

Poverty Reduction: Does Reproductive Health Matter?

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This paper reviews and assesses existing research on the links between reproductive health outcomes — adolescent pregnancy, unintended pregnancy including abortion, high and excess fertility, and poorly managed obstetric complications — and poverty, particularly at the individual and household levels. We examine the specific causal mechanisms — education, productivity and earnings, household savings and income, and health feedbacks — linking each outcome to poverty. This evidence on the reproductive health-poverty linkages could be used to direct resources toward poor women to improve their reproductive health and help them and their families escape poverty.

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Introduction

Although common sense would suggest that poor reproductive health outcomes adversely affect the chances of poor women, their children and families to escape poverty, the evidence base to support this argument at the household level is thin. Disease advocates have done a much better job than their reproductive health counterparts in demonstrating the links between poor health and poverty, the emphasis of current funding priorities.

This paper reviews and assesses existing research on the links between reproductive health outcomes — early pregnancy, unintended pregnancy including abortion, high and excess fertility, and poorly managed obstetric complications — and poverty, particularly at the individual and household levels. We examine the specific causal mechanisms — education, productivity and earnings, household savings and income, and health feedbacks — through which poor reproductive health outcomes can contribute to poverty. Of special concern in this review is data and methodology.

Other evidence on linkages between health and poverty

Because there is relatively little evidence at the household level that explicitly links reproductive health outcomes with poverty, we begin by reviewing the research describing the implications of other health problems for poverty. The causal pathways by which poor health contributes to poverty identified by this literature have been illuminating in our exploration of the reproductive health-poverty linkages. We have had to glean much of what we know about the latter from studies not explicitly designed to look at poverty, and thus have had to make some assumptions about how poor health at the household level

Burden-of-disease measurement is widely used to set priorities for the allocation of health resources. This sort of analysis also demonstrates the consequences for health and poverty of not addressing specific health problems. Reproductive health does not fare as well as disease in these burden-of-disease assessments because reproductive health is so much more than the absence of disease. Indeed, its broad definition, despite being intuitively sensible, poses many challenges to quantitative analyses of all kinds. To complicate matters, reproductive health morbidities and their consequences are not well measured, particularly in the developing world. The impacts of reproductive health morbidities are also often context and culture specific.

Having said this, however, we do know beyond the shadow of a doubt that reproductive health morbidities resulting from unsafe sex are among the primary contributors to the global burden of disease.¹ Unsafe sex is the *second* most important cause of attributable DALYs, behind underweight. Lack of contraception also figures among the top twenty causes of attributable DALYs.

Identifying reproductive health outcomes and how they might be linked to poverty

We organize our review around the various pathways through which poor reproductive health appears to contribute to poverty. The reproductive health outcomes that are the focus of this analysis are adolescent pregnancy, high and excess fertility, unintended pregnancy (unwanted and ill-timed) and abortion, and poorly managed obstetric complications. These outcomes and the hypotheses that have been explored in studies that evaluate them appear in Table 1.

Our analysis devotes a special effort to assessing adolescent reproductive health outcomes and their impact on poverty. Adolescent reproductive health is particularly important for a number of reasons. The number of young people currently alive today makes it imperative to understand the implications of these transitions for the health and development of young people and their children. The period of adolescence and early adulthood is critical to the rest of the young person's life and helps to determine whether s/he is able to resist the intergenerational transmission of poverty or not. Poor reproductive health at this age appears to have particularly serious consequences for the life chances of both mothers and children. At the same time, this set of relationships is the most difficult to measure and most vulnerable to misinterpretation.

Early/adolescent childbearing interrupts school and diminishes a young woman's employment opportunities. It is also potentially associated with less maternal investment and developmental disadvantages in their children. Young pregnant women and mothers have poorer health as a result of lower investment in their own health as well as biological constraints, and they often seek out antenatal care later in pregnancy, which may also have implications for the health of their children and in turn for those children's prospects.

