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## ACRONYMS

AIDS	-	Acquired Immune Deficiency Syndrome
CBR	-	Crude Birth Rate
CDR	-	Crude Death Rate
CYP	-	Couple Year of Protection
ECP	-	Emergency Contraceptive Protection
FP	-	Family Planning
GFR	-	General Fertility Rate
HIV	-	Human Immuno-deficiency Virus
HMSR	-	Hospitals Monthly Summary Report
IUD	-	Intra Uterine Device
KSA	-	Kingston & St. Andrew
LMIS	-	Logistics Management Information System
MCSR	-	Monthly Clinic Summary Report
MOH&E	-	Ministry of Health & Environment
NFPB	-	National Family Planning Board
PNC	-	Postnatal Clinic
RGD	-	Registrar General Department
RH	-	Reproductive Health
STATIN	-	Statistical Institute of Jamaica
STI	-	Sexually Transmitted Infection
TP	-	Total Population
VJH	-	Victoria Jubilee Hospital
YARHS	-	Young Adult Reproductive Health Survey
WRA	-	Woman of Reproductive Age

# Executive Summary

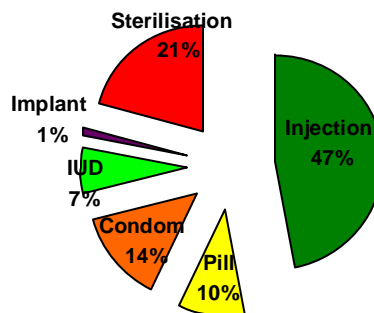
The National Family Planning Board continued to implement its Strategic Five-Year Plan during the 2008/2009 fiscal year, with the goal to further reduce unplanned pregnancies by 25 percent by the year 2010.

## Population

- At the end of 2008, Jamaica's population grew to 2,692,358, a growth rate of 0.38 percent.
- There were 44,800<sup>1</sup> estimated births for 2008 which was a decline of 1.7 percent when compared with the previous year. The CBR was 16.7 per 1,000 population and was lower than the 17.0 in 2007.
- There were 17,000 deaths in 2008 and the same was reported for 2007. The CDR was 6.3 per 1,000 population in 2008.
- 17,500 Jamaicans emigrated in 2008, compared to 16,000 in 2007.

## Family Planning

The Contraceptive Method mix among users was as follows:



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<sup>1</sup> Births represent events occurring in the year and registered up to 12 months after. The figures represent events reported by the RGD, adjusted by STATIN for under reporting. (Source: Demographic Statistics 2008)

## Key Achievements and Observed Trends

1. Demand for the Emergency Contraceptive Pill (ECP) and IUD increased by 61 and 24 percents respectively.
2. The number of Family Planning (FP) acceptors was estimated at 91,739 at the end of 2008 compared to 85,165 for 2007.
3. Family Planning (FP) acceptors<sup>2</sup> using Sterilisation as a method of contraception decreased from 20,800 in 2007 to 18,930 in 2008.
4. Approximately 78 percent of all mothers at Postnatal Clinics (PNC) accepted FP and 83 percent of adolescent mothers accepted FP.
5. Total visits to health centres increased by almost seven (7) percent. Adolescent visits increased by eight (8) percent. There were significant increases in the parishes of Clarendon and St. Catherine. At the same time, there was an increase of four (4) percent in the Acceptance Rate among Adolescents, which is reflected in the 7,602 new female acceptors who were reported for the period. Male visits increased drastically by 24 percent, which is clearly evident in the Western and Southern regions with increases of 32 and 29 percents respectively.
6. The Discontinuation Rate for the Condom fell from 50 percent at the end of 2007 to 31 percent at the end of 2008.
7. The number of persons practising Dual Method increased by 22 percent with a total of 66,598 during 2008 compared to 54,585 recorded for 2007. The South-East region accounted for 61 percent of users. Adolescents practising Dual Method use increased by 18 percent.
8. Condom distribution to STI clients improved by two (2) percent. Lifetime incidence of STIs among young women increased by 50<sup>3</sup> percent but it declined among young men.

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<sup>2</sup> Applied Couple Year Protection (CYP) formula to the number of units distributed to clients. This calculation provides an estimate of clients in the family planning programme.

<sup>3</sup> 2008 KABP Study

## **Population Activities**

One of the most distinctive demographic events of the twentieth century has been population ageing. This is a natural result of the fertility declines and to a large extent, increases in life expectancy, both of which are consequences of the demographic transition. (United Nations, 2005). Jamaica's population is undergoing this change as a result of declines in fertility and mortality rates which are aligned to international migration, particularly emigration of the working age and younger population. Jamaica can be classified at present as a "moderately" ageing population. (Vision 2030 Jamaica). Three (3) factors contribute to changes in the size of the population namely fertility, mortality and migration. These components along with the Working Age Population (Labour Force) are the main focus of this section of the report.

## **Population Growth**

At the end of 2008, the Jamaican population grew by 0.38 percent to 2,692,358 compared to the estimate of 2,682,120 for the previous year. (See Appendices 3 and 4). The three (3) main determinants of population growth are the CBR<sup>4</sup>, CDR<sup>5</sup> and migration. The CBR and CDR for the year 2008 were 16.7 and 6.3 per 1,000 respectively. (See Appendix 4). There was a loss of 17,500 Jamaicans through external migration along with 17,000 persons through death. The total number of deaths reported for 2008 is constant when compared to 2007. However, the number of persons lost through external migration increased by 9.4 percent. These population movements resulted in a rate of natural increase of 10.4 per 1,000 and a population growth rate of 0.38 percent.

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<sup>4</sup> The crude birth rate is the number of births occurring per 1,000 mean population within a period. Crude birth rate is one measure used in this report. (Source: STATIN)

<sup>5</sup> Crude Death Rate refers to the number of deaths per 1,000 population in a given year. (Source: STATIN)

## Fertility

The estimate for live birth is 44,800<sup>6</sup> for 2008 and it is less than the 45,600 live births estimated in 2007 as shown in Appendix one (1). The marginal decline (-1.8 percent) in the total number of live births occurred despite the growth in the population of women aged 15-49 years (WRA). There were 742,426 women in the reproductive age group who had a General Fertility Rate (GFR)<sup>7</sup> of 60.3 births per 1,000 women compared with 61.9 births in 2007. In 2008, provisional data from the RGD suggests that live births occurring to women in the reproductive age group (15 to 49) increased by almost six (6) percent when compared with live births for 2007. The increase is evident in all five (5) year age group except for 45-49 as highlighted in Table 1.

**Table 1: Live Births Occurring to Women in the Reproductive age Group From 2005 to 2008**

Year	2005	2006	2007	2008	Change % 2007-2008
<20	8,568	8,010	7,495	7,638	1.9
20-24	12,741	11,647	10,805	11,333	4.9
25-29	10,193	9,276	8,809	9,673	9.8
30-34	7,861	7,299	6,745	7,128	5.7
35-39	4,832	4,417	4,262	4,473	5.0
40-44	1,460	1,476	1,329	1,460	9.9
45-49	95	80	107	88	-17.8
<b>Total</b>	<b>45,750</b>	<b>42,205</b>	<b>39,552</b>	<b>41,793</b>	<b>5.7</b>

*Source: RGD* Note: Provisional Data

The Ministry of Health and Environment (MOH&E) reported that there were 39,492 live births at public institutions, therefore, suggesting 5,308<sup>8</sup> live births were delivered privately in the year 2008. In the South-East, North-East and Western regions public hospitals reported an increase in deliveries of five (5), two (1.6) and one (1) percent respectively when compared to the previous year. (See Appendix 6).

<sup>6</sup> Demographic Statistics 2008

<sup>7</sup> The General Fertility Rate (GFR) is a measure that relates total births to the number of women in the reproductive age group, 15-49 years.

<sup>8</sup> STATIN estimated births at 44,800 in the year 2008

The Southern region reported a decline in birth occurrences by approximately two (2) percent.

### **Working Age Population (Labour Force)**

The Labour Force, as defined by STATIN<sup>9</sup>, “consists of persons 14 years and over who were employed in any form of economic activity for one (1) hour or more during the reference week, and persons who were unemployed, i.e. although had no job, during the reference week”. In 2008, the number of persons in the labour force increased by 1.5 percent to 1,296,100 from 1,276,700 for the previous year. This is reflected in increases for the both sexes; 4,400 males and 14,800 females. This resulted in 711,200 males and 584,900 females in the labour force. Males continue to represent the greater proportion by accounting for almost 55 percent of the labour force.

