



# Orphanhood and fertility in young adults: Evidence from South Africa



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## ABSTRACT

I study the relation between orphanhood and fertility patterns in young adults using a longitudinal survey from the city of Cape Town, South Africa. The data set combines two survey waves with a year-by-year life history calendar that records key outcomes (e.g., schooling, work, fertility). It also provides information on so-called 'parental investments' (time and material support), family background, and literacy and numeracy test scores. I find that orphans exhibit significantly higher rates of teenage pregnancy. In particular, teenage motherhood is 19% points more likely among (female) orphans. These results suggest that orphanhood may leave a long-lasting 'imprint' in terms of premature fertility, especially in teenage females.

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## 1. Introduction

More than 2 million South African children under age 17 have lost one or both of their parents (UNAIDS/UNICEF/USAID, 2004). These statistics are common for sub-Saharan African countries, where 43 million children were orphans as of 2003, with many of their parents passing away in their prime age, partly due to HIV/AIDS. Although a large fraction of these orphans are taken care of by their extended family or by a surviving parent (Monasch and Boerma, 2004), this may not be enough to keep them at parity with non-orphans. Indeed, evidence coming from longitudinal studies in low-income regions shows that parental loss during childhood significantly decreases enrollment rates and schooling outcomes (Case and Ardington, 2006; Evans and Miguel, 2007).

If orphans are lagging behind in school after their parents die, are there other consequences of parental death? This concern about potential long-lasting effects stemming from parental death cannot easily be disregarded. There are different channels through which disadvantages early in life may persist over time. For example, given that depressed educational outcomes substantially reduce income generation possibilities in adults (Card, 1999; Duflo, 2001), it is possible that the current educational disadvantages in orphaned children could affect other outcomes, such as fertility.

In this paper, I use a longitudinal survey from the city of Cape Town, South Africa, to evaluate fertility patterns and its relation to orphanhood status. The data comes from the Cape Area Panel Study (CAPS), which was carried out to study the multiple dimensions describing the transition of adolescents into adulthood in urban Cape Town, the second most populous city in South Africa. The uniqueness of this data set lies within the combination of different survey waves with a life history calendar that records schooling, work, and fertility outcomes, as well as living arrangements for every year the young adult has lived since birth. Additional information on so-called 'parental investments' (time and material support), family background and literacy and numeracy test scores are also included. These features make it a rich source of data to understand fertility for young adults in light of conditions earlier in life and, specifically, to test for long lasting effects associated with parental death. Furthermore, CAPS allows me to distinguish whether third factors (such as parental background and parental investments earlier in life) may be driving the relationship between orphaning and young adult outcomes.

Before proceeding with the analysis of the data, I briefly summarize the state of the literature on the consequences of orphanhood and link it to that on teenage pregnancy, paying specific attention to South Africa. In Section 3, I introduce the data and present the main patterns describing the transition to adulthood in orphaned and non-orphaned young adults. In

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Section 4, I test some hypotheses and offer an interpretation of the results. Section 5 concludes this paper.

## 2. Literature review and testable hypotheses

### 2.1. Literature review

It is hard to imagine a more traumatizing event than the loss of a parent during childhood. Not surprisingly, different disciplines have studied the consequences of orphaning. One of them may be early pregnancy. In this respect, one can briefly summarize the situation in South Africa stating that about one in three teenagers (ages 13–19) report “ever having been pregnant” in South Africa (*Partners in Sexual Health*, 2013). Teenage pregnancy is not only of concern because it reflects unprotected sex, but also because of the risks to female teenagers and their child (premature birth, low birthweight). Teenage pregnancy is a multifactorial phenomenon correlating with school drop-out, poverty, race and gender inequalities in decision-making (Flanagan et al., 2013; Jewkes et al., 2009; Panday et al., 2009).

#### 2.1.1. Schooling, orphanhood and pregnancy

Since pregnancy and schooling are interrelated, it is important to understand the South African educational context and potential drivers of both educational and pregnancy outcomes. The relationship between teenage pregnancy and schooling is complex. About 30% of teenage mothers manage to stay in school during and after pregnancy (Grant and Hallman, 2008; Karra and Lee, 2012), but pregnancy is not frequently cited among teenagers as a reason for not attending school (Statistics South Africa, 2012). However, teenage (Black) African mothers, who often rely on their mothers for child care and upbringing (Jewkes et al., 2009), may be at a disadvantage to attend school if their mothers have died, being unable to rely on this type of inter-generational childcare pattern. Case and Ardington (2006) find that “the loss of a child mother is a strong predictor of poor schooling outcomes”, despite the fact that maternal death alone does not predict a worsening in the economic situation of the household. Mothers may thus provide guidance (on reproductive health and other matters) and care and orphans lacking this supervision may be at risk for premature fertility.

