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## Countdown 2030 Analysis Workshop

### Theme: Female Headed-Households: intersectional analyses of gender and health in low- and middle-income countries

#### Key highlights

The Countdown to 2030 for Women's, Children's and Adolescents' health is a multi-institutional partnership aiming to accelerate momentum to achieve Sustainable Development Goals around ending preventable maternal, newborn, and child deaths. As part of the partnership, African Population and Health Research Center (APHRC) coordinates the Eastern and Southern Africa (ESA) regional Initiative and also provides technical support to the West and Central Africa (WCA) regional Initiative coordinated by the West African Health Organization (WAHO). In collaboration with the Federal University of Pelotas, key member of the Countdown 2030, APHRC organized a multi-country workshop on gender analyses with a particular focus on the female-headed households (FHH) in sub-Saharan Africa. The workshop is part of a study funded by the Canadian International Development Research Centre (IDRC) through grant to the Federal University of Pelotas. The workshop took place at Radisson Blu Hotel, in Dakar, Senegal, 6-8 November 2019. The overall goal of the workshop was to enhance capacity on statistical and epidemiological data analyses of national surveys, with particular emphasis on gender equity analyses focused on female-headed households in sub-Saharan Africa. Specifically, the workshop's objectives were:

- Enhance awareness about differences in family structures and its impact on coverage of RMNCH&N interventions within SSA
- Enhance capacity among more technically oriented professionals in Africa region in terms of equity analyses in general and more specifically in gender equity.
- Develop paper concepts that could lead to journal articles on the role of FHH in RMNCH in SSA
- Discuss proposed analyses on:
  - Frequency and typology of family structures
  - Intersectionality with other dimensions of inequality
  - Comparison of male and FHH in terms of RMNCAH&N outcomes

In total, 23 participants mainly demographers, research scientists and statisticians from 15 countries attended the workshop. The Countdown team of facilitators included experts from the University of Pelotas, APHRC, WHO, University of Manitoba, University of Pretoria and the American University of Beirut. The list of participants and facilitators is provided in Appendix 1.



*Photo 1. Participants and facilitators of Countdown Female Headed Households analysis workshop, Dakar  
November 6-8, 2019*

## The workshop

### Day 1 – presentations and introduction to the practical session

The workshop began with an introduction to the female-headed household study where participants were informed about the objectives of the workshop and the expected products. This was shortly followed by a series of presentations on key equity concepts and characterization of family structures, including preliminary findings on family structures in the 15 participating countries. In the afternoon, participants were instructed on how to produce country posters based on outputs from practical exercises. Using their own country data, they described different family structure patterns, compared MHH and FHH in terms of socioeconomic position, urban/rural residence and child outcomes (birth registration, immunization, care-seeking for common illnesses, stunting, other child health and nutrition indicators).

### Day 2 – practical exercises and poster preparation

The participants of each country gathered to work on their country's analyses and prepare their posters for the last day. A poster template was prepared based on the figures included in the practical exercises, but participants had the freedom to build their poster using all the information they found relevant. The practical exercises highlighted three dimensions in the comparison of different types of female-headed households and male-headed households: 1) household description; 2) wealth quintiles and area in household groups and 3) child health indicators.



*Photo 2. Workshop participants during group works*

Additionally, participants were inquired about polygyny relationships in their countries and how it could affect the typology of family structures.

### Day 3 - Group discussion and final remarks

The last day began with a poster session where posters were put up on panels and participants and facilitators were asked to examine and evaluate the posters, choosing the best four and ranking them based on content, design and readability. Posters for Ghana, Côte d'Ivoire, Zimbabwe and Kenya were rated, in this order, the best four.

Participants were then organized in three groups to discuss four questions related to how to improve the typology, suggest additional outcomes related to FHH and propose other sources of data. The discussion points were:

1. Analyses of survey data (DHS/MICS)
  - a. What types of data and analyses will allow us to develop a more refined typology of female-headed households?
  - b. What additional SDG-related outcome (that are currently available in survey datasets) should we include in the analyses?
2. Other data sources (including qualitative data)
  - a. What other sources of data are available that would allow a better understanding of the typology of FHHs?
  - b. What types of new data could be collected (within a few months) for this purpose?

### Summary of discussion

- Typology
  - Marital status – who is the man in the household? Kinship to woman?
    - Difference between husband and partner
  - Limitation of same sex marriages and people who does not identify him/herself as the same sex as him/her biological sex
    - Even if small percent? Limitation?
  - Proposal: married (no male, any male), unmarried (male, no male)

- Size of the household (How many people? Live alone?) and type of family (alone, with children, with other persons, relatives)
- Perception of “head”? Money, other criteria? Differences between countries
- Disaggregation by age of the woman and marital status
- Outcomes:
  - Child health
  - Child mortality
  - Child education - school dropouts among children
  - Reproductive health indicators
    - Hypothesis: FHH more able to make decisions regarding their own health and their children’s
  - Employment – decent work (from other data sources?)
    - FHH may not need any male
- Other data
  - National labor force surveys (Zambia, Tanzania, Cameroon)
  - Surveys with data on gender inequalities and woman’s empowerment
  - Small socio-anthropological surveys
  - Country specific qualitative data: in-depth interviews, focus groups, etc. Limitation of non-comparability.
    - Exploring of FH about their status of “head”

#### Other analysis suggestions

- Explore religion and subnational regions
- Explore the kind of work done by FHH
- Explore health of orphans and adopted
- Relationship child and head of household (son/daughter, grandchild, foster...)
- Age of first marriage
- Duration of headship (recent female-headed household?)
- Relationship of child marriage and house headship and impact on health
- More analysis stratified by age and marital status
  - Young FHH are mostly divorced and the elderly are mostly widowed
- Female head health
  - Contraception, sexual behavior, nutritional status, intimate-partner violence
- Attention to countries where FHH is the group with lower percentage in Q1 and higher percentage of no education in comparison with MHH. External income source (husband elsewhere)?
- Split family survival strategy/migration: impossible to know if the husbands are or are not sending resources to his family.

#### Way forward and action points

Two of paper ideas were discussed:

##### 1. Scientific paper: typology of family structures

###### 1.1. *Typology may be different in each country*

The main goal of the article is to generate a family structure typology, classifying families according to sex of head (male/ female head) and other characteristics such as marital status,

presence of partner at home and presence of children. Different typologies will be tested, and they may vary from country to country to due specificities.

### 1.2. Description of FHH according to place of residence, education and wealth (at least)

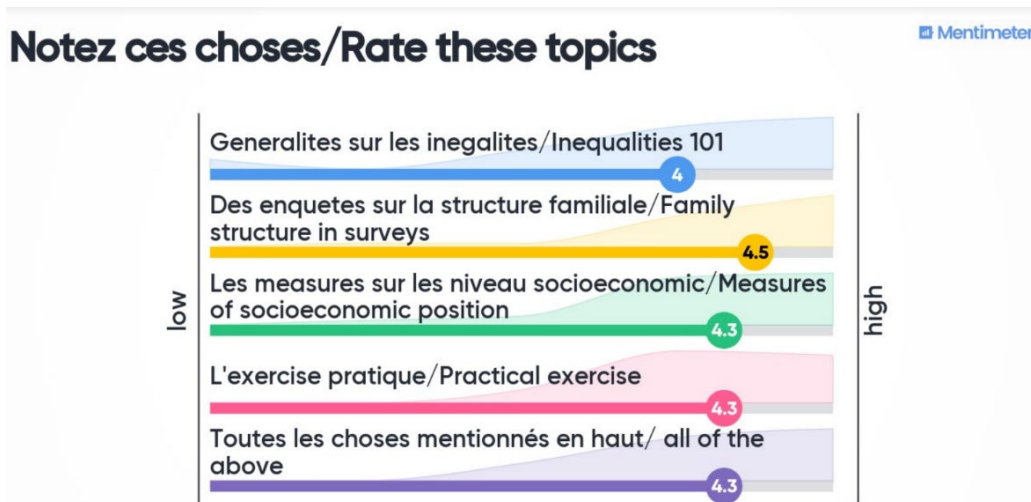
The second goal is to describe the typology developed according to place of residence, education of the head and wealth. This may contribute in understanding the conditions of different family structures in each country. Other variables such as subnational regions, religion and polygyny may also be explored.

## 2. Scientific paper: FHH and SDGs – after first paper

A second product will be generated exploring the typology developed in the first phase as a stratifier to SDGs outcomes. This article will include child indicators (e.g. full immunization, careseeking to disease, birth registration, stunting) and woman indicators (e.g. contraceptive use). To improve understanding the relationship between household structure and SDGs outcomes, intersectional analyzes may also be performed.

## Workshop evaluation by participants

Participants were asked to evaluate each session as well as the overall workshop using Mentimeter, an interactive evaluation platform. The majority reported a good understanding of the presentations and appreciated the quality of the presentations and group works.



Few suggestions were noted, essentially the need to provide more time for discussions and practical exercises and more days for this kind of workshop. Logistics of the workshop were widely considered strong, in particular the venue.

