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.
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.
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 due to 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.
Suggestion for next workshops

- More examples using equiplots
- Examples with polygyny
- Equity 101- practice
- SII and CIX – interpretation and practice
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Appendix 2: Posters

**Benin**

**Household description**

- Among FHH:
  - 50% between 15-49y
  - 46.1% married

**Wealth quintiles, area, and level of education of the head in household groups**

- Interpretable:
  - Distribution according to the residence seems the same between FHH and MHH, with the majority of households being in rural areas.
  - No apparent difference in the distribution of FHH and MHH according to the wealth quintiles.
  - FHH tend to be women with no education regardless of the presence of a male adult.

**Child indicators**

- Interpretation:
  - Low coverage of the majority equity measures except for the birth registration.
  - Coverage of birth registration and schooling are the most equitable.
  - Coverage of full immunization is the least equitable with the lowest coverage being observed among MHH. FHH may favor good health outcomes among children.
En 2010
- 9,84% des ménages burkinabés 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 ménage étaient mariées ;
- Dans seulement 0,19 % des cas, les époux vivaient sous le même toit que ces femmes chef de ménage ;
- Environ 5% des ménages dirigés par les femmes avaient des enfants de moins de 5 ans.

- Plus de 20% 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 5 ans ;
- 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.
Au Cameroun, un peu plus de deux ménages sur 10 sont dirigés par des femmes. L’âge moyen 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 30,3 % d’entre eux ont en leur sein un conjoint. Ce résultat rend compte de ce que les pesanteurs socioculturelles 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.
RD. Congo

Household description

55.90% between 15 & 64y

36.52% married

Interpretation
- 25% of women in the DRC are household heads.
- The female head of household is older than their homologous male head of household. On average, they are 46.3 years old (exception: 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 (5.9%) 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 (maternal characteristics of women in relation to spontaneous fertility).

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. This male-headed households (42.2%)
- This is explained by a view where in educational attainment, income and the mobility of females.
- Households are mostly headed by the most educated men (60%). Proportion of MHH are the majority in rural areas (60%). These women are becoming more autonomous in cities and more than 40% are MHH.
- Implications: negative impact of women’s education on intermediary in urban areas.

Child indicators

Interpretation
- Indicator-related inequalities in children are slightly to the benefit of MHH in general. There are 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 (provision of people educated about certain vaccines).
Ethiopia

Household description

Among FHH:
- 54.5% between 15 & 49y
- 29.51% married

Male presence in FHH
- 75%
- 17%
- 8%
- 6%
- 2%

Presence of child FHH

- 1/4th 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

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

Female-Headed Household (FHH) vs. Male-Headed Household (MHH)

**Household description**

**Among FHH**
- 58.3% aged 15 years to 49 years
- 30.9% married

**Place of residence and wealth quintiles of household groups**

- **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 5 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.

- **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.
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.

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
- 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 caressing.
- Generally, the distance 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 posses a greater disadvantage having the worst indicators for 3 out of 4.

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.
Kenya

Household description

Among FH-H:
- 54% between 15 & 45y
- 7.3% married

Wealth quantiles and area in household groups

Education of head

Area

Interpretation:
- Approximately 30% of the FH-H were in the 3rd wealth quartile, compared to ~22% of the FH-H in the same quartile.
- There did not seem to be a difference in wealth between FH-H with any male or no male.
- Above 40% of both FH-H and MHH households resided in the urban area; however, MHH households had higher levels of education compared to MHH with any male or no male.
- More than 40% of the MHH resided in urban areas, ~22% of FH-H with any male were in urban areas, ~22% of MHH resided in urban areas.

Child indicators

Interpretation:
- In Kenya, combined care was equal at all household sizes and the head was 45 years of age.
- 34% had no male.
- 7.3% of females who head households are married.
- 8% had no children.
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- 34% had no male.
- 7.3% of females who head households are married.
- 8% had no children.
Nigeria

Household description

Interpretation
- It is shown that 85.9% of households in Nigeria are male headed while only 14.1% are female headed.
- The mean age of household head are 54.3 yrs 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, 28% has no male presence in the house, about 5% has other male in the house while less than 3% 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.
Senegal

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

Household description

Interpretation:
- En 2017 au Sénégal, 30% des ménages sont dirigés par des femmes.
- 45% des FHH ont moins de 50 ans.
- 60% de FHH sur dix sont mariées.
- L'âge moyen des chefs de ménage ne montre pas une grande disparité.
- 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.

Among FHH:
- 45% between 15 & 49y
- 60% married

Wealth quintiles and area in household groups

Interpretation:
- Le pourcentage semble plus observée dans les ménages dirigés des hommes. Par contre, les FHH avec homme appartiennent 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 femmes que ceux dirigés par les hommes.
- Il n'y pas de différence de couverture vaccinale dans le ménage. Ces politiques de vaccination (PEV) sont couvert 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

- Female Headed (FHH) - 26.7%
- Male Headed (MHH) - 45.7%
- Mixed Headed - 27.6%

Head of Household Frequencies

- Age of Head
- Gender (Gender distribution)
- Education (Gender distribution)

- Female Headed (FHH) - no male FHH - other males
- Male Headed (MHH) - no female MHH - other females

Children’s Presence by Household Head

- FHH - no child FHH - child
- MHH any male - no female MHH any male - child
- MHH no male - no female MHH no male - child

FHH: labour migration. Widowhood (older women)

Although there are higher numbers of MHH, compared to other countries, SA has a high number of FHH standing at 45.7%

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

Equity measures by Household

- Wealth Quarters
- Education
- Age

child health indicators by household

- Carers seeking 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 FHH in terms of care seeking and starting.

