

**TABLE 3.1**  
**ENROLMENT RATE BY AGE GROUP AND EDUCATION LEVEL, 1989-1993**

Age, Education Level	Year				
	1989 <sup>a</sup>	1990	1991	1992	1993
<b>3-5 Years</b>					
Early Childhood	77.0	77.0	77.3	70.0	81.4
Primary	6.0	0.0	5.2	4.8	4.6
None	16.0	23.0	17.5	25.2	14.0
<b>6-11 Years</b>					
Early Childhood	4.0	2.0	3.7	5.6	2.4
Primary	87.0	93.0	87.1	86.1	94.5
Secondary	7.0	3.0	7.7	6.6	2.6
None	1.0	1.0	1.5	1.7	0.5
<b>12-14 Years</b>					
Primary	17.0	16.0	18.4	21.6	17.3
Secondary	80.0	81.0	78.1	74.9	80.0
None	3.0	3.0	3.5	3.5	2.7
<b>15-16 Years</b>					
Primary	2.0	0.0	0.0	0.5	0.0
Secondary	69.0	78.0	76.2	79.2	77.1
Tertiary	1.0	0.0	2.0	0.7	1.5
None	28.0	22.0	21.8	19.7	21.4
<b>17-19 Years</b>					
Secondary	14.0	11.0	15.9	20.4	19.1
Tertiary	5.0	2.0	5.2	4.9	6.6
None	81.0	86.0	78.9	74.7	74.4
<b>20-24 Years<sup>b</sup></b>					
Secondary	0.0	0.0	0.6	0.5	1.2
Tertiary	2.0	0.0	3.3	2.4	5.6
None	98.0	0.0	96.1	97.1	93.1

<sup>a</sup> Second Round of the 1989 SLC

<sup>b</sup> Data not available for this age group for 1990

lowest over the 1989 to 1993 period, declining from 7 per cent of those enrolled in 1989 (See Table 3.1).

For the 6 to 11 and 12 to 14 age groups, school enrolment rates in 1993 were as for previous years, universal, with rates of 99.5 per cent and 97.3 per cent, respectively. Among the 6 to 11 age cohort, 2 per cent of the enrolled were at the Early Childhood Level, 95 per cent at the Primary level, and 3 per cent at the Secondary level. Analysis of the data on the 12 to 14 year-olds who were enrolled, saw 17 per cent enrolled at the Primary level and 82 per cent enrolled at the Secondary level. This school level enrolment distribution resembled the pattern over the 1989 to 1991 period. However, 1992 was different.

As seen in Table 3.1, the data showed declining enrolment after age 14, when, because of the structure of the education system, compulsory formal education ends for most children, - the All Age

(grades 7 to 9) schools' graduates. Further, beyond age 14, selection criteria are largely at work, determining who gets a school place and who does not.

Compared with 1990 and 1991, data for 1993 showed that there was no real change in the percentage of 15 and 16-year olds who were enrolled in schools. The percentage enrolled in 1992 was greatest, at 80.4 per cent. Since 1989, there have been increases in the relative proportions enrolled at the secondary level. With respect to the 17 to 19 age cohort, there was increased enrolment at the secondary and tertiary levels.

The percentage enrolment of 20 to 24 year olds was highest in 1993, with 6.8 per cent compared with less than 4 per cent over the 1989 to 1992 period. One of the possible explanations for this increase might be the general expansion in tertiary education, since the increasing of student access was a major focus of policy.

**TABLE 3.2  
ENROLMENT IN SECONDARY AND TERTIARY INSTITUTIONS, 1989-1993**

School Type	Year				
	1989 <sup>a</sup>	1990	1991	1992	1993
All Age (Grades 7-9)	27.0	22.0	28.0	23.0	20.2
New Secondary	32.0	37.0	30.6	28.8	27.9
Comprehensive High	3.0	3.0	3.9	5.0	8.6
Secondary High	29.0	28.0	27.6	30.7	29.4
Technical High	3.0	4.0	3.6	3.3	5.7
Vocational/Agric.	0.8	2.0	2.5	2.5	2.6
University/Post Sec.	3.4	4.0	3.8	6.5	5.6
Adult/Night School	2.0	0.0	0.0	0.0	0.0
Jamaica	100.0	100.0	100.0	100.0	100.0

In light of the Government's policy to upgrade All Age schools (grades 7 to 9) to Junior High schools and Departments, and to upgrade New

Secondary schools to Secondary High and Comprehensive High schools, and the focus at the tertiary level to increase student access, the data on

**TABLE 3.3  
SCHOOL ENROLMENT OF 3-24 YEAR OLDS, BY QUINTILE, 1989-1993**

Age, Quintile	Year				
	1989 <sup>a</sup>	1990	1991	1992	1993
<b>3-5 Years</b>					
Poorest	74.0	72.0	75.0	63.0	76.0
2	83.0	75.0	77.0	69.0	86.0
3	84.0	78.0	83.0	82.0	87.0
4	87.0	83.0	91.0	79.0	93.0
5	89.0	83.0	93.0	81.0	95.0
<b>6-11 Years</b>					
Poorest	98.0	99.0	99.0	97.0	99.0
2	100.0	99.0	98.0	98.0	100.0
3	99.0	100.0	98.0	99.0	100.0
4	98.0	100.0	99.0	98.0	100.0
5	99.0	98.0	99.0	99.0	100.0
<b>12-14 Years</b>					
Poorest	95.0	95.0	95.0	93.0	93.0
2	98.0	97.0	95.0	95.0	97.0
3	98.0	98.0	96.0	98.0	99.0
4	98.0	96.0	100.0	99.0	99.0
5	97.0	100.0	98.0	98.0	100.0
<b>15-16 Years</b>					
Poorest	59.0	75.0	65.0	65.0	71.0
2	73.0	73.0	74.0	72.0	73.0
3	75.0	71.0	73.0	80.0	80.0
4	83.0	87.0	99.0	89.0	82.0
5	84.0	88.0	92.0	92.0	93.0
<b>17-19 Years</b>					
Poorest	9.0	11.0	17.0	11.0	16.0
2	14.0	6.0	12.0	19.0	15.0
3	19.0	13.0	18.0	26.0	25.0
4	14.0	15.0	31.0	26.0	33.0
5	19.0	29.0	31.0	40.0	37.0
<b>20-24 Years<sup>b</sup></b>					
Poorest	0.0	0.0	4.0	1.0	3.0
2	1.0	0.0	0.0	1.0	2.0
3	2.0	0.0	3.0	2.0	7.0
4	3.0	0.0	5.0	3.0	7.0
5	5.0	0.0	8.0	5.0	12.0

a - Second Round of the 1989 SLC

b - Data not available for this age group for 1990

enrolment at the secondary and tertiary levels were closely examined. Results consistent with these policies were observed (See Table 3.2). Enrolment in All Age schools declined from 27 per cent in 1989 to 20.2 per cent in 1993. In New Secondary schools there was a corresponding decline from 32.0 per cent to 27.9 per cent. No real increases in enrolment in Secondary High schools were evident over the period. Enrolment in Comprehensive High schools, however, increased steadily, from 3.0 per cent in 1989 to 8.6 per cent in 1993. At the tertiary level, enrolment in Post Secondary institutions increased from 3.4 per cent in 1989 to 5.6 per cent in 1993.

#### Enrolment by Quintile

The data showed that after age 14, there existed a close relationship between welfare status and school enrolment.

The poor tend to suffer because of restricted access to higher levels of education. Prior to this age, there is generally universal access to educa-

tion. In the age groups 15 to 24 years, the percentage of children of the poorest consumption groups (quintiles 1 and 2), enrolled in school, was smaller than for their wealthier counterparts as seen in Table 3.3. There was also a relationship between welfare status and school-sector enrolment. The data in Table E-3 enrolment in private schools as being greatest among the wealthiest quintile. Some 15.6 per cent of these children, compared with 1.7 per cent of the poorest, were enrolled in private schools.

With enrolment rates of between 99.0 per cent and 100 per cent among 6 to 11 year olds across quintiles, there appeared to be relative equality of access to primary education.

Among the 12 to 14 age group across quintiles, enrolment rates tended to range between 95.0 per cent and 100 per cent over the 1989 to 1993 period. As stated above, the data confirmed the findings of all previous surveys that educational coverage is good for students up to this age. After this, educa-

**TABLE 3.4**  
**ENROLMENT RATE, BY AGE AND AREA, 1990-1993**

Age, Area	Year			
	1990	1991	1992	1993
<b>3-5 Years</b>				
KMA	83.0	90.6	81.5	94.4
Other Towns	77.0	85.9	77.9	90.3
Rural Areas	75.0	77.5	71.3	79.5
<b>6-11 Years</b>				
KMA	99.0	98.7	99.0	99.3
Other Towns	99.0	98.8	96.2	100.0
Rural Areas	99.0	98.3	98.6	99.4
<b>12-14 Years</b>				
KMA	96.0	95.5	100.0	99.3
Other Towns	99.0	100.0	95.4	98.0
Rural Areas	97.0	96.1	95.3	95.9
<b>15-16 Years</b>				
KMA	87.0	83.5	94.0	79.7
Other Towns	84.0	93.4	80.2	81.5
Rural Areas	72.0	70.2	73.9	76.6
<b>17-19 Years</b>				
KMA	18.0	32.3	33.5	36.3
Other Towns	13.0	19.1	24.4	24.6
Rural Areas	11.0	15.0	21.6	17.7
<b>20-24 Years<sup>a</sup></b>				
KMA	0.0	5.2	5.3	11.0
Other Towns	0.0	7.9	2.3	6.0
Rural Areas	0.0	1.6	1.7	3.5

<sup>a</sup> Data not available for this age group for 1990

tional coverage declines significantly, thus affecting enrolment rates of individuals 15 to 24 years. In spite of this, enrolment rates of persons in the wealthiest quintiles far exceeded those of their poorer counterparts.

With respect to enrolment at particular levels of the education system, the data showed that from age 12, enrolment at the secondary and tertiary levels increased tremendously with improvement in welfare status (See Table E-4). At these levels, enrolment depends largely on the ability to pay for education and selection through the Common Entrance Examination.

When enrolment at these levels was analyzed in terms of school type, it was found that enrolment in All Age schools and New Secondary schools was greatest among the poorest consumption groups. Quintiles 1 and 2 recorded rates of 69.2 per cent and 66.0 per cent, respectively. On the other hand, 17.2 per cent of the wealthiest quintile were enrolled in these schools. In the older and more "traditional" High schools (Comprehensive High, Secondary High and Technical High schools), 25.7 per cent of the poorest consumption group were enrolled, compared with 60.1 per cent of the wealthiest group. In Post-Secondary institutions, the enrolment pattern again reflected the trend of increasing with improvement in welfare status. Enrolment among the wealthiest group was at 14.8 per cent, six times that of enrolment among the poorest group. (See Table E-5).

#### Enrolment by Area

Generally, enrolment among all age groups was highest in the KMA, and lowest in the Rural Areas

(See Table 3.4). With few exceptions among age groups in certain areas, enrolment rates generally improved over the 1990 to 1993 period. This improvement was particularly evident among the 17 to 19 and 20 to 24 age groups, where enrolment rates over the period sometimes doubled. Only among the 20 to 24 age group in Other Towns, did enrolment rates decline in the period for which there were data, 1991 to 1993.

With respect to school sector enrolment, the KMA had the largest percentage enrolment rate in private schools, 9.4 per cent, while Rural Areas had the smallest enrolment in these schools, 2.3 per cent. This was related to the number of such schools found in the different areas, and by extension is related to the welfare status of dwellers in various areas.

In the KMA and Rural Areas, as much as 60 per cent and more of the secondary level population was found in two school types. The difference between areas was in the school type. In the KMA, the proportion was distributed between Secondary High and New Secondary schools, whereas in Rural Areas, the proportion was found in All Age schools and New Secondary schools (See Table 3.5). In all areas, there were decreases in enrolment in New Secondary schools. There were decreases in enrolment in All Age schools in the KMA and Rural Areas, whereas there were marked increases in this type of enrolment in Other Towns.

In all areas, enrolment in Comprehensive High schools more than doubled over the period 1990 to 1993. In Other Towns, enrolment in Vocational/Ag-

**TABLE 3.5**  
**ENROLMENT IN SECONDARY AND TERTIARY INSTITUTIONS, BY AREA, 1990-1993**

School Type	Area, Year											
	KMA				Other Towns				Rural Areas			
	1990	1991	1992	1993	1990	1991	1992	1993	1990	1991	1992	1993
All Age (7-9)	15.0	21.5	13.0	11.9	8.0	17.2	14.9	21.9	32.0	35.5	31.7	25.7
New Secondary	36.0	27.6	25.1	27.8	36.0	28.5	35.3	13.7	37.0	33.0	28.9	33.5
Comprehensive High	3.0	4.7	7.4	9.1	-	2.0	2.1	9.4	3.0	4.2	4.5	7.9
Secondary High	36.0	35.1	38.0	36.3	41.0	40.4	37.7	35.8	18.0	19.0	24.2	21.9
Technical High	2.0	1.9	2.2	2.3	8.0	3.3	3.4	10.3	5.0	4.7	3.9	6.3
Vocational/Agric.	1.0	3.7	2.5	1.6	1.0	2.7	0.2	5.8	2.0	1.7	3.2	2.1
University/Post Sec.	6.0	5.6	11.8	11.0	6.0	6.0	6.3	3.1	3.0	2.0	3.6	2.6
Jamaica	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

**TABLE 3.6  
HIGHEST GRADE ACHIEVED BY OUT-OF-SCHOOL CHILDREN (PERCENTAGE),  
BY AREA, 1990-1993**

Grade	Year, Area											
	KMA				Other Towns				Rural Areas			
	1990	1991	1992	1993	1990	1991	1992	1993	1990	1991	1992	1993
1 - 6	3.0	11.2	2.6	1.1	5.7	7.4	16.3	4.3	16.4	8.2	7.1	5.3
7 - 9	28.1	16.3	14.3	19.4	24.1	20.6	29.7	28.8	35.0	47.0	46.1	36.8
10 - 11	68.9	68.4	80.0	77.5	66.7	69.1	52.9	66.8	47.5	43.4	46.3	57.3
12 - 13	-	4.1	3.1	2.1	3.5	2.9	1.1	-	1.1	1.4	0.5	0.7

gricultural schools increased almost six-fold over the period.

With respect to tertiary level enrolment over the period, enrolment in Post-Secondary institutions almost doubled in the KMA, while it remained fairly constant in Rural Areas. In Other Towns, enrolment fell by 50.0 per cent of the rates recorded in all three previous years.