South Africa is still a racially stratified country in terms of income, educational and health outcomes. Under the apartheid regime (Black) Africans made up the most severely disadvantaged group in terms of residential mobility, schooling and job opportunities. Black and coloured schools received less money per pupil than white schools and in the post-apartheid era, there are still differences measured in pupil/teacher ratios and lower test scores (Case and Deaton, 1999).

The Constitution of the Republic of South Africa adopted in 1996 guarantees citizens the right to basic education but until recently most schools charged fees. In 2006, fees began to be phased out, especially with the poorest schools, but effective until Grade 9. Moreover, fees may still be a barrier to continuing education beyond Grade 9 for those coming from economically disadvantaged households, especially if including other school-related expenses (uniforms, books and transportation) are taken into account.

Primary and secondary school consist of 12 grades. Education is mandatory until Grade 9, but passing an examination at the end of Grade 12 (known as “Matric”), is the key to better paid jobs and lower chances of unemployment (Lam et al., 2008). Therefore, completing the mandatory educational schedule is no guarantee of accessing adequate job market outcomes.

(Black) Africans advance through school at a slower pace than other population groups, due to dropping out of school for a year for such reasons as death in the family or the inability to pay fees.

Grade repetition is also frequent. Thus, Africans may still be enrolled in their late teen years, but far behind the regular schooling schedule. Moreover, there remains a large inequality of school resources, with differences in pupil/teacher ratios, school management, teacher quality and absenteeism (Hoadley, 2007; Lam et al., 2011). A well-documented finding in the specialized literature places orphans at a higher risk of poor educational outcomes than non-orphans. Cross-country evidence (Case et al., 2004; Guarcello et al., 2004) suggests that orphans are, on average, less likely to attend school than non-orphans are. This disadvantage tends to be accentuated among those orphans living with distant relatives (although they represent a small fraction in my sample). Ainsworth and Filmer (2006) find that these differences in schooling may greatly vary from country to country. However, if the sample is restricted to the subgroup of countries in Eastern and Southern Africa, the strong link between orphanhood and decreased enrollment is restored.

Longitudinal studies have also confirmed this relationship and have established a causal link between orphanhood and educational outcomes. Case and Ardington (2006) use a large longitudinal survey from northern KwaZulu-Natal. Both the large sample sizes and the longitudinal aspect of their data set allow them to identify the effect of orphanhood on educational outcomes while controlling for individual unobserved heterogeneity as well as to study the mechanisms that drive this phenomenon. Maternal death is found to have a negative effect, both in terms of years of completed education and in terms of enrollment, whereas paternal death does not affect these indicators. Most of these results have been corroborated in other studies (Ainsworth et al., 2005; Beegle et al., 2006; Evans and Miguel, 2007). Of particular interest to this article is the concern that poorer educational outcomes may, in turn, adversely affect key indicators later in adulthood, for example through a causal effect of education on fertility decisions.

#### 2.1.2. The AIDS/HIV epidemic as a driver of orphanhood and pregnancy outcomes

Since most orphans are AIDS orphans, the stigma of the disease might leave a strong imprint on these young adults. HIV/AIDS is closely linked to the phenomenon of orphanhood. Gou et al. (2007) estimates that 61% of maternal and/or double orphans are due to parental AIDS-related deaths. Illness and death reduces the pool of caregivers and breadwinners. Many children drop out of school to care for the ill and dying. The epidemic increases the dependency ratio (due to deaths related to AIDS occurring mostly in the 25–49 years age group) and reduces per capita income by about 40%, according to Booysen et al. (2003). An important proportion of household expenditures is allocated to health care and away from schooling. With over 60% of orphans due to AIDS-related deaths of one or both of their parents, it is important to briefly describe how the epidemic has affected the life trajectories of these children and young adults.

As Sherr et al. (2014) point out, many orphans are exposed to HIV even without being infected. Children rely on adults for protection and care and HIV/AIDS reduces the chances that these children have an adequate environment in which they can thrive.

Children of parents at risk for HIV infection are vulnerable to a host of challenges. This is only magnified by a diagnosis of HIV infection of the parent: shocked by the news, the infected mother or father may no longer be able to provide proper care to their offspring. As the infection progresses, the children may be taken out of school to provide care to ill adults, to perform household chores and/or care for other children and to supplement income. One of the probable serious consequences of this constraint on children/young adults is the engagement in transactional sex as a means to supplement household income (or provision of such expenses as school fees, transportation, clothing), as has been

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