

REPRODUCTIVE HEALTH SURVEY

**JAMAICA
2002**

REGIONAL REPORT HEALTH REGIONS 1 - 4

**Carmen P. McFarlane, M.Sc. (Econ.)
McFarlane Consultants**

**NATIONAL FAMILY PLANNING BOARD
April 2005**

**Printed By:
Jamaica Printing Services (1992) Ltd.**

Table I.7	Percentage Of All Women And Women In Union Aged 15 - 49 Years Currently Using A Contraceptive Method Compared With 1997 RHS	20
Figure 1.8	Percentage Of All Women And Women In Union Aged 15 - 49 Years Currently Using A Contraceptive Method	21
Table I.8	Percent Of Women In Union Aged 15 - 49 Years Currently Using a Contraceptive Method By Selected Characteristics	22
Figure 1.9	Percent Of Women In Union Aged 15 - 49 Years Currently Using a Contraceptive Method By Selected Characteristics	23
Table I.9	Percentage Of Contraceptive Users In Health Region Who Are Concurrently Using A Secondary Contraceptive Method By Primary And Secondary Method Used - Women In Union Aged 15 - 49 Years	24
Table I.10	Brand Of Pill Currently Used - Women Aged 15 - 49 Years Who Are Current Pill Users - Percent Distribution	25
Figure 1.10	Brand Of Pill Currently Used - Women Aged 15 - 49 Years Who Are Current Pill Users - Percent Distribution	26
Table I.11	Reasons For Using Condoms - Percent Distribution - Women Aged 15 - 49 Years Who Are Current Users Of Condoms	27
Figure 1.11	Reasons For Using Condoms - Percent Distribution - Women Aged 15 - 49 Years Who Are Current Users Of Condoms Compared With 1997 RHS	28
Figure 1.12	Frequency Of Condom Use - Percent Distribution - Women Aged 15 - 49 Years Who Are Current Users Of Condoms With A Steady Partner	29
Table I.12	Frequency Of Condom Use - Percent Distribution - Women Aged 15 - 49 Years Who Are Current Users Of Condoms With A Steady Partner	29
Table I.13	Source Of Contraception Of Women In Union Who Are Currently Using Most Prevalent Methods - Percent Distribution - Compared To 1997 RHS And 1993 CPS	30
Figure 1.13	Source Of Contraception Of Women In Union Who Are Currently Using Most Prevalent Methods - Percent Distribution - Compared With 1997 RHS	31
Figure 1.14	Percent Who Began Prenatal Care In First Trimester Among Women 15 - 49 Years Pregnant In Past 5 Years By Region And Parish	33
Table I.14	Percent Who Began Prenatal Care In First Trimester Among Women 15 - 49 Years Pregnant In Past 5 Years By Region And Parish	34

	<u>Page No.</u>	
Table I.15	Percent Of Women Aged 15 - 49 Years Who Have Ever Had A Pap Smear And Have Had A Pap Smear In The Last Year By Parish	35
Table I.16	Percent Of Women Aged 15 - 49 Years Who Ever Do A Monthly Breast Self-Examination And Did A Breast Self Examination In The Last Month By Parish	35
Figure 1.15	Percent Of Women Aged 15 - 49 Years Who Have Ever Had A Pap Smear And Have Had A Pap Smear In The Last Year By Parish	36
Figure 1.16	Percent Of Women Aged 15 - 49 Years Who Ever Do A Monthly Breast Self-Examination And Did A Breast Self Examination In The Last Month By Parish	37
Table I.17	Family Life / Sex Education Class Or Course In School And / Or Outside Of School - Young Adults Aged 15 - 24 Years - Percent Distribution	38
Figure 1.17	Family Life / Sex Education Class Or Course In School And / Or Outside Of School - Young Adults Aged 15 - 24 Years - Percent Distribution	39
Table I.18	Percent Reporting Sexual Experience By Age Group - Young Adults 15 - 24 Years Compared With 1997 RHS and 1993 CPS	40
Figure 1.18	Percent Reporting Sexual Experience By Age Group - Young Adults 15 - 24 Years Compared With 1997 RHS	41
Table I.19	Percent Using Contraception At First Sexual Intercourse By Parish - Young Adults 15 - 24 Years	42
Figure 1.19	Percent Using Contraception At First Sexual Intercourse By Parish - Young Adults 15 - 24 Years	43
Figure 1.20	Source Of Contraceptive Method Used At Time Of First Sexual Intercourse - Young Adults 15 - 24 Years Compared With 1997 RHS	44
Table I.20	Source Of Contraceptive Method Used At Time Of First Sexual Intercourse - Young Adults 15 - 24 Years Compared With 1997 RHS And 1993 CPS	44

Health Region 2

Summary Of Results - Health Region 2	45	
Table II.1	Age-Specific Fertility Rates - Women Aged 15 - 44 Years - All Jamaica And Health Region 1	46
Figure 2.1	Age-Specific Fertility Rates - Women Aged 15 - 44 Years - All Jamaica	47

		<u>Page No.</u>
Figure 2.2	Age-Specific Fertility Rates - Women Aged 15 - 44 Years - Health Region 2	48
Table II.2	Planning Status Of Last Or Current Pregnancy By Selected Characteristics	49
Figure 2.3	Planning Status Of Last Or Current Pregnancy By Selected Characteristics	50
Figure 2.4	Percent Of Women Aged 15 - 49 Years Who Heard Of Specific Contraceptive Methods Compared With 1997 RHS And 1993 CPS	52
Table II.3	Percent Of Women Aged 15 - 49 Years Who Heard Of Specific Contraceptive Methods Compared With 1997 RHS And 1993 CPS	53
Figure 2.5	Percent Of Women Aged 15 - 49 Years Who Heard Of Specific Contraceptive Methods By Parish	54
Table II.4	Percent Of Women Aged 15 - 49 Years Who Heard Of Specific Contraceptive Methods By Parish	55
Figure 2.6	Percent Of Young Adult Men Aged 15 - 24 Years Who Heard Of Specific Contraceptive Methods Compared With 1997 RHS	56
Table II.5	Percent Of Young Adult Men Aged 15 - 24 Years Who Heard Of Specific Contraceptive Methods Compared With 1997 RHS And 1993 CPS	57
Figure 2.7	Percent Of Women In Union Aged 15 - 49 Years Currently Using Contraception By Method Compared With 1997 RHS	58
Table II.6	Percent Of Women In Union Aged 15 - 49 Years Currently Using Contraception By Method Compared With 1997 RHS	59
Table II.7	Percentage Of All Women And Women In Union Aged 15 - 49 Years Currently Using A Contraceptive Method Compared With 1997 RHS	60
Figure 2.8	Percentage Of All Women And Women In Union Aged 15 - 49 Years Currently Using A Contraceptive Method	61
Table II.8	Percent Of Women In Union Aged 15 - 49 Years Currently Using a Contraceptive Method By Selected Characteristics	62
Figure 2.9	Percent Of Women In Union Aged 15 - 49 Years Currently Using a Contraceptive Method By Selected Characteristics	63
Table II.9	Percentage Of Contraceptive Users In Health Region Who Are Concurrently Using A Secondary Contraceptive Method By Primary And Secondary Method Used - Women In Union Aged 15 - 49 Years	64

Figure 2.10	Brand Of Pill Currently Used - Women Aged 15 - 49 Years Who Are Current Pill Users - Percent Distribution	65
Table II.10	Brand Of Pill Currently Used - Women Aged 15 - 49 Years Who Are Current Pill Users - Percent Distribution	65
Table II.11	Reasons For Using Condoms - Percent Distribution - Women Aged 15 - 49 Years Who Are Current Users Of Condoms	66
Figure 2.11	Reasons For Using Condoms - Percent Distribution - Women Aged 15 - 49 Years Who Are Current Users Of Condoms Compared With 1997 RHS	67
Figure 2.12	Frequency Of Condom Use - Percent Distribution - Women Aged 15 - 49 Years Who Are Current Users Of Condoms With A Steady Partner	67
Table II.12	Frequency Of Condom Use - Percent Distribution - Women Aged 15 - 49 Years Who Are Current Users Of Condoms With A Steady Partner	68
Figure 2.13	Source Of Contraception Of Women In Union Who Are Currently Using Most Prevalent Methods - Percent Distribution - Compared To 1997 RHS	70
Table II.13	Source Of Contraception Of Women In Union Who Are Currently Using Most Prevalent Methods - Percent Distribution - Compared To 1997 RHS And 1993 CPS	71
Figure 2.14	Percent Who Began Prenatal Care In First Trimester Among Women 15 - 49 Years Pregnant In Past 5 Years By Region And Parish	72
Table II.14	Percent Who Began Prenatal Care In First Trimester Among Women 15 - 49 Years Pregnant In Past 5 Years By Region And Parish	73
Figure 2.15	Percent Of Women Aged 15 - 49 Years Who Have Ever Had A Pap Smear And Have Had A Pap Smear In The Last Year By Parish	74
Table II.15	Percent Of Women Aged 15 - 49 Years Who Have Ever Had A Pap Smear And Have Had A Pap Smear In The Last Year By Parish	75
Table II.16	Percent Of Women Aged 15 - 49 Years Who Ever Do A Monthly Breast Self-Examination And Did A Breast Self Examination In The Last Month By Parish	75
Figure 2.16	Percent Of Women Aged 15 - 49 Years Who Ever Do A Monthly Breast Self-Examination And Did A Breast Self Examination In The Last Month By Parish	76

Table II.17	Family Life / Sex Education Class Or Course In School And / Or Outside Of School - Young Adults Aged 15 - 24 Years - Percent Distribution	77
Figure 2.17	Family Life / Sex Education Class Or Course In School And / Or Outside Of School - Young Adults Aged 15 - 24 Years - Percent Distribution	78
Figure 2.18	Percent Reporting Sexual Experience By Age Group - Young Adults 15 - 24 Years Compared With 1997 RHS and 1993 CPS	80
Table II.18	Percent Reporting Sexual Experience By Age Group - Young Adults 15 - 24 Years Compared With 1997 RHS and 1993 CPS	81
Table II.19	Percent Using Contraception At First Sexual Intercourse By Parish - Young Adults 15 - 24 Years	81
Figure 2.19	Percent Using Contraception At First Sexual Intercourse By Parish - Young Adults 15 - 24 Years	82
Figure 2.20	Source Of Contraceptive Method Used At Time Of First Sexual Intercourse - Young Adults 15 - 24 Years Compared With 1997 RHS	83
Table II.20	Source Of Contraceptive Method Used At Time Of First Sexual Intercourse - Young Adults 15 - 24 Years Compared With 1997 RHS And 1993 CPS	84

Health Region 3

Summary Of Results - Health Region 3		85
Table III.1	Age-Specific Fertility Rates - Women Aged 15 - 44 Years - All Jamaica And Health Region 1	86
Figure 3.1	Age-Specific Fertility Rates - Women Aged 15 - 44 Years - All Jamaica	87
Figure 3.2	Age-Specific Fertility Rates - Women Aged 15 - 44 Years - Health Region 3	88
Table III.2	Planning Status Of Last Or Current Pregnancy By Selected Characteristics	90
Figure 3.3	Planning Status Of Last Or Current Pregnancy By Selected Characteristics	91
Table III.3	Percent Of Women Aged 15 - 49 Years Who Heard Of Specific Contraceptive Methods Compared With 1997 RHS And 1993 CPS	92
Figure 3.4	Percent Of Women Aged 15 - 49 Years Who Heard Of Specific Contraceptive Methods Compared With 1997 RHS And 1993 CPS	93

	<u>Page No.</u>	
Table III.4	Percent Of Women Aged 15 - 49 Years Who Heard Of Specific Contraceptive Methods By Parish	94
Figure 3.5	Percent Of Women Aged 15 - 49 Years Who Heard Of Specific Contraceptive Methods By Parish	95
Table III.5	Percent Of Young Adult Men Aged 15 - 24 Years Who Heard Of Specific Contraceptive Methods Compared With 1997 RHS And 1993 CPS	96
Figure 3.6	Percent Of Young Adult Men Aged 15 - 24 Years Who Heard Of Specific Contraceptive Methods Compared With 1997 RHS	97
Table III.6	Percent Of Women In Union Aged 15 - 49 Years Currently Using Contraception By Method Compared With 1997 RHS	98
Figure 3.7	Percent Of Women In Union Aged 15 - 49 Years Currently Using Contraception By Method Compared With 1997 RHS	99
Table III.7	Percentage Of All Women And Women In Union Aged 15 - 49 Years Currently Using A Contraceptive Method Compared With 1997 RHS	100
Figure 3.8	Percentage Of All Women And Women In Union Aged 15 - 49 Years Currently Using A Contraceptive Method	101
Table III.8	Percent Of Women In Union Aged 15 - 49 Years Currently Using a Contraceptive Method By Selected Characteristics	102
Figure 3.9	Percent Of Women In Union Aged 15 - 49 Years Currently Using a Contraceptive Method By Selected Characteristics	104
Table III.9	Percentage Of Contraceptive Users In Health Region Who Are Concurrently Using A Secondary Contraceptive Method By Primary And Secondary Method Used - Women In Union Aged 15 - 49 Years	105
Figure 3.10	Brand Of Pill Currently Used - Women Aged 15 - 49 Years Who Are Current Pill Users - Percent Distribution	106
Table III.10	Brand Of Pill Currently Used - Women Aged 15 - 49 Years Who Are Current Pill Users - Percent Distribution	107
Figure 3.11	Reasons For Using Condoms - Percent Distribution - Women Aged 15 - 49 Years Who Are Current Users Of Condoms Compared With 1997 RHS	108
Table III.11	Reasons For Using Condoms - Percent Distribution - Women Aged 15 - 49 Years Who Are Current Users Of Condoms	109

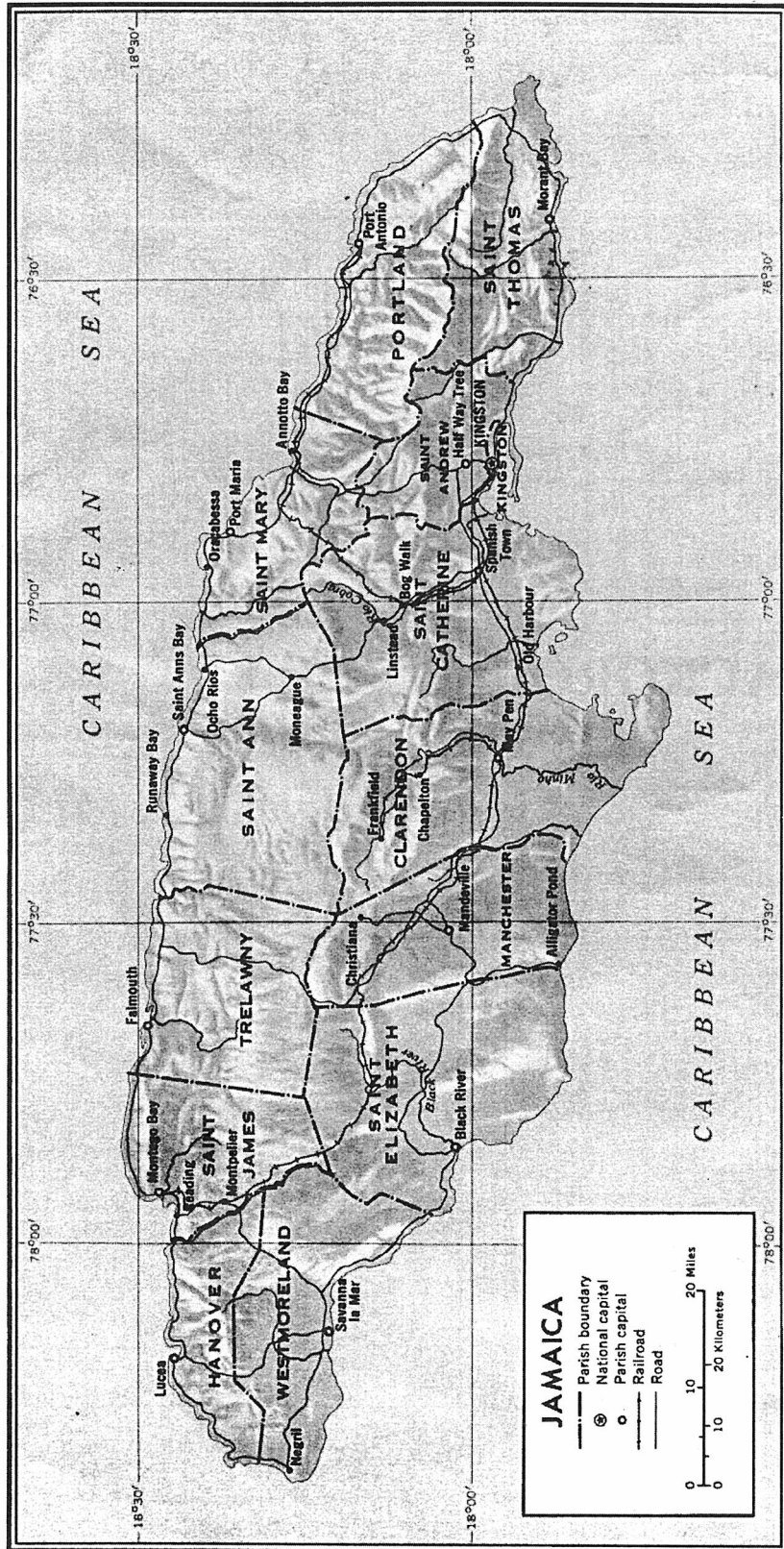
Table III.12	Frequency Of Condom Use - Percent Distribution - Women Aged 15 - 49 Years Who Are Current Users Of Condoms With A Steady Partner	109
Figure 3.12	Frequency Of Condom Use - Percent Distribution - Women Aged 15 - 49 Years Who Are Current Users Of Condoms With A Steady Partner	110
Figure 3.13	Source Of Contraception Of Women In Union Who Are Currently Using Most Prevalent Methods - Percent Distribution - Compared To 1997 RHS	111
Table III.13	Source Of Contraception Of Women In Union Who Are Currently Using Most Prevalent Methods - Percent Distribution - Compared To 1997 RHS And 1993 CPS	112
Table III.14	Percent Who Began Prenatal Care In First Trimester Among Women 15 - 49 Years Pregnant In Past 5 Years By Region And Parish	113
Figure 3.14	Percent Who Began Prenatal Care In First Trimester Among Women 15 - 49 Years Pregnant In Past 5 Years By Region And Parish	114
Table III.15	Percent Of Women Aged 15 - 49 Years Who Have Ever Had A Pap Smear And Have Had A Pap Smear In The Last Year By Parish	115
Figure 3.15	Percent Of Women Aged 15 - 49 Years Who Have Ever Had A Pap Smear And Have Had A Pap Smear In The Last Year By Parish	116
Table III.16	Percent Of Women Aged 15 - 49 Years Who Ever Do A Monthly Breast Self-Examination And Did A Breast Self Examination In The Last Month By Parish	117
Figure 3.16	Percent Of Women Aged 15 - 49 Years Who Ever Do A Monthly Breast Self-Examination And Did A Breast Self Examination In The Last Month By Parish	118
Table III.17	Family Life / Sex Education Class Or Course In School And / Or Outside Of School - Young Adults Aged 15 - 24 Years - Percent Distribution	119
Figure 3.17	Family Life / Sex Education Class Or Course In School And / Or Outside Of School - Young Adults Aged 15 - 24 Years - Percent Distribution	120
Table III.18	Percent Reporting Sexual Experience By Age Group - Young Adults 15 - 24 Years Compared With 1997 RHS and 1993 CPS	121
Figure 3.18	Percent Reporting Sexual Experience By Age Group - Young Adults 15 - 24 Years Compared With 1997 RHS	122

	<u>Page No.</u>	
Table III.19	Percent Using Contraception At First Sexual Intercourse By Parish - Young Adults 15 - 24 Years	123
Figure 3.19	Percent Using Contraception At First Sexual Intercourse By Parish - Young Adults 15 - 24 Years	124
Figure 3.20	Source Of Contraceptive Method Used At Time Of First Sexual Intercourse - Young Adults 15 - 24 Years Compared With 1997 RHS	125
Table III.20	Source Of Contraceptive Method Used At Time Of First Sexual Intercourse - Young Adults 15 - 24 Years Compared With 1997 RHS And 1993 CPS	125
 <u>Health Region 4</u>		
	Summary Of Results - Health Region 4	127
Table IV.1	Age-Specific Fertility Rates - Women Aged 15 - 44 Years - All Jamaica And Health Region 1	128
Figure 4.1	Age-Specific Fertility Rates - Women Aged 15 - 44 Years - All Jamaica	129
Figure 4.2	Age-Specific Fertility Rates - Women Aged 15 - 44 Years - Health Region 4	130
Table IV.2	Planning Status Of Last Or Current Pregnancy By Selected Characteristics	131
Figure 4.3	Planning Status Of Last Or Current Pregnancy By Selected Characteristics	132
Figure 4.4	Percent Of Women Aged 15 - 49 Years Who Heard Of Specific Contraceptive Methods Compared With 1997 RHS And 1993 CPS	134
Table IV.3	Percent Of Women Aged 15 - 49 Years Who Heard Of Specific Contraceptive Methods Compared With 1997 RHS And 1993 CPS	135
Figure 4.5	Percent Of Women Aged 15 - 49 Years Who Heard Of Specific Contraceptive Methods By Parish	136
Table IV.4	Percent Of Women Aged 15 - 49 Years Who Heard Of Specific Contraceptive Methods By Parish	137
Figure 4.6	Percent Of Young Adult Men Aged 15 - 24 Years Who Heard Of Specific Contraceptive Methods Compared With 1997 RHS	138
Table IV.5	Percent Of Young Adult Men Aged 15 - 24 Years Who Heard Of Specific Contraceptive Methods Compared With 1997 RHS And 1993 CPS	139

Figure 4.7	Percent Of Women In Union Aged 15 - 49 Years Currently Using Contraception By Method Compared With 1997 RHS	140
Table IV.6	Percent Of Women In Union Aged 15 - 49 Years Currently Using Contraception By Method Compared With 1997 RHS	141
Table IV.7	Percentage Of All Women And Women In Union Aged 15 - 49 Years Currently Using A Contraceptive Method Compared With 1997 RHS	141
Figure 4.8	Percentage Of All Women And Women In Union Aged 15 - 49 Years Currently Using A Contraceptive Method	142
Table IV.8	Percent Of Women In Union Aged 15 - 49 Years Currently Using a Contraceptive Method By Selected Characteristics	143
Figure 4.9	Percent Of Women In Union Aged 15 - 49 Years Currently Using a Contraceptive Method By Selected Characteristics	144
Table IV.9	Percentage Of Contraceptive Users In Health Region Who Are Concurrently Using A Secondary Contraceptive Method By Primary And Secondary Method Used - Women In Union Aged 15 - 49 Years	146
Figure 4.10	Brand Of Pill Currently Used - Women Aged 15 - 49 Years Who Are Current Pill Users - Percent Distribution	147
Table IV.10	Brand Of Pill Currently Used - Women Aged 15 - 49 Years Who Are Current Pill Users - Percent Distribution	148
Table IV.11	Reasons For Using Condoms - Percent Distribution - Women Aged 15 - 49 Years Who Are Current Users Of Condoms	148
Figure 4.11	Reasons For Using Condoms - Percent Distribution - Women Aged 15 - 49 Years Who Are Current Users Of Condoms Compared With 1997 RHS	149
Figure 4.12	Frequency Of Condom Use - Percent Distribution - Women Aged 15 - 49 Years Who Are Current Users Of Condoms With A Steady Partner	150
Table IV.12	Frequency Of Condom Use - Percent Distribution - Women Aged 15 - 49 Years Who Are Current Users Of Condoms With A Steady Partner	150
Table IV.13	Source Of Contraception Of Women In Union Who Are Currently Using Most Prevalent Methods - Percent Distribution - Compared To 1997 RHS And 1993 CPS	151
Figure 4.13	Source Of Contraception Of Women In Union Who Are Currently Using Most Prevalent Methods - Percent Distribution - Compared To 1997 RHS	152

	<u>Page No.</u>	
Table IV.14	Percent Who Began Prenatal Care In First Trimester Among Women 15 - 49 Years Pregnant In Past 5 Years By Region And Parish	153
Figure 4.14	Percent Who Began Prenatal Care In First Trimester Among Women 15 - 49 Years Pregnant In Past 5 Years By Region And Parish	154
Table IV.15	Percent Of Women Aged 15 - 49 Years Who Have Ever Had A Pap Smear And Have Had A Pap Smear In The Last Year By Parish	155
Figure 4.15	Percent Of Women Aged 15 - 49 Years Who Have Ever Had A Pap Smear And Have Had A Pap Smear In The Last Year By Parish	156
Figure 4.16	Percent Of Women Aged 15 - 49 Years Who Ever Do A Monthly Breast Self-Examination And Did A Breast Self Examination In The Last Month By Parish	157
Table IV.16	Percent Of Women Aged 15 - 49 Years Who Ever Do A Monthly Breast Self-Examination And Did A Breast Self Examination In The Last Month By Parish	158
Figure 4.17	Family Life / Sex Education Class Or Course In School And / Or Outside Of School - Young Adults Aged 15 - 24 Years - Percent Distribution	159
Table IV.17	Family Life / Sex Education Class Or Course In School And / Or Outside Of School - Young Adults Aged 15 - 24 Years - Percent Distribution	160
Table IV.18	Percent Reporting Sexual Experience By Age Group - Young Adults 15 - 24 Years Compared With 1997 RHS and 1993 CPS	161
Figure 4.18	Percent Reporting Sexual Experience By Age Group - Young Adults 15 - 24 Years Compared With 1997 RHS	162
Figure 4.19	Percent Using Contraception At First Sexual Intercourse By Parish - Young Adults 15 - 24 Years	163
Table IV.19	Percent Using Contraception At First Sexual Intercourse By Parish - Young Adults 15 - 24 Years	164
Table IV.20	Source Of Contraceptive Method Used At Time Of First Sexual Intercourse - Young Adults 15 - 24 Years Compared With 1997 RHS And 1993 CPS	164
Figure 4.20	Source Of Contraceptive Method Used At Time Of First Sexual Intercourse - Young Adults 15 - 24 Years Compared With 1997 RHS	165
References		167

BACKGROUND



D.A.C. 50703 11.60

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

BACKGROUND

The 2002 Reproductive Health Survey programme continues the series of enquiries carried out by the National Family Planning Board, aimed at obtaining information on the reproductive health of the people of Jamaica including the levels of fertility and related factors which impact on the size and rate of growth of the population. The main aim of the surveys is to obtain a wide range of information on the reproductive health of women and young adult men and the factors which may influence their health.

The programme is designed to assess health conditions covering maternal-child health and behavioural risk factors as well as factors relating to contraception. It examines the knowledge and practices of women and young men in general along with their partners in those matters relating to the determination of levels of fertility of women in the population, the number of births and efforts made to regulate the number and spacing of their children. Included are data on family life and sex education which are collected from young adult women and men.

Coverage in 2002, as in 1997, relates to women in the age group 15 to 49 years while for the young men, the age cohort represented is 15 to 24 years. Topics covered include reproductive health and history, fertility, contraceptive knowledge and usage, attitudes towards reproduction and behavioural risks. Background characteristics relating to demographic and socio-economic status of the population which include age structure, educational attainment, socio-economic and employment status, religious practices and union status are also collected.

Differentials across health regions (the main administrative divisions of the Ministry of Health), urban and rural areas of residence are also examined 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 programme efforts. Where possible, data for females have been produced at the parish level so as to inform parish administrators of the successes or weaknesses of their programmes.

At the more general level, the 2002 Reproductive Health Survey provides data on current fertility and levels of unintended fertility together with information on general attitudes of women and men towards desired family size, birth spacing, breastfeeding and contraceptive use. In addition, it provides information on current sexual activity of females in the reproductive age groups and of young adult males, particularly in relation to the use of contraceptives. Commonly held beliefs on sexuality and contraceptive practices are also explored. A further feature is the examination of the extent of family life and sex education offered inside and outside of the formal educational system.

Geographic coverage in general is national, with disaggregations at three levels - health regions, parishes and area of residence, classified as urban and rural. This report applies the first, health regions, to all tables presented. The second is applied as cross-classifications in those cases where the sample size permits. In the third disaggregation, area of residence, it provides further insights into the impact of this phenomenon.

The health regions represent the administrative divisions employed by the Ministry of Health in the deployment of resources in its various health programmes including the family planning programmes. These regions consist of a group of parishes which have been maintained since 1993. The regions with their related parishes are:

Health Region Parishes

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

The report summarizes the findings of the Reproductive Health Survey (RHS) carried out in Jamaica in 2002. An earlier survey of the same type was carried out in 1997 while similar surveys, Contraceptive Prevalence Surveys (CPSs) were carried out for females in 1993, 1989 and 1983. Coverage for men was not as consistent; earlier coverage of young adult men (15 - 24 years) were carried out in 1997 and in a special Young Adults Reproductive Survey in 1997. Also, in 1993, a more comprehensive study of men aged 15 - 54 years was undertaken in their 1993 CPS. The report covers fertility, planning status of last pregnancy, knowledge of contraceptives, contraceptive use, pill use, condom use, source of contraceptives, prenatal care and women's health. A limited number of topics relating to young adults is also covered.

This Report presents a composite of the four regional reports prepared for use in the dissemination programme for the 2002 Jamaica Reproductive Health Survey. In addition, four regional summary reports have been prepared, one for each of the health regions.

SUMMARY OF RESULTS

HEALTH REGION 1

Age Group	1975-79	1980-84	1985-89	1990-94	1995-99	2000-04	2005-09	2010-14	2015-19
0-4	10	12	15	18	22	25	28	32	35
5-9	12	15	18	22	25	28	32	35	38
10-14	15	18	22	25	28	32	35	38	42
15-19	18	22	25	28	32	35	38	42	45
20-24	22	25	28	32	35	38	42	45	48
25-29	25	28	32	35	38	42	45	48	52
30-34	28	32	35	38	42	45	48	52	55
35-39	32	35	38	42	45	48	52	55	58
40-44	35	38	42	45	48	52	55	58	62
45-49	38	42	45	48	52	55	58	62	65
50-54	42	45	48	52	55	58	62	65	68
55-59	45	48	52	55	58	62	65	68	72
60-64	48	52	55	58	62	65	68	72	75
65-69	52	55	58	62	65	68	72	75	78
70-74	55	58	62	65	68	72	75	78	82
75-79	58	62	65	68	72	75	78	82	85
80-84	62	65	68	72	75	78	82	85	88
85-89	65	68	72	75	78	82	85	88	92
90-94	68	72	75	78	82	85	88	92	95
95-99	72	75	78	82	85	88	92	95	98
100-104	75	78	82	85	88	92	95	98	102
105-109	78	82	85	88	92	95	98	102	105
110-114	82	85	88	92	95	98	102	105	108
115-119	85	88	92	95	98	102	105	108	112
120-124	88	92	95	98	102	105	108	112	115
125-129	92	95	98	102	105	108	112	115	118
130-134	95	98	102	105	108	112	115	118	122
135-139	98	102	105	108	112	115	118	122	125
140-144	102	105	108	112	115	118	122	125	128
145-149	105	108	112	115	118	122	125	128	132
150-154	108	112	115	118	122	125	128	132	135
155-159	112	115	118	122	125	128	132	135	138
160-164	115	118	122	125	128	132	135	138	142
165-169	118	122	125	128	132	135	138	142	145
170-174	122	125	128	132	135	138	142	145	148
175-179	125	128	132	135	138	142	145	148	152
180-184	128	132	135	138	142	145	148	152	155
185-189	132	135	138	142	145	148	152	155	158
190-194	135	138	142	145	148	152	155	158	162
195-199	138	142	145	148	152	155	158	162	165
200-204	142	145	148	152	155	158	162	165	168
205-209	145	148	152	155	158	162	165	168	172
210-214	148	152	155	158	162	165	168	172	175
215-219	152	155	158	162	165	168	172	175	178
220-224	155	158	162	165	168	172	175	178	182
225-229	158	162	165	168	172	175	178	182	185
230-234	162	165	168	172	175	178	182	185	188
235-239	165	168	172	175	178	182	185	188	192
240-244	168	172	175	178	182	185	188	192	195
245-249	172	175	178	182	185	188	192	195	198
250-254	175	178	182	185	188	192	195	198	202
255-259	178	182	185	188	192	195	198	202	205
260-264	182	185	188	192	195	198	202	205	208
265-269	185	188	192	195	198	202	205	208	212
270-274	188	192	195	198	202	205	208	212	215
275-279	192	195	198	202	205	208	212	215	218
280-284	195	198	202	205	208	212	215	218	222
285-289	198	202	205	208	212	215	218	222	225
290-294	202	205	208	212	215	218	222	225	228
295-299	205	208	212	215	218	222	225	228	232
300-304	208	212	215	218	222	225	228	232	235
305-309	212	215	218	222	225	228	232	235	238
310-314	215	218	222	225	228	232	235	238	242
315-319	218	222	225	228	232	235	238	242	245
320-324	222	225	228	232	235	238	242	245	248
325-329	225	228	232	235	238	242	245	248	252
330-334	228	232	235	238	242	245	248	252	255
335-339	232	235	238	242	245	248	252	255	258
340-344	235	238	242	245	248	252	255	258	262
345-349	238	242	245	248	252	255	258	262	265
350-354	242	245	248	252	255	258	262	265	268
355-359	245	248	252	255	258	262	265	268	272
360-364	248	252	255	258	262	265	268	272	275
365-369	252	255	258	262	265	268	272	275	278
370-374	255	258	262	265	268	272	275	278	282
375-379	258	262	265	268	272	275	278	282	285
380-384	262	265	268	272	275	278	282	285	288
385-389	265	268	272	275	278	282	285	288	292
390-394	268	272	275	278	282	285	288	292	295
395-399	272	275	278	282	285	288	292	295	298
400-404	275	278	282	285	288	292	295	298	302
405-409	278	282	285	288	292	295	298	302	305
410-414	282	285	288	292	295	298	302	305	308
415-419	285	288	292	295	298	302	305	308	312
420-424	288	292	295	298	302	305	308	312	315
425-429	292	295	298	302	305	308	312	315	318
430-434	295	298	302	305	308	312	315	318	322
435-439	298	302	305	308	312	315	318	322	325
440-444	302	305	308	312	315	318	322	325	328
445-449	305	308	312	315	318	322	325	328	332
450-454	308	312	315	318	322	325	328	332	335
455-459	312	315	318	322	325	328	332	335	338
460-464	315	318	322	325	328	332	335	338	342
465-469	318	322	325	328	332	335	338	342	345
470-474	322	325	328	332	335	338	342	345	348
475-479	325	328	332	335	338	342	345	348	352
480-484	328	332	335	338	342	345	348	352	355
485-489	332	335	338	342	345	348	352	355	358
490-494	335	338	342	345	348	352	355	358	362
495-499	338	342	345	348	352	355	358	362	365
500-504	342	345	348	352	355	358	362	365	368
505-509	345	348	352	355	358	362	365	368	372
510-514	348	352	355	358	362	365	368	372	375
515-519	352	355	358	362	365	368	372	375	378
520-524	355	358	362	365	368	372	375	378	382
525-529	358	362	365	368	372	375	378	382	385
530-534	362	365	368	372	375	378	382	385	388
535-539	365	368	372	375	378	382	385	388	392
540-544	368	372	375	378	382	385	388	392	395
545-549	372	375	378	382	385	388	392	395	398
550-554	375	378	382	385	388	392	395	398	402
555-559	378	382	385	388	392	395	398	402	405
560-564	382	385	388	392	395	398	402	405	408
565-569	385	388	392	395	398	402	405	408	412
570-574	388	392	395	398	402	405	408	412	415
575-579	392	395	398	402	405	408	412	415	418
580-584	395	398	402	405	408	412	415	418	422
585-589	398	402	405	408	412	415	418	422	425
590-594	402	405	408	412	415	418	422	425	428
595-599	405	408	412	415	418	422	425	428	432
600-604	408	412	415	418	422	425	428	432	435
605-609	412	415	418	422	425	428	432	435	438
610-614	415	418	422	425					

HEALTH REGION 1

Introduction

This Report summarizes the findings of the Reproductive Health Survey (RHS) carried out in Jamaica in 2002 as they relate to Health Region 1. As mentioned, the report covers fertility, planning status of last pregnancy, knowledge of contraceptives, contraceptive use, pill use, condom use, source of contraceptives, prenatal care and women's health. A number of topics relating to young adults is also covered. This section covers all of the abovementioned topics as they were found in Health Region 1.

A limited amount of information relating to the national level has been also included for comparative purposes. The format of the report is to present data in a tabular form as well as in the form of charts to provide a pictorial representation of the topic being analyzed. Comparisons in the charts will, in general, be confined to the years 2002 and 1997 in some cases or to geographic areas in others. Where available, other years are presented in the tables.

Fertility

Fertility data for Jamaica as a whole and for Health Region 1 will be presented in this section. The survey shows the total fertility rate (TFR) for the years 2000 - 2002 (that is, two years prior to interview) to be 2.5 births per woman. This represents a decrease from the TFR of 1997 which was 2.8 births per woman. This continues the decline which has been observed over the period as may be seen in Table 1.1 where the TFR for 1993 was 3.0 births per woman.

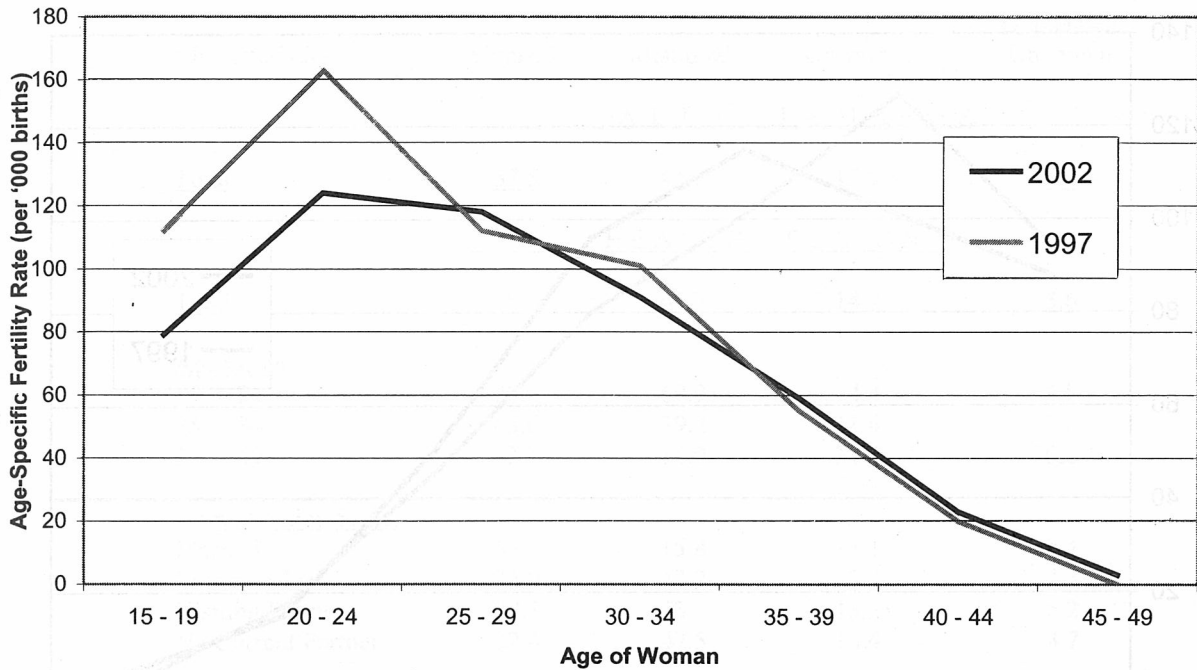
TABLE I.1
Age-Specific Fertility Rates* And Total Fertility Rates**
Women Aged 15 - 49 Years
All Jamaica And Health Region 1
Compared With 1997 RHS And 1993 CPS

Age Group	All Jamaica			Health Region I	
	2002	1997	1993	2002	1997
15 - 19	79	112	107	88	94
20 - 24	124	163	160	101	127
25 - 29	118	112	131	115	101
30 - 34	91	101	99	96	80
35 - 39	59	55	69	51	46
40 - 44	23	20	42	15	17
45 - 49	3	0	"	3	"
Total Fertility Rate					
15 - 49	2.5	2.8	3.0	2.3	2.3

* Per 1000 women.

** Births per woman.

Figure 1.1
Age-specific Fertility Rate - All Jamaica
Women Aged 15 - 49 Years
2002 & 1997

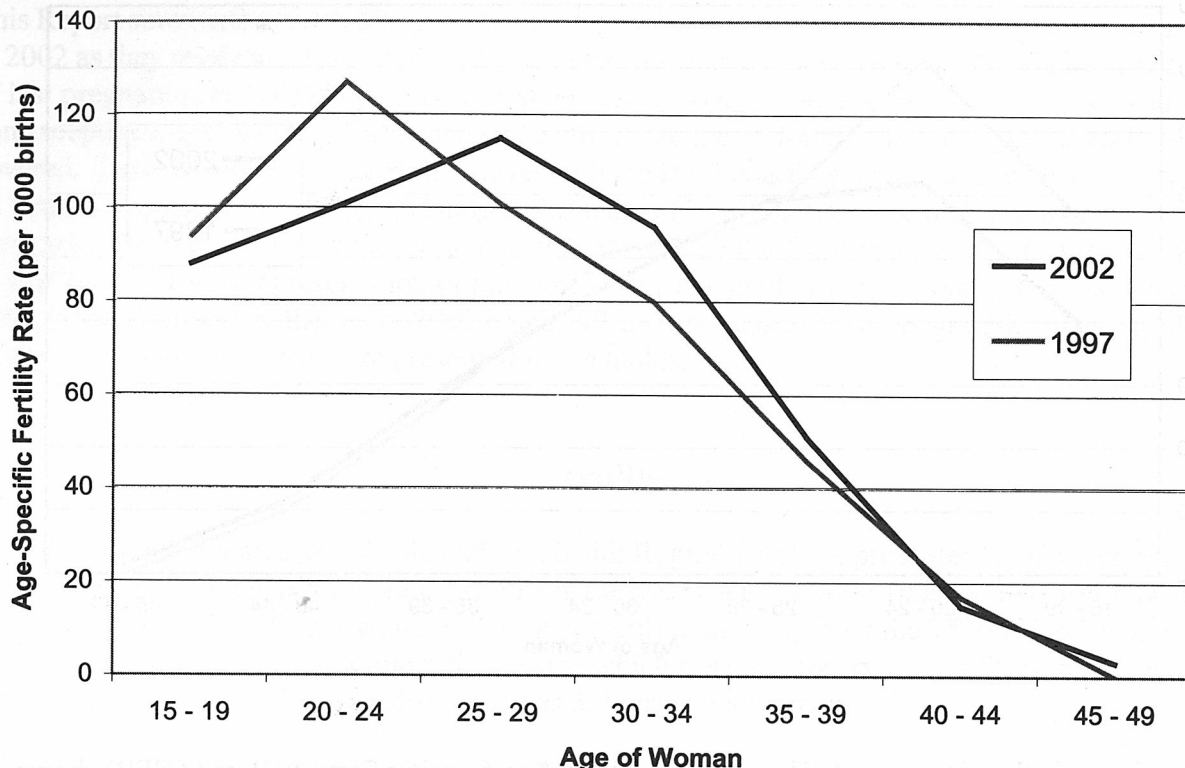


The decline is further demonstrated by reference to the Age-Specific Fertility Rate (ASFR) shown in Table I.1 and Figure 1.1. The pattern of movement observed in 1997 is similar, with the ASFR peaking at age 20 - 24, and falling thereafter. Rates were lower in all age groups since 1993 up until age group 40 - 44.¹ Thus, the increases in the ASFR observed in 1997 where they occurred were reversed. The rates in 2002 declined in all age groups except in age group 25 - 29 and from age group 35 - 39 and onwards but the increases there were relatively small. Thus, for example, in age group 45 - 49, whereas the rate had fallen to zero in 1997, it was still at 3 births per 1000 women in 2002. At the health region level, the TFR showed no change, 2.3 births per woman in both 1997 and 2002. The Age-Specific Fertility rate fell in the younger age groups (that is, in age groups 15 - 19 and 20 - 24. It then rose in age groups 25 - 29 and continued to rise up to age group 35 - 39 but fell again in age group 40 - 44.²

¹ Coverage was restricted in 1993 to age 44.

² Comparison of age group 45 - 49 was not possible since the coverage ended at age 44.

Figure 1.2
Age-specific Fertility Rate
Women Aged 15 - 49 Years - 2002 & 1997
Health Region 1



Planning Status Of Last Pregnancy

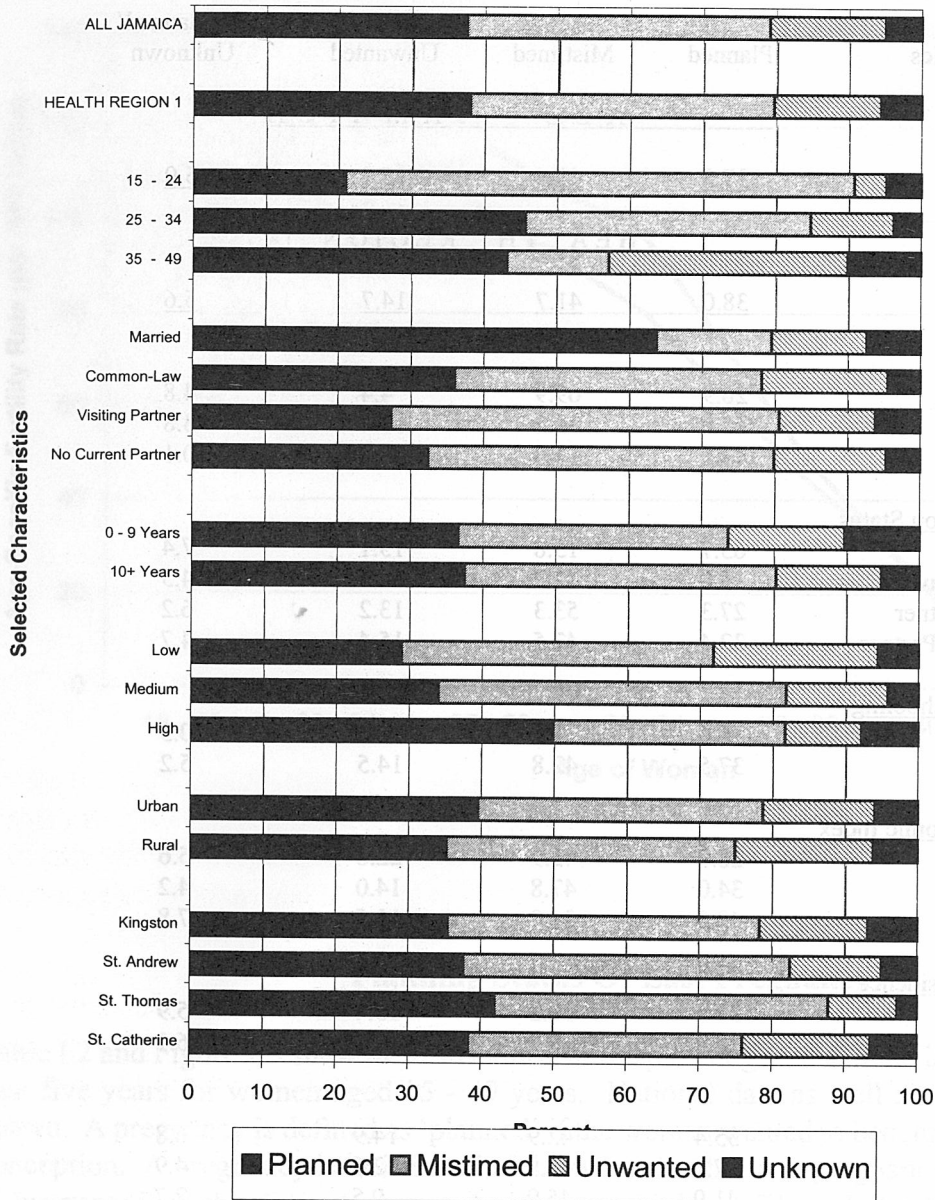
Table I.2 and Figure 1.3 show the distribution of the planning status of the last pregnancy within the past five years for women aged 15 - 49 years. National data as well as for Health Region 1 are shown. A pregnancy is defined as 'planned' if the woman wanted to become pregnant at the time of conception. A pregnancy is 'mistimed' if she wanted to become pregnant but at a later date and is 'unwanted' if she did not want to have more children. These latter two categories comprise 'unintended' or 'unplanned' pregnancies.

TABLE I.2
Planning Status Of Last Or Current Pregnancy By Selected Characteristics
Percent Distribution - Women Aged 15 - 49 Years
All Jamaica And Health Region 1

Characteristics	Planned	Mistimed	Unwanted	Unplanned/ Unknown
<u>Total</u>	<u>37.5</u>	<u>41.6</u>	<u>15.9</u>	<u>5.0</u>
	H E A L T H		R E G I O N 1	
<u>Total</u>	<u>38.0</u>	<u>41.7</u>	<u>14.7</u>	<u>5.6</u>
<u>Age Group</u>				
15 - 24	20.9	69.9	4.4	4.8
25 - 34	45.6	39.2	11.4	3.8
35 - 49	43.1	14.0	32.8	10.1
<u>Current Union Status</u>				
Married	63.7	15.8	13.1	7.4
Common-Law	36.0	42.2	17.3	4.5
Visiting Partner	27.3	53.3	13.2	6.2
No Current Partner	32.4	47.5	15.4	4.7
<u>Years Of Schooling</u>				
0 - 9 Years	36.6	37.1	16.0	10.3
10+ Years	37.5	42.8	14.5	5.2
<u>Socio-Economic Index</u>				
Low	28.9	42.9	22.6	5.6
Medium	34.0	47.8	14.0	4.2
High	49.8	31.9	10.5	7.8
<u>Area Of Residence</u>				
Urban	39.5	39.2	15.4	5.9
Rural	35.2	39.7	19.0	6.1
<u>Parish</u>				
Kingston	35.4	42.9	14.9	6.8
St. Andrew	37.6	44.9	12.6	4.9
St. Thomas	41.9	45.9	9.5	2.7
St. Catherine	38.3	37.7	17.6	6.4

Overall, at the national level, 37.5 percent of women reporting had planned their pregnancies. The percentage was slightly higher in Health Region 1. Not shown in the table or the graph is that this continues the increase of planned pregnancies which has been taking place since 1989 at the national level where the percentage moved from 25 percent in 1989 to 29 percent in 1993, up to 34 percent

Figure 1.3
Planning Status Of Last Or Current Pregnancy
By Selected Characteristics
All Jamaica And Health Region 1



in 1997 and to the present level in 2002. In the health region, there was a slight fall in 2002 against the background of increases previously (from 29 percent in 1993 to 39 percent in 1997 and now down to the level indicated above in 2002).

At both national and health region level, the percentage of mistimed pregnancies was significantly higher than of planned pregnancies (42 percent in 2002 compared with 38 percent in 1997) while unintended pregnancies were well below planned and mistimed pregnancies at both national and health region levels.

The status of pregnancies at the health region level is further analyzed by selected characteristics. These include: age group, current union status, years of schooling, socio-economic status and area of residence. It is also presented by parish. Here it is shown that the percentage of planned births is highest in age group 25 - 34 years, among married couples, among those in the highest socio-economic status group and those who live in urban areas. Among the parishes, it was highest among residents of St. Thomas.

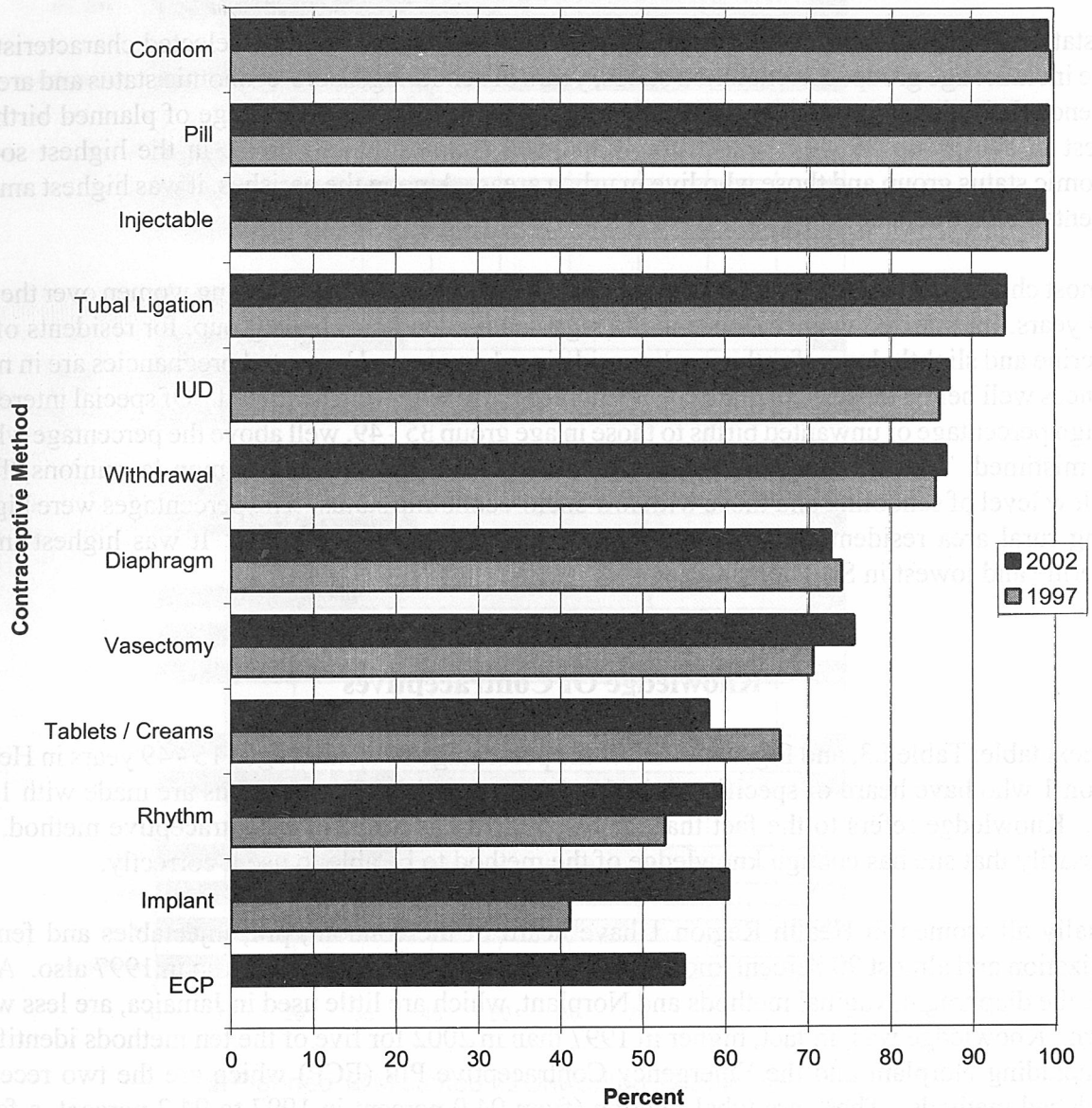
For most characteristics, mistimed pregnancies were higher. It was lower among women over the age of 24 years, for married women, those in the high socio-economic status group, for residents of St. Catherine and slightly lower for those who reside in urban areas. Unwanted pregnancies are in most instances well below those were planned and moreso those who were mistimed. Of special interest is the high percentage of unwanted births to those in age group 35 - 49, well above the percentage which were mistimed. The unwanted pregnancies are mainly among women in common-law unions, those with low level of schooling and those with low socio-economic status. The percentages were higher among rural area residents than among their counterparts in urban areas. It was highest in St. Catherine and lowest in St. Thomas.

Knowledge Of Contraceptives

The next table, Table I.3, and Figure 1.4 show the percentage of women aged 15 - 49 years in Health Region 1 who have heard of specific methods of contraception. Comparisons are made with 1997 RHS. Knowledge refers to the fact that the respondent has heard of a contraceptive method, not necessarily that she has enough knowledge of the method to be able to use it correctly.

Virtually all women in Health Region 1 have heard of the condom, pill, injectables and female sterilization and almost 90 percent know of the IUD and withdrawal and was so in 1997 also. As in 1997, the diaphragm, vaginal methods and Norplant, which are little used in Jamaica, are less well-known. Knowledge was, in fact, higher in 1997 than in 2002 for five of the ten methods identified, not including Norplant and the Emergency Contraceptive Pill (ECP) which are the two recently introduced methods. These are tubal ligation (from 94.0 percent in 1997 to 94.2 percent, a fairly moderate increase), the Intra-Uterine Device (from 86.1 percent to 87.3 percent), withdrawal (from 85.6 percent to 86.9 percent), vasectomy (from 70.7 percent to 75.7 percent), and the rhythm method (from 52.7 percent to 59.5 percent). Knowledge of four of the remaining five methods decreased;

Figure 1.4
Percent Of Women Aged 15 - 49 Years Who
Heard Of Specific Contraceptive Methods
2002 & 1997
Health Region 1



condom (from 99.6 percent to 99.3 percent, also a moderate decrease), injectables (from 99.2 percent to 98.9 percent), diaphragm (from 74.2 percent to 72.9 percent) and vaginal methods (from 66.7 percent to 58.0 percent). Knowledge of the pill remained the same (at 99.4 percent). At the same time, knowledge of Norplant, one of the newer methods, have increased.

In 1997, the Emergency Contraceptive Pill (ECP) had not yet been introduced to the Jamaican market. In 2002, however, over 50 percent of respondents had heard of the method. Thus, with the exception of Norplant and ECP, knowledge has in most cases remained the same and in the lesser used methods, has declined.

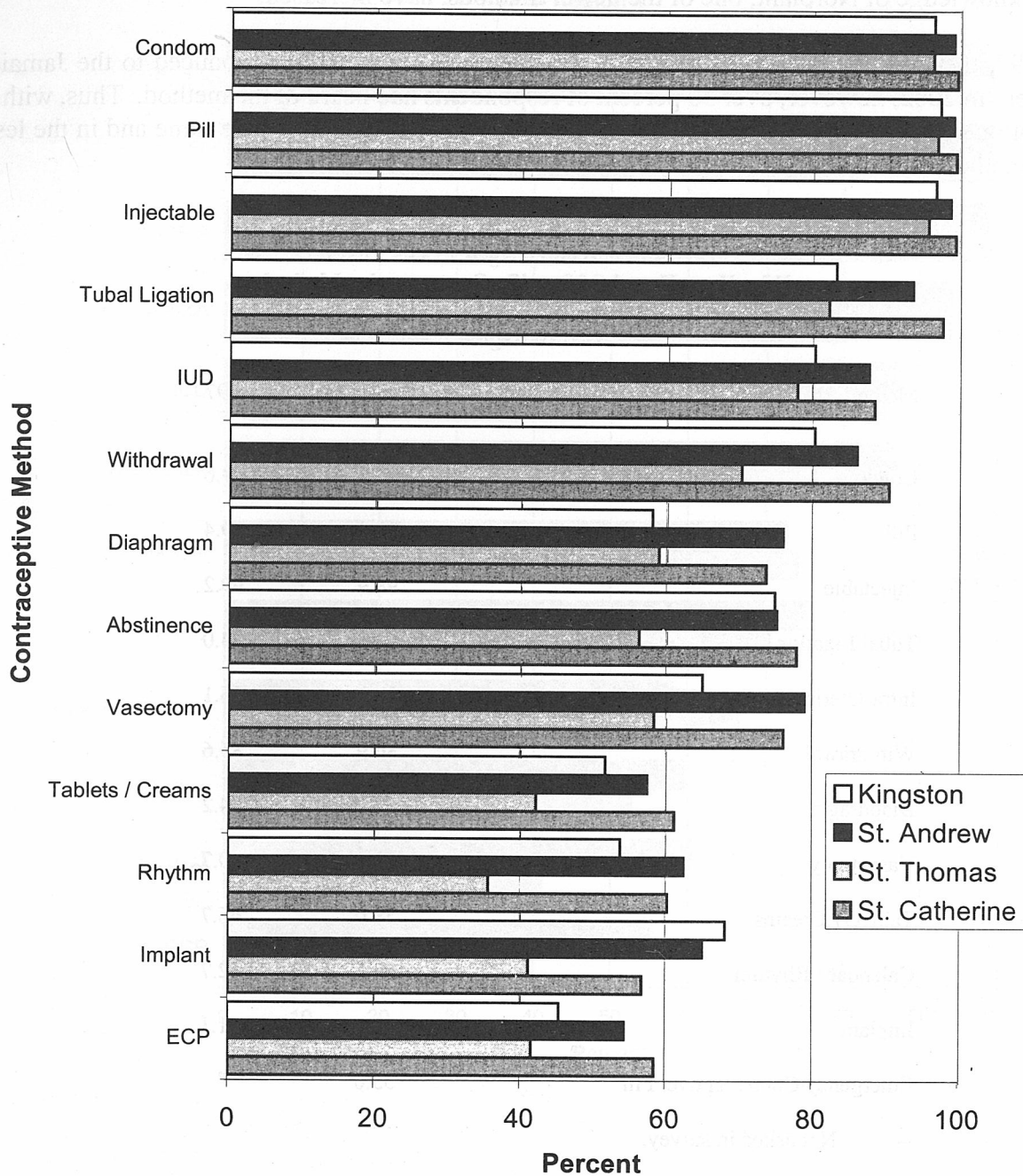
TABLE I.3
Percent Of Women Aged 15 - 49 Years
Who Have Heard Of Specific Contraceptive Methods
Compared With 1997 RHS
Health Region 1

Method	2002	1997
Condom	99.3	99.6
Pill	99.4	99.4
Injectable	98.9	99.2
Tubal Ligation	94.2	94.0
Intra-Uterine Device (IUD)	87.3	86.1
Withdrawal	86.9	85.6
Diaphragm	72.9	74.2
Vasectomy	75.7	70.7
Tablets / Creams	58.0	66.7
Calendar / Rhythm	59.5	52.7
Implant	60.4	41.1
Emergency Contraceptive Pill	55.0	"

-- Not asked in survey.

