

FINAL REPORT

EXECUTIVE SUMMARY

Over the last two (2) decades, there have been huge improvements in the area of Reproductive Health, Adolescent Health, and HIV prevention in Jamaica. Contraceptive prevalence has increased and the proportion of unplanned births has decreased. Adolescent fertility and risky sexual behaviours have declined. Maternal mortality and infant death have also declined, though they are still higher than in other places.

Since 1975, the United States Agency for International Development (USAID) has invested resources to improve access to Family Planning and other Reproductive Health services in Jamaica. Through funds provided by USAID, several nationwide Contraceptive Prevalence Surveys (CPSs) and later Reproductive Health Surveys (RHSs) were conducted periodically in Jamaica, the most recent of them in 2008, all intended to assess and respond to the Reproductive Health needs of the population. Throughout these surveys, the USAID goal was to provide reliable information as a catalyst for evidence-based decision making and political action.

The 2008 Jamaica RHS is a collection of important demographic and Reproductive Health indicators. These indicators are used to examine health trends and set targets for improvement, allocate resources, and monitor performance of Reproductive Health, HIV and adolescent programs. Several findings of the 2008 RHS are highlighted below:

Introduction:

□ As the Jamaican government sets forth to improve the National Family Planning Programme, address the Reproductive Health of young adults, and develop national strategies to reduce interpersonal violence, the timing of the 2008 RHS, has been ideal.

□ Fieldwork for the Jamaica 2008-2009 RHS was completed in May 2009. The survey interviewed two (2) independent nationwide samples of 8,259 women aged 15-49 and 2,775 men aged 15-24.

Methodology:

- **The survey documents a wide array of key** Reproductive Health outcomes and their determinants for women of reproductive age and young adult men. The detailed health content in the RHS allows for multiple correlates between health outcomes and knowledge, attitudes, sexual behaviours and preventive practices.
- **For the first time in Jamaica, the 2008 RHS collected key HIV/AIDS indicators and documented the level of domestic violence and gender norms among women and men.**
- **Designing the sample to produce estimates for 14 regions of the country** enables key stakeholders to better assess Reproductive Health at the sub-national level. The documentation of the wealth status (quintile) of the households provides a better understanding of the health disparities by socioeconomic status than in previous surveys.
- **This survey yielded a response rate of 97 per cent for women and 94 per cent for young men, one of the highest participation rates since the onset of these surveys.**

Marriage and Fertility:

- **Sixty-nine per cent of women in the sample were legally married, in consensual unions, or in visiting partnership relations (14.8% were legally married, 22.5 % in common-law unions, and 31.2% in visiting partnerships). One (1) in four (4) (24.9%) women of reproductive age did not have a regular partner at the time of the interview, 3.6 per cent had a boyfriend that they had sexual relations with, and 3.1 per cent had a boyfriend without sexual relations.**
- **The age at which women in Jamaica tend to start sexual activity has remained relatively steady since 1997. In 2008, the median age at first intercourse was 17.0 years old, compared to 17.0 in 2002 and 17.3 in 1997.**
- **Jamaica's fertility rates have been declining since the 1970s. The Total Fertility Rate of 2.4 children per woman in Jamaica for 2006–2008 is the lowest ever documented in the country. Median age at first birth was 21.2 years, slightly older than 20.7 years documented in 2002.**

□ **Jamaican women** initiate and complete childbearing at early ages, with the highest fertility levels reported among 20- to 24-year-old women, practically unchanged since 2002. Women with low education attainment and those with the lowest socioeconomic status have one (1) child more than the country average (3.4 and 3.5 children per woman, respectively).

Generally, peak fertility occurred at ages 30–34 among women with the highest educational attainment, whereas peak fertility among women with lower educational levels occurred at ages 20–24. Similarly, women with the highest socioeconomic status postpone their fertility until after the age of 30, compared to peak fertility at age 20–24 among those with lower socioeconomic status.

□ **Due to the impressive changes in the** contraceptive uptake, the percentage of births that were unintended was the lowest ever documented: less than one half (47%) of births in the last five (5) years were unintended, compared to 58 per cent in 2008.