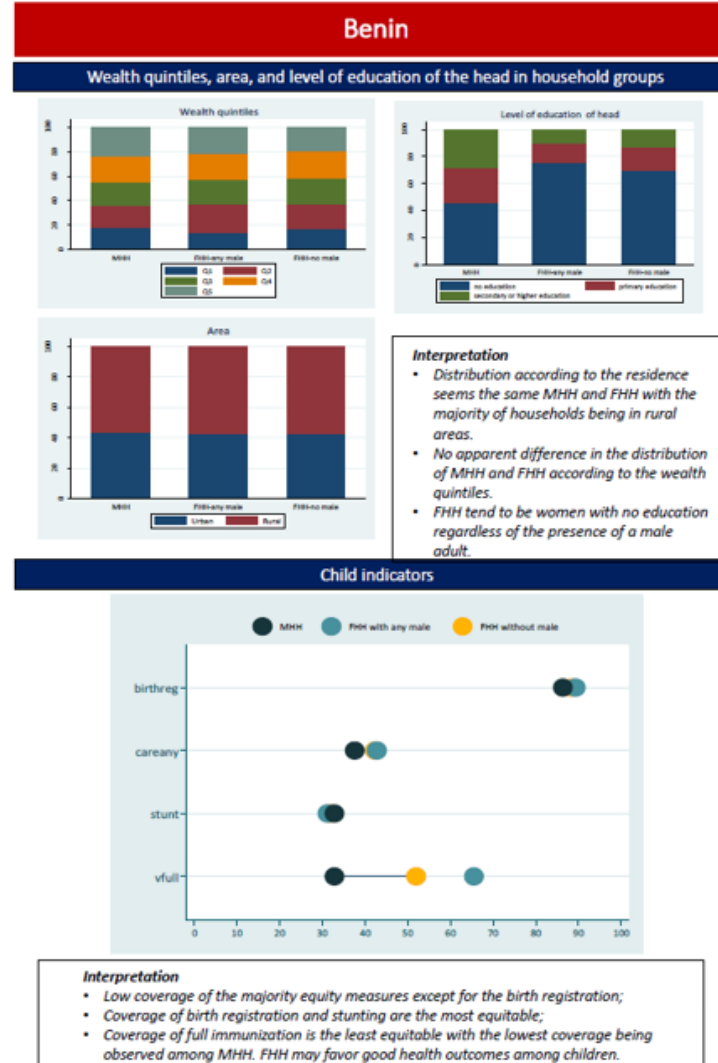
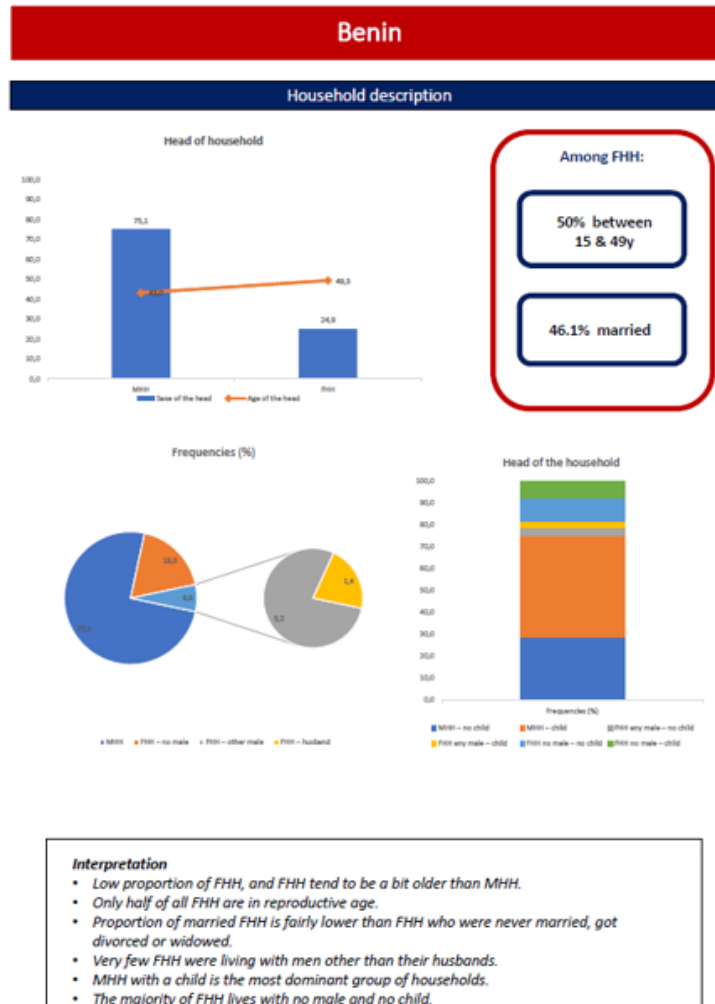


## Appendix 1: List of participants and facilitators

	Country	Name	Institution
<b>Participants</b>			
1	Benin	Ahissou Noudéhouéno Crédo Adelphe	Statisticien, CERRHUD
2	Burkina Faso	Kadidiatou KADIO	Ingénieure de Recherche, MSRI
3	Burkina Faso	Eric Dabone, Statistician	Centre MURAZ
4	Cameroon	Dr Dimi Eyinga Crystelle	Institute of Demographic Training and Research - Yaounde
5	Cameroon	Gladys Njang Che	University of Bamenda, Cameroon
6	DRC	Begu Mbolipay Josue	Junior Lecturer, University of Kinshasa
7	Cote d'Ivoire	Kouakou Amino Berthe	Institut National de la Statistique (INS)
8	Ethiopia	Dr Tesfamichael Awoke Sisay	Addis Ababa University
9	Ethiopia	Dr Anemaw Asrat	Deptment of Epidemiology & Biostatistics, Ethiopia
10	Ghana	Dr Pearl Kyei	University of Ghana
11	Ghana	Crystal Bubune Letsa	Regional Institute for Population Studies, University of Ghana
12	Kenya	Annah Wandia Ikuu	Centre for Health Solutions –Kenya
13	Kenya	Carolyn Mwikali Manga	University of Nairobi
14	Nigeria	Dr Moboladji Salawu	Dept. of Epidemiology and Medical Statistics, College of Medicine, University of Ibadan, Nigeria
15	Nigeria	Dr Funmilola Oyinlola	Dept. of Demography and Social Statistics, Faculty of Social Sciences
16	Senegal	Ndeye Lala Travare	Démographe, ANSD
17	Senegal	Pape Ibrahima Ndour	DPRS, Ministère de la Santé et de l'Action Sociale
18	South Africa	Ms Ntombizonke Gumede	Research Scientist, Africa Health Research Institute
19	Tanzania	Grace MHALU	Social Scientist
20	Uganda	Dr Allen Kabagenyi	Makerere University, School of Statistics and Planning, Department of Population Studies
21	Uganda	Dr Kananura Rornald Muhumuza	Makerere University
22	Zambia	Dr Namuunda Mutombo	Department of Population Studies, University of Zambia
23	Zimbabwe	Dr Naume Choguya	Department of Sociology, University of Zimbabwe

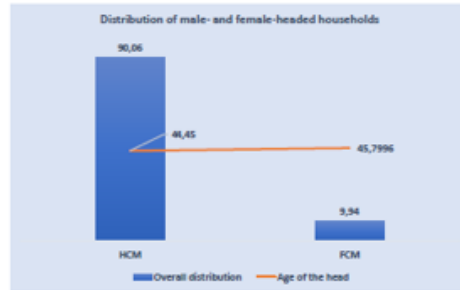
<b>Facilitators</b>			
1	Senegal	Cheikh Faye	APHRC
2	Senegal	Ndeye Awa Fall	APHRC
3	Lebanon	Ghada Saad	American University of Beirut
4	Brazil	Cesar Victora	Federal University of Pelotas
5	Brazil	Aluisio Barros	Federal University of Pelotas
6	Brazil	Franciele Hellwig	Federal University of Pelotas
7	Brazil	Andrea Wendt	Federal University of Pelotas
8	Brazil	Leonardo Ferreira	Federal University of Pelotas
9	Canada	Ties Boerma	University of Manitoba
10	Canada	Dessalegn Melesse	University of Manitoba
11	South Africa	Zitha Mokomane	University of Pretoria
12	Senegal	Ramata Thioune	IDRC Senegal
13	Switzerland	Kathleen Strong	WHO

## Appendix 2: Posters



# BURKINA FASO

## HOUSEHOLD DESCRIPTION

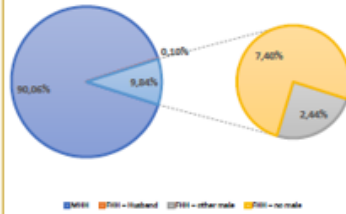


### Among FHH:

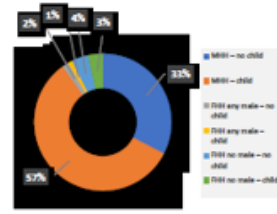
58.85%  
between 15 & 49  
years

46.79%  
married

### Male presence in female-headed households



### Children presence in female-headed households

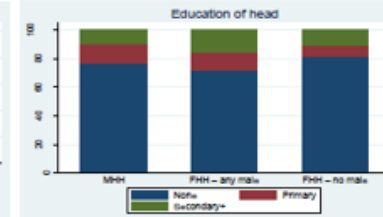
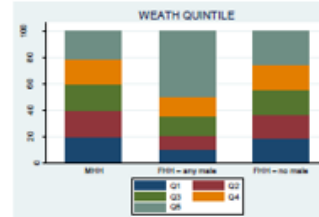


### En 2010

- 9,84% des menages burkinabè étaient dirigées par des femmes, parmi lesquelles 58% étaient en âge de procréer avec une moyenne d'âge de 45,80 ;
- 46,79% des femmes chef de ménages étaient mariées ;
- Dans seulement 0,10 % des cas, les époux vivaient sous le même toit que ces femmes chef de ménage ;
- Environ 5% des menages dirigées par les femmes avaient des enfants de moins de 5 ans.