In the next table and figure (Table 1.4 and Figure 1.5), knowledge of women aged 15 - 49 is portrayed as it relates to the parishes in Health Region 1. There is little difference between parishes except that fewer women in St. Thomas have heard of all the methods except the diaphragm where it was just slightly more than Kingston where it was the lowest. With respect to all other methods, knowledge

Figure 1.5
Percent Of Women Aged 15 - 49 Years Who Heard
Of Specific Contraceptive Methods By Parish
Health Region 1



in Kingston was the next lowest except for Norplant where it was the highest.

In all four parishes, knowledge of three of the four most prevalent methods, condom, pill and injectables, was over ninety percent. Only in St. Andrew and St. Catherine was knowledge of the fourth, tubal ligation, in the nineties; in Kingston and St. Thomas it was in the eighties. Knowledge of the other methods varied from the early forties to the late eighties.

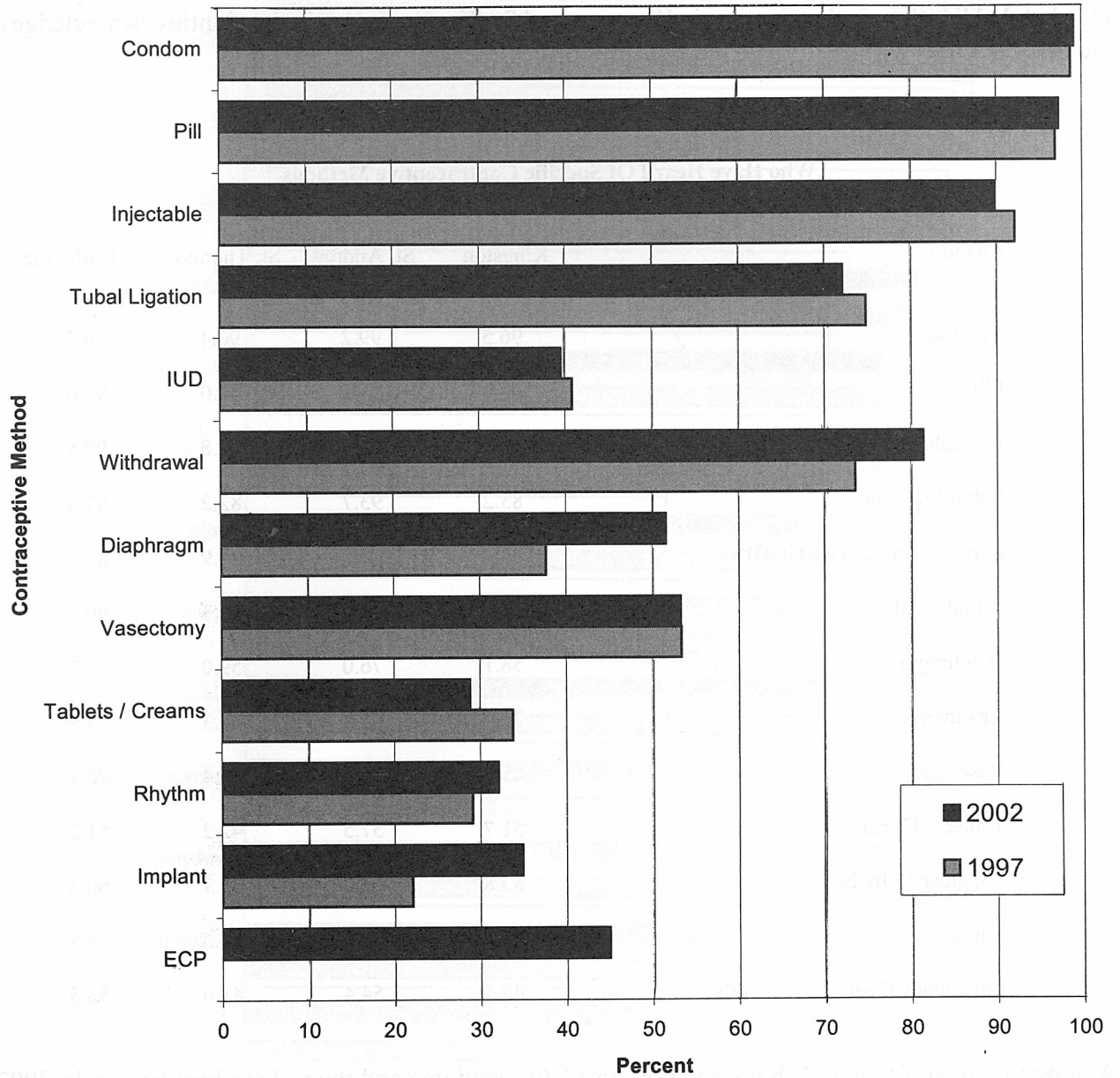
TABLE I.4
Percent Of Women Aged 15 - 49 Years
Who Have Heard Of Specific Contraceptive Methods
By Parish - Health Region 1

Method	Kingston	St. Andrew	St. Thomas	St. Catherine
Condom	96.5	99.2	96.4	99.7
Pill	97.4	99.2	97.0	99.6
Injectable	96.8	98.8	95.8	99.5
Tubal Ligation	83.2	93.7	82.2	97.8
Intra-Uterine Device (IUD)	80.3	87.7	77.9	88.5
Withdrawal	80.3	86.1	70.3	90.5
Diaphragm	58.1	76.0	59.0	73.7
Abstinence	74.9	75.2	56.3	77.9
Vasectomy	65.0	79.0	58.4	76.1
Tablets / Creams	51.7	57.5	42.2	61.2
Calendar / Rhythm	53.8	62.5	35.7	60.3
Implant	68.2	65.1	41.2	56.8
Emergency Contraceptive Pill	45.4	54.4	41.6	58.5

Among young adult men (Table I.5 and Figure 1.6), condoms and the pill are best known in 2002, followed next by withdrawal and tubal ligation. A similar pattern obtained in 1997. In almost all cases, there has been little increase in knowledge in the methods known in 1997. The most marked were: Norplant, the diaphragm and withdrawal.

The pattern of knowledge among young men was somewhat different to that of women. Whereas knowledge by women in the health region of the four most prevalent methods was in the nineties, only

Figure 1.6
Percent Of Men Aged 15 - 24 Years Who Heard Of Specific Contraceptive Methods
Compared With 1997 RHS - Health Region 1



two of these methods, the condom and the pill, were in the nineties, although in the case of the third, injectables, it was in the nineties in 1997 and almost in the nineties (at 89.9 percent) in 2002. For the rest, knowledge varied from the eighties (withdrawal) to the twenties (vaginal methods at 28.8 percent). A similar pattern obtained in 1997.

TABLE I.5
Percent Of Men Aged 15 - 24 Years
Who Have Heard Of Specific Contraceptive Methods
Compared With 1997 RHS
Health Region 1

Method	2002	1997
Condom	99.1	98.7
Pill	97.3	96.9
Injectable	89.9	92.2
Tubal Ligation	72.2	74.9
Intra-Uterine Device (IUD)	39.5	40.8
Withdrawal	81.5	73.6
Diaphragm	51.6	37.7
Vasectomy	53.3	53.4
Tablets / Creams	28.8	33.8
Calendar / Rhythm	32.1	29.1
Implant	34.9	22.1
Emergency Contraceptive Pill	45.0	..

Not on the Jamaican market then.

Contraceptive Use

Table I.6 and Figure 1.7 give the percentage of women aged 15 - 49 years who are in union who are currently using contraceptives by method being used. The table gives the percentages currently being used in Health Region 1 by all women and by women in union in 2002 and 1997 as well as the percentage in both categories who were non-users. These percentages are demonstrated graphically in Figure 1.7.

In Jamaica, 69.1 percent of women in union were currently using a contraceptive method. This is higher than the percentage in 1997 which was then at 65.9 percent. Of the four most prevalent methods, two showed increases. The largest increase was among condom users, rising from 17.0 percent to 23.5 percent. With respect to the injection, the movement was not as significant, from 10.8 percent to 11.4 percent. The Pill showed the largest fall, from 21.2 percent to 17.8 percent while the fall in sterilization was from 12.3 percent to 11.8 percent. The uses of all other methods combined, although small, remained the same. Conversely to the movement of all users, the percentage of non-users fell, from 34.1 percent in 1997 to 30.9 percent in 2002.

TABLE I.6
Percent Of Women In Union Aged 15 - 49 Years
Currently Using Contraception By Method Being Used
Compared With 1997 RHS
All Jamaica And Health Region 1

Method Being Used	JAMAICA		Health Region 1	
	2002	1997	2002	1997
<u>All Methods</u>	<u>69.1</u>	<u>65.9</u>	<u>70.0</u>	<u>69.0</u>
Sterilization	11.8	12.3	11.8	13.0
Pill	17.8	21.2	17.1	21.3
Condom	23.5	17.0	25.8	20.3
Injection	11.4	10.8	9.8	9.5
Other	4.6	4.6	5.5	6.9
<u>Non-Users</u>	<u>30.9</u>	<u>34.1</u>	<u>30.0</u>	<u>31.0</u>

For women in union in Health Region 1, there was only a one percent change over the period; from 69 percent to 70 percent. Condom was again the method used by the highest percentage in 2002 (at 25.8 percent). The pill was next highest (with 17.1 percent), followed by sterilization (11.8 percent) and injection 9.8 percent). On the overall, however, as may be seen in Figure 1.7, the pattern of use is similar within the national and health region levels.

What the chart also demonstrates is that, even though there are similarities on the overall, there is greater similarity between the national and health region levels than between the two years. This is particularly so in 2002. Thus, for example, there is a closer relationship between these two levels for condom in each of the years than between the two years. In 2002, the percentages were 23.5 percent at the national level and 25.8 percent at the health region level; in 1997, the percentages were 17.0 percent and 20.3 percent. It is even moreso for the pill and sterilization. For the pill, in 2002, percentages were 17.8 percent and 17.1 percent respectively at the national and health region level; in 1997, it was 21.2 percent and 21.3 percent. For sterilization, in 2002 it was 11.8 percent at the national level and the regional level also; in 1997, it was 12.3 percent and 13.0 percent respectively. A similar pattern, although not quite as marked can be observed for the remaining methods.

Figure 1.7
Percent Of Women In Union Aged 15 - 49 Years
Currently Using Contraception By Method
Jamaica And Health Region - 2002 & 1997
Health Region 1

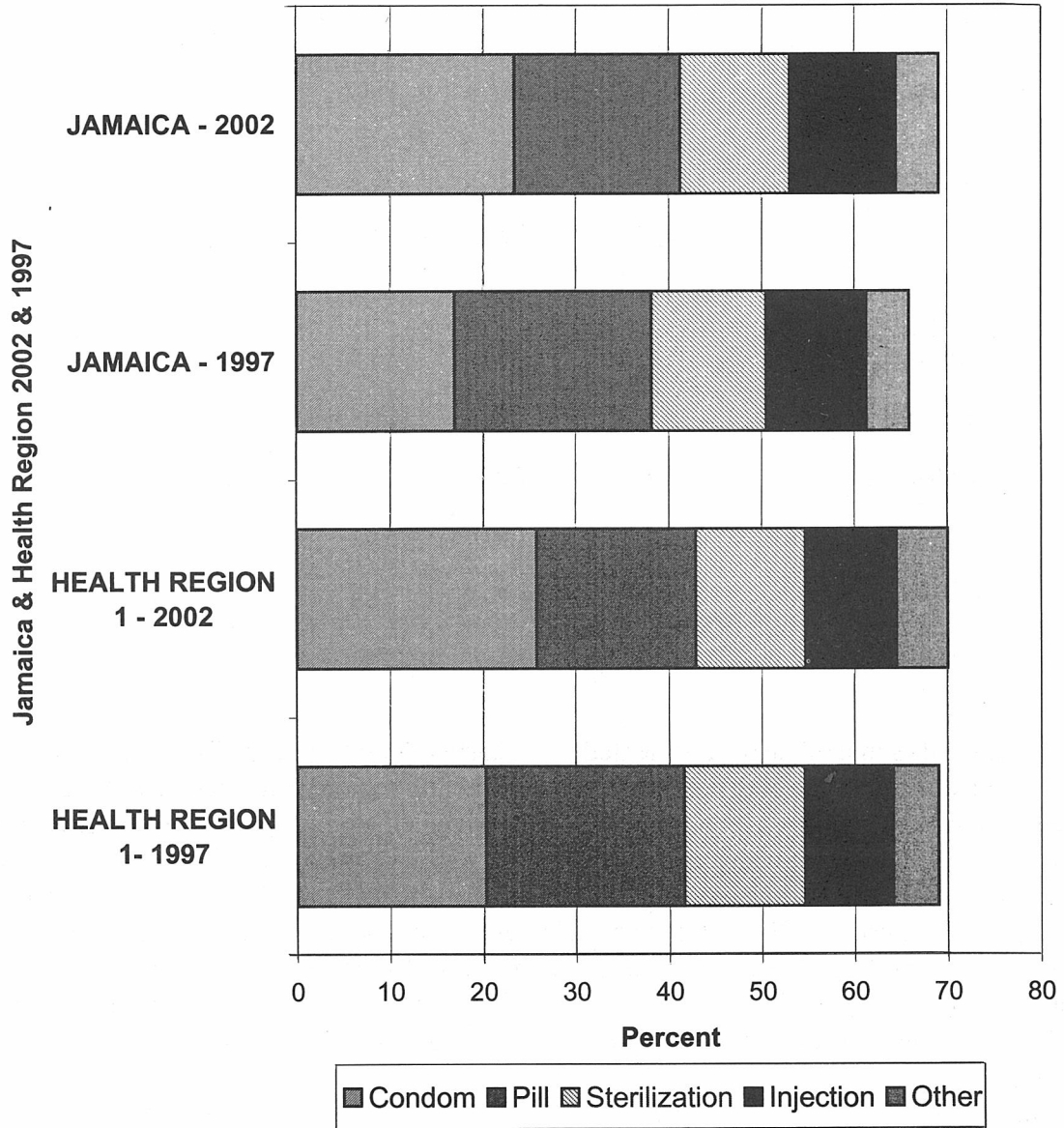


Table 1.7 gives the percentage of all women in Health Region 1 and those who are in union who are currently using a contraceptive by method being used. It covers both 1997 and 2002.

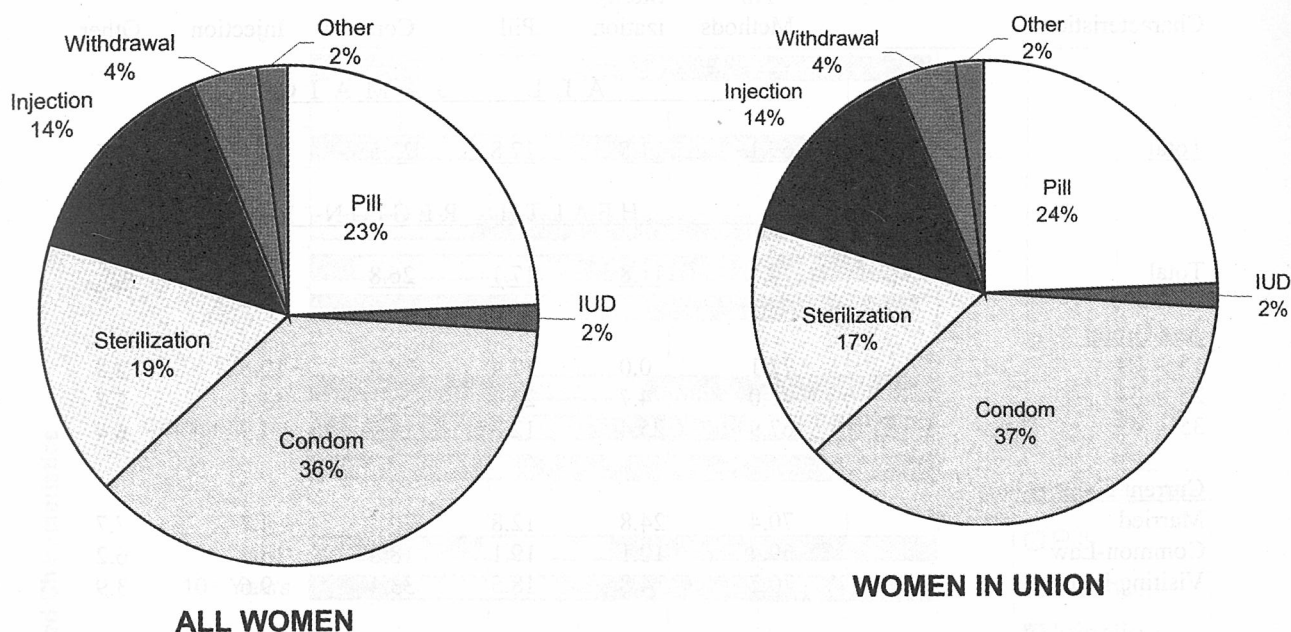
TABLE I.7
Percent Of All Women And Women In Union Aged 15 - 49 Years
Currently Using Contraception By Method Being Used
Health Region 1

Method Being Used	<u>All Women</u>		<u>Women In Union</u>	
	2002	1997	2002	1997
<u>All Users</u>	60.9	61.3	70.0	69.0
Pill	14.3	17.6	17.1	21.3
Condom	21.5	15.0	25.8	20.3
Sterilization	11.5	12.5	11.8	13.0
Injection	8.8	7.0	9.8	9.5
Withdrawal	2.5	2.0	2.9	2.7
Intra-Uterine Device	1.0	1.0	1.2	1.2
Other	1.3	6.2	1.4	1.0
<u>Non-Users</u>	<u>39.1</u>	<u>38.7</u>	<u>30.0</u>	<u>31.0</u>

This table represents some of the data presented in the earlier table and chart. However, whereas in the earlier table, the coverage was both national and for the health region, in this table, all percentages are for the health region. Thus, it presents comparisons between all women in the health region and those who are in union. It will be noted that usage between all women compared with those who are in union is more similar than between each group over the two years being studied. For example, whereas the highest percentage of users in 2002, both in or out of union, indicated that their method of choice is the condom, in 1997, it is the pill. In 2002, the second highest method of choice among all women, both in and out of union was the pill; in 1997, it was the condom. Sterilization and injection were and remained the third and fourth method of choice in both years for all women.

Figure 8, on the other hand, presents the percentage of all women and women in union but only for the year 2002. These are presented in the form of pie charts, each slice representing the percentage of users of the specific method. One point to note is that, whereas the percentages in the table represent all women, those in the pie charts relate only to users. Thus, the percentages will not be the same. Those in the pie charts give the true percentages of women, total and those in union, who are currently using.

Figure 1.8
Percentage Of All Women And Women In Union
Currently Using A Contraceptive Method
Health Region 1



It should be noted that within the health region, usage did not change much whether or not the women were in or out of a relationship. For example, looking at all users, in the case of all women in the health region, usage of all methods was 61.3 percent in 1997 and less than one percentage point lower (60.9 percent) in 2002. The corresponding percentages for women in union were 69.0 and 70.0 respectively.

At the same time, comparing the percentages of users by the method used, as shown in the pie charts, Pill users represented 23 percent of all women; for those in union, it represented 24 percent. For condom users, 36 percent of all women were users while 37 percent of women in union were. The percentages for sterilization were: 19 percent for all women and 17 percent for those who were in union. In the cases of injection, withdrawal and the Intra-Uterine Device, they were the same for both all women and those who were in union.

Table 1.8 presents the usage of major contraceptive methods by women in union for Jamaica as a whole and for Health Region 1 by selected geographic and socio-demographic characteristics. The corresponding figure, Figure 1.9, shows the percentages in the health region by method for each of the selected characteristics.

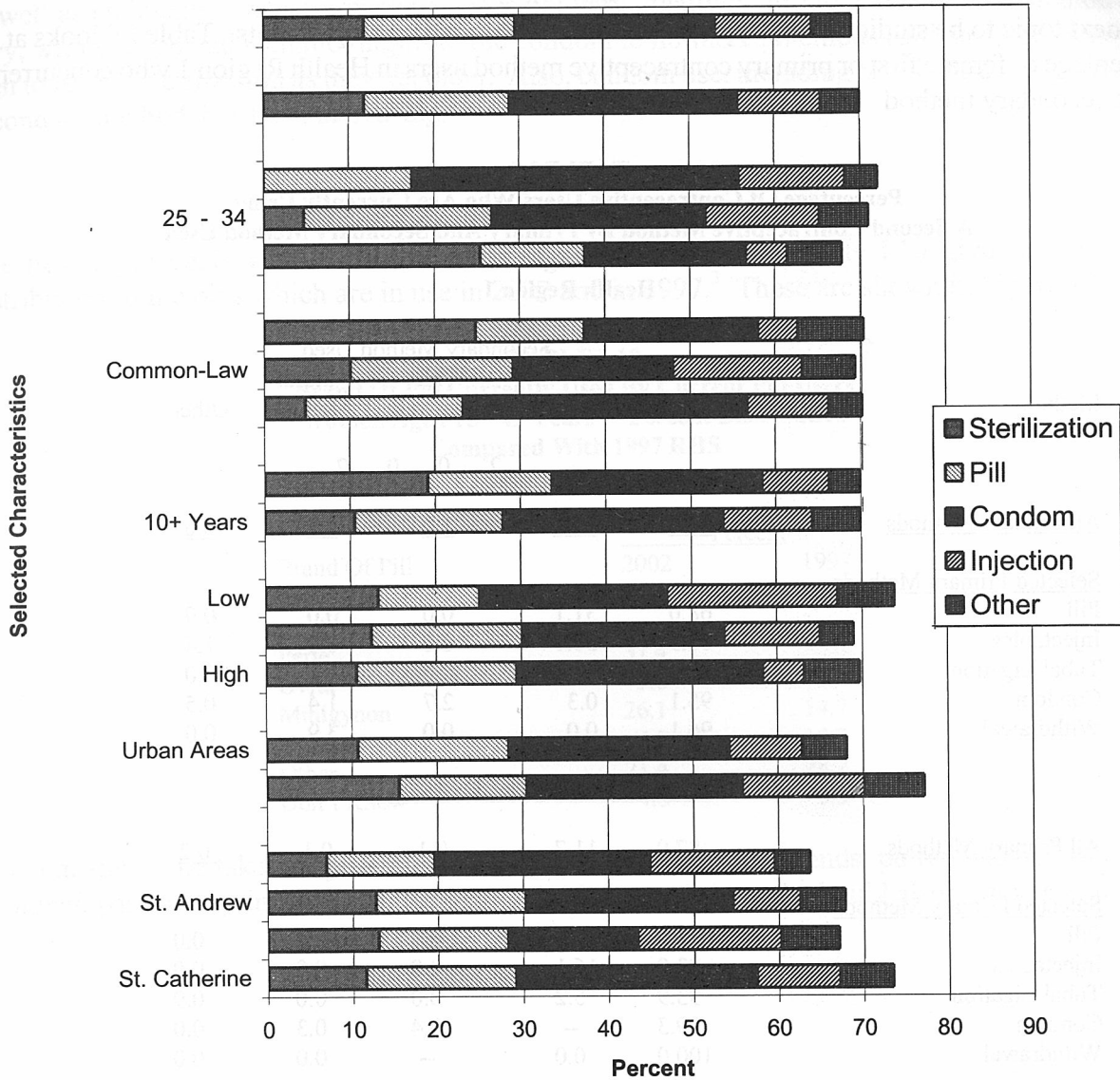
In general, as age increases, women tend to use more effective methods. While condoms generally predominate among women aged 24 years and under, since almost half of these women using any method use the condom, the pill is the leading method of use between ages 25 and 34. The use of injections is also highest in this age group. After age 35, the pill is eclipsed by female sterilization as the major method, as half of these older women are using surgical contraception.

TABLE I.8
Percent Of Women In Union Aged 15 - 49 Years
Currently Using a Contraceptive Method By Selected Characteristics
All Jamaica And Health Region 1

Characteristics	All Methods	Steril- ization	Pill	Condom	Injection	Other
<u>Total</u>	<u>69.1</u>	<u>11.8</u>	<u>17.8</u>	<u>23.5</u>	<u>11.4</u>	<u>4.6</u>
	H E A L T H		R E G I O N 1			
<u>Total</u>	<u>70.0</u>	<u>11.8</u>	<u>17.1</u>	<u>26.8</u>	<u>9.8</u>	<u>4.5</u>
<u>Age Group</u>						
15 - 24	72.1	0.0	17.4	38.4	12.5	3.8
25 - 34	71.0	4.7	22.1	25.1	13.4	5.7
35 - 49	67.9	25.4	12.3	18.9	4.9	6.4
<u>Current Union Status</u>						
Married	70.4	24.8	12.8	20.4	4.7	7.7
Common-Law	69.4	10.1	19.1	18.8	15.2	6.2
Visiting Partner	70.2	4.8	18.5	33.4	9.6	3.9
<u>Years Of Schooling</u>						
0 - 10 Years	69.9	19.1	14.6	24.7	7.9	3.6
11+ Years	69.9	10.5	17.4	25.9	10.5	5.6
<u>Socio-Economic Index</u>						
Low	73.8	13.2	11.9	22.0	20.1	6.6
Medium	69.0	12.4	17.7	23.7	11.3	3.9
High	69.7	10.6	18.8	28.9	4.9	6.5
<u>Area Of Residence</u>						
Urban Areas	68.1	10.7	17.7	25.9	8.6	5.2
Rural Areas	77.2	15.5	15.0	25.3	14.4	7.0
<u>Parish</u>						
Kingston	63.7	6.9	12.7	25.3	14.7	4.1
St. Andrew	67.8	12.7	17.6	24.3	8.0	5.2
St. Thomas	67.1	13.0	15.2	15.2	16.9	6.8
St. Catherine	73.4	11.5	17.6	28.3	9.8	6.2

Overall use by women in marital unions is about the same level as women in common-law unions, but there are differences in the methods used by the different groups. Almost half of married women using any method have been surgically sterilized. In contrast, relatively few women in a common-law union or in a visiting relationship have been sterilized.

Figure 1.9
Percent Of Women In Union Aged 15 - 49 Years
Currently Using a Contraceptive Method
By Selected Characteristics
Health Region 1



A factor not shown in this table or figure is that women who are married tend to be older than women in common-law and visiting unions, which in turn is correlated with the number of living children. As mentioned above, with increasing age (and a greater number of children), a higher percentage of women choose this permanent method. Women who are in less stable unions and who are younger and have fewer children tend to use pills and condoms to a greater extent.

The next topic to be studied is the application of dual methods by respondents. Table I.9 looks at the percentage of female first or primary contraceptive method users in Health Region 1 who concurrently use a secondary method.

TABLE I.9
Percentage Of Contraceptive Users Who Are Currently Using
A Second Contraceptive Method By Primary And Secondary Method Used
Women In Union Aged 15 - 49 Years
Health Region 1

Method	Secondary Method Used					
	None	Condom	With- drawal	Natural Methods	Other	
			2	0	0	2
<u>All Primary Methods</u>	<u>83.3</u>	<u>14.4</u>	<u>1.0</u>	<u>0.7</u>	<u>0.6</u>	
<u>Selected Primary Methods</u>						
Pill	68.0	31.1	0.0	0.0	0.9	
Injectables	68.5	30.1	0.0	0.0	1.4	
Tubal Ligation	88.0	11.8	0.0	0.2	0.0	
Condom	95.1	0.3	2.7	1.4	0.5	
Withdrawal	96.1	0.0	0.0	3.9	0.0	
			1	9	9	7
<u>All Primary Methods</u>	<u>87.9</u>	<u>11.7</u>	<u>0.1</u>	<u>0.1</u>	<u>0.2</u>	
<u>Selected Primary Methods</u>						
Pill	73.0	27.0	0.0	0.0	0.0	
Injectables	83.0	16.1	0.0	0.0	0.0	
Tubal Ligation	93.9	5.2	0.0	0.0	0.9	
Condom	99.3	--	0.4	0.3	0.0	
Withdrawal	100.0	0.0	--	0.0	0.0	

Overall, 17 percent of all users in the health region are also using a secondary method. In 1997, the comparable percentage was 12 percent while, not shown in the table is that the percentage in 1993 was half of what it was in 1997 (6 percent). As in 1997, almost all secondary method use is the condom. This suggests that while primary use alone does not show an increase in condom use from 1997 and from 1993, by including secondary method condom use as part of the analysis, the use of condoms has increased over the period.

Slightly less than one-third of pill and injection users in Health Region 1 were, in 2002, concurrently using condoms. This increased from somewhat more than a quarter of pill users and 16 percent of injectable users who, in 1997, were using condoms as a second method.

To summarize, overall contraceptive use is high for all socio-demographic groups in Health Region 1 as well as nationally. While prevalence does not vary greatly by group, the choice of method does vary, with women and men moving from the condom to hormonal methods (pill and injections) and then to female sterilization as they get older. Also, condom use, including all who use as a primary or secondary method, has been increasing.

Pill Use

The next topic deals with the distribution of pills in Jamaica. Table I.10 gives a percentage distribution of the pills which are in use in 2002 and in 1997.³ These are shown in Figure 10.

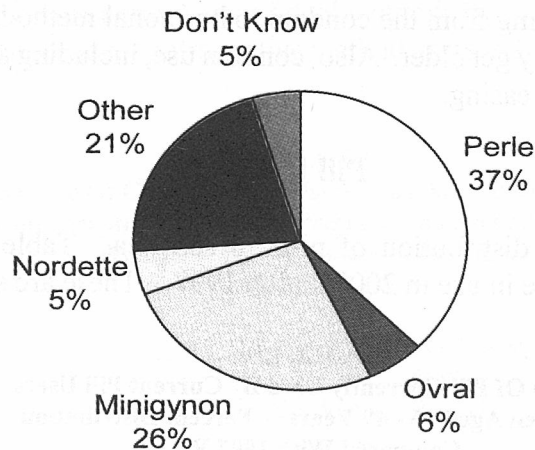
TABLE I.10
Brand Of Pill Currently Used By Current Pill Users
Women Aged 15 - 49 Years - Percent Distribution
Compared With 1997 RHS
Health Region 1

Brand Of Pill	Percent	
	2002	1997
Perle	37.4	30.6
Ovral	5.6	15.3
Minigynon	26.1	14.7
Nordette	4.8	10.7
Other	21.4	28.2
Don't Know	4.6	0.5

Account should be taken of possible over or under counts of the brands, particularly *Perle* and *Lo Femenal*, particularly in 2002 as indicated in the footnote below. It should also be noted that there

³ During the coding and editing stage, brands recorded under the 'other' category were given additional codes only where there was a certain percentage of similar answers. In the case of *Lo-Femenal*, which was not pre-coded in the questionnaire and was accordingly entered under 'Other, specify', there was not a large number of answers to justify coding it under a separate category in the cleaning/editing phase. As was mentioned, anecdotal evidence suggests that some pill users loosely refer to *Lo-Femenal* pills as the *Perle* brand. Thus the entries under *Lo-Femenal* could have been understated.

Figure 1.10
Brand Of Pill Currently Used
Women Aged 15 - 49 Years Who Are Current Users
Health Region 1



have been changes in the marketing strategy since 1997. The distribution for 2002 is shown in Fig. 10. Taking these factors into account, *Perle* remains the most frequently used pill followed by *Minigynon*. The percent contribution of *Ovrall* and *Nordette* has decreased over the period.

As is seen, 37.4 percent of users of the pill reported using the *Perle* brand. The corresponding percentage in 1997 was 30.6 percent. *Minigynon*, as reported, was the second choice in 2002, with 26.1 percent. *Ovrall* and *Nordette* followed with 5.6 and 4.8 percent respectively. These are shown in Figure 1.10.

Comparing the percentage use in 1997, as shown in the Table, it appears that the use of *Ovrall* in that year, at 15.3 percent, was the second highest, although it should be noted that the percentage of women who reported using *Minigynon* was only slightly below at 14.7 percent. The use of *Nordette* in 1997 was significantly above that reported in 2002.

It should not be forgotten, however, that *Lo Femenal* has not been separately identified in 2002 and that, in 1997, it represented eight percent of the total. As indicated earlier, the percentage of 'other' includes *Lo Femenal* in 2002. Since 'other' not including *Lo Femenal* was, in 1997, 20 percent, unless the use of *Lo Femenal* has decreased significantly (and from reliable sources this appears not to be the case), then serious consideration must be given to the possibility that *Perle* has been overstated, as already indicated.

Condom Use

An interesting area of study is the reasons why respondents use condoms. Is it to prevent pregnancy, to prevent sexually transmitted diseases or both? Table I.11 below shows the percentage of female respondents in Health Region 1 who use condoms by reasons for use. In the table, percentages are shown for 2002, 1997 and 1993. Two categories, 'Not stated' and 'Don't Know' have been included so that the total percentage adds up to 100 percent. In the chart, these two categories are omitted thus representing the true percentage of those who responded. Two separate pie charts are shown, one for 2002 and a second for 1997.

TABLE I.11
Reasons For Using Condoms - Women Aged 15 - 49 Years
Who Are Current Users Of Condoms
Compared With 1997 RHS And 1993 CPS
Health Region 1

Reasons	2002	1997	1993
To Prevent Pregnancy	20.0	23.6	24
To Prevent Sexually Transmitted Diseases	15.7	25.6	7
Both	61.5	48.4	69
Not Specified / Don't Know	2.8	1.4	..

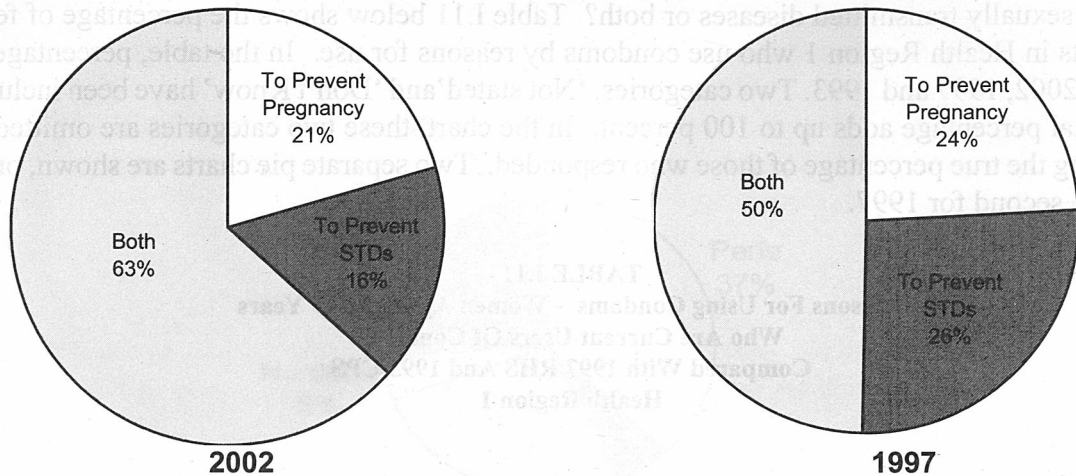
From an examination of the table, it will be seen that the percentages of women who use it for the purpose of preventing pregnancy as well as for dual purposes have fallen over the period since 1993. At the same time, those who use it for preventing the transmission of diseases contracted while having sex is greater.

Most significantly was the fall in the percentage of dual purpose users in 1997 (from 69 percent in 1993 to 48.8 percent). However, the 2002 percentage indicate a return to the sixty plus percentage level.

Thus, while an examination of the trends since 1993 demonstrate not much change among dual purpose users, the real change is among those who use it solely for the purpose of preventing the transmission of diseases contracted while having sex.

From an examination of the table, also, it will be seen that the percentage of women who use it solely to prevent pregnancy have not changed significantly over the period.

Figure 1.11
Reasons For Using Condoms - Percent Distribution - Women Aged 15 - 49 Years Who Are Current Users Of Condoms - Health Region 1



Comparing the two charts in Figure 1.11, the changing situation between 1997 and 2002 is highlighted.⁴ As indicated, the main difference is in relation to the percentages who reported using a condom to prevent sexually transmitted diseases although it should also be noted that, combining the percentage of use for that purpose with that of use for dual purposes, they are together larger in 2002 than in 1997. This can be verified by the fact that those who use it to prevent pregnancy is less in 2002 than in 1997.

Finally, Table I.12 and Figure 1.12 demonstrate the frequency of use of condoms with a steady partner. Percentages are shown for frequency of use of respondents at the national and Health Region 1 level for 2002. In addition, comparisons with 1997 RHS are shown in the table.

There are only slight differences in the percentages at the national and health region levels. Most respondents indicated that they used a condom most of the time with a steady partner (47.6 percent at the national level and 46.5 percent at the health region level. At the same time, almost similar but slightly lower percentages (43.4 and 45.3 percent at the national and health region levels were given by those who indicated that they always used a condom with a steady partner.

There were differences between the answers given 1997 and 2002. More respondents in 1997, at both national and health region levels, indicated that they always used a condom while, in 2002, more answered that they used a condom most of the time.

⁴ Percentages shown in the charts differ slightly from those in the table since the category – “Not stated / Don’t Know” is not included in the calculation of the charts. Thus, the percentages shown in the charts reflect the true percentage of those who indicated an answer to the question.

Figure 1.12
Frequency of Condom Use, Percent Distribution, Women Aged 15-49 years
Who Are Current Users Of Condoms With A Steady Partner
Health Region 1

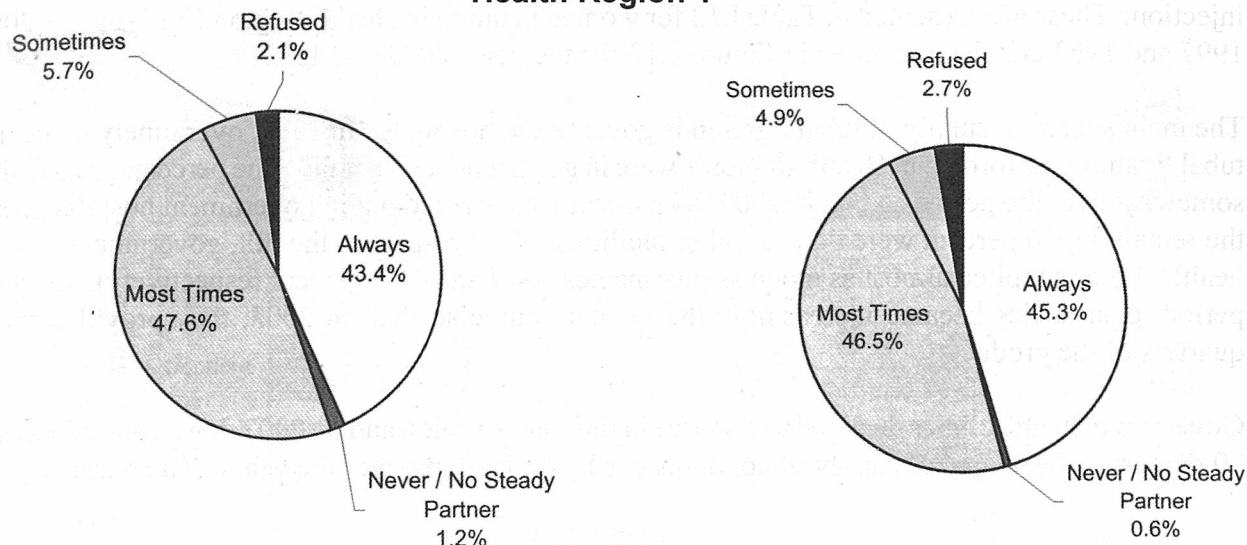


TABLE I.12
Frequency Of Condom Use With A Steady Partner
Compared With 1997 RHS
Women Aged 15 - 49 Years
All Jamaica And Health Region 1

Frequency Of Use	<u>ALL JAMAICA</u>		<u>Health Region 1</u>	
	2002	1997	2002	1997
Always	43.4	48.5	45.3	47.9
Most Times	47.6	31.7	46.5	32.8
Sometimes	5.7	17.1	4.9	16.5
Never / No Steady Partner	1.2	0.5	0.6	0.6
Refused	2.1	2.2	2.7	2.2

At both levels, smaller percentages indicated that they used a condom some times (higher in 1997 than in 2002) and negligible percentages indicated that they never use, a portion of which were those with no steady partners.

Contraceptive Source

The next topic to be studied is the source of supply of the contraceptives being used by respondents. The four most prevalent contraceptive methods are examined; tubal ligation, the pill, condoms and the injection. These are presented in Table I.13 for women in union in Health Region 1 in the years 2002, 1997 and 1993 and demonstrated in Figure 1.13 for the years 2002 and 1997.

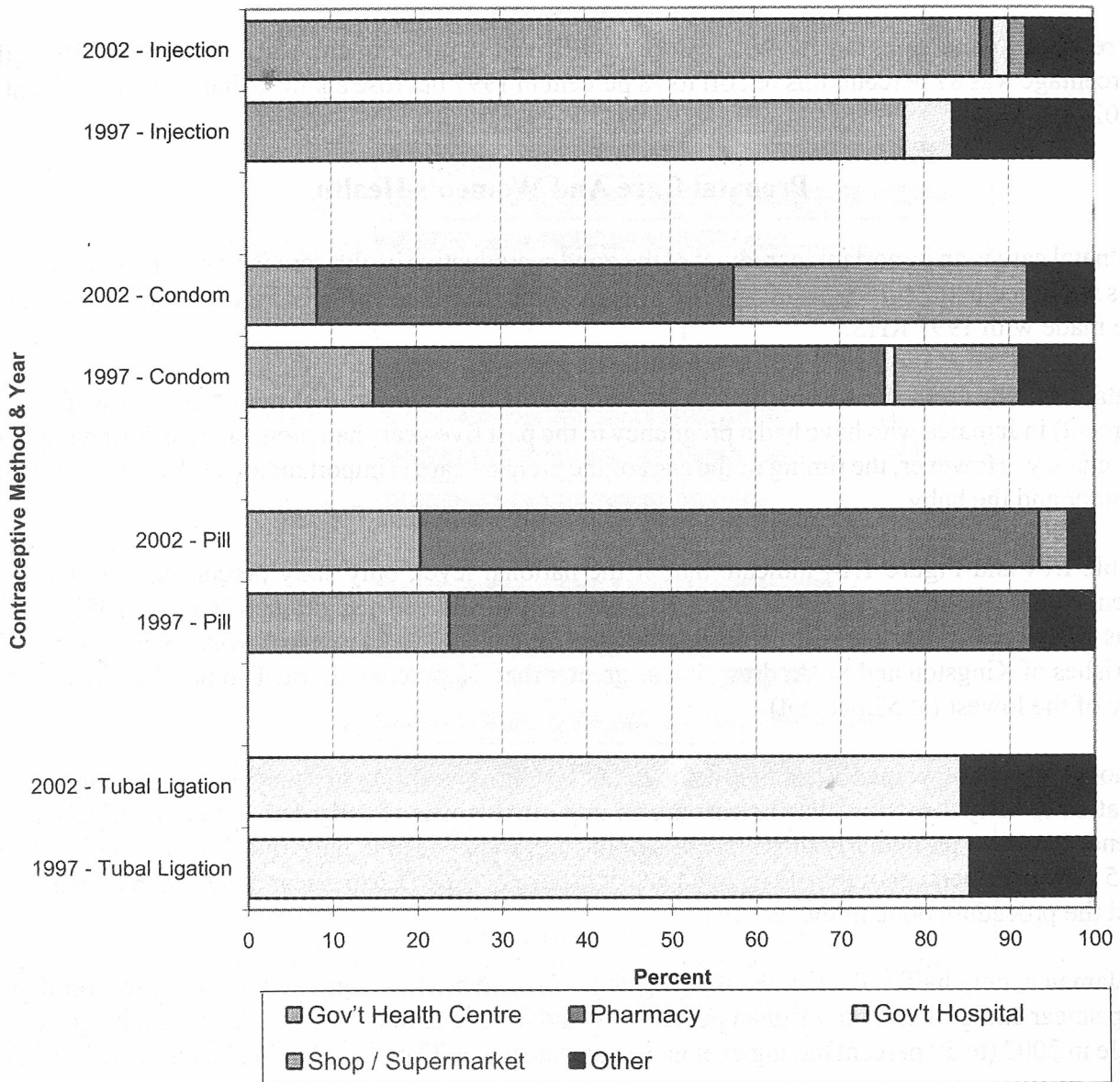
The main source of supply of tubal ligation is government hospitals. In 1993, over ninety percent of tubal ligations performed in Health Region 1 were in government hospitals. The percentage has fallen somewhat over the period so that in 2002, 84 percent were carried out in government hospitals while the remaining 16 percent were done at other facilities. With respect to the pill, government health clinics supplied almost as much as pharmacies (44.7 and 46.7 percent respectively). Over the period, pharmacies became increasingly the greater source so that, in 2002, they provided three-quarters of the products.

Government health clinics declined as a source in this health region and by 2002, it was providing only 20 percent. The source of supply of condoms has been changing over the years. The pharmacy

TABLE I.13
Source Of Contraception Of Women In Union Aged 15-49 Years
Who Are Currently Using Most Prevalent Methods
Compared With 1997 RHS And 1993 CPS - Percent Distribution
Health Region 1

Source	Year	Tubal Ligation	Pill	Condom	Injection
Gov't Health Centre	2002	0.0	20.4	8.3	86.7
	1997	0.0	23.8	14.9	77.7
	1993	0.0	44.7	28.5	88.4
Pharmacy	2002	0.0	73.1	49.2	1.4
	1997	0.0	68.7	60.4	0.0
	993	0.0	46.7	48.7	1.3
Government Hospital	2002	84.2	0.0	0.0	2.0
	1997	85.2	0.3	1.2	5.7
	1993	92.4	1.3	0.3	1.3
Shop/Supermarket	2002	0.0	3.4	34.7	2.0
	1997	0.0	0.3	14.7	0.0
	1993	0.0	0.6	9.3	1.3
Other	2002	15.8	3.1	7.8	7.9
	1997	14.8	7.2	8.8	16.6
	1993	7.6	1.7	13.2	8.1

Figure 1.13
Source Of Contraception Of Women In Union
Who Are Currently Using Most Prevalent Methods
2002 & 1997
Health Region 1



has always been the main source of supply but the proportions are changing. In 1993, pharmacies supplied nearly fifty percent of condoms used; this percentage increased in 1997 (to 60 percent) but has fallen back in 2002 to nearly fifty percent. Shops and supermarkets have increased their role significantly so that, while they supplied less than ten percent in 1993, in 2002, they were supplying somewhat more than one-third (34.7 percent).

In relation to injection, the greatest majority was given in government health centres. In 1993, the percentage was 87 percent; this fell off to 78 percent in 1997 but rose again so that it was 87 percent in 2002.

Prenatal Care And Women's Health

Prenatal care is an important ingredient of the good reproductive health care for women. Accordingly, this is studied in the survey. It is covered in Table I.14 and demonstrated in Figure 1.14. Comparisons are made with 1997 RHS.

Data available from the survey but not shown in the table indicate that practically all women (99 percent) in Jamaica who have had a pregnancy in the past five years had prenatal care during their last pregnancy. However, the timing of the start of the prenatal care is important to good health of both the mother and the baby.

Table I.14 and Figure 1.14 indicate that at the national level, only sixty percent had started their prenatal care in the first trimester of the pregnancy. This showed a slight increase over 1997 when it was 57 percent. The highest percentage was in Health Region 1 where it was 68 percent; in the parishes of Kingston and St. Andrew, it was greater than 70 percent. In St. Thomas, however, it was one of the lowest (at 53 percent).

Another aspect of women's health is her awareness of the possibility of cancer and the action taken in relation to early detection. Pap smears are an important means of early detection of cervical cancer. Hence, women, particularly those over a certain age, are advised to have one done regularly. Table I.15 shows the percent of female respondents who have ever had a pap smear done and those who have had the procedure done in the last year.

In Jamaica, only half of the women in age group 15 - 49 who were surveyed in 1997 had ever done a pap smear and of these, only fifteen percent had had it done in the past year. The percentages rose a little in 2002 (to 59 percent having ever had a pap smear and 20 percent having had it in the last year).

In three of the four parishes in this region, the percentages were above the national average, with St. Thomas heading the list (at 74 percent). Only St. Catherine was below the national average. In 1997, St. Thomas and St. Catherine were slightly above the national average of women who had ever had a pap smear while St. Catherine and St. Andrew were the only parishes in the region where the percentages who had had it done in the past year was above the national average.

Figure 1.14
Percent Who Began Prenatal Care In First Trimester
Among Women 15 - 49 Years Pregnant In Past 5 Years
By Region And Parish

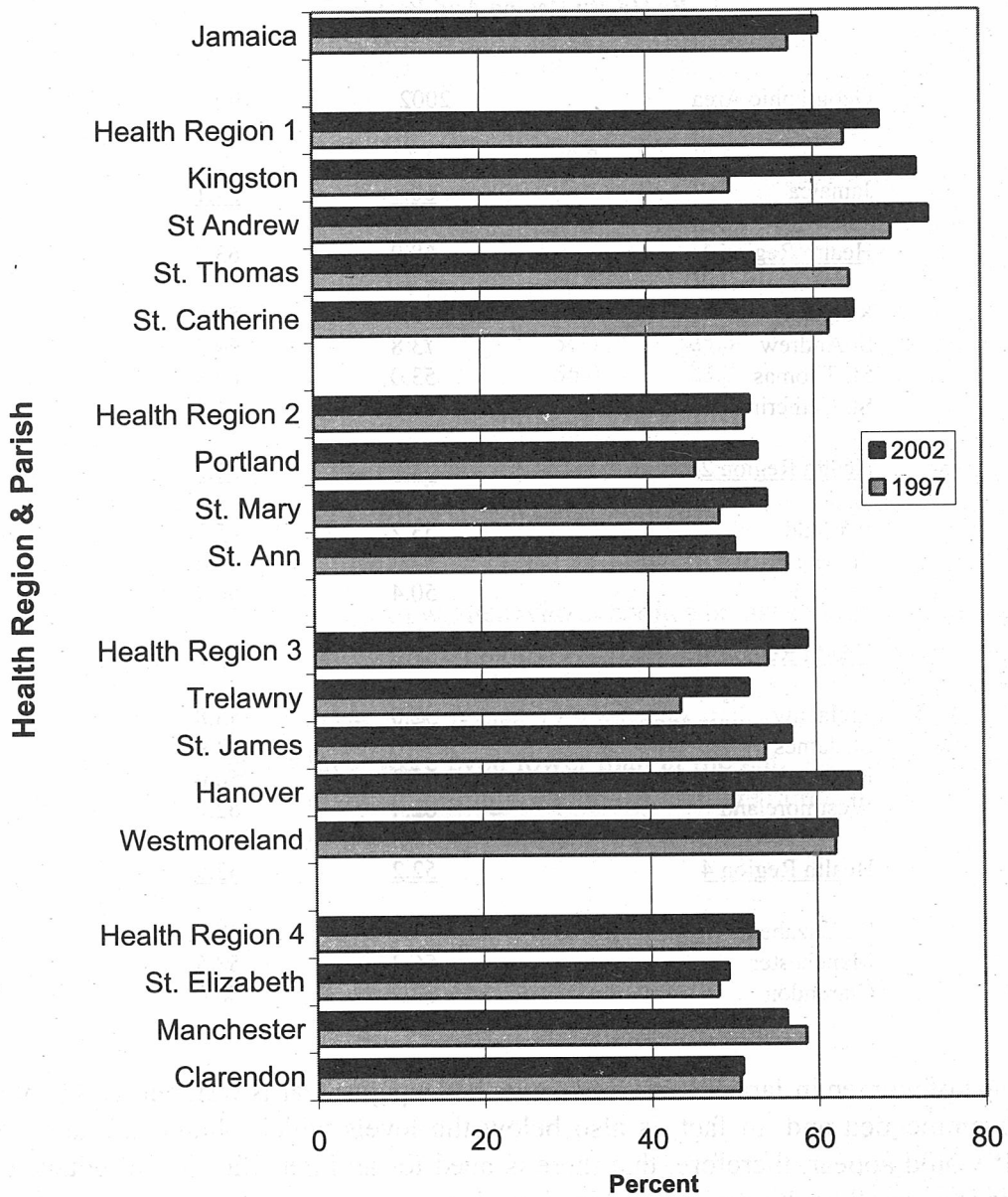


TABLE I.14

**Percent Of Women 15 - 49 Years Who Began Prenatal Care
In The First Trimester - Women Who Were Pregnant In
The Past 5 Years Compared With 1997 RHS
By Health Region And Parish**

Geographic Area	2002	1997
<u>Jamaica</u>	<u>60.7</u>	<u>57.1</u>
<u>Health Region 1</u>	<u>68.0</u>	<u>63.7</u>
Kingston	72.4	50.0
St Andrew	73.8	69.3
St. Thomas	53.0	64.3
St. Catherine	64.8	61.8
<u>Health Region 2</u>	<u>52.3</u>	<u>51.6</u>
Portland	53.2	45.7
St. Mary	54.3	48.6
St. Ann	50.4	56.7
<u>Health Region 3</u>	<u>59.0</u>	<u>54.3</u>
Trelawny	52.0	43.8
St. James	57.0	53.9
Hanover	65.3	50.0
Westmoreland	62.4	62.2
<u>Health Region 4</u>	<u>52.2</u>	<u>52.9</u>
St. Elizabeth	49.3	48.1
Manchester	56.2	58.5
Clarendon	50.9	50.6

The percentage of women in Jamaica who have ever had a pap smear is well below the international standards recommended and, in fact, is also below the levels which obtain in many developing countries. It would appear, therefore, that there is need for an intensification of education on this subject. This is so in all health regions and in all parishes.

Further, the international standards go on to recommend that a pap smear be done at least once every year for older women and a little less often for younger women. In fact, in countries approaching the international standards, it is observed that approximately sixty percent of the female population do pap smears every year. Jamaica, therefore, has a lot of catching up to do if it is to achieve the recommended levels of compliance.

TABLE I.15
Percent Of Women Aged 15 - 49 Years Who Ever Had
A Pap Smear And Have Had A Pap Smear In The Last Year
Compared With 1997 RHS
By Health Region And Parish

Geographic Area	<u>Ever Had Pap Smear</u>		<u>Had Pap Smear Last Year</u>	
	2002	1997	2002	1997
<u>JAMAICA</u>	<u>58.4</u>	<u>49.8</u>	<u>20.5</u>	<u>14.9</u>
<u>Health Region 1</u>	<u>63.0</u>	<u>54.2</u>	<u>24.4</u>	<u>16.5</u>
Kingston	64.3	53.3	20.2	14.7
St. Andrew	63.1	52.9	25.7	15.3
St. Thomas	73.8	56.3	25.6	11.5
St. Catherine	61.3	56.0	23.8	19.8

While pap smears are employed in the early detection of cervical cancer, frequent examination of the breast is an effective way to assist in the early detection of breast cancer, the most prevalent form of cancer in women.

There was an increase in the percentage of women who ever did a breast self-examination over the five year period (up from 54.5 percent in 1997 to 64.8 percent in 2002). This is still well below the target of 100 percent, met in most developing countries. The percentage who did one in the last month, although rising, was also very low (in 1997 it was 27.8 percent rising to 39.3 percent in 2002). The percentages at the health region level were even lower than at the national level. Three of the four parishes in the health region had percentages higher than the average of the region; St. Thomas, with 61.3 percent, was below the health region level as also, the national level.

