

A
STATEMENT OF
NATIONAL POPULATION POLICY
JAMAICA



REVISED
1995

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**The Planning Institute of Jamaica
8 Ocean Boulevard
Kingston Mall**

**Prepared by the:
Population Unit
Planning Institute of Jamaica
on behalf of the Population
Policy Coordinating Committee**

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**Tel: (809)967-3690-2
Fax: (809)967-3688/4900**

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Erratum

Page 1 para. 2 - Last sentence to read "... approved by Cabinet in 1995 and adopted by Parliament in February, 1996".

I REVISION OF THE NATIONAL POPULATION POLICY

In 1989, the Population Task Force of the Five-Year Development Plan (1990/1991 - 1994/1995) recommended that the Population Policy Co-ordinating Committee (PPCC) conduct an urgent reassessment of the National Population Policy in light of the current demographic, social and economic conditions. This reassessment was suggested with the aim of revising the Policy.

Based on the recommendation, the PPCC organized a national workshop for the reassessment of the Policy in 1990, and another for its revision in 1991. Both workshops involved participants from a wide cross-section of the society including policy-makers, planners, educators and the general public. In 1992, a special PPCC Workshop reviewed and finalized the draft of the revised Policy which was approved by Cabinet and tabled for information in Parliament. (See Submission No. 512/MFP-124/92 Decision No. 50/92). At a retreat of the PPCC held in February, 1994, a number of amendments were recommended to the revised Policy. Subsequent to these changes, the document was approved by Cabinet and adopted by Parliament in June 1995.

The revised Population Policy reflects the substantive areas covered by the previous Policy. These comprise population size, fertility, mortality, external migration and internal migration. However, certain additional demographic, environmental and developmental issues which have become prominent in recent years have been explicitly addressed in the present Policy. These include: the aged, children, gender and the environment.

II PRINCIPLES OF THE REVISED NATIONAL POPULATION POLICY

The principles on which the revised Population Policy are based include:

1. The goals of the National Population Policy are integrally related to general development goals and as such reflect both demographic and socio-economic objectives.
2. The goals of the Population Policy have been designed primarily to achieve those demographic trends that will contribute to sustainable development.
3. Too rapid population growth can have negative effects on economic and social development, and on the moral, spiritual and environmental health of the country. The control of population growth is thus a precondition for achieving improvement in the quality of life of the nation.
4. It is critical to the attainment of satisfactory living standards as well as to the fulfillment of individual rights that all persons, regardless of gender, age, residence or other distinctions, be adequately equipped and enabled to lead productive lives and to make their contribution to national development.
5. Although the general goals of the Policy are not expected to change in the near future, the specific features of the Policy to be implemented should be considered flexible, subject to continuous monitoring and evaluation and to possible redesign if warranted by new developments.
6. In order to achieve the goals of the Policy, the various agencies of Government, private sector and other non-government organizations, need to be committed to their implementation. It is also a critical requirement that individuals, groups and communities recognize their responsibilities in the implementation of the policy.

III THE GOALS OF THE REVISED NATIONAL POPULATION POLICY

General Goal

The ultimate goal of the National Population Policy is to improve the satisfaction of basic human needs and the quality of life of the Jamaican people in areas such as housing, health and nutrition, education, transportation and the environment. The realization of this goal is highly dependent on the achievement of the following quantitative and qualitative goals

Quantitative Goals

1. Population Growth And Size

Policy Statement

To ensure that the population does not exceed the number of persons that can be supported by the nation at satisfactory standards of living.

In order to achieve this, the population should have a maximum growth rate of 0.8 per cent per annum over the next three decades. On this basis, the population would not exceed 2.7 million by the year 2000, or 3.0 million by the year 2020. This growth rate is in keeping with a downward trend to the ultimate goal of zero population growth. It is important to ensure that certain levels of fertility, mortality and external migration are achieved and maintained (See Policy Statements 2, 3 and 4 below). In addition, to ensure that the rate of population increase is

economically sustainable, growth in the Gross Domestic Product (GDP) of at least one per cent per annum must be maintained over the medium term.

2. Fertility

Policy Statement

It is intended that the average number of children per woman, which declined from almost six (6) in the late 1960s to 2.9 by 1989, should further decline to approximately two (2) children per woman by the year 2000 or shortly thereafter and be maintained at that level.

In order to realize the goal of replacement level fertility, the Contraceptive Prevalence Rate (CPR) which was estimated at approximately 55 per cent in 1989 should reach a level of about 68 per cent by the year 2000. Achievement of the desired CPR will require concerted national effort by the public and private sectors including the non-government organizations.

3. Mortality

Policy Statement

To promote continued improvement in the average length of life. A specific goal is to increase average life expectancy at birth from its present estimated level of approximately 70-72 years to over 75 years by the year 2020.

Success in this area is to be sought primarily through a decrease in infant mortality and mortality due to chronic diseases, motor vehicle accidents and homicides. This will be achieved through programmes

aimed at improving: maternal and child health services; the social environment; and, the prevention and control of diseases.

Qualitative Goals

4. External Migration

Policy Statement

To introduce and promote measures which will influence the flow of external migration in order to:

- i. reduce unemployment;**
- ii. ensure the availability of skilled manpower;**
- iii. increase the return flow of skills and resources to meet the development needs of the country; and**
- iv. reduce the social cost of family separation due to emigration.**

The level of emigration has been an important check on population growth. The targeted rate of population growth is based on the assumption that the existing levels will gradually decline.

5. Internal Migration And Urbanization

Policy Statement

To achieve a balance between the spatial distribution of the population and that of development i.e. investment programmes and projects. It is necessary to ensure that the spread of population and resources is such as to minimize the adverse effects on the environment.

Concerted efforts will be made towards facilitating the more effective implementation of the National Settlement Strategy in line with the National Physical Plan, 1978-1998. Particular attention will be paid to land management in order to ensure economical land use, protect fragile ecosystems and facilitate access of the poor to land, shelter and services in both urban and rural areas.

6. Gender

Policy Statement

To promote an adequate quality of life for both sexes; a primary concern is equity between the two in social, cultural and economic matters including family life (particularly reproductive behaviour), legal status, educational opportunities, employment and income levels. Equal access to decision making processes is considered an essential element of this goal.

7. Children

Policy Statement

To ensure the provision of opportunities and conditions to enable all children to fulfil their potential and enhance their total development as individuals and responsible citizens. Special attention will be paid to the achievement of the survival, protection, education and social well being of disadvantaged children.

Specific measures to achieve this include the strengthening of Family Life Education in schools and in the wider community.

8. The Aged

Policy Statement

To enable the aged to lead comfortable, functional and productive lives by sensitizing the public to their value in the society, recognizing the importance of their roles and by providing opportunities to utilize their skills, as well as support services to meet their needs.

9. The Environment

Policy Statement

To foster and promote the most responsible, productive and sustainable use of natural resources by the population, and to minimize practices having negative environmental effects.

In order to achieve a satisfactory level of environmental quality, strategies will be developed that are aimed at coordinating, strengthening and expanding remedial programmes.

IV POPULATION POLICY IMPLEMENTATION

Aspects of Jamaica's existing social and economic policy affect the implementation of the National Population Policy and both are therefore in need of continuous evaluation and, where necessary, revision to ensure consistency.

Policy measures that indirectly have a demographic impact by promoting health, protecting the environment, generating conditions for fertility decline, or creating a desirable internal population distribution, are important for the implementation of the National Population Policy. It shall be the responsibility of the various agencies of Government and in particular the Planning Institute of Jamaica to ensure that the implementation of all population-sensitive economic and social policies of the Government of Jamaica, are supportive of the objectives of the National Population Policy.

It is important that such implementation reflects the focus of both the discussions that led to the formulation of the first National Population Policy, and the 1990 and 1991 Jamaica Population Policy Reassessment and Revision Conferences.

There is a critical role for the Information, Education and Communication (IEC) programmes in creating general awareness and in influencing appropriate interventions in keeping with the goals of the Policy. Information on various aspects of the National Population Policy will continue to be widely disseminated through the mass media and in the educational system. Population Education in particular, Family Life and Family Planning Education, are considered critical as they enable individuals to understand how their decisions about population issues impact, or are affected by the development process. It must be recognized that the IEC Programmes will have an even more expanded role to play in the future.

V INSTITUTIONAL RESPONSIBILITY FOR MONITORING THE IMPLEMENTATION AND EVALUATION OF THE POLICY

The following agencies and institutions will assume specific responsibility in the process of monitoring the implementation and evaluation of the National Population Policy (see Institutional Framework).

1. The Population Policy Co-ordinating Committee

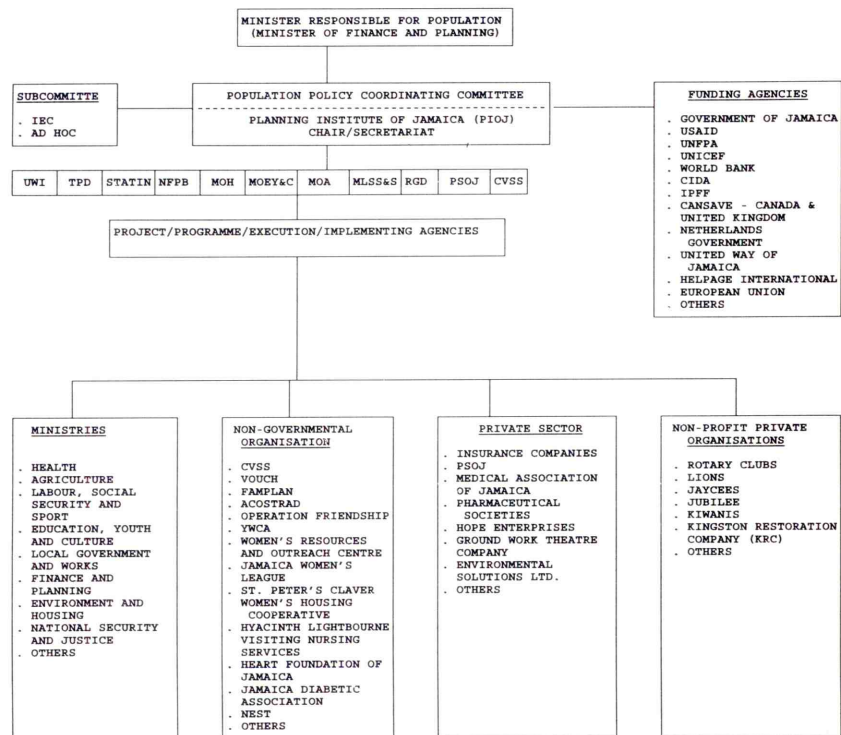
The Population Policy Co-ordinating Committee (PPCC), which is a multi-sectoral body, was appointed by Government in 1982. The Committee is chaired by the Director General of the Planning Institute of Jamaica and is comprised primarily of senior representatives of the Planning Institute of Jamaica, the National Family Planning Board, the Ministries of Health, Education, Youth & Culture, Labour, Social Security & Sport, Agriculture, and Local Government & Works, the University of the West Indies, the Statistical Institute of Jamaica, the Registrar General's Department, the Town Planning Department, the Private Sector Organization of Jamaica (PSOJ), and the Council of Voluntary Social Services (CVSS). The United Nations Population Fund (UNFPA), and the United States Agency for International Development (USAID), have been accorded observer/consultancy status on the Committee. The main functions of the Committee include:

- a) being an advisory board to the Minister responsible for Population Planning and other Ministers and persons as appropriate, on matters related to the National Population Policy;
- b) monitoring the implementation of the National Population Policy, in particular movements in the three main demographic determinants - fertility, mortality and

migration - and recommending changes and adjustments to the Policy in keeping with the changing economic and social conditions;

- c) ensuring consistency in the programmes of different agencies involved in population activities in relation to the stated Population Policy goals;
- d) examining and making recommendations in respect of Laws and Acts related to population matters; and
- e) ensuring broad dissemination of information on all aspects of the population, through its Information, Education and Communication (IEC) Sub-Committee which monitors the activities of all agencies involved in Population awareness.

INSTITUTIONAL FRAMEWORK FOR NATIONAL POPULATION PLANNING AND POLICY IMPLEMENTATION IN JAMAICA



2. The Ministry of Health

The promotion of health will continue to be the responsibility of the Ministry of Health. In line with the World Health Organization's objective of "health for all by the year 2000", the Ministry will continue to improve its network of health facilities while creating optimum conditions for the private sector and for voluntary organizations to complement the activities of the public system. The Ministry will continue to devote special attention to maternal and child health, family planning and the delivery of health care to the most needy strata of the population and to persons living in remote rural areas.

The Ministry of Health will intensify efforts to effect much needed improvement in the Vital Registration System which provides the data that form the basis for policy formulation, monitoring and evaluation. The Ministry is implementing a project aimed at upgrading and restructuring the Registrar General's Department.

3. The National Family Planning Board

Delivery of family planning services has been a comprehensive programme organized under the leadership of the National Family Planning Board (NFPB).