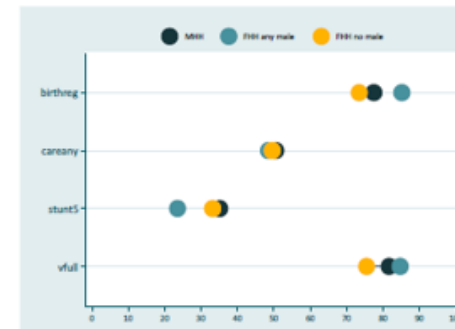
# BURKINA FASO

## WEALTH QUINTILES AND AREA IN HOUSEHOLD GROUPS



- Peu de différence entre les quintiles de richesse dans les menages dirigés par les hommes ;
- Environ 50% des ménages dirigés par les femmes avec la présence d'un homme autre que l'époux étaient plus nantis ;
- Globalement les chefs de ménages sont peu instruits mais cela est plus accentué chez les FCM sans aucun homme ;
- Les FCM avec la présence d'un homme sont plus nombreuses en milieu urbain, par contre, les FCM sans aucun homme sont plus en milieu rural .

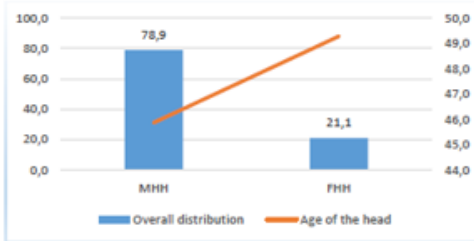
## CHILD INDICATORS



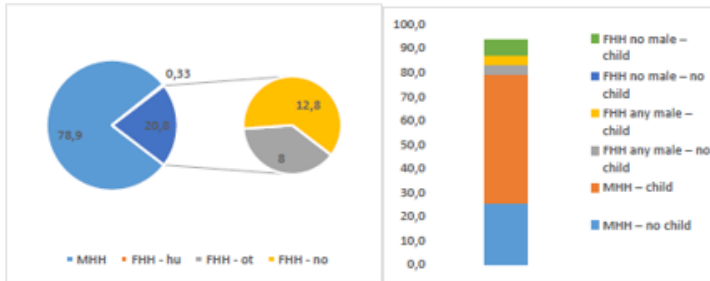
- Plus de 70% des enfants de 5 ans avaient un extrait d'acte de naissance ;
- Très faible différence observée entre les ménages concernant le recours aux soins pour les enfants de moins de 59 mois.
- Il y avait moins d'enfants avec un retard de croissance dans les ménages dirigés par les femmes avec la présence d'un homme autre que l'époux.

CAMEROON

Household Description



Among FHH  
48,1 % between 15-49 y



Interpretation

Au Cameroun, un peu plus de deux ménages sur 10 sont dirigés par des femmes, L'âge médian des hommes chefs de ménage est de 49 ans environ tandis que celui des femmes chefs de ménage est de 45 ans environ.

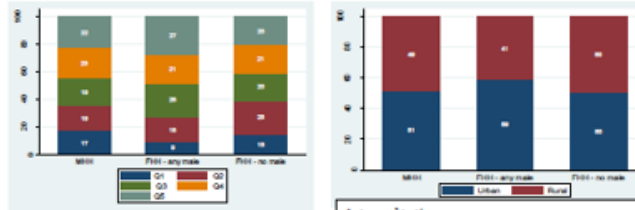
48,1% des femmes âgées de 15 à 49 ans vivent dans des ménages dirigés par des femmes.

On note par ailleurs que 12,8 % des ménages dirigés par les femmes n'ont aucun adulte homme comme membre, tandis que dans 0,3% d'entre eux ont en leur sein un conjoint. Ce résultat rend compte de ce que les pesanteurs socio-culturelles limitent encore l'accès des femmes au statut de chef de ménage.

Les ménages dirigés par les hommes ont dans leur grande majorité des enfants en bas âge. En revanche, les ménages dirigés par les femmes ont en majorité des enfants alors qu'il n'y a pas d'adulte homme.

CAMEROON

Wealth quintiles, education and area in households groups

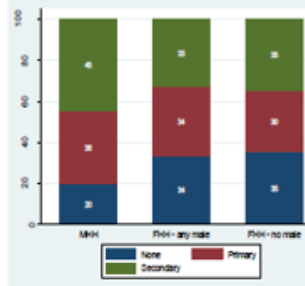


Interpretation:

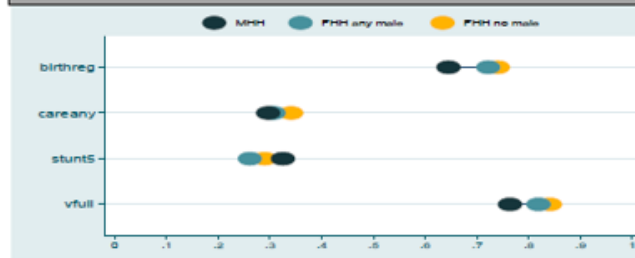
Il y a un peu plus de chefs de ménage pauvres parmi les hommes chefs de ménage, tandis que dans les ménages dirigés par les femmes cette proportion est relativement plus élevée dans les ménages n'ayant aucun homme adulte.

La proportion des chefs de ménage est relativement plus élevée en milieu urbain, quel que soit le sexe considéré. En milieu urbain, il y a plus de femmes à la tête d'un ménage ayant un homme adulte qu'aucun.

La proportion des chefs de ménage n'ayant aucun niveau d'éducation est relativement plus élevée dans ceux dirigés par les femmes. En revanche la proportion des chefs de ménage plus instruits est plus élevée chez les hommes.



Child Indicators

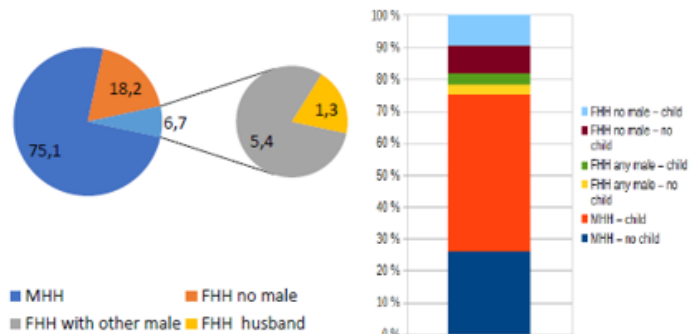
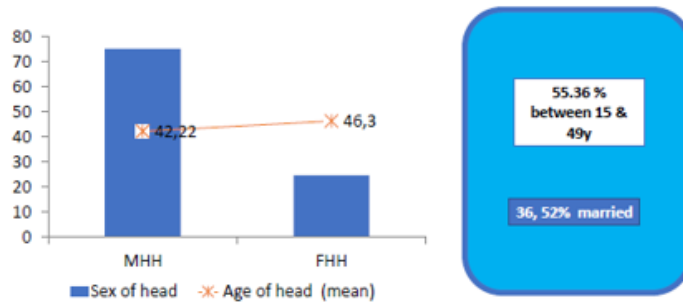


Interpretation :

Il existe très peu d'inégalités entre les groupes de femmes chefs de ménage. De même, l'écart entre les hommes et les femmes chefs de ménage est relativement faible.

## RD. Congo

### Household description

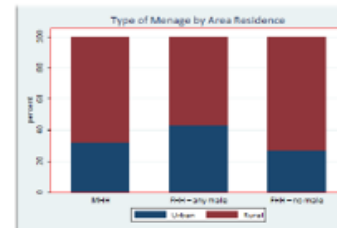
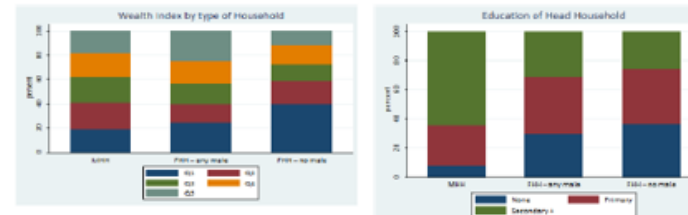


#### Interpretation

- 25% of women in the DRC are household heads.
- The female head of household is older than their homologue male head of household. On average, they are 46.3 years old (Explanation: Male excess mortality, women's empowerment and linkage proliferation living separately from studies or survival migration).
- The low proportion of married women (36.5%) is due to common-law relationships (5.4%) but largely to women living alone (18%). (Marriage implies minimum socio-economic conditions).
- MHH men are the majority to have a child. FHH women living alone have no children (Hesitation that characterizes women in relation to pre-nuptial fertility).

## RD. Congo

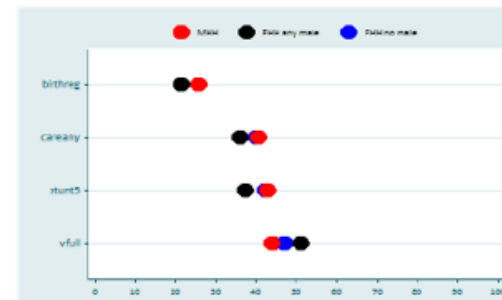
### Wealth quintiles, Education and area in household groups



#### Interpretation

- A significant relationship between precariousness and the type of household.
- Female-headed households are more likely to live in extreme poverty than male-headed households (40/20); This is explained by a wide disparity in educational attainment, income and the middle of residence.
- Households are mostly headed by the most educated men (60%). Proportion of MHH are the majority in rural areas (65%). (Evolution: women are becoming more autonomous in cities and more than 40% are FHH).
- Implication: Negative impact of Women's Education on Marriage in Urban Areas.