Figure 1.15
Percent Of Women Aged 15 - 49 Years Who Have Ever Had A Pap Smear
And Have Had A Pap Smear In The Last Year By Parish
Health Region 1

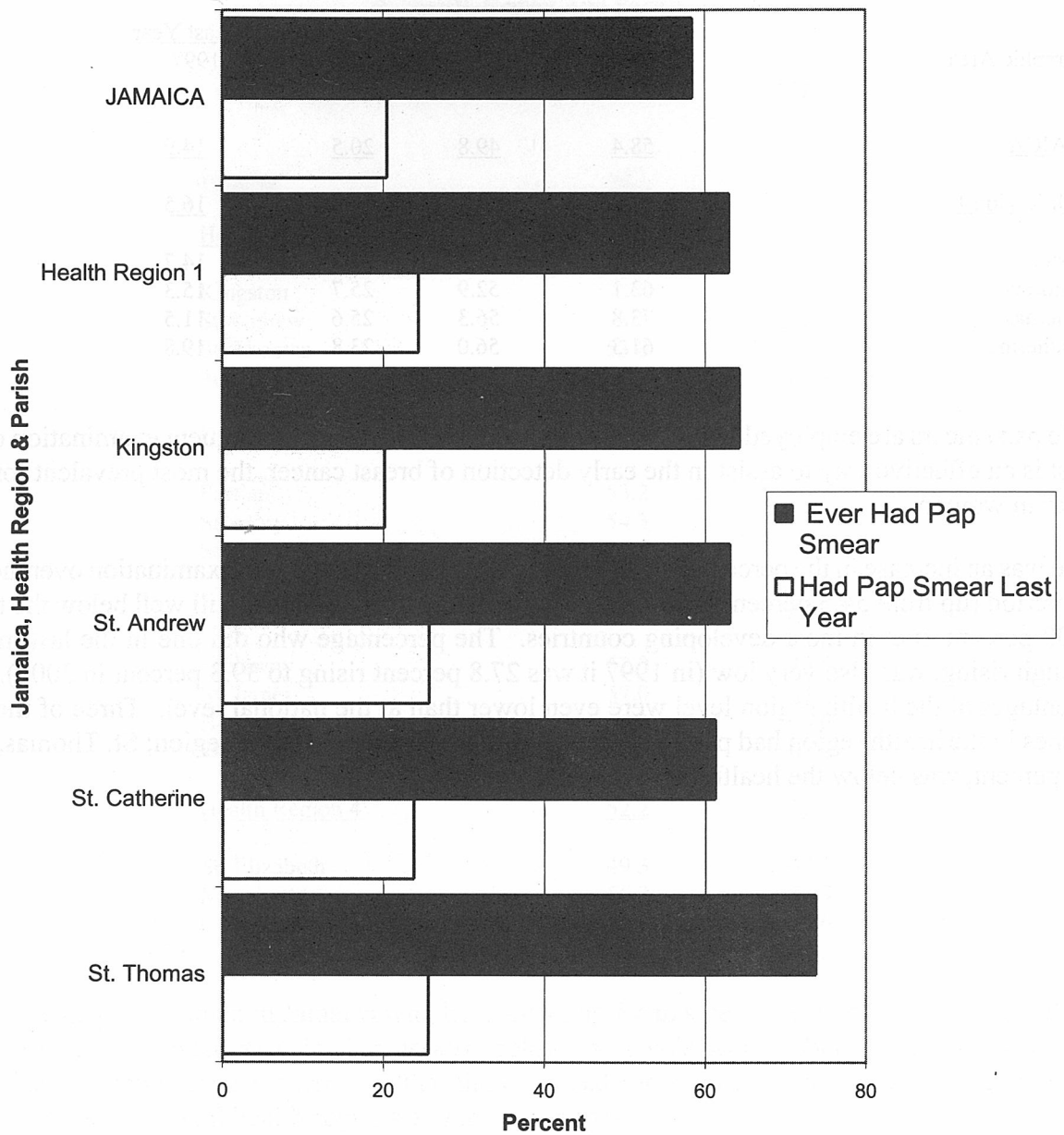
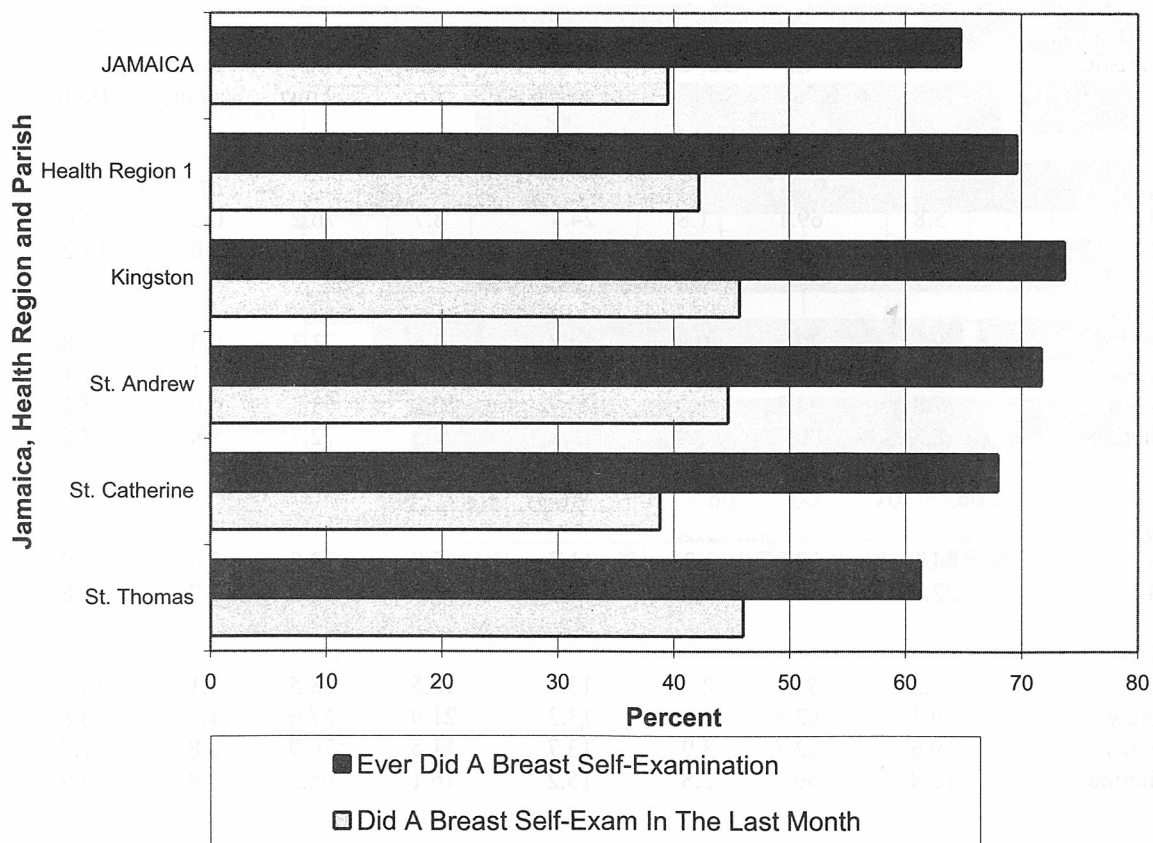


TABLE I.16
Percent Of Women Aged 15 - 49 Years Who Ever Do A Monthly Breast
Self-Examination And Did A Breast Self-Exam In The Last Month Compared With 1997 RHS
By Health Region And Parish

Geographic Area	Ever Did A Breast Self-Examination		Did A Breast Self-Exam In The Last Month	
	2002	1997	2002	1997
<u>JAMAICA</u>	<u>64.8</u>	<u>54.5</u>	<u>39.5</u>	<u>27.8</u>
<u>Health Region 1</u>	<u>69.6</u>	<u>59.8</u>	<u>42.2</u>	<u>30.8</u>
Kingston	73.7	58.3	45.7	28.3
St. Andrew	71.7	63.8	44.7	30.3
St. Thomas	61.3	51.8	46.0	25.6
St. Catherine	68.0	56.0	38.8	33.5

Figure 1.16
Percent Of Women Aged 15 - 49 Years Who Have Ever Had A Breast Self-Exam And Have Had A
Breast Self-Exam In The Last Month By Parish
Health Region 1



Young Adults

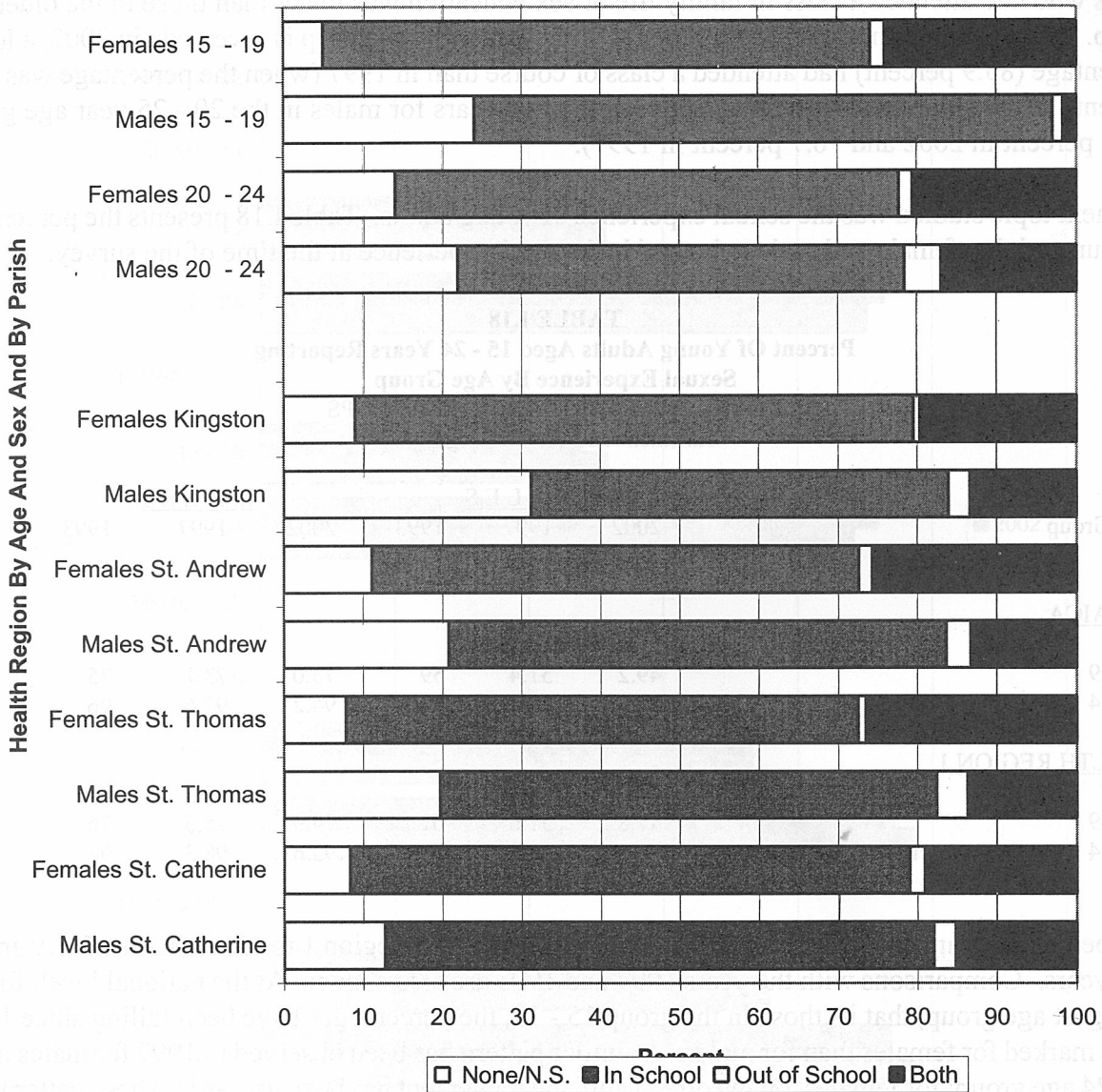
Concern about high levels of adolescent pregnancies and births led to a decision to carry out a special analysis of the situation. A young adult module was therefore introduced in the survey program in 1997 and this was repeated in the 2002 survey. This module explored, among other topics, family life and sex education in schools, sexual experience of young adults, use of contraception at first sexual intercourse and source of contraceptive method used at first sexual intercourse.

Table I.17 above presents the percentage of respondents, females and males in Health Region 1, who have had family life or sex education in school, out of school or both. The percentages are shown for the year 2002 with comparative figures for 1997. A breakdown by age groups (15 - 19 and 20 - 24 years) is given as well as by parishes within the health region. At the same time, Figure 1.17 demonstrates the percentage breakdowns for 2002.

TABLE I.17
Had Family Life / Sex Education Class Or Course
In School And / Or Out Of School - Percent Distribution
By Age And By Parish - Young Adults Aged 15 - 24 Years
Compared With 1997 RHS
Health Region 1

Characteristic	2 0 0 2				1 9 9 7			
	None/ N.S.	In School	Out Of School	Both	None/ N.S.	In School	Out Of School	Both
<u>F E M A L E S</u>								
<u>By Age</u>								
15 - 19	5.8	69.1	1.8	24.1	8.7	76.2	0.5	14.6
20 - 24	14.1	63.6	1.7	20.6	10.3	73.8	2.6	13.2
<u>By Parish</u>								
Kingston	9.1	70.5	0.8	19.7	10.6	73.3	4.3	11.8
St. Andrew	11.1	61.5	1.7	25.7	9.4	78.5	1.1	11.1
St. Thomas	7.8	64.7	1.0	26.5	20.2	63.3	0.9	15.6
St. Catherine	8.3	70.7	1.9	19.1	7.3	72.7	1.4	18.6
<u>M A L E S</u>								
<u>By Age</u>								
15 - 19	14.1	72.9	1.3	11.7	15.8	73.8	2.4	8.0
20 - 24	22.0	56.4	4.6	17.0	23.3	61.2	2.7	12.8
<u>By Parish</u>								
Kingston	31.3	52.7	2.7	13.4	18.5	68.5	3.1	10.0
St. Andrew	20.8	62.8	3.1	13.3	21.9	67.6	1.7	8.8
St. Thomas	19.6	62.7	3.9	13.7	11.5	76.9	3.8	7.7
St. Catherine	12.8	69.3	2.8	15.2	16.1	68.3	3.8	13.9

Figure 1.17
Family Life / Sex Education Class Or Course In School
And / Or Outside Of School - Young Adults Aged 15 - 24 Years
Health Region 1



Almost all young female adults in the younger age group (15 - 19 years) in 2002 have had family life or sex education. This is so in 1997 also although the percentage is slightly lower (91.3 percent compared to 94.2 percent in 2002). For males in that age group, the percentages are somewhat lower (85.9 percent in 2002 and 84.2 percent in 1997). In both years, the percentage of both females and males who had attended a class in family life or sex education was lower than those in the older age group. Also, the pattern observed for females in the younger age group is reversed; in 2002, a lower percentage (85.9 percent) had attended a class or course than in 1997 (when the percentage was 89.3 percent). There was little difference between the two years for males in the 20 - 25 year age group (78.0 percent in 2002 and 76.7 percent in 1997).

The next topic studied was the sexual experience of young adults. Table I.18 presents the percentage of young adults, female and male, who had had sexual experience at the time of the survey.

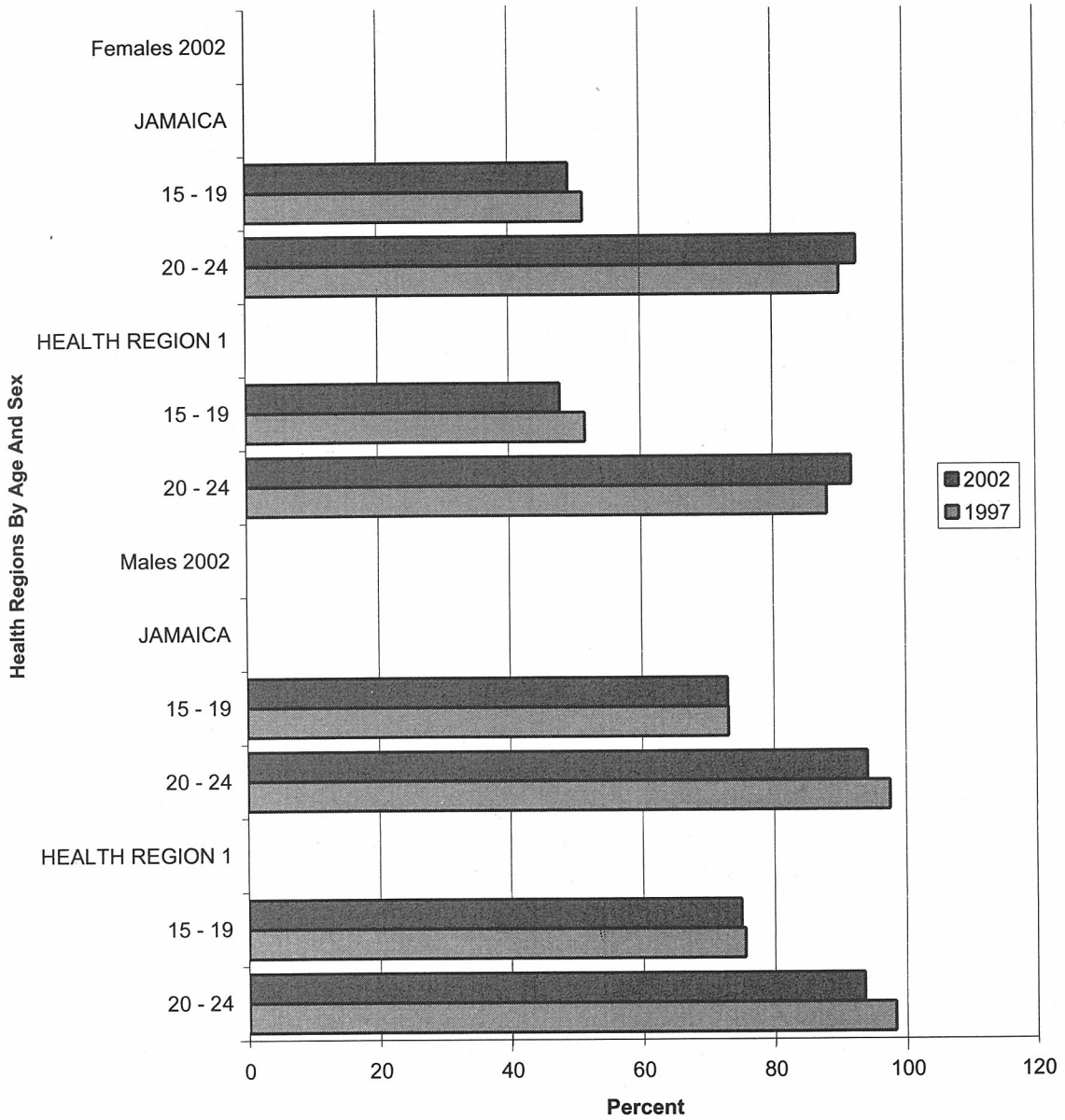
TABLE I.18
Percent Of Young Adults Aged 15 - 24 Years Reporting
Sexual Experience By Age Group
Compared With 1997 RHS And 1993 CPS
Jamaica And Health Region 1

Age Group	F E M A L E S			M A L E S		
	2002	1997	1993	2002	1997	1993
<u>JAMAICA</u>						
15 - 19	49.2	51.4	59	73.0	73.1	75
20 - 24	92.9	90.3	90	94.2	97.6	96
<u>HEALTH REGION 1</u>						
15 - 19	47.8	51.6	61	74.9	75.5	76
20 - 24	92.0	88.3	90	93.6	98.3	98

The percentages are shown at the national level and for Health Region 1 for those in the 15 - 19 and 20 - 24 years. Comparisons with the years 1997 and 1993 are also shown. At the national level, for the youngest age group, that is, those in the group 15 - 19, the percentages have been falling since 1993, more marked for females than for males. A similar pattern has been observed in 1997 for males in the 20 - 24 age group; for females, on the other hand, the movement has been upwards. These patterns are also repeated for those in the 20 - 24 age group.

And what of contraceptive use at first sexual intercourse? Table I.19 shows these percentages for both females and males in Health Region 1 for each of the parishes in the health region. It also gives comparisons with 1997. Two-thirds of females and 46 percent of males reported in the 2002 survey that they had used contraception at their first sexual intercourse. This was significantly higher than the percentage in 1997 (at 55.4 percent for females and 30.6 percent for males).

Figure 1.18
Percent Reporting Sexual Experience By Age Group
Young Adults 15 - 24 Years - 2000 & 1997
Health Region 1



The differentials between the sexes is clearly seen in Figure 1.19 where, at the health region level, both in 2002 and 1997, more women used contraceptives at their first sex than men. It can also be seen by parish in 2002 (the only parish breakdown represented in the chart), that this is so for all the parishes in the health region.

With respect to the parish breakdowns, St. Thomas had the highest percentage for both females and males in 2002 (at 75.8 and 61.4 percent respectively). In 1997, the parish of Kingston had the highest percentages (33.9 percent) but this was close to the percentage in the other parishes except for St. Thomas where the percentage was only 12 percent.

TABLE I.19
Percent Of Young Adults 15 - 24 Years Who Used Contraception
At First Sexual Intercourse By Parish Compared With 1997 RHS
Health Region 1

Geographic Area	F E M A L E S		M A L E S	
	2002	1997	2002	1997
<u>Health Region 1</u>	<u>66.6</u>	<u>55.4</u>	<u>45.8</u>	<u>30.6</u>
Kingston	51.6	66.9	35.9	33.9
St. Andrew	65.1	50.5	49.2	32.0
St. Thomas	75.8	42.5	61.4	12.0
St. Catherine	69.2	61.1	43.0	28.6

Finally, the source of the contraception used by the young adults at their first sexual intercourse is explored. Table I.20 identifies the percentages who got their supply from the different sources. The sources used by both females and males are given in the table for the year 2002 as well as 1997. In Figure 1.20, the sources used in 2002 are compared with those used in 1997. These are presented for females and for males.

In 2002, the shop or supermarket is the most used source by both females and males. This source was more heavily used by males than by females (it was used by 55 percent of males and 40 percent of females). This is a significant change over 1997 when only 12 percent of females and slightly under 40 percent of males used this source of supply. It replaces the pharmacy in popularity. In 1997, nearly fifty percent of females had used the pharmacy; in 2002, this was down to 32 percent.

For males, in 1997 it was 27 percent; in 2002, it was down to less than half at 12 percent. This is not a surprising development as more and more shops started stocking up on condoms, the most frequently used method at first intercourse, and also on pills. The fall in the percentage of the supply from government health centres reflect the changing policy of government in relation to the supply of condoms and pills.

Figure 1.19
Percent Using Contraception At First Sexual Intercourse
By Parish - Young Adults Aged 15 - 24 Years
Health Region 1

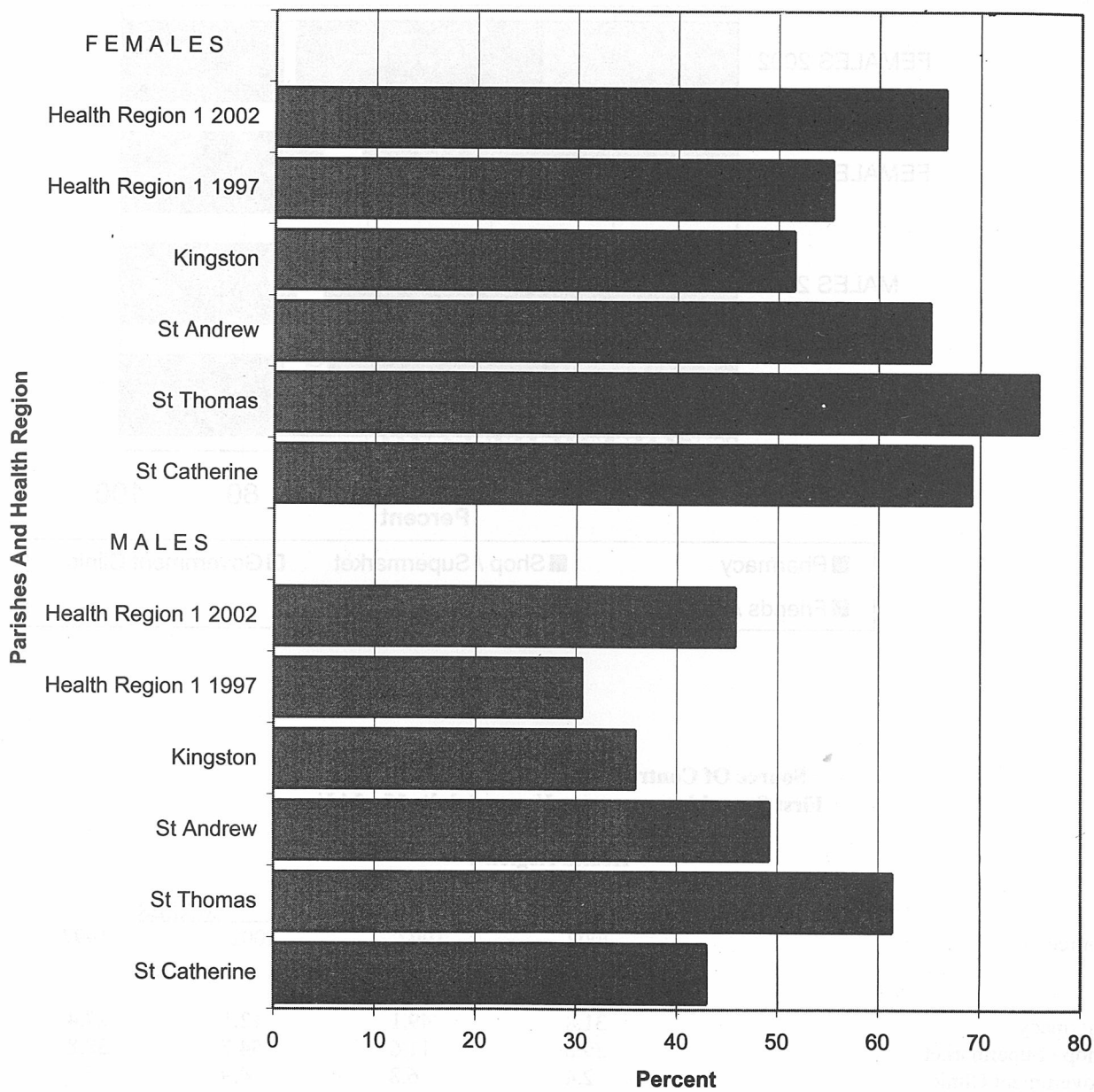


Figure 1.20
Source Of Contraceptive Method Used At Time Of First Sexual Intercourse
Young Adults 15 - 24 Years - 2002 & 1997
Health Region 1

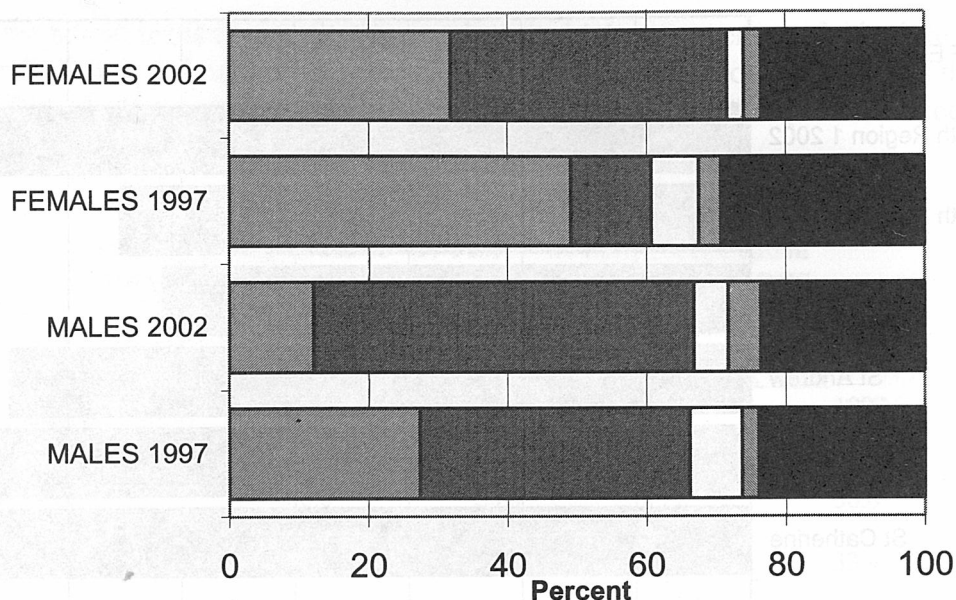


TABLE I.20
Source Of Contraceptive Method Used At Time Of
First Sexual Intercourse - Young Adults 15 - 24 Years
Compared With 1997 RHS
Health Region 1

Source	FEMALES		MALES	
	2002	1997	2002	1997
Pharmacy	31.8	49.1	12.1	27.4
Shop / Supermarket	39.8	11.6	54.7	38.8
Government Clinic	2.4	6.8	4.9	7.5
Friends / Other	2.5	3.2	4.7	2.4
Don't Know	23.5	29.3	23.6	23.9

The relatively high percentage of answers: "Don't know" reflects the reality in which the method is provided by a partner. Few respondents would know the source of supply of the contraceptive used whether it is a condom in relation to a female partner or the pill in relation to the male partner.

Introduction

This Report summarizes the findings of the reproductive health survey (RHS) carried out in Jamaica in 2002 as compared to Health Region 2. As indicated in the report cover summary, planning rates of a high percentage of men and women in Health Region 2 will use a variety of contraceptive methods. A limited number of couples are using natural methods of contraception. This section covers all of the data collected together as they were found in Health Region 2. A further amount of information relating to the national level has also been included for comparative purposes. The format of the report is to present data in a similar form as well as in the format of charts to provide a pictorial representation of the data being analysed. Comparisons in the charts will be confined to the years 1997 and 2002. Where available, other years will be presented in the tables.

SUMMARY OF RESULTS

HEALTH REGION 2

Fertility data for Jamaica as a whole and for Health Region 2 will be presented in this section. The survey also shows the total fertility rate (TFR) for the years 2000 - 2002 (that is two years prior to interview) to be 2.8 births per woman. This represents a decrease from the TFR of 1997 which was 3.0 births per woman. This continues the decline which has been observed over the period as can be seen in Table 11.1 where the TFR for 1993 was 3.0 births per woman.

TABLE 11.1
Specific Fertility Rates* and Total Fertility Rates**
Women Aged 15-49 Years
All Jamaica and Health Region 2
Compared With 1997 (RHS) and 1993 (CPS)

Age Group	All Jamaica		Health Region 2	
	2000-2002	1997	2000-2002	1997
15-19	1.2	1.1	1.2	1.1
20-24	1.8	1.7	1.8	1.7
25-29	2.1	2.0	2.1	2.0
30-34	2.4	2.3	2.4	2.3
35-39	2.6	2.5	2.6	2.5
40-44	2.7	2.6	2.7	2.6
45-49	2.8	2.7	2.8	2.7
Total Fertility Rate	2.8	3.0	2.8	3.0

* Births per 1000 women
** Births per woman

HEALTH REGION 2

Introduction

This Report summarizes the findings of the Reproductive Health Survey (RHS) carried out in Jamaica in 2002 as they relate to Health Region 2. As mentioned, the report covers fertility, planning status of last pregnancy, knowledge of contraceptives, contraceptive use, pill use, condom use, source of contraceptives, prenatal care and women's health. A limited number of topics relating to young adults is also covered. This section covers all of the abovementioned topics as they were found in Health Region 2. A limited amount of information relating to the national level has also been included for comparative purposes. The format of the report is to present data in a tabular form as well as in the form of charts to provide a pictorial representation of the topic being analyzed. Comparisons in the charts will, in general, be confined to the years 2002 and 1997. Where available, other years will be presented in the tables.

Fertility

Fertility data for Jamaica as a whole and for Health Region 2 will be presented in this section. The survey shows that the total fertility rate (TFR) for the years 2000 - 2002 (that is, two years prior to interview) to be 2.5 births per woman. This represents a decrease from the TFR of 1997 which was 2.8 births per woman. This continues the decline which has been observed over the period as may be seen in Table II.1 where the TFR for 1993 was 3.0 births per woman.

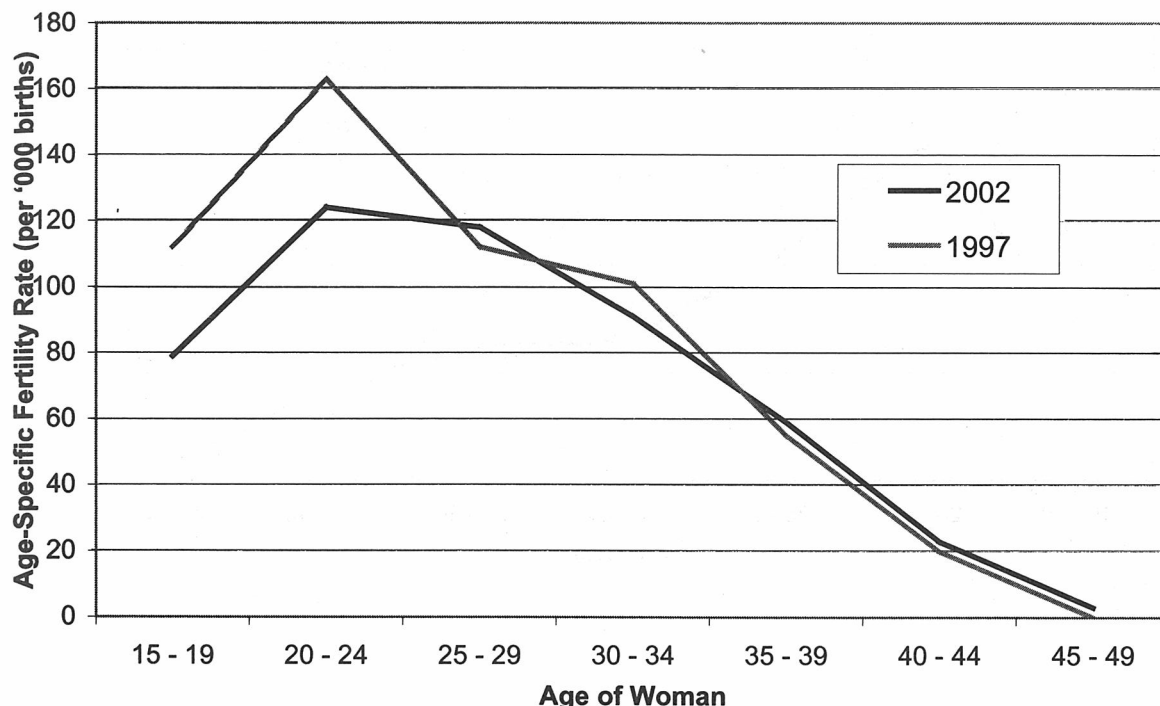
TABLE II.1
Age-Specific Fertility Rates* And Total Fertility Rates**
Women Aged 15 - 49 Years
All Jamaica And Health Region 2
Compared With 1997 RHS And 1993 CPS

Age Group	All Jamaica			Health Region II	
	2002	1997	1993	2002	1997
15 - 19	79	112	107	70	110
20 - 24	124	163	160	155	195
25 - 29	118	112	131	103	142
30 - 34	91	101	99	64	141
35 - 39	59	55	69	62	83
40 - 44	23	20	42	42	27
45 - 49	3	0	--	7	--
Total Fertility Rate					
15 - 49	2.5	2.8	3.0	2.5	3.5

* Births per 1000 women.

** Births per woman.

Figure 2.1
Age-specific Fertility Rate - All Jamaica
Women Aged 15 - 49 Years
2002 & 1997

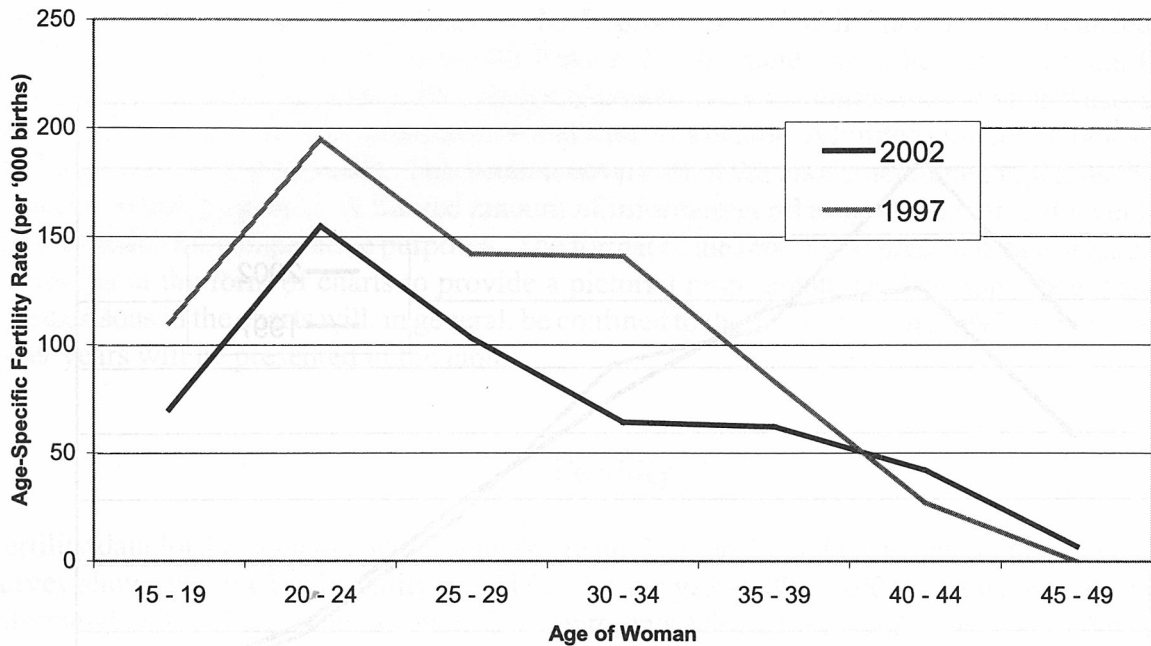


The decline is further demonstrated by reference to the Age-Specific Fertility Rate (ASFR) shown in Table II.1 and Figure 2.1. The pattern of movement observed in 1997 is similar, with the ASFR peaking at age 20 - 24, and falling thereafter. Rates were lower in all age groups since 1993 up until age group 40 - 44.⁵ Thus, the increases in the ASFR observed in 1997 where they occurred were reversed. The rates in 2002 declined in all age groups except in age group 25 - 29 and from age group 35 - 39 and onwards but the increases there were relatively small. Thus, for example, in age group 45 - 49, whereas the rate had fallen to zero in 1997, it was still at 3 births per 1000 women in 2002.

The Total Fertility Rate at the health region level in 2002, 2.5 births per woman, was the same as at

⁵ Coverage was restricted in 1993 to age 44.

Figure 2.2
 Age-specific Fertility Rate - Health Region 2
 Women Aged 15 - 49 Years
 2002 & 1997



the national level. This represents a fall from 1997 which was at 3.5 births per woman. In this health region, the Age-Specific Fertility rate fell in all age groups up to age group 35 - 39. It then rose in age group 40 - 44.⁶

Although the movement of the Age-Specific Fertility Rate in Health Region 2 was in the same direction as the national Age-Specific Fertility Rate, the extent of change when the two rates are compared within age groups. For example, although the rate at the youngest age group was almost at the same level (70 per 1000 births in 1997 as compared with 79 in 2002), it had risen in 2002 to 155 in age group 20 - 24 health region level; the national ASFR in that age group was 124. On the other hand, the rate in the next age group, 25 - 29 years, fell significantly at the health region level (to 103 per 1000 births), it was higher at the national level (at 124 per 1000 births). Only at age 35 - 39 were they again close (62 in 1997 and 59 in 2002).

⁶ Comparison of age group 45 - 49 was not possible since the coverage ended at age 44.

Planning Status Of Last Pregnancy

TABLE II.2
Planning Status Of Last Or Current Pregnancy By Selected Characteristics
Percent Distribution - Women Aged 15 - 49 Years
Health Region 2

Characteristics	Planned	Mistimed	Unwanted	Unplanned/ Unknown
<u>Total</u>	37.5	41.6	15.9	5.0
	H E A L T H		R E G I O N 2	
<u>Total</u>	37.4	41.3	17.0	4.3
<u>Age Group</u>				
15 - 24	23.8	73.0	2.4	0.8
25 - 34	43.1	38.4	15.6	2.0
35 - 49	41.4	14.8	33.6	10.2
<u>Current Union Status</u>				
Married	53.6	20.2	23.8	2.4
Common-Law	39.2	38.5	16.9	5.4
Visiting Partner	34.1	51.5	11.4	3.0
No Current Partner	22.2	49.2	22.2	6.4
<u>Years Of Schooling</u>				
0 - 10 Years	41.8	31.9	22.0	4.4
11+ Years	36.4	44.0	15.2	4.3
<u>Socio-Economic Index</u>				
Low	26.4	46.6	23.0	4.0
Medium	35.5	42.4	16.6	5.7
High	59.6	31.3	8.1	1.0
<u>Area Of Residence</u>				
Other Urban	38.0	46.3	10.7	5.0
Rural	37.1	39.7	19.1	4.1
<u>Parish</u>				
Portland	36.3	35.6	11.5	16.6
St. Mary	36.9	45.9	16.8	0.4
St. Ann	35.8	42.8	17.0	1.7

Figure 2.3
Planning Status Of Last Or Current Pregnancy
By Selected Characteristics
All Jamaica And Health Region 2

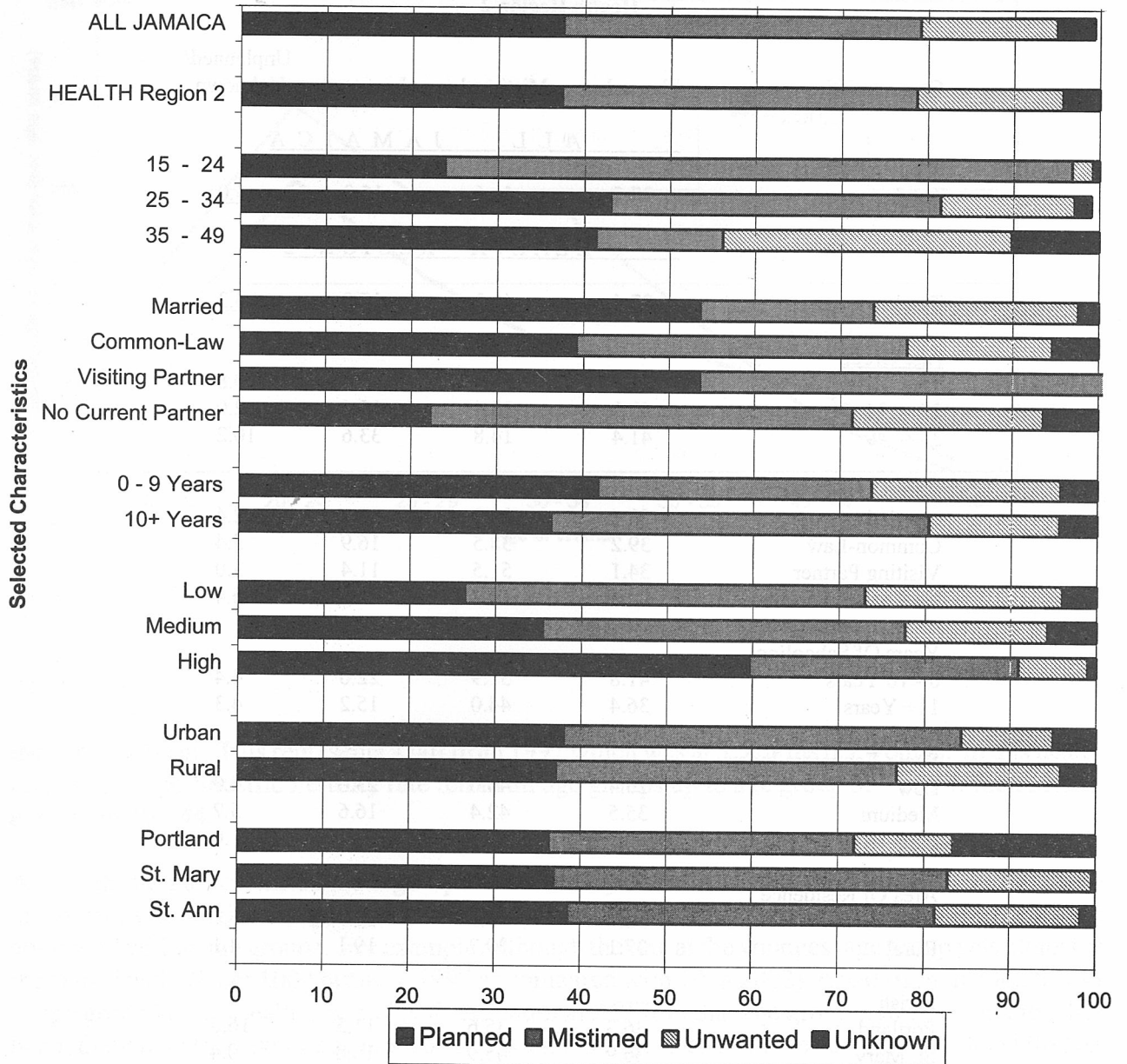


Table II.2 and Figure 2.3 show the distribution of the planning status of the last pregnancy within the past five years for women aged 15 - 49 years. National and Health Region 2 data are shown. A pregnancy is defined as 'planned' if the woman wanted to become pregnant at the time of conception. A pregnancy is 'mistimed' if she wanted to become pregnant but at a later date and is 'unwanted' if she did not want to have more children. These latter two categories comprise 'unintended' or 'unplanned' pregnancies.

Overall, at the national level, 37.5 percent of women reporting had planned their pregnancies. The percentage was similar in Health Region 2 where it was 37.4 percent. Not shown in the table or the graph is that this continues the increase of planned pregnancies which has been taking place since 1989 at both the national and Health Region 2 level. At the national level, the percentage moved from 25 percent in 1989 to 29 percent in 1993, up to 34 percent in 1997 and to the present level of 37.5 percent in 2002. In Health Region 2, the movement was from 30 percent in 1993 to 33 percent in 1997 and now to 37.4 percent in 2002.

At the national level, the percentage of mistimed pregnancies was significantly higher than of planned pregnancies (41.6 percent compared with 37.5 percent). At the health region level, mistimed pregnancies were also significantly higher (41.3 percent compared with 37.4 percent). At the same time, unwanted pregnancies were well below planned and mistimed pregnancies at both national and regional levels. It should be noted, also, that, while the percentage of unwanted pregnancies was well below planned and mistimed pregnancies, it was higher at the regional than at the national level.

The status of pregnancies at the health region level are further analyzed by selected characteristics. These include: age group, current union status, years of schooling, socio-economic status and area of residence. It is also presented by parish. At the health region level, it is shown that the percentage of planned births is highest in age group 25 - 34 years, among married couples, among those in the highest socio-economic status group and those who live in urban areas. It was also highest among residents of St. Mary.

Knowledge Of Contraceptives

The next table, Table II.3 below, and Figure 2.4 show the percentage of women aged 15 - 49 years in Health Region 2 who have heard of specific methods of contraception. Comparisons are made with 1997 RHS. Knowledge refers to the fact that the respondent has heard of a contraceptive method, not necessarily that she has enough knowledge of the method to be able to use it correctly. As in Health Region 1, virtually all women in Health Region 2 have heard of the condom, pill, injectables and female sterilization and almost 90 percent know of the IUD and withdrawal and was so in 1997 also. As in 1997, the diaphragm, vaginal methods and Norplant, which are little used in Jamaica, are less well-known. Knowledge was, in fact, higher in 1997 than in 2002 for injectables, diaphragm and vaginal methods although, it should be noted, in some cases such as the pill and injectables, the difference was minimal.

Figure 2.4
Percent Of Women Aged 15 - 49 Years Who
Heard Of Specific Contraceptive Methods
2002 & 1997
Health Region 2

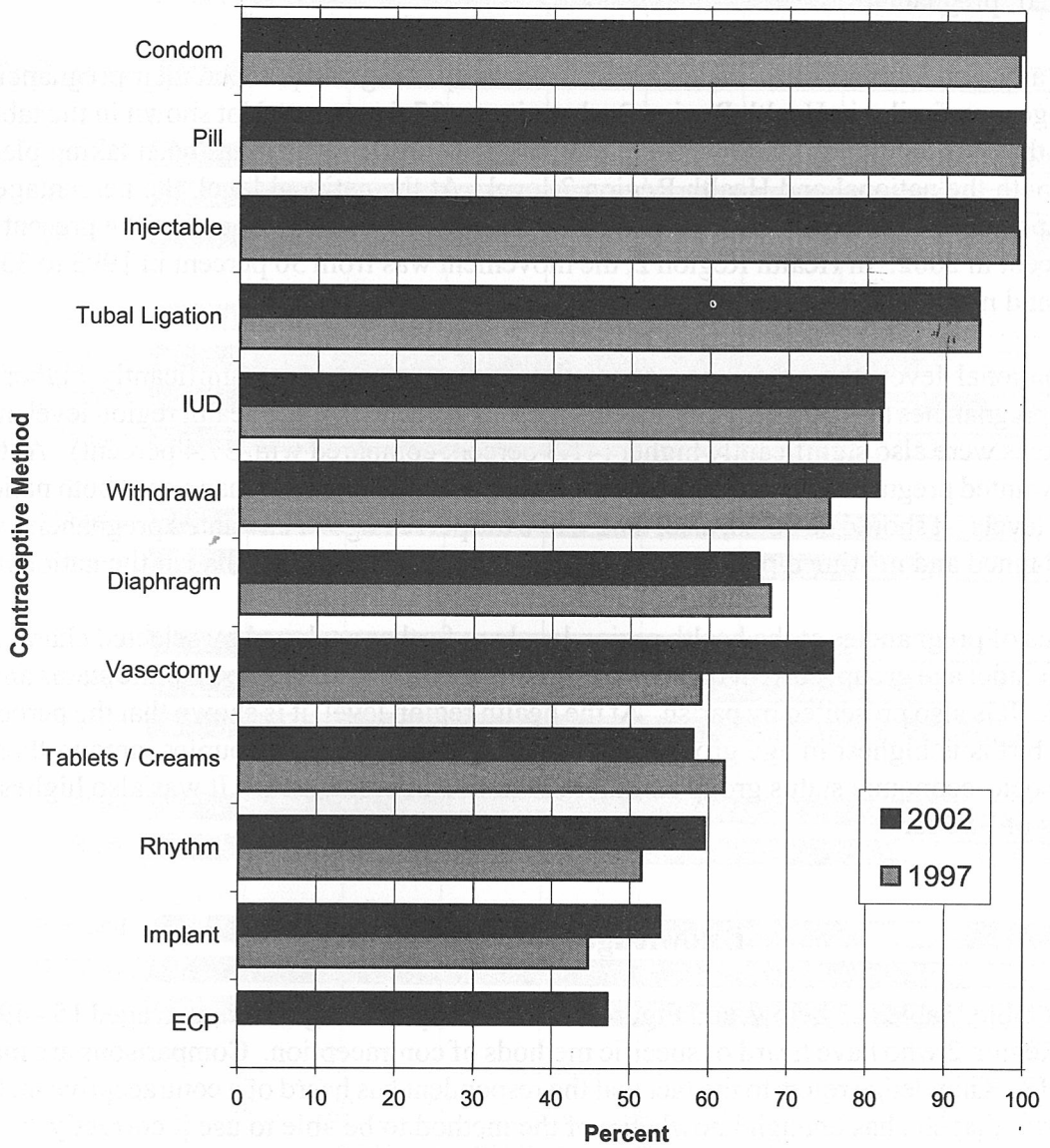


TABLE II.3
Percent Of Women Aged 15 - 49 Years
Who Have Heard Of Specific Contraceptive Methods
Compared With 1997 RHS And 1993 CPS
Health Region 2

Method	2002	1997	1993
Condom	99.9	99.3	99
Pill	99.8	99.7	100
Injectable	99.0	99.2	99
Tubal Ligation	94.2	94.3	97
Intra-Uterine Device (IUD)	82.1	81.9	88
Withdrawal	81.6	75.3	77
Diaphragm	66.3	67.8	66
Vasectomy	75.7	59.0	57
Tablets / Creams	58.0	62.0	62
Calendar / Rhythm	59.5	51.5	51
Implant	53.9	44.7	26
Emergency Contraceptive Pill	47.2	"	--

The increasing knowledge of Norplant, one of the more recently introduced modern methods, should be noted. Also, it is interesting to observe that the Emergency Contraceptive Pill, available in Jamaica only over the past few years and subsequent to the 1997 Reproductive Health Survey, has been heard of by nearly half of the respondents in the 2002 survey.

The previous table and chart compared the extent of knowledge, as defined, in 2002 with that which was reported in the 1997 survey. In the next table and figure (Table II.4 and Figure 2.5), knowledge of women aged 15 - 49 is portrayed as they relate to the parishes in Health Region 2. There is little difference between parishes in the percentage of knowledge. In the four most prevalent methods - condom, pill, injection and tubal ligation - knowledge was in all cases above ninety percent. At these high levels, differences would be minimal; but it can be seen that knowledge of condoms was highest in St. Ann (where there was complete knowledge), and in the case of tubal ligation, was highest Portland. Knowledge of the IUD, although lower than the four methods mentioned above, was still high (89.1 percent in Portland, 81.1 percent in St. Ann and 77.1 in St. Mary, the lowest percentage among the three parishes in the health region).

Figure 2.5
Percent Of Women Aged 15 - 49 Years Who Heard
Of Specific Contraceptive Methods By Parish
Health Region 2

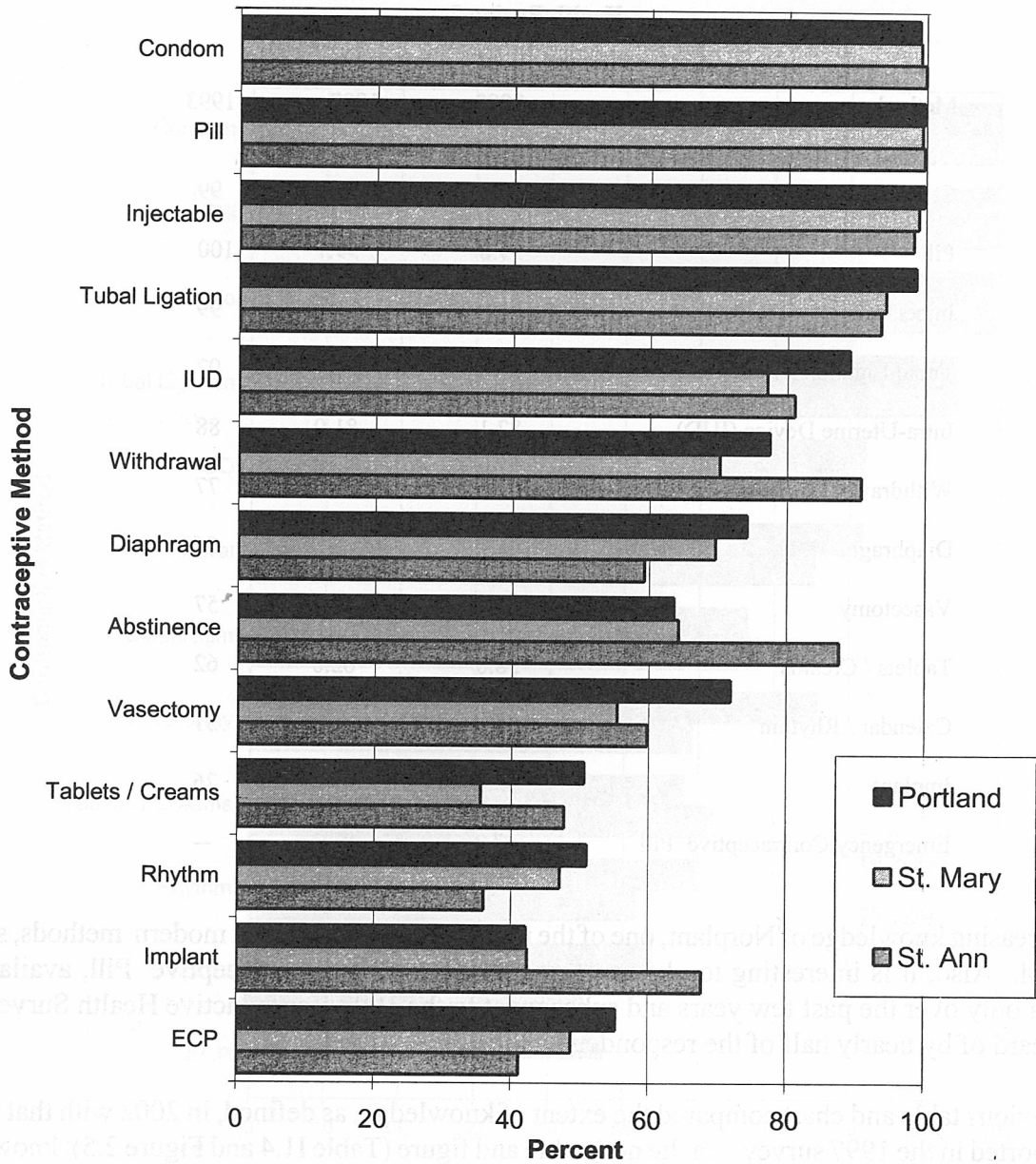


TABLE II.4
Percent Of Women Aged 15 - 49 Years
Who Have Heard Of Specific Contraceptive Methods
By Parish - Health Region 2

Method	Portland	St. Mary	St. Ann
Condom	99.1	99.3	100.0
Pill	99.8	99.5	99.8
Injectable	99.8	99.0	98.3
Tubal Ligation	98.7	94.3	93.6
Intra-Uterine Device (IUD)	89.1	77.1	81.1
Withdrawal	77.5	70.2	90.8
Diaphragm	74.2	69.6	59.3
Abstinence	63.6	64.3	87.6
Vasectomy	71.9	55.4	59.8
Tablets / Creams	50.6	35.5	47.7
Calendar / Rhythm	51.0	47.1	36.0
Implant	42.2	42.4	67.8
Emergency Contraceptive Pill	55.3	48.8	41.2

Among the three lesser known methods, two stand out in St. Ann. The first is abstinence, knowledge of which was in the sixties in the other two parishes (63.6 percent in Portland and 64.3 percent in St. Mary; in St. Ann, it was 87.6 percent). The second is Norplant which, at 67.8 percent, was somewhat higher than the average in the health region (which is at 53.9 percent). It should be noted, also that most methods are least known in St. Mary.

Table II.5 and Figure 2.6 look at knowledge, as defined, of young adult men aged 15 - 24 years. The pattern of knowledge of three of the four most prevalent methods, condoms, pills and injectables, was fairly similar to that of females. It was much lower, however, for tubal ligation, which, unlike that of women, was significantly below the ninety percent level (being 73.4 percent in 2002 and 65.4 percent in 1997). Knowledge of all other methods including vasectomy was well below that of women.

Figure 2.6
Percent Of Men Aged 15 - 24 Years Who Heard Of Specific
Contraceptive Methods Compared With 1997 RHS
Health Region 2

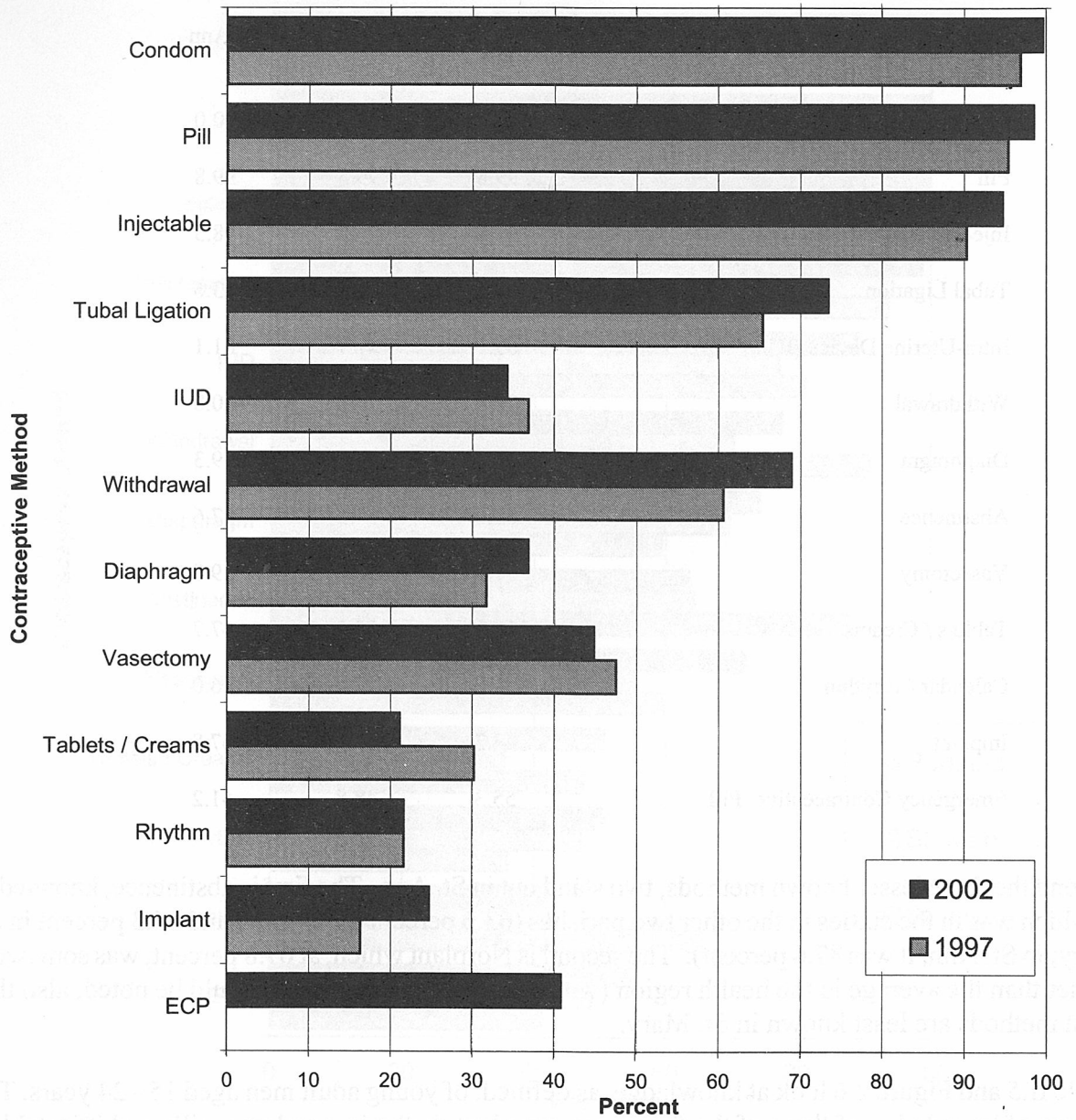


TABLE II.5
Percent Of Men Aged 15 - 24 Years
Who Have Heard Of Specific Contraceptive Methods
Compared With 1997 RHS And 1993 CPS
Health Region 2

Method	2002	1997	1993
Condom	99.6	96.9	99
Pill	98.5	95.4	91
Injectable	94.7	90.3	71
Tubal Ligation	73.4	65.4	61
Intra-Uterine Device (IUD)	34.2	36.8	30
Withdrawal	68.9	60.6	52
Diaphragm	36.8	31.7	30
Vasectomy	44.8	47.5	31
Tablets / Creams	21.1	30.2	24
Calendar / Rhythm	21.6	21.6	19
Implant	24.7	16.3	12
Emergency Contraceptive Pill	40.8	--	--

It should be noted that knowledge of the latest method introduced, the Emergency Contraceptive Pill, however, was almost as high as that of women (40.8 percent compared with 47.2 percent).

