

# NATIONAL REPRODUCTIVE HEALTH SITUATION



Key findings from the 2002  
Reproductive Health Survey

Presented by NFPB  
February 2005

# National Policy Objectives for Fertility



⌘ Reduce unplanned Pregnancy

⌘ Achieve a TFR of 2.5 by year 2005.

⌘ By:

⊗ Improving Method Mix

⊗ Introducing ECP

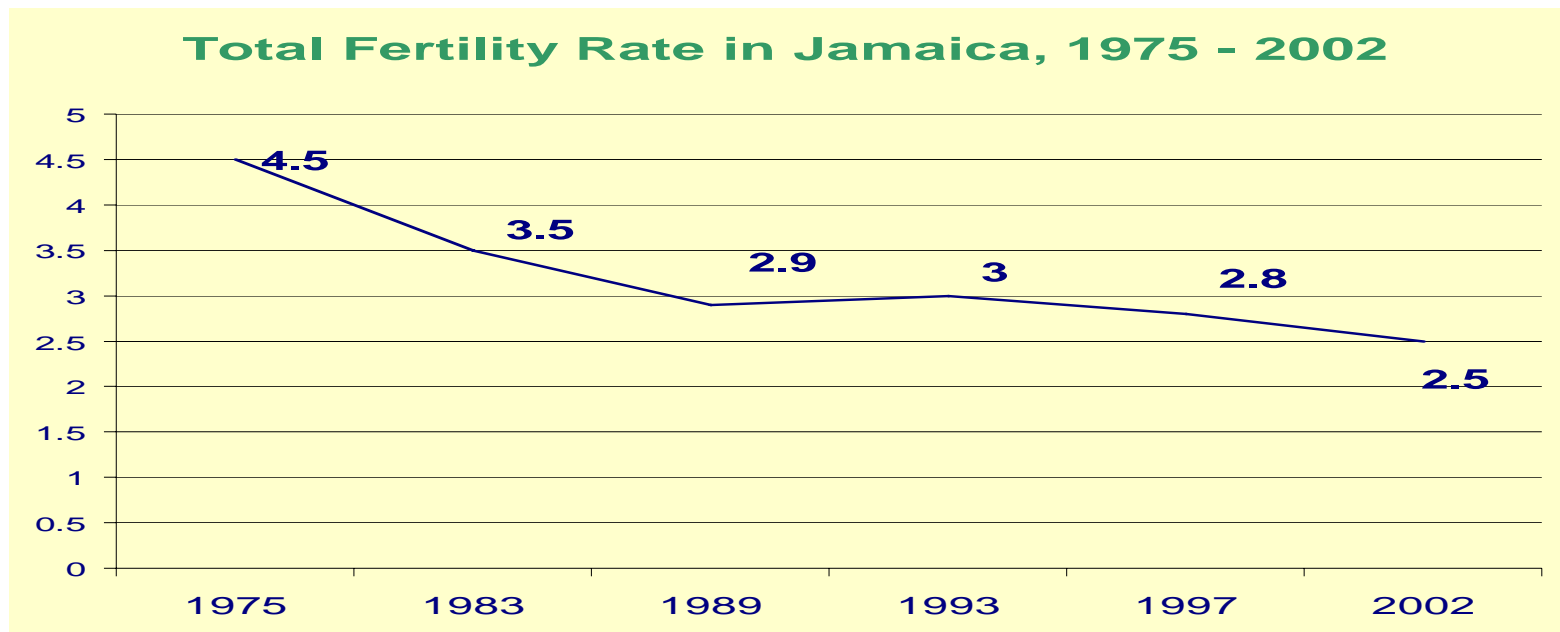
⊗ Improving efficacy of Method use

⊗ Expanding RH info and services to adolescents & men

# Total Fertility Rate has Declined

⌘ TFR reduced from 2.8 in 1997 to **2.5**.

⌘ Now below Caribbean average of 2.7 (source: 2004 World Population Data Sheet, Population Reference Bureau)

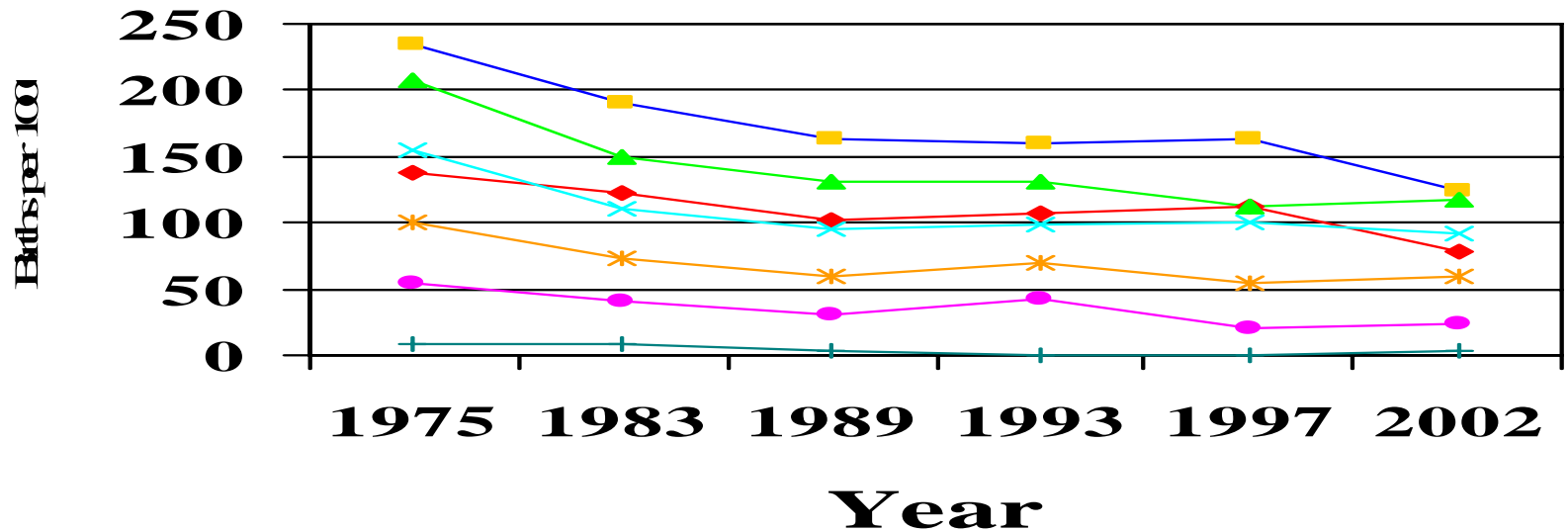


# TFR by Region...

REGION	South East	North East	Western	Southern
1997 RHS	2.3	3.5	2.9	3.5
2002 RHS	2.3	2.5	2.8	2.6

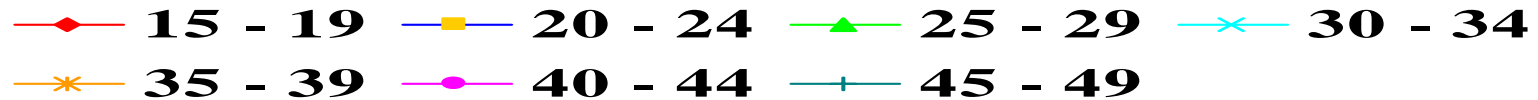
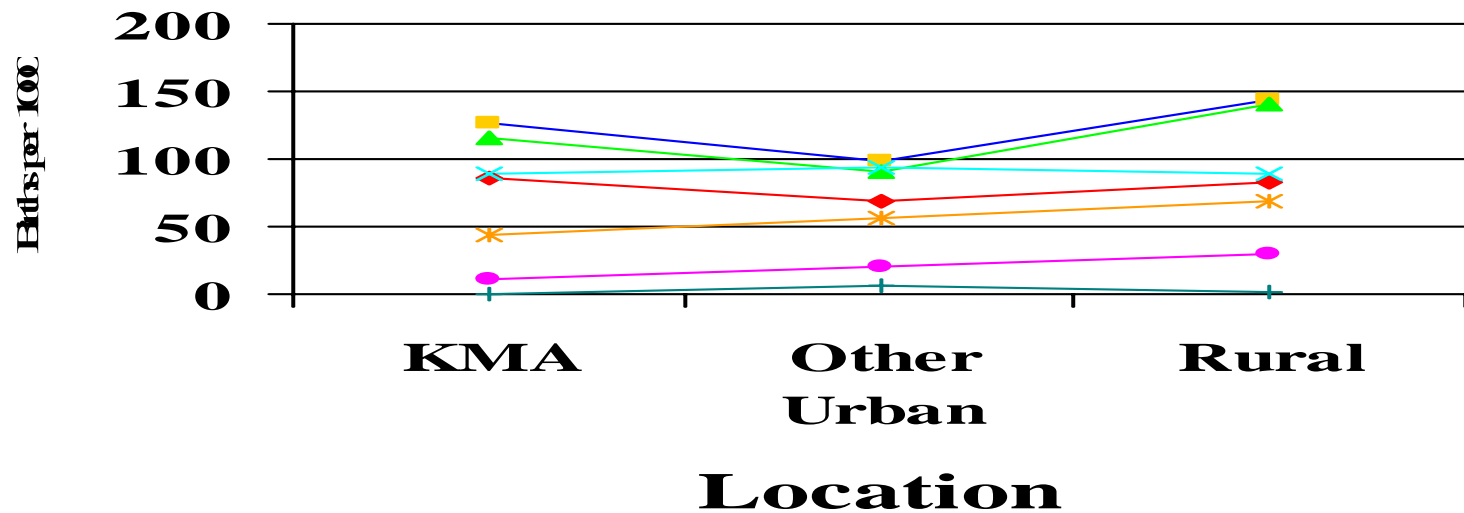
# Decline in Fertility Greatest Among Younger Women

