

Summary Sheet

on

Health Inequalities

July, 2001

Jamaica

Table of Contents

INTRODUCTION	2
SOCIODEMOGRAPHIC CHARACTERISTICS	3
HEALTH STATUS	4
REPORTED ILLNESS OR INJURY	4
AVERAGE NUMBER OF DAYS THE ILLNESS OR INJURY LASTED	8
AVERAGE NUMBER OF DAYS OF INACTIVITY DUE TO ILLNESS OR INJURY	13
ACCESS AND UTILIZATION OF HEALTH SERVICES	17
HEALTH CARE	17
AVERAGE NUMBER OF HEALTH CARE VISITS	21
TECHNICAL NOTE AND COMMENTS	26
NOTES	27
ANNEX: SAMPLE SIZES	28



Pan American Health Organization

Regional Office of the

World Health Organization

Health and Human Development Division
Public Policy and Health Program

Introduction

This series of *Summary Sheets on Health Inequalities* is produced by the Program on Public Policy and Health, which is part of the Division of Health and Human Development of the Pan American Health Organization. The series is based on household surveys conducted in some countries in the Region. The sheets were produced under the technical coordination of Dr. Norberto Dachs, Regional Adviser on Statistics for the program. The work was carried out by Prof. Marcela Ferrer of the College of Social Sciences at the University of Chile as part of an agreement between PAHO and that University.

One of the main advantages of these summary sheets is to show the potential of this source of data for studying health inequalities based on certain distributive criteria. The selection of the variables to be included depended on each specific survey. However, the goal is to incorporate at least one variable from each dimension of health status, access, and utilization of health care services. When possible, a relationship is drawn between the utilization of health services and the need for health care.

The *Summary Sheets* provide a brief description of every variable studied, the graphics and data used, and concise comments on this information. In the technical note and comments, certain indications of the methodological procedures used in the study are presented, including possible interpretations of the results, without any inferential components.

This *Summary Sheet* for Jamaica has been produced using data from the 1998 Jamaica Survey of Living Conditions. The annex provides information about sample sizes from that survey and on other general concerns. For more information about this and other household surveys conducted in Latin America and the Caribbean that incorporate health issues, consult the database of surveys for the Program, available on the Internet at:

<http://www.paho.org/english/hdp/asp/encuestas.asp>

**For more information on this series
Summary-Sheets on Health Inequalities
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Sociodemographic Characteristics

The island of Jamaica is located in the Caribbean Sea, 145 km south of Cuba and 161 km west of Haiti. In 1999, its population was estimated at 2.6 million, with 56% of its inhabitants living in urban areas. Covering an area of nearly 11,000 km², the overall population density in 1999 was estimated at approximately 240 inhabitants per square kilometer.¹

The latest UNDP Human Development Report ranked Jamaica at position 83, at an intermediate level of human development. This position is one of the lowest among the Caribbean countries, surpassing only Saint Lucia, which ranks at 88th.

According to the 1998 Jamaica Survey of Living Conditions, the national urban population accounted for 49% of the total population², but represented 29% of the first quintile in consumption,³ and 75% of the population in the last quintile (see Table 1).

In terms of age structure, the national population is moderately young, with more than half the population falling in the economically active age group (15 to 60 years of age.) This structure is essentially the result of declining fertility (the global fertility rate is approximately 2.6 children per woman.) The relative weight of children under 15 decreases, whereas the proportion of people over 15 increases as the level of consumption increases. This situation, which is the reverse of trends generally observed in age structures and consumption levels, could be due to the effect of a net negative migration rate that the country has sustained over the last four decades. The economically active population (15 to 60 years of age) with lower income levels is the most likely to emigrate, which would increase the relative importance of people aged 60 and over in these strata.

A little more than 40% of households are headed by women. Households headed by women tend to concentrate at lower levels of consumption, and the percentage tends to decrease as consumption levels increase: 51% of households in the first quintile and 37%

Selected Sociodemographic Characteristics by Expenditure Quintile

Variable	Expenditure Quintile					Total
	I	II	III	IV	V	
Urban Population (%)	29	38	50	56	75	49
Population by Age Group (%)						
0 - 4	16	13	11	8	5	11
5 -14	27	26	24	22	15	23
15 - 29	24	26	27	27	28	26
30 - 59	21	24	28	32	42	29
60 and over	12	11	11	11	10	11
Total	100	100	100	100	100	100
Households Headed by Women (%)	51	47	47	44	37	44
Average Size of the Household	5.2	4.7	4.0	3.3	2.3	3.6
Population Living in Dwellings With:						
Indoor Plumbing (%)	14	26	41	51	73	41
Electricity	67	79	84	89	95	83

Source: 1998 Jamaica Survey of Living Conditions

of households in the last quintile. This would indicate a certain association between households headed by women and decreased family income.

On the average, there are 3.6 people per household. As would be expected, this figure decreases as consumption levels increase: households in the first quintile have an average of 5.2 people, while those in the last quintile have only 2.3 people.

A little more than 40% of the population lives in dwellings that have indoor plumbing. However, the availability of

this service varies with the level of consumption: in the first quintile it is only 14%, while in the last quintile it is 73%.

Nearly 80% of the population lives in dwellings that have electricity. As would be expected, the availability of this service increases as the level of consumption increases: 67% and 95% of the population in the first and last consumption quintiles, respectively.

Health Status

Reported illness or injury

This analysis was made by combining the responses from questions 2 and 3 of Part A, Health, for all family members.

Question 2: Have you had any injury during the past 4 weeks? For example, due to an accident at your workplace, gunshot, stabbing, accidental fall, or other injury? The response categories are: 1) Yes, due to motor vehicle accident; 2) Yes, accident at workplace; 3) Yes, was shot; 4) Yes, was stabbed; 5) Yes, other accident; 6) Yes, other; 7) None. *Question 3:* Have you had any illness other than one due to injury during the past 4 weeks? For example, have you had a cold, diarrhea, or any other illness? The response categories are: 1) Yes; 2) No. The first six categories of question 2 and the first of question 3 were regarded as an illness or accident.

Percentages of reported illness and accidents are presented and graphed by quintiles of consumption per capita for males, females, and both, as well as by age group (0-4, 5-14, 15-49, 50-64 and 65 and over) and area of residence: the Kingston Metropolitan Area⁴, other urban, and rural areas.

When analyzing the information by sex, it is observed that illness and accidents tend to be more frequent among females, particularly after the age of 50. The higher rates of disease and accidents among females in comparison with males can be seen in all consumption levels. Within each sex, the total percentages of illness or accident are relatively similar at all levels of consumption.

Among those over 4 and under 50 years of age, illness and accident rates according to level of expenditure per capita tend to remain steady or to increase slightly. However, among children under 5 of both sexes, reported illness or accidents tend to increase slightly as the level of consumption increases.

Consequently, differences at the highest and lowest consumption levels can be seen in both directions. In the first place, particularly among girls between 0 and 4 years and men between 15 and 49 years, the percentage of illness or accidents in the first quintile was only 50% that of the last quintile. In women and men between the ages of 50 and 63, the percentage of illness or injury in the first quintile of consumption represents 1.4 and 1.8 times the highest quintile, respectively.

Reported Illness or Injury by Sex and Age Group According to Expenditure Quintile, Jamaica 1998

MALES

Expenditure quintiles	Age groups					Total
	0 - 4	5 - 14	15 - 49	50 - 64	65 + over	
I	11	6	3	10	25	8
II	14	6	5	13	19	8
III	10	7	3	7	24	7
IV	12	6	4	9	19	7
V	16	7	6	7	20	8
Average	13	6	4	9	21	7
Ratio of I toV	0.7	0.8	0.5	1.4	1.3	1.0