Maternal and Infant Health:

□ **Coverage** of prenatal care among all pregnancies carried to term since January 2003 was very high with only one (1) per cent of pregnant women indicating that they received no prenatal care. The majority of births (60%) received prenatal care during the first trimester, as recommended by the World Health Organisation (WHO). In the Kingston metropolitan area, first trimester visits were even more common (74%).

□ **WHO guidelines call for a minimum of four** (4) prenatal visits over the course of a woman's pregnancy. In Jamaica, this was achieved in 87 per cent of births, including 50 per cent which were preceded by 10 or more visits.

□ **Women with high**-risk pregnancies, as defined by specific age and parity criteria established by the Ministry of Health, had mostly received inadequate (41%) or only partially adequate (18%) prenatal care. Increased educational attainment and socioeconomic status of the mother were positively correlated with receipt of adequate care. Most importantly, women with five (5) or more births, who by definition are classified as having high pregnancy-related health risk, were less likely to have had adequate prenatal care than women with lower number of births.

The majority of women received most of their prenatal care from either governmental health clinics (72%) or maternity hospitals (4%). Almost one (1) in five (5) women (20%) mentioned they mostly received prenatal care in private clinics, and three (3) per cent received care in private hospitals.

Most births that have occurred since January 2003 were delivered in health care facilities with 93 per cent taking place in a governmental hospital and less than five (5) per cent in other medical facilities. Almost all women reported that the person who attended their last delivery was either a midwife or nurse-midwife (65%) or a physician (33%), which is an indicator of progress towards Millennium Development Goal (MDG) five (5), which aims to improve maternal health.

Child survival in Jamaica has improved substantially over the past 10 years. A comparison of the two (2) most recent five (5) year periods shows that there has been a dramatic decline in the neonatal mortality rate (from 20.0 to 13.0 per 1,000), which in turn has significantly lowered the infant and child under five (5) mortality. The highest infant and under five (5) mortality rates were found among children living in rural areas, those born to mothers who have low educational attainment, and those born less than 24 months apart.

Contraceptive Knowledge:

Women of reproductive age in Jamaica are well aware of contraceptive methods with virtually all respondents having heard of at least one (1) modern method. Since 1989, the three (3) most well-known methods have been the male condom, oral contraceptive pills, and injectables.

The most notable change in knowledge was found for emergency hormonal contraception (morning after pill) with knowledge of emergency contraception increasing by 82 per cent (from 49% to 89%) between 2002 and 2008.

Young men's knowledge of the most commonly known methods of contraception has improved slightly since 1993. Similar to women, the most notable change in men's knowledge was the increase in awareness of emergency hormonal contraception by 65 per cent (from 39% in 2002 to 64% in 2008).

Attitudes about family formation and timing of births are closely related to knowledge and use of family planning methods. In the 2008 RHS, more than

half (54%) of women preferred an interval of more than four (4) years, followed by two (2) to four (4) years (37%).

Contraceptive Use:

Ever use of contraceptive methods remains high with 85 per cent of women having experience using a contraceptive method.

Experience of ever using contraceptives is high regardless of education level, ranging from 82 per cent of women with nine (9) or fewer levels of education achieved up to 88 per cent for women at level 13 or higher.

Seventy three percent of women currently in union reported current use of contraceptives and almost a quarter (22%) of them were using a secondary contraceptive method.

More reliable, modern methods are the most commonly used with 84 per cent of women having ever used a modern method. Among current contraceptive users, the most popular methods were condom, the pill and injectables. Almost one half of users (47%) rely on condoms, which provides dual protection against unintended pregnancy and Sexually Transmitted Infections (STIs). In comparison to previous years, more women are beginning contraceptive use prior to their first birth. Sixty-five percent of women had no children when they first used a contraceptive method, compared to only 54 per cent in the 2002 and 1997 surveys.

There has been a significant improvement in the availability of family planning services at government facilities since the 2002 survey. Over half of women (51%) said these services were available at any time, up from 31 per cent.

Among sexually experienced women who were not using contraception, 57 per cent reported that they intend to use a method in the future.

Condom Use:

Virtually all (100%) women aged 15-49 years had heard of condoms, 77 per cent had ever used a condom, and 20 per cent reported currently using condoms. Of women who had sexual intercourse in the last 12 months, 42 per cent reported using a condom the last time.

