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Reproductive Health, Labor Outcomes, and Pro-Poor Growth in South Africa: A Microsimulation Approach

South Africa has experienced fertility decline, but like many developing countries outside of East Asia, has not seen the parallel decline in poverty and inequality that would signify a demographic bonus from the fertility decline. This study uses microeconomic arguments and household level data on early childbearing and excess fertility to quantitatively analyze the persistence of poverty and inequalities in South Africa. The channels of interest here, through which poor reproductive health outcomes affect the level of poverty and inequalities, are missed labor market opportunities due to ill health and low educational attainment. Results from the quantitative analysis will be used to build a microsimulation model that will be used as a policy tool to evaluate the effects of different poverty reduction strategies.

Country where the research will take place

South Africa

How does the research describe the impact of population/reproductive health on poverty reduction and/or economic growth?

The research tests the assumption that poor reproductive health outcomes adversely affect the chances of poor women, their children, and families to escape poverty through a set of channels. These channels include: poor general health status, increased medical costs, and low education status. All these outcomes would reduce women's productivity, preventing them from fully benefiting from available economic opportunities, and may lead to lower living standards and poverty.

How will the research address a policy need, and what kind of policy lesson is expected?

Using data from South Africa, the research will address the need to understand the link between poor reproductive

health outcomes and poverty to inform policies aimed at reducing poverty among women in developing countries. The study expects to show the development of poverty reduction strategies should prioritize investments in reproductive health.

Methods used

The analysis in this study is essentially quantitative. A combination of econometric techniques is used to fit a number of household choice models.

Data used

The study uses household level data surveys such as: South Africa Demographic and Health Survey (SADHS) 1998; October Household Survey (OHS) 1998; National Income Dynamic Study (NIDS) 2008; and a set of administrative data on taxes and subsidies.