## Age Specific Fertility Rates Jamaica

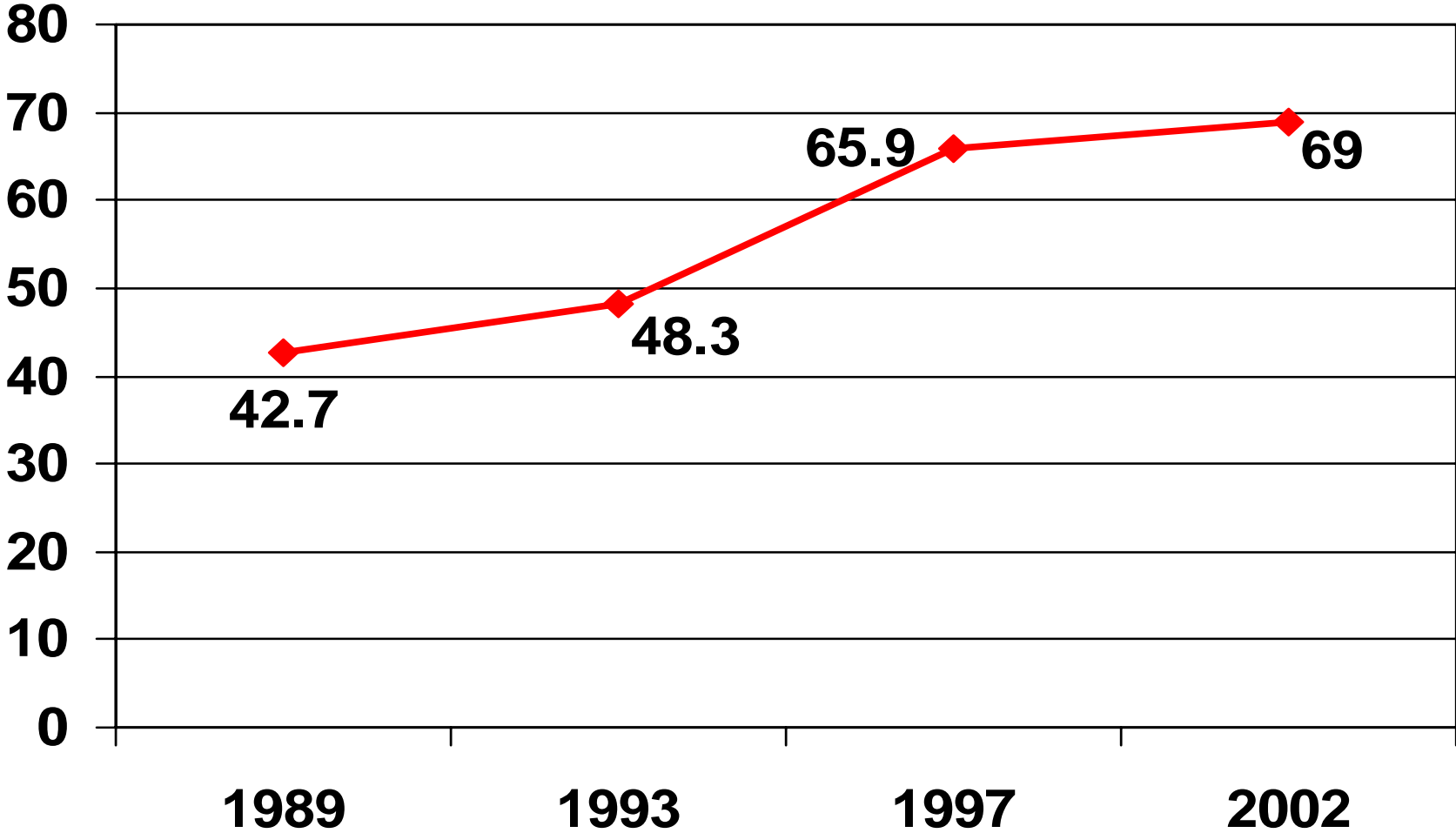


# Fertility Remains highest Among rural Women

**Age Specific Fertility Rates  
Jamaica**

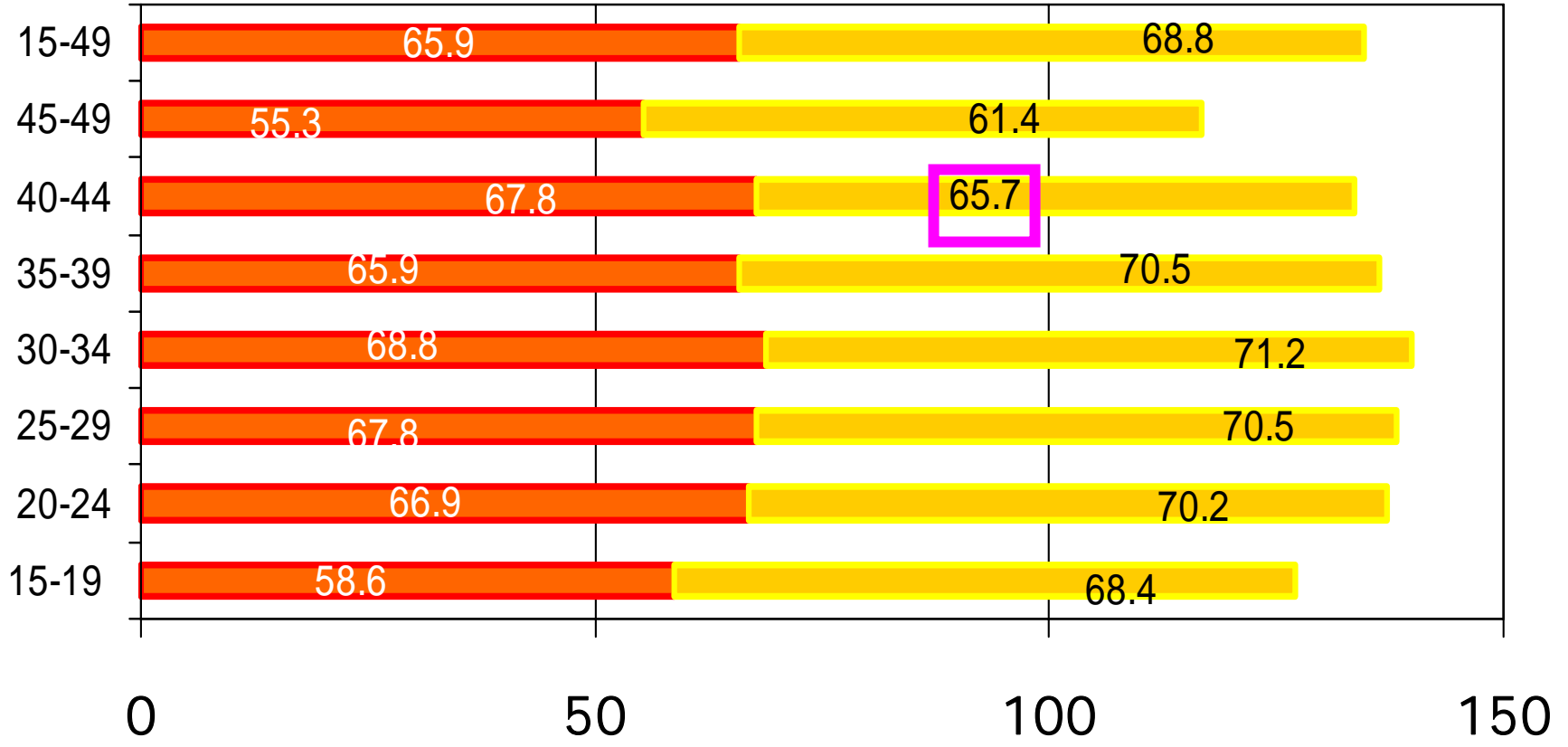


# CPR - WRA in-union



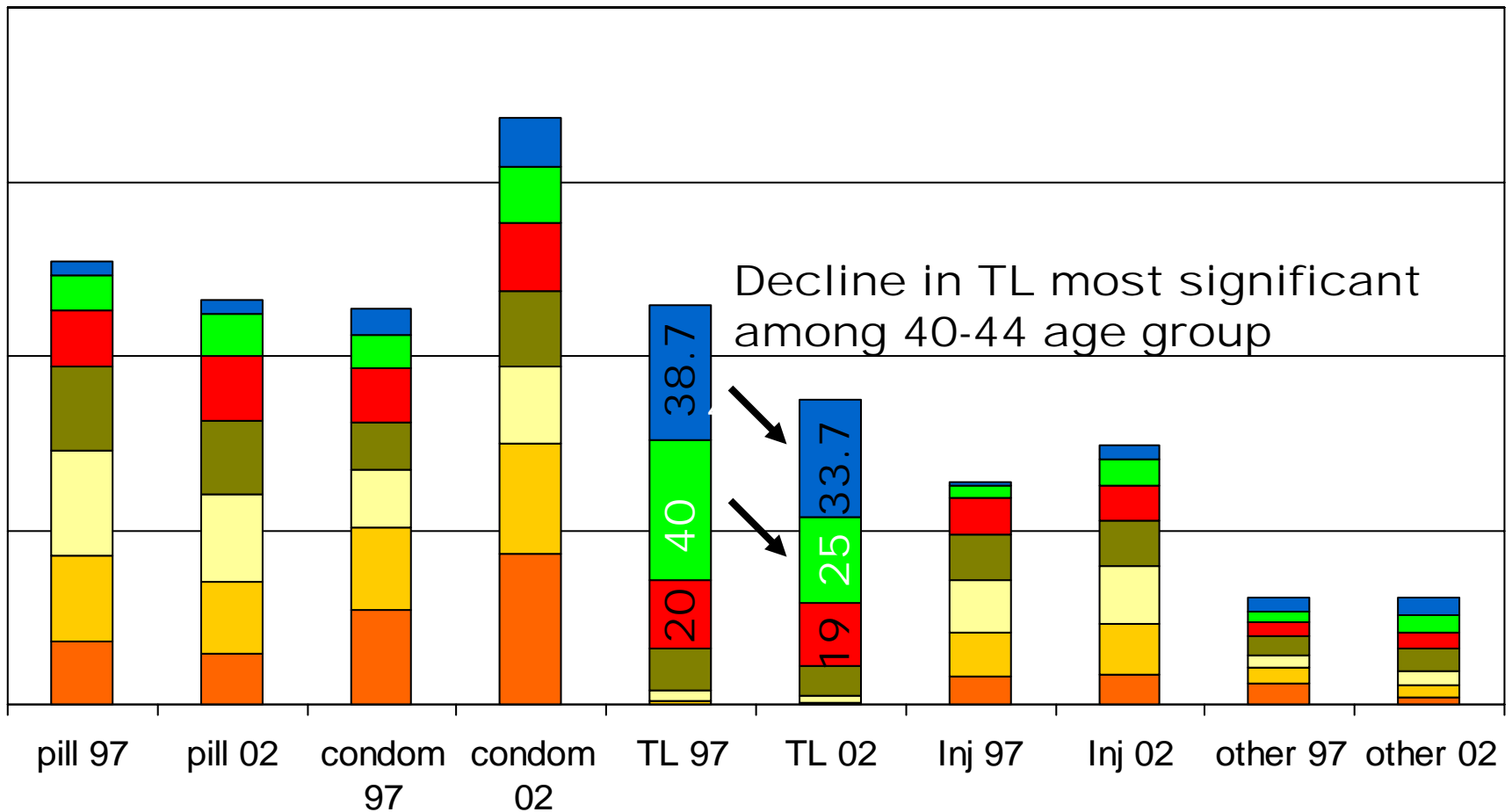
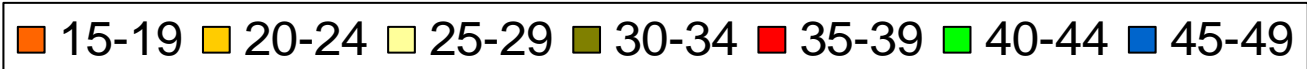
# CPR/Age –WRA in-union

