis on its expanded concepts and role.
- (vi) Create a greater understanding of the scientific advances in contraceptive practice.

### The Audience

While it was recognised that the market was the nation at large, it was also recognised that each segment has specific needs, and the Public Relations activities were geared to meet the needs of:

- (i) Young people who had the right ideas about family planning but needed to be aware of the wider population issue nationally and internationally, and who needed factual information on contraception.
- (ii) Those persons young and old, who had a misconception of the true meaning of family planning based on wrong information.
- (iii) News analysts, journalists, radio and television personnel, media editors who, through their various media could influence thought and action in the society.
- (iv) Church leaders; youth and community leaders; trade unionists; representatives of the commercial and manufacturing sectors; social and voluntary organizations which could in turn transmit information to their specific groups, thus making for greater credibility in that the National Family Planning Board would be reaching members of the public through their own spokesmen.

World Population Year, 1974 offered an excellent opportunity for the Board to achieve its objectives through a nation-wide programme of activities around the broad issue of population. Following are highlights:

- (i) A World Population Year Committee was formed, comprising representatives from media, the commercial sector, the church, voluntary organizations etc.
- (ii) A slogan "The Population Problem Everybody's Baby" was adopted.
- (iii) World Population Year officially launched on Sunday January 27, with (a) church services throughout the island (b) Radio and Television broadcast by the Minister of Health and Environmental Control (c) Newspaper supplements.
- (iv) Schools involved through (i) essay competition on a parish basis (ii) Poster competition for Corporate Area Schools (iii) All-day youth rally, attended by approximately 800 school children aged 14-17 from schools throughout the island.
- (v) The business sector contributed by sponsoring bill-boards with appropriate messages.
- (vi) Mobile photographic exhibition with photographs depicting effects of over-population on different areas of Jamaican life - overcrowded schools, abandoned children, housing shortage, pressures on health services.
- (vii) Pioneers of family planning in Jamaica recognised at an award function.
- (viii) Population conference officially opened by the Prime Minister, with Mrs. Helvi Sipila, UN Assistant Secretary General for Social and Humanitarian Affairs as guest speaker.
- (ix) Rap session with Journalists - frank discussions on family planning and the population problem in Jamaica.
- (x) Numerous radio and television discussion programmes with National Family Planning Board officers on population.
- (xi) Fact sheets on the population scene in Jamaica prepared and distributed to schools, social organizations, individuals.
- (xii) A panel of National Family Planning Board officers gave lectures - demonstrations to schools and other groups.

In 1974 the National Family Planning Board received the National Press Award from the Press Association of Jamaica. Each year the Press Association makes the National Press Award to the public body, institution or department whose work in the nation's interest had been most outstanding. The Press Association stated: "After careful deliberation, the Executive Committee of the Association decided that the award should go to the National Family Planning Board for its outstanding contribution in the field of population control which is vital to the prosperity of the nation."

In no other year since the inception of the national family planning programme was more publicity given to this subject. There were numerous editorial comments in all media, as well as extensive coverage of the Board's programmes and activities, and requests for information, lectures and discussions poured into the Board.

### **Booklet**

Because of the increasing demand for information on family planning and related matters, a twenty-page booklet was prepared, entitled "The Miracle of Life - An Introduction."



In addition to comprehensive information on all the available methods of contraception, their side effects, contra-indications, effectiveness and directions for use, the booklet contained the following: Puberty and adolescence, for both male and female; male and female reproductive organs, pregnancy – how it begins, the symptoms, development of the fetus and birth. The booklet also contained a rationale of the benefits of family planning and answers to myths and common questions concerning family planning.

There were appropriate drawings, and the booklet was attractively designed and in colour. In addition to the wider public, the book is intended for use in schools, particularly in grades 10 and 11.

#### **Victoria Mutual Building Society/National Family Planning Board joint programme for a family life education centre.**

In January, 1976 the Victoria Mutual Building Society erected a branch office in Spanish Town and was desirous of embarking on a project that would benefit the community in which the branch is located.

After a series of discussions between the National Family Planning Board and the Chairman of the Board of Victoria Mutual Building Society, it was decided that an activity in the area of family planning/family life education was feasible. The Public Relations Officer presented a rationale for the project which was accepted at a meeting of the Society's Board of Directors.

The Victoria Mutual Building Society erected a building designed in the form of a small home on its premises. The overall theme was "Improving the quality of life," with exhibits and activities designed to show the requirements for a happy and meaningful family life, and the creation of a healthy home environment. The exhibits depicted:

- (a) The importance of caring, sharing, involvement of both partners in family life.
- (b) methods of family planning
- (c) promotion of savings and thrift
- (d) general health and nutrition
- (e) creating extra space in the home for greater privacy through use of partitions, judicious arrangements for furniture etc.

On particular days, as is convenient, an officer of the Bureau of Health Education or the National Family Planning Board would be stationed at the centre for on-the-spot discussions etc. The design of the displays was such that it did not require full-time personnel. Security was the concern of the Victoria Mutual Building Society.

Other agencies e.g. Bureau of Health Education, Consumers League, National Savings Committee were invited to put on special promotions on particular days.

All costs were borne by Victoria Mutual Building Society, except for the exhibits, posters etc. which carried the family life message.

#### Display Stand

The mobile family life education centres have been proving very popular. In addition to being sent to rural areas on request, they have been taken to a number of Corporate Area schools, supermarkets and pharmacies.

The mass media advertising campaign conducted over the period has undoubtedly been effective in creating understanding among the vast majority of persons who were motivated to accept family planning on a client basis and encourage others to do so. The 1976/77 campaign is designed to further consolidate the progress achieved and the co-operation and assistance received from private firms and individuals is a matter for special appreciation.

#### MAIN TRENDS IN FAMILY PLANNING

##### STATISTICS – 1975

#### NEW ACCEPTORS

New acceptors who availed themselves of the family planning services of the Ministry of Health and Environmental Control for the year 1975 showed an increase over the number recorded for 1974. The figure for new acceptors for 1975 was approximately 24,000 – almost 2,000 or 8.2 per cent more than the 22,000 recorded for 1974. This increase has been very encouraging and belies fears that when the Commercial Distribution Programme started as indeed it did on June 23, 1975, there might have been a drop in the number of new acceptors in family planning clinics. New acceptors for July to December 1975 totalled 10,843 or 665 more than the figure of 10,178 for 1974. If this trend continues it could be assumed that the Commercial Distribution Programme is definitely reaching clients other than those who would normally use the services of the family planning clinics and therefore indicates a widening of the family planning outreach.