The Board:-

- a) ensures access to family planning services for all those who want them;
- b) devotes special attention to service delivery effected through clinics operated by the Ministry of Health;
- c) co-ordinates clinical services offered by the public, private and voluntary sector organizations;
- d) promotes outreach services islandwide and in selected deep rural areas, utilising mobile units and outreach programmes which combine information, education, and communication

strategies with a community based distribution of non-clinical methods of contraception;

- e) undertakes and promotes research, and disseminates information in relation to Family Planning and Family Life Education and seeks to utilise in appropriate ways all acceptable means of fertility regulation;
- f) monitors the development of research in the areas of reproductive behaviour and contraceptive health. Research is ongoing to understand contraceptive behaviour, improve the contraceptive method mix, to provide more choices for acceptors and potential acceptors; and
- g) reviews for adoption in Jamaica any new or refined means of fertility regulation that are developed, and if considered appropriate makes recommendations to the Government that such means of fertility regulation be part of the service delivery system.

Proposals to be finalised will address further co-ordination of other bodies or persons in the field of Family Planning and Family Life Education in order to ensure effective and efficient national efforts. The other bodies/persons with whom co-ordination will be effected include private physicians, third party coverage providers, and pharmaceutical houses. In the area of Family Life Education, it is proposed that the Board co-ordinates all programmes and projects being implemented at the Community level while the Ministry of Education, Youth and Culture does likewise for those in the formal education system.

4. The Planning Institute of Jamaica

A Population Planning and Research Unit has been set up within the Planning Institute of Jamaica. It serves as the Technical Secretariat to the Population Policy-Co-ordinating Committee (PCCC) and its Information, Education and Communication (IEC) Subcommittee. It is responsible for ensuring the integration of the goals of the Population

Policy into development plans, programmes and projects and for undertaking appropriate research to facilitate these activities.

Research, demographic analysis and evaluation activities relating to Jamaica's population and development trends and to programmes aimed at achieving the objectives of the National Population Policy, will continue to be co-ordinated by the PIOJ in collaboration with the Statistical Institute of Jamaica, the National Family Planning Board, the Ministry of Health, the University of the West Indies, and other relevant agencies.

VI SITUATION ANALYSIS

(1) Demographic and Social Context

This situation analysis is not intended to be comprehensive, but highlights certain critical trends in demographic and social variables¹. It should be noted, however, that the analysis might be somewhat impaired by the deficiencies relating to timely and accurate demographic data. Because sound statistical bases on which to assess certain current demographic variables are often lacking, estimates and approximations have to be used. For example, basic data on infant mortality are unreliable/unavailable; those data available are not of the quantity or quality necessary to provide needed information on the levels and trends of infant and under 5 mortality. Similarly, deficiencies in the data on emigration have contributed to the difficulty in arriving at the actual number of Jamaicans who left the country in any one year to reside permanently elsewhere. The poor quality of the data has implications for the identification of targets for policy interventions and subsequent evaluation of the success of projects and programmes.

Population Growth and Size

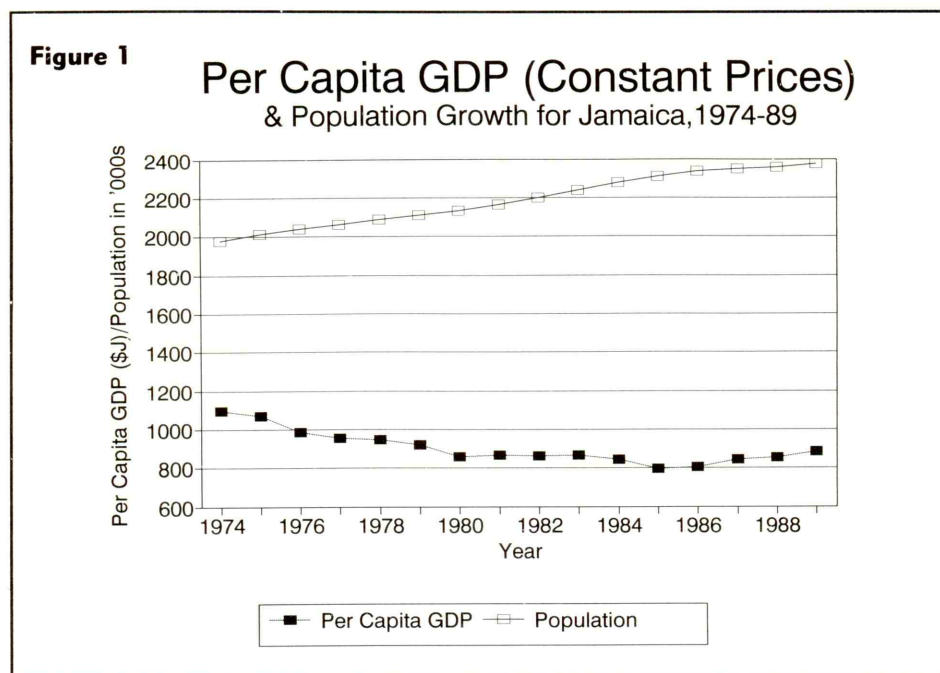
In 1990, the estimated end of year population for Jamaica was 2.41 million, comparing favourably with the medium scenario of the 1989 population projections prepared by the Statistical Institute of Jamaica (STATIN) and the Planning Institute of Jamaica (PIOJ).² The population of Jamaica can still be described as youthful with 65 per cent of the population below age 30 and 33 per cent below age 15 (1990). The aged (persons aged 60 and over) on the other hand constitutes about

¹ A more detailed analysis can be found in the National Population Report, 1994, Five Year Development Plan 1990/91 - 1994/95, and in the various Sector Plans.

² The Preliminary Census Report indicates that the population in 1991 was approximately 2,366,067.

10 per cent of the total population and is expected to experience moderate increase over the next 3 decades.

The control of population growth and the increase in real Gross Domestic Product (GDP) are preconditions for the attainment of satisfactory social and economic development. An examination of the trends in real GDP and population growth reveals that the annual rate of growth in GDP was predominantly negative from the early 1970s to the mid 1980s, while population grew at approximately 1.4 per cent per annum (See Figure 1). This suggests that a shrinking national product had to be distributed to meet the needs of a growing population.



Between 1985 and 1990, however, the growth in real GDP was estimated at over 3.6 per cent per annum and is projected to continue at

a rate of over 3 per cent per annum over the Five-Year Development Plan period 1990/91 to 1994/95. The current and projected population growth rates are less than 1 per cent per annum and are therefore being surpassed. If this trend were to be maintained, then there would be continuing increase in GDP per capita and enhanced potential for improving the quality of life of the general population. Indeed, as long as moderate growth of at least 1-3 per cent per annum is maintained in the economy then this result would obtain. However, it is important to note an additional essential factor for achieving the desired improvement in general living standard, that is, the need for greater promotion of equity in the distribution of the benefits accruing from growth.

According to the medium projection, the population is expected to continue growing at a moderately low rate of not more than 0.8 per cent per annum for the next 3 decades, resulting in an overall population size of approximately 2.6 million by the year 2000 and 3.0 million by 2020. The realization of this target, however, is largely dependent on a continued downward trend in fertility and continuing high levels of external migration. The Total Fertility Rate (TFR) fell from 5.4 in 1960 to 2.9 in 1989 while the annual net average external migration was estimated at approximately 20,000 - 25,000 over the period 1960 - 1989.

Fertility

Comparison of patterns of total and age specific fertility rates between 1960 and 1989 also indicates substantial changes in the levels of reproduction among various age groups. (See Table 1 and Figures 2&3). Most outstanding was the 30-34 age group which had a 63 per cent decline during the period. Declines in the age group 35-39 and 25-29 were also significant, at 54 per cent and 49 per cent respectively.

The increase in the Contraceptive Prevalence Rate (CPR) coincides with the decline in fertility. This rate increased from 38 per cent in 1975 to approximately 55 per cent in 1989. If the annual rate of decline in fertility of 3.1 per cent between 1983 and 1989 were to be

Table 1

Age Specific Fertility Rates Per 1000 Women & Percentage Increase or Decrease: Jamaica 1960, 1970, 1983, and 1989

AGE SPECIFIC FERTILITY RATES				
Age Group	1960	1970	1983*	1989**
15 - 19	152.8	167.4	122.0	100.0
20 - 24	288.1	301.8	190.0	161.0
25 - 29	256.3	268.1	150.0	130.0
30 - 34	250.8	190.2	110.0	93.0
35 - 39	128.8	127.3	73.0	59.0
40 - 44	47.2	46.8	40.0	31.0
45 - 49	8.2	7.8	8.0	5.0
	% Increase (+) or Decrease (-)			
	Between 1960 & 1970	Between 1970 & 1983	Between 1983 & 1989	
15 - 19	+9.6	-27.0	-18.0	
20 - 24	+4.8	-37.0	-15.3	
25 - 29	+4.6	-44.0	-13.3	
30 - 34	-7.6	-42.2	-15.5	
35 - 39	-1.2	-42.7	-19.2	
40 - 44	-0.8	-14.5	-22.5	
45 - 49	-4.9	+ 2.6	-37.5	

* 1981 - 1983

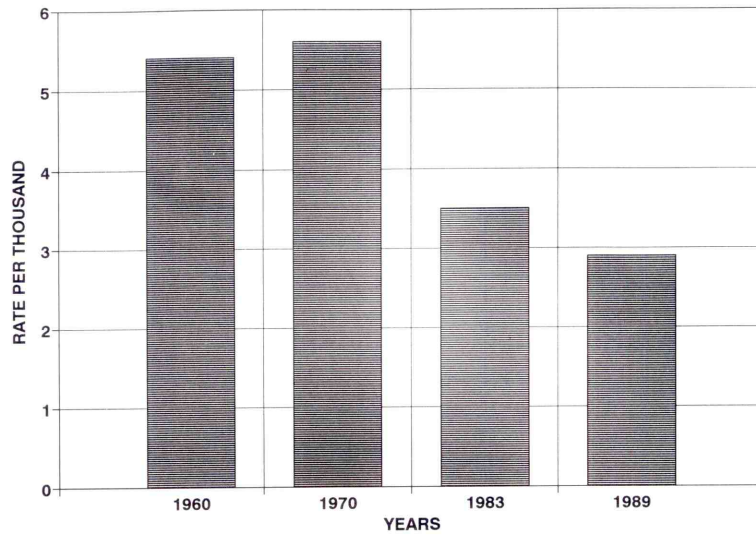
** 1986 - 1988

Source: Population Movements in Jamaica, CICRED Series, 1974 Contraceptive Prevalence Surveys, NFPB, 1983 & 1989.

sustained, then Jamaica should be able to achieve replacement level fertility (approximately 2 children per woman) by the year 2000 or shortly thereafter. However, the achievement of this rate of decline is dependent on, among other things, sustained family planning services. Women who represent a potential group for further reduction in fertility are those currently in a union, and who desire no more children, but are not practising contraception. For example, in the 1989 Contraceptive Prevalence Survey, 54 per cent of women in unions stated that they

Figure 2

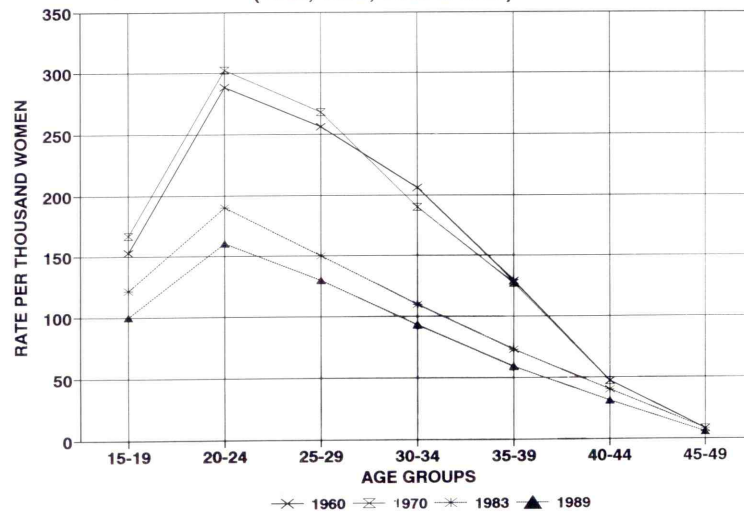
TOTAL FERTILITY RATE, JAMAICA
(1960, 1970, 1983 and 1989)



Source: Recent Population Movements in Jamaica; CICRED Series, 1974 (data for 1960 & 1970)
Contraceptive Prevalence Survey Report, NFPB, 1989 (data for 1983 & 1989)

Figure 3

AGE-SPECIFIC FERTILITY RATE FOR JAMAICA
(1960, 1970, 1983 & 1989)



Source: Recent Population Movements in Jamaica; CICRED Series, 1974 (data for 1960 & 1970)
Contraceptive Prevalence Survey Report, NFPB, 1989 (data for 1983 & 1989)

wanted no more children, but of these, 20 per cent were not using contraceptives.

The Young Adult Reproductive Health Survey conducted in 1987 showed that 76 per cent of all first births to young women aged 15-24 were unintended and of these, 15 per cent were to mothers under 16 years of age.

Mortality

Although Jamaica is classified by international agencies as a low under-five and infant mortality country, further reductions in these rates are still desirable. In 1978, the Infant Mortality Rate (IMR) was estimated at 26.5 per 1000 live births, moving from 51.5 per 1000 in 1960. Since 1978, reliable data on infant mortality have not been available, but the most recent estimates (13 in 1989 Registrar General's Department and 17 in 1989 Contraceptive Prevalence Survey, NFPB) considered to understate the true situation. In fact, the estimate derived from the Model Life Tables (Coale Demeny, West) being used in the national population projections is approximately 25.5 per 1000 live births in 1990 (See Table 2 Medium Projection).

