Socioeconomic conditions

This section uses statistical data to look at some key aspects of socio-economic conditions in 2002 and 2003. The main point of interest is to update the poverty profile. Evidence on education, health, the labour market and utilities is also presented. The main source of information is the Living Standards Measurement Survey (LSMS) carried out by INSTAT.

# Health

Respondents on the LSMS were asked to rate their own health. Overall, the majority of respondents (69%) rated their health as being very good or good, 19% said it was average and 12% rated their health as being poor or very poor. There are some differences between men and women, with men being less likely than women to rate their health as average or poor/very poor. Of those rating their health as poor or very poor, 35% were men and 65% were women. Self-rated health status also varies by age group with the older age groups being more likely to rate their health as poor or very poor. shows the self-rated health status reported by respondents aged 15 years and over in 2002. Those with a chronic illness or disability were significantly more likely to rate their health as poor or very poor (85% compared to just 15% of those with no chronic illness).

At each year of the panel survey respondents have been asked to rate their housing conditions according to whether they are very good, appropriate for living, inappropriate for living and under construction (mostly incomplete). Those living in poor housing conditions were more likely to report having poor health. Of those saying they had poor health 15.5% were living in poor housing conditions compared to 11% reporting good health. There was also an association between poverty and poor health with 25% of those with poor health living in a poor household compared to 22% of those who had good health.

Self-rated health status of individuals aged 15 and over, 2002 (%)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | Health status |  |  |
|  |  | Very good  / Good | Average | Poor  / Very poor | Total number  of observations |
| Suffers from chronic illness | Yes | 4.2 | 45.3 | 85.4 | 1095 |
|  | No | 95.8 | 54.7 | 14.6 | 3911 |
| Housing conditions | Good | 89.4 | 87.0 | 84.5 | 4417 |
|  | Poor | 10.6 | 13.0 | 15.5 | 582 |
| Poverty status | Non-poor | 77.7 | 78.9 | 74.7 | 3865 |
|  | Poor | 22.3 | 21.1 | 25.3 | 1134 |
| All |  | 68.8 | 19.4 | 11.8 | 100 |
| Number of observations |  | 3440 | 972 | 594 | 5006 |

### Health status in urban and rural areas

Households were asked about their main source of water according to whether they had running water inside the dwelling, running water outside the dwelling, used a water truck, public tap, spring or well, river lake pond or some other source. They were also asked if they had a toilet inside the house, 2 or more toilets inside the house, a toilet outside the house, or some other type of toilet.

There were some clear differences between health status and housing conditions in urban and rural areas. On the whole, people living in urban areas reported better health and also having better housing conditions than those living in rural areas. Looking first at urban areas, 69.5% of those in good housing conditions rated their health status as very good/good compared to 62% of those in poor housing (). A similar pattern can be seen with indoor running water and indoor sanitation, with those having these facilities reporting better health.

Self-rated health status by housing conditions in urban areas, 2002



Looking at rural areas, there are some marked differences compared to urban areas. In total, 16.5% of rural households were living in poor housing conditions compared to 6% in urban areas. In rural areas, 23% of respondents were living in a house with no indoor water compared to 12% of respondents in urban areas. Just 38% of people in rural areas were living in a house with an indoor toilet compared to 86% of those in urban areas.

In rural areas, 59% of respondents living in good housing conditions had good health compared to 53% in poor housing conditions (). In the case of rural areas, those who had poor health were also more likely to have no indoor water or indoor toilet but the differences are greater than in urban areas. Of those with no indoor water, 18.5% rated heir health as poor/very poor compared to 12% of those with indoor running water. Similarly, those with an indoor toilet rated their health better than those with some other type of toilet.

Self-rated health status by housing conditions in rural areas, 2002



### Usage of health services

Respondents were asked how many times they had used a public ambulatory service, visited a private doctor or seen a nurse, paramedic or midwife in the past 4 weeks. They were also asked how many times in the past twelve months they had been admitted to hospital and been to a dentist. In total, 38.8% of all respondents had used at least one of these services when surveyed in 2002 and 36.5% had used at least one in 2003. In 2002, 23.5% of respondents had gone to the dentist in the past twelve months but in relation to services used in the past 4 weeks the public ambulatory service was the most frequently used by all respondents, with 15.7% of people using this service.

In 2003, the results are similar, with 22.3% of respondents visiting the dentist in the past twelve months and 11.3% using the public ambulatory service in the past 4 weeks. gives the mean number of visits to each of these types of services. In 2002 the service with the highest mean number of visits in the past 4 weeks was paramedic or midwife, 5.78 visits for those using this service and 0.16 for the whole population. However, relatively few respondents used this service which suggests high usage by a limited group of people. The public ambulatory had the next highest mean usage at 1.54 visits in the past 4 weeks for those who used it. This was also the service most used by the whole population with 0.24 visits on average.

Those living in poor households had a lower mean usage of health services even though the differences were not substantial compared to non-poor households, a pattern which was similar in both 2002 and 2003. In general, the mean usage of health services in 2003 was slightly lower than in 2002 even though the differences are not great.

Mean usage of health services, 2002 and 2003

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2002 | | 2003 | |
| Type of service used | Mean number of visits by the population | Mean number of visits by individuals who used the service | Mean number of visits by the population | Mean number of visits by individuals who used the service |
| In past 4 weeks |  |  |  |  |
| Public ambulatory | 0.24 | 1.54 | 0.16 | 1.36 |
| Private doctor | 0.03 | 1.45 | 0.03 | 1.38 |
| Nurse / Paramedic / Midwife | 0.16 | 5.78 | 0.11 | 4.62 |
| Outpatient visit to hospital | 0.01 | NA | 0.07 | 1.52 |
| In past 12 months |  |  |  |  |
| Admission to hospital | 0.06 | 1.28 | 0.06 | 1.25 |
| Dentist | 0.66 | 2.79 | 0.56 | 2.48 |

### Smoking

In 2003 respondents were asked whether they smoked cigarettes and smoking is associated with reporting having worse health. The data are reported for men only as the percentage of women reporting smoking in the survey was very low and may not be reliable. It may be the case that women are more reluctant to admit they smoke, as it is not seen as being socially desirable or acceptable for them to smoke. Almost one third of men smoke (31%). Smokers were less likely to report having good health than non-smokers with 69.6% of smokers having good health compared to 76.1% of non-smokers.

Relationship between smoking and self-rated health status of men, 2003

|  |  |  |  |
| --- | --- | --- | --- |
| Health status | Non-smoker | Smoker | Total number of observations |
| Very good / Good (%) | 76.1 | 69.6 | 1703 |
| Average (%) | 15.3 | 19.8 | 385 |
| Poor / Very poor (%) | 8.6 | 10.6 | 217 |
| Total number of observations | 1579 | 726 | 2305 |