#### OUT-OF-SCHOOL CHILDREN

Since the school age population was defined as individuals between 3 and 24 years old, the out-of-school population was defined as those persons of school age who were not enrolled in any school at the time of the survey. Special focus will be given, however, to individuals between 6 and 14 years, since the availability of school spaces for this age group makes it a compulsory requirement that they be enrolled in school.

Some 33.0 per cent of the 3 to 24 year olds were not enrolled in school at the time of the survey. An age breakdown of the total out-of-school sample showed 6 per cent of them to be in the 3 to 5 age group, 5 per cent in the 6 to 11 age group, 1 per cent to be between 12 and 14 years, 6 per cent being 15 or 16 years, 26 per cent in the 17 to 19 age cohort, and 56 per cent in the 20 to 24 age group.

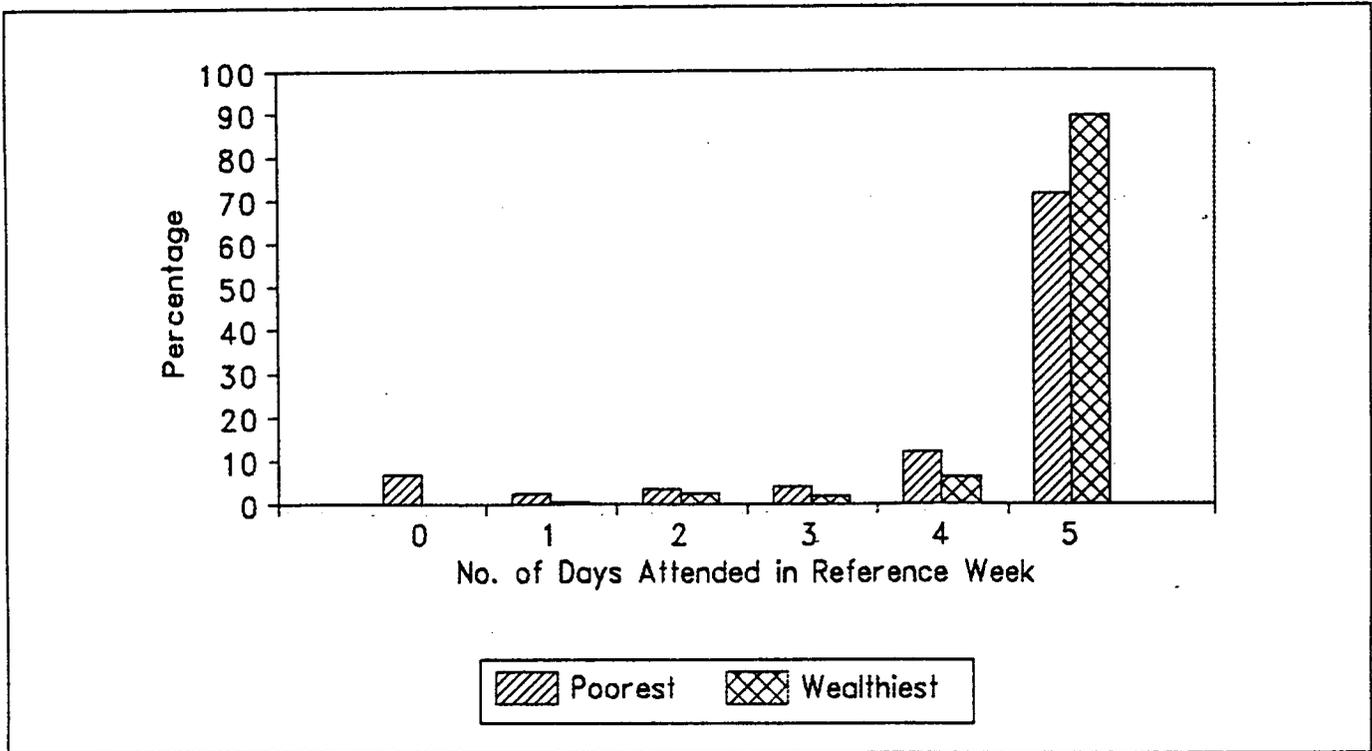
The bulk of the out-of-school population, 90 per cent, had completed school at grades 9 and 11. Some 53 per cent of the population had completed grade 11, followed by 25 per cent who had completed grade 9, and 12 per cent who had completed grade 10.

When examined by quintile, the data revealed that of the out-of-school population, the children of the wealthiest consumption group recorded the smallest proportion. The data showed that the better one's welfare status, the greater the chance/possibility of completing one's schooling at grades 10, 11 or higher. Among the poorest group, the largest proportion, 51.5 per cent, had completed school at grades 10 and 11. Among the wealthiest group, 75.9 per cent had completed school at these grades (See Table E-6). None of the out-of-school children of the poorest consumption groups had gone on to grades 12 or 13, while 2.8 per cent of the wealthiest group, had.

The Rural Areas had the largest proportion, (49 per cent), of out-of-school children. The KMA with 31 per cent, had the second largest proportion. The Rural Areas also had the largest proportions of out-of-schoolers who had completed school at grades 9 and lower.

**TABLE 3.7  
HIGHEST GRADE ACHIEVED BY OUT-OF-SCHOOL CHILDREN (PERCENTAGE),  
BY SEX, 1990-1993**

Grade	Year, Sex											
	1990			1991			1992			1993		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
1 - 6	13.7	7.9	10.8	9.4	8.2	8.8	8.3	7.4	7.9	4.3	3.2	3.5
7 - 9	32.8	29.6	31.3	37.4	31.0	34.6	36.8	36.0	36.4	34.6	25.1	35.2
10 - 11	52.7	60.8	56.6	51.9	57.3	54.3	54.2	54.9	54.5	60.1	70.6	60.7
12 - 13	0.8	1.7	1.2	1.4	3.5	2.3	0.7	1.7	1.2	0.9	1.1	0.6



**FIGURE 3.1: ATTENDANCE RATES OF POOREST AND WEALTHIEST CHILDREN**

The KMA had the largest percentage of the out-of-schoolers who had completed school at grade 10 and higher (See Table 3.6).

The data in Table 3.7 show that greater proportions of males than females had completed school at the lower levels of the education system, grade 9 or lower, while greater proportions of females than males completed school at the higher end of the secondary level (grades 10 to 12). However, percentages of males and females had completed grade 13.

**The 6 to 14 Year Old Out-Of-School Population**

There were 12 children in this age group who were out of school at the time of the survey, the majority, 76 per cent, being males. These children represented 0.7 per cent of 6 to 14-years olds in the sample. Some 85.0 per cent of this out-of-school group were from Rural Areas. The KMA had no children of this age group who were out of school.

With respect to highest grade completed, 13.2 per cent had completed grade 2, some 22.2 per cent grade 6, some 26.2 per cent 7, approximately 7.5 per cent grade 8, and 30.9 per cent grade 9. This last percentage given is explained by the fact that

the greatest proportion of out-of-school children of this age group, 80 per cent, was between 12 and 14 years.

**ATTENDANCE**

Analysis of attendance relates to attendance in primary and secondary schools for the 5 school days prior to the interview. This analysis revealed 78.7 per cent of the students attending school for all five days.

The data on attendance were examined along lines of sex, school type, welfare status of the students, and the area in which they lived (See Table E-7).

**Attendance by Sex**

There was very little difference in full attendance rates for boys and girls for the reference period, 78.9 per cent, and 78.5 per cent, respectively. A larger percentage of boys than girls, however, did not attend for any of the school days in the reference period.

**Attendance by School Type**

Consistent with observations in previous years, secondary level schools had a higher rate of full

attendance than primary level schools. Technical High schools with 92.4 per cent attendance for all 5 days and no persons attending for less than 2 days of the week, recorded the best attendance rate. This was followed by Secondary High schools with 81.2 per cent attendance for all 5 days, the school type expected to have had the highest attendance rate because most of its population belongs to the wealthier quintiles. Full attendance was lowest (75.8 per cent) among New Secondary schools.

#### Attendance by Quintile

The data showed a strong relationship between attendance and welfare or consumption status, with full attendance increasing as consumption status improved (See Figure 3.1).

It must be noted, however, that full attendance rates although lowest among the children of the poorest consumption groups, was an improvement over previous years for which data were collected. Non attendance was highest among the children of the poorest quintiles, while there was no absenteeism among children of the wealthiest consumption group.

#### Attendance by Area

KMA students recorded the highest rates of full attendance for the period, 83.5 per cent, compared with 80.5 per cent in Other Towns, and 75.2 per cent in Rural Areas. The converse was observed for non-attendance for the entire period. These observations have been the trend over the years.

### PARTICIPATION IN THE SCHOOL FEEDING PROGRAMME

The School Feeding Programme (SFP) is an on-going welfare programme aimed at supporting and improving school attendance. It provides a nutritional subsidy particularly to students in the Pre-Primary, Primary, All Age and New Secondary schools. The data collected on the provision of meals by schools, included that of meals provided under the SFP and other sources, such as the school's tuck shop or canteen. Those meals not provided under the SFP were referred to as "Other" in the classificatory scheme.

The meal types provided by the SFP are the milk and nutribun snack, and the cooked meal which incurs a higher cost to the student. Students can receive one of these, or both. Those persons classified under the heading "both", are treated separately from those identified as having milk and nutribun, or a cooked meal.

Some 48.2 per cent of all students participated in the School Feeding Programme. Of these, 40.2 per cent had the milk and nutribun snack, 32.8 per cent had the cooked meal, and 26.9 per cent had both (milk and nutribun snack and the cooked meal). Those who had meals from the School's Tuck shop amounted to 11.6 per cent. The remaining 40.2 per cent did not have a meal provided under the SFP and did not purchase from the tuck shop.

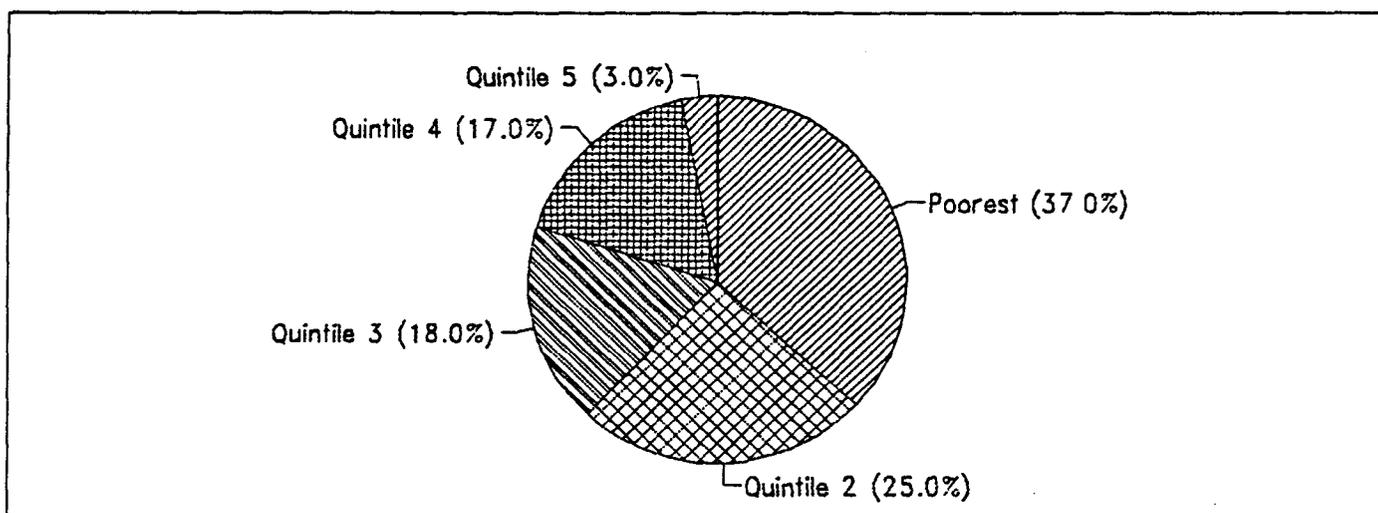


FIGURE 3.2: SHARE OF NUTRIBUN SNACKS RECEIVED BY EACH QUINTILE, 1993.

### Participation by School Type

A breakdown of the beneficiaries of the SFP showed them to be 58.4 per cent of students in the Primary schools, 52.2 per cent in the All Age (grades 1-6) schools, 48 per cent and 40.9 per cent, respectively, of All Age (grades 7-9) students and New Secondary school students, 17.2 per cent of students in Comprehensive High schools, 29.6 per cent in Secondary High schools, and 18.9 per cent in Technical High schools. As intended, primary level students were, therefore, the chief beneficiaries of the programme.

Among the Primary and All Age schools (both levels), the milk and nutribun snack was the popular choice. The popular meal taken by students from the other secondary level schools, was the cooked meal (See Table E-8).

### Participation by Quintile

As was expected again, students from the wealthiest quintile, at 38.3 per cent, had the lowest participation rate in the School Feeding Programme. Most had purchased from the school's tuck shop. By virtue of their more favourable financial status, these children were able to afford these more expensive meal choices. For those who were participants in the SFP, the cooked meal was the popular choice. The children of the poor had a 52.7 per cent participation rate. These results are confirmation that the programme is realizing one of its major objectives, that of providing meals to needy students, in particular. The milk and nutribun snack was by far the most popular meal among children of the poorest consumption group.

Analysis of the share of this snack by each quintile, showed the poorest consumption groups

accounting for some 62.0 per cent of the recipients (See Figure 3.2 and Table E-9).

### Participation by Area

The Rural Areas had the largest proportion of participants, 50.4 per cent, followed by the KMA with a rate of 47.0 per cent, and Other Towns with 43.6 per cent. In both the KMA and the Rural Areas, the milk and nutribun snack was the most popular choice, while in Other Towns, it was both - the cooked meal and the milk and nutribun snack (See Table E-8).

### CONCLUSION

School enrolment rates continued to be universal for the 6 to 14 age cohort, falling off drastically after age 14, when school places become in short supply, and selection criteria determine who gets a school place.

Poverty continued to impact negatively on education, hindering access to high quality education and shortening the length of stay in school. This was evident in the out-of-school population in which the largest proportion were children of the poorest consumption group. They represented the largest proportion who had completed school at the lower end of the education system - grade 9 or lower.

With regard to the School Feeding Programme (SFP), the schools targeted to be the chief beneficiaries realized participation rates of between 41.0 per cent and 58.0 per cent. The rates were much lower in the other school types. In its efforts to provide a nutritional subsidy to needy students, the SFP did realize a 52.7 per cent participation rate from the children of the poor. This was the highest rate compared with those of the children of the other consumption groups. □

# Health

## INTRODUCTION

**T**he health component of the SLC seeks to monitor adult and child health in Jamaica. Information is requested on self-reported illness/injury, the use and cost of medical care, nutritional status, and immunization coverage of children less than 5 years. This section reviews data from the SLC 1989 (second round) to SLC 1993.