The Unemployment Rate<sup>10</sup> among females in the 14-19 age cohort (adolescents) is 48.9 percent and 2.2 percentage points higher than the 46.7 percent estimated for 2007. The rate for this age cohort is more than twice the Unemployment Rate for women in general, which is 13.8 percent. The high unemployment evident in this age group can be a result of high Enrolment Rate<sup>11</sup> in secondary institutions. However, the combination of high Unemployment and sexual debut (18 percent<sup>12</sup> of live births occur to women under the age of 20) among young females, make them vulnerable to risky behaviours such as transactional sex. This is a trend which was observed from early in the decades when in the 2002, the Young Adult Reproductive Health Survey (YARHS) revealed that a higher proportion of sexually experienced young women (15-24) in the low socio economic stratum exchanged sex for money or goods (transactional sex) than their counterpart in the medium or high socio economic strata.

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<sup>9</sup> STATIN's definition is based on the standards and guidelines prescribed by the International Labour Organisation (ILO).

<sup>10</sup> Labour Force Survey 2007

<sup>11</sup> 88.3 per cent enrolment rate for the 15-16 Years Age Group and 45.9 per cent for the 17-18 Years Age Group (Source: Jamaica Survey of Living Conditions 2006)

<sup>12</sup> Demographic Statistics 2008

There is a correlation between labour force variables and the quality of reproductive health that is enjoyed by citizens. It is documented in other parts of the world that where the spectre of joblessness looms, people are not empowered to make the type of life choices to secure their health and wellbeing. Conversely, in countries where poverty alleviation programmes are pursued rigourously, individuals are better able to make informed and independent decisions and thereby improve the quality of their lives.

## **Family Planning Activities 2008**

This section covers the family planning activities in **public** facilities islandwide and reports on the achievement of family planning targets for the year 2008. The report will therefore assess the progress based on the four (4) strategic objectives in the strategic framework from 2006 to 2010 namely:

1. Expand access to existing but underused family planning and RH options for women.
2. Expand access to Reproductive Health information and services to men.
3. Improve access to Reproductive Health information and services to Adolescent and Youth.
4. Promote safe sexual behaviour, attitudes and practices to reduce the prevalence of STP's and HIV/AIDS.

The goal of the family planning programme is to decrease the number of unplanned pregnancies and achieve a Contraceptive Prevalence Rate of 71 percent by 2010.

1. Expand Access to Existing but Underused FP Options for Women

Table 2: New Acceptors of IUD, Norplant and ECP by Age Group, 2007 and 2008

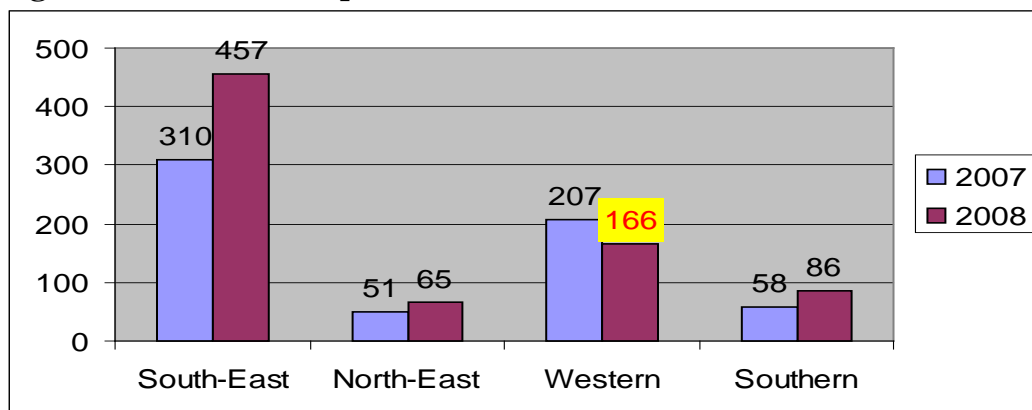
Age Group	IUD				Norplant				ECP			
	10-19	20-29	30+	Total	10-19	20-29	30+	Total	10-19	20-29	30+	Total
2008	116	371	287	774	17	86	51	154	66	287	126	479
2007	121	283	221	625	22	84	31	137	45	173	79	397

Source: MOH&E MCSR

In 2008, the demand for IUD, Norplant and ECP continued to increase. Table 2 shows there was an increase of 61 percent in demand for ECP across all three (3) age groups. The number of new adolescent acceptors of Norplant and IUD declined. The overall increase in demand for ECP, Norplant and IUD is attributed to clients in the age group 20 to 29 years.

At the regional level, the expansion in access to IUD was most evident in the South-East with an increment of 47 percent or 147 new acceptors compared with the year 2007. Also, the North-East and Southern regions reported increases of 27 and 48 percents respectively. The Western region experienced a decline in demand of approximately 20 percent. In 2007, 207 new acceptors of IUD were reported in contrast to 166 for the year 2008. (See Figure 2).

Figure 2: New Acceptors of IUD, 2007 to 2008



**Figure 3: New Acceptors of ECP, 2007 and 2008**

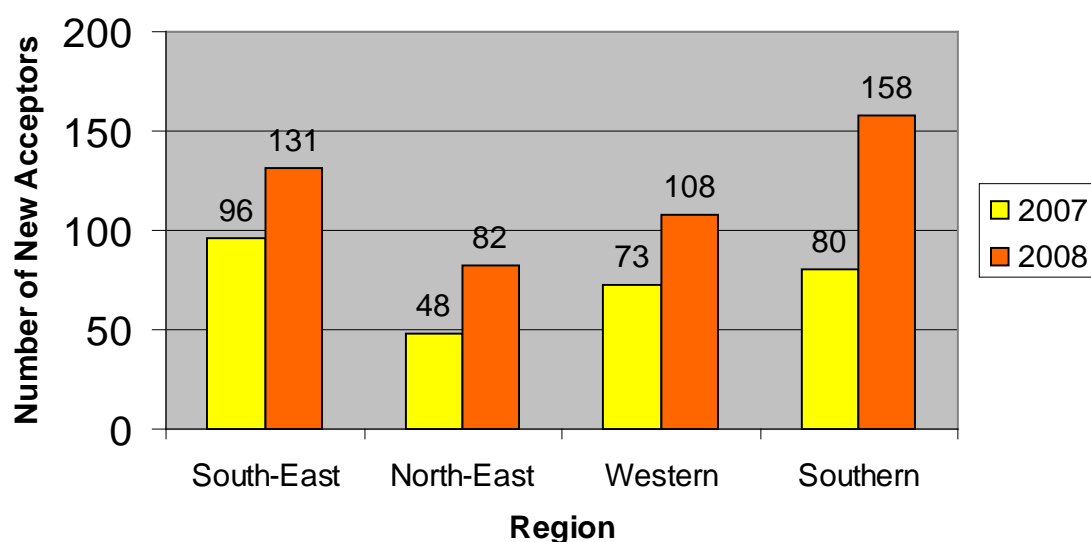


Figure 3 illustrates the increase in the number of new acceptors of ECP that occurred in all four (4) health regions. Demand increased by 61 percent as 479 new acceptors were reported for 2008 compared to 297 for 2007. The Southern region recorded the highest increase with demand moving upwards by almost 100 percent, which is mainly among older women.

**Table 3: New Acceptors of FP by Method Compared with 2007**

FP Options	2 007	2 00 8	Change (%)
Injection	18,021	20,578	14
Pill	8,502	9,330	10
Condom	9,305	9,181	-1
IUD	626	774	24
Implant	185	162	-17
Sterilisation	2,080	1,893	-9
<b>Total</b>	<b>38,719</b>	<b>41,918</b>	<b>8</b>

Source: MOH&E and NFPB

There were 154 new acceptors of Norplant, a decrement of 12 percent compared with the number of subscribers in 2007. This contraceptive was most popular with clients 20 years and older. (See Table 2).

