CHAPTER 4: CHARACTERISTICS OF SURVEYED HOUSEHOLDS

4.1 Introduction

Household demographic information of a sample or population (using sample expansion weights) is a basis for analysis of population dynamics which have a great bearing on household livelihood outcomes. Demographic characteristics provide a basis for the analysis of other population characteristics and their relationship with other determinants of livelihood patterns. Their analysis help understand the living conditions of the people and this subsequently leads to knowledge on how living conditions impact on the social and economic situation of the population. This data was collected in this study specifically to allow estimates of consumption and expenditure per capita and to examine how expenditure patterns vary with the household’s educational, livelihood, and health status.

This chapter gives information on the distribution of the households by category of residential area, female household headship, household size, household adult equivalents, highest level of education attained by gender, and marital status, education and source of livelihood of the household head. It further looks at household responses about mortality by gender and age as well as declared causes of prime-age adult deaths.

4.2 Household demographic characteristics

Demographic characteristics all households in the population based on the weighted sample at the time of round 2 in Table 2 shows that:

- On average across these four urban areas, some 81% of households are located in the low cost residence areas. The smallest proportion of sampled households resided in the medium cost residential with those in the low cost category being the largest in all sample urban areas except Mansa. In Mansa, the smallest proportion resided in the high cost residential areas.
- In total, the proportion of female headed households in the sample was about 20% (the national urban average according to the 2004 CSO LCMS is about 21%), with the highest being 26% in Mansa, followed by Kasama (21%), Lusaka (20%) and Kitwe (17%). The 2004 CSO LCMS estimates household female headship in urban areas as being 25% for Luapula, 21% for Northern, 20% for Lusaka and 19% for Copperbelt provinces.
- Over two-thirds of the household heads in the sample are married. The proportion of household heads that have never been married is highest in Lusaka (11%) and is lowest in Mansa (3%). The opposite is true for household heads separated/divorced or widowed.
- Household heads in the more urbanized areas of Lusaka and Kitwe are relatively more educated than their counterparts in Mansa and Kasama. About 72-73% went beyond Grade 7 compared to 63-65% in Mansa and Kasama. Lusaka had the highest proportion of household head that acquired tertiary education (25%) followed by Kitwe (16%), Mansa (14%) and lastly Kasama (12%).
- The proportion of household heads with no source of livelihood was much higher in Kitwe/Lusaka (5-6%) compared to Mansa/Kasama (3%). The level of engagement in informal employment as the main livelihood source by household heads was lowest in Lusaka (24% compared to 26-29%). Engagement in formal employment was higher in Lusaka and Mansa (70-71%) than in Kasama and Kitwe (67-68%).
• Across all locations, household size is approximately 5.3 members. Lusaka had the smallest mean household size measured as total full time equivalents (5.1) as well as adult full time equivalents (4.3). Kitwe had the highest household size.
• The highest level of education attained by females in a household was generally lower than that of the male counterpart in all sampled urban areas. However, the level attained was relatively higher in Lusaka, followed by Kitwe, Mansa and Kasama for either gender.