### Child indicators



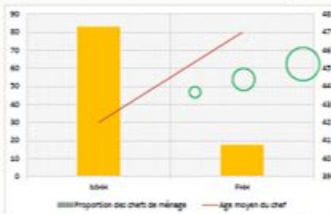
#### Interpretation

- Indicator-related inequalities in children are slightly to the benefit of MHH in general. These differences in favor of MHH compared to female-headed households are observed in birth registration, management of childhood illnesses and stunting (standard of living).
- On the other hand, vaccination coverage is in favor of FHH (suspicion of people educated about certain vaccines).

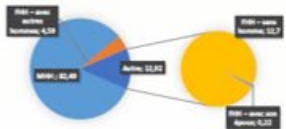
# CÔTE D'IVOIRE

## COMPOSITION DES MENAGES

Proportions des ménages par sexe selon l'âge du chef de ménage



Proportion des ménages dirigés par les femmes selon la présence d'un homme



- En Côte d'Ivoire, la majorité des ménages dirigés par les femmes ne vivent pas avec leur époux (0,22%)
- Il n'y a pas d'homme dans la majorité des ménages dirigés par les femmes (13%)

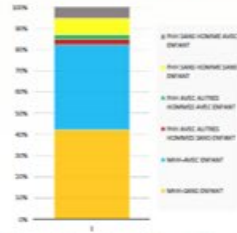
Cette situation s'explique par l'autonomisation économique de la femme qui peut lui permettre de subvenir à ses besoins vitaux.

En Côte d'Ivoire, plus de 80% des ménages sont dirigés par des hommes et seulement moins de 20% sont dirigés par des femmes.

42 ans en moyenne : hommes chefs de ménage  
47 ans en moyenne : Femmes chefs de ménage



Corrélation entre la couverture et l'inégalité de la Côte d'Ivoire et les pays limitrophes



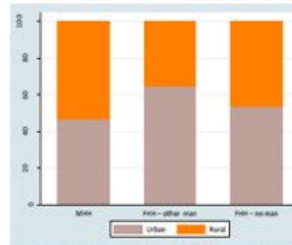
- Une partie des ménages dirigée par les hommes ne vivent pas avec les enfants (43%) et l'autre vivent avec les enfants (40%).
- La majorité des ménages dirigés par les femmes ne vivent ni avec un homme ni avec un enfant.

La plus part de ces femmes sont âgées dont les enfants sont déjà majoritaire vivent dans leur propre ménage. Elles sont divorcées, veuves ou séparées.

# CÔTE D'IVOIRE

## CARACTERISTIQUES DES MENAGES DIRIGES PAR LES FEMMES

Répartition de la composition des ménages selon le milieu de résidence des chefs de ménage

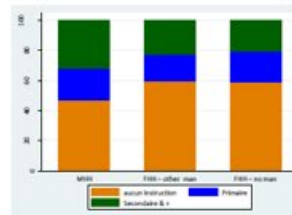


En milieu urbain, on enregistre plus de 60% des ménages dirigés par les femmes qui vivent avec un autre homme;

En milieu rural, ce sont les ménages dirigés par les hommes sont les plus nombreux (57%).



Répartition de la composition des ménages selon le niveau d'éducation des chefs de ménage

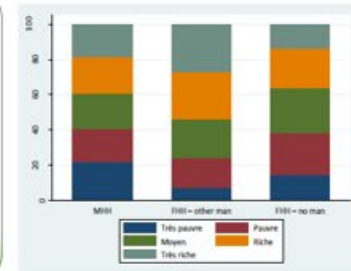


La majorité des femmes chefs de ménage n'ont aucun niveau d'éducation (60%) quelque soit la présence d'un homme ou pas

# CÔTE D'IVOIRE

## CARACTERISTIQUES DES MENAGES

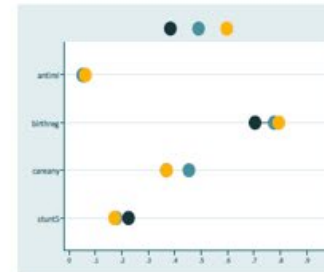
Répartition de la composition des ménages selon le quintile de richesse



- La pauvreté est plus réduite dans les ménages dirigés par les femmes (0,8%) qui vivent avec un autre homme que les ménages dirigés par des hommes (21%)
- Les ménages très riches sont plus enregistrés également dans les ménages dirigés par les femmes qui vivent avec un autre autres (24%) que les ménages dirigés par les hommes (19%).

## INEGALITE EN MATIERE DE SANTE DE L'ENFANT

Inégalité en matière de santé de l'enfant selon le chef de ménage

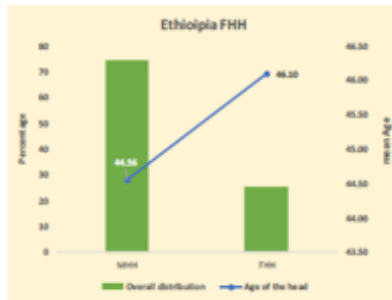


- La majorité des ménages n'enregistre pas leur enfant à l'état civil
- Cependant, on observe une inégalité entre les ménages dirigés par les hommes et les ménages dirigés par les femmes
- Au niveau de la diarrhée, plus l'enfant vit dans un ménage dirigé par les femmes qui ne vivent pas un homme plus il est exposé à la diarrhée.



## Ethiopia

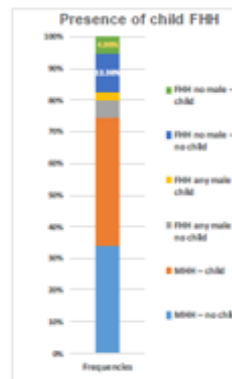
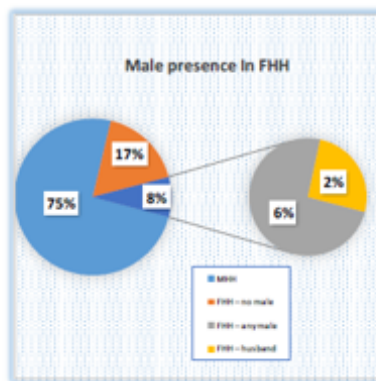
### Household description



Among FHH:

54.5% between 15 & 49y

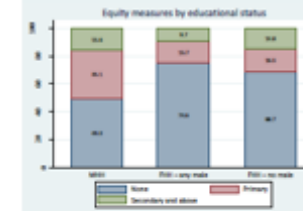
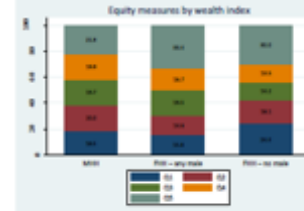
29.51% married



- 1/4<sup>th</sup> HH are female headed
- The average age of female heads is a bit higher than male heads
- FHH tend to be less married
- FHH without male are less likely to have child

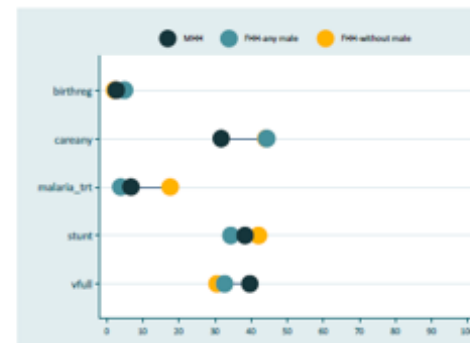
## Ethiopia

### Wealth quintiles and area in household groups



- Less inequality in MHH
- The proportion of FHHs in the richest quintile is higher
- Female heads are less educated
- FHH are more common in rural

### Child indicators

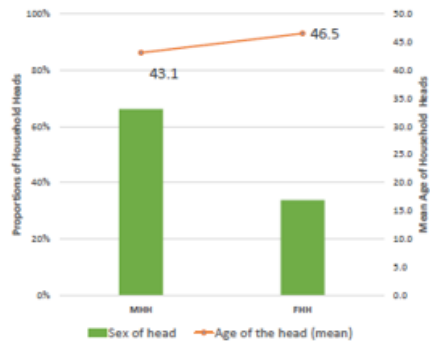


- Better health seeking behaviour in FHH
- Children in MHH are more likely to be fully vaccinated
- Stunting tends to be less in FHH with male than without

## Ghana

FHH: Female-Headed Household & MHH: Male-Headed Household

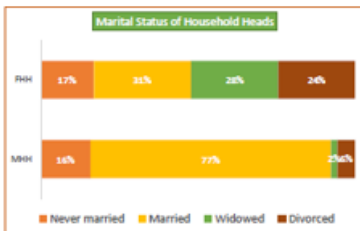
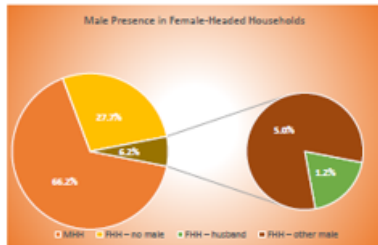
### Household description



**Among FHH**

58.3% aged 15 years to 49 years

30.9% married

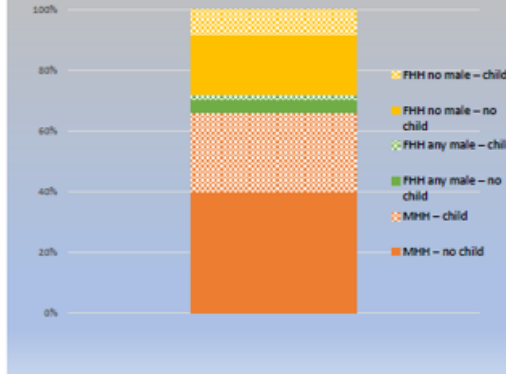


**Interpretation:**

- Most households are headed by males. About one in three households in Ghana are headed by females.
- Mean age of FHH is slightly higher than in MHH (difference of 3 years).
- Among FHH, one in three are married and more than half are between 15 and 49 years.
- The commonest FHH, is one with no male present and the least common is one with husband present.
- In MHH, about eight in ten were married and about one in ten divorced.
- Meanwhile, in FHH, approximately three and two out of ten women were widowed and divorced respectively.