## Postnatal Acceptors

Approximately 78 percent of mothers at PN clinics accepted family planning services compared to 76 percent at the end of 2007<sup>13</sup>. The South-East and North-East region experienced similar levels of recruitment of PNC trends with 80.8 percent of the South-East accepting FP and 80.2 percent for the North-East. The Western and Southern region ranked third and fourth with 79.2 and 70.9 acceptance rates respectively. The Southern region had non-acceptance rate of 29.1 percent as shown in Figure 4. At the parish level, the mean rate was 78 percent. The parish with the lowest rate was Clarendon with 67 percent, 11 percent below the mean.

**Table 4: Number and Percentage of Mothers Receiving and Accepting Family Planning (FP) at Postnatal Clinics, 2008**

Location	No. Receiving	No. and % accepting a FP method	
		No.	% of total
<b><u>South-East</u></b>	<b>13,096</b>	<b>10,587</b>	<b>80.8</b>
K.S.A	6,036	5,084	84.2
St. Thomas	1,232	1,000	81.2
St. Catherine	5,828	4,503	77.3
<b><u>North-East</u></b>	<b>4,660</b>	<b>3,736</b>	<b>80.2</b>
Portland	876	723	82.5
St. Mary	1,460	1,184	81.1
St. Ann	2,324	1,829	78.7
<b><u>Western</u></b>	<b>6,236</b>	<b>4,936</b>	<b>79.2</b>
Trelawny	1,140	923	81.0
St. James	1,922	1,565	81.4
Hanover	1,080	834	77.2
Westmoreland	2,094	1,614	77.1
<b><u>Southern</u></b>	<b>7,905</b>	<b>5,603</b>	<b>70.9</b>
St. Elizabeth	2,043	1,452	71.1
Manchester	2,253	1,722	76.4
Clarendon	3,609	2,429	67.3
<b>Jamaica</b>	<b>31,897</b>	<b>24,862</b>	<b>77.9</b>

*Source: MOH & E MCSR 2008*

<sup>13</sup> NFPB, Annual Family Planning Statistical Report 2007

Figure 4:

**The Percentage of PN Clients **not** Accepting  
Family Planning by Regions  
January to December 2008**

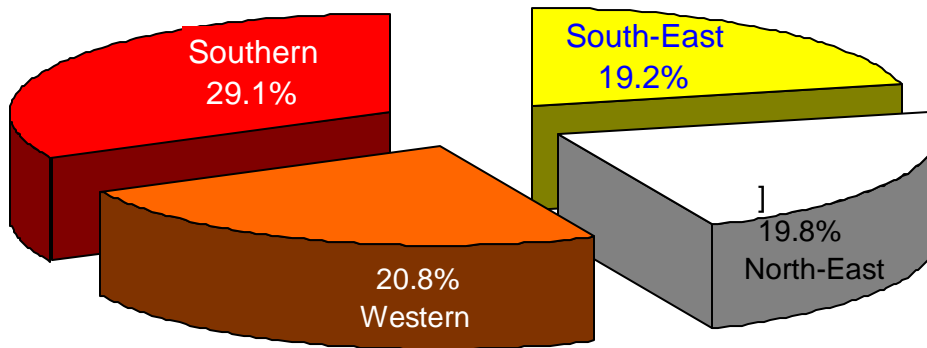


Table 5 shows the estimated clients of the **public** sector family planning programme for the periods 2007 and 2008. For the year 2008, 91,739 clients were estimated to be in the programme which represents a 7.5 percent increment as 85,165 were estimated in 2007. The Contraceptive Mix shows that a majority (47%) of public sector clients preferred the Injection. For Norplant, there were 648 clients compared to 698 the year before. The number of clients using IUD increased sharply with 6,338 compared to 3,731 in the comparative year.

**Table 5: Estimated Acceptors of Family Planning for the Years 2007 and 2008**

FP Options	2007	2007	2008	2008
	Estimated	Contraceptive Mix (%)	Estimated	Contraceptive Mix (%)
Injection	41,007	48	43,427	47
Pill	8,660	10	8,956	10
Condom	10,176	12	13,394	14
IUD	3,731	5	6,338	7
Implant	791	1	694	1
Sterilization	20,800	24	18,930	21
<b>Total</b>	<b>85,165</b>	<b>100</b>	<b>91,739</b>	<b>100</b>

*Source: MOH&E and NFPB*

**Note:**

- Applied CYP factor to units distributed (# all acceptors). Source: Pocket Guide to Managing Contraceptive Supplies. DHSS, CDC.
- Figures revised since last publication

**Sterilisation**

The estimated number of family planning acceptors using Tubal Ligation (Sterilisation) as a method of contraception decreased to 18,930 from 20,800 in 2007. (See Table 6). Table 6 shows the number of Sterilisation procedures performed at public institutions<sup>14</sup> by parish and region during the years 2007 and 2008. There were 1,893 Sterilisation operations reported at the end of 2008, compared with 2,080 conducted in 2007. The North-East was the only region to report an increase in the number of operations. In St. Ann, the demand

<sup>14</sup> Hospitals and Health Clinics

for Sterilisation increased by 127 percent or 126 additional clients. Of the 225 operations done, ten (10) were conducted at health centres. (See Appendix 20). In addition, the parish of St. Mary reported a significant increase in operations at health centres. In 2007, reports showed that no operations were performed at health centres located in St. Mary, but of the 118 Sterilisations procedures conducted during 2008, 31 were done at health clinics. It is observed that only three (3) parishes reported increases in demand for the procedure. They were St. Ann, St. Mary and St. Elizabeth. The number of procedures remained at 22 in the parish of Portland. All other parishes showed declines for Sterilisation. The reduction in procedures was significant in the parish of Manchester as the number of operations performed declined by 51 percent.

**Table 6: Sterilisation Procedures and Acceptors for January 2007 to December 2008**

Parish	Procedures		Acceptors	
	2007	2008	2007	2008
<b>South-East</b>	<b><u>1,041</u></b>	<b><u>910</u></b>	<b><u>10,410</u></b>	<b><u>9,100</u></b>
K.S.A	422	362	4,220	3620
St. Thomas	99	51	990	510
St. Catherine	520	476	5200	4,760
<b>North-East</b>	<b><u>182</u></b>	<b><u>365</u></b>	<b><u>1,820</u></b>	<b><u>3,650</u></b>
Portland	22	22	220	220
St. Mary	61	118	610	1,180
St. Ann	99	225	990	2,250
<b>Western</b>	<b><u>366</u></b>	<b><u>315</u></b>	<b><u>3,660</u></b>	<b><u>3,150</u></b>
Trelawny	5	3	50	30
St. James	278	243	2,780	2,430
Hanover	2	0	20	0
Westmoreland	81	69	810	690
<b>Southern</b>	<b><u>491</u></b>	<b><u>306</u></b>	<b><u>4,910</u></b>	<b><u>3,060</u></b>
St. Elizabeth	6	21	60	210
Manchester	378	185	3,780	1,850
Clarendon	107	100	1,070	1,000
<b>Jamaica</b>	<b><u>2,080</u></b>	<b><u>1,893</u></b>	<b><u>20,800</u></b>	<b><u>18,930</u></b>

*Source: MOH&E HMSR &MCSR*

Note: Figures for 2007 have been revised.

Data from VJH which are represented in Table 7 and Appendix 18 revealed that at one (1) major hospital during the year 2008, 159 postpartum Sterilisation procedures were conducted and the mean age of clients was 35 years, along with the mode being 33 (39 in 2007). The majority of clients (30+) had a parity of 3 to 5. (See Table 8). The youngest postpartum client was 21 years while the oldest was 48 years old. In 2007, the youngest postpartum client accepting Sterilisation was 18 years of age and the oldest was 45.

**Table 7: Summary Statistics on age of Postpartum Sterilisation Clients at the VJH, 2007 & 2008**

Age	2008	2007
Mean	35	34
Median	35	35
Mode	33	39
Minimum	21	18
Maximum	48	45
<b>Total operations</b>	<b>159</b>	<b>162</b>

**Table 8: Number of Postpartum Tubal Ligation Clients by Parity and Age Groups, 2008**

Parity	Age Group			Total
	10 to19	20 to 29	30+	
0 to 1	0	0	3	3
2	0	1	17	18
3 to 5	0	17	82	99
6 or more	0	1	38	39
<b>Total</b>	0	19	140	159

Source: VJH

The data presented in Table 9 show that 145 out of the 159 postpartum clients at the VJH used a contraceptive prior to accepting TL. Sixty-four clients have used more than one (1) method before accepting Sterilisation as a method of contraception.