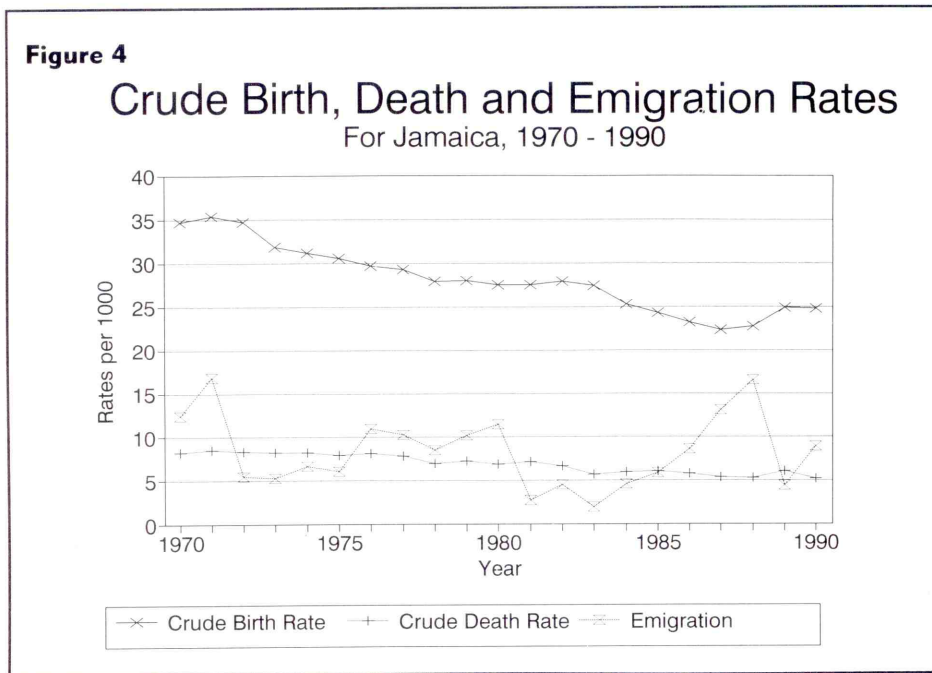
Table 2

Infant Mortality Rates By Sex, Jamaica, 1985 - 2020

	LOW PROJECTION		MEDIUM PROJECTION		HIGH PROJECTION	
RATES PER 1000 LIVE BIRTHS						
YEAR	MALES	FEMALES	MALE	FEMALES	MALES	FEMALES
1985-1990	29.5	23.2	29.5	23.2	29.5	23.2
1990-1995	29.1	22.8	28.6	22.4	28.0	21.6
1995-2000	28.8	22.5	27.7	21.6	26.3	20.1
2000-2005	28.4	22.2	26.8	20.9	24.5	18.6
2005-2010	28.0	21.9	25.9	20.1	24.5	17.1
2010-2015	27.7	21.6	25.0	19.4	21.0	15.6
2015-2020	27.3	21.3	24.1	18.6	19.5	14.3

Source: Population Projections, STATIN/PIOJ, 1989.

The Crude Death Rate has been declining since the 1920s and was estimated at 5.1 per 1000 in 1990. (See Figure 4). Life expectancy at birth (which is a good measure of the health status of a country), was estimated in 1985 at 70.7 years with females having a higher life expectancy than males - 72.4 and 69.0 years respectively. Between 1921 and 1960 average expectation of life at birth had increased by 27.6 years from 37.1 years, reflecting an annual rate of growth of 1.4 per cent. However, between 1960 and 1985, average expectation of life at birth had increased by only 6.1 years, registering an annual growth rate of 0.36 per cent.



External Migration

While the mortality rate has been declining, the rate and volume of emigration have been increasing, thus exerting a stronger decrement on the population than mortality (See Figure 4). Between 1943 and

1960, it is estimated that an annual average of 11,540 persons emigrated to the United Kingdom, Canada and the United States of America, which were the main destinations. The volume of emigration increased significantly during 1960-1980, averaging approximately 20,000 annually. During the 1980-1990 period, emigration reached its highest level ever recorded for the country. This was estimated at 24,000 annually.

Analysis of the emigration data reveals that the age and sex composition of the emigration streams have been quite uniform over the period 1960-1990. It is estimated that 60 per cent of total emigration was comprised of persons under 30 years of age reflecting to a large extent Canadian and American immigration policies in relation to the admission of spouses, children and other dependents. Also, approximately 53 per cent of the emigrants was female.

While emigration has played a significant role in curbing population growth, it has resulted in a serious loss of skilled manpower. Of the total emigration to North America between 1980 and 1989, approximately 46 per cent was categorized as workers. Within this category, about 18 per cent were professional, technical, administrative and managerial persons, while 45 per cent were clerical, sales, craftsmen and operatives. The retention of skilled personnel is critical for national development. If the volume and characteristics of the emigration streams are maintained, the goal of national development could be severely hampered.

Internal Migration And Urbanization

The growing scale of internal migration as indicated by the increase in the number of persons involved in inter-parish movements since 1921, has been a dynamic factor in population re-distribution. It is estimated that between the 1943 and 1960 intercensal period, approximately 7,700 males and 7,100 females were involved annually in internal movements. Between 1960 and 1970, this had increased to 10,100 males and 12,600 females. This had further increased to 10,900

males and 13,600 females in the intercensal period 1970-1982. The preponderance of females in internal movements after 1960 partly explains the reason for females dominating in all urban areas of parishes.

During the two intercensal periods 1960-1970 and 1970-1982, there was a noticeable decline in the population of the parish of Kingston (See Table 3). Kingston, the centre of the metropolis, ceased to be an important residential area, and began to show signs of progressive urban decay in certain sections. During 1960-1970, expansion of residential areas of the metropolis shifted towards St. Andrew.

Table 3

Annual Intercensal Rates of Growth (%) For Parishes of Jamaica, 1943 - 1982

Parishes	Annual Intercensal Rates of Growth %		
	1943-1960	1960-1970	1970-1982
Kingston	0.67	-1.16	-0.73
St. Andrew	5.05	3.60	0.82
St. Thomas	0.73	0.36	0.58
Portland	0.36	0.72	0.18
St. Mary	0.21	0.64	0.08
St. Ann	1.02	0.70	0.64
Trelawny	0.98	0.99	0.41
St. James	1.59	2.19	1.82
Hanover	0.25	0.98	0.14
Westmoreland	1.16	0.55	0.03
St. Elizabeth	0.90	0.91	0.30
Manchester	1.11	0.95	0.88
Clarendon	1.68	0.84	0.74
St. Catherine	1.41	1.84	4.60
All Parishes	1.56	1.39	1.45

Source: A Note on Recent Internal Migration in Jamaica, G. W. Roberts, 1989.

Most of the internal movements have been into parish capitals and maintowns. During the intercensal period 1970-1982, Mandeville recorded the highest annual rate of growth (8.0 per cent) and Spanish Town (7.1 per cent) the second highest. All other parish capitals had rates of growth in excess of 2 per cent per annum. In this same period, only three parishes recorded net in-migration, St. Andrew, St. James and St. Catherine (See Table 4). St. Andrew continued to grow but at a much lower rate in 1970-1982, when compared with former intercensal periods. This seems to suggest that its commercialization is increasing while its status as a suburban sector is being reduced.

Table 4

Rates of In-Migration and Out-Migration Per 1000 Population for Parishes, 1970 and 1982, Male and Female

PARISH	MALE		FEMALE	
	1970	1982	1970	1982
PARISHES OF OUT-MIGRATION				
Kingston	-311	-605	-216	-544
St. Thomas	-29	-40	-63	-54
Portland	-50	-65	-84	-101
St. Mary	-71	-88	-103	-114
St. Ann	-80	-57	-119	-93
Trelawny	-42	-47	-102	-95
Hanover	-82	-78	-117	-130
Westmoreland	-92	-86	-123	-135
St. Elizabeth	-77	-90	-143	-159
Manchester	-41	-38	-66	-46
Clarendon	-21	-33	-47	-59
PARISHES OF IN-MIGRATION				
St. Andrew	+215	+130	+267	+175
St. James	+17	+21	+6	+21
St. Catherine	+27	+204	+14	+218

Source: G. W. Roberts, A Note on Recent Internal Migration in Jamaica, 1989

St. James' rate of growth of 2.2 per cent can be attributed mainly to the expansion in the tourist industry which attracted migrants mainly from contiguous parishes.

The development and growth of Portmore has made the growth in St. Catherine quite unique. While all the other 'rest of parish'³ areas grew at 1 per cent or less per annum, the 'rest of parish' of St. Catherine grew at 4.5 per cent. It is expected that St. Catherine will continue to record the highest rate of growth considering that the housing stock in Portmore is expected to increase significantly between 1990-1995. This area has been termed a dormitory community as its residents rely heavily on the Kingston Metropolitan Area (KMA) for most commercial and administrative facilities. Consideration has to be given to the provision of basic amenities such as education and health services, and infrastructural development within that area. There is also need for a better transportation system to facilitate circular mobility.

Gender

It is recognized that the socio-economic and cultural problems which exist, affect both men and women. Both sexes should therefore, be equally involved in a process aimed at minimizing these problems, and at the same time generating opportunities for human development.

The United Nations Convention on the Elimination of All Forms of Discrimination Against Women came into force in 1981 with its main theme being equity between men and women. If Jamaica is to fully respect the principles of this convention, more attention has to be given to issues which affect women negatively. The Population Policy endorses the goals of the National Policy Statement on Women formulated by the Women's Bureau. In addition, it recognizes that women must become more influential and must be fully involved in the decision making process.

³ Non-metropolitan population is divided into parish capitals and "rest of parish". Although the latter may include other towns, it is treated as rural.

While recognizing the importance of the gender approach, it cannot be denied that each sex also experiences certain peculiar disadvantages. The demographic facts show that males start off in a more advantageous position numerically. In 1990, the sex ratio at birth was 103 boys for every 100 girls. The overall sex ratio, however, reveals that there is no significant difference between the number of males and females in the population.

Education data indicate that at the primary level, enrolment rates are comparable. At the secondary level, there is a preponderance of males in the All-Age (grade 7-9) and New Secondary schools. In the traditional high schools the pattern is reversed. ". . . Since 1942, girls have had significantly greater access to high schooling than boys, and the pattern has been consistent and continuous".⁴ This trend continues to the tertiary level where the overall enrolment rates are higher for females than males. Some marginalization of males in the education system is therefore quite evident.

On the other hand, the unemployment rate among women is relatively high. In 1990, it was 22.5 per cent (more than twice that of men) and ranged from 14.0 per cent for adult women, to 43.2 per cent for women under age 25. There is also a low participation rate of women in top positions in the workforce, as currently only about 10 per cent of these are filled by women. By contrast, approximately 90,000 women are employed as domestic helpers.

It is clear that women in Jamaica are increasingly participating in national development, but often on inequitable terms. They are hampered in developing their full potential as agents of the development process. For example, jobs which are traditionally female-dominated, are usually low paying and low status with attendant poor working environment. In addition, while women are edging their way into male dominated jobs, (for example, construction and heavy industry), they are expected to perform better than the men in order to prove their worth. The combination of these factors sometimes has a demotivating

⁴ Jamaican Society and High Schooling, Errol Miller, 1990, p. 218

influence on women, while having negative effects on relationships between the two genders.

Children

Children (0-18 years), constituted approximately 42 per cent of the population in 1990, and are expected to account for 38 per cent in the year 2000. According to the 5-Year Development Plan, 1990-1995, many of these children live in marginal and disadvantaged areas of urban communities. Being the most impressionable and vulnerable among the population, children are invariably the most unfortunate victims of poverty. The increasing poverty of the deprived in the population contributes to the deteriorating family circumstances and increases the frustration and delinquency among children. The Situation Analysis Report on children 1989, states that the number of children who are exposed to various difficult and damaging situations is disturbingly high and continues to increase. These children are categorized as:- working children, street children, disabled children, institutionalized children, abused children, children affected by violence and children affected by natural disasters.⁵

There is a growing trend of abandonment, neglect and abuse of young children and this contributes to the increase in the incidence of "street children" in Jamaica. In 1989 there were an estimated 1000 children on the streets in Kingston, Spanish Town, May Pen, Mandeville and Ocho Rios. Life on the street exposes them to physical danger and exploitation, and involvement in illegal activities. The incidence of child abuse is alarmingly high. The number of cases reported from January 1, 1985 to June 30, 1988 was 3032. Approximately 40 per cent was sexually abused cases and almost all were female victims.

Data from the Nutrition and Dietetics Division in the Ministry of Health showed that between 1978 and 1984, total admissions to the Bustamante Children's Hospital, of children 1-4 years with malnutrition,

⁵ Situation Analysis of the Status of Children and Women in Jamaica, 1989, p. 54.

increased gradually, both as a percentage of total admissions and in absolute numbers. Larger increases were observed from 1984 - 1986 with malnutrition accounting for over 8 per cent of total admissions in 1985 and 1986, but a reverse of the trend was noticed in 1987 and 1988, when the percentage of total admissions fell below 4 per cent. However, provisional data for 1991, indicate that there has been a rise to 7.2 per cent, suggesting that malnutrition is again on the increase. The prevalence is still relatively high in the parishes of Kingston, St. Andrew, St. Catherine, St. Thomas, Trelawny and Hanover.

