TABLE 3.6
HIGHEST GRADE ACHIEVED BY OUT-OF-SCHOOL CHILDREN (PERCENTAGE), BY SEX, 1990-1992

Grade	Year, sex								
	1990			1991			1992		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
1 - 6	13.7	7.9	10.9	9.4	8.2	8.8	8.3	7.4	7.9
7 - 9	32.8	29.6	31.3	37.4	31.0	34.6	36.8	36.0	36.4
10-11	52.7	60.8	56.6	51.9	57.3	54.3	54.2	54.9	54.5
12-13	0.8	1.7	1.2	1.4	3.5	2.3	0.7	1.7	1.2

OUT-OF-SCHOOL CHILDREN

Out-of-school children refers to those of school age (6 to 19 years) who were not enrolled in school at the time of the survey. They represent 16.4% of all children in that 6-19 cohort, compared with 17.3% recorded in 1991. These students were most likely to have left school after completing grades 10 or 11. Between 1990 and 1992 there was little change in the percentage of students who left school after completing these grades (Figure 3.2).

Students from the poorest quintile were more likely than students from other consumption groups to leave school by grade 9. Conversely, wealthier students were more likely to stay in school beyond grade 9. For example, SLC 1992 shows that only 39.9% of the out-of-schoolers from the poorest quintile had completed grade 10 or 11 while 62.2% and 71.1% from the 4th and 5th quintiles, respectively, had completed these grades (Table E-8).

Out-Of-School Children by Sex

According to the 1990 and 1991 SLC data, boys generally left school earlier than girls. Then, boys were more likely to have left after only completing grades 1 to 9 while girls were more likely to have completed grades 10 to 13. The SLC 1992 data reveals that girls are now ending their schooling earlier—36% of all girls completed school in grades 7 to 9 compared with 29.6% in 1990. On the other hand, boys are now prolonging their school careers. In the 1990 data, 13.7% of all boys completed school in grades 1 to 6 and 32.8% completed in grades 7 to 9; by 1992, those completing in grades 1 to 6 were 5.4 percentage points fewer and those completing in grades 7 to 9 were 4.0 percentage points more (Table 3.6).

One result of these changes is that the gap between the proportion of out-of-school girls and boys completing higher grades narrowed between 1990 and 1992. In 1990 there was an 8.1 percentage point difference between boys and girls for the completion of grades 10 and 11, with a higher proportion of girls (60.8%) completing these grades. In 1992, the difference was only 0.7 percentage point; there was still a higher proportion of girls, but that proportion had fallen to 54.9%.

Out-Of-School Children by Area

The school completion trends varied by area. The data indicated that, in KMA, between 1990 and 1992 the trend was to stay in school to the upper secondary level. Eighty percent of the out-of-school children in KMA were reported to have completed grades 10 to 11 in 1992, compared with 68.9% in 1990 (Table 3.7).

Between 1990 and 1992, the percentage of children leaving school at the primary level increased in 'Other towns' and decreased in rural areas, both by approximately nine percentage points. In 'Other towns', those who had completed school at the lower secondary level increased slightly from 24.1% to 29.7%; those who had completed at the upper secondary level decreased from 66.7% to 52.9%. In rural areas, the changes were more encouraging. The decrease in completion at the primary level was complemented by an increase at the lower secondary level —from 35% to 46.1%.

Out-Of-School Children by Parish

Compared to the national average of 8.5%, St Elizabeth (22.2%), St Ann (20.6%) and St Thomas (19.5%) had considerable percentages of children who did not continue beyond grade 6. The rates observed for St Mary (51.9%), Manchester (52.8%) and Trelawny (53.8%) were much higher than average for grades 7-9 (Table E-9).

School leavers in Kingston (82.2%) were more likely than students in any other parish to have completed grades 10 or 11 while students from St Elizabeth (35%) were least likely to have completed these grades. With 7.3%, Hanover had the highest percentage of school leavers who completed grades 12 or 13.

TABLE 3.7
HIGHEST GRADE ACHIEVED BY OUT-OF-SCHOOL CHILDREN (PERCENTAGE) BY AREA
1990-1992

Grade	Year, area								
	KMA			Other towns			Rural areas		
	1990	1991	1992	1990	1991	1992	1990	1991	1992
1 - 6	3.0	11.2	2.6	5.7	7.4	16.3	16.4	8.2	7.1
7 - 9	28.1	16.3	14.3	24.1	20.6	29.7	35.0	47.0	46.1
10-11	68.9	68.4	80.0	66.7	69.1	52.9	47.5	43.4	46.3
12-13	0.0	4.1	3.1	3.5	2.9	1.1	1.1	1.4	0.5

SCHOOL FEEDING PROGRAMME[3]

The School Feeding Programme (SFP) is supported by joint funding from the Jamaican Government and the World Food Program. Its intent is to provide a food supplement to school children in order to improve their diets and to provide an incentive to ensure higher attendance among primary school children.

In 1992, approximately 305,000 students received meals daily through the SFP (Social and Economic Survey, Jamaica, 1992: 18.3.). In the 1992 panel of the SLC, 59.1% of all students were reported to be receiving a meal at school—28.9% received a Nutribun snack alone, 19% received the traditional cooked meal alone and 11.2% received both. Students who did not benefit from the programme amounted to 40.9% (Figure 3.3).

Student Participation by School Type

The funding arrangement for schools participating in the SFP varies by school type. Some schools receive either food or funds from the Ministry of Education (MOE) for their feeding programme, while others supplement their programme through community support.

As intended, primary level students were the chief beneficiaries of the programme, with a 68.2% participation rate. While Primary and All Age school students were more likely to receive the Nutribun snack, secondary level students were generally more likely to receive the cooked meal. Among the secondary level schools, All Age and Technical schools, with rates of 62.7% and 52.2% respectively, were the greatest beneficiaries of the programme. With 15.9%, primary school students were the most likely to receive both the Nutribun snack and a cooked meal (Table E-11).

[3]Between 1989 and 1990, the SLC analysis of participation in the SFP included all students who were reported to have received meals at school. However, the current analysis excludes private schools since they are not officially a part of the Government's SFP. While some private school students may receive meals through the Government's programme when need is identified, it is difficult to document this participation since it occurs in special circumstances and on an ad hoc basis.

Student Participation by Quintile

Figure 3.4 shows that in 1992 there was no major difference in the participation rate in the SFP of students from different consumption groups. As expected, the wealthiest quintile had the lowest participation rate, at 54.5%. However, the difference between the lowest participation rate and the highest rate, held by the second quintile, was only 10.8 percentage points (Table E-10).

It is appropriate to examine the Nutribun and milk component since it is more structured and targetted. Isolating this component confirms that it is the most progressive with regard to the distribution of benefits among consumption groups, although not substantially so (Table E-12 and Figure 3.5). Almost half (46.6%) the Nutribun snacks went to the first and second quintiles while only 29.8% of the snacks went to students in the fourth and fifth quintiles.

Student Participation by Area

In the KMA, 54.1% of students received meals, making them the least likely to participate in the programme. Students in rural areas were most likely to participate, with 61.6%. Also in rural areas, 42.9% of students received the Nutribun snack, making them the greatest recipients of this component of the programme. With 34.2%, 'Other towns' had the greatest percentage of students receiving the traditional cooked meal (Table E-10).

Student Participation by Parish

Participation rates were highest in Westmoreland (83.4%), St Mary (83%) and Trelawny (80%). Students in Westmoreland and Trelawny were also the greatest beneficiaries of the Nutribun component. Low participation rates were shown in Clarendon (35.3%) and Hanover (37.4%). In St Elizabeth and Manchester, children receiving meals were more likely to receive the cooked meal than the Nutribun. Overall, the participation rate varied substantially by parish, ranging from 35.3% to 83.4% (Table E-11). □

Chapter 4

Health

INTRODUCTION

This section reviews the prevalence and incidence of self-reported adult illness/injury, the use and cost of medical care, and health status and immunisation coverage of children aged less than five years in Jamaica. The review includes data from the SLC 1989 (November), 1990, 1991 and 1992 rounds.

SELF-REPORTED ILLNESS OR INJURY

In 1992, only 10.6 per cent of the sample of respondents reported illness/injury during the preceding 4 week reference period (Table C-1). Equal proportions of respondents (11.1 per cent) in 'Other towns' and rural areas and 9.3 per cent of respondents in KMA reported illness/ injury. As shown in Figure 4.1, these are the lowest levels of reported illness/injury in the four SLC rounds analyzed. Between 1989 and 1992, reported illnesses declined for all quintiles (Figure 4.2).

Illness rates in 1992 were 9.9 and 11.3 per cent for males and females respectively. These rates declined from 16 per cent for males in 1990 and from 20 per cent for females in 1989 (Figure 4.3). In 1992, the elderly (aged 65 years and over), recorded the highest percentage of illness (28.6 per cent) among their members (Table C-1). Due to the varying age groupings utilized in successive rounds of SLC, longitudinal data analysis by age was not attempted.

Among the parishes, Manchester recorded the highest incidence of illness/injury (19.2 per cent) during the four week reference period, while residents from Westmoreland reported the lowest rate (4.4 per cent) (Table C-2). This degree of variability may be surprising but it may be due to cyclical morbidity and the fact that the survey lasted several months and residents in the various parishes may have been interviewed at different times.

Duration of illness/injury

The mean number of days of illness (for the four week reference period) for Jamaica in 1992 was 10.8 (Table C-1). Between 1989 and 1992, the mean number of days of illness/injury remained relatively constant. The highest mean number of days of impairment (6.0) was in 1992 (Table 4.1). The proportion of persons reporting protracted illness (illness occurring before the four week reference period) rose to a high of 34.8 per cent in 1992 from a low of 19.6 in 1990. These data were not available in 1989.

In 1992, the rural areas reported the highest mean number of days of illness/injury (11.8) during the four

TABLE 4.1
MEAN NUMBER OF DAYS OF ILLNESS AND IMPAIRMENT AND PERCENTAGE REPORTING PROTRACTED ILLNESS, 1989-1992

Year	Mean no. of days of illness	Mean no. of days of impairment	Percentage reporting protracted illness
SLC 89-2	11.4	5.5	N/A*
SLC 90	10.1	4.7	19.6
SLC 91	10.2	4.9	25.5
SLC 92	10.8	6.0	34.8

* Not available

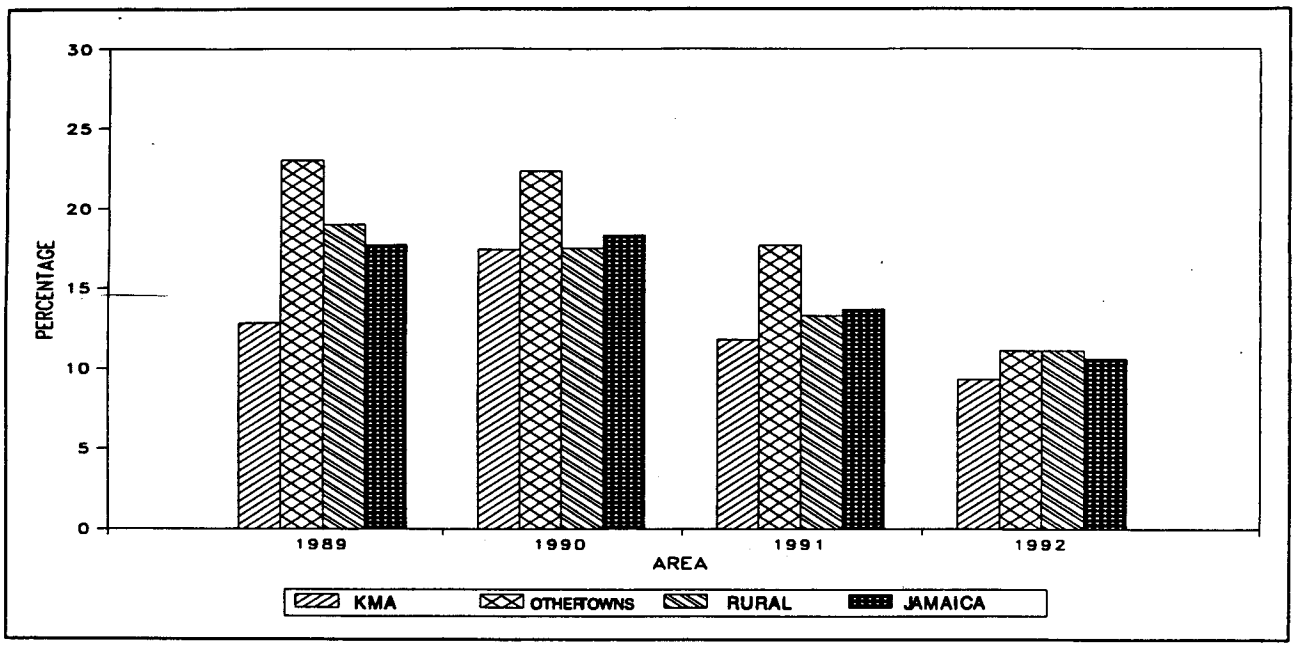

FIGURE 4.1: PERCENTAGE OF SELF-REPORTED ILLNESS/INJURY, BY AREA, 1989-1992

week reference period while the poorest quintile reported more days of illness (11.5) than any other quintile (Table C-1). Male and female respondents were sick for approximately the same length of time, 10.7 and 10.9 days respectively. The elderly, aged 65 and over, reported the highest mean number of days of illness/injury (15.8) in 1992.

In the four weeks under review, respondents in Hanover recorded the highest mean number of days of illness/injury (15.1) while residents of St Andrew recorded the lowest mean number of days of impairment (4.4) (Table C-2). St James reported the highest prevalence of protracted illness (50.1 per cent) while Clarendon reported the lowest rate (18.5 per cent) of any of the parishes.

