

## **DATA ON ADOLESCENT REPRODUCTIVE HEALTH (ARH)**

The World Health Organisation defines adolescence as the period between 10 and 19 years of age and refers to people aged 15-24 as 'youth'. Adolescence involves rapid physical growth and development, physical, social and psychological maturity, but not all at the same time.

The following data are taken from the 1975 Jamaica Fertility Survey, the 1983, 1989, and 1993 Contraceptive Prevalence Surveys and the 1997, 2002 and 2008 Reproductive Health Surveys. The Reproductive Health Survey (RHS) is conducted every five (5) years by the NFPB in conjunction with the Statistical Institute of Jamaica (STATIN). The 2008 survey is the eighth in the series conducted by the Board.

Through the administering and subsequent collecting of the household survey, the Board is able to determine the frequency of condom use, knowledge of contraceptive methods, risky sexual behaviour and the impact of family life education among other Reproductive Health issues.

High levels of fertility are of grave concern to the Reproductive Health of our young people as they put both the health of the mother and baby at risk if the mother is not physically mature enough to successfully carry the pregnancy to full term and deliver. There are also educational setbacks many adolescent females and males may have to face in order to be able to provide financially for their child. In some cases this may involve dropping out of school in order to seek income. This results in a decrease in the educational level of these youth, increasing the difficulty of attaining the resources necessary to provide for a new family.

There are also psychological factors such as stress and the inability to cope with the pregnancy which may affect young parents and, as a result may affect their child/children negatively.

In 2009, 7,612 live births occurred to mothers under the age of 20 a decrease from the 7,680 recorded at the end of the year 2008. Consequently, in Jamaica, Reproductive and Sexual Health has received the attention of health practitioners, researchers and policy makers. How best to meet young people's Reproductive Health needs must, of necessity, remain high on the health agenda for Jamaica.

## Sexual Experience

Data from the 2008, Reproductive Health Survey (RHS) revealed that approximately five (5) out of every seven 10 are abstaining from sexual activity (56.4%). Conversely, approximately four (4) out of ten of males aged 15-19, are abstaining from sexual activity (38.5%).

According to the 2005 Jamaican Youth Risk and Resiliency Behaviour Study (YRRBS), 13% of adolescents 10 to 15 years reported that they had sexual intercourse, with boys three (3) to four (4) times as likely as girls to report sexual activity (21% of boys and 6% of girls).

### Partner at First Intercourse

As seen in Tables A below, 46 percent of females who were under the age of 13 at their first intercourse had a partner that was six (6) or more years older than they were. The percentage of males who had sex at the same age however, with a partner that had the same age difference was only 8.4 percent. This shows the vulnerability of young girls and can have severe implications for their Reproductive Health.

**Table A: Age of First Partner by age at First Sexual Intercourse Among Females**

Partner's Age	Age at First Intercourse		
	Under 13	13-14	15-17
<b>Younger</b>	4.7	0.9	1.8
<b>Same Age</b>	12.1	4.7	1.8
<b>1-2 Years Older</b>	3.7	13.6	11.0
<b>3-5 Years Older</b>	21.0	39.4	27.5
<b>6+ Years Older</b>	46.0	29.2	29.9

*Source: Reproductive Health Survey, 2008*

**Table B: Age of First Partner by age at First Sexual Intercourse Among Males**

Partner's Age	Age at First Intercourse		
	Under 13	13-14	15-17
Younger	7.1	13.7	31.2
Same Age	24.2	33.2	32.4
1-2 Years Older	31.2	36	23.9
3-5 Years Older	17	7	3.9
6+ Years Older	8.4	2.5	1.7

Source: Reproductive Health Survey, 2008

### **Contraceptive Use at First Intercourse**

Approximately 44 percent of females aged 15-19 and 61.5 percent of males in the same age cohort are sexually experienced. Of sexually experienced males and female's 15-19 years, 84.2 percent of females and 58.1 percent of males used contraception at first intercourse.

### **Reasons for non-use of contraceptives at first sex**

Approximately 58% of females aged 15-19 claimed that their reason for not using contraception at the time of their first intercourse was that they did not expect to have sex and 17% attributed their lack of use to negligence. On the other hand, of males aged 15-19, who did not use contraception at first intercourse, 28.9% said their main reason was because they did not expect to have sex, 21.8% said they did not know of any methods, 12.3% claimed they couldn't get a method at the time and 9.1% said it was due to negligence.

## **Risky Sexual Behaviours**

### **Transactional sex for teenagers**

Of the 557 sexually experienced females and the 998 sexually experienced males between the ages of 15 and 19, 15 females and 100 males (2.7 percent of females and 10.1 percent of males respectively) had ever had transactional sex.

### **Multiple partners for teenagers**

From a total of 557 female respondents and 998 male respondents between the ages of 15 and 19, within the twelve months prior to the field survey, 79.5 percent of females had one (1) sexual partner and 9.5 percent had two (2) sexual partners. For males, there was more risk, as within the last twelve months, 41.8 percent had one (1) partner, 25.2 percent had two (2) partners, 7.45 percent had three (3) partners and 10.9 percent had four (4) or more.