1997 2002

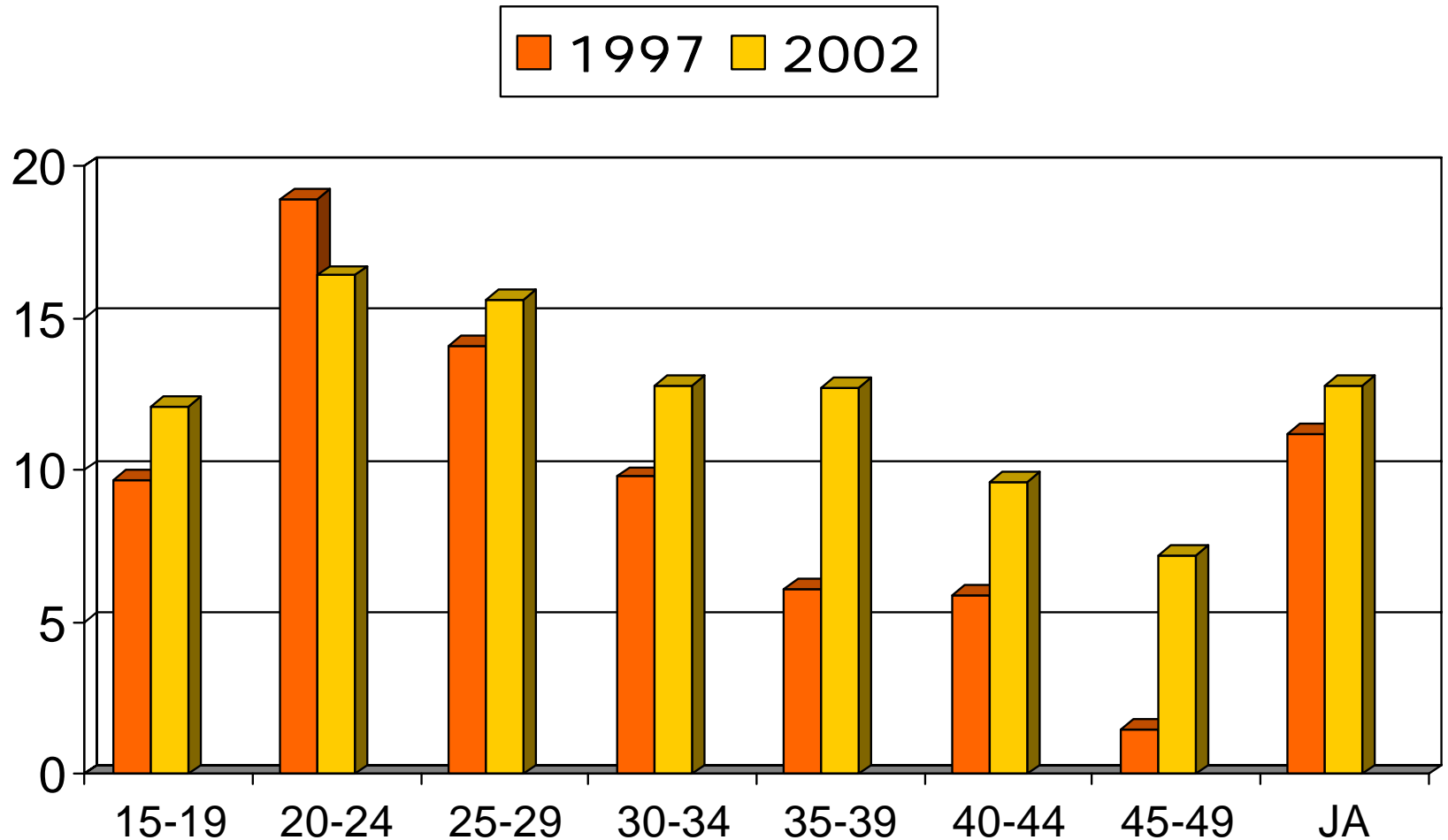


# Prevalence/method/age

WRA in-union



# Condom use as secondary method/Age

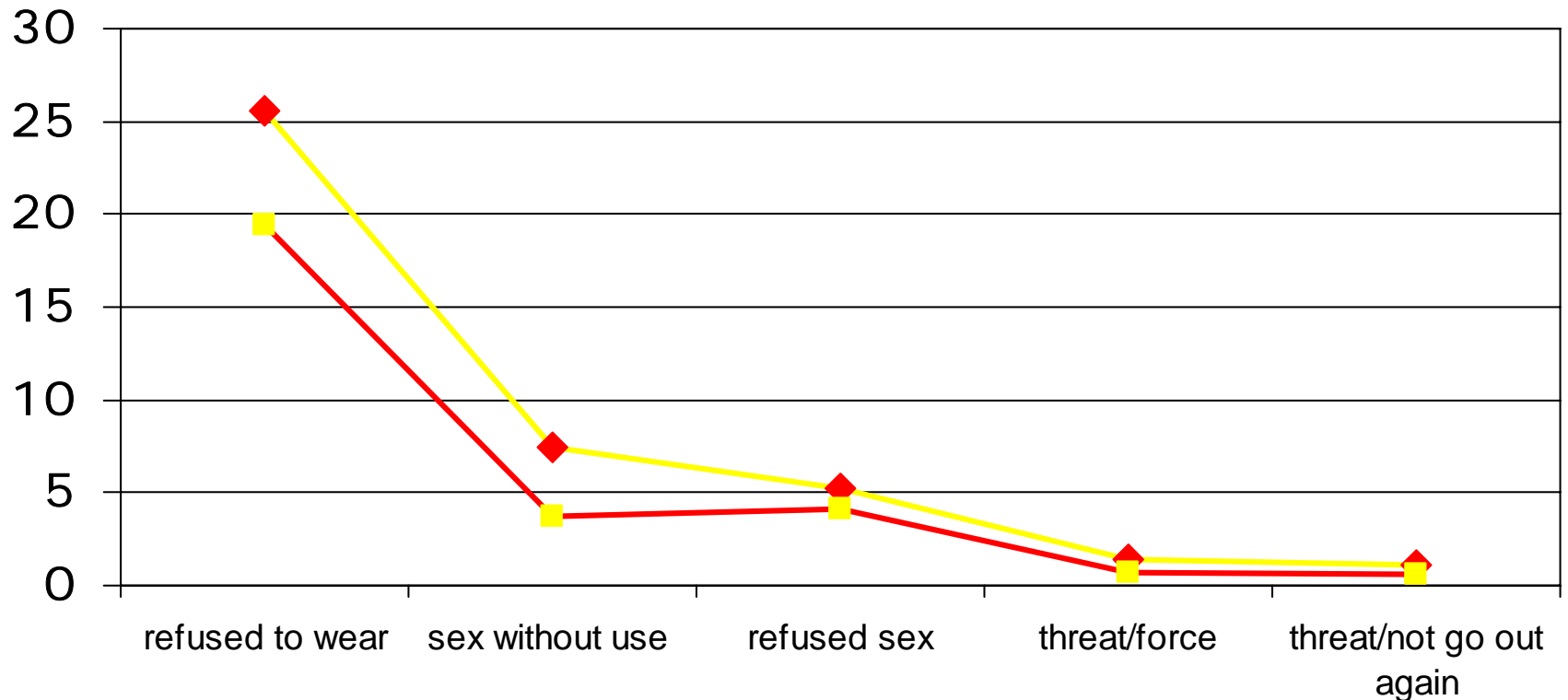


12.8%(11.2) of users in-union are using condoms as a secondary method

# Negotiating condom use

64% (52%) of females asked partner to use condom

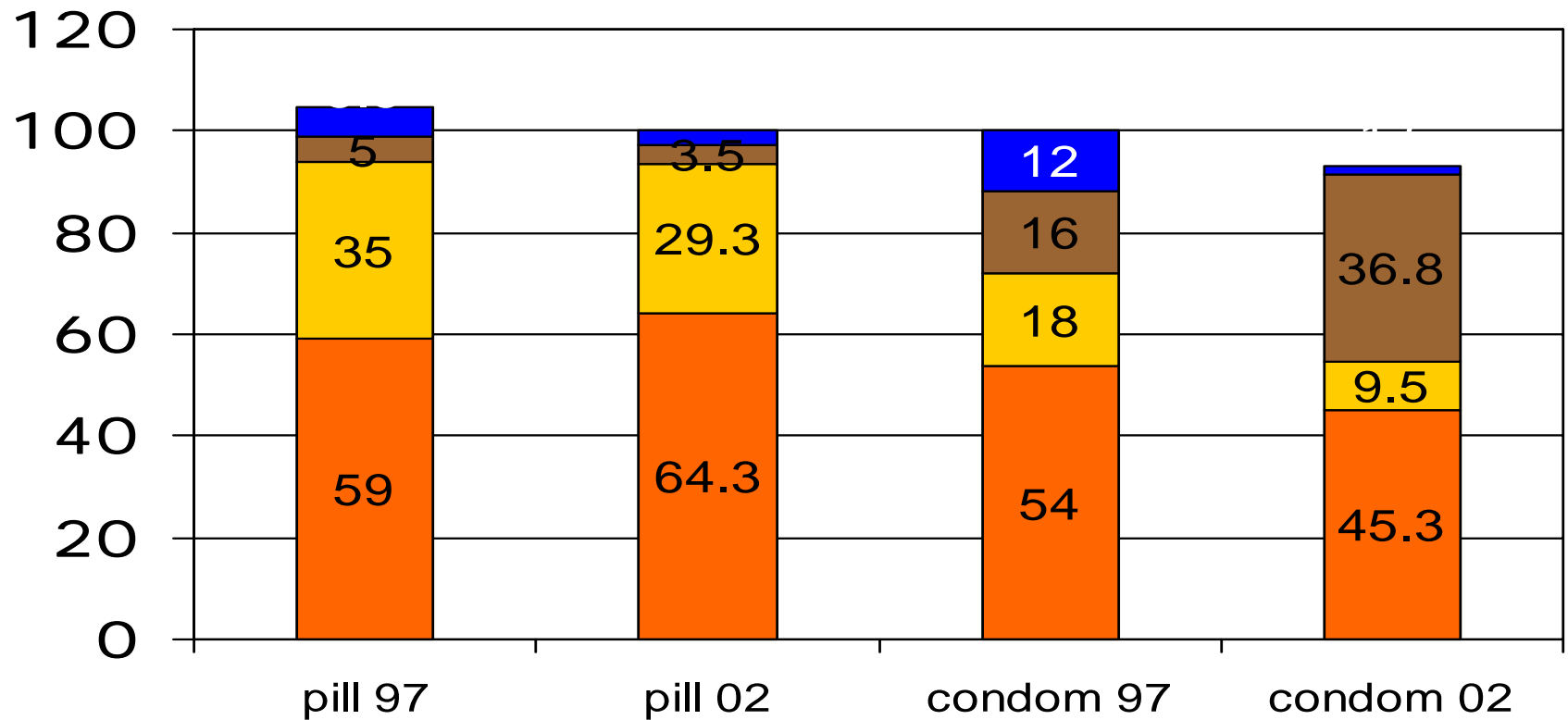
◆ 1997 ■ 2002



# Source of contraceptive

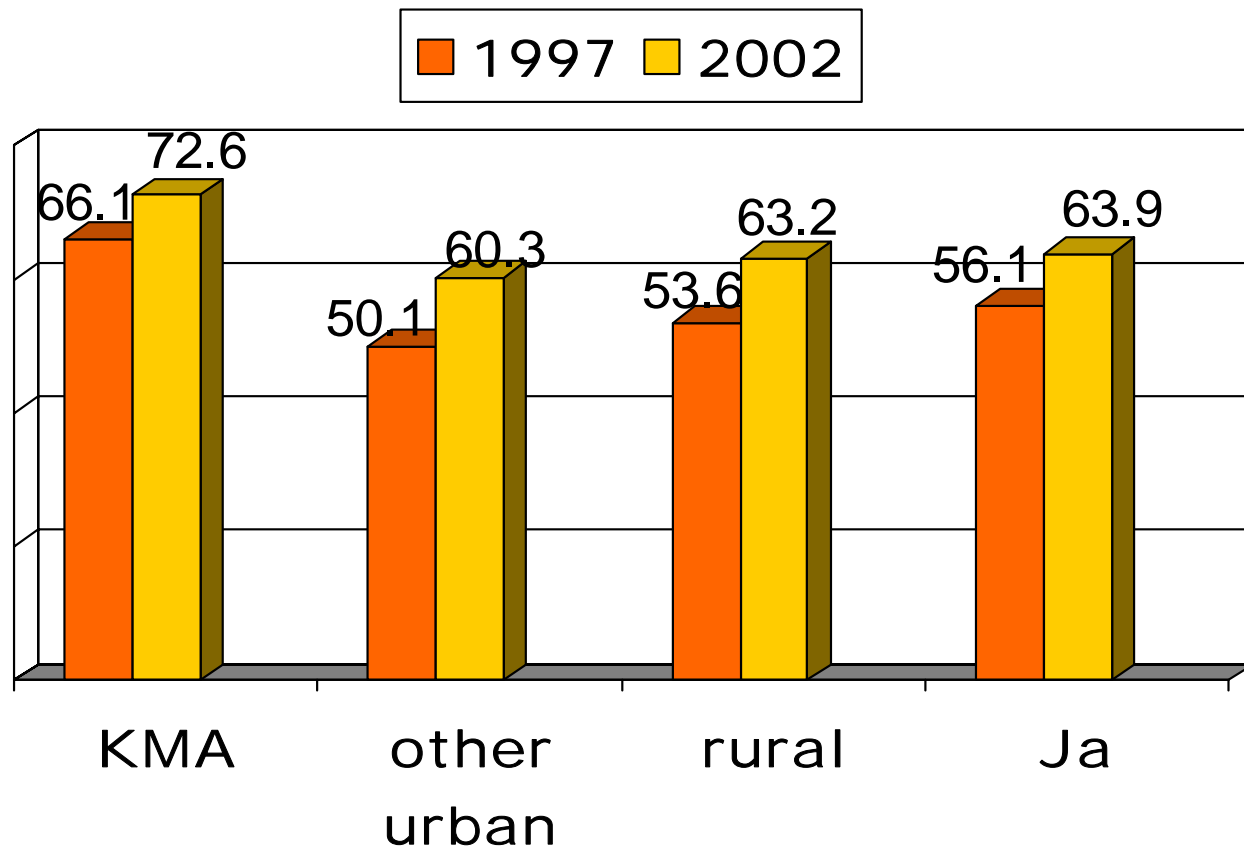
Women in-union

pharmacy H/C shop other



# Availability of FP service

Certain times or days



# Awareness of methods and Access to preferred methods



⌘ Condom, pill, injectable, TL – universal

⌘ For male sterilisation, increasing but still <70%

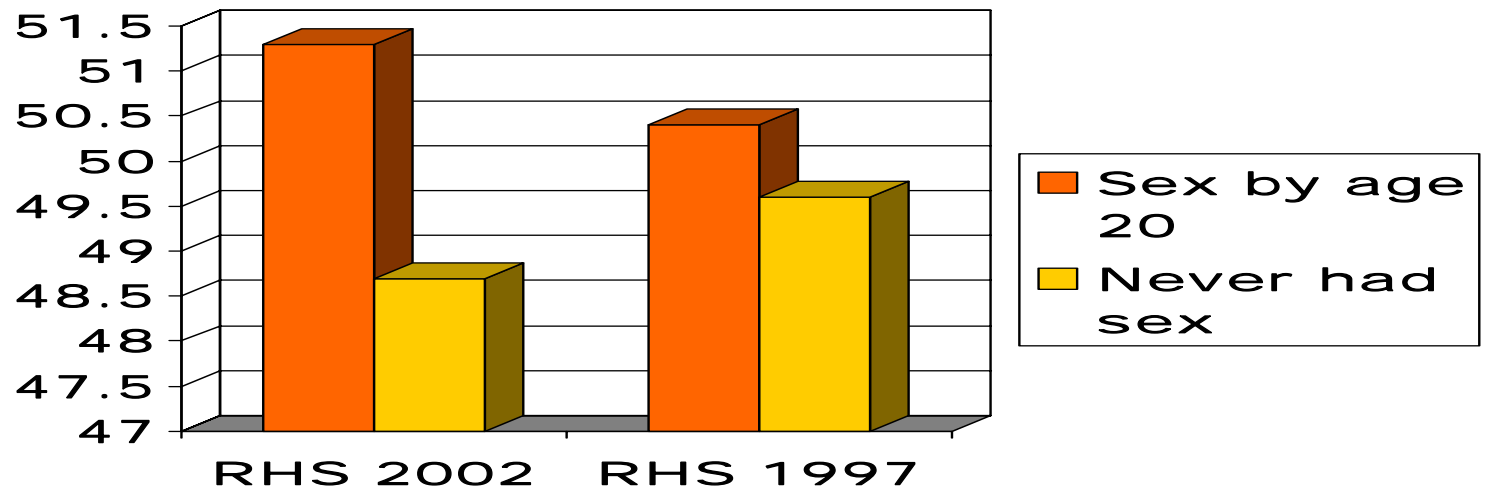
