EXECUTIVE SUMMARY

INTRODUCTION

The 2012 ***Jamaica Survey of Living Conditions (JSLC)*** represents the 23rd publication of the survey report. After a break in the series in 2011, to accommodate the Population and Housing Census, JSLC 2012 represents a continuation of the series that began in 1988, with the first published report in 1989. Originally designed during the period of structural adjustment, the JSLC served as a valuable tool for monitoring the social impact of the (mainly) economic changes during the decade of the 1990s. While the JSLC continues to measure the living standards of Jamaicans, it has taken on new contexts. Internationally, the Millennium Development Goals (MDGs)—agreed on by UN member states—were established as eight overarching ends, with country-tailored targets, to be attained by 2015. Locally, ***Vision 2030 Jamaica – National Development Plan*** was formulated at a time of worldwide financial and economic crisis, to guide Jamaica. The survey, therefore, continues to facilitate the tracking of Jamaica's social progress over time, albeit in the context of new objectives.

The standard survey is comprised of six modules: Demographic Characteristics, Household Consumption, Health, Education, Housing and Social Protection. Under a five-year National Strategic Plan (NSP) for the Early Childhood sector, an Early Childhood Development (ECD) module was added to the JSLC in 2008, with a chapter included in the report every other year over the five years. The 2012 ECD chapter is the third of three under the five-year NSP; the other two chapters were included in the 2008 and 2010 publications. This brings the total number of chapters in this year's report to seven. In addition, the 2012 survey included a special module on the elderly, 60 years and older. The module covered a number of broad themes, including employment, retirement planning, social participation, and income security. The inclusion of this module is particularly timely in the context of an ageing population. The segment of the population 60 years and over is the fastest growing cohort and demographic predictions suggest that this group will take on greater prominence in the coming decades. While current demographic patterns underscore the module's relevance, its inclusion in the survey also presents an opportunity to map performance over time, as a similar module was fielded in 1995. Similar to then, the analysis of the module will be published as a separate working paper.

Using the Report

The JSLC is linked to the Labour Force Survey (LFS) as a sub-set of that survey, which uses a sample that is 1.0 per cent of all Jamaican households. The usual JSLC sample is one third of the LFS sample, or 0.3 per cent of households. Periodically, the JSLC sample is increased to match the LFS sample; that is to 1.0 per cent of households. This allows for finer disaggregation and for analysis at the parish level. In those years, a parish report is produced as an additional output. The 2012 survey is based on a 1.0 per cent sample comprising 6 579 households.

The six core chapters in the report present an analysis of social sector performance based on indicators for 2012. For monitoring purposes, where relevant, these are compared with the previous period. For the 2012 review year, the relevant previous period is 2010, as the survey was not fielded in 2011. Additionally, trend data are analysed to gauge progress over the longer term. The 10-year period considered in this report is 2003–2012; however, in this issue, the Health, Education and Housing chapters examine time series data between 2002 and 2012, as these modules were not fielded in 2003, nor were they fielded in 2005. The ECD chapter looks at data for the three years in which the module was fielded over the five years of the project—these are 2008, 2010 and 2012.

The chapters contain tables and charts that help to enhance the analysis presented. These usually present time series data. Standard tables for each chapter, which are contained in appendices to the report, typically provide data disaggregated by consumption quintile and geographic region. The standard error for the 2012 survey is 2.7.

In this report, the series of infant anthropometric data has been revised, based on a World Health Organization (WHO) revised standard. The new WHO growth standards are explained in Appendix IV. Revisions made to the survey between the 2010 and 2012 fielding include new questions and slight changes to extant questions. In the Housing module, the most significant change was the inclusion of questions aimed at determining the extent of squatting on land. New questions included in the Social Protection module were for the purpose of collecting data on why households do not apply to the Programme of

Advancement Through Health and Education (PATH), and the perception of customer service received by those who are beneficiaries of the programme. The Education module included additional response options for cases where students did not have all the required school textbooks, while in the Health module, the questions on waiting time at health facilities were adjusted to obtain more precise data.

OVERVIEW

Despite evidence that the economy was still experiencing the impact of the global recession in 2012, Rural Area households recorded improvements in a number of indicators relative to 2010. Mean per capita consumption for Jamaica increased nominally but registered a marginal decrease in real terms. All three regions recorded nominal increases in mean consumption; however, the KMA registered a real decline, while Other Towns showed no change, and Rural Areas showed a real increase. The disparate outcomes in each region were also evident in their respective poverty rates. Rural Areas was the only region to show a decline in poverty, while the KMA and Other Towns both experienced increases. The All Jamaica individual poverty prevalence increased by 2.3 percentage points relative to 2010 to reach 19.9 per cent.