Contraceptive Use

Figure 2.7 and Table II.6 show the prevalence of contraceptive use among women in union in Jamaica at the national level and for Health Region 2. The methods shown are the most prevalent methods used. Comparisons are shown with 1997. The overall level of use in Health Region 2 at 72 percent is higher than the 69.1 percent at the national level. In 1997, the percent of use at the national level was 65.9 percent and 65.8 percent in Health Region 2. These are significant increases particularly at the health region level and replicates the large increase between 1989 and 1993. It also continues the trend which was maintained in 1997.

Figure 2.7
Percent Of Women In Union Aged 15 - 49 Years
Currently Using Contraception By Method
Jamaica And Health Region - 2002 & 1997
Health Region 2

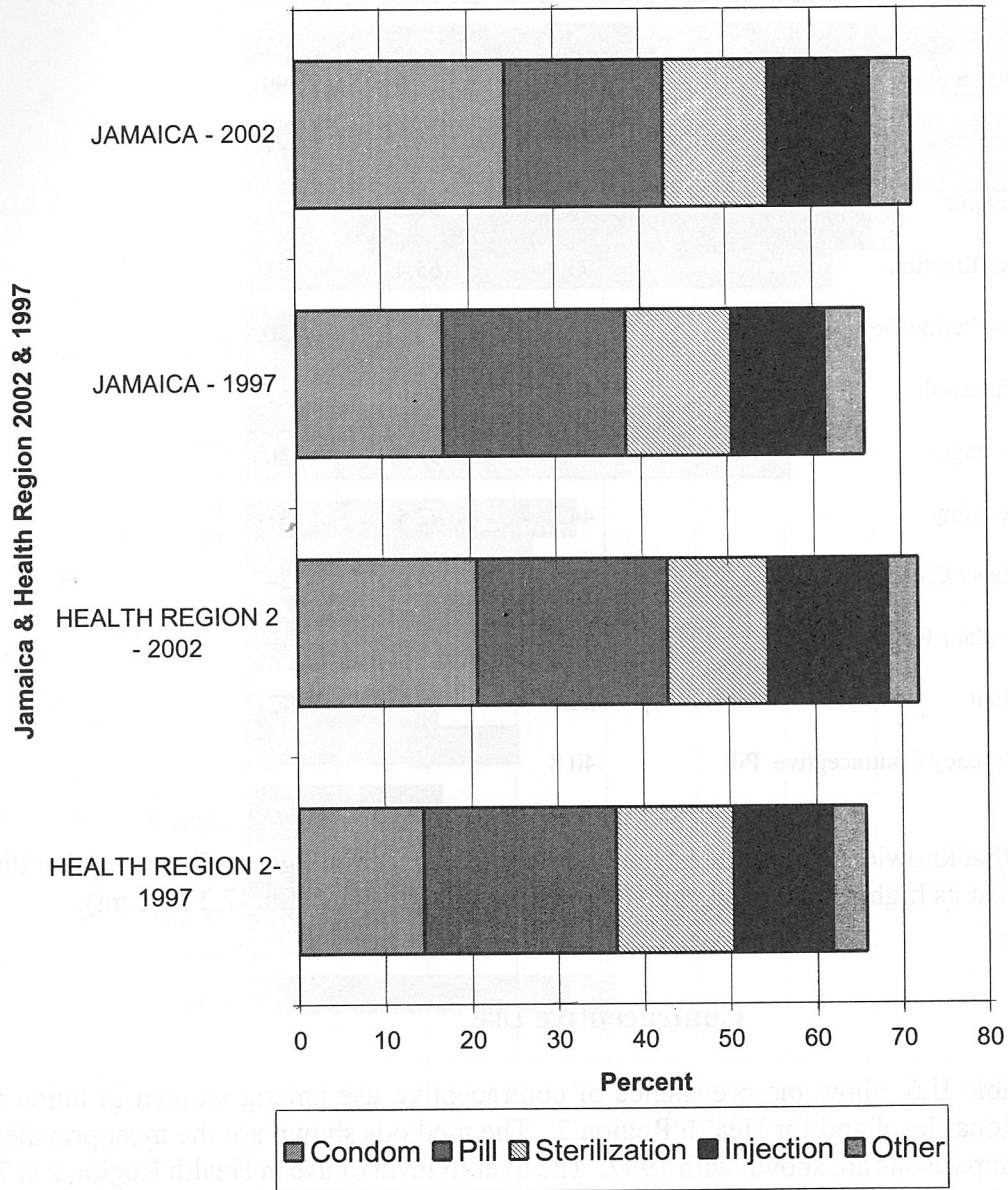


TABLE II.6
Percent Of Women In Union Aged 15 - 49 Years
Currently Using Contraception By Method Being Used
Compared With 1997 RHS
Health Region 2

Method Being Used	JAMAICA		Health Region 2	
	2002	1997	2002	1997
<u>All Methods</u>	69.1	65.9	72.0	65.8
Sterilization	11.8	12.3	11.7	13.7
Pill	17.8	21.2	22.1	22.3
Condom	23.5	17.0	20.8	14.4
Injection	11.4	10.8	13.8	11.4
Other	4.6	4.6	3.6	4.0

Data not published.

Sterilization fell in 2002. It was 12.3 percent in 1997 and is now down to 11.8 percent in 2002. At the health region level, it also fell (from 13.7 percent to 11.7 percent). The percentage at the health region level was similar to that at the national level.

The pill also saw a fall over the five year period at the national level (from 21.2 percent in 1997 to 17.8 percent in 2002). At the health region level, there was no real change over the period (at 22.3 percent in 1997 and 22.1 percent in 2002). It should be noted, however, that in 2002, it was somewhat higher at the health region level than at the national level (22.1 percent compared with 17.8 percent).

The pattern of use of the condom is different and almost the reverse to that of the pill. However, at both the national and health region levels, usage increased (from 17.0 percent in 1997 at the national level to 23.5 percent in 2002 and from 14.4 percent in 1997 at the health region level to 20.8 percent in 2002). Also, condom usage is higher at the national level than at the health regional level in both years (23.5 percent in 2002 compared with 17.0 percent in 1997 at the national level and 20.8 percent in 2002 compared with 14.4 percent in 1997 at the health region level). With respect to the injection, the pattern of use duplicates that of the condom.

Table II.7 and Figure 2.8 give the percentage of all women aged 15 - 49 years and those who are in union who are currently using contraceptives by method being used. This is represented in the form of pie charts, one for all women and the second for women in union. In Figure 2.8, the differentials between all women and those in union are highlighted. Comparisons are made in the table with 1997 RHS.

For all women, condom was the method used by the highest percentage in 2002 (20.3 percent), followed by the pill (19.0 percent), injection (11.8 percent) and tubal ligation (11.1 percent). In 1997, the pill was most frequently used (22.3 percent) followed by the condom (14.4 percent) and

TABLE II.7
Percent Of All Women And Women In Union Aged 15 - 49 Years
Currently Using Contraception By Method Being Used
Health Region 2

Method Being Used	All Women		Women In Union	
	2002	1997	2002	1997
Pill	19.0	22.3	22.1	25.3
Condom	20.3	14.4	20.8	14.8
Injection	11.8	11.4	13.8	12.5
Sterilization	11.1	13.7	12.1	13.5
Withdrawal	0.4	2.2	0.5	2.7
Intra-Uterine Device	0.9	1.0	1.6	1.2
Other	1.1	0.8	1.1	0.8
Non-Users	35.4	34.2	28.0	29.2

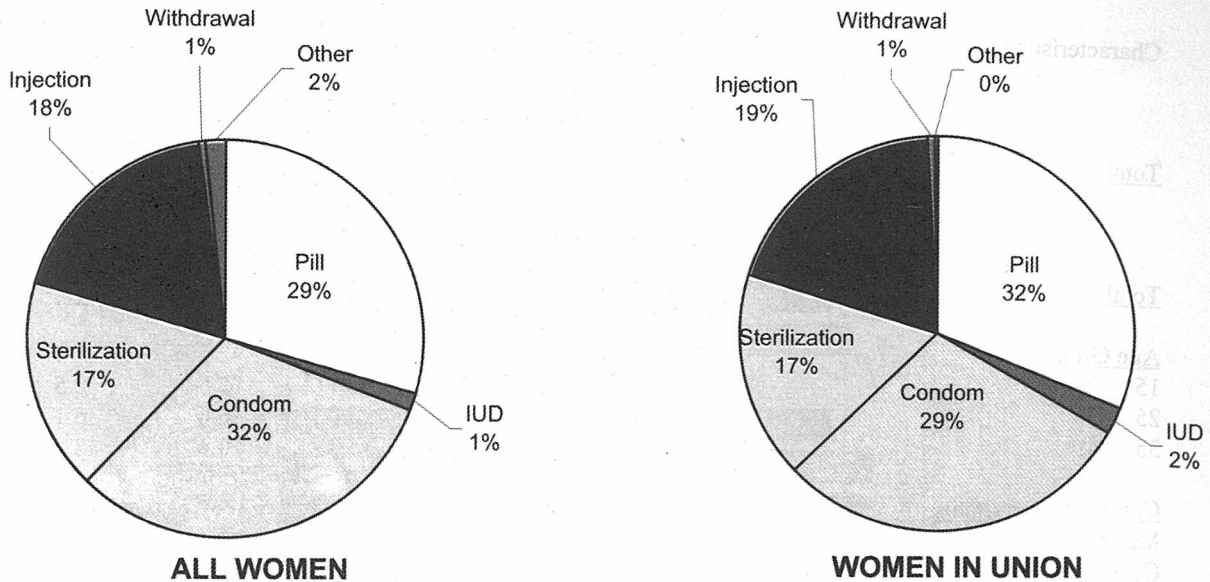
female sterilization (13.7 percent). The fourth most frequently used method in both years was injection (11.8 and 11.4 percent in 2002 and 1997). Similar patterns were found among women in union.

The change in usage between the two periods is another area of interest. Of the six methods identified, four declined in usage while two increased. Methods in which usage increased are condom (from 14.4 percent in 1997 to 20.3 percent in 2002) and injection (from 11.4 percent to 11.8 percent). Methods with declining usage were pill (from 22.3 percent to 19.0 percent), sterilization (from 13.7 percent to 11.1 percent), withdrawal (from 2.2 percent to 0.4 percent) and IUD (from 1.0 percent to 0.9 percent). A similar pattern was observed for women in union except for the IUD which increased.

Table I.8 presents the use of major contraceptive methods by women in union for Jamaica as a whole and for Health Region 2 according to selected geographic and socio-demographic characteristics. Figure 2.9 on the other hand shows the percentages by method for each of the selected characteristics.

In general, as age increases, women tend to use more effective methods. While condoms generally predominate among women aged 15 - 24 years, since almost half of these women using any method use the condom, the pill is the leading method of use between ages 25 and 34. The use of injections is also highest in this age group. After age 35, the pill is in turn eclipsed by female sterilization as the major method, as half of these older women using any method are using surgical contraception.

Figure 2.8
Percentage Of All Women And Women In Union
Currently Using A Contraceptive Method
Health Region 2



Overall use by women in marital unions in the health region is less than for women in common-law unions and those in a visiting relationship, but there are differences in the methods used by the different groups. The majority of married women using any method have been surgically sterilized. In contrast, fewer women in a common-law union or in a visiting relationship have been sterilized. A factor not shown in this table or figure is that women who are married tend to be older than women in common-law and visiting unions, which in turn is correlated with the number of living children. As mentioned above, with increasing age (and a greater number of children), a higher percentage of women choose this permanent method. Women who are in less stable unions and who are younger and have fewer children tend to use pills and condoms to a greater extent.

In Health Region 2, the condom is most frequently used in urban areas while the pill is in rural areas. In Portland, condom is the method of choice while the pill is in St. Mary and St. Ann.

The next topic to be studied is the application of dual methods by respondents. Table II.9 looks at the percentage of female first or primary contraceptive method users in Health Region 2 who concurrently use a secondary method.

Overall, 15 percent of all users in the health region are also using a secondary method. In 1997, the comparable percentage was 12 percent while, not shown in the table is that the percentage in 1993 was half of what it was in 1997 (6 percent). As in 1997, almost all secondary method users use the condom. This suggests that while primary use alone does not show an increase in condom use from 1997 and from 1993, by including secondary method condom use as part of the analysis, the use of condoms has increased over the period.

TABLE II.8
Percent Of Women In Union Aged 15 - 49 Years
Currently Using a Contraceptive Method By Selected Characteristics
Health Region 2

Characteristics	All Methods	Steril-ization	Pill	Condom	Injection	Other
<u>Total</u>	<u>69.1</u>	<u>11.8</u>	<u>17.8</u>	<u>23.5</u>	<u>11.4</u>	<u>4.6</u>
	HEALTH REGION 2					
<u>Total</u>	<u>72.0</u>	<u>12.1</u>	<u>22.1</u>	<u>20.3</u>	<u>13.8</u>	<u>3.7</u>
<u>Age Group</u>						
15 - 24	80.5	0.0	28.3	36.1	15.6	0.5
25 - 34	68.3	6.9	22.8	15.9	16.6	6.1
35 - 49	70.7	23.6	17.9	15.9	10.4	2.9
<u>Current Union Status</u>						
Married	68.3	23.6	17.6	10.6	12.1	4.4
Common-Law	73.3	12.9	21.2	16.1	21.1	2.0
Visiting Partner	73.2	6.7	25.2	29.4	9.9	2.0
<u>Years Of Schooling</u>						
0 - 10 Years	73.8	20.3	21.9	14.4	13.9	3.2
11+ Years	71.5	9.2	22.4	22.7	14.0	3.3
<u>Socio-Economic Index</u>						
Low	74.7	17.5	15.2	23.5	17.5	1.0
Medium	73.2	11.4	23.6	20.0	16.5	1.7
High	67.7	8.3	27.1	19.7	6.1	6.5
<u>Area Of Residence</u>						
Urban Areas	70.9	7.0	20.7	23.5	14.1	5.6
Rural Areas	72.6	13.7	22.6	19.9	13.7	2.7
<u>Parish</u>						
Portland	76.0	12.4	20.2	26.6	12.4	4.4
St. Mary	73.3	15.9	22.0	19.8	12.5	3.1
St. Ann	69.0	9.5	23.3	17.8	15.4	3.0

Slightly less than one-third of pill users in Health Region 2 and 15 percent of injection users were, in 2002, concurrently using condoms. This increased from somewhat more than a quarter of pill users and 12 percent of injection users who, in 1997, were using condoms as a second method.

Figure 2.9
Percent Of Women In Union Aged 15 - 49 Years
Currently Using a Contraceptive Method
By Selected Characteristics
Health Region 2

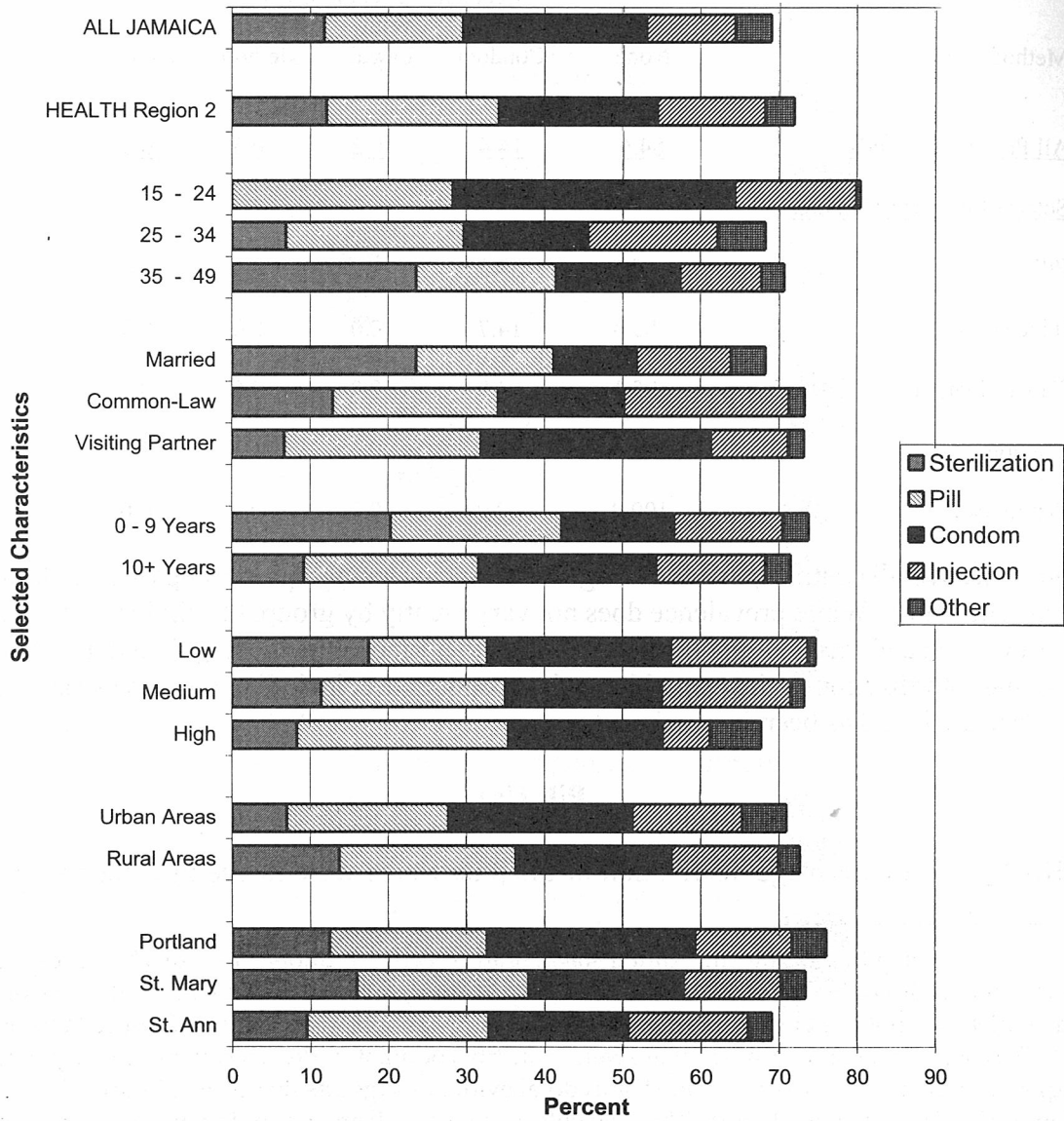


TABLE II.9
Percentage Of Contraceptive Users Who Are Currently Using
A Second Contraceptive Method By Primary And Secondary Method Used
Women In Union Aged 15 - 49 Years
Health Region 2

Method	Secondary Method Used				
	None	Condom	With- drawal	Natural Methods	Other
<u>All Primary Methods</u>	<u>84.6</u>	<u>14.4</u>	<u>0.2</u>	<u>0.3</u>	<u>0.5</u>
<u>Selected Primary Methods</u>					
Pill	67.7	32.3	0.0	0.0	0.0
Injectables	85.3	14.7	0.0	0.0	0.0
Tubal Ligation	95.1	4.9	0.0	0.0	0.0
Condom	96.6	0.0	0.6	1.1	1.7
Withdrawal	100.0	0.0	0.0	0.0	0.0

To summarize, overall contraceptive use is high for all socio-demographic groups in Health Region 2 as well as nationally. While prevalence does not vary greatly by group, the choice of method does vary, with women and men moving from the condom to hormonal methods (pill and injections) and then to female sterilization as they get older. Also, condom use, including all who use as a primary or secondary method, has been increasing.

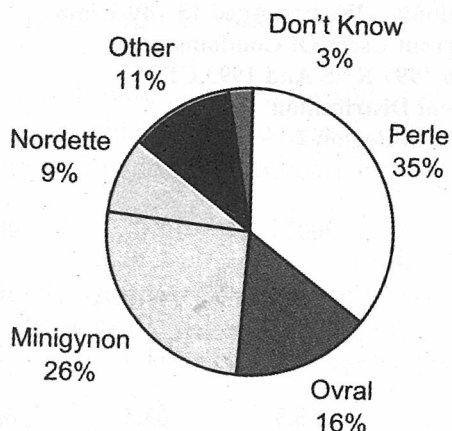
Pill Use

Table II.10 gives a percentage distribution of the pills which were in use in 2002 and in 1997.⁷

⁷ During the coding and editing stage, brands recorded under the "other" category were given additional codes only where there was a certain percentage of similar answers. In the case of Lo-Femenal, which was not pre-coded in the questionnaire and was accordingly entered under "Other, specify", there was not a large number of answers to justify coding it under a separate category in the cleaning/editing phase. As was mentioned, anecdotal evidence suggests that some pill users loosely refer to Lo-Femenal pills as the Perle brand. Thus the entries under Lo-Femenal could have been understated.

Account should be taken of possible over or under counts of the brands, particularly *Perle* and *Lo Femenal*, particularly in 2002 as indicated in the footnote below. It should also be noted that there have been changes in the marketing strategy since 1997. The distribution for 2002 as indicated from

Figure 2.10
Brand Of Pill Currently Used
Women Aged 15 - 49 Years Who Are Current Pill Users
Health Region 2



the survey results, is shown in Fig. 2.10. Taking these factors into account, *Perle* remains the most frequently used pill followed by *Minigynon*. The percent contribution of *Ovrall* and *Nordette* has shown minimal change over the period.

TABLE II.10
Brand Of Pill Currently Used By Current Pill Users
Women Aged 15 - 49 Years - Percent Distribution
Compared With 1997 RHS
Health Region 2

Brand Of Pill	Percent	
	2002	1997
Perle	35.8	28.6
Ovrall	15.8	16.0
Minigynon	26.1	10.2
Nordette	8.8	8.9
Other	11.6	31.4
Don't Know	2.9	4.9

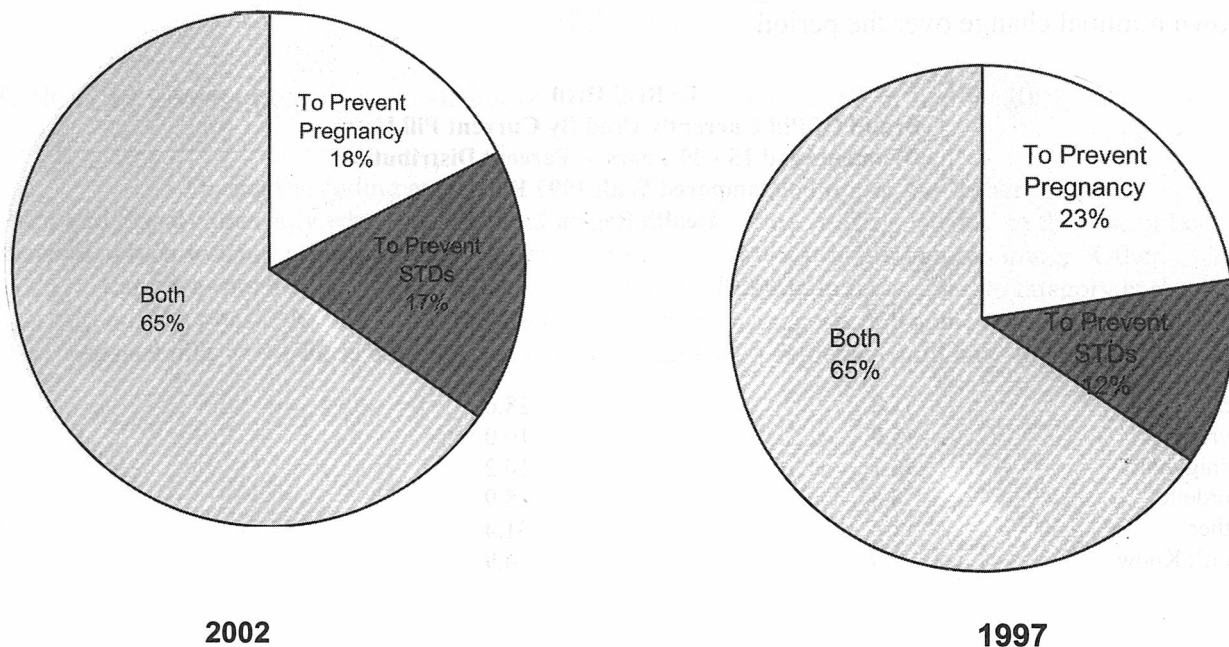
Condom Use

An interesting area of study is the reasons why respondents use condoms. Is it to prevent pregnancy, to prevent sexually transmitted diseases or both? Table II.11 below and Figure 2.11 show the percentage of female respondents in Health Region 2 who use condoms by reasons for use. In the table, percentages are shown for 2002, 1997 and 1993. In the chart, two separate pie charts are shown, one for 2002 and a second for 1997.

TABLE II.11
Reasons For Using Condoms - Women Aged 15 - 49 Years
Who Are Current Users Of Condoms
Compared With 1997 RHS And 1993 CPS
Percent Distribution
Health Region 2

Reasons	2002	1997	1993
To Prevent Pregnancy	17.0	21.9	30
To Prevent Sexually Transmitted Diseases	16.7	11.4	2
Both	63.3	63.5	68

Figure 2.11
Reasons For Using Condoms - Percent Distribution - Women Aged 15 - 49
Years Who Are Current Users Of Condoms
Health Region 2

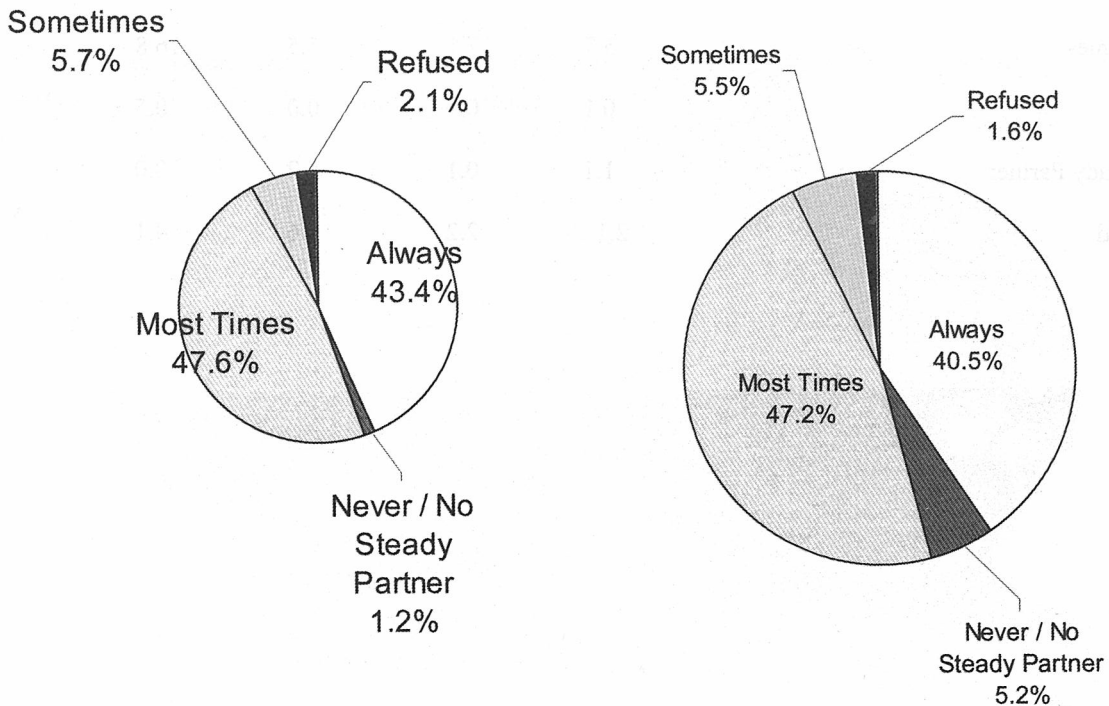


From an examination of the table and a study of the charts, it will be seen that the percentages who use it for preventing pregnancy has fallen while those who use it to prevent sexually transmitted diseases have risen. At the same time, those who use it for the dual purpose, a far greater percentage, has remained virtually the same.

This is clearly demonstrated in the charts where the similarities as well as the differences between the reasons for use in the health region between 1997 and 2002 stand out. Thus, whereas single purpose users differed (18 percent to prevent pregnancy in 2002 compared with 23 percent in 1997 and conversely, 17 percent to prevent STDs in 2002 compared with 12 percent in 1997), the percentage women using for the dual purpose did not change.

Finally, Table II.12 and Figure 2.12 demonstrate the frequency of use of condoms with a steady partner. Percentages are shown for frequency of use of respondents at the national and Health Region 2 level for 2002. In addition, comparisons with 1997 RHS are shown in the table.

Figure 2.12
Frequency Of Condom Use - Women Aged 15 - 49 Years
Who Are Current Users Of Condoms With A Steady Partner
Health Region 2



There were differences between the answers given 1997 and 2002. More respondents in 1997 at both national and health region levels indicated that they always used a condom. In 2002, the reverse was true for those who answered that they used a condom most of the time. At both levels, smaller percentages indicated that they used a condom some times (higher in 1997 than in 2002) and negligible percentages indicated that they never use.

By and large, however, as the chart demonstrates, there is greater similarities than dissimilarities between the national and health region levels. For those who used it most of the time, usage was slightly greater at the national level while the reverse was true for those who used it all the time.

TABLE II.12
Frequency Of Condom Use - Women Aged 15 - 49 Years
Who Are Current Users Of Condoms With A Steady Partner
Compared With 1997 RHS
Percent Distribution
All Jamaica And Health Region 2

Frequency Of Use	ALL JAMAICA		Health Region 2	
	2002	1997	2002	1997
Always	43.4	48.5	40.5	52.7
Most Times	47.6	31.7	47.2	25.9
Sometimes	5.7	17.1	5.5	16.8
Never	0.1	0.4	0.0	0.5
No Steady Partner	1.1	0.1	5.2	0.0
Refused	2.1	2.2	1.6	4.1

Contraceptive Source

The next topic to be studied is the source of supply of the contraceptives being used by respondents. The four most prevalent contraceptive methods are examined; tubal ligation, the pill, condoms and the injection. These are presented in Table II.13 for women in union in Health Region 1 in the years 2002, 1997 and 1993 and demonstrated in Figure 2.13 for the years 2002 and 1997.

The main source of supply of tubal ligation is government hospitals. In 1997, 91.4 percent of tubal ligations performed in Health Region 2 were in government hospitals. The percentage has increased to 93 percent in 2002 while the remaining 7 percent were done at other facilities.

With respect to the pill, government health clinics supplied almost as much as pharmacies (40.4 and 50.0 percent respectively). Over the period, pharmacies became increasingly the greater supply source so that, in 2002, they supplied fifty percent of respondents. Government health clinics, on the other hand, declined as a source in this region and by 2002, it was supplying only 40 percent.

The source of supply of condoms has been changing over the years. The pharmacy has always been the main source of supply of condoms but the proportions are changing. In 1997, pharmacies were the source of supply of condoms to 30 percent of respondents; in 2002, this percentage increased to 44 percent. At same time, shops and supermarkets have increased their role significantly so that, while they were supplying 20 percent of respondents in 1997, in 2002, the percentage was a little less than one-third (32.2 percent).

At the same time, government health centres continued to be the main source of providing injections (87.0 percent in 1997 and 79.3 percent in 2002).

Figure 2.13
Source Of Contraception Of Women In Union
Who Are Currently Using Most Prevalent Methods
2002 & 1997
Health Region 2

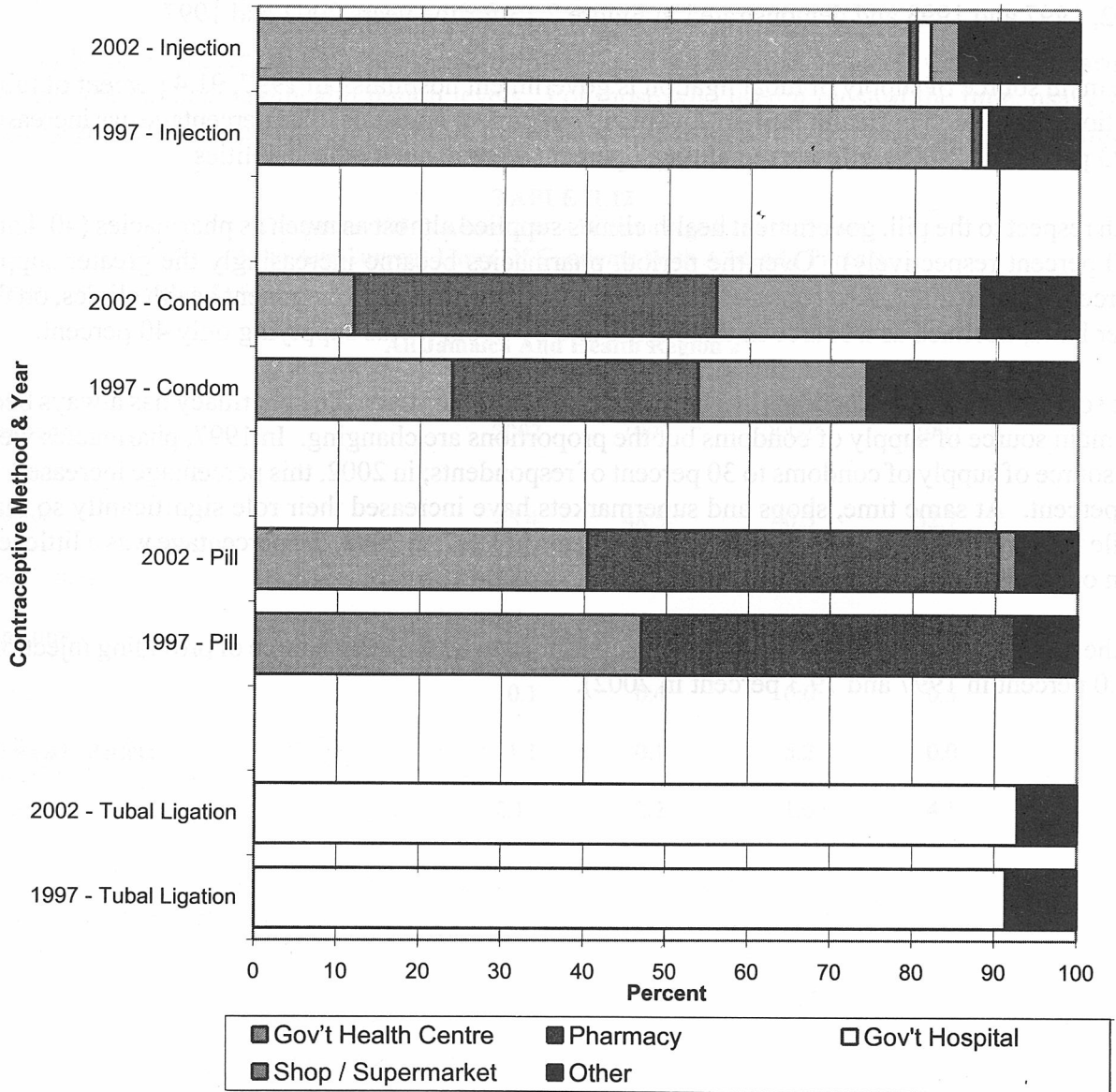


TABLE II.13
Source Of Contraception Of Women In Union Who Are
Currently Using Most Prevalent Methods
Compared With 1997 RHS And 1993 CPS
Percent Distribution
Health Region 2

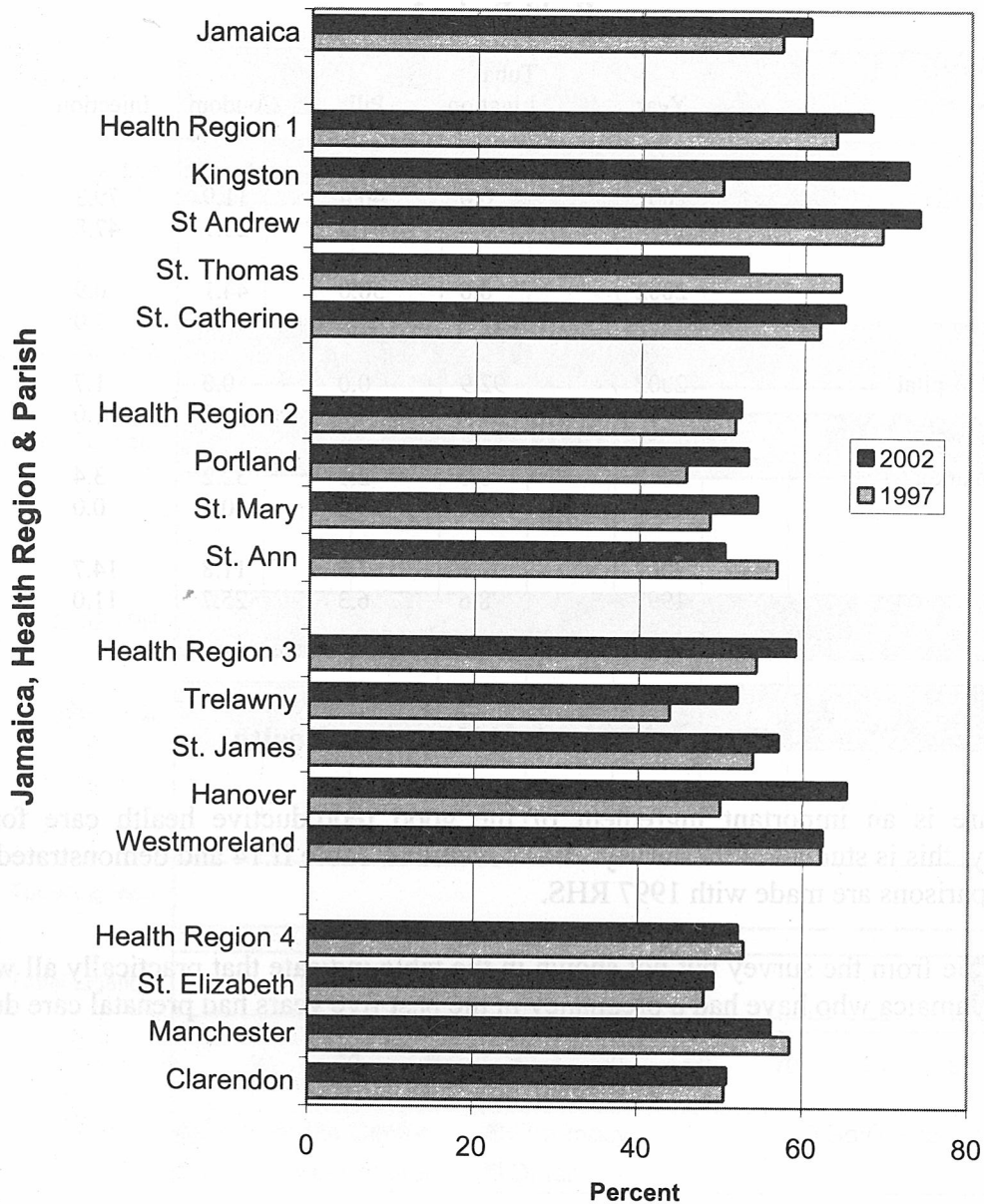
Source	Year	Tubal Ligation	Pill	Condom	Injection
Health Centre	2002	0.0	40.4	11.9	79.3
	1997	0.0	47.0	23.9	47.8
Pharmacy	2002	0.0	50.0	44.1	0.9
	1997	0.0	45.4	29.9	1.0
Government Hospital	2002	92.9	0.0	0.0	1.7
	1997	91.4	0.0	0.0	1.0
Shop / Supermarket	2002	0.0	2.1	32.2	3.4
	1997	0.0	0.0	20.5	0.0
Other	2002	7.1	7.8	11.8	14.7
	1997	8.6	6.3	25.7	11.0

Prenatal Care And Women's Health

Prenatal care is an important ingredient of the good reproductive health care for women. Accordingly, this is studied in the survey. It is covered in Table II.14 and demonstrated in Figure 2.14. Comparisons are made with 1997 RHS.

Data available from the survey but not shown in the table indicate that practically all women (99 percent) in Jamaica who have had a pregnancy in the past five years had prenatal care during their

Figure 2.14
Percent Who Began Prenatal Care In First Trimester
Among Women 15 - 49 Years Pregnant In Past 5 Years
By Health Region And Parish



last pregnancy. However, the timing of the start of the prenatal care is important to the good health of both the mother and the baby. Table II.14 and Figure 2.14 indicate that at the national level, only sixty percent had started their prenatal care in the first trimester of the pregnancy. This showed a slight increase over 1997 when it was 57 percent. The percentage in Health Region 2 (52.3 percent) was the second lowest of the four regions. All three parishes were below the national level with St. Ann having the lowest level in the health region (50.4 percent) and St. Mary the highest (54.3 percent).

TABLE II.14
Percent Of Women 15 - 49 Years Who Began Prenatal Care
In The First Trimester - Women Who Were Pregnant In
The Past 5 Years Compared With 1997 RHS
By Health Region And Parish

Geographic Area	2002	1997
<u>Jamaica</u>	<u>60.7</u>	<u>57.1</u>
<u>Health Region 1</u>	<u>68.0</u>	<u>63.7</u>
Kingston	72.4	50.0
St. Andrew	73.8	69.3
St. Thomas	53.0	64.3
St. Catherine	64.8	61.8
<u>Health Region 2</u>	<u>52.3</u>	<u>51.6</u>
Portland	53.2	45.7
St. Mary	54.3	48.6
St. Ann	50.4	56.7
<u>Health Region 3</u>	<u>59.0</u>	<u>54.3</u>
Trelawny	52.0	43.8
St. James	57.0	53.9
Hanover	65.3	50.0
Westmoreland	62.4	62.2
<u>Health Region 4</u>	<u>52.2</u>	<u>52.9</u>
St. Elizabeth	49.3	48.1
Manchester	56.2	58.5
Clarendon	50.9	50.6

Another aspect of women's health is her awareness of the possibility of cancer and the action taken in relation to early detection. Pap smears are an important means of early detection of cervical cancer and women, particularly older women, are advised to have one done regularly.

Figure 2.15
Percent Of Women Aged 15 - 49 Years Who Have Ever Had A Pap Smear
And Have Had A Pap Smear In The Last Year By Parish
Health Region 2

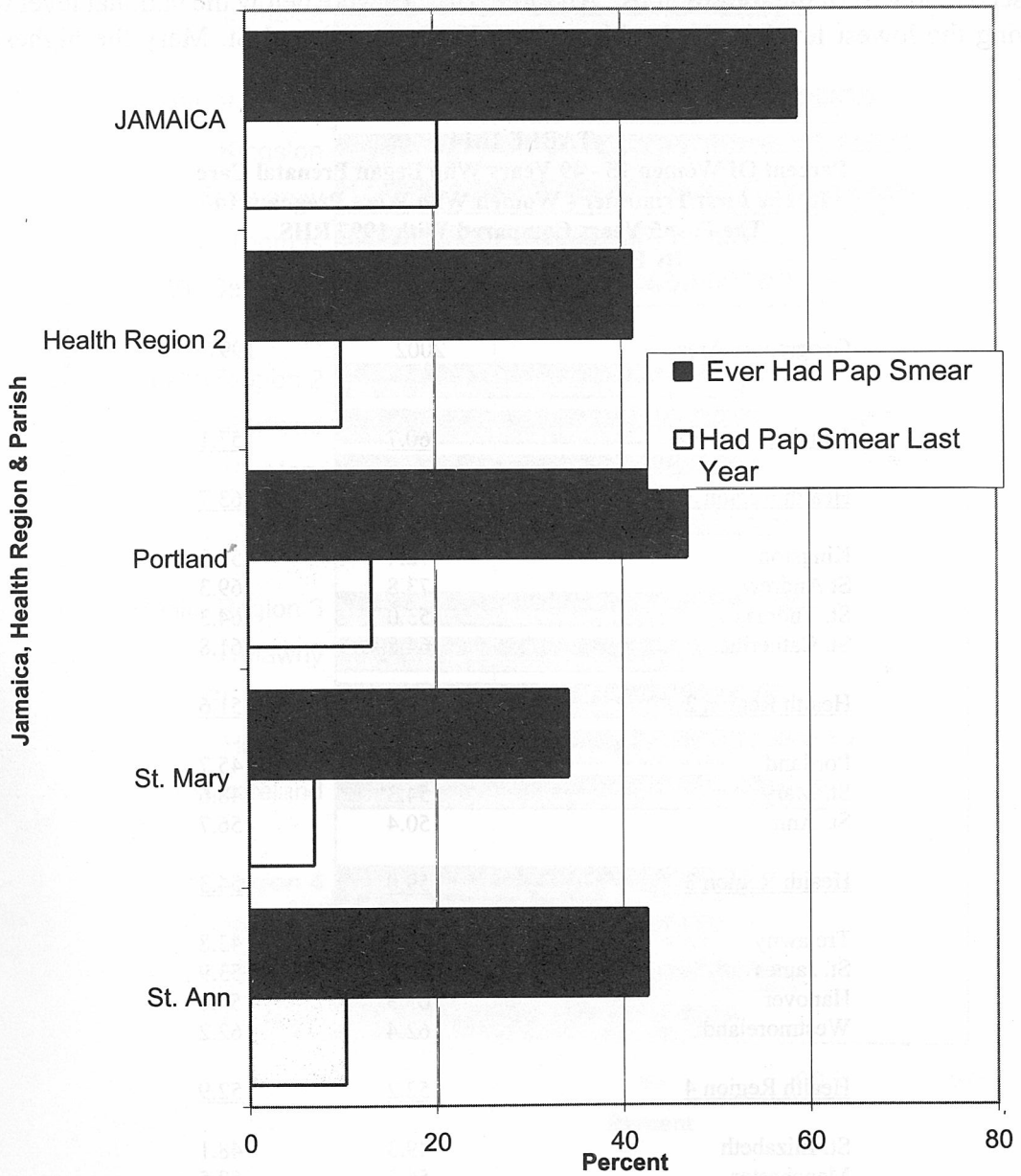


Table II.15 shows the percent of female respondents who have ever had a pap smear done and those who have had the procedure done in the last year. At the national level, in 1997, only half of the women surveyed had ever done a pap smear and of these, only fifteen percent had had it done in the past year. The percentages rose a little in 2002 (to 59 percent having had a pap smear and 20 percent having had it in the last year). In all three parishes in this health region, the percentages were below the national average, with St. Mary being the lowest (at 34.2 percent ever having a pap smear and only 7.0 percent having had one done in the past year). Percentages of those ever having rose at the regional level and in all three parishes in 2002 over the 1997 level. For those who had one done in the past year, while there was improvement at the national level, this was not reflected at the regional level and especially in the parishes of Portland and St. Ann.

TABLE II.15
Percent Of Women Aged 15 - 49 Years Who Ever Had
A Pap Smear And Have Had A Pap Smear In The Last Year
Compared With 1997 RHS - All Jamaica, Health Region And Parish
Health Region 2

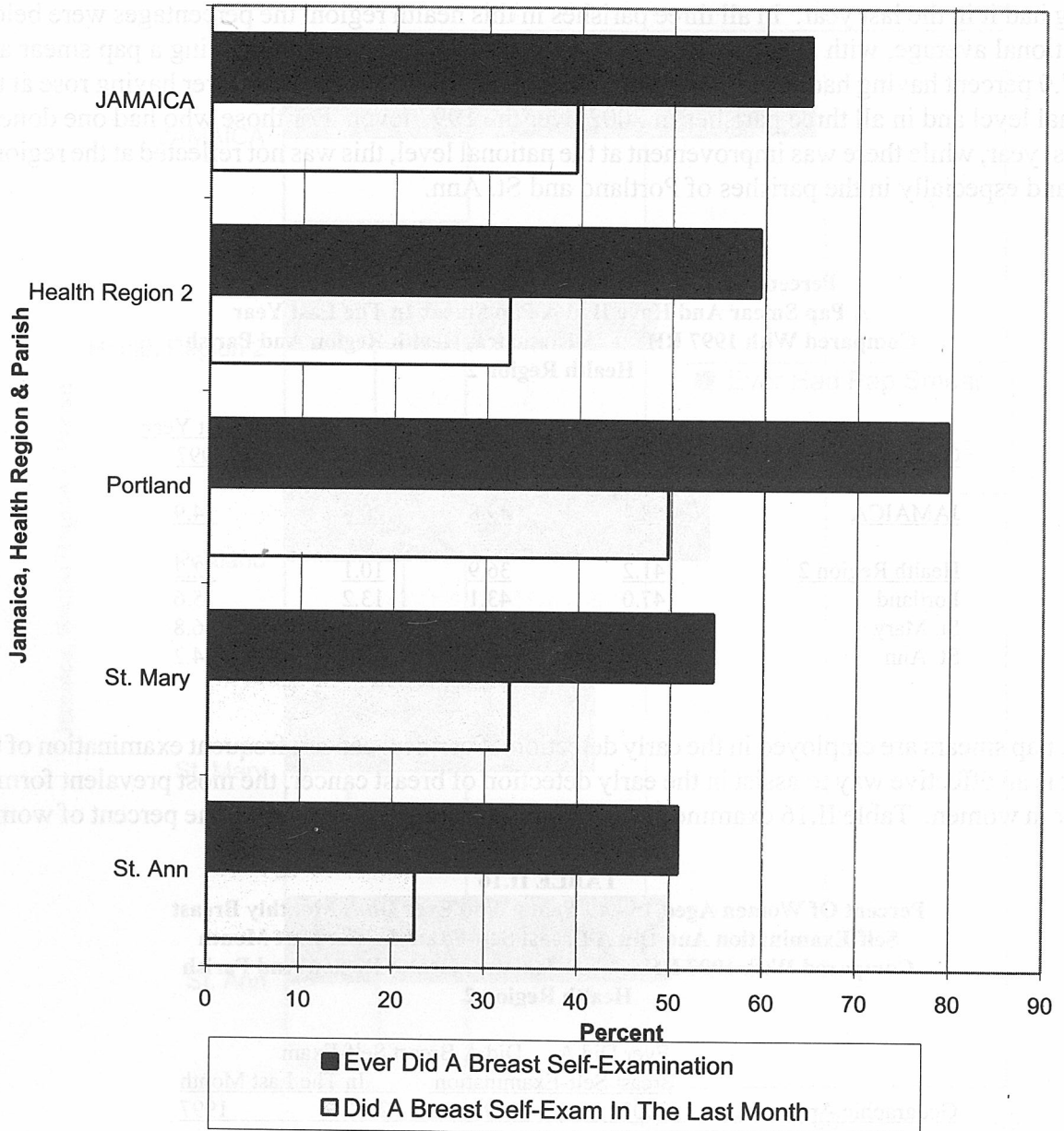
Geographic Area	Ever Had Pap Smear		Had Pap Smear Last Year	
	2002	1997	2002	1997
<u>JAMAICA</u>	58.4	49.8	20.3	14.9
<u>Health Region 2</u>	41.2	36.9	10.1	12.2
Portland	47.0	43.1	13.2	15.6
St. Mary	34.2	31.4	7.0	6.8
St. Ann	42.6	37.7	10.3	14.2

While pap smears are employed in the early detection of cervical cancer, frequent examination of the breast is an effective way to assist in the early detection of breast cancer, the most prevalent form of cancer in women. Table II.16 examines at the health region and parish levels the percent of women

TABLE II.16
Percent Of Women Aged 15 - 49 Years Who Ever Do A Monthly Breast
Self-Examination And Did A Breast Self-Exam In The Last Month
Compared With 1997 RHS - All Jamaica, Health Region And Parish
Health Region 2

Geographic Area	Ever Did A Breast Self-Examination		Did A Breast Self-Exam In The Last Month	
	2002	1997	2002	1997
<u>JAMAICA</u>	64.8	54.5	39.5	27.8
<u>Health Region 2</u>	59.4	48.6	32.4	23.3
Portland	79.7	52.5	49.6	32.3
St. Mary	54.6	29.9	32.6	8.7
St. Ann	50.9	50.5	22.5	28.8

Figure 2.16
Percent Of Women Aged 15 - 49 Years Who Have Ever Had A Breast Self-Exam And
Have Had A Breast Self-Exam In The Last Month By Parish
Health Region 2



who ever did a breast self-examination and those who did a breast self-examination in the last month for 1997 and 2002. At the same time, Figure 2.16 presents the picture in 2002.

There was an increase in the percentage of women who ever did a breast self-examination over the five year period (up from 54.5 percent in 1997 to 64.8 percent in 2002). This is still well below the target of 100 percent, met in most developed countries. The percentage who did one in the last month, although rising, was also very low (in 1997 it was 27.8 percent rising to 39.3 percent in 2002). The percentages at the health region were even lower than at the national level. Portland was the only parish which was not only above the health region average but also above the national average. This was so not only of those who have ever done a breast self-examination but also among those who did it in the last month.

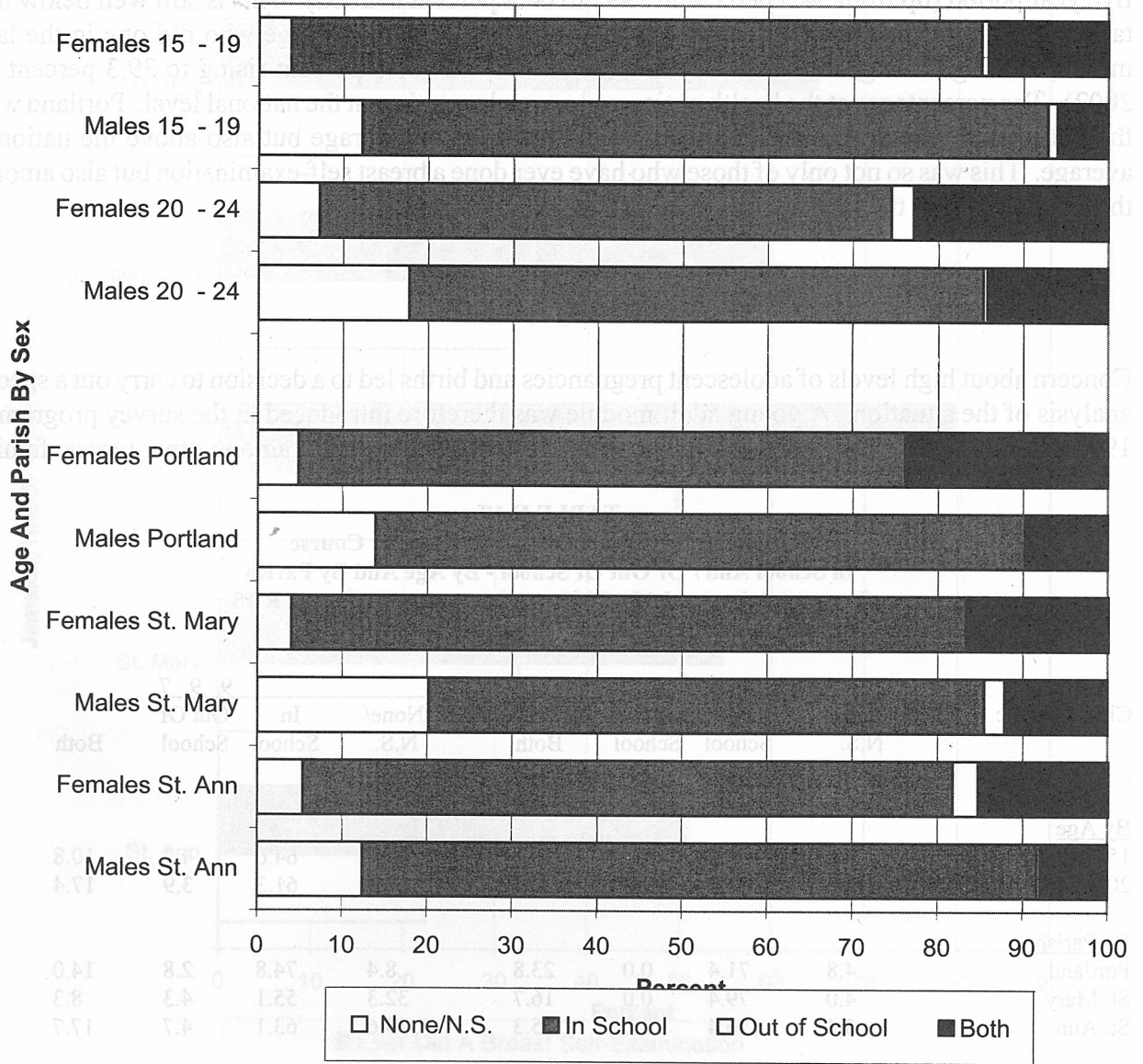
Young Adults

Concern about high levels of adolescent pregnancies and births led to a decision to carry out a special analysis of the situation. A young adult module was therefore introduced in the survey program in 1997 and this was repeated in the 2002 survey. This module explored, among other topics, family

TABLE II.17
Had Family Life / Sex Education Class Or Course
In School And / Or Out Of School - By Age And By Parish
Young Adults Aged 15 - 24 Years Compared With 1997 RHS
Health Region 2

Characteristic	2 0 0 2				1 9 9 7			
	None/ N.S.	In School	Out Of School	Both	None/ N.S.	In School	Out Of School	Both
	<u>F E M A L E S</u>							
<u>By Age</u>								
15 - 19	3.8	81.3	0.8	14.1	20.4	64.6	4.2	10.8
20 - 24	7.2	67.3	2.6	22.9	17.4	61.3	3.9	17.4
<u>By Parish</u>								
Portland	4.8	71.4	0.0	23.8	8.4	74.8	2.8	14.0
St. Mary	4.0	79.4	0.0	16.7	32.3	55.1	4.3	8.3
St. Ann	5.4	76.4	3.0	15.3	15.6	63.1	4.7	17.7
	<u>M A L E S</u>							
<u>By Age</u>								
15 - 19	12.2	80.7	1.1	5.9	21.6	64.2	1.9	12.3
20 - 24	17.8	67.5	0.5	14.1	30.8	50.9	7.3	11.0
<u>By Parish</u>								
Portland	13.9	76.4	0.0	9.7	50.9	25.4	7.9	15.8
St. Mary	20.2	65.3	2.4	12.1	17.4	65.2	2.2	15.2
St. Ann	12.4	79.3	0.4	7.9	20.9	66.2	4.1	8.8

Figure 2.17
Family Life / Sex Education Class Or Course In School And / Or Outside Of School -
Young Adults Aged 15 - 24 Years - Percent Distribution
Health Region 2



life and sex education in and out of school, sexual experience of young adults, use of contraception at first sexual intercourse and source of contraceptive method used at first sexual intercourse.

Table II.17 presents the percentage of respondents, females and males in Health Region 2, who have had family life or sex education in school, out of school or both. The percentages are shown for the year 2002 with comparative figures for 1997. A breakdown by age groups (15 - 19 and 20 - 24 years) is given as well as by parishes within the health region. At the same time, Figure 2.17 shows them, using these breakdowns, for 2002.

Almost all young female adults in the younger age group (15 - 19 years) in 2002 have had family life or sex education. This is so in 1997 also although the percentage is slightly lower (92.8 percent compared to 96.2 percent in 2002). For males in that age group, the percentages are somewhat lower (79.6 percent in 2002 and 82.6 percent in 1997). In 2002, the percentage of both females and males in the age group 20 - 24 who were exposed to family life or sex education was lower than those in the younger age group.

At the parish level, the pattern is mixed. For females, the parish with the highest attendance in 2002 was St. Mary (with 96.0 percent) and that with the lowest attendance was St. Ann. For males, the highest was St. Ann (with 87.6 percent) while the lowest was in St. Mary (with 79.8 percent). In 1997, the highest for females was Portland (with 91.6 percent) and the lowest was in St. Mary (with 67.7 percent) while for males, the highest was St. Mary (with 82.6 percent) and the lowest was Portland (with 49.1 percent).

The greatest percentages were among those who had taken a course or class in school. In 2002, the percentages ranged from 81.3 to 67.3 percent for females in the two age groups and 64.3 to 61.3 percent in 1997. For males, they were 80.7 and 67.5 percent in the two age groups; in 1997, they were 64.2 and 50.9 percent respectively.