⌘ EC increased from 11% to 49%

⌘ 90% of users are using their preferred method

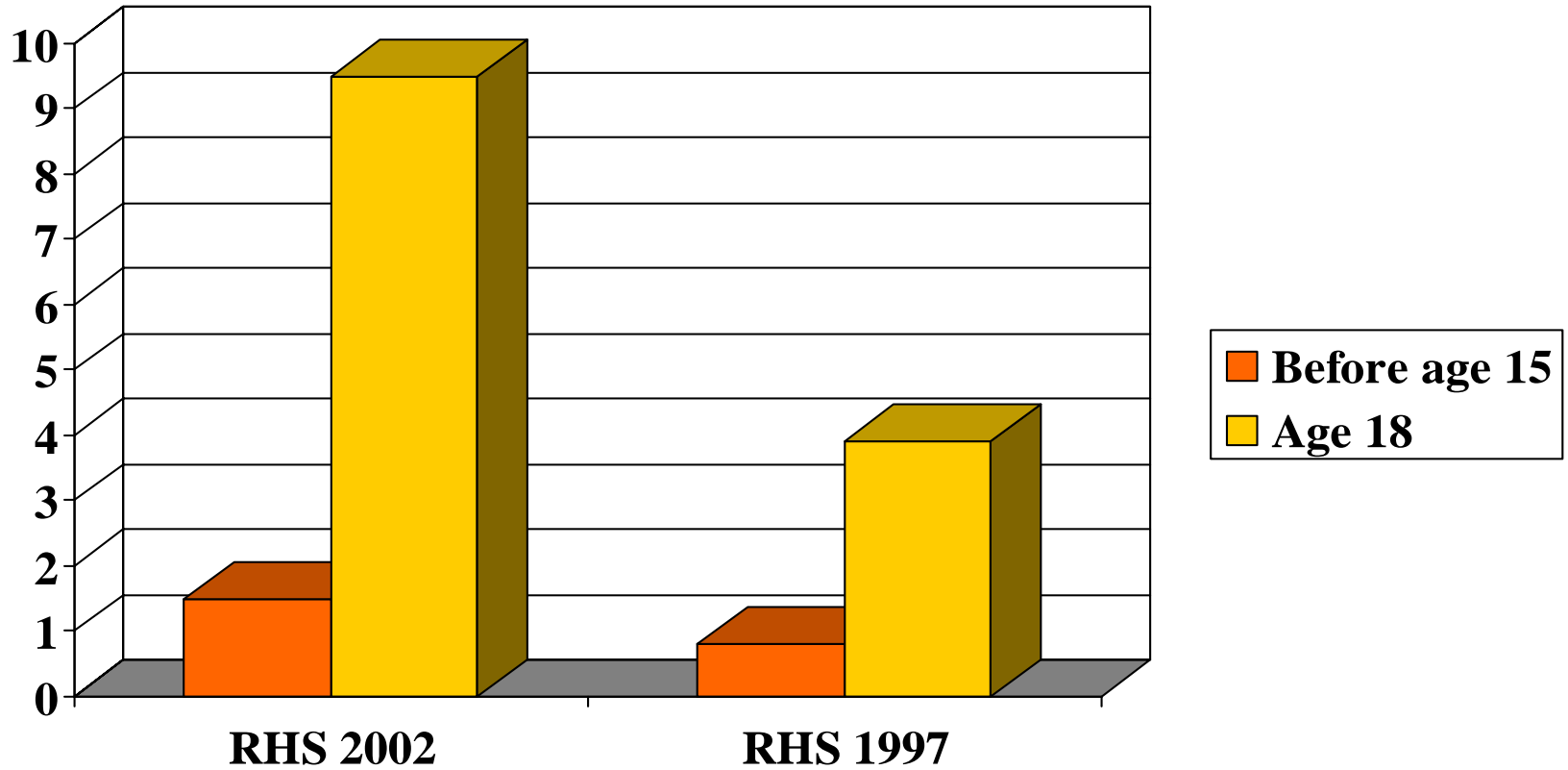
# Sexual Experience, small changes

Category	Females		Males	
	2002 RHS	1997 RHS	2002 RHS	1997 RHS
Mean Age at first Sex	15.8	15.9	14.5	13.4
Mean Age of Menarche	13.1	14.0 (1980)	N/A	N/A
% Ever having Sex	88.8	87.6	82.1	84.9
% of Adolescents ever had sex	49.3	51.4	73	73.9
% 15 – 17 y-o who ever had sex	32.1	37.7	62	64.4

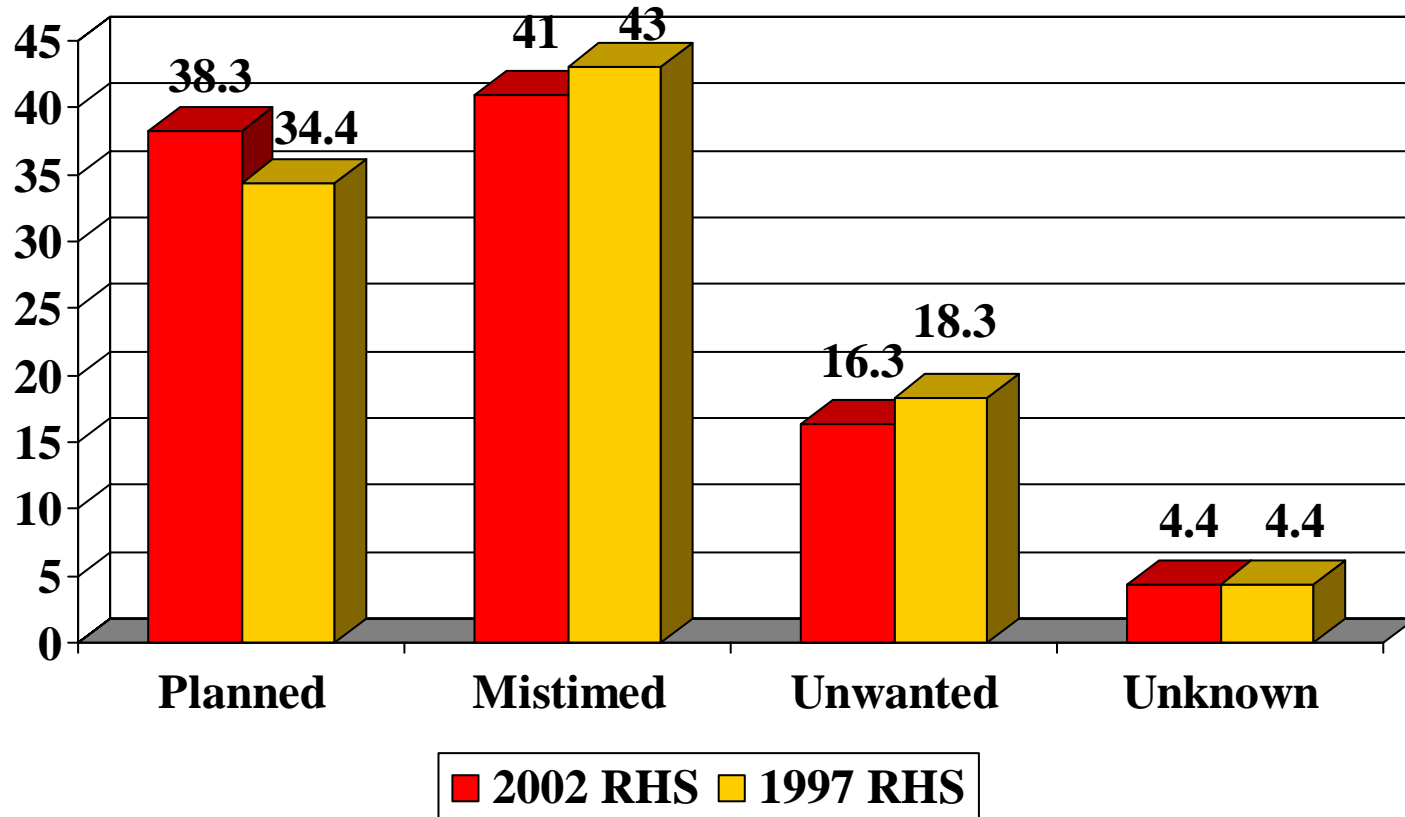
Approx. 52% of young women 15 - 19 would have had a sexual relation before age 20.



Before age 20, approx. 10% of women 15 - 19 would have had at least one child. This is more than in 1997.



# Increase in planned pregnancies, reduction in those mistimed and unwanted

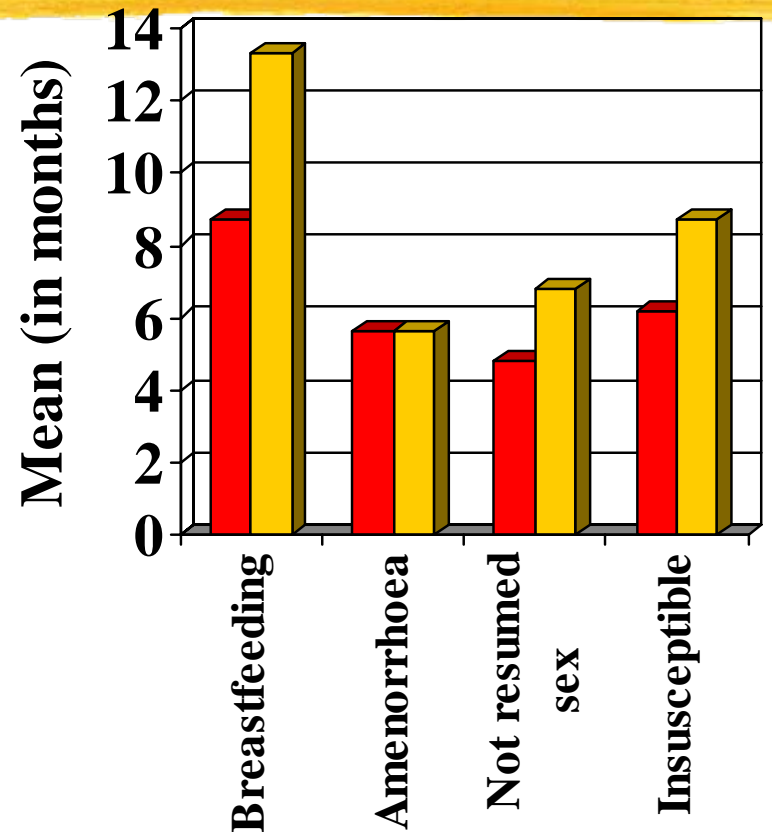


# Desire for more children

Current Parity	Desired Number of <u>Additional</u> Children					
	0	1	2	3	4+	Don't Know
0	12.6	51.1	21.6	7.8	4.1	2.8
1	28.0	35.6	13.7	2.4	18.0	2.2
2	46.7	28.8	18.5	1.2	2.6	2.3
3	60.9	26.3	4.7	3.2	1.8	3.2
4 or more	83.0	6.2	4.9	0.6	2.3	3.0
All women 1997	<b>35.6</b> <b>46.5</b>	<b>23.8</b> <b>17.5</b>	<b>25.6</b> <b>18.1</b>	<b>6.7</b> <b>3.2</b>	<b>4.8</b> <b>1.6</b>	<b>3.6</b> <b>13.2</b>

# Postpartum Insusceptibility shorter

- ⌘ Shorter duration for breast feeding: only 8.7 months (13.3 months in 1997).
- ⌘ Early resumption of sexual relations : after 5 months (7 months in 1997).
- ⌘ Shorter postpartum insusceptibility : only 6 months (9 months in 1997).