FEMALES

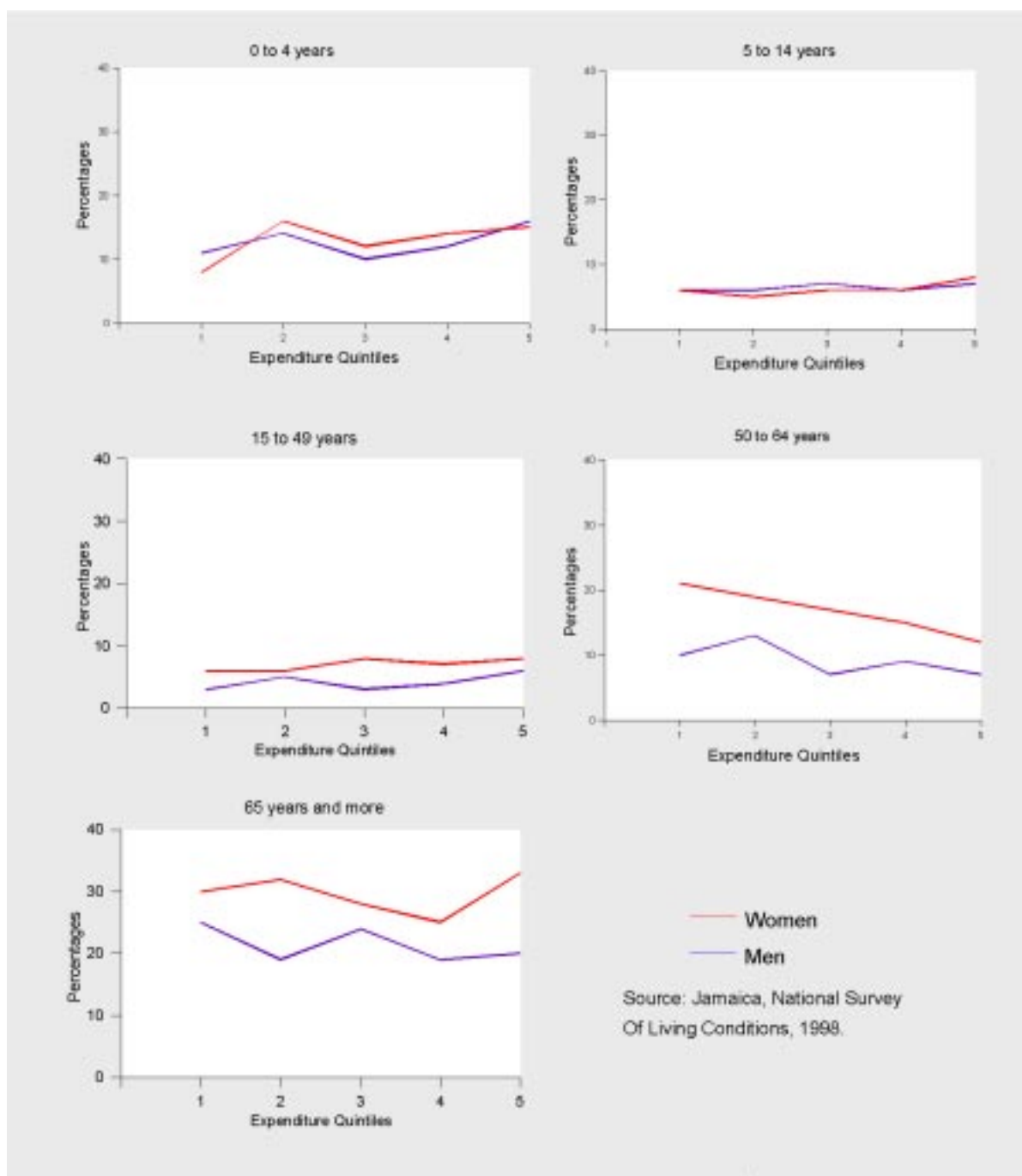
Expenditure quintiles	Age groups					Total
	0 - 4	5 - 14	15 - 49	50 - 64	65 + over	
I	8	6	6	21	30	10
II	16	5	6	19	32	10
III	12	6	8	17	28	10
IV	14	6	7	15	25	9
V	15	8	8	12	33	11
Average	13	6	7	17	30	10
Ratio of I toV	0.5	0.7	0.8	1.8	0.9	0.9

BOTH SEXES

Expenditure quintiles	Age groups					Total
	0 - 4	5 - 14	15 - 49	50 - 64	65 + over	
I	10	6	5	16	28	9
II	15	6	5	16	26	9
III	11	7	6	12	26	9
IV	13	6	6	12	23	8
V	16	8	7	9	27	9
Average	13	6	6	13	26	9
Ratio of I toV	0.6	0.8	0.7	1.8	1.0	1.0

Source: 1998 Jamaica Survey of Living Standards

Reported Illness or Injury by Sex and Age Group According to Expenditure Quintile, Jamaica 1998



According to area of residence, reported illness or injury tends to be higher in rural areas for both sexes and at all levels of consumption. In all areas of residence, illness or injury rates of both males and females tend to be relatively similar or to increase slightly as consumption levels increase. Following this trend, differences between the

highest and lowest consumption levels can be observed, particularly among males and females living in other urban areas. The percentage of illness or injury among those in the first quintile was 0.7 and 0.6 times the percentage of the highest quintile, respectively.

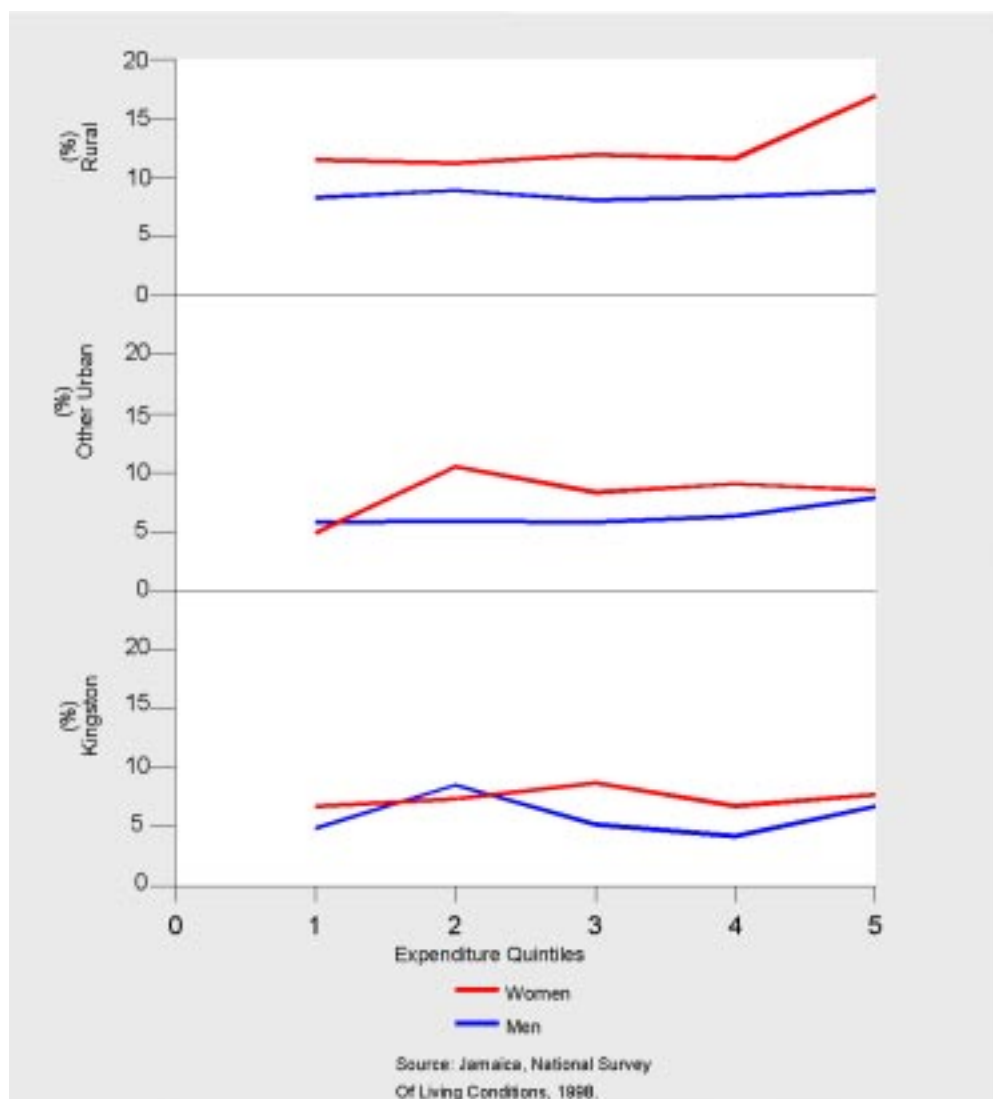
**Reported Illness or Injury According to Sex and Area of Residence by Expenditure Quintile,
Jamaica 1998**

Expenditure quintile	Metropolitan Area			Other Urban Areas		
	Males	Females	Total	Males	Females	Total
I	5	7	6	6	5	5
II	9	7	8	6	11	8
III	5	9	7	6	8	7
IV	4	7	6	6	9	8
V	7	8	7	8	9	8
Average	6	7	7	6	8	7
Ratio of I to V	0.7	0.9	0.8	0.7	0.6	0.6

Expenditure quintile	Rural			Total		
	Males	Females	Total	Males	Females	Total
I	8	12	10	8	10	9
II	9	11	10	8	10	9
III	8	12	10	7	11	9
IV	8	12	10	7	10	9
V	9	17	12	8	11	10
Average	9	13	10	8	11	9
Ratio of I to V	0.9	0.7	0.8	1.0	0.9	1.0

Source: 1998 Jamaica Survey of Living Conditions

Reported Illness or Injury According to Sex and Area of Residence by Expenditure Quintile, Jamaica 1998



Average number of days the illness or injury lasted

This analysis is based on question five of Part A, Health, for all members of the household: *For how many days during the past 4 weeks have you suffered from this illness or injury?*

Average duration (in days) of reported illness and accidents are presented and graphed by quintiles of consumption for males, females, and both sexes, as well as by age groups (0-4, 5-14, 15-49, 50-64 and 65 and over) and area of residence: the Kingston Metropolitan Area, other urban, and rural areas.

The results show that the average of length of an illness is similar among males and females, and increases as age increases. For males and females, the length of the illness tends to decrease in most age groups as consumption levels increase.

Differences according to highest and lowest consumption levels can be seen, particularly among girls between 5 and 14, where the average number of days an illness lasts in the first quintile is 1.5 times the average of the highest quintile.

