

**VISION 2030 JAMAICA**

**NATIONAL DEVELOPMENT PLAN**

**POPULATION SECTOR PLAN**

**(FINAL DRAFT)**

Prepared by the Population Task Force

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(Final Draft June 2010)



# VISION 2030 JAMAICA

## POPULATION

### SECTOR PLAN 2009 - 2030

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## **BACKGROUND**

The Planning Institute of Jamaica (PIOJ) was mandated to spearhead the formulation of a long-term National Development Plan to achieve developed country status for Jamaica by 2030. In this regard, the PIOJ identified a number of thematic areas that should be addressed by the Plan and established Task Forces that would contribute to the achievement of the mandate.

One of the Task Forces established was the Population Task Force (PTF). The PTF was multi-sectoral comprising representatives from all relevant Government, private sector and non-government agencies. Its role was to undertake a comprehensive review of the demographic situation and develop an appropriate plan that would include the vision, goals, strategies, actions, indicators and responsible agencies/institutions that will help to ensure that demographic factors are fully integrated into all other development policies, plans and programmes for achieving the national development objectives.

A first draft of the first segment of the Population Sector Plan that incorporated a Situational Analysis, a SWOT, Goals, Objectives and Strategies was developed in 2007. This is the final draft of the Plan and it incorporates more detailed elements including actions, targets, indicators, and responsible entities/parties.

### **The Planning Process**

One of the first exercises of the PTF was the development of a demographic vision for 2030. In formulating the vision, the Task Force members were cognizant of the need to ensure that population growth, size, structure, distribution and characteristics were synchronized with national sustainable development objectives. The vision that ensued from this focus and around which the plan is constructed is as follows:

**“A population which meets the sustainable development needs of the country”**

In tandem with the vision, the first draft of the Population Sector Plan was developed through a series of Task Force meetings and workshops between March and June, 2007. The goals, objectives and strategies were developed under the following categories: population growth and size; age and sex structure; international migration and development; internal migration, population distribution and settlement; population policy; integration of demographic factors into development planning; and technology, research and demographic data. In accordance with these areas, the Goals are listed below:

**Goal 1:** The population growth rate is at zero in 2030

(a) **Fertility:** Replacement level fertility (2.1 children per woman) achieved by 2010 and maintained at that level

(b) **Contraceptive Prevalence Rate (CPR):** CPR should increase to at least 71 per cent by 2010 and 75 per cent by 2030

(c) **Mortality:** Life expectancy at birth should reach 72 years for males and 77 years for females by 2015 and 75 years for males and 80 years for females by 2030

**Goal 2:** The rights, survival and holistic development of the child are fully realized and s/he can become a productive and well integrated member of the family and society.

**Goal 3:** Adolescents and youth are fully empowered protected and enabled to fully realize their social, cultural and human rights; and fulfill their physical, economic and social aspirations

**Goal 4:** Senior citizens ensure adequate provision for the empowerment, protection and well-being of and enable them to contribute to national social and economic development

**Goal 5:** Accurate measurement, timely analysis and provision of data on persons with disabilities for policy, planning and programme development purposes

**Goal 6:** International migration is adequately measured, monitored and influenced to serve the development needs of Jamaica

**Goal 7:** Spatial distribution of the population is optimal and supports sustainable development

**Goal 8:** The size, structure, distribution and characteristics of the population are optimal and ensure that the population is able to meet the sustainable development needs and quality of life of the nation

**Goal 9:** Demographic factors are fully integrated in all national, regional and sector planning and programme development systems and processes

**Goal 10:** There are adequate capacities and systems for the measurement and dissemination of good quality demographic data and information for policy, planning and research

## 1. Introduction

One of the most distinctive demographic events of the twentieth century has been population ageing. This is a natural result of the fertility declines and to a large extent, increases in life expectancy, both of which are consequences of the demographic transition. It has been widely recognized and accepted that world population is in the midst of an “unprecedented transformation brought about by the transition from a regime of high fertility to one of low mortality and low fertility” (United Nations, 2005).

## 2. Situational Analysis

### Population Growth and Size

According to the Population Censuses, the population of Jamaica was recorded at 2,607,633 million in 2001 moving up from 1,848,800 million in 1970 (Table 1). Females comprised approximately 51.0 per cent of the total population at each Census interval. The population was estimated at 2,660,700 million in 2005 reflecting a downward trend in annual growth rates observed since the 1980s. Annual growth rates have been estimated at below 1.0 per cent over the past eight years (ESSJ, PIOJ, 2005). The major effects on the growth rates have been declines in fertility and continuing high levels of external migration.

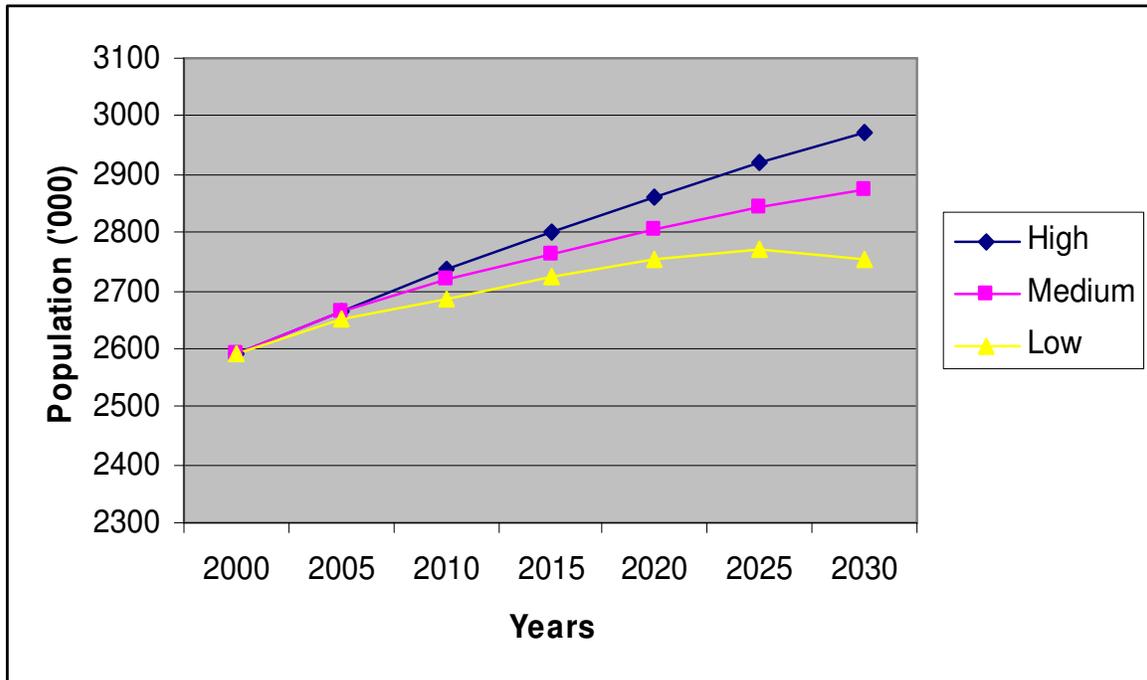
Based on projections (medium variant), the population is expected to increase to 2,761,000 in 2015 and 2,872,000 in 2030 (Table 1 & Figures 1, 2-6, STATIN/PIOJ/UWI Population Projections (Medium Variant), 2007). The population is expected to decline to 2,819,000 by 2050. This is expected on account of the combined effects of replacement level fertility, general mortality and mortality due to HIV/AIDS and high rates of external migration. Under assumptions governing the high and low variants, the population could increase above the medium variant to 2,973,000 (high) or decline to 2,752,000 (low) by 2030 (Appendix 1).

**Table 1**  
**Population Growth and Size, 1970-2030**

Years	Numbers	Annual Growth Rates (%)
1970	1,848,800	1.39
1982	2,190,400	1.42
1991	2,380,600	0.93
2001	2,607,633	0.91
2010	2,718,000	0.46
2015	2,761,000	0.31
2020	2,806,000	0.32
2025	2,845,000	0.28
2030	2,872,000	0.19
2035	2,884,000	0.08
2040	2,877,000	-0.04
2045	2,855,000	-0.15
2050	2,819,000	-0.25

**Source:** Population Censuses 1970, 1982, 1991 & 2001 (STATIN, 2001) Population Projections (Medium Variant), 2010-2030, STATIN in Collaboration with PIOJ & UWI, (2007).

**Figure 1:** Projected Population sizes: 2000 and 2005-2030



**Source:** Statistical Institute of Jamaica (STATIN, 2007)

### **Population Structure: Age and Sex**

Jamaica's population is undergoing major changes in its age structure. This process is commonly referred to as "ageing" and is the result of declines in fertility and mortality rates. International migration, particularly emigration has also contributed to the ageing of the population.

Jamaica can be classified at present as a "moderately" ageing population but will enter a phase of rapid ageing within the next two decades. Evidence of ageing is seen when changes in the median age over time are observed. The median age is that age which divides a population into numerically equal parts of younger and older persons. Population with medians under 20 years may be described as "young" while those with medians 30 or over, as "old". Median ages of between 20-29 years are considered to be of intermediate age. Median age for men and women moved from 16.4 years and 17.9 years in 1970 to 23.7 and 25 years in 2005 respectively. The ageing of the population, particularly the growth of the elderly and the working age will emerge as two of the most significant demographic challenges to face the country. A brief description of the major shifts, according to medium variant, in some of the broad age groups, is highlighted below.

### **The Child Population**

The child population (0-14 years) was estimated at 763,521 (32.3%) of the total population in 2001 (see Table 2 and Figures 1a & 2). This age group is expected to decline to 717,860 (26.0%)

in 2015 and 666,304 (23.2%) in 2030 (see Table 2 & Figures 3-7). Note that there are a greater proportion of males as compared with the proportion for females in this age group.

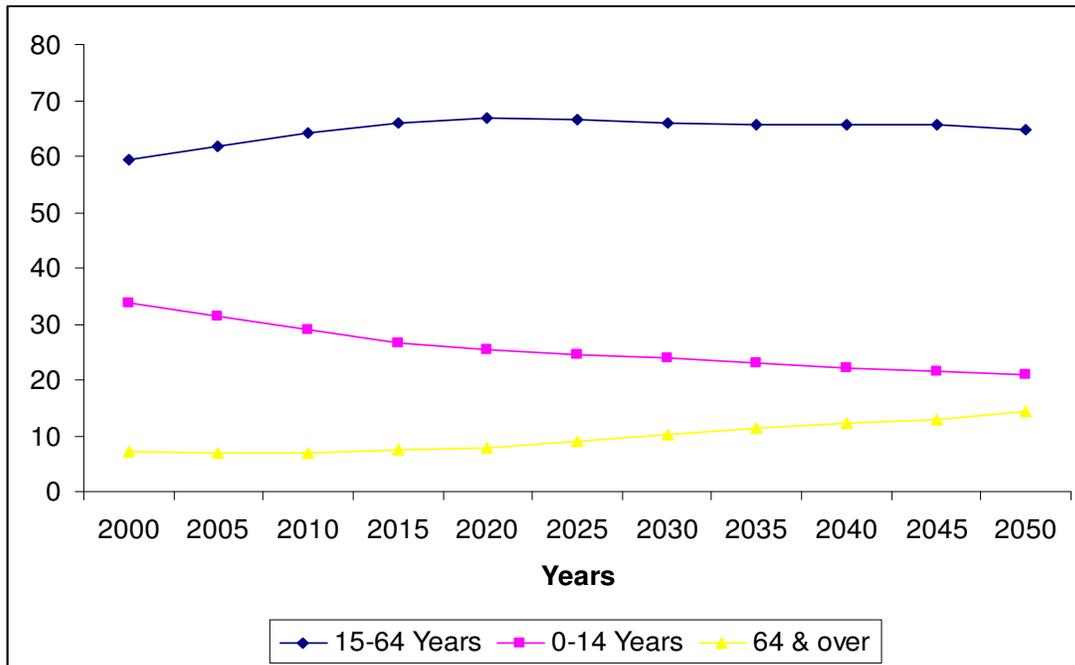
### The Working Age Population

The working age population (15-64 years) was estimated at 1,564,586 in 2001 (60.0%) and is expected to increase to 1,825,021 (66.8%) in 2015 and 1,884,032 (65.6%) in 2030 (see Table 2 & Figures 1a & 2-7). The current and expected “bulge” in the population of working age is regarded by demographers as a “window of opportunity”. This means that there is an excess of persons in the working age relative to the dependent ages (child 0-14 years and old age 65 and over). The society is therefore, optimally positioned demographically to utilize its surplus population for development. It should be noted that the working age will reach its maximum in 2025 at about 66.5 per cent of the total population. The bulge in the working age, thereafter, will start to shrink, proportionately.

### Elderly Population

The elderly population, defined as those 60 years and over, is the fastest growing age group increasing at approximately 1.9 per cent annually - from 264,772 to 364,200 between 2001 and 2030. The dependent elderly, 65 years and over, was estimated at 199,478 (7.7%) in 2001 and is expected to increase to 321,664 (11.2%) in 2030 (Figures 1a & 2-7).

Figure 1a POPULATION DISTRIBUTION BY AGE GROUP  
Percentage  
2000-2050  
(Medium Variant)



Source: STATIN, compiled by the Social Policy Planning and Research Division, Planning Institute of Jamaica (PIOJ).

## Persons with Disabilities

The proportion of persons reporting that they had a disability in the 2001 Population Census was 6.6 per cent (173,000) of the total population in 2001. Of this number, 72,595 said that it had limited them. In the 1991 Population Census, approximately 7.4 per cent (175,200) reported that they had a disability, of which 111,114 said that it had limited them.

The foregoing figures are based on individual reporting and are therefore subject to various limitations including those related to the Census questionnaire itself, the conditions of the interview situation and the difficulty in covering the institutional population. The figures, therefore, should be considered provisional and indicative.

In spite of the problems of data and measurement, persons with disabilities comprised a large segment of the population and have been grossly marginalized and ostracized from the main streams of development in the society. In general, persons with disabilities tend to be characterized by low levels of formal education, training and certification. These characteristics are symptomatic of the hostile and discriminatory conditions that they face, particularly in the labour market and the wider society. They are also severely undermined with respect to their sexual and reproductive health and well-being.

**Table 2**  
**Estimates and Projections of the Population by Age and Sex: Estimates 1991& 2001,**  
**Projections (Medium Variant) 2010-2030**

<b>Both Sexes</b>							
<b>Age Group</b>	<b>1991</b>	<b>2001</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>
0-14	831,316 (34.9)	843,568 (32.3)	764,000 (28.1)	717,860 (25.9)	694,400 (24.7)	677,900 (23.8)	666,304 (23.2)
15-64	1,373,414 (57.7)	1,564,586 (60.0)	1,750,400 (64.4)	1,825,021 (66.1)	1,875,700 (66.8)	1,891,800 (66.5)	1,884,032 (65.6)
65+	175,937 (7.4)	199,478 (7.7)	204,200 (7.5)	218,119 (8.9)	236,200 (8.5)	275,100 (9.7)	321,664 (11.2)
<b>Total Population</b>	<b>2,380,667</b>	<b>2,607,632</b>	<b>2,718,600</b>	<b>2,761,400</b>	<b>2,806,300</b>	<b>2,844,800</b>	<b>2,872,600</b>
60+	238,991	264,772	285,176	304,300	335,900	364,200	453,100
80+	39,893	48,920	55,706	57,500	57,900	58,400	65,900
Under 30	1,525,695	1,518,364	1,511,612	1,458,800	1,402,700	1,482,700	1,295,600
30-64	679,034	889,790	1,012,564	1,021,900	1,165,000	1,223,100	1,255,500