The trend of population ageing continued to be observed, with the decline in the number of children per household being the greatest influence on mean household size. There was a smaller proportion of children in the KMA compared with Other Towns and Rural Areas, which had approximately the same. The KMA also housed the largest proportion of the Working Age population (15–64 years), while the largest proportion of the dependent elderly (65+ years) was found in Rural Areas. Female-headed households continued to face a heavier burden of dependents than those headed by males. With their larger numbers of children and elderly, they recorded larger age dependency ratios than did male-headed households.

A trend of declining household size was evident, with single person households being the most prevalent household type, accounting for a quarter of all household types, and two-member households accounting for a fifth. More than a half of all households were categorized as small, comprising two to four members.

A larger proportion of persons who reported suffering an illness or injury in 2012 sought care than in 2010. More than a half of those who sought care did so exclusively at public health facilities, while approximately a quarter did not seek care. Despite the removal of user fees at public health facilities, one-fifth of those who did not seek care reported that they could not afford to and the preference for home remedies continued to show an increasing trend. Private expenditure on health-care visits fell in both nominal and real terms, as did expenditure on medication.

Jamaica has registered high rates of school enrolment up to age 16 years, falling significantly thereafter. However, there were significant increases in enrolment over the decade at the secondary and tertiary levels in the 17–18 years and 19–24 years age groups. An increase in the number of school spaces at the secondary level may have been a contributing factor in the increased enrolment at this level; however, the data reveal a larger rate of enrolment among the wealthy than among the poor. Regional distribution at the tertiary level continued to underscore the disproportionate distribution of tertiary institutions by region, reflecting skewness towards the KMA. Despite the introduction of satellite campuses and online learning, this factor, combined with limited opportunities outside of urban centres, continues to contribute to rural/urban migration.

The quality of housing has recorded incremental improvements over time, with long-term increases in the proportion of houses made of concrete block and steel; households' exclusive use of water closets and exclusive use of kitchen; indoor tap as the main source of drinking water; electricity for lighting; and adequate living space without overcrowding. By 2012, electricity for lighting and exclusive use of kitchen facilities were reported for the majority of households, however, the indicator that showed the largest increase over the decade was exclusive use of water closet.

While home ownership remained the most common type of tenure, mortgage-paying householders experienced a real increase in mean monthly mortgage payment. However, the largest increase was for mean telephone payments. Relative to the other two regions, KMA households had the largest payments for mortgage, rent, electricity, water and telephone.

The Programme of Advancement Through Health and Education (PATH)—Jamaica's main social assistance programme—continued to provide social assistance to those most in need. The poorest households (those in Quintiles 1 and 2) remained the majority beneficiaries of the programme.

A large proportion of children in the Early Childhood Development (ECD) cohort had the benefit of their birth mothers playing the role of mother figure in their homes, and a significant proportion had a grandmother in this role. On the other hand, the proportion of birth fathers in the role of father figure was less than half the birth mothers, and more than a third of children in the ECD cohort had no birth father present.

CHAPTER SUMMARIES

Demographic Characteristics

The long-term trend of population ageing that has been observed over time continued to be seen. The trend is due to a long-term proportionate decline in the child population (0–14 years) and a corresponding increase in the working age (15–64 years) and dependent elderly (65 and older) populations. These changes have led, over time, to a decline in the total Age Dependency Ratio (ADR). The decline in the number of children per household—from 1.1 in 2003 to 0.9 in 2012—has been the greatest influence on mean household size. While the KMA population continued to register a smaller proportion of children (23.6 per cent) than Other Towns (28.0 per cent) and Rural Areas (27.9 per cent), it recorded the largest proportion of persons of working age (67.6 per cent). On the other hand, Rural Areas had the largest proportion of persons 65 years and older (10.2 per cent).

Female-headed households were approximately 46.4 per cent of all households and 26.1 per cent had an adult male resident. They were comprised of a larger proportion of children (30.4 per cent) and, among female-headed households, those with children and no man present took the largest share (53.4 per cent). Households headed by males reflected larger proportions of persons in the working age group (66.7 per cent) and dependent elderly (10.6 per cent). The relative distribution of these age groups meant that female-headed households had a higher average ADR (63.4 per cent), meaning that they bore a greater burden of dependents than male-headed households.

