

REPRODCUTIVE HEALTH AND FAMILY PLANNING: WHAT DO THE NUMBERS SAY

**By: Toni-Shae Freckleton
Senior Demographer
Planning Institute of Jamaica**

Arising from the International Conference on Population and Development (ICPD) held in Cairo 1994, importance was placed on addressing population and development issues. This was an extension of the approach taken in previous conferences. However, for this ICPD, the central thrust was creating a new attitude towards reproductive health, family planning and population growth (UNFPA 2003). The paradigm shifted towards a comprehensive concept of reproductive health, including family planning and sexual health as articulated in the ICPD Programme of Action. This new approach focused on several tenets including the following:

- non-discriminatory access to health services;
- promotion of reproductive health and rights; and
- provision of comprehensive sexual and reproductive health services that strive to ensure universal access to the widest range of family planning methods.

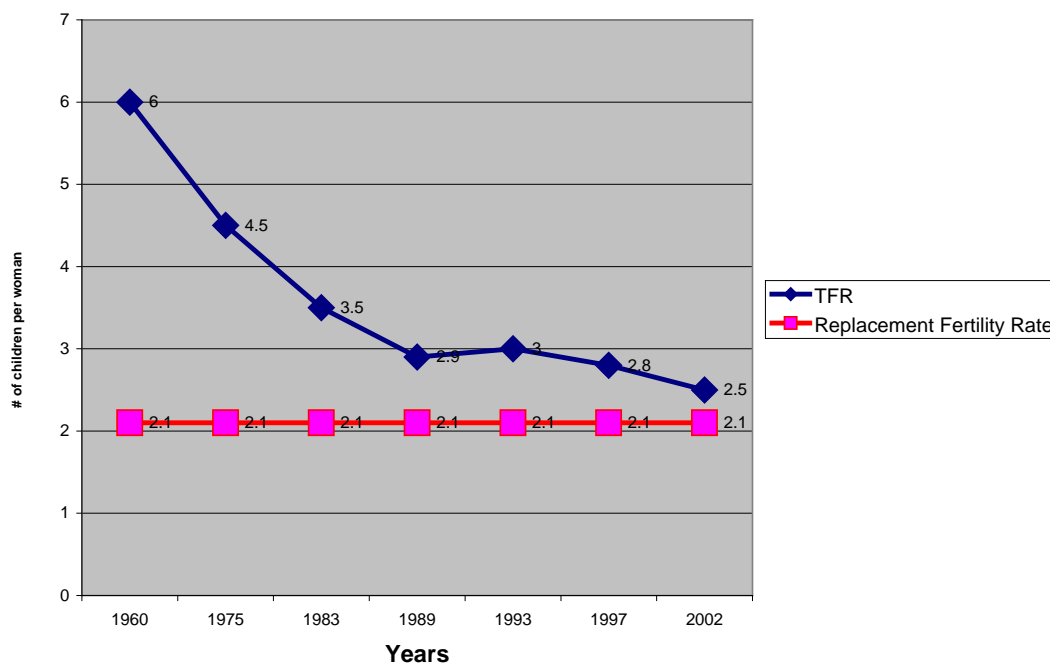
Jamaica, as a signatory to all international conventions before and after the ICPD process, responded to the call and have incorporated and improved the face of family planning and reproductive health over the years. With the articulation of a National Population Policy (PIOJ 1995), Jamaica was one of the forerunners in the region in integrating population variables in development. One of the strategic objectives of the policy was to place more emphasis on reproductive health and the need to integrate family planning, maternal and child health, and HIV/AIDS and other STIs in contraceptive programmes. This reflected a more comprehensive approach to planning in this area.

Family planning and reproductive health issues are addressed under the mandate of the National Family Planning Board (NFPB) and the Ministry of Health. The mission statement of the NFPB speaks to playing “a leading role in identifying, developing, promoting and coordinating national policies and programmes that recognize the rights of the individual to high quality family planning services appropriate to their reproductive health needs and status, in keeping with Government objectives and the international environment”. With leadership from the Board, there have been significant changes in the demographic profile of the Jamaican population over the last 30 years. This article will analyse the fertility trends in Jamaica over the years and the future direction for the country in this regard.

