Work and family transitions and the self-rated health of young women in South Africa

Rachel Bennett[a],[1], Philippa Waterhouse[b],[*],[1]

[a] University of Gloucestershire, United Kingdom
[b] The Open University, United Kingdom

ABSTRACT

Understanding the transition to adulthood has important implications for supporting young adults and understanding the roots of diversity in wellbeing later in life. In South Africa, the end of Apartheid means today's youth are experiencing their transition to adulthood in a changed social and political context which offers opportunities compared to the past but also threats. This paper presents the first national level analysis of the patterning of key transitions (completion of education, entry into the labour force, motherhood and marriage or cohabitation), and the association between the different pathways and health amongst young women. With the use of longitudinal data from the South African National Income Dynamics Study (2008–2015), this paper employs sequence analysis to identify common pathways to adulthood amongst women aged 15–17 years at baseline (n = 429) and logistic regression modelling to examine the association between these pathways and self-rated health. The sequence analysis identified five pathways: 1. 'Non-activity commonly followed by motherhood', 2. 'Pathway from school, motherhood then work', 3. 'Motherhood combined with schooling', 4. 'Motherhood after schooling', and 5. 'Schooling to non-activity'. After controlling for baseline socio-economic and demographic characteristics and health, the regression results show young women who followed pathways characterised by early motherhood and economic inactivity (1, 3 and 4) had poorer self-rated health compared to women whose pathways were characterised by combining motherhood and economic activity (2) and young women who were yet to become economically active or mothers (5). Therefore, policies should seek to prevent adolescent childbearing, support young mothers to continue their educational careers and enable mothers in work and seeking work to balance their work and care responsibilities. Further, the findings highlight the value of taking a holistic approach to health and provide further evidence for the need to consider work-family balance in the development agenda.

1. Introduction

There are currently an estimated 1.8 billion young people aged between 10 and 24 years, 90% of whom live in low and middle-income countries (UNFPA, 2014). Young adulthood is characterised by several important transitions that are considered markers of adulthood, especially those related to family formation and the completion of education and entry into the labour force. As the largest ever cohort of young people face the challenges of negotiating their transition to adulthood, there is considerable concern about implications for both short- and long-term health.

Potential new roles during the transition to adulthood offer chances for achievement and difficulties for young people creating promises, but also threats, to wellbeing. Graber and Brooks-Gunn (1996) propose the concept of transition-linked turning points whereby experiencing particular transitions at particular points in the life course affects wellbeing. Indeed, in the context of the USA, both Schulenberg et al. (2004a) and Galambos and Krahn (2008), found that success or difficulty in domains of early adulthood (such as education, unemployment or marriage/romantic involvement) were related to trajectories of wellbeing during this period. Such research helps to identify key areas where policy could be implemented to facilitate improvements in adolescent and young adult wellbeing. However, it is well-acknowledged that transitions to adulthood and the significance of the timing and occurrence of different life events are embedded in socio-cultural and economic settings and vary between contexts (Schulenberg et al., 2004b). Whilst there is a body of evidence on the relationship between transitions to adulthood and wellbeing in high-income settings, there is

a need to understand the consequences of pathways to adulthood in low- and middle-income countries.

This paper presents an exploratory analysis of the patterning of key work-family transitions and seeks to understand how they interact with self-rated health, a well-used subjective measure which relates both to psychological and biological wellbeing (Jylhä, 2009), amongst young women in South Africa. There are well-documented links between socio-economic position, psychosocial wellbeing and social support and self-rated health both internationally and in South Africa (Mansyur et al., 2008, Chola and Alaba, 2013), which are all factors which could link to work-family transitions. Further, self-rated health is not only a useful proxy for contemporary holistic health but also a strong predictor of subsequent morbidity and mortality (Manor et al., 2001; Jylhä, 2009). Therefore, this second element of the paper provides important insights into how the occurrence and timing of events at this critical life stage are linked to current and future health status.

The specific research questions are:

1) What are the common pathways to adulthood among young women in South Africa focusing on the sequence of events in terms of entry into parenthood, partnership, employment and leaving education?
2) Does a relationship exist between young women's pathways to adulthood and their self-rated health?