Table 2: Household demographic characteristics by urban area

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Lusaka</th>
<th>Kitwe</th>
<th>Mansa</th>
<th>Kasama</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category of residence</td>
<td>--------</td>
<td>-------</td>
<td>-------</td>
<td>--------</td>
<td>-------</td>
</tr>
<tr>
<td>Low Cost</td>
<td>79.4</td>
<td>86.3</td>
<td>85.7</td>
<td>72.8</td>
<td>80.7</td>
</tr>
<tr>
<td>Medium Cost</td>
<td>9.1</td>
<td>3.1</td>
<td>11.2</td>
<td>6.4</td>
<td>7.7</td>
</tr>
<tr>
<td>High Cost</td>
<td>11.5</td>
<td>10.6</td>
<td>3.0</td>
<td>20.8</td>
<td>11.6</td>
</tr>
<tr>
<td>% of female headed households</td>
<td>20.4</td>
<td>17.2</td>
<td>26.0</td>
<td>20.8</td>
<td>19.9</td>
</tr>
<tr>
<td>Marital status of head</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never married</td>
<td>10.9</td>
<td>5.8</td>
<td>3.4</td>
<td>4.7</td>
<td>9.3</td>
</tr>
<tr>
<td>Married/cohabit</td>
<td>70.2</td>
<td>75.5</td>
<td>68.4</td>
<td>76.5</td>
<td>71.6</td>
</tr>
<tr>
<td>Divorced/separated</td>
<td>7.5</td>
<td>6.1</td>
<td>9.9</td>
<td>5.7</td>
<td>7.1</td>
</tr>
<tr>
<td>Widowed</td>
<td>11.4</td>
<td>12.6</td>
<td>18.3</td>
<td>13.1</td>
<td>12.0</td>
</tr>
<tr>
<td>Education of head (percent)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>2.7</td>
<td>3.3</td>
<td>4.1</td>
<td>3.7</td>
<td>2.9</td>
</tr>
<tr>
<td>Grade 1-7</td>
<td>24.1</td>
<td>24.6</td>
<td>30.4</td>
<td>32.9</td>
<td>24.8</td>
</tr>
<tr>
<td>Grade 8-12</td>
<td>48.0</td>
<td>56.6</td>
<td>51.6</td>
<td>51.9</td>
<td>50.2</td>
</tr>
<tr>
<td>Above grade 12</td>
<td>25.2</td>
<td>15.6</td>
<td>13.9</td>
<td>11.5</td>
<td>22.1</td>
</tr>
<tr>
<td>Source of livelihood of the head of hh</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>5.2</td>
<td>6.1</td>
<td>3.3</td>
<td>3.4</td>
<td>5.2</td>
</tr>
<tr>
<td>Formal</td>
<td>70.5</td>
<td>67.9</td>
<td>70.3</td>
<td>67.3</td>
<td>69.8</td>
</tr>
<tr>
<td>Informal</td>
<td>24.2</td>
<td>26.0</td>
<td>26.4</td>
<td>29.3</td>
<td>25.0</td>
</tr>
<tr>
<td>Female headed households</td>
<td>20.5</td>
<td>17.3</td>
<td>26.0</td>
<td>20.9</td>
<td>19.9</td>
</tr>
<tr>
<td>Household descriptives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household size (number of members)</td>
<td>5.10</td>
<td>5.90</td>
<td>5.71</td>
<td>5.64</td>
<td>5.31</td>
</tr>
<tr>
<td>Adult Equivalents (number)</td>
<td>4.31</td>
<td>5.01</td>
<td>4.81</td>
<td>4.69</td>
<td>4.49</td>
</tr>
<tr>
<td>Highest educated adult male in hh yrs</td>
<td>10.63</td>
<td>10.38</td>
<td>9.74</td>
<td>9.59</td>
<td>10.50</td>
</tr>
</tbody>
</table>


About 85% of the households interviewed in the first survey round were re-interviewed in the second round (Figure 1). The main reason why households were not re-interviewed in the
second round of the survey was that they had moved out of the SEA (Figure 2) The demographic characteristics of the panel households alone do not differ much from those of all the sampled households discussed above.

Figure 1. Proportion of households (study wide average) by sampled urban area (% of Round 1 Households sampled in Round 2)

<table>
<thead>
<tr>
<th>City</th>
<th>Proportion (%) of panel households in the sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lusaka</td>
<td>84.1</td>
</tr>
<tr>
<td>Kitwe</td>
<td>87.7</td>
</tr>
<tr>
<td>Mansa</td>
<td>89.7</td>
</tr>
<tr>
<td>Kasama</td>
<td>82.2</td>
</tr>
<tr>
<td>Total</td>
<td>84.9</td>
</tr>
</tbody>
</table>


Figure 2. Reasons why sample households were not re-interviewed in survey round 2

4.3 Household mortality

Table 3 shows the percentage distribution and counts of deaths within the household by age group, gender and urban area. It can be seen that:

- Kitwe had the highest incidence of prime-age adult deaths (67%) followed by Mansa (62%), Lusaka (60%) and lastly Kasama (17%). Prime-age adult deaths accounted for of household deaths within both gender in all sample urban areas except for Kasama. Under 5 children deaths had the highest incidence in Kasama at 57%. Under-5 children deaths accounted for only 12 to 15% of the deaths in all the other sampled urban areas.
- There were more female than male prime-age adult deaths in Lusaka and Kitwe while the opposite was true in Mansa and Kasama. There were more male child deaths in all sample urban areas except for Kasama.

Table 4 shows the distribution of household declared cause of prime-age mortality.

- Tuberculosis was the most important cause of prime-age mortality in all sampled urban areas except for Kasama. Malaria was the most important cause of prime-age mortality in Kasama.
- In Lusaka, tuberculosis was followed in importance by diabetes, anemia, malaria and HIV/AIDS. In Kitwe, it was followed by malaria, heart disease/cheast pains, HIV/AIDS and diabetes. In Mansa, it was followed by malaria, stomach disease, HIV/AIDS and chronic diarrhea. Malaria, in Kasama was followed by, anemia, tuberculosis and stomach disease. Malaria was an important cause of deaths for both men and women in Lusaka and Kitwe. It caused more deaths among men than women in Mansa and Kasama.
- Tuberculosis caused more deaths among females in Lusaka and Mansa while the opposite was true for Kitwe and Kasama.
- Sudden deaths/accidents were common in Kasama (24.6%), Kitwe (19.5%) and Mansa (8.9%). The incidence of deaths from these causes was about twice as much among males than females.