There are 41 family planning clinic locations in the Kingston and St. Andrew region which represent approximately 24 per cent of all the clinic locations for the island. It is therefore not surprising that again this region is the leading region, with the largest number of new acceptors each year – 10,747 or 45 per cent in 1974. However, although this figure was 537 more than the previous year the actual per cent was one less in 1975.

Percentages for other rural parishes changed only in the case of St. James – up from 9 in 1974 to 10 in 1975. This parish ranked second to the Kingston and St. Andrew region and this has been the trend for the past four years although when comparisons are made in the number of clinic locations per parish St. James ranks 10th with nine locations.

The parish of Manchester which shares third place with St. Catherine when ranked by clinic locations was second to St. James when ranked by the number of new acceptors by parish. New acceptors for Manchester for 1975 totalled 1,839 or 102 more than the previous year.

Trelawny with ten clinic locations ranked last with 492 or two percent of all the new acceptors for the island. This parish however, did show a slight increase of 63 new acceptors over the figures for 1974.

With the conversion of the Victoria Jubilee Family Planning Clinic to a daily clinic, it now ranks as the largest daily clinic and during 1975 recorded nearly 3,000 new acceptors and had over 30,000 revisits with an average of 108 acceptors (new and revisits) per day. The Jamaica Family Planning Clinic (East Street) recorded 1,240 new acceptors and over 13,000 revisits with an average of 47 acceptors (new and revisits) per day.

The Falmouth Daily Clinic recorded 183 new acceptors for the year under review and 1,734 revisits with an average of six acceptors (new and old) per day.

The number of daily family planning clinics now stands at nineteen with the inclusion of Victoria Jubilee Hospital and the Comprehensive clinic.

#### REVISITS

Revisits to family planning clinics by old acceptors for the year 1975 numbered almost 196,000 or approximately 49,000 per quarter. These figures reflect a 9 per cent increase in clinic load for the island as a whole. All parishes had increases in revisits during 1975 with the exception of St. Mary whose figure declined by eleven.

Santa Cruz family planning clinic headed the list of sessional clinics when ranked by average acceptor per session with 94 new acceptors during 1975: - 1,525 revisits and an average of 77 clients per session. Balaclava and Hagley Park were second and third respectively. Fourteen other clinics had average clients per session ranging between 30 and 49. There were 21 clinics ranging between 20 and 29; for another 27 clinics the range was 10 to 14; yet another 22 between six and nine; and the remaining 23 between three and five.

#### METHOD

There were over 11,000 new acceptors of the pill during 1975, that is 813 or 8% more than in 1974. The per cent of new acceptors who chose the pill was 48 for both 1974 and 1975. Depo Provera was second in choice among new acceptors, the per cent remaining the same 26 as in the previous year. The actual number of new acceptors who had this method increased by 449 over the 1974 figure. The acceptance of condoms by women (new acceptors) increased by one per cent while 'other methods' decreased by one per cent.

#### AGE GROUP - New Acceptors.

During 1975 the most significant change in the percentage of new acceptors by age group was reflected in the 15-19 which increased by 3% over the figure of 23% for 1974. The 20-24 age group also went up by one per cent, while the 25-29 and 30-34 went down by one per cent. This also was the case for the 40-44 age group, but the over 45 decreased by one per cent. Changes in these percentages indicate the continuing trend of an increasing number of younger acceptors.

The National Family Planning Board's Stores during 1975 distributed condoms to Family Planning Clinics totalling 18,384 gross. The figure for 1974 was 18,063 gross.

#### POST PARTUM ACCEPTORS

There were 1,710 new acceptors referred from various postpartum programmes in 1975 which reflected an increase of 94 or six per cent more than the previous year.

#### BACKGROUND INFORMATION

##### JAMAICA

1. The 1970 Census population count was 1.8 million.
2. Estimate of population at the end of 1975 was 2,060,420<sup>2</sup>
3. The crude birth rate was estimated to be 30.1 per thousand in 1975. It was 42 per thousand in 1960<sup>2</sup>.
4. The crude death rate was estimated to be 6.9 per thousand in 1975. It was nearly 9 per thousand in 1960<sup>2</sup>.
5. The rate of natural increase in 1960 was 3.3% and it was estimated to be 2.3 in 1975<sup>2</sup>.
6. Infant mortality rate in 1960 was 51 (infant deaths per thousand live births) - by 1975 it was estimated to be 23.2.

#### References

Department of Statistics - Jamaica.

Registrar General - Jamaica.

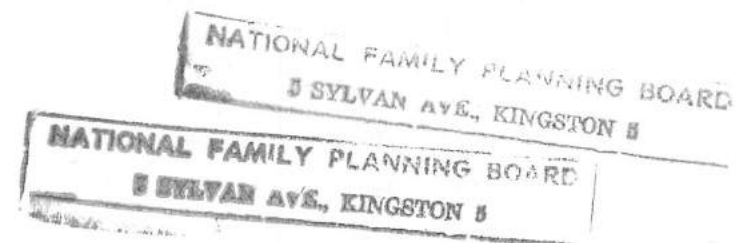
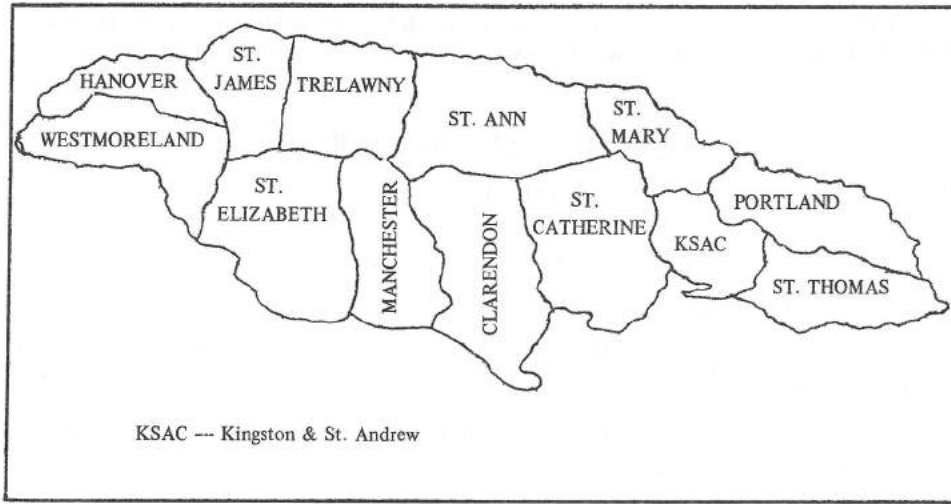