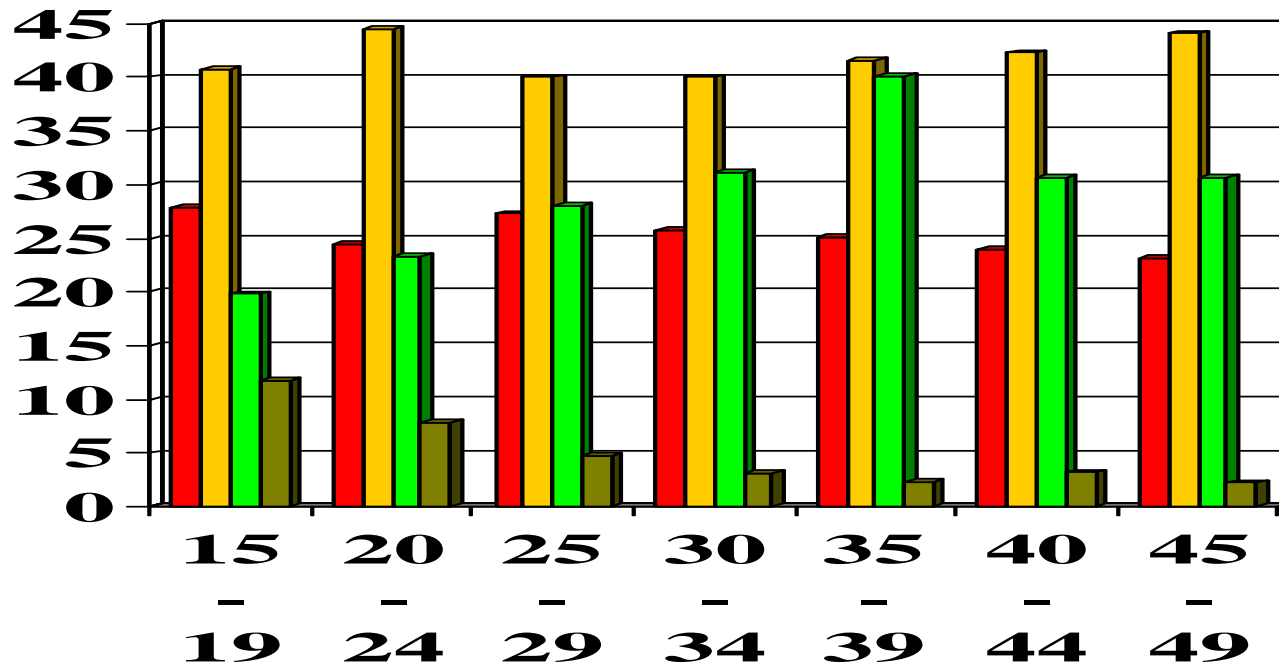


■ 2002 RHS

■ 1997 RHS

# Desired Breastfeeding Duration

- ⌘ Majority of women, regardless of age, desire breastfeeding for up to 12 months.



**1 - 6 months**

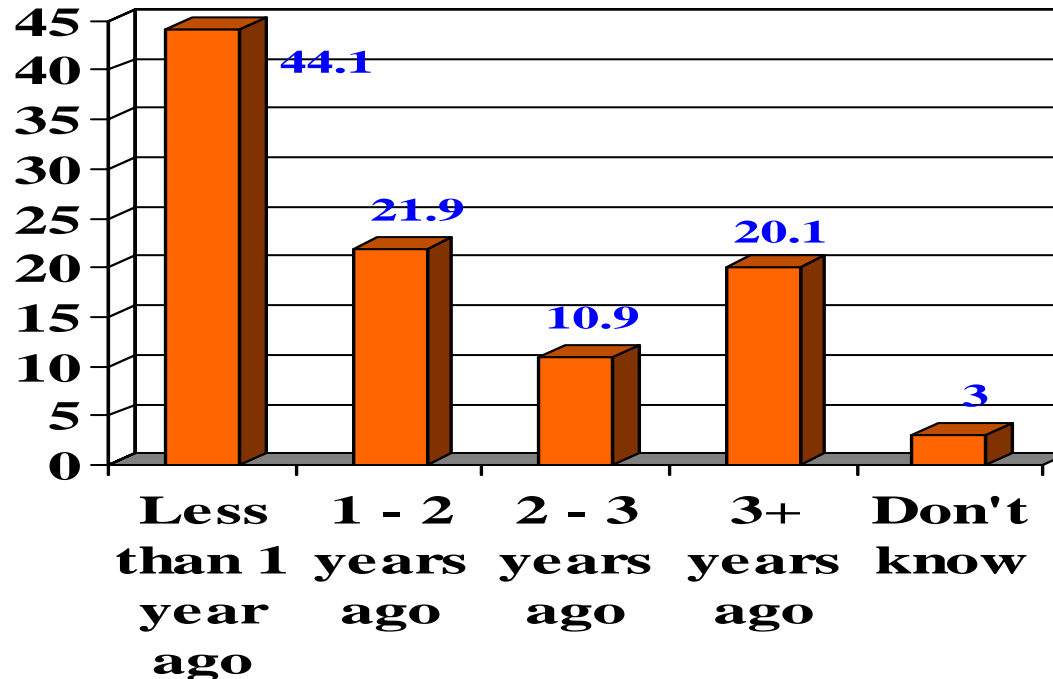
**> 12 months**

**7 - 12 months**

**Not stated**

# Routine Gynecological Examinations

- ⌘ Relatively high percentage of women have had a recent Gynecological exam.



**■ timing of Routine Gynecological Exam**

# Reasons for no Gyne Exam

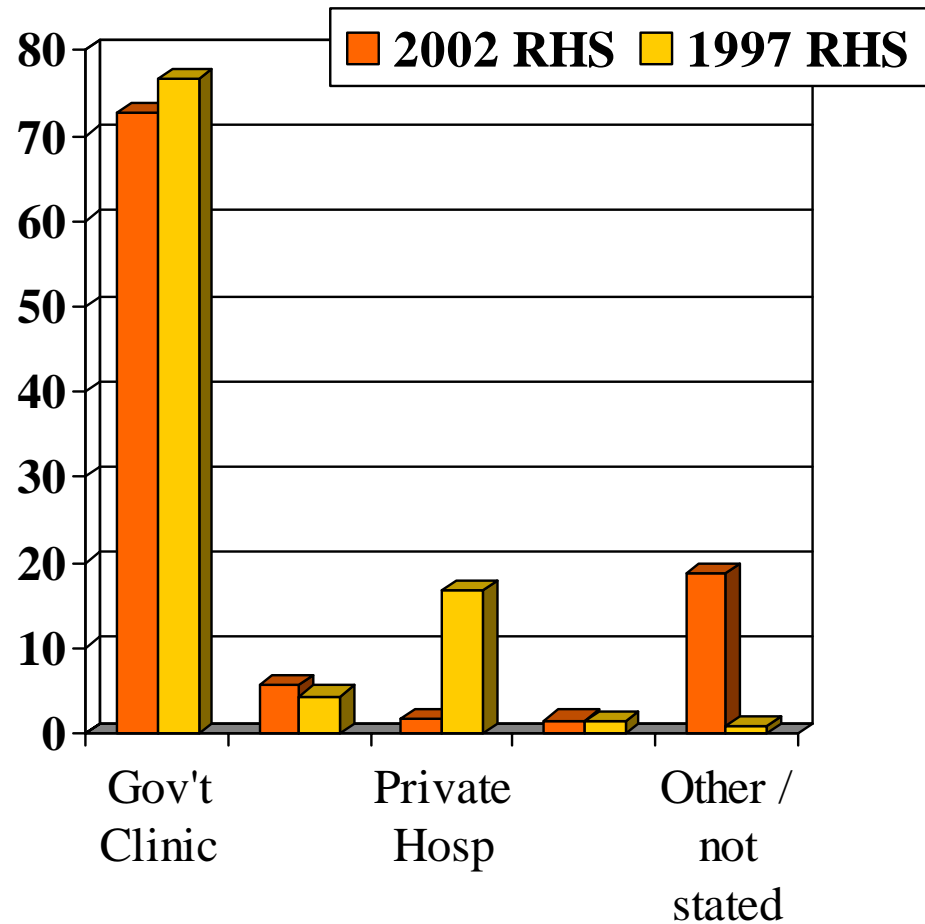


Number one reason for no gyne exam relates to sexual inactivity, particularly among younger females.

Reason	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Never had sex	86.5	7.0	4.4	1.3	0.4	0.0	1.4

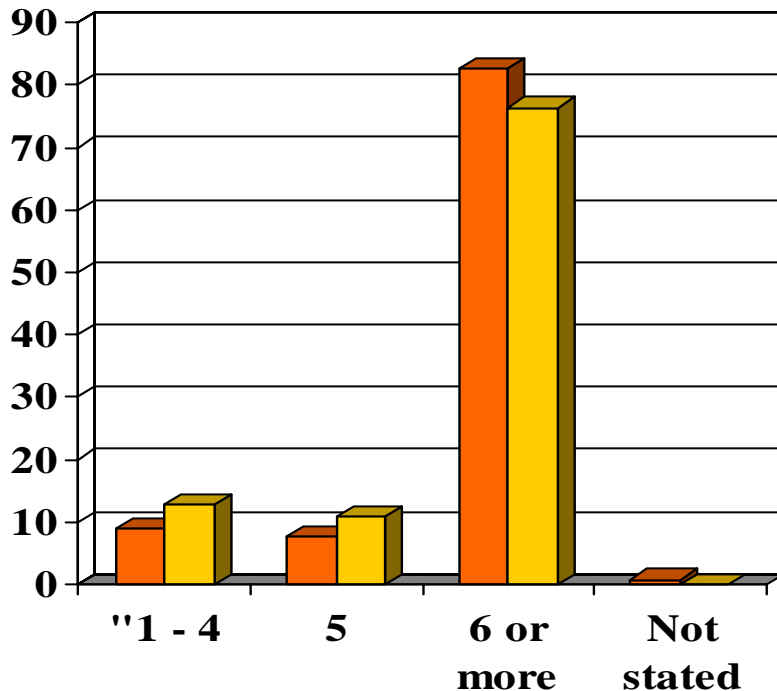
# Most prenatal care occur in public facilities

- ⌘ 2002, % of prenatal care in gov't clinics declined. Increase in other facilities.
- ⌘ However, Gov't clinics still account for most prenatal care.
- ⌘ Gov't clinic accessed mainly by persons in the low and medium SES.