### ADULT HEALTH

The SLC examines adult morbidity based on self-reported illness/injury during the 4 weeks preceding the survey. After experiencing the lowest level of reported illness/injury in 1992, the level of reported illness in Jamaica increased by 1.4 percentage points to 12.0 per cent in 1993 (See Figure 4.1). As in previous years, the residents of the Kingston Metropolitan Area (KMA) reported the lowest incidence of illness (10.7 per cent) in 1993

(See Table C-1). The three poorest quintiles reported the highest levels of illness, 12.1 per cent, 12.8 per cent and 12.5 per cent, respectively.

The pattern of illness by age and sex was similar to that of most countries. A larger proportion (13.5 per cent) of females than males (10.4 per cent) reported illness. The highest incidence of illness was recorded by the 0-4 years and those aged over 60 years (See Table C-1).

### Severity of illness

The data on self-reported illnesses/injuries permit determination of severity of illness through the average number of days of illness and the mean number of days restricted from normal activities. Severity of illness as measured by the mean number of days ill per person, has remained fairly stable (See Table 4.1).

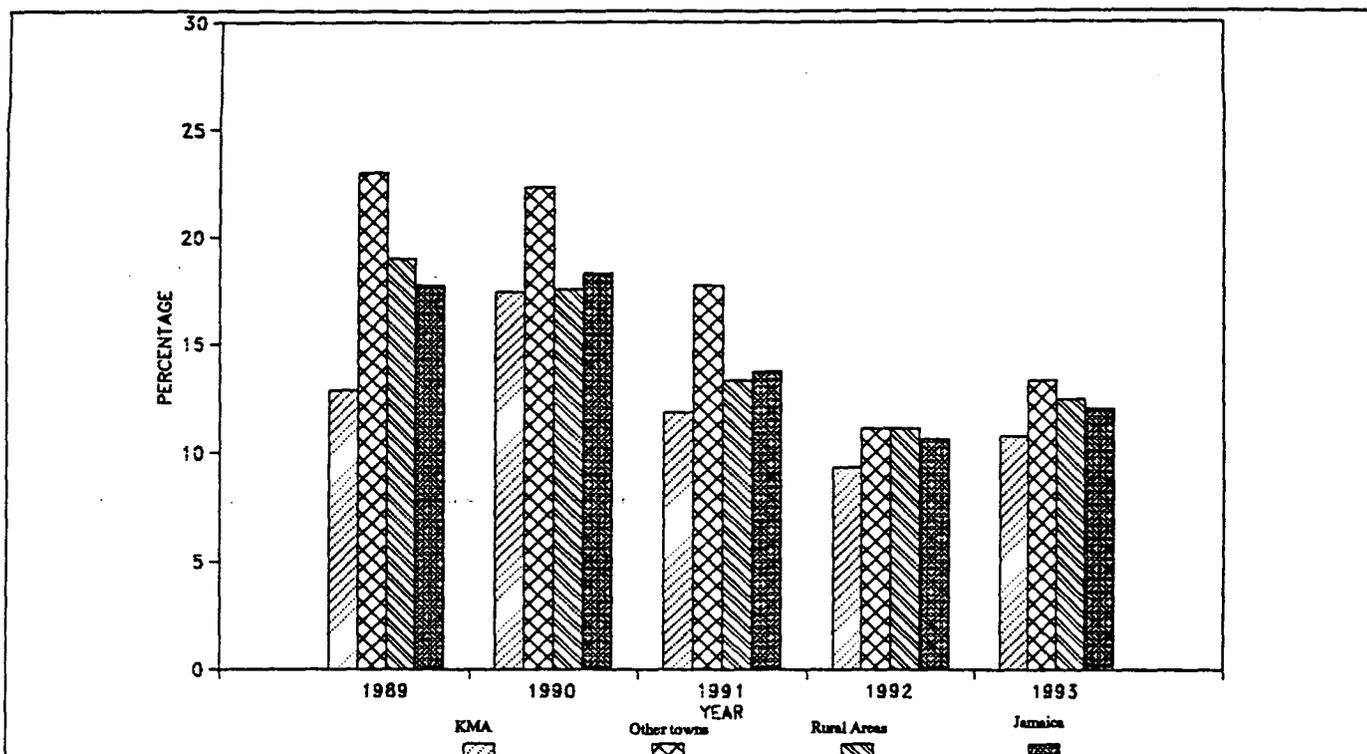
Although the level of reported illness has remained fairly constant, protracted illness/injury

**TABLE 4.1**  
**MEAN NUMBER OF DAYS OF ILLNESS AND IMPAIRMENT AND**  
**PERCENTAGE REPORTING PROTRACTED ILLNESS, 1989-1993**

YEAR	Mean no. of days of illness	Mean no. of days of impairment	Percentage reporting protracted illness
SLC 89 <sup>a</sup>	11.4	5.5	N/A <sup>b</sup>
SLC 90	10.1	4.7	19.6
SLC 91	10.2	4.9	25.5
SLC 92	10.8	6.0	34.8
SLC 93	10.4	6.3	35.5

a - 2nd round of SLC 89

b - Not available



**FIGURE 4.1: PERCENTAGE OF SELF-REPORTED ILLNESS/INJURY BY AREA, 1989-1993**

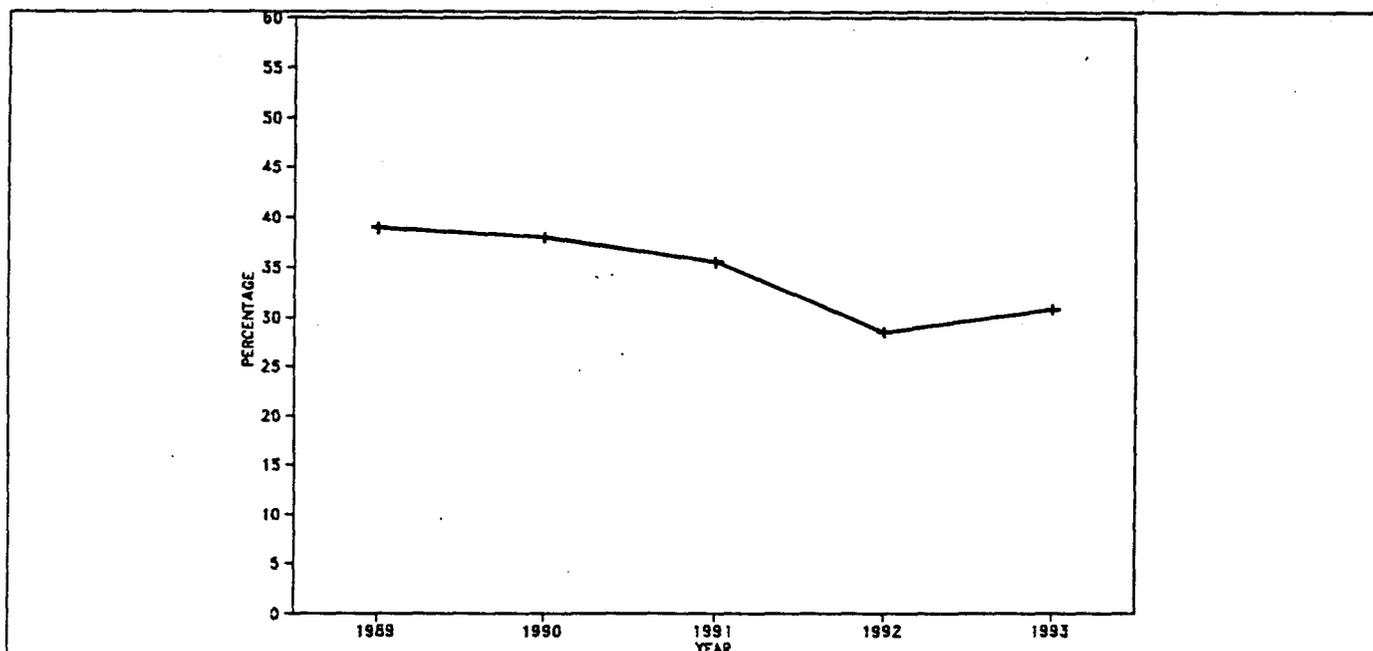
(i.e. illness occurring before the four-week reference period) is on the increase (See Table 4.1). There may be a need to explore the reasons for the increase in protracted illnesses/injuries.

In 1993, the poor reported the highest level of mean days of illness during the four-week reference period (See Table C-1). Males were sick and were restricted from their normal activities for about the

same length of time as the females. As expected, severity of illness increased with age because older persons are known to suffer more from chronic illnesses.

#### USE OF HEALTH CARE FACILITIES

An examination of the levels of utilization of health facilities can help to determine the availability and accessibility of health care.



**FIGURE 4.2: PERCENTAGE USAGE OF PUBLIC HEALTH FACILITIES, 1989-1993**

**TABLE 4.2**  
**REPORTED ILLNESS, USE OF MEDICAL FACILITIES AND**  
**PREVALENCE OF HEALTH INSURANCE, BY CONSUMPTION**  
**QUINTILE, 1989-1993**

Quintile	1989 <sup>a</sup>	1990	1991	1992	1993
(a) Percentage of respondents reporting illness in four week reference period					
Poorest	18.8	17.3	12.1	10.1	12.1
2	17.2	16.0	14.4	9.8	12.8
3	17.2	16.3	14.1	11.0	12.5
4	16.6	22.1	11.7	10.8	10.4
5	19.1	19.8	16.0	11.4	11.3
Jamaica	17.7	18.3	13.7	10.6	12.0
(b) Percentage of ill/injured respondents seeking medical care					
Poorest	43.7	35.7	38.7	34.7	39.0
2	49.8	38.0	52.0	45.8	48.7
3	47.5	38.8	48.7	53.5	45.4
4	52.7	40.2	50.6	55.9	63.4
5	51.6	39.7	47.8	60.3	60.3
Jamaica	49.0	38.6	47.7	50.9	51.8
(c) Percentage of ill/injured visiting public health facilities					
Poorest	50.7	51.1	57.8	46.3	57.5
2	46.7	43.0	43.3	41.8	36.9
3	44.1	48.4	29.0	28.8	29.3
4	35.7	34.4	35.8	27.1	20.6
5	24.2	25.9	20.6	12.3	16.5
Jamaica	38.9	39.0	35.6	28.5	30.9
(d) Percentage of sample with health insurance					
Poorest	1.2	1.6	0.7	0.9	1.0
2	2.1	2.6	1.8	2.7	0.9
3	6.0	9.8	4.0	3.7	6.0
4	11.6	10.3	7.9	8.8	12.1
5	19.8	18.8	28.4	23.5	28.5
Jamaica	8.1	9.0	8.6	9.0	10.1

a - 2nd round of SLC 89

The proportion of ill persons seeking medical care has remained fairly stable from 1989 to 1993, except for a temporary decline in 1990<sup>1</sup>. In 1993, of the three geographic areas, residents of the KMA had the highest proportion (60.1 per cent) of their members seeking medical care (See Table C-1). This is in keeping with the greater degree of availability of these services in the KMA, and also with the greater tendency of wealthier residents to seek medical care, since most residents in the KMA are better off financially than those in the other areas.

The three poorest quintiles reported more illness in 1993, but they had the smallest percentages of persons seeking medical care (See Table C-1). More females sought health care than the males. Ill persons aged 30- 39 years sought medical care more often than the other age groups. The elderly

**TABLE 4.3**  
**LEVEL OF CARE (PERCENTAGE OF**  
**RESPONDENTS) USED IN JAMAICA, 1989-93**

YEAR	LEVEL		
	Primary	Out-patient	Hospitalization (Total In-patient)
SLC 89 <sup>a</sup>	75.7	18.9	2.9
SLC 90	74.3	21.2	4.5
SLC 91	75.7	18.5	5.8
SLC 92	72.0	17.7	3.5
SLC 93	68.3	24.8	3.8

a - 2nd round of SLC 89

<sup>1</sup> In 1990, the question on use of health facilities was different from that of the other years. In 1990, the question was 'Due to this illness or injury has a doctor, nurse, pharmacist etc., been visited during the past 4 weeks?' In other years, respondents were asked: 'Has a doctor, nurse, pharmacist etc., been visited during the past 4 weeks?' This may explain the small percentage use in 1990.

(65 years and over) reported the highest incidence of illness but did not seek care most often. They also had the largest proportion of their members (62.4 per cent) reporting protracted illnesses.

There has been a decline in the use of the public health facilities through the years but with a slight increase in 1993 (See Figure 4.2). The use of the public sector is more pronounced in the Rural Areas with 34.8 per cent of the ill persons there, using these facilities (See Table C-2). Not surprisingly, in keeping with a high level of reported illness, the youngest age group (0-4 years) had the largest proportion of members (43.5 per cent) using the public sector.

The private sector continued to be the more favoured source of care for medical consultation and medication for the sick (See Table C-2). Table 4.2 shows that the increase in health insurance coverage from 1992 to 1993 was mostly due to increases in the wealthiest quintile. The poorest quintile had the largest proportion (57.5 per cent) of its ill members seeking medical attention exclusively in the public sector; they also had the highest combined use (10.2 per cent) of both the private and public health facilities. This represents a 5.3 percentage point increase over 1992 in their combined use of these sectors. However, the poorest quintile also increased their exclusive use of the public sector by 11.2 percentage points (See Table 4.2).

**TABLE 4.4**  
**MEAN PATIENT EXPENDITURE (\$) ON HEALTH CARE IN PRIVATE AND PUBLIC FACILITIES, 1989-1993**

YEAR	VISITS		DRUGS	
	Private (\$)	Public (\$)	Private (\$)	Public (\$)
1989 <sup>a</sup>	57	11	48	5
1990	72	11	43	4
1991	82	11	95	8
1992	167	14	234	17
1993	298.2	114.8	330.9	130.7

a - 2nd round of SLC 89

The irregularity in the availability of drugs and the decline in the number of health personnel in the public sector may explain this high combined use of both sectors by the poorest quintiles. The poor may not have paid for all the services that they sought in the private sector. They may have used

the private sector (particularly pharmacies) as a source of advice and consultation.

Analysis of the use of health care by level of care revealed that the primary health care facilities continue to be the most utilized source of health care (See Table 4.3). However, in the last two years, the SLC has recorded a decline. These findings compare with the Monthly Clinic Summary Report (MCSR) data from the Ministry of Health which show a decrease in the number of curative visits at the primary health care facilities from 1,005,126 in 1992 to 900,044 in 1993.

Among those seeking medical care, 6.9 per cent were hospitalized in the public sector while less than one per cent was hospitalized in the private sector (See Table C-2). Both the second poorest quintile and the third quintile had the largest proportion of members (9.8 per cent) using the public sector for hospitalization.