Fig. 1



NEW ACCEPTORS – JAMAICA  
1974 – 1975

Fig. 2

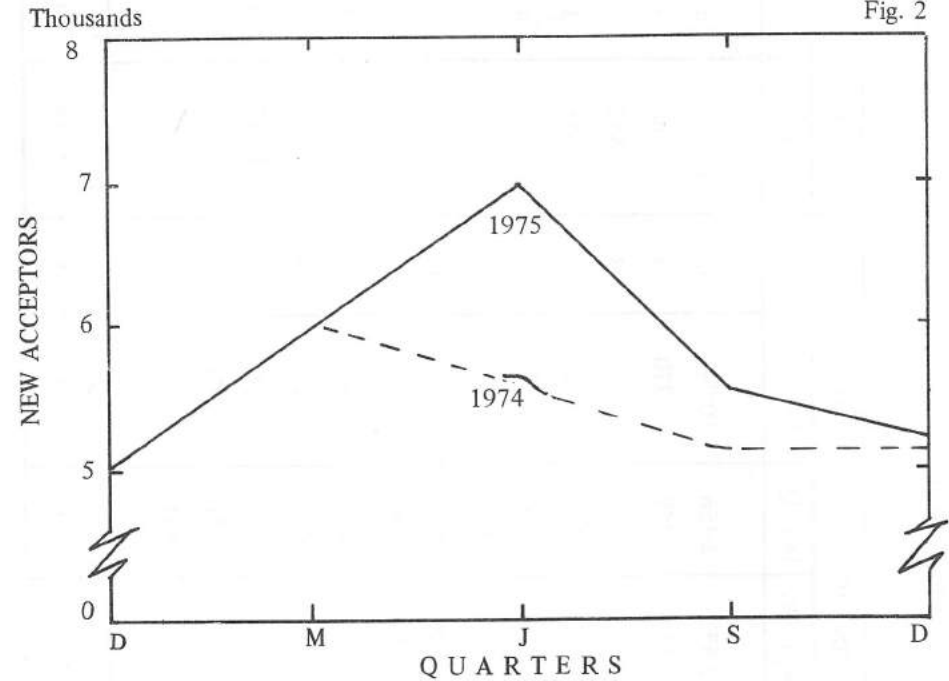


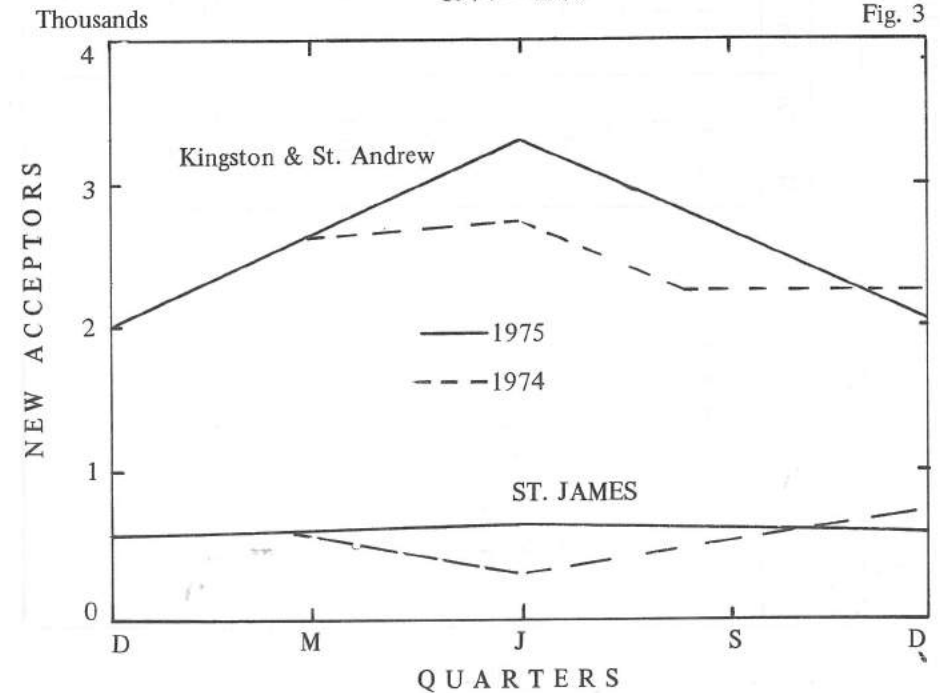
TABLE 1

PARISH	NO. OF CLINICS*	PARISH	NO. OF CLINICS*
Kingston & St. Andrew	41	Hanover	9
St. Thomas	4	Westmoreland	9
Portland	8	St. Elizabeth	12
St. Mary	10	Manchester	12
St. Ann	16	Clarendon	7
Trelawny	10	St. Catherine	15
St. James	10	All Parishes	163

Note: \*As at December 1975

NEW ACCEPTORS – KINGSTON & ST. ANDREW & ST. JAMES  
1974 – 1975

Fig. 3



NEW ACCEPTORS (FEMALE) BY PARISH  
AND BY QUARTER 1974 - 1975

TABLE 2

Parish	NEW ACCEPTORS 1975				TOTAL 1975		TOTAL 1974	
	March Qr.	June Qr.	Sept. Qr.	Dec. Qr.	Number	%	Number	%
Kingston & St. Andrew	2,838	3,174	2,577	2,158	10,747	45	10,210	46
St. Thomas	161	193	157	259	770	3	563	3
Portland	125	320	168	163	776	3	552	3
St. Mary	202	243	132	149	726	3	675	3
St. Ann	240	271	280	210	1,001	4	954	4
Trelawny	127	136	123	106	492	2	429	2
St. James	604	656	528	524	2,312	10	2,078	9
Hanover	175	149	116	139	579	3	620	3
Westmoreland	163	239	188	217	807	4	784	4
St. Elizabeth	244	327	237	232	1,040	4	961	4
Manchester	457	520	456	406	1,839	8	1,737	8
Clarendon	203	272	260	241	976	4	813	4
St. Catherine	433	496	453	364	1,746	7	1,640	7
<b>TOTAL</b>	<b>5,972</b>	<b>6,996</b>	<b>5,675</b>	<b>5,168</b>	<b>23,811</b>	<b>100</b>	<b>22,016</b>	<b>100</b>