**MALES**

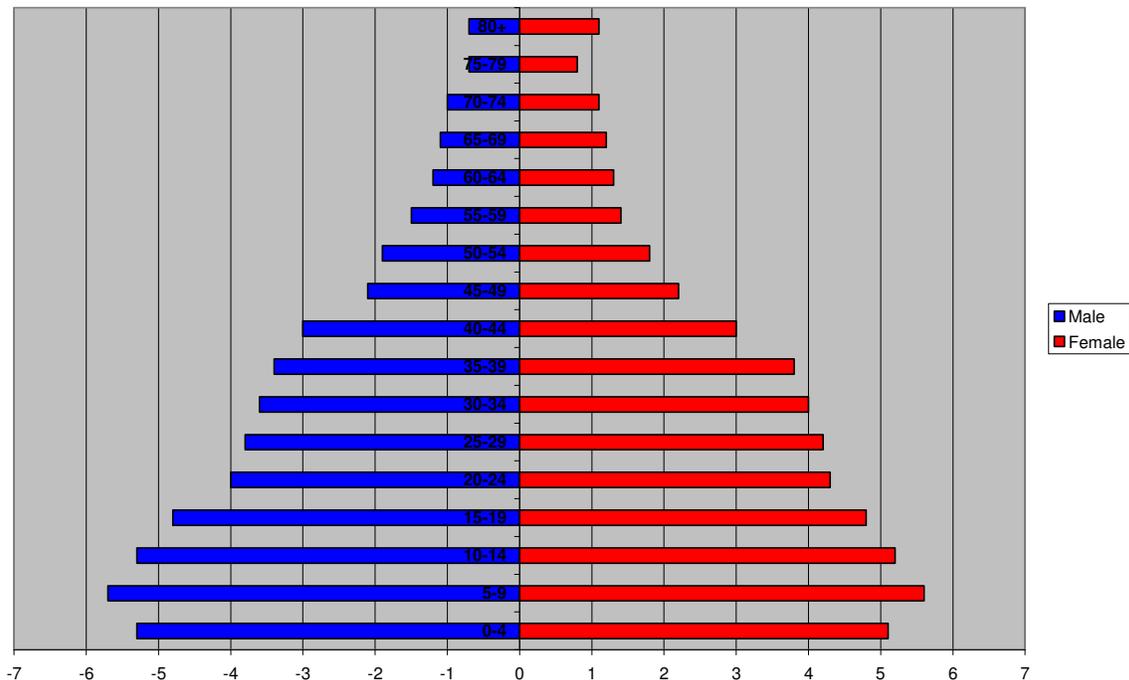
0-14	419,380 (17.6)	427,939 (16.4)	386,800 (14.2)	353,400 (12.8)	351,300 (12.5)	343,000 (12.1)	337,500 (11.8)
15-64	669,161 (28.1)	734,618 (28.2)	859,900 (31.6)	907,400 (32.9)	923,600 (32.9)	932,900 (32.8)	932,700 (32.5)
65+	78,955 (3.3)	90,991 (3.5)	92,800 (3.4)	100,300 (3.6)	108,600 (3.9)	126,400 (4.4)	145,100 (5.1)
Total Population	1,167,496	1,253,548	1,339,500	1,361,100	1,383,500	1,402,300	1,415,300
60+	109,142	122,819	134,300	142,900	151,200	163,600	207,100
80+	15,636	19,523	21,700	22,100	22,000	22,000	26,100
Under 30	756,981	758,501	758,900	735,500	708,400	700,100	653,100
30-64	331,560	404,056	487,900	462,400	566,300	596,800	617,100

**FEMALES**

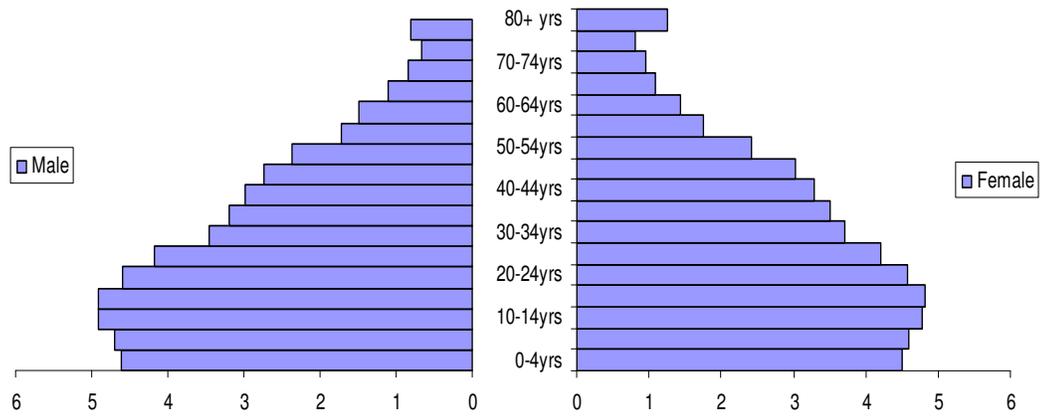
0-14	411,936 (17.3)	415,629 (15.9)	377,200 (13.9)	354,800 (12.8)	343,100 (12.2)	334,900 (11.8)	329,400 (11.5)
15-64	704,253 (29.6)	829,968 (31.8)	890,500 (32.8)	928,000 (33.6)	952,100 (33.9)	958,900 (33.7)	951,500 (33.1)
65+	96,982 (4.1)	108,487 (4.2)	111,400 (4.1)	117,500 (4.3)	127,600 (4.6)	148,700 (5.2)	176,400 (6.4)
Total Population	1,213,171	1,354,084	1,379,100	1,400,300	1,422,800	1,442,500	1,457,300
60+	129,848	141,953	150,876	161,400	184,700	200,600	246,000
80+	24,257	29,397	34,006	35,400	35,900	36,400	39,800
Under 30	768,714	759,863	752,712	723,300	694,300	782,600	642,500
30-64	347,474	485,734	524,664	559,500	598,700	626,300	638,400

Source: STATIN, 2007

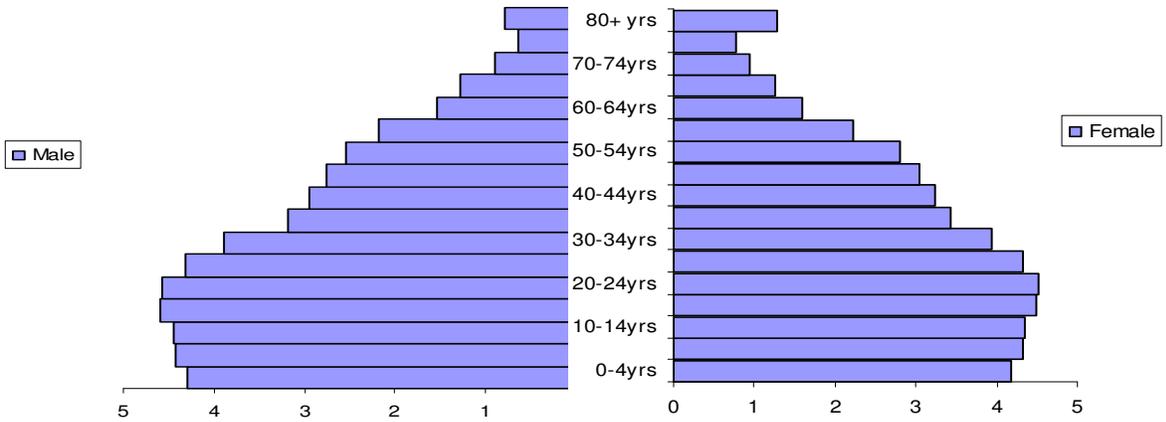
**Figure 2: Population Pyramid, Jamaica 2001**



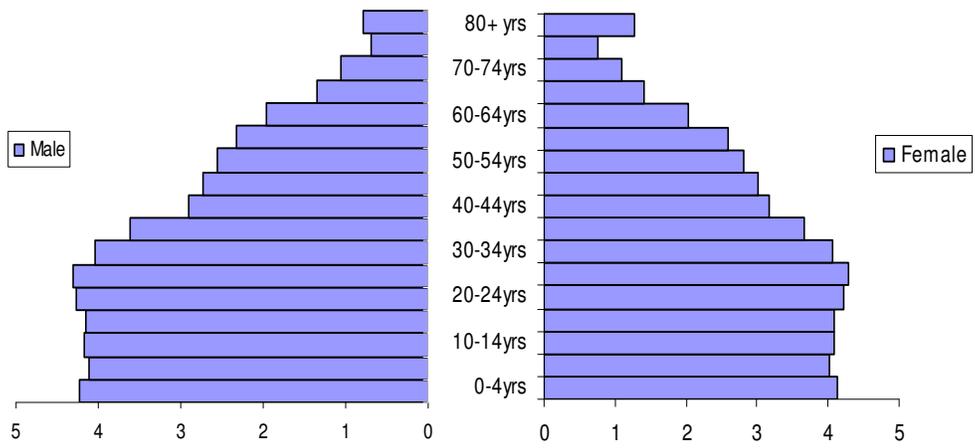
**Figure 3: Population Pyramid, Jamaica 2010**



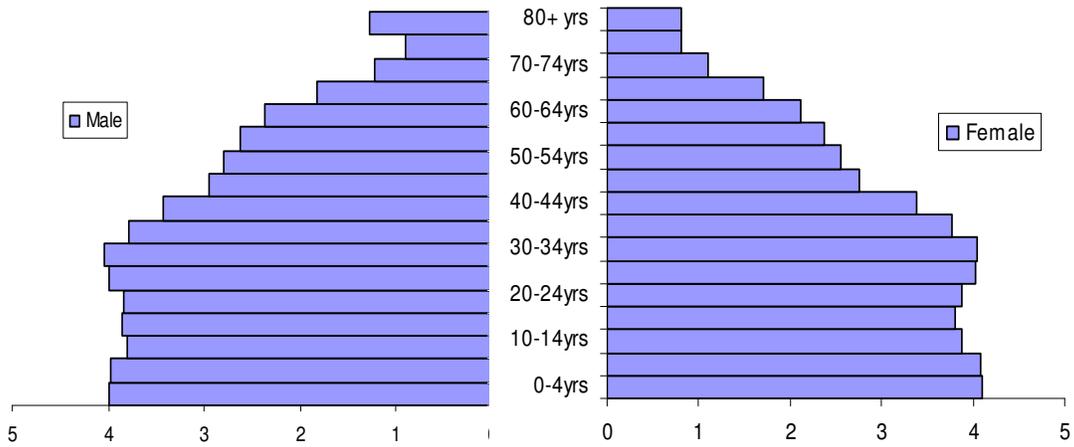
**Figure 4: Population Pyramid, Jamaica 2015**



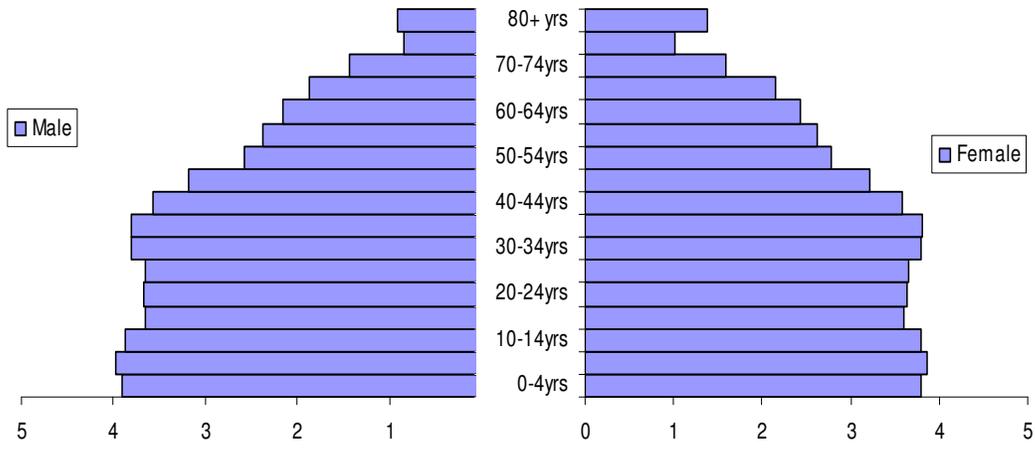
**Figure 5: Population Pyramid, Jamaica 2020**



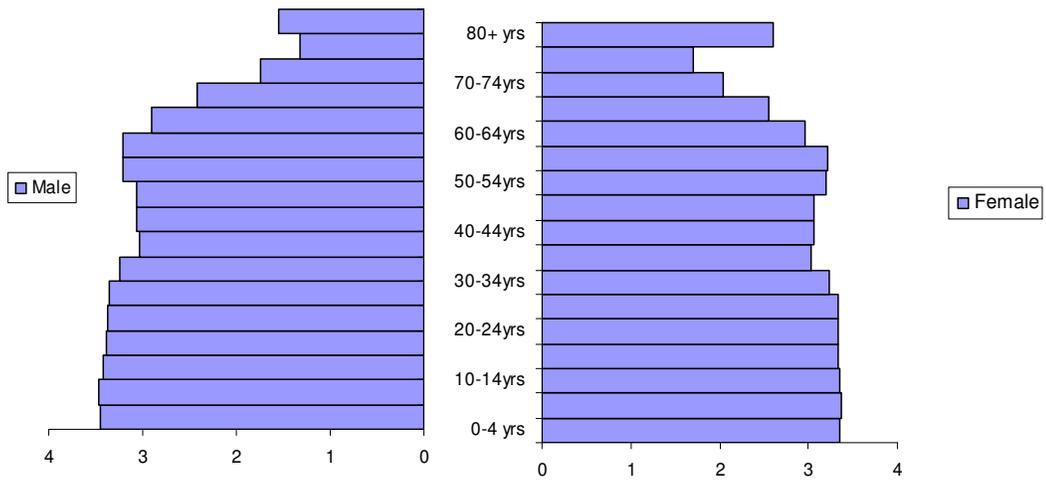
**Figure 6: Population Pyramid, Jamaica 2025**



**Figure 7: Population Pyramid, Jamaica 2030**



**Figure 8: Population Pyramid, Jamaica 2050**

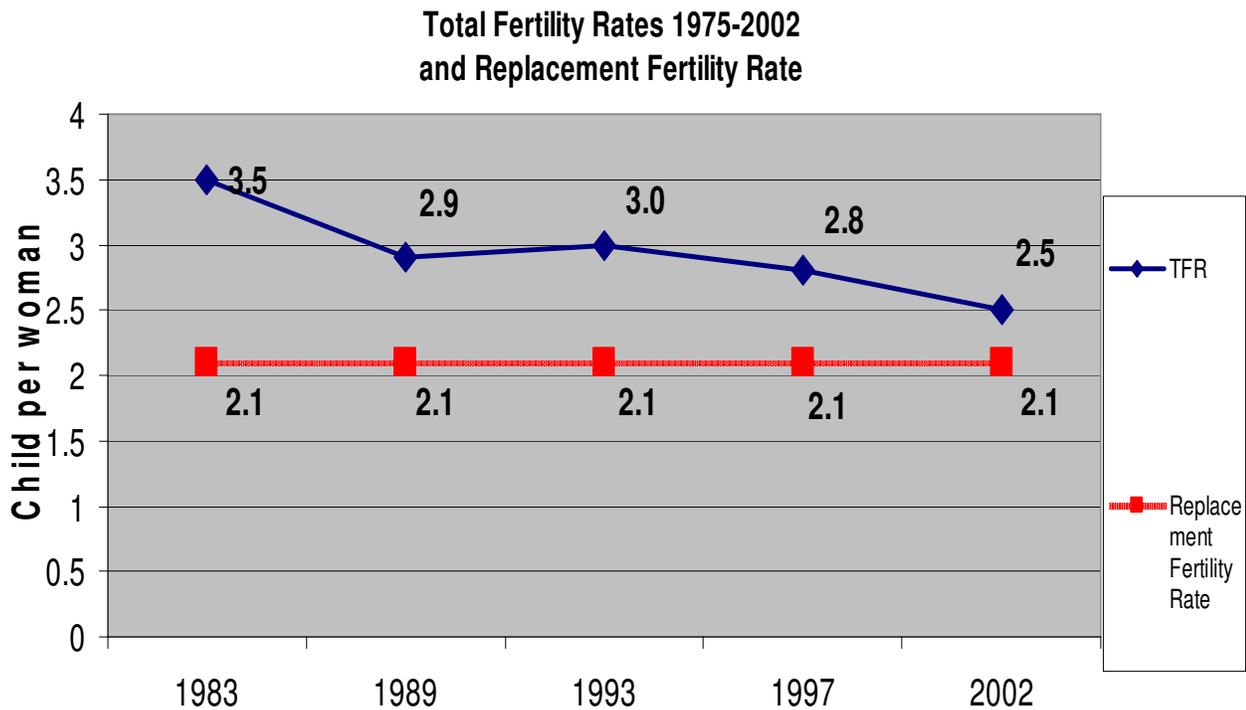


## Fertility

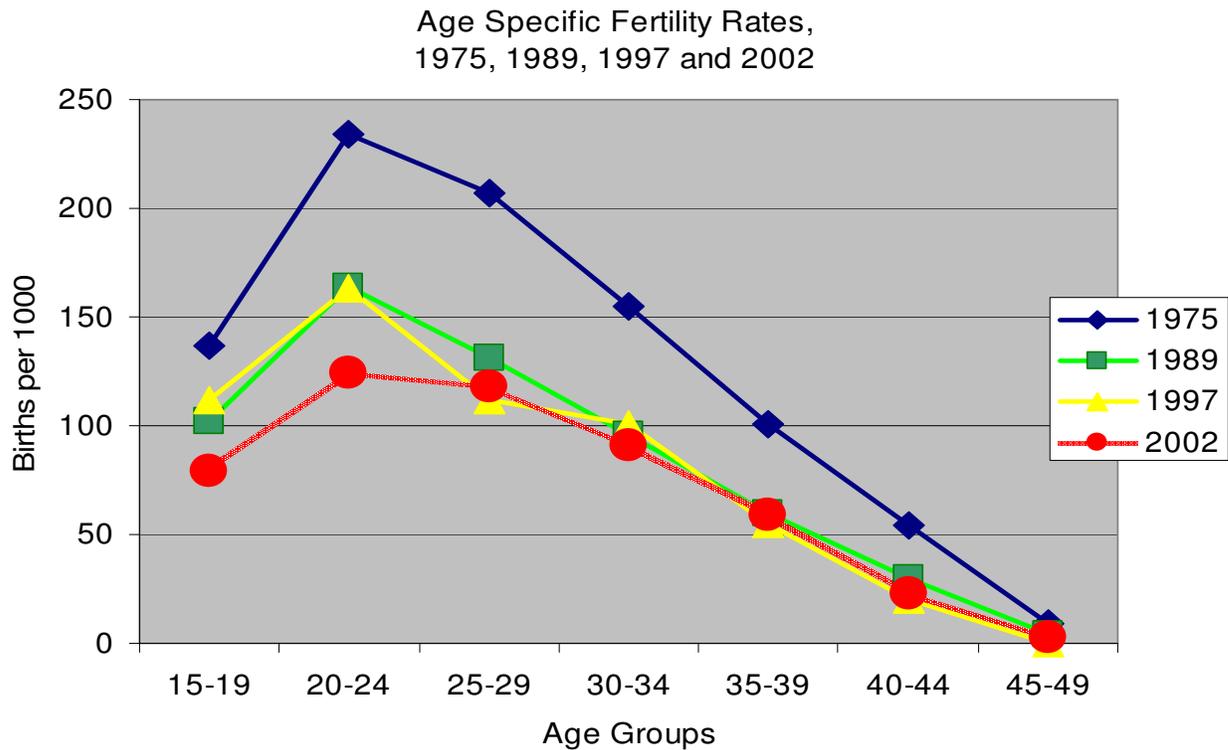
Fertility has been on a declining trend since 1970. It peaked in 1970 at an average of approximately six children per woman. From 1970, fertility declined rapidly to about three children per woman in 1989 (Figure 9). Between 1989 and 1997, fertility stagnated at around three children per woman, then recontinued its downward trend to reach 2.5 children per woman in 2002 (Reproductive Health Survey, National Family Planning Board, 2004). The pattern of fertility with the most fertile age group being the 20-24 years has not changed over time (Figure 10)