USE OF HEALTH CARE SERVICES

The proportion of those ill or injured who sought medical care in 1992 was 50.9 per cent. This represents an increase of 3 per cent from the previous year. The percentage of persons who sought medical care remained stable through the years except for a temporary decline in 1990.

Table C-3 shows that in 1992, the majority of persons (63.4 per cent) who sought medical care relied exclusively on the private health care system while 28.5 per cent utilized the public one. Since 1991, the combined use of private and public health facilities by patients has been recorded. In 1992, there was a slight increase of 1.4 per cent in the combined use of these facilities. Approximately 8 per cent of those who sought medical care used both public and private systems. The majority of persons who purchased medications (58.5 per cent) did so from private pharmacies. Of those who sought medical care, 5.1 per cent were hospitalized in public institutions while only 0.4 per cent were hospitalized in both public and private institutions.

In 1992, the residents (27.4 per cent) in the rural areas, used the public health sector more exclusively than the residents from any other geographical area. More persons from the wealthiest quintile (78.1 per cent) relied exclusively on the private health facilities. Almost half of the respondents from the lowest quintile relied exclusively on the public system. Slightly more females (64.2 per cent) than males used the private health facilities as their sole source of health care. They also utilized the public health sector more (29.0 per cent) as their sole source of health care. However, males (9.9 per cent) had a higher combined

TABLE 4.2
LEVEL OF CARE (PERCENTAGE OF RESPONDENTS) USED IN JAMAICA, 1989-92

Year	Level		
	Primary	Outpatient	Hospitalization
SLC 89-2	75.7	18.9	2.9
SLC 90	74.3	21.2	4.5
SLC 91	75.7	18.5	5.8
SLC 92	72.8	17.7	3.5

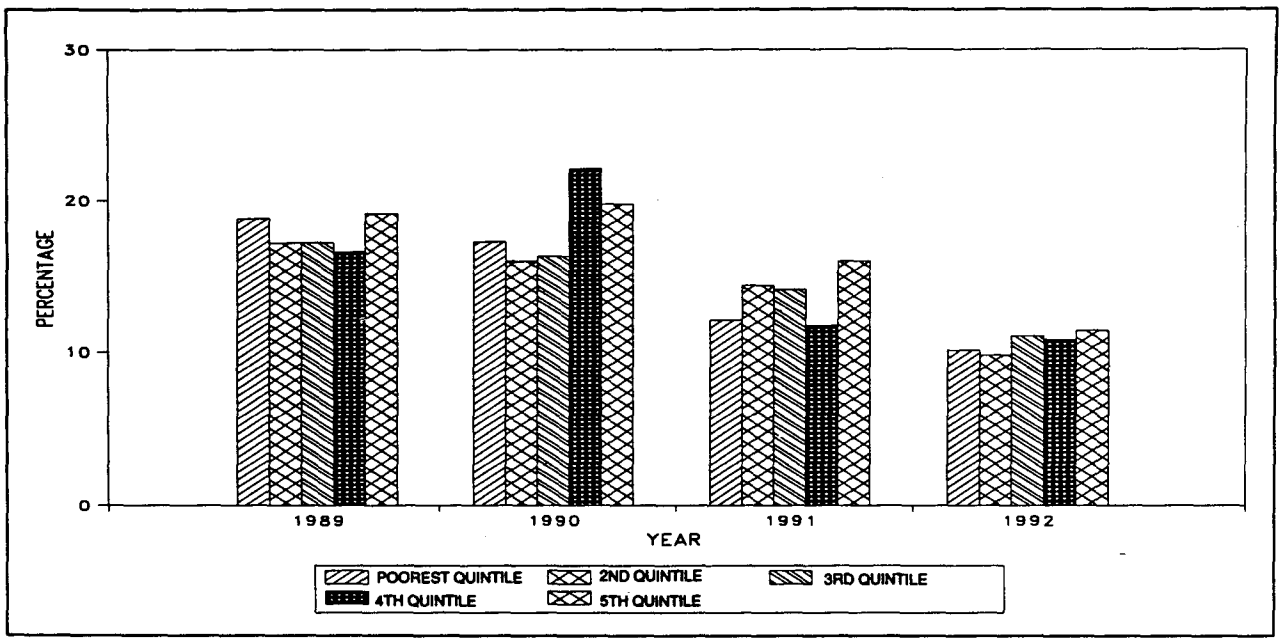

FIGURE 4.2: PERCENTAGE OF SELF-REPORTED ILLNESS/INJURY, BY QUINTILE, 1989-1992

use of the public and private health care systems than females. The proportion (10.5 per cent) of members of the age group 40-49 years who used both public and private health facilities was higher than in any other age group (Table C-3).

On examining the use of health facilities by level of care, it is noted that, in 1992, 72.0 per cent of ill respondents visited primary health care facilities while 17.0 per cent visited the hospital outpatient facilities (Table C-5). In that same year, 8.0 per cent of the ill respondents used both primary and hospital outpatient facilities. More ill persons from the rural areas (74.9 per cent) used primary health care facilities while more ill persons from the other towns (19.9 per cent) used the hospital outpatient ones. A greater proportion of ill persons from the wealthiest quintile (80.0 per cent) used the primary health facilities while individuals from the poorest quintile were more likely to use hospital outpatient facilities (25.2 per cent). There is no consistent pattern of use of the health facilities by the ill persons in the various age groups. The years 1989 and 1991 were noted for the highest percentage of ill respondents using primary health care facilities (Table 4.2).

Among the various parishes, the lowest proportion of persons (12.6 per cent) visiting the public health facilities and also the highest proportion (84.8 per cent) of users of private health facilities were in Trelawny (Table C-4). More persons in Trelawny (92.1 per cent) than in any other parish sought the primary level of care while hospital outpatient care was highest (36.7 per cent) in Kingston (Table C-6).

HEALTH CARE EXPENDITURE

Patients' mean expenditure on visits to the public health facilities has remained fairly constant. However, due to inflation in the private sector, the disparity between the mean expenditure on health care in the public sector and in the private sector increased between the years 1989 and 1992 (Table 4.3). In 1992, the mean expenditure for visits to public health facilities was $13.90 while the mean expenditure for visits in the private health sector was $167.00 (Table C-7).

Data analysis by geographical areas reveals that, unlike in previous years, the highest mean expenditure on visits to public health facilities ($22.20) was observed in KMA. Residents from the KMA also reported the highest mean expenditure ($193.70) on visits to the private sector.

TABLE 4.3
MEAN PATIENT EXPENDITURE ($) ON HEALTH CARE IN PRIVATE AND PUBLIC FACILITIES, 1989-1992

Year	Visits		Drugs	
	Private ($)	Public ($)	Private ($)	Public ($)
SLC 89-2	57	11	48	5
SLC 90	72	11	43	4
SLC 91	82	11	95	8
SLC 92	167	14	234	17

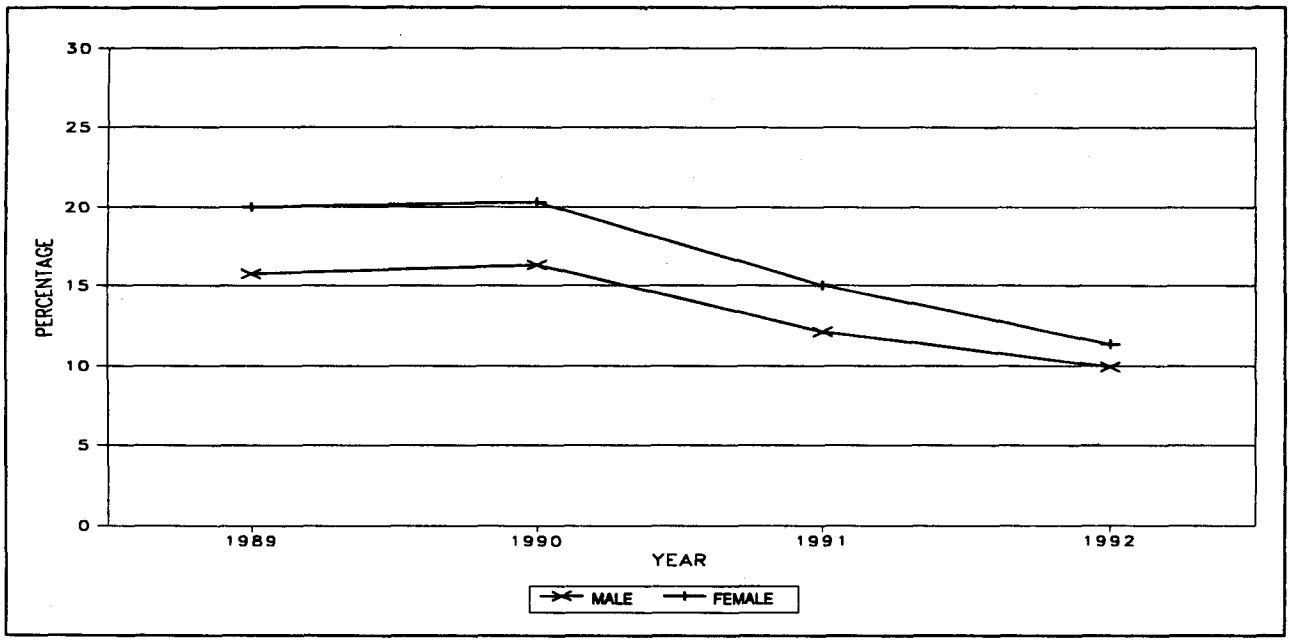

FIGURE 4.3: PERCENTAGE OF SELF-REPORTED ILLNESS/INJURY, BY SEX, 1989-1992

The wealthiest quintiles (quintiles 4 and 5) spent more than others both in the private and public sectors. Reported expenditure in the public health sector ranged from a low of $7.20 by persons in quintile 2 to a high of $25.50 by quintile 5. Mean expenditure on visits to the private sector ranged from a low of $95.80 by the poorest quintile to a high of $235.30 by the wealthiest quintile. Among those who used them, the mean reported expenditure on drugs bought in the private sector was $233.90 in 1992; in the public sector it was $17.40. None of the quintiles spent much on drugs in the public sector. The poorest quintile (quintile 1) spent more than any other quintile on drugs in the public sector while the richest quintile spent more on drugs in the private sector than other quintiles did.

Females reportedly spent more ($171.60) on visits to private health facilities than males did, although the latter spent more ($18.10) on visits to the public health facilities. Expenditure in the private sector increased with age of patient.

Data analysis by parish shows that the mean expenditure on visits to the private sector was highest in Trelawny ($207.80) while mean expenditure in the public health sector was highest ($57.40) in Kingston (Table C-8). The residents of Trelawny were also noted for having the highest mean expenditure on drugs ($310.40) bought in the private sector, while patients in Westmoreland had the highest mean expenditure on drugs bought in the public sector ($103.60). Although the residents of Westmoreland reported the lowest incidence of illness/injury, they spent more on drugs than the residents in the other parishes did.

HEALTH INSURANCE

Nine per cent of persons in the total sample of respondents in 1992 had health insurance while 13.8 per cent of those who sought medical care were insured (Table C-15). Among the three areas, the largest proportion of persons with health insurance (19.0 per cent) was from KMA while those from the rural areas reported the lowest level of health insurance (4.7 per cent). The wealthiest quintile had the highest proportion of its members (23.5 per cent) with health insurance while slightly more females (9.6 per cent) than males were insured. However, of those who sought medical care, more males (18.1 per cent) than females had health insurance. Health insurance coverage increased with age but declined sharply after 59 years, with the elderly (aged 65 years and over) having the smallest proportion of persons with health insurance (3.8 per cent).

Respondents from St Andrew and St Catherine were more likely than those in other parishes to be covered by health insurance (Table-C-16). The greatest proportion of persons with health insurance (17.7 per cent) was from St Andrew, while of those who sought medical care the largest proportion to be insured (23.2 per cent) was from St Catherine. The

TABLE 4.4
REPORTED ILLNESS, USE OF MEDICAL FACILITIES AND PREVALENCE OF HEALTH INSURANCE, BY CONSUMPTION QUINTILE, 1989-1992

Quintile	1989-2	1990	1991	1992
	(a) Percentage of respondents reporting illness in four week reference period			
Poorest	18.8	17.3	12.1	10.1
2	17.2	16.0	14.4	9.8
3	17.2	16.3	14.1	11.0
4	16.6	22.1	11.7	10.8
5	19.1	19.8	16.0	11.4
	(b) Percentage of ill/injured respondents seeking medical care			
Poorest	43.7	35.7	38.7	34.7
2	49.8	38.0	52.0	45.8
3	47.5	38.8	48.7	53.5
4	52.7	40.2	50.6	55.9
5	51.6	39.7	47.8	60.3
	(c) Percentage of ill/injured visiting public health facilities			
Poorest	50.7	51.1	57.8	46.3
2	46.7	43.0	43.3	41.8
3	44.1	48.4	29.0	28.8
4	35.7	34.4	35.8	27.1
5	24.2	25.9	20.6	12.3
	(d) Percentage of sample with health insurance			
Poorest	1.2	1.6	0.7	0.9
2	2.1	2.6	1.8	2.7
3	6.0	9.8	4.0	3.7
4	11.6	10.3	7.9	8.8
5	19.8	18.8	28.4	23.5

parish with the lowest proportion (2.1 per cent) of persons with health insurance was St Mary.

In summary, reports of protracted adult illness have increased significantly through the years. Reported adult illness (during the four week reference period) has been on the decline since 1990. In fact, reported adult illness/injury in each geographical area in Jamaica decreased consistently every year except in KMA where reported illness/injury increased from 12.8 per cent in 1989 to 17.4 in 1990 but subsequently declined again.