NEW ACCEPTORS FOR SPECIFIC PARISHES  
JAMAICA  
1973 - 1975

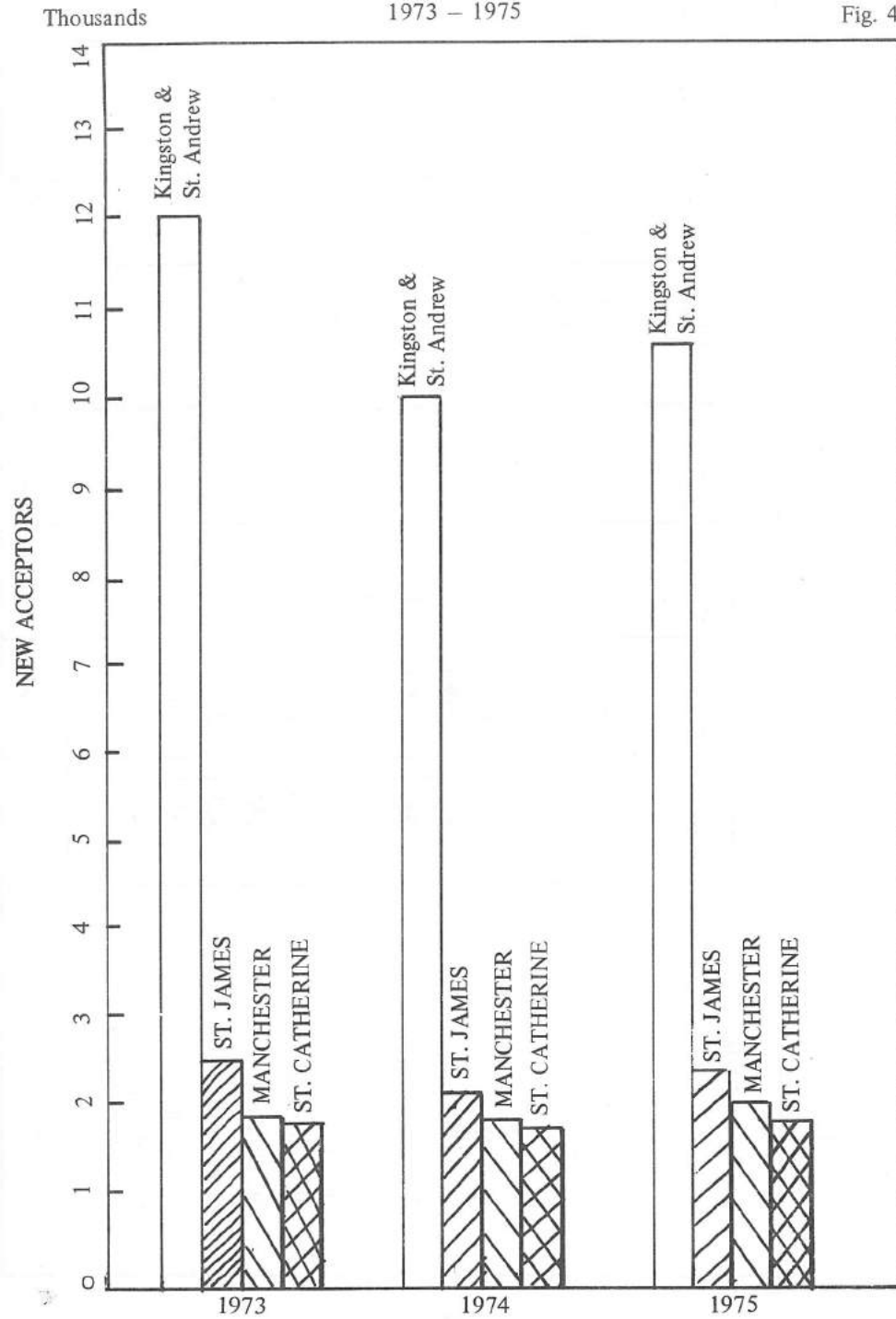


Fig. 4

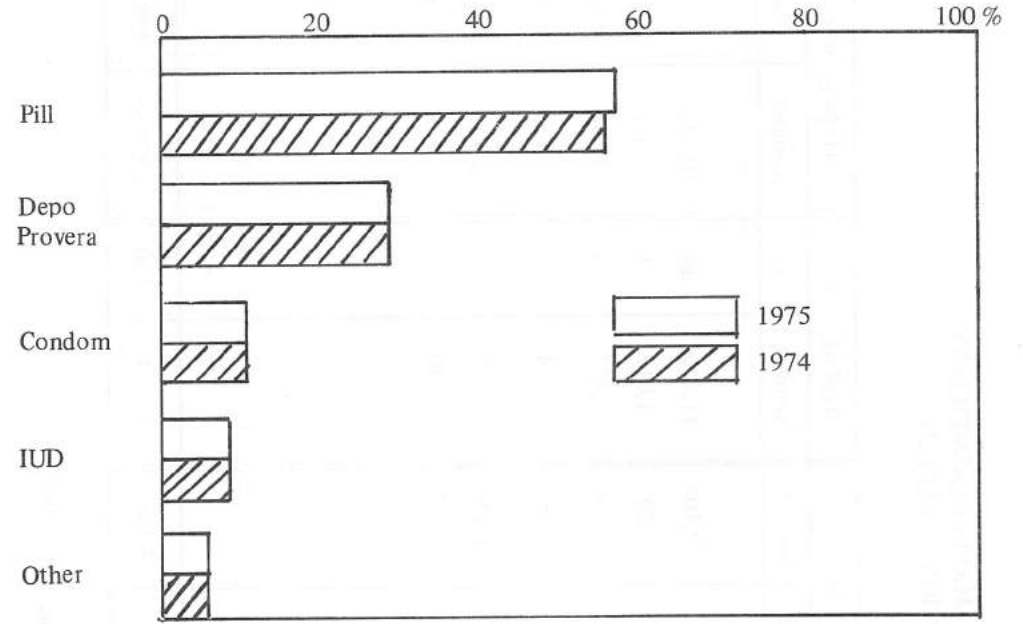


REVISITS OF OLD ACCEPTORS BY  
PARISH AND BY QUARTER  
1974 - 1975

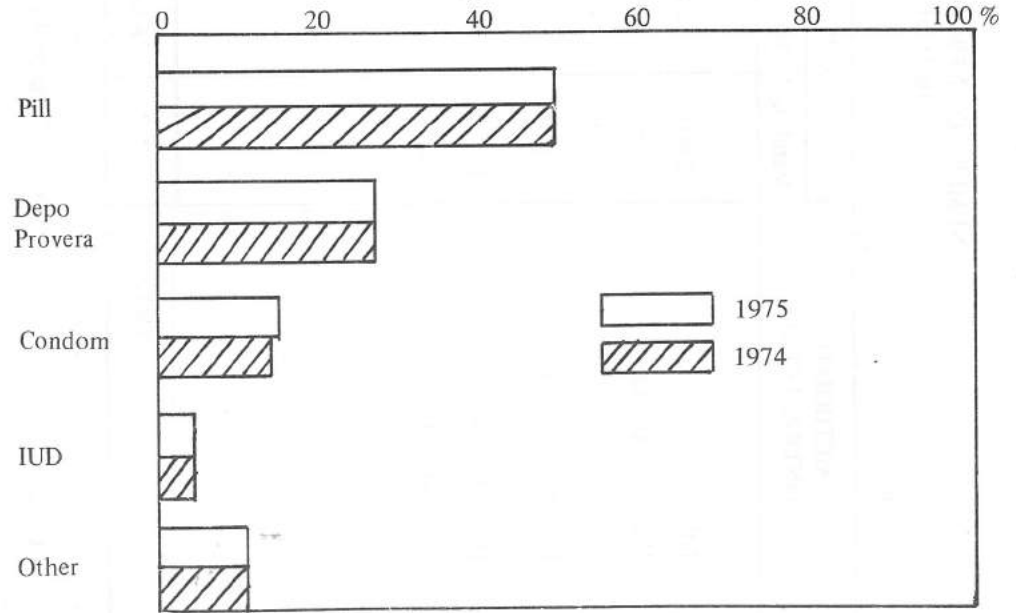
TABLE 3

PARISH	REVISITS 1975				TOTAL 1975		TOTAL 1974	
	March Qr.	June Qr.	Sept. Qr.	Dec. Qr.	Number	%	Number	%
Kingston & St. Andrew	23,942	26,295	25,484	21,818	97,539	50	89,962	50
St. Thomas	1,051	1,238	1,226	915	4,430	2	3,613	2
Portland	1,616	1,825	1,910	1,841	7,192	4	6,850	4
St. Mary	1,662	1,662	1,684	1,531	6,539	3	6,550	4
St. Ann	2,087	2,084	1,915	1,625	7,711	4	7,196	4
Trelawny	941	951	1,068	990	3,950	2	3,104	2
St. James	4,702	5,305	4,877	4,721	19,605	10	18,124	10
Hanover	1,559	1,513	1,458	1,142	5,672	3	5,212	3
Westmoreland	1,411	1,386	1,405	1,631	5,833	3	4,673	3
St. Elizabeth	2,067	2,309	2,602	1,979	8,957	5	7,710	4
Manchester	2,429	2,577	2,574	2,232	9,812	5	8,519	5
Clarendon	1,953	2,104	2,151	2,041	8,249	4	7,318	4