Average Number of Days the Illness or Injury Lasted According to Sex and Age Group by Expenditure Quintile, Jamaica 1998

MALES

Expenditure quintiles	Age groups					Total
	0 - 4	5 - 14	15 - 49	50 - 64	65 + over	
I	6.9	6.3	12.1	16.2	18.0	11.6
II	6.4	10.3	10.0	16.1	16.2	11.0
III	7.9	7.6	10.9	17.8	16.6	11.8
IV	8.0	8.2	8.6	13.1	16.1	10.5
V	6.7	6.3	9.5	13.8	14.1	10.1
Average	7.2	7.8	10.2	15.4	16.2	11.0
Ratio of I to V	1.0	1.0	1.3	1.2	1.3	1.2

FEMALES

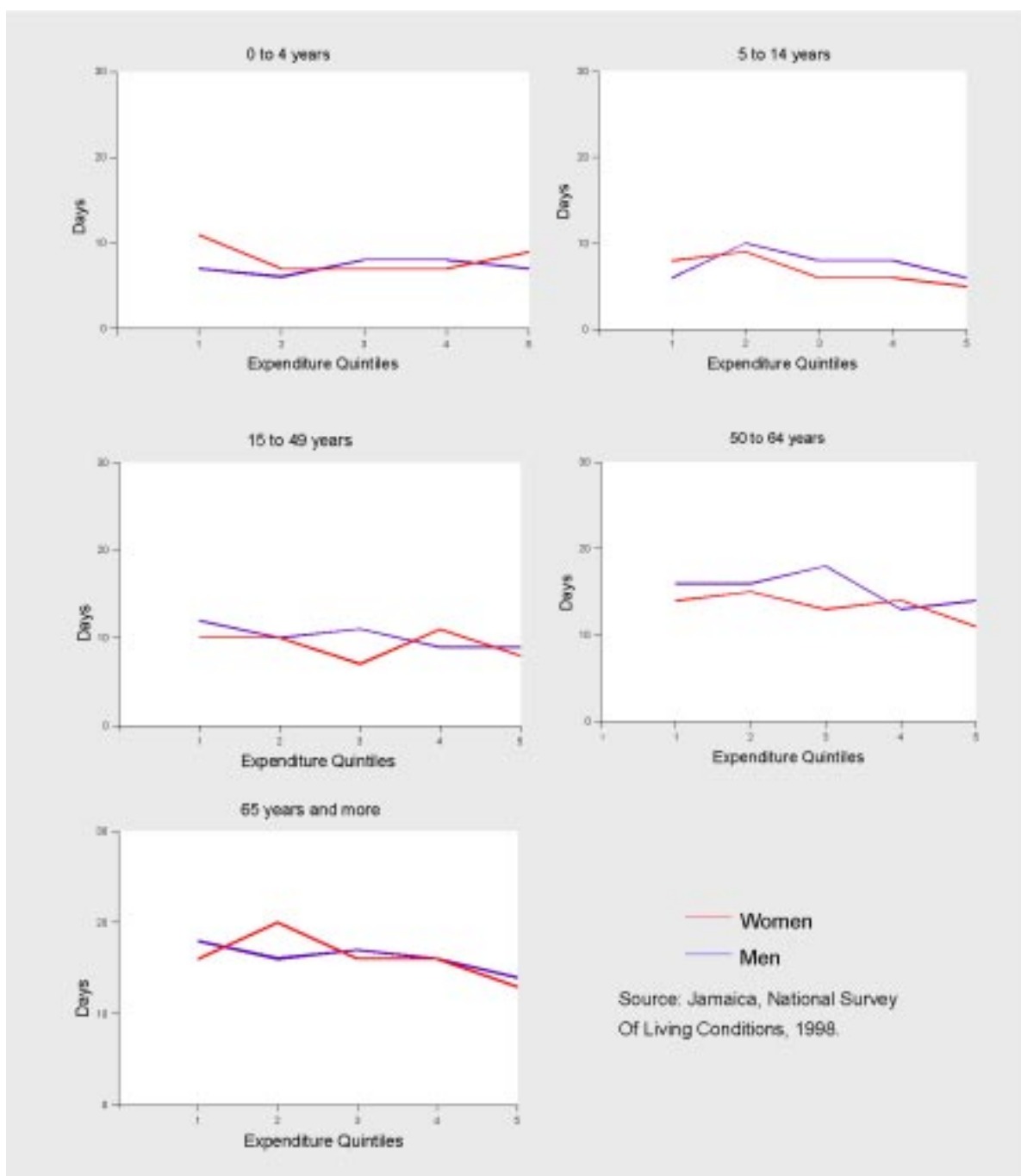
Expenditure quintiles	Age groups					Total
	0 - 4	5 - 14	15 - 49	50 - 64	65 + over	
I	10.8	7.9	9.6	14.1	15.7	12.2
II	6.5	8.8	9.5	14.8	19.7	12.5
III	7.0	6.0	7.3	12.9	15.7	9.8
IV	6.7	5.6	10.7	14.0	15.6	11.1
V	9.1	5.3	8.0	11.1	13.3	9.4
Average	8.0	6.7	9.0	13.4	16.0	11.0
Ratio of I to V	1.2	1.5	1.2	1.3	1.2	1.3

BOTH SEXES

Expenditure quintiles	Age groups					Total
	0 - 4	5 - 14	15 - 49	50 - 64	65 + over	
I	8.7	7.1	10.5	14.7	16.6	12.0
II	6.5	9.6	9.7	15.3	18.6	11.9
III	7.4	6.9	8.1	14.4	16.0	10.5
IV	7.3	6.9	9.9	13.7	15.8	10.9
V	7.7	5.8	8.7	12.5	13.6	9.7
Average	7.5	7.2	9.4	14.1	16.1	11.0
Ratio of I to V	1.1	1.2	1.2	1.2	1.2	1.2

Source: 1998 Jamaica Survey of Living Standards

Average Number of Days the Illness or Injury Lasted According to Sex and Age Group by Expenditure Quintile, Jamaica 1998



According to area of residence, the average of length of an illness is greater in rural areas for both sexes. In urban areas (the Kingston Metropolitan Area and other urban areas) the length of an illness in days tends to decline as consumption levels increase. In rural areas, these rates tend to remain relatively stable at all levels of consumption.

Differences by highest and lowest consumption levels are observed in the Kingston Metropolitan Area, particularly among males. Among them, the average length of an illness or injury in the first quintile of consumption is 1.2 times the average of the last quintile.

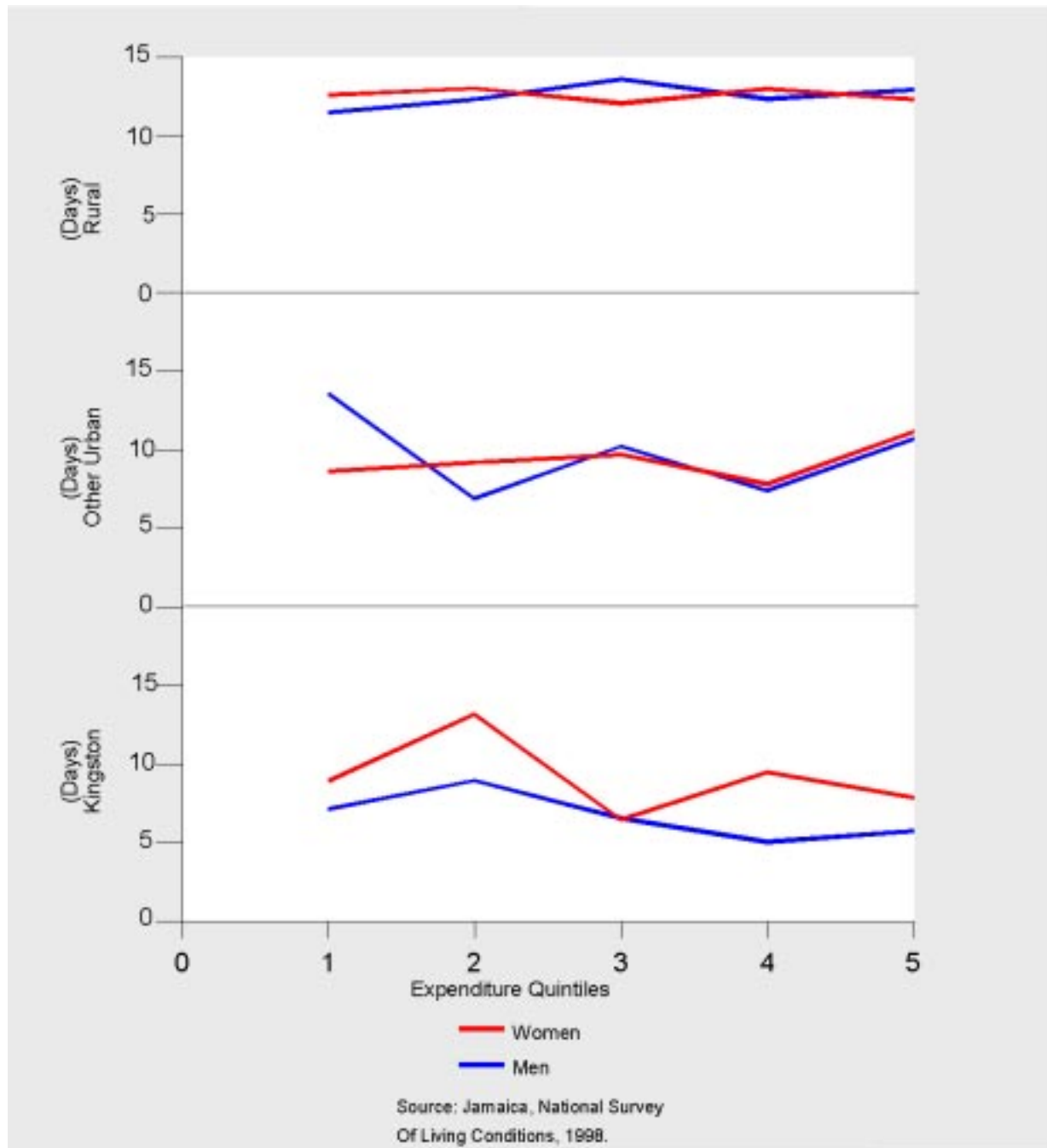
Average Number of Days Illness Lasted Among People Reporting Illnesses or Injuries in the Last Month, According to Sex and Area of Residence by Expenditure Quintile, Jamaica 1998