The next topic studied was the sexual experience of young adults. Table II.18 presents the percentage of young adults, female and male, who had had sexual experience at the time of the survey.

The percentages are shown at the national level and for Health Region 2 for those in the 15 - 19 and 20 - 24 years. Comparisons with the years 1997 and 1993 are also shown. At the national level, for the youngest age group, that is, those in the group 15 - 19, the percentages have fluctuated since 1993, but on the overall have been falling. A similar pattern has been observed for males in the 20 - 24 age group; for females, on the other hand, the movement has been upwards.

And what of contraceptive use at first sexual intercourse? Table II.19 shows these percentages for both females and males in Health Region 2 for each of the parishes in the health region. It also gives comparisons with 1997. Two-thirds of females and 40 percent of males reported in the 2002 survey that they had used contraception at their first sexual intercourse. This was higher than the percentage in 1997 (at 59.2 percent for females and 32.9 percent for males).

Figure 2.18
Percent Reporting Sexual Experience By Age Group
Young Adults 15 - 24 Years - 2002 & 1997
Health Region 2

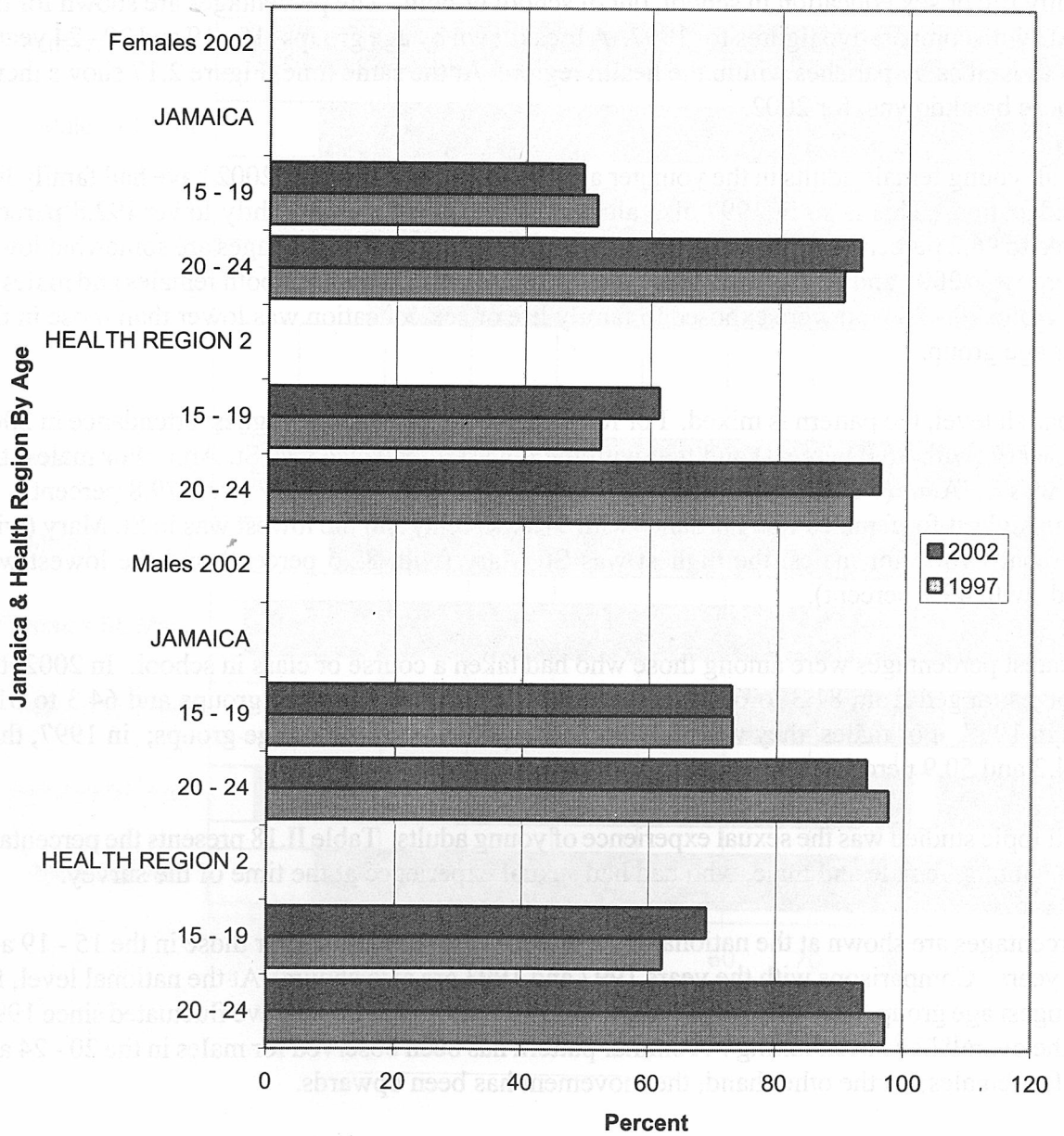


TABLE II.18
Percent Of Young Adults Aged 15 - 24 Years Reporting
Sexual Experience By Age Group
Compared With 1997 RHS And 1993 CPS
Jamaica And Health Region 2

Age Group	F E M A L E S			M A L E S		
	2002	1997	1993	2002	1997	1993
<u>JAMAICA</u>						
15 - 19	49.2	51.4	59	73.0	73.1	75
20 - 24	92.9	90.3	90	94.2	97.6	96
<u>HEALTH REGION 2</u>						
15 - 19	61.3	52.1	60	69.1	62.2	81
20 - 24	96.1	91.6	96	93.7	97.1	97

With respect to the parish breakdowns, St. Ann had the highest percentage for females in 2002 (at 69.3 percent). For males, it was Portland (with 41.5 percent). In 1997, the parish of Portland had the highest percentages (68.3 percent) for females and St. Mary for males (with 39.4 percent).

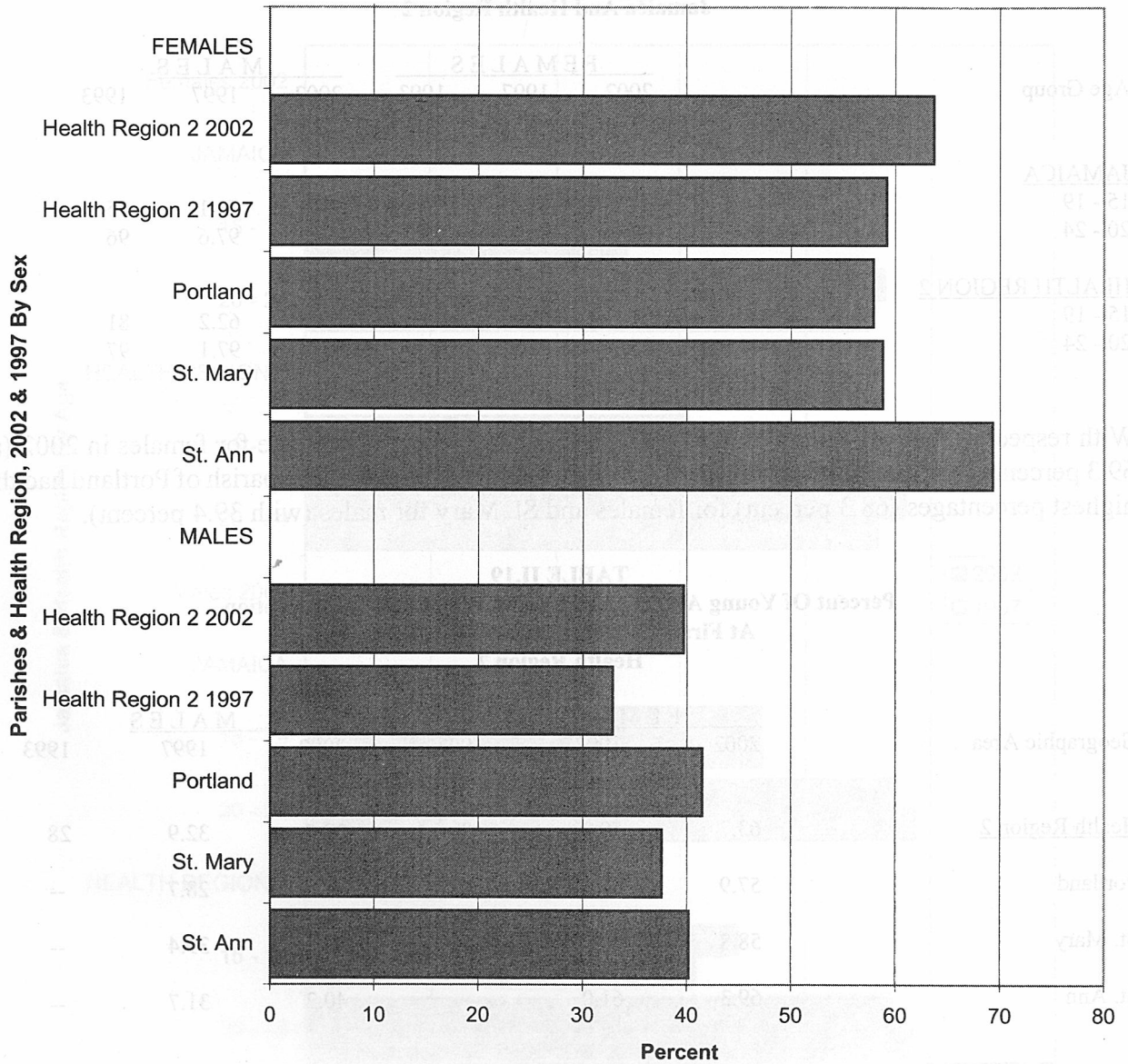
TABLE II.19
Percent Of Young Adults 15 - 24 Years Who Used Contraception
At First Sexual Intercourse By Parish
Health Region 2

Geographic Area	F E M A L E S			M A L E S		
	2002	1997	1993	2002	1997	1993
<u>Health Region 2</u>	63.7	59.2	48	39.7	32.9	28
Portland	57.9	68.3	--	41.5	28.7	--
St. Mary	58.8	49.5	--	37.6	39.4	--
St. Ann	69.3	61.0	--	40.2	31.7	--

Finally, the source of the contraception used by the young adults at their first sexual intercourse is explored. Table II.20 identifies the percentages who got their supply from the different sources. The sources used by both females and males are given in the table for the year 2002 as well as 1997. In Figure 2.20, the sources used in 2002 are compared with those used in 1997. These are presented for females and for males.

In 2002, the shop or supermarket is the most used source by both females and males. This source was more heavily used by males than by females (it was used by 67 percent of males and 44 percent

Figure 2.19
Percent Using Contraception At First Sexual Intercourse
By Parish - Young Adults 15 - 24 Years
Health Region 2



Finally, the source of the contraception used by the young adults at their first sexual intercourse is explored. Table II.20 identifies the percentages who got their supply from the different sources. The sources used by both females and males are given in the table for the year 2002 as well as 1997. In Figure 2.20, the sources used in 2002 are compared with those used in 1997. These are presented for females and for males.

In 2002, the strip or supermarket is the most used source by both females and males. This source was more heavily used by males than by females (it was used by 67 percent of males and 44 percent

Figure 2.20
Source Of Contraceptive Method Used At Time Of First Sexual Intercourse
Young Adults 15 - 24 Years 2002 & 1997
Health Region 2

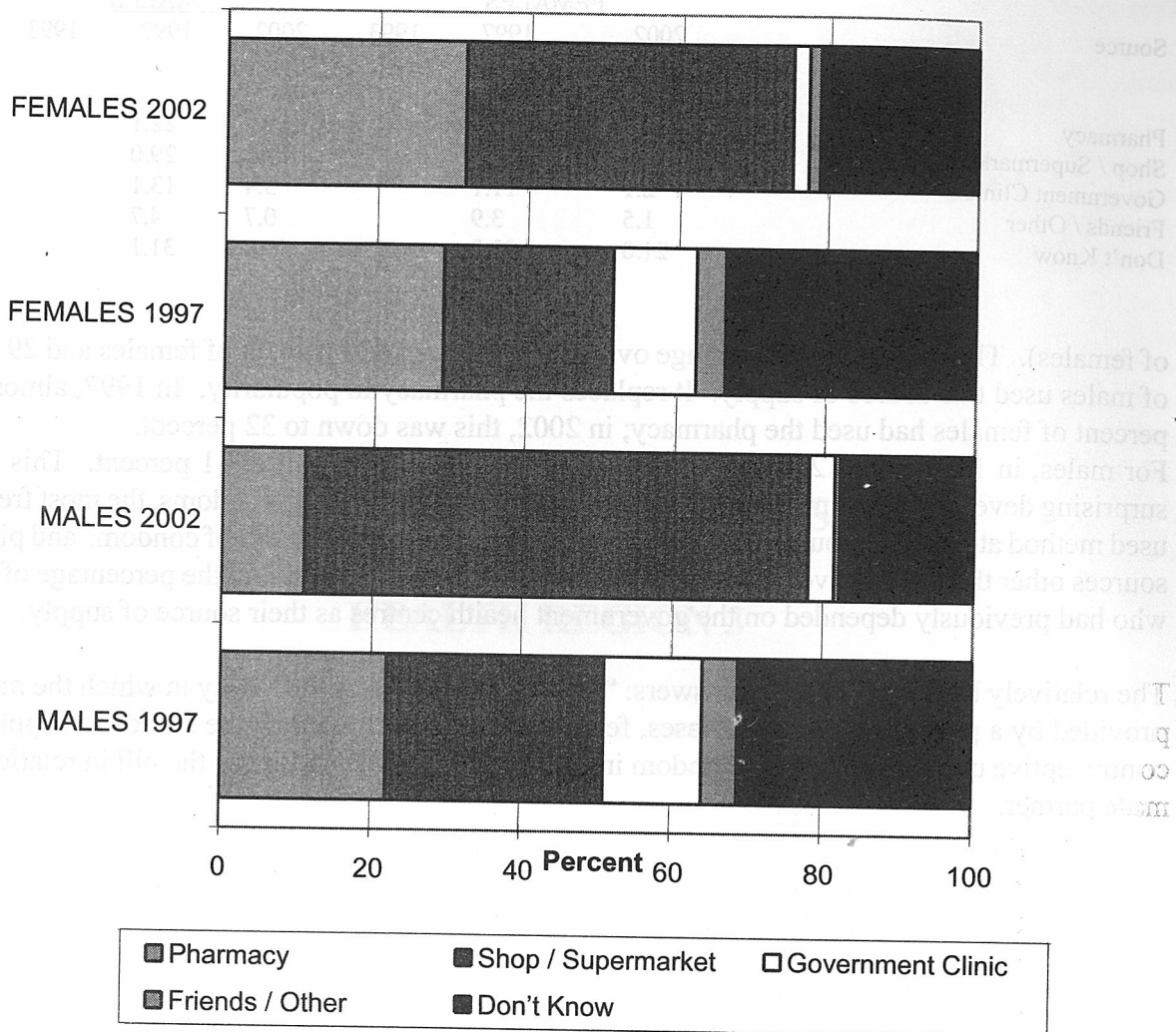


TABLE II.20
Source Of Contraceptive Method Used At Time Of
First Sexual Intercourse - Young Adults 15 - 24 Years
Compared With 1997 RHS
Health Region 2

Source	FEMALES			MALES		
	2002	1997	1993	2002	1997	1993
Pharmacy	1.8	29.1		11.0	22.1	
Shop / Supermarket	43.6	22.6		67.1	29.0	
Government Clinic	2.1	11.1		3.4	13.1	
Friends / Other	1.5	3.9		0.7	4.7	
Don't Know	21.0	33.2		17.8	31.1	

of females). This is a significant change over 1997 when only 23 percent of females and 29 percent of males used this source of supply. It replaces the pharmacy in popularity. In 1997, almost thirty percent of females had used the pharmacy; in 2002, this was down to 32 percent.

For males, in 1997 it was 22 percent; in 2002, it was down to a half at 11 percent. This is not a surprising development as more and more shops started stocking up on condoms, the most frequently used method at first intercourse, and also on pills. The greater availability of condoms and pills from sources other than from government health clinics is reflected in the fall in the percentage of women who had previously depended on the government health centres as their source of supply.

The relatively high percentage of answers: "Don't know" reflects the reality in which the method is provided by a partner and in those cases, few respondents would know the source of supply of the contraceptive used whether it is a condom in relation to a female partner or the pill in relation to the male partner.

HEALTH REGION 3

Introduction

This section of the report summarizes the findings of the Reproductive Health Survey (RHS) carried out in Jamaica in 2002 as they relate to Health Region 3. As mentioned, the report covers fertility, planning status of last pregnancy, knowledge of contraceptives, contraceptive use, condom use, source of contraceptive, prenatal care and women's health. A limited number of topics relating to young adults is also covered. This section covers all of the above-mentioned topics as they were found in Health Region 3. A limited amount of information relating to the national level has been included for comparative purposes. The format of the report is to present data in a tabular form as well as in the form of charts to provide a pictorial representation of the topic being analyzed. Comparisons in the charts will, in general, be confined to the years 2002 and 1997. Where available, other years will be presented in the tables.

SUMMARY OF RESULTS

HEALTH REGION 3

TABLE III
Age-Specific Fertility Rates and Total Fertility Rates
Women Ages 15-49 Years
All Jamaica and Health Region 3
Compared with 1997 RHS and 1993 CHS

Age Group	All Jamaica		Health Region 3	
	1997	2002	1997	2002
15-19	10	10	10	10
20-24	15	15	15	15
25-29	25	25	25	25
30-34	45	45	45	45
35-39	75	75	75	75
40-44	100	100	100	100
45-49	100	100	100	100
Total Fertility Rate	3.0	3.0	3.0	3.0

HEALTH REGION 3

Introduction

This section of the report summarizes the findings of the Reproductive Health Survey (RHS) carried out in Jamaica in 2002 as they relate to Health Region 3. As mentioned, the report covers fertility, planning status of last pregnancy, knowledge of contraceptives, contraceptive use, pill use, condom use, source of contraceptives, prenatal care and women's health. A limited number of topics relating to young adults is also covered. This section covers all of the abovementioned topics as they were found in Health Region 3. A limited amount of information relating to the national level has been included for comparative purposes. The format of the report is to present data in a tabular form as well as in the form of charts to provide a pictorial representation of the topic being analyzed. Comparisons in the charts will, in general, be confined to the years 2002 and 1997. Where available, other years will be presented in the tables.

Fertility

Fertility data for Jamaica as a whole and for Health Region 3 will be presented in this section. The survey shows that the total fertility rate (TFR) for the years 2000 - 2002 (that is, two years prior to interview) to be 2.5 births per woman. This represents a decrease from the TFR of 1997 which was 2.8 births per woman. This continues the decline which has been observed over the period as may be seen in Table III.1 where the TFR for 1993 was 3.0 births per woman.

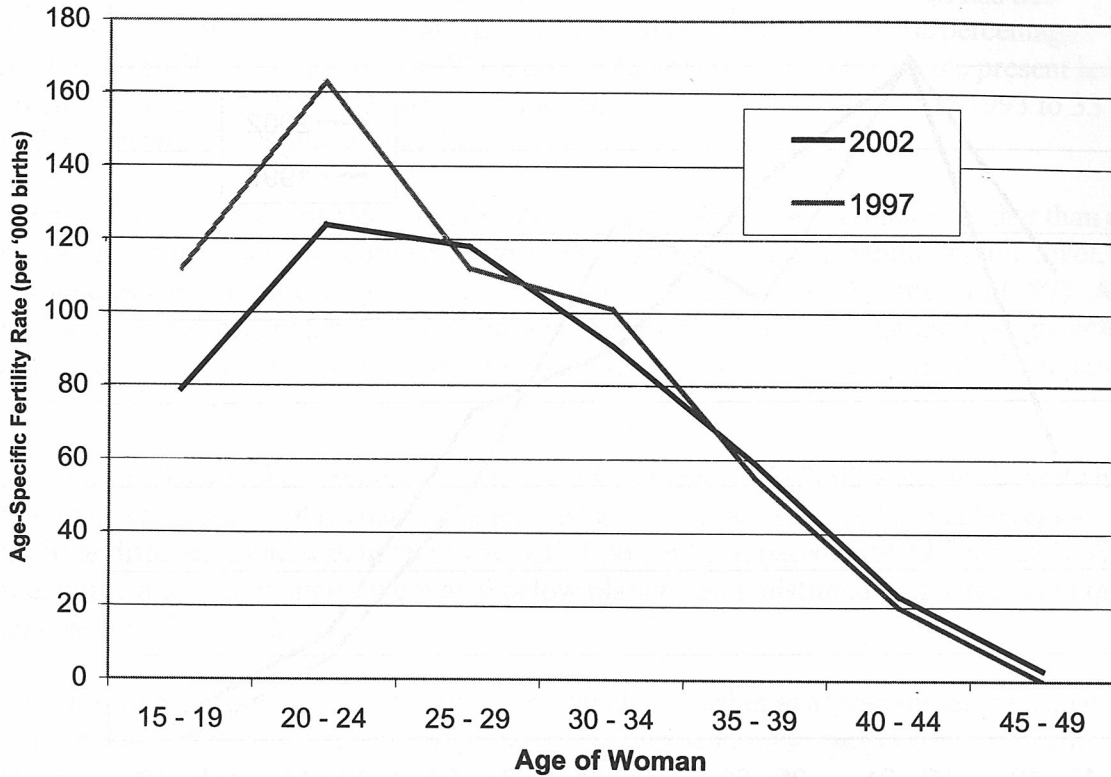
TABLE III.1
Age-Specific Fertility Rates* And Total Fertility Rates**
Women Aged 15 - 49 Years
All Jamaica And Health Region 3
Compared With 1997 RHS And 1993 CPS

Age Group	All Jamaica			Health Region 3	
	2002	1997	1993	2002	1997
15 - 19	79	112	107	68	111
20 - 24	124	163	160	160	162
25 - 29	118	112	131	133	104
30 - 34	91	101	99	93	124
35 - 39	59	55	69	78	60
40 - 44	23	20	42	25	19
45 - 49	3	0	--	6	--
<u>Total Fertility Rate *</u>					
15 - 49	2.5	2.8	3.0	2.8	2.9

* Births per 1000 women.

** Births per woman.

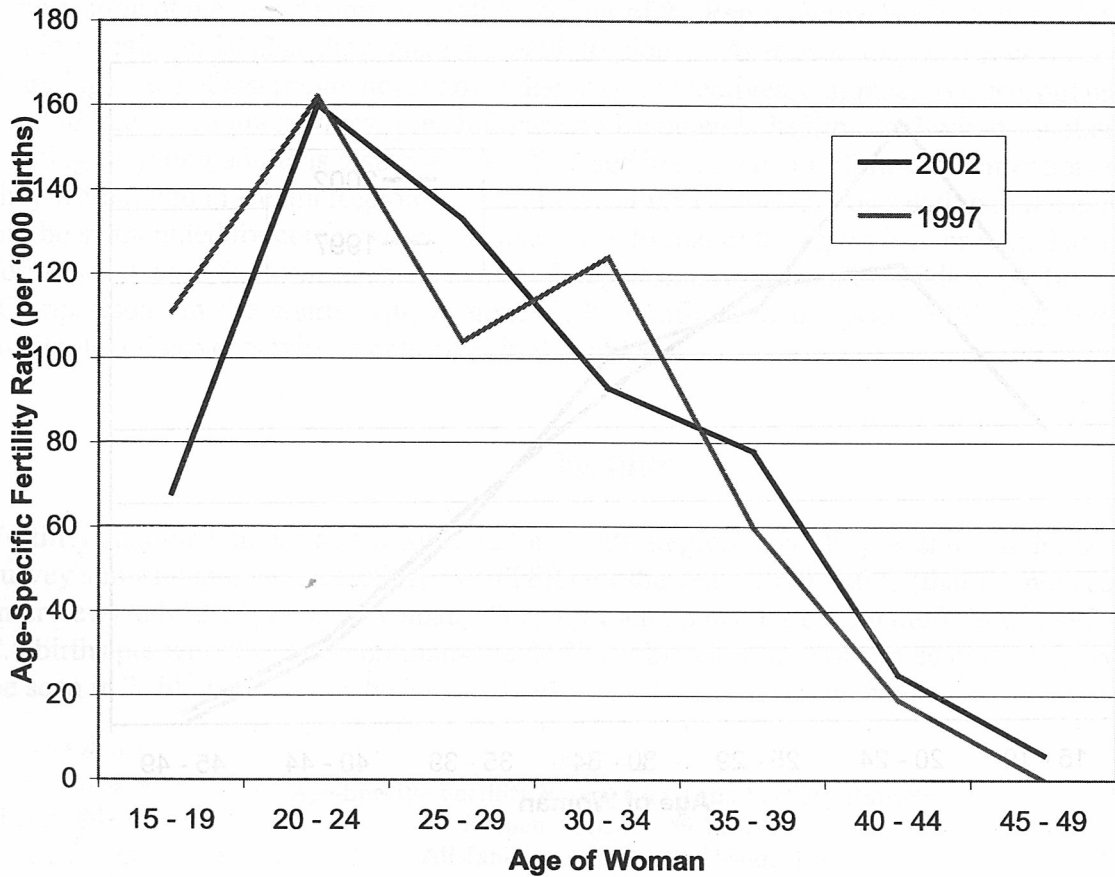
Figure 3.1
Age-specific Fertility Rate - All Jamaica
Women Aged 15 - 49 Years
2002 & 1997



The decline is further demonstrated by reference to the Age-Specific Fertility Rate (ASFR) shown in Table III.1 and Figure 3.1. The pattern of movement observed in 1997 is similar, with the ASFR peaking at age 20 - 24, and falling thereafter. Rates were lower in all age groups since 1993 up until age group 40 - 44.⁸ Thus, the increases in the ASFR observed in 1997 where they occurred were reversed. Rates in 2002 declined in all age groups except in age group 25 - 29 and from age group 35 - 39 and onwards but the increases there were relatively small. Thus, for example, in age group 45 - 49, whereas the rate had fallen to zero in 1997, it was still at 3 births per 1000 women in 2002.

⁸ Coverage was restricted in 1993 to age 44.

Figure 3.2
Age-specific Fertility Rate - Health Region 3
Women Aged 15 - 49 Years - 2002 & 1997



At the health region level, the TFR showed minimal change, 2.9 births per woman in 1997 and 2.8 births in 2002. The Age-Specific Fertility rate fell in the younger age groups (that is, in age groups 15 - 19 and 20 - 24). From there on, the movement was inconsistent, rising and falling up to age group 40 - 44.⁹

Planning Status Of Last Pregnancy

Table III.3 and Figure 3.3 show the distribution of the planning status of the last pregnancy within the past five years for women aged 15 - 49 years. National data as well as for Health Region 3 are shown. A pregnancy is defined as “planned” if the woman wanted to become pregnant at the time of conception. A pregnancy is “mistimed” if she wanted to become pregnant but at a later date and is

⁹ Comparison of age group 45 - 49 was not possible since the coverage ended at age 44.

“unwanted” if she did not want to have more children. These latter two categories comprise “unintended” or “unplanned” pregnancies.

Overall, at the national level, 37.5 percent of women reporting had planned their pregnancies. The percentage was higher in Health Region 3 where it was 39.5 percent. Not shown in the table or the graph is that this continues the upward trend of planned pregnancies which has been taking place since 1989 at the national and health region levels. At the national level, the percentage moved from 25 percent in 1989 to 29 percent in 1993, up to 34 percent in 1997 and to the present level of 37.5 percent in 2002. In Health Region 3, the movement was from 32 percent in 1993 to 33 percent in 1997 and now to 39.5 percent in 2002.

At the national level, the percentage of mistimed pregnancies was marginally higher than of planned pregnancies (38.7 percent compared with 38 percent). At the health region level, mistimed pregnancies were significantly lower (37.1 percent compared with 47 percent in 1997). At the same time, unintended pregnancies continued well below planned and mistimed pregnancies at both national and regional levels; at the health region level, it was 23 percent in 2002 compared with 20 percent in 1997.

At the national level, the percentage of mistimed pregnancies in 2002 was significantly higher than of planned pregnancies (41.6 percent compared with 37.5 percent). At the health region level, there was little difference and was in fact lower (37.1 percent compared with 39.5 percent). At the same time, unintended pregnancies were well below planned and mistimed pregnancies at both national and health region levels.

The status of pregnancies at the health region level are further analyzed by selected characteristics. These include: age group, current union status, years of schooling, socio-economic status and area of residence. It is also presented by parish. Here it is shown that the percentage of planned births is highest in the age group 25 - 34 years, among married couples, among those with the highest level of schooling, those in the highest socio-economic status group and those who live in urban areas. It was also highest among residents of Hanover.

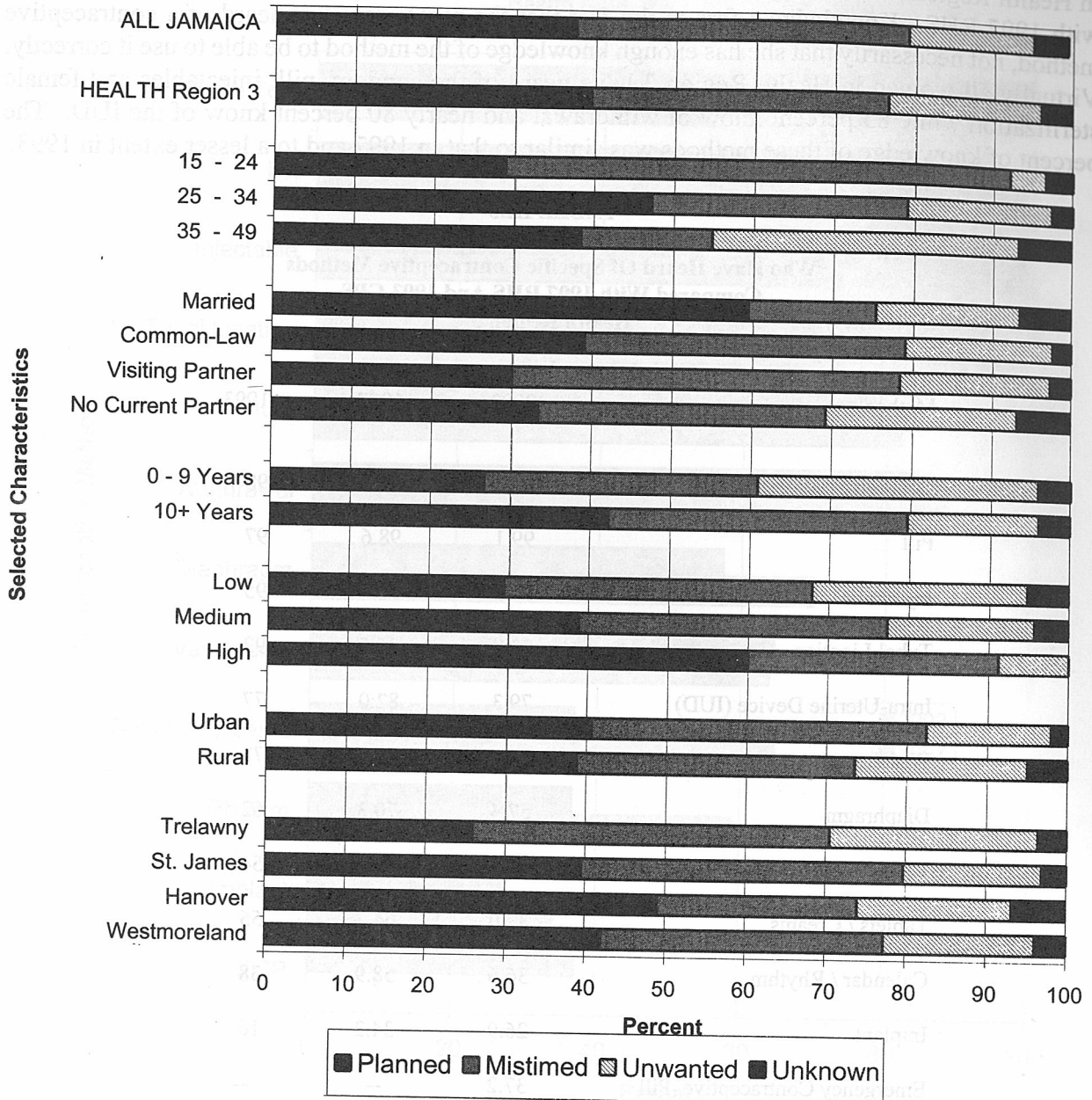
Mistimed births, on the other hand, is highest among those in the youngest age group (15 - 35 years), those with a visiting partner, those with low levels of schooling and those living in urban areas. Among the parishes, it was highest in Trelawny.

Of note are the characteristics where high percentages of unwanted pregnancies were found. These were among the 35 - 45 year olds (where, at 38.4 percent, it was at the same level as planned pregnancies but well below that of mistimed pregnancies), women with no current partners (at 23.9 percent) and those with low levels of schooling and socio-economic status (at 35.0 percent and 26.8 percent respectively). It was also higher among rural than urban residents (21.5 percent compared with 15.5 percent) and also highest in Trelawny (at 25.9 percent).

TABLE III.2
Planning Status Of Last Or Current Pregnancy By Selected Characteristics
Percent Distribution - Women Aged 15 - 49 Years
Health Region 3

Characteristics	Planned	Mistimed	Unwanted	Unknown
<u>Total</u>	<u>37.5</u>	<u>41.6</u>	<u>15.9</u>	<u>5.0</u>
	H E A L T H		R E G I O N 3	
<u>Total</u>	<u>39.5</u>	<u>37.1</u>	<u>19.4</u>	<u>4.0</u>
<u>Age Group</u>				
15 - 24	28.9	63.2	4.5	3.4
25 - 34	47.2	31.9	18.3	2.6
35 - 49	38.4	16.4	38.4	6.8
<u>Current Union Status</u>				
Married	59.4	15.9	18.1	6.6
Common-Law	29.0	40.0	18.6	2.4
Visiting Partner	30.0	48.4	18.9	2.7
No Current Partner	33.3	35.9	23.9	6.9
<u>Years Of Schooling</u>				
0 - 10 Years	26.7	34.2	35.0	4.1
11+ Years	42.3	37.3	16.4	4.0
<u>Socio-Economic Index</u>				
Low	29.4	38.5	26.8	5.3
Medium	38.8	38.5	18.3	4.4
High	60.0	31.2	8.8	0.0
<u>Area Of Residence</u>				
Other Urban	40.6	41.8	15.5	2.1
Rural	38.8	34.7	21.5	5.0
<u>Parish</u>				
Trelawny	25.9	44.6	25.9	3.6
St. James	39.5	40.2	17.2	3.1
Hanover	49.0	25.0	19.2	6.8
Westmoreland	42.0	35.3	18.8	3.9

Figure 3.3
Planning Status Of Last Or Current Pregnancy
By Selected Characteristics
All Jamaica And Health Region 3



Knowledge Of Contraceptives

The next table, Table III.3 below, and Figure 3.4, show the percentage of women aged 15 - 49 years in Health Region 3 who have heard of specific methods of contraception. Comparisons are made with 1997 RHS. Knowledge refers to the fact that the respondent has heard of a contraceptive method, not necessarily that she has enough knowledge of the method to be able to use it correctly. Virtually all women in Health Region 3 have heard of the condom, pill, injectables and female sterilization while 85 percent know of withdrawal and nearly 80 percent know of the IUD. The percent of knowledge of these methods was similar to that in 1997 and to a lesser extent in 1993.

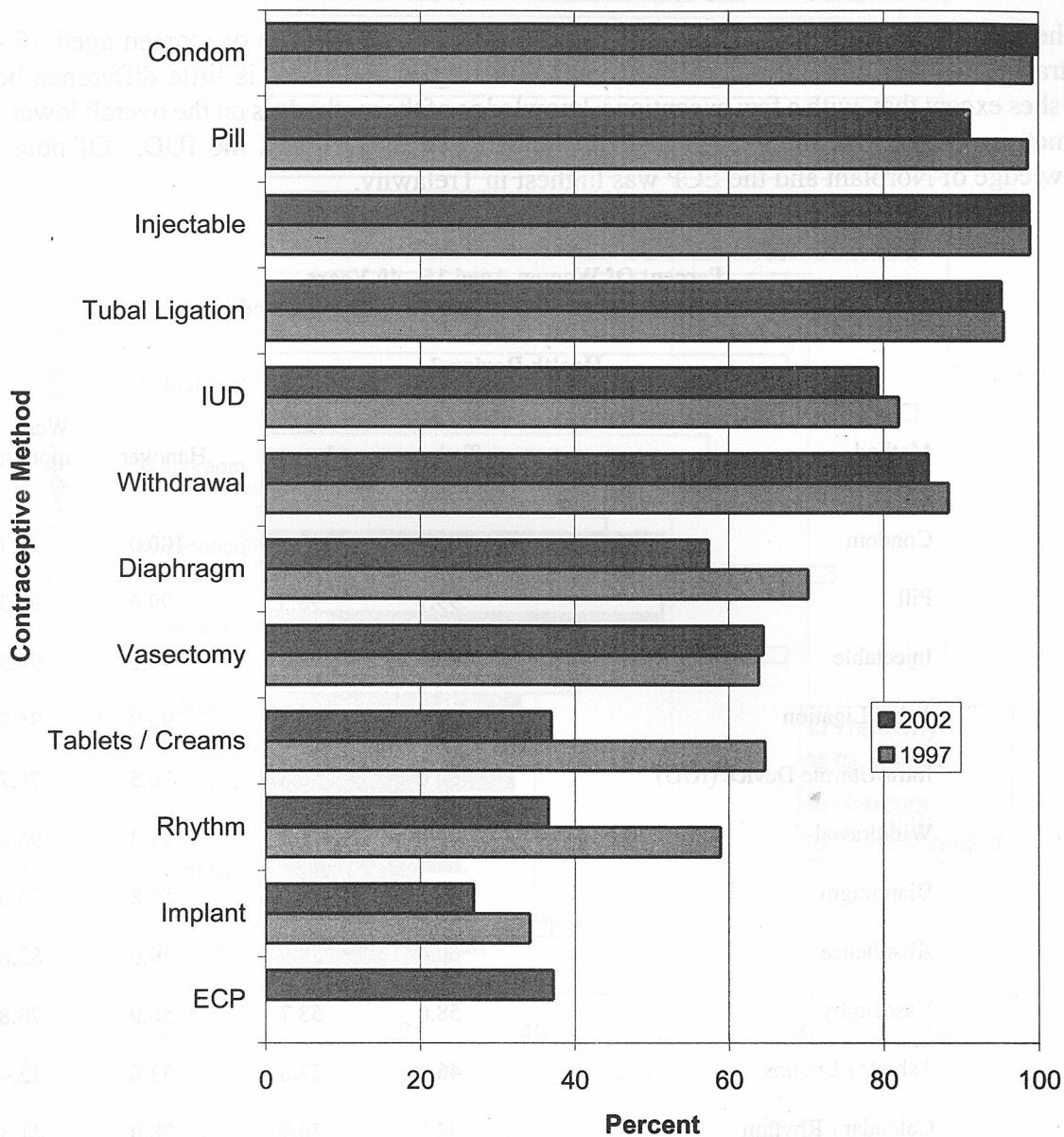
TABLE III.3
Percent Of Women Aged 15 - 49 Years
Who Have Heard Of Specific Contraceptive Methods
Compared With 1997 RHS And 1993 CPS
Health Region 3

Method	2002	1997	1993
Condom	99.9	99.2	98
Pill	99.1	98.6	97
Injectable	98.8	98.9	95
Tubal Ligation	95.2	95.5	92
Intra-Uterine Device (IUD)	79.3	82.0	77
Withdrawal	85.8	88.4	72
Diaphragm	57.4	70.3	62
Vasectomy	64.5	63.9	54
Tablets / Creams	37.0	64.7	55
Calendar / Rhythm	36.6	58.9	38
Implant	26.9	34.2	16
Emergency Contraceptive Pill	37.2	--	--

-- Not asked in survey.

As in 1997, the diaphragm, vaginal methods and Norplant, which are little used in Jamaica, are less well-known. Knowledge was, in fact, higher in 1997 than in 2002 for the diaphragm, the vaginal

Figure 3.4
Percent Of Women Aged 15 - 49 Years Who
Heard Of Specific Contraceptive Methods
2002 & 1997
Health Region 3



methods, the rhythm method and Norplant, one of the newer and modern methods. In 1997, the Emergency Contraceptive Pill (ECP) had not yet been introduced to the Jamaican market. In 2002, a little over one third of respondents in this health region had heard of the method. It may be said, therefore, that with the exception of ECP, knowledge has generally remained the same for the more frequently used methods and in the lesser used methods, have declined.

In the next table and figure (Table III.4 and Figure 3.5) knowledge of women aged 15 - 49 is portrayed as they relate to the parishes in Health Region 3. There is little difference between parishes except that, with a few exceptions, knowledge of the methods is on the overall lower among women in St. James. The exceptions were female sterilization and the IUD. Of note is that knowledge of Norplant and the ECP was highest in Trelawny.

TABLE III.4
Percent Of Women Aged 15 - 49 Years
Who Have Heard Of Specific Contraceptive Methods
By Parish
Health Region 3

Method	Trelawny	St. James	Hanover	West-moreland
Condom	100.0	99.8	100.0	99.7
Pill	99.7	98.3	99.6	99.3
Injectable	98.5	98.1	99.6	99.3
Tubal Ligation	94.6	96.7	96.2	95.7
Intra-Uterine Device (IUD)	80.0	82.8	70.5	78.7
Withdrawal	76.8	78.3	91.2	95.8
Diaphragm	65.3	59.1	51.8	53.6
Abstinence	50.4	58.9	39.0	83.8
Vasectomy	58.6	58.7	56.9	76.8
Tablets / Creams	46.1	37.8	33.8	32.4
Calendar / Rhythm	32.5	36.9	28.0	41.8
Implant	46.9	29.1	23.0	15.7
Emergency Contraceptive Pill	42.7	32.8	29.1	41.9

Figure 3.5
Percent Of Women Aged 15 - 49 Years Who Heard
Of Specific Contraceptive Methods By Parish
Health Region 3

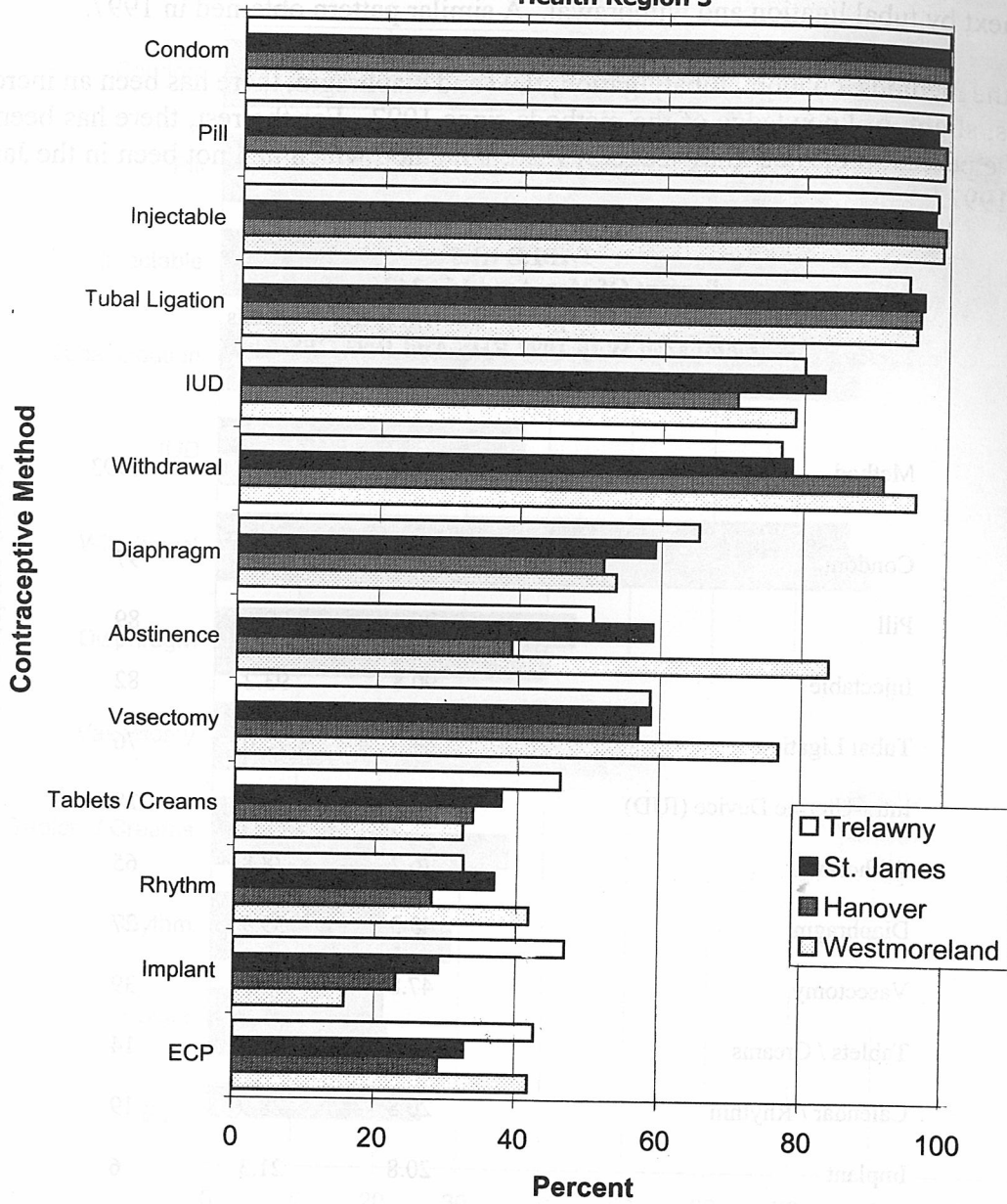


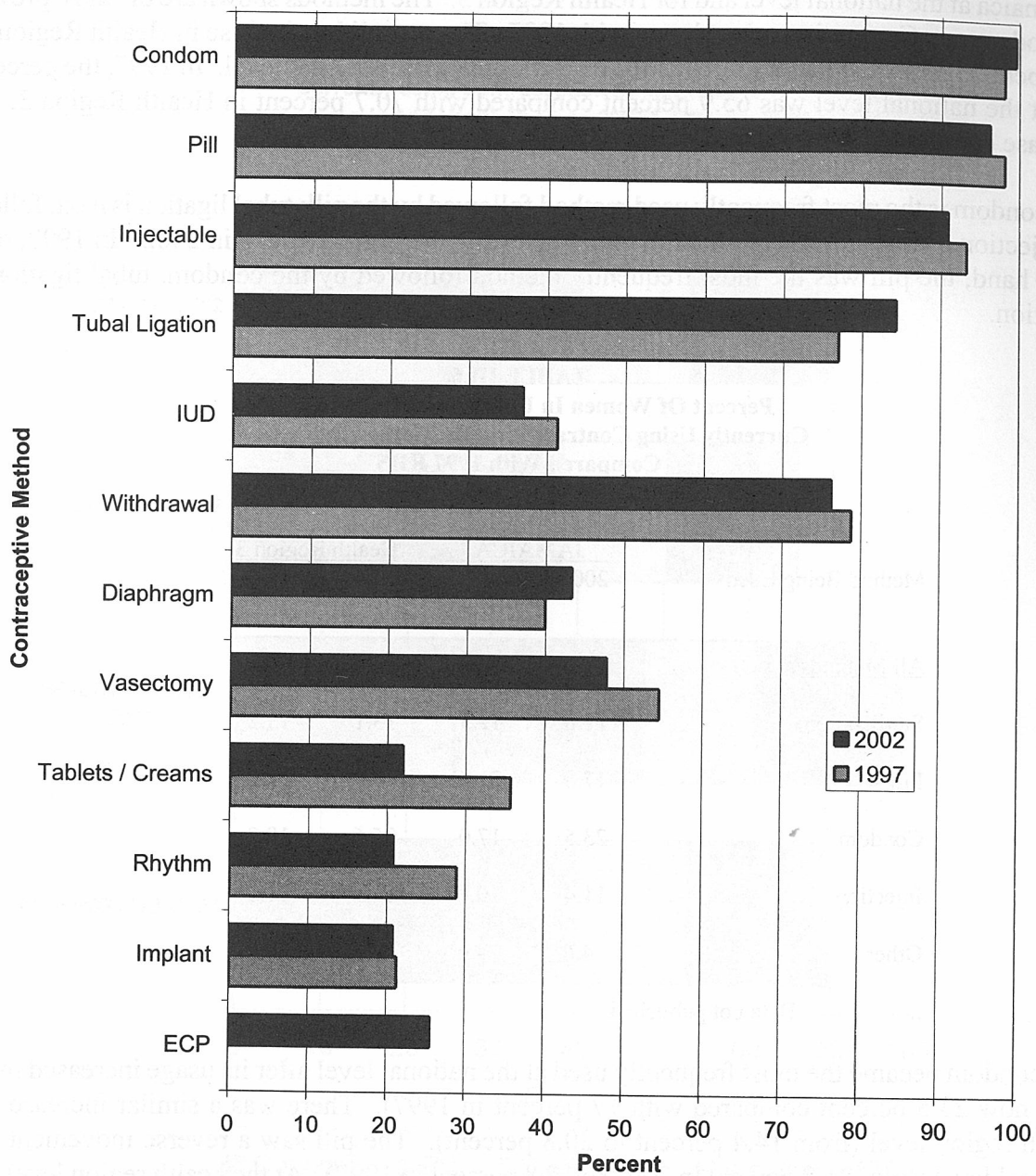
Table III.5 and Figure 3.6 look at knowledge, as defined, among young adult men aged 15 - 24 in Health Region 3. The pattern of use among three of the most prevalent methods replicates that of women whereby the percentages are all above ninety percent. Condoms and the pill are best known followed next by tubal ligation and withdrawal. A similar pattern obtained in 1997.

In four of the methods, condom, tubal ligation, IUD and diaphragm, there has been an increase, in some cases, slight, of knowledge of the methods since 1997. For the rest, there has been a fall. Twenty five percent indicated knowledge of ECP, a method which had not been in the Jamaican market in 1997.

TABLE III.5
Percent Of Men Aged 15 - 24 Years
Who Have Heard Of Specific Contraceptive Methods
Compared With 1997 RHS And 1993 CPS
Health Region 3

Method	2002	1997	1993
Condom	99.5	98.1	97
Pill	96.2	98.1	89
Injectable	90.8	93.2	82
Tubal Ligation	84.3	77.0	76
Intra-Uterine Device (IUD)	36.9	41.3	28
Withdrawal	76.2	78.8	65
Diaphragm	43.3	39.9	27
Vasectomy	47.8	54.5	39
Tablets / Creams	22.0	35.7	14
Calendar / Rhythm	20.8	28.9	19
Implant	20.8	21.3	6
Emergency Contraceptive Pill	25.6	"	--

Figure 3.6
Percent Of Men Aged 15 - 24 Years Who Heard Of Specific Contraceptive Methods
Compared With 1997 RHS
Health Region 3



Contraceptive Use

Figure 3.7 and Table III.6 overleaf show the prevalence of contraceptive use among women in union in Jamaica at the national level and for Health Region 3. The methods shown are the most prevalent methods used. Comparisons are shown with 1997. The overall level of use in Health Region 3, at 72.6 percent, is somewhat higher than the 69.1 percent at the national level. In 1997, the percent of use at the national level was 65.9 percent compared with 70.7 percent in Health Region 3. This increase continued the upward movement seen since 1989.

The condom is the most frequently used method followed by the pill; tubal ligation is next, followed by injection. This pattern is so at both national and health region levels, in 2002. In 1997, on the other hand, the pill was the most frequently method followed by the condom, tubal ligation and injection.

TABLE III.6
Percent Of Women In Union Aged 15 - 49 Years
Currently Using Contraception By Method Being Used
Compared With 1997 RHS
Health Region 3

Method Being Used	JAMAICA		Health Region 3	
	2002	1997	2002	1997
<u>All Methods</u>	<u>69.1</u>	<u>65.9</u>	<u>72.6</u>	<u>70.7</u>
Sterilization	11.8	12.3	13.1	13.2
Pill	17.8	21.2	16.7	22.2
Condom	23.5	17.0	25.6	18.8
Injection	11.4	10.8	12.3	11.5
Other	4.6	4.6	4.9	5.0
..	Data not published.			

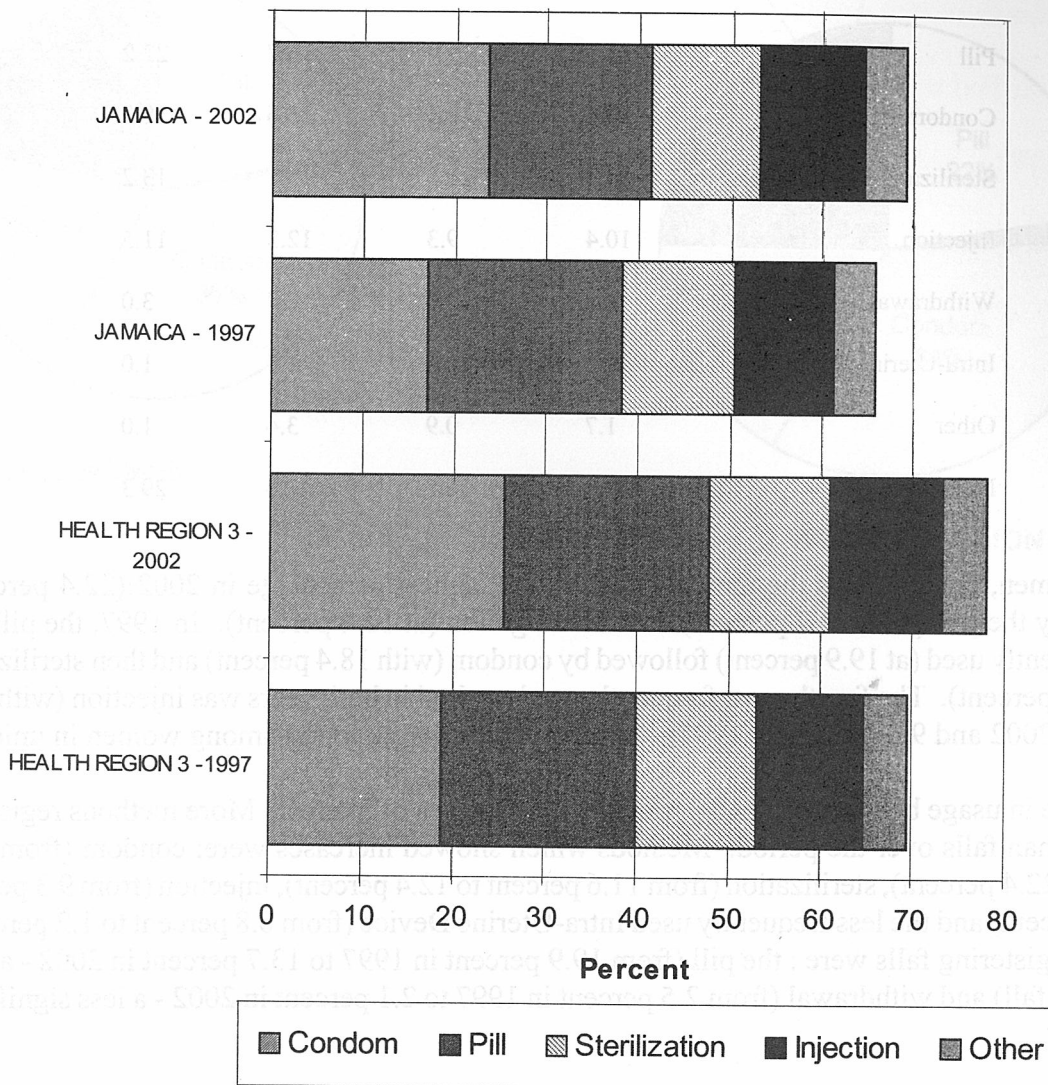
The condom became the most frequently used at the national level after its usage increased in 2002 (it is now 23.5 percent compared with 17 percent in 1997). There was a similar increase at the health region level (from 14.4 percent to 20.8 percent). The pill saw a reverse movement at the national level (from 21.2 percent in 2002 to 17.8 percent in 1997). At the health region level, there was almost no change (from 22.3 percent in 1997 to 22.1 percent in 2002).

Sterilization fell somewhat at both the national and health region levels while the movement for injection was in the reverse.

Table III.7 below and Figure 3.8 give the percentage of all women aged 15 - 49 years and those who are in union who are currently using contraceptives by method being used. This is represented in the form of pie charts, one for all women and the second for women in union. Figure 3.8 shows the

Figure 3.7
Percent Of Women In Union Aged 15 - 49 Years
Currently Using Contraception By Method
Jamaica And Health Region - 2002 & 1997
Health Region 3

Jamaica & Health Region - 2002 & 1997



differentials between all women and those in union. Comparisons are made in the table with 1997 RHS.

TABLE III.7
Percent Of All Women And Women In Union Aged 15 - 49 Years
Currently Using Contraception By Method Being Used
Health Region 3

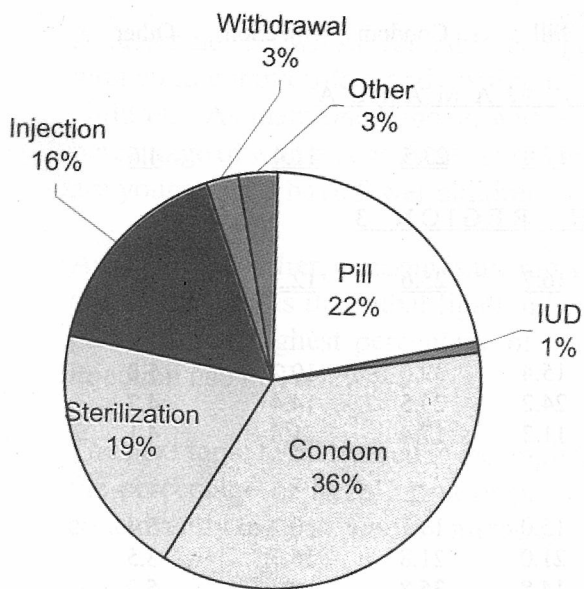
Method Being Used	All Women		Women In Union	
	2002	1997	2002	1997
Pill	13.7	19.9	16.7	22.2
Condom	22.4	18.4	25.6	18.8
Sterilization	12.4	11.6	13.1	13.2
Injection	10.4	9.3	12.3	11.5
Withdrawal	2.1	2.5	2.7	3.0
Intra-Uterine Device	1.2	0.8	1.5	1.0
Other	1.7	0.9	3.4	1.0
Non-Users	37.3	36.6	27.4	29.3

For all women, condom was the method used by the highest percentage in 2002 (22.4 percent), followed by the pill (with 13.7 percent) and tubal ligation (at 12.4 percent). In 1997, the pill was most frequently used (at 19.9 percent) followed by condom (with 18.4 percent) and then sterilization (with 11.6 percent). The fourth most frequently used method in both years was injection (with 10.4 percent in 2002 and 9.3 percent in 1997). Similar patterns were found among women in union.

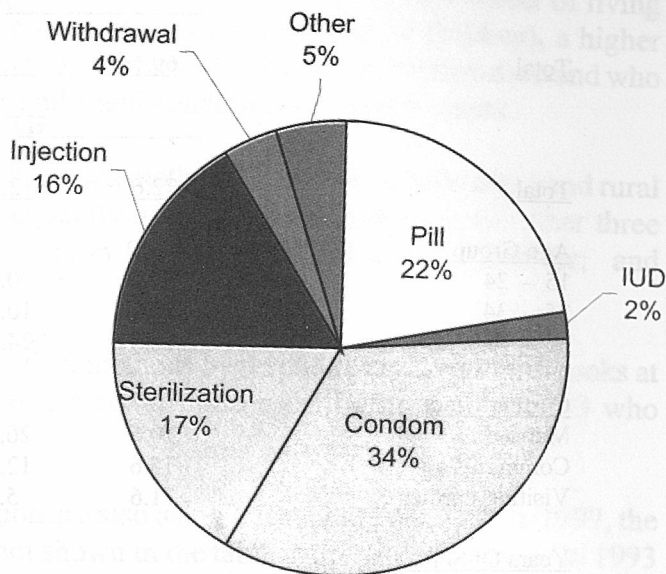
The change in usage between the two periods is another area of interest. More methods registered increases than falls over the period. Methods which showed increases were: condom (from 18.4 percent to 22.4 percent), sterilization (from 11.6 percent to 12.4 percent), injection (from 9.3 percent to 10.4 percent) and the less frequently used Intra-Uterine Device (from 0.8 percent to 1.2 percent). The two registering falls were : the pill (from 19.9 percent in 1997 to 13.7 percent in 2002 - a very significant fall) and withdrawal (from 2.5 percent in 1997 to 2.1 percent in 2002 - a less significant fall).