Generally, higher proportions of ill persons sought medical care in this round of SLC. There was a slight increase in the combined use of public and private health facilities. It may be that the private sector is the second referral point. Interestingly, although only 10.5 per cent of persons in the age group 40-49 years reported illness, they had the highest mean number of visits (2.7). Each year, all consumption quintiles (except quintile 4, 1989-1990) reported less illness/injury than before (Table 4.4). The year 1990 was also the year that quintiles 4 and 5 sought more health care than the previous year. All other quintiles sought less medical care than in the previous year. In 1992, all quintiles used the public health care facilities less than before but the reduction in use was greater for the two wealthiest quintiles (quintiles 4 and 5).

Consistently, each year, the wealthy had more health insurance than the poor. The poorest had not increased their health insurance coverage significantly since 1991, while the wealthiest quintile had less coverage in 1992 than in 1991 (Table 4.4).

There was a significant decrease in reported illness/injury from 1989 to 1992 for both females and males (Table 4.5) . The reduction in the use of public health facilities was significantly greater for females (38.1 per cent to 27.6 per cent) than males (34.0 per cent to 29.6 per cent) between 1991 and 1992. Females and males increased their insurance coverage at the same rate.

CHILD HEALTH

Immunisation Coverage

Immunisation coverage of children aged less than five years increased slightly since 1989. In 1992, BCG coverage had the highest coverage (97.4 per cent) and OPV the lowest (83.8 per cent)(Table C-9). With the exception of BCG, coverage in the rural areas was higher than in any other part of the country. In 1992,

TABLE 4.5
REPORTED ILLNESS, USE OF MEDICAL FACILITIES AND PREVALENCE OF HEALTH INSURANCE, BY SEX, 1989-1992

Sex	1989-2	1990	1991	1992
	(a) Percentage of respondents reporting illness in four week reference period			
Male	15.7	16.3	12.1	9.9
Female	20.0	20.3	15.0	11.3
	(b) Percentage of ill/injured respondents seeking medical care			
Male	44.7	37.9	48.5	49.0
Female	52.8	39.2	47.4	52.5
	(c) Percentage of ill/injured visiting public health facilities			
Male	37.7	42.5	38.1	27.6
Female	39.7	37.2	34.0	29.6
	(d) Percentage of sample with health insurance			
Male	8.1	8.5	8.7	9.4
Female	8.2	9.5	8.6	9.6

there were no significant differences in immunisation by consumption quintile and sex. All parishes reported high immunization coverage but St Ann and Trelawny were outstanding with their one hundred per cent BCG immunisation (Table C-10).

Birth Registration

The SLC reports data on birth registration for the first time in 1992. Over 97 per cent of babies born during the survey reference period were reported registered (Table C-11). Almost the same proportions of babies from the KMA, 'Other towns' and rural areas were registered. The poorest quintile was only slightly less likely than other quintiles to have babies registered (95.8 per cent) while slightly more males (97.7 per cent) than females were registered. Over 90 per cent were registered in the first year after birth. Registration levels increased with age although in Jamaica parents are required to register their babies within the first year after birth. The greatest proportion of registered babies was among those aged 48 to 59 months. Three parishes, Kingston, St Ann and Trelawny, had 100 per cent of their babies born during the survey reference period registered (Table C-12).

Diarrhoea

Data on reported cases of diarrhoea (during the previous two weeks) among children aged 0-59 months was also reported for the first time this year. In 1992,

TABLE 4.6
PREVALENCE OF MODERATE AND SEVERE MALNUTRITION (PERCENTAGE OF CHILDREN), 1989-1992

Year	(a) Low weight for age		
	Moderate	Severe	Total
SLC 89-2	6.5	0.8	7.3
SLC 90	8.0	0.4	8.4
SLC 91	9.0	0.0	9.0
SLC 92	8.1	0.5	8.6
	(b) Stunting		
	Moderate	Severe	Total
SLC 89-2	1.7	1.2	2.9
SLC 90	2.1	1.3	3.4
SLC 91	1.6	1.0	2.6
SLC 92	3.5	1.6	5.1
	(c) Wasting		
	Moderate	Severe	Total
SLC 89-2	1.5	0.6	2.1
SLC 90	3.2	0.4	3.6
SLC 91	1.9	0.2	2.1
SLC 92	0.8	0.1	0.9

TABLE 4.7
PREVALENCE OF MALNUTRITION (PERCENTAGE OF CHILDREN), BY AREA, 1989-1992

Area	(a) Low weight for age			
	1989-2	1990	1991	1992
KMA	8.7	9.9	5.2	8.6
Other towns	8.2	10.1	10.7	6.9
Rural areas	6.3	7.0	9.8	8.8
Jamaica	7.3	8.3	9.0	8.6
Area	(b) Stunting			
	1989-2	1990	1991	1992
KMA	2.9	3.6	1.5	3.3
Other towns	1.8	3.4	1.6	4.0
Rural areas	3.2	3.5	3.3	5.7
Jamaica	2.9	3.4	2.6	5.1
Area	(c) Wasting			
	1989-2	1990	1991	1992
KMA	4.1	6.3	8.1	2.0
Other towns	1.1	0.8	0.8	1.3
Rural areas	1.5	3.1	0.3	0.7
Jamaica	2.1	3.6	2.1	0.9

7.1 per cent of children aged 0-59 months had diarrhoea (Table C-13). Children from the 'Other towns' had the smallest proportion of cases of diarrhoea (5.4 per cent). The poorest quintile had the largest proportion of its members (9.5 per cent) with this ailment. The age group 12-23 months recorded the highest incidence of diarrhoea (11.7 per cent). Almost the same proportions of male and female babies suffered

TABLE 4.8
PREVALENCE OF MALNUTRITION (PERCENTAGE OF CHILDREN), BY QUINTILE, 1989-1992

Quintile	(a) Low weight for age			
	1989-2	1990	1991	1992
Poorest	8.1	12.2	11.3	14.5
2	11.0	3.7	11.5	5.3
3	5.4	11.1	7.5	6.7
4	6.1	9.8	3.2	6.0
5	2.7	4.5	8.1	7.3
	(b) Stunting			
	1989-2	1990	1991	1992
Poorest	3.8	5.4	2.6	9.1
2	5.0	0.5	3.0	3.9
3	2.0	4.5	1.6	4.0
4	1.6	4.5	2.2	2.4
5	---	2.2	4.1	3.3
	(c) Wasting			
	1989-2	1990	1991	1992
Poorest	1.9	4.3	0.6	1.4
2	3.7	2.7	2.4	0.6
3	1.5	3.7	3.8	0.4
4	1.6	3.6	2.2	0.8
5	1.6	4.5	1.4	1.6

TABLE 4.9
PREVALENCE OF MALNUTRITION (PERCENTAGE OF CHILDREN) BY SEX, 1989-1992

Sex	(a) Low weight for age			
	1989-2	1990	1991	1992
Male	7.7	9.1	10.8	8.8
Female	6.8	7.7	7.1	8.1
	(b) Stunting			
	1989-2	1990	1991	1992
Male	3.1	3.4	3.2	5.5
Female	2.7	3.4	1.9	4.2
	(c) Wasting			
	1989-2	1990	1991	1992
Male	2.0	4.0	3.2	0.5
Female	2.2	3.4	1.0	1.8

from this disorder. Portland had the highest incidence of diarrhoea (20.0 per cent) while St Mary had the lowest (0.9 per cent) (Table C-14).

Nutrition

The nutritional status of children aged 0-59 months is assessed by using anthropometric measures (weight and height) in relation to the age and to each other. Standards set by the World Health Organization were used to measure malnutrition (See Appendix 1 for further details).

In 1992, 8.6 per cent of all children aged 0-59 months had low weight for age, 5.1 per cent being stunted and 0.9 per cent wasted (Table D-1). Recorded low weight for age and wasting both declined while stunting increased in 1992 (Table 4.6). Recorded low weight for age was reduced in all areas except in KMA (Table 4.7). However, recorded stunting increased in all geographical areas while recorded wasting was reduced only in KMA.

The poorest quintile recorded more cases of low weight for age (14.5 per cent) and stunting (9.1 per cent) than any other quintile in 1992 (Table D-2). There was little difference in recorded wasting by quintile. In the poorest quintile, recorded low weight for age and stunting increased significantly through the years (Table 4.8).

Slightly more males than females suffered from low weight for age (8.8 per cent) and stunting (5.5 per cent) than females in 1992. More female than male children (1.8 per cent) were wasted (Table-D-3). After increasing each year, the low weight for age reported by males decreased significantly in 1992 (Table 4.9). However, stunting among males increased through the years. Among both sexes, wasting declined through the years.

In 1992, the age group with the highest proportion of cases of low weight for age, stunting and wasting was the 12-23 month group (Table-D-4). Analysis on

TABLE 4.10
PREVALENCE OF MALNUTRITION (PERCENTAGE OF CHILDREN), BY AGE, 1991-1992

Age (months)	(a) Low weight for age	
	1991	1992
0-11	6.5	6.8
12-23	9.2	12.9
24-35	5.8	6.9
36-47	10.5	7.0
48-59	12.3	8.4
	(b) Stunting	
	1991	1992
0-11	0.0	3.7
12-23	5.3	6.7
24-35	0.0	4.8
36-47	2.3	4.1
48-59	4.6	4.4
	(c) Wasting	
	1991	1992
0-11	2.2	1.6
12-23	1.5	2.2
24-35	3.6	0.9
36-47	1.5	0.3
48-59	1.5	0.9

trends in recorded malnutrition by age could only be done for 1991 and 1992 because these were the years when the same age ranges were used. Table 4.10 shows that the prevalence of low weight among older children aged (36-59 months) decreased in 1992. Stunting increased in each age group except the oldest (48 to 59 months), which experienced a slight decrease. In all age groups except among those aged 12 to 23 months wasting decreased . □

Chapter 5

Food Stamp Programme

INTRODUCTION

The Food Stamp Programme (FSP) began in 1985. The chief objective of the FSP is to supplement the food intake of its beneficiaries. Applicants are assessed for eligibility and placed in one of the following categories:

1) pregnant women attending public health clinics,
2) lactating women attending public health clinics,
3) children under five years attending public health clinics,
4) elderly individuals (over sixty years) on poor relief or public assistance, disabled persons, and persons receiving poor relief or public assistance,
5) single member households with incomes below $3000, per annum and
6) families with two or more members with an income below $7,200 per annum (Family Plan).

The single member household and family plan were introduced in 1991. Pregnant and lactating women are grouped together in the analysis for convenience.

Data regarding eligibility for the single member household and family plan categories are not presented in this report. Since eligibility for these categories is determined by income and the SLC uses consumption expenditure as a proxy for income, it is not possible to detect eligibility in this survey with sufficient accuracy. In the 1992 survey there were 36 households that reported receiving food stamps under the single member household category and 19 that reported receiving under the family plan.

For the delivery of this programme, numerical targets are set by the Ministry of Labour and Welfare within each category. The targets are: 15,000 each for the pregnant and lactating women, 150,000 for children under five, 50,000 each for elderly/poor/disabled and family plan and 20,000 for single member households. This gives a total target of 300,000 recipients.

This report examines the extent of household and individual coverage of the FSP between the years 1990 and 1992. Parish data are available for the first time this year. Reported for the first time, too, are the self-reported problems in picking up food stamps.

HOUSEHOLD COVERAGE

The percentage of households in the sample benefitting from the FSP increased over the years. It stood at 12.8% in 1990 and in 1992 it rose to 20%. However, at 5 percentage points, the increase between 1990 and 1991 was greater than that between 1991 and 1992 when there was only a 2.2 percentage point difference.

Coverage by Beneficiary Category

Coverage ranged from 2.5% to 42.7% for all categories in 1992. In the children under five category it was 27.3% for 1992, little change from the 26.2% recorded in 1991, but 11% higher than the 1990 rate. Low coverage of pregnant/lactating women continued, registering at 2.5% for 1992—a decrease from the 1991 rate of 7.2%. The elderly/poor/disabled category showed the greatest coverage over the years, increasing substantially from year to year. In 1990, the rate for this category was 22.3%; in 1991, it increased to 30.1% and an even greater increase led to a rate of 42.7% in 1992.

Coverage by Area

Rural areas continued to have the largest proportion of households with beneficiaries in the FSP. These beneficiaries also experienced the largest increases in

TABLE 5.1
PERCENTAGE OF HOUSEHOLDS RECEIVING FOOD STAMPS AND DISTRIBUTION OF HOUSEHOLDS, BY AREA AND QUINTILE, 1990-1992

	Percentage of households receiving food stamps			Distribution of households		
Category	1990	1991	1992	1990	1991	1992
Area						
KMA	4.2	5.3	6.9	9.4	8.9	11.0
Other towns	11.5	12.6	19.5	17.0	14.2	17.9
Rural areas	18.0	26.8	28.4	73.6	76.9	71.2
Jamaica	12.8	17.8	20.0	100.0	100.0	100.0
Quintile						
Poorest	29.3	42.6	45.0	33.6	32.6	27.1
2	20.4	27.6	36.6	26.0	25.6	25.4
3	14.2	20.3	27.1	19.1	20.9	22.6
4	9.2	11.7	16.3	14.9	13.9	16.6
5	2.7	4.0	6.1	6.4	7.0	8.4
Jamaica	12.8	17.8	20.0	100.0	100.0	100.0

percentage points over the 1990 to 1992 period. In 1990, 18% of the rural households received benefits and, by 1992, this increased to 28.4% of the rural households (Table 5.1).

KMA generally had the smallest proportion of households benefitting from the FSP, amounting to only 6.9% in 1992. The 1990 to 1992 increase was also least in KMA. In 'Other towns' the proportion of households benefitting rose from 11.5% to 19.5% between 1990 and 1992. While the increases experienced in KMA and 'Other towns' were greater between 1991 and 1992, for rural areas the increase was greater between 1990 and 1991.

In 1992, 71.2% of the households receiving benefits were in the rural areas, representing a decrease of 2.4 and 5.7 percentage points of the share of households in the rural areas in 1990 and 1991 respectively. While rural areas were decreasing their share of beneficiaries, both the KMA and 'Other towns' showed small increases in their share. In 1990, 9.4% of all beneficiary households were in the KMA, rising to 11.0 in 1992. For 'Other towns' and rural areas there were also only minor changes between 1990 and 1992.