The Population Policy target of 2.1 children per woman to be achieved by 2000 (replacement level fertility) has not been reached. Of special concern is the continuing high level of fertility among adolescents (10-19 years) and youth (15-24 years). Concerted efforts and more integrated and innovative programmes will have to be pursued and sustained for ensuring further reductions. Family planning programmes and those for sexually transmitted infections including HIV/AIDS should be fully integrated into a comprehensive reproductive health programme for adolescents and youth.

**Figure 9:**



**Figure 10: Age Specific Fertility rates, 1975, 1988, 1997 and 2002**



The use of contraceptives among women 15- 49 years has increased steadily from 1970 to the present. In 1975, the Contraceptive Prevalence Rate (CPR) was about 38.0 per cent increasing to 69.0 per cent in 2002. The increase in prevalence is inversely correlated with the decline in fertility. An area of major concern is the relatively low prevalence among adolescents 15-19 years and youth 15-24 years and the continuing high levels of unwanted pregnancy in these age groups.

The future course of fertility reduction is empirically uncertain. Fertility has fallen below replacement level in most developed countries. The assumption, underlying the United Nations long-term population projections, is that fertility will fall below replacement level then recover to replacement at different time intervals for all countries. This assumption, however, has not been validated empirically.

## Mortality

Death rates started to decline from as early as the 1920s. In 1921, the Crude Death Rate (CDR) was estimated at 28 per 1000 population. By 1970, it had declined to 7.7 per 1000. Life expectancy at birth increased from 37.9 years in 1921 to 68.5 years in 1970. The population experienced relatively high growth over the period which was due mainly to declines in death rates while birth rates remained at high levels. Public health measures and the control of communicable diseases were mainly responsible for the reduction in death rates.

Between 1970 and 2005, death rates declined to six per 1000. These rates are not expected to decline further and may increase slightly in the future on account of the ageing of the population.

The epidemiological transition from communicable to lifestyle diseases is well advanced. Deaths from cancers, circulatory, respiratory and nervous system diseases are currently predominant. However, the emergence and/or re-emergence of some communicable diseases, such as, HIV/AIDS, Malaria and Tuberculosis are disturbing. The continuing high levels of homicides and deaths due to motor vehicle accidents are also of major concern. Infant (0-1), under five (1-5), and maternal mortality rates, while declining, are still relatively high. The high rates of homicides and HIV/AIDS currently pose the greatest risk for reversing the gains in life expectancy achieved so far.

The future course of mortality depends largely on the effectiveness of national health surveillance and control systems. Globalization and the inter-regional movements of people and diseases including HIV/AIDS, malaria and other transnational diseases will pose greater risk to the structure of the population and economic and social well-being of the country.

## **International Migration**

### **Emigration**

International migration has had major effects on the growth, structure and characteristics of the population. Over the past four decades, approximately 25,043 persons have emigrated legally each year from Jamaica to the USA, Canada and the United Kingdom (Table 3). Emigration has reduced population growth by over 40 per cent annually. More migrants are females (52 %) and fall within the most fecund and economically productive age group 15-49 years (see ESSJ various issues). Another major feature is the relatively high levels of professional, executive, administrative and managerial workers in the migration streams. These comprised about 18 per cent of total workers to the USA and Canada since 1970 (Table 4). The loss of critical human resources (brain drain) has been of great concern since the 1960s.

**Table 3**  
**Emigration of Jamaicans to USA, Canada and United Kingdom, 1970 – 2006**

<b>Years</b>	<b>USA</b>	<b>Canada</b>	<b>UK</b>	<b>Total</b>
1970-1979	256,984	56,964	13,831	<b>327,779</b>
1980-1989	201,177	33,973	4,057	<b>239,207</b>
1990-1999	170,291	39,443	3,158	<b>212,892</b>
2000-2006	103,104	15,686	2,914	<b>121,704</b>
<b>Total</b>	<b>731,556</b>	<b>146,066</b>	<b>23,960</b>	<b>901,582</b>

**Source:** ESSJ (various issues)

**Table 4**  
**Emigration to North America by Occupational Categories, 1970-2000**

<b>Occupational Categories</b>	<b>1970-1979</b>	<b>1980-1989</b>	<b>1990-1999</b>	<b>1970-1999</b>
Professional, Technical, Administrative and Management	16,701	19,762	17,825	54,288
Clerical & Sales	16,670	19,338	9,517	45,525
Craftsmen & Operatives	30,003	30,052	12,977	73,032
Service Workers including Private Household Workers	22,306	32,612	41,538	96,456
Farming, Fishing & Forestry	4,123	3,662	8,846	16,631
Occupations not stated or Classified	1,591	4,643	5,856	12,090
<b>TOTAL WORKERS</b>	<b>91,394</b>	<b>110,070</b>	<b>96,559</b>	<b>298,023</b>
Housewives, Children, Students and others with No Occupation	105,743	129,070	137,452	372,265
<b>TOTAL EMIGRANTS</b>	<b>197,137</b>	<b>239,140</b>	<b>234,011</b>	<b>670,288</b>

**Source: ESSJ – various issues**

**NB.** USA stopped providing occupational characteristics of immigrants beyond 1999.

### **Immigration**

Prior to the 1990s, data on immigration to Jamaica were not routinely collected in the demographic statistics. This might account for the seemingly small and insignificant numbers that were reported over the period. Since the 1990s, however, the inflows of immigrants have increased substantially. The analysis below will examine the immigration flows into two broad categories: nationals and non-nationals.

Data between 1996 and 2006 indicated that the return of nationals was estimated at 46,213 (Table 5). Of this number, 16,488 were classified as returning residents and 29,725 as deportees. The annual number of deportees has exceeded that for returning residents since 1998. It should be noted that the annual estimate for returning residents is based only on the person completing the relevant custom form (head of household) and not on the number of persons actually returning. In this regard, the estimate for returning residents should be considered as a minimum.

Data on the immigration of non-nationals (categorized as Commonwealth Citizens and Aliens) are based on the annual number of work permits granted and/or renewed. The data indicated that about 4,000 persons immigrated to Jamaica annually (Table 6). These immigrants are chiefly classified under the professional categories. In 2006, immigrants under both Commonwealth citizens and Aliens categories increased substantially over the figures recorded for the previous

years. These abnormal increases may be related to an influx of foreigners in preparation for World Cup Cricket which was hosted by Jamaica in that year.

**Table 5**  
**Immigration of Jamaican Nationals to Jamaica, 1996-2006**

<b>Years</b>	<b>Returning Residents</b>	<b>Deportees</b>	<b>Total</b>
1996	2,268	1,765	4,033
1997	2,092	1,699	3,791
1998	1,875	2,161	4,036
1999	1,765	2,071	3,836
2000	1,282	1,679	2,961
2001	1,177	2,529	3,706
2002	1,110	3,331	4,441
2003	1,176	3,940	5,116
2004	1,208	4,226	5,434
2005	1,299	3,320	4,619
2006	1,236	3,004	4,240
<b>Total</b>	<b>16,488</b>	<b>29,725</b>	<b>46,213</b>

Source: ESSJ (various issues)

**Table 6**  
**Immigration of Non-Nationals to Jamaica, 1996-2006**

<b>Years</b>	<b>Common-wealth Citizens</b>	<b>Aliens</b>	<b>Total</b>
1996	3,182	931	4,113
1997	2,093	1,048	3,141
1998	2,153	942	3,095
1999	2,203	835	3,038
2000	2,600	1,198	3,798
2001	2,791	1,253	4,044
2002	2,237	1,202	3,439
2003	1,215	1,203	2,418
2004	1,000	1,662	2,662
2005	1,500	2,075	3,575
<b>2006</b>	<b>5,930</b>	<b>7,101</b>	<b>13,031</b>

Source: ESSJ (various issues)

## **International Migration and Development**

International migration has both positive and negative impacts on sending and receiving countries. Recent studies have demonstrated overwhelmingly that migrants have contributed positively to the development of the economies and societies to which they have migrated. Remittances to Jamaica have tripled since the 1990s and were estimated at about 16 per cent of Gross Domestic Product (GDP) in 2005. Remittances have been associated with reducing poverty and improving living conditions in many households island-wide. International migration, however, has been negatively connected to family fragmentation, under-achievement in school and poor socialization of children left behind, juvenile delinquency and involvement in crime and criminal networks.

The prospects are that international migration will remain at high levels for the foreseeable future. The main impetus behind the expected outflows is the continuing high differentials in incomes between Jamaica and its main destination countries and the ageing of the population in these countries. Most developed countries will continue to implement policies targeting migrants with specific skills in order to meet their labour market needs and replenish their shrinking working age population.

Jamaica established a Jamaican Overseas Department in the Ministry of Foreign Affairs and Foreign Trade (MOFA&FT). The Department is mandated to strengthen linkages with the Jamaican Diaspora overseas and to create institutional mechanisms to ensure solidarity and collaboration. A Diaspora Foundation was established and biennial Jamaican Diaspora Conferences are being held. The Diaspora is being viewed as a potential to be mobilized for national development.

Jamaica is fully committed to implementing the free movement of CARICOM nationals within the protocols established under the Caribbean Single Market and Economy (CSME). There are concerns, however, that some countries are delinquent with respect to their treatment of Jamaican migrants under the protocol. Another major concern is the lack of an appropriate system for the measurement and dissemination of data on migration and mobility within CARICOM.

## **Spatial Distribution, Internal Migration and Urbanization**

### **Spatial Distribution**

The most prominent feature in the distribution of the population by parish over the past three decades has been the change in the relative position of St. Catherine. The parish accounted for 10.0 per cent of the total population in 1970 (Table 7A). In 2001, it had increased its share to 18.5 per cent. St Andrew continued to register the largest population accounting for 22.8 per cent in 1970 but declined marginally to 21.3 per cent in 2001.

The parishes with the smallest populations are Hanover, Trelawny, Portland and St. Thomas. These parishes each comprised about 3.0 per cent of the total over the period. St. James and Manchester have improved their relative positions while all other remaining parishes have either declined or remained in their relative positions.

Of special note is the continuing decline in both the absolute size and relative position of the population of Kingston. This highlights the declining demographic importance of Kingston as the capital of Jamaica and the increasing prominence of urban centres outside of the capital. Of note also is that about 43.5 per cent of the total population resides in the contiguous parishes of Kingston, St. Andrew and St. Catherine in 2001.

With respect to gender distribution, females tend to be more concentrated in the most urbanized parishes of Kingston, St. Andrew, St. James and St. Catherine (Table 7B). Males, on the other hand, tend to be predominant in the parishes with the largest proportion of the population in the country sides.

**Table 7A**  
**Population by Parish, 1970, 1982, 1991 and 2001**

<b>Parish</b>	<b>1970</b>	<b>1982</b>	<b>1991</b>	<b>2001</b>
Kingston	111,879	104,041	97,424	96,052
St. Andrew	413,329	482,889	510,467	555,827
St. Thomas	69,391	80,441	83,749	91,604
Portland	67,479	73,656	75,493	80,205
St. Mary	98,392	105,969	107,502	111,466
St. Ann	120,001	137,745	146,983	166,762
Trelawny	60,504	69,466	70,463	73,066
St. James	100,529	135,959	148,587	175,127
Hanover	58,296	62,837	65,389	67,037
Westmoreland	112,863	120,622	126,136	138,947
St. Elizabeth	125,279	136,897	144,842	146,404
Manchester	121,407	144,029	156,723	185,801
Clarendon	173,823	203,132	211,447	237,025
St. Catherine	180,404	332,674	369,274	482,308
<b>Jamaica</b>	<b>1,813,594</b>	<b>2,190,357</b>	<b>2,314,479</b>	<b>2,607,633</b>

**Percentage (%)**

Kingston	6.2	4.7	4.2	3.7
St. Andrew	22.8	22.0	22.1	21.3
St. Thomas	3.8	3.7	3.6	3.5
Portland	3.7	3.4	3.3	3.1
St. Mary	5.5	4.8	4.6	4.3
St. Ann	6.6	6.3	6.4	6.4
Trelawny	3.3	3.2	3.0	2.8
St. James	5.5	6.2	6.4	6.7
Hanover	3.2	2.9	2.8	2.6
Westmoreland	6.2	5.5	5.4	5.3
St. Elizabeth	6.9	6.2	6.3	5.6
Manchester	6.7	6.6	6.8	7.1
Clarendon	9.6	9.3	9.2	9.1
St. Catherine	10.0	15.2	15.9	18.5
<b>Total (%)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

NB: Table constructed from data in Demographic Statistics, STATIN, 2001

**Table 7B**  
**Population by Parish and Sex, 1970, 1982, 1991 and 2001**

<b>Year</b>	<b>1970</b>		<b>1982</b>		<b>1991</b>		<b>2001</b>	
<b>Parish</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
Kingston	51,944	59,935	49,621	54,420	46,704	50,720	46,540	49,512
St. Andrew	192,479	220,850	225,200	257,689	238,041	272,426	262,197	293,630
St. Thomas	34,736	34,655	39,888	40,553	41,544	42,205	45,729	45,875
Portland	33,475	34,022	36,601	37,055	37,588	37,905	39,978	40,227
St. Mary	48,889	49,503	52,501	53,468	53,459	54,043	55,673	55,793
St. Ann	59,526	60,475	69,294	68,451	73,771	73,212	83,982	82,780
Trelawny	30,518	29,986	35,353	34,113	35,753	34,710	37,126	35,940
St. James	49,318	51,211	66,860	69,099	72,601	75,986	85,973	89,154
Hanover	29,127	29,169	31,775	31,062	32,750	32,639	33,749	33,288
Westmoreland	55,888	56,975	61,024	59,598	64,225	61,911	70,786	68,161
St. Elizabeth	62,609	62,670	69,240	67,657	73,652	71,190	74,737	71,667
Manchester	60,958	60,449	71,958	72,071	77,954	78,769	93,224	92,577
Clarendon	87,565	86,258	102,272	100,860	106,308	105,139	119,651	117,374
St. Catherine	88,846	91,558	163,046	169,628	180,036	189,238	234,202	248,106
<b>Jamaica</b>	<b>885,878</b>	<b>927,716</b>	<b>1,074,633</b>	<b>1,115,724</b>	<b>1,134,386</b>	<b>1,180,093</b>	<b>1,283,547</b>	<b>1,324,086</b>

### **Internal migration**

Internal migration has been the major factor influencing the change in the distribution of the population by parish. Between 1970 and 1991, three parishes have recorded net gains due to internal migration. These are St. Andrew, St. Catherine and St. James (Table 8). Between 1991 and 2001, the parish of Manchester was added to the three noted above in recording net gains on account of internal migration. Kingston has consistently recorded the highest net losses, mainly to St. Andrew and St. Catherine. The southern parishes of St. Elizabeth, Westmoreland and Clarendon have also recorded high levels of net losses mainly to the Kingston and St. Andrew Metropolitan Area (KMA), St. Catherine and St. James. During the inter-censal period, 1991-2001, St. Catherine overtook St. Andrew as the parish recording the highest net gains. St. Andrew also recorded net losses to St. Catherine.

