USAID | JAMAICA
FROM THE AMERICAN PEOPLE

ISSUE BRIEF

USAID'S PARTNERSHIP WITH JAMAICA ADVANCES FAMILY PLANNING

OVERVIEW

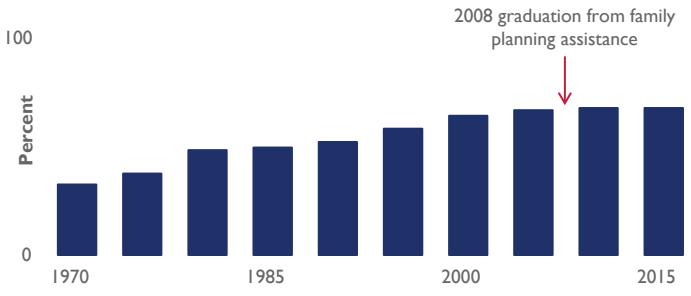
- With U.S. Agency for International Development (USAID) assistance from 1966 to 2008, Jamaica led the way in successfully reducing teenage pregnancy and improving child survival, demonstrating that investments in evidence-based approaches to family planning are effective and sustainable.
- The family planning partnership between the Government of Jamaica, USAID, and non-governmental organizations led to the use of modern contraception, the rate of which doubled between 1970 and 2008. This was accompanied by a nearly 45 percent reduction in both newborn, infant, and child deaths.
- USAID piloted innovative approaches in partnership with the Jamaican Government. They implemented the first social marketing project, which increased the use of effective methods of contraception among younger populations and funded the first mobile family planning units.

For 5 decades, the Government and the people of Jamaica prioritized family planning services as a way to promote healthier pregnancies and births, reduce high maternal and child mortality, and respond to individuals' and couples' desires to plan and space their children.[1] In 1970, an estimated 33 percent of married women reported using modern contraceptives (Figure 1). Due to family planning outreach, education, and counselling on all available methods and improved access to care, contraceptive use doubled to 68 percent by 2008 and stabilized at that level. Over time, there were improvements in meeting the demand for modern contraception. In 1970, only 52 percent of women reported that their need for these effective methods was satisfied, compared to 83 percent in 2015.[2] As modern contraceptive use increased, Jamaican couples were able to manage the timing and spacing of pregnancies for the healthiest outcome and to achieve their desired family size. This preference is reflected in lower average numbers of births per woman – from nearly 6 in 1965 to about 2 in 2015.[3] Today, Jamaica's use of family planning is approaching that of the United States, which reports 69 percent of married women use modern contraceptives, 85 percent say their contraceptive needs are met, and the average number of births per woman is nearly 2.[2,3]

The decision to have smaller families led to improvements in maternal and child survival. Despite a decrease in the number of births per woman, the risk of pregnancy-related death increased by 13 percent between 1990 and 2015.[4] Maternal health has been negatively affected by the HIV and AIDS epidemic in Jamaica, where the adult prevalence is 1.6 percent.[5] Family planning improved child survival: Deaths in the first month, in the first year, and in the first 5 years of life fell by nearly half between 1990 and 2015, resulting in rates of mortality similar to the average mortality of the Latin American and Caribbean region.[6]

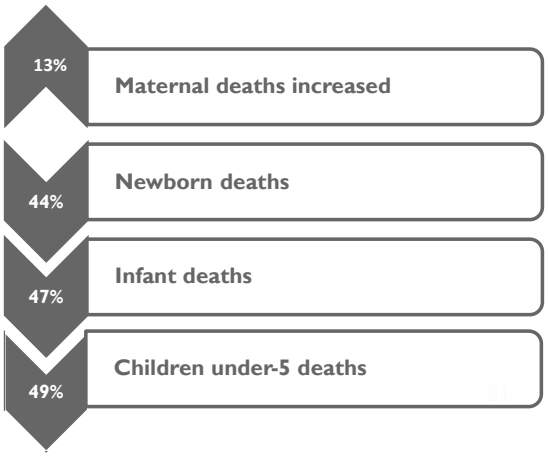
Between the early 1940s through the early-1960s, the infrastructure for a successful family planning program began to take root. The Jamaica Family Planning League was founded in 1939. In 1956, a small private program on Jamaica's coast began supplying contraceptives to public health clinics. This project evolved into the Jamaica Family Planning Association, which became an International Planned Parenthood member association. In 1962, it soon took over the assets of the Jamaica Family Planning League. In 1964, USAID provided two mobile family planning units, which was the Agency's first donation of that type. The Jamaica Family Planning Association played a strong role in Jamaica's family planning program until 1982.[7]

Figure 1. Use of modern contraceptives increased



Over 45 years, modern contraceptive use among married women age 15–49 increased, enabling women and couples to choose the timing and spacing of their children and achieve their desired family size.