Policy aimed at improving the lives of children must be comprehensive and be drafted in accordance with the **Convention on the Rights of the Child**, adopted by the General Assembly of the United Nations in 1989 to which Jamaica is a signatory. The goals of the **World Summit for Children** in 1990, identified certain critical areas for attention. These areas include infant mortality, malnutrition and education. Some of the goals stated are:

- (1) Between 1990 and the year 2000, reduction of infant and under 5 child mortality rate by one third;
- (2) Between 1990 and the year 2000, reduction by half of severe and moderate malnutrition among children under 5;
- (3) By the year 2000, universal access to basic education and completion of primary school by at least 80 per cent of primary school age children.⁶

The Government of Jamaica has endorsed these goals and is formulating a plan of action for their implementation.

The Aged

The aged population (60 years and over), is increasing both in absolute numbers and as a percentage of the population. The figures

⁶ **Source:** World Declaration on the Survival, Protection and Development of Children: World Summit for Children United Nations, New York, September 1990.

show that this group has grown from 158,400 or 8.5 per cent of the population in 1970 to 200,000 or 9.4 per cent of the 1980 population. In 1990, the aged was estimated at 239,700 and constituted approximately 10 per cent of the population. This age group is expected to increase over the next three decades to approximately 330,000.

The aged population in Jamaica faces a number of problems especially in the areas of employment, health and medical care, nutrition, housing and recreation. The rigidity of retirement rules in many institutions, acts as barriers to employment thus limiting the range of options open to the elderly, and also limiting their participation in development. In many cases pensions are very small and even when added to the National Insurance Scheme benefit, still cannot cover the cost of medical care and proper nutrition. The lack of opportunities for affordable education and retraining, as well as access to cultural and recreational programmes severely limit the activities of elderly persons.

Environment

A growing population has placed tremendous pressure on the physical environment, and has the potential to aggravate the current problems. Jamaica already faces many inter-related environmental problems with respect to deforestation, soil erosion, coastal and marine ecosystem destruction, destruction of wildlife and their habitats, surface and ground water pollution, waste management and air pollution.

Degradation of the environment has exposed the country to the dangers of epidemics for example, typhoid, cholera and dengue. The damages, however, extend beyond the area of health. The environment as well as its essential social and economic functions are threatened. Deforestation is occurring at the rate of 10,000 hectares per year, and this coupled with poor agricultural practices results in the loss of over 80 million tons of topsoil each year. The country's inland and coastal water is being adversely affected by the discharge of sewage and industrial wastes. In Kingston and St. Andrew, ground water aquifers have already become contaminated by waste sewage pollution and are likely to

become more polluted as the process of unregulated urbanization continues. The large volume of pollutants flowing into the Kingston Harbour contributes to the destruction of marine life. The removal of sand from beaches and rivers to meet the demand for building material, results in beach erosion with implications for shoreline stability and the tourist industry. Air quality deterioration continues to be of grave concern. Burning of garbage, exhaust fumes from vehicles and industrial effluents from power stations and other processing plants, are the main causes of air pollution.

The Jamaican environment is therefore in a fragile state and is likely to be stressed to an irretrievable degree if an integrative strategy for population and resource management is not developed and implemented.

(2) Development of an Explicit National Population Policy

The history of Jamaica reveals that the country had elements of "population policies" ever since the colonial era. During the early colonial period, a distinct immigration policy emerged, the core of which was to increase the labour force population on the plantations. The first phase involved the importation of African slaves, while the second entailed the recruitment of indentured labourers. The latter continued to the early 20th century.

Reduction in mortality coupled with high levels of fertility resulted in substantial population growth after the 1920s. From about the late 1950s there were public concerns about the high rates of population growth as it relates specifically to obstacles in improving living conditions and the quality of life of the population. And so, in the Five Year Plan of 1963 - 1968, the Government declared:

Government will seek to bring about a greater awareness of the implication of rapid population pressure in the island, and

of the national problems arising, as well as the effects of excessive childbearing on the lives and prospects of individuals. The Government will encourage the spread of information on, and techniques for, the spacing or limitation of families for the benefit of those persons who desire them.⁷

This statement was the first public declaration of a policy to reduce fertility. Prior to this, however, private initiatives promoted programmes and policies of fertility reduction. As early as 1939, the first family planning clinic was established and in 1957 the various private agencies involved in family planning were merged into the Jamaica Family Planning Association. By the late 1960s, nationwide efforts to provide family planning services were organised under the National Family Planning Board, which in 1970 became a Statutory Board.

Jamaica's participation in the World Population Conference in Bucharest, Romania, in 1974, indicated the country's firm commitment to the containment of its relatively high population growth. This was to be accomplished through a programme for integrating population policy into the country's wider social and economic development policies, plans and programmes.

This commitment led to the appointment of a Population Policy Task Force by the Ministry of Health in 1980. The Task Force comprising representatives from numerous organizations was commissioned to evaluate demographic trends in the context of national development with a view to suggesting a comprehensive National Population Policy.

During the sixteen months of its existence, the Task Force held various meetings and organized a Population Policy Development Workshop (October 16, 1980), and the Jamaica Population Policy Development Conference (June 18-19, 1981). Both events were attended by representatives from Government, academic institutions and

⁷ **Source:** Five Year Independence Plan 1963-68 Central Planning Unit Ministry of Development and Welfare.

other public and private sector agencies. Extensive documentation was prepared both for the Workshop and, particularly for the Conference.⁸ Subsequently the materials, including suggestions and recommendations from the Workshop and Conference, were used in the preparation of the draft of the National Population Policy. The draft was later revised by the Population Policy Coordinating Committee (PPCC), which succeeded the Population Policy Task Force in 1982. The Population Policy was approved by Parliament in 1983. Jamaica, thereby became the first CARICOM country and one of the few among developing countries to have adopted an explicit National Population Policy.

⁸ The documents for the Conference included the following: A Principal Document entitled "Population Policy and Development in Jamaica": "Issues for the 1980s", and a series of six background documents (1) Population Dynamics and Prospects: A 1981 Assessment for Jamaica; (2) Social and Cultural Factors of Fertility Change; (3) Population Policy and Demographic Trends in Jamaica; (4) Implications of Population Growth in Selected Social and Economic Areas; (5) The Status of Demographic Research and Training in Jamaica; and (6) Demographic Data: Availability and Needs. The Base Research Document prepared for the Population Policy Task Force and the Implications of population growth for social and economic development was also submitted.

VII FUTURE POPULATION PROSPECTS

Population Projections:

Population projections for Jamaica were prepared by the Planning Institute of Jamaica and the Statistical Institute of Jamaica in 1989. These were based on past trends in fertility, mortality and external migration, and assumptions about the future directions of change in these variables. In formulating the assumptions, careful consideration was given to the likely effects on these demographic variables from changes in the following:⁹

- (i) pace of socio-economic development and levels of social well-being;
- (ii) level of urbanization and its effects on attitudes and values in respect of fertility;
- (iii) Female labour force participation rates;
- (iv) educational status of women;
- (v) knowledge and practice of contraceptives; and
- (vi) population education including sex education and family life education.

Population Growth And Size:

According to projections, the population of Jamaica will continue to increase. By the year 2000, a population between 2.5 million (Low Projection) and 2.8 million (High Projection) can be expected. The population will further increase to between 2.7 million (Low Projection) and 3.4 million (High Projection) by the year 2020

⁹ The effects of AIDS on the mortality and morbidity conditions of the population were not taken adequately into account in the projections since information on the extent and age and sex distribution of HIV infected persons was not available. Revision of the projections, if necessary, will be made as soon as this information is available.

(See Appendix 1, Tables 5, 6, 7 & 8 & Figure 5). However, if emigration were to cease (a very unlikely assumption), the population could be as large as 3.0 million by the year 2000 and 3.8 million by the year 2020 (See Appendix 1 Table 8).

Population growth is influenced by births, deaths and migration. According to the Medium Population Projection, the rate of natural increase (birth rate minus death rate) is expected to be 1.3 per cent in the year 2000 and 0.9 per cent in the year 2020. (See Appendix 1, Figures 6, 7 & 8 & Table 9). However, the actual population growth rate (i.e., incorporating assumptions on emigration) will be approximately 0.8 per cent by the year 2000 and 0.5 per cent by the year 2020. (See Appendix 1, Tables 8 & 9 and Figures 9, 10 & 11).

Changing Population Structure and Composition:

According to the Medium Population Projection,¹⁰ the age and sex structure of the Population will experience significant changes between the year 1990 and the year 2020.

The child population (0-14 years) was estimated at approximately 33.0 per cent of the total population in 1990. By the year 2000, this age group is expected to decline to about 31.0 per cent and by the year 2020 to decline further to 23.0 per cent (See Appendix 1, Table 10 and Figures 12-12E). The elderly segment of the population (60 years and over), which was estimated at 10.0 per cent of the population in 1990, is expected to increase by an annual rate of about 1.0 per cent to 331,000 by the year 2020. (See Appendix 1, Tables 5, 6, 7 and Figure 13).

The working age population (15-59 years), is expected to increase significantly between the year 1990 and the year 2020. In 1990, this age group was estimated at 57.0 per cent. By the year 2000, it is expected to comprise 61.0 per cent and to increase by another 7

¹⁰ Further analysis will be based on the Medium Population Projection (most likely scenario). Reference to other Variants should be made for comparison.

percentage points to 68.0 per cent by the year 2020 (see Appendix 1, Table 10 and Figures 14-14E). Of special significance for fertility is the young adult reproductive age group 15-29 years. This age group was approximately 31.0 per cent of the population in 1990 and is expected to decline to 27.8 per cent in the year 2000 and by a further 4.2 percentage points to 23.6 percent in the year 2020. (See Appendix 1, Tables 5,6,&7 and Figure 15).

An examination of the gender composition of the population, indicates that in 1990 there were approximately 99.7 males for every 100 females. By the year 2000, this is expected to change slightly to 99.8 males for every 100 females. However, by the year 2020, it is expected that males will outnumber females at a ratio of 101.4 males for every 100 females.

Implications For Planning

The expected changes as outlined in the age and sex structure of the population, set the parameters in planning for the production and utilization of goods and services by the country. It is important, therefore, that the public, private and voluntary sectors become cognizant of the changing demographic conditions, and their implications for socio-economic planning. This should facilitate the formulation and implementation of appropriate programmes and projects to ensure continuity in the social and economic development of the country.

These conditions include: (i) the decline in the size of the under 15 age group and the young adult age group 15-29, over the period 1990 to 2020, implies that no major expansion to accommodate growth will be required. Attention should be paid, however, to quality in relation to health, education, training, recreation and other goods and services relevant to the needs of the young; (ii) the dramatic growth of the working-age population over the projection period, suggests the need for the provision of greatly expanded employment opportunities, as well as housing, transportation, human resources development and other goods

and services appropriate to this age group; and (iii) of special significance also, is the growth of the reproductive age group 15-49, by between 0.7 to 1.4 per cent per year over the period 1990 to 2020. This is indicative of the need for the expansion of family life education and sex education in schools and in teacher training colleges, as well as the necessity for increasing the use of contraceptives. In addition, there is an urgent need for inputs from the government and the private sector in the development of a sustainable national family planning programme. This has become critical in light of a gradual phasing out of a significant proportion of international support to the National Family Planning Board.

Finally, the expected growth of the aged population (60 and over), over the next three decades, suggests the need for the formulation and implementation of appropriate policies, plans and programmes to address the problems and concerns of the elderly.

APPENDIX 1

POPULATION PROJECTIONS FOR JAMAICA, 1990 - 2020

Methodology:

Population projections for Jamaica under alternative assumptions regarding changes in the main demographic variables, are presented by age and sex for the period 1990 - 2020.¹¹

Base Period Data, 1985 - 1990:

Demographic estimates for the period 1985 - 1990 are used as base data in the projections. These include:

1. Age and sex structure of the population for 1985 (See Table 11);
2. Life expectancy at birth for females (72.4 years) and for males (69.0 years) in 1985 (see Provisional Life Tables, STATIN, 1985);
3. Age and sex survival rates adopted from the Coale/Demeny Model Life Tables (West Family);
4. Sex ratio at birth of 103 males to 100 females;
5. Total Fertility Rates varying between 3.0 (High Projection), 2.8 (Medium Projection) and 2.6 (Low Projection).

¹¹ The projections were derived by a special demographic software package developed by the Population Council. The package is based on the modified cohort component method (See Shorter, Frederic C. Computational Methods for Population Projections: The Population Council, New York, 1978).

6. Age pattern of fertility calculated for the period 1980 - 1985 and assumed to remain unchanged over the projection period;¹²
7. Annual number of emigrants ranging from 25,000 (Low Projection), to 20,000 (Medium Projection) and to 15,000 (High Projection); and
8. Age and sex specific migration rates calculated for the period 1970 - 1988 and assumed to remain unchanged over the projection period.¹³

Assumptions About Future Population Change

Mortality:

The average life expectancies at birth for males and females are not expected to change substantially from their present levels given their close proximity to those observed in developed countries. However, further gains can still be achieved mainly through the reduction of the prevailing relatively high infant mortality rates (See Table 2). It is assumed, therefore, that the average life expectancies at birth for males and females will increase by 0.1 year (Low Projection); 0.25 year (Medium Projection) and 0.5 year (High Projection) for every five years over the projection period.