Expenditure quintile	Metropolitan Area			Other Urban Areas		
	Males	Females	Total	Males	Females	Total
I	7.1	8.9	8.3	13.6	8.6	11.2
II	8.9	13.2	11.2	6.9	9.2	8.4
III	6.5	6.4	6.5	10.2	9.7	9.9
IV	5.0	9.5	8.2	7.4	7.8	7.7
V	5.8	7.9	6.9	10.7	11.2	10.9
Average	6.7	9.2	8.2	9.8	9.3	9.6
Ratio of I to V	1.2	1.1	1.2	1.3	0.8	1.0

Expenditure quintile	Rural			Total		
	Males	Females	Total	Males	Females	Total
I	11.5	12.6	12.1	11.6	12.2	12.0
II	12.3	13.0	12.7	11.0	12.5	11.9
III	13.6	12.0	12.7	11.8	9.8	10.5
IV	12.3	13.0	12.7	10.5	11.1	10.9
V	12.9	12.3	12.6	10.1	9.4	9.7
Average	12.5	12.6	12.6	11.0	11.0	11.0
Ratio of I to V	0.9	1.0	1.0	1.2	1.3	1.2

Source: 1998 Jamaica Survey of Living Conditions

Average Number of Days Illness Lasted Among People Reporting Illnesses or Injuries in the Last Month, According to Sex and Area of Residence by Expenditure Quintile, Jamaica 1998



Average number of days of inactivity due to illness or injury

This analysis is based on question 6 of Part A, Health, for all members of the household: *For how many days during the past 4 weeks have you been unable to carry on with your usual activities because of this illness or injury?*

The average number of days of inactivity are presented and graphed by quintiles of consumption for males, females, and both sexes, as well as by age groups (0-4, 5-14, 15-49, 50-64 and 65 and over) and area of residence: the Kingston Metropolitan Area, other urban, and rural areas.

The results show that the average number of days of inactivity due to an illness is greater among males in the

age groups of 15 to 49 and of 50 to 64 years of age. For the other age groups there is no clear pattern across the sexes.

For both males and females and in practically all age groups, the average number of days of inactivity clearly decreases as consumption level increases. Nevertheless, among males between 50 and 64 years and girls between 5 and 14 years, the average fluctuates irregularly across the different levels.

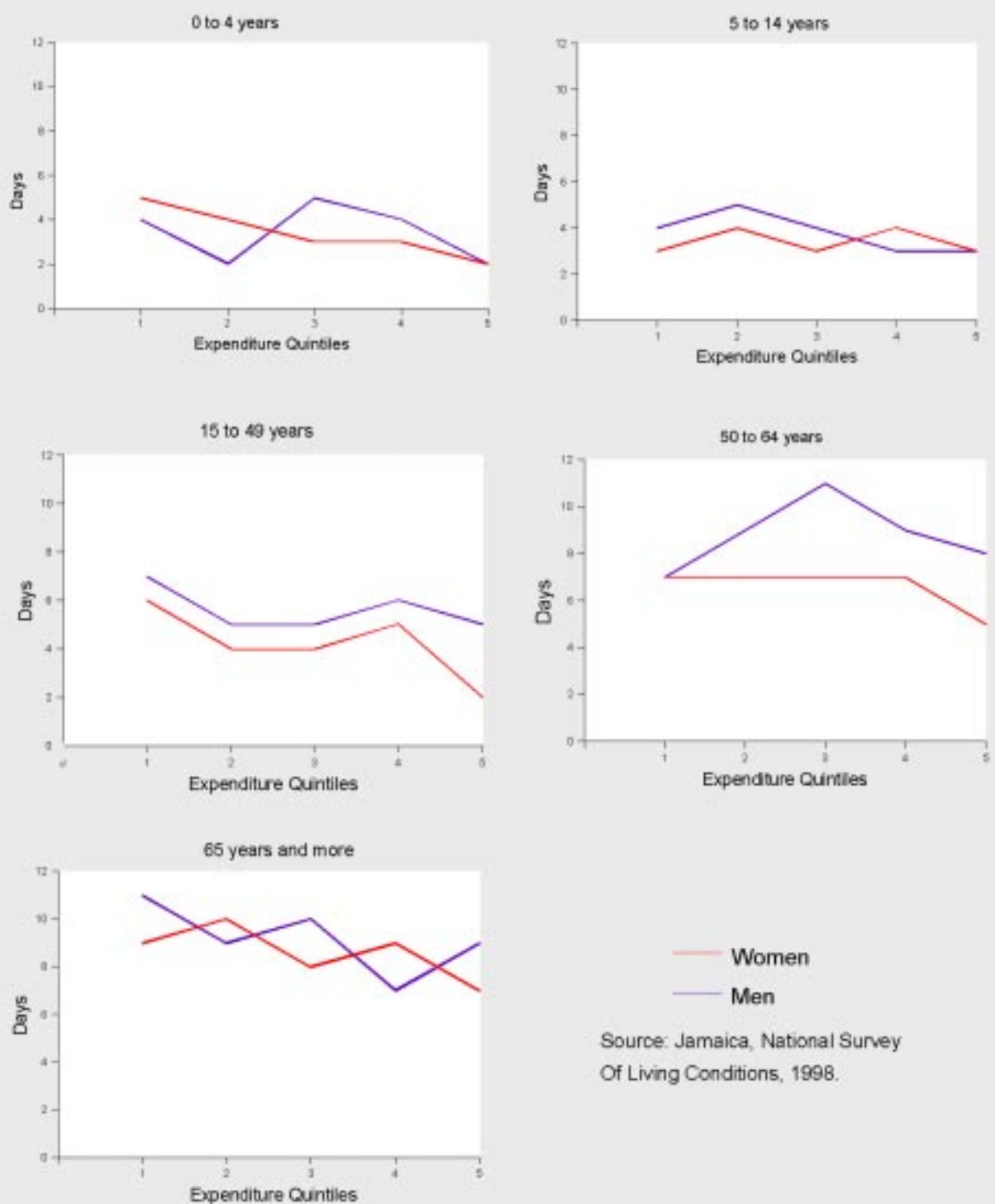
The differences between the highest and lowest consumption levels are especially marked among women from 15 to 49 years of age and boys and girls under 5. For these groups, the average days of inactivity due to illness in the first quintile of consumption is 2.4, 2.3 and 2.2 times the average of the last quintile, respectively.

**Average Number of Days of Inactivity due to Illness or Injury According to Sex and Age Group
by Quintile of Expenditure, Jamaica 1998**

MALES						
Expenditure quintiles	Age groups					Total
	0 - 4	5 - 14	15 - 49	50 - 64	65 + over	
I	4.0	3.8	6.8	7.2	10.9	6.6
II	2.4	5.3	5.2	9.0	8.8	5.6
III	4.8	4.4	5.0	11.0	9.6	6.7
IV	3.9	3.0	5.5	9.2	6.9	5.6
V	1.8	3.1	5.2	8.2	8.8	5.5
Average	3.4	3.9	5.5	8.9	9.0	6.0
Ratio of I toV	2.3	1.2	1.3	0.9	1.2	1.2
FEMALES						
Expenditure quintiles	Age groups					Total
	0 - 4	5 - 14	15 - 49	50 - 64	65 + over	
I	5.2	2.8	6.0	7.2	9.3	6.7
II	4.2	4.4	4.1	6.8	10.4	6.2
III	2.9	2.6	4.5	6.6	8.2	5.2
IV	2.9	3.6	5.0	6.6	8.8	5.7
V	2.4	3.0	2.5	5.2	7.1	4.0
Average	3.5	3.3	4.4	6.5	8.8	5.6
Ratio of I toV	2.2	0.9	2.4	1.4	1.3	1.7
BOTH SEXES						
Expenditure quintiles	Age groups					Total
	0 - 4	5 - 14	15 - 49	50 - 64	65 + over	
I	4.6	3.3	6.3	7.2	9.9	6.7
II	3.3	4.9	4.6	7.6	9.8	6.0
III	3.7	3.6	4.6	7.9	8.8	5.8
IV	3.3	3.3	5.2	7.6	8.1	5.7
V	2.0	3.0	3.7	6.6	7.7	4.7
Average	3.4	3.6	4.9	7.4	8.9	5.7
Ratio of I toV	2.2	1.1	1.7	1.1	1.3	1.4

Source: 1998 Jamaica Survey of Living Standards

Average Number of Days of Inactivity due to Illness or Injury According to Sex and Age Group by Quintile of Expenditure, Jamaica 1998



According to area of residence, the average number of days of inactivity is greater in rural areas, in both sexes. The average number of days of inactivity due to an illness tends to decline slightly as the level of consumption increases in all areas, particularly among females. This trend is more marked in urban areas (the Kingston Metropolitan Area and other urban areas).

Differences between the highest and lowest consumption levels are observed in females in other urban areas, where the average number of days of inactivity in the first consumption quintile is 1.5 times the average of the last quintile.