**Table 9: Previous Methods of Contraception Ever Used by Postpartum Clients,2008**

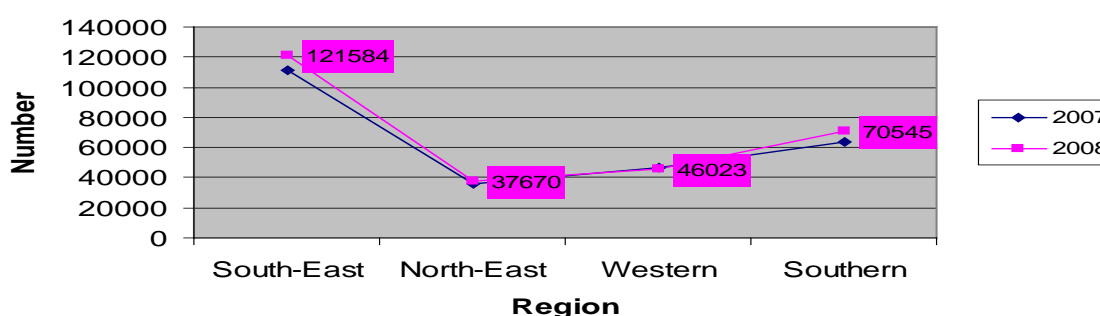
Method	Frequency
Oral contraceptive	31
IUD	4
Barrier methods( condom)	18
Spermicides	1
Injection	27
More than 1	64
None	1
Unknown	13
<b>Total</b>	<b>159</b>

*Source: VJH*

### Attendance at FP Facilities

The expansion in access to underused methods and attendance at health centres are not mutually exclusive. During 2008, total visits increased by almost seven (7) percent when compared with the year 2007. (See Appendix 7).The pattern of attendance across the four (4) regions continues to be a majority of visits in the South-East region. As expected, Figure 5 shows more persons in the South-East Region attending family planning clinics, based on the premise that approximately 47 percent of the total population resides in the South-East Region (See Appendix 4).

**Figure 5: Attendance At Family Planning Clinics**



## Discontinuation Rate

**Table 10: Discontinuation Rates for Supply Methods 2007 & 2008**

Discontinuation Rates for Supply Methods, 2007 and 2008

	Injection (%)	Pill (%)	Condom (%)	Total (%)
2007	31	51	50	38
2008	29	50	31	34

In 2008, the Discontinuation Rates for supply methods decreased by four (4) percentage point as shown in Table 10. The Discontinuation Rates for the Condon, Injection and Pill have decreased by 19, 2 and 1 percentage points respectively. The Discontinuation Rate for condom declined to 31 percent at the end of 2008. Discontinuation of the Pill was estimated at 50 percent and the rate for the Injectable moved from 31 percent to 30 percent.

### 2. *Expand Access to Reproductive Health Information and Services to men*

The frequency of male visits at public health clinics increased by 24 percent during the year 2008 as displayed in Table 11 below. The South-East and Southern regions reported significant increases in visits of 25 and 32 percents respectively. The increase in visits in the North-East was a mere one (1) percent.

**Table 11: Male Attendance at Health Facilities, 2007 & 2008**

Region	2007	2008	Change (%)
South-East	6,845	8,544	25
North-East	2,604	2,641	1
Western	3,999	5,265	32
Southern	4,738	6,102	29
Jamaica	18,186	22,552	24

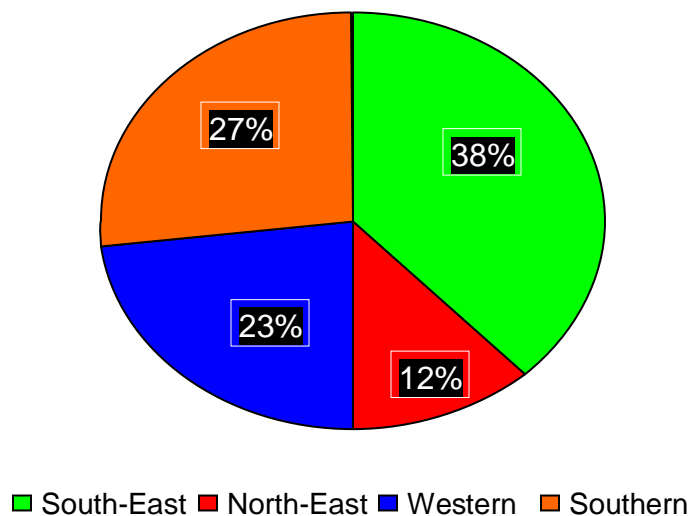
Source: MOH&E MCSR and NFPB

A graphical illustration is shown below (Table 12) of the percentage distribution of male visits for the health regions. The South-East and North-East regions accounted for 50 percent and the Western and Southern regions accounted for the remaining 50 percent of male visitors. In addition, the number of Sterilisation operations (Vasectomy) performed on men at health centres increased from four (4) in 2007 to 11 in 2008. In 2007, only health centres in the South-East region reported that they had conducted Vasectomy procedures as shown in Table 12. The total number of procedures in the regions increased during the year under review. The South-East and North East regions recorded 11 Sterilisation procedures for men.

**Table 12: Number of Vasectomy Done at Health Centres by Region, 2007& 2008**

Region	2007	2008
South-East	4	5
North-East	-	6
<b>Total</b>	<b>4</b>	<b>11</b>

**Figure 6: Percentage Distribution of Male Visits at Health Regions, 2008**



3. *Improve Access to Reproductive Health Information to Adolescent and Youth*

In the year 2008, there were 7,602 new adolescent acceptors, which represents an increase of four (4) percent compared with the year 2007. (See Appendix 12). The majority of adolescent acceptors were recruited at PNCs representing approximately 69 percent of total adolescent acceptors. In the parishes of Clarendon and St. Catherine, adolescent acceptors increased by 22 and 18 percents respectively compared with 2007. (See Table 13).

**Table 13: Female Adolescent Visits to Health Clinics, 2007&2008**

Year	K.S.A	St. Tho	St. Cath.	Port.	St. Mar	St. Ann	Trel.	St. Jam.	Han.	Wes.	St. Eliza.	Man.	Cl.	Ja.
2007	5,707	806	3,831	712	1,278	1,587	772	1,769	699	1,583	1,482	1,678	2,050	23,954
2008	6,696	844	4,502	611	1,321	1,807	860	1,366	802	1,491	1,490	1,640	2,491	25,921
Change	17.3	4.7	17.5	-14.2	3.4	13.9	11.4	-22.8	14.7	-5.8	0.5	-2.3	21.5	8.2

Source: MOH&E MCSR

Data in Table 14 suggest that fewer adolescents visited PNCs in 2008. There were 6,257 adolescents visitors compared to 6,650 in 2007. Similarly, the number of adolescents who accepted FP was lower in 2008 as 5,215 accepted FP in comparison to 5,412 in 2007. The decline in the number of adolescents at PNCs is positive even though, provisional data from the RGD suggests that there was a slight increase in births occurrences to adolescents. (See Table 1). However, the proportion of young mothers that accepted FP given the number of who received service is 83 percent and indicative of improvement in the programme to recruit young females.

**Table 14: No. of Adolescent Mothers Receiving & Accepting FP at PNC Clinics, 2007 & 2008**

Location	# Receiving		# Accepting		% Accepting	
	07	08	07	08	07	08
K.S.A.	1,351	1,346	1,137	1,142	84.2	84.8
St. Thomas	231	254	203	234	87.9	92.1
St. Catherine	1,098	1,060	911	901	83.0	85.0
Portland	195	162	173	145	88.7	89.5
St. Mary	352	309	303	276	86.1	89.3
St. Ann	478	435	378	348	79.1	80.0
Trelawny	213	199	186	174	87.3	87.4
St. James	521	390	452	332	86.8	85.1
Hanover	199	204	174	169	87.4	82.8
Westmoreland	487	446	385	381	79.1	85.4
St. Elizabeth	440	370	320	271	72.7	73.2
Manchester	432	379	350	317	81.0	83.6
Clarendon	653	703	440	525	67.4	74.7
<b>Jamaica</b>	<b>6,650</b>	<b>6,257</b>	<b>5,412</b>	<b>5,215</b>	<b>81.4</b>	<b>83.3</b>

*Source: MOH&E MCSR*

The number of users practising Dual Method expanded in the 10-19 age cohort with 9,209 of them accepting in 2008 compared to 7,819 persons who were recorded for the previous year.