Following a trend of decline, mean household size was recorded at 3.1 persons. Female-headed households were larger than male-headed, being above the mean, and had more adult females. Male-headed households had more adult males. Regionally, a decline in household size was observed in all three geographic areas.

Single person households were the most prevalent household structure, accounting for 25.2 per cent of all households, while two-member households were 20.4 per cent. Small households, consisting of 2–4 members, accounted for 53.9 per cent of all household types. These were largely concentrated in the KMA (58.8 per cent), although more than a half of households in Other Towns (54.9 per cent) and Rural Areas (50.5 per cent) were also in this range.

Average household size generally declined, moving from the poorest to the wealthiest: 4.5 for Quintile 1 and 2.1 for Quintile 5. Quintile 1 households had the largest average number of persons in all three categories: adult males, adult females and children.

Household Consumption

Nominal mean per capita consumption increased by 13.9 per cent to $253 779.00, with increases of 11.4 per cent in the KMA to $324 462.00; 18.7 per cent in Other Towns to $261 137.00; and 24.0 per cent in Rural Areas to $206 327.00. However, in real terms, mean per capita consumption showed little change compared with 2010, with $9 077 being recorded for Jamaica. Rural Areas recorded a real increase of 10.2 per cent, while the KMA registered a decline of 11.4 per cent and Other Towns remained virtually unchanged.

Food & Beverages, Housing & Household Expenses, and Transportation, which have traditionally accounted for the largest shares of household expenditure, showed negligible change compared with 2010. Their shares in mean per capita household consumption were 43.8 per cent, 15.7 per cent and 13.9 per cent, respectively. Regionally, the KMA's expenditure on Food & Beverages (36.8 per cent) was below the national average, while that for Rural Areas (49.4 per cent) was above the national average.

Real declines were recorded in five of the 11 commodity groups. These were Household Durable Goods (down 28.6 per cent); Health Care (down 17.9 per cent); Education (down 7.9 per cent); Clothing & Footwear (down 6.2 per cent); and Food & Beverages (down 4.2 per cent). The KMA and Other Towns displayed similar patterns of decline, but Rural Areas registered increases in all commodity groups.

Per capita consumption expenditure in Quintile 5 was $520 155.00, which was seven times that of Quintile 1 ($73 656.00). Nonetheless, the Gini Coefficient registered a decline to 0.3748, showing that inequality was reduced between 2010 and 2012.

Generally, male-headed households recorded a higher level of consumption than female-headed ones. However, households headed by females showed larger proportionate expenditure on Education. In general, the proportion of households receiving remittances from abroad remained unchanged at 44.1 per cent. The prevalence of remittance-receiving households was greatest in Rural Areas, in which 46.3 per cent reported receiving. This is in comparison with 41.4 per cent for KMA households and 42.9 per cent for households in Other Towns. Quintile 5 recorded the largest proportion of remittance-receiving households—51.5 per cent—while Quintile 1 registered the smallest, 32.4 per cent. Looking at all households receiving remittances, the distribution revealed that 9.8 per cent of these households were in Quintile 1, while by contrast, 35.5 per cent was in Quintile 5.

The individual rate of poverty increased 2.3 percentage points to 19.9 per cent. The upward movement was driven by respective increases of 5.3 and 5.0 percentage points in the KMA and Other Towns, which recorded poverty rates of 19.7 per cent and 16.6 per cent. On the other hand, Rural Areas recorded a decline of 1.9 percentage points to register 21.3 per cent. The improvement in Rural Areas is attributable to increased agricultural output between 2011 and 2012, and improvements in Mining and Quarrying between 2010 and 2012.

Health

Some 84.7 per cent of Jamaicans were reported as being in good or very good health, with similar proportions across all regions and consumption groups. However, there were notable differences by sex, with a larger proportion of males (86.7 per cent) than females (82.8 per cent) reported as having good or very good health. There was also a general decline in perception of health, moving from younger to older age groups.

About a quarter of respondents (25.8 per cent) reported having at least one chronic illness, showing no change relative to 2010. The largest proportions of persons who reported having at least one chronic illness were found in the wealthiest quintile (28.9 per cent); in the 65 years and older age group (75.3 per cent); and were female (29.6 per cent). Of the six chronic illnesses covered by the survey, hypertension was indicated by the largest proportion of respondents (11.6 per cent), followed by asthma (5.2 per cent) and diabetes (5.0 per cent).

