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- 1. Title of paper**
Poverty and Health in South and Southern Africa: Evidence from the Demographic and Health Survey (DHS)
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- 5. Abstract**
Better health contributes to greater economic security and growth. Improved health is central in the demographic transition, which is considered a driver of economic growth. Better health contributes to productivity in the workplace, the intellectual and physical development of people, and enhances school attendance and learning. Indirectly, better health also means that less resources are crowded out by health care expenditure and care-giving. Poverty, in turn, contributes to ill-health insofar as the poor are more vulnerable and have the least means to combat disease and other health problems. This paper seeks to determine to what extent disparities in health and the access to and uptake of health care services remain an obstacle to the economic empowerment of peoples in Southern Africa. The relationship between poverty and health in South Africa and Southern Africa is explored with the aid of data from the Demographic and Health Surveys (DHS) conducted by Macro International. This internationally standardized survey on demographic and health care issues have been conducted in most countries in the world. The first South African Demographic and Health Survey was conducted in 1998. The DHS does not collect information on income and expenditure, but do ask a number of questions related to socioeconomic circumstances in the household questionnaire, e.g. asset ownership, housing material, and access to sanitation and water. In the absence of data on income and expenditure, data on these variables are used to develop an asset index that can be used as a proxy for socioeconomic status. As a first step, the DHS data for South Africa is used to explore the relationship between health and poverty. A methodological approach similar to that employed by the World Bank in research on socioeconomic differences in health, nutrition and population (HNP) is used for this purpose. Such analysis has as yet not been conducted for South Africa. Factor analysis is employed in identifying which of the specific variables best explain differences in the construct of 'socioeconomic status'. The individual standardized scores on the selected variables are then weighted by the corresponding scoring coefficients obtained from the factor analysis to calculate the asset index. The population is then divided into five wealth quintiles so as to determine how certain health characteristics (e.g. immunization coverage, antenatal care and delivery attendance) differ between people of different socioeconomic status. The indicators used for this purpose are the poor/rich-ratio and the concentration index. The World Bank has recently published reports on health, nutrition and population (HNP) for six Southern African countries. During the second part of the analysis, the results for South Africa are compared to the results published for these six countries, with the emphasis on the service indicators reported in the HNP country reports. These results, together with the South African results put forward in this paper, emphasize the extent to which poverty and ill-health remain an obstacle to economic development in Southern Africa.