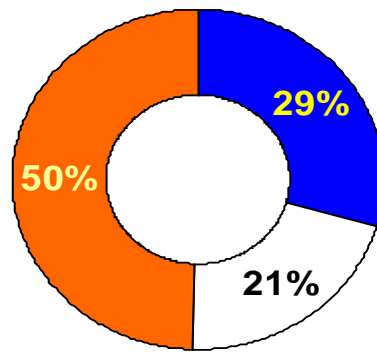
**Table 15: Dual Method Use Among Adolescents, 2007 & 2008**

2007	2008
7,819	9,209

*Source: MOH&E MCSR*

**Figure 7: Contraceptives Chosen by New Adolescent Acceptors  
(Percentage Distribution 2008)**

■ Pill □ Condom ■ Injection



Half of all new adolescent acceptors of Family Planning preferred the Injection.

4. *Promote Safe Sexual Behaviour, Attitudes and Practices to Reduce the Prevalence of STIs and HIV/AIDS.*

The Ministry of Health and Environment reported in the MCSR that public clinics islandwide distributed 1,101,904 condoms to STI clients compared with 1,077,690 issued to clients during 2007. The main risk factors are multiple sex partners, a history of STD, crack/cocaine use and sex with prostitutes.

**High Risk Behaviours**

In an attempt to improve surveillance of these high risk behaviours, a National Knowledge, Attitude, Behaviour and Practices (KABP) survey is conducted every three (3) to four (4) years among adults 15 to 49 years. The 2008 survey was commissioned under the Caribbean Social Marketing Programme for HIV&AIDS Prevention (CARISMA).

Results of the survey indicate that:

- Commercial sexual activity by men (sex with a prostitute) has declined over 2004.
- Multiple partnerships increased among all groups in 2008, mainly among males 15 to 24 yrs. More than a third of males (38.1%) and less than one (1) in ten (10) females is married or cohabiting partnerships had multiple partners.
- Just over 40 percent had either never or only sometimes protected themselves in the last 10sexual encounters.
- Life time incidence of STIs among young women increased by more than 50 percent, moving from 8.2 percent in year 2004 to 14.4% in year 2008. For young men, lifetime incidence declined by 1.8 percentage points with 8.0 percent for 2008 compared with 9.8 percent for 2004.
- Risky sex in respect of the proportion of the sexually active population, 15-49 years that had unprotected with a non-cohabiting partner declined significantly. (43.65 in 2008).
- Males were significantly more likely to have engaged in transactional sex and five (5) times more likely to have been both the giver and recipient in the relationship.

- The endorsement of abstinence, condom use and having one (1) faithful partner as necessary prevention of HIV/AIDS declined by 12 percent among adolescents and youth.

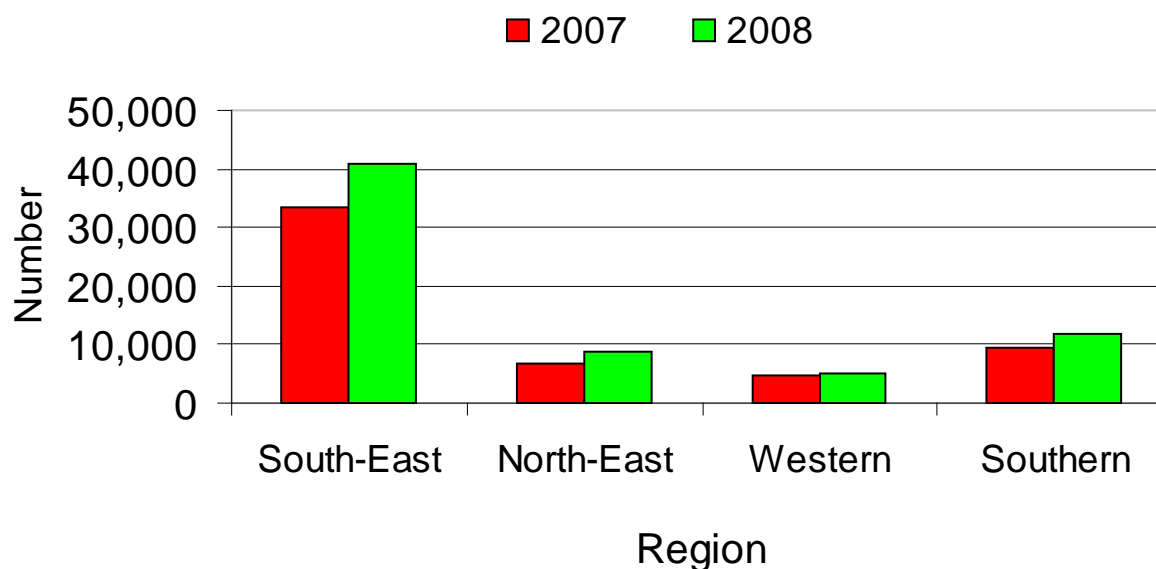
**Table 16: Number of New Dual Method Users 2007 and 2008**

Age Group	2007	2008	Difference/Variance
10 to 19	7,816	9,209	1,393 (18%)
20 to 29	25,778	31,307	5,529 (21%)
30+	20,913	26,082	5,169 (25%)
<b>TOTAL</b>	<b>54,507</b>	<b>66,598</b>	<b>12,091 (22%)</b>

*Source: MOH&E MCSR*

Table 16 shows that the number of new Dual Method Users increased to 66,585 in 2008 from 54,507 reported in 2007. The increment is evident across the all age groups, especially the 20 to 29, where 5,529 more persons practiced Dual Method Protection.

**Figure 8: Number of New Users of Dual Method by Region, 2007 and 2008**



## **Policy Issues**

### **Female Adult Visits**

An interesting occurrence was observed in the visits made by new adolescent acceptors and visits by adolescents to PNCs. While the number of the former increased, the number for the latter decreased. This could be suggesting that more adolescents are proactively seeking contraceptive services and fewer are becoming pregnant. (The rate of live births for the under 20 age cohort was actually slower between 2007 and 2008 than what it was between 2006 and 2007.

Targeted outreach interventions must continue to be implemented for this group while monitoring is conducted to ensure that contraceptives are made available to them based on the stipulations of the Access to Contraceptives by Minors policy and as part of the thrust to develop and entrench a client friendly ethos of service delivery in the public sector health facilities.

### **Visits by Men**

Special interventions are needed to encourage visits by men in the North-East region to the clinics. There was only a one (1) percent increase in visits for the year and a decline was actually observed in 2007. It is a fact that the North-East region has the smallest population however, that does not negate the need to ensure that men understand the benefits of increasing their knowledge of contraceptive use and are encouraged to visit the clinics to avail themselves of such information.

### **Dual Method Use**

In order to combat the deleterious impact of high risk behaviours, public education and the promotion of Dual Method Use are critical. This is especially of paramount importance for young women whose life time incidents of STIs may have doubled or otherwise increased

drastically over the last year. Thankfully Dual Method use among adolescents increased during the same period.

At the national level, there must be efforts to reduce the predisposition and early exposure of individuals to high risk practices. Socio-cultural and economic factors contribute to the vulnerability of many persons and result in persistent risk behaviours. A high level of unemployment, persistent poverty, moral decadence and a growing commercial sex industry, coupled with gender inequality, have resulted in early sexual debut, age mixing and increasing transactional sex.

In a society like Jamaica where the 2008 KABP survey revealed that 39 percent of all sexually active persons reported having multiple partners, Condom use is crucial. Perceptions that Condoms reduce the enjoyment of sex must be addressed appropriately in training programmes and Mass Media activities of the Board and the Ministry of Health and the Environment. Views that Condom use is not necessary in monogamous relationships must also be tackled to mitigate the potential of risk.

### **Discontinuation Rate**

It is well known that a low Discontinuation Rate is desirable in order to reduce the effects of unplanned pregnancies and the transmission of STIs (in the case of Condoms). Efforts should be made to continue promotion of Condom and other barrier methods in workshops emphasising the benefits of Dual Method Use and correct usage of the contraceptives.