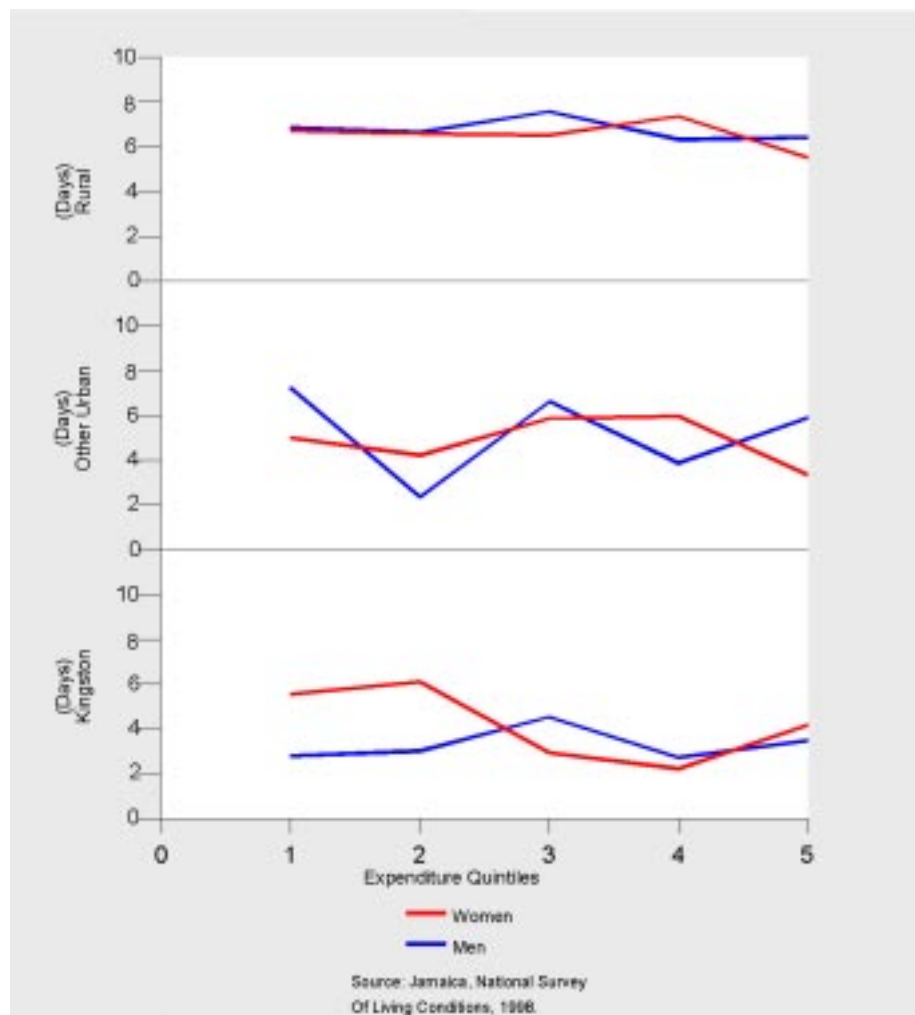
**Average Number of Days of Inactivity Due to Reported Illness or Injury in the Last Month
According to Sex and Area of Residence by Expenditure Quintile, Jamaica 1998**

Expenditure quintile	Metropolitan Area			Other Urban Areas		
	Males	Females	Total	Males	Females	Total
I	2.8	5.6	4.5	7.3	5.0	6.1
II	3.0	6.1	4.6	2.4	4.2	3.6
III	4.5	2.9	3.4	6.6	5.9	6.2
IV	2.7	2.2	2.4	3.9	6.0	5.2
V	3.5	4.2	3.9	5.9	3.4	4.7
Average	3.3	4.2	3.8	5.2	4.9	5.1
Ratio of I to V	0.8	1.3	1.2	1.2	1.5	1.3

Expenditure quintile	Rural			Total		
	Males	Females	Total	Males	Females	Total
I	6.9	6.7	6.8	6.6	6.7	6.7
II	6.7	6.6	6.6	5.6	6.2	6.0
III	7.6	6.5	7.0	6.7	5.2	5.8
IV	6.3	7.4	6.9	5.6	5.7	5.7
V	6.4	5.5	5.9	5.5	4.0	4.7
Average	6.8	6.6	6.6	6.0	5.6	5.7
Ratio of I to V	1.1	1.2	1.2	1.2	1.7	1.4

Source: 1998 Jamaica Survey of Living Conditions

Average Number of Days of Inactivity Due to Reported Illness or Injury in the Last Month According to Sex and Area of Residence by Expenditure Quintile, Jamaica 1998



Access and Utilization of Health Services

Health Care

This analysis is based on question 6 of Part A, Health, for all members of the household: *Has a doctor, nurse, pharmacist, midwife, healer, or any other health practitioner been visited during the past 4 weeks?* The response categories are 1) Yes and 2) No.

Percentages of health care received are presented and graphed by quintiles of consumption for males, females, and both sexes, as well as by age groups (0-4, 5-14, 15-49, 50-64 and 65 and over) and area of residence: the

Kingston Metropolitan Area, other urban, and rural areas. The percentages are calculated among those persons who reported an illness or injury.

The results show that, on the average, for ages 50 and above females seek more health care than males at all levels of consumption. For the age groups up to 49 years of age the percentages seeking health care are similar for both sexes at practically all levels of consumption. There is a clear increase in health care as consumption levels increase among both males and females for most of the age groups. Differences between the highest and lowest levels of consumption are observed, particularly among boys and girls between 0 and 4 years of age, where the percentage of health care for those in the first quintile is 0.7 times that of those in the last quintile for both sexes.

**Health Care Among People Reporting Illness or Injury According to Sex and Age Group
by Expenditure Quintile, Jamaica 1998**

MALES

Expenditure quintiles	Age groups					Total
	0 - 4	5 - 14	15 - 49	50 - 64	65 + over	
I	64	56	57	53	54	57
II	50	46	56	32	44	47
III	66	57	50	37	66	58
IV	83	66	68	62	66	69
V	91	62	52	61	62	60
Average	71	57	56	49	58	58
Ratio of I toV	0.7	0.9	1.1	0.9	0.9	0.9

FEMALES

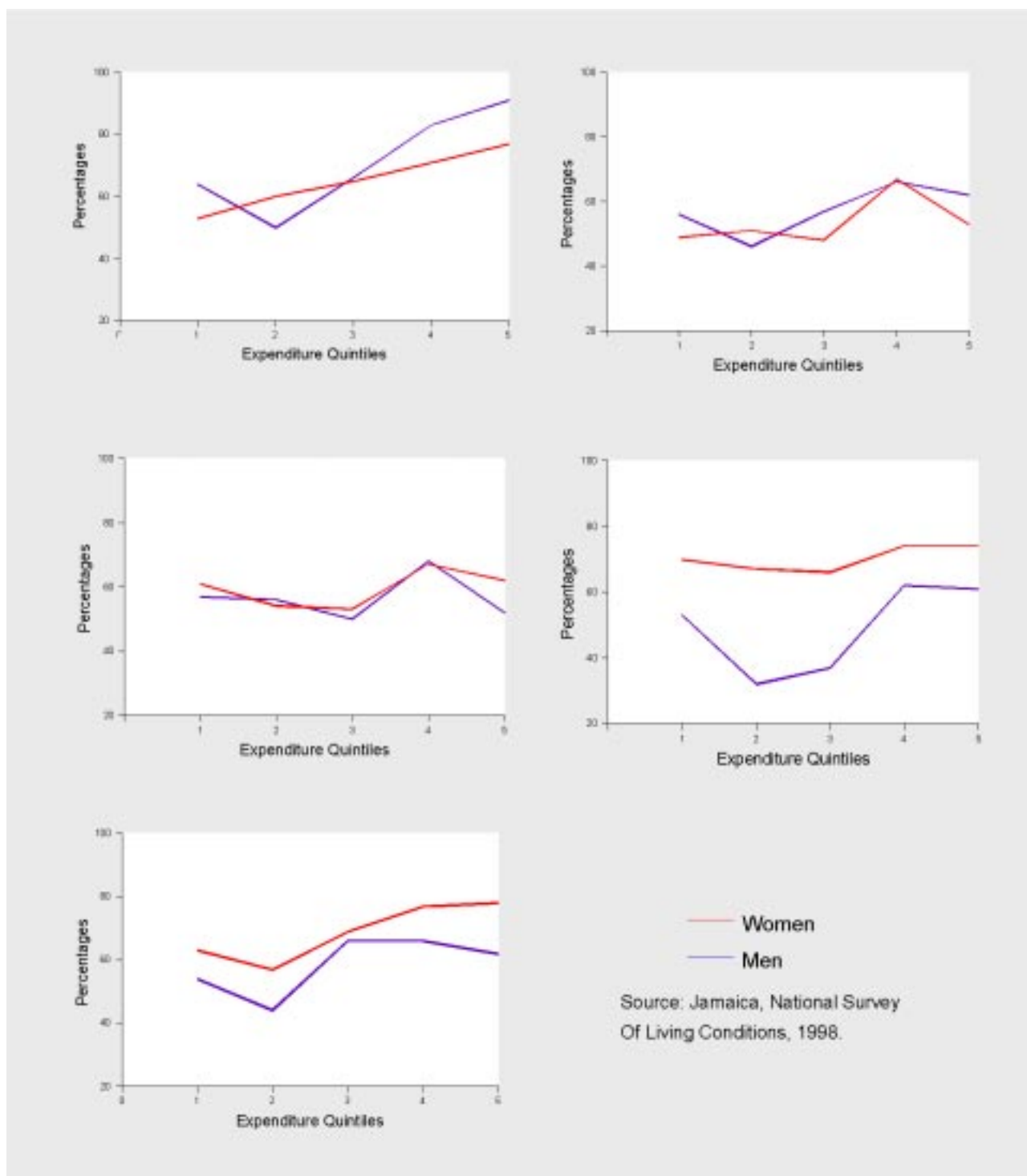
Expenditure quintiles	Age groups					Total
	0 - 4	5 - 14	15 - 49	50 - 64	65 + over	
I	53	49	61	70	63	60
II	60	51	54	67	57	57
III	65	48	53	66	69	59
IV	71	67	67	74	77	71
V	77	53	62	74	78	67
Average	65	54	59	70	69	63
Ratio of I toV	0.7	0.9	1.0	0.9	0.8	0.9