  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.

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

Interpretation:
- Full immunization coverage was higher among groups in Tanzania. Furthermore, 15% of children of female-headed households with no males had full immunization compared to 50% of male-headed households. The wealth quintile of the household was also higher among female-headed households with no males (90%) compared to female-headed households with any male.
- Birth registration was lower among female-headed households in rural areas compared to male-headed households in rural areas. Child health and mortality were also higher among female-headed households with no males.
**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.
Zambia

Household description

Among FHH:

- 26.5% 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 (43.2 years). Zambian data also reveal that majority (41 percent) of the households are male-headed with children, followed by those headed by males (approximately 27 percent) but without children.

Interpretation: Core 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.
Historically polygyny was tolerated particularly for extenuating circumstances such as suspected with 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 (Catholics, Episcopalian) 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 ‘exploit 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 escalating labels of being in a polygamous relationship 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 resource 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 remittances then poor health and nutritional outcomes can be expected for the child.

Interpretation:

- Birth registration and full vaccination are almost the same
## Appendix 3: Workshop agenda

### Day 1 – Wednesday, 6 November 2019

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<td>9:00 – 9:20</td>
<td>Opening remarks</td>
<td>APHRC – Cheikh Faye</td>
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<td>Countdown 2030 – Ties Boerma</td>
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<td>WHO – Kathleen Strong</td>
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<td>U. Pelotas – Cesar Victora</td>
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<td>IDRC - Ramata THIOUNE</td>
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<td>9:20 :9 :30</td>
<td>Introduction to the workshop – objectives and products</td>
<td>Cheikh Faye (APHRC)</td>
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<td>9:30 – 9:45</td>
<td>Introduction to the FHH study</td>
<td>Cesar Victora (Federal Univ. of Pelotas, UFPel)</td>
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<td>9:45 – 10:45</td>
<td>Family structures in Africa</td>
<td>Zitha Mokomane (Univ. of Pretoria)</td>
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<td>11:15 – 11:45</td>
<td>Inequalities 101</td>
<td>Cesar Victora (UFPel)</td>
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<td>11:45 – 12:15</td>
<td>Characterization of family structures in surveys</td>
<td>Franciele Hellwig (UFPel)</td>
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<td>Preliminary findings on family structure in the 15 countries</td>
<td>Leonardo Ferreira (UFPel)</td>
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<td>14:00 – 15:00</td>
<td>Measures of socioeconomic position</td>
<td>Aluisio Barros (UFPel)</td>
</tr>
<tr>
<td></td>
<td>Summary measures of inequality: relative and absolute, ordered and unordered categorizations</td>
<td></td>
</tr>
<tr>
<td>15:00 – 15:30</td>
<td>Introduction to the practical exercise: research questions, datasets, methods, expected products</td>
<td>Leonardo F, Franciele H, Andrea Wendt, Aluisio B</td>
</tr>
<tr>
<td>15:30 – 16:00</td>
<td>Tea - break</td>
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</tr>
<tr>
<td>16:00 – 17:30</td>
<td>Start of country exercises</td>
<td>All</td>
</tr>
<tr>
<td>17:30</td>
<td>Wrap up of day 1</td>
<td></td>
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</tbody>
</table>

### Day 2 – Thursday, 7 November 2019

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter</th>
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</thead>
<tbody>
<tr>
<td>9:00 – 11:00</td>
<td>Group work</td>
<td>All</td>
</tr>
<tr>
<td>11:00 – 11:30</td>
<td>Tea - break</td>
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<tr>
<td>11:30 – 13:00</td>
<td>Group work</td>
<td>All</td>
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<tr>
<td>13:00 – 14:00</td>
<td>Lunch</td>
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<tr>
<td>14:00 – 15:30</td>
<td>Group work</td>
<td>All</td>
</tr>
<tr>
<td>15:30 – 16:00</td>
<td>Tea - break</td>
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</tr>
<tr>
<td>16:00 – 17:30</td>
<td>Group work</td>
<td>All</td>
</tr>
<tr>
<td>17:30</td>
<td>Wrap up of day 2</td>
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<tr>
<td>20:00</td>
<td>Group dinner</td>
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### Day 3 – Friday, 8 November 2019

<table>
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<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter</th>
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</thead>
<tbody>
<tr>
<td>9:00 – 11:00</td>
<td>Presentation – 5 groups</td>
<td>All</td>
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<tr>
<td>11:00 – 11:30</td>
<td>Tea - break</td>
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</tr>
<tr>
<td>11:30 – 13:00</td>
<td>Presentation – 5 groups</td>
<td>All</td>
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<tr>
<td>13:00 – 14:00</td>
<td>Lunch</td>
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</tr>
<tr>
<td>14:00 – 15:30</td>
<td>Presentation – 5 groups</td>
<td>All</td>
</tr>
<tr>
<td>15:30 – 16:00</td>
<td>Tea - break</td>
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<tr>
<td>16:00 – 17:30</td>
<td>Policy implications and closing of workshop</td>
<td>Univ. of Pretoria, APHRC, IDRC, UNICEF, WHO</td>
</tr>
</tbody>
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