In 1993, of the three regions, the KMA had the largest proportion (70.2 per cent) of residents using the primary health facilities (See Table C-3). A larger portion of females (71.0 per cent) visited primary health facilities. The oldest age group (65 years and over) used these facilities most (78.0 per cent).

The use of out-patient clinics in the public and private sectors increased in 1993 (See Table 4.3), however, the level of hospitalization remained almost the same. There was no clear pattern in the use of out-patient clinics by area of residence, sex and consumption quintile in 1993 (See Table C-3).

#### HEALTH CARE EXPENDITURE

##### Expenditure during the four-week reference period

After four years of stability (1989- 1992), mean expenditure on visits in the public health sector has increased by 720 per cent (See Table 4.4). The disparity in fees between the private and public health sectors has been reduced. This is due to the increased fees in the public sector as the Government implements its fee recovery policy. As expected, expenditure in the private sector steadily increased with improvement in consumption level.

**TABLE 4.5  
REPORTED ILLNESS, USE OF MEDICAL FACILITIES AND  
PREVALENCE OF HEALTH INSURANCE, BY SEX, 1989-1993**

SEX	1989 <sup>a</sup>	1990	1991	1992	1993
(a) Percentage of respondents illness in four week reference period					
Male	15.7	16.3	12.1	9.9	10.4
Female	20.0	20.3	15.0	11.3	13.5
Jamaica	17.7	18.3	13.7	10.6	12.0
(b) Percentage of ill/injured respondents seeking medical care					
Male	44.7	37.9	48.5	49.0	48.0
Female	52.8	39.2	47.4	52.5	54.7
Jamaica	49.0	38.6	47.7	50.9	51.8
(c) Percentage of ill/injured visiting public health facilities					
Male	37.7	42.5	38.1	27.6	31.3
Female	39.7	37.2	34.0	29.6	30.7
Jamaica	38.9	39.0	35.6	28.5	30.9
(d) Percentage of sample with health insurance					
Male	8.1	8.5	8.7	9.4	10.0
Female	8.2	9.5	8.6	9.6	10.2
Jamaica	8.1	9.0	8.6	9.0	10.1

a - 2nd round of SLC 89

In 1993, the mean expenditure on visits in the public sector was \$114.80 while in the private sector it was \$298.20 (See Table C-4). The mean expenditure on visits both in the private and public sectors was greatest (\$316.50) in Other Towns. Although the report shows men having less illness/injury than females, they had the same mean number of visits in 1993. The disparity in expenditure by the males and females was more marked in 1993. Males spent more both on visits and drugs in the public sector while females spent more in the private sector. The latter's health needs appear to be more satisfied in the private sector. The oldest age group (65 years and older) spent the most (\$421.80) in the private sector on drugs. In 1993, both sexes increased their level of reported illness (See Table 4.5). The year 1993 was also the year that the largest proportion of females sought medical care and that both sexes had the highest levels of health insurance coverage.

#### Annual expenditure on secondary care

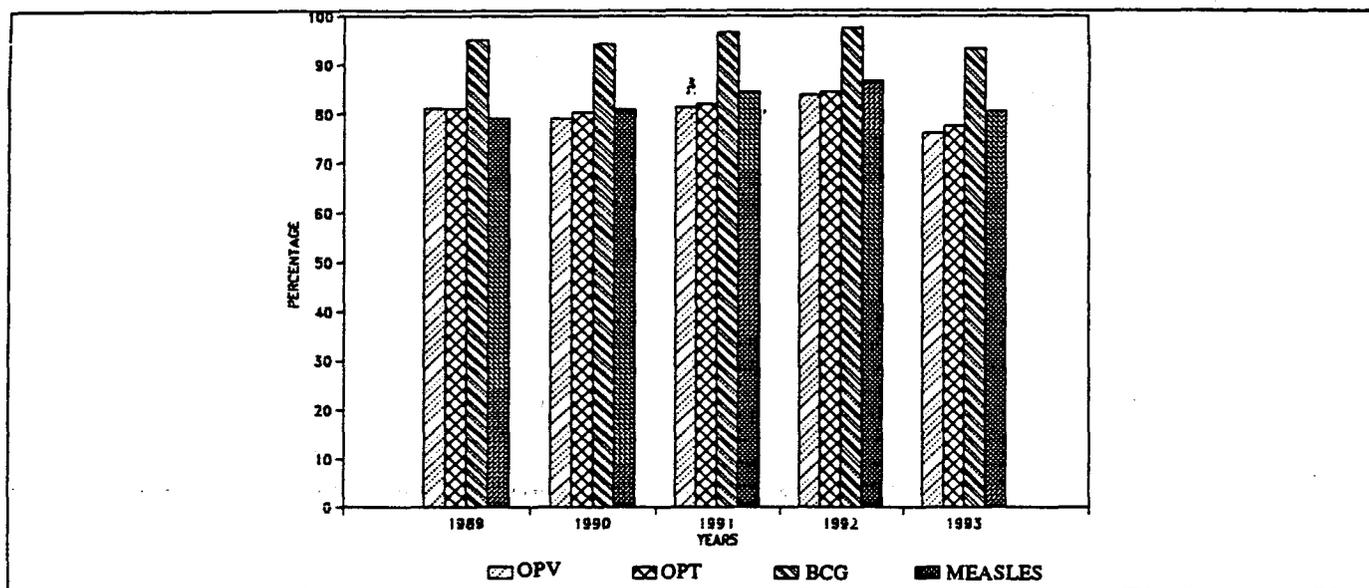
Given the Government's current cost recovery initiatives in the public sector, especially secondary care, the SLC for the first time collected data on total annual expenditure on hospitalization.

Only 2.9 per cent of the sample of respondents were hospitalized in the 12 months preceding the survey (See Table C-9). The number of persons who were hospitalized in the private sector was too small for any meaningful analysis to be made. Consequently, the discussion here centers on the public sector.

The wealthiest quintile had the smallest proportion of its members (7.9 per cent) hospitalized in the public hospitals. The poorest quintile had one tenth of its members hospitalized there. A larger proportion (4.1 per cent) of females was hospitalized.

The mean number of nights spent in public hospitals was 8.9 and the mean amount spent there was less than \$1000. The mean amount collected from insurance companies by the public sector was only \$63.67 (See Table C-10).

The mean annual amount paid by the poorest quintile for hospitalization was only \$331.03 compared with the wealthiest who paid \$1245.28 (See Table C-9). These findings show that the Government's cost recovery programmes are



**FIGURE 4.3: IMMUNIZATION COVERAGE, 1989-1993**

working, since the wealthier patients pay more than the poorer ones.

### HEALTH INSURANCE

The sick are paying a large proportion of their health expenses since health insurance coverage is generally very low.

Health insurance for the sample of respondents increased from 9 per cent in 1992 to 10.1 per cent in 1993; an increase of 1.1 percentage points. The residents of the KMA reported the highest level of health insurance (19.2 per cent) in 1993 (See Table C-8). As in 1992, the wealthiest quintile reported the highest health insurance coverage (28.5 per cent) while about the same proportion of males and females had health insurance. Persons between the ages of 30 and 59 years had the most health insurance while the oldest respondents (65 years and over) had the smallest percentage (4.6 per cent) of their members with health insurance.

A similar pattern of health insurance coverage could be discerned among those reporting illness (See Table C-8). The sick residents of the KMA had the largest proportion of its members (20.4 per cent) with health insurance and the sick from the wealthiest quintile also had the most coverage (27.2 per cent). More sick males were covered by health insurance than females. The elderly sick (65 years and over) who had the highest incidence of illness,

paid for a large proportion of their medical expenses, because they had the least insurance.

### CHILD HEALTH

#### Immunization Coverage

Immunization of children less than 5 years old is an important preventive measure which can decrease their susceptibility to disease. Figure 4.3 shows that each year from 1989 to 1993, children received the highest coverage for BCG. Coverage for measles steadily increased from 1989 to 1992 but decreased in 1993. From 1990, OPV coverage was the lowest. The year 1993 recorded the lowest levels of immunization coverage. This is corroborated by data from the Ministry of Health for 1993.

This year unlike 1992, the coverage in Other Towns exceeded that in the Rural Areas (See Table C-5). The Rural Areas had the lowest levels of BCG coverage. The KMA recorded the lowest OPV coverage. Except for BCG coverage, the wealthiest quintile had the highest reported immunization coverage. A larger proportion of male babies was immunized. As expected, immunization increased with age.

#### Birth Registration

For the second time, data on birth registration are reported. Birth registration is relatively high, exceeding 90 per cent in 1992 and 1993. In 1993, some 95.6 per cent of the children aged 0-59 months were reportedly registered (See Table C-

**TABLE 4.6  
PREVALENCE OF MODERATE AND SEVERE MALNUTRITION  
(PERCENTAGE OF CHILDREN), 1989-1993**

Year	(a) Low weight for age		
	Moderate	Severe	Total
SLC 89 <sup>a</sup>	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
SLC 93	9.2	0.7	9.9

	(b) Stunting		
	Moderate	Severe	Total
SLC 89 <sup>a</sup>	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
SLC 93	4.8	1.5	6.3

	(c) Wasting		
	Moderate	Severe	Total
SLC 89 <sup>a</sup>	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
SLC 93	2.8	0.7	3.5

a - 2nd round of SLC 89

6). There were no significant differences in birth registration by area, consumption quintile and sex. The age groups (24 to 35 months) and (48 to 59 months) had the largest proportion of children registered (98.1 per cent and 98 per cent respectively). A smaller proportion of children aged less than one year was registered before their first year of life although Jamaican parents are required to register

the birth of their babies within the first year after birth.

#### Diarrhoea

One measure of the health status of the children in the sample was the number of reported cases of diarrhoea.<sup>2</sup> Diarrhoea can cause acute morbidity

<sup>2</sup> Diarrhoea: that is, three or more loose stools per day in the last two weeks.

**TABLE 4.7  
PREVALENCE OF MALNUTRITION (PERCENTAGE OF CHILDREN)  
BY AREA, BY 1989-1993**

Area	(a) Low weight for age				
	1989 <sup>a</sup>	1990	1991	1992	1993
KMA	8.7	9.9	5.2	8.6	8.7
Other Towns	8.2	10.1	10.7	6.9	9.7
Rural Areas	6.3	7.0	9.8	8.8	10.4
Jamaica	7.3	8.3	9.0	8.6	9.9

	(b) Stunting				
	1989 <sup>a</sup>	1990	1991	1992	1993
KMA	2.9	3.6	1.5	3.3	4.8
Other Towns	1.8	3.4	1.6	4.0	5.9
Rural Areas	3.2	3.5	3.3	5.7	7.2
Jamaica	2.9	3.4	2.6	5.1	6.3

	(c) Wasting				
	1989 <sup>a</sup>	1990	1991	1992	1993
KMA	4.1	6.3	8.1	2.0	1.0
Other Towns	1.1	0.8	0.8	1.3	6.3
Rural Areas	1.5	3.1	0.3	0.7	3.7
Jamaica	2.1	3.6	2.1	0.9	3.5

a - 2nd round of SLC 89

**TABLE 4.8**  
**PREVALENCE OF MALNUTRITION (PERCENTAGE OF CHILDREN),**  
**BY QUINTILE, 1989-1993**

Quintile	(a) Low weight for age				
	1989 <sup>a</sup>	1990	1991	1992	1993
Poorest	8.1	12.2	11.3	14.5	16.3
2	11.0	3.7	11.5	5.3	8.2
3	5.4	11.1	7.5	6.7	7.7
4	6.1	9.8	3.2	6.0	9.7
5	2.7	4.5	8.1	7.3	0.0
	(b) Stunting				
	1989 <sup>a</sup>	1990	1991	1992	1993
Poorest	3.8	5.4	2.6	9.1	10.2
2	5.0	0.5	3.0	3.9	3.6
3	2.0	4.5	1.6	4.0	6.3
4	1.6	4.5	2.2	2.4	5.9
5	0.0	2.2	4.1	3.3	2.8
	(c) Wasting				
	1989 <sup>a</sup>	1990	1991	1992	1993
Poorest	1.9	4.3	0.6	1.4	4.8
2	3.7	2.7	2.4	0.6	2.7
3	1.5	3.7	3.8	0.4	4.3
4	1.6	3.6	2.2	0.8	2.3
5	1.6	4.5	1.4	1.6	2.7

a - 2nd round of SLC 89

and even mortality. The percentage of reported cases of diarrhoea (among children aged 0- 59 months ) was reduced from 7.1 per cent in 1992 to 4.2 per cent in 1993 (See Table C-7). Generally reported cases of diarrhoea increased with the level of consumption quintile. As in 1992, the age group 12 to 23 months had the largest percentage (8.1 per cent) of its members with diarrhoea in the two

weeks preceding the survey. This may be due to the fact than they have been weaned and are more open to infection due to their mobility.

#### Nutrition

Nutritional status (stature and growth patterns) is a reasonably reliable measure of health status. In the SLC, nutritional status is calculated from height

**TABLE 4.9**  
**PREVALENCE OF MALNUTRITION (PERCENTAGE OF CHILDREN)**  
**BY SEX, 1989-1993**

Sex	(a) Low weight for age				
	1989 <sup>a</sup>	1990	1991	1992	1993
Male	7.7	9.1	10.8	8.8	8.5
Female	6.8	7.7	7.1	8.1	11.1
	(b) Stunting				
	1989 <sup>a</sup>	1990	1991	1992	1993
Male	3.1	3.4	3.2	5.5	7.7
Female	2.7	3.4	1.9	4.2	5.0
	(c) Wasting				
	1989 <sup>a</sup>	1990	1991	1992	1993
Male	2.0	4.0	3.2	0.5	3.1
Female	2.2	3.4	1.0	1.8	3.9

a - 2nd round of SLC 89

**TABLE 4.10**  
**PREVALENCE OF MALNUTRITION (PERCENTAGE OF CHILDREN)**  
**BY AGE, 1991-1993**

Age (months)	(a) Low weight for age		
	1991	1992	1993
0-11	6.5	6.8	4.7
12-23	9.2	12.9	13.2
24-35	5.8	6.9	13.8
36-47	10.5	7.0	6.0
48-59	12.3	8.4	11.8

Age (months)	(b) Stunting		
	1991	1992	1993
0-11	0.0	3.7	2.8
12-23	5.3	6.7	12.9
24-35	0.0	4.8	5.9
36-47	2.3	4.1	0.6
48-59	4.6	4.4	9.1

Age (months)	(c) Wasting		
	1991	1992	1993
0-11	2.2	1.6	2.7
12-23	1.5	2.2	1.3
24-35	3.6	0.9	4.0
36-47	1.5	0.3	2.0
48-59	1.5	0.9	7.1

and weight data in three ways: low weight for height (wasting) measures acute malnutrition; low height for age (stunting) measures chronic malnutrition i.e. the cumulative effect of poor health; and low weight for age measures both these aspects simultaneously. Using standards set by the World Health Organization, the nutritional status of the children aged 0-59 months was assessed. (See Appendix one for further details).