Coverage by Quintile

As in previous years, in 1992, the higher the consumption level of a household the less the likelihood of receiving food stamps. Correspondingly, the share of beneficiary households by quintiles decreased with higher consumption levels. Over the 1990 to 1992 period the proportion of households receiving benefits increased in all consumption groups but with the greatest relative increase recorded for the wealthier quintiles. Table 5.1 shows that the wealthier quintiles increased their share of benefits at the expense of quintiles 1 and 2.

Thus, as the share of recipients accounted for in the two poorer quintiles showed slight reductions, the share in the third to fifth quintiles increased. The share taken by the fifth quintile showed the largest relative increase—31.3% between 1990 and 1992. The poorest quintile had the greatest relative decrease in its share of recipients—from 33.6% in 1990 to 27.1% in 1992. Of all households receiving food stamps in 1990, 59.6% were in the two poorer quintiles; in 1992, 52.5% were in these two quintiles. The third to fifth quintiles had a 40.4% share of households receiving food stamps in 1990; in 1992, that share rose to 47.6%.

Coverage by Parish

Hanover (38.7%), Trelawny (37.8%) and Portland (35.9%) had the largest percentage of households receiving food stamps. At 5.9%, St Andrew had the smallest percentage, much less than the national average of 20%. Other parishes with a small percentage of beneficiary households were Kingston (13%) and Westmoreland (14.7%) (Table G-2).

Households applying to the FSP in Portland and Hanover were the most successful in gaining benefits, 82.2% and 83.4% of the applicants in each parish respectively. Only in two parishes did the recipients account for less than 50% of the applicants. In St Andrew only 34.3% of the applicants were successful in receiving benefits; in Manchester 48% were successful.

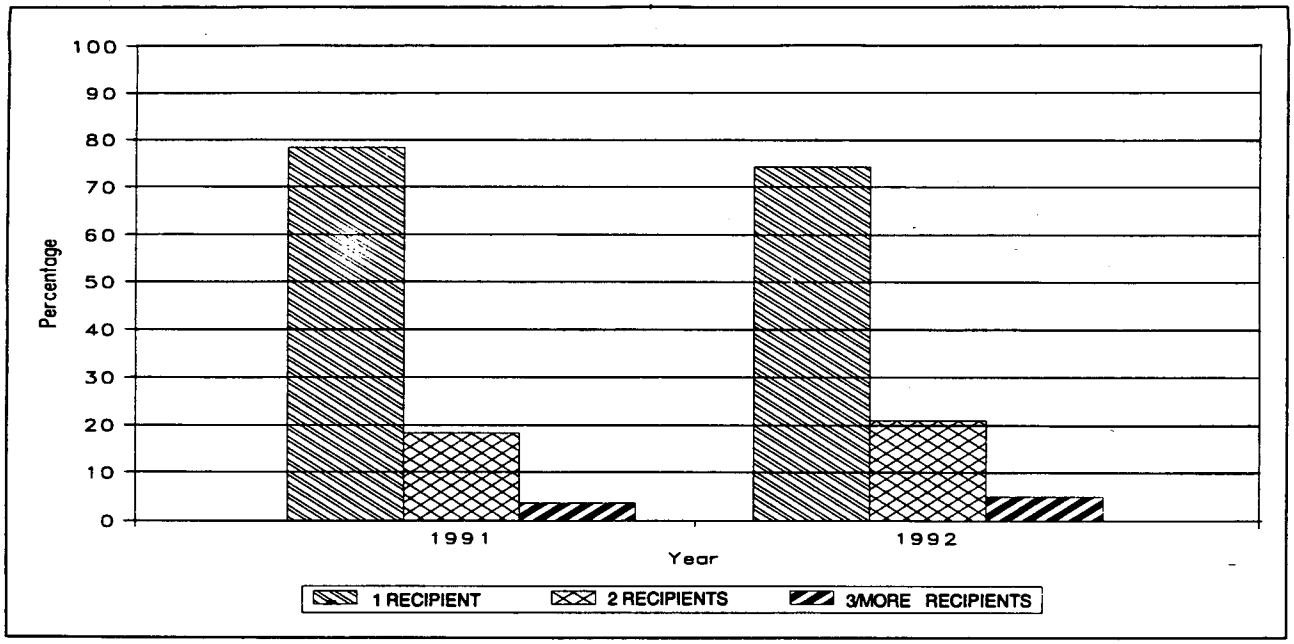

FIGURE 5.1: NUMBER OF RECIPIENTS IN HOUSEHOLDS RECEIVING FOOD STAMPS, 1991-1992

NUMBER OF RECIPIENTS PER HOUSEHOLD

As in the 1991 survey, single recipient households made up the overwhelming majority of households receiving food stamps in 1992. In relation to all recipient households, single-recipient households receiving food stamps fell by 4 percentage points between these years, while the percentage of multiple-recipient households increased. Two-recipient households rose from 18.3% to 20.8% and households with three or more recipients rose from 3.5% to 5% (Figure 5.1).

At 15.2%, multiple-recipient households as a percentage of all recipient households in the KMA in 1992 was more than 300% of what it was in 1991. In rural areas the percentage of multiple-recipient households increased marginally, while that for 'Other towns' declined.

Coverage by Quintile

The higher the consumption levels the higher the proportion of recipient households with single recipients and the lower the proportion with multiple recipients. This pattern became more accentuated between 1991 and 1992 (Table 5.2). Thus, during this period, while the poorer quintiles (1 to 3) were decreasing their proportion of single-recipient households the wealthier quintiles (4 and 5) were increasing their proportion. The reverse is true for multiple-recipient households.

COVERAGE OF INDIVIDUAL BENEFICIARIES

Analysis of data on household and individual beneficiaries of the FSP reveal similar trends; nevertheless, it is necessary to examine both because it is considered important to assess the absolute numbers of persons receiving food stamps, and to examine the degree of coverage of individual beneficiaries.

The survey also sought to identify those persons who qualified to receive food stamps. In this section an analysis is made of the respondents who were reported to have qualified and were actually receiving the stamps. Finally an examination is made of applicants to the programme who are not receiving food stamps.

In 1992, the percentage of respondents receiving food stamps was 6.9 per cent (Table G-7). This represents an increase of 3.2 percentage points from 1990. The percentage of persons who had applied but were not receiving food stamps was 4.8 per cent.

Coverage By Beneficiary Category

As with the households, of the three comparable categories that data analysis permits, the elderly poor/disabled continued (through the years 1990-92) to have the best coverage among those receiving food stamps (Figure 5.2). Pregnant/lactating women continued to have the lowest coverage and they formed the only category of beneficiaries which did not increase its coverage in 1992, losing 4.7 per cent of their coverage in that year.

TABLE 5.2
DISTRIBUTION OF HOUSEHOLDS RECEIVING FOOD STAMPS ACCORDING TO NUMBER OF RECIPIENTS IN HOUSEHOLD, BY AREA AND QUINTILE, 1991-1992

Category	Number of recipients in household			
	Single recipient		Multiple recipient	
	1991	1992	1991	1992
Area				
KMA	96.4	84.8	3.6	15.2
Other towns	75.6	78.9	24.4	21.1
Rural areas	76.5	71.4	23.5	28.7
Jamaica	78.2	74.2	21.8	25.8
Quintile				
Poorest	72.8	59.0	27.2	41.0
2	70.8	66.8	29.6	33.2
3	86.4	83.0	13.6	17.0
4	86.4	88.4	13.6	11.6
5	90.9	91.5	9.0	8.5
Jamaica	78.2	74.2	21.8	25.8

The category with the largest proportion of eligible individuals receiving food stamps was the elderly poor/disabled (31.4 per cent) (Table G-12). Pregnant/lactating women had the smallest proportion of their eligible members benefitting from the programme (2.3 per cent).

The FSP places much emphasis on mothers and children and has targeted at least 60 per cent of its beneficiaries to be mothers/children. In 1992, 47 per cent of the recipients of food stamps were mothers/children. The actual coverage of mothers/ children has remained fairly stable between 1990 and 1992.

Coverage By Area

Data analysis of individual coverage reveals that the rural areas had the highest level of receipt of food stamps. This follows the same pattern as the household data. All the data by geographical area showed that 8.5 per cent of the residents in rural areas received food stamps, compared with 2.0 per cent of the residents in the KMA (Table G-7).

In relation to the proportion of total beneficiaries that each geographical area represented, the rural areas, again, had the largest percentage (73.5 per cent) with the KMA receiving the lowest percentage (10.1

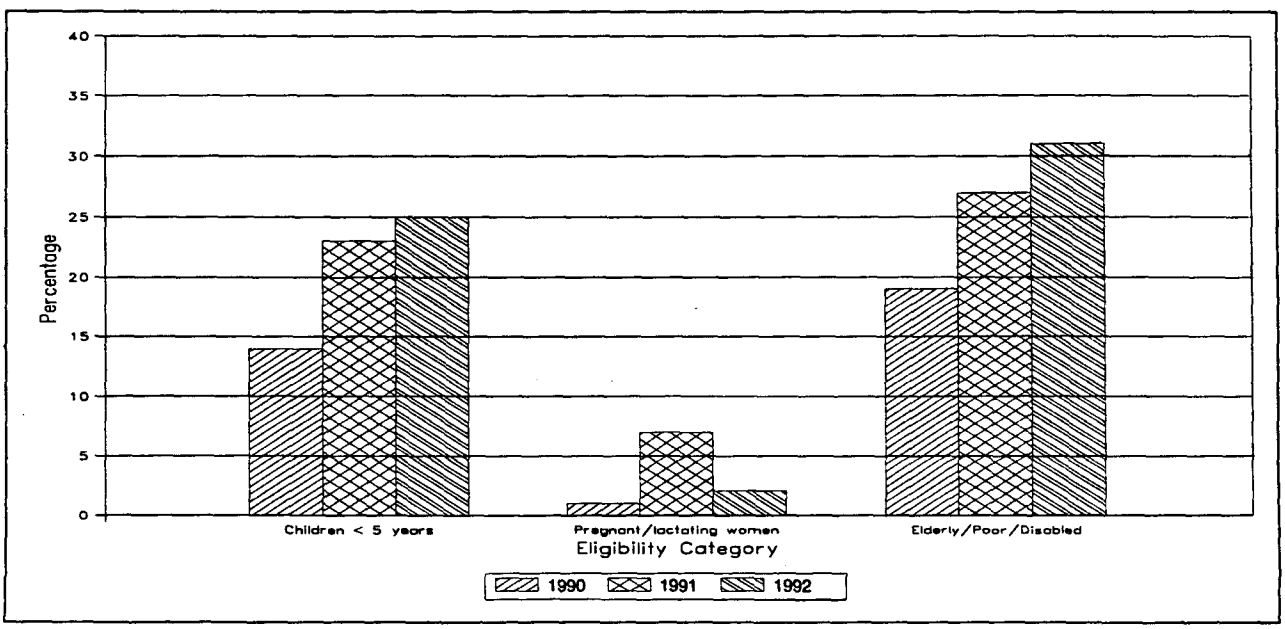

FIGURE 5.2: PERCENTAGE OF INDIVIDUALS RECEIVING FOOD STAMPS, BY ELIGIBILITY, CATEGORY 1990-1992

TABLE 5.3
PERCENTAGE OF INDIVIDUALS RECEIVING FOOD STAMPS AND DISTRIBUTION OF RECIPIENTS, BY AREA AND QUINTILE 1990-1992

Category	Percentage of individuals receiving food stamps			Distribution of total individuals receiving food stamps		
	1990	1991	1992	1990	1991	1992
Area						
KMA	1.2	1.5	2.0	8.7	7.3	10.1
Other towns	3.9	4.5	5.4	18.4	15.1	16.4
Rural areas	4.9	7.9	8.4	72.9	77.6	73.5
Jamaica	3.7	5.5	6.9	100.0	100.0	100.0
Quintile						
Poorest	6.7	9.8	11.5	36.1	34.5	32.8
2	5.0	7.7	9.2	27.1	27.5	26.9
3	3.2	5.4	6.9	17.3	19.1	20.2
4	3.2	3.6	4.5	13.4	12.6	13.5
5	1.1	1.8	2.3	6.1	6.3	6.6
Jamaica	3.7	5.5	6.9	100.0	100.0	100.0

per cent) (Table G-9). In each category, coverage was also highest in the rural areas (Table G-11). In fact, all the pregnant/lactating women receiving benefits were from the rural areas.

Although the rural areas continued to enjoy the highest level of coverage for their recipients, their proportion of national coverage declined from 77.6 in 1991 to 73.5 per cent in 1992 (Table 5.3). Coverage in the other areas, after declining in 1991, increased in 1992, the rate of increase being greater in the KMA. The same pattern of distribution by household was observed but with the decrease in the number of households benefitting in the rural areas being slightly larger than that for individual coverage. The former decreased by 5.7 percent in 1992 compared with a decrease of 4.1 per cent for the latter.

Coverage By Quintile

As in previous years, coverage decreased with an increase in consumption level (Tables G-9 and G-11). The poorest quintiles had the largest proportions of eligible individuals receiving food stamps in each beneficiary category (Table G-11). There were no pregnant/lactating women in the two wealthiest quintiles receiving food stamps. Among the these women, the percentage receiving benefits by eligible candidates was the same in each of the other quintiles.

There were no significant changes since November 1990 in relation to the proportion of total benefits that were received by each quintile (Table 5.3). However, the poorest two quintiles had reduced their proportion of total benefits from 63.2 per cent in 1990 to 59.7 per cent in 1992.

The proportion of total benefits shared by the wealthiest quintiles (quintiles 4 and 5) remained stable. A similar pattern was observed in relation to distribution of benefits by households where the two poorest quintiles lost 5.7 per cent of the shares they enjoyed in 1990.