2. Transition to adulthood and wellbeing amongst young women in South Africa

Several features of South African society make the analysis of the transition to adulthood amongst young women in this context important and different to other sub-Saharan African countries. The end of Apartheid in 1994 means today's youth are experiencing their transition to adulthood in a changed social and political context (Bray et al., 2010). The introduction of the African School Act in 1996 made education compulsory from Grade 1 to 9 (Heaton et al., 2014). This has resulted in greater equality in access for all races and both genders, and South Africa now performs significantly above the regional average in terms of gross enrolment (World Bank, 2016a). Nonetheless, there are high rates of grade repetition and dropout among black and coloured students (Heaton et al., 2014). Furthermore, there is very high youth unemployment, with approximately one in every two 15–24-year olds being unemployed (World Bank, 2016b). Family formation is a further area that makes the transition to adulthood distinct in South Africa. Although South Africa has one of the lowest fertility rates in the region, it has comparatively high childbearing during very early adulthood, the majority of which takes place outside of marriage (Palamuleni et al., 2007). Indeed, marriage rates are extremely low, particularly among Black Africans, and when marriages do occur they tend to be at a later age than in other sub-Saharan African countries (Garenne, 2004). Despite the low marriage rates, non-marital cohabitation remains uncommon (Hosegood et al., 2009).

South African youth are in a unique position having to negotiate the transition to adulthood in a complex and uncertain socio-political environment. Recent studies using data on young people in Cape Town highlight the value of examining multiple transitions together for understanding young people's pathways to adulthood in this context. Biddecom and Bakilana's (2003) study of transitions into sexual activity, parenthood and union, argued that the concept of adolescence being 'demographically dense' does not apply to South Africa with young adults aged 15–22 years in Cape Town experiencing none or few transitions. Where different pathways were identified, these were characterised as being defined by disorder. Goldberg (2013) identified variation in the transition to adulthood with six different pathways defined for young women. She found family instability, defined as changes in parental co-residence before age 15, were associated with pathways to adulthood which may promote poorer life chances, such as early childbearing, early end to educational career and

underemployment. Further, Marteleto et al. (2008) considered the interactions between educational, sexual and reproductive transitions finding that poorer academic performance was associated with earlier sexual debut and earlier end to educational career. The current study will build on these regional studies by not only providing a national analysis of the transitions to adulthood amongst young women, but also examining the implications of these transitions for young women's health.

3. Methods

3.1. Study design

This paper draws on data from the National Income Dynamics Survey (NIDS). NIDS is a nationally representative panel with data collected in 2008 (wave 1), 2010–2011 (wave 2), 2012 (wave 3) and 2014–2015 (wave 4) (Southern Africa Labour and Development Research Unit, 2016a, 2016b, 2016c, 2016d). Wave 1 included 10,858 households and 28,226 individuals. Details of the NIDS, including design and sampling, have been described in detail elsewhere (Leibbrandt et al., 2009).

3.2. Measures

Sequences of the different transitions to adulthood focusing on education, work, parenthood and cohabitation or marriage to a partner were constructed using the biannual data. Education was defined using information on current enrolment status and the level of education currently enrolled in. Individuals who were enrolled in school but had missing information on level of schooling were assumed to be in secondary or lower education. Employment status was categorised as 'economically active' or 'economically inactive' only, where 'economically active' was defined as being self-employed or paid to work on a regular basis. Whilst a range of different work situations exist in South Africa, consisting of formal and informal labour, and ranging from full-time to casual work, considering this level of detail would significantly complicate the sequence analysis. This is also the reason that the education variable focuses on level of education rather than year/grade of education. Information on education and economic activity were used to create the work trajectories, where at each wave individuals were classified as either economically active, in higher, technical or vocational education, in secondary or lower education or in neither work nor education. Individuals identified as being in education and being economically active (< 5% at each wave), were classified as being in their specified level of education.

Family trajectories were created using information on parenthood and partnership. Marriage or cohabitation was defined as living with a partner or being currently legally married. Parenthood was defined as having had a live birth of a child. At each wave individuals were classified as either having never given birth and being married or cohabiting, having never given birth and not being married or cohabiting, having ever given birth and being married or cohabiting or having ever given birth and not being married or cohabiting.

Adolescent wellbeing at wave 4 was measured using self-rated health. Respondents were asked to describe their present health as excellent, very good, good, fair or poor. Small group sizes meant ratings were collapsed to create a dichotomous variable of those who rated their health as either excellent or very good, compared to those who rated their health as good, fair or poor. One respondent with complete data for the other variables had missing self-rated health data at wave 1 and was included in the 'good, fair or poor' category for the wave 1 health variable. Covariates included as controls in the analysis of the relationship between pathways and wellbeing were age, race, rural or urban residence, mother's and father's educational status, parental survival, parent co-residency, household wealth and migration history. The parental survival and co-residency variables were derived from the