BOTH SEXES

Expenditure quintiles	Age groups					Total
	0 - 4	5 - 14	15 - 49	50 - 64	65 + over	
I	59	53	59	65	59	59
II	55	48	55	54	52	53
III	65	53	53	57	68	59
IV	76	67	67	70	73	70
V	85	57	57	68	72	64
Average	68	56	58	63	65	61
Ratio of I toV	0.7	0.9	1.0	1.0	0.8	0.9

Source: 1998 Jamaica Survey of Living Standards

Health Care Among People Reporting Illness or Injury According to Sex and Age Group by Expenditure Quintile, Jamaica 1998



According to area of residence, there is more health care in rural areas and in urban areas other than the Kingston Metropolitan Area. In both areas, females seek more health care than males, while in the Kingston Metropolitan Area there is no clear difference for males and females. In both the Metropolitan area and rural areas, health care percentages tend to increase as consumption levels increase, especially among females. In other urban areas,

health care percentages according to consumption level reveal an irregular trend for both sexes.

Differences between the highest and lowest levels of consumption can be observed, especially among females in the Kingston Metropolitan Area, where the percentage of health care in the first consumption quintile is 0.8 of the last quintile.

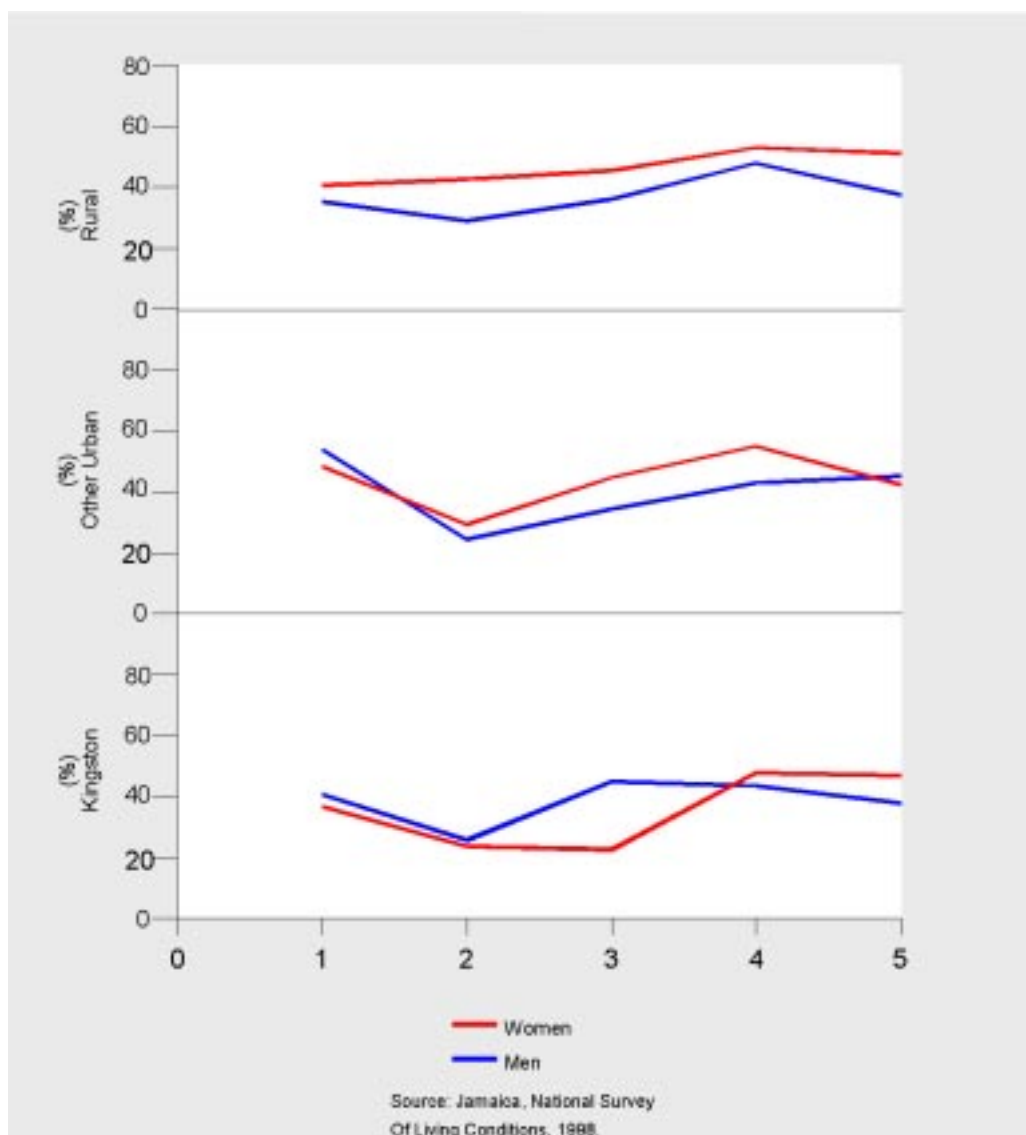
Health Care Among People Reporting Illness or Injury in the Last Month According to Sex and Area of Residence by Expenditure Quintile, Jamaica 1998

Expenditure quintile	Metropolitan Area			Other Urban Areas		
	Males	Females	Total	Males	Females	Total
I	61	57	58	74	68	71
II	46	44	45	44	49	48
III	65	43	50	54	65	61
IV	63	68	66	63	75	70
V	58	67	63	65	62	64
Average	58	55	56	60	64	63
Ratio of I to V	1.1	0.8	0.9	1.1	1.1	1.1

Expenditure quintile	Rural			Total		
	Males	Females	Total	Males	Females	Total
I	55	61	59	57	60	59
II	49	63	57	47	57	53
III	56	65	62	58	59	59
IV	68	73	71	69	71	70
V	58	71	65	60	67	64
Average	57	67	63	58	63	61
Ratio of I to V	1.0	0.9	0.9	0.9	0.9	0.9

Source: 1998 Jamaica Survey of Living Conditions

**Health Care Among People Reporting Illness or Injury in the Last Month
According to Sex and Area of Residence by Expenditure Quintile, Jamaica 1998**



Average number of health care visits

This analysis is based on question 6 of Part A, Health, for all members of the household: *How many visits to health practitioners have you made in the past 4 weeks?*

The average number of visits are presented and graphed by quintiles of consumption among males, females, and both sexes, as well as by age groups (0-4, 5-14, 15-49, 50-64 and 65 and over) and area of residence: the Kingston Metropolitan Area, other urban, and rural areas. The question was only asked of people who reported illness or injury in the past four weeks. However, the average number

of health care visits correspond to all types of attention and part of them can correspond to distinct events, including, for example, preventive care, treatments for chronic disease, and others types of care.

