

POPULATION UNIT

DEMOGRAPHY

The population of Jamaica was estimated at 2.6 million in 2004 and projected to increase to 3.2 in 2025 and 3.8 in 2050 (PIOJ, Projections, 2005). Changes in the age and sex structure and rural/urban distribution of the population are the major patterns of shifts being observed. These changes are being influenced by continuing declines in fertility and mortality combined with high levels of external migration. The child population declined from about 47.0 per cent in 1970 to 30.0 per cent in 2004 and projected to decline to around 20.0 per cent in 2050. The dependent elderly population 65 and over, on the other hand, increased from about 5.6 per cent in 1970 to 7.7.0 per cent in 2004 and is expected to approach the size of the child population by 2050 at about 18.0 per cent of the total population. The working age population 15-64 years will continue to increase moving from 47.4 per cent in 1970 to 62.0 per cent in 2004 and peaking at about 67.0 per cent in 2025 then start to decline to 62.0 per cent in 2050.

The urban population was estimated at 38.0 per cent in 1970, 52.0 per cent in 2001 and is projected to reach about 56.0 per cent in 2025. The major concentration of the urban population is situated in the Kingston and St. Andrew Metropolitan Area (KMA), Portmore and Spanish Town. This area comprised over 33.0 per cent of the total urban population in 2001 and is expected to increase to about 55.0 per cent of the total in 2025.

Emerging Issues in Demography

- (1) The growth of the elderly population 60 and over will surpass the child population by 2050. This means that the elderly population will grow to over 700,000 persons from its current level of 260,000. Concerted efforts including new initiatives in addition to current ones will have to be designed/redesigned and implemented to meet the challenges.
- (2) The child population 0-14 years is expected to decline both as a proportion of the total population and in absolute numbers between 2004 and 2050. However, the change in absolute numbers is expected to vary only from 800,000 (2004) to 724,000 (2050). The expected growth of the population in urban areas will further aggravate the need for additional infrastructural requirements for this age group in these areas.
- (3) The proportion of persons in the working age population 15-64 years will increase to around the year 2025 then start to decline. This means that the observed decline in the dependency ratios observed since the 1970s will start to increase after 2025. (The dependency ratio is a measure of the burden placed on the working age by those who are classified as children 0-14 and elderly 65+ years). The current “bulge” in the population of working age is regarded by demographers as a ‘window of opportunity’ in that there is an excess of

population in this age group. However, the surplus is transitional and will start to decline progressively after 2025. Greater efforts should be made in the utilization of the excess human resources for development purposes.

- (4) International migration has both positive and negative effects on the population, society and economy of Jamaica. Remittances are currently the leading source of foreign currency for the country. It has positive impacts on the welfare and for poverty reduction at the household level. However, it is negatively associated with the loss of skilled human resources, fragmentation of family units, increasing levels of homicides and the transnational drugs trade. In light of declines in the working age population of developed countries and the selective recruitment of Jamaicans by agencies in these countries, external migration, particularly of skilled human resources is expected to remain high.
- (5) Timely and accurate data are required for development policy, planning and evaluation purposes. One of the areas of major weakness relates to the quality of mortality statistics. Estimates of infant, under-five and maternal mortality as well as cause of death statistics are particularly affected. These are required for monitoring of the Millennium Development Goals (MDGs) and for preparing national population projections, health status evaluation and other critical social planning requirements. Significant resource commitment from the government and development partners will be needed over the next 2-3 years. This will be needed for implementing a comprehensive programme for rehabilitation of the systems and processes in the RGD, MOH, MOJ, MONS and STATIN.