**Table 8**  
**Estimates of Net Gain (+) or Loss (-) to Parishes as a Result of Internal Migration, 1970-1982, 1982-1991 and 1991-2001**

Year	1970-1982		1982-1991		1991-2001	
	Males	Females	Males	Females	Males	Females
<b>Parishes</b>						
Kingston	-29,670	-29,587	-19,991	-21,479	-30,636	-35,640
St. Andrew	+29,199	+44,976	+18,925	+30,754	+8,682	+15,681
St. Thomas	-1,592	-2,200	-834	-1,748	-465	-1,156
Portland	-2,365	-3,747	-1,090	-2,445	-1,042	-1,784
St. Mary	-4,639	-6,073	-2,618	-3,989	-1,159	-2,393
St. Ann	-3,953	-6,380	-1,261	-3,105	-379	-1,202
Trelawny	-1,668	-3,226	-1,406	-2,349	-652	-1,176
St. James	-2,479	+1,437	+1,352	+1,788	+1,594	+1,656
Hanover	-5,218	-4,040	-960	-1,807	-157	-650
Westmoreland	-6,264	-8,050	-2,401	-4,276	-153	-855
St. Elizabeth	-6,264	-10,775	-4,382	-7,409	-1,793	-3,084
Manchester	-2,721	-3,327	-1,335	-2,170	+516	+87
Clarendon	-3,380	-5,918	-2,833	-5,469	-2,171	-4,325
St. Catherine	+33,329	+36,911	+18,834	+23,704	+27,815	+34,841

**Source:** Demographic Statistics, STATIN, various issues

## Urban-Rural Distribution and Growth of Main Towns

Internal migration and intra-parish movements are the main drivers in urbanization and urban growth in Jamaica. Parish capitals and other main towns are classified as urban centres. The urban population was recorded at 38.0 per cent in 1970 and 52.1 per cent in 2001. It is projected that it will increase to 58.0 per cent in 2030.

A notable demographic characteristic of the urban population is the preponderance of females (Population Census, STATIN, 2001 and Jamaica Survey of Living Conditions (JSLC), PIOJ/STATIN 2005). A greater proportion of persons of working age (15-64 years) is also resident in urban centres. On the other hand, males and children (under 15 years) are more concentrated in rural areas. These features are the direct consequences of rural to urban migration and the underdevelopment of rural as compared with urban areas.

The urban population has been growing at annual rates above 1.9 per cent over the past three decades (derived from Table 9). The rural population, on the other hand, has grown marginally at about 0.5 per cent annually over the same period. In spite of the relatively high growth of the urban population, only four (4) parishes in 2001 had more than 50.0 per cent of their population classified as urban. These are Kingston (100%), St. Andrew (86.9%), St. Catherine (73.8%) and St. James (55.1%). Hanover (90.7%), St. Elizabeth (85.6%) and Trelawny (80.4%) were classified as the most rural of all parishes.

The growth of parish capitals has been widely varied over the past three decades. Mandeville and Spanish Town recorded annual growth rates of over 4.0 per cent. May Pen (2.7%), Montego

Bay (2.6%) and Savanna-la-Mar (1.8%) also recorded relatively high growth rates (derived from Table 9). Most other capitals grew at about 1.0 per cent annually. The Kingston Metropolitan Area (KMA) reflected one of the lowest annual growth rates at 0.6 per cent. The population of the parish of Kingston, the national capital, has recorded declines over the past four decades

One of the most salient features of urbanization in Jamaica since 1970 has been the growth of urban areas outside of the national and parish capitals. Some of these areas have surpassed the population of the capitals. The most outstanding is that of Portmore in South St. Catherine. In 1970, the population of Portmore was recorded at 5,100 increasing to 77,600 in 1982 and 159,974 in 2001, thereby surpassing the population of Spanish Town (131,515). Other urban areas in St. Catherine also recorded impressive growth. These include: Old Harbour (5.1%), Linstead (3.1%) and Ewarton (3.1%). In St. Elizabeth, the population of Santa Cruz surpassed that of Black River in 1982. In St. Ann, the population of Ocho Rios was greater than that for St. Ann's Bay in 2001.

The growth of urban centres and urbanization has emerged with both positive and negative consequences. On the positive side, urbanization and urban growth have resulted in a greater level of development and a higher standard of living for citizens resident in urban areas. On the negative side, urbanization and urban growth are often unplanned and unmanaged. This has led to the development and proliferation of informal/squatter settlement communities. These communities are to a greater extent vulnerable to natural and man-made disasters as well as prone to crime and violence. The recent upsurge of squatter settlements in and around prime development areas for tourism is of major concern.

**Table 9**  
**Population by Parish and Main Towns, 1960, 1970, 1982, 1991 and 2001**

<b>Parish and Main Towns</b>	<b>1960</b>	<b>1970</b>	<b>1982</b>	<b>1991</b>	<b>2001</b>
<b>JAMAICA</b>	<b>1,609,800</b>	<b>1,848,400</b>	<b>2,190,400</b>	<b>2,380,600</b>	<b>2,607,600</b>
<b>Kingston &amp; St. Andrew</b>	<b>419,400</b>	<b>547,700</b>	<b>586,900</b>	<b>639,600</b>	<b>651,900</b>
Metropolitan Area (KMA)	376,500	473,700	524,600	566,200	579,100
<b>St Thomas</b>	<b>68,700</b>	<b>70,200</b>	<b>80,400</b>	<b>84,700</b>	<b>91,600</b>
Morant Bay	5,100	7,300	8,800	9,700	10,800
Port Morant	2,300	2,200	2,900	3,000	3,000
Bath		1,600	2,300		
Yallahs				6,900	9,900
<b>Portland</b>	<b>64,500</b>	<b>67,900</b>	<b>73,700</b>	<b>76,300</b>	<b>80,200</b>
Port Antonio	7,800	10,400	12,300	13,200	14,600
Buff Bay	2,800	3,300	3,700	2,600	4,200
<b>St Mary</b>	<b>94,200</b>	<b>99,500</b>	<b>106,000</b>	<b>108,800</b>	<b>111,500</b>

Port Maria	4,000	5,400	7,500	7,300	7,400
Highgate		5,600	6,000	5,500	6,100
Annotto Bay	3,600	5,500	5,200	5,600	5,400
Oracabessa				4,100	4,200
<b>St Ann</b>	<b>114,400</b>	<b>120,500</b>	<b>137,700</b>	<b>149,400</b>	<b>166,800</b>
St Ann's Bay	5,100	7,100	9,100	11,200	10,400
Ocho Rios	4,600	5,900	7,800	8,300	15,800
Brown's Town	3,900	5,500	6,400	6,900	8,100
Claremont		2,200	2,000		
Runaway Bay		1,100	2,900	5,800	5,800
<b>Trelawny</b>	<b>56,100</b>	<b>61,200</b>	<b>69,500</b>	<b>71,200</b>	<b>73,100</b>
Falmouth	3,700	3,900	6,700	8,100	8,200
Clarks Town				3,100	3,900
<b>St James</b>	<b>83,000</b>	<b>102,300</b>	<b>136,000</b>	<b>154,200</b>	<b>175,100</b>
Montego Bay	23,600	43,500	70,300	85,100	96,500
Cambridge		2,400	2,900		
<b>Hanover</b>	<b>53,900</b>	<b>58,600</b>	<b>62,800</b>	<b>66,100</b>	<b>67,000</b>
Lucea	2,800	3,600	5,700	5,500	6,100
<b>Westmoreland</b>	<b>109,600</b>	<b>113,200</b>	<b>120,600</b>	<b>128,400</b>	<b>138,900</b>
Savana-la-Mar	9,800	11,600	14,900	16,600	19,900
<b>St Elizabeth</b>	<b>116,700</b>	<b>125,900</b>	<b>136,900</b>	<b>145,600</b>	<b>146,400</b>
Black River	3,100	2,700	3,600	3,600	4,100
Santa Cruz		2,100	6,000	8,200	10,800
<b>Manchester</b>	<b>111,800</b>	<b>123,800</b>	<b>144,000</b>	<b>159,600</b>	<b>185,800</b>
Mandiville	8,400	13,700	34,500	40,600	47,500
Cristiana	4,400	7,300	8,900	7,300	8,300
Spalding		300	300		
Porus		3,800	4,900	5,200	5,900
<b>Clarendon</b>	<b>164,000</b>	<b>175,500</b>	<b>203,100</b>	<b>214,700</b>	<b>237,000</b>
May Pen	14,100	25,400	41,000	46,600	57,300
Chapelton	4,400	4,200	5,300	4,000	4,600
lional Town	2,700	3,300	4,700	4,800	3,600
Frankfield		3,000	3,100	3,500	3,600
Spalding (including part of Manchester in 1999 & 2001)		1,900	2,200	2,900	3,200
<b>St Catherine</b>	<b>153,500</b>	<b>182,900</b>	<b>332,700</b>	<b>382,000</b>	<b>482,300</b>
Spanish Town	14,700	39,200	89,100	114,200	131,500
Linstead	3,800	6,000	9,200	14,600	15,700
Bog Walk		5,600	8,500	9,100	11,200
Ewarton		4,200	8,800	9,000	10,800

Old Harbour	4,200	5,100	15,100	18,400	23,800
Old Harbour Bay		4,400	5,300		
Portmore		5,100	73,400	97,000	161,700

Source: Demographic Statistics, STATIN, 2003

## Population Policy

Prior to the 1980s, population policy in Jamaica was synonymous with reduction in fertility and population growth. The Jamaica Family Planning Association (FAMPLAN) pioneered programmes for fertility reduction in the non-government sector while the National Family Planning Board (NFPB) played the dominant role for similar interventions in the public domain.

In the early 1980s, Jamaica formulated a comprehensive population policy in response to agreements reached at the United Nations World Population Conference which was held in Bucharest, Romania, 1974. The agreements stipulated that countries should develop explicit population policies as integral components of development policy. The policy, which was adopted by Parliament in 1982, gave full recognition to fertility issues but also focused on mortality, international migration, internal migration, urbanization and settlement. A multi-agency Population Policy Coordinating Committee (PPCC) for monitoring the implementation of the Policy was established with its secretariat located in the Planning Institute of Jamaica.

The National Population Policy was revised by the PPCC and adopted by Parliament in 1996. The revised Policy included all areas in the earlier policy but incorporated others which were considered relevant in light of the changing demographic conditions. These additional areas are: gender; children; the aged; and population and the environment. The time-frame for the policy was extended to the year 2020.

The Population Policy has provided a useful framework for guiding national and sectoral development planning and programme monitoring and evaluation for the country. The institutional arrangements for policy review and monitoring have also provided a focal point for collaboration with the international and regional bodies involved in the review and appraisal of the Programme of Action of the International Conference on Population and Development (ICPD) and other similar international agreements. The country, however, lacks a national instrument/mechanism and an established timeframe for monitoring the review and appraisal of the policy. The implementation of the different policy areas and goals has also not been proceeding at any agreed pace. The fertility and contraceptive targets may be the most closely monitored. Policy areas, such as, international migration, internal migration and settlement, and population and environment are poorly monitored.

## Integration of Demographic Variables into Development Planning

Given the recognition that demographic parameters are inter-related and inter-connected with all aspects of development planning, Jamaica was among the first developing countries to embark on an explicit programme to integrate demographic variables into development planning. The programme commenced implementation in the early 1980s and was funded by the United

Nations Population Fund (UNFPA). In the late 1980s and early 1990s, additional support was provided by the World Bank under the Jamaica Population and Health Project (JPHP 1). Both projects provided institutional and programme support to the Population Secretariat in the Planning Institute of Jamaica (PIOJ).

Integration of demographic variables into development planning programme has been fairly successful over the years. Demographic estimates and population projections have become a standard requirement for the formulation of major public sector development projects in the country. Private sector led development projects are increasingly incorporating demographic variables. The World Bank, UN agencies, European Commission and other development partners have also facilitated the process by making demographic analysis a requirement for programme approval.

In spite of these achievements, there are issues that need to be addressed. These include: (a) requirement for all major private sector development projects to incorporate demographic considerations; (b) strengthening capacities at the national, agency and sectoral levels for integrating demographic variables into planning and policy; (c) need to develop and implement appropriate tools for population and development integration.

### 3. SWOT ANALYSIS OF NATIONAL POPULATION PROGRAMME

The SWOT analysis is a strategic tool for assessing the internal and external environments that surround an existing or proposed programme or other undertaking.

In light of the existence of population impact planning at both the national and sectoral levels, this SWOT analysis adopted a combined national level and a life cycle approach. The vision, SWOT and situational analysis provide the framework for the articulation of the goals, objectives and strategies outlined below.

<b>OVERALL POPULATION/PROGRAMME</b>	
<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>▪ National Population Policy and National Plan of Action on Population and Development being implemented</li> <li>▪ Institutional capacity in place for population policy development, monitoring and evaluation- Multi-Agency Population Policy Coordinating Committee (PPCC)</li> <li>▪ Demographic focal points for Jamaica established</li> <li>▪ Jamaica classified at the intermediate stage in the demographic transition</li> <li>▪ Fertility and mortality rates are declining steadily</li> <li>▪ International migration has positive influences on remittances, net international reserves, education, poverty and social protection</li> <li>▪ Demographic considerations and population projections incorporated into major public sector development and disaster mitigation plans, programmes and projects</li> <li>▪ Relatively good basic demographic data and population and reproductive health information available - Censuses, Reproductive Health Surveys, Survey of Living Conditions and Economic and Social Surveys</li> <li>▪ Basic and advanced training programmes in Demography available at the University of the West Indies and good cadre of trained graduates</li> <li>▪ Programmes targeting reproductive health needs of the reproductive age population (15-49 years) being implemented</li> <li>▪ Programmes aimed at reducing mortality risks from violence being implemented e.g. Violence Prevention Alliance etc.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of a standard national instrument/system of indicators and research agenda for the systematic and timely review and appraisal of the implementation of the National Population Policy and Plan of action</li> <li>▪ Lack of a comprehensive national Information, Education and Communication (IEC) as well as population and development integration programmes for ensuring sectoral coordination in policy and planning</li> <li>▪ Inadequate data and/or analysis in areas relating to internal migration, urbanization, HIV/AIDS, mortality (cause of death, maternal deaths, infant and under-five deaths and sudden and violent deaths) and disability</li> <li>▪ Data capture, retrieval and dissemination instruments and systems are predominantly manual and paper-based with inherent inefficiencies</li> <li>▪ Lack of institutional capacities for the collection, collation and dissemination of data on intra-regional migration, immigration, trafficking in persons, smuggling of migrants and other forms of migration</li> <li>▪ Lack of a comprehensive national policy on international migration and development</li> <li>▪ Limited resources for research and analysis and procurement of commodities for reproductive health programmes</li> <li>▪ Lack of expertise in demographic analysis in planning departments of public and private sectors</li> <li>▪ Lack of conformity on agreed definitions of key demographic concepts and processes</li> <li>▪ Non-existent or limited formal data sharing agreements between relevant agencies</li> <li>▪ Limited research and analysis relating to the complex inter-relationships between demographic and social and</li> </ul>