St. Catherine	2,409	2,775	2,825	2,345	10,354	5	9,608	5
<b>TOTAL</b>	<b>47,829</b>	<b>52,024</b>	<b>51,179</b>	<b>44,811</b>	<b>195,843</b>	<b>100</b>	<b>178,439</b>	<b>100</b>

PERCENTAGE OF REVISITS BY METHOD: 1974 - 1975 Fig. 5



PERCENTAGE OF NEW ACCEPTORS BY METHOD:  
1974 - 1975 Fig. 6



NEW ACCEPTORS CLASSIFIED BY AGE GROUP

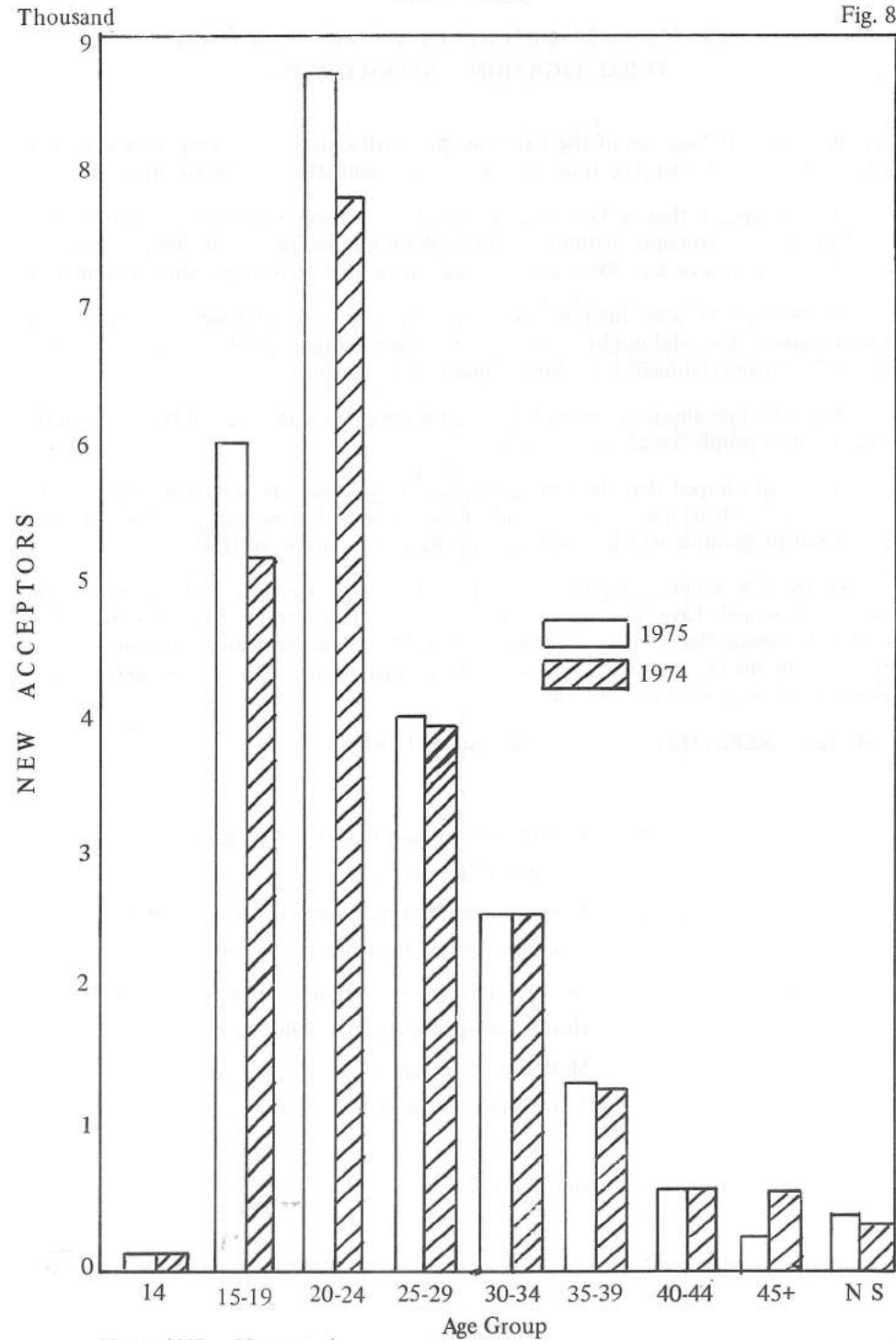
TABLE 6

AGE GROUP	NEW ACCEPTORS 1975					TOTAL 1975		TOTAL 1974	
	March Qr.	June Qr.	Sept. Qr.	Dec. Qr.	Number	%	Number	%	
	14 and under	12	23	32	28	95	—	86	—
15 - 19	1,408	1,726	1,490	1,428	6,052	26	5,170	23	
20 - 24	2,145	2,599	2,052	1,770	8,566	36	7,707	35	
25 - 29	1,123	1,176	954	860	4,113	17	4,009	18	
30 - 34	630	671	541	529	2,371	10	2,397	11	
35 - 39	346	392	310	248	1,296	6	1,213	6	
40 - 44	139	179	114	116	548	2	549	3	
45 & over	34	37	21	135	227	1	579	3	
Not stated	135	193	161	54	543	2	307	1	
TOTAL	5,972	6,996	5,675	5,168	23,811	100	22,016	100	

Note: — in the percent column means 'less than 1 percent'.