Therefore only one (1) in ten females had two (2) partners within twelve months while a quarter of males had two (2) partners within the same time period. Less than two (2) percent of females had more than two (2) partners; however roughly, one in 10 males have had four (4) or more partners within the last 12 months.

### **STI Incidence**

According to the 2008 Jamaican Youth Risk and Resiliency Behaviour Study, less than half of respondents aged 15-19 were concerned about contracting HIV/AIDS (45.9%), being or getting someone pregnant (35.7%), and being sexually abused (17.6%).

According to the 2008 RHS, of females 15-19, only 2.3% have ever been diagnosed with Trichomoniasis, 0.5 with Gonorrhoea, 1.3% with Chlamydia, 0.4% with Genital Herpes, 0.2 with Syphilis and 0.1 with Chancroid.

Of males aged 15-19, only 1.7 % have ever been diagnosed with Gonorrhoea, 0.5% with Syphilis and 0.1% with Chlamydia.

### **Fertility and Parenting**

#### **Parenting Among Adolescent Females**

Young women were asked to report on the planning status for their most recent birth within the five (5) years preceding data collection. Eighty-one percent of recent births reported by women aged 15-19 were unplanned. Nearly all of these unintentional births were mistimed (occurred earlier than desired) as opposed to unwanted (no children or no more children desired).

#### **Parenting Among Adolescent Males**

Less than two percent (1.6%) of males aged 15-19 reported fathering children.

## **Family Life Education and Knowledge**

### **Family Life and Sex Education**

In both 2002 and 2008, a higher percent of females aged 15-19 know where to go for information on Sexual Health issues. In 2008, of 1,229 females aged 15-19, 88% knew where to go compared to only 84 percent of 1,652 males. This is also the case for both sexes in relation to their knowledge of where to go for treatment for a Sexually Transmitted Infection (STI).

According to the 2008 RHS, more females than males aged 15-19 have received either a school based or other formal Family Life Education course. Of 758 females in the 15-17 age group and 471 females aged 18-19, nine (9) out of 10 (91.7% and 90.5% respectively) have had a Family Life Education (FLE) course. Of 1,037 males in the 15-17 age group and 615 males aged 18-19, approximately eight (8) out of 10 (86% and 85.4% respectively) have had an FLE course.

Whilst there is universal awareness for the Condom and the Pill amongst both males and females aged 15-19, stark differences in knowledge exist between males and females on a few other methods. Whilst 29 out of 30 females (97%) have heard of the Female Condom, only 26 of 30 males (88) have heard of this method. Likewise, whilst 29 out of 30 females in the aforementioned age group have heard of the injection, only approximately 25 out of 30 males have heard of this method.

### **Unmet Need**

Unmet need is a valuable indicator for national/regional family planning programmes as it places women's personal reproductive preferences rather than just numerical targets of fertility and population growth at the center of family planning services. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behaviour.

A woman was characterised as having an unmet need for family planning services if she was sexually active, not currently pregnant, stated that she did not desire to become pregnant and was not using a method of contraception for reasons not related to subfecundity. Markedly, of females aged 15-19 years, unmet need was recorded at 3.4 percent in 2008. This compares with 4.6 percent in 2002 and 7.1 percent in 1997.

Though we strive to show adolescents the advantages of postponing sexual initiation, this is not something that they can always decide for themselves. In preliminarily assessing intimate partner violence, there is need for great concern and suitable action as it relates to forced sexual intercourse. Almost half the females aged 15-24 who reported that they were sexually active, attested to the fact that they were coerced into having sex at the time of their first sex.

Though, the age of sexual debut in Jamaica is rising, adolescents are not always the ones making the decisions... in many cases adults are. If they cannot choose whether to have sex, how can they negotiate the use of a condom or other contraceptive methods? Empowerment of women and girls as well as protection and support of vulnerable children and youth is necessary and can help prevent unintended pregnancies, reduce teenage pregnancies and lessen the spread of STI's.

Through endeavours such as the Reproductive Health Survey the National Family Planning Board (NFPB) brings research and public health programmes together. Information gathered from the RHS is used to inform policy and provide a firm platform for outreach programmes geared at sensitizing the masses (supplying them with knowledge) and ultimately evoking positive behaviour change. Continued strengthening of healthcare systems, monitoring an evaluation of programme effectiveness and continued improvement in processes and systems will continue to guide the NFPB in the achievement of its goals.

Collectively, policymakers, community leaders, programme managers, healthcare providers, and educators will have to join hands and combine forces and resources. There is much scope for unremitting use of research results in sound policymaking, advocacy, and service delivery program management. The cost of Family Planning programmes is therefore small relative to the dividends that the entire country garners by preventing unintended pregnancies and the spread of STIs as well as reducing unmet need.