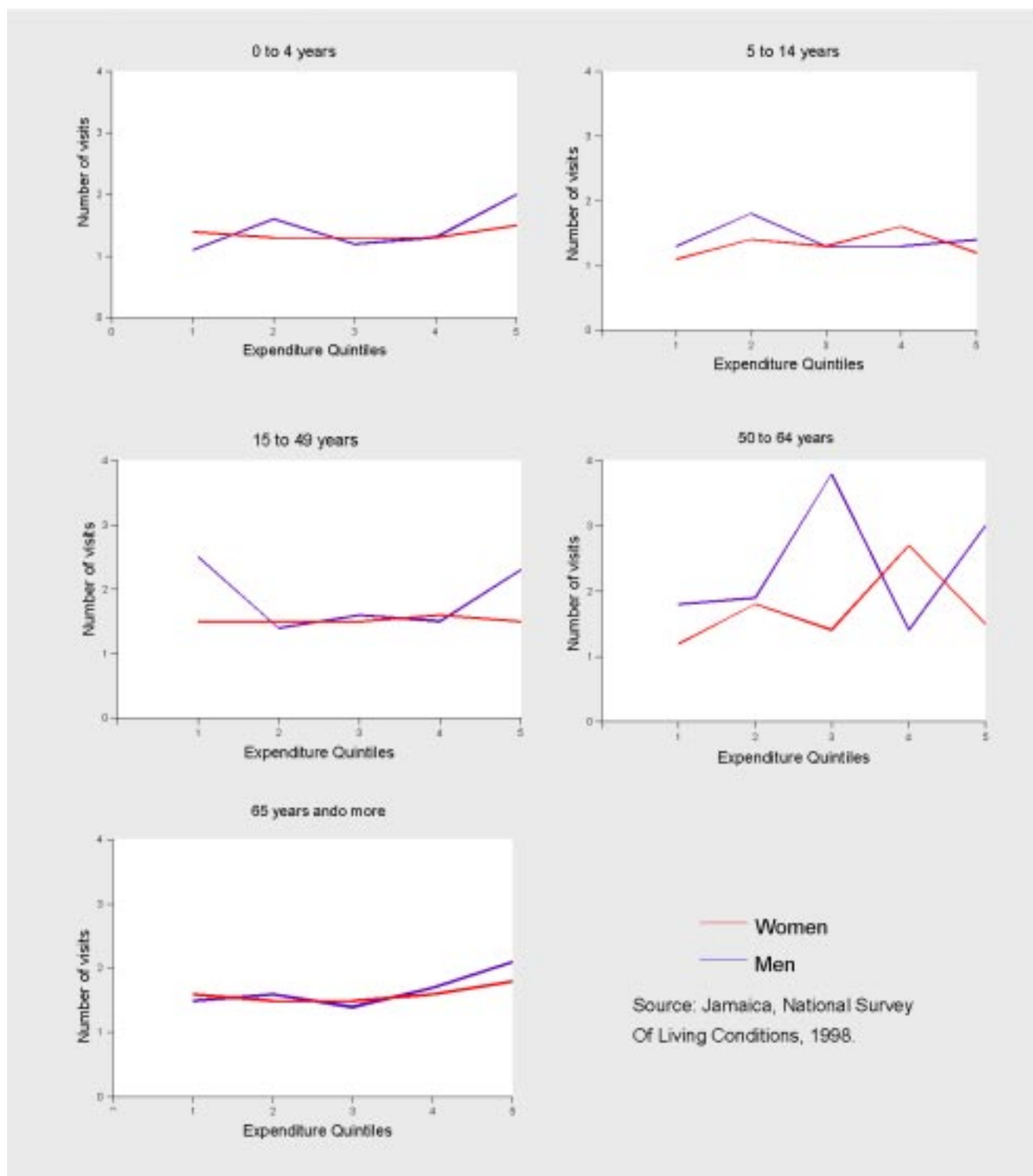
There is no clear trend in the average number of health visits for males or females for most age groups. The number of health care visits for males has a small tendency to increase as consumption levels increase, for children below age 5 and older adults aged 65 and more. For males in these two age groups the average number of visits is approximately 0.6 and 0.7 times smaller in the first quintile compared to the highest quintile.

Average Number of Health Care Visits due to Illness or Injury in the Last Four Weeks According to Sex and Age Group by Expenditure Quintile, Jamaica 1998

MALES						
Expenditure quintiles	Age groups					Total
	0 - 4	5 - 14	15 - 49	50 - 64	65 + over	
I	1.1	1.3	2.5	1.8	1.5	1.5
II	1.6	1.8	1.4	1.9	1.6	1.6
III	1.2	1.3	1.6	3.8	1.4	1.5
IV	1.3	1.3	1.5	1.4	1.7	1.5
V	2.0	1.4	2.3	3.0	2.1	2.2
Average	1.5	1.4	1.9	2.4	1.7	1.7
Ratio of I to V	0.6	0.9	1.1	0.6	0.7	0.7
FEMALES						
Expenditure quintiles	Age groups					Total
	0 - 4	5 - 14	15 - 49	50 - 64	65 + over	
I	1.4	1.1	1.5	1.2	1.6	1.4
II	1.3	1.4	1.5	1.8	1.5	1.5
III	1.3	1.3	1.5	1.4	1.5	1.4
IV	1.3	1.6	1.6	2.7	1.6	1.8
V	1.5	1.2	1.5	1.5	1.8	1.6
Average	1.4	1.3	1.5	1.7	1.6	1.5
Ratio of I to V	0.9	0.9	1.1	0.8	0.9	0.9
BOTH SEXES						
Expenditure quintiles	Age groups					Total
	0 - 4	5 - 14	15 - 49	50 - 64	65 + over	
I	1.2	1.2	1.9	1.4	1.6	1.5
II	1.4	1.6	1.4	1.8	1.5	1.5
III	1.3	1.3	1.6	1.8	1.4	1.5
IV	1.3	1.4	1.6	2.3	1.7	1.6
V	1.8	1.3	1.8	2.1	1.9	1.8
Average	1.4	1.4	1.6	1.9	1.6	1.6
Ratio of I to V	0.7	0.9	1.0	0.7	0.8	0.8

Source: 1998 Jamaica Survey of Living Standards

**Average Number of Health Care Visits due to Illness or Injury in the Last Four Weeks
According to Sex and Age Group by Expenditure Quintile, Jamaica 1998**



According to area of residence, the average number of health care visits is very similar in the three areas, with the average number of health care visits for males and females at about the same level.

In rural areas, the average number of health care visits increases as consumption levels increase among males and females. In the Kingston Metropolitan Area and other

urban areas, averages tend to be irregular with regard to the distribution of consumption. The greatest differences between the highest and lowest consumption levels are observed in rural areas, especially among males where the average number of health care visits for the first quintile of consumption is 0.6 times that of the last quintile.

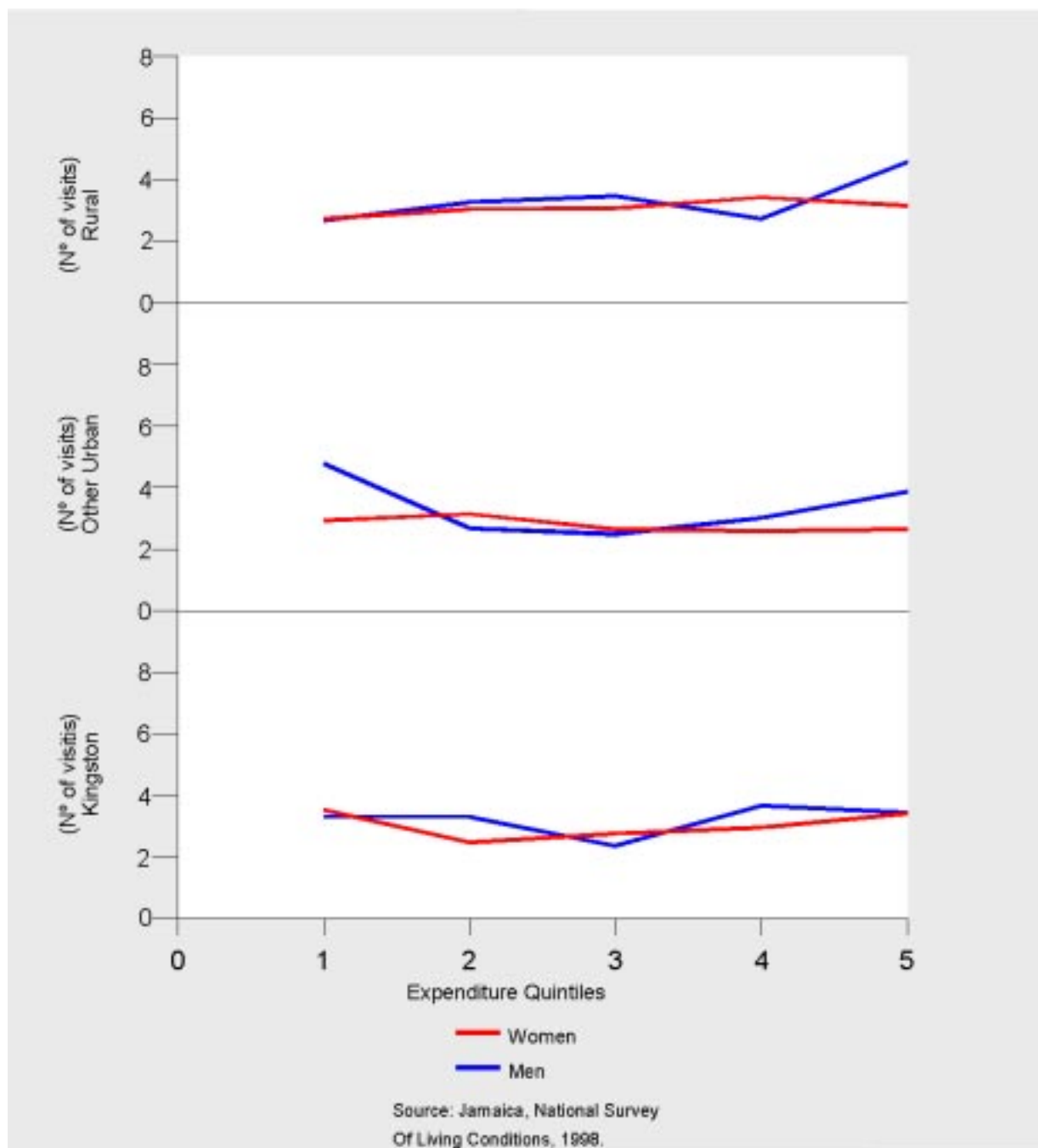
**Average Number of Health Visits Due to Illness or Injury in the Last Four Weeks
According to Sex and Area of Residence by Expenditure Quintile, Jamaica 1998**

Expenditure quintile	Metropolitan Area			Other Urban Areas		
	Males	Females	Total	Males	Females	Total
I	1.7	1.8	1.7	2.4	1.5	2.0
II	1.7	1.2	1.4	1.3	1.6	1.5
III	1.2	1.4	1.3	1.2	1.3	1.3
IV	1.8	1.5	1.6	1.5	1.3	1.4
V	1.7	1.7	1.7	1.9	1.3	1.6
Average	1.6	1.5	1.5	1.7	1.4	1.6
Ratio of I to V	1.0	1.0	1.0	1.2	1.1	1.2

Expenditure quintile	Rural			Total		
	Males	Females	Total	Males	Females	Total
I	1.3	1.4	1.4	1.5	1.4	1.5
II	1.6	1.5	1.6	1.6	1.5	1.5
III	1.7	1.5	1.6	1.5	1.4	1.5
IV	1.4	1.7	1.6	1.5	1.8	1.6
V	2.3	1.6	1.8	2.2	1.6	1.8
Average	1.7	1.5	1.6	1.7	1.5	1.6
Ratio of I to V	0.6	0.9	0.7	0.7	0.9	0.8

Source: 1998 Jamaica Survey of Living Conditions

Average Number of Health Visits Due to Illness or Injury in the Last Four Weeks According to Sex and Area of Residence by Expenditure Quintile, Jamaica 1998



Technical Note and Comments

The 1998 Jamaica Survey of Living Conditions (JSLC) is a program of surveys initiated by the Statistical Institute of Jamaica several years ago with the technical support of the World Bank, as part of the Living Standards Measurement Study (LSMS). The first version of this survey was conducted in 1988. From August 1988 to May 1998 12 rounds of the survey were completed: 88, 89-1, 89-2, 90, 91, 92, 93, 94, 95, 96, 97, 98.