## Ghana

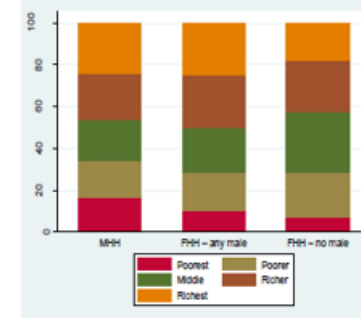
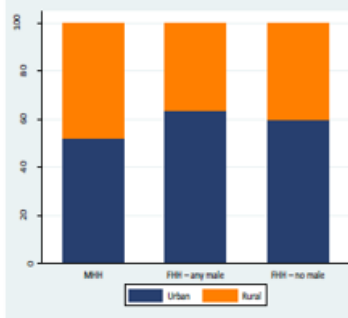
Presence of Children (0-5 years) in Households



**Interpretation:**

- Generally, MHH are more likely to have no child (anyone aged 0-5).
- FHH with no male are the least likely to have a child less than five years.

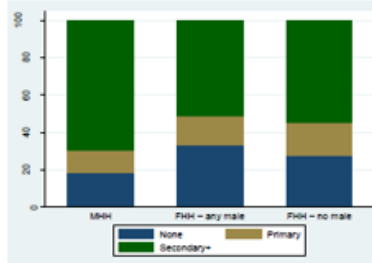
### Place of Residence and wealth quintiles of household groups



**Interpretation**

- MHH are more likely to live in urban areas compared to FHH.
- FHH with any male are more likely to reside in urban areas than those with no male.
- The largest proportion of FHH with no male are in the middle quintile.
- FHH with no male have the least proportion in the poorest quintile.
- One in four of both MHH and FHH with any male belong to the richest quintile. This is likely because these households have the presence of two working adults therefore increasing the likelihood of household income being higher.

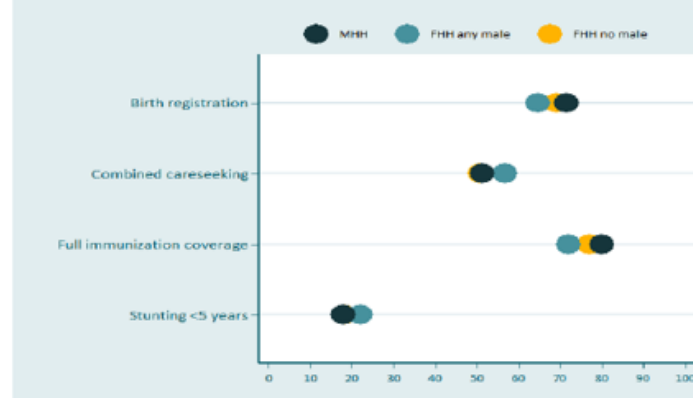
## Ghana



### Interpretation

- Compared to Female Household Heads, Male household heads are more educated with a greater proportion having Secondary education or higher.
- Within FHH, those with any male present are less educated with a greater proportion having no education.

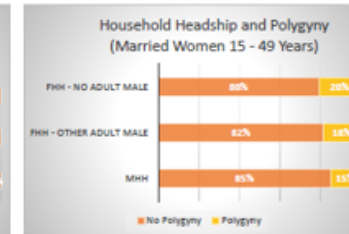
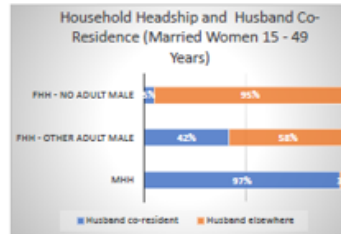
### Child indicators



### Interpretation

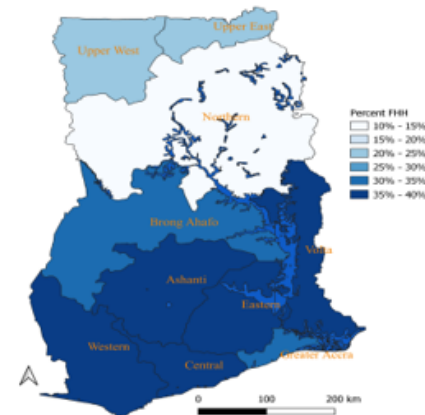
- ✓ MHH have the highest birth registration and full immunization.
- ✓ FHH with any male have higher incidence of stunting.
- ✓ MHH however, have the worst performance in combined careseeking.
- ✓ Generally, the distances between the groups are close for all indicators.
- ✓ This finding may be due to the implementation of health policies to promote equity such as: Expanded Programme for Immunization, National Health Insurance Scheme (NHIS) and Community-Based and Health Planning Services (CHPS).
- ✓ It appears that, the FHH with any male poses a greater disadvantage having the worst indicators for 3 out of 4.

## Ghana



### Interpretation

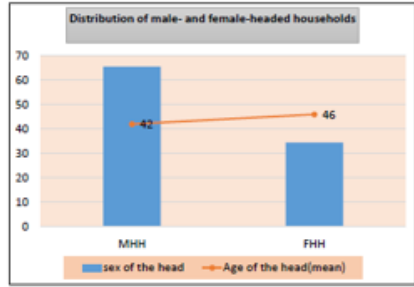
- Very few married women in MHH have husbands who live elsewhere.
- Nine in ten married women in FHH with no male adult have husbands living elsewhere.
- Husbands are likely to stay elsewhere mainly due to work and migration.
- Married women in FHH without male are more likely to be in a polygynous relationships (2 in 10).
- The structure of polygynous families varies by ethnicity/religion with formal marriage and co-residence in one household with multiple wives common in the northern part of the country and different residences for partners/spouses more common in the southern part.



### Interpretation

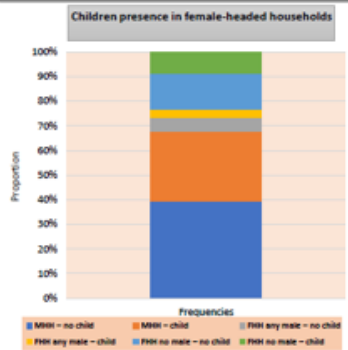
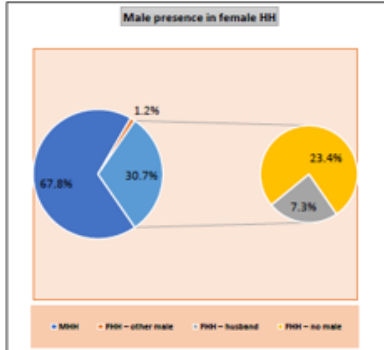
There are regional differences in the proportion of households that are FHH. This is likely attributable to differences in cultural practices, kinship structures and religious affiliation.

**Household description**



**Among FHH:**

- 34% between 15 & 49y
- 7.3% married

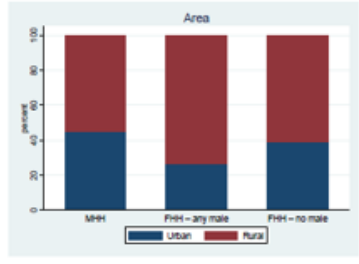
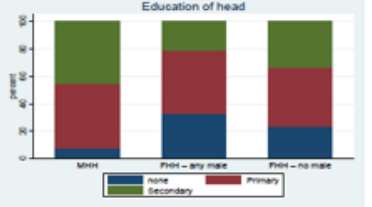


**Male Headed Households(MHH)**  
 66%  
 Mean age 42  
 39% did not have children,  
 28% had children.

In Kenya, majority of the households are male headed:

**Female Headed Households(MHH)**  
 34%  
 Mean age 46 years  
 7.3% of women who head households are married  
 6% had no children,

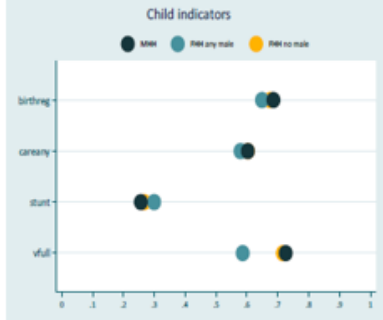
**Wealth quantiles and area in household groups**



**Interpretation**

- Approximately 30% of the MHH were in the 5<sup>th</sup> wealth quantile, compared to >=20% of the FHH in the same quantile.
- There did not seem to be difference in wealth between FHH with any male or no male
- Above 40% of both FHH and MHH households resided in the rural areas. However, MHH households had higher levels of education compared with less 5% with no education compared to >=20% in FHH
- More than 40% of the MHH resided in urban area, >20% of FHH with any male were in urban whereas close to 40% of FHH no male were in urban.