As the analysis begins, the reader must bear in mind that the reported cases of malnutrition were collected during the survey months of November 1993 to March 1994. Comparison with data from the Ministry of Health needs to be restrictive since they collect data annually.

The year 1993 had the highest reported levels of low weight for age and stunting (See Table 4.6). Data in Table D-1 show that in 1993, 9.9 per cent of children aged 0- 59 months had low weight for age, 6.3 per cent were stunted and 3.5 per cent were wasted. As with adult health, child health as measured by nutritional status has experienced a deterioration.

The Rural Areas recorded the highest increase in reported cases of malnutrition (See Table 4.7). This change is not in keeping with the fact that their consumption levels increased significantly in 1993 (See Chapter 2). An inverse relationship appeared to exist between reported malnutrition and consumption, with the poorest quintile recording the largest percentage of reported cases of malnutrition (See Table D- 2). Consistent with previous years, (1990-1992), the poorest quintile recorded the largest percentage (16.3 per cent) of children suffering from low weight for age in 1993 (See Table 4.8).

Following annual increases, low weight for age among males declined in 1992 and remained stable in 1993 (See Table 4.9). However, stunting and wasting have increased for both sexes in 1993. A larger proportion of females (11.1 per cent) recorded low weight for age than males (See Table D-3). However, a larger proportion of males were stunted while about the same proportion of male and female children were wasted.

Trend data analysis is only possible for 1991 to 1993, when similar age ranges were used. The biggest increase in the number of recorded cases

of stunting was experienced by the 12-23 months age group (See Table 4.10).

The data in Table D-4 show that the age groups 12-23 months and 24-35 months recorded the highest incidence of low weight for age (13.2 per cent and 13.8 per cent) respectively, while the age group 12-23 months had the highest percentage of cases of stunting (12.9 per cent). The age group 48 to 59 months recorded the highest incidence of wasting (8.1 per cent).

### Summary

Although caution must be exercised when using self-reported illnesses to measure health status (since it is based on subjective evaluation) self-reported illness is a useful indicator of the potential demand for health care. The low level of self-reported illness is in keeping with the generally good vital health statistics for Jamaica. The most recent figure for life expectancy (1990) is 70 years for both males and females. The mortality rate is 5 per 1000 and the birth rate is 25 per 1000<sup>3</sup>. Physical access to health care appears to be generally good, given the high percentage use of both the private and

public health care facilities. The decline in the use of the public health facilities may indicate that the quality of care available there may have deteriorated. This may be linked to the decreasing number of health personnel in the public sector. The quality of care available in the public health sector needs to be further investigated. The high utilization of both the private and public health sectors by the poor may indicate a willingness to pay for health services. Given the Government's current cost recovery policy initiatives, this apparent willingness should be further examined. However, whatever cost recovery policies that are put in place, Government should always ensure that the more vulnerable groups, in the society, including the very young, the elderly and the poor have access to health care services and medication. More preventive care for children in the form of increased immunization in the Rural Areas and the KMA should be provided.□

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<sup>3</sup> Statistical Institute of Jamaica

# Food Stamp Programme

## INTRODUCTION

**T**he chief objective of the Food Stamp Programme (FSP) is to improve access to basic food items for special "at risk" groups. The Programme targets two groups of individuals:

- I. Health-related recipients: pregnant women; lactating women; and children under 6 years old attending public health clinics.
- II. Income-related recipients: the elderly on poor relief or public assistance; disabled persons receiving poor relief or public assistance; single member households with income of \$7,000 per annum and less; and families with two or more members with income of \$18,000 per annum and less (the family plan).

In 1993, several adjustments were effected to the programme in an attempt to include more persons within this safety net. These were:

- a) an increase in monthly benefits as follows:
  - pregnant and lactating women from \$45 to \$75,
  - children from \$45 to \$60,
  - elderly/indigent/disabled from \$60 to \$90,

- single-person households from \$60 to \$75,
  - family plan from \$105 to \$120
- b) a revision of the size of the target population for two beneficiary categories: the elderly/poor/disabled category had its numerical target increased from 50,000 to 100,000; while the family plan category was decreased from 50,000 to 20,000; this resulted in a net increase of 20,000 persons overall, thus expanding the administrative ceiling of the programme to 320,000 beneficiaries.
  - c) adjustments to the income thresholds for the "single person household" and "Family plan" categories. In the former, the threshold is now \$7,000 per annum and less compared with the previous threshold of \$3,000 per annum and less. In the "family plan" category, the threshold was increased to \$18,000 per annum and less, compared with the previous threshold of \$7,200 per annum and less.
  - d) an upward movement of the maximum qualifying age limit for children from 5 to 6 years.
  - e) a merging of the categories "pregnant" and "lactating women", allowing for an automatic shift from the former to the latter category after birth, thereby eliminating the need for this group to repeat the registration procedure.

- f) an official listing of disabled or handicapped persons as beneficiaries of the programme. Formerly, food stamps benefits were only available to this group by virtue of being classified as one of the automatic beneficiary categories, i.e. Public Assistance or Poor Relief beneficiaries.

In this report an examination is made of how the FSP benefits were distributed according to the SLC data, as well as of the apparent household and individual coverage between the years 1990 and 93. Self reported reasons for non-application and problems in obtaining food stamps are also summarized. Since 1992, the survey has sought to identify more precisely, persons who qualified to receive food stamps and hence the analysis focuses on the eligible individuals that have been identified by the survey, based on the criteria as determined by the Ministry of Labour and Welfare.

#### DISTRIBUTION OF FOOD STAMP BENEFITS

In 1993, the respondents receiving food stamps amounted to 7.2 per cent, thus continuing to show an increase since 1990 (See Table 5.3). These respondents were to be found in 20.5 per cent of households (See Table 5.1).

#### Coverage of Individual Beneficiaries

##### Distribution By Beneficiary Category

An examination of Table 5.1 gives an indication of how the total benefits were intended to be shared between individual categories, and of how these targets were achieved for the survey respondents.

New targeting levels for 1993 meant that approximately 56 per cent of beneficiaries (4 percentage points less than in 1992) would go to mothers/children category. Hence the income-related categories had an increased target of 44 per cent of beneficiaries. The elderly/poor/disabled category also saw an almost doubling of its target to 31 per cent (See Table 5.1).

The survey findings reveal that benefits in the mothers/children category amounted to 53.2 per cent (3.2 per cent less than its target) while benefits in the income-related categories (46.8 per cent) exceeded its target. Characteristically, benefits in the elderly/poor/disabled category exceeded its target but this time by only 10 per cent, given that its target has now doubled. The category of children aged less than six, although exceeding its target by a small percentage, did represent the largest share of benefits as intended. The distribution of benefits to the single member household and family plan categories continued to fall below target.

**TABLE 5.1**  
**DISTRIBUTION OF BENEFITS BY ESTABLISHED TARGETS,**  
**BY CATEGORY OF RECIPIENT, 1992 - 1993**

Category	SLC 92		SLC 93	
	Percentage Share of Target	Percentage of Total Benefits Received	Percentage Share of Target	Percentage of Total Benefits Received
Children Aged Less than Six <sup>a</sup>	50.0	45.6	47.0	51.2
Pregnant/Lactating	10.0	1.6	9.4	2.0
Elderly/Poor/Disabled	16.7	47.9	31.2	41.3
Single Member Household	6.6	3.1	6.2	3.4
Family Plan	16.7	1.8	6.2	2.1
All Categories	100.0	100.0	100.0	100.0

a - For SLC 1992, the maximum qualifying age limit for children was under 5 years.

**TABLE 5.2  
DISTRIBUTION OF FOOD STAMPS BY CATEGORY OF RECIPIENT,  
BY AREA AND QUINTILE 1993**

Classification	Children Aged Less Than Six Years	Pregnant/ Lactating Women	Elderly/Poor /Disabled	Single Person Household	Family Plan	Total
<b>Area</b>						
KMA (N=59)	52.5	0.0	43.3	2.6	1.6	100.0
Other Towns (N=91)	52.0	4.3	32.5	9.7	1.5	100.0
Rural Areas (N=382)	50.8	1.8	43.1	1.9	2.4	100.0
<b>Quintile</b>						
Poorest (N=185)	50.3	4.3	40.0	2.7	2.7	100.0
2 (N=149)	53.7	0.7	41.6	4.0	0.0	100.0
3 (N=93)	60.2	1.1	32.3	3.2	3.2	100.0
4 (N=73)	42.5	1.4	49.3	4.1	2.7	100.0
5 (N=32)	34.4	0.0	53.1	6.3	6.3	100.0
Jamaica (N=532)	51.2	2.0	41.3	3.4	2.1	100.0

Table G-7 depicts coverage of each category in relation to the number of eligible individuals in the sample. It shows that all categories experienced some measure of increase over 1992, in the proportion of individuals receiving food stamps, with the elderly/ poor/disabled category showing the largest increase. The category of pregnant/lactating women continued to demonstrate a chronic problem of low coverage.

**Distribution By Area**

Table 5.2 gives a picture of the regional distribution of the total benefits by categories. This indicates that regardless of area, most of the benefits went to children less than six years (approximately

50 per cent for each area). The elderly poor/disabled category was next for all areas. This is quite consistent with targeting. As Table 5.3 shows, when the total distribution of food stamps to categories is examined by area, it is found that for all the categories with the exception of the single member household, the vast majority of stamps (over 60 per cent) went to the Rural Areas, followed by Other Towns then the KMA. The single member household category had its largest proportion of stamps distributed in Other Towns at 50.9 per cent.

A view of coverage with respect to the eligible population (See Tables 5.4 and G-6) shows that the Rural Areas continued to indicate the highest level of receipt of food stamps with 10.4 per cent of

**TABLE 5.3  
DISTRIBUTION OF TOTAL BENEFITS BY CATEGORIES, BY AREA AND QUINTILE, 1993**

Classification	Category					Total
	Children Under Six Years	Pregnant/Lactating Women	Elderly/Poor/Disabled	Single Member Household	Family Plan	
<b>Area</b>						
KMA	11.9	-	12.2	9.1	8.7	11.8
Other Towns	18.1	37.5	14.0	50.9	12.6	16.7
Rural Areas	70.0	62.5	73.8	40.0	78.7	71.5
<b>Quintile</b>						
Poorest	34.3	72.7	33.8	26.3	21.6	34.2
2	29.5	9.1	28.3	31.6	-	28.1
3	20.7	9.1	13.7	15.8	25.0	18.2
4	11.4	9.1	16.4	15.8	16.7	14.1
5	4.1	-	7.8	10.5	16.7	5.4
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

**TABLE 5.4**  
**PERCENTAGE OF INDIVIDUALS RECEIVING FOOD STAMPS AND DISTRIBUTION**  
**OF RECIPIENTS BY AREA AND QUINTILE, 1990 - 1993**

Category	Percentage of Individuals Receiving Food Stamps				Distribution of Total Individuals Receiving Food Stamps			
	1990	1991	1992	1993	1990	1991	1992	1993
<b>Area</b>								
KMA	1.2	1.5	2.0	2.6	8.7	7.3	10.1	11.8
Other Towns	3.9	4.5	5.4	6.7	18.4	15.1	16.4	16.7
Rural Areas	4.9	7.9	8.5	10.4	72.9	77.6	73.5	71.5
<b>Jamaica</b>	<b>3.7</b>	<b>5.5</b>	<b>6.9</b>	<b>7.2</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Quintile</b>								
Poorest	6.7	9.8	11.5	12.9	36.1	34.5	32.8	34.2
2	5.0	7.7	9.2	10.1	27.1	27.5	26.9	28.1
3	3.2	5.4	6.9	6.3	17.3	19.1	20.2	18.2
4	3.2	3.6	4.5	5.1	13.4	12.6	13.5	14.1
5	1.1	1.8	2.3	2.2	6.1	6.3	6.6	5.4
<b>Jamaica</b>	<b>3.7</b>	<b>5.5</b>	<b>6.9</b>	<b>7.2</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

individuals receiving benefits in 1993. By comparison, in the KMA, 2.6 per cent received food stamps. The level of coverage for all geographical areas has shown a steady increase since 1990, with an approximate doubling in all areas.

As in previous years, the proportion of beneficiaries going to the Rural Areas (71.5 per cent) was by far greater than that of the other two regions. However, this share has been declining since 1991

while the two urban areas have been increasing. The geographic distribution of food stamp beneficiaries directly mirrors the findings of Poverty Studies that, approximately 70 per cent of the poor live in rural Jamaica, but this proportion was reduced in 1993 to 60 per cent.

#### Distribution By Quintile

A distribution of the total benefits given to each quintile by category, reveal that within the poorer

**TABLE 5.5**  
**PERCENTAGE OF HOUSEHOLDS RECEIVING FOOD STAMPS AND**  
**DISTRIBUTION OF HOUSEHOLDS, BY AREA AND QUINTILE**  
**1990-1993**

Category	Percentage of Households Receiving Food Stamps				Distribution of Households			
	1990	1991	1992	1993	1990	1991	1992	1993
<b>Area</b>								
KMA	4.2	5.3	6.9	7.5	9.4	8.9	11.0	12.7
Other Towns	11.5	12.6	19.5	18.9	17.0	14.2	17.9	17.7
Rural Areas	18.0	26.8	28.4	31.0	73.6	76.9	71.2	69.6
<b>Jamaica</b>	<b>12.8</b>	<b>17.8</b>	<b>20.0</b>	<b>20.5</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Quintile</b>								
Poorest	29.3	42.6	45.0	45.1	33.6	32.6	27.1	30.2
2	20.4	27.6	36.6	37.0	26.0	25.6	25.4	28.3
3	14.2	20.3	27.1	21.9	19.1	20.9	22.6	18.4
4	9.2	11.7	16.3	14.7	14.9	13.9	16.6	15.5
5	2.7	4.0	6.1	5.1	6.4	7.0	8.4	7.6
<b>Jamaica</b>	<b>12.8</b>	<b>17.8</b>	<b>20.0</b>	<b>20.5</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

quintiles (1- 3), more than half of the benefits went to children under six years, while the elderly received the second largest share. On the other hand, the wealthier quintiles had the largest proportion of benefits going to the elderly, with the children placing second (See Table 5.2). When the distribution to each beneficiary category is examined by quintile (see Table 5.3), it is seen that in general, the proportion of benefits decreases with increasing consumption levels. The income related categories had the largest share of benefits in the wealthiest quintile possibly indicating screening problems in relation to this group.