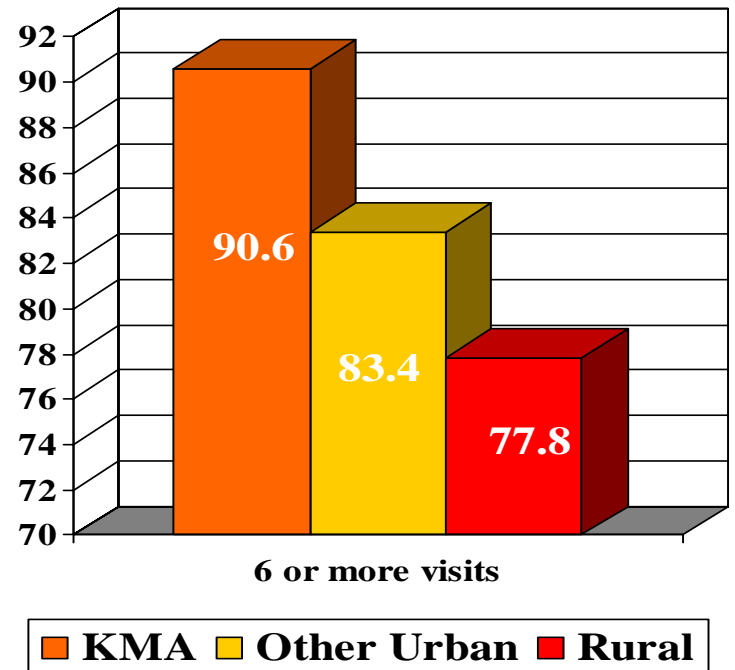


# Prenatal visits

- ⌘ Increase in prenatal visits in 2002.
- ⌘ Most women make six or more prenatal visits.
- ⌘ KMA and Other Urban areas account for most visits

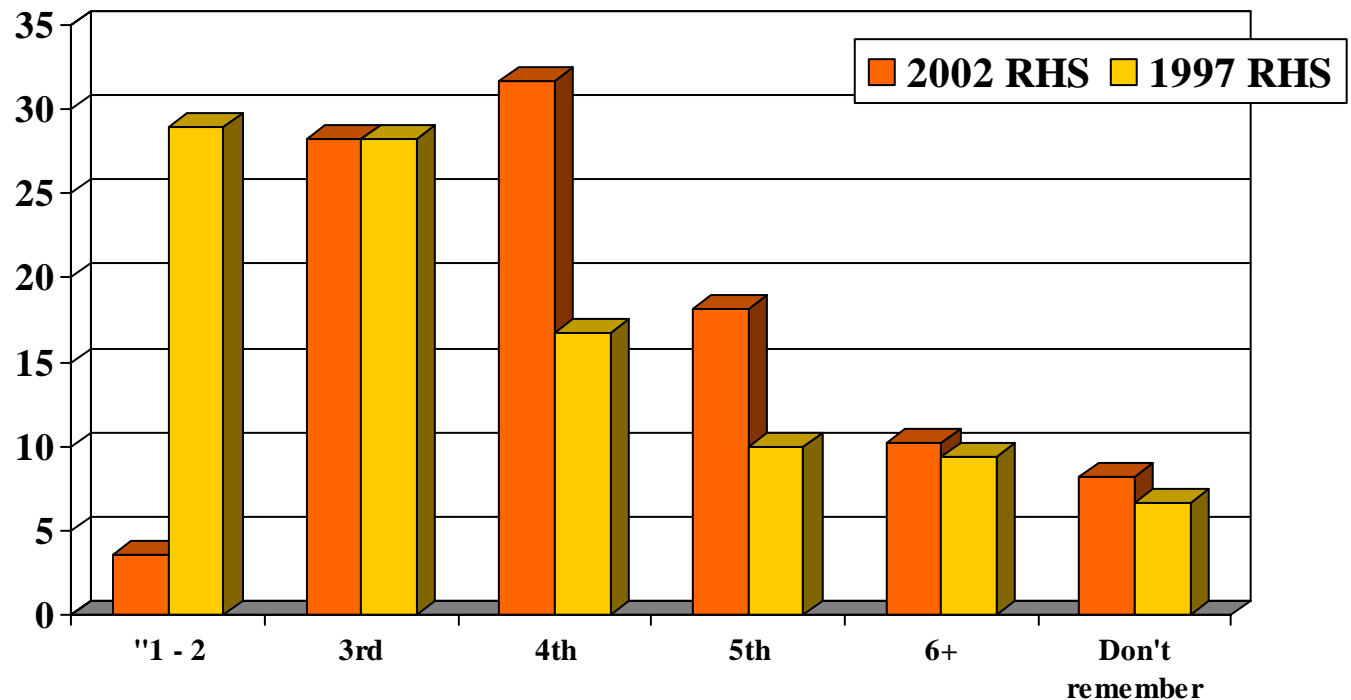


2002 RHS 1997 RHS



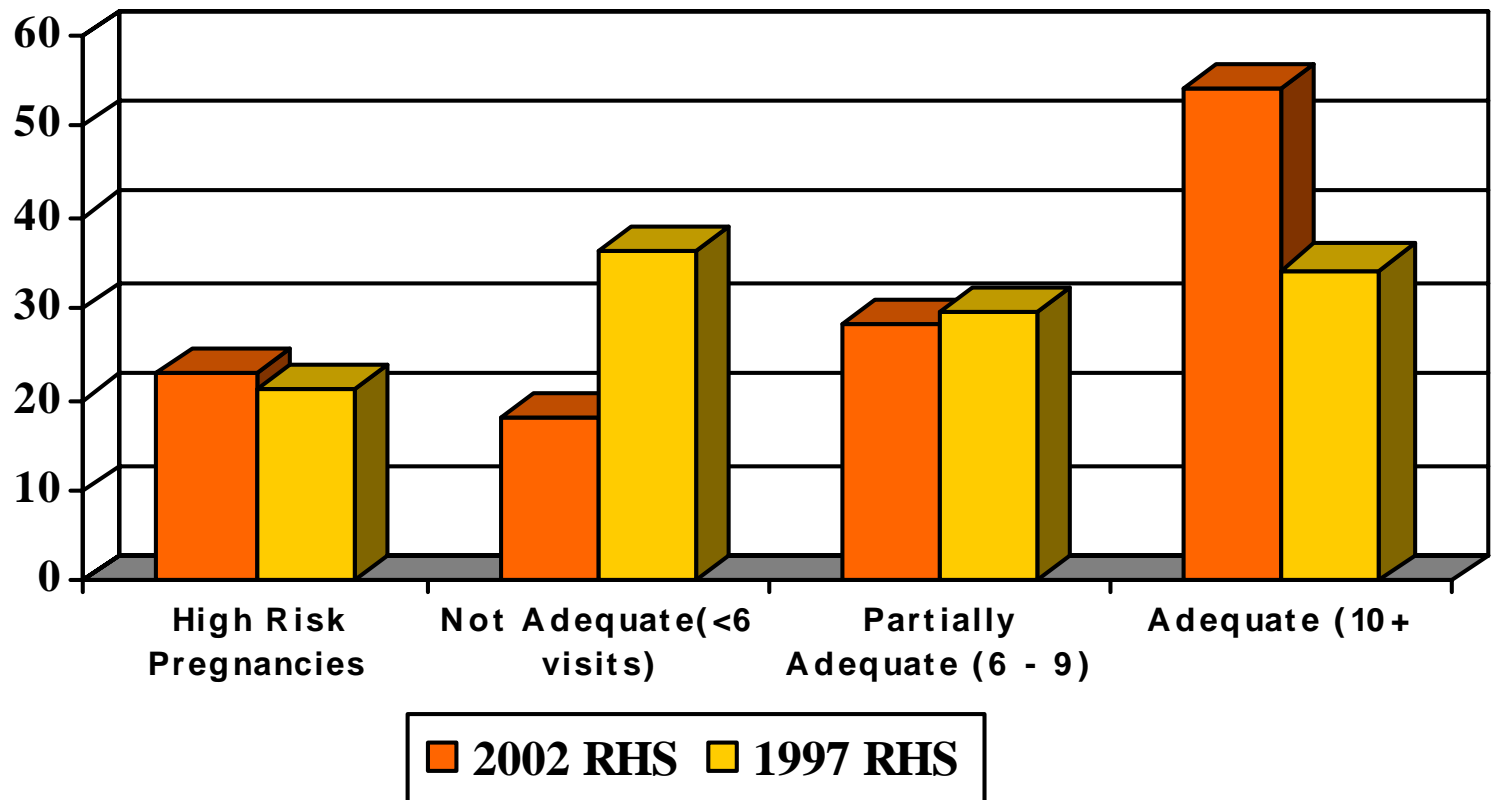
# Month of pregnancy prenatal care began

⌘ 2002 RHS indicate that women have begun prenatal care much later.