**Child indicators**

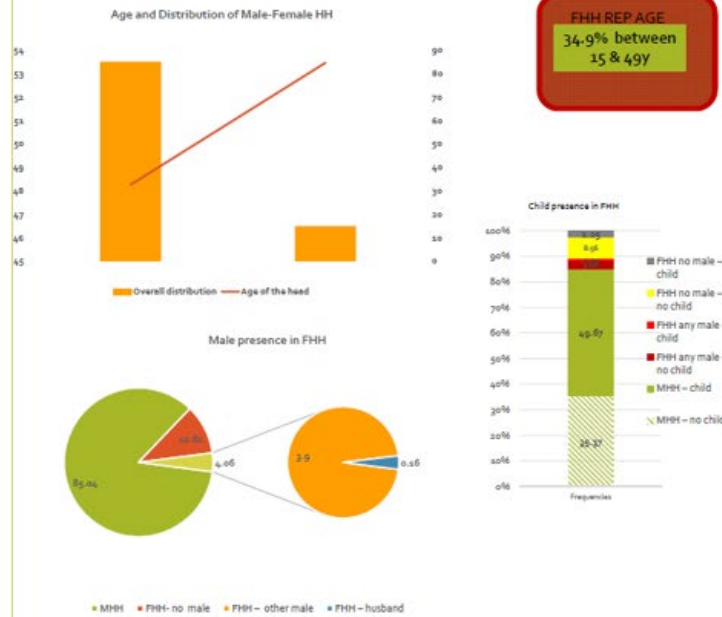


**Interpretation**

- In Kenya, combined care seeking was similar in all the households regardless of the head at 60% for MHH, FHH any male, FHH no male respectively.
- similarly, there was no difference in birth registration in either of the households at approximately 70%.
- Stunting was lowest compared to the other child indicator in the 3 households regardless of the household head at 30%
- However, there was a difference in vaccination coverage levels in the households headed by FHH any male at 59%, compared to those headed by FHH no male and MHH at 73%

# Nigeria

by Oyinlola F.F & Salawu M.M  
Household description

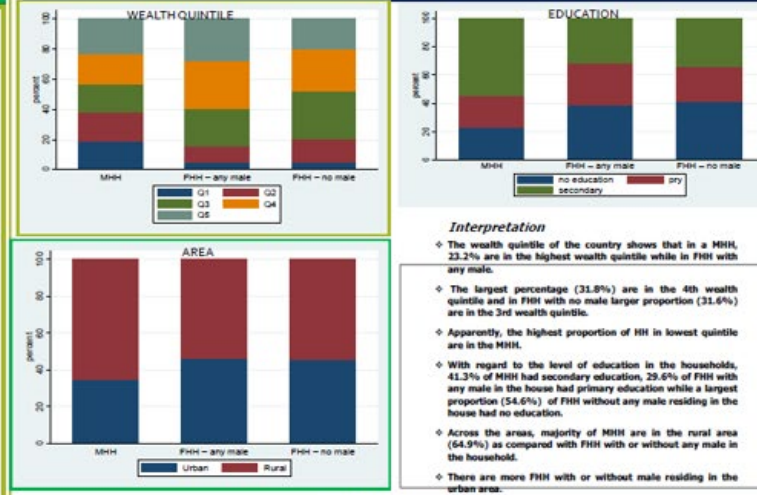


### Interpretation

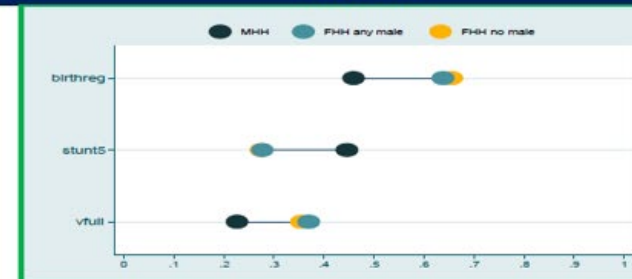
- It is shown that 85.0% of households in Nigeria are male headed while only 14.9% are female headed.
- The mean age of Householdhead are 54.9yrs and 46.5 yrs for FHH and MHH respectively and only 34% of FHH are in their reproductive age.
- In a household headed by female, 10.8% has no male presence in the house, about 4% has other male in the house while less than 1% has husband in the household.
- Almost half (49.7%) of MHH has a child in the house, in FHH only 1.0% with any male in the house had a child and 8.6% of FHH without a male had no child in the house.

# NIGERIA

## Wealth quintiles and area in household groups



## Child indicators



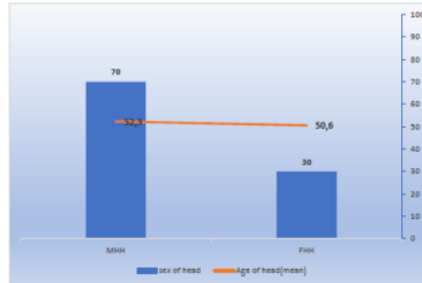
### Interpretation

- The equiplot graph indicates that FHH with or without male in the house had higher proportion of children with birth registration (65%) as compared to MHH (45%) of children with birth registration.
- Forty-five (45%) of MHH had stunted children
- Almost equal number of FHH with or without a male (25%) had stunted children
- Over 20% of MHH had children with full immunization
- About 36% of children in FHH with or without any male had full immunization.

## Senegal

Les ménages dirigés par les femmes au Sénégal : vue d'ensemble

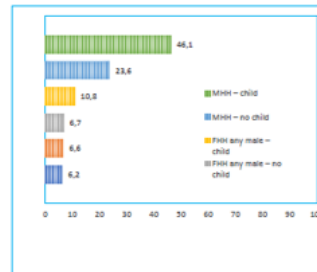
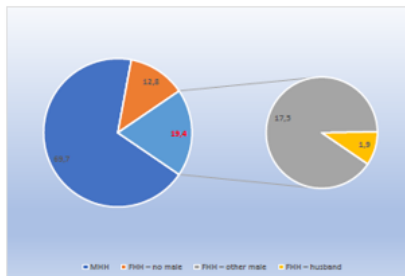
### Household description



Among FHH:

45% between 15 & 49y

60% married

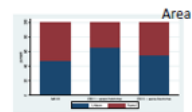
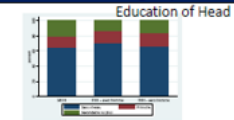
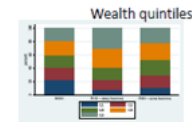


#### Interpretation :

- En 2017 au Sénégal, 30 % des ménages sont dirigés par des femmes.
  - 45% des FHH ont moins de 50 ans et
  - Six FHH sur dix sont mariées.
- L'analyse selon l'âge moyen des chefs de ménage ne montre pas une grande disparité même s'il est noté qu'en moyenne les FHH sont moins âgées que les MHH (50,6 ans vs 52,3 ans)
- La proportion des ménages dirigés par les hommes avec (46,1%) ou sans enfant (23,6%) est plus importante que les autres types de ménages

## Senegal

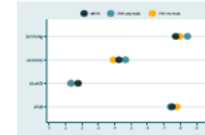
Wealth quintiles and area in household groups



#### Interpretation :

- La pauvreté semble plus observée dans les ménages dirigés des hommes. Par contre, les FHH avec homme appartient plus au quintile le plus riche.
- Plus de 60 % des chefs de ménage toutes catégories confondues sont sans niveau d'instruction.
- C'est en ville qu'on rencontre plus de FHH avec homme qu'en milieu rural:

### Child indicators



#### Interpretation :

- L'enregistrement des naissances est plus élevé dans les ménages dirigés par les femme que ceux dirigés par les hommes;
- Il n'y pas de différence de couverture vaccinale dans les ménages. Car les politiques de vaccination (PEV) sont couvertent l'ensemble du territoire;
- Par contre, le retard de croissance chez les enfants est élevé dans tous les ménages.

## South Africa

Household composition

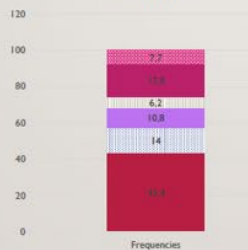
### Distribution of male and female headed households



### Head of Household Frequencies



### Children's Presence by Household Head



■ MHH - no child    ■ MHH - child  
 ■ FHH any male - no child    ■ FHH any male - child  
 ■ FHH no male - no child    ■ FHH no male - child

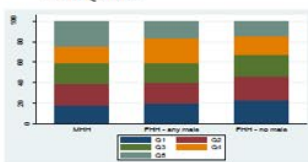
### FHH: labour migration. Widowed (older women)

Although there are higher numbers of MHH, compared to other countries SA has high number of FHH standing at 42,6%

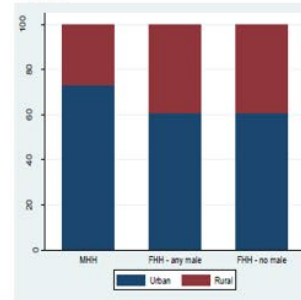
For female headed households, the age of the head is higher and FHH tend to have older household heads

## Equity measures by Household

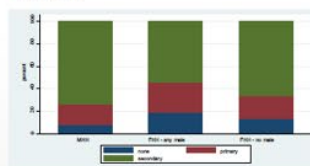
### Wealth Quintiles



### Area



### Education



## Interpretation

Male is significantly wealthier, more educated than FHH and FHH households are found in rural areas

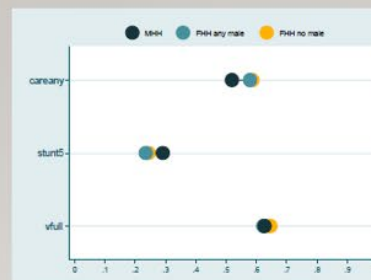
Also, FHH with any male and no male are poorer compared to MHH

### Possible Reasons:

Wealth quintiles: labour market is more favourable to men than it is to women and men are more likely to be in paid employment than women, regardless of race.