NEW ACCEPTORS BY AGE GROUP — JAMAICA  
1974 - 1975

Fig. 8



Note: \*NS - Not stated

## VOLUNTARY STERILIZATION PROJECT JAMAICA

### PRELIMINARY RESULTS OF 128 INTERVIEWS ON TUBAL LIGATION – STERILIZATION

In view of the success of the Laparoscopic sterilizations now being done in certain parishes it was felt that the time had come to extend this service to other parishes.

It was agreed that a fact finding survey on women's attitude to sterilization especially the Laparoscopic method was to be done in a sample of parishes in which this type of operation was not now done. A random sample of four parishes was chosen.

Mothers 20-49 were interviewed in maternity wards, child welfare clinics, post partum clinics. The philosophy behind interviewing mothers in these clinics was that this was the main catchment for possible laparoscopic acceptors.

A question on abortion was added so that some extra mileage could be had from the survey on how people felt about abortion.

It was also hoped that the feelings expressed by those who would refuse this type of operation – their fears etc. – would be most useful in setting guidelines for the educational programme which would accompany the extension of this service.

Of the 128 women interviewed 78 of them or approximately 61 per cent were in favour and would have this operation. (Some six had already had dates for Tubal Ligations). Among the 31 per cent who said No, 27 gave various reasons why they would not have this operation. Some expressed fear of operations, some fear of getting sick either immediately after or later on in life.

<u>NUMBER REPLYING</u>	<u>REASONS GIVEN</u>
NO	
6	Fear of getting sick from the operation.
5	Just don't like the idea.
4	If she gets married husband will want children.
4	A woman should have out her lot of children.
2	No boy child yet but would do it after a boy is born.
2	Heard a woman died after Tubal Ligation.
1	Mother advised against it.
1	Nurse advised against it.
1	It is a sin.
1	God has ordained it.

It is interesting to note that five persons who had said No changed to Yes after the Laparoscopic method was explained to them. The feature of one day in hospital seemed to have influenced their decisions.

Most women would encourage another woman to tie the tube off if a doctor recommended it (Q. 12). This figure was 118 or 92 per cent of women interviewed.

In response to Question 17 – 'What do you think is the ideal number of children a family should have?' – it is also interesting to note that the modal number is four. That is, 59 women said the ideal number of children in a family should be four; twenty said five and eleven said six.

The completed survey showed that approximately 500 women were interviewed. Among this first 128 interviewed nearly 90 were from the Kingston and St. Andrew area. There is an obvious indication for the expansion of sterilization facilities in this area.

Finally, 54 or 42 per cent of women were in common-law unions, 36 (28 per cent) were married and 38 or 30 per cent were single.

### TUBAL LIGATIONS PERFORMED IN PUBLIC HOSPITALS

TABLE 20 BY PARISH: 1974 – 1975

PARISH	1975		1974	
	Number	%	Number	%
Kingston and St. Andrew				
U.W.I.	514	16	NA	–
V.J.H.	328	10	299	11
St. Thomas	178	6	219	8
Portland	68	2	56	2
St. Mary	380	12	472	18
St. Ann	108	4	166	6
Trelawny	NA	–	106	4
St. James	198	6	184	7
Hanover	NA	–	45	2
Westmoreland	153	5	266	8
St. Elizabeth	107	3	145	5
Manchester	629	20	337	13
Clarendon	67	2	40	2
St. Catherine	449	14	384	14
TOTAL	3,179	100	2,679	100

NA = Not Available.

MAIN TRENDS – MARCH QUARTER 1976

At the end of March 1976, there were 163 Family Planning Clinics in operation in Jamaica. Between January and March 1976 over 5,000 women visited these clinics and accepted one form of contraceptive or another for the first time. The actual figures were 5,129 for March Quarter 1976 or 843 less than the 5,972 for same period of 1975.

Despite the overall decrease in new acceptors, four parishes – St. Thomas, Portland, Westmoreland and Clarendon showed slight increases.

Pill acceptors were 51% of the total for new acceptors with Depo Provera second with 28%.

There were no significant changes noted in the characteristics of new acceptors.

Of the number of patients seen in family planning clinics (i.e. new & old) by average attendance no sessional clinic had as many as 100 clients per session and the same is true for daily clinics. The highest average for sessional clinics was held by Appleton Estate with 66 while for daily clinics Victoria Jubilee Hospital topped the list with 85.

VITAL STATISTICS

Year	Number of Births	Birth Rate Per 1,000 Population	Death Rate Per 1,000 Population
1977	66,277	34.9	7
1977	66,219	34.3	7
1973	61,857	31.3	7
1974	61,506	30.6	6.9
1975	61,462	30.1	6.5

TABLE 2  
NEW ACCEPTORS CLASSIFIED BY PARISH  
JANUARY – MARCH 1976

PARISH	JANUARY	FEBRUARY	MARCH	TOTAL MARCH QR.	TOTAL MARCH QR. 1975
Kingston & Saint Andrew	691	687	723	2,101	2,838
St. Thomas	46	47	76	169	161
Portland	60	64	79	203	125
St. Mary	49	85	68	202	202
St. Ann	60	83	81	224	240
Trelawny	27	39	39	105	127
St. James	172	190	192	554	604
Hanover	48	47	48	143	175
Westmoreland	63	83	75	221	163
St. Elizabeth	66	70	78	214	244
Manchester	128	138	135	401	457
Clarendon	93	87	80	260	203
St. Catherine	105	102	125	332	433
TOTAL	1,608	1,722	1,799	5,129	5,972



OLD ACCEPTORS CLASSIFIED BY PARISH  
JANUARY - MARCH 1976

TABLE 3

PARISH	JANUARY	FEBRUARY	MARCH	TOTAL MARCH QUARTER	TOTAL MARCH QR. 1975
Kingston & Saint Andrew	7,433	6,380	4,425	18,238	23,942
St. Thomas	439	393	332	1,164	1,051
Portland	643	663	401	1,707	1,616
St. Mary	561	498	366	1,425	1,662
St. Ann	617	571	559	1,747	2,087
Trelawny	364	347	352	1,063	941
St. James	1,480	1,494	1,459	4,433	4,702
Hanover	433	451	396	1,280	1,559
Westmoreland	441	466	464	1,371	1,411
St. Elizabeth	749	851	643	2,243	2,067
Manchester	769	786	918	2,473	2,429
Clarendon	719	655	670	2,044	1,953
St. Catherine	971	1,075	815	2,861	2,409
<b>TOTAL</b>	<b>15,619</b>	<b>14,630</b>	<b>11,800</b>	<b>42,049</b>	<b>47,829</b>

COMMERCIAL MARKETING OF CONTRACEPTIVES

IN JAMAICA

INTRODUCTION

1. In June 1975 the Government of Jamaica launched a scheme for the commercial distribution of contraceptives, but before discussing this programme in detail, it is important that it be seen in its proper context, which is as a part of the Government's total health care programme.