Fertility Analysis

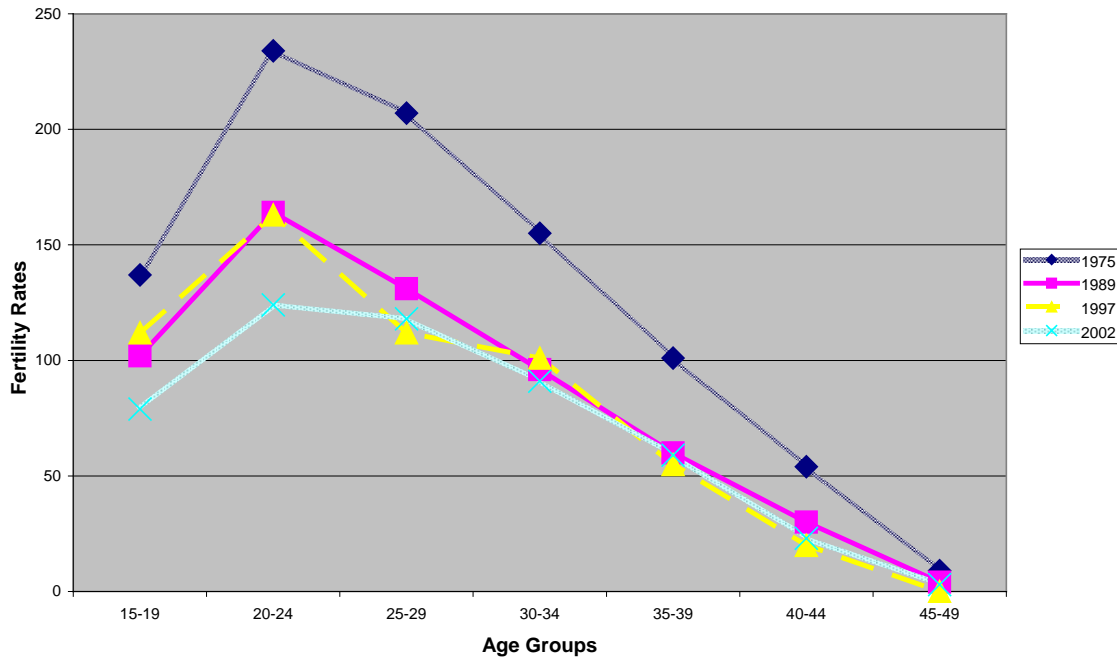
Fertility is one of the three population processes which impact population growth and change. Over the years, with the introduction of the “**Two is better than Too many**” campaign, Jamaica experienced significant reductions in its fertility rates. The Total Fertility Rate (TFR) is regarded as one of the best measures for fertility and fertility change over time. TFR is an approximation of the number of children per woman. TFRs moved from a high of approximately 6.0 children per woman in the 1960s to just about 2.5 as at 2002. Figure 1 illustrates that Jamaica is increasingly approaching the replacement fertility level (2.1 children per woman). Through the programmes and services offered by the NFPB and other private sector organizations, Jamaica is well on target for achieving the goal outlined for fertility – “...decline to approximately two children per woman by the year 2000 or shortly thereafter and be maintained at that level.” However, the maintenance of this rate is highly dependent on, among other things, sustained reproductive health programmes including family planning.

Figure 1:
Total Fertility Rates 1960-2002, against Replacement Fertility Rate



The improvements being made in fertility are also reflected in the Age Specific Fertility Rates (ASFRs). Jamaica’s fertility pattern has been classified as “early peaked”. This indicates that fertility is highest in the 20-24 age group (Figure 2). An analysis of the ASFRs has shown that fertility has declined in all five age groups for women 15-49 years from as early as 1970-1975. While there has been an overall decline in fertility, the rate of decline for the adolescent age group has been the slowest in comparison with other age groups and still remains a challenge. It is to be noted that although fertility rates have declined in all age groups (15-49 years), the shape of the curve has remained unchanged. This is also characteristic of the fertility pattern in the rest of the English-speaking Caribbean.