<ul style="list-style-type: none"> <li>▪ Presence of large Jamaican diaspora communities overseas continue to contribute to national poverty reduction and economic and social development</li> <li>▪ The pool of tertiary trained labour force is increasing</li> </ul>	<p>economic variables</p> <ul style="list-style-type: none"> <li>▪ International migration has negative influences on family fragmentation, poor school achievement of children left behind, juvenile delinquency and involvement in crime and criminal networks</li> </ul>
<p><b>Opportunities</b></p>	<p><b>Threats</b></p>
<ul style="list-style-type: none"> <li>▪ Shift to long-term development planning perspective increases the prominence and importance of demographic parameters in planning</li> <li>▪ Prerequisite for including demographic analysis as condition for approval of programmes and projects by multi-lateral and bi-lateral development partners contribute to the integration of demographic variables into planning and development</li> <li>▪ Declining working age population and increasing age dependency in developed countries creating conditions for developing countries to train and export labour for maximizing remittances for national development</li> <li>▪ Increased attention through the Global Forum on International Migration and Development has placed international migration on the global development agenda and possibilities for greater resource flows in this area</li> <li>▪ Increasing ownership of computers and greater access to the internet create the conditions for transformation of manual to web- based and other electronic systems for storage, retrieval and dissemination of demographic data and information</li> <li>▪ Project being developed to further improve civil registration system and quality of vital statistics data</li> <li>▪ Strengthening of the institutional and managerial capacities relating to the Jamaican diaspora can facilitate greater transfer of resources and expertise for national development</li> <li>▪ International migration is increasingly being viewed by both sending and receiving countries as a tool for co-development</li> <li>▪ Joint partnership programmes and off-shore/in-country training and education initiatives can facilitate greater human resources development for contributing to both national development and for export</li> </ul>	<ul style="list-style-type: none"> <li>▪ The reduction of grant funding for contraceptive procurement, reproductive health and family planning by funding agencies may serve to undermine the viability of these programmes</li> <li>▪ Insufficient allocation of funding by the government to population and reproductive health programmes may undermine the ability of the country to meet national and international agreed goals and commitments</li> <li>▪ Initiatives for rationalization and right-sizing of the public sector may inadvertently undermine the institutional capacity of population and other social programmes</li> <li>▪ Slow and inadequate policy and programmatic responses to the emerging shifts in population structure may result in major social instability and severe economic hardships, particularly for the most vulnerable population groups, in the future</li> <li>▪ Continued high levels of recruitment and emigration of highly skilled and tertiary level graduates from the country by foreign enterprises will undermine national development, adequacy of the labour market and increase age dependency</li> <li>▪ Failure of planning departments in government and private sector to recruit competences in demographic analysis could undermine effectiveness of plans and programmes for reproductive health, poverty reduction and sustainable development</li> <li>▪ HIV/AIDS is a major threat to a stable and viable population structure for national development</li> <li>▪ The pervasive and long term impact of crime and violence may erode the demographic sustainability of affected communities</li> <li>▪ Unplanned and unmanaged population movements including squatting, pose major threats to environmental sustainability, viable urban and rural development and physical and social development and well-being</li> </ul>

## CHILDREN UNDER 18 YEARS

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>▪ National Policy and Plans of action on children and child justice being implemented</li> <li>▪ Institutional capacities for child development and welfare (Child Development Agency (CDA), Early Childhood Commission (ECC), Office of the Children's Advocate etc) established</li> <li>▪ Legislation enacted (Child Care and Protection Act, Early Childhood Act)</li> <li>▪ Fairly good data on the status of children exist (demographic estimates and projections, poverty estimates, health conditions, JAMSTATS database component on children etc)</li> <li>▪ Free health care for children being implemented in government hospitals island-wide</li> <li>▪ PATH programmes for improving the health and educational status of children being implemented</li> <li>▪ Jamaica's commitment to international instruments on children's rights and status (UN Convention on the Rights of the Child, World Summit on Children, etc)</li> <li>▪ Reductions in fertility among children (10 – under 18 years) may contribute to poverty reduction</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of a comprehensive national instrument/system of indicators and research agenda for the systematic and timely review and appraisal of the National Policy and Plan of action on Children and the status of children in general</li> <li>▪ Lack of a comprehensive national Information, Education and Communication (IEC) and advocacy strategy for ensuring sectoral coordination and mainstreaming of children's issues in policy and planning and for promoting the rights and status of children in general</li> <li>▪ Inadequate data and/or analysis in areas relating to mortality (cause of death, infant and under-five deaths and sudden and violent deaths), disability, sexual and reproductive health and violation of the rights of the child</li> <li>▪ Inadequate resources allocated to programmes for child development, education and care</li> <li>▪ Lack of adequate community, regional and national recreational centres for children</li> <li>▪ Lack of an adequate programme for addressing the reproductive health information and needs of children</li> </ul>
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>▪ Declining child population (under 18 years) creating the opportunities and resources (declining child dependency ratios) to improve the quality of services (education, health, recreation and sports, etc) for this age group</li> <li>▪ Increasing ownership of computers and greater access to the internet create the conditions for transformation of manual to web- based and other electronic systems for storage, retrieval and dissemination of data and information on children</li> <li>▪ Greater emphasis on long-term planning at the national level should provide a more comprehensive approach to child development planning at the sectoral and agency levels</li> </ul>	<ul style="list-style-type: none"> <li>▪ Slow policy and programmatic responses to the emerging shifts in population structure may result in major social instability and economic hardships for the child population in the future</li> <li>▪ Failure of planning departments having portfolio responsibility for child development in government and private sector to recruit competences in demographic analysis could undermine effectiveness of child development, plans and programmes for sustainable development</li> <li>▪ Institutional and structural inequalities rooted in the stratification system of classes and status groups tend to perpetuate discrimination and marginalization of children from poor families</li> </ul>

## ADULTS 18 – 64 YEARS

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>▪ National Youth Policy and programme of action being implemented</li> <li>▪ National Centre for Youth Development established</li> <li>▪ Special programmes targeting reproductive health needs of adolescents, youth and men being implemented</li> <li>▪ Estimates and projections of the working age population by sex prepared</li> <li>▪ Relatively good data on the labour force by age, sex, occupation and sectors available</li> <li>▪ Both public and private sector programmes for provision of housing, health care, recreation, entertainment and other aspects for the adult population being implemented</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of a standard national instrument/system of indicators and research agenda for the systematic and timely review and appraisal of national policies and programmes for the adult population</li> <li>▪ Lack of a national Information, Education and Communication (IEC) and advocacy strategy for ensuring sectoral coordination and integration of issues and concerns relevant to the adult population in policy and planning. Inadequate data and/or analysis in areas relating to internal migration, urbanization, mortality (cause of death, maternal deaths and sudden and violent deaths) and disability</li> <li>▪ Limited resources for research and analysis and procurement of commodities for sexual and reproductive health programmes</li> <li>▪ Some distortions exist in the distribution of the working age population (greater proportions of females in urban areas while greater proportions of males in rural area)</li> <li>▪ High proportions of the working age population lack adequate training, education and certification for the national and global labour market</li> </ul>
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>▪ Expanding working age population (14 + years) and declining age dependency ratios– window of opportunity for mobilizing surplus population for development</li> <li>▪ Increasing ownership of computers and greater access to the internet create the conditions for transformation of manual to web- based and other electronic systems for storage, retrieval and dissemination of data and information on the adult population</li> <li>▪ Declining working age population in developed countries may open doors for emigration of workers from Jamaica</li> <li>▪ Establishment of institutional capacities for strengthening linkages with the Jamaican diaspora will facilitate greater mobilization of their skills and resources for national development</li> </ul>	<ul style="list-style-type: none"> <li>▪ Slow policy and programmatic responses , particularly employment creation, for the rapidly growing working age population, may result in major social instability and economic hardships</li> <li>▪ Continued high levels of recruitment and emigration of highly skilled and tertiary level graduates from the country will undermine national development, adequacy of the labour force to meet development needs and increase age dependency</li> <li>▪ Restrictive immigration policies in developed countries may also serve to deplete highly skilled and tertiary level trained workers from the labour market</li> <li>▪ Failure of planning departments in government and private sector to recruit competences in demographic analysis could undermine effectiveness of plans and programmes for sustainable development</li> <li>▪ HIV/AIDS, crime and violence , motor vehicle accidents and chronic diseases may have greater effects in reducing labour productivity in the future</li> <li>▪ Limited growth of the economy and low absorptive capacity for labour may increase emigration of skilled labour</li> </ul>

## SENIOR CITIZENS 60+ YEARS

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>▪ National Policy on Senior Citizens being implemented</li> <li>▪ National Council for Senior and parish level Golden Age Clubs established</li> <li>▪ National implementation of UN commitments and programme of action for the elderly being undertaken</li> <li>▪ Drugs for the elderly programme and the National Health Fund providing support for procurement of drugs for certain chronic diseases being implemented</li> <li>▪ Reform of the social safety net and pension systems being undertaken</li> <li>▪ Basic data on the size and expected growth of the elderly population available</li> <li>▪ Non-governmental and community-based organizations provide meals and other support to elderly persons in some urban areas</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of a standard national instrument/system of indicators and research agenda for the systematic and timely review and appraisal of the National Policy and Plan of action. of Action for senior citizens</li> <li>▪ Lack of a national Information, Education and Communication (IEC) and advocacy strategy for ensuring sectoral coordination and integration of issues relating to senior citizens in policy and planning</li> <li>▪ Inadequate data and/or analysis in areas relating to internal migration, international migration, mortality (cause of death and sudden and violent deaths) and disability</li> <li>▪ Lack of fully equipped rehabilitation, recreational and care facilities for the elderly</li> <li>▪ Little or no research conducted to assess the situation of the elderly</li> <li>▪ Inadequate resources allocated for strengthening institutional capacities for implementation and monitoring of the policy and programme of action</li> <li>▪ Inadequate social protection systems to meet expanding needs</li> </ul>
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>▪ Increasing ownership of computers and greater access to the internet create the conditions for transformation of manual to web- based and other electronic systems for storage, retrieval and dissemination of data and information on senior citizens</li> <li>▪ Skills and resources of the retired persons and returning residents can be mobilised for national development</li> <li>▪ Emphasis on long-term planning will highlight the magnitude in the expected growth of the elderly relative to other age groups and the need for priority interventions</li> </ul>	<ul style="list-style-type: none"> <li>▪ Slow policy and programmatic responses to the emerging shifts in population structure may result in major social instability and economic hardships for senior citizens in the future</li> <li>▪ Failure of planning departments in government and private sector to recruit competences in demographic analysis could undermine effectiveness of plans and programmes for sustainable development of senior citizens</li> <li>▪ Failure to create adequate economic programmes for the elderly</li> <li>▪ Inadequate economic opportunities to absorb the middle and high level age segments of the workforce</li> <li>▪ Substantial re-allocation of resources is imperative to meet the needs of the growing elderly population in order to avoid major social dislocation</li> </ul>

<b>PERSONS WITH DISABILITIES</b>	
<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>▪ National policy for persons with disabilities being implemented</li> <li>▪ Programmes targeting reproductive health needs of persons with disabilities being implemented</li> <li>▪ Basic data on demographic, economic and social profile of persons with disabilities exist (though limited)</li> <li>▪ Institutional capacities for different groups of persons with disabilities exist – though limited</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of a standard national instrument/system of indicators and research agenda for the systematic and timely review and appraisal of the National policies and plans of action for vulnerable groups</li> <li>▪ Lack of a national Information, Education and Communication (IEC) and advocacy strategy for ensuring sectoral coordination and integration of issues relating to persons with disabilities in policy and planning</li> <li>▪ Inadequate data and/or analysis of data on disability</li> <li>▪ Limited resources for research and analysis and procurement of commodities for sexual and reproductive health needs for persons with disabilities</li> <li>▪ High levels of unemployment and lack of inclusion</li> <li>▪ Lack of fully equipped rehabilitation, recreational and care facilities</li> <li>▪ Little or no research conducted to assess the situation of persons with disabilities</li> </ul>
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>▪ Increasing ownership of computers and greater access to the internet create the conditions for transformation of manual to web- based and other electronic systems for storage, retrieval and dissemination of data and information</li> <li>▪ Long-term population plan and population projections provide a rationale for revision of national policy for persons with disabilities (expected growth in absolute numbers of persons with disabilities)</li> <li>▪ Appointment of a Senator to represent persons with disabilities in the Senate</li> </ul>	<ul style="list-style-type: none"> <li>▪ Slow policy and programmatic responses to the emerging shifts in population structure may result in major social instability and economic hardships for persons with disabilities</li> <li>▪ Failure of planning departments in government and private sector to recruit competences in demographic analysis could undermine effectiveness of plans and programmes for sustainable development as it relates to persons with disabilities</li> <li>▪ Continuing failure to offer and adequate social and economic programmes and to integrate persons with disabilities into national development programmes</li> </ul>

#### **4. VISION STATEMENT**

**National Vision:** Jamaica – The place of choice to, live, work, raise families and do business

**Demographic Vision:** A population which meets the sustainable development needs of the country

## 5. POPULATION STRATEGIC PLAN- Goals, Objectives and Strategies

### POPULATION STRATEGIC PLAN, 2008- 2030

Strategic/Policy Areas	Goals (Long-Term, 2030)	Outcomes	Strategies
<p><b>Population growth and size</b></p>	<p><b>Goal 1:</b> Stabilization of the population at zero growth by 2030</p> <p><b>(a) Fertility:</b> Replacement level fertility (2.1 children per woman) achieved by 2010 and maintained at that level</p>	<p>Quality reproductive health and family planning services that are affordable, acceptable and accessible to all who need and want them, while maintaining confidentiality</p> <p>Full access to reproductive health information and services for men, adolescents, youth and persons with disability</p>	<p>Build the capacity of health care providers</p> <p>Develop a Reproductive Health Policy</p> <p>Improve service delivery for specific target populations</p> <p>Increase utilization of available family planning options</p> <p>Expand access to existing but underused family planning and reproductive health options for men and women</p> <p>Make health care facilities more male and youth friendly</p> <p>Effectively expand access to contraceptive products and information to target population</p> <p>Broaden the linkages required to effectively reach target populations in both private and public health systems</p> <p><b>Contraceptive Method Mix</b> Develop Information, Education and Communication Strategy</p> <p><b>Advocacy/Health Promotion for Behaviour Change</b> Create and maintain a supportive environment for the delivery and use of reproductive health services</p> <p>Promote strategies that use evidence-based practices to improve access to and quality of reproductive health programmes</p>

Strategic/Policy Areas	Goals (Long-Term, 2030)	Outcomes	Strategies
			<p><b>Research</b> Use research to uncover client’s needs, desires and acceptance of reproductive health services to inform development and implementation of effective service delivery strategies</p> <p><b>Legislation</b> <b>Monitoring and Evaluation</b></p>
	<p><b>(b)Contraceptive Prevalence Rate (CPR):</b> CPR should increase to at least 71 per cent by 2010 and 75 per cent by 2030</p> <p><b>(c)Mortality:</b> Life expectancy at birth should reach 72 years for males and 77 years for females by 2015 and 75 years for males and 80 years for females by 2030</p>	<p>Elimination of unmet need for family planning</p> <p>Reduction in infant, under-five and maternal mortality to levels obtained in developed countries by 2030</p>	<p>Develop and implement systems and measures for monitoring and evaluation of persons with unmet need for family planning</p> <p>Develop and implement advocacy and IEC programmes and services targeting persons with unmet need</p> <p><b>Maternal and child health</b> Strengthen and expand programmes to ensure that all births are attended by skilled birth attendants</p> <p>Implement programmes and measures to ensure that all mothers are monitored using the partograph during labour</p> <p>Implement programmes to ensure that neonatal resuscitation are integrated into the basic training of midwives and through upgrading the skills of existing midwives</p> <p>Implement programmes to ensure that all children under two years are fully immunized within the regulations</p> <p>Implement programmes to ensure that physicians, nurse practitioners and members of the primary care team are adequately trained to recognize and manage the leading causes of young child morbidity and mortality (especially respiratory conditions, including asthma, gastroenteritis, HIV/AIDS)</p> <p>Expand programmes to ensure that all</p>

Strategic/Policy Areas	Goals (Long-Term, 2030)	Outcomes	Strategies
		Reduction in the number of deaths from motor vehicle accidents	<p>mothers are screened for HIV during pregnancy and provided the necessary treatment, education and support to reduce mother to child transmission of HIV/AIDS</p> <p><b>Motor Vehicle Accidents</b> Implement programmes to eliminate deaths among pedestrians by: (a) improving road use skills among children and youth; (b) increasing the number of pedestrian crossings, including overhead crossings where appropriate</p>
		<p>Reduction in the number of homicides</p> <p>Reduction in the mortality rate from non-communicable diseases</p>	<p>Implement measures for enforcement of mandatory seat belt use by all motor vehicle occupants and restrain of young passengers</p> <p>Implement measures to monitor alcohol use among motor vehicles drivers</p> <p>Implement programmes to ensure that all drivers are equipped with defensive driving skills</p> <p>Enact and implement legislation to prohibit use of cell phones while driving</p> <p>Strengthen programmes and measures for more effective monitoring of all drivers</p> <p><b>Homicides</b> Implement measures to eliminate illegal importation of drugs and guns</p> <p>Strengthen programmes for improving family life, inter-personal relationships and negotiating skills, parenting and conflict resolution skills</p> <p>Expand employment programmes and job opportunities for youth</p> <p><b>Chronic Diseases</b> Strengthen health promotion programmes aimed at improving: (a) nutrition, diet, physical activity beginning in primary and secondary schools; (b) health seeking behaviour; and (c) compliance with drug treatment regimens</p>