Fertility:

Three alternative assumptions about the future course of fertility change are made: rapid, moderate and slow fertility decline. Each

¹² This assumption is made for the reason that existing mating patterns are not expected to change significantly in the immediate future.

¹³ This is so for the reason that no dramatic shifts in the immigration policies of our major receiving countries are expected in the near future.

scenario assumes a linear decline to replacement level fertility (approximately 2.1 children per women) and maintenance of that level for the rest of the projection period (See Figure 16). The period of reaching replacement level fertility for the **rapid** scenario is 2000 - 2005; for the **moderate** 2005 - 2010 and for the **slow** 2015 - 2020. The expected changes are presented below:

TOTAL FERTILITY RATE	1990-1995	1995-2000	2000-2005	2005-2010	2010-2015	2015-2020
SLOW	2.8	2.7	2.6	2.4	2.2	2.1
MODERATE	2.6	2.4	2.2	2.1	2.1	2.1
RAPID	2.45	2.3	2.1	2.1	2.1	2.1

Migration:

Three alternative assumptions (large, medium, small) about the future directions of emigration are made. The age and sex composition of emigrants is assumed unchanged over the projection period (See Table 10)¹⁴. The assumptions also allow for differentiation of the emigration streams into approximately 52 per cent females as well as the gradual reduction of the net annual number of emigrants as follows:

VOLUME OF NET EMIGRATION	1990-1995	1995-2000	2000-2005	2005-2010	2010-2015	2015-2020
LARGE	22,000	20,000	18,000	17,000	16,000	15,000
MEDIUM	19,000	18,000	17,000	16,000	14,000	12,000
SMALL	15,000	12,000	11,000	10,000	9,000	8,000

¹⁴ This assumption is consistent with the pattern observed over the period 1960 to 1989.

Alternative Projections:

A combination of the above assumptions regarding the future directions of fertility, mortality and emigration results in three alternative projection scenarios. These are indicated below:

ALTERNATIVE PROJECTIONS	FERTILITY TREND	MORTALITY TREND	VOLUME OF EMIGRATION
LOW	Rapid Decline	Slow Decline	Large
MEDIUM	Moderate Decline	Moderate Decline	Medium
HIGH	Slow Decline	Rapid Decline	Small

Table 5

**Population of Jamaica By Five Year Age Groups and
Sex Estimated Population 1985 and High Projection, 1990 - 2020**

AGE INTERVAL	MALE							
	INITIAL YEAR 1985	PROJECTIONS (000'S)						
		1990	1995	2000	2005	2010	2015	2020
0	139.0	155.9	159.1	158.8	155.5	146.7	139.8	139.0
5	143.1	159.1	152.8	156.6	156.5	153.4	144.9	138.3
10	148.3	138.9	131.9	149.5	153.6	153.7	150.9	142.7
15	139.7	142.5	133.2	127.3	145.2	149.7	150.3	147.9
20	118.6	133.6	136.4	128.3	122.9	141.1	146.0	147.0
25	90.5	113.6	128.6	132.3	124.6	119.5	138.1	143.3
30	64.9	86.1	109.1	124.8	128.8	121.4	116.7	135.5
35	51.1	60.9	81.9	105.5	121.4	125.6	118.7	114.3
40	43.9	48.2	58.0	79.2	102.8	118.7	123.2	116.6
45	38.5	41.5	45.8	55.7	76.8	100.1	116.0	120.7
50	34.6	36.2	39.1	43.6	53.3	73.9	96.8	112.6
55	30.5	32.1	33.6	36.7	41.0	50.4	70.3	92.4
60+	101.5	98.8	98.9	101.8	107.9	116.7	133.4	166.0
TOTAL	1,144.2	1,224.3	1,308.4	1,400.1	1,490.3	1,570.9	1,645.1	1,716.3
	FEMALE							
0	136.6	152.0	155.2	154.9	151.7	143.3	136.3	135.6
5	136.2	133.6	149.0	152.7	152.6	149.6	141.4	134.7
10	143.5	131.8	129.2	145.4	149.4	149.5	146.8	138.9
15	140.7	137.2	125.6	124.1	140.7	145.0	145.6	143.3
20	121.7	134.3	130.9	120.4	119.3	136.3	141.0	142.0
25	94.8	115.9	128.5	126.1	116.0	115.3	132.6	137.7
30	68.8	89.7	110.8	124.2	122.1	112.4	112.1	129.6
35	53.5	64.8	85.6	107.2	120.8	119.1	109.7	109.6
40	45.0	50.5	61.7	82.8	104.5	118.2	116.7	107.5
45	39.9	42.6	48.0	59.5	80.4	101.9	115.7	114.4
50	36.7	37.6	40.2	45.9	57.2	77.9	99.2	112.8
55	33.0	34.4	35.2	38.0	43.6	54.7	75.0	95.8
60+	116.5	115.4	117.2	120.9	127.2	138.0	158.0	195.1
TOTAL	1,166.9	1,239.8	1,317.1	1,402.1	1,485.5	1,561.2	1,630.1	1,697.0
GRAND TOTAL	2,311.1	2,464.1	2,625.5	2,802.2	2,975.8	3,132.1	3,275.2	3,413.3

Source: Initial Year (1985) Population Estimates, Demographic Statistics and Population Projections, STATIN/PIOJ, 1989.

Table 6

**Population of Jamaica By Five-Year Age Groups and Sex
Estimated Population 1985 and Medium Projection, 1990 - 2020**

AGE INTERVAL	MALE							
	INITIAL YEAR 1985	PROJECTIONS (000'S)						
		1990	1995	2000	2005	2010	2015	2020
0	139.0	144.1	144.7	136.3	124.2	117.6	117.0	116.3
5	143.1	135.2	140.5	141.3	133.1	121.2	115.0	114.8
10	148.3	137.7	130.1	135.7	136.7	128.8	117.5	111.8
15	139.7	140.7	130.5	123.4	129.3	130.7	123.6	113.1
20	118.6	131.9	133.3	123.5	116.8	123.1	125.2	118.9
25	90.5	112.3	125.7	127.5	118.1	111.7	118.6	121.3
30	64.9	84.8	106.7	120.4	122.4	113.4	107.6	115.0
35	51.1	59.8	79.8	101.8	115.6	117.9	109.4	104.2
40	43.9	47.5	56.2	76.2	98.1	112.0	114.5	106.6
45	38.5	41.0	44.7	53.4	73.1	94.8	108.6	111.4
50	34.6	35.8	38.4	42.0	50.6	69.8	91.0	104.7
55	30.5	31.8	33.1	35.6	39.1	47.3	65.8	86.2
60	101.5	97.8	96.8	98.3	102.3	109.8	123.5	152.2
TOTAL	1,144.2	1,200.4	1,260.5	1,315.4	1,359.4	1,398.1	1,437.3	1,476.5
	FEMALE							
0	136.6	140.5	141.1	132.8	121.0	114.5	114.0	113.3
5	136.2	132.9	136.9	137.7	129.6	118.0	111.9	111.7
10	143.5	130.5	127.5	131.8	132.8	125.1	114.0	108.4
15	140.7	135.5	123.0	120.3	125.0	126.4	119.4	109.0
20	121.7	132.6	127.8	115.6	113.4	118.4	120.5	114.3
25	94.8	114.4	125.5	121.1	109.4	107.4	113.2	115.9
30	68.8	88.4	108.2	119.6	115.5	104.1	102.8	109.0
35	53.5	63.8	83.5	103.4	114.9	111.1	100.2	99.4
40	45.0	49.8	60.2	79.8	99.7	111.3	107.8	97.4
45	39.9	42.1	46.9	57.2	76.7	96.5	108.2	105.0
50	36.7	37.2	39.4	44.2	54.4	73.6	93.1	104.8
55	33.0	34.0	34.6	36.8	41.6	51.5	70.3	89.3
60+	116.5	114.5	115.0	117.0	121.6	129.8	146.7	179.2
TOTAL	1,166.9	1,216.2	1,269.7	1,317.3	1,355.6	1,387.7	1,422.1	1,456.7
GRAND TOTAL	2,311.1	2,416.6	2,530.2	2,632.7	2,715.0	2,785.8	2,859.4	2,933.2

Source: Initial Year (1985) Population Estimates, Demographic Statistics Population Projection, STATIN/PIOJ, 1989

Table 7

**Population of Jamaica By Five-Year Age Groups and
Sex Estimated Population 1985 and Low Projection, 1990 - 2020**

AGE INTERVAL	MALE							
	INITIAL YEAR 1985	PROJECTIONS (000'S)						
		1990	1995	2000	2005	2010	2015	2020
0	139.0	132.4	133.3	126.8	114.5	109.9	106.8	103.6
5	143.1	134.4	128.3	129.5	123.4	111.4	106.9	104.0
10	148.3	136.2	128.4	122.8	124.6	118.7	107.0	102.9
15	139.7	138.7	127.8	120.7	116.1	118.1	112.7	101.4
20	118.6	129.8	130.0	119.9	113.6	109.3	111.8	106.8
25	90.5	110.7	122.7	123.5	114.1	108.1	104.2	107.0
30	64.9	83.4	104.2	116.8	118.0	109.0	103.4	99.7
35	51.1	58.5	77.6	98.7	111.6	113.2	104.5	99.1
40	43.9	46.6	54.4	73.6	94.8	107.7	109.4	101.0
45	38.5	40.5	43.4	51.3	70.3	91.3	104.1	105.9
50	34.6	35.4	37.5	40.6	48.4	66.9	87.3	99.8
55	30.5	31.6	32.5	34.6	37.6	45.1	62.8	82.2
60+	101.5	98.3	97.6	98.9	102.5	108.4	120.1	146.1
TOTAL	1,144.2	1,176.5	1,217.7	1,257.7	1,289.5	1,317.1	1,341.0	1,359.5
	FEMALE							
0	136.6	129.0	129.9	123.5	111.6	107.1	104.0	101.0
5	136.2	132.1	124.9	126.2	120.1	108.4	104.1	101.2
10	143.5	129.2	125.8	119.2	121.0	115.2	103.8	99.8
15	140.7	133.5	120.3	117.8	111.9	114.1	108.7	97.6
20	121.7	130.6	124.6	112.2	110.3	104.9	107.4	102.4
25	94.8	112.6	122.5	117.1	105.5	104.0	98.9	101.7
30	68.8	86.9	105.5	115.9	111.1	99.8	98.6	93.8
35	53.5	62.6	81.3	100.2	110.9	106.4	95.4	94.4
40	45.0	49.0	58.5	77.2	96.3	107.1	102.8	92.0
45	39.9	41.5	45.8	55.3	74.0	92.9	103.6	99.6
50	36.7	36.7	38.5	42.9	52.4	70.8	89.3	99.9
55	33.0	33.7	33.9	35.8	40.1	49.4	67.2	85.2
60+	116.5	115.1	115.7	117.5	121.0	128.0	142.8	172.5
TOTAL	1,166.9	1,192.5	1,227.2	1,260.8	1,286.2	1,308.1	1,326.6	1,341.1
GRAND TOTAL	2,311.1	2,369.0	2,444.9	2,518.5	2,575.7	2,625.2	2,667.6	2,700.6

Source: Initial Year (1985) Population Estimates, Demographic Statistics and Population Projections, STATIN/PIOJ, 1989

Table 8

Population ('000S) and Index of Population Size (1980 = 100), Jamaica,
1980 - 2020

YEAR	LOW PROJECTION	MEDIUM PROJECTION	HIGH PROJECTION	MEDIUM PROJECTION WITH NO EMIGRATION
ABSOLUTE NUMBERS				
1980*	2133	2133	2133	2133
1990	2369	2417	2464	2525
2000	2519	2633	2802	2983
2010	2625	2786	3132	3381
2020	2701	2933	3413	3754
INDEX (1980 = 100)				
1980	100	100	100	100
1990	111	113	116	118
2000	118	123	131	140
2010	123	131	147	159
2020	127	138	160	176

*estimated

Source: Demographic Statistics, STATIN

Table 9

Selected Demographic Measures, Jamaica, 1985 - 2020

YEAR	LOW PROJECTION				MEDIUM PROJECTION				HIGH PROJECTION			
	CRUDE BIRTH RATE	CRUDE DEATH RATE	RATE OF NATURAL INCREASE	POPULATION GROWTH RATE %	CRUDE BIRTH RATE	CRUDE DEATH RATE	RATE OF NATURAL INCREASE	POPULATION GROWTH RATE %	CRUDE BIRTH RATE	CRUDE DEATH RATE	RATE OF NATURAL INCREASE	POPULATION GROWTH RATE %
1985-1990	23.2	7.6	15.6	0.5	25.0	7.6	17.4	0.9	26.7	7.6	19.1	1.3
1990-1995	22.7	7.3	15.4	0.6	23.9	7.1	16.9	0.9	25.5	6.9	18.6	1.3
1995-2000	20.9	7.0	13.9	0.6	21.6	6.7	14.9	0.8	23.6	6.4	17.2	1.3
2000-2005	18.4	6.9	11.5	0.5	19.0	6.4	12.6	0.6	21.5	6.0	15.5	1.2
2005-2010	17.3	7.0	10.3	0.4	17.4	6.5	10.9	0.5	19.5	6.0	13.5	1.0
2010-2015	16.5	7.3	9.2	0.3	16.9	6.7	10.2	0.5	17.7	5.8	11.9	0.9
2015-2020	15.8	7.7	8.1	0.3	16.3	7.1	9.2	0.5	16.8	6.1	10.7	0.8