### **Acceptance Rate of Underused FP Options**

It is a positive sign that there has been an increase in the number of clients who accessed the IUD, Norplant and ECP. These underused contraceptives do not only expand the contraceptive mix but increase the options available to address the Unmet Needs of women. Although there continues to be an uptake in the acceptance rate of the methods, a comparative analysis over the years between 2007 and 2008 revealed that the growth rate is

trending down. For example there was a 27% rate of increase in the North-East region between 2007 and 2008 while there was a 54% rate of increase the year before. For the South-East region there was a 47% rate of increase for 2007to 2008 while it was 174% for the previous year.

Training activities that target health care providers and users must therefore continue so that a high rate of increase can be reached and sustained.

# APPENDICES

## POPULATION

### Appendix 1: Population Movements 1993-2008

Year	End of year population	Births	Deaths	Natural increase	Net migration	Total population increase
1993	2,445,900	57,404	13,985	43,419	-21,747	21,672
1994	2,472,900	59,235	13,559	45,676	-19,195	26,481
1995	2,503,300	63,487	15,471	48,016	-18,071	29,945
1996	2,527,400	59,194	16,997	42,197	-18,476	23,721
1997	2,553,200	59,385	15,150	44,235	-19,030	25,205
1998	2,571,800	56,937	16,265	40,672	-20,522	20,150
1999	2,590,400	48,987	16,293	32,694	-22,500	14,706
2000	2,605,800	48,717	15,248	33,469	-23,400	15,337
2001	2,612,454	48,065	14,473	33,592	-23,900	15,256
2002	2,622,465	44,331	15,711	28,620	-23,300	10,013
2003	2,638,275	43,407	15,581	27,826	-17,800	15,817
2004	2,650,933	42,448	15,389	27,059	-18,100	12,661
2005	2,660,600	45,790	16,199	29,591	-17,169	9,667
2006	2,669,542	46,277	16,317	30,000	-17,100	8,942
2007	2,682,120	45,600	17,000	28,600	-16,000	12,578
2008	2,692,358	44,800	17,000	27,800	-17,600	10,238

*Source: STATIN*

Note: Births and deaths for 2008 are based on occurrences.

Appendix 2: Population by Broad age Groups 1991, 2001 and 2008

Age group in years	1991*		2001*		2008		Change since 2001		Classification
	No.	% of TP	No.	% of TP	No.	% of TP	%		
Under 5	274,708	11.9	272,818	10.5	224,429	8.3	-17.0	Child Population	
5 – 14	539,118	23.3	570,751	21.9	525,540	19.5	-6.7	Young Population	
15-64	1,330,247	57.5	1,564,585	60	1,715,254	63.7	+8.6	Working Population	
65+	170,406	7.3	199,479	7.6	227,137	8.4	+12.3	Aged Population	
10 – 19	511,223	22	527,855	20.2	526,391	19.6	0.0	Adolescent Population	
WRA	583,353	25	681,913	26.2	742,426	27.6	8.0	Child Bearing Population	
Total Population	2,314,479	100	2,607,633	100	2,692,358	100.0	+2.9		

Source: STATIN

\* Census Years

**Appendix 3: Population by Region and Parish 2007 & 2008**

Parish	End of Year		Mid Year	
	2007	2008	2007	2008
<b><u>South-East</u></b>	1,254,091	1,258,878	1,251,149	1,256,487
K.S.A.	663,649	666,182	662,093	664,916
St. Thomas	93,887	94,245	93,666	94,066
St. Catherine	496,555	498,451	495,390	497,505
<b><u>North-East</u></b>	368,569	369,976	367,705	369,272
Portland	81,932	82,245	81,740	82,088
St. Mary	113,882	114,317	113,615	114,099
St. Ann	172,755	173,414	172,350	173,085
<b><u>Western</u></b>	473,138	474,944	472,030	474,042
Trelawny	75,330	75,618	75,153	75,474
St. James	183,711	184,412	183,280	184,062
Hanover	69,660	69,926	69,498	69,793
Westmoreland	144,437	144,988	144,099	144,713
<b><u>Southern</u></b>	586,321	588,560	584,947	587,440
St. Elizabeth	150,547	151,122	150,194	150,834
Manchester	190,194	190,920	189,748	190,557
Clarendon	245,580	246,518	245,005	246,049
<b>Jamaica</b>	2,682,119	2,692,358	2,675,831	2,687,241

*Source: STATIN*

**Appendix 4: Rates of Vital Events 1993-2008**

Year	CBR per (000)	CDR per (000)	Rate of natural increase per (000)	Net migration per (000)	Rate of growth (%)
1993	23.62	5.73	17.89	-8.95	0.9
1994	24.13	5.5	18.63	-7.82	1.1
1995	25.57	6.2	19.37	-7.28	1.2
1996	23.58	6.74	16.84	-7.36	1
1997	23.43	5.95	17.48	-7.51	1
1998	22.27	6.33	15.94	-8.03	0.7
1999	20.83	6.78	13.00	-8.74	0.7
2000	20.87	6.31	12.62	-9.04	0.7
2001	20.6	6.22	12.84	-9.18	0.6
2002	18.4	5.7	10.91	-8.90	0.4
2003	18.5	5.7	10.55	-6.77	0.6
2004	17.6	6	10.21	-6.43	0.5
2005	17.25	6.1	11.12	-6.47	0.5
2006	17.04	5.69	11.32	-6.41	0.5
2007	17.00	6.37	10.64	-5.98	0.5
2008	16.69	6.33	10.4	-6.55	0.4

*Source: STATIN Demographic Statistics 2008*

**Appendix 5: Population by age and Gender 2006 – 2008 (000's)**

Age group	2006			2007			2008		
	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
0-4	219.3	111.7	107.6	228.0	115.3	111.1	224.4	114.1	110.4
5-9	266.3	133.4	132.9	254.4	129.3	125.2	248.0	126.1	122.0
10-14	280	139.9	140.1	278.1	143.4	134.7	278.0	143.6	134.0
15-19	258.8	128.9	129.9	250.0	127.6	122.3	249.0	127.4	121.4
20-24	237.2	116.9	120.3	209.2	101.5	107.8	207.4	101.0	107.0
25-29	204.8	97.5	107.2	215.0	102.0	112.8	215.3	102.2	113.1
30-34	198.1	94.2	103.9	219.0	103.6	115.2	221.4	105.0	117.0
35-39	195.7	97.3	98.3	222.0	104.9	117.1	227.1	107.3	120.0
40-44	177.7	84.8	92.8	188.4	93.3	95.1	193.0	96.0	97.3
45-49	147.3	71.9	75.4	130.8	64.8	66.0	133.1	66.0	67.0
50-54	112.3	57.9	54.4	113.0	59.0	54.0	115.2	48.0	40.5
55-59	92.2	47.8	44.3	84.2	44.0	40.1	85.2	45.0	40.5
60-64	70.5	36.6	33.9	68.2	33.3	34.9	68.4	33.4	35.0
65+	213	97.9	115	224.0	99.6	124.3	224.1	101.0	126.4
All Ages	2,673.8	1,317.3	1,356.5	2,682.1	1,321.6	1,360.5	2,692.4	1326.9	1,365.5

*Source: STATIN Demographic Statistics 2008*

*Note: Revised since last publication in 2006*

*Data for 2007 and 2008 provisional and subject to change*

Appendix 6: Live Birth Deliveries\* in Public Institutions, 2007 to 2008

Institution	Total Deliveries	
	2007	2008
<b><u>South-East</u></b>	<b><u>17,555</u></b>	<b><u>18,111</u></b>
University hospital	2,148	2,550
Spanish Town	5,695	5,753
Linstead	153	169
Princess Margaret	1,223	1,202
Victoria Jubilee	8,336	8,437
<b><u>North-East</u></b>	<b><u>5,414</u></b>	<b><u>5,503</u></b>
St. Ann's Bay	3,267	3,292
Annotto Bay	1,004	1,080
Port Antonio	745	700
Port Maria	398	431
<b><u>Western</u></b>	<b><u>7,376</u></b>	<b><u>7,464</u></b>
Cornwall Regional	3,917	4,020
Sav-la-mar	2,373	2,329
Falmouth	658	705
Noel Holmes	428	410
<b><u>Southern</u></b>	<b><u>8,548</u></b>	<b><u>8,414</u></b>
Mandeville	4,249	3,914
Black River	1,114	1,403
Lionel Town	85	66
May Pen	2,590	2,537
Percy Junor	510	509
<b>Total</b>	<b><u>38,893</u></b>	<b><u>39,492</u></b>

Source: MOH&E MCSR \*Refers to deliveries in government hospitals only.