Figure 2:
Age Specific Fertility Rates, Jamaica



The Contraceptive Prevalence Rate (CPR) refers to the proportion of women of reproductive age who are using (or whose partner is using) a contraceptive method at a given point in time (WHO). Contraceptive prevalence is a reflection of the high level of public awareness of reproductive issues. Results from the Reproductive Health Surveys (RHS) have indicated that there has been an increase in the CPR. An increase in CPR over the years proves to be consistent with the declines in fertility rate. This rate has increased from 38.0 per cent in 1975 to 66.0 per cent in 2002. This increase is also consistent with efforts to sustain reproductive health programmes being implemented, as well as efforts to target not just women but men in the process. Several initiatives have been undertaken over the years to strengthen reproductive health issues across all sub-groups of the population.

Population Projections and Vision 2030 Jamaica

Trends in the population growth and the changing population structure have highlighted that there will be a significant increase in the number of women in the reproductive age group (15-49 years) from 742 400 in 2008 to approximately 745 000 per 2020. This increase will continue to pose a challenge particularly as it relates to the expansion of services for women. This will also require improving the quality of family planning and reproductive health services.

Based on population projections (STATIN 2008), it is assumed that the decline Jamaica is experiencing in its fertility rates will continue at a slow pace. These assumptions are made due to the trends observed in fertility over the past 30 years.

The declines have been ascribed to some of the following factors:

- improvement in education status of women;
- increase in female participation in the labour force; and
- increase in the level of knowledge, access and practice of contraceptive use.

Irrespective of the growth in the number of women of reproductive age, it is anticipated that there will be continued improvement in the well-being of women which will result in even further declines in fertility.

All these considerations of the impact of fertility on population change have been deliberated and incorporated in the development of a Population Sector Plan for *Vision 2030 Jamaica - National Development Plan*. One of the goals of the Plan is the “Stabilization of the population at zero growth by 2030”. In this regard, adjustments have been made to the fertility policy as stated in the Population Policy. This has now been revised to reflect that “Replacement level fertility (2.1 children per woman) be achieved by 2010 and maintained at that level”. This adjustment was made to reflect consistency with the trends observed in Jamaica’s fertility rates. The Plan proposed three main strategies for fertility, family planning

and reproductive health to steer Jamaica towards a state where the population meets the sustainable needs of the country:

1. Strengthen and improve policies, plans, programmes and other relevant capacities for fertility management and the provision of reproductive health services and commodities for all who need them;
2. Promote responsible sexual and reproductive health behaviours for all; and
3. Use of research to uncover client's needs, desires and acceptance of reproductive health services to inform development and implementation of effective service delivery strategies and programmes.

These specific strategies are linked to actions in the following areas: (i) Capacity Building; (ii) Reproductive Health Policy; (iii) Service Delivery; (iv) Contraceptive Method Mix; (v) Information, Education and Communication; (vi) Advocacy; (vii) Health Promotion for Behaviour Change; (viii) Research; (ix) Monitoring and Evaluation; and (x) Legislation.

Recommendations

The numbers provide meaningful guidance and must be used as a platform for strategic direction. Below are areas which if given focus, can strengthen programmes in the area of family planning and reproductive health:

- The need for research and analysis in fertility related areas to strengthen policy, programme development and responses to effectively meet the needs of clients;
- Need for both government and grant funding resources in the area of population and family planning. This well needed financial support will assist in sustaining, strengthening and expanding certain critical programmes to ensure that Jamaica continues to maintain a high success rate in its reproductive health and rights targets and achieve/maintain its fertility policy goal. Several strategies and actions have been outlined in

Vision 2030 Jamaica that can steer the country towards achieving this. All efforts should be made to streamline these efforts in NFPB and other governmental agencies' corporate planning and budget exercise to ensure that there is sustained support for sexual and reproductive health and rights; and

- Investment in family planning and fertility requires significant resources not only from the government and private sector entities but full commitment from individuals.

Conclusion

The numbers have demonstrated that Jamaica has reaped some rewards in the areas of fertility, family planning and reproductive health. These include the reduction in TFRs and most ASFRs although adolescent fertility rates have remained considerably high; high contraceptive prevalence rates; and increased knowledge and access to contraceptives. Notwithstanding these successes, there is much left to be done to maintain and improve the sustained programmes in this area. Policy makers, programme managers and international development partners are being challenged by Vision 2030 Jamaica to make this area a priority for the country. It is envisaged that this focus will gear the country towards achieving national and internationally agreed development goals.

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