Source: Population Projections, PIOJ/STATIN, 1989

Table 10

Age Structure According to the Projections, Jamaica, 1990 - 2020

PERCENTAGE DISTRIBUTION				
AGE GROUP	1990	2000	2010	2020
LOW PROJECTION				
0-14	33.5	29.7	25.6	22.7
15-59	57.5	61.7	65.7	65.5
60+	9.0	8.6	8.7	11.8
MEDIUM PROJECTION				
0-14	34.0	31.0	26.0	23.1
15-59	57.1	60.8	65.4	67.9
60+	8.9	8.2	8.6	9.0
HIGH PROJECTION				
0-14	34.4	32.8	28.6	24.3
15-59	56.9	59.2	63.3	65.1
60+	8.7	8.0	8.1	10.6

Source: Population Projections, STATIN/PIOJ, 1989

Table 11

Base Data For Population Projections, Jamaica 1985

AGE	POPULATION IN '000S (a)		EMIGRATION RATES PER 1000	
	MALE	FEMALE	MALE	FEMALE
	1985		1970 - 1985	
0-4	139.0	136.6	-0.20	-0.30
5-9	143.1	136.2	-0.40	-0.40
10-14	148.3	143.5	-0.60	-0.80
15-19	139.7	140.7	-0.80	-0.90
20-24	118.6	121.7	-0.60	-0.80
25-29	90.5	94.8	-0.50	-0.70
30-34	64.9	68.8	-0.50	-0.60
35-39	51.1	53.5	-0.40	-0.40
40-44	43.9	45.0	-0.20	-0.30
45-49	38.5	39.9	-0.20	-0.20
50-54	34.6	36.7	-0.10	-0.20
55-59	30.5	33.0	-0.10	-0.10
60-64	26.4	28.8	-0.10	-0.10
65-69	23.2	25.2	-0.01	-0.01
70-74	22.1	23.3	-0.01	-0.01
75+	29.8	39.2	-0.01	-0.01
TOTAL	1,144.2	1,166.9		
GRAND TOTAL	2,311.1			

(A) Population Estimates, Demographic Statistics

Source: Population Projections, STATIN/PIOJ, 1989

Table 12

Infant Mortality Rates By Sex Jamaica, 1985 - 2020

YEAR	LOW PROJECTION		MEDIUM PROJECTION		HIGH PROJECTION	
	RATES PER 1000 LIVE BIRTHS					
	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES
1985-1990	29.5	23.2	29.5	23.2	29.5	23.2
1990-1995	29.1	22.8	28.6	22.4	28.0	21.6
1995-2000	28.8	22.5	27.7	21.6	26.3	20.1
2000-2005	28.4	22.2	26.8	20.9	24.5	18.6
2005-2010	28.0	21.9	25.9	20.1	24.5	17.1
2010-2015	27.7	21.6	25.0	19.4	21.0	15.6
2015-2020	27.3	21.3	24.1	18.6	19.5	14.3

Source: Population Projections, STATIN/PIOJ, 1989

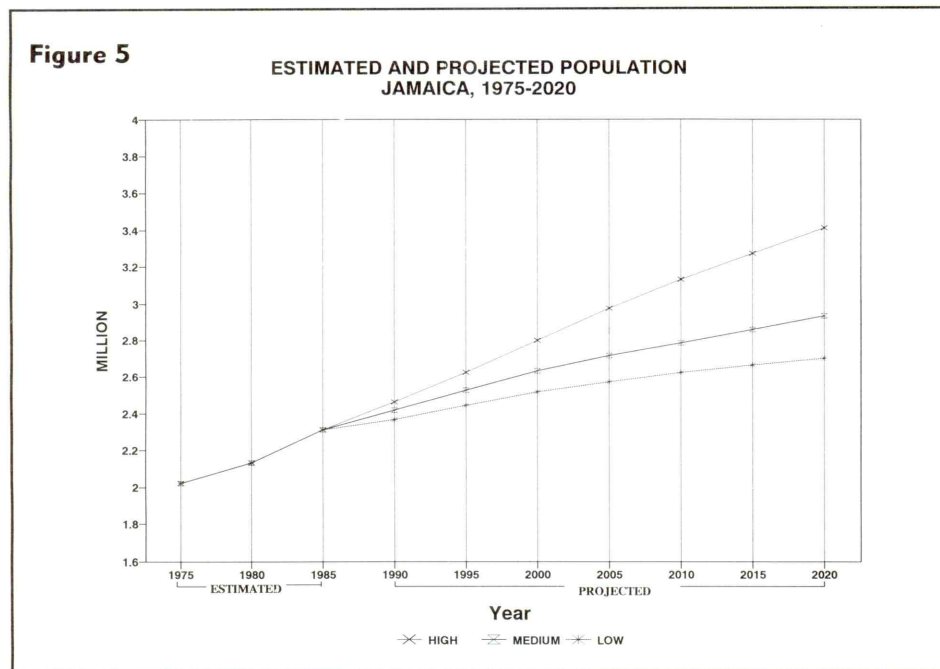


Figure 6

**CRUDE BIRTH & DEATH RATES AND RATE OF NATURAL INCREASE, JAMAICA (1960-2020)
LOW VARIANT**

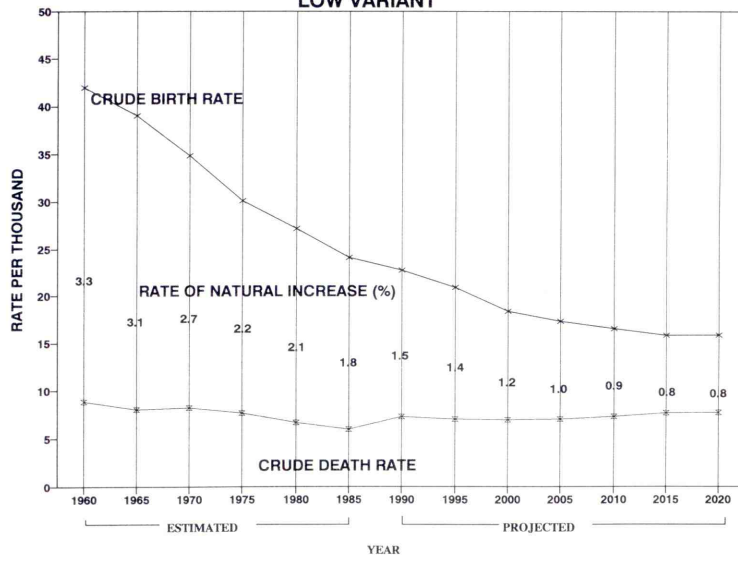


Figure 7

**CRUDE BIRTH & DEATH RATES AND RATE OF NATURAL INCREASE, JAMAICA (1960-2020)
MEDIUM VARIANT**

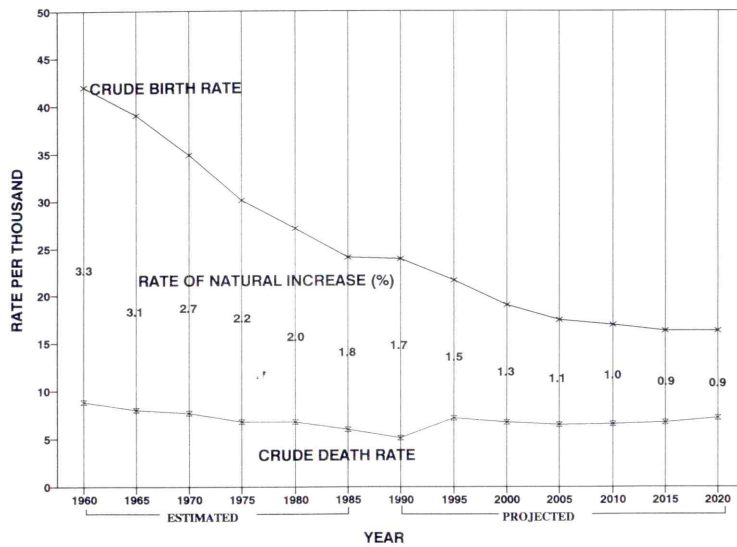


Figure 8

**CRUDE BIRTH & DEATH RATES AND RATE OF NATURAL INCREASE, JAMAICA (1960-2020)
HIGH VARIANT**

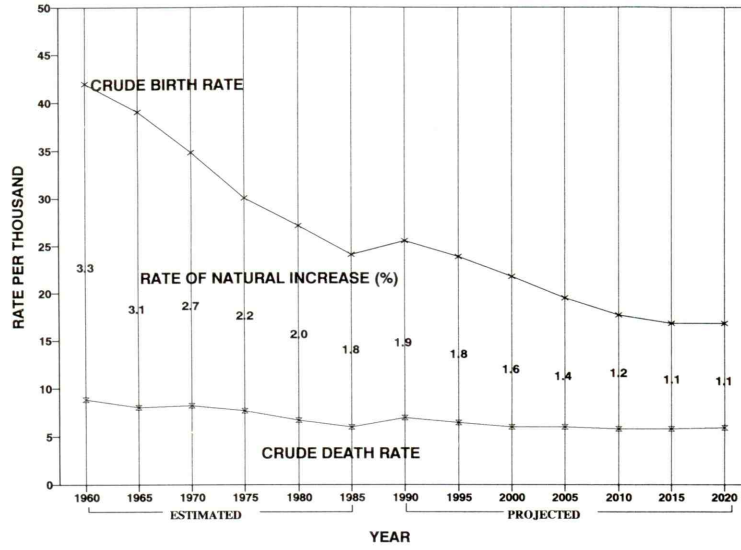


Figure 9

**RATES OF NATURAL INCREASE, EMIGRATION & POPULATION GROWTH, JAMAICA (1960-2020)
LOW VARIANT**

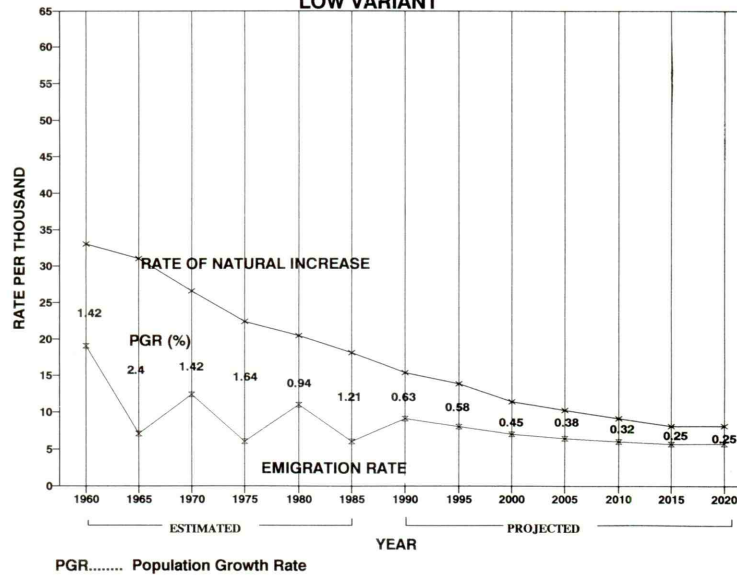


Figure 10

RATES OF NATURAL INCREASE, EMIGRATION & POPULATION GROWTH, JAMAICA (1960-2020)

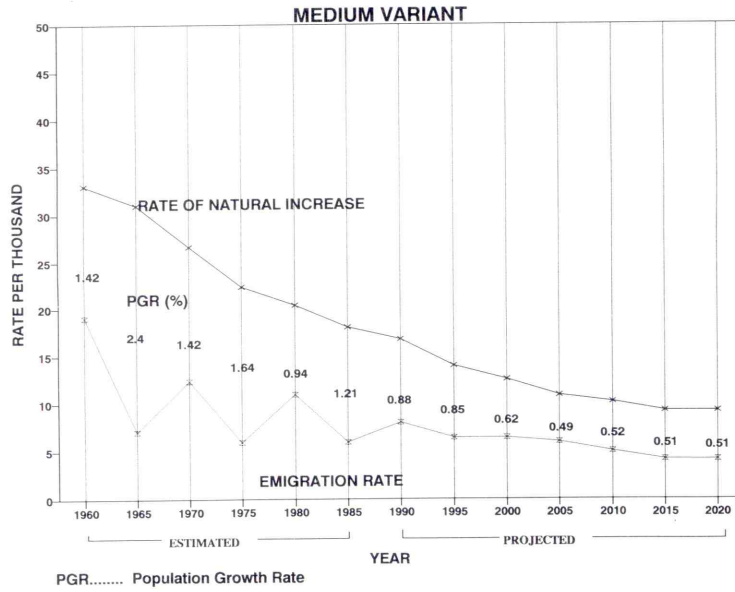


Figure 11

RATES OF NATURAL INCREASE, EMIGRATION & POPULATION GROWTH, JAMAICA (1960-2020)