## Family Planning Activities

### Appendix 7: Key Indicators of Family Planning Service Delivery

	2007 <sup>r</sup>	2008	Difference %
Estimated Population for Family Planning	511,135	518,287	1.4
Total Attendance	258,013	275,822	6.9
Male attendance	18,186	22,552	24.0
Female attendance	239,827	253,270	5.6
First visits	36,460	40,017	9.8
Revisits	221,553	235,805	6.4
Dual Method Users	54,585	66,616	22.0
Postnatal Acceptors	24,273	24,862	2.4

### Appendix 8: Number and Contraceptive mix of Family Planning Acceptors at FP Clinics by Method, 2007 and 2008

Method	2007 <sup>r</sup>		2008	
	No.	%	No.	%
Injection	18,021	46.7	20,578	51.4
Pill	8,502	22.0	9,330	23.3
Condom	9,305	24.1	9,181	22.9
IUD	626	1.6	774	1.9
Implant	185	0.5	154	0.4
<b>Total</b>	<b>38,616</b>	<b>100</b>	<b>40,017</b>	<b>100.0</b>

*Source: MOH&E MSCR DATA*

r-Revised

**Appendix 9: New Acceptors at FP Clinics by Region & Parish and Method, 2008**

Location	Injection	Pill	Condom	IUD	Implant	Dual Users
<b>South-East</b>	9,370	3,554	3,880	457	117	40,725
K.S.A	5,274	1,641	2,154	260	103	23,407
St. Thomas	704	411	282	22	0	803
St. Catherine	3,392	1,502	1,444	175	14	16,515
<b>North-East</b>	2,533	1,509	1,426	65	37	8,727
Portland	386	239	247	0	0	549
St. Mary	917	510	545	39	0	1,488
St. Ann	1,230	760	634	26	37	6,690
<b>Western</b>	3,722	1,786	1,932	166	0	5,201
Trelawny	725	344	279	25	0	1,252
St. James	909	485	750	66	0	957
Hanover	557	341	316	24	0	673
Westmoreland	1,531	616	587	51	0	2,319
<b>Southern</b>	4,953	2,443	1,943	86	0	11,945
St. Elizabeth	1,208	548	423	2	0	1,503
Manchester	1,271	908	570	56	0	6,803
Clarendon	2,474	987	950	28	0	3,639
<b>Jamaica</b>	<b>20,578</b>	<b>9,330</b>	<b>9,181</b>	<b>774</b>	<b>0</b>	<b>66,598</b>

*Source: MOH&E MCSR*

**Appendix 10: New Acceptors at FP Clinics by age Group and Method, 2007-2008**

Method	Total		Age Group					
			10 – 19		20-29		30+	
	2007	2008	2007	2008	2007	2008	2007	2008
Injection*	14,525	20,578	3,797	4,112	8,852	10,324	5,276	6,142
Pill	8,440	9,330	2,046	1,995	4,305	4,898	2,089	2,421
Condom	9,285	9,181	1,341	1,346	4,563	4,432	3,381	3,403
IUD	625	774	121	116	283	371	221	287
Implant	185	154	38	17	94	86	80	51
<b>Jamaica</b>	<b>33,060</b>	<b>40,017</b>	<b>7,327</b>	<b>7,586</b>	<b>18,097</b>	<b>20,111</b>	<b>11,047</b>	<b>12,304</b>

*Source: MOH&E MCSR*

Note: The total number for Condom and Injection is not equal to the sum for all age groups.

**Appendix 11: Number of Dual Method Users by Region and age Group, 2007-2008**

Location	Total		10-19		20-29		30+	
	2007*	2008	2007	2008	2007	2008	2007	2008
<b><u>South-East</u></b>	33,599	40,725	4,481	5,524	15,881	18,932	13,151	16,269
<b><u>North-East</u></b>	6,889	8,727	1,077	1,243	3,276	4,177	2,546	3,307
<b><u>Western</u></b>	4,774	5,201	980	957	2,412	2,594	1,380	1,650
<b><u>Southern</u></b>	9,323	11,945	1,278	1,485	4,209	5,604	3,836	4,856
<b><u>Jamaica</u></b>	54,585	66,598	7,819	9,209	25,778	31,307	20,913	26,082

*Source: MOH&E MCSR Data & NFPB LMIS Data*

\*Total New Acceptors of Dual Method is more than the sum for all age groups.

**Appendix 12: New Adolescent Acceptors 10 to 19 Years by Region & Parish, 2007 and 2008**

Location	2007	2008	Change (%)
<b><u>South-East</u></b>	<b>3,148</b>	<b>3,427</b>	<b>9</b>
K.S.A	1,730	1,834	6
St. Thomas	252	303	20
St. Catherine	1,166	1,290	11
<b><u>North-East</u></b>	<b>1,119</b>	<b>1,072</b>	<b>-4</b>
Portland	206	175	-15
St. Mary	425	406	-4
St. Ann	488	491	1
<b><u>Western</u></b>	<b>1,547</b>	<b>1,450</b>	<b>-6</b>
Trelawny	217	226	4
St. James	578	423	-27
Hanover	204	245	20
Westmoreland	548	556	1
<b><u>Southern</u></b>	<b>1,513</b>	<b>1,653</b>	<b>9</b>
St. Elizabeth	393	368	-6
Manchester	485	472	-3
Clarendon	635	813	28
<b><u>Jamaica</u></b>	<b>7,327</b>	<b>7,602</b>	<b>4</b>

*Source: MOH&E MCSR*

**Appendix 13: Mothers Accepting FP at PN Clinics by age Group, Region & Parish 2008**

<b>Location</b>	<b>10-19</b>	<b>20-29</b>	<b>30+</b>	<b>Total</b>
<b><u>South-East</u></b>	<b>2,277</b>	<b>5,541</b>	<b>2,769</b>	<b>10,587</b>
K.S.A	1,142	2,664	1,278	5,084
St. Thomas	234	509	257	1,000
St. Catherine	901	2,368	1,234	4,503
<b><u>North-East</u></b>	<b>769</b>	<b>1,966</b>	<b>1,001</b>	<b>3,736</b>
Portland	145	370	208	723
St. Mary	276	594	314	1,184
St. Ann	348	1,002	479	1,829
<b><u>Western</u></b>	<b>1,056</b>	<b>2,611</b>	<b>1,269</b>	<b>4,936</b>
Trelawny	174	496	253	923
St. James	332	815	418	1,565
Hanover	169	459	206	834
Westmoreland	381	841	392	1,614
<b><u>Southern</u></b>	<b>1,113</b>	<b>2,958</b>	<b>1,532</b>	<b>5,603</b>
St. Elizabeth	271	786	395	1,452
Manchester	317	922	483	1,722
Clarendon	525	1,250	654	2,429
<b><u>Jamaica</u></b>	<b>5,215</b>	<b>13,076</b>	<b>6,571</b>	<b>24,862</b>