When the spread of total benefits is viewed across quintiles (see Table 5.4) the two poorest quintiles commanded a share above 60 per cent (62.3 per cent). Correspondingly, the two richest quintiles, fell below the 20 per cent mark, reflecting the usual pattern since 1990. With 13 per cent of benefits going to individuals in the poorest quintile as opposed to 2 per cent going to the richest, there is indication that targeting is moving in the right direction.

#### Household Coverage

In spite of further adjustments to the programme in 1993, overall household coverage at 20.5 per cent remained more or less constant between 1992 and 1993 (See Table 5.5). Disaggregated household

data reveal patterns similar to those for individual beneficiaries as shown below.

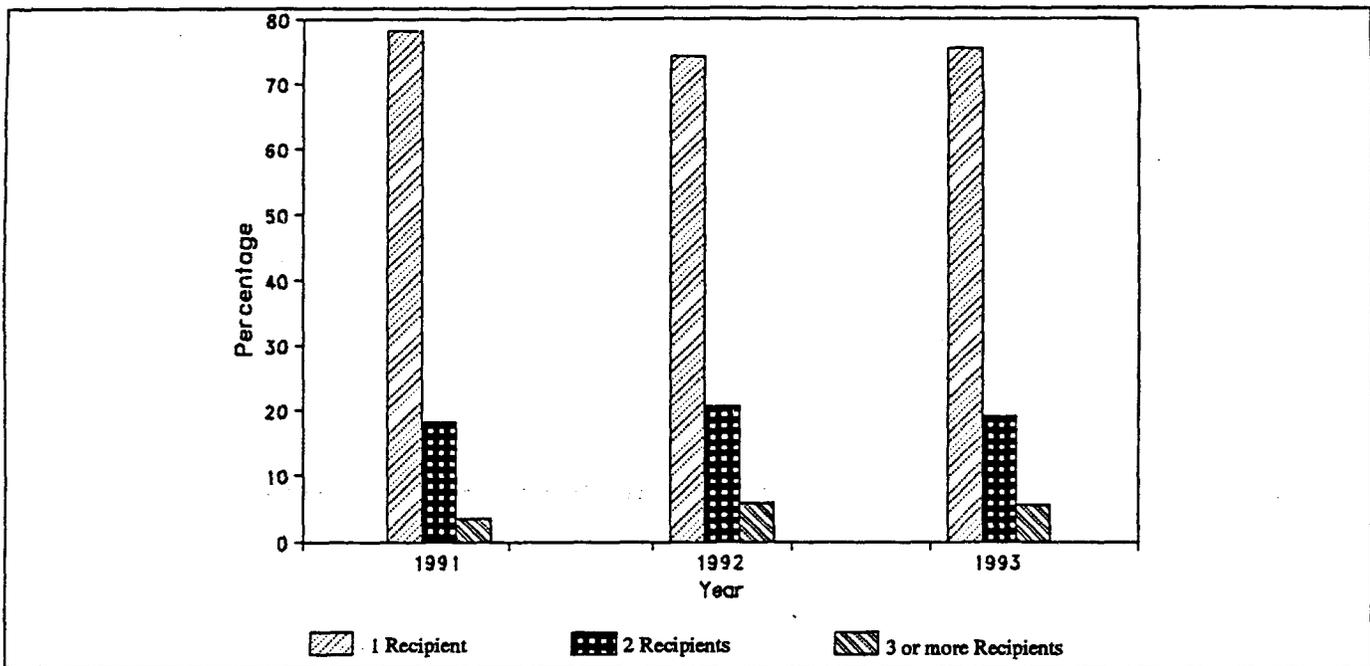
Data in Table G-4 show that coverage ranged from 3.6 per cent for households with pregnant/lactating women to 40.1 per cent in the elderly/poor/disabled category. Coverage still appeared to be unacceptably low in the newly merged pregnant/lactating women category. A slight increase in coverage was observed in the newly extended category children under 6 years attending Public Health Clinics.

The largest proportion of household beneficiaries of the Programme were from the Rural Areas, 31.0 per cent (See Table 5.5). This was consistent with the pattern of previous years. The Rural Areas also had the largest increase in beneficiaries (13.0 percentage points) over the 1990-93 period. KMA continued to represent the smallest proportion of household beneficiaries, with 7.5 per cent in this year. An examination of distribution of households receiving food stamps reveals that in the Rural Areas, there has been a continuous decrease in beneficiary shares since 1991 (falling from 77.6 per cent to 69.6 per cent in 1993).

Across consumption expenditure groups, the data indicate that households in the higher consumption levels were associated with decreasing

**TABLE 5.6**  
**DISTRIBUTION OF HOUSEHOLDS RECEIVING FOOD STAMPS**  
**ACCORDING TO NUMBER OF RECIPIENTS IN HOUSEHOLD,**  
**BY AREA AND QUINTILE, 1992-1993**

Category	Number of Recipients in Household			
	Single Recipient		Multiple Recipient	
	1992	1993	1992	1993
<b>Area</b>				
KMA	84.8	86.0	15.2	14.0
Other Towns	78.9	72.2	21.1	27.8
Rural Areas	71.4	74.4	28.7	25.6
<b>Jamaica</b>	<b>74.2</b>	<b>75.4</b>	<b>25.8</b>	<b>24.6</b>
<b>Quintile</b>				
Poorest	59.0	62.9	41.0	37.1
2	66.8	76.5	33.2	23.5
3	83.0	78.7	17.0	21.4
4	88.4	83.9	11.6	16.1
5	91.5	96.8	8.5	3.2
<b>Jamaica</b>	<b>74.2</b>	<b>75.4</b>	<b>25.8</b>	<b>24.6</b>



**FIGURE 5.1: NUMBER OF RECIPIENTS IN HOUSEHOLDS RECEIVING FOOD STAMPS**

benefits from the programme. For 1993, the proportion of households receiving benefits in the two poorest quintiles remained more or less stable since 1992. Decreases in benefits, however, were observed for the wealthier quintiles. (See Table 5.5.)

When distribution of household beneficiaries were examined across quintiles more than 50 per cent of the beneficiary households were in the two poorest quintiles with a representative 58.5 per cent of the share of benefits. The wealthier quintiles (4 and 5) represented only 23.1 per cent of the benefits (down from 25.0 per cent in 1992), indicating a slightly more progressive distribution of benefits for 1993.

#### **NUMBER OF RECIPIENTS PER HOUSEHOLD**

The vast majority of households with food stamp beneficiaries (over 70 per cent) had only one person receiving this benefit. This was true in all areas and quintiles as in previous years (See Table 5.6). Less than 30 per cent of the households had multiple recipients (i.e. households with two or more recipients), with 19.1 per cent from households with two recipients and a minimal 5.5 per cent from larger households with three and more.

The KMA had the highest level of single-recipient households at 86.0 per cent, while most of the

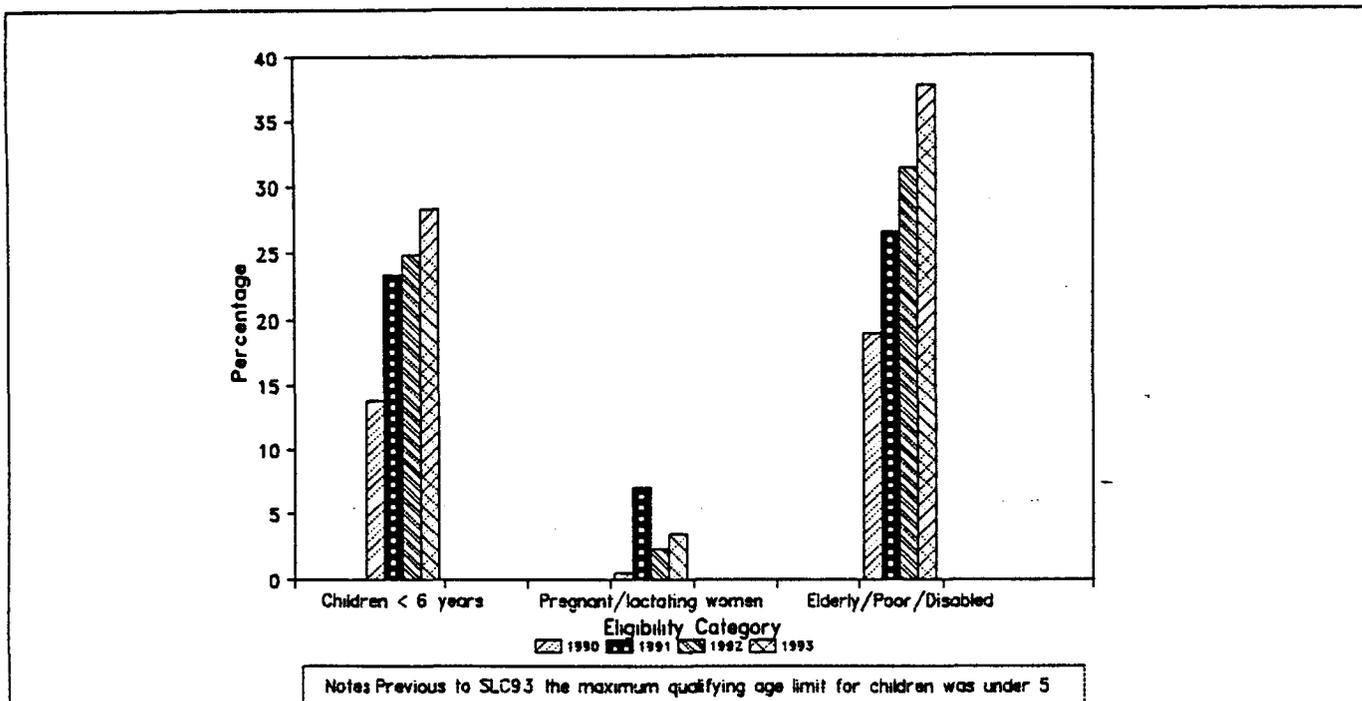
multiple-recipient households were from Other Towns. In the previous year, 1992, the KMA also had the highest level of single-recipient households 84.8 per cent, but the multiple-recipient households were mainly from the Rural Areas.

Higher proportions of multiple-recipient households were associated with lower consumption levels (See Table 5.6.) This pattern was also observed in 1992.

#### **REASONS FOR NOT APPLYING FOR FOOD STAMPS**

Of the 1,962 households in the sample, 1,319 had no applicants to the Food Stamp Programme; 532 from KMA, 275 from Other Towns and 512 from Rural Areas. Some 46 per cent of these non-applicants did not consider their households eligible for the programme. This reason was quite prevalent among non-applicants from Urban households (KMA and Other Towns) and from households of the higher consumption expenditure groups (See Table G-8.)

Ignorance was a factor for a significant proportion of the non-applicants, as 21.4 per cent indicated that they did not know how to apply for the food stamp benefit. This was evident across all areas but was prominent among lower consumption expendi-



**FIGURE 5.2: PERCENTAGE OF INDIVIDUALS RECEIVING F/STAMPS, BY CATEGORY 1990-1993**

ture groups or households of the poorer quintiles where the benefits are most needed. This suggests that there is a need for public education to publicize the FSP and its benefits especially in low income communities.

Some 18.9 per cent of the non-applicants felt that the procedure for receiving food stamps was not worth the trouble. This was particularly so among households of Other Towns. This may be viewed as a reflection of the inefficiency of administration at the Food Stamp Office. The least expressed concern of non-applicants was the fear of having a stigma attached to the household because they were receiving food stamp benefits.

#### **PROBLEMS IN OBTAINING FOOD STAMPS**

Recipients of the FSP were asked if they experienced any problems in obtaining this benefit (See Table G-9.) Of the total recipients, only 10 per cent reported that they experienced problems in obtaining food stamps. Overall, as in 1992, when problems in obtaining food stamps were first reported, the

greatest concern was the disorderly crowds at the pay station. Some 21.9 per cent of those reporting problems, stated this complaint. The second gravest problem was long lines at the pay station which may be rectified by the presence or timely arrival of Food Stamp Officers to the pay stations. Some 16.1 per cent of the respondents reported lateness/absence of officers as a complaint. As in 1992, overall the least reported complaint was that of inadequate accommodation at the pay station. However, in 1993, 3.7 per cent expressed this concern compared with one per cent in 1992. This needs to be closely monitored.

Of the recipients who experienced problems, over 50 per cent were from the Rural Areas. The main problems in the Rural Areas were transportation difficulties, and problems with Food Stamp Officers such as rudeness and lateness or absence of Officers. While the latter was also one of the main concerns in Other Towns, recipients from the KMA appeared to have minimal problems in this regard. This warrants investigation and appropriate remedial action. □

# Housing

## INTRODUCTION

**T**his chapter examines the broad magnitudes of change of the national housing stock. Its primary aim is to indicate the direction and pace of change of available housing over the period 1990 to 1993. In this regard, characteristics of the stock - dwelling type, materials used, amenities and tenure are examined. Data presented in the chapter are disaggregated into three housing locations: the Kingston Metropolitan Area, Other Towns, and the Rural Areas.

The chapter also reviews household expenditure data on housing and shelter related services for the period 1990 to 1993. The household expenses which will be examined are mortgage, rent and property tax payments, as well as the cost for services such as 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 expenditure as a percentage of the households' total consumption expenditure.

Household expense is expressed as a percentage of the consumption expenditure of the household and not of the income 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 income.

## CHANGES IN THE HOUSING STOCK

### DWELLING TYPE

Table 6.1 indicates that 77.3 per cent of dwelling units in Jamaica are separate houses. The proportion of detached units decreased between 1990 and 1993, falling from 79.0 per cent in 1990 to 77.3 per cent in 1993. The 1993 figure represents a decrease

**TABLE 6.1**  
**PERCENTAGE DISTRIBUTION OF DWELLING TYPES, 1990-1993**

Dwelling type	SLC 90	SLC 91	SLC 92	SLC 93
Separate House, Detached	79.0	93.3 <sup>a</sup>	83.5	77.3
Part of House	17.8	N/A <sup>a</sup>	9.5	14.3
Semi-detached House	2.0	4.3	3.0	5.4
Apartment/Townhouse	0.4	1.1	3.1	2.2
Part of Commercial Building	0.7	1.0	0.8	0.3
Other	0.2	0.3	0.2	0.4
All types	100.0	100.0	100.0	100.0

a - The "Part of House" category was excluded from the 1991 SLC questionnaire, hence the figure presented for "Separate House, Detached" includes this.

in this category's contribution to the housing stock when compared with the 1992 figure of 83.5 per cent. It should be noted, however, that information on the "Part of House Category" was not collected in the 1991 SLC survey and the figure for "Detached House" included "Part of House". Comparing the "Part of House" category for the years 1990 to 1993 indicates that there was a reduction from 17.8 per cent in 1990 to 9.5 per cent in 1992, but an increase to 14.3 per cent in 1993. This may be due to changes in classification. Table F-1 indicates that a smaller proportion of households (52.0 per cent) was accommodated in detached units in the KMA compared with the Rural Areas (93.1 per cent) and Other Towns (85.2 per cent). The vast majority of dwelling units in the "Semi-detached" category was found in the KMA with 12.8 per cent compared with 2.1 per cent in Other Towns and 1.1 per cent in the Rural Areas (See Table F-1).