The data suggested a relatively high rate of asthma among children in general and boys in particular. Of males with asthma, nearly a half (49.1 per cent) was in the age group 0–14 years, while over a third of females with asthma (35.4 per cent) were in the same age group.

Showing little change relative to 2010, some 12.6 per cent of persons 14 years and older were reported to be smokers. There was a higher prevalence of smoking among males than females, with smoking reported for 22.5 per cent of males in the 14+ age group compared with 3.6 per cent of females. These proportions were approximately the same as those recorded in 2010.

The proportion of individuals reporting an illness or injury during the reference period registered 7.9 per cent, recording no change since 2008. However, this represents a decline over the decade since 2002. The downward trend could be observed across all regions, quintiles, age groups and by sex. The trend was particularly evident among the older age groups, as the 60–64 age cohort fell from 28.1 per cent in 2002 to 10.9 per cent in 2012. Similarly, respondents in the 65+ age group reporting an illness or injury fell from 36.6 per cent to 17.1 per cent.

Three-quarters (75.2 per cent) of individuals who reported an illness or injury sought care at a medical facility, increasing by 7.6 percentage points relative to 2010. The larger proportion of those seeking care used public health facilities (61.2 per cent). This was also the case in 2010, although there have been fluctuations between the use of public and private facilities over time. The larger proportion of persons seeking care from Quintiles 1 to 4 went to public facilities, while a larger proportion of those in the wealthiest quintile went to private facilities.

Approximately a quarter (24.8 per cent) of those who reported having an illness or injury did not seek care, a decrease of 7.6 percentage points compared with 2010. The largest proportion gave the reason for not seeking care as a preference for home remedies. The trend in preference for home remedies has been one of increase and, at 48.9 per cent, this is similar to that recorded for 2009 and the largest recorded over 10 years. One-fifth of those who did not seek care (20.5 per cent) reported that they could not afford care. The elderly age groups registered the largest proportions of those who reported unaffordability: 60–64 years, 57.0 per cent; and 65+ years, 30.3 per cent.

The proportion of respondents who indicated that they had health insurance was 18.8 per cent, while 19.5 per cent was recorded in 2010. Coverage in the KMA—which reported the highest—was above the national average (28.5 per cent). This was followed by Other Towns, for which 18.5 per cent was recorded; and Rural Areas, with 12.7 per cent. Health insurance prevalence increased with increasing wealth, moving from 4.7 per cent coverage in Quintile 1 to 37.6 per cent in Quintile 5. The rate of coverage also generally increased with increasing age. A slightly larger proportion of females (20.0 per cent) had health insurance than males (17.4 per cent).

The removal of user fees at public health facilities has considerably lowered expenditure in this sector and average expenditure was recorded at $152.00. In contrast, average expenditure at private facilities was $2 139.00, showing a nominal decline of 13.4 per cent relative to 2010. Some $3 249.00 was recorded as having been spent on medication in the private sector, declining nominally by 6.5 per cent.

The country continued to maintain high rates of immunization coverage of 80.0 per cent and above for children 0 to 59 months, in all areas, and increases were recorded for Polio (OPV), Tuberculosis (BCG), Hepatitis B and Haemophilus Influenza B. Birth registration, also consistently high, reached 99.5 per cent. The proportions of children under five years classified as under-nourished were less than 6.0 per cent in all three categories. The largest proportion was for those with low height for age, which registered 5.7 per cent. Low weight for age was 2.5 per cent and low weight for height 3.0 per cent.

Education

Average enrolment for the four levels of the education system from Early Childhood (3–5 years) to the Second Cycle of Secondary (15–16 years) averaged 98.4 per cent. Thus, having already attained universal enrolment at the lower levels of the education system, Jamaica is now focused on improvements in other areas. The education sector continued to show incremental improvements that can be directly related to existing policies designed to improve access, equity and outcomes.

While traditionally, enrolment has dropped considerably after age 16, there were notable increases relative to 2002 in secondary and tertiary level enrolment for the 17–18 years cohort, which increased to 40.8 per cent and 11.3 per cent, respectively. Similarly, the 19–24 age cohort registered more than a two-fold increase in enrolment at the tertiary level over the same period to 13.9 per cent.