Table III.8 presents the use of major contraceptive methods by women in union for Jamaica as a whole and for Health Region 3 according to selected geographic and socio-demographic characteristics. Figure 3.9, also, shows the percentages by method for each of the selected characteristics.

Figure 3.8
Percentage Of All Women And Women In Union
Currently Using A Contraceptive Method
Health Region3



ALL WOMEN



WOMEN IN UNION

TABLE III.8
Percent Of Women In Union Aged 15 - 49 Years
Currently Using a Contraceptive Method By Selected Characteristics
Health Region 3

Characteristics	All Methods	Steril- ization	Pill	Condom	Injection	Other
<u>Total</u>	<u>69.1</u>	<u>11.8</u>	<u>17.8</u>	<u>23.5</u>	<u>11.4</u>	<u>4.6</u>
<u>HEALTH REGION 3</u>						
<u>Total</u>	<u>72.6</u>	<u>13.1</u>	<u>16.7</u>	<u>25.6</u>	<u>12.3</u>	<u>4.9</u>
<u>Age Group</u>						
15 - 24	71.0	0.0	15.4	39.6	10.2	5.8
25 - 34	78.2	10.4	24.2	24.5	14.4	4.7
35 - 49	68.8	24.2	11.3	17.4	11.8	4.1
<u>Current Union Status</u>						
Married	70.6	26.3	15.0	13.7	10.2	5.4
Common-Law	75.6	12.6	21.0	21.8	16.7	3.5
Visiting Partner	71.6	5.3	14.8	35.8	10.4	5.3
<u>Years Of Schooling</u>						
0 - 10 Years	64.9	16.5	11.9	23.2	9.3	4.0
11+ Years	74.2	12.3	17.8	26.0	13.1	5.0
<u>Socio-Economic Index</u>						
Low	69.9	13.0	14.9	21.7	16.1	4.2
Medium	74.1	14.2	18.6	25.0	13.1	3.2
High	73.0	11.1	15.6	31.5	6.3	8.5
<u>Area Of Residence</u>						
Urban Areas	68.4	11.0	14.3	27.3	9.2	6.6
Rural Areas	74.9	14.3	18.2	24.7	13.9	3.8
<u>Parish</u>						
Trelawny	70.5	20.0	12.9	18.6	16.2	2.8
St. James	72.0	14.1	13.0	29.4	10.2	5.3
Hanover	76.6	13.8	21.0	26.9	8.4	6.5
Westmoreland	72.4	7.8	20.5	25.7	13.8	4.6

In general, as age increases, women tend to use more effective methods. Condoms generally predominate among women aged 24 years and under, but since almost half of women using any method use the condom, it is interesting to note that the pill is the leading method of use between ages 25 and 34. The use of injections is also highest in this age group. After age 35, the pill is in turn eclipsed by female sterilization as the major method, as half of these older women using any method are using surgical contraception.

Overall use by women in marital unions is slightly higher than women in the other two union relationships, but there are differences in the methods used by the different groups. A little over one quarter of married women using any method have been surgically sterilized. In contrast, a much lower percentage of women in a common-law union or in a visiting relationship have been sterilized.

A factor not shown in this table or figure is that women who are married tend to be older than women in common-law and visiting unions, which in turn is correlated with the number of living children. As mentioned above, with increasing age (and a greater number of children), a higher percentage of women choose this permanent method. Women who are in less stable unions and who are younger and have fewer children tend to use pills and condoms to a greater extent.

As indicated earlier, condom is the most frequently used method. This is so in both urban and rural areas. Of note is that tubal ligation is more frequently used in Trelawny than in the other three parishes; the highest percentage of condom use is in St. James; of pill use, in Hanover; and injection use in Trelawny.

The next topic to be studied is the application of dual methods by respondents. Table III.9 looks at the percentage of female first or primary contraceptive method users in Health Region 3 who concurrently use a secondary method.

Overall, 14 percent of all users in the health region are also using a secondary method. In 1997, the comparable percentage was 13 percent while, not shown in the table is that the percentage in 1993 was, as in the other health regions, almost half of what it was in 1997. As in 1997, almost all secondary methods used is the condom. This suggests that while primary use alone does not show an increase in condom use from 1997 and from 1993, by including secondary method condom use as part of the analysis, the use of condoms has increased over the period.

Figure 3.9
Percent Of Women In Union Aged 15 - 49 Years
Currently Using a Contraceptive Method
By Selected Characteristics
Health Region 3

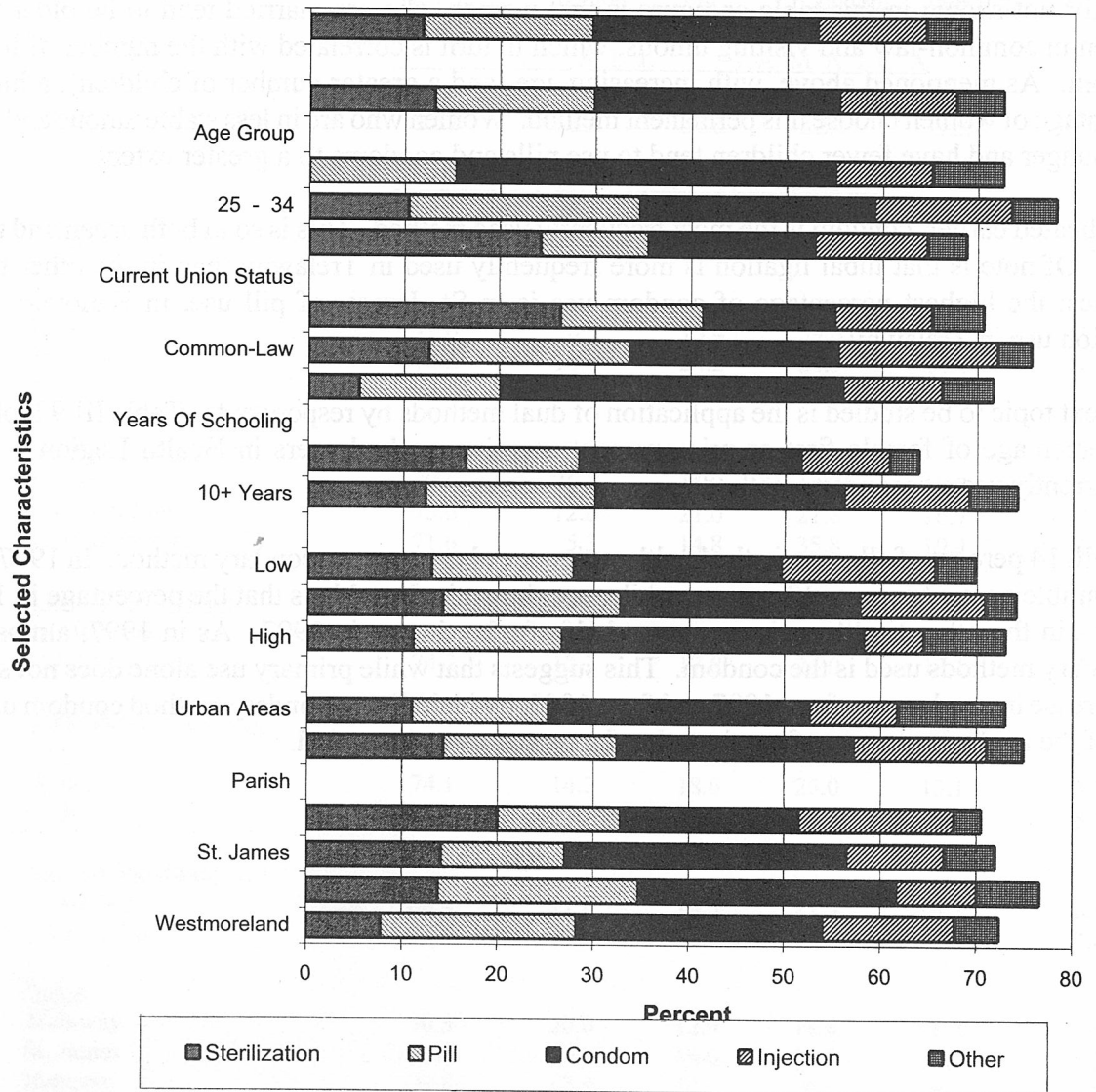


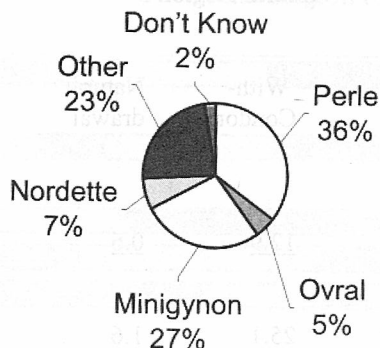
TABLE III.9
Percentage Of Contraceptive Users Who Are Currently Using
A Second Contraceptive Method By Primary And Secondary Method Used
Women In Union Aged 15 - 49 Years
Health Region 3

Method	Secondary Method Used				
	None	With- Condom	Natural drawal	Methods	Other
	2	0	0	2	
<u>All Primary Methods</u>	<u>86.2</u>	<u>12.9</u>	<u>0.6</u>	<u>0.0</u>	<u>0.3</u>
<u>Selected Primary Methods</u>					
Pill	72.7	25.1	1.6	0.0	0.6
Injectables	76.5	22.8	0.0	0.0	0.7
Tubal Ligation	86.3	13.7	0.0	0.0	0.0
Condom	99.3	0.0	0.7	0.0	0.0
Withdrawal	100.0	0.0	0.0	0.0	0.0
	1	9	9	7	
<u>All Primary Methods</u>	<u>87.0</u>	<u>11.7</u>	<u>0.2</u>	<u>0.1</u>	<u>1.0</u>
<u>Selected Primary Methods</u>					
Pill	75.3	24.3	0.4	0.0	0.0
Injectables	83.7	16.3	0.0	0.0	0.0
Tubal Ligation	88.1	11.6	0.0	0.0	0.3
Condom	99.5	0.0	0.2	0.2	0.1
Withdrawal	100.0	0.0	0.0	0.0	0.0

Some 25 and 22 percent of pill and injection users in Health Region 3 were, in 2002, concurrently using condoms. This was almost the same percentage of pill users and some 16 percent of injectable users who, in 1997, were using condoms as a second method.

To summarize, overall contraceptive use is high for all socio-demographic groups in Health Region 3 as well as nationally. While prevalence does not vary greatly by group, the choice of method does vary, with women and men moving from the condom to hormonal methods (pill and injections) and then to female sterilization as they get older. Also, condom use, including all who use as a primary or secondary method, has been increasing.

Figure 3.10
 Brand Of Pill Currently Used
 Women Aged 15 - 49 Years Who Are Current Pill Users
 Health Region 3



Pill Use

Table III.10 gives a percentage distribution of the pills in use in 2002 and in 1997.¹⁰ Account should be taken of possible over or under counts of the brands, particularly *Perle* and *Lo Femenal*, particularly in 2002 as indicated in the footnote below. It should also be noted that there have been changes in the marketing strategy since 1997. The distribution for 2002 is shown in Fig. 10. Taking these factors into account, *Perle* remains the most frequently used pill followed by *Minigynon*. The percent contribution of *Ovrall* has decreased over the period while that of *Nordette* has increased.

¹⁰ During the coding and editing stage, brands recorded under the 'other' category were given additional codes only where there was a certain percentage of similar answers. In the case of *Lo-Femenal*, which was not pre-coded in the questionnaire and was accordingly entered under 'Other, specify', there was not a large number of answers to justify coding it under a separate category in the cleaning/editing phase. As was mentioned, anecdotal evidence suggests that some pill users loosely refer to *Lo-Femenal* pills as the *Perle* brand. Thus the entries under *Lo-Femenal* could have been understated..

TABLE III.10
Brand Of Pill Currently Used By Current Pill Users
Women Aged 15 - 49 Years - Percent Distribution
Compared With 1997 RHS
Health Region 3

Brand Of Pill	Percent	
	2002	1997
Perle	35.3	28.2
Ovral	4.8	14.7
Minigynon	27.1	15.1
Nordette	7.0	3.9
Other	23.4	37.1
Don't Know	2.4	0.8

As indicated, *Perle* remained the most used brand in 2002 and in fact, has increased its usage (from 28.2 percent to 35.3 percent). But it should be noted that *Lo Femenal* has not been separately identified in this table and has been included in 'Other'. In 1997, *Lo Femenal* accounted for 24 percent of all brands and 'Other' accounted for 13 percent. If, as indicated, there is a possibility that some women using the *Lo Femenal* brand did, in 2002, report it as *Perle*, then it would be difficult to determine that *Perle* had increased significantly and that usage of *Lo Femenal* had decreased to the extent suggested by the figures.

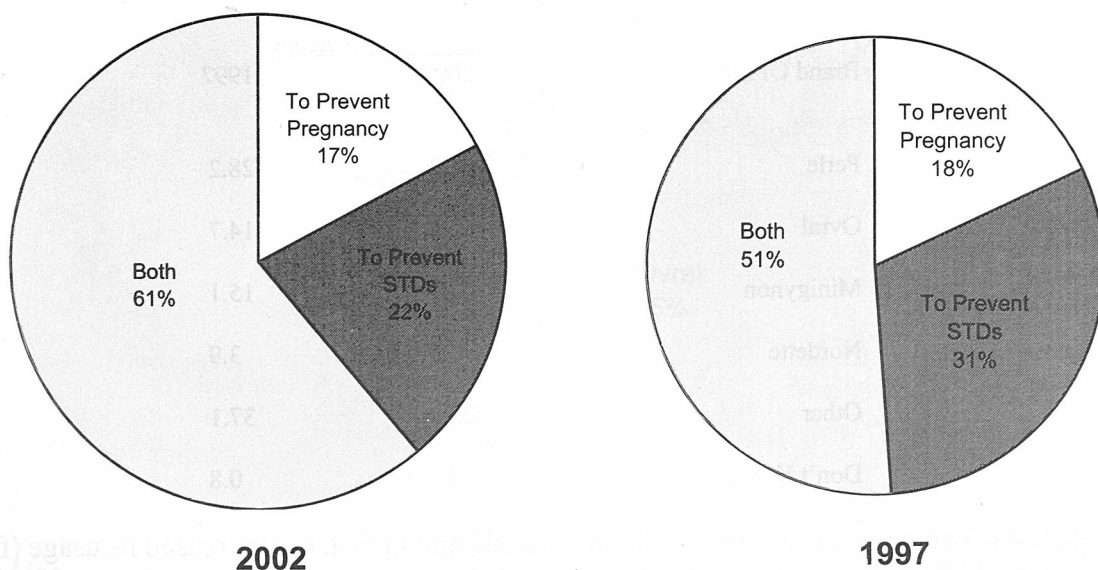
To some extent, the confusion could also apply to *Ovral*. On this account, it is also difficult to assess any changes here.

Condom Use

An interesting area of study is the reasons why respondents use condoms. Is it to prevent pregnancy, to prevent sexually transmitted diseases or both? Table III.11 and Figure 3.11 show the percentage of female respondents in Health Region 3 who use condoms by reasons for use. In the table, percentages are shown for 2002, 1997 and 1993. In the chart, two separate pie charts are shown, one for 2002 and a second for 1997.

From an examination of the table and a study of the charts, it will be seen that the percentages who use it for preventing pregnancy as well as to prevent sexually transmitted diseases have fallen. At the same time, those who use it for the dual purpose is far greater. There was an increase in this percentage in 1997 (from 43 percent in 1993 to 50 percent). The 2002 percentage indicates a continuing increase (to the sixty percent level).

Figure 3.11
Reasons For Using Condoms - Percent Distribution - Women Aged 15 - 49
Years Who Are Current Users Of Condoms - Health Region 3



It is interesting to note what has been reported on over the period from 1993. In the 1993 survey, respondents indicated that half of them (52 percent had used a condom solely to prevent pregnancy, five percent indicated that they used it solely to prevent socially transmitted diseases while the remaining 43 percent indicated that they used it for dual purposes.

If the single purpose users are compounded with the dual purpose users, then almost all women (97 percent) had used it for, among other reasons, to prevent pregnancy while almost half of them (48 percent) had used it for, among other uses, to prevent sexually transmitted diseases).

This picture changed in 1997 and also in 2002. Compounding the uses, in 1997, 68.2 percent had, among other uses, used it to pregnancy while 80.6 percent had, among other uses, used to prevent sexually transmitted diseases. In 2002, the situation changed further. In that year, 76.8 percent had, among other uses, used it to prevent pregnancy and 81.2 percent had, among other uses, used it to prevent sexually transmitted diseases.

The picture emerges, therefore, that almost all women in 1993 (98 percent) had used the condoms for, among other reasons, to prevent pregnancy; by 1997, the percentage had fallen (to 68.2 percent) and rose slightly by 2002 (to 76.8 percent). The movement among those who used it for, among other reasons, for preventing sexually transmitted diseases was quite different. There has been increases in all three years (starting at 48 percent in 1993, it rose to 80.6 percent in 1997 and to a further though smaller increase, to 81.2 percent in 2002). It would appear, therefore, that the campaign to promote dual purpose use is working in Health Region 3.

TABLE III.11
Reasons For Using Condoms - Women Aged 15 - 49 Years
Who Are Current Users Of Condoms Compared With
1997 RHS And 1993 CPS - Percent Distribution
Health Region 3

Reasons	2002	1997	1993
To Prevent Pregnancy	16.9	18.2	52
To Prevent Sexually Transmitted Diseases	21.3	30.6	5
Both	59.9	50.0	43

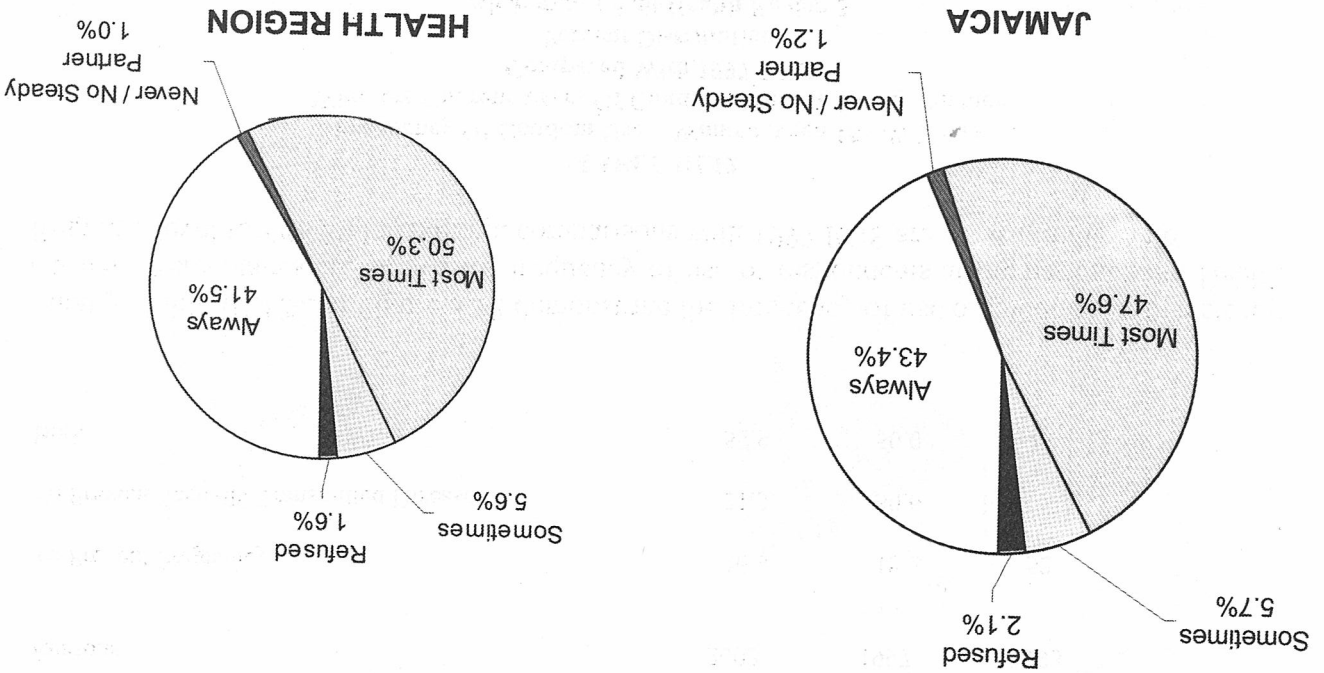
Finally, Table III.12 and Figure 3.12 demonstrate the frequency of use of condoms with a steady partner. Percentages are shown for frequency of use of respondents at the national and Health Region 3 level for 2002. In addition, comparisons with 1997 RHS are shown in the table.

TABLE III.12
Frequency Of Condom Use - Women Aged 15 - 49 Years
Who Are Current Users Of Condoms With A Steady Partner
Compared With 1997 RHS
Percent Distribution
All Jamaica And Health Region 3

Frequency Of Use	<u>ALL JAMAICA</u>		<u>Health Region 3</u>	
	2002	1997	2002	1997
Always	43.4	48.5	41.5	41.8
Most Times	47.6	31.7	48.4	35.2
Sometimes	5.7	17.1	8.1	20.9
Never	0.1	0.4	0.4	0.3
No Steady Partner	1.1	0.1	0.2	0.3
Refused	2.1	2.2	1.4	1.5

Most respondents indicated that they used a condom most of the time with a steady partner (47.6 percent at the national level and 48.4 percent at the health region level. At the same time, almost similar but slightly lower percentages (43.4 and 41.5 percent at the national and health region levels) were given by those who indicated that they always used a condom with a steady partner. There

Figure 3.12
Frequency Of Condom Use - Percent Distribution - Women Aged
15-49 Years Who Are Current Users Of Condoms With A Steady
Partner
Health Region 3



were differences between the answers given 1997 and 2002. More respondents, at both national and health region levels, indicated that they always used a condom than those who answered that they used a condom some times (higher in 2002 than in 1997 and *vice versa* at the health region level) and negligible percentages indicated that they never uses, a portion of which were those with no steady partners.

Contraceptive Source

The next topic to be studied is the source of supply of the contraceptives being used by respondents. The four most prevalent contraceptive methods are examined; tubal ligation, the pill, condoms and the injection. These are presented in Table III.13 for women in union in Health Region 3 in the years 2002, 1997 and 1993 and demonstrated in Figure 3.13 for the years 2002 and 1997.

The main source of supply of tubal ligation is government hospitals. In 1993, slightly under ninety percent of tubal ligations performed in Health Region 3 were in government hospitals. The percentage rose in 1997 to 92 percent and still further in 2002 to 94.5 percent. With respect to the pill, pharmacies were the largest suppliers both in 1997 and in 2002 (at 56.0 and 52.4 percent respectively) while government health clinics were the other major supplier although at a lower

Figure 3.13
 Source Of Contraception Of Women In Union
 Who Are Currently Using Most Prevalent Methods
 2002 & 1997
 Health Region 3

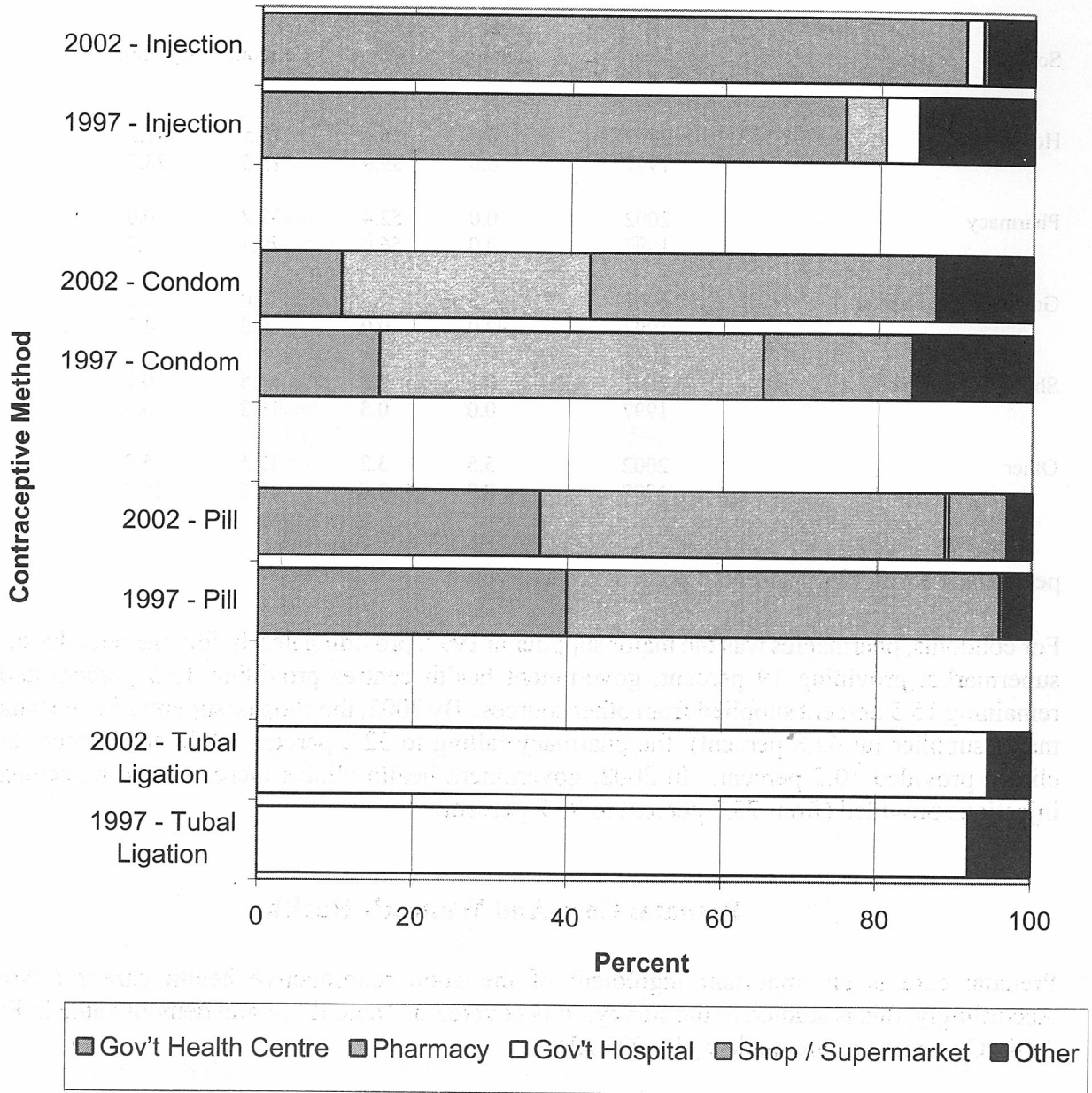


TABLE III.13
Source Of Contraception Of Women In Union Who Are
Currently Using Most Prevalent Methods
Compared With 1997 RHS And 1993 CPS
Percent Distribution
Health Region 3

Source	Year	Tubal	Ligation	Pill	Condom	Injection
Health Centre	2002	0.0	36.4	10.5	91.2	75.7
	1997	0.0	39.9	15.5	0.0	0.0
Pharmacy	2002	0.0	52.4	32.2	0.0	5.2
	1997	0.0	56.0	49.7	0.0	4.3
Government Hospital	2002	94.5	0.5	0.0	2.2	0.0
	1997	92.0	0.0	0.0	0.0	0.0
Shop / Supermarket	2002	0.0	7.5	44.8	0.7	0.0
	1997	0.0	0.5	19.3	0.0	0.0
Other	2002	5.5	3.2	12.5	5.9	14.8
	1997	8.0	3.6	15.5	0.0	0.0

percentage level (39.9 and 36.4 percent respectively).

For condoms, pharmacies was the major supplier in 1997, providing nearly fifty percent, the shop or supermarket providing 19 percent, government health centres providing 15.5 percent and the remaining 15.5 percent supplied from other sources. By 2002, the shop or supermarket became the major supplier (at 44.8 percent), the pharmacy falling to 32.2 percent while government health clinics provided 10.5 percent. In 2002, government health clinics increased the percentage of injections provided (from 75.7 percent to 91.2 percent).

Prenatal Care And Women's Health

Prenatal care is an important ingredient of the good reproductive health care for women. Accordingly, this is studied in the survey. It is covered in Table III.14 and demonstrated in Figure 3.14. Comparisons are made with 1997 RHS.

Data available from the survey but not shown in the table indicate that practically all women in Jamaica who have had a pregnancy in the past five years had prenatal care during their last pregnancy. This is so in earlier years also. However, the timing of the start of the prenatal care is important to the good health of both the mother and the baby. Table III.14 and Figure 3.14 indicate that at the national level, only sixty percent had started their prenatal care in the first trimester of

TABLE III.14
Percent Of Women 15 - 49 Years Who Began Prenatal Care
In The First Trimester - Women Who Were Pregnant In
The Past 5 Years Compared With 1997 RHS
By Health Region And Parish

Geographic Area	2002	1997
<u>Jamaica</u>	<u>60.7</u>	<u>57.1</u>
<u>Health Region 1</u>	<u>68.0</u>	<u>63.7</u>
Kingston	72.4	50.0
St Andrew	73.8	69.3
St. Thomas	53.0	64.3
St. Catherine	64.8	61.8
<u>Health Region 2</u>	<u>52.3</u>	<u>51.6</u>
Portland	53.2	45.7
St. Mary	54.3	48.6
St. Ann	50.4	56.7
<u>Health Region 3</u>	<u>59.0</u>	<u>54.3</u>
Trelawny	52.0	43.8
St. James	57.0	53.9
Hanover	65.3	50.0
Westmoreland	62.4	62.2
<u>Health Region 4</u>	<u>52.2</u>	<u>52.9</u>
St. Elizabeth	49.3	48.1
Manchester	56.2	58.5
Clarendon	50.9	50.6

the pregnancy. This showed a slight increase over 1997 when it was 57 percent. The percentage in Health Region 3 was 59 percent; it was highest in Hanover and next in Westmoreland where at 65.3 and 62.4 percent respectively, it was above the national average; in the parishes of Trelawny and St. James, it was below the national average, at 52.0 and 57.0 percent, respectively.

Comparing Health Region 3 with the other health regions, the percentage, although lower than the national average, was, in fact, the second highest in 2002 and in 1997. Also, in 2002, two parishes, Hanover and Westmoreland (with 65.3 percent and 62.4 percent respectively) had percentages above the national average. In 1997, only Westmoreland (with a percentage of 62.2 percentage) had a percentage above the national average.

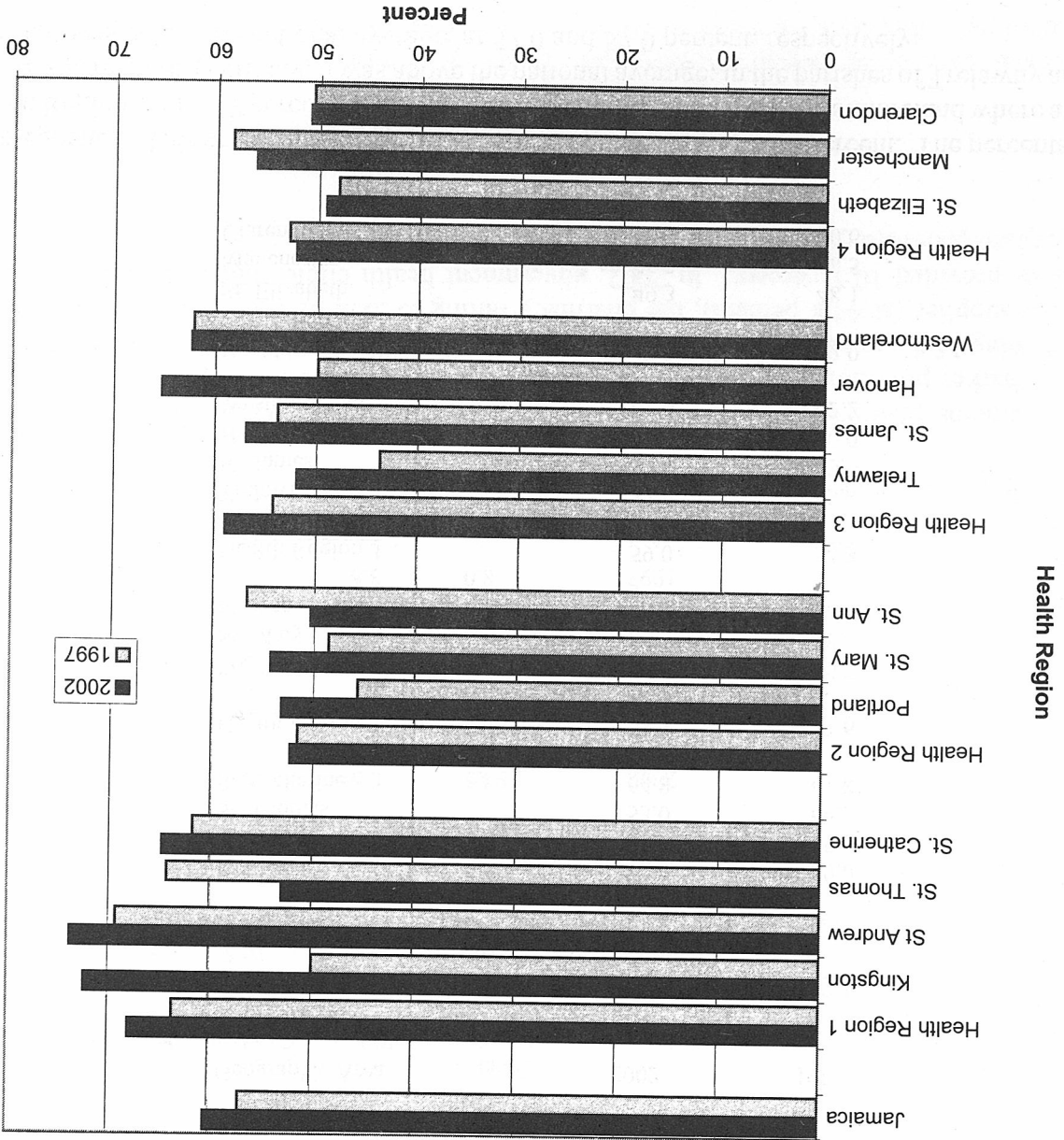


Figure 3.14
Percent Who Began Prenatal Care in First Trimester Among Women 15 - 49
Years Pregnant in Past 5 Years By Region and Parish

Another aspect of women's health is her awareness of the possibility of cancer and the action taken in relation to early detection. Pap smears are an important means of early detection of cervical cancer. Hence, women, particularly those over a certain age, are advised to have one done regularly. Table III.15 shows the percent of female respondents who have ever had a pap smear done and those who have had the procedure done in the last year.

TABLE III.15
Percent Of Women Aged 15 - 49 Years Who Ever Had
A Pap Smear And Have Had A Pap Smear In The Last Year
Compared With 1997 RHS
By Health Region And Parish
Health Region 3

Geographic Area	<u>Ever Had Pap Smear</u>		<u>Had Pap Smear Last Year</u>	
	2002	1997	2002	1997
<u>JAMAICA</u>	58.4	49.8	20.5	14.9
<u>Health Region 3</u>	61.9	49.8	19.5	14.8
Trelawny	68.3	52.5	19.6	10.2
St. James	67.7	51.7	23.4	20.0
Hanover	56.2	58.1	11.1	12.4
Westmoreland	55.2	41.8	19.1	11.9

In Jamaica, only half of the women in age group 15 - 49 who were surveyed in 1997 had ever done a pap smear and of these, only fifteen percent had had it done in the past year. The percentages rose a little in 2002 (to 56.9 percent having had a pap smear and 20.5 percent having had it in the last year). In two of the four parishes in this health region, the percentages were above the national average, with Trelawny heading the list (at 68.3 percent). Both Hanover and Westmoreland were below the national average. In 1997, three of the four parishes in this health region were above the national average with Hanover being at the highest (with 58.1 percent). Only Westmoreland was below the national average.

This percentage is well below recommended levels and, in fact significantly below the level which obtains in many developed countries. Accordingly, a much greater effort will have to be made to raise the standards of health care in this area. Even greater efforts will have to be made to encourage the practice of having pap smears done every year with the present low levels observed.

While pap smears are employed in the early detection of cervical cancer, frequent examination of the breast is an effective way to assist in the early detection of cancer of the breast, the most pervasive cancer among women. Table III.16 and Figure 3.16 demonstrate the efforts being made

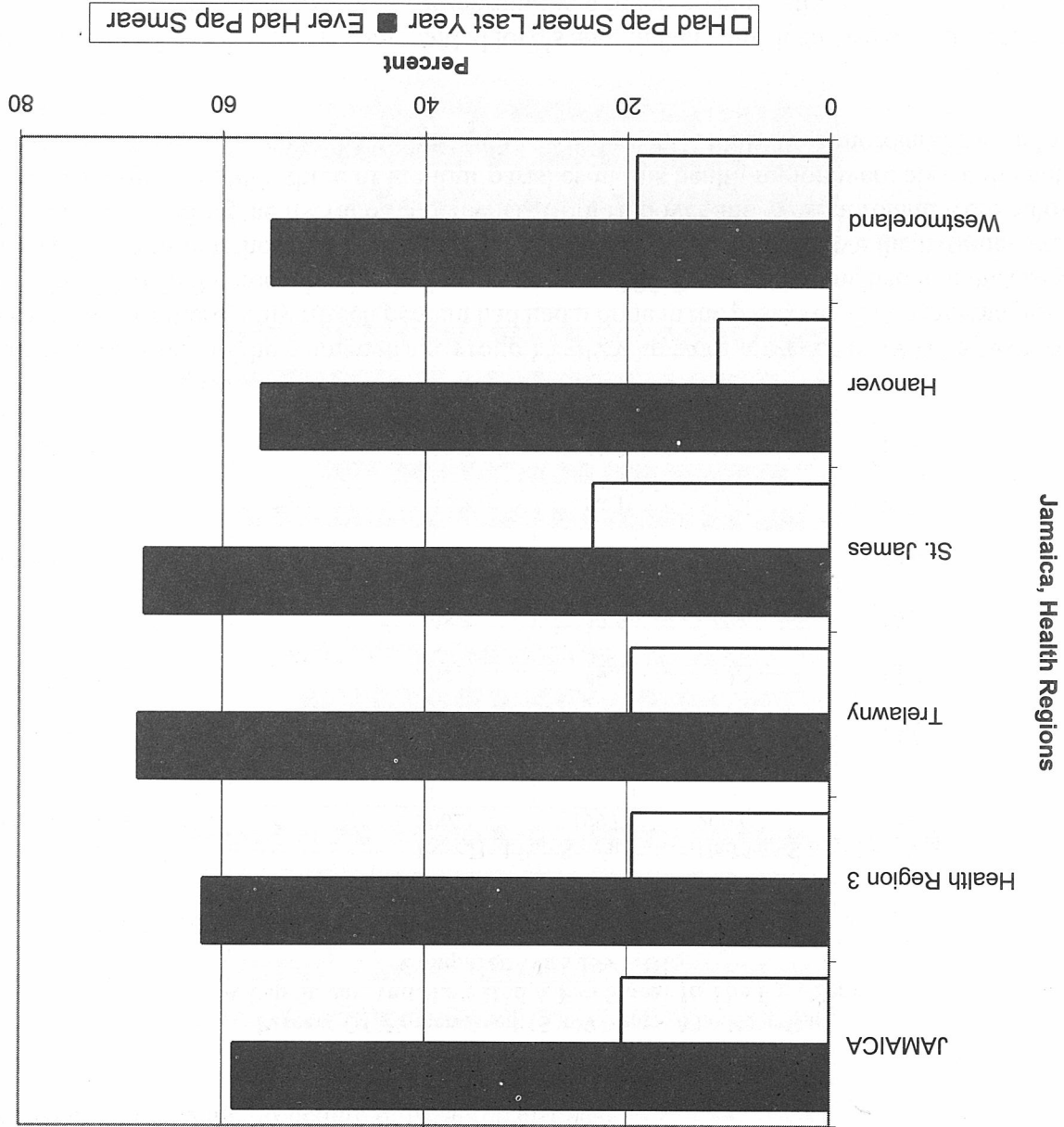


Figure 3.15
 Percent Of Women Aged 15 - 49 Years Who Have Ever Had A Pap Smear
 And Have Had A Pap Smear In The Last Year By Parish
 Health Region 3

in Jamaica towards this endeavour. Table III.16 examines at the health region and parish levels the percent of women who ever did a breast self-examination and those who did one in the past month. Percentages for 1997 and 2002 are presented. At the same time, Figure 3.16 presents to picture for 2002.

TABLE III.16
Percent Of Women Aged 15 - 49 Years Who Ever Do A Monthly Breast
Self-Examination And Did A Breast Self-Exam In The Last Month
Compared With 1997 RHS
By Health Region And Parish
Health Region 3

Geographic Area	Ever Do A Monthly Breast Self-Examination		Did A Breast Self-Exam In The Last Month	
	2002	1997	2002	1997
<u>JAMAICA</u>	64.8	54.5	39.5	27.8
<u>Health Region 3</u>	61.5	51.2	38.1	23.7
Trelawny	68.3	67.1	40.3	33.5
St. James	53.3	54.0	32.1	31.8
Hanover	46.5	61.4	32.8	19.7
Westmoreland	61.1	31.6	44.4	9.2

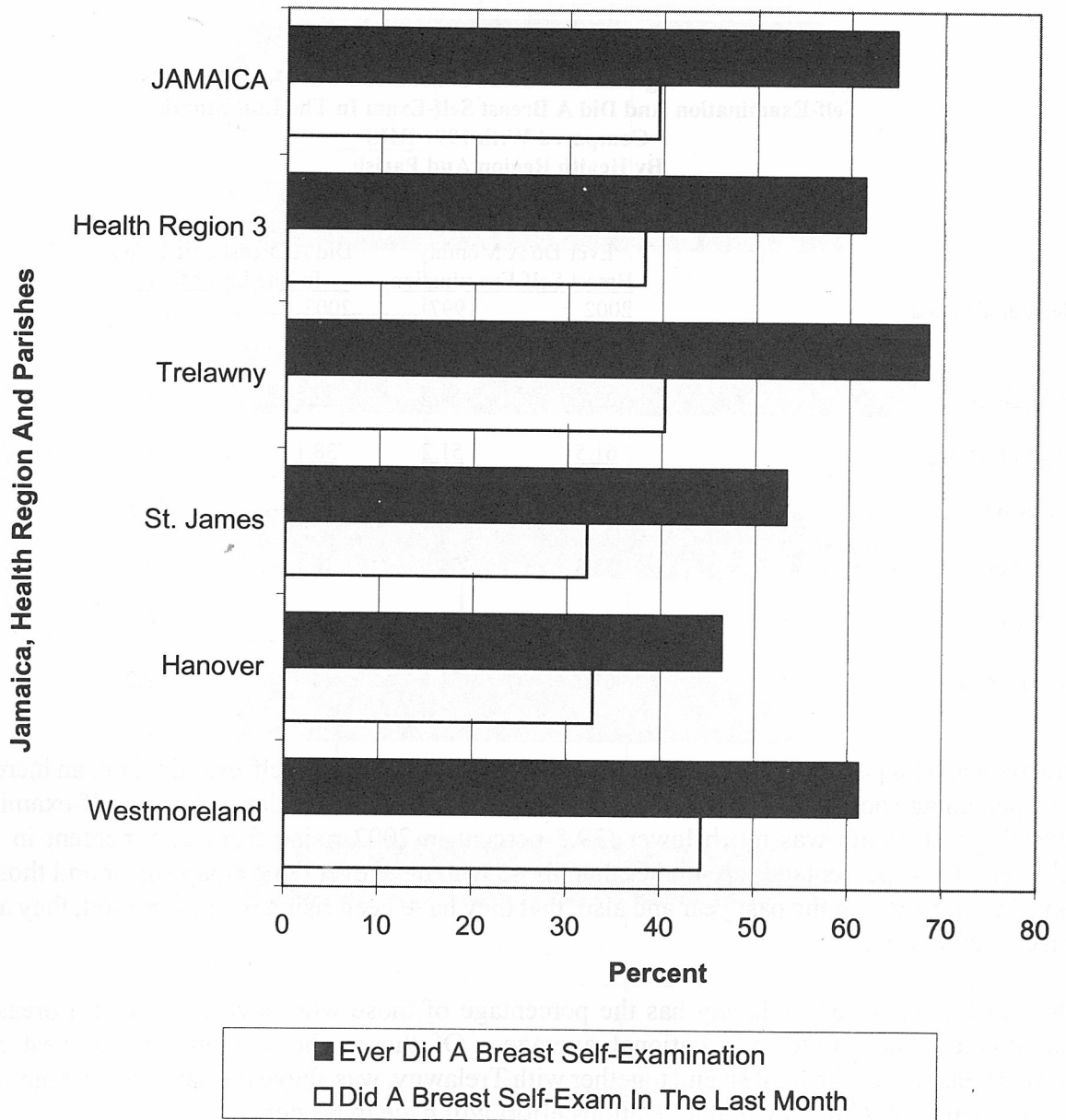
In Jamaica, 64.8 percent of women surveyed had ever done a breast self-examination, an increase of 10.3 percentage points over 1997. The percentage of those who had done a breast self-examination over the past month was much lower (39.5 percent in 2002 rising from 27.8 percent in 1997). Although these percentages are higher than those who have ever done a pap smear and those who have had one done in the past year and also, that they have been rising over the period, they are still unacceptably low.

Only in the parish of Trelawny has the percentage of those who have ever done a breast self-examination been above the national average. Of those who did one in the past month, Westmoreland was the highest and together with Trelawny, was above the national average. Again, this is an area in which the public relations effort will have to be stepped up.

Young Adults

Concern about high levels of adolescent pregnancies and births led to a decision to carry out a special analysis of the situation. A young adult module was therefore introduced into the survey

Figure 3.16
Percent Of Women Aged 15 - 49 Years Who Have Ever Had A Breast Self-Exam
And Have Had A Breast Self-Exam In The Last Month By Parish
Health Region 3



program in 1997 and this was repeated in the 2002 survey. This module explored, among other topics, family life and sex education in schools, sexual experience of young adults, use of contraception at first sexual intercourse and source of contraceptive method used at first sexual intercourse.

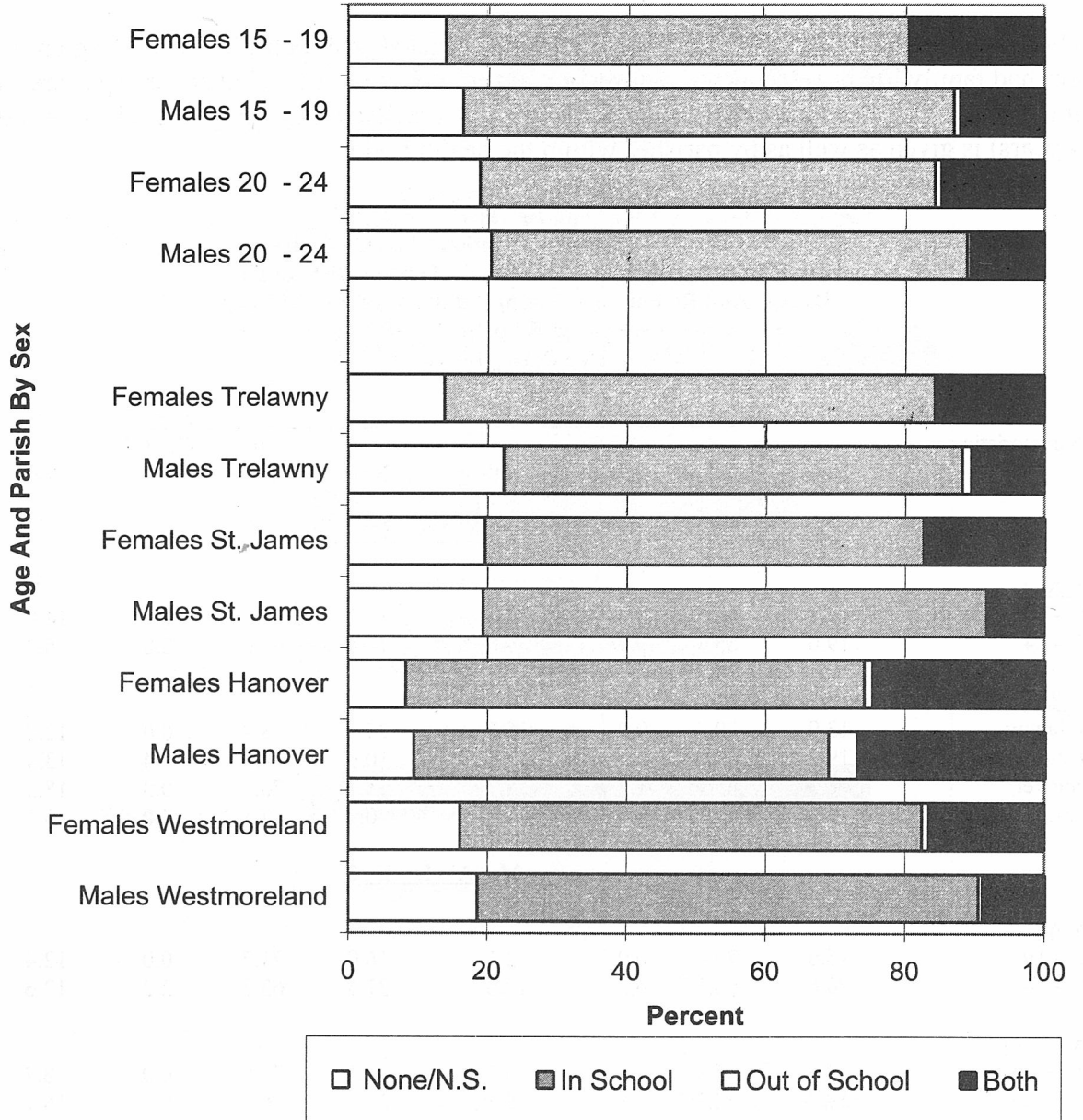
Table III.17 presents the percentage of respondents, females and males in Health Region 3, who have had family life or sex education in school, out of school or both. The percentages are shown for the year 2002 with comparative figures for 1997. A breakdown by age groups (15 - 19 and 20 - 24 years) is given as well as by parishes within the health region.

TABLE III.17
Had Family Life / Sex Education Class Or Course
In School And / Or Out Of School - Percent Distribution
By Age And By Parish - Young Adults Aged 15 - 24 Years
Compared With 1997 RHS
Health Region 3

Characteristic	2 0 0 2				1 9 9 7			
	None	In School	Out Of School	Both	None	In School	Out Of School	Both
<u>F E M A L E S</u>								
<u>By Age</u>								
15 - 19	14.1	66.5	0.0	19.4	10.7	73.4	1.0	14.9
20 - 24	19.0	65.3	0.9	14.8	16.4	65.0	2.8	15.7
<u>By Parish</u>								
Trelawny	13.9	70.4	0.0	15.7	24.0	63.2	0.0	12.8
St. James	19.7	63.0	0.0	17.4	10.6	74.5	1.4	13.4
Hanover	8.3	65.9	1.2	24.7	11.0	70.7	0.0	18.3
Westmoreland	16.1	66.3	1.0	16.6	10.7	67.2	4.0	18.1
<u>M A L E S</u>								
<u>By Age</u>								
15 - 19	16.6	70.4	0.9	12.1	16.0	71.7	0.0	12.4
20 - 24	20.6	68.3	0.5	10.6	21.5	63.7	2.2	12.6
<u>By Parish</u>								
Trelawny	22.4	65.8	1.3	10.5	19.6	71.9	0.0	8.7
St. James	19.4	72.3	0.0	8.3	17.4	66.1	0.3	16.1
Hanover	9.5	59.6	4.1	27.0	21.6	70.6	2.0	5.9
Westmoreland	18.6	71.9	0.6	9.0	18.4	69.2	2.0	10.4

The majority (84 percent) of young female adults in the younger age group (15 - 19 years) in 2002 have had family life or sex education. This was so in 1997 also although the percentage is slightly lower (81 percent). For males in that age group, the percentages are somewhat lower (83.4 percent

Figure 3.17
Family Life / Sex Education Class Or Course In School
And / Or Outside Of School - Young Adults Aged 15 - 24 Years
Health Region 3



in 2002 and 78.5 percent in 1997). In both years, the percentage of both females and males who had attended a class in family life or sex education was higher than those in the older age group. At the parish level, the pattern is mixed. For females, the parish with the highest attendance in 2002 was Hanover (with 91.7 percent) and that with the lowest attendance was St. James. For males, the highest was also Hanover (with 90.5 percent) while the lowest was Trelawny (with 77.6 percent). In 1997, the highest was in St. James (with 82.6 percent) and the lowest in Hanover (with 78.4 percent).

The greatest percentages were among those who had taken a course or class in school. In 2002, the percentages ranged from 66.5 and 65.3 percent for females in the two age groups and 89.3 and 83.6 percent in 1997. For males, they were 83.4 and 79.4 percent in the two age groups in 2002; in 1997, they were 84.0 and 78.5 percent respectively. In 2002, for females, the parish of Trelawny had the highest percentage (70.4 percent) while with the lowest was St. James (with 63.0 percent); for males, St. James had the highest percentage (with 72.3 percent) while Hanover had the lowest (with 59.6 percent).

The next topic studied was the sexual experience of young adults. Table III.18 presents the percentage of young adults, female and male, who had had sexual experience at the time of the survey.

TABLE III.18
Percent Of Young Adults Aged 15 - 24 Years Reporting
Sexual Experience By Age Group
Compared With 1997 RHS And 1993 CPS
Jamaica And Health Region 3

Age Group	F E M A L E S			M A L E S		
	2002	1997	1993	2002	1997	1993
<u>JAMAICA</u>						
15 - 19	49.2	51.4	59	73.0	73.1	75
20 - 24	92.9	90.3	90	94.2	97.6	96
<u>HEALTH REGION 3</u>						
15 - 19	48.0	50.3	57	73.7	79.1	69
20 - 24	93.5	90.6	93	96.8	96.7	99

The percentages are shown at the national level and for Health Region 3 for those in the 15 - 19 and 20 - 24 years. Comparisons with the years 1997 and 1993 are also shown. At the national level, for the youngest age group, that is, those in the group 15 - 19, the percentages have been falling since 1993, more marked for females than for males. A similar pattern has been observed for males in the 20 - 24 age group; for females, on the other hand, the movement has been upwards.

Figure 3.18
Percent Reporting Sexual Experience By Age Group
Young Adults 15 - 24 Years 2002 & 1997
Health Region 3

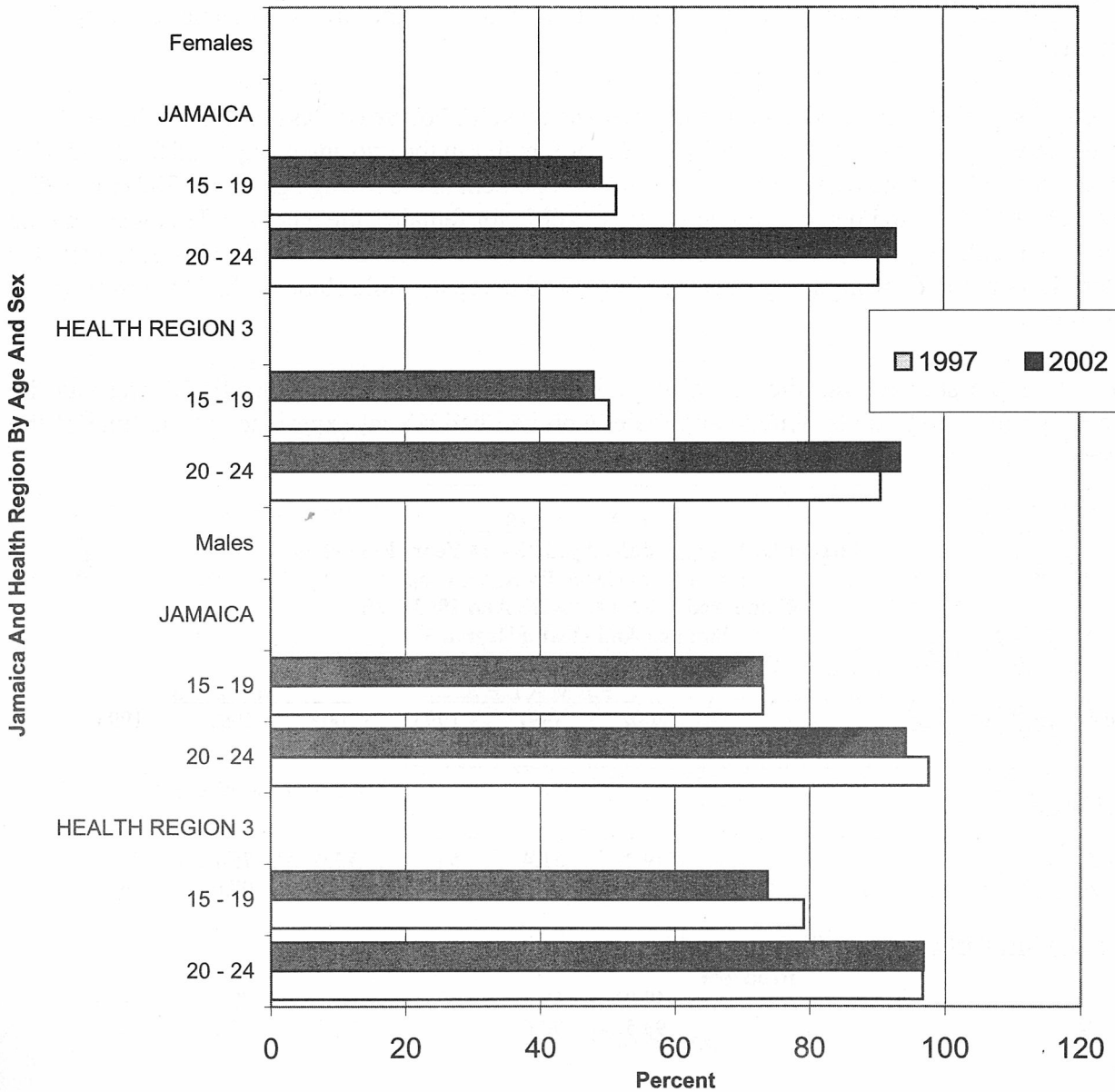
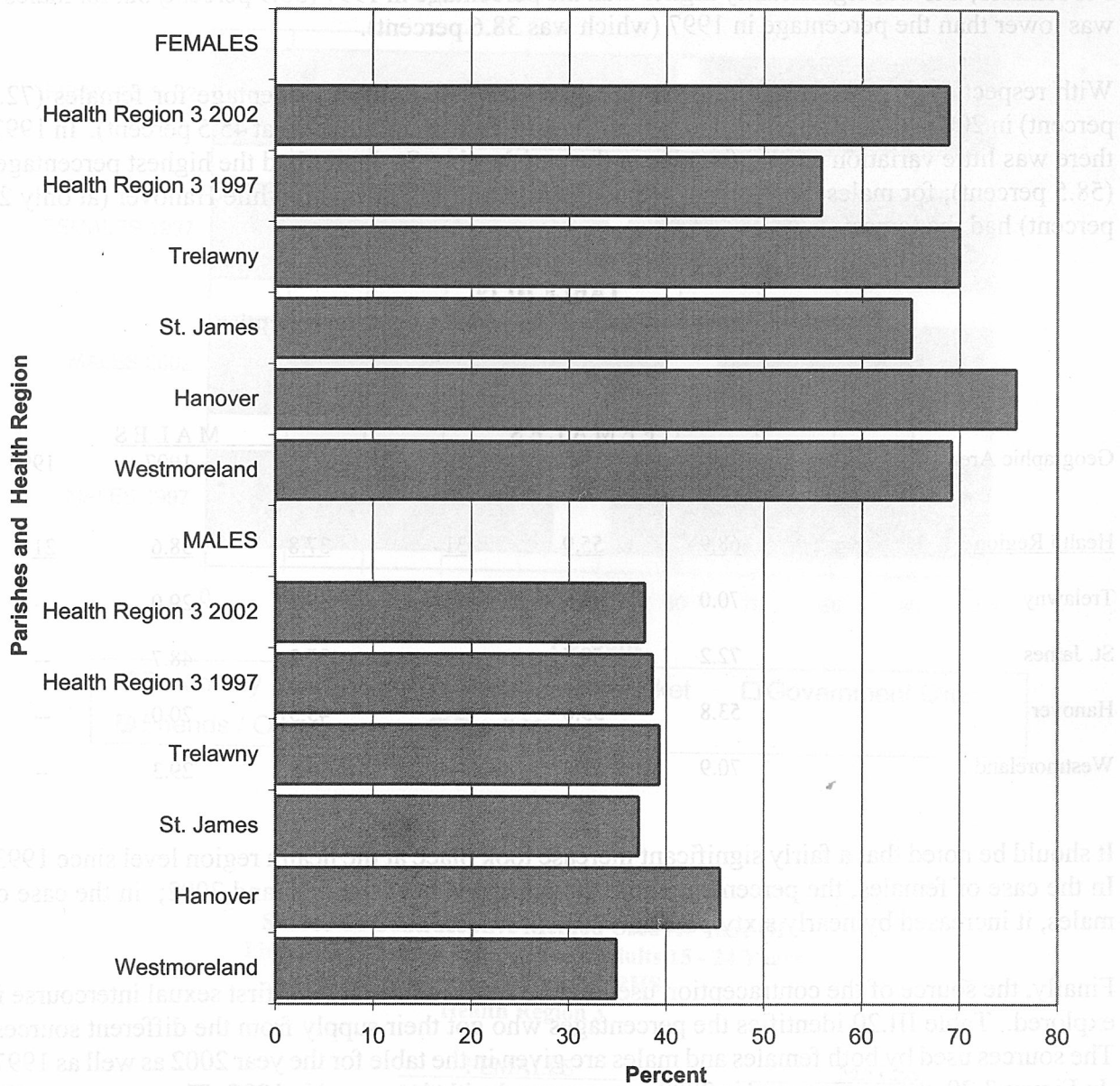


Figure 3.19
Percent Using Contraception At First Sexual Intercourse
By Parish - Young Females Aged 15 - 24 Years
Health Region 3



And what of contraceptive use at first sexual intercourse? Table III.19 shows these percentages for both females and males in Health Region 3 for each of the parishes in the health region. It also gives comparisons with 1997. Over two-thirds of females in Health Region 3 and also over one-third of males reported in the 2002 survey that they had used contraception at their first sexual intercourse. For females, this was significantly higher than the percentage in 1997 (55.9 percent) but for males it was lower than the percentage in 1997 (which was 38.6 percent).