Education: still excludes many women, in particular those from marginalised communities

## child health indicators by household

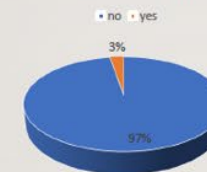


**Careseeking for any disease:** socio-economic and demographic determinants have a significant overall effect on the health-seeking behaviour of the South African population

There is a difference between male and female HH in term of care seeking and stunting

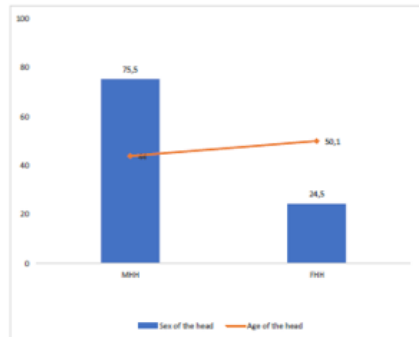
-generally, women are more frequently ill than men but with relatively milder problems.  
-women have higher prevalence of mild illness due to greater propensity to admit illness, symptoms perception, evaluation and presentation

### Proportion of women in polygynous marriage



## Tanzania

### Household description

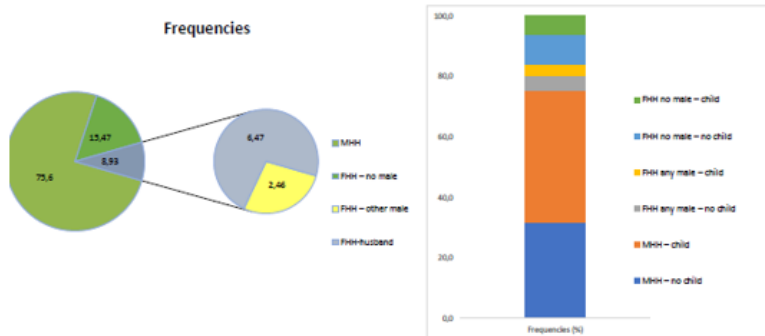


Among FHH:

15.47% no males

6.47% married

### Frequencies

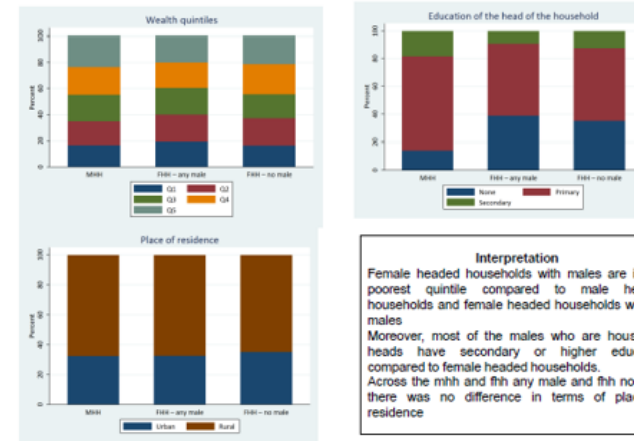


#### Interpretation

In Tanzania, 75.6% of households are headed by males while 15.47% of the houses headed by female have no males. Besides, 6.47% of women who are household heads are married. Most of the male headed households have at least a child (approximately 50%) followed by male headed households with no child (30%). Finally, the median age of female household heads is higher (50.1) percent than the males (44%).

## Tanzania

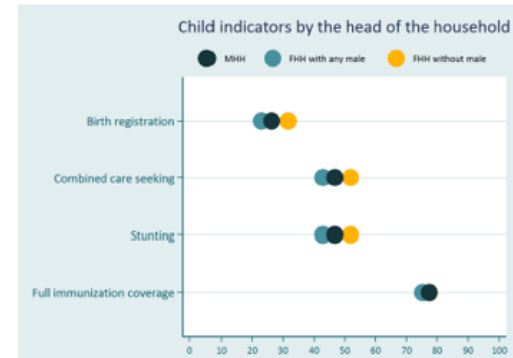
### Wealth quintiles and area in household groups



#### Interpretation

Female headed households with males are in the poorest quintile compared to male headed households and female headed households with no males. Moreover, most of the males who are household heads have secondary or higher education compared to female headed households. Across the mhh and fhh any male and fhh no male there was no difference in terms of place of residence.

### Child indicators

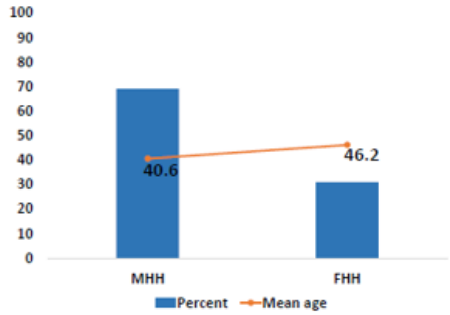


#### Interpretation

Full immunization coverage was high across all groups (80%) in Tanzania. Furthermore, 55% of children of female headed households with no male had stunting compared to 50% of male headed households and 45% of female headed households with any male. Female headed households with no male had higher percent of health care seeking (55%) compared to female headed households with any male. Birth registration was low compared to other indicators however it was higher among female headed households with no male (almost 40%) compared to male headed households (28%) and female headed households with any male (20%).

**Household headship by selected indicators in Uganda : analysis of 2016 DHS**  
 By  
 Dr. Kabagenyi Allen and Kananura Ronald Muhumuza

**Household description**

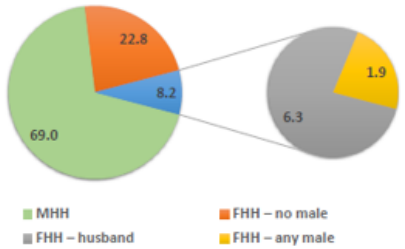


**Among FHH:**

59.3% between 15 & 49y

34.2% married

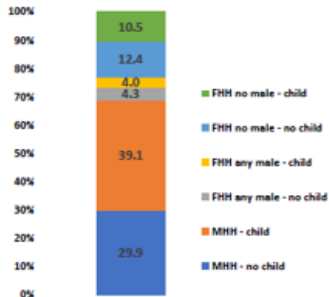
**Headship by male existence in a household**



**Interpretation**

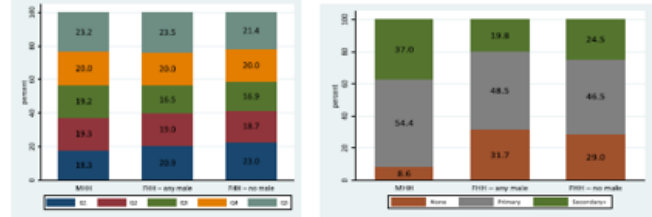
- Three in ten households are female headed, of these close to 60% are aged 15-49 and 34% are married.
- Of the female headed households, 73% had no any male or husband staying in the household
- Two in five households were male headed with a child relative to one in ten female headed households

**Household headship by existence of a child**



**Uganda**

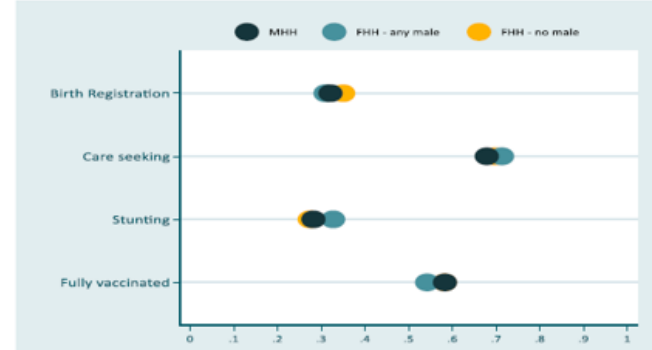
**Wealth quintiles and area in household groups**



**Interpretation**

- Almost 40% of the population are in the poorer and poorest wealth quintiles.
- Amongst the poorest, relatively female headed households with no male are 27% poorer than Male headed households.
- 30% of the female headed households regardless of the existence of a male had no education
- No difference recorded with regard to place of residence

**Child indicators**

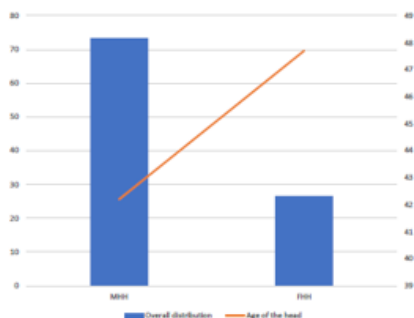


**Interpretation**

- Overall there is no difference in the distribution of childhood health indicators by household headship.
- 70% of all households had sought for health care for any of the childhood diseases
- Vaccination coverage was less than 60% in all households regardless of headship and existence of a male

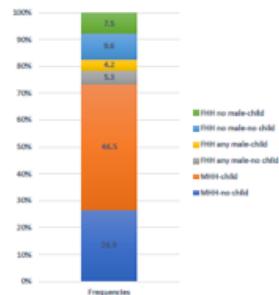
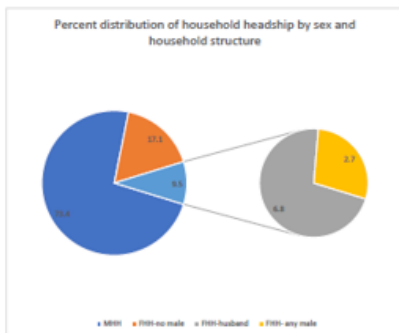
## Zambia