The largest proportionate increase in housing type was for the apartment/townhouse which increased from 0.4 per cent in 1990 to 2.2 per cent in 1993. Apartment/Townhouse, which increased consistently for each year from 1990 to 1992, actually declined in its proportionate contribution to the housing stock in 1993.

#### CONSTRUCTION MATERIALS

Table F-2 shows the housing stock in terms of the construction materials of outer walls by location. The materials most widely used were block and steel and wood. For the country as a whole, more than half (50.1 per cent) of dwelling units are constructed of block and steel. Units constructed of wooden walls accounted for 36.8 per cent in Other Towns and 31.3 per cent in Rural Areas. In the

KMA only 16.8 per cent of the dwelling had wooden outer walls.

#### TENURE

As indicated in Table 6.2, just over half of all households in Jamaica (58.7 per cent) own the dwelling they live in, 27.4 per cent rent or lease, while 11.6 per cent occupy their units rent free. The proportion of owner-occupied units fell from 60.6 per cent in 1991 to 58.7 per cent in 1993.

Rented or leased homes accounted for 27.4 per cent of the 1993 stock, a slight increase from 25.2 per cent in 1992.

In the urban sector, the proportion of rented houses was much higher than in the rural sector, 41.7 per cent in the KMA and 33.3 per cent in Other Towns, compared with 14.0 per cent in Rural Areas (See Table F-9).

Owner-occupied units in the KMA increased from 40.5 per cent in 1992 to 46.0 per cent in 1993. Rent-free units on the other hand declined from 12.8 per cent in 1992 to 10.2 per cent in 1993. Thus an increase in owner-occupied units may be partly as a result of a simultaneous decline in rent-free units in the KMA.

Other data on housing suggest that there has been a decline in the proportion of rental houses in the KMA (See Table F-9). In the KMA, a large number of residential properties is being converted to commercial uses as landlords seek to earn higher income by renting to commercial enterprises. Often this change of use from residential to commercial contravenes zoning regulations and results

TABLE 6.2  
PERCENTAGE DISTRIBUTION OF TENURE STATUS, OF HOUSEHOLDS 1990-1993

Tenure	SLC 90	SLC 91 <sup>f</sup>	SLC 92	SLC 93
Owner-occupied	67.2	60.6	60.2	58.7
Rent-free	N/A	9.9	12.5	11.6
Rented	26.0	27.7	25.2	27.4
Squatter-occupied	N/A	0.9	0.8	2.2
Other	6.8	0.9	1.3	0.2
TOTAL	100.0	100.0	100.0	100.0

<sup>f</sup> Revised

**TABLE 6.3**  
**PERCENTAGE DISTRIBUTION OF TYPE OF TOILET FACILITIES 1990-1993**

Type of facility	SLC 90	SLC 91	SLC 92	SLC 93
WC	51.4	47.4	49.6	49.6
Pit latrine	47.7	50.8	49.3	49.6
Other	0.4	0.2	0.6	0.7
None	0.5	1.5	0.5	0.1
All types	100.0	100.0	100.0	100.0

in reduction of the housing stock and increases in the incidence of doubling-up and overcrowding. Between 1982 and 1991 population in the "zone of transition" declined from 35,401 to 25,907, the only area of the KMA which experienced a decrease in population between 1982 and 1993<sup>1</sup>. The zone of transition is defined as the area immediately north of the inner city slums where housing is of a better quality but where deterioration and change of use is beginning to take place.

The decline in the proportion of rental houses in the KMA has a variety of effects on the housing situation in this area. Given the nature of the urban sector, it is useful to provide for labour mobility and movement of persons in search of better working and living conditions. A dynamic rental market (which, in most cases, implies non-public sector rentals) facilitates such movement. There is growing pressure for active rental housing markets in the KMA. It may not be possible simultaneously to have every household in an owner-occupied home. At different stages of the life cycle, households may find it advantageous to rent. Those willing to rent may not find appropriate houses and may be forced to double up. One possible indicator of doubling up given by the SLC is the increased percentage of households living in semi-detached houses. Table 6.1 shows that this percentage moved from 2.0 per cent in 1990 to 5.4 per cent in 1993. Another pointer to the condition of doubling-up is the high proportion of households which share toilet facilities which is discussed below.

Table 6.2 shows that the percentage of self-reported squatter households increased from 0.9 per cent in 1991 to 2.2 per cent in 1993. Squatter households are households which reside in dwellings or on land that are not owned, rented, leased,

or occupied with the permission of the owner. Squatter households accounted for 4.7 per cent of households in Other Towns in 1993, up from 1.0 per cent in 1992. This may be due in part to increased awareness of the interviewers.

### AMENITIES

#### Toilet Facilities

Two important indicators of the condition of the housing stock are the adequacy of water and sanitary services. Approximately half of households (49.6 per cent) in Jamaica had access to a flush toilet in 1993. As shown in Table 6.3 there has been little change in the proportion of households having access to toilet facilities between 1990 and 1993. Table F-3 indicates that in the KMA 81.6 per cent of households have access to a WC. However, while a large percentage of households have access to toilet facilities in the KMA, the percentage of households sharing toilet facilities in inner city communities is extremely high. In areas such as Denham Town the figure was as high as 86.1 per cent, East Downtown 75.0 per cent, Allman Town 72.8 per cent<sup>2</sup>. Toilet facilities provide a good indicator of overcrowding in terms of the percentage of households sharing these facilities. Table F-3 also indicates that while 81.6 per cent of households in the KMA had a WC, only 62.3 per cent had exclusive use of this facility.

In other urban centres, sanitary services are less widely available. Less than half (46.1 per cent) of all households have a WC, more than half of all households (53.0 per cent) use pit latrines. Rural

<sup>1</sup> Derived from 1991 Population Census Preliminary Report.

<sup>2</sup> 1991 Population Census Preliminary Report, STATIN

households receive the lowest levels of infrastructure services. Seventy-two per cent of households use pit latrines and only 26.7 per cent have access to a WC.

### Water Supply

As Table 6.4 shows, the percentage of dwellings enjoying access to piped water increased from 61.2 per cent in 1990 to 62.3 per cent in 1993. The proportion of dwellings dependent on standpipes fluctuated over the period, although a net increase was registered between 1990 and 1993 with figures of 17.1 per cent and 20.0 per cent respectively. The number depending on river/pond and rain water declined from 19.1 per cent in 1990 to 14.5 per cent in 1993.

In the KMA, 65.5 per cent of dwellings had access to indoor piped water in 1993, down from 67.6 per cent recorded in 1992. However, the increase in the proportion of dwellings which obtained water from private taps outside the premises and from standpipes increased from 30.8 per cent in 1992 to 32.1 per cent in 1993 (See Table F-5). In Other Towns the proportion of dwellings which obtained piped water for drinking is considerably less than the KMA, 39.0 per cent of all dwellings had access to indoor piped water in 1993. The proportion of rural dwellings which had access to indoor piped water increased from 16.8 per cent in 1992 to 19.1 per cent in 1993. According to Table

F-5, 68.1 per cent of dwellings in the KMA had access to tap water for drinking.

The distance households had to go to get their drinking water from public standpipes and rivers/ponds is shown in Table F-6. Rural households had the longest distance to go to get water from these sources, with slightly more than half (53.3 per cent) having public standpipes within 50 yards, and, for those using rivers/ponds, only 47.4 per cent having them within a distance of 50 yards.

### Lighting

Table 6.4 indicates that there has been an increase in the use of electric lighting between 1990 and 1993. The proportion of households using electricity increased from 66.0 per cent in 1990 to 68.1 per cent in 1993. There was a corresponding drop in the proportion of households using kerosene, from 31.3 per cent to 29.1 per cent. Table F-7 shows that 81.5 per cent of households in the KMA used electricity, but 6.3 per cent of households had no form of lighting. The use of kerosene was highest among rural households, kerosene was the main source of lighting for 43.2 per cent of rural households.

### Telephones

Table 6.4 also shows that the percentage of households having telephone service has increased for all the years from 1990 to 1993. The 1992 figure

**TABLE 6.4**  
**PERCENTAGE DISTRIBUTION OF UTILITIES 1990-1993**

Utility	SLC 90	SLC 91	SLC 92	SLC 93
<b>Drinking Water</b>				
Indoor tap/pipe	38.4	37.1	37.6	38.9
Outside private tap/pipe	22.8	25.8	21.1	23.4
Public standpipe	17.1	14.8	17.9	20.0
River/pond	5.7	5.1	6.3	3.1
Rainwater (tank)	13.4	13.1	13.6	11.4
Other	2.7	4.3	3.6	3.1
<b>Lighting</b>				
Electricity	66.0	67.2	67.3	68.1
Kerosene	31.3	30.1	30.4	29.1
Other	0.3	2.6	0.4	0.2
None	2.3	N/A	1.9	2.6
<b>Telephone</b>				
	8.2	9.4	12.1	18.6

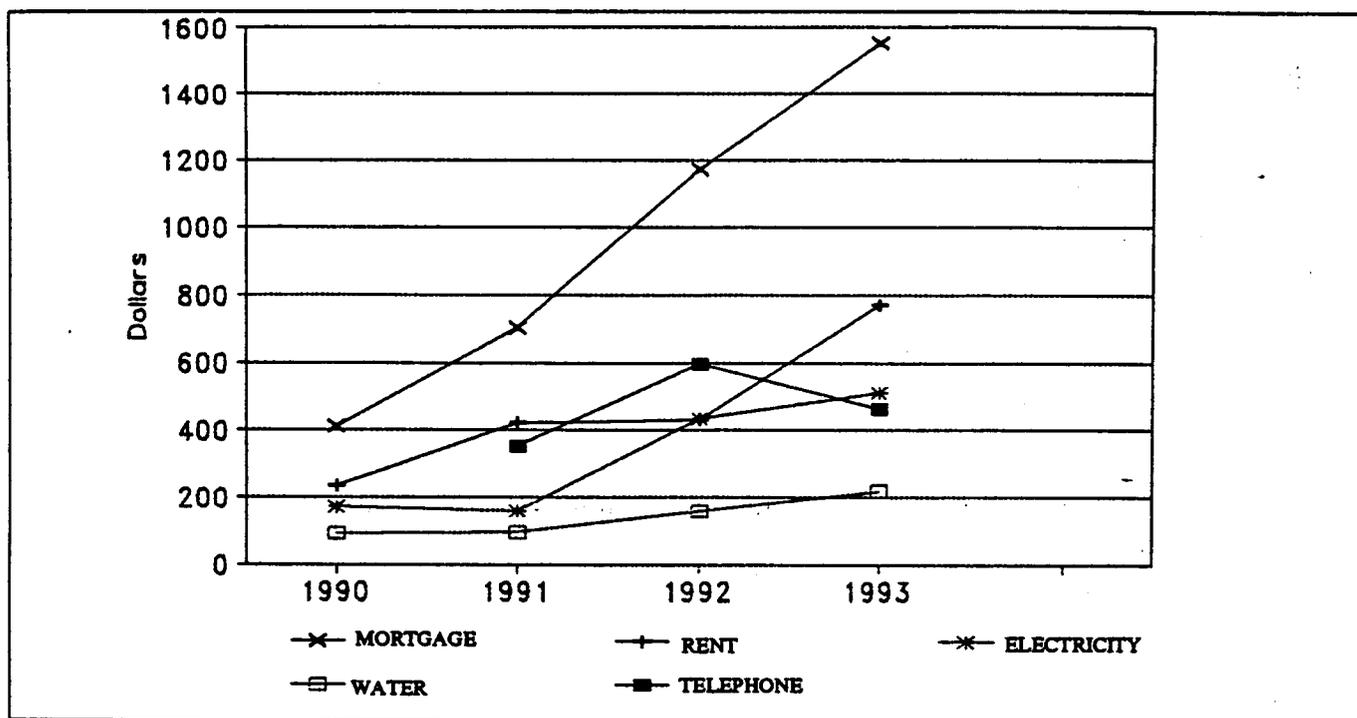


FIGURE 6.1: MEAN MONTHLY HOUSEHOLD EXPENSES, 1990-1993

of 12.1 per cent moved to 18.6 per cent in 1993, a 53.7 per cent increase.

## HOUSEHOLD EXPENSES

### INTRODUCTION

Figure 6.1 shows that the largest household expense for 1993 was mortgage payments, followed by rent expenses; drinking water expenses were the least. Electricity showed the steepest increase, registering a 318.0 per cent rise between 1990 and 1993 with a massive 173.6 per cent increase between 1991 and 1992. Mortgage expenses also showed large increases at 276.2 per cent between 1990 and 1993. Similarly, drinking water expenses

TABLE 6.5  
MEAN MONTHLY EXPENSES IN CONSTANT PRICES (\$)

Expenditure	SLC	SLC	SLC	SLC
	90	91	92	93
BASE YEAR = 1988				
Mean monthly mortgage	294.3	320.0	300.5	329.8
Mean monthly rent	162.5	193.6	112.1	163.5
Mean monthly electricity expenditure	84.7	73.0	112.8	108.3
Mean monthly water expenditure	64.6	43.6	41.2	46.5
Mean monthly expenditure on telephone services	-	161.8	154.6	98.0

TABLE 6.6  
MONTHLY MORTGAGE EXPENDITURE, 1990-1993

Expenditure	SLC 90	SLC 91	SLC 92	SLC 93
	(N=92)	(N=53)	(N=118)	(N=72)
Mean monthly mortgage (\$)	412.0	704.0	1,172.0	1,550.0
Mortgage payments as a percentage of household consumption expenditure	9.8	11.3	10.9	12.0

increased significantly (135.5 per cent) between 1992 and 1993. There was a decline in telephone expenses of 22.5 per cent between 1992 and 1993. Table 6.5 shows mean monthly household expenses expressed in constant prices (base year 1988). There was a 12.5 per cent increase in mortgage charges between 1990 and 1993, as mean monthly mortgage payments moved from \$294.3 in 1990 to \$329.8 in 1993. Table 6.5 also shows that electricity rates registered the steepest increase (27.8 per cent) between 1990 and 1993.