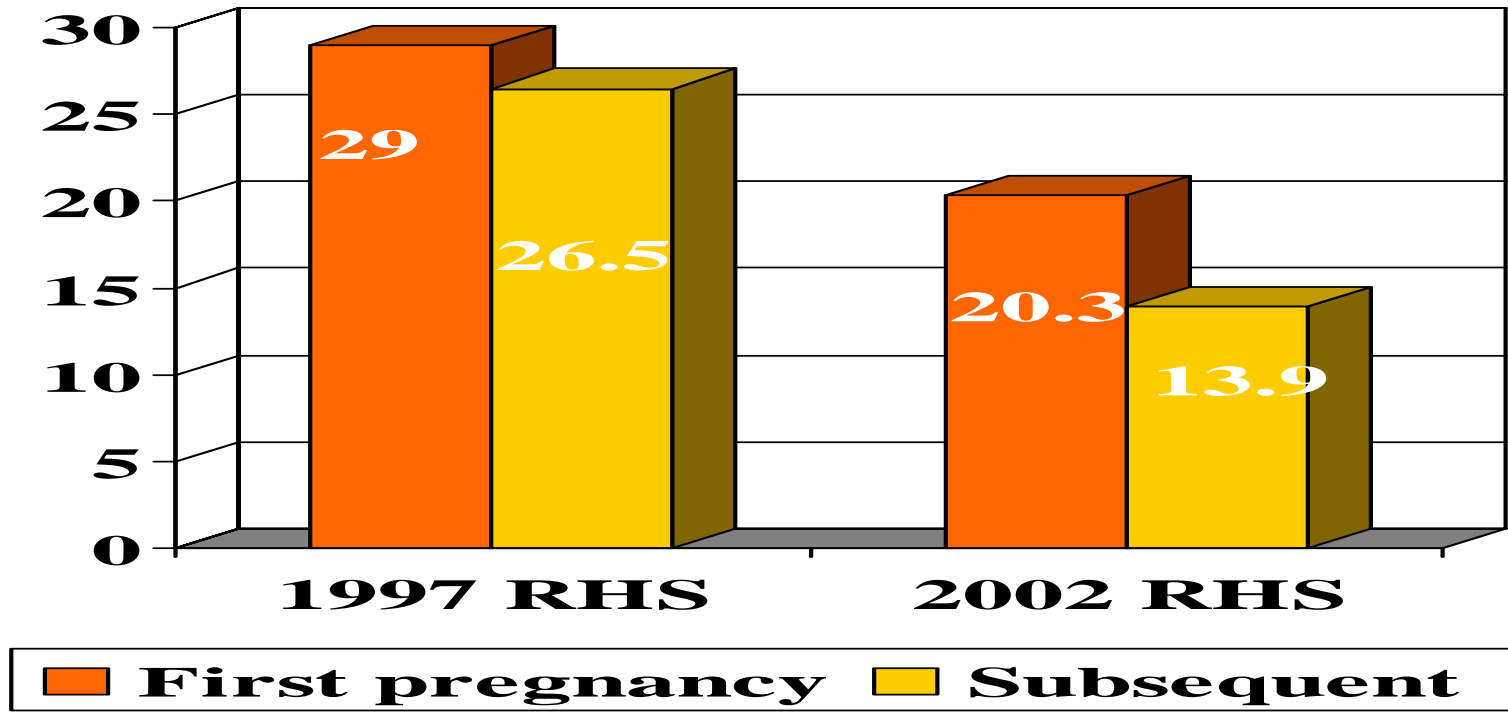
# High Risk Pregnancies

- ⌘ Increase in the proportion of high risk pregnancies.
- ⌘ For most high risk pregnancies, number of prenatal visits was adequate.



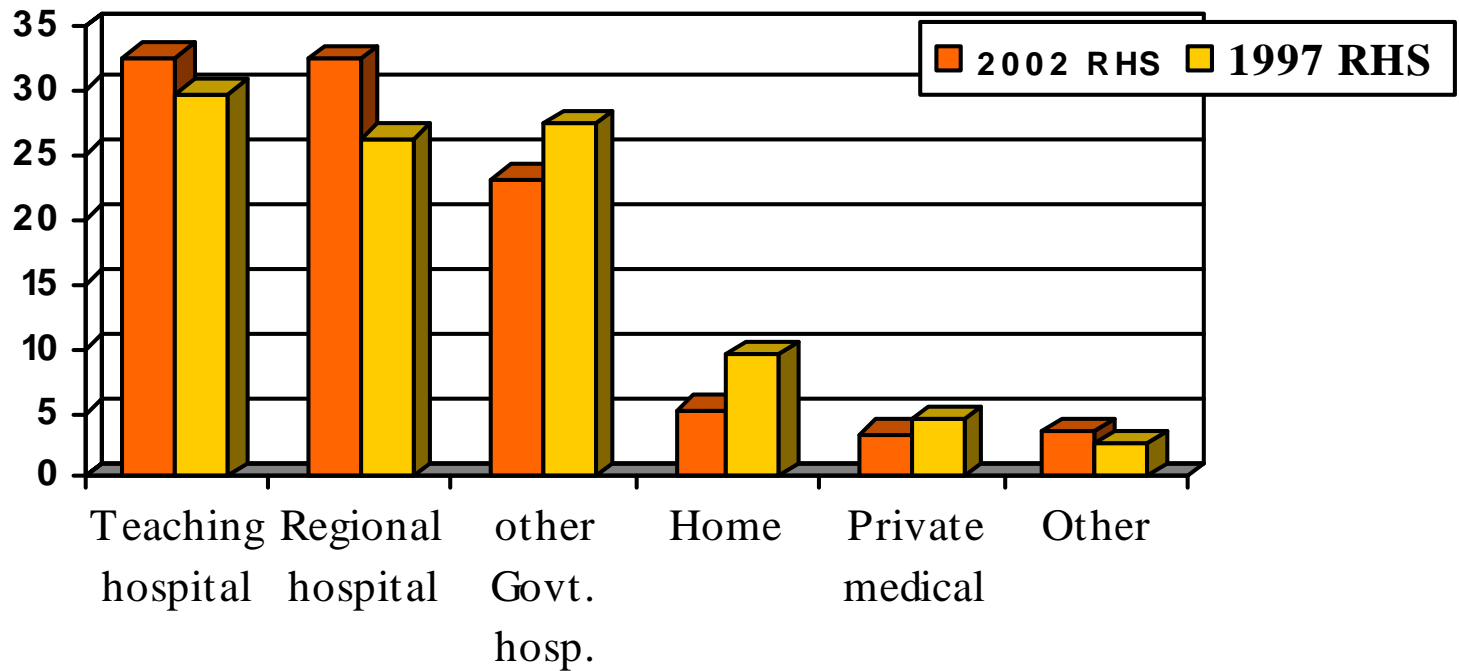
# Normal risk pregnancies for which prenatal care was inadequate

- ⌘ Improvement in adequacy of prenatal care for first and moreso for subsequent pregnancies.



# Place of delivery

⌘ Increase in hospital deliveries, reduction in home deliveries..



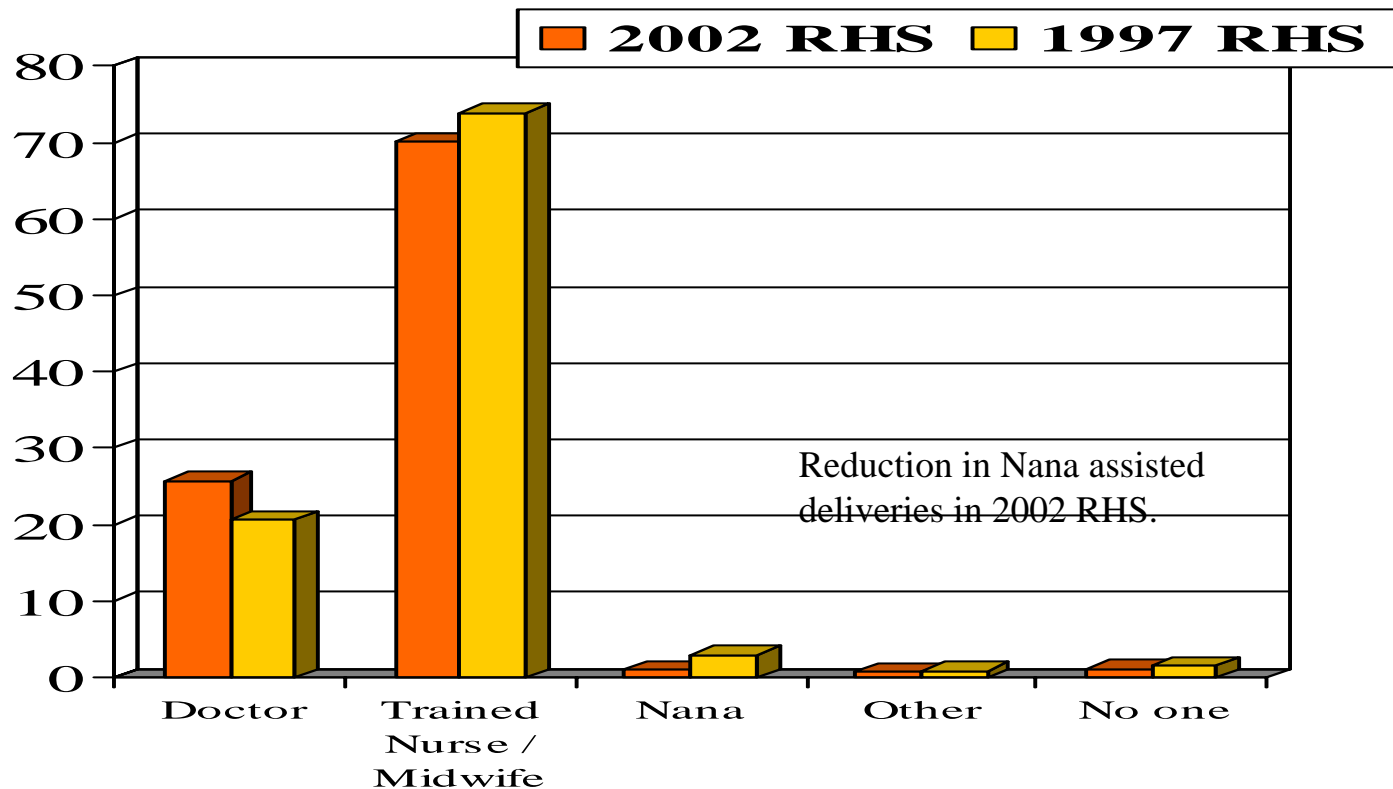
# Home and Other deliveries by region

Region	2002 RHS		1997 RHS	
	Home	Other	Home	Other
South East	2.7	3.2	4.5	1.5
North East	5.4	3.1	7.9	0.7
Western	6.9	3.8	13.1	3.4
Southern	<b>9.0</b>	<b>3.9</b>	16.1	5.0

Southern region accounts for the highest percentage of home and other deliveries.

# Principal Person who assisted deliveries

- ⌘ The majority of deliveries were assisted by a trained nurse/midwife or doctor.



# Conclusions



- ⌘ Fertility has declined particularly among younger women (aged 15 - 24). CPR has also increased.
- ⌘ Sexual experience for both genders remain virtually the same, with some improvement for female adolescents.
- ⌘ The condom has become the most prevalent method.
- ⌘ Unplanned pregnancy has been reduced, albeit marginally.
- ⌘ There is also an increased desire for additional children, particularly among those with no children or only one child.

# CONCLUSIONS

- ⌘ By all indications women are taking steps to have routine gynecological exams.
- ⌘ For those who have not have such exams, the main reasons were related to their sexual inactivity, and their perception of non- need.
- ⌘ Women continue to access prenatal care mostly in government clinics. The number of prenatal visits is generally adequate.
- ⌘ However, concern that prenatal care begins much later in pregnancy compared to 1997 RHS.
- ⌘ There is an increase in the proportion of all pregnancies that are "high risk".
- ⌘ High proportion of deliveries take place in hospital facilities and are assisted by trained personnel.