### Household description



Among FHH:  
26.6% aged between 15 & 49 years

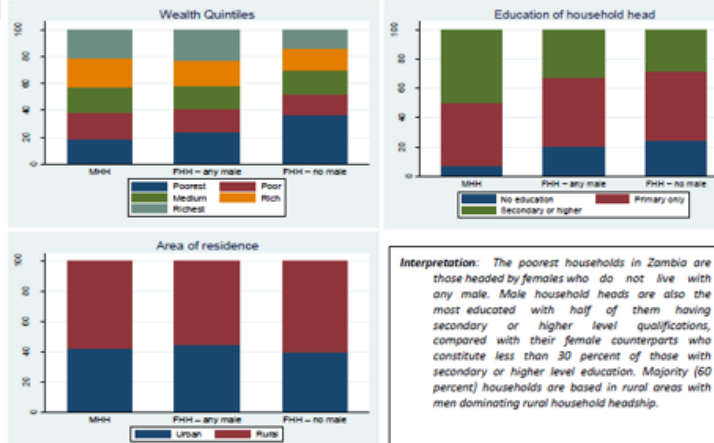
22.4% are married



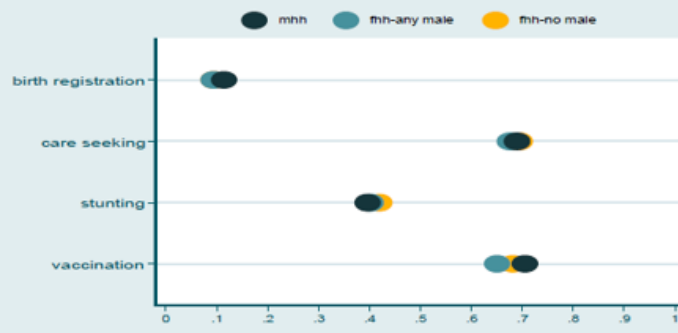
**Interpretation:** Overall, 27 percent of households in Zambia are headed by females with almost 10 percent having a male in the household. More than a fifth (22 percent) of women heading households are married. The median age of household heads is higher among females (47.7 years) than males (42.2 years). Zambian data also reveal that majority (47 percent) of the households are male-headed with children, followed by those headed by males (approximately 27 percent) but without children.

## Zambia

### Wealth quintiles and area in household groups



### Child indicators

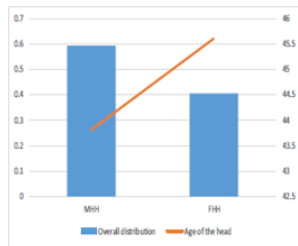


**Interpretation:** Care seeking behaviour and vaccination are the best child health outcomes in Zambia with approximately 70 percent of households reporting these activities. However, birth registration is very low, around 11 percent, with malnutrition (stunting) remaining fairly high at 40 percent. Sex of household head is not significant on the four health outcomes.

# Zimbabwe



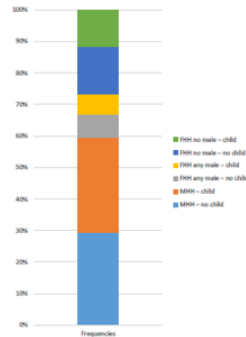
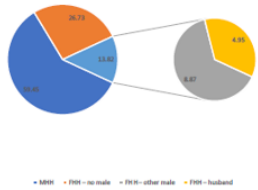
## Household Description



**Among FHH:**

- 60.3% between 15 & 49yrs
- 46.3% married

Frequencies

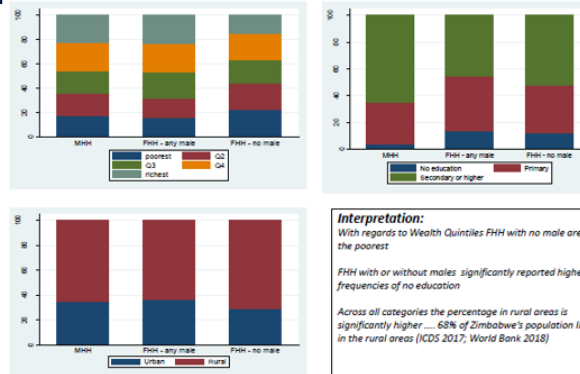


**Findings:**

There are more MHH than FHH but the age of the household is higher in FHH. For instance 40% of the sample population are older than 49 years  
 Almost half of the women (46,3%) reported being married  
 26.7 % of women reported the absence of males and only 5% of the FHH reported having a husband  
 There are more FHH without males that do not have children

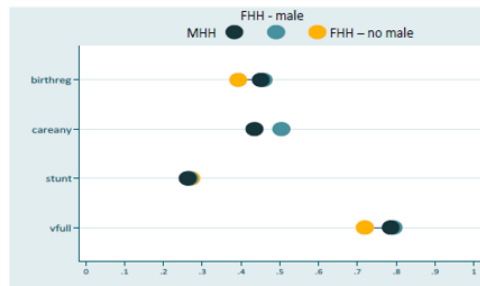
# Zimbabwe

## Wealth quintiles and area in household groups



**Interpretation:**  
 With regards to Wealth Quintiles FHH with no male are the poorest  
 FHH with or without males significantly reported higher frequencies of no education  
 Across all categories the percentage in rural areas is significantly higher ... 68% of Zimbabwe's population live in the rural areas (ICDS 2017; World Bank 2018)

## Child Indicators



**Interpretation:**  
 Birth registration and full vaccination are almost the same

# Zimbabwe

11,1% of Women reported being in a Polygynous Union  
 86% reported the Husband to be living elsewhere

Historically polygyn was tolerated particularly for extenuating circumstances such as suspected wife infertility. Rarely was it undertaken for its sake. One of the problems Zimbabwe is grappling with is the issue of child marriages. Religious populations of the African independent Churches inclination (Vapostori sect) who constitute over 30% of the country's population. The problem of child marriage is quite common among the members of the apostolic sect as a religious affiliation. Girl child marriages are common in Zimbabwe an estimated 21% of children (mostly girls) are married before they have reached the age of eighteen. Girl child marriage is a major problem in Zimbabwe and usually these are married to older males.

Widow inheritance  
 Men's sexual licence to 'explore and or experiment' is culturally tolerated as notions of manhood & masculinity

Of late the phenomenon of 'Small houses' require further exploration as anecdotal findings show that some may end up married (having bride wealth paid for them). Could be an issue of escaping labels of being in a polygamous vis a vis being a small house, women also enjoying their autonomy and 'independence', etc

I expect Polygyny to affect health in two ways:  
 If the mother who is the permanent carer of the child is not economically independent and self sustaining this will affect the nutrition of the child. Moreover, economic resources have a bearing on affording health care. The Socio-economic position of the mother has a direct bearing on child health indicators e.g. among the Apostolic sects it is the women who have to fend for the family

If the husband is recourse endowed then positive health outcomes are likely

Migration, Split family survival strategies (work ) are plausible explanations for an absentee husband

If husband migrated out of the country and is sending remittances I would expect improved health care access and outcomes for the child. On the other hand if the migrant father is not sending any remmittnces then poor health and nutritional outcomes can be expected for the child.

## Appendix 3: Workshop agenda

Day 1 – Wednesday, 6 November 2019		Presenter
9:00 – 9:20	Opening remarks	APHRC – Cheikh Faye Countdown 2030 – Ties Boerma WHO – Kathleen Strong U. Pelotas – Cesar Victora IDRC - Ramata THIOUNE
9 :20 :9 :30	Introduction to the workshop – objectives and products	Cheikh Faye (APHRC)
9:30 – 9:45	Introduction to the FHH study	Cesar Victora (Federal Univ. of Pelotas, UFPel)
9:45 – 10:45	Family structures in Africa	Zitha Mokomane (Univ. of Pretoria)
10:45 – 11:15	Tea - break	
11:15 – 11:45	Inequalities 101	Cesar Victora (UFPel)
11:45 – 12:15	Characterization of family structures in surveys	Franciele Hellwig (UFPel)
12:15 – 13:00	Preliminary findings on family structure in the 15 countries	Leonardo Ferreira (UFPel)
13:00 – 14:00	Lunch	
14:00 – 15:00	Measures of socioeconomic position Summary measures of inequality: relative and absolute, ordered and unordered categorizations	Aluisio Barros (UFPel)
15:00 – 15:30	Introduction to the practical exercise: research questions, datasets, methods, expected products	Leonardo F, Franciele H, Andrea Wendt, Aluisio B
15:30 – 16:00	Tea - break	
16:00 – 17:30	Start of country exercises	All
17:30	Wrap up of day 1	
Day 2 – Thursday, 7 November 2019		Presenter
9:00 – 11:00	Group work	All
11:00 – 11:30	Tea - break	
11:30 – 13:00	Group work	All
13:00 – 14:00	Lunch	
14:00 – 15:30	Group work	All
15:30 – 16:00	Tea - break	
16:00 – 17:30	Group work	All
17:30	Wrap up of day 2	
<b>20:00</b>	<b>Group dinner</b>	
Day 3 – Friday, 8 November 2019		Presenter
9:00 – 11:00	Presentation – 5 groups	All
11:00 – 11:30	Tea - break	
11:30 – 13:00	Presentation – 5 groups	All
13:00 – 14:00	Lunch	
14:00 – 15:30	Presentation – 5 groups	All
15:30 – 16:00	Tea - break	
16:00 – 17:30	Policy implications and closing of workshop	Univ. of Pretoria, APHRC, IDRC, UNICEF, WHO