Coverage by Parish

Data analysis by parish reveals that the residents of St Catherine had the largest proportion (12.1 per cent) of individuals receiving food stamps (Table G-8). The parish with the largest percentage of its residents (92.6 per cent) never applying for food stamps was Hanover. Of those who had applied but were not receiving food stamps, the residents of St Andrew had the largest proportion (18.5 per cent).

The largest proportion (10.5 per cent) of total beneficiaries was in St James with the smallest proportion (2.0 per cent) in Kingston (Table G-10). In the category of children aged less than 5 years, the parish with the highest coverage was Trelawny (49.3 per cent) (Table G-12). St Andrew had the lowest coverage (4.1 per cent).

The pregnant/lactating recipients were from 5 parishes. Hanover had the highest percentage of the eligible women (18.6 per cent) benefitting from food stamps. More than 50% of the eligible elderly/poor/disabled in Portland received food stamps while only 13.7% of those in St Andrew received food stamps. However, one needs to be cautious in any discussion of the category of pregnant/lactating women because the number of eligible candidates in the parishes receiving food stamps was small (Table G-12).

In summary, there was an increase in the coverage of individual beneficiaries in 1992. The elderly/poor/disabled continued to receive the best coverage. The category of pregnant/lactating women was the only one to experience a decrease in coverage in 1992. There was a large number of pregnant/lactating women who qualified for food stamps benefits but were not receiving any. As in previous years, the rural areas had the highest coverage of food stamps, although their proportion of total benefits declined in 1992. In relation to the proportion of total benefits received, the two poorest quintiles (quintiles 1 and 2) had reduced their share in 1992.

REASONS FOR NOT APPLYING FOR FOOD STAMPS

Almost 50 per cent of respondents who did not apply for food stamps in 1992 reported that they did not consider their households to be eligible (Table G-13). A significant proportion of them (20.9 per cent) did not want to apply because they felt that there was a stigma attached to the receipt of food stamps. Another 14.9 percent claimed that the procedure of receiving food stamps was not worth the trouble while a smaller number (8.7 per cent) did not know how to obtain food stamps. Therefore there is apparently still a need to publicize the programme to a greater extent and to reduce the tediousness associated with benefitting from the programme.

Self-perceived ineligibility was greatest (76.1 per cent) amongst the residents of Hanover (Table G-14). Lack of knowledge of the application procedures was most prevalent (14.6 per cent) amongst the non-applicants in Trelawny. The non-applicants in Westmoreland had the largest proportion (23.0 per cent) of households which considered the procedure tedious. The stigma attached to the receipt of food stamps was of the greatest concern in Clarendon as 36.9 per cent of the non-applicants there put forward that reason.

Self-perceived ineligibility remained the number one reason for not applying for food stamps in 1992 (Table 5.4). However, avoidance of the stigma attached to the receipt of food stamps replaced 'ignorance of application procedure' as the second most important reason for not applying for food stamps. It seems that although the publicizing of the programme has increased, the stigma attached to the receipt of food stamps still prevents individuals from applying for food stamps.

Problems in Picking up Food Stamps

Problems in picking up food stamps were reported for the first time this year. Of those who reported problems in picking up food stamps, 30.0 per cent complained of the disorderly crowds at the pay station (Table G-15). The second gravest problem was the lateness of the officer in charge of distribution of food stamps, 16.3 per cent of those reporting problems lodging this complaint. Overall, the least reported complaint was that of inadequate accommodation, less than 1 per cent of all respondents who outlined problems mentioning this specific one.

Generally, there were more reported problems in picking up food stamps in the rural areas (Table G-15). All the respondents from the rural areas who cited problems in picking up food stamps complained about the rudeness of the officer and inadequate accommodation at the pay station. Large proportions of them also reported problems of transportation, long lines and a poor mailing system. In the KMA, there were more complaints about disorderly crowds and a poor mailing system. The mailing problem was less severe in the 'Other towns' but a significant proportion of benefciaries referred to the long lines, disorderly crowds and transportation problems.

TABLE 5.4
SELF-REPORTED REASONS (PERCENTAGE OF HOUSEHOLDS) FOR NOT APPLYING FOR FOOD STAMPS, SLC 1990-1992

Reason for non-application	SLC 90	SLC 91	SLC 92
Non-applicants	**78.5**	**81.3**	**81.5**
Self-perceived ineligibility	31.5	37.3	36.3
Ignorance of application procedure	16.7	23.3	6.6
Not worth the trouble	15.0	9.2	11.9
Avoidance of stigma	9.4	6.8	17.0
Other	5.8	4.6	9.7
Applicants	**21.5**	**18.7**	**18.5**
Total	100.0	100.0	100.0

Data analysis by parish revealed that the recipients in Kingston were only concerned with the poor mailing system (Table G-14). The apparent lateness of the officer was most pronounced in St Thomas. St Catherine had the largest proportion of persons (75.1 per cent) who complained about the disorderly crowds. St Catherine also had the largest proportion (33.9 per cent) of complaints about long queues. All the persons who complained about accommodation at the pay station were from Hanover. Transportation problems seemed to be the greatest for the residents of St Ann while the mailing problem was reportedly more severe in Westmoreland. □

Chapter 6

Housing

INTRODUCTION

The SLC housing module monitors indicators such as type of housing unit, tenure status, source of drinking water, source of lighting, type and availability of toilet facilities and household expenses. The following discussion seeks to examine trends in these indicators over the past four years, 1989 to 1992.

Data on the parishes are presented for the first time. The household expenses which will be examined are mortgage, rent and property tax payments as well as the cost for the utilities electricity, water and telephone. These expenses have been looked at since 1990, in terms of the mean value of payments made by households reporting the expenses, and the expense as a percentage of the households' consumption expenditure.

It should be noted that the household expense is expressed as a percentage of the consumption expenditure of the household and not of the consumption expenditure of the member or members who are paying the expense. Hence, in many cases, the percentage may be lower than it would be if expressed as a proportion of an individual's consumption expenditure.

DWELLING TYPE

Table 6.1 shows that the proportion of separate detached dwellings increased between 1989 and 1992, recording figures of 78.0 per cent in 1989 and 83.5 per cent in 1992. The largest proportionate increase in housing type, however, was for Apartment/townhouse, which increased consistently for each year, moving from 0.4 per cent in 1990 to 1.1 per cent in 1991 and 3.1 in 1992. Table F-2 indicates that Kingston and St Andrew are the parishes with the highest proportions of apartment buildings and townhouses (6.2 and 11.4 per cent respectively).

TABLE 6.1
PERCENTAGE DISTRIBUTION OF DWELLING TYPES, 1989-1992

Dwelling type	SLC 89-2	SLC 90	SLC 91	SLC 92
Separate house, detached	78.0	79.0	93.3	83.5
Part of house	17.9	17.8	N/A	9.5
Semi-detached house	N/A	2.0	4.3	3.0
Apartment/townhouse	N/A	0.4	1.1	3.1
Part of commercial building	N/A	0.7	1.0	0.8
Other	3.9[a]	0.2	0.3	0.2
All types	100.0	100.0	100.0	100.0

a For the 1989 report, Semi-detached, Apartment/townhouse, Improvised housing unit, + Commercial building and Other were grouped to give 3.9

b The 'Part of House' category was excluded from the 1991 SLC Questionnaire, hence the figure presented for Separate house, detached, includes this

Information on the 'Part of house' category was not collected in the 1991 SLC survey. Comparison of the 'Part of house' category for 1990 and 1992, however, shows that there was a sizeable reduction in the proportion in this category, with a fall from 17.8 per cent in 1990 to 9.5 per cent in 1992. This may be due to changes in classification as well as possible increases in the categories Apartment/townhouse as well as Separate house detached.

CONSTRUCTION MATERIAL

From the data in Table F-4 one may deduce that the choice of building materials for outer walls was primarily 'Block and steel' followed by 'Wood'. The latter was very heavily used in Hanover and Westmoreland, however, at 73.2 and 72.7 per cent respectively; the use of wood in Portland, St Mary and St James was also high, ranging between 50 and 60 per cent. These parishes were also those which utilised block and steel the least. It is interesting to note the relatively low percentage use of wood for the construction of the outer walls of dwellings in St Ann and Manchester, with 8.9 and 6.5 per cent respectively. It is also notable that Kingston had the largest percentage of dwellings made of concrete nog (35.7 per cent) and brick (6.7 per cent), possibly reflecting that the capital contains buildings that are older than those in the rest of the country.

St Catherine had a questionably high percentage for the 'Other' category, with 18.1 per cent.

HOUSING TENURE

Table 6.2 does not show any significant change in the tenure status of households in Jamaica between 1989 and 1992. In 1991 the category 'Rent free' was added to the question on tenure status. This resulted in a redistribution of the categories 'Owned' and 'Other' into 'Owned', 'Other' and 'Rent free'.

Comparing figures for 1991 and 1992, it would appear that the category 'Rent free' increased, with a proportionate reduction in the category 'Rented'. This may suggest a trend toward increased investment in real estate by Jamaicans living abroad who are planning to return 'home' and who in the interim allow someone to occupy their house, living rent free and taking care of the dwelling, or it may be a case of home owners migrating and, rather than choosing to sell their home, leaving it in the care of family members or friends.

Tenure by parish (Table F-17) reinforces what has been established in the regional tables of all rounds of the SLC, i.e, that the probability of household members owning the dwelling in which they live is significantly lower in the urban areas than in the rural. Hence the predominantly urban parishes of Kingston and St Andrew, and to a lesser extent St Catherine, had 18.5, 45.7 and 58.1 per cent of the householders respectively owning the dwelling in which they lived. On the other hand, the other parishes had home ownership greater than 60.0 per cent, with Westmoreland and Hanover having the highest percentages of 88.6 and 81.5 respectively. This is interesting because, as pointed out above, Westmoreland and Hanover are the parishes which showed the heaviest use of wood for the construction of outer walls of housing units.

The percentage of self-reported squatter households was generally low and in a number of parishes negligible. However, in St Mary and St Thomas the percentage of squatter households was relatively large, with 3.9 and 2.0 per cent respectively. Kingston was the parish with the next largest number, 1.4 per cent, followed by St James and Portland with 1.2 and 1.1 per cent respectively.

HOUSEHOLD AMENITIES

Sanitation

There was no significant change in the distribution of toilet facilities between 1989 and 1992; the data show

TABLE 6.2
PERCENTAGE DISTRIBUTION OF TENURE STATUS OF HOUSEHOLDS, 1989-1992

Tenure	SLC 89-2	SLC 90	SLC 91[r]	SLC 92
Owner-occupied	64.0	67.2	60.6	60.2
Rent-free	N/A	N/A	9.9	12.5
Rented	27.6	26.0	27.7	25.2
Squatter-occupied	N/A	N/A	0.9	0.8
Other	8.3	6.8	0.9	1.3
TOTAL	100.0	100.0	100.0	100.0

r Revised

TABLE 6.3
PERCENTAGE DISTRIBUTION OF TYPE OF TOILET FACILITIES, 1989-1992

Type of facility	SLC 89-2	SLC 90	SLC 91	SLC 92
WC	45.8	51.4	47.4	49.6
Pit latrine	51.5	47.7	50.8	49.3
Other	0.5	0.4	0.2	0.6
None	2.0	0.5	1.5	0.5
All types	100.0	100.0	100.0	100.0

a steady increase in the availability WCs for 1989, 1991 and 1992 with recorded figures of 45.8, 47.4 and 49.6 per cent respectively (Table 6.3). SLC 1990 shows a series high of 51.4 per cent, which is not in keeping with the other three years. As the use of WCs increased for 1989, 1991 and 1992 so the use of pit latrines fell, recording figures of 51.5, 50.8 and 49.3 respectively. Here again 1990 was the odd year, with a figure of 47.7 per cent. The households with no toilet facilities followed a similar pattern of decline (if the year 1990 is excluded).

Water

As shown in Table 6.4, the proportion of households using water piped into their premises fluctuated between 56.6 per cent and 62.9. However, a net increase was recorded between 1989 (56.6 per cent) and 1992 (58.7 per cent).

The proportion using public standpipes also fluctuated during the period, although a net decline was registered between 1989 and 1992 with figures of 20.9 per cent and 17.9 per cent respectively. Figure 6.1 shows the usage of piped water, which includes water piped into the premises as well as standpipes.

Most of the households which did not use tap water for drinking purposes depended on rain water (i.e. tanks); this has remained relatively stable at 13 per cent over the years. The proportion of households depending on river or pond water for drinking remained disturbingly high, at above 5 or 6 per cent from 1989 to 1992; the figures reveal that approximately 6.3 per cent of the households depended on rivers or ponds for drinking water in 1992, as against 5.1 per cent in 1989.