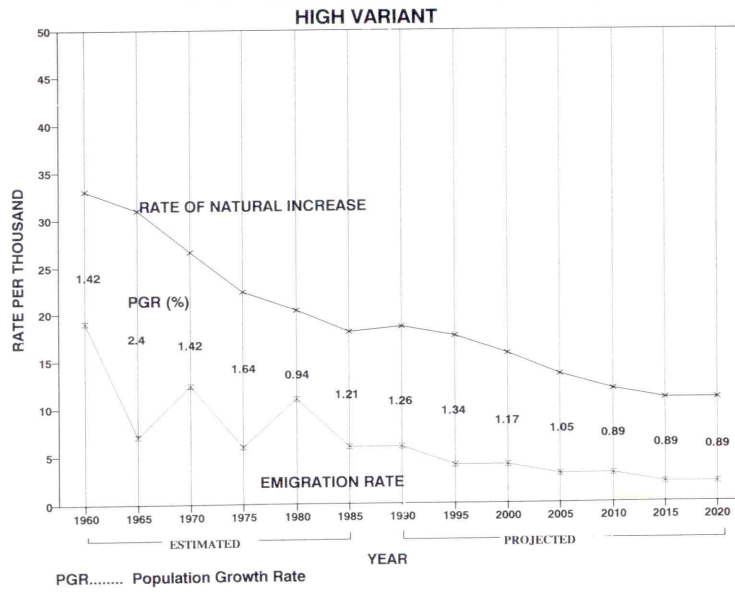
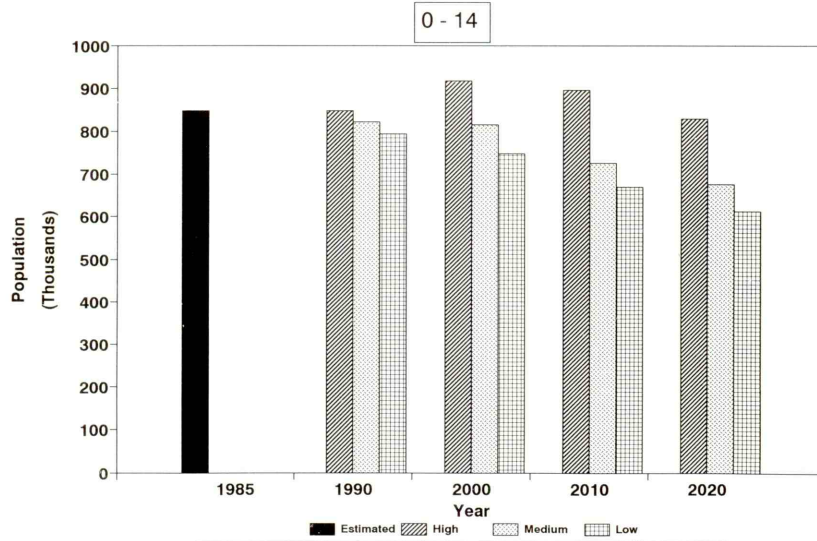


Figure 12

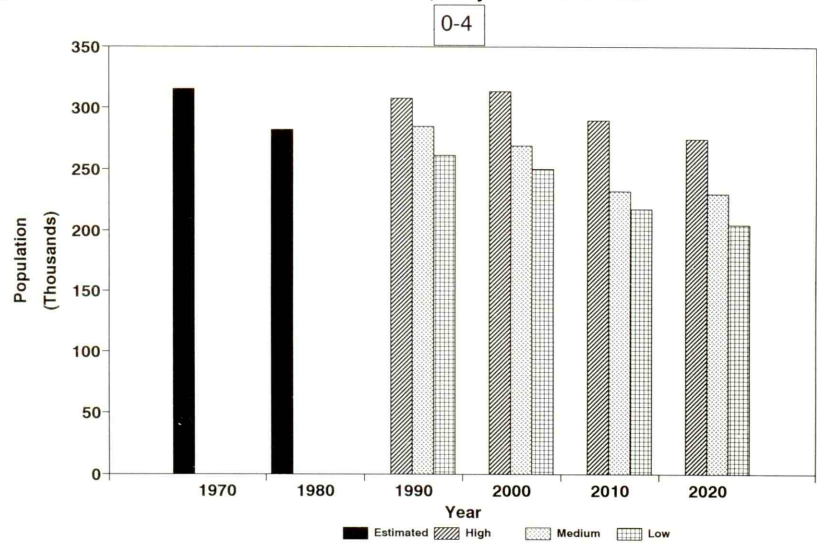
**Population of Jamaica by Age:
Estimated 1985, Projected 1990-2020**



Source: Population Projections STATIN/PIOJ, 1989

Figure 12A

**Population of Jamaica by Age:
Est. 1970 & 1980; Projected 1990-2020**

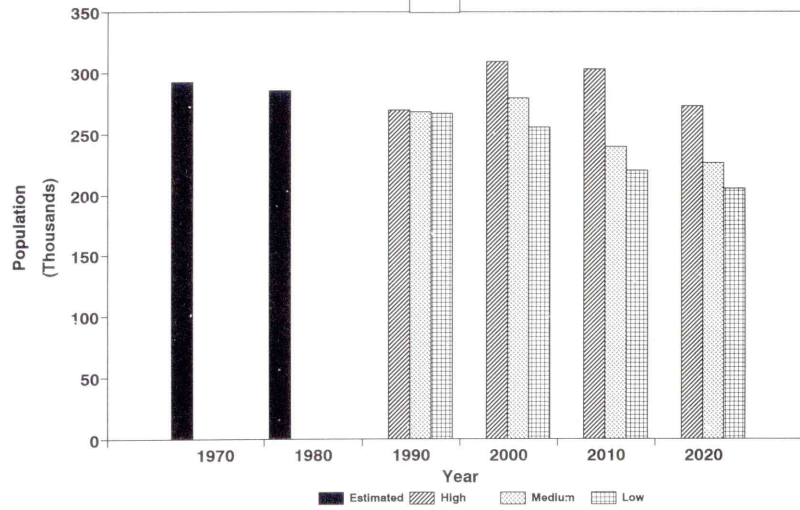


Source: Population Projections, STATIN/PIOJ, 1989

Figure 12B

**Population of Jamaica by Age:
Est. 1970 & 1980; Projected 1990-2020**

5-9

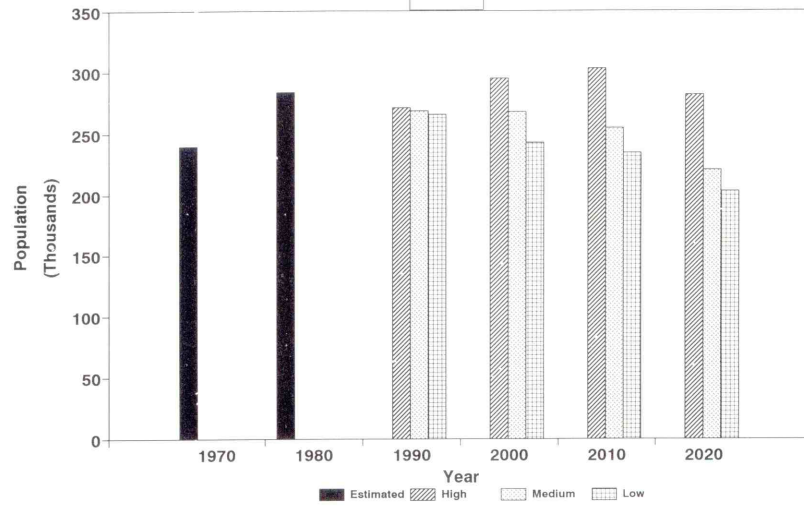


Source: Population Projections, STATIN/PIOJ, 1989

Figure 12C

**Population of Jamaica by Age:
Est. 1970 & 1980; Projected 1990-2020**

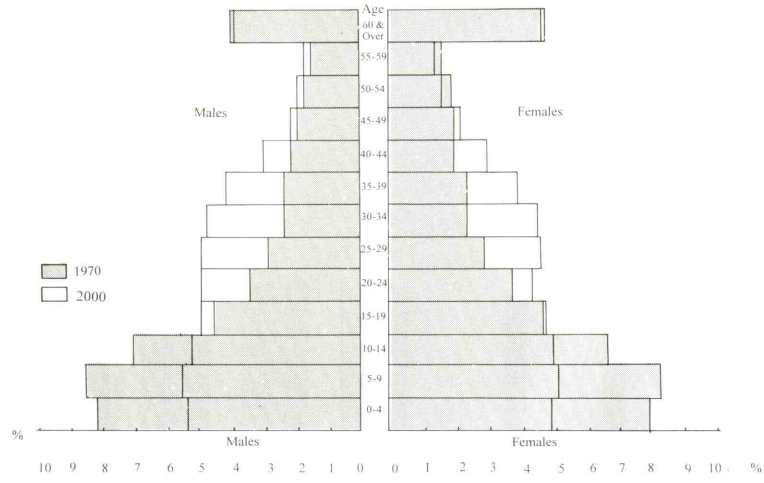
10-14



Source: Population Projections, STATIN/PIOJ, 1989

Figure 12D

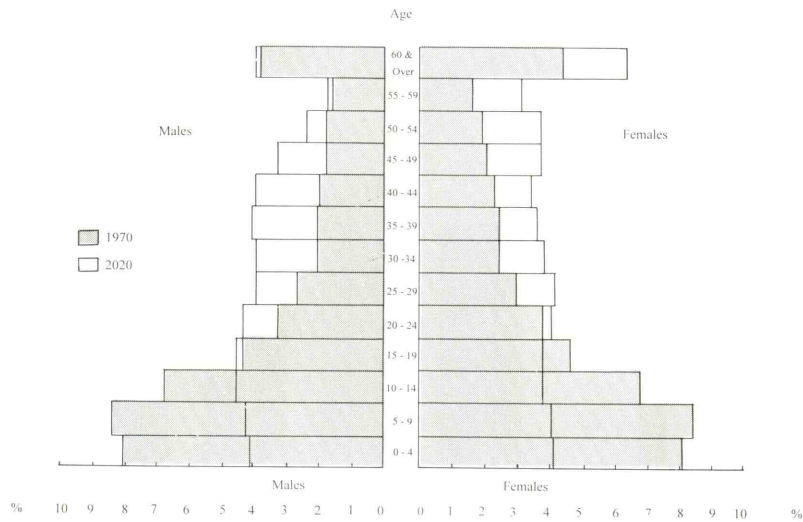
Age-Sex Structure, Jamaica, Years 1970 and 2000



Source: 1970 Census STATIN Population Projections, STATIN/PIOJ

Figure 12E

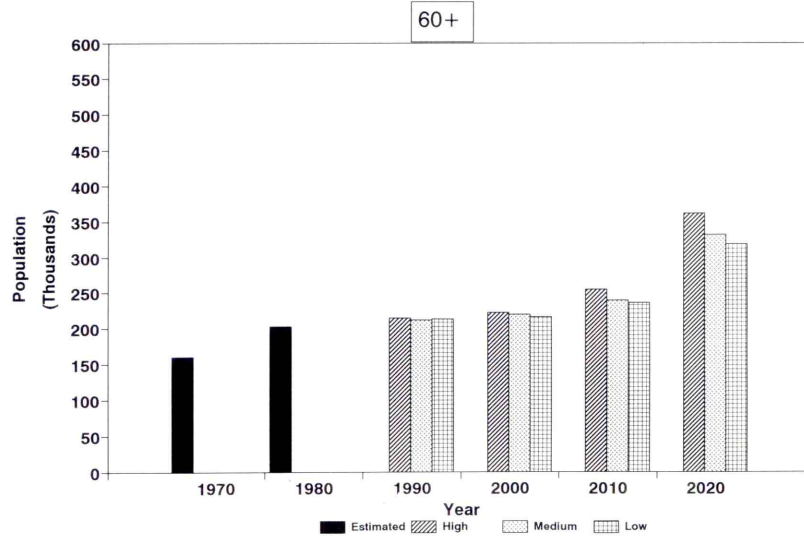
Age-Sex Structure, Jamaica, Years 1970 and 2020



Source: 1970 Census STATIN Population Projections, STATIN/PIOJ

Figure 13

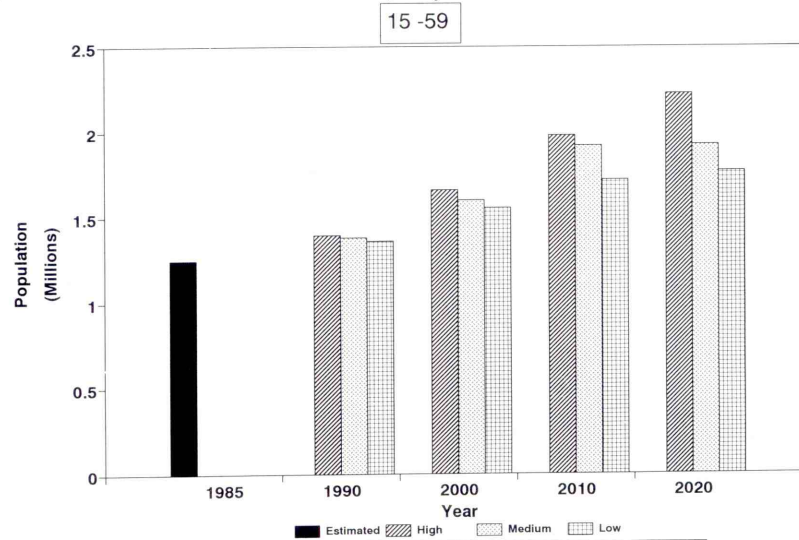
**Population of Jamaica by Age:
Est. 1970 & 1980; Projected 1990-2020**