*Source: MOH&E MCSR*

Appendix 14: Attendance at FP Clinics by Region & Parish Compared With 2007

Location	2007			2008		
	Total Visits	First Visit	Revisit	Total Visits	First Visit	Revisit
<b><u>South-East</u></b>	<b><u>111,444</u></b>	<b><u>16,155</u></b>	<b><u>95,289</u></b>	<b><u>121,584</u></b>	<b><u>33,450</u></b>	<b><u>88,134</u></b>
K.S.A	60,741	8,908	51,833	66,925	18,756	48,169
St. Thomas	9,409	1,266	8,143	9,452	3,101	6,351
St. Catherine	41,294	5,981	35,313	45,207	11,593	33,614
<b><u>North-East</u></b>	<b><u>35,987</u></b>	<b><u>5,453</u></b>	<b><u>3,534</u></b>	<b><u>37,670</u></b>	<b><u>10,135</u></b>	<b><u>27,535</u></b>
Portland	7,720	999	6,721	7,229	2,097	5,132
St. Mary	12,807	2,034	10,773	12,705	3,200	9,505
St. Ann	15,460	2,420	13,040	17,736	4,840	12,896
<b><u>Western</u></b>	<b><u>46,426</u></b>	<b><u>7,131</u></b>	<b><u>39,295</u></b>	<b><u>46,023</u></b>	<b><u>10,685</u></b>	<b><u>35,338</u></b>
Trelawny	9,325	1,084	8,241	10,933	2,453	8,480
St. James	16,334	2,767	13,567	12,391	3,079	9,312
Hanover	7,284	1,027	6,257	8,829	1,904	6,925
Westmoreland	13,483	2,253	11,230	13,870	3,250	10,620
<b><u>Southern</u></b>	<b><u>64,156</u></b>	<b><u>7,721</u></b>	<b><u>56,435</u></b>	<b><u>70,545</u></b>	<b><u>18,540</u></b>	<b><u>52,005</u></b>
St. Elizabeth	19,422	2,009	17,413	20,992	6,494	14,498
Manchester	21,481	2,439	19,042	21,488	5,627	15,861
Clarendon	23,253	3,273	19,980	28,065	6,421	21,644
<b><u>Jamaica</u></b>	<b><u>258,013</u></b>	<b><u>36,460</u></b>	<b><u>221,553</u></b>	<b><u>275,822</u></b>	<b><u>72,767</u></b>	<b><u>203,055</u></b>

Source: MOH&E and NFPB

**Appendix 15: Commodities Distributed to Clinic Clients, 1998-2008**

<b>Year</b>	<b>Injection</b>	<b>Pill</b>	<b>Condom</b>	<b>IUD</b>	<b>ECP</b>	<b>Implant</b>
1998	172,640	231,274	1,940,969	2,014		35
1999	173,141	212,091	1,639,471	1,172		12
2000	162,995	201,111	950,648	2,179		49
2001	163,373	148,334	850,210	2,470	82	62
2002	152,512	164,114	892,919	2,323	235	513
2003	179,789	163,176	992,308	7,541	743	179
2004	163,320	161,258	1,122,688	2,076	419	187
2005	164,484	146,849	1,225,168	924	115	121
2006	160,561	133,360	1,373,745	1,010	362	85
2007	162,730	127,567	1,491,761	1,066	614	296
2008	173,708	134,342	2,009,025	1,679	1,303	185

*Source: MOH&E MCSR*

**Appendix 16: Estimated Number of Clients in Family Planning Programme, 2008**

<b>Location</b>	<b>Pill</b>	<b>Injection</b>	<b>IUD</b>	<b>Norplant</b>	<b>Condom</b>	<b>Sterilisation</b>	<b>Total</b>
<b>South-East</b>	<b>3,723</b>	<b>19,790</b>	<b>2,412</b>	<b>454</b>	<b>7,071</b>	<b><u>9,100</u></b>	42,550
K.S.A.	1,877	11,064	1,355	386	4,074	3620	22,376
St. Thomas	429	1,530	146	0	996	510	3,611
St. Catherine	1,417	7,196	911	68	2,001	4,760	16,353
<b>North-East</b>	<b>1,395</b>	<b>5,891</b>	<b>630</b>	<b>236</b>	<b>1,983</b>	<b><u>3,650</u></b>	13,785
Portland	316	1,267	131	0	383	220	2,317
St. Mary	463	1,743	150	0	844	1,180	4,380
St. Ann	617	2,882	349	236	756	2,250	7,090
<b>Western</b>	<b>1,303</b>	<b>6,928</b>	<b>701</b>	<b>0</b>	<b>1,753</b>	<b><u>3,150</u></b>	13,835
Trelawny	299	1,695	68	0	391	30	2,483
St. James	376	1,804	281	0	618	2,430	5,509
Hanover	287	1,233	86	0	298	0	1,904
Westmoreland	341	2,197	266	0	446	690	3,940
<b>Southern</b>	<b>2,535</b>	<b>10,819</b>	<b>2,595</b>	<b>4</b>	<b>2,587</b>	<b><u>3,060</u></b>	21,600
St. Elizabeth	669	3,541	1,429	0	855	210	6,704
Manchester	935	2,871	964	0	857	1,850	7,477
Clarendon	930	4,408	203	4	876	1,000	7,421
<b>Jamaica</b>	<b>8,956</b>	<b>43,427</b>	<b>6,296</b>	<b>694</b>	<b>13,394</b>	<b>18,930</b>	91,697

*Source: MOH&E MCSR*

**Appendix 17: Commodities Distributed to Clinic Clients, 2008**

<b>Location</b>	<b>Pill</b>	<b>Condom</b>	<b>IUD</b>
<b>South-East</b>	<b>82,814</b>	<b>2,608,476</b>	<b>858</b>
K.S.A	44,346	1,481,818	511
St. Thomas	8,545	302,439	72
St. Catherine	29,923	824,219	275
<b>North-East</b>	<b>31,502</b>	<b>869,721</b>	<b>139</b>
Portland	6,561	207,013	13
St. Mary	12,270	302,370	98
St. Ann	12,671	360,288	28
<b>Western</b>	<b>36,779</b>	<b>1,187,730</b>	<b>435</b>
Trelawny	6,312	316,088	56
St. James	13,310	420,795	142
Hanover	7,470	180,292	47
Westmoreland	9,687	270,555	190
<b>Southern</b>	<b>51,735</b>	<b>1,551,076</b>	<b>308</b>
St. Elizabeth	17,386	804,081	13
Manchester	16,136	414,548	216
Clarendon	18,213	332,447	79
<b>Jamaica</b>	<b>202,830</b>	<b>6,217,003</b>	<b>1,740</b>

*Source: NFPB LMIS Data*

**Appendix 18: Timing of Sterilisation, (2007-2008)**

<b>Timing of Sterilisation</b>	<b>2007</b>	<b>2008</b>
	<b>No.</b>	<b>No.</b>
Post Partum in 1 week	49	12
Post abortion in 1 week	-	-
Interval ( not pregnancy related)	109	143
Operation not Performed	1	-
Unknown	3	4
<b>Total</b>	<b>162</b>	<b>159</b>

*Source: VJH*

**Appendix 19: Total Number of Sterilisation Performed in Hospitals, 2007 - 2008**

<b>Institution</b>	<b>2007</b>	<b>2008</b>
<b><u>South-East</u></b>	<b>947</b>	<b>823</b>
University hospital	34	21
Spanish Town	491	454
Linstead	0	0
Princess Margaret	99	50
Victoria Jubilee	323	298
<b><u>North-East</u></b>	<b>179</b>	<b>321</b>
St. Ann's Bay	96	215
Annotto Bay	21	87
Port Antonio	22	22
Port Maria	0	0
<b><u>Western</u></b>	<b>364</b>	<b>315</b>
Cornwall Regional	278	243
Sav-la-mar	81	69
Falmouth	5	3
Noel Holmes	0	0
<b><u>Southern</u></b>	<b>487</b>	<b>306</b>
Mandeville	349	170
Black River	6	21
Lionel Town	0	0
May Pen	106	100
Percy Junor	26	15
<b>Total</b>	<b>1,977</b>	<b>1,768</b>

*Source: MOH&E HMSR*

**Appendix 20 : Number of Sterilisation Performed at Health Centres by sex and Region, 2007 and 2008**

Location	2007		2008	
	Male	Female	Male	Female
<b>South-East</b>	<b>4</b>	<b>94</b>	<b>5</b>	<b>87</b>
KSA	4	65	5	64
St. Thomas	0	0	0	1
St. Catherine	0	0	0	22
<b>North-East</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>41</b>
Portland	0	0	0	0
St. Mary	0	0	0	31
St. Ann	0	3	0	10
<b>Western</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>
Trelawny	0	0	0	0
St. James	0	0	0	0
Hanover	0	2	0	0
Westmoreland	0	0	0	0
<b>Southern</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>
St. Elizabeth	0	0	0	0
Manchester	0	3	0	0
Clarendon	0	1	0	0
<b>Jamaica</b>	<b>4</b>	<b>103</b>	<b>11</b>	<b>128</b>

Source: MOH& E MCSR

**Appendix 21: Total Units of ECPs Distributed by Region 2007 to 2008**

Region	No. of Units	
	2007	2008
<b>South-East</b>	215	280
<b>North-East</b>	143	469
<b>Western</b>	120	143
<b>Southern</b>	136	411
<b>Total</b>	614	1,303

Source: MOH& E MCSR