Among the parishes, almost all households in Kingston and St Andrew were using tap water for drinking (whether indoor or outdoor or public standpipe), while in all other parishes a sizeable number depended on other sources. In 1992, a high proportion of households depended on rain water in Man-

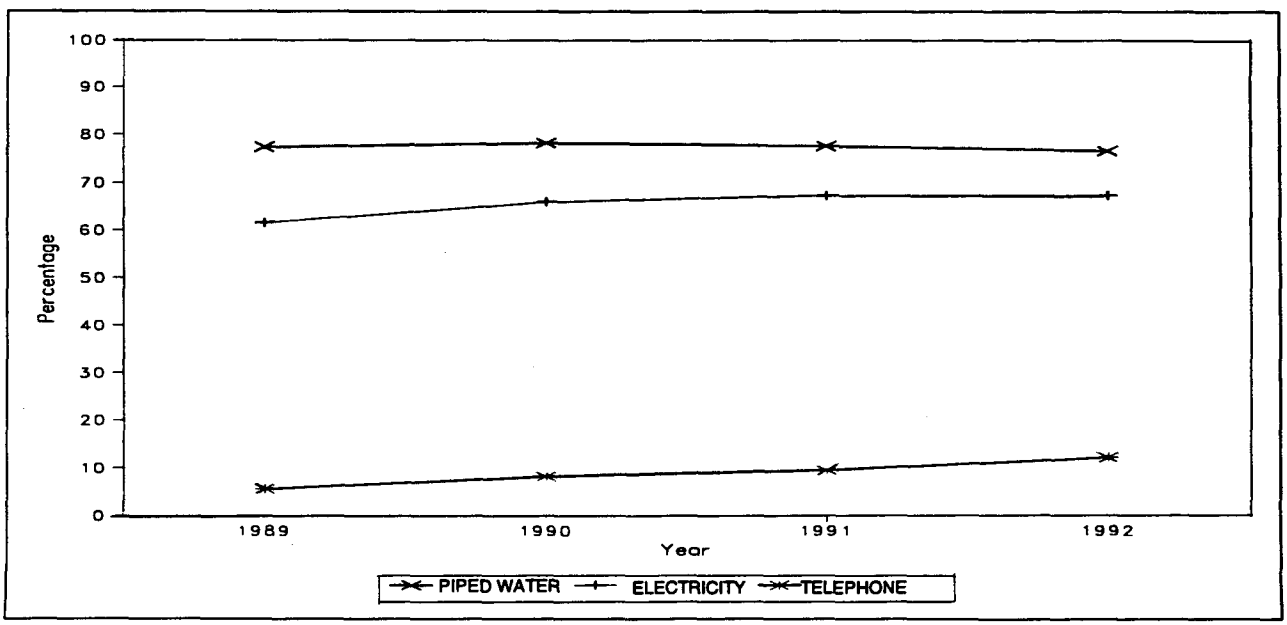

FIGURE 6.1: PERCENTAGE PREVALENCE OF HOUSEHOLD UTILITIES, 1989-1992

TABLE 6.4
PERCENTAGE DISTRIBUTION OF UTILITIES,
1989-1992

Utility	SLC 89-2	SLC 90	SLC 91	SLC 92
Drinking Water				
Indoor tap/pipe	34.3	38.4	37.1	37.6
Outside private tap/pipe	22.3	22.8	25.8	21.1
Public standpipe	20.9	17.1	14.8	17.9
River/pond	6.1	5.7	5.1	6.3
Rainwater (tank)	13.4	13.4	13.1	13.6
Other	2.7	2.7	4.3	3.6
Lighting				
Electricity	61.6	66.0	67.2	67.3
Kerosene	36.4	31.3	30.1	30.4
Other	0.3	0.3	2.6	0.4
None	1.7	2.3	N/A	1.9
Telephone	5.4	8.2	9.4	12.1

chester (57.2 per cent) followed by St Ann (47.9 per cent), St Elizabeth (46.3 per cent), Westmoreland (20.9 per cent) and Hanover (16.5 per cent). Rivers and ponds were noteworthy sources of drinking water in Hanover (27.1 per cent), Portland (16.4 per cent) and St James (10.6 per cent). It is not surprising then these were the parishes which reported the highest incidence of diarrhoea in children aged 0-59 months (Table C-14) i.e. 17.0 per cent for Hanover, 20.6 per cent for Portland and 14.3 per cent in St James.

Among the three regions, the rural areas had the least proportion of households with tap water for drinking and highest dependence on each of the other sources (see Table F-8). The distance the households had to go to get their drinking water from public standpipes and rivers/ponds is shown in Table F-8. It may be observed that rural households also had to go the longest distance to get water from these sources, with only 47.3 per cent having public standpipes within 50 yards, and, for those using rivers/ponds, only 36.9 per cent having them within a distance of 50 yards.

Lighting

Table 6.4 and Figure 6.1 reveal that the use of electricity increased for all years since 1989. In 1989, 61.6 per cent of all households used electricity for lighting. This increased to 67.3 per cent in 1992. There was negligible change in reported use of electricity between 1991 and 1992 although the Jamaica Public Service Company reported a 4.1 per cent increase in the number of residential users.

The proportion of households using kerosene oil for lighting fell in tandem with the rise in the proportion of those using electricity. Use of kerosene stood at 36.4 per cent in 1989 and fell for all subsequent years of reporting to finally record 30.4 per cent in 1992.

Table F-13 reveals that the parishes with the highest use of kerosene were those with the lowest use of electricity and vice versa. The use of electricity in 1992 was the highest in St Andrew (84.9 per cent) followed by Kingston (78.1 per cent) and St Ann (70.1 per cent). In these parishes, kerosene was used by only 5.2 per cent in Kingston, 11.4 per cent in St Andrew and 27.3 per cent in St Ann. On the other hand, the parishes with the lowest percentage of households using electricity were St Elizabeth (40.3 per cent), Manchester (52.5 per cent), Portland (53.2 per cent) and St Mary (54.5 per cent). In these parishes, the use of kerosene was the highest, with 58.6 per cent in St Elizabeth, 47.0 per cent in Manchester, 46.3 per cent in Portland and 43.8 per cent in St Mary. Thus, parishes with large remote areas appear to have less access to electricity and are therefore more dependent on kerosene oil for lighting.

Telephone Service

The percentage of households having telephone service increased for all years from 1989 to 1992. The 1991 figure of 9.4 per cent moved to 12.1 per cent in 1992, a 28.7 per cent increase, which is consistent with the Jamaica Telephone Company's report of a 19.5 per cent increase in the number of stations between 1991 and 1992 (ESSJ, 1992).

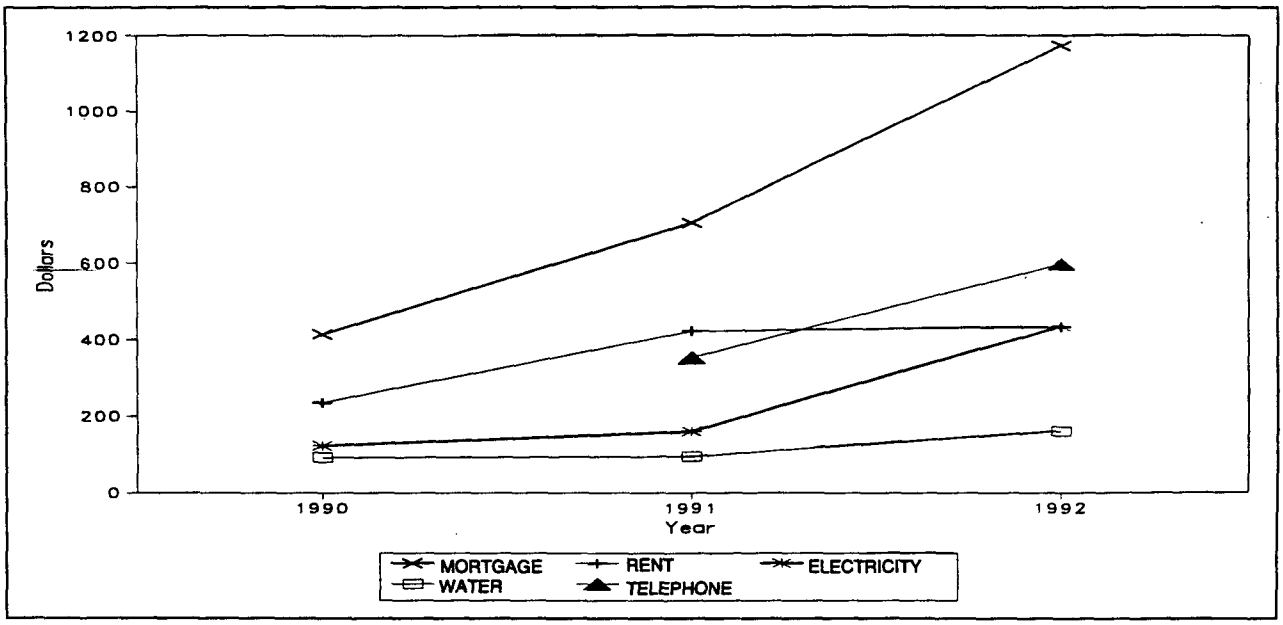

FIGURE 6.2: MEAN MONTHLY HOUSEHOLD EXPENSES, 1990-1992

HOUSEHOLD EXPENSES

Introduction

Figure 6.2 shows that the largest household expense for 1992 was mortgage payments, followed by telephone costs; drinking water expenses were the least. Electricity showed the steepest increase, registering a 256.6 per cent rise between 1990 and 1992 with a massive 173.6 per cent escalation between 1991 and 1992. Mortgage expenses also showed large increases at 184.0 per cent between 1990 and 1992. Increases in drinking water expenses were moderate, at 71.0 per cent, between 1990 and 1992.

Mortgage Expenses

The number of respondents reporting mortgage expenses has always been relatively low. With the increased sample size in 1992, there were 118 households of the total (2.7 per cent) reporting that they paid mortgage (Table 6.5). There was 66.5 per cent movement in mortgage charges, with the mean monthly mortgage moving from $704 in 1991 to $1,172 in 1992.

From Table 6.6, it may be observed that, of households which did not have freehold status on their dwelling, there was a steady decline in the percentage which had been able to secure and /or support a mortgage, moving from 8.1 per cent in 1990 to 6.2 per cent in 1992. This observation conforms with the steep upward movement in building costs and the accompanying high interest rates. As the cost of housing units increases, so will mortgages to new mortgage beneficiaries, hence, if there is not a commensurate increase in income, home ownership will become less affordable, resulting in the trend toward a fall-off in the number of mortgage beneficiaries as indicated in Table 6.6.

Rent expenses

The mean rent expenses for all Jamaica (Table 6.7) increased by 80 per cent between 1990 and 1991 and there was a marginal increase between the 1991 and 1992 recorded figures of $421 and $432 respectively. As income increased during this period (Table 2.1), rent as a percentage of household consumption ex-

TABLE 6.5
MONTHLY MORTGAGE EXPENDITURE, 1990-1992

Expenditure	*SLC* 90 (N=92)	*SLC* 91 (N=53)	*SLC* 92 (N=118)
Mean monthly mortgage ($)	412.0	704.0	1,172.0
Mortgage payments as a percentage of household consumption expenditure	9.8	11.3	10.9

TABLE 6.6
TENURE STATUS OF HOUSEHOLDS WITHOUT FREEHOLD OWNERSHIP OF DWELLING, 1990-992

Tenure status	1990	1991	1992
Renters	41.8	65.3	59.4
Mortgage payers	8.1	7.0	6.2
Other	50.1	27.7	34.4

TABLE 6.7
MONTHLY RENT EXPENDITURE, 1990-1992

Expenditure	SLC 90 (N=390)	SLC 91 (N=418)	SLC 92 (N=884)
Mean monthly rent ($)	234.0	421.0	432.0
Rent as percentage of household consumption expenditure	9.2	11.2	7.4

penditure fell from 11.2 per cent in 1991 to 7.4 per cent in 1992.

The SLC shows a questionable levelling off of rent during 1991 and 1992, in the face of significant increases in building costs, and a 21.7 per cent movement in the rent component of the CPI between December 1991 and December 1992. It is of importance, however, to note that 1990 to 1991 was the period of high inflation, registering a point-to-point inflation rate of 80.2 per cent. The SLC data also show a reported 80 per cent movement in the mean rental charges during this period. If landlords levied such a heavy increase in rent during the period 1990 to 1991, it is unlikely that they would be able to extract a large increase for the following year, particularly in view of the significant reduction in the rate of inflation during 1992, falling from 18.8 per cent in the first quarter to 2.3 per cent in the last.

Table F-20 shows that rent in the urban areas takes a larger slice of consumption expenditure (8.4 per cent in KMA and 8.3 per cent in 'Other towns') than in the rural areas (4.7 per cent).

Table F-21 reveals Manchester being second to St Andrew with highest mean rent cost but with Manchester residents paying a higher percentage of their consumption expenditure as rent (10.4 per cent) than those in St Andrew (9.5 per cent). One cannot help but conclude that figures reported for Manchester were heavily influenced by the higher costs in the urban areas, especially Mandeville.

Electricity Expenditure

Expenditure on electricity showed significant movement between 1991 and 1992 (Table 6.8), increasing

TABLE 6.8
MONTHLY EXPENDITURE ON ELECTRICITY, 1990-1992

Expenditure	SLC 90 (N=1,026)	SLC 91 (N=1,047)	SLC 92 (N=2,608)
Mean monthly electricity expenditure ($)	122.0	159.0	435.0
Electricity expenditure as a percentage of household consumption expenditure	4.2	4.0	6.9

by more than one-and-a-half times, with a move from a mean of $159 per month in 1991 to $435 per month in 1992 (a 173.6 per cent increase). This is consistent with increased residential rates between 1991 and 1992 of 155.6 per cent as reported by The Jamaica Public Service.

The impact on the households' consumption expenditure is also evident with expenditure on electricity accounting for an approximate three-fourths bigger chunk, moving from 4.0 per cent to 6.9 per cent.

Table F-24 shows that the burden of electricity cost weighed heaviest on the poor as they paid 8 cents in every consumption dollar while the wealthiest quintile paid 6.4 cents. However, the difference between the portion of consumption expenditure that the poorest quintile paid for electricity and that paid by the wealthiest quintile narrowed (Table 6.9), moving from a 50 per cent difference in 1991 to 25 per cent in 1992. This may indicate the extent to which the Jamaica Public Service's rating schedule has become more progressive with recent changes in rates.