### MORTGAGE EXPENSES

Table 6.6 shows that there was a 32.3 per cent movement in mortgage charges, with the mean monthly mortgage moving from \$1,172 in 1992 to \$1,550 in 1993. This movement in the mean monthly charges was moderate compared with a 66.5 per cent increase between 1991 and 1992 and

**TABLE 6.7**  
**MONTHLY RENT EXPENDITURE, 1990-1993**

Expenditure	SLC 90 (N=390)	SLC 91 (N=418)	SLC 92 (N=884)	SLC 93 (N=464)
Mean monthly rent (\$)	234.0	421.0	432.0	770.0
Rent as a percentage of household consumption expenditure	9.2	11.2	7.4	9.8

a 70.9 per cent increase between 1990 and 1991. This relatively moderate increase in mortgage charges is due in large measure to a number of programmes introduced by some housing finance institutions which are directed at facilitating borrowers. Building Societies have introduced schemes aimed at increasing affordability such as Graduated Mortgage Plans and the 5 per cent Mortgage Plan. In addition, some Building Societies also grant mortgages up to 90 per cent of the value of the land. Despite this moderate increase in mortgage expenditure between 1992 and 1993, mortgage payments took the largest share of household consumption expenditure, 12.0 per cent in 1993.

#### RENT EXPENSES

The mean rent expenses for all Jamaica (Table 6.7) increased by 229 per cent between 1990 and 1993 and there was a significant increase (78.2 per cent) between the 1992 and 1993 recorded figures of \$432 and \$770 respectively. Rent expenditure as a percentage of household consumption increased from 7.4 per cent in 1992 to 9.8 per cent in 1993.

In 1993, there were significant increases in building costs as a result of an increased wage award in excess of 90 per cent in February 1993 and the implementation of GCT amendments. On June 18, 1993 the tax status of construction materials

**TABLE 6.8**  
**MONTHLY EXPENDITURE ON ELECTRICITY, 1990-1993**

Expenditure	SLC 90 (N=1,026)	SLC 91 (N=1,047)	SLC 92 (N=2,608)	SLC 93 (N=1,201)
Mean monthly electricity expenditure (\$)	122.0	159.0	435.0	510.0
Electricity expenditure as a percentage of household consumption expenditure	4.2	4.0	6.9	5.8

previously zero rated, i.e. taxed at a rate of zero per cent, was reclassified and these items fully taxed. These increases in building costs led many landlords to seek higher rentals on new construction in 1993. In addition, increases in property taxes in 1993 had the effect of landlords passing on these expenses to their tenants through higher rental charges.

Table F-11 shows that rent in the urban areas takes a larger share of consumption expenditure (11.3 per cent in the KMA and 9.2 per cent in Other Towns) than in the Rural Areas (6.2 per cent).

**TABLE 6.9**  
**ELECTRICITY EXPENDITURE AS A PERCENTAGE OF HOUSEHOLD CONSUMPTION EXPENDITURE BY QUINTILE, 1990-1993**

Quintile	SLC 90	SLC 91	SLC 92	SLC 93
Poorest	5.8	5.7	8.0	6.6
2	4.6	5.3	7.9	5.5
3	5.2	4.5	7.5	5.8
4	4.5	4.0	7.1	5.5
5	3.7	3.6	6.4	5.8

**TABLE 6.10**  
**MONTHLY EXPENDITURE ON WATER, 1990-1993**

Expenditure	SLC 90 (N=796)	SLC 91 (N=751)	SLC 92 (N=1,731)	SLC 93 (N=881)
Mean monthly water expenditure (\$)	93.0	95.0	159.0	219.0
Water expenditure as a percentage of household consumption expenditure	3.0	2.2	2.3	2.4

#### ELECTRICITY EXPENDITURE

Table 6.8 shows that expenditure on electricity increased from a mean of \$435 per month in 1992 to \$510 per month in 1993 (a 17.2 per cent increase).

The difference between the proportion of consumption expenditure that the poorest quintile paid for electricity and that paid by the wealthiest quintile continued to narrow (See Table 6.9), moving from a 50 per cent difference in 1990 to 13.8 per cent in 1993. The wealthiest quintile paid 5.8 cents

**TABLE 6.11**  
**MONTHLY EXPENDITURE ON TELEPHONE**  
**SERVICES, 1990-1993**

Expenditure	SLC 91 (N=165)	SLC 92 (N=354)	SLC 93 (N=310)
Mean expenditure (\$) on telephone services	352.0	596.0	462.0
Telephone expenditure as a percentage of household consumption expenditure	4.8	5.5	3.6

in every consumption dollar in 1993 while the poorest quintile paid 6.6 cents. This compares with 3.7 cents paid by the wealthiest quintile in 1990 and 5.8 cents paid by the poorest quintile.

### **WATER EXPENDITURE**

There was a 37.7 per cent increase in expenditure on domestic water between 1991 and 1992 (See Table 6.10). This moderate increase follows on a 100 per cent increase in water rates imposed by the NWC on July 1, 1992 and a 67.4 per cent increase in expenditure on domestic water between 1991 and 1992.

Expenditure on water as a percentage of household consumption expenditure has remained low between 1990 and 1993 and recorded 2.4 per cent in 1993.

### **EXPENDITURE ON TELEPHONE SERVICES**

Between 1992 and 1993, there was a 22.5 per cent decrease in mean telephone expenditure (See Table 6.11). The share of the households' consumption expenditure dollar also decreased, moving from 5.5 per cent in 1992 to 3.6 per cent in 1993.

This decline in telephone expenditure as a percentage of household consumption is not a reflection of lower charges but rather households spending less of their consumption dollar on telephone expenses as other household charges increased.

### **PROPERTY TAX**

During 1993 a new property tax regime was introduced which resulted in significant increases in the mean monthly property tax payments particularly in the urban areas. For All Jamaica mean monthly property tax moved from \$4.00 in 1992 to \$32.00 in 1993. For the KMA, the mean property

tax moved from \$8.00 in 1992 to \$70.00 in 1993; from \$6.00 in Other Towns to \$76.00; and from \$3.00 to \$13.00 in Rural Areas.

However, expenditure on property tax as a percentage of household consumption remained low, 0.1 per cent in 1992 compared with 0.4 per cent in 1993 for All Jamaica.

### **CONCLUSION**

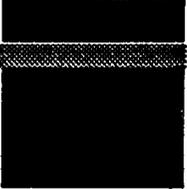
During the period 1990 to 1993 there was very little change in the quality of the housing stock. Services available showed slight improvement during this period. The access to piped water both within the premises and outside increased. In the rural sector there was a decline in the use of rivers and ponds as a source of drinking water and an increase in the proportion of rural dwellings which had access to indoor piped water.

Approximately half of households in Jamaica had access to a flush toilet, but there was little change in the proportion of households having access to toilet facilities between 1990 and 1993. A higher proportion of households in the KMA had toilet facilities than in the Rural Areas and other urban centres. The high proportion of households in the Rural Areas served by pit latrines was the most serious inadequacy of the quality of the residential environment. While it is recognized that properly designed pit latrines can provide safe and accessible services to rural households, currently these households do not have access to low-cost and appropriately-designed toilets.

Data on household expenditure indicate that expenses on housing and shelter related services increased over the period 1990 to 1993. Increases in electricity rates and mortgage charges contributed in large measure to the increases in housing expenses. The group "Housing" was responsible for 4.4 per cent of the total change in the CPI during 1993. The index for "Housing" recorded a point-to-point movement of 20.9 per cent relative to 1992, mainly the result of a 22.9 per cent change in the index for the sub-group "Other Housing Expenses". The movement in this index reflected higher rates for electricity as a result of currency depreciation, as well as higher prices for cement and steel which were introduced at the end of the second quarter of 1993□

# Standard Tables

*NOTE: In all Standard Tables, percentages may not add to 100.0 due to rounding*



## SECTION A

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## DEMOGRAPHIC

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

Classification	Households Analysed  (N)	Household Members Analysed  (N)	Distribution	
			Households  (%)	Household Members  (%)
<b>Area</b>				
KMA	647	2,274	34.7	32.2
Other Towns	384	1,417	19.2	18.9
Rural Areas	932	3,737	46.1	48.9
<b>Quintile<sup>a</sup></b>				
Poorest	271	1,486	13.8	20.0
2	305	1,480	15.5	19.9
3	340	1,486	17.3	20.0
4	421	1,490	21.5	20.1
5	626	1,486	31.9	20.0
Jamaica	1,963	7,428	100.0	100.0

NOTE: (i) Per cent estimates for Area and Jamaica adjusted for non-response

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

**TABLE A-2  
PERCENTAGE DISTRIBUTION OF HOUSEHOLD MEMBERS, BY QUINTILE, BY AREA**

Area	Quintile				
	Poorest (N=1486)	2 (N=1480)	3 (N=1486)	4 (N=1490)	5 (N=1486)
KMA	17.0	20.1	27.4	36.0	52.4
Other Towns	16.2	16.2	23.7	19.3	20.1
Rural Areas	66.8	63.7	48.9	44.7	27.5
Total	100.0	100.0	100.0	100.0	100.0

**TABLE A-3  
PERCENTAGE DISTRIBUTION OF HOUSEHOLD SIZE, BY AREA, QUINTILE AND SEX OF HEAD OF  
HOUSEHOLD**

Classification	Households Analysed (N)	Household Size								Total
		1	2	3	4	5	6	7	8+	
<b>Area</b>										
KMA	647	18.9	21.3	17.5	15.7	12.2	4.6	4.0	5.8	100.0
Other Towns	384	21.9	15.8	14.4	15.8	12.1	8.2	3.6	8.2	100.0
Rural Areas	932	22.2	12.9	14.9	13.3	11.3	9.2	5.3	11.0	100.0
<b>Quintile</b>										
Poorest	271	9.6	7.4	9.2	11.1	15.1	15.9	11.4	20.3	100.0
2	305	9.8	11.8	10.8	19.3	14.8	9.8	6.2	17.4	100.0
3	340	10.3	14.1	18.5	16.8	12.9	8.8	6.8	11.8	100.0
4	421	17.3	17.6	20.2	17.8	12.4	6.9	3.3	4.5	100.0
5	628	40.3	22.8	15.2	10.2	7.7	2.2	0.8	0.8	100.0
<b>Sex of Head of Household</b>										
Male	1,106	25.9	15.2	15.0	13.2	11.7	7.6	4.2	7.3	100.0
Female	857	14.8	17.9	16.7	16.3	11.8	7.2	4.9	10.4	100.0
Jamaica	1,963	21.0	16.4	15.7	14.6	11.8	7.4	4.5	8.7	100.0

NOTE: Estimates for Area, Sex of Household Head and Jamaica adjusted for non-response.

**TABLE A-4  
HOUSEHOLD COMPOSITION, BY AREA AND QUINTILE**

Classification	Household Members Analysed (N)	Mean Total Size	Mean No. of Adult Males	Mean No. of Adult Females	Mean No. of Children
<b>Area</b>					
KMA	2,274	3.50	1.05	1.36	1.09
Other Towns	1,417	3.72	1.12	1.24	1.35
Rural Areas	3,737	4.00	1.26	1.25	1.50
<b>Quintile</b>					
Poorest	1,486	5.48	1.37	1.64	2.47
2	1,480	4.85	1.20	1.55	2.10
3	1,486	4.37	1.39	1.40	1.59
4	1,490	3.54	1.11	1.30	1.13
5	1,486	2.37	0.98	0.92	0.48
Jamaica	7,428	3.77	1.16	1.29	1.33

NOTE: Estimates for Area and Jamaica adjusted for non-response

**TABLE A-5  
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	1,065	3.29	1.35	1.05	0.89	1,209	3.70	0.76	1.65	1.28
Other Towns	739	3.47	1.40	0.92	1.15	678	4.03	0.77	1.66	1.61
Rural Areas	2,124	3.75	1.41	1.00	1.34	1,613	4.40	1.03	1.65	1.75
<b>Jamaica</b>	<b>3,928</b>	<b>3.55</b>	<b>1.39</b>	<b>1.00</b>	<b>1.17</b>	<b>3,500</b>	<b>4.05</b>	<b>0.87</b>	<b>1.64</b>	<b>1.53</b>

NOTE: Estimates adjusted for non-response.

**TABLE A-6  
HOUSEHOLD COMPOSITION BY SEX OF HOUSEHOLD HEAD, AND QUINTILE**

Quintile	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
Poorest	696	5.08	1.58	1.46	2.04	790	5.90	1.16	1.83	2.90
2	736	4.78	1.45	1.25	2.08	744	4.83	0.95	1.86	2.11
3	720	4.02	1.53	1.06	1.45	766	4.76	1.22	1.79	1.75
4	806	3.54	1.40	1.06	1.07	684	3.54	0.77	1.58	1.20
5	970	2.38	1.24	0.68	0.46	516	2.37	0.50	1.35	0.52
<b>Jamaica</b>	<b>3,928</b>	<b>3.55</b>	<b>1.39</b>	<b>1.00</b>	<b>1.17</b>	<b>3,500</b>	<b>4.08</b>	<b>0.88</b>	<b>1.65</b>	<b>1.56</b>

**TABLE A-7  
PERCENTAGE DISTRIBUTION OF HOUSEHOLD MEMBERS, BY SEX OF HOUSEHOLD HEAD, AND AREA, AGE GROUP**

Age Group of Household Members (years)	Sex of Head of Household											
	Male				Female				Both Sexes			
	Area				Area				Area			
	KMA (N=1065)	Other Towns (N=739)	Rural Areas (N=2124)	Total (N=3928)	KMA (N=1209)	Other Towns (N=678)	Rural Areas (N=1613)	Total (N=3500)	KMA (N=2274)	Other Towns (N=1417)	Rural (N=3737)	Jamaica (N=7428)
0-4	8.7	12.0	12.5	11.3	12.1	14.4	12.4	12.7	10.5	13.2	12.4	12.0
5-9	8.7	11.0	11.4	10.6	11.7	14.3	13.5	13.0	10.3	12.6	12.3	11.7
10-14	9.7	10.2	11.9	11.0	10.8	11.1	13.9	12.2	10.3	10.7	12.7	11.6
15-24	17.8	18.4	16.0	17.0	23.0	21.1	18.5	20.6	20.6	19.7	17.1	18.7
25-34	19.4	19.1	13.1	16.0	15.8	14.2	13.6	14.5	17.5	16.8	13.3	15.3
35-44	12.6	13.1	10.5	11.6	9.9	9.0	8.0	8.9	11.2	11.1	9.4	10.3
45-54	9.3	6.0	6.5	7.2	6.7	5.2	5.1	5.7	7.9	5.6	5.9	6.5
55-64	5.7	4.2	7.0	6.1	3.7	4.6	5.2	4.6	4.6	4.4	6.2	5.4
65+	8.2	6.0	11.1	9.3	6.3	6.0	9.9	7.9	7.2	6.0	10.6	8.6
<b>All Ages</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

NOTE: Estimates adjusted for non-response.