□ **Knowledge of condoms among young men aged 15-24** was also extremely high with 100 per cent having ever heard of condoms, 73 per cent reporting ever having used condoms, and 43 per cent reporting current condom use. Among men who had sexual intercourse in the 12 months prior to the survey, 80 per cent reported having used a condom the last time. Compared to young women in the same age group, young men had higher use prevalence of ever use, current use, and use at last intercourse.

□ **Among respondents who had sex with a non-steady partner**, 64 per cent of women and 91 per cent of young men reported that they use condoms every time or almost every time. One-fifth (21%) of women with a non-steady partner said that they never use a condom and almost no men stated that they never used a condom (1%).

□ **Most sexually active women (72%) report having ever asked a partner to use a condom.** Of those who had, some negative reactions incurred were refusal to use a condom (20.6%), forced sex without condom (8%), partners refusal to have sex (7%) a threat to end the relationship (3%) and a threat of physical harm (1%). A woman's increased level of education is related to an increased likelihood in her suggesting condom use and a decreased likelihood of negative reactions from her partner.

□ **Approximately a tenth (9%) of women said they used condoms to prevent pregnancy**, 19 per cent to prevent STIs, including HIV, and 72 per cent said it was to prevent both. A higher proportion of young men than young women in their same age group reported that the objective of their condom use was dual protection

Health-Related Behaviors:

□ **Only 43** per cent of reproductive aged women (15-49 years) reported ever having a routine gynecological exam and 62 per cent had received a pap smear test to screen for cervical cancer. There has been very little improvement in the prevalence of preventive Reproductive Health practices since 2002.

□ **Nearly two-thirds (62%) of women reported having ever had a clinical screening for breast cancer**, and 64.6 per cent reported having ever performed a breast self-exam (BSE) at some point in their life. Both clinical and self exams were associated with age older than 19 years, higher educational attainment and socio-economic index, having a steady partner (excluding a boyfriend), and being sexually experienced.

□ The most common health conditions reported by women of reproductive age were high blood pressure (20%), urinary tract infection (12.6%), asthma (8.8%), anemia (8.6%), and diabetes (4.4%). For these conditions, women with a higher education level are more likely to report health problems, possibly due to better access to health care providers.

□ Similar to the findings from 2002, in the current survey 6 per cent of women aged 15–49 years reported having ever smoked and 3.5 per cent were current smokers. When compared to men aged 15–24 years, women of the same age group were less likely to have ever smoked and to smoke currently, and young women started smoking one (1) year later than young men (17 vs. 16 years old).

□ Recreational drug use in the last 12 months was much more frequent among young men when compared to young women of the same age: 14.1 per cent and 31.1 per cent of men aged 15-19 and 20-24, respectively, vs. 3.3 per cent and 7.2 per cent of their female counterparts.

Young Adults:

□ The proportion of young adults who are sexually experienced has decreased, with 66 per cent of young women and 75 per cent of young men having ever had sex, compared to 69 per cent of young women and 82 per cent of young men in 2002. This reflects a trend of decreased sexual experience since the 1993 survey.

□ Young adults are also waiting longer to initiate sex. The mean age at first intercourse was 16.1 for young women and 14.5 for young men, compared to 15.8 and 13.5, respectively, in 2002. This is the largest change in this indicator since the 1993 survey. However, 12 per cent of young women and three times as many young men (35%) reported starting sexual activity before age 15.

□ The use of contraception at first sexual intercourse among sexually experienced young women has continuously increased to 79 per cent, compared to 67 per cent in 2002, 56 per cent in 1997, and 43 per cent in 1993. That improvement has been similar in young men increasing from 22 per cent in 1993 to 56 per cent in 2008.

□ Contraceptive use at most recent sexual intercourse among sexually experienced young adults was 82 per cent among women and 84 per cent among men. That use is overwhelmingly modern methods use, with condoms

being most commonly used among young adults (43% of young women and 74% of young men).

The percent of young adults who received school-based or other formal Family Life Education has increased since the previous surveys. Ninety percent of young women and 84 per cent of young men received Family Life Education in school or in another formal setting.