TABLE 6.9
ELECTRICITY EXPENDITURE AS A PERCENTAGE OF HOUSEHOLD CONSUMPTION EXPENDITURE, BY QUINTILE, 1990-1992

Quintile	SLC 1990	SLC 1991	SLC 1992
Poorest	5.8	5.7	8.0
2	4.6	5.3	7.9
3	5.2	4.5	7.5
4	4.5	4.0	7.1
5	3.7	3.6	6.4

Water Expenditure

The movement in expenditure on domestic water was steep between 1991 and 1992, showing a change of 67.4 per cent. This reflects the 100 per cent increase in water rates imposed by the NWC on July 1, 1992, resulting in a 71.7 per cent increase in revenue for the company (ESSJ, 1992). However, expenditure on

TABLE 6.10
MONTHLY EXPENDITURE ON WATER, 1990-1992

Expenditure	SLC 90 (N=796)	SLC 91 (N=751)	SLC 92 (N=1,731)
Mean monthly water expenditure ($)	93.0	95.0	159.0
Water expenditure as a percentage of household consumption expenditure	3.0	2.2	2.3

TABLE 6.11
MONTHLY EXPENDITURE ON TELEPHONE SERVICES, 1991-1992

Expenditure	SLC 91 (N=165)	SLC 92 (N=354)
Mean expenditure ($) on telephone services	352.0	596.0
Expenditure on telephone services as a percentage of household consumption expenditure	4.8	5.5

water as a percentage of household consumption expenditure has remained low between 1990 and 1992 and recorded 2.3 per cent in 1992.

Expenditure on Telephone Services

Information on the amount spent on telephone service was collected in the SLC for the first time in 1991.

Between 1991 and 1992 there was a steep increase of 69.3 per cent in mean telephone expenditure. The slice of the households' consumption expenditure dollar also increased, moving from 4.8 per cent in 1991 to 5.5 per cent in 1992.

Property Tax

Table F-30 reveals that the mean monthly property tax for all Jamaica was $4 in 1992. This constituted 0.1 per cent of households' consumption expenditure. This tax has traditionally been insignificant, constituting a very small part of households' consumption dollar. □

Standard Tables

SECTION A

DEMOGRAPHIC

TABLE A-1
DISTRIBUTION OF SAMPLE HOUSEHOLDS AND HOUSEHOLD MEMBERS, BY AREA AND QUINTILE

Classification	Households analysed (N)	Household members analysed (N)	Distribution: Households (%)	Distribution: Household members (%)
Area				
KMA	1,041	3,729	31.6	28.9
Other towns	869	3,368	18.2	18.3
Rural areas	2,575	10,509	50.1	52.8
Quintile*				
Poorest	601	3,601	13.4	20.5
2	689	3,546	15.4	20.1
3	827	3,529	18.4	20.0
4	1,007	3,570	22.5	20.3
5	1,361	3,360	30.3	19.1
Jamaica	4,485	17,606	100.0	100.0

NOTE: (i) Per cent estimates for Area and Jamaica adjusted for non-response and differences in parish sampling proportions.

(ii) In all standard tables, percentages may not add to 100.0 exactly due to rounding.

* The appendix describes the method used to classify household members into quintiles based on per capita consumption expenditure

TABLE A-2
DISTRIBUTION OF SAMPLE HOUSEHOLDS AND HOUSEHOLD MEMBERS, BY PARISH

Parish	Households analysed (N)	Households members analysed (N)	Distribution: Households (%)	Distribution: Household members (%)
Kingston	167	552	4.8	4.0
St Andrew	730	2,702	22.9	21.5
St Thomas	182	645	4.3	3.9
Portland	204	775	3.7	3.6
St Mary	253	953	5.1	4.9
St Ann	256	1,066	5.8	6.1
Trelawny	187	696	3.2	3.1
St James	282	1,195	6.4	6.9
Hanover	170	651	2.8	2.8
Westmoreland	389	1,447	6.0	5.7
St Elizabeth	360	1,473	5.5	5.8
Manchester	330	1,389	6.0	6.4
Clarendon	387	1,615	8.9	9.7
St Catherine	588	2,447	14.7	15.7
Jamaica	4,485	17,606	100.0	100.0

TABLE A-3
PERCENTAGE DISTRIBUTION OF HOUSEHOLD MEMBERS, BY QUINTILE AND AREA

Area	Quintile				
	Poorest (N=3601)	2 (N=3546)	3 (N=3529)	4 (N=3570)	5 (N=3360)
KMA	7.2	12.0	18.6	28.0	41.3
Other towns	11.6	17.1	21.1	21.1	25.2
Rural areas	81.2	71.0	60.2	50.9	33.5
Total	100.0	100.0	100.0	100.0	100.0

TABLE A-4
PERCENTAGE DISTRIBUTION OF HOUSEHOLD SIZE, BY AREA, QUINTILE AND SEX OF HEAD OF HOUSEHOLD

Classification	Households analysed (N)	Household size								
		1	2	3	4	5	6	7	8+	Total
Area										
KMA	1,041	23.0	17.5	16.6	14.8	11.5	6.4	4.4	5.9	100.0
Other towns	869	18.0	15.8	15.8	16.2	13.5	7.6	4.5	8.5	100.0
Rural areas	2,575	21.0	14.9	13.4	14.1	10.2	9.3	5.8	11.5	100.0
Quintile										
Poorest	601	8.5	7.8	7.8	11.1	11.5	14.6	11.0	27.6	100.0
2	689	8.6	10.3	12.5	16.1	13.1	11.3	9.3	18.9	100.0
3	827	12.2	15.6	14.9	16.6	14.6	10.6	6.2	9.4	100.0
4	1,007	18.9	16.2	19.3	17.8	12.7	7.4	3.5	4.3	100.0
5	1,361	38.7	22.3	15.1	11.7	6.4	3.2	1.5	1.2	100.0
Sex of head of household										
Male	2,571	25.3	15.0	12.7	13.8	11.5	8.3	5.1	8.4	100.0
Female	1,914	15.7	17.0	17.6	15.9	10.8	7.7	5.1	10.1	100.0
Jamaica	4,485	21.1	15.9	14.8	14.7	11.2	8.0	5.1	9.2	100.0

NOTE: Estimates for Area, Sex of Head of Household and Jamaica adjusted for non-response and differences in parish sampling proportions.

TABLE A-5
PERCENTAGE DISTRIBUTION OF HOUSEHOLD SIZE, BY PARISH

Parish	Households analysed (N)	Household size								
		1	2	3	4	5	6	7	8+	Total
Kingston	167	33.5	12.0	18.7	11.3	10.5	5.6	2.0	6.4	100.0
St Andrew	730	23.2	16.9	15.5	15.0	11.8	5.8	4.5	7.4	100.0
St Thomas	182	26.2	12.9	16.0	16.5	9.8	8.9	3.8	5.8	100.0
Portland	204	26.0	15.7	13.1	11.4	10.1	8.6	6.2	9.0	100.0
St Mary	253	21.8	16.6	16.2	14.3	8.5	8.7	5.5	8.3	100.0
St Ann	256	19.1	17.2	15.5	13.0	10.8	8.8	5.3	10.3	100.0
Trelawny	187	21.7	20.4	13.4	12.0	8.6	10.1	3.0	10.7	100.0
St James	282	18.0	14.5	12.0	15.3	16.0	8.3	5.9	10.0	100.0
Hanover	170	19.2	21.1	16.5	10.4	6.8	10.1	5.3	10.6	100.0
Westmoreland	389	23.9	16.8	13.0	15.8	10.7	6.9	5.2	7.8	100.0
St Elizabeth	360	19.6	15.3	13.8	16.5	8.1	10.8	3.5	12.3	100.0
Manchester	330	21.7	13.9	12.4	13.7	10.9	8.3	5.9	13.1	100.0
Clarendon	387	19.2	12.5	14.1	14.7	12.5	8.6	7.7	10.7	100.0
St Catherine	588	13.4	17.1	15.7	17.0	12.2	9.6	5.5	9.6	100.0
Jamaica	4,485	21.1	15.9	14.8	14.7	11.2	8.0	5.1	9.2	100.0

NOTE: Estimates adjusted for non-response.

TABLE A-6
HOUSEHOLD COMPOSITION, BY AREA

Classification	Household members analysed (N)	Mean total size	Mean no. of adult males	Mean no. of adult females	Mean no. of children
Area					
KMA	3,729	3.55	1.07	1.35	1.13
Other towns	3,368	3.89	1.21	1.35	1.33
Rural areas	10,509	4.09	1.32	1.31	1.46
Quintile					
Poorest	3,601	5.99	1.56	1.81	2.63
2	3,546	5.15	1.47	1.64	2.04
3	3,529	4.27	1.34	1.44	1.48
4	3,570	3.55	1.22	1.24	1.09
5	3,360	2.47	0.94	0.94	0.59
Jamaica	17,606	3.88	1.22	1.33	1.33

NOTE: Estimates for Area and Jamaica adjusted for non-response and differences in parish sampling proportions.

TABLE A-7
HOUSEHOLD COMPOSITION, BY PARISH

Parish	Household members analysed (N)	Mean total size	Mean no. of adult males	Mean no. of adult females	Mean no. of children
Kingston	552	3.25	0.94	1.21	1.09
St Andrew	2,702	3.65	1.10	1.39	1.16
St Thomas	645	3.51	1.11	1.07	1.33
Portland	775	3.75	1.19	1.30	1.26
St Mary	953	3.73	1.28	1.17	1.29
St Ann	1,066	4.11	1.39	1.40	1.31
Trelawny	696	3.74	1.21	1.23	1.30
St James	1,195	4.16	1.31	1.38	1.48
Hanover	651	3.89	1.25	1.23	1.40
Westmoreland	1,447	3.71	1.27	1.24	1.20
St Elizabeth	1,473	4.07	1.34	1.31	1.43
Manchester	1,389	4.17	1.30	1.35	1.52
Clarendon	1,615	4.20	1.32	1.29	1.59
St Catherine	2,447	4.16	1.27	1.47	1.43
Jamaica	17,606	3.88	1.22	1.33	1.33

NOTE: Estimates adjusted for non-response.

TABLE A-8
HOUSEHOLD COMPOSITION, BY SEX OF HOUSEHOLD HEAD AND AREA

Area	Sex of head of household									
	Male					Female				
	Household members analysed (N)	Mean total size	Mean no. of adult males	Mean no. of adult females	Mean no. of children	Household members analysed (N)	Mean total size	Mean no. of adult males	Mean no. of adult females	Mean no. of children
KMA	1,815	3.53	1.45	1.05	1.02	1,914	3.57	0.69	1.65	1.23
Other towns	1,805	3.79	1.45	1.05	1.28	1,563	4.02	0.91	1.72	1.39
Rural areas	6,119	3.88	1.51	1.04	1.33	4,390	4.42	1.03	1.72	1.66
Jamaica	9,739	3.77	1.49	1.05	1.23	7,867	4.03	0.88	1.69	1.46

NOTE: Estimates adjusted for non-response and differences in parish sampling proportions.

TABLE A-9
HOUSEHOLD COMPOSITION, BY SEX OF HOUSEHOLD HEAD AND PARISH

Parish	Sex of head of household: Male — Household members analysed (N)	Male — Mean total size	Male — Mean no. of adult males	Male — Mean no. of adult females	Male — Mean no. of children	Female — Household members analysed (N)	Female — Mean total size	Female — Mean no. of adult males	Female — Mean no. of adult females	Female — Mean no. of children
Kingston	215	2.69	1.31	0.69	0.69	337	3.76	0.61	1.69	1.46
St Andrew	1,241	3.63	1.45	1.09	1.09	1,461	3.68	0.79	1.67	1.23
St Thomas	333	3.30	1.42	0.80	1.09	312	3.78	0.74	1.41	1.63
Portland	395	3.35	1.36	0.93	1.06	380	4.30	0.95	1.83	1.53
St Mary	522	3.67	1.50	0.88	1.29	431	3.82	0.99	1.53	1.29
St Ann	616	3.94	1.53	1.14	1.27	450	4.38	1.18	1.82	1.38
Trelawny	463	3.80	1.45	1.06	1.29	233	3.63	0.78	1.54	1.31
St James	595	3.73	1.46	0.97	1.30	600	4.66	1.13	1.85	1.69
Hanover	331	3.39	1.47	0.83	1.10	320	4.56	0.97	1.77	1.82
Westmoreland	886	3.52	1.45	0.97	1.10	561	4.06	0.94	1.75	1.37
St Elizabeth	935	4.04	1.55	1.08	1.41	538	4.11	0.96	1.70	1.45
Manchester	868	3.88	1.49	1.07	1.32	521	4.78	0.90	1.95	1.93
Clarendon	888	4.11	1.59	1.04	1.47	727	4.32	0.95	1.62	1.75
St Catherine	1,451	4.25	1.55	1.30	1.41	996	4.03	0.87	1.70	1.45
Jamaica	9,739	3.77	1.49	1.05	1.23	7,867	4.03	0.88	1.69	1.46

NOTE: Estimates adjusted for non-response and differences in parish sampling proportions.