4.4 Summary

- Average household size over the 4 locations is 5.3 members. One fifth of the households in the urban areas of Lusaka, Kitwe and Kasama and one quarter of those in Mansa are headed by females. Two thirds of the household heads in these areas are married. Household heads in the more urbanized areas of Lusaka and Kitwe are relatively more educated while those in the less urbanized areas of Mansa and Kasama are less likely to have no source of livelihoods and are more likely to engage in informal livelihood activities.
- The incidence of prime-age adult mortality in households is the highest in all urban areas except Kasama where under-5 children mortality predominates. The most important causes of respondent declared prime-age mortality in the sampled urban areas are tuberculosis, malaria, anemia, stomach diseases and HIV/AIDS. Other sudden deaths and accidents are also quite common in Kitwe, Kasama and Mansa. Prime-age mortality due to malaria is more common in the wetter urban areas of Kitwe, Mansa and Kasama while that from diabetes is more common in the more affluent Lusaka. Stomach diseases and/or chronic diarrhea are more common in the less urbanized and poorer Mansa and Kasama.
Table 3. Percentage distribution and counts of deaths among different household members by urban area and gender

<table>
<thead>
<tr>
<th>Household Members Experiencing Mortality</th>
<th>Lusaka</th>
<th>Kitwe</th>
<th>Mansa</th>
<th>Kasama</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Aver.</td>
<td>Male</td>
</tr>
<tr>
<td>Prime-age adults 15-59</td>
<td>57.2</td>
<td>62.9</td>
<td>59.8</td>
<td>61.8</td>
</tr>
<tr>
<td>Children age 0-5</td>
<td>15.3</td>
<td>13.2</td>
<td>14.3</td>
<td>15.8</td>
</tr>
<tr>
<td>Children age 6-14</td>
<td>4.2</td>
<td>0.0</td>
<td>2.3</td>
<td>4.8</td>
</tr>
<tr>
<td>Elderly 60 and above</td>
<td>23.4</td>
<td>23.9</td>
<td>23.6</td>
<td>17.6</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: CSO/MACO/FSRP Urban Consumption Survey, 2007-2008
### Table 4. Household declared cause of prime-age adult mortality by urban area and gender

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Lusaka</th>
<th>Kitwe</th>
<th>Mansa</th>
<th>Kasama</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Aver.</td>
<td>Male</td>
</tr>
<tr>
<td>Malaria</td>
<td>10.5</td>
<td>10.7</td>
<td>10.6</td>
<td>18.4</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>4.1</td>
<td>5.5</td>
<td>4.8</td>
<td>6.3</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>12.8</td>
<td>42.1</td>
<td>26.9</td>
<td>27.0</td>
</tr>
<tr>
<td>Chronic diarrhea</td>
<td>0</td>
<td>5.8</td>
<td>2.8</td>
<td>0</td>
</tr>
<tr>
<td>Meningitis</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3.2</td>
</tr>
<tr>
<td>Herpes zoster</td>
<td>0</td>
<td>3.6</td>
<td>0</td>
<td>1.8</td>
</tr>
<tr>
<td>Syphilis, gonorrhea</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mouth sores</td>
<td>6.0</td>
<td>0</td>
<td>3.1</td>
<td>0</td>
</tr>
<tr>
<td>Heart disease / chest pains</td>
<td>6.2</td>
<td>0</td>
<td>3.2</td>
<td>10.3</td>
</tr>
<tr>
<td>Stomach disease</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10.7</td>
</tr>
<tr>
<td>Yellow fever, typhoid, measles, cholera</td>
<td>5.7</td>
<td>0</td>
<td>2.9</td>
<td>0</td>
</tr>
<tr>
<td>Anemia</td>
<td>5.7</td>
<td>20.0</td>
<td>12.6</td>
<td>0</td>
</tr>
<tr>
<td>Stroke</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5.3</td>
</tr>
<tr>
<td>Cancer</td>
<td>0</td>
<td>9.4</td>
<td>4.5</td>
<td>0</td>
</tr>
<tr>
<td>Diabetes</td>
<td>31.1</td>
<td>0</td>
<td>16.1</td>
<td>0</td>
</tr>
<tr>
<td>Suicide / murdered</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other sudden death / accident</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>26.7</td>
</tr>
<tr>
<td>Other</td>
<td>17.9</td>
<td>6.6</td>
<td>12.5</td>
<td>7.8</td>
</tr>
<tr>
<td>Total ( %)</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: CSO/MACO/FSRP Urban Consumption Survey, 2007-2008