However, the issues that continue to beg attention are disparities by socio-economic status, geographic region and, to a lesser extent, sex. Boys continued to account for the larger share of enrolment in All Age, Primary & Junior High, and Junior High Schools, as did Rural Area students. Rural Area students also travelled longer distances to school and spent more on Transport than did those in the other regions. The use of private transport to get to school was more prevalent among students in the KMA (19.2 per cent) and those in Quintile 5 (26.2 per cent). The disparity was quite large, with private vehicle being indicated by 7.1 per cent of students in Other Towns and 3.9 per cent of those in Rural Areas, while this mode of transport ranged from 1.2 per cent to 7.5 per cent for Quintiles 1–4.

Average daily attendance exceeded the MOE standard of 90.0 per cent, with the primary level recording an average of 95.5 per cent and the secondary level 94.5 per cent. Students' attendance over the 20 days as captured by the survey, showed little difference across school types, with full attendance averaging 81.2 per cent for Early Childhood, Primary and Secondary schools. However, larger differences were evident across regions and quintiles. The KMA recorded 85.9 per cent full attendance compared with 80.2 per cent for Rural Areas and 77.6 per cent for Other Towns. Additionally, while Quintile 5 recorded 90.4 per cent full attendance, Quintile 1 registered 68.6 per cent.

The proportion of students who had all the books required for school fell 7.1 percentage points to 63.9 per cent and 4.4 per cent reportedly had none of the books. Clear differences were discernible by consumption status, with 84.9 per cent of Quintile 5 students having all the required books compared with 48.1 per cent of Quintile 1 students. Among KMA students, 72.4 per cent had all the books, while 63.6 per cent of students in Other Towns and 59.6 per cent of Rural Area students had all.

Participation in the School Feeding Programme increased to the highest per cent ever recorded in the JSLC. Some 87.0 per cent of students benefited compared with 79.2 per cent in 2010. While participation in the Nutribun/Milk programme doubled to 4.8 per cent, the overwhelming increase came from the Cooked Meal Programme, which increased by 16.3 percentage points to 71.6 per cent. Nevertheless,

47.3 per cent gave as the reason for non-participation that they did not like the meal/snack and, despite the subsidised price, 19.5 per cent reported that they could not afford it. On a positive note, the perception of stigma as a reason for not participating fell to 8.7 per cent from 18.5 per cent. The largest per cent of participants were students at the Early Childhood level (94.7 per cent).

Households' education expenditure increased nominally to $142 376.00, however, in real terms there was virtually no change. Lunch and snacks continued to account for the largest expense (26.5 per cent) followed by Transport (18.0 per cent), Extra Lessons (15.6 per cent) and Tuition (13.3 per cent). The expenses of those in the wealthiest quintile continued to outstrip those of the poorest, with Quintile 5 households spending 1.9 times as much as Quintile 1. Over time, there has been a decline in the 15–16 year old cohort that is not enrolled at an education institution. This reached its lowest in 2012, when 5.2 per cent was recorded compared with 15.3 per cent in 2002. The largest proportions of out-of-school youth were from Quintile 1 and the Rural Areas. The level at which the largest proportion of girls had exited the system was the secondary level (78.6 per cent); however, 8.5 per cent of boys had exited at the Early Childhood level, 39.5 per cent at Primary level and 52.0 per cent at secondary level.

The proportion of the 14+ population without certification at any level was 72.5 per cent, varying only slightly compared with 2010 (71.2 per cent). The lack of certification was more prevalent among the poor, with 88.8 per cent of those in Quintile 1 having no certification compared with 58.4 per cent in Quintile 5. Non-certification was also more prevalent among the elderly population 60 years and over, for which 86.0 per cent was recorded, while it was lowest among the 14–19 years group (63.8 per cent) and the 20–24 years age group (54.9 per cent). There was also a greater incidence of non-certification in Rural Areas (79.7 per cent) than in Other Towns (68.9 per cent) and the KMA (63.2 per cent).

Non-certification of persons in the Prime Working Age (PWA) group (25–59) registered an improvement of 4.0 percentage points, recording 70.1 per cent compared with 2007, when this group was last examined. Males with no certification were recorded at 77.1 per cent, while females were 64.0 per cent. Some 90.7 per cent of the poorest had no certification compared with 53.5 per cent of the wealthiest. Some 45.1 per cent of the 14+ population had passes in five or more Caribbean Secondary Education Certificate (CSEC) subjects.