TABLE A-10
HOUSEHOLD COMPOSITION SIZE, BY SEX OF HOUSEHOLD HEAD AND QUINTILE

Quintile	Sex of head of household: Male — Household members analysed (N)	Male — Mean total size	Male — Mean no. of adult males	Male — Mean no. of adult females	Male — Mean no. of children	Female — Household members analysed (N)	Female — Mean total size	Female — Mean no. of adult males	Female — Mean no. of adult females	Female — Mean no. of children
Poorest	2,012	5.99	1.79	1.61	2.59	1,589	6.00	1.28	2.05	2.67
2	1,886	5.15	1.80	1.40	1.95	1,660	5.14	1.09	1.90	2.15
3	1,871	4.22	1.58	1.19	1.46	1,658	4.32	1.08	1.73	1.51
4	1,949	3.28	1.43	0.93	0.92	1,621	3.92	0.92	1.67	1.33
5	2,021	2.43	1.23	0.66	0.54	1,339	2.53	0.49	1.39	0.65
Jamaica	9,739	3.77	1.49	1.05	1.23	7,867	4.03	0.88	1.69	1.46

TABLE A-11
PERCENTAGE DISTRIBUTION OF HOUSEHOLD MEMBERS, BY SEX OF HOUSEHOLD HEAD, AREA, AND AGE GROUP

Age group (years)	Sex of head of household											
	Male				Female				Both sexes			
	Area				Area				Area			
	KMA (N=1815)	Other towns (N=1805)	Rural (N=6119)	Total (N=9739)	KMA (N=1914)	Other towns (N=1563)	Rural (N=4390)	Total (N=7867)	KMA (N=3729)	Other towns (N=3368)	Rural (N=10509)	Jamaica (N=17606)
0-4	8.6	10.3	10.6	10.0	10.6	10.2	12.2	11.3	9.6	10.3	11.3	10.6
5-9	10.2	11.8	12.2	11.6	11.7	12.9	13.2	12.6	11.0	12.3	12.6	12.1
10-14	10.2	11.7	11.4	11.1	12.1	11.6	12.3	12.1	11.2	11.6	11.8	11.6
15-24	19.4	17.1	18.2	18.3	20.6	22.2	19.6	20.4	20.0	19.4	18.8	19.3
25-34	19.3	16.2	12.2	14.8	18.0	15.0	13.4	15.2	18.6	15.6	12.7	15.0
35-44	13.3	11.4	9.5	10.8	9.9	8.5	7.5	8.5	11.6	10.1	8.7	9.8
45-54	7.7	8.6	8.5	8.3	6.6	6.7	6.2	6.4	7.1	7.7	7.5	7.5
55-64	5.6	5.7	7.5	6.7	4.4	4.5	6.1	5.3	5.0	5.1	6.9	6.0
65+	5.8	7.2	9.9	8.3	6.2	8.5	9.4	8.2	6.0	7.8	9.7	8.3
All ages	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

NOTE: Estimates adjusted for non-response and differences in parish sampling proportions.

TABLE A-12
PERCENTAGE DISTRIBUTION OF HOUSEHOLD MEMBERS, BY SEX OF HOUSEHOLD HEAD, PARISH, AND AGE

Male head of household

Parish	Household members analysed (N)	Age (years) 0-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All ages
Kingston	215	8.4	8.6	8.6	20.6	22.4	13.1	6.9	7.1	4.2	100.0
St Andrew	1,241	8.5	10.7	10.8	17.8	18.4	13.1	7.7	5.4	7.4	100.0
St Thomas	333	12.4	10.8	9.8	14.5	11.6	9.0	9.9	10.1	11.8	100.0
Portland	395	10.0	11.8	9.9	16.5	13.5	11.9	8.1	5.5	12.8	100.0
St Mary	522	12.3	11.8	11.0	17.7	11.2	7.4	7.4	8.2	13.0	100.0
St Ann	616	10.0	12.3	10.0	19.6	13.0	11.9	7.8	5.7	9.8	100.0
Trelawny	463	10.6	13.0	10.4	16.2	14.2	9.3	8.0	7.6	10.7	100.0
St James	595	12.2	9.5	13.1	16.4	15.3	12.1	8.6	7.1	5.6	100.0
Hanover	331	11.3	9.6	11.4	15.7	14.6	9.1	6.7	8.4	13.1	100.0
Westmoreland	886	8.3	12.3	10.7	17.4	14.1	10.7	7.9	9.0	9.6	100.0
St Elizabeth	935	11.1	11.7	12.0	17.7	12.6	10.2	9.5	7.4	7.8	100.0
Manchester	868	10.5	12.1	11.4	18.6	13.8	6.5	9.5	7.9	9.6	100.0
Clarendon	888	10.4	13.4	12.1	18.7	10.9	10.0	8.3	7.1	9.2	100.0
St Catherine	1,451	9.4	12.1	11.6	20.9	16.0	11.4	8.8	4.9	4.9	100.0

Female head of household

Parish	Household members analysed (N)	Age (years) 0-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All ages
Kingston	337	12.3	12.6	14.0	19.5	18.8	7.9	5.6	3.9	5.4	100.0
St Andrew	1,461	10.2	11.6	11.6	20.7	17.9	9.2	6.9	5.1	6.8	100.0
St Thomas	312	13.8	18.2	11.1	15.3	11.9	5.6	5.9	9.7	8.5	100.0
Portland	380	9.4	13.6	12.6	22.2	13.4	6.9	5.0	5.2	11.7	100.0
St Mary	431	12.7	10.6	10.5	22.0	13.1	7.8	5.7	5.2	12.4	100.0
St Ann	450	11.5	11.3	8.8	19.4	13.3	9.4	6.7	7.5	12.2	100.0
Trelawny	233	13.8	14.0	8.3	22.5	16.6	3.4	4.3	6.9	10.2	100.0
St James	600	12.4	11.9	11.9	23.7	15.5	8.9	6.3	3.8	5.8	100.0
Hanover	320	11.3	15.7	12.8	18.9	12.6	8.8	7.4	5.4	7.0	100.0
Westmoreland	561	8.8	11.6	13.3	21.9	14.1	9.8	6.3	6.3	7.9	100.0
St Elizabeth	538	10.2	14.9	10.2	18.3	14.3	8.4	7.3	4.7	11.7	100.0
Manchester	521	12.5	14.7	13.2	21.8	9.9	8.5	7.8	4.1	7.6	100.0
Clarendon	727	12.6	12.2	15.7	19.0	13.9	6.7	6.9	4.3	8.7	100.0
St Catherine	996	11.3	12.3	12.4	20.0	15.4	9.8	5.6	5.3	7.9	100.0

Both sexes

Parish	Household members analysed (N)	Age (years) 0-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All ages
Kingston	552	10.7	11.0	11.9	19.9	20.2	10.0	6.2	5.2	4.9	100.0
St Andrew	2,702	9.4	11.2	11.2	19.4	18.2	11.1	7.3	5.3	7.1	100.0
St Thomas	645	13.1	14.3	10.4	14.9	11.7	7.4	8.0	9.9	10.2	100.0
Portland	775	9.7	12.6	11.2	19.2	13.5	9.5	6.6	5.4	12.3	100.0
St Mary	953	12.5	11.3	10.7	19.6	12.0	7.6	6.6	6.9	12.8	100.0
St Ann	1,066	10.6	11.9	9.5	19.5	13.1	10.9	7.3	6.4	10.8	100.0
Trelawny	696	11.7	13.3	9.7	18.3	15.0	7.3	6.8	7.4	10.6	100.0
St James	1,195	12.3	10.7	12.5	20.2	15.4	10.4	7.4	5.4	5.7	100.0
Hanover	651	11.3	12.7	12.1	17.3	13.6	8.9	7.1	6.9	10.0	100.0
Westmoreland	1,447	8.5	12.1	11.7	19.1	14.1	10.4	7.2	7.9	8.9	100.0
St Elizabeth	1,473	10.8	12.9	11.4	17.9	13.2	9.5	8.7	6.4	9.2	100.0
Manchester	1,389	11.2	13.1	12.1	19.8	12.4	7.2	8.9	6.5	8.9	100.0
Clarendon	1,615	11.3	12.9	13.6	18.9	12.2	8.5	7.7	5.8	9.0	100.0
St Catherine	2,447	10.2	12.2	11.9	20.6	15.7	10.8	7.5	5.1	6.1	100.0
Jamaica	17,606	10.6	12.1	11.6	19.3	15.0	9.8	7.5	6.0	8.3	100.0

NOTE: Per cent estimates adjusted for non-response.

TABLE A-13
COMPOSITION OF HOUSEHOLDS WITH FEMALES AS HEAD, BY AREA AND QUINTILE

Classification	Households analysed (N)	Household composition (per cent)				Total
		No man, no child	No man, with children	With man, no child	With man, with children	
Area						
KMA	526	39.4	40.6	4.8	15.2	100.0
Other towns	388	31.6	49.9	6.0	12.5	100.0
Rural areas	1,000	27.1	48.0	6.6	18.3	100.0
Quintile						
Poorest	265	15.1	58.1	3.8	23.0	100.0
2	323	16.4	58.5	3.7	21.4	100.0
3	384	27.9	49.7	6.5	15.9	100.0
4	413	29.5	49.2	5.8	15.5	100.0
5	529	51.6	31.0	7.4	10.0	100.0
Jamaica	1,914	32.4	45.7	5.8	16.1	100.0

NOTE: Per cent estimates for Area and Jamaica adjusted for non-response and differences in parish sampling proportions.

TABLE A-14
COMPOSITION OF HOUSEHOLDS WITH FEMALES AS HEAD, BY PARISH

Parish	Households analysed (N)	Household composition (per cent)				Total
		No man, no child	No man, with children	With man, no child	With man, with children	
Kingston	89	32.5	45.9	3.5	18.1	100.0
St Andrew	385	42.2	37.8	4.8	15.2	100.0
St Thomas	82	26.7	45.4	6.7	21.2	100.0
Portland	88	32.4	44.1	9.0	14.4	100.0
St Mary	112	29.6	47.8	4.5	18.1	100.0
St Ann	105	29.4	42.4	10.0	18.2	100.0
Trelawny	65	41.4	47.2	4.0	7.4	100.0
St James	127	20.9	58.9	8.9	11.3	100.0
Hanover	72	24.6	46.7	1.3	27.4	100.0
Westmoreland	138	38.8	37.6	5.9	17.7	100.0
St Elizabeth	129	32.7	47.6	9.1	10.5	100.0
Manchester	107	28.5	58.5	3.9	9.1	100.0
Clarendon	168	21.6	51.5	4.8	22.1	100.0
St Catherine	247	28.1	49.5	6.6	15.9	100.0
Jamaica	1,914	32.4	45.7	5.8	16.1	100.0

NOTE: Per cent estimates adjusted for non-response and differences in parish sampling proportions.

TABLE A-15
COMPOSITION OF HOUSEHOLDS WITH FEMALES AS HEAD, BY AREA
(WEIGHTED BY HOUSEHOLD SIZE)

Area	Households analysed (N)	Household composition (per cent)				Total
		No man, no child	No man, with children	With man, no child	With man, with children	
KMA	526	21.2	53.4	3.8	21.7	100.0
Other towns	388	15.4	61.9	4.7	18.0	100.0
Rural areas	1,000	11.5	58.4	4.1	26.0	100.0
Jamaica	1,914	15.3	57.4	4.1	23.1	100.0

NOTE: Per cent estimates adjusted for non-response, differences in parish sampling proportions, and household size.

TABLE A-16
COMPOSITION OF HOUSEHOLDS WITH FEMALES AS HEAD, BY PARISH
(WEIGHTED BY HOUSEHOLD SIZE)

Parish	Households analysed (N)	Household composition (per cent)				Total
		No man, no child	No man, with children	With man, no child	With man, with children	
Kingston	89	15.0	59.0	2.4	23.6	100.0
St Andrew	385	22.5	51.7	3.7	22.0	100.0
St Thomas	82	8.6	59.0	4.0	28.4	100.0
Portland	88	14.6	59.0	5.8	20.5	100.0
St Mary	112	13.7	55.5	2.8	28.0	100.0
St Ann	105	13.3	54.6	7.2	24.9	100.0
Trelawny	65	19.1	68.7	2.2	10.0	100.0
St James	127	10.2	66.8	6.5	16.5	100.0
Hanover	72	13.0	49.2	0.6	37.3	100.0
Westmoreland	138	18.5	44.9	3.7	32.9	100.0
St Elizabeth	129	15.2	62.1	6.8	15.9	100.0
Manchester	107	11.9	72.2	1.9	14.1	100.0
Clarendon	168	9.4	58.8	3.2	28.6	100.0
St Catherine	247	13.0	59.0	4.7	23.3	100.0
Jamaica	1,914	15.3	57.4	4.1	23.1	100.0

NOTE: Per cent estimates adjusted for non-response, differences in parish sampling proportions and household size.

TABLE A-17
DISTRIBUTION OF HOUSEHOLDS, BY SEX OF HEAD OF HOUSEHOLD, AREA AND QUINTILE

Classification	Sex of head of household					
	Male		Female		Total	
	(N)	(%)	(N)	(%)	(N)	(%)
Area						
KMA	515	49.8	526	50.2	1,041	100.0
Other towns	481	55.2	388	44.8	869	100.0
Rural areas	1,575	60.8	1,000	39.2	2,575	100.0
Quintile						
Poorest	336	55.9	265	44.1	601	100.0
2	366	53.1	323	46.9	689	100.0
3	443	53.6	384	46.4	827	100.0
4	594	59.0	413	41.0	1,007	100.0
5	832	61.1	529	38.9	1,361	100.0
Jamaica	2,571	56.3	1,914	43.7	4,485	100.0

NOTE: Per cent estimates for Area and Jamaica adjusted for non-response and parish sampling proportions.

TABLE A-18
DISTRIBUTION OF HOUSEHOLDS, BY SEX OF HEAD OF HOUSEHOLD AND PARISH
SLC 1992

Parish	Sex of head of household					
	Male		Female		Total	
	(N)	(%)	(N)	(%)	(N)	(%)
Kingston	78	48.0	89	52.0	167	100.0
St Andrew	345	47.9	385	52.1	730	100.0
St Thomas	100	55.4	82	44.6	182	100.0
Portland	116	58.0	88	42.0	204	100.0
St Mary	141	55.6	112	44.4	253	100.0
St Ann	151	61.2	105	38.8	256	100.0
Trelawny	122	64.8	65	35.2	187	100.0
St James	155	53.8	127	46.2	282	100.0
Hanover	98	57.1	72	42.9	170	100.0
Westmoreland	251	64.3	138	35.7	389	100.0
St Elizabeth	231	63.6	129	36.4	360	100.0
Manchester	223	67.9	107	32.1	330	100.0
Clarendon	219	57.5	168	42.5	387	100.0
St Catherine	341	58.0	247	42.0	588	100.0

NOTE: Per cent estimates adjusted for non-response.

SECTION 8

HOUSEHOLD CONSUMPTION