This survey makes it possible to perform longitudinal analyses by studying certain households systematically interviewed during different rounds. The survey also has enormous potential for characterizing and analyzing the population in terms of different sectors, such as health, including consumption levels and poverty conditions. Analysis of health inequities by levels of consumption also presents interesting options. These analyses can be significantly enriched if they are implemented using the greatest possible disaggregation of consumption levels (deciles or vintiles), making it possible to better appreciate differences, particularly between the highest and lowest levels of consumption. However, given the size of this survey sample, it was decided that consumption quintiles would be used and other necessary criteria, such as sex and age, would be incorporated. In spite of these efforts, some subgroups have small sample sizes, which can lead to changes or reversals of trends observed. This is due more to errors in sampling than to any relationship among the variables. These aspects are dealt with in greater depth in the Annex.

The most important results in terms of the health inequalities studied in Jamaica by means of the Jamaica Survey of Living Conditions are the following:

- Reporting of illness or injury tends to be higher among females at all levels of consumption, especially after the age of 50.
- Considering the total number of males and females separately, the percentages of illness or injury are relatively similar at all levels of consumption.
- Differences in consumption with regard to the reporting of illness or injury are greater in higher age groups. After the age of 50 among both males and females, percentage levels clearly decrease as consumption levels increase. Given the fact that at these ages health is the result of life experiences, these differences would reflect the accumulated effect of living conditions among various socioeconomic strata.
- The reporting of illnesses and injuries tends to be higher in rural areas for both sexes and at all levels of consumption.
- Illness or injury levels tend to be relatively similar or increase slightly as consumption levels increase for both males and females, regardless of area of residence.
- The average number of days an illness lasts is similar among males and females. As would be expected, the average increases as age increases.
- The length of an illness tends to decrease as consumption levels increase in males and females for nearly all age groups.
- The length of an illness is greater in rural areas among both sexes. The length tends to be shorter as consumption levels increase in urban areas (the Kingston Metropolitan Area and other urban areas), while in rural areas, it tends to remain relatively stable.
- Even though the length of an illness is similar among both sexes, the average number of days of inactivity due to illness is greater for males in all age groups, particularly between 15 and 64 years of age. Given the higher rates of male involvement in economic activities, it could be that this longer period of inactivity is partially related to the fact that males seem to have a clearer indicator to differentiate “normal” activities from other activities. This is reinforced by the fact that the greatest differences are seen in economically active age groups.
- The average number of days of inactivity clearly tends to decrease as consumption levels increase for both males and females in all age groups.
- According to area of residence, the average number of days of inactivity is greater for both sexes in rural areas. The average number of days of inactivity due to illness tends to decline as consumption levels increase

in all the areas, especially among females. This trend is more accentuated in urban areas (the Kingston Metropolitan Area and other urban areas) and reinforces the possible association between the number of days and economic activity.

- Just as females are more affected by illness, they also tend to receive more health care than males at all levels of consumption.
- The greater amount of health care received by females with respect to males can be seen after the age of 15 for all consumption quintiles. The situation is reversed for those under 14, with males receiving more health care than females in all the consumption quintiles. Since seeking health care tends to depend on an adult for this age group, the results suggest health differences based on gender, where care for boys is given priority over girls.
- Health care clearly tends to increase as consumption levels increase for both males and females in all age groups.
- According to area of residence, health care levels are greater in rural areas and urban areas other than the

Kingston Metropolitan Area, where care is greater for males. In the former cases, health care percentages tend to increase as levels of consumption increase, especially among females. In other urban areas, care percentages according to level of consumption demonstrate irregular trends for both sexes.

- Although females receive more health care than males, the average number of health visits is greater among males than females in all age groups.
- The average number of health care visits increases as consumption levels increase, especially among males.
- The average number of health care visits is very similar among the three areas of residence analyzed. In all of them, the average number of health care visits among males is greater than among females.
- In rural areas, the average number of health care visits increases as consumption levels increase among both males and females. In urban areas (the Kingston Metropolitan Area and other urban areas), the averages tend to behave irregularly throughout consumption levels.

Notes

¹ World Bank. World Development Indicators Database, July 2000.

² There is a difference between the estimate of the urban population obtained from this survey (49%) and the estimate made by the World Bank (56%). The survey estimate corresponds to the percentage of the urban population taken from the 1991 census (<http://www.statinja.com>).

³ The survey uses the methodology of measuring expenditures (consumption) to determine the population's levels of poverty and economic stratification.

⁴ The Kingston Metropolitan Area is comprised of the parishes of Kingston, St. Andrew, and St. Catherine.

Annex: Sample Sizes

The 1998 Jamaica Survey of Living Conditions interviewed some 7,139 homes and 26,500 people (valid cases). This size implies developing relatively broad subgroups of interest so that estimates can be made with appropriate margins of error. The population subgroups of these *Summary Sheets* with small sample sizes were: a) males from 0 to 4 years in the third, fourth, and fifth consumption quintiles (n=275, 201 and 130); b) males between 50 to 64 years in all consumption quintiles (n=206, 216, 238, 255 and 294); c) males 65 and older in all consumption quintiles (n=262, 225, 214, 164 and 177); d) females from 0 to 4 years in the third, fourth, and fifth consumption quintiles (n=288, 220 and 105); e) females from 50 to 64 years in all consumption quintiles (n=256, 243, 254, 240 and 222); f) females 65 and older in the second, third, fourth, and

fifth quintiles of consumption (n=248, 253, 226 and 177); g) males from the Kingston Metropolitan Area in the first and second consumption quintiles (n=245 and 294); and h) females from the Kingston Metropolitan Area quintile of consumption (n=276). The results for these groups should be viewed with caution because they imply greater errors. This holds especially true for changes in trends observed in the last quintile for several of the variables analyzed in these *Summary Sheets*, particularly among subjects under 5 and over 50.

The following tables present the sample sizes that made it possible the estimates. In order to obtain such estimates, the cases were reviewed twice, making corrections for lack of responses and sampling errors in selecting parishes or districts.

**Sample Sizes by Sex and Area of Residence,
1998 Jamaica Survey of Living Conditions**

Expenditure quintile	Metropolitan Area			Other Urban Areas		
	Males	Females	Total	Males	Females	Total
I	245	276	521	385	454	839
II	294	368	662	393	441	834
III	401	498	899	452	539	991
IV	408	539	947	481	553	1034
V	627	639	1266	538	490	1028
Total	1975	2320	4295	2249	2477	4726

Expenditure quintile	Rural			Total		
	Males	Females	Total	Males	Females	Total
I	2237	2333	4570	2867	3063	5930
II	1896	1974	3870	2583	2783	5366
III	1569	1520	3089	2422	2557	4979
IV	1338	1292	2630	2227	2384	4611
V	869	631	1500	2034	1760	3794
Total	7909	7750	15659	12133	12547	24680

Source: 1998 Jamaica Survey of Living Conditions

**Sample Sizes by Sex and Age Group According to Expenditure Quintile,
1998 Jamaica Survey of Living Conditions**

MALES

Expenditure quintiles	Age groups					Total
	0 - 4	5 - 14	15 - 49	50 - 64	65 + over	
I	486	827	1135	206	262	2916
II	388	727	1136	216	225	2692
III	275	619	1229	238	214	2575
IV	201	536	1295	255	164	2451
V	130	317	1436	294	177	2354
Total	1480	3026	6231	1209	1042	12988

FEMALES

Expenditure quintiles	Age groups					Total
	0 - 4	5 - 14	15 - 49	50 - 64	65 + over	
I	492	793	1259	256	326	3126
II	355	697	1352	243	248	2895
III	288	623	1331	254	253	2749
IV	220	555	1383	240	226	2624
V	105	319	1293	222	177	2116
Total	1460	2987	6618	1215	1230	13510

BOTH SEXES

Expenditure quintiles	Age groups					Total
	0 - 4	5 - 14	15 - 49	50 - 64	65 + over	
I	978	1620	2394	462	588	6042
II	743	1424	2488	459	473	5587
III	563	1242	2560	492	467	5324
IV	421	1091	2678	495	390	5075
V	235	636	2729	516	354	4470
Total	2940	6013	12849	2424	2272	26498

Source: 1998 Jamaica Survey of Living Standards