With respect to the parish breakdowns, St. James had the highest percentage for females (72.2 percent) in 2002 while with respect to males, the highest was in Hanover (at 45.5 percent). In 1997, there was little variation among females in the parishes but St. James had the highest percentages (58.5 percent); for males, St. James also had the highest (48.7 percent) while Hanover (at only 20 percent) had the lowest.

TABLE III.19
Percent Of Young Adults 15 - 24 Years Who Used Contraception
At First Sexual Intercourse By Parish
Health Region 3

Geographic Area	F E M A L E S			M A L E S		
	2002	1997	1993	2002	1997	1993
<u>Health Region 3</u>	<u>68.9</u>	<u>55.9</u>	<u>31</u>	<u>37.8</u>	<u>38.6</u>	<u>21</u>
Trelawny	70.0	56.9	--	39.3	29.0	--
St. James	72.2	58.5	--	37.2	48.7	--
Hanover	53.8	53.6	--	45.5	20.0	--
Westmoreland	70.9	52.3	--	34.9	29.3	--

It should be noted that a fairly significant increase took place at the health region level since 1993. In the case of females, the percentage more than doubled between then and 2002; in the case of males, it increased by nearly sixty percent.

Finally, the source of the contraception used by the young adults at their first sexual intercourse is explored. Table III.20 identifies the percentages who got their supply from the different sources. The sources used by both females and males are given in the table for the year 2002 as well as 1997. In Figure 3.20, the sources used in 2002 are compared with those used in 1997. These are presented for females and for males.

In 2002, the shop or supermarket was the most used source by both females and males in Health Region 3. This source was more heavily used by males than by females (it was used by 55 percent of males and 46 percent of females). This is a significant change over 1997 when only 19.2 percent of females and slightly under 40 percent of males used this source of supply. This source replaces

Figure 3.20
Source Of Contraceptive Method Used At Time Of First Sexual Intercourse
- Young Adults 15 - 24 Years - 2002 & 1997
Health Region 3

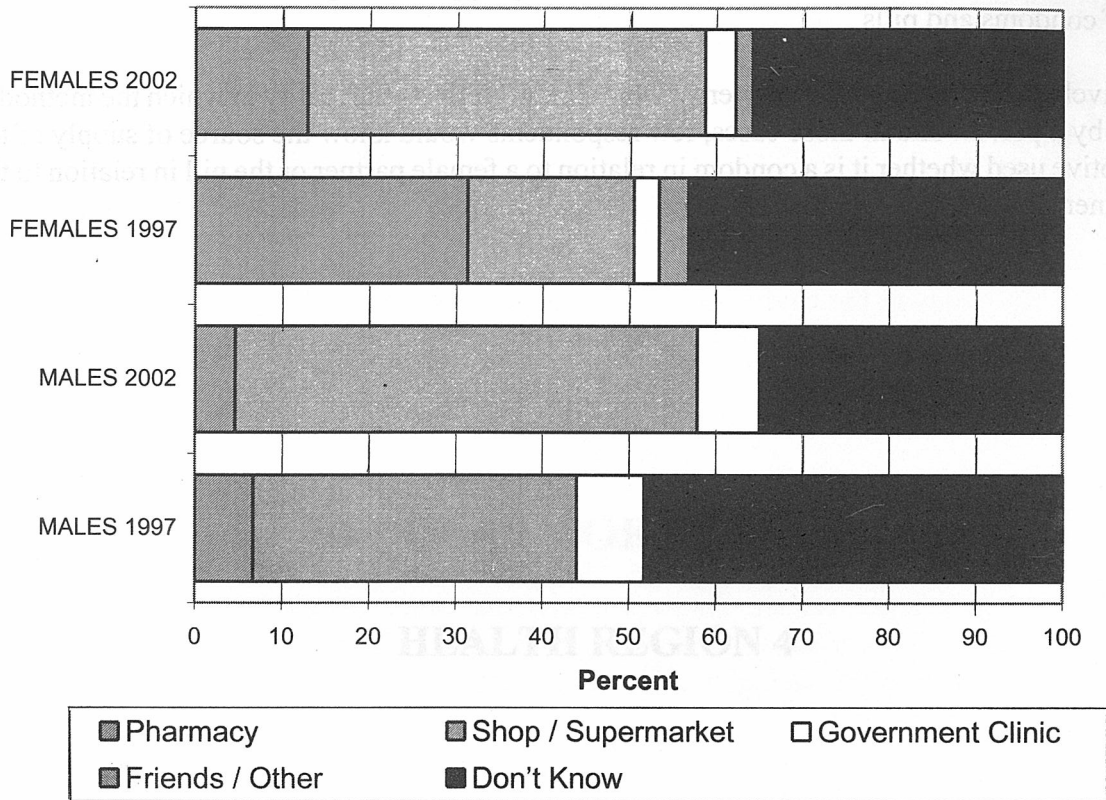


TABLE III.20
Source Of Contraceptive Method Used At Time Of
First Sexual Intercourse - Young Adults 15 - 24 Years
Compared With 1997 RHS
Health Region 3

Source	FEMALES		MALES	
	2002	1997	2002	1997
Pharmacy	12.9	31.4	4.6	6.7
Shop / Supermarket	45.9	19.2	53.3	37.3
Government Clinic	3.5	2.9	7.2	7.8
Friends / Other	2.0	3.4	0.1	0.0
Don't Know	35.7	43.1	34.8	48.2

the pharmacy in popularity. In 1997, nearly one third females had used the pharmacy; in 2002, this was down to 13 percent. For males, in 1997 it was 6.7 percent; in 2002, it was down to 4.6 percent. This is not a surprising development as more and more shops started stocking up on condoms, the most frequently used method at first intercourse, and also on pills. The fall in the percentage of the supply from government health centres reflect the changing policy of government in relation to the supply of condoms and pills.

The relatively high percentage of answers: "Don't know" reflects the reality in which the method is provided by a partner and in those cases, few respondents would know the source of supply of the contraceptive used whether it is a condom in relation to a female partner or the pill in relation to the male partner.

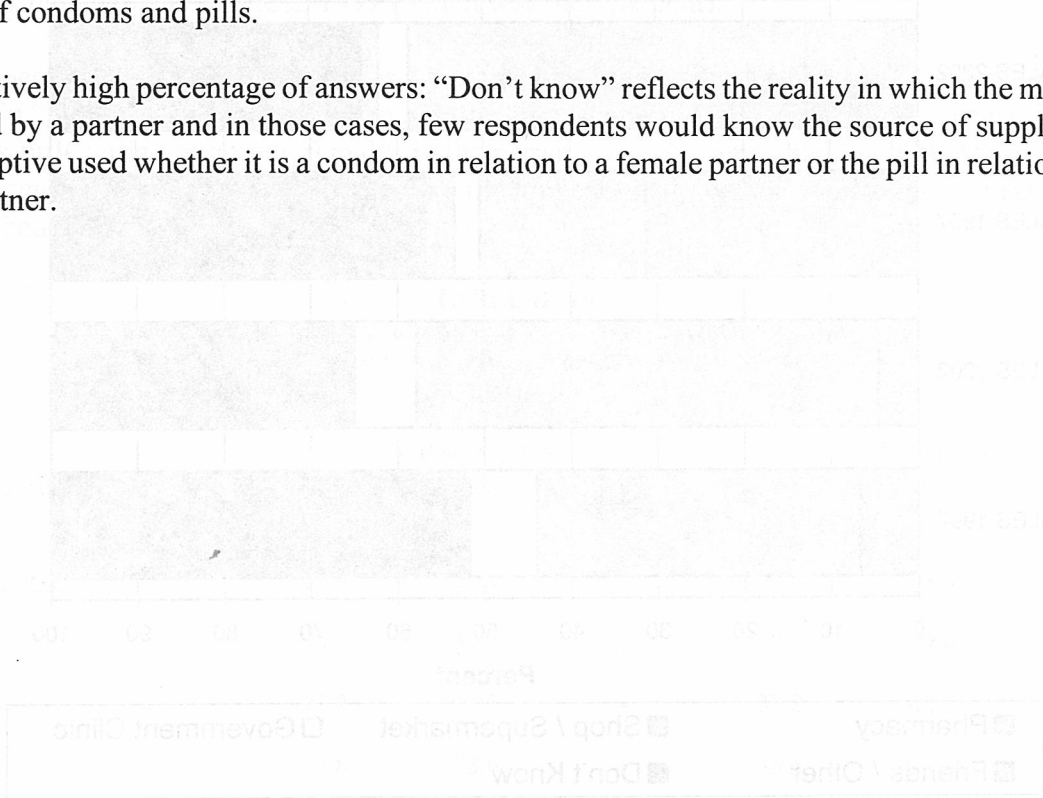


TABLE 10.2: Source of Contraceptive Method Used At Time Of First Sexual Intercourse - Young Adults 15 - 24 Years Compared With 1997 RNS

Source	FEMALES		MALES	
	2002	1997	2002	1997
Pharmacy	13.9	28.4	4.6	6.7
Shop / Supermarket	25.0	15.0	25.0	15.0
Friends / Other	10.0	10.0	10.0	10.0
Don't Know	52.1	46.6	60.4	68.3

SUMMARY OF RESULTS

HEALTH REGION 4

Age Group

15-19
20-24
25-29
30-34
35-39
40-44
45-49

15-19

15-19

HEALTH REGION 4

Introduction

This Report summarizes the findings of the Reproductive Health Survey (RHS) carried out in Jamaica in 2002 as they relate to Health Region 4. As mentioned, the report covers fertility, planning status of last pregnancy, knowledge of contraceptives, contraceptive use, pill use, condom use, source of contraceptives, prenatal care and women's health. A limited number of topics relating to young adults has also been covered. This section covers all of the abovementioned topics as they were found in Health Region 4. A limited amount of information relating to the national level is also included for comparative purposes. The format of the report is to present data in a tabular form as well as in the form of charts to provide a pictorial representation of the topic being analyzed. Comparisons in the charts will, in general, be confined to the years 2002 and 1997. Where available, other years will be presented in the tables.

Fertility

Fertility data for Jamaica as a whole and for Health Region 4 will be presented in this section. The survey shows that the total fertility rate (TFR) for the years 2000 - 2002 (that is, two years prior to interview) to be 2.5 births per woman. This represents a decrease from the TFR of 1997 which was 2.8 births per woman. This continues the decline which has been observed over the period as may be seen in Table 1V.1 where the TFR for 1993 was 3.0 births per woman.

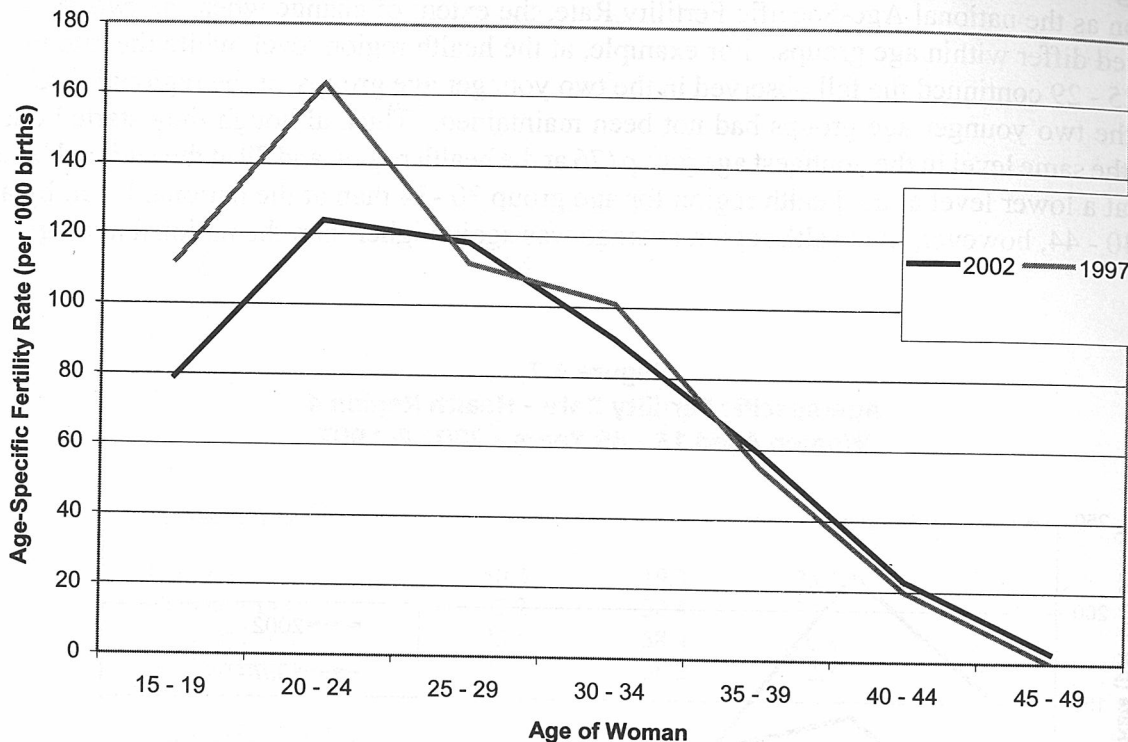
TABLE IV.1
Age-Specific Fertility Rates* And Total Fertility Rates**
Women Aged 15 - 49 Years
All Jamaica And Region 4
Compared With 1997 RHS And 1993 CPS

Age Group	All Jamaica			Health Region IV	
	2002	1997	1993	2002	1997
15 - 19	79	112	107	76	154
20 - 24	124	163	160	142	220
25 - 29	118	112	131	123	125
30 - 34	91	101	99	86	102
35 - 39	59	55	69	63	53
40 - 44	23	20	42	30	37
45 - 49	3	0	--	0	--
<u>Total Fertility Rate</u> 15 - 49	2.5	2.8	3.0	2.6	3.5

* Births Per 1000 women.

** Births per woman.

Figure 4.1
Age-specific Fertility Rate - All Jamaica
Women Aged 15 - 49 Years
2002 & 1997



The decline is further demonstrated by reference to the Age-Specific Fertility Rate (ASFR) shown in Table IV.1 and Figure 4.1. The pattern of movement observed in 1997 is similar, with the ASFR peaking at age 20 - 24, and falling thereafter. Rates were lower in all age groups since 1993 up until age group 40 - 44.¹¹ Thus, the increases in the ASFR observed in 1997 where they occurred were reversed. The rates in 2002 declined in all age groups except in age group 25 - 29 and from age group 35 - 39 and onwards but the increases there were relatively small. Thus, for example, in age group 45 - 49, whereas the rate had fallen to zero in 1997, it was still at 3 births per 1000 women in 2002.

The Total Fertility Rate for Health Region 4 in 2002, 2.6 births per 1000 women, was almost the

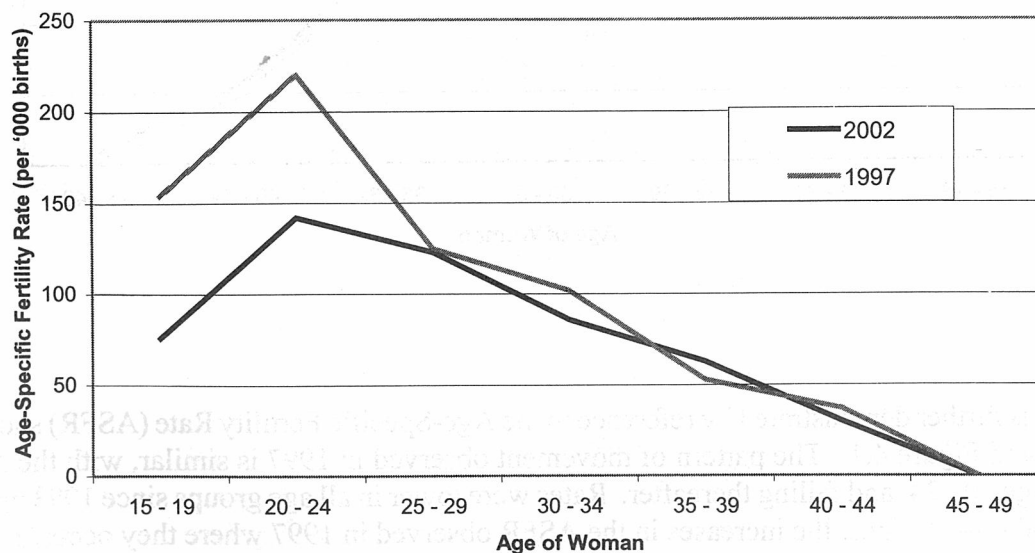
¹¹

Coverage was restricted in 1993 to age 44.

same as the national level. It represents a significant fall from 1997 when the rate was 3.5 births per 1000 women. The Age-Specific Fertility Rate fell in all age groups up to age 44 (the last year for which comparisons can be made) except for age group 35 - 39 year when there was a slight increase.

Although the movement of the Age-Specific Fertility Rate in Health Region 4 was in the same direction as the national Age-Specific Fertility Rate, the extent of change when the two rates are compared differ within age groups. For example, at the health region level, while the rate in age group 25 - 29 continued the fall observed in the two younger age groups, at the regional level, the fall in the two younger age groups had not been maintained. Thus, although they started out at almost the same level in the youngest age group (76 at the health region and 79 at the national level), it was at a lower level at the health region for age group 30 -34 than at the national level; by age group 40 - 44, however, the health region average was again higher than the national average.

Figure 4.2
Age-specific Fertility Rate - Health Region 4
Women Aged 15 - 49 Years - 2002 & 1997



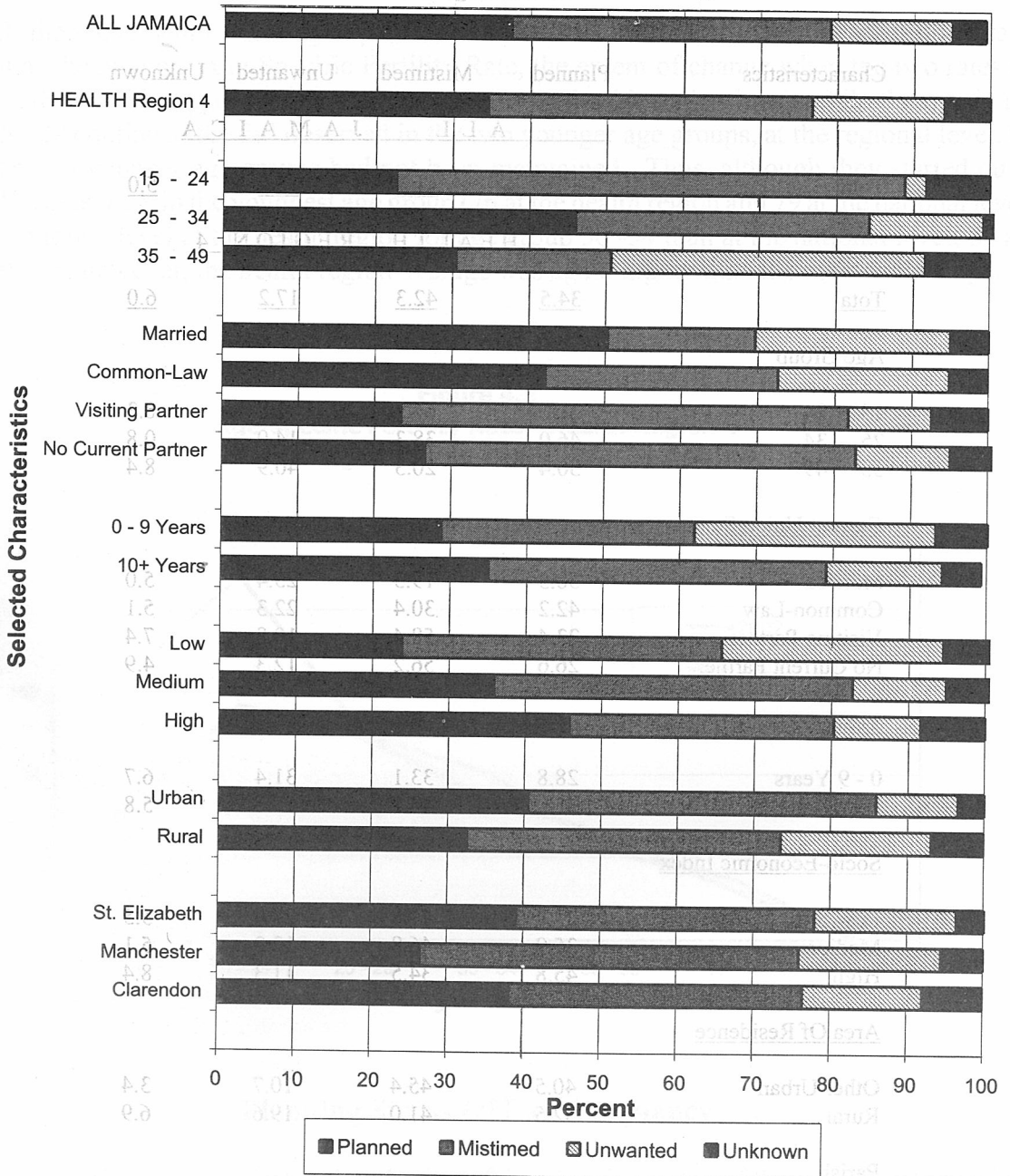
Planning Status Of Last Pregnancy

Table IV.2 and Figure 4.3 show the distribution of the planning status of the last pregnancy within the past five years for women aged 15 - 49 years. National data as well as for Health Region 4 are shown. A pregnancy is defined as 'planned' if the woman wanted to become pregnant at the time of conception. A pregnancy is 'mistimed' if she wanted to become pregnant but at a later date and is 'unwanted' if she did not want to have more children. These latter two categories comprise 'unintended' or 'unplanned' pregnancies.

TABLE IV.2
Planning Status Of Last Or Current Pregnancy By Selected Characteristics
Percent Distribution - Women Aged 15 - 49 Years
Health Region 4

Characteristics	Planned	Mistimed	Unwanted	Unknown
<u>Total</u>	<u>37.5</u>	<u>41.6</u>	<u>15.9</u>	<u>5.0</u>
	H E A L T H		R E G I O N 4	
<u>Total</u>	<u>34.5</u>	<u>42.3</u>	<u>17.2</u>	<u>6.0</u>
<u>Age Group</u>				
15 - 24	22.6	66.3	2.8	8.3
25 - 34	46.0	38.3	14.9	0.8
35 - 49	30.4	20.3	40.9	8.4
<u>Current Union Status</u>				
Married	50.3	19.3	25.4	5.0
Common-Law	42.2	30.4	22.3	5.1
Visiting Partner	23.4	58.4	10.8	7.4
No Current Partner	26.6	56.2	12.3	4.9
<u>Years Of Schooling</u>				
0 - 9 Years	28.8	33.1	31.4	6.7
10+ Years	35.0	44.1	15.1	5.8
<u>Socio-Economic Index</u>				
Low	23.8	41.8	28.9	5.5
Medium	35.9	46.8	12.2	5.1
High	45.8	34.5	11.3	8.4
<u>Area Of Residence</u>				
Other Urban	40.5	45.4	10.7	3.4
Rural	32.5	41.0	19.6	6.9
<u>Parish</u>				
St. Elizabeth	39.0	39.0	18.5	3.5
Manchester	26.5	49.5	18.5	5.5
Clarendon	38.1	33.4	15.6	7.9

Figure 4.3
Planning Status Of Last Or Current Pregnancy
By Selected Characteristics
All Jamaica And Health Region 4



Overall, at the national level, 37.5 percent of women reported that they had planned their pregnancies. The percentage was lower in Health Region 4 where it was 34.5 percent. Not shown in the table or the graph is that this continues the increase of planned pregnancies which has been taking place since 1989 at both the national and Health Region 4 level. At the national level, the percentage moved from 25 percent in 1989 to 29 percent in 1993, up to 34 percent in 1997 and to the present level of 38 percent in 2002. In Health Region 4, the movement was from 27 percent in 1993 to 35 percent in 1997 and now to 42.3 percent in 2002.

At the national level, the percentage of mistimed pregnancies was significantly higher than of planned pregnancies (41.6 percent compared with 37.5 percent). At the health region level, the percentage of mistimed pregnancies were also significantly higher (42.3 percent compared with 34.5 percent). At the same time, unintended pregnancies were well below planned and mistimed pregnancies at both national and health region levels.

The status of pregnancies at the health region level is further analyzed by selected characteristics. These include: age group, current union status, years of schooling, socio-economic status and area of residence. It is also presented by parish. Here it is shown that the percentage of planned births is highest in age group 25 - 34 years, among married couples, among those with the higher level of schooling and are in the highest socio-economic status group; it is also highest for those who live in urban areas. Among parishes, it was highest among residents of St. Elizabeth and next, Clarendon.

With respect to mistimed pregnancies, respondents in the age group 15 - 24 had the highest percentage (at 66.3 percent). Those in a visiting relationship also had a high percentage (58.4 percent). The percentage was higher among those with the higher level of schooling but it was highest for those in the medium socio-economic status group. The percentage was higher among urban rather than rural dwellers and was highest in Manchester. Of significance is the 40.9 percent of women in the 35 - 49 age group whose pregnancy was unwanted.

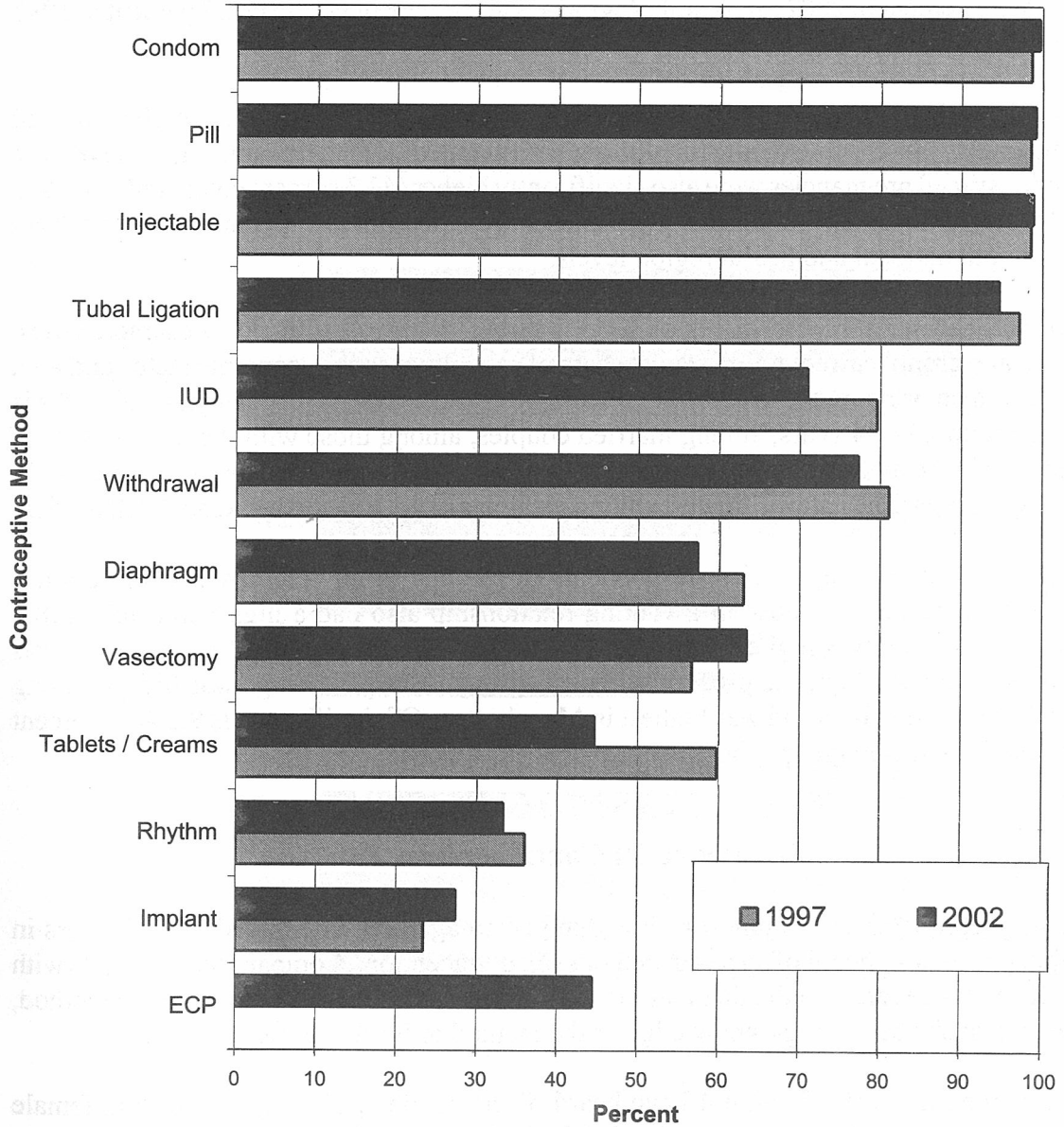
Knowledge Of Contraceptives

The next table, Table IV.3 and Figure 4.4 show the percentage of women aged 15 - 49 years in Health Region 4 who have heard of specific methods of contraception. Comparisons are made with 1997 RHS. Knowledge refers to the fact that the respondent has heard of a contraceptive method, not necessarily that she has enough knowledge of the method to be able to use it correctly.

Virtually all women in Health Region 4 have heard of the condom, pill, injectables and female sterilization and almost 90 percent know of the IUD and withdrawal and was so in 1997 also. As in 1997, the diaphragm, vaginal methods and Norplant, which are little used in Jamaica, are less well-known.

Knowledge was, in fact, higher in 1997 than in 2002 for tubal ligation, the IUD, vaginal methods and the rhythm method. At the same time, knowledge of Norplant, one of the newer methods, have

Figure 4.4
Percent Of Women Aged 15 - 49 Years Who
Heard Of Specific Contraceptive Methods
2002 & 1997
Health Region 4



increased. In 1997, the Emergency Contraceptive Pill (ECP) had not yet been introduced to the Jamaican market. In 2002, over 44 percent of respondents had heard of the method. Thus, with the exception of Norplant and ECP, knowledge has in most cases remained the same and in the lesser used methods, have declined.

TABLE IV.3
Percent Of Women Aged 15 - 49 Years
Who Have Heard Of Specific Contraceptive Methods.
Compared With 1997 RHS And 1993 CPS
Health Region 4

Method	2002	1997	1993
Condom	99.7	98.7	98
Pill	99.2	98.6	99
Injectable	98.9	98.6	97
Tubal Ligation	94.7	97.2	93
Intra-Uterine Device (IUD)	71.0	79.6	77
Withdrawal	77.3	81.1	69
Diaphragm	57.4	63.1	54
Vasectomy	63.5	56.7	45
Tablets / Creams	44.6	59.8	51
Calendar / Rhythm	33.3	36.0	29
Implant	27.4	23.4	11
Emergency Contraceptive Pill	44.4	--	--

-- Not asked in survey.

In the next table and figure (Table 1V.4 and Figure 4.5) knowledge of women aged 15 - 49 is portrayed as they relate to the parishes in Health Region 4. There is little difference between parishes except that fewer women in St. Elizabeth have heard of most of the methods. These include condom, abstinence, withdrawal, vasectomy, vaginal methods, the rhythm method, Norplant and the ECP. Manchester had the highest level for all methods except for the pill while knowledge of the injectable, tubal ligation and the IUD was lowest in Clarendon.

Figure 4.5
Percent Of Women Aged 15 - 49 Years Who Heard
Of Specific Contraceptive Methods By Parish
Health Region 4

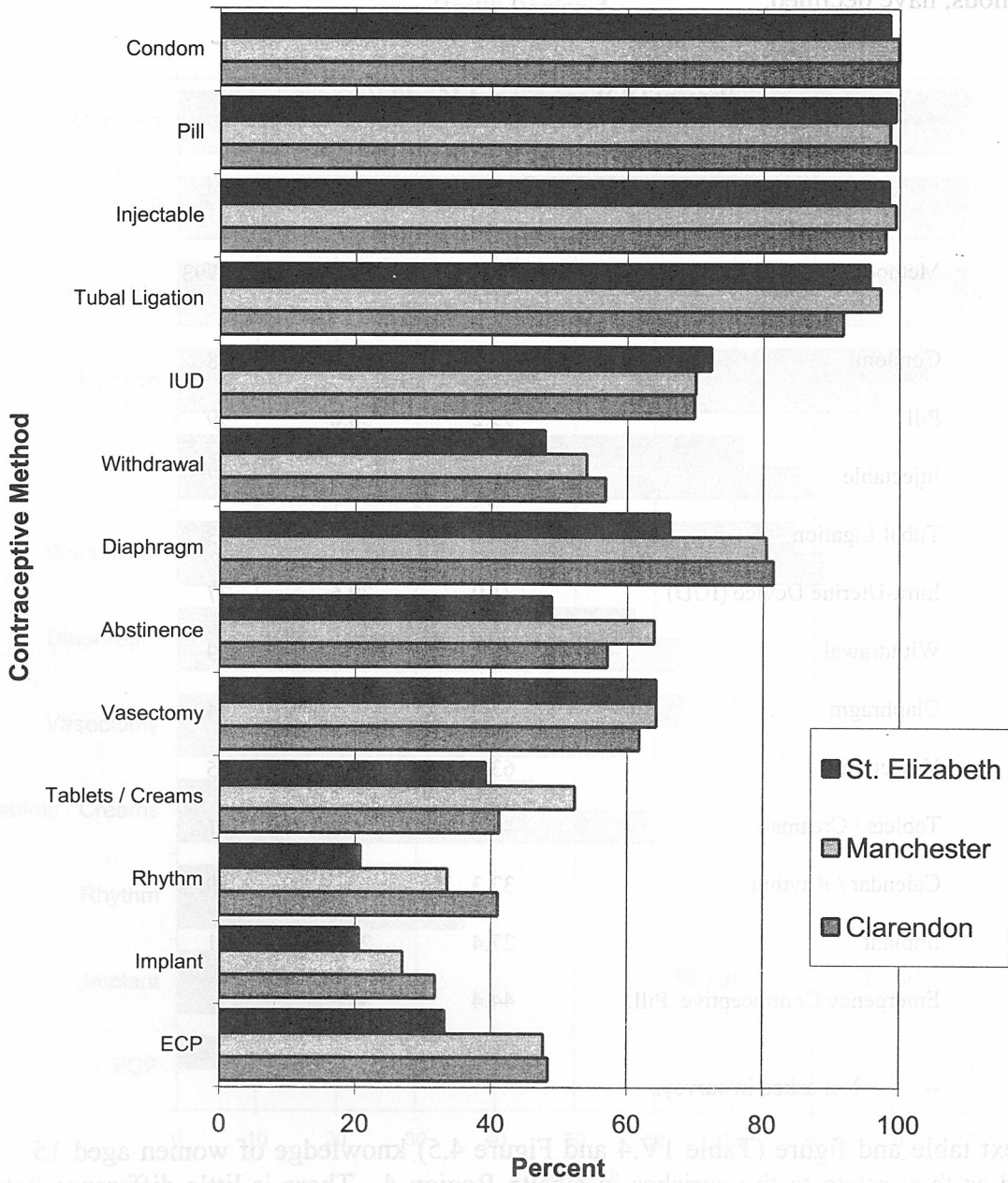


TABLE IV.4
Percent Of Women Aged 15 - 49 Years
Who Have Heard Of Specific Contraceptive Methods By Parish
Health Region 4

Method	St. Elizabeth	Manchester	Clarendon
Condom	98.7	100.0	99.9
Pill	99.5	98.7	99.5
Injectable	98.5	99.5	98.0
Tubal Ligation	95.7	97.3	91.8
Intra-Uterine Device (IUD)	72.4	70.1	69.9
Abstinence	47.9	54.0	56.8
Withdrawal	66.3	80.5	81.5
Diaphragm	48.9	64.0	57.1
Vasectomy	64.3	64.3	61.8
Tablets / Creams	39.2	52.3	41.2
Calendar / Rhythm	20.8	33.6	41.0
Implant	20.6	27.0	31.8
Emergency Contraceptive Pill	33.2	47.7	48.4

Of the thirteen methods identified, Manchester had the highest knowledge in six and tied with St. Elizabeth for a seventh, Clarendon had the highest knowledge in four and St. Elizabeth had one plus the one with which it tied with Manchester. The methods for which Manchester had the highest knowledge are: condom, pill, injection, diaphragm and vaginal methods (the more modern methods), tying with St. Elizabeth for vasectomy (also a modern method). Clarendon had the highest percentage of knowledge of abstinence, withdrawal, rhythm (three of the traditional methods), Norplant and the Emergency Contraceptive Pill (the two most modern methods). The other method, the IUD is most well known in St. Elizabeth.

The next table and chart, Table IV.5 and Figure 4.6 looks at knowledge of contraceptives among young men aged 15 - 24 years. Here it will be seen that the condom and the pill are best known followed next by injectables, tubal ligation and withdrawal. A similar pattern obtained in 1997. In almost all cases, there has been little decrease in knowledge in the methods known in 1997. In the

Figure 4.6
Percent Of Men Aged 15 - 24 Years Who Heard Of Specific Contraceptive
Methods Compared With 1997 RHS - Health Region 4

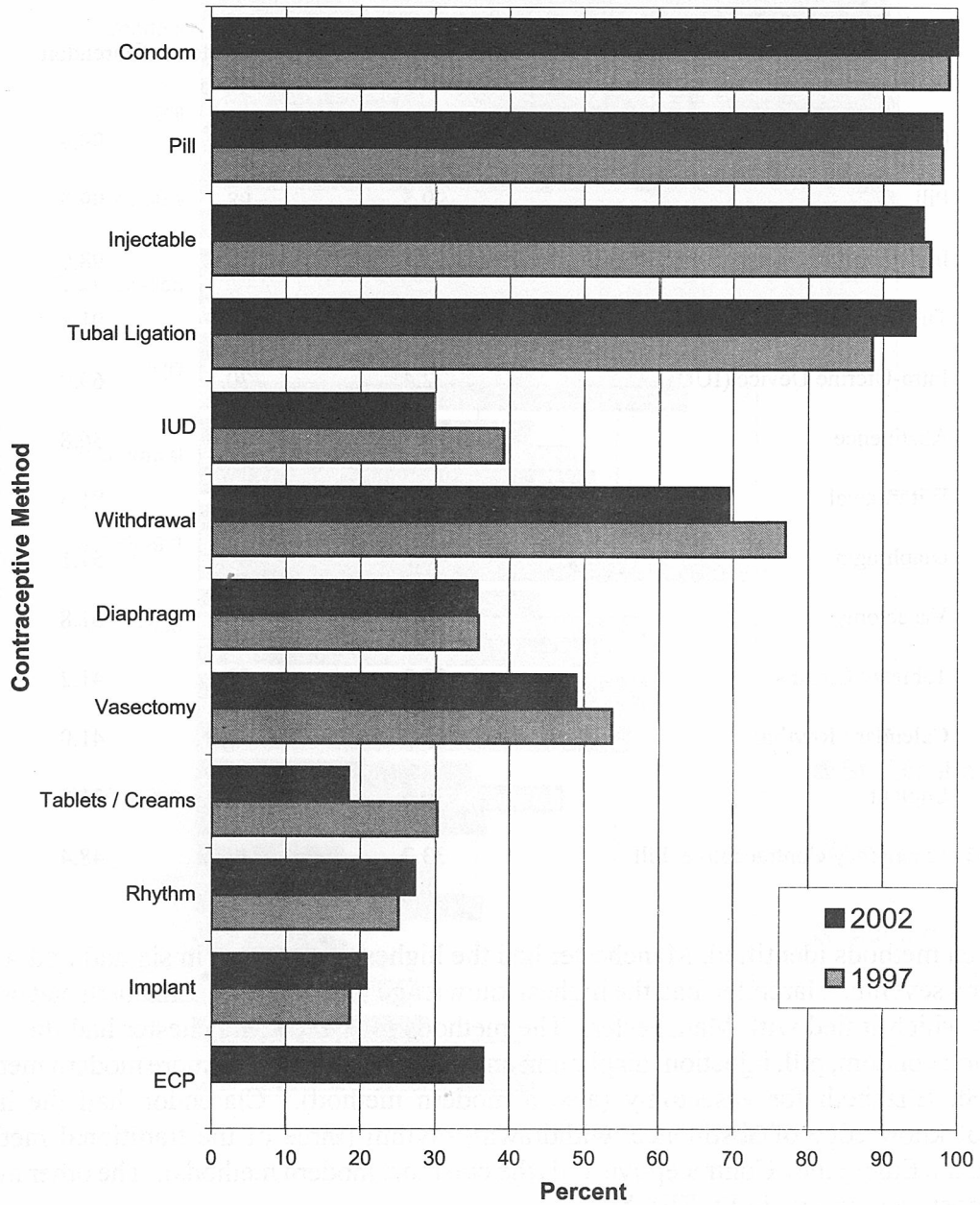


TABLE IV.5
Percent Of Men Aged 15 - 24 Years
Who Have Heard Of Specific Contraceptive Methods
Compared With 1997 RHS And 1993 CPS
Health Region 4

Method	2002	1997	1993
Condom	100.0	98.9	98
Pill	97.9	98.0	96
Injectable	95.4	96.4	85
Tubal Ligation	94.3	88.6	86
Intra-Uterine Device (IUD)	29.7	39.2	33
Withdrawal	69.4	77.0	63
Diaphragm	35.6	35.8	35
Vasectomy	48.9	53.7	32
Tablets / Creams	18.4	30.3	18
Calendar / Rhythm	27.3	25.1	16
Implant	20.8	18.6	8
Emergency Contraceptive Pill	36.5	--	--

few methods in which increases were observed, tubal ligation and Norplant were the most marked.

Contraceptive Use

Figure 4.7 and Table IV.6 show the prevalence of contraceptive use among women in union in Jamaica in 2002 at the national level and for Health Region 4. The methods shown are the most prevalent methods used. Comparisons are shown with 1997. The overall level of use in Health Region 4, at 73.7 percent, is higher than the 69.1 percent at the national level. In 1997, the percentage usage at the national level was 65.9 percent and 61 percent in Health Region 4. This small increase was similar to that over 1993 when the percentage increase at the health region level was only one percent.

Figure 4.7
Percent Of Women In Union Aged 15 - 49 Years
Currently Using Contraception By Method
Jamaica And Health Region - 2002 & 1997
Health Region 4

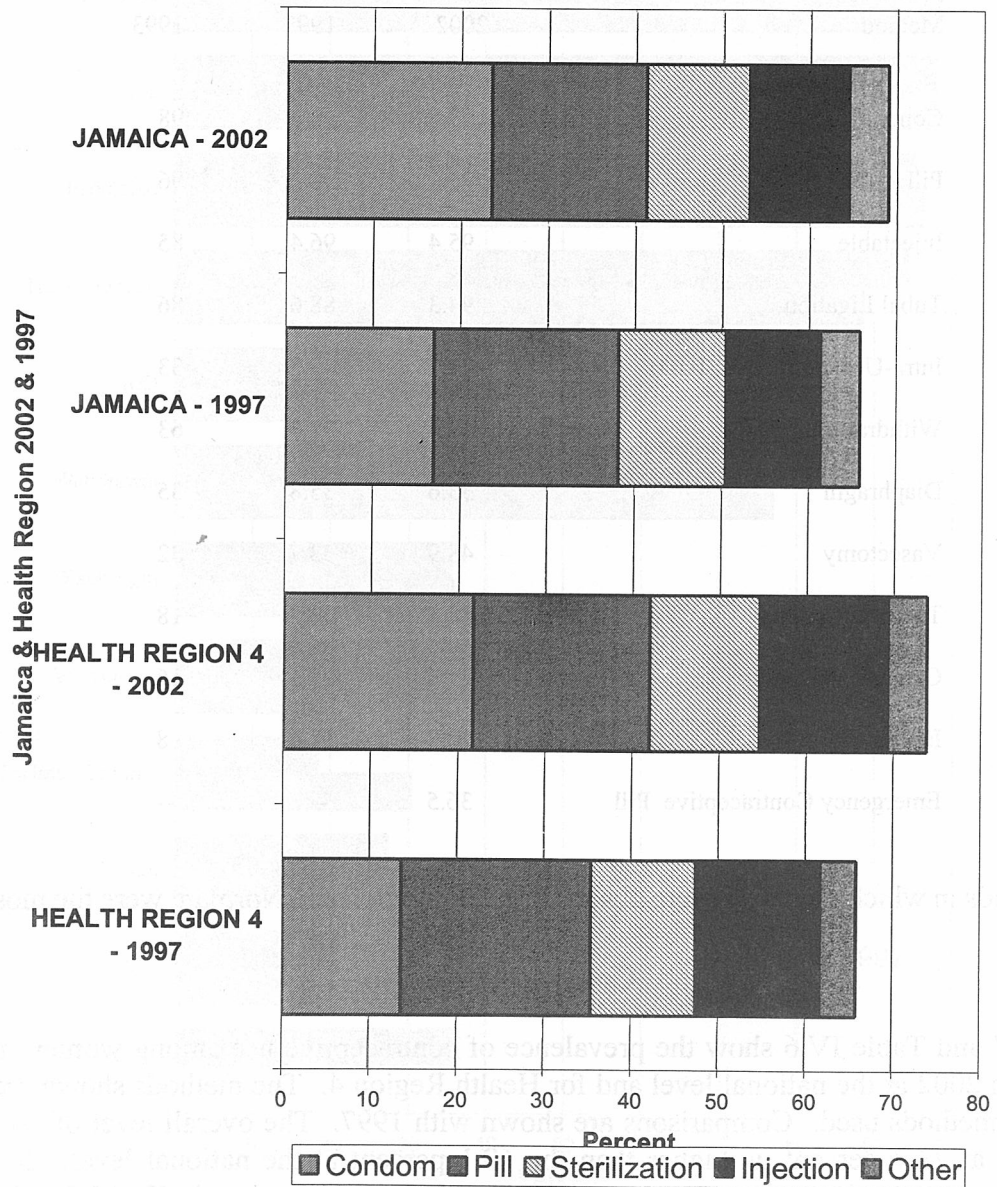


TABLE IV.6
Percent Of Women In Union Aged 15 - 49 Years
Currently Using Contraception By Method Being Used
Compared With 1997 RHS
Health Region 4

Method Being Used	JAMAICA		Health Region 4	
	2002	1997	2002	1997
<u>All Methods</u>	<u>71.5</u>	<u>65.9</u>	<u>73.7</u>	<u>61.0</u>
Sterilization	12.2	12.3	12.6	12.0
Pill	18.4	21.2	20.3	21.8
Condom	24.3	17.0	21.7	13.6
Injection	11.8	10.8	14.7	14.2
Other	4.8	4.6	4.5	4.2

.. Data not published.

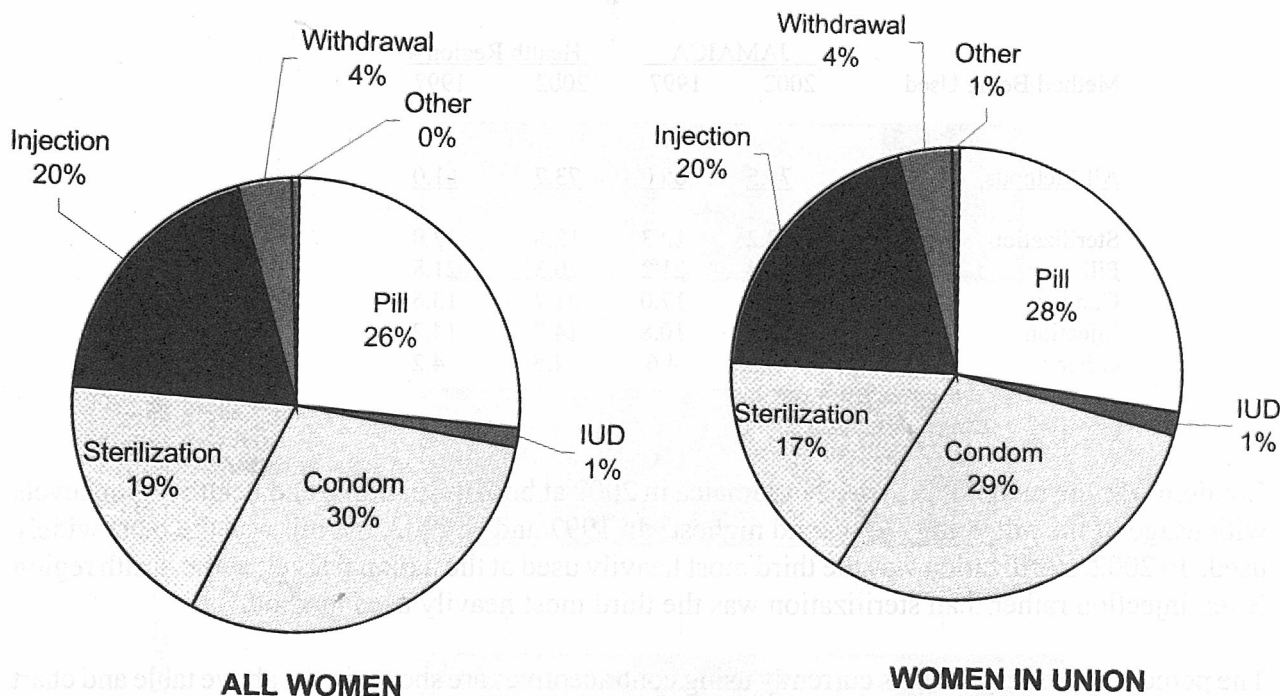
Condom was the method most used in Jamaica in 2002 at both the national and health region levels with usage of the pill being the second highest. In 1997 and in 2002, the pill was the most widely used. In 2002, sterilization was the third most heavily used at the national level; at the health region level, injection rather than sterilization was the third most heavily used method.

The percentage of respondents currently using contraceptives are shown in the above table and chart at the national and health region levels. Comparisons with 1997 are shown by method. Table IV.7 and Figure 4.8, compare all women aged 15 - 49 years with those who are in union. Comparisons with 1997 are also shown. This is represented in the form of pie charts, one for all women and the second for women in union. Figure 8 shows the differentials between all women and those in union. Comparisons are made in the table with 1997 RHS.

TABLE IV.7
Percent Of All Women And Women In Union Aged 15 - 49 Years
Currently Using Contraception By Method Being Used
Health Region 4

Method Being Used	All Women		Women In Union	
	2002	1997	2002	1997
Pill	16.8	19.7	20.3	23.3
Condom	18.9	13.3	21.7	14.5
Sterilization	11.8	12.3	12.6	12.8
Injection	12.5	14.2	14.7	15.2
Withdrawal	2.5	3.3	2.8	3.9
Intra-Uterine Device	0.9	0.2	1.1	1.1
Other	0.3	0.4	0.5	4.4
Non-Users	36.5	36.6	26.3	29.7

Figure 4.8
Percentage Of All Women And Women In Union
Currently Using A Contraceptive Method
Health Region 4



For all women, condom was the method used by the highest percentage in 2002 (18.9 percent), followed by the pill (with 16.8 percent), injection (at 12.5 percent) and tubal ligation (at 11.8 percent). In 1997, the pill was most frequently used (at 19.7 percent) followed by injection (at 14.2 percent), condom (with 13.3 percent) and then sterilization (with 12.3 percent).

Similar patterns were found among women in union. Here, in 2002, the condom was still the most widely used (with 21.7 percent. The pill (with 20.3 percent) followed closely behind. Injection was the third most widely used (with 14.7 percent) while the other methods identified - withdrawal (with 2.8 percent, the Intra-Uterine Device (with 0.5 percent) - were the least frequently used. This pattern of use was by and large duplicated in 1997 with the exception that the pill was the method with the highest percentage of use (23.3 percent which was higher than the percentage in 2002) and the condom had the second highest usage (with 14.5 percent, significantly lower than condom use).

The similarity of use between all women and women in union in 2002 is clearly demonstrated in Figure 4.8.

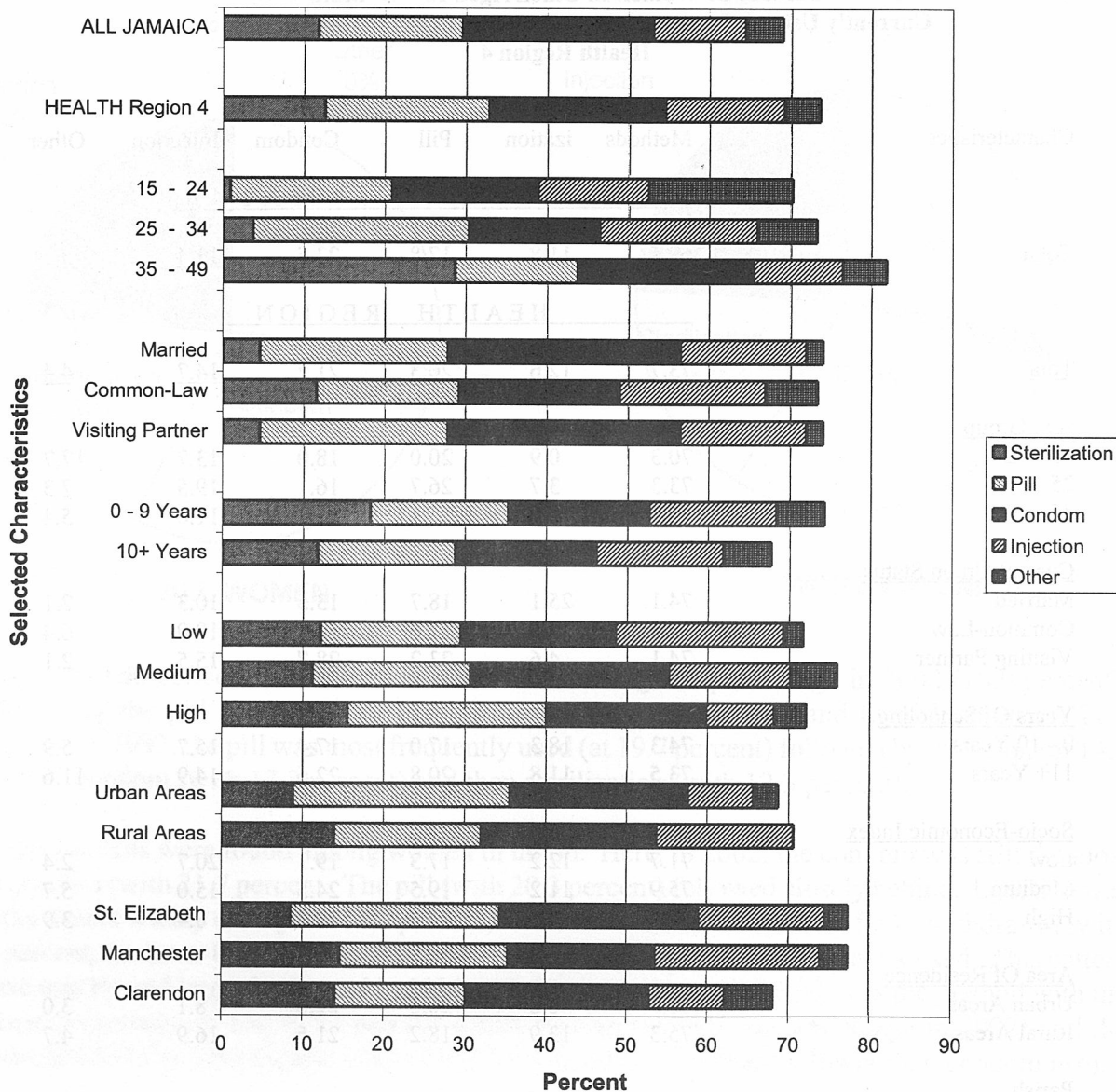
Does this pattern of use change based on the changing characteristics of the population being studied? What impact, for example does age have on usage? Is usage determined by the current relationship of respondents; by their level of education; by their socio-economic status? Does area of residence affect their pattern of use and finally, how does usage vary between parishes? These are the topics investigated in the next table and charts.

Table IV.8 below presents the use of major contraceptive methods by women in union for Jamaica as a whole and for Health Region 4 according to selected geographic and socio-demographic characteristics. Figure 4.9 shows the percentages by method for each of the selected characteristics.

TABLE IV.8
Percent Of Women In Union Aged 15 - 49 Years
Currently Using a Contraceptive Method By Selected Characteristics
Health Region 4

Characteristics	All Methods	Steril-ization	Pill	Condom	Injection	Other
	A L L			J A M A I C A		
<u>Total</u>	<u>69.1</u>	<u>11.8</u>	<u>17.8</u>	<u>23.5</u>	<u>11.4</u>	<u>4.6</u>
	H E A L T H R E G I O N 4					
<u>Total</u>	<u>73.7</u>	<u>12.6</u>	<u>20.3</u>	<u>21.7</u>	<u>14.7</u>	<u>4.4</u>
<u>Age Group</u>						
15 - 24	70.3	0.9	20.0	18.0	13.7	17.7
25 - 34	73.3	3.7	26.7	16.1	19.5	7.3
35 - 49	76.3	28.7	15.1	21.7	11.0	5.4
<u>Current Union Status</u>						
Married	74.1	25.1	18.7	13.5	10.3	2.1
Common-Law	72.4	11.6	17.6	19.8	18.0	6.4
Visiting Partner	74.1	4.6	23.2	28.7	15.5	2.1
<u>Years Of Schooling</u>						
0 - 10 Years	74.3	18.3	17.0	17.4	15.7	5.9
11+ Years	73.5	11.8	20.8	22.6	14.9	11.6
<u>Socio-Economic Index</u>						
Low	71.7	12.2	17.3	19.1	20.7	2.4
Medium	75.9	11.2	19.5	24.5	15.0	5.7
High	72.1	15.5	24.6	19.7	8.4	3.9
<u>Area Of Residence</u>						
Urban Areas	68.7	8.8	26.8	22.0	8.1	3.0
Rural Areas	75.3	13.9	18.2	21.6	16.9	4.7
<u>Parish</u>						
St. Elizabeth	77.3	8.5	25.9	24.5	15.6	2.8
Manchester	77.3	14.6	20.8	18.1	20.4	3.4
Clarendon	68.1	14.0	16.2	22.6	9.4	5.9

Figure 4.9
Percent Of Women In Union Aged 15 - 49 Years
Currently Using a Contraceptive Method
By Selected Characteristics
Health Region 4



In general, as age increases, women tend to use more effective methods. In the health region, the pill is the most frequently used contraceptive method among women aged 24 years and under, followed by the condom. The pill is also the leading method of use for women between ages 25 and 34. The use of injections is also highest in this age group. After age 35, the pill is in turn eclipsed by female sterilization as the major method, as half of these older women using any method are using surgical contraception.