Strategic/Policy Areas	Goals (Long-Term, 2030)	Outcomes	Strategies
			<p>Implement programmes to improve access to health care for at - risk groups including the poor, elderly, persons with disabilities and young persons</p> <p>Expand programmes and measures for recreation and physical activity by developing more parks, playgrounds and walking trails</p> <p>Expand access to rehabilitative services</p>
	<p><b>(d) Migration:</b> Emigration should decline from the current level of 18,000 in 2005 to 16,000 by 2015 and 12,000 by 2030</p>	<p>Reduction in the HIV prevalence rate in the general population and in the regional differences in prevalence</p> <p>Strengthened measurement and monitoring of migration in and out of the country by age, sex and occupation for Jamaicans and non Jamaicans</p>	<p><b>HIV/AIDS</b></p> <p>Develop a standardized system, measures and instruments for the collection, analysis and dissemination of data on inter-regional and intra-regional migration, return migration, refugees and asylum seekers</p> <p>Develop and implement a web-enabled migration database on the demographic, educational/ professional, occupational/ expertise country of residence and related characteristics of migrants</p> <p>Undertake special studies and research on international migration for informing policy</p> <p>Develop a manual on the key concepts, definitions and institutional responsibilities relating to migration pertinent to Jamaica</p>
<p><b>Population age and sex structure</b></p> <p>Children (under 18 years)</p>	<p><b>Goal 2:</b> Full realization of the rights, survival and holistic development of the child so that he or she can become a productive and well integrated member of</p>	<p>Strengthen national and international law, protocol and agreements on the rights, protection and development of children</p>	<p>Create, strengthen and implement as appropriate public awareness programmes and institutional capacities for addressing issues relating to: (a) Child Care and Protection Act; (b) Convention on the Rights of the Child;</p>

Strategic/Policy Areas	Goals (Long-Term, 2030)	Outcomes	Strategies
	the family and society		<p>(c) World Summit for Children: and other relevant instruments</p> <p>Review and revise existing policies and action plans for children to ensure relevance to emerging concerns</p> <p>Enforce mandatory civil registration according to established guidelines and ensure naming of all children within specified timeframe</p> <p>Design and implement policy relevant research and establish web-enabled database on children</p> <p>Implement effective programmes for education of caregivers (wide range of information including knowledge of the rights of the child, their roles and responsibilities, economic counseling) (Education Plan)</p> <p>Ensure full provision for the education and training of children (Education Plan)</p> <p>Increased acceptance of planned parenting</p> <p>Improved employability of caregivers(training, entrepreneurial opportunities)</p> <p>Ensure universal social protection for all children</p>
Adolescents (10-19 years) and Youth (15-24 years)	<b>Goal 3:</b> Empowerment and protection of adolescents and youth to enable them to fully realize their social, cultural and human rights and fulfill their physical, economic and social aspirations	<p>Adolescents and youth are numerate and literate by age 19</p> <p>Programmes exist to identify, treat and rehabilitate adolescents and youth at risk of abuse and neglect.</p> <p>Existing institutions are strengthened to more effectively coordinate adolescent and youth development programmes</p>	<p>Educate and sensitize adolescents and youth</p> <p>Provide adequate funding</p> <p>Implement multi-agency approach to adolescents and youth development programmes</p> <p>Target adolescents and youth for social development, entrepreneurial, education and training opportunities</p> <p>Promote professionalisation of youth work (youth development as a viable career choice)</p>

Strategic/Policy Areas	Goals (Long-Term, 2030)	Outcomes	Strategies
		<p>Human and infrastructural capacities for programme delivery are strengthened</p> <p>Access to services and skills training are provided for adolescents &amp; Youth with special needs.</p> <p>Employment opportunities are provided for youth including those with special needs.</p>	<p>Increase availability and access to services for adolescent and youth development e.g. adolescents and youth aides/IEC</p> <p>Increase opportunities for recreational activities including sports and culture, adolescents and youth facilities and green spaces.</p> <p>Strengthen leadership skills and training opportunities for staff</p> <p>Build awareness of existing training facilities</p> <p>Review and revise existing policy and plans of action</p> <p>Provide awareness for social development, self expression and involvement in national development</p> <p>Strengthen programmes that provides for the reproductive health and rights of adolescents and youth</p>
<p>Working Age population 15-65 years</p> <p>Senior citizens (60+ years)</p>	<p>(Addressed in Labour Market and Productivity Sector Plan)</p> <p><b>Goal 4:</b> Adequate provision for the empowerment, protection and well-being of senior citizens and enable them to contribute to national social and economic development</p>	<p>Policy, legislative and institutional capacities for development of senior citizens are strengthened</p>	<p>Review and revise national policy and plan of action for senior citizens</p> <p>Incorporate explicitly the rights of older persons at all levels of policy and legislation</p> <p>Develop and implement a national gerontology and geriatrics plan for existing and future health care providers.(Health Plan)</p> <p>Review legislation to increase the retirement age (Welfare Plan)</p>

Strategic/Policy Areas	Goals (Long-Term, 2030)	Outcomes	Strategies
		<p>Social, physical and economic opportunities for senior citizens are strengthened and promoted</p> <p>Senior citizens are empowered (building awareness of opportunities and capacities).</p>	<p>Promote and facilitate the inclusion of older persons in the formal workforce (Labour Force Plan)</p> <p>Promote and expand access to continuing education and training opportunities (lifelong learning) for senior citizens (Education Plan)</p> <p>Design, implement and/or adapt the physical environment to meet the needs of senior citizens to enable them to live independent lives (Urban and Regional Plan)</p> <p>Develop programmes and measures to facilitate full involvement of senior citizens in society</p> <p>Strengthen informal and formal social support systems for senior citizens.(Welfare Plan)</p> <p>Stimulate the development of facilities for establishment of retirement communities and assisted living environments provided for senior citizens.(Welfare Plan)</p> <p>Develop and strengthen community support services for the elderly</p> <p>Develop systems and programmes to enhance the contribution of senior citizens to family and family life</p>
		<p>Systems, facilities and health care services for senior citizens are strengthened and modernized</p> <p>Public awareness and advocacy towards an “ageless” society is increased</p>	<p>Provide access to comprehensive health care services suited to the needs of senior citizens</p> <p>Develop and utilize instruments for improving, understanding and monitoring health care status of senior citizens</p> <p>Strengthen programmes on the ability of senior citizens to be self-sufficient.</p> <p>Educate and sensitize the general public on the needs of the elderly</p>

Strategic/Policy Areas	Goals (Long-Term, 2030)	Outcomes	Strategies
Persons with disabilities	<p><b>Goal 5:</b> Accurate measurement, timely analysis and provision of data on persons with disabilities for policy, planning and programme development purposes</p>	<p>the institutional capacities, systems and instruments are strengthened for better measurement, analysis and dissemination of data and information on persons with disabilities</p>	<p>Develop the capacities for research, analysis and evaluation at all relevant institutions for persons with disabilities</p> <p>Improve the design, collection and analysis of census data on persons with disabilities</p> <p>Undertake inter-censal sample surveys on persons with disabilities for policy and planning</p> <p>Advocate for the integration of disability issues and concerns in existing public sector research and analysis programmes</p> <p>Design and implement a web-enabled database on persons with disabilities</p>
<p><b>International migration and development</b></p>	<p><b>Goal 6:</b> International migration is adequately measured, monitored and influenced to served the development needs of Jamaica</p>	<p>Measures to influence the flow of external migration are promoted 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 migration.</p>	<p><b>Migration Policy and Management Capacities</b>            Develop and implement a comprehensive national policy and programme of action on international migration and development</p> <p>Develop the capacities including infrastructure for quick response to the needs and threats to our migrants overseas ensuring their safe return and/or protection</p> <p><b>Diaspora and Development</b>            Expand and adjust where relevant programmes, projects and measures for greater expansion and more efficient mobilization and use of the resources (remittances) and expertise of the diaspora for national development</p> <p>Strengthen programmes at the national and community levels for the more effective re-integration of returning residents into the society</p> <p>Work with the diasporic community in destination countries for the integration of newly arriving Jamaican immigrants</p> <p>Promote measures at both the</p>

Strategic/Policy Areas	Goals (Long-Term, 2030)	Outcomes	Strategies
			<p>international and national levels for reducing the costs of transfers and increasing the volume of remittances to recipients</p>
			<p><b>Labour Mobility</b>  Provide opportunities and strengthen and/or expand training programmes for human resource capacities for participation in short-term labour migration schemes for reducing unemployment pressures, poverty reduction and national and community development</p> <p>Develop and renegotiate existing agreements regarding seasonal employment programmes with receiving countries</p> <p>Develop agreements with receiving countries for short term employment of our skilled labour force with some guarantee for their return</p> <p>Implement systems and measures to ensure that local tertiary institutions develop the long-term capacity to train all categories of skilled manpower to meet development needs</p> <p><b>Border Control and Management</b>  Implement legislation (where applicable), measures and programmes for more effective management and control of trafficking of persons, smuggling of migrants, refugees and asylum seekers</p> <p>Collaborate with relevant international organizations for providing training and information, education and communication (IEC) programmes on border control and migration management concerns and issues</p> <p><b>Migration and Family</b>  Implement advocacy and public education programmes on the influence of family separation due to migration particularly with regards to the development and welfare of children and the elderly</p>

Strategic/Policy Areas	Goals (Long-Term, 2030)	Outcomes	Strategies
<p><b>Internal migration and rural/urban population distribution, Settlement</b></p>	<p><b>Goal 7:</b> Optimal spatial distribution of the population for sustainable development</p>	<p>A sustainable balance is maintained between the spatial (urban/rural) distribution of the population and that of development</p>	<p><b>Policy Formulation</b> Formulate and implement a national settlement policy and programme of action for implementation</p> <p>Develop and implement a Squatter Management Policy/ Settlement Strategy</p> <p><b>Infrastructural Development</b> Implement initiatives for more accessible housing for rural dwellers and for residents to address the lack of titles for family owned lands</p> <p><b>Internal Migration data</b> Develop and implement a research agenda and comprehensive web-enabled database on population distribution and internal migration</p>
<p><b>Urbanization (Urban and Regional Plan)</b></p>	<p><b>Goal 8:</b> Achievement of a balanced rate of population growth in urban centres to satisfy sustainable development needs in these areas</p>	<p>An acceptable quality of life is provided for the population residing in urban centres.</p> <p>The quality of life of persons living in rural areas is improved</p>	<p><b>Urban Policy</b> Develop a comprehensive urban development policy and programme of action for implementation</p> <p><b>Capacity Building</b> Implement measures to stimulate investment in economic, social and infrastructural activities to benefit the urban population</p> <p>Implement more adequate housing solutions for all income levels to reduce both overcrowding and levels of criminal activity</p> <p>Implement more innovative projects geared towards provision of social housing to stem urban decay</p> <p><b>Implementation and Enforcement</b> Enforce guidelines to minimize/ eliminate settlement activities in areas with high susceptibility to environmental degradation and hazard</p> <p>Take necessary steps to ensure implementation of the Rural</p>

Strategic/Policy Areas	Goals (Long-Term, 2030)	Outcomes	Strategies
<b>Population Policy</b>	<b>Goal 9:</b> Size, structure, distribution and characteristics of the population are optimized to meet the sustainable development needs and quality of life of the nation	Population policies and programmes are relevant to the changing demographic social, economic and environmental realities	<p>Development Policy to stem the unsustainable population flows into urban centres</p> <p><b>Policy Revision</b> Revise existing National Population Policy (1995) and Plan of Action to reflect changing conditions</p> <p><b>Integration</b> Integrate population policy objectives into the formulation of all policies and strategies at national and sectoral levels</p> <p><b>Advocacy</b> Develop information, education and communication strategy for creating awareness and buy-in from stakeholders and parliamentarians</p>
<b>Integrating demographic factors into development policy and planning in government and non-government sectors</b>	<b>Goal 10:</b> Demographic factors are fully integrated in all national, regional and sector planning and programme development systems and processes	High quality demographic data, advice and forecasting is collected and disseminated for use in policy development and planning	<p><b>Monitoring and Implementing</b> Develop and maintain a system and database for monitoring the implementation and review of the policy</p> <p><b>Capacity Building</b> Review, appraise and develop a more effective action plan for providing advice, demographic data and information to policy makers and planners for integration</p> <p>Increase capacity to integrate demographic data for planning in government and non-government sectors</p> <p>Develop and implement a web-based demographic database for policy and planning purposes</p> <p><b>Advocacy</b> Increase buy-in from stakeholders regarding integration of demographic considerations in planning processes</p> <p><b>Policy</b> Establish policy guidelines to govern provision and access to demographic data and research for planning processes</p>

Strategic/Policy Areas	Goals (Long-Term, 2030)	Outcomes	Strategies
			<p>Harmonize and standardize demographic data collection methodologies and instruments to facilitate improved analysis and interpretation</p> <p>Collaborate with the Statistical Institute of Jamaica and other relevant partners in under-taking periodic revision of population projections</p>
<p><b>Technology, research and demographic data</b></p>	<p><b>Goal 11:</b> Adequate capacities and systems for the measurement, analysis and dissemination of good quality demographic data and information for policy, planning and research</p>	<p>Quality basic demographic and reproductive health data and information is provided for policy design and planning</p>	<p>Develop and implement a comprehensive programme for transformation and improvement of civil registration and vital statistics</p> <p>Design and implement a programme for the systematic and adequate measurement of international, intra-regional and related dimensions of migration</p> <p>Develop a research programme for the more comprehensive analysis of census data pertaining to internal migration and urbanization; fertility and mating patterns; nuptiality and family systems, labour market and training systems; and disability</p> <p>Develop and implement a comprehensive multi-agency and multi-access web-enabled demographic database for policy and planning</p> <p>Ensure an adequate supply of competently trained professionals in both basic and advanced demographic analysis and research</p> <p>Develop and implement a policy relevant research agenda on the interactions between population and sustainable development</p>

## **6. Institutional Framework for Monitoring the Implementation, Review and Evaluation of the Population Plan**

The Population Policy Coordinating Committee (PPCC) will have primary responsibility for monitoring the implementation, review and evaluation of the national population plan. The PPCC is eminently suited both technically and institutionally to perform this function given its current mandate to monitor the implementation of the national population policy (see National Population Policy, PIOJ, 1995). The PPCC is officially chaired by the Director General of the PIOJ.

Under the mandate for the plan, the PPCC will undertake both annual and three-year cycle reviews of the implementation of the plan as well as any ad hoc reviews which may become necessary. The Director General of the PIOJ will report directly to the Minister who has portfolio responsibility for planning on all matters relating to the plan.

The Population Unit of the PIOJ will provide secretariat services to the PPCC. In this regard, the Population Unit will report directly to the Director of the Social Policy and Planning Division (SPPRD) of the PIOJ and be responsible for monitoring the multi-agency day to day implementation of the plan. The Population Secretariat will report to the National Plan Secretariat through the Director of the SPPRD (see Organogramme below).