2. The approach of the Government of Jamaica toward the provision of adequate health care for the nation is an integrated one, in which family planning, nutrition and maternal and child health services are available on a daily basis at hospitals and health centres throughout the island.

3. The commercial distribution of contraceptives is an example of the use of private sector marketing resources to augment the Governments' national family planning programme which was launched in 1968 and which had the following major objectives:-

- (i) to create a realization of the role of family planning within the framework of national development;
- (ii) to show the benefits of family planning to the individual and the nation as a whole, with the ultimate goal of personal, family, and national stability;
- (iii) to motivate people towards the use of contraceptives; and
- (iv) to create an understanding of the population issue on a worldwide basis.

4. These objectives were being pursued with a great measure of success by providing family planning information and contraceptive services to the public through the Ministry of Health & Environmental Control's islandwide network of clinics and hospitals, the National Family Planning Board, other Government Departments and Voluntary Agencies. But in our continuing efforts to improve the family planning programme and to increase the number of contraceptive users, it was decided to see to what extent the commercial sector could be used to enhance the Government's efforts.

5. Experience in countries where a substantial percentage of the population use contraceptives has shown that the commercial sector accounts for over 75% of contraceptives sold to the public. In Jamaica, the commercial sector accounted for only 33 and a third percent.

6. The commercial outlets were pharmacies, which tended to be concentrated in urban areas, thus placing rural dwellers at a disadvantage. The other factor which mitigated against more widespread purchase of contraceptives commercially was the high cost, which placed them beyond the reach of many people who might wish to use them, for while contraceptives are available at low cost or no cost at all at health centres and hospitals, they could prove expensive in terms of transportation. A study of users of contraceptive showed that almost 50% travelled over three miles and 20% travelled over five miles to secure supplies at clinics.

7. It was against this background that the Government of Jamaica, in association with

US/AID and Westinghouse Health Systems devised a comprehensive marketing programme for the two most popular contraceptive devices in Jamaica – the pill and the condom – under locally developed brand names. The cost and availability factors were overcome by (i) subsidising the products and therefore making them more economical than other brands and (ii) making the pill available not only in pharmacies but in other selected retail outlets as well.

8. Three important surveys were conducted prior to the launching of the programme –
- (i) A survey of manufacturers, importers and distributors was conducted to examine the sales levels of commercially distributed contraceptives and determine the factors impeding and/or facilitating commercial distribution;
  - (ii) A survey of operators of retail outlets was undertaken to determine among other things, the degree of knowledge of sellers about family planning and their attitude toward selling family planning products. The purpose of this survey was to be able with some degree of confidence to describe activities at the retail level regarding the sale of contraceptives and to determine how this point in the distribution chain might be better utilised to further the aim of contraceptive usage.
  - (iii) The third survey was of the fertile population in order to obtain information relevant to the hypothesised factors affecting the use of contraceptive products. To obtain a comprehensive picture of the target population, both men and women were interviewed.

#### STRATEGY:

9. The facts formed the basis of a five-point marketing plan over a three year period covering the areas:-

- (i) product and packaging
- (ii) pricing
- (iii) advertising and promotion
- (iv) distribution
- (v) evaluation and monitoring

10. The overall objectives for the three years were:-

- Year 1:** Establish distribution and promotional programmes and begin basic promotion of previously defined target segments; launch new products; establish monitoring procedures.
- Year 2:** Modify promotional activities as indicated by evaluation programmes and continuing expansion of distribution.
- Year 3:** Operate at normal levels of promotion and advertising.

11. The programme's first phase involved co-ordination with concerned local groups, and the organization of a twelve member advisory committee selected from various disciplines, e.g. the medical profession, pharmaceutical society, the church and welfare organisations – in order to monitor the operations of scheme and to make recom-

mendations to the National Family Planning Board on any aspect of the programme's activities. The appointment of such a committee was designed to ensure adequate co-ordination of the work involved in the marketing procedures and to further ensure that all ethical and legal requirements were met on an on-going basis.

#### PRODUCT, PRICE PACKAGING AND BRAND NAME:

12. The product strategy is built on distributing high quality contraceptives – the pill and condom – provided by US/AID at less than current commercial prices. The prices in fact offer a reduction of two-thirds to three-quarters of prices of brands which are currently large sellers and at the same time provide attractive percentage margins to the distributors and retailers.

13. Our surveys had shown that **condoms** were viewed by many Jamaican males as less than desirable, hence the choice of name and the package were very important since they could do much toward acceptability by conjuring up the right mental association and therefore laying the groundwork toward a favourable image. The name had to be bold, masculine, yet subtle in character. We found such a name – “PANTHER”. We chose a pictorial type of symbol to achieve visual impact, realism and retention – qualities which are highly necessary for the success of a “new” product like Panther. The advantages and disadvantages of various types of packages were considered, and we opted for the box. The reason – prestige. At 15c per pack of three condoms, we needed all the prestige we could get to counteract any backlash from the low price.

14. With the **pill** we again felt that the name was the key to product acceptance – it should definitely become a household word. Our choice was the name “PERLE”, which linked the pill subliminally with the sea and its positive connotations. Showing the perle by itself would have lacked visual impact, interest and meaning; so it was shown in its natural environment – the shell, with the sea element adding to the overall ambience. We chose a satchel-type, pack, in full colour and laminated for appearance – again prestige. Both packages and brand names were pre-tested prior to being put into production.