Overall use by women in marital unions is about the same level as women in common-law unions, but there are differences in the methods used by the different groups. Almost one-third of married women using any method have been surgically sterilized. In contrast, relatively few women in a common-law union or in a visiting relationship have been sterilized.

A factor not shown in this table or figure is that women who are married tend to be older than women in common-law and visiting unions, which in turn is correlated with the number of living children. As mentioned above, with increasing age (and a greater number of children), a higher percentage of women choose this permanent method. Women who are in less stable unions and who are younger and have fewer children tend to use pills and condoms to a greater extent.

For those with the lower level of schooling, there is not a great deal of distinction between the use of these four leading methods. For those with a higher level of schooling, the more usual pattern of highest condom use followed by pill use, injection and tubal ligation. For those with the lowest SES index, the injection is the method of choice; for those in the medium group, the condom is the method of choice while the pill is the method of choice for those in the highest status group.

Urban residents tend to choose the pill over the other methods while for rural residents, the condom is the method of choice.

The next topic to be studied is the application of dual methods by respondents. Table IV.9 looks at the percentage of female first or primary contraceptive method users in Health Region 4 who concurrently use a secondary method.

Overall, 12.5 percent of all users in the health region are also using a secondary method. In 1997, the comparable percentage was 9.3 percent while, not shown in the table is that the percentage in 1993 was lower. As in 1997, almost all secondary method use is the condom. This suggests that while primary use alone does not show an increase in condom use from 1997 and from 1993, by including secondary method condom use as part of the analysis, the use of condoms has increased over the period.

Some 29 percent and 21 percent, respectively, of pill and injection users in Health Region 4 were, in 2002, concurrently using condoms. This increased from 21 percent and 14 percent, respectively, of pill and injection users who were using condoms as a second method in 1997. It should be noted that, both in 1997 and 2002, all respondents who reported that they were using withdrawal as a primary method were not using a second method. They would, therefore, be virtually unprotected,

TABLE IV.9
Percentage Of Contraceptive Users Who Are Currently Using
A Second Contraceptive Method By Primary And Secondary Method Used
Women In Union Aged 15 - 49 Years
Health Region 4

Method	None	Secondary Method Used				Other
		Condom	With- drawal	Natural Methods		
		2	0	0	2	
<u>All Primary Methods</u>	<u>87.5</u>	<u>11.3</u>	<u>1.0</u>	<u>0.1</u>		<u>0.1</u>
<u>Selected Primary Methods</u>						
Pill	78.1	21.9	0.0	0.0		0.0
Injectables	82.0	17.6	0.0	0.0		0.4
Tubal Ligation	91.6	8.4	0.0	0.0		0.0
Condom	95.7	0.6	3.5	0.2		0.0
Withdrawal	100.0	0.0	0.0	0.0		0.0
		1	9	9	7	
<u>All Primary Methods</u>	<u>90.7</u>	<u>9.2</u>	<u>0.0</u>	<u>0.0</u>		<u>0.1</u>
<u>Selected Primary Methods</u>						
Pill	82.8	17.3	0.0	0.0		0.0
Injectables	87.3	12.2	0.0	0.0		0.0
Tubal Ligation	96.0	4.0	0.0	0.0		0.0
Condom	100.0	0.0	0.0	0.0		0.0
Withdrawal	100.0	0.0	0.0	0.0		0.0

since withdrawal as a method is considered very unreliable.

To summarize, overall contraceptive use is high for all socio-demographic groups in Health Region 4 as well as nationally. While prevalence does not vary greatly by group, the choice of method does vary, with women and men moving from the condom to hormonal methods (pill and injections) and then to female sterilization as they get older. Also, condom use, including all who use as a primary or secondary method, has been increasing.

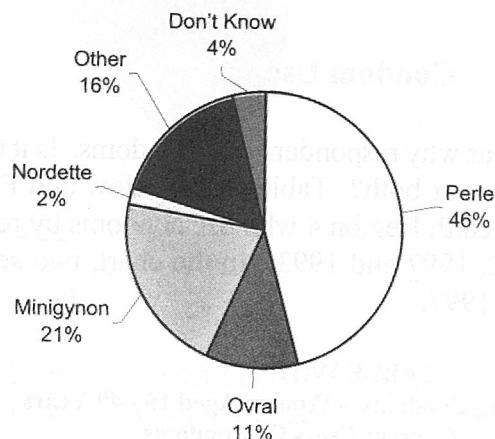
Pill Use

Table IV.10 gives a percentage distribution of the pills which are in use in 2002 and in 1997.¹²

¹² During the coding and editing stage, brands recorded under the 'other' category were given additional codes only where there was a certain percentage of similar answers. In the case of Lo-Femenal, which was not pre-coded in the questionnaire and was accordingly entered under 'Other, specify', there was not a large number of answers to justify coding it under a separate category in the

Account should be taken of possible over or under counts of the brands, particularly *Perle* and *Lo Femenal*, particularly in 2002 as indicated in the footnote below. It should also be noted that there have been changes in the marketing strategy since 1997. The distribution for 2002 is shown in Fig. 4.10. Taking these factors into account, *Perle* remains the most frequently used pill followed by *Minigynon*, which appears to have fallen over the period. The percent contribution of *Ovral* and *Nordette* has decreased over the period.

Figure 4.10
Brand of Pill Currently Used
Women Aged 15 – 49 Years Who Are Current Pill Users
Health Region 4



The situation regarding *Lo Femenal* should be considered before the trends shown in the table can be properly assessed. In 1997, when *Lo Femenal* was quantified, it contributed to 25 percent of the

cleaning/editing phase. As was mentioned, anecdotal evidence suggests that some pill users loosely refer to *Lo-Femenal* pills as the *Perle* brand. Thus the entries under *Lo-Femenal* could have been understated..

total in the health region. With 'Other' in the health region at 30.1 percent in that year, and is now at 16.3 percent in 2002, it would appear that the overcount of *Perle* could be significant.

TABLE IV.10
Brand Of Pill Currently Used By Current Pill Users
Women Aged 15 - 49 Years - Percent Distribution
Compared With 1997 RHS
Health Region 4

Brand Of Pill	Percent	
	2002	1997
Perle	45.8	38.6
Ovral	10.9	16.3
Minigynon	21.2	9.7
Nordette	1.9	2.8
Other	16.3	30.1
Don't Know	3.9	2.5

Condom Use

An interesting area of study is the reasons why respondents use condoms. Is it to prevent pregnancy, to prevent sexually transmitted diseases or both? Table IV.11 below and Figure 4.11 show the percentage of female respondents in Health Region 4 who use condoms by reasons for use. In the table, percentages are shown for 2002, 1997 and 1993. In the chart, two separate pie charts are shown, one for 2002 and a second for 1997.

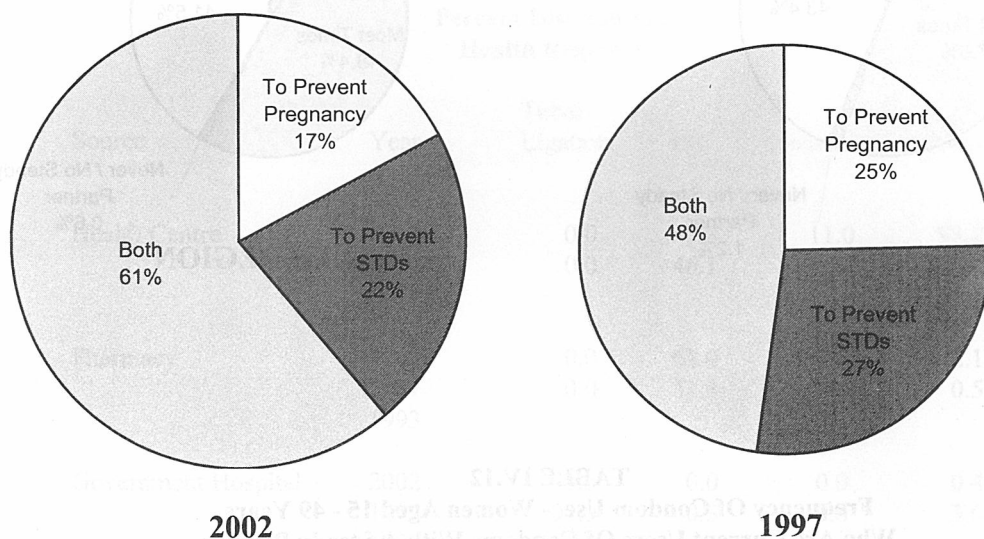
TABLE IV.11
Reasons For Using Condoms - Women Aged 15 - 49 Years
Who Are Current Users Of Condoms
Compared With 1997 RHS And 1993 CPS
Percent Distribution
Health Region 4

Reasons	2002	1997	1993
To Prevent Pregnancy	16.9	24.4	26
To Prevent Sexually Transmitted Diseases	21.3	27.1	5
Both	60.0	47.2	69

From an examination of the table and a study of the charts, it will be seen that the percentages who

use it for preventing pregnancy as well as to prevent sexually transmitted diseases have fallen. At the same time, those who use it for the dual purpose is far greater. There has been an increase in this percentage in 2002 (from 47.2 percent in 1997 to 60.0 percent); the comparable percentage in 1992 was 69 percent. The 2002 percentage indicate a positive return to the percentage in the sixties which obtained in 1993. Figure 4.11 demonstrates the difference in usage between 1997 and 2002 very clearly.

Figure 4.11
Reasons For Using Condoms - Percent Distribution - Women Aged 15 - 49 Years
Who Are Current Users Of Condoms - Health Region 4



Finally, Table IV.12 and Figure 4.12 demonstrate the frequency of use of condoms with a steady partner. Percentages are shown for frequency of use of respondents at the national and Health Region 4 level for 2002. In addition, comparisons with 1997 RHS are shown in the table.

There were only slight differences in the percentages between the national level and those in Health Region 4. At both levels, most respondents indicated that they used a condom most of the time with a steady partner (47.6 percent at the national level and 48.4 percent at the health region level. At the same time, almost similar but slightly lower percentages (43.4 and 41.5 percent at the national and health region levels) were given by those who indicated that they always used a condom with a steady partner. There were also slight differences between those who used it sometimes (5.7 percent at the national level and 8.1 percent at the health region level).

There were differences between the answers given 1997 and 2002. More respondents, at both national and health region levels, indicated that they always used a condom than those who answered that they used a condom most of the time. At both levels, smaller percentages indicated that they used a condom some times (higher in 1997 than in 2002) and negligible percentages indicated that they never uses, a portion of which were those with no steady partners.

Figure 4.12
Frequency Of Condom Use - Percent Distribution - Women Aged 15 49
Years Who Are Current Users Of Condoms With A Steady Partner
Health Region 4

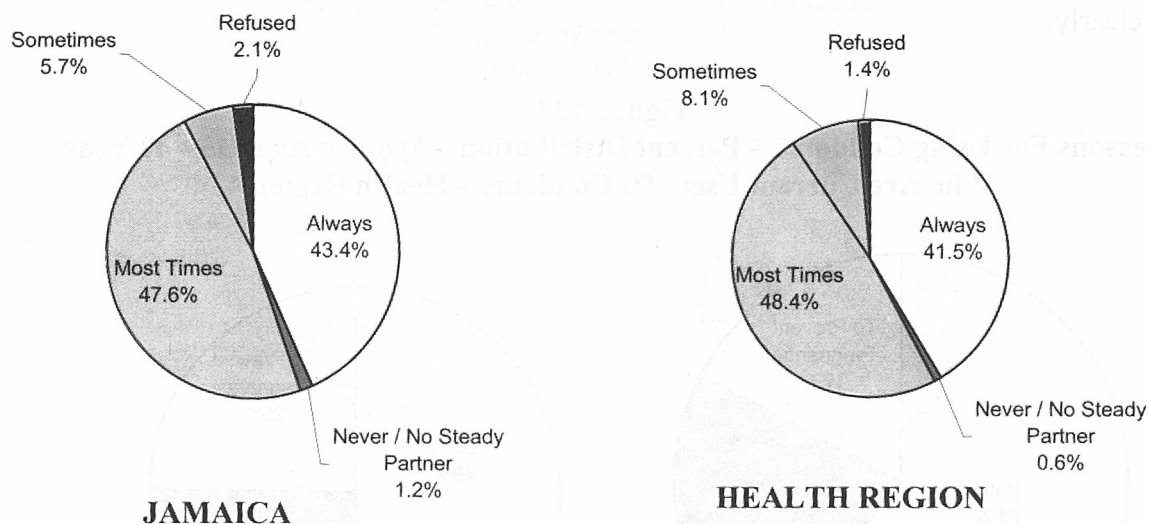


TABLE IV.12
Frequency Of Condom Use - Women Aged 15 - 49 Years
Who Are Current Users Of Condoms With A Steady Partner
Compared With 1997 RHS
Percent Distribution
All Jamaica And Health Region 4

Frequency Of Use	ALL JAMAICA		Health Region 4	
	2002	1997	2002	1997
Always	43.4	48.5	41.5	54.1
Most Times	47.6	31.7	48.4	28.7
Sometimes	5.7	17.1	8.1	15.2
Never / No Steady Partner	1.1	0.5	0.6	0.0
Refused	0.1	2.2	1.4	2.0

Contraceptive Source

The next topic to be studied is the source of supply of the contraceptives being used by respondents. The four most prevalent contraceptive methods are examined; tubal ligation, the pill, condoms and the injection. These are presented in Table IV.13 for women in union in Health Region 4 in the years 2002, 1997 and 1993 and demonstrated in Figure 4.13 for the years 2002 and 1997.

The main source of supply of tubal ligation is government hospitals. In 1997, 93.9 percent of tubal ligations performed in Health Region 4 were in government hospitals. This percentage has remained steady so that in 2002, 93.5 percent were carried out in government hospitals while only 6.5 percent were done at other facilities. With respect to the pill, government health clinics had supplied almost as much as pharmacies in 1997 (46.1 and 51.3 percent respectively). Over the period, pharmacies became increasingly the greater source so that, in 2002, they provided over 60 percent of the products.

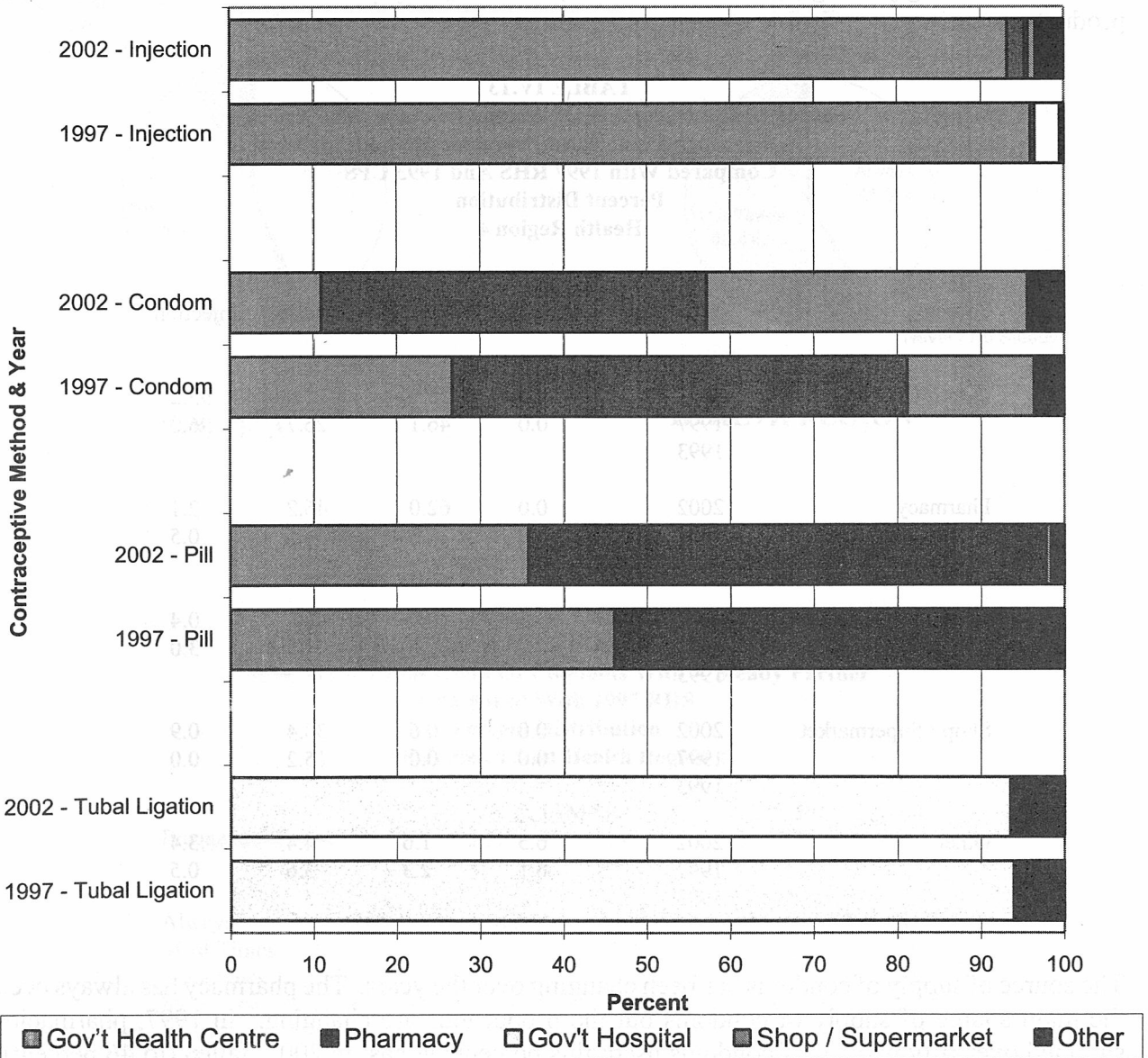
TABLE IV.13
Source Of Contraception Of Women In Union Who Are
Currently Using Most Prevalent Methods
Compared With 1997 RHS And 1993 CPS
Percent Distribution
Health Region 4

Source	Year	Tubal Ligation	Pill	Condom	Injection
Health Centre	2002	0.0	35.8	11.0	93.2
	1997	0.0	46.1	26.7	96.0
	1993				
Pharmacy	2002	0.0	62.0	46.2	2.1
	1997	0.0	51.3	54.5	0.5
	1993				
Government Hospital	2002	93.5	0.0	0.0	0.4
	1997	93.9	0.3	0.0	3.0
	1993				
Shop / Supermarket	2002	0.0	0.6	38.4	0.9
	1997	0.0	0.0	15.2	0.0
	1993				
Other	2002	6.5	1.6	4.4	3.4
	1997	6.1	2.3	3.6	0.5
	1993				

The source of supply of condoms has been changing over the years. The pharmacy has always been the main source of supply of condoms but the proportions are changing. In 1997, pharmacies supplied over fifty percent of condoms used; this percentage has, in 2002, fallen (to 46 percent). Shops and supermarkets have increased their role significantly so that, while they supplied 15 percent in 1997, in 2002, they were supplying somewhat more than one-third (38.4 percent).

With respect to injections, government health clinics and health centres have always been the major source of supply. In 1997, 96 percent of injections were given in health centres or clinics.; in 2002, the percentage was 93.2 percent. A small percentage are registered against shops and supermarkets.

Figure 4.13
Source Of Contraception Of Women In Union
Who Are Currently Using Most Prevalent Methods
2002 & 1997
Health Region 4



Prenatal Care And Women's Health

Prenatal care is an important ingredient of the good reproductive health care for women. Accordingly, this is studied in the survey. It is covered in Table IV.14 and demonstrated in Figure 4.14. Comparisons are made with 1997 RHS.

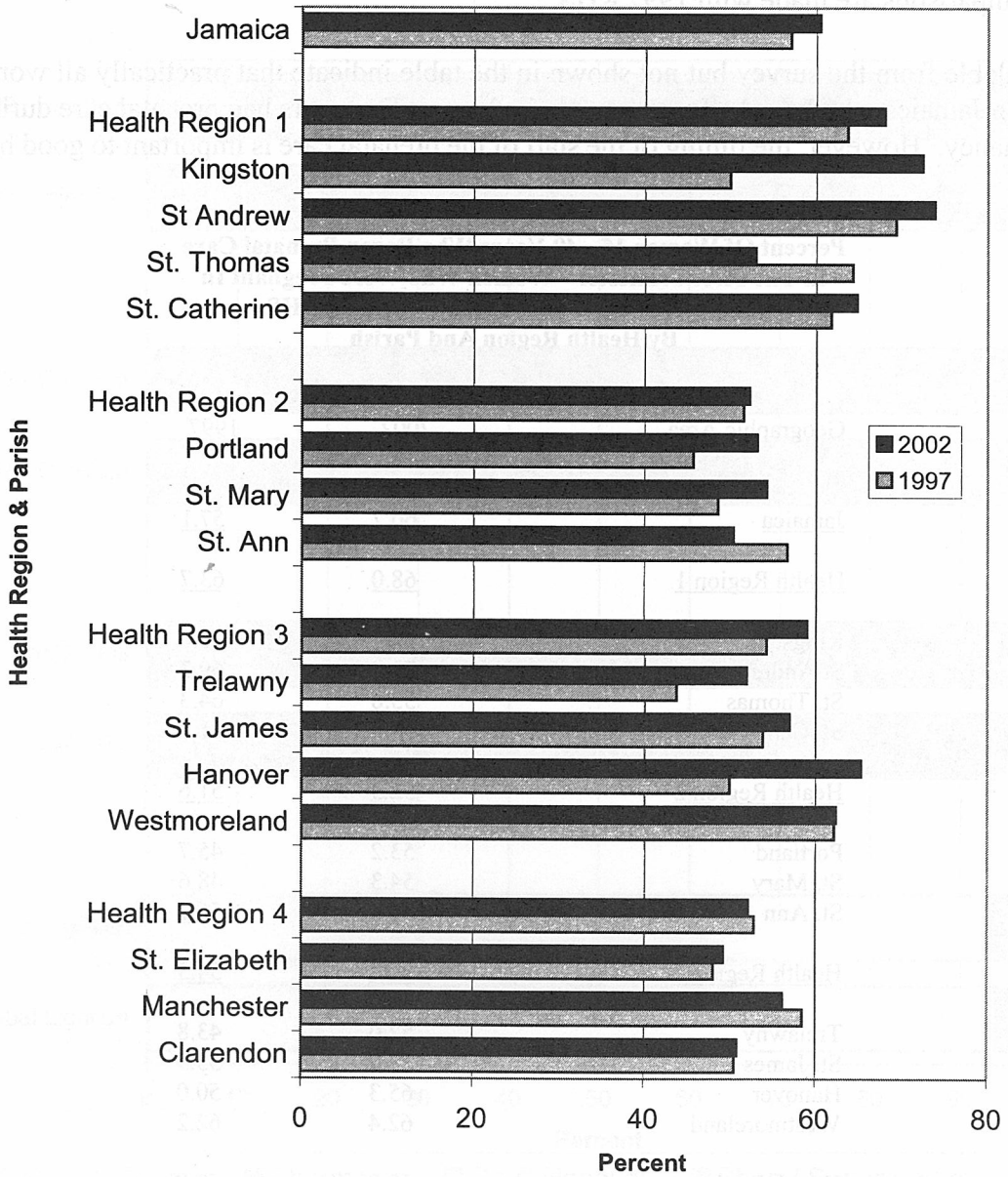
Data available from the survey but not shown in the table indicate that practically all women (99 percent) in Jamaica who have had a pregnancy in the past five years had prenatal care during their last pregnancy. However, the timing of the start of the prenatal care is important to good health of

TABLE IV.14
Percent Of Women 15 - 49 Years Who Began Prenatal Care
In The First Trimester - Women Who Were Pregnant In
The Past 5 Years Compared With 1997 RHS
By Health Region And Parish

Geographic Area	2002	1997
<u>Jamaica</u>	<u>60.7</u>	<u>57.1</u>
<u>Health Region 1</u>	<u>68.0</u>	<u>63.7</u>
Kingston	72.4	50.0
St Andrew	73.8	69.3
St. Thomas	53.0	64.3
St. Catherine	64.8	61.8
<u>Health Region 2</u>	<u>52.3</u>	<u>51.6</u>
Portland	53.2	45.7
St. Mary	54.3	48.6
St. Ann	50.4	56.7
<u>Health Region 3</u>	<u>59.0</u>	<u>54.3</u>
Trelawny	52.0	43.8
St. James	57.0	53.9
Hanover	65.3	50.0
Westmoreland	62.4	62.2
<u>Health Region 4</u>	<u>52.2</u>	<u>52.9</u>
St. Elizabeth	49.3	48.1
Manchester	56.2	58.5
Clarendon	50.9	50.6

both the mother and the baby. The table as well as the chart indicate that at the national level, only

Figure 4.14
Percent Who Began Prenatal Care In First Trimester
Among Women 15 - 49 Years Pregnant In Past 5 Years
By Region And Parish



sixty percent had started their prenatal care in the first trimester of the pregnancy. This showed a slight increase over 1997 when it was 57 percent. The lowest percentage was in Health Region 4 where it was 52.2 percent; in the health region, it was highest in the parish of Manchester where it was 56.2 percent (still the national average); the lowest was in St. Elizabeth (at 49.3 percent).

Another aspect of women's health is her awareness of the possibility of cancer and the action taken in relation to early detection. Pap smears are an important means of early detection of cervical cancer. Hence, women, particularly those over a certain age, are advised to have one done regularly. Table IV.15 shows the percent of female respondents who have ever had a pap smear done and those who have had the procedure done in the last year.

TABLE IV.15
Percent Of Women Aged 15 - 49 Years Who Ever Had
A Pap Smear And Have Had A Pap Smear In The Last Year
Compared With 1997 RHS
By Health Region And Parish
Health Region 4

Geographic Area	Ever Had Pap Smear		Had Pap Smear Last Year	
	2002	1997	2002	1997
<u>JAMAICA</u>	<u>58.4</u>	<u>49.8</u>	<u>20.5</u>	<u>14.9</u>
<u>Health Region 4</u>	<u>56.3</u>	<u>48.9</u>	<u>17.4</u>	<u>13.5</u>
St. Elizabeth	51.2	40.5	12.3	9.4
Manchester	51.7	50.9	14.9	8.3
Clarendon	63.6	53.5	22.8	19.9

In Jamaica, only half of the women in age group 15 - 49 who were surveyed in 1997 had ever done a pap smear and of these, only fifteen percent had had it done in the past year. The percentages rose a little in 2002 (to 59 percent having had a pap smear and 20 percent having had it in the last year. In only one of the three parishes in this health region was the percentages were above the national average. This was Clarendon (at 63.6 percent). The other two parishes were below the national average. In 1997, Clarendon and Manchester had been above the national average (with 53.5 and 50.9 percent respectively).

The percentage in the region in 2002 of those who had one done in the past year was well below the national average (17.4 percent with the national average being 20.5 percent). As in 2002, Clarendon was however above the national average (with 22.8 percent); in 1997 it was 13.5 percent in the health region with a national average of 14.9 percent.

The corresponding analysis concerning the early detection of breast cancer. Table IV.16 and Figure

Figure 4.15
Percent Of Women Aged 15 - 49 Years Who Have Ever Had A Pap Smear
And Have Had A Pap Smear In The Last Year By Parish
Health Region 4

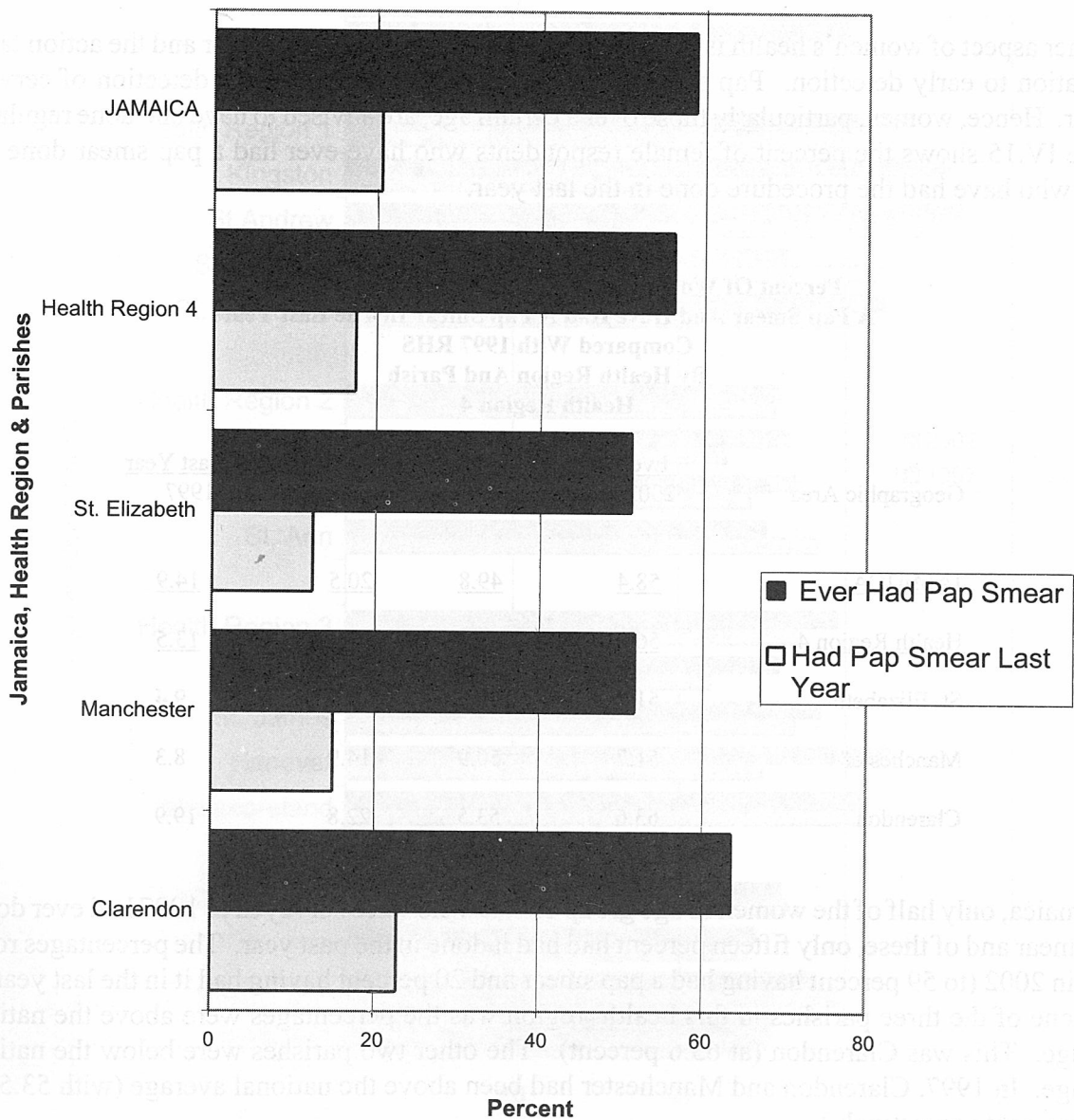
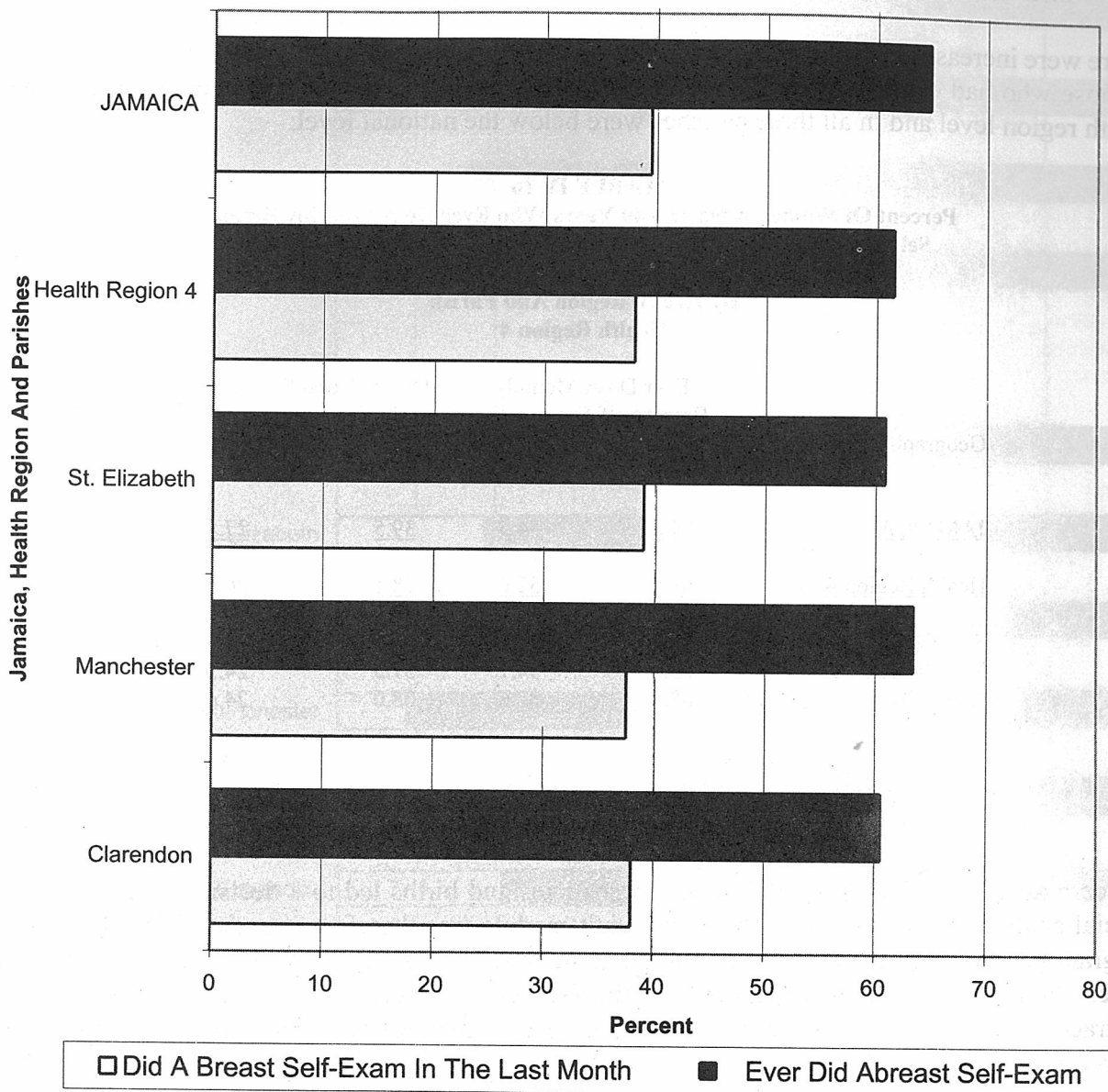


Figure 4.16
Percent Of Women Aged 15 - 49 Years Who Have Ever Had A Breast Self-Exam And
Have Had A Breast Self-Exam In The Last Month By Parish
Health Region 4



4.16 provide the data and show the trends relating to this phenomenon. In Jamaica, in 2002, 65 percent of women aged 15 - 49 years reported that they had been taught by their doctors to carry out self breast examinations. This was an increase from 1997 where the percentage was 54.5 percent. The percentage in Health Region 4 was slightly lower than the national level (at 61.5 percent in 2002, up from 52.6 percent in 1997). Manchester (with 63.4 percent) was the only parish which was higher than the health region level but was still below the national level.

There were increases in the percentages over 1997 at both national, health region and parish levels of those who had carried out self breast examinations in the last month. The percentages at the health region level and in all three parishes were below the national level.

TABLE IV.16
Percent Of Women Aged 15 - 49 Years Who Ever Do A Monthly Breast
Self-Examination And Did A Breast Self-Exam In The Last Month
Compared With 1997 RHS
By Health Region And Parish
Health Region 4

Geographic Area	Ever Do A Monthly Breast Self-Examination		Did A Breast Self-Exam In The Last Month	
	2002	1997	2002	1997
<u>JAMAICA</u>	<u>64.8</u>	<u>54.5</u>	<u>39.5</u>	<u>27.8</u>
<u>Health Region 4</u>	<u>61.5</u>	<u>52.6</u>	<u>38.1</u>	<u>26.5</u>
St. Elizabeth	60.8	50.1	39.0	32.7
Manchester	63.4	54.7	37.5	24.2
Clarendon	60.5	52.6	38.0	24.4

Young Adults

Concern about high levels of adolescent pregnancies and births led to a decision to carry out a special analysis of the situation. A young adult module was therefore introduced in the survey program in 1997 and this was repeated in the 2002 survey. This module explored, among other topics, family life and sex education in schools, sexual experience of young adults, use of contraception at first sexual intercourse and source of contraceptive method used at first sexual intercourse.

Table IV.17 presents the percentage of respondents, females and males in Health Region 4, who have had family life or sex education in school, out of school or both. The percentages are shown for the year 2002 with comparative figures for 1997. A breakdown by age groups (15 - 19 and 20 - 24 years) is given as well as by parishes within the health region. At the same time, Figure 4.17 shows them, using these breakdowns, for 2002.

Figure 4.17
Family Life / Sex Education Class Or Course In School
And / Or Outside Of School - Young Adults Aged 15 - 24 Years
Health Region 4

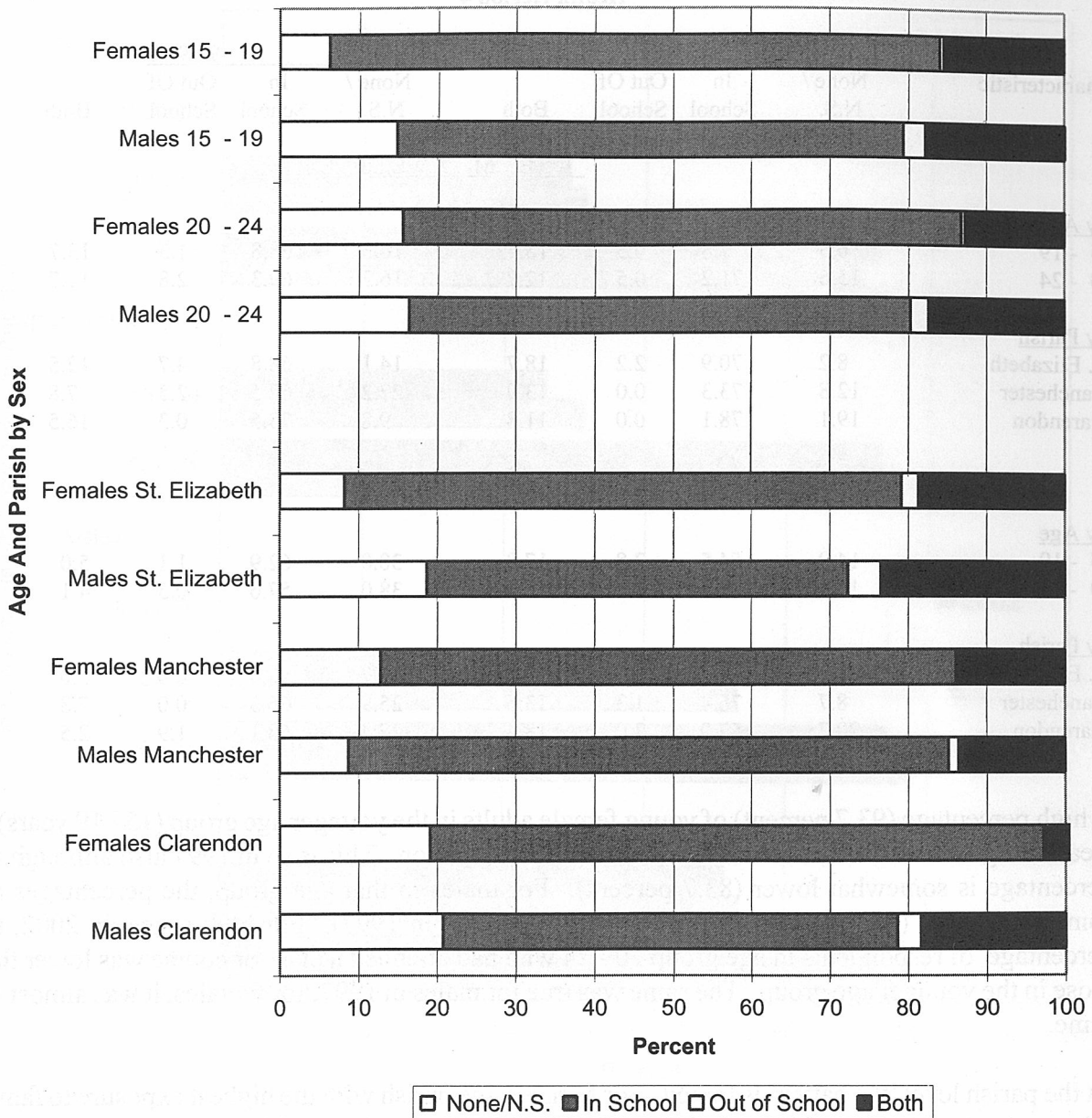


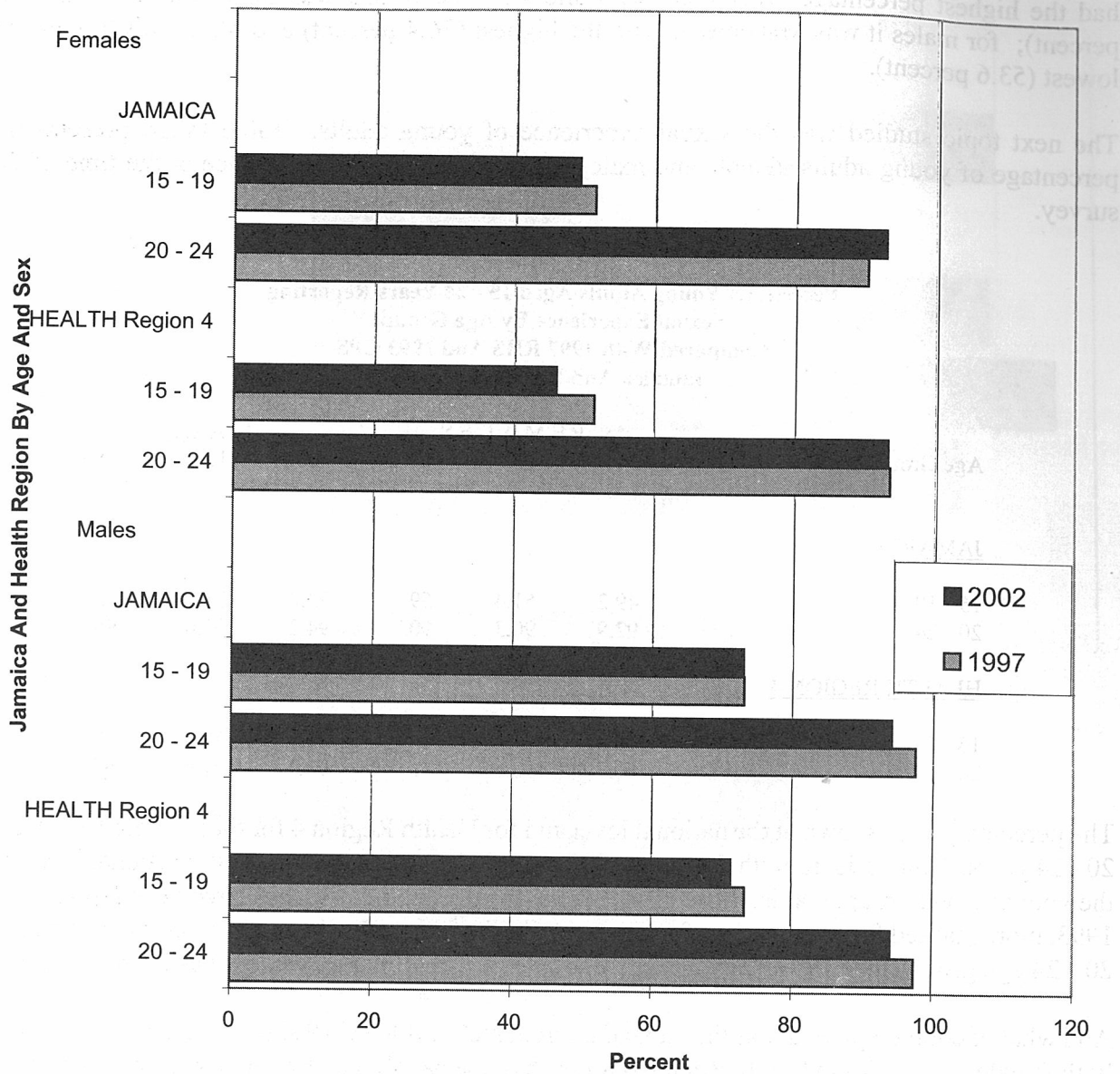
TABLE IV.17
Had Family Life / Sex Education Class Or Course
In School And / Or Out Of School - Percent Distribution
By Age And By Parish - Young Adults Aged 15 - 24 Years
Compared With 1997 RHS
Health Region 4

Characteristic	2 0 0 2				1 9 9 7			
	None / N.S.	In School	Out Of School	Both	None / N.S.	In School	Out Of School	Both
<u>F E M A L E S</u>								
<u>By Age</u>								
15 - 19	6.3	77.8	0.5	15.4	16.3	68.8	1.3	13.7
20 - 24	15.6	71.2	0.5	12.7	16.2	69.3	2.8	11.7
<u>By Parish</u>								
St. Elizabeth	8.2	70.9	2.2	18.7	14.1	68.8	4.7	12.5
Manchester	12.8	73.3	0.0	13.9	27.2	62.5	2.5	7.8
Clarendon	19.1	78.1	0.0	11.8	9.8	73.5	0.3	16.5
<u>M A L E S</u>								
<u>By Age</u>								
15 - 19	14.9	64.5	2.8	17.9	30.0	62.9	1.1	5.0
20 - 24	16.4	63.9	2.3	17.4	38.0	57.6	0.3	4.1
<u>By Parish</u>								
St. Elizabeth	18.7	53.6	4.2	23.5	54.7	40.3	0.0	5.0
Manchester	8.7	76.4	1.3	13.6	25.9	66.3	0.0	7.8
Clarendon	20.7	57.9	3.0	18.4	27.4	68.1	1.9	2.5

A high percentage (93.7 percent) of young female adults in the younger age group (15 - 19 years) in Health Region 4 in 2002 have had family life or sex education. This is so in 1997 also although the percentage is somewhat lower (83.7 percent). For males in that age group, the percentages are somewhat lower (85.1 percent in 2002 and 70.0 percent in 1997). For both sexes, in 2002, the percentage of respondents in age group 20 - 24 who had attended a class or course was lower than those in the younger age group. The same was true for males in 1997; for females, it was almost the same.

At the parish level, the pattern is mixed. For females, the parish with the highest exposure to family life or sex education in 2002 was St. Elizabeth (91.2 percent) and that with the lowest exposure was Clarendon (with 80.9 percent). For males, the highest was Manchester (with 91.3 percent) while the lowest was Clarendon (with 79.3 percent). In 1997, the highest for females was Clarendon (with 90.2 percent) and the lowest St. Elizabeth (with 72.8 percent). For males, the highest was Clarendon (with 72.6 percent) and the lowest was St. Elizabeth (with 45.3 percent).

Figure 4.18
Percent Reporting Sexual Experience By Age Group
Young Adults 15 - 24 Years 2002 & 1997
Health Region 4



The greatest percentages were among those who had taken a course or class in school. In 2002, the percentages ranged from 77.8 and 71.2 percent for females in age groups 15 - 19 and 20 - 24 and 68.8 and 69.3 percent in 1997. For males, in 2002, they were 64.5 and 63.9 percent respectively and in 1997, they were 62.9 and 57.6 percent respectively. In 2002, for females, the parish of Clarendon had the highest percentage (78.1 percent) while with the lowest was St. Elizabeth (with 70.9 percent); for males it was Manchester with the highest (76.4 percent) and St. Elizabeth with the lowest (53.6 percent).

The next topic studied was the sexual experience of young adults. Table IV.18 presents the percentage of young adults, female and male, who had had sexual experience at the time of the survey.

TABLE IV.18
Percent Of Young Adults Aged 15 - 24 Years Reporting
Sexual Experience By Age Group
Compared With 1997 RHS And 1993 CPS
Jamaica And Health Region 4

Age Group	F E M A L E S			M A L E S		
	2002	1997	1993	2002	1997	1993
<u>JAMAICA</u>						
15 - 19	49.2	51.4	59	73.0	73.1	75
20 - 24	92.9	90.3	90	94.2	97.6	96
<u>HEALTH REGION 4</u>						
15 - 19	46.0	51.4	50	71.3	73.3	73
20 - 24	93.3	93.6	95	94.1	97.4	90

The percentages are shown at the national level and for Health Region 4 for those in the 15 - 19 and 20 - 24 years. Comparisons with the years 1997 and 1993 are also shown. At the national level, for the youngest age group, that is, those in the group 15 - 19, the percentages have been falling since 1993, more marked for females than for males. A similar pattern has been observed for males in the 20 - 24 age group since 1997; for females, on the other hand, the movement has been upwards.

And what of contraceptive use at first sexual intercourse? Table IV.19 shows these percentages for both females and males in Health Region 4 for each of the parishes in the health region. It also gives comparisons with 1997. Seventy percent of females and 42.5 percent of males reported in the 2002 survey that they had used contraception at their first sexual intercourse. This was significantly higher than the percentage in 1997 (at 53.7 percent for females and 29 percent for males).

With respect to the parish breakdowns, Manchester had the highest percentage of females in 2002 (at 75.9 percent) St. Elizabeth for males (with 49.3 percent). In 1997, the parish of St. Elizabeth had the highest percentages (49.3 percent) for both females and males.

Figure 4.19
Percent Using Contraception At First Sexual Intercourse
By Parish - Young Adults Aged 15 - 24 Years
Health Region 4

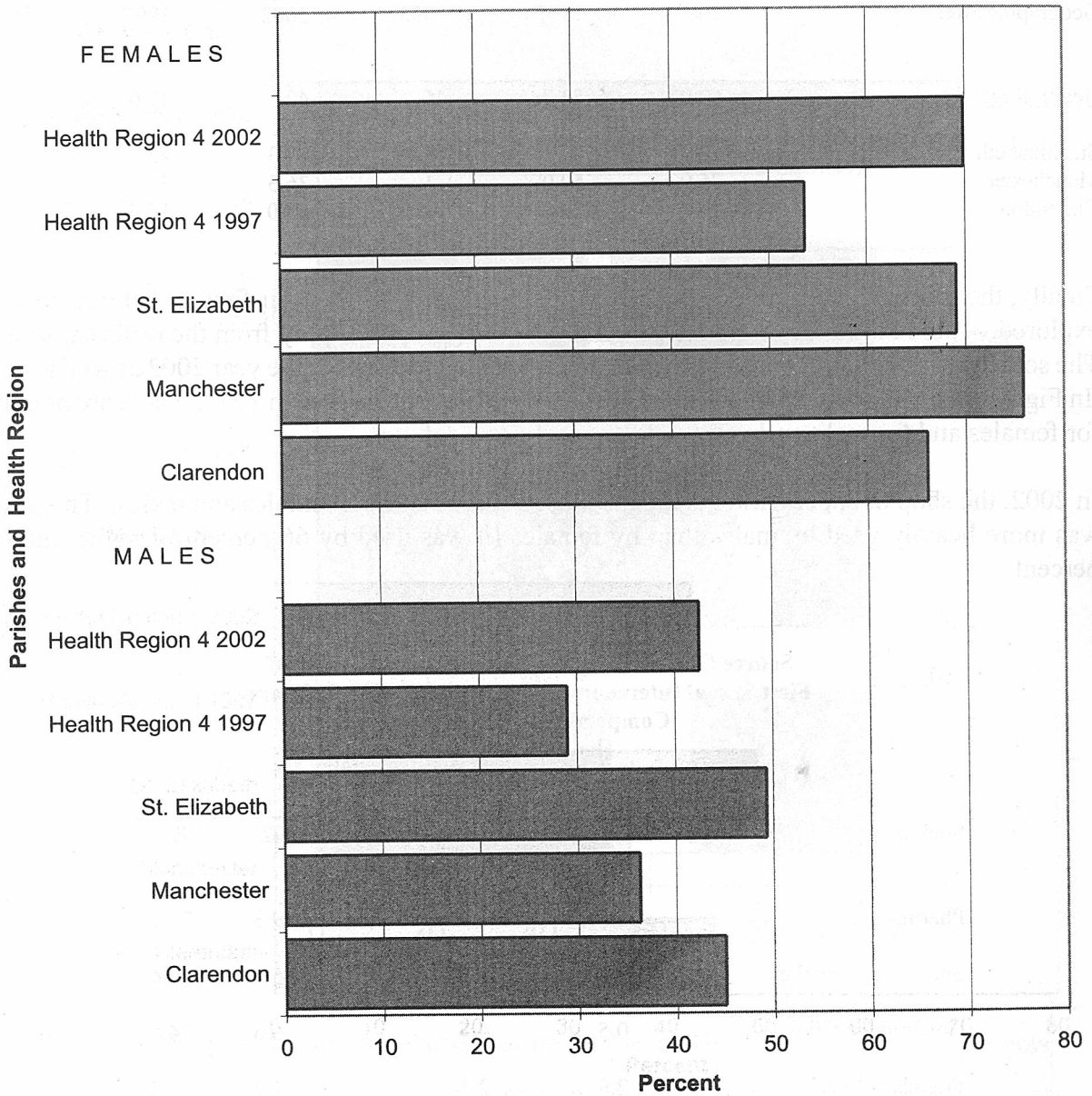


TABLE IV.19
Percent Of Young Adults 15 - 24 Years Who Used Contraception
At First Sexual Intercourse By Parish
Health Region 4

Geographic Area	F E M A L E S			M A L E S		
	2002	1997	1993	2002	1997	1993
<u>Health Region 4</u>	69.9	53.7	45	42.5	29.0	30
St. Elizabeth	69.1	58.8	--	49.3	45.1	--
Manchester	75.9	50.0	--	36.3	36.2	--
Clarendon	66.1	53.8	--	45.0	16.5	--

Finally, the source of the contraception used by the young adults at their first sexual intercourse is explored. Table IV.20 identifies the percentages who got their supply from the different sources. The sources used by both females and males are given in the table for the year 2002 as well as 1997. In Figure 4.20, the sources used in 2002 are compared with those used in 1997. These are presented for females and for males.

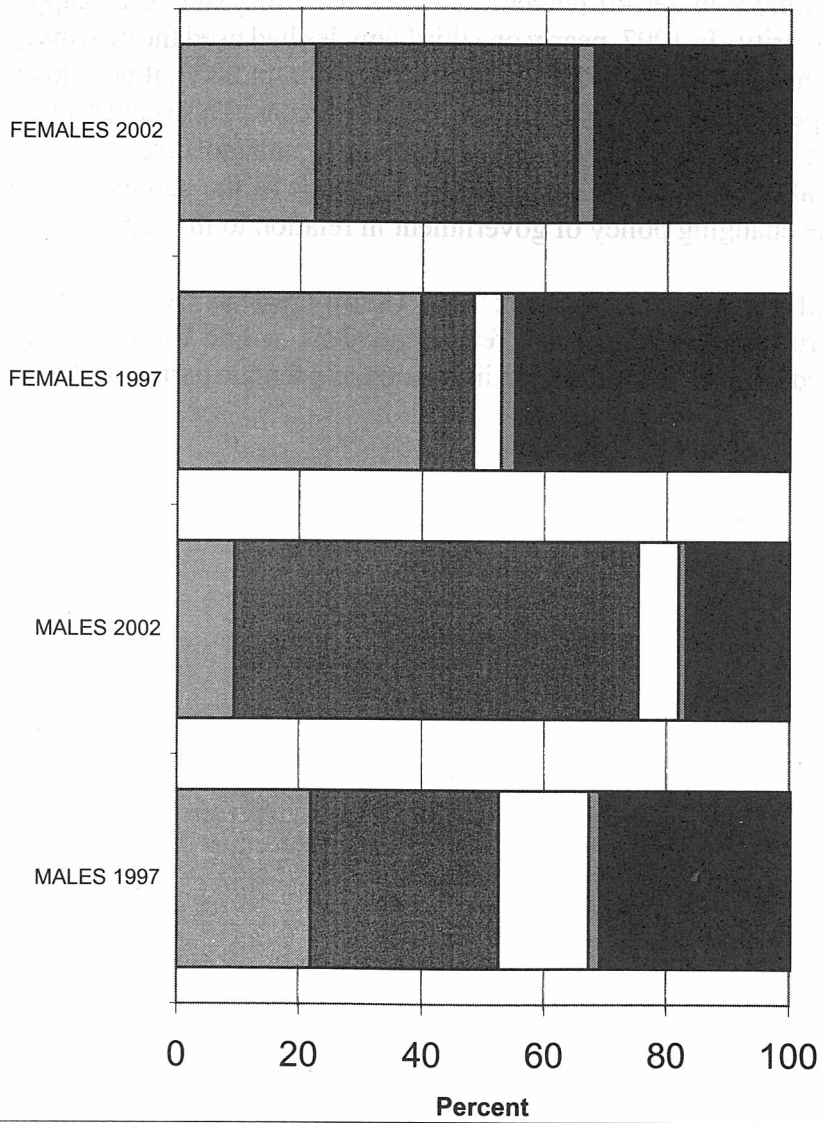
In 2002, the shop or supermarket is the most used source by both females and males. This source was more heavily used by males than by females (it was used by 66 percent of males and 42.2 percent

TABLE IV.20
Source Of Contraceptive Method Used At Time Of
First Sexual Intercourse - Young Adults 15 - 24 Years
Compared With 1997 RHS
Health Region 4

Source	F E M A L E S		M A L E S	
	2002	1997	2002	1997
Pharmacy	22.3	39.7	9.3	21.9
Shop / Supermarket	42.2	8.6	66.0	30.6
Government Clinic	0.5	4.5	6.6	14.8
Friends / Other	2.9	2.3	1.2	1.8
Don't Know	32.1	44.9	16.9	31.1

of females). This is a significant change over 1997 when only 8.6 percent of females and some 30

Figure 4.20
Source Of Contraceptive Method Used At Time Of First Sexual Intercourse -
Young Adults 15 - 24 Years 2002 & 1997
Health Region 4



Pharmacy
 Shop / Supermarket
 Government Clinic
 Friends / Other
 Don't Know

In 2002, the shop or supermarket was the most used source by both females and males in Health Region 3. This source was more heavily used by males than by females (it was used by 55 percent of males and 46 percent of females). This is a significant change over 1997 when only 19.2 percent of females and slightly under 40 percent of males used this source of supply. It replaces the pharmacy in popularity. In 1997, nearly one third females had used the pharmacy; in 2002, this was down to 13 percent. For males, in 1997 it was 6.7 percent; in 2002, it was down to 4.6 percent. In 1997 it was 29.1 percent; in 2002, it was down to 92.3 percent. This is not a surprising development as more and more shops started stocking up on condoms, the most frequently used method at first intercourse, and also on pills. The fall in the percentage of the supply from government health centres reflect the changing policy of government in relation to the supply of condoms and pills.

The relatively high percentage of answers: "Don't know" reflects the reality in which the method is provided by a partner and in those cases, few respondents would know the source of supply of the contraceptive used whether it is a condom in relation to a female partner or the pill in relation to the male partner.