Housing

The Housing Quality Index (HQI), which has shown a trend of increase, registered 72.0 per cent. There was a relative decline in the use of wood as a housing material for external walls, while concrete block and steel has been on the rise, registering 69.1 per cent. The other components of the HQI were: exclusive use of water closet (64.8 per cent); indoor tap water (54.0 per cent); electricity (93.1 per cent); exclusive use of kitchen (92.6 per cent); and less than 1.01 persons per habitable room (58.4 per cent).

Separate house detached remained the most prevalent type of dwelling (81.6 per cent) of respondent households. This was followed by part of a house (7.3 per cent), while 5.8 per cent were in semi-detached houses. Apartments and townhouses were the dwelling units for 4.1 per cent of households. While Rural Areas recorded the largest proportion of detached houses (95.0 per cent), the KMA had a wider range of housing types, with 15.5 per cent of households living in semi-detached houses, 14.5 per cent in part of a house, and 11.2 per cent in apartments and townhouses.

Based on the standard of adequate housing as 1.01 persons per habitable room, all regions recorded proportions close to the average—58.4 per cent. However, there was greater disparity by consumption status, with 28.5 per cent of Quintile 1 households in adequate living space versus 87.0 per cent for Quintile 5.

The majority of households (60.2 per cent) reported owning their dwelling house. This was followed by those that lived in the dwelling rent-free (21.4 per cent) and those that rented or leased (17.3 per cent). In an effort to gauge irregular tenure, the JSLC included a question in 2012 aimed at determining squatting on land. Some 37.8 per cent of respondent households reported that they did not own, rent or lease the land on which their dwelling was.

Some 70.0 per cent of households had water piped into their yards or dwellings, while rainwater (harnessed in tanks) was the second most common source of drinking water (12.4 per cent). Pipe/tap water was the most prevalent source for all regions, though with large differences between urban and rural areas: the KMA registered 94.2 per cent, Other Towns 81.7

per cent in contrast to 49.1 per cent for Rural Areas. Nevertheless, Rural Areas recorded an 8.7 per cent increase relative to 2010. Rural Area households travelled longer distances to access drinking water than households in the other two regions, with 36.0 per cent of Rural Area households travelling over 1 000m. Approximately one half of poor households (Quintile 1) had piped water (49.6 per cent), however, this represented an increase of 8.2 percentage points. There was a larger average number of water lock-offs reported in 2012—7.1 compared with 6.5 in 2010.

There was universal access to improved sanitation, with 99.8 per cent of households having either water closet or pit toilet. Water closets, which have been increasing relative to pit toilets, accounted for 73.8 per cent of toilet facilities. While Quintile 1 had a smaller proportion of households with water closet (47.3 per cent) compared with Quintile 5 (82.6 per cent) relative to 2010, Quintile 1 households experienced an increase of 5.3 percentage points. Approximately 83.2 per cent of households had exclusive use of toilet facilities.

Overall use of electricity as the main source of lighting was 93.1 per cent. Access to electricity as the main source of lighting was high across all regions and quintiles, though with some variation. The exclusive use of fluorescent bulbs declined, while sole use of incandescent bulbs increased.

There was universal access to kitchen facilities in dwelling houses (99.1 per cent), with 92.6 per cent having exclusive access. Liquid Petroleum Gas (LPG) remained the most prevalent type of fuel used for cooking (77.5 per cent), followed by charcoal (9.9 per cent) and wood (8.6 per cent).

Some 67.6 per cent of households used a public or private garbage collection system, while 27.8 per cent burned their garbage. Collection of garbage by public authorities was high in the KMA, with 91.6 per cent of households in this region reporting this facility. On the other hand, 45.4 per cent of Rural Area households, and one in five households in Other Towns, burned their garbage.

Mean monthly mortgage payments, which were 18.4 per cent of household expenditure, increased 28.7 per cent, in real terms, to $26 954.00. Rental payments, which averaged $13 177.00, were 16.7 per cent of household consumption and registered a real decline of 3.3 per cent. The KMA had the highest mean monthly payments for both rent ($17 994.00) and mortgage ($30 565.00).