## List of Task Force Members

<b>NAMES</b>	<b>ORGANIZATIONS</b>
Valerie Nam	Chair & Director, Census, Social and Demographic Statistics, Statistical Institute of Jamaica (STATIN)
Chukwudum Uche	Professor of Demography, Department of Sociology, Psychology and Social Work, UWI, Mona
Alphonso Williams	Policy Analyst, National Family Planning Board (NFPB)
Patricia Holness	Chief Executive Officer, Registrar General's Department (RGD)
Karen Lewis-Bell	Director, Family Health Programme, Ministry of Health (MOH)
Janet Hyde	National Environmental Planning Agency (NEPA)
Carol Johnson-Miller	Ministry of Agriculture (MOA)
Eulalee Graham-Sangster	ACEO, Policy Analysis Research & Statistics Unit, Ministry of Education, Youth and Culture (MOEY&C)
Lisa Taylor-Stone	Jamaica Employers Federation (JEF)
Winsome Wilkins	Chief Executive Officer, Council of Voluntary Social Services (CVSS)
Carol Charlton	Senior Director, Passport Immigration and Citizenship Division, Ministry of National Security (MONS)
Glen Smith	Programme Officer, United Nations Population Funds UNFPA)
Beverley Hall-Taylor	Chief Executive Officer, National Council for Senior Citizen, Ministry of Labour and Social Security, (MLSS)
Affette MacCaw-Binns	Professor of Department of Community Health and Psychiatry, UWI, Mona
Janice Miller	Jamaican Overseas and Consular Affairs Department, Ministry of Foreign Affairs and Foreign Trade MOFA&FT
Vincent George	National Housing Trust (NHT)
Hopeton Smith	Urban Development Corporation (UDC)
Jacqueline Bennett	Jamaica Council for Persons with Disabilities
Donnette Walker	National Centre for Youth Development (NCYD)
Peggy Scott	Chief Executive Officer, Jamaica Family Planning Association (FAMPLAN)
<b><u>Secretariat</u></b> Easton Williams	Planning Institute of Jamaica (PIOJ)

Toni_Shae Freckleton Marcia Brown Claudette Myers Charles Clayton	
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## References

Planning Institute of Jamaica (PIOJ), *Economic and Social Survey Jamaica*, PIOJ, 2005-2007

Statistical Institute of Jamaica (STATIN), *Demographic Statistics*, STATIN, 2000-2007

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## APPENDIX

### Projections of the Total Population\* by Age and Sex: 2000-2050 Medium Projection

Age Group	2000	2005	2010	2015	2020	2025
0-4	280,300	259,262	247,566	233,651	234,301	229,954
5-9	288,453	273,898	252,953	241,599	228,021	228,962
10-14	276,183	277,840	263,325	242,860	232,116	219,003
15-19	253,255	263,092	264,766	250,809	231,153	220,952
20-24	218,284	239,593	249,410	251,585	238,486	219,467
25-29	207,074	206,736	227,871	237,988	240,794	228,227
30-34	195,019	195,191	194,930	216,258	226,849	230,103
35-39	178,814	181,883	182,130	182,341	204,081	215,016
40-44	149,645	167,168	170,259	170,908	171,717	193,528
45-49	110,657	139,491	156,721	160,081	161,220	162,352
50-54	94,635	102,211	130,256	147,252	150,910	152,293
55-59	74,469	87,244	94,589	121,623	138,204	141,913
60-64	65,231	67,472	79,491	86,574	112,142	127,909
65-69	59,572	57,541	59,645	70,654	77,327	100,728
70-74	51,408	50,562	48,916	50,825	60,459	66,446
75-79	38,365	40,659	40,095	38,885	40,507	48,368
80+	48,029	51,859	55,596	57,488	57,957	59,535
<b>Total</b>	<b>2,589,393</b>	<b>2,661,702</b>	<b>2,718,519</b>	<b>2,761,381</b>	<b>2,806,244</b>	<b>2,844,756</b>

Age Group	2030	2035	2040	2045	2050
0-4	221,438	211,620	203,577	197,456	191,850
5-9	224,934	216,599	206,969	198,966	192,882
10-14	220,533	216,738	208,715	199,107	191,125
15-19	208,624	210,417	207,011	199,021	189,451
20-24	210,089	198,110	200,292	196,936	189,026
25-29	210,046	200,977	189,458	191,673	188,408
30-34	218,278	200,577	191,930	180,596	182,861
35-39	218,943	207,539	190,439	181,955	170,824
40-44	204,909	209,023	198,120	181,331	173,033
45-49	184,237	195,610	199,943	189,315	172,930
50-54	153,802	175,266	186,582	190,895	180,650
55-59	143,551	145,167	165,979	176,960	181,249
60-64	131,630	133,343	135,066	154,781	165,293
65-69	115,325	118,869	120,638	122,377	140,570
70-74	86,930	99,824	103,076	104,801	106,544
75-79	53,443	70,205	80,914	83,708	85,346
80+	65,849	73,167	88,994	105,495	117,149
<b>Total</b>	<b>2,872,561</b>	<b>2,833,884</b>	<b>2,877,703</b>	<b>2,855,373</b>	<b>2,819,191</b>

\*Mid year population

Source: Population Projections: 2000-2050. STATIN, 2008

### Projections of the Male Population\* by Age and Sex: 2000-2050

**Medium Projection**

Age Group	2000	2005	2010	2015	2020	2025
0-4	142,339	131,331	125,415	118,373	118,709	116,514
5-9	146,237	138,949	127,997	122,263	115,400	115,890
10-14	139,445	140,620	133,355	122,659	117,247	110,631
15-19	127,010	132,490	133,675	126,708	116,446	111,322
20-24	106,281	119,647	125,106	126,549	120,047	110,146
25-29	99,157	100,106	113,321	118,911	120,671	114,468
30-34	92,915	93,111	94,092	107,323	113,119	115,091
35-39	84,903	86,495	86,731	87,921	101,273	107,208
40-44	73,558	79,366	80,967	81,385	82,834	96,143
45-49	54,509	68,756	74,459	76,173	76,808	78,381
50-54	48,209	50,514	64,324	69,952	71,785	72,524
55-59	37,863	44,522	46,760	59,990	65,469	67,309
60-64	31,743	34,257	40,464	42,626	55,015	60,181
65-69	28,673	27,718	30,019	35,613	37,644	48,809
70-74	24,479	23,763	23,018	25,028	29,799	31,596
75-79	17,614	18,576	18,071	17,557	19,185	22,918
80+	19,141	20,440	21,688	22,057	22,009	23,122
<b>Total</b>	<b>1,274,076</b>	<b>1,310,661</b>	<b>1,339,462</b>	<b>1,361,088</b>	<b>1,383,460</b>	<b>1,402,253</b>

Age Group	2030	2035	2040	2045	2050
0-4	112,205	107,236	103,166	100,070	97,235
5-9	113,861	109,649	104,780	100,733	97,659
10-14	111,431	109,526	105,479	100,623	96,588
15-19	105,124	106,062	104,363	100,338	95,506
20-24	105,463	99,465	100,607	98,943	94,972
25-29	105,036	100,532	94,797	95,959	94,356
30-34	109,277	100,125	95,851	90,235	91,428
35-39	109,492	103,903	95,075	90,899	85,406
40-44	102,259	104,622	99,286	90,640	86,570
45-49	91,629	97,712	100,163	94,979	86,562
50-54	74,234	87,166	93,180	95,609	90,633
55-59	68,151	69,870	82,327	88,132	90,531
60-64	62,000	62,868	64,576	76,282	81,790
65-69	53,520	55,230	56,107	57,744	68,404
70-74	41,127	45,173	46,707	47,543	49,071
75-79	24,399	31,882	35,083	36,353	37,116
80+	26,084	28,657	34,803	40,007	43,591
<b>Total</b>	<b>1,415,292</b>	<b>1,419,678</b>	<b>1,416,350</b>	<b>1,405,089</b>	<b>1,387,418</b>

\*Mid year population

Source: Population Projections: 2000-2050. STATIN, 2008

Projections of the Female Population\* by Age and Sex: 2000-2050

**Medium Projection**

Age Group	2000	2005	2010	2015	2020	2025
0-4	137,961	127,930	122,151	115,278	115,591	113,440
5-9	142,216	134,948	124,955	119,336	112,621	113,072
10-14	136,738	137,220	129,970	120,201	114,869	108,372
15-19	126,245	130,601	131,092	124,102	114,707	109,630
20-24	112,003	119,946	124,303	125,036	118,438	109,321
25-29	107,917	106,630	114,551	119,078	120,123	113,759
30-34	102,104	102,081	100,838	108,935	113,731	115,012
35-39	93,911	95,388	95,399	94,419	102,808	107,807
40-44	76,087	87,802	89,293	89,522	88,882	97,385
45-49	56,148	70,735	82,262	83,908	84,411	83,970
50-54	46,426	51,697	65,932	77,300	79,124	79,769
55-59	36,606	42,722	47,829	61,633	72,735	74,604
60-64	33,488	33,215	39,026	43,948	57,128	67,728
65-69	30,899	29,823	29,626	35,041	39,683	51,918
70-74	26,929	26,799	25,898	25,797	30,660	34,850
75-79	20,751	22,083	22,023	21,327	21,322	25,450
80+	28,888	31,418	33,908	35,432	35,948	36,413
<b>Total</b>	<b>1,315,317</b>	<b>1,351,038</b>	<b>1,379,056</b>	<b>1,400,293</b>	<b>1,422,781</b>	<b>1,442,500</b>

Age Group	2030	2035	2040	2045	2050
0-4	109,233	104,384	100,411	97,387	94,615
5-9	11,072	106,950	102,188	98,232	95,223
10-14	109,102	107,212	103,236	98,484	94,536
15-19	103,500	104,355	102,647	98,683	93,945
20-24	104,626	98,644	99,684	97,993	94,053
25-29	105,010	104,445	94,661	95,714	94,052
30-34	109,001	100,451	96,080	90,361	91,433
35-39	109,451	103,636	95,364	91,056	85,417
40-44	102,650	104,402	98,834	90,691	86,463
45-49	92,608	97,898	99,780	94,336	86,368
50-54	79,568	88,100	93,402	95,285	90,017
55-59	75,400	75,297	83,653	88,829	90,718
60-64	69,630	70,475	70,490	78,499	83,502
65-69	61,805	63,639	64,531	64,633	72,166
70-74	45,803	54,651	56,369	57,258	57,473
75-79	29,044	38,322	45,831	47,355	48,230
80+	39,765	44,510	54,191	65,488	73,558
<b>Total</b>	<b>1,357,268</b>	<b>1,467,371</b>	<b>1,461,352</b>	<b>1,450,284</b>	<b>1,431,769</b>

**Projections of the Total Population\* by Age and Sex: 2000-2050**

### High Projection

Age Group	2000	2005	2010	2015	2020	2025
0-4	280,300	260,200	254,000	245,100	237,600	234,600
5-9	288,400	274,000	254,300	248,500	240,000	232,800
10-14	276,100	278,100	264,300	244,900	240,000	232,100
15-19	253,200	263,400	266,100	252,900	234,500	230,100
20-24	218,300	239,900	250,700	253,900	241,800	224,100
25-29	207,100	206,900	229,000	240,200	244,100	232,600
30-34	195,000	195,400	196,000	218,300	230,100	234,700
35-39	178,800	182,100	183,300	184,400	207,300	219,700
40-44	149,700	167,400	171,300	172,900	174,700	197,900
45-49	110,600	139,600	157,600	161,900	164,000	166,300
50-54	94,600	102,400	130,900	148,700	153,400	155,900
55-59	74,500	87,400	95,100	122,800	140,300	145,000
60-64	65,200	67,600	79,800	87,400	113,800	130,600
65-69	59,600	57,600	60,000	71,300	78,600	103,000
70-74	51,400	50,600	49,100	51,400	61,500	68,200
75-79	38,400	40,700	40,300	39,400	41,300	49,800
80+	48,000	52,000	55,900	58,200	59,200	61,500
<b>Total</b>	<b>2,589,200</b>	<b>2,665,300</b>	<b>2,737,700</b>	<b>2,802,200</b>	<b>2,862,200</b>	<b>2,918,900</b>

Age Group	2030	2035	2040	2045	2050
0-4	229,200	222,800	216,800	212,500	207,800
5-9	11,072	225,500	219,300	213,400	208,600
10-14	109,102	224,200	219,600	213,400	206,400
15-19	103,500	218,000	216,900	212,300	204,900
20-24	104,626	215,300	210,400	209,300	203,500
25-29	105,010	213,900	208,600	204,000	202,000
30-34	109,001	208,800	207,000	201,700	196,400
35-39	109,451	215,900	201,000	199,300	193,200
40-44	102,650	217,400	208,500	194,000	191,600
45-49	92,608	203,500	210,100	201,600	186,700
50-54	79,568	182,300	196,000	202,700	194,100
55-59	75,400	151,300	174,300	187,800	194,200
60-64	69,630	138,900	142,200	164,400	177,400
65-69	61,805	123,800	127,200	130,700	151,500
70-74	45,803	104,100	109,000	112,400	115,900
75-79	29,044	73,700	86,100	90,300	93,700
80+	39,765	77,800	96,000	115,600	130,900
<b>Total</b>	<b>1,477,235</b>	<b>3,017,200</b>	<b>3,049,000</b>	<b>3,065,400</b>	<b>3,058,800</b>

\*Mid year population

Source: Population Projections: 2000-2050. STATIN, 2008

Projections of the Male Population\* by Age and Sex: 2000-2050

**High Projection**

Age Group	2000	2005	2010	2015	2020	2025
0-4	142,300	131,800	128,700	124,200	120,400	118,900
5-9	146,200	139,000	128,700	125,800	121,500	117,900
10-14	139,400	140,800	133,900	123,800	121,300	117,300
15-19	127,000	132,700	134,400	127,800	118,200	116,000
20-24	106,300	119,800	125,800	127,800	121,800	112,600
25-29	99,200	100,200	113,900	120,100	122,400	116,800
30-34	92,900	93,200	94,600	108,400	114,800	117,500
35-39	84,900	86,600	87,300	88,900	102,900	109,600
40-44	73,600	79,500	81,400	82,300	84,300	98,300
45-49	54,500	68,800	74,900	77,000	78,100	80,200
50-54	48,200	50,600	64,600	70,600	72,900	74,200
55-59	37,900	44,600	47,000	60,500	66,400	68,700
60-64	31,700	34,300	40,600	43,000	55,800	61,400
65-69	28,700	27,700	30,200	35,900	38,200	49,900
70-74	24,500	23,800	23,100	25,300	30,300	32,400
75-79	17,600	18,600	18,200	17,800	19,600	23,600
80+	19,100	20,500	21,800	22,300	22,500	23,900
<b>Total</b>	<b>1,274,000</b>	<b>1,312,500</b>	<b>1,349,100</b>	<b>1,381,500</b>	<b>1,411,400</b>	<b>1,439,200</b>

Age Group	2030	2035	2040	2045	2050
0-4	116,200	112,900	109,900	107,700	105,400
5-9	116,700	114,200	111,100	108,100	105,700
10-14	114,200	113,400	111,100	108,000	104,400
15-19	112,700	110,000	109,500	107,200	103,500
20-24	111,100	108,300	105,900	105,400	102,500
25-29	108,300	107,200	104,600	102,400	101,500
30-34	112,400	104,400	103,600	101,000	98,500
35-39	112,800	108,200	100,500	99,700	96,800
40-44	105,300	108,800	104,500	97,000	96,000
45-49	94,400	101,600	105,200	101,100	93,500
50-54	76,600	90,500	97,800	101,400	97,300
55-59	70,200	72,700	86,300	93,400	96,900
60-64	63,800	65,400	67,900	80,900	87,700
65-69	55,100	57,500	59,100	61,600	73,700
70-74	42,500	47,100	49,400	51,000	53,400
75-79	25,400	33,500	37,400	39,300	40,900
80+	27,300	30,500	37,600	43,900	48,900
<b>Total</b>	<b>1,465,000</b>	<b>1,486,200</b>	<b>1,501,400</b>	<b>1,509,100</b>	<b>1,506,600</b>

\*Mid year population

Source: Population Projections: 2000-2050. STATIN, 2008

Projections of the Female Population\* by Age and Sex: 2000-2050

**High Projection**

Age Group	2000	2005	2010	2015	2020	2025
0-4	138,000	128,400	125,300	120,900	117,200	115,700
5-9	142,000	135,000	125,600	122,700	118,500	114,900
10-14	137,000	137,300	130,400	121,100	118,700	114,800
15-19	126,000	130,700	131,700	125,100	116,300	114,100
20-24	112,000	120,100	124,900	126,100	120,000	111,500
25-29	107,000	106,700	115,100	120,100	121,700	115,800
30-34	102,000	102,200	101,400	109,900	115,300	117,200
35-39	94,000	95,500	96,000	95,500	104,400	110,100
40-44	76,000	87,900	89,900	90,600	90,400	99,600
45-49	56,000	70,800	82,700	84,900	85,900	86,100
50-54	46,000	51,800	66,300	78,100	80,500	81,700
55-59	37,000	42,800	48,100	62,300	73,900	76,300
60-64	34,000	33,300	39,200	44,400	58,000	69,200
65-69	31,000	29,900	29,800	35,400	40,400	53,100
70-74	27,000	26,800	26,000	26,100	31,200	35,800
75-79	21,000	22,100	22,100	21,600	21,700	26,200
80+	29,000	31,500	34,100	35,900	36,700	37,600
<b>Total</b>	<b>1,315,000</b>	<b>1,352,800</b>	<b>1,388,600</b>	<b>1,420,700</b>	<b>1,450,800</b>	<b>1,479,700</b>

Age Group	2030	2035	2040	2045	2050
0-4	113,000	109,900	106,900	104,800	102,400
5-9	113,800	111,300	108,200	105,300	102,900
10-14	111,700	110,800	108,500	105,400	102,000
15-19	110,700	108,000	107,400	105,100	101,400
20-24	110,000	107,000	104,500	103,900	101,000
25-29	108,000	106,700	104,000	101,600	100,500
30-34	111,900	104,400	103,400	100,700	97,900
35-39	112,600	107,700	100,500	99,600	96,400
40-44	105,800	108,600	104,000	97,000	95,600
45-49	95,500	101,900	104,900	100,500	93,200
50-54	82,200	91,800	98,200	101,300	96,800
55-59	77,900	78,600	88,000	94,400	97,300
60-64	71,800	73,500	74,300	83,500	89,700
65-69	63,700	66,300	68,100	69,100	77,800
70-74	47,400	57,000	59,600	61,400	62,500
75-79	30,200	40,200	48,700	51,000	52,800
80+	41,600	47,300	58,400	71,700	82,000
<b>Total</b>	<b>1,507,800</b>	<b>1,531,000</b>	<b>1,547,600</b>	<b>1,556,300</b>	<b>1,552,200</b>