Source: Population Projections, STATIN/PIOJ, 1989

Figure 14

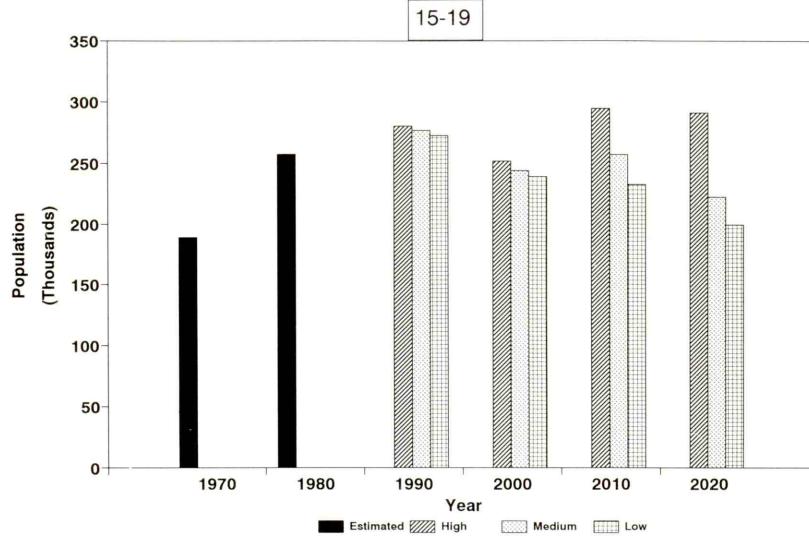
**Population of Jamaica by Age:
Estimated 1985, Projected 1990-2020**



Source: Population Projections STATIN/PIOJ, 1989

Figure 14A

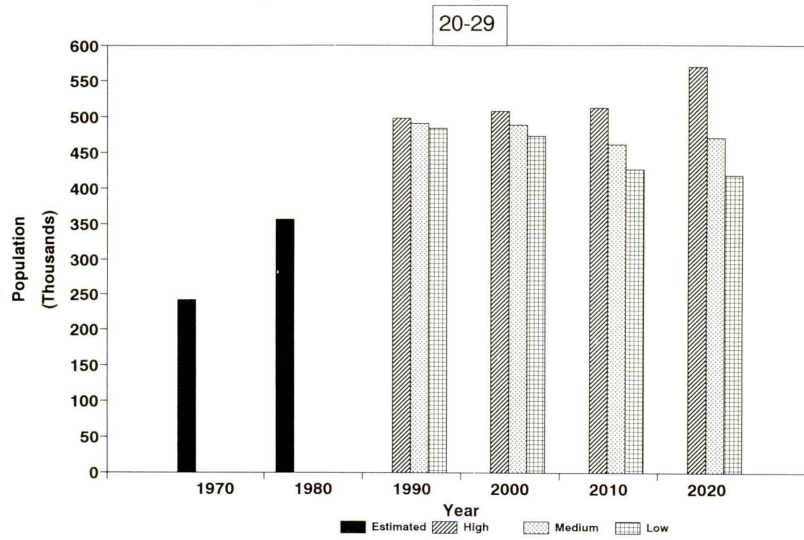
**Population of Jamaica by Age:
Est. 1970 & 1980; Projected 1990-2020**



Source: Population Projections, STATIN/PIOJ, 1989

Figure 14B

**Population of Jamaica by Age:
Est. 1970 & 1980; Projected 1990-2020**



Source: Population Projections, STATIN/PIOJ, 1989

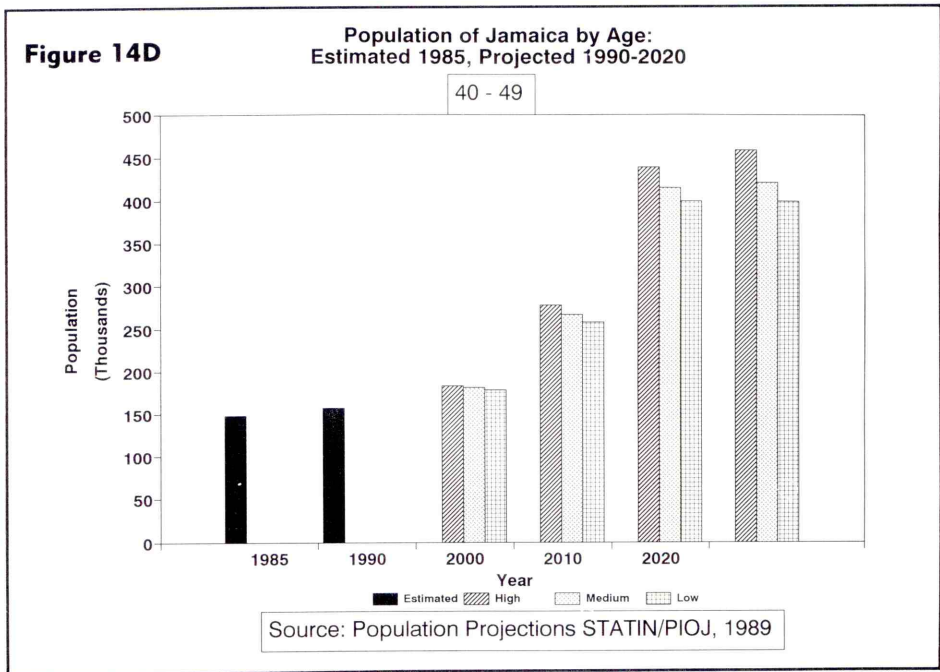
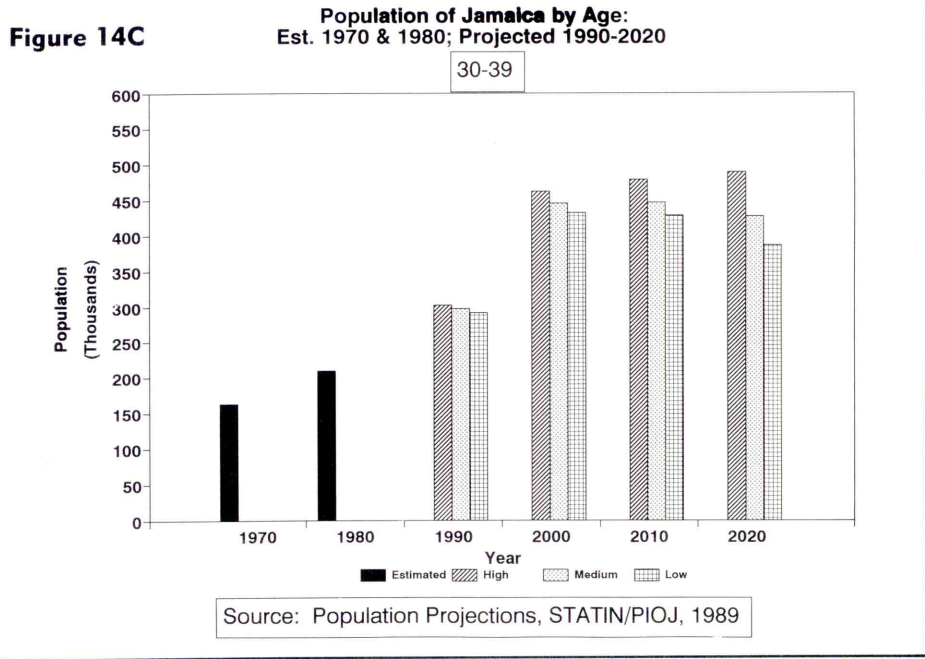
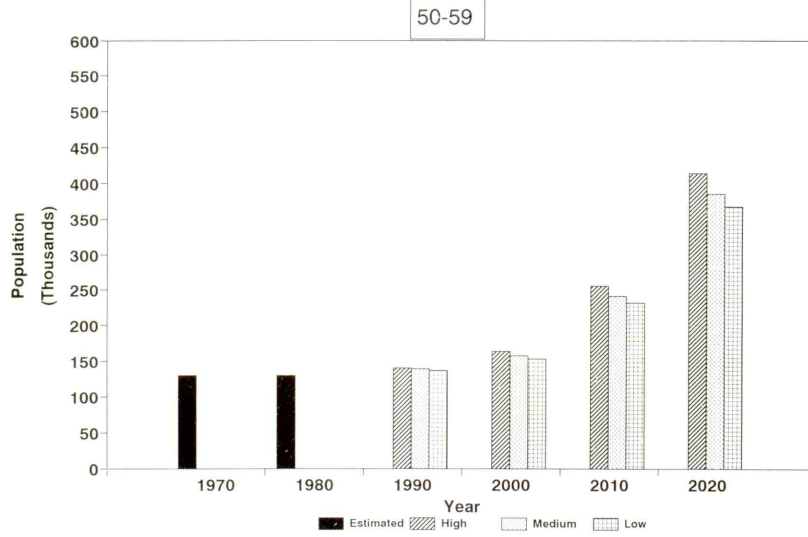


Figure 14E

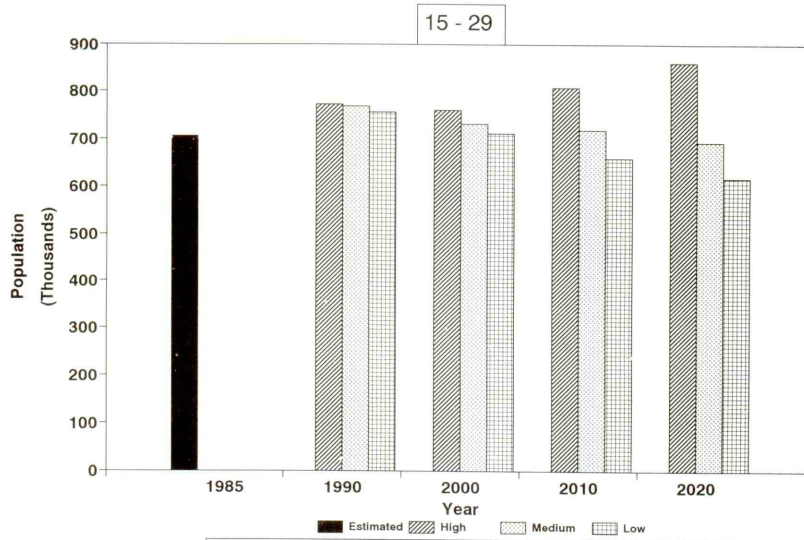
**Population of Jamaica by Age:
Est. 1970 & 1980; Projected 1990-2020**



Source: Population Projections, STATIN/PIOJ, 1989

Figure 15

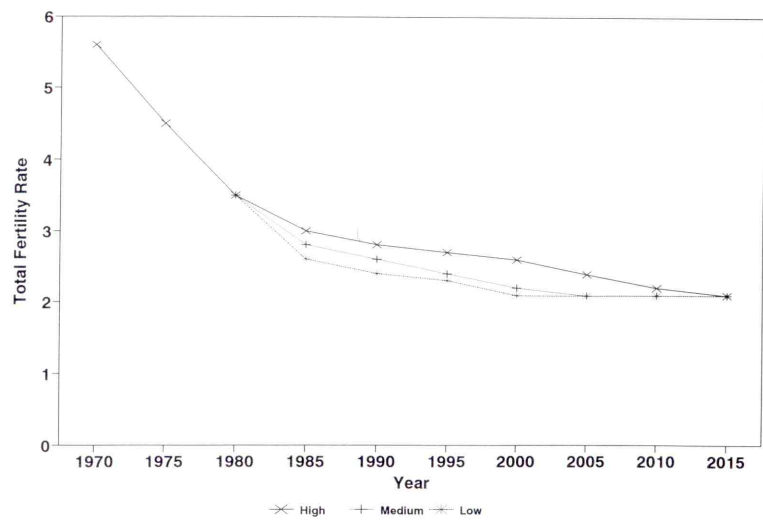
**Population of Jamaica by Age:
Estimated 1985, Projected 1990-2020**



Source: Population Projections STATIN/PIOJ, 1989

Figure 16

Total Fertility Rate for Jamaica
Estimated 1970-1980; Assumed 1985-2020



Source: Demographic Statistics, 1970 - 1980

ABBREVIATIONS

ACOSTRAD	Association for the Control of Sexually Transmitted Diseases
CANSAVE	Canadian Save the Children Fund
CARICOM	Caribbean Community
CBR	Crude Birth Rate
CDR	Crude Death Rate
CICRED	Committee for International Cooperation in Research in Demography
CIDA	Canadian International Development Agency
CVSS	Council of Voluntary Social Services
FAMPLAN	Family Planning Association of Jamaica
IEC	Information, Education & Communication
IMR	Infant Mortality Rate
IPPF	International Planned Parenthood Federation
NEST	National Environmental Societies Trust
PPCC	Population Policy Coordinating Committee
PSOJ	Private Sector Organization of Jamaica
TFR	Total Fertility Rate
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VOUCH	Voluntary Organization for the Upliftment of Children
YWCA	Young Women's Christian Association