Social Protection

Some 36.1 per cent of households, including 7.9 per cent in the past year, indicated that they had applied to the Programme of Advancement Through Health and Education (PATH)—the government's main social assistance programme—since its inception in 2002. Another 28.2 per cent had applied more than a year ago. Among female-headed households, 46.5 per cent had applied compared with 27.3 per cent of male-headed. Some 64.0 per cent of households had never applied, with more than half of Rural Area residents—where poverty is most concentrated—having never applied. Additionally, 30.3 per cent of the poorest 20.0 per cent of households (Quintile 1) had never applied. Of households that had never applied, 39.9 per cent gave as the reason for not applying that they did not think they were eligible, while 18.6 per cent indicated that they did not know about the programme. Some 28.4 per cent of Quintile 1 households reported that they did not know about the programme and 24.4 per cent in the same quintile did not think they were eligible.

Using the payment made in April as a proxy indicator for programme reach, the data showed that more than six of every 10 beneficiaries were in the two poorest quintiles. This was distributed as 37.2 per cent in Quintile 1 and 26.2 per cent in Quintile 2.

Of households that had applied, 56.0 per cent had been beneficiaries of the programme at some time. The majority of beneficiaries (67.8 per cent) was in Rural Areas, with 17.6 per cent in Other Towns and 14.7 per cent in the KMA. Also, 59.0 per cent of households headed by females and 51.8 per cent of male-headed households had been or currently were Programme beneficiaries.

Some 39.1 per cent of individuals 18 years and over were registered with the National Insurance Scheme (NIS). Some 49.4 per cent of KMA residents were registered, 44.6 per cent of those in Other Towns and 29.8 per cent in Rural Areas. Registration with the National Health Fund was 9.5 per cent. Registration was 12.8 per cent for the KMA; 8.5 per cent for Other Towns; and 7.9 per cent in Rural Areas. Disaggregated by sex, registration of females was 11.3 per cent and males 7.7 per cent. For JADEP, some 26.3 per cent was registered.

Early Childhood Development

Although the presence of birth mothers in the home was high (83.0 per cent) for children in the Early Childhood (EC) cohort, less than two in every five children (39.8 per cent) had their birth fathers present. More than a third (37.4 per cent) had no father figure in the home. The biggest differences in the presence of birth father were by quintile, which generally increased moving from Quintile 1 to Quintile 5. Quintile 1 also reported 42.6 per cent of children with no father figure versus 34.6 per cent in Quintile 5. The KMA and Rural Areas recorded smaller proportions of children with birth father in the home (37.9 per cent and 39.1 per cent, respectively) than Other Towns, which had 43.9 per cent. For children with birth mothers in the home, there was similarity across quintiles, except that children with no mother figure in the home was recorded at 5.5 per cent for Quintile 5 compared with 1.3 per cent for Quintile 1.

The proportion of children in the EC cohort who had adult caregivers engage them in stimulating activities ranged from 71.2 per cent for read or showed books, to 28.7 per cent for special activity. A larger proportion of children in the age group three to under-six were engaged in stimulating activities with caregivers than those in other age groups. With the exception of special activity, for which there was no difference, girls were engaged proportionately more than boys. There were no remarkable differences between regions, except for special activity, for which the KMA recorded 7.8 and 8.8 percentage points higher than Other Towns and Rural Areas, respectively.

Books other than school books constituted the most prevalent stimulating material that children had, with 58.0 per cent having such books. The three to under-six age group was again the group with the largest proportion of stimulating materials, however, the eldest children (six to under-nine years) had books other than school books. Overall, girls also had more stimulating materials than boys.

The methods of discipline used with the largest proportion of children were slapping (56.3 per cent); talking about why an action was wrong (34.9 per cent); beating with an implement (22.7 per cent); and quarrelling/shouting (22.5 per cent). The largest proportions of children disciplined by these methods were in the two older age groups and proportionately more children in the six to under-nine group were also disciplined by removal of privileges. Differences by sex were negligible.

Respondents reported that the large majority of children (90.4 per cent) had their yards as a safe place to play. On the other hand, only 7.8 per cent and 3.1 per cent of children, respectively, were reported as having a safe play space at the playground or community centre. The proportions were similar by sex, age group and consumption status, however, there were differences between Rural Areas compared with the KMA and Other Towns.

The proportion of children who were reported to have witnessed violence remained small; 6.1 per cent had witnessed violence in the community and 2.7 per cent had witnessed violence in the home. There were no notable differences by sex or quintile. However, regionally, a smaller proportion of Rural Area children (3.6 per cent) had witnessed community violence vis-à-vis children in the KMA (10.3 per cent) and Other Towns (9.3 per cent).

Scores on the ECD Readiness Index indicate that children in this cohort are sufficiently prepared for the primary level of the education system.