\*Mid year population

Source: Population Projections: 2000-2050. STATIN, 2008

Projections of the Total Population\* by Age and Sex: 2000-2050

Low Projection

Age Group	2000	2005	2010	2015	2020	2025
0-4	280,300	246,800	228,400	233,200	232,200	222,800
5-9	288,400	273,800	240,500	222,300	227,000	226,000
10-14	276,100	277,800	263,300	230,000	211,800	216,500
15-19	253,200	263,100	264,800	250,200	217,100	198,900
20-24	218,300	239,500	249,400	251,000	236,700	203,700
25-29	207,100	206,700	227,800	237,500	239,100	225,000
30-34	195,000	195,200	194,800	215,700	225,300	227,000
35-39	178,800	181,900	182,100	181,700	202,300	211,800
40-44	149,700	167,200	170,200	170,400	170,100	190,300
45-49	110,600	139,500	156,600	159,700	159,900	159,600
50-54	94,600	102,200	130,200	146,900	149,800	150,000
55-59	74,500	87,200	94,500	121,300	137,300	140,100
60-64	65,200	67,500	79,400	86,300	111,400	126,400
65-69	59,600	57,500	59,600	70,400	76,800	99,600
70-74	51,400	50,600	48,900	50,600	59,900	65,600
75-79	38,400	40,700	40,000	38,700	40,100	47,700
80+	48,000	51,800	55,400	57,100	57,200	58,400
<b>Total</b>	<b>2,589,200</b>	<b>2,649,000</b>	<b>2,685,900</b>	<b>2,723,000</b>	<b>2,754,000</b>	<b>2,769,400</b>

Age Group	2030	2035	2040	2045	2050
0-4	198,500	180,200	166,800	157,500	148,400
5-9	11,072	192,500	174,300	160,900	151,600
10-14	109,102	206,200	181,900	163,900	150,500
15-19	103,500	202,600	193,300	169,200	151,200
20-24	104,626	190,300	189,400	180,200	156,200
25-29	105,010	174,500	179,200	178,300	169,100
30-34	109,001	180,800	163,200	167,800	167,000
35-39	109,451	199,700	168,000	150,700	155,300
40-44	102,650	201,500	187,900	156,700	139,700
45-49	92,608	188,600	190,400	177,100	146,600
50-54	79,568	169,100	178,100	179,800	166,900
55-59	75,400	74,900	158,700	167,400	169,000
60-64	69,630	129,400	129,300	146,700	154,900
65-69	61,805	115,600	116,000	116,000	131,800
70-74	45,803	97,200	99,400	99,700	99,800
75-79	29,044	68,200	77,900	79,600	80,000
80+	39,765	70,500	84,900	99,700	109,300
<b>Total</b>	<b>1,446,535</b>	<b>2,641,800</b>	<b>2,638,700</b>	<b>2,551,200</b>	<b>2,447,300</b>

\*Mid year population

Source: Population Projections: 2000-2050. STATIN, 2008

Projections of the Male Population\* by Age and Sex: 2000-2050

**Low Projection**

Age Group	2000	2005	2010	2015	2020	2025
0-4	142,300	125,000	115,700	118,100	117,600	112,900
5-9	146,200	138,900	121,700	112,500	114,900	114,400
10-14	139,400	140,600	133,300	116,100	106,900	109,300
15-19	127,000	132,500	133,700	126,400	109,300	100,100
20-24	106,300	119,600	125,100	126,200	119,100	102,100
25-29	99,200	100,100	113,300	118,600	119,800	112,800
30-34	92,900	93,100	94,000	107,000	112,300	113,500
35-39	84,900	86,500	86,700	87,600	100,400	105,600
40-44	73,600	79,400	80,900	81,100	82,100	94,600
45-49	54,500	68,800	74,400	76,000	76,200	77,100
50-54	48,200	50,500	64,300	69,800	71,300	71,500
55-59	37,900	44,500	46,700	59,800	65,100	66,500
60-64	31,700	34,300	40,400	42,500	54,700	59,500
65-69	28,700	27,700	30,000	35,500	37,400	48,300
70-74	24,500	23,800	23,000	24,900	29,500	31,200
75-79	17,600	18,600	18,000	17,500	19,000	22,600
80+	19,100	20,400	21,600	21,900	21,700	22,700
<b>Total</b>	<b>1,274,000</b>	<b>1,304,300</b>	<b>1,322,800</b>	<b>1,341,500</b>	<b>1,357,300</b>	<b>1,364,700</b>

Age Group	2030	2035	2040	2045	2050
0-4	100,600	91,300	84,500	79,800	75,200
5-9	109,600	97,400	88,200	81,400	76,700
10-14	108,800	104,100	91,800	82,700	75,900
15-19	102,500	102,000	97,300	85,100	76,000
20-24	93,000	95,400	94,900	90,300	78,200
25-29	96,100	87,100	89,500	89,000	84,400
30-34	106,600	90,200	81,400	83,700	83,300
35-39	106,800	100,000	83,900	75,300	77,600
40-44	99,800	101,000	94,300	78,500	70,000
45-49	89,400	94,400	95,600	89,100	73,700
50-54	72,400	84,300	89,200	90,400	84,100
55-59	66,800	67,700	79,000	83,700	84,800
60-64	60,900	61,100	62,000	72,600	77,000
65-69	52,600	53,800	54,100	54,900	64,400
70-74	40,400	44,000	45,100	45,300	46,100
75-79	23,800	31,000	33,800	34,600	34,800
80+	25,400	27,600	33,200	37,800	40,700
<b>Total</b>	<b>1,355,500</b>	<b>1,332,400</b>	<b>1,297,800</b>	<b>1,254,200</b>	<b>1,202,900</b>

\*Mid year population

Source: Population Projections: 2000-2050. STATIN, 2008

Projections of the Female Population\* by Age and Sex: 2000-2050

**Low Projection**

Age Group	2000	2005	2010	2015	2020	2025
0-4	138,000	121,800	112,700	115,100	114,600	109,900
5-9	142,200	134,900	118,800	109,800	112,100	111,600
10-14	136,700	137,200	130,000	113,900	104,900	107,200
15-19	126,200	130,600	131,100	123,800	107,800	98,800
20-24	112,000	119,900	124,300	124,800	117,600	101,600
25-29	107,900	106,600	114,500	118,900	119,300	112,200
30-34	102,100	102,100	100,800	108,700	113,000	113,500
35-39	93,900	95,400	95,400	94,100	101,900	106,200
40-44	76,100	87,800	89,300	89,300	88,000	95,700
45-49	56,100	70,700	82,200	83,700	83,700	82,500
50-54	46,400	51,700	65,900	77,100	78,500	78,500
55-59	36,600	42,700	47,800	61,500	72,200	73,600
60-64	33,500	33,200	39,000	43,800	56,700	66,900
65-69	30,900	29,800	29,600	34,900	39,400	51,300
70-74	26,900	26,800	25,900	25,700	30,400	34,400
75-79	20,800	22,100	22,000	21,200	21,100	25,100
80+	28,900	31,400	33,800	35,200	35,500	35,700
<b>Total</b>	<b>1,315,200</b>	<b>1,344,700</b>	<b>1,363,100</b>	<b>1,381,500</b>	<b>1,396,700</b>	<b>1,404,700</b>

Age Group	2030	2035	2040	2045	2050
0-4	97,900	88,900	82,300	77,700	73,200
5-9	107,000	95,100	86,100	79,500	74,900
10-14	106,700	102,100	90,100	81,200	74,600
15-19	101,100	100,600	96,000	84,100	75,200
20-24	92,600	94,900	94,500	89,900	78,000
25-29	96,300	87,400	89,700	89,300	84,700
30-34	106,400	90,600	81,800	84,100	83,700
35-39	106,700	99,700	84,100	75,400	77,700
40-44	100,000	100,500	93,600	78,200	69,700
45-49	90,100	94,200	94,800	88,000	72,900
50-54	77,400	84,800	88,900	89,400	82,800
55-59	73,700	7,200	79,700	83,700	84,200
60-64	68,200	68,300	67,300	74,100	77,900
65-69	60,600	61,800	61,900	61,100	67,400
70-74	44,900	53,200	54,300	54,400	53,700
75-79	28,400	37,200	44,100	45,000	45,200
80+	38,700	42,900	51,700	61,900	68,600
<b>Total</b>	<b>1,396,700</b>	<b>1,309,400</b>	<b>1,340,900</b>	<b>1,297,000</b>	<b>1,244,400</b>

\*Mid year population

Source: Population Projections: 2000-2050. STATIN, 2008

**Summary of Medium Projections User Defined**

Assumptions	2000	2005	2010	2015	2020	2025	2030	2035	2040	2045	2050
<b>Mortality (Expectation of Life at Birth)</b>											
Male	69.50	70.00	70.8	71.6	72.2	72.8	73.4	74	74.6	75.2	75.2
Female	74.70	75.20	75.8	76.5	77.6	77.6	78.2	78.97	79.2	79.8	79.2
Fertility (TFR)	2.49	2.39	2.1	2.1	2.1	1.1	2.1	2.1	2.1	2.1	2.1
<b>Migration (Annual Average Outflow)</b>											
Male	9,600	-9,600	-9,600	-9,360	-8,640	-7,872	-7,680	-7,296	-7,200	-7,200	-7,200
Female	10,400	-10,400	-10,400	-9,568	-9,360	-8,528	-8,320	-7,904	-7,800	-7,800	-7,800
Total	20,000	-20,000	-20,000	-18,000	-18,000	-16,400	-16,000	-15,200	-15,000	-15,000	-15,000
<b>Summary Projections (medium)</b>											
Total Population (per 1000)	<b>2,589,000</b>	<b>2,662,000</b>	<b>2,718,000</b>	<b>2,761,000</b>	<b>2,806,000</b>	<b>2,845,000</b>	<b>2,872,000</b>	<b>2,883,000</b>	<b>2,877,000</b>	<b>2,855,000</b>	<b>2,819,000</b>
Male (per 1000)	1,274,000	1,311,000	1,339,000	1,361,000	1,383,000	1,402,000	1,415,000	1,240,000	1,416,000	1,405,000	1,387,000
Female (per 1000)	1,315,000	1,351,000	1,379,000	1,400,000	1,423,000	1,443,000	1,457,000	1,463,000	1,461,000	1,450,000	1,432,000
<b>Vital Statistics Summary</b>							<b>Number</b>				
Births	53,615	51,570	48,661	48,586	48,241	46,765	44,793	43,022	41,758	40,751	36,693
Deaths	18,585	19,434	18,584	18,297	18,729	19,794	21,529	23,602	26,106	28,481	30,420
Migrants	-20,000	-20,000	-20,000	-18,400	-18,000	-16,400	-16,000	-15,200	-15,000	-15,000	-15,000
Growth	15,029	12,135	10,077	11889	11512	10,571	7,264	4,220	652	2729	5,727
<b>Vital Statistics Summary</b>							<b>Rates per 100</b>				
Births	20.6	19.37	17.88	17.55	17.1	16.31	15.41	14.69	14.22	13.92	13.67
Deaths	7.2	7.3	6.83	6.61	6.64	6.9	7.41	8.06	8.89	9.73	10.47
Migrants	-7.7	-7.51	-7.35	-6.64	-6.38	-5.51	-5.51	-5.51	-5.11	-5.12	-5.16
Growth 100%	0.58	0.46	0.37	0.43	0.41	0.25	0.25	0.25	0.02	-0.09	0.2

**Summary of High Projections User Defined**

Assumptions	2000	2005	2010	2015	2020	2025	2030	2035	2040	2045	2050
<b>Mortality (Expectation of Life at Birth)</b>											
Male	69.50	70.00	70.80	71.60	72.20	72.80	73.40	74.00	74.60	75.20	75.20
Female	74.70	75.20	75.80	76.50	77.00	77.60	78.20	78.70	79.20	79.80	79.80
Fertility (TFR)	2.49	2.38	2.24	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1
<b>Migration (Annual Average Outflow)</b>											
Male	9,600	-9,024	-8,832	-8,064	-7,718	-6,912	-5,952	-5,760	-4,992	-6,000	-4,800
Female	10,400	-9,776	-9,568	-8,736	-8,362	-7,488	-6,448	-6,240	-5,408	-6,500	-5,200
Total	20,000	-18,800	-18,400	-16,800	-16,080	-14,400	-12,400	-12,000	-10,400	-12,500	-10,000
<b>Summary Projections (high)</b>											
Total Population (per 1000)	<b>2,589,000</b>	<b>2,665,000</b>	<b>2,738,000</b>	<b>2,802,000</b>	<b>2,862,000</b>	<b>2,919,000</b>	<b>2,973,000</b>	<b>3,017,000</b>	<b>3,049,000</b>	<b>3,065,000</b>	<b>3,059,000</b>
Male (per 1000)	1,274,000	1,313,000	1,350,000	1,383,000	1,411,000	1,439,000	1,465,000	1,486,000	1,501,000	1,509,000	1,507,000
Female (per 1000)	1,315,000	1,352,000	1,388,000	1,422,000	1,451,000	1,480,000	1,508,000	1,531,000	1,548,000	1,556,000	1,552,000
<b>Vital Statistics Summary</b>							<b>Number</b>				
Births	53,615	53,105	51,633	49,421	48,652	47,682	46,386	45,023	43,902	43,059	41,971
Deaths	18,585	19,014	19,294	19,618	20,317	21,350	22,875	24,658	26,896	29,200	31,135
Migrants	-20,000	-18,800	-18,400	-16,800	-16,080	-14,400	-12,400	-12,000	-10,400	-12,500	-10,000
Growth	15,029	15,292	13,940	13,002	12,255	11,932	11,111	8,365	6,606	1,359	836
<b>Vital Statistics Summary</b>							<b>Rates per 100</b>				
Births	20.71	19.93	18.86	17.62	16.97	16.29	15.54	14.84	14.31	13.94	13.62
Deaths	7.18	7.13	7.05	6.99	7.09	7.29	7.66	8.13	8.76	9.46	10.10
Migrants	-7.72	-7.05	-6.72	-5.99	-5.61	-4.92	-4.15	-3.96	-3.39	-4.05	-3.24
Growth 100%	0.58	0.57	0.51	0.46	0.43	0.41	0.37	0.28	0.22	0.04	0.03

**Summary of Low Projections User Defined**

Assumptions	2000	2005	2010	2015	2020	2025	2030	2035	2040	2045	2050
<b>Mortality (Expectation of Life at Birth)</b>											
Male	69.50	70.00	70.80	71.60	72.20	72.80	73.40	74.00	74.60	75.20	75.20
Female	74.70	75.20	75.80	76.50	77.00	77.60	78.20	78.70	79.20	79.80	79.80
Fertility (TFR)	2.49	2.10	2.1	2.04	2.02	2.02	1.96	1.89	1.86	1.85	1.85
<b>Migration (Annual Average Outflow)</b>											
Male	9,600	9,600	9,600	9,600	9,600	9,600	9,600	9,600	9,600	9,600	9,600
Female	10,400	10,400	10,400	10,400	10,400	10,400	10,400	10,400	10,400	10,400	10,400
Total	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000
<b>Summary Projections (low)</b>											
Total Population (per 1000)	<b>2,589,393</b>	<b>2,649,321</b>	<b>2,689,845</b>	<b>2,733,683</b>	<b>2,774,257</b>	<b>2,801,387</b>	<b>2,798,293</b>	<b>2,769,680</b>	<b>2,718,661</b>	<b>2,648,779</b>	<b>2,561,647</b>
Male (per 1000)	1,274,076	1,304,814	1,325,404	1,347,794	1,368,515	1,382,253	1,380,527	1,366,100	1,340,835	1,306,742	1,264,487
Female (per 1000)	1,314,317	1,344,507	1,364,441	1,385,889	1,405,742	1,419,134	1,417,766	1,403,580	1,377,826	1,342,037	1,297,160
<b>Vital Statistics Summary</b>							<b>Number</b>				
Births	53,615	48,023	47,613	48,313	47,451	44,987	39,493	36,097	33,903	32,239	30,241
Deaths	18,585	18,885	19,141	19,489	20,110	20,985	22,243	23,751	25,689	27,615	29,105
Migrants	-20,000	-20,000	-20,000	-20,000	-20,000	-20,000	-20,000	-20,000	-20,000	-20,000	-20,000
Growth	15,029	9,138	8,472	8,824	7,341	4,002	-2,750	-7,654	-11,786	-15,376	-18,864
<b>Vital Statistics Summary</b>							<b>Rates per 100</b>				
Births	20.71	18.13	17.7	17.67	17.1	16.06	14.11	13.03	12.47	12.17	11.81
Deaths	7.18	7.13	7.12	7.13	7.25	7.49	7.95	8.58	9.45	10.43	11.36
Migrants	-7.72	-7.55	-7.44	-7.32	-7.21	-7.14	-7.15	-7.22	-7.36	-7.55	-7.81
Growth 100%	0.58	0.34	0.31	0.32	0.26	0.14	-0.10	-0.28	-0.43	-0.58	-0.74