



PERMANENT MISSION OF
JAMAICA TO THE UNITED NATIONS

STATEMENT BY

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AT THE

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ON POPULATION AND DEVELOPMENT

ON

AGENDA ITEM 4:

“GENERAL DEBATE ON NATIONAL EXPERIENCE IN
POPULATION MATTERS: FERTILITY, REPRODUCTIVE
HEALTH AND DEVELOPMENT”

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Introduction

Mr. Chairman,

I am indeed grateful to bring congratulations from our capital on your election as Chairman of the 44th Session of the Commission on Population and Development. Our congratulations, in the true Jamaican style, also extend to the other members of the Bureau who have been elected to serve.

Under your leadership, we anticipate that the Session will achieve all its normative and operational objectives and fashion a renewed commitment for reaching or surpassing those targets and goals which we have set in Cairo over the next five years and beyond.

Progress in ICPD Implementation

Mr. Chairman,

Our delegation can state emphatically that the implementation of the principles, objectives and actions as contained in the ICPD Programme of Action has made a significant contribution to the population and development programme in Jamaica. Notable progress has been achieved in legislation, policies, institutional and programmatic reform particularly in the areas of the rights of women and children, poverty eradication, reproductive health and data systems and instruments for monitoring of well-being and living conditions. There are, however, some objectives, goals and targets which the country may not reach over the next five years and for which an extended timeframe for their achievement will have to be established. Some of those areas are maternal and child health, gender equality, adolescent reproductive health, non-communicable diseases, HIV/AIDS and a comprehensive programme and resources for social protection.

Fertility and Adolescent Fertility

Mr. Chairman,

Let me state categorically that the implementation of the ICPD Programme of Action in the area of reproductive health has provided the main basis for the reduction in fertility experienced in Jamaica since the late 1990s. Between the late 1980s and the late 1990s fertility in Jamaica had not shown any sign of declining. This was, at the time, a major concern for the Government of Jamaica.

With assistance from UNFPA, USAID and other development partners, a major effort was made to target the reproductive health and fertility issues of adolescents and youth in line with the recommendations of the ICPD Programme of Action. It is important to note that in our targeted interventions, we also placed strong emphasis on the reproductive health issues and concerns of persons with disabilities. As a consequence, the total fertility rate moved from 3 children per woman in 1994 to the current level of 2.4. Correspondingly, the age specific fertility rate for adolescents 15-19 years declined from 112 per 1000 adolescents in 1994 to 72 at present. Although the rate of 72 per 1000 adolescents is still relatively high internationally, the reduction to date has certainly been a major achievement.

Fertility, Population Growth and Economic Growth

Mr. Chairman

The link between population growth and economic development has not followed the expected pattern in Jamaica. The historical record indicates that the population has declined consistently over time while economic growth as measured by GDP has either been below the population growth rate or negative. The major drivers of

the decline in population growth have been reduction in fertility due to increases in contraceptive use, educational empowerment, and female labour force participation. External migration has also played a major role in reducing population growth. It should be noted that if Jamaica were to reach replacement level fertility at present and remain at that level, the effects of external migration would over the next 20 years result in an absolute decline of the population.

Fertility and Marriage

Mr. Chairman

The age at marriage is not a good indicator of fertility in Jamaica nor is it so for the English Speaking Caribbean more generally. The singulate mean age at marriage would also not be a good measure of the fertility reality of the region. In Jamaica, over 80 per cent of all births annually occur outside of wedlock. Sexual and reproductive health behaviour and union status follow a distinct and culturally driven pattern. Women under 25 years are predominantly in visiting unions. Those between 25 and 35 years are in common law or consensual unions. By age 49 years, most women are in marital unions. Fertility behaviour is initiated in visiting and expanded in consensual and further expanded in marital union. In analyzing fertility and union status, it is being recommended that due recognition should be given to the distinct cultural realities of the Caribbean and what is currently emerging in other parts of the world.

Maternal Health

The Millennium Development Summit established goals of 75 per cent reduction in maternal mortality between 1990 and 2015. The current rate of maternal mortality in Jamaica is about 95 deaths per 100, 000 live births moving from about 112 in 1994. In spite of

government's efforts in integrating maternal, child health, family planning and sexually transmitted infections programmes, establishing "baby and mother friendly" clinics, provision of anti-retrovirals to prevent mother to child transmission of HIV, implementation of free health care in public hospitals and clinics island-wide as well as other initiatives since Cairo, reductions in maternal mortality remained below the rate necessary to achieve the ICPD and MDG targets by 2015. Concerted efforts will have to be made to further improve maternal and prenatal health services and care over the next five years, and possibly beyond particularly at the primary health care level, if these goals are to be met.

Thank you Mr. Chairman.