High or excess fertility appears in some cases to affect poverty through reduced investment in a given child. The demographic composition of the household — number of children and their ages and sexes — mediates investment in children through several pathways: reducing girls' schooling by increasing gender discrimination; reducing children's schooling by contributing to their fosterage outside the household; and increasing morbidity, reducing schooling. All of these pathways are complicated by the fact that high fertility can work as an overall positive family strategy where older children are invested in heavily and expected to contribute to the household after they begin working. This can translate into better outcomes for the youngest children of a large family, as the young ones benefit from the contributions of their older siblings.

Unintended fertility has surprisingly persistent effects on the health, development and school performance of children. The disruption of the mother's schooling or employment is one pathway for unintended fertility to contribute to poverty. And there appear to be lasting effects on children of the reduced investment in health and wellbeing of the mother during pregnancy *and* the child after it is born. One of the important reproductive health consequences of unintended pregnancy is abortion. While unsafe abortion among young women is widely recognized as a serious risk for mortality worldwide, there is little evidence on its consequences for the long-term well-being of these women.

Poorly managed obstetric complications lead to maternal mortality as we know, and there is a fairly well-developed literature on the effects of early loss of a parent, especially a mother, on children's wellbeing. Sickness and death reduce investments in children, and contribute to household dissolution. Maternal mortality is a small fraction of the morbidities that women experience as a result of the poor management of obstetric complications, including hemorrhage, fistulae, and prolapse. Women of very high parity are likely to experience greater morbidity and mortality with a given labor and birth. Reproductive health mortality and morbidities reduce investments in children and contribute to household dissolution. Closely spaced childbearing appears also to contribute to maternal morbidities, reducing maternal investment in children. There is considerable debate about whether maternal depletion contributes to illness among

women, or whether the risks of pregnancy, basically similar from one pregnancy to the next, are merely compounded by large numbers of pregnancies.

Table 1. Reproductive health outcomes and potential paths to poverty

Early childbearing

- Early childbearing causes poverty by disrupting schooling, employment opportunities
- Being born to an adolescent mother has long-term implications for child development, and therefore the inter-generational transfer of poverty
- Adolescent mothers have poorer health, through less use of health care services and biological constraints

High/excess fertility

- High fertility reduces investment in individual children, contributing to poverty.
- Household demographic composition mediates fertility and investment in children.
- High fertility reduces girls' schooling by increasing gender discrimination.
- High fertility reduces children's schooling by leading to their fosterage outside household.
- High fertility increases morbidity and therefore reduces schooling, decreasing human capital of children.
- High fertility increases poverty by reducing women's ability to work for pay.
- High fertility increases poverty by reducing family's ability to save and protect itself from unexpected dips in income.

Unintended fertility (mistimed or unwanted)

- Early childbearing causes poverty by disrupting schooling, employment opportunities
- Unwantedness affects the way pregnancies/children are cared for and invested in
- Induced abortion performed illegally contributes hugely to young women's morbidity and may have lasting effects on their health and wellbeing.

Poorly managed obstetric complications

- Maternal mortality has lasting effects on the household.
- Serious maternal morbidities have lasting effects on women's productivity and household wellbeing.

Implications for poverty reduction efforts

The primary implications of our review for research is to determine whether and which future investments in research might help to strengthen the evidence base on reproductive health and poverty linkages. This evidence base could be used in such key documents as Poverty Reduction Strategies to channel resources toward the reproductive health needs of poor women and demonstrate that such expenditures would not only benefit the health of those women (a goal itself) but also help them and their families escape poverty. This evidence on the reproductive health-poverty linkages could thus be used to direct resources toward the reproductive health needs of poor women.

¹ Ezzati, Majid et al. 2002. "Selected Major Risk Factors and Global and Regional Burdens of Disease." *The Lancet*. Published online Oct.30, 2002. <http://image.thelancet.com/extras/02art9066web.pdf>