

A Dynamic Analysis of the Role of Growth and Reproductive Health in Poverty: The Case of Zambia

Abstract

As developing effective anti-poverty policies depends also on a solid base of information, we contribute to this effort by analyzing the interactions among poverty, growth and reproductive health based on analysis of data from the Living Condition and Monitoring Survey (LCMS). The specific objectives are threefold. The first one is to understand the poverty situation in this Sub-Saharan nation. Second, to empirically assess the role growth and reproductive health play in poverty. Third, it is to recommend policies necessary for combating poverty and identify of the institutions that have been established to fight poverty. We rely on regression analysis to empirically underpin the determinants of poverty, focusing on whether or not growth and reproductive health play significant roles.

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

The importance of health in economic development is well documented. The World Bank's World Development Report (2001) recognized ill health as one of the multiple dimensions of poverty. According to that report, poverty encompasses not only material deprivation (income and consumption poverty) but also low levels of education and health when they accompany material deprivation.

Additional dimensions of poverty include vulnerability and exposure to risk as well as voicelessness and powerlessness. Where income and health are concerned, vulnerability

means that in addition to the possibility of falling into income or health poverty, there is also exposure to other risks, including "violence, crime, natural disasters and being pulled out of school. Health and education are viewed as important ends in themselves as well as means to reducing poverty. Because health and education are also core assets in the economists' calculations of human capital, they are critical inputs into poverty reduction, economic growth and long-term economic development.

What is Zambia's health trend? We address this question focusing on the reproductive health status—mortality rates.

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

As developing effective anti-poverty policies depends also on a solid base of information, we contribute to this effort by analyzing the interactions among poverty, growth and reproductive health based on analysis of data from the Living Condition and Monitoring Survey (LCMS). The specific objectives are threefold. The first one is to understand the poverty situation in this Sub-Saharan nation. Second, to empirically assess the role growth and reproductive health play in poverty. Third, it is to recommend policies necessary for combating poverty and identify of the institutions that have been established to fight poverty.

Methods used

We rely on regression analysis to empirically underpin the determinants of poverty, focusing on whether or not growth and reproductive health play significant roles. Cross-sectional data of the districts is used from the 2004 Living Condition and Monitoring Survey (LCMS). The variables include real per capita household income, output growth, human capital, reproductive health indicators and access to infrastructure. Only real income per capita, food production is in logarithms.

Data used

Living Condition and Monitoring Survey (LCMS, 2004).