#### COMMUNICATION STRATEGY:

15. The communication strategy used was two-faceted. We felt that before brand advertising and promotion it was of vital importance to strengthen the educational component of the national family planning programme, with particular reference to oral contraceptives. A series of television panel discussions and radio programmes were initiated, backed up by newspaper advertisements stating very clearly and simply the safety, effectiveness, side effects and contra-indications of oral contraceptives. In these programmes we discussed in-depth the development of oral contraceptives, research, and world-wide usage. Information pamphlets were also distributed widely. Seminars were held with health personnel, pharmacists, non-pharmacy retailers who had been selected to sell Perle, and sales persons from the firm of distributors. The seminars were designed to ensure that all these people had a thorough knowledge and understanding of oral contraceptives and to ensure standardization of the message being taken to the public.

## PRODUCT LAUNCH:

16. It was only after this groundwork laid by the educational campaign that we felt a smooth transition could be made into brand advertising. For both products, a single theme was developed – “IF YOU CARE ABOUT LIFE” – a dignified message intended to make the pill and condom seen as family planning aids rather than “birth control methods”. With this theme we placed contraception in its proper perspective, within the context of responsible parenthood.

## MEDIA:

17. Radio, television, press and cinema were the major media used. In the case of the condoms, in order to provide strong visibility, bus shelters and billboards were used both in the metropolitan area of Kingston and St. Andrew and in each of the major rural towns. Produce market interior signs were used in rural produce markets located in parishes of high population density. The produce markets represent a central gathering place for rural women coming in to market their agricultural crops. Posters and bus interior signs were also utilised. Additional promotional support focused on both products through the use of a wide variety of point of sale of promotional material like decals and specially designed display containers.

18. Simultaneously, to complement the commercial marketing programme, the National Family Planning Board launched a communication programme aimed at re-inforcing in the public a sense of responsibility for family life and to further establish contraceptive usage as a means toward improving the quality of life.

19. The theme for this campaign was “HAVE A HEART” – in short, be considerate, care about family life. The theme was projected in a three-part series – the first dealing with the joys of a family unit, the problems of family disunity and the inter-relationship of family members. – The second segment titled “The Miracle of Life”, dealt with the reproductive system and how it works. It also covered the areas of puberty and adolescence, and included guidelines for responsible sexual behaviour, especially among the young. The third part dealt exhaustively with all the available methods of contraception, from male and female sterilization to the rhythm method.

20. It is important to note the very great emphasis placed on educating the public, not only with regard to contraceptive usage, but in the whole area of family life. It is also worthy of note that the entire strategy for this programme was based on the principle of communication in its broadest sense, rather than just advertising. The difference being that in communication there is dialogue, feed-back, interchange, and finally, understanding.

21. The market acceptance of Perle and Panther has exceeded our original expectations. Product launch took place in June 1975 and in just 4 months, nearly 42,000 cycles of Perle and over 300,000 Panther condoms were distributed. This was remarkable, since for the entire year of 1974 distribution of all other brands of oral contraceptives totalled 125,000, and in the case of condoms, total distribution of all brands was 648,000.

22. During the past year the distribution chain for both products as well as their sales have shown dramatic increases. Prior to the launch of Panther there were approximately 450 retailers marketing condoms. By September of this year, there were 919 Panther outlets.

23. Commercial outlets for oral contraceptives have also shown a sharp increase – from 120 to 202 by the end of September. Distribution of Panther condoms during this period was 948,000, and for Perle 128,694 cycles.

24. New acceptors who availed themselves of the family planning services of the Ministry of Health & Environmental Control for the year 1975 showed an increase over the number for 1974. This is an indication that the commercial marketing programme is reaching persons other than those who would normally use the services of the family planning clinics and therefore indicates a widening of the family planning outreach.

## INTERNATIONAL ASSISTANCE

A significant measure of financial assistance was received during the period mainly through the United States Agency for International Development and United Nations Fund for Population Activities. As is customary, US/AID provided funding for the following areas of the Programme:-

- (i) consultancy services
- (ii) participant training—long-term and short-term
- (iii) supply of contraceptives and other commodities and equipment
- (iv) local seminars, conferences and workshops
- (v) surveys and studies and any other project which may be approved as essential or helpful to the administering of the programme.

The total sum expended by US/AID for these services was \$669,973 which reflects an upward trend in the assistance being received by the programme from this Agency. Particular mention should be made of US/AID support of the commercial distribution of contraceptives scheme being run by the Ministry of Health through the National Family Planning Board as a special project concerning which a report has been made in the preceding paragraphs.

In the previous year, the Jamaica programme received a substantial quantity of the drug Depo Provera through the International Planned Parenthood Federation and having regard to the acceptance of this method of contraception, particularly among the younger adults and teenagers, it was found necessary to seek a continued source of supply. In this regard the UNFPA through their local representatives responded generously to a request for a supply of the drug which would last for a period of two years from 1976 to 1978, the value of this being \$198,200. However, the Board received from UNICEF an interim supply of 44,600 doses in June, 1975. It is worthy of note that the use of the Depo Provera drug at clinics ranges from 25% to 28% of all methods used and falls next to the use of the pill.

The Ministry and the Board record their appreciation of the support rendered by these Agencies which will undoubtedly accelerate achievement of the main objectives of the programme

## STORES AND SUPPLIES

The functions related to administration of stores and supplies concomitant with the delivery of family planning services at hospitals and health centres were performed to the satisfaction of the Board and the institutions. The system was maintained at a



standard to ensure prompt delivery of requests for contraceptives, drugs and equipment. The rate of usage of these commodities is predetermined so that adequate levels of stock are maintained.

The statistical report reflects fairly the substantial turn-over of contraceptives which represent the largest single segment of the overall stock of some 120 items. The Board is still engaged in the procurement, custody and issue of these commodities which are administered through a central ware-house and concerning which a system of control and co-ordination remains fully in operation.

#### FINANCE AND ACCOUNTS

The audited financial statements along with the Auditors' Report for the years ending 31st March, 1975 and 31st March, 1976 have been submitted to the Ministry to be laid on the Tables of the House of Representatives and the Senate in accordance with the provisions of the Family Planning Act.

#### CONCLUSION

The period for which this Report is prepared has been a most significant one in the life of the Board. There have been changes and modifications in policy-making and in programme implementation occurring since April, 1974. The policy of integration of family planning with the health care service of the Ministry of Health evidenced a short-term disadvantage unavoidable resulting from re-adjustment of staff and programmes. The integration was carried out on a phased basis and the final stage is now being reached.

The beneficial effects of this merger are seen in the long-term which will enable implementation of Government policy to provide comprehensive health care for the nation through a system whereby a combination of family planning and health services will become more widely available to the vast majority of persons who need these services on a day-to-day basis. This conforms to the wider concept of a Community Based Health Care system now being actively pursued.

The Cornwall Region Project being undertaken by the Ministry is the first major drive towards the establishment of a national health service of intrinsic value to the ultimate goal of the personal development process.

**NATIONAL FAMILY PLANNING BOARD,**

**JULY 1977.**

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