

Researcher

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Impact of Reproductive Health Services on Socioeconomic Development in Sub-Saharan Africa: Connecting Evidence at the Macrolevel, Mesolevel, and Microlevel

Whereas knowledge regarding the operational design of reproductive health services is increasingly available, its impact on social and economic development is still poorly understood. This project analyzes the relationships and interactions between reproductive health (RH) and poverty at the individual/household level, community level, and district level, relying on several data sources. Special attention is given to RH shocks and the impact of availability and use of reproductive health services on individual/household poverty. The research relies on enriched DHS surveys, WB-LSMS panel data, and data collected specifically for this project, followed by a detailed assessment of the likelihood of changes in wealth status. Additional field research is carried out to assess the demand for and use of RH services as well as the supply of these services. The combined analyses provide new insights into how specific reproductive health services can reduce poverty incidence and generate evidence-based policy and program recommendations.

Countries where the research will take place

Sub-Saharan Africa, with main focus on Northern Tanzania

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

Wide regional disparities and household differences in reproductive health practices and poverty in sub-Saharan Africa point to difficulties in achieving adequate coverage of social services. The impact and mechanisms of how different types of RH interventions affect poverty are poorly understood.

The project focuses on adolescents and young couples because they are particularly vulnerable to RH shocks. The RH status can be differentiated as family planning (focusing on marriage age and contraceptive use) and safe motherhood (focusing on early unwanted teenage pregnancies and maternal morbidity/mortality). Therefore, willingness to invest in education and assets, and changes in risk behavior and time horizon are relevant developmental indicators. The reduction of poverty at the individual/household level, due to investments in effective RH services, is related to community/district poverty for the region, where such investments are made. Other individuals/households may also indirectly benefit from RH services through externalities (e.g., learning and spillover effects). This research framework permits an interactive appraisal of the impact of RH services at different scale levels (micro, meso, macro) and enables a thorough analysis of the dynamic interactions between RH shocks and wealth under different institutional and policy conditions.

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

Results of the combined analyses will be worked into the timing of policy and program recommendations to effectively tailor RH with poverty alleviation. We mostly concentrate on multilevel interactions and derived feedbacks between health and wealth systems. The research is expected to provide new insights in how specific RH programs (providing insurance, knowledge, and access) can reinforce the effectiveness, impact, and targeting efficiency of poverty reduction programs, taking into account the diversity in demands and capabilities of households. This project explicitly considers spatial and dynamic interactions between RH and wealth at multiple levels. This combination of research approaches permits the development and testing of an innovative framework for an integrated, interactive, and unbiased impact assessment of RH services on poverty.

Methods used

The program includes five related subprojects:

- District reproductive health investments and poverty reduction in 32 sub-Saharan African countries.
- Estimating the impact of RH services on socioeconomic variables in the Lake region of Tanzania.
- Use of RH services: the importance of social networks, intrahousehold dynamics, and individual strategies to escape poverty.
- The logic of RH prioritization in Tanzania.
- Comparative assessment of multiple RH service channels.

Data used

The research relies on the following data sets:

1. Comprehensive set of African Demographic and Health Surveys (DHS), cleaned, standardized, and enriched with data at the district level and national level.
2. Panel data of 760 households that participated in the four wave WB-LSMS Health & Development panel survey in Kagera region, Tanzania.
3. Panel data of 800 women interviewed in 2004 and 2010 in Kagera, Mwanza, and Mara regions, Tanzania.
4. Surveys among 500 men and women in three villages in the Lake region of Tanzania.
5. Field survey in the Lake region of Tanzania using experimental gaming research methods.
6. Focus group discussions in three villages in the Lake region of Tanzania.
7. Discrete choice experiments with policymakers in Tanzania.

Research results

The following papers have been submitted to peer-reviewed journals:

- Abiba Longwe and Jeroen Smits, “Effects of Reproductive Health Outcomes on Primary School Attendance: A Sub-Saharan Africa Perspective.”
- Judith Westeneng and Ben D’Exelle, “The Influence of Fertility and Household Composition on Female Labor Supply: Evidence From Panel Data on Tanzania.”

Research products

Data have been collected in the Lake region of Tanzania.