Figure 2. Reduction in mortality relative to live births



From **1990** to **2015**, improved access to and utilization of family planning led to reduced mortality among newborns, infants, and children under age 5.

In the mid-1960s, declining economic opportunities galvanized the Jamaican Government and family planning leaders to create a favorable environment for family planning. In 1962, following Jamaica's full independence from the United Kingdom, the Jamaican Labour Party produced a plan to promote information about family planning in light of high population growth. In 1966, the Ministry of Health established a Family Planning Unit to coordinate the family planning effort; it was replaced the next year with the semi-autonomous National Family Planning Board. USAID initially provided contraceptives, equipment, and technical advice to the Jamaican family planning programs. The focus was on unmarried women, since 70 percent of births took place outside of marriage. Contraceptive methods provided through the Ministry of Health facilities included condoms, oral contraceptive pills, intrauterine devices, and diaphragms. These services were free of charge to users, except for the pill, which was US$ 0.12 per cycle, and costs could be waived in cases of hardship. The island's largest maternity hospital provided voluntary tubal ligation for women.[7]

With USAID and National Family Planning Board assistance, access to family planning programs and services expanded through social marketing campaigns and an increase in the number (from 25 in 1966 to 137 in 1970) of Ministry of Health clinics offering services.[7] In tandem with the expansion of family planning services, USAID introduced the first social marketing project in 1974, which tied family planning products with messages to encourage family planning behavior changes. Jamaica targeted "Panther" condoms and "Perle" oral contraceptives to males and females, respectively, in the 14 to 35 age group. They were distributed commercially through pharmacies and general retail stores, as they were marketed through mass media, radio, TV, and newspapers, and point-of-purchase displays. The National Family Planning Board took over the social marketing program in 1977. Although there were some initial management difficulties, and sales growth stagnated, a mid-1980s evaluation found that the high level of market penetration established under the project had continued.[8]

Jamaica's Parliament solidified its commitment to family planning and improved health by establishing a National Population Policy in 1983. By then, the nation's death rate had fallen as a result of investments in healthcare and sanitation. The policy objective was to provide access to family planning services for all Jamaicans, promote health, increase life expectancy, and reduce unemployment and emigration. Further, the policy sought to optimize spatial distribution of its people and improve housing, nutrition, education, and environmental conditions.[9] This distribution was challenging, as Jamaica was one of the most densely populated nations in the world.

USAID, the United Nations Population Fund, and regional family planning advocates ensured the sustainability of family planning investments. As USAID was preparing to phase out family planning assistance, they ensured that Jamaica could finance, procure, and deliver family planning services and supplies. USAID's bilateral family planning project in the 1990s, for example, focused on improving the quality and quantity of family planning services and on sustainability. The island-wide contraceptive logistics delivery system and a social marketing scheme resulted in continued, dramatic increases in contraceptive use. USAID also funded research to improve family planning services including demonstrating that interventions could be successful in reducing teenage pregnancy. An evaluation of one of its pilot interventions indicated that only 1 percent of young women under age 16 who participated in the program became pregnant for a second time before they had attained their educational and employment goals.[10]

Although the number of women dying of pregnancy-related causes has decreased, Jamaica did not reach the Millennium Development Goal target for reduction in maternal mortality between 1990 and 2015.[4,11] HIV was rapidly becoming a leading cause of maternal death in Jamaica.[11,12] Following Jamaica's 2008 graduation from USAID family planning assistance, the United States disbursed $14.2 million in targeted development assistance to prevent and treat HIV and AIDS between 2009 and 2012.[13] Other factors contributing to maternal deaths in Jamaica are low quality of some maternal health care services, weak disease surveillance systems, faltering monitoring systems, and a shortage of midwives and nurses.[11] A national maternal mortality surveillance committee has been established to monitor national trends, address policy issues, and develop clinical guidelines for managing pregnancy complications.[14]

Since graduating from USAID family assistance in 2008, Jamaica's family planning program continues to meet the contraceptive needs of women and couples, suggesting that the United States and host country partners effectively and sustainably transitioned programming. Jamaican citizens who sought to improve their country's health were the initial catalysts for change and continue to be a force in advancing family planning. USAID's long-term assistance to Jamaica in providing contraceptives, equipment, and technical assistance coincided with sustained progress with increased rates of modern contraceptive use and demand for modern contraceptives satisfied. In addition, women's ability to achieve their smaller desired family size has contributed to lower (and declining) child mortality.[3,6]

LOOKING TO THE FUTURE: THE UNFINISHED AGENDA

- Address HIV, which is a leading cause of maternal deaths.
- Improve the quality of health care services.
- Strengthen disease surveillance and monitor progress on health measures.
- Increase the number of midwives and nurses, a shortage of which contributes to pregnancy-related risk of maternal deaths.

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