Sexually transmitted infections, including HIV/AIDS:

Awareness of STIs was generally high with 100per cent of women reporting awareness of HIV/AIDS, 100 per cent of Gonorrhoea, and 98 per cent of Syphilis; however, only 29 per cent knew of Chancroid and 45 per cent knew of Chlamydia. Young women were more likely to report awareness of most STIs than were young men. Young men were also less likely to know symptoms of STIs.

The most important sources of information about STIs for women were Health Professionals (23%), Television (22%), Teachers (14%), and Printed Media (11%). This differed among young people, men and women, who placed higher importance on teachers and family members and lower importance on health professionals.

Having multiple sexual partners, whether in the last three (3) months or the last year, was uncommon among women (4% and 7% respectively). Young men were much more likely to report having multiple partners in the last three (3) or 12 months than young women.

Among young adult women and men with multiple partners in the last 12 months, a substantial proportion (46 % and 22%, respectively) did not use condoms at the last sexual encounter. In these same groups, use of alcohol and/or drugs at the time of the last sexual encounter was reported by 26.5 per cent of young women and 18.0 per cent of young men.

When women were asked about maternal to child transmission (MTCT) of HIV, knowledge of the facts varied with 85 per cent aware that it can be transmitted during pregnancy, 74 per cent aware that it can be transmitted during delivery, and 82 per cent aware that it can be transmitted through breastfeeding. Over two-thirds of women (69%) knew that drugs were available to reduce MTCT.

□ The percentages of respondents who were able to correctly identify all three (3) methods of HIV prevention were 85 per cent of women and 78 per cent of men. When restricted to young adults, young women were more likely than young men to correctly provide answers to all three (3) items (87% of girls 15-19 years old and 84% of young women 20-24 years old versus 79% of boys 15-19 years old and 75% of young men 20-24 years old).

□ **Practically all women (95%) knew where HIV testing** is provided, a little less than two-thirds (60%) reported ever having been tested and receiving their results, and a quarter (26%) reported that their last HIV-test took place within 12 months of the interview.

□ **HIV testing has been successfully** integrated with prenatal care. Nine (9) out of ten women (91%) who had been pregnant since January 2006 or were at least six (6) months pregnant at the time of the survey, and had prenatal care, reported that they had been tested for HIV.

□ **Respondents were** asked about different hypothetical situations involving interactions with HIV-infected individuals. Ninety per cent of women and 88% of young men indicated that they would be willing to work with a co-worker who was infected with the AIDS virus. Less tolerant attitudes were found among 29 per cent of women and 25 per cent of young men who stated they would want it kept a secret if a relative became infected with the AIDS virus.

Gender Attitudes and Violence against Women:

□ **Jamaican men aged 15-24 years** had a tendency toward more traditional attitudes about gender norms when compared to young women in the same age group. Sizeable opinion gaps were also seen between young men and young women when it came to the importance of a man showing his wife/partner who is the boss, the acceptability of a wife's refusal to have sex with her husband if he sees other women, the notion that a good wife should obey her husband even if she disagrees with him, and on the question of whether family problems should be discussed only with family members.

□ **Overall, 18 per cent** of women reported that they witnessed violence between their parents, and 61.2 per cent reported that they had been slapped, kicked, shoved, or hit by a parent or step-parent before age 15. Fourteen percent of Jamaican men aged 15–24 years witnessed violence between their parents and 58 per cent reported having experienced physical abuse from a parent or stepparent.

□ **Almost half (48%)** of women reported that a current or former spouse subjected them to at least one (1) controlling behavior. Experience of multiple controlling behaviors was strongly associated with all types of intimate partner violence, including physical violence.

□ **During the past year, 14.7**per cent of women ever in union reported verbal abuse, 6.5 per cent reported physical abuse, and 2.8 per cent reported sexual abuse.

□ **Overall, 12**per cent of Jamaican women reported having been physically forced to have sexual intercourse at some time in their life. The majority of perpetrators were known to the woman, including current or previous partners (36%), acquaintances (20%), boyfriends or ex-boyfriends (18%), and relatives (10%). Only one (1) in eight (8) (12%) women who has ever been raped reported having been raped by a stranger.