

Household Structure, Social Protection and Health Seeking Behaviour in South Africa

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Outline of the paper

- Introduction
- Background
- Literature review
- Data and Methodology
- Statistical Results
- Empirical Results
- Conclusion

Introduction

- Importance of transfers in South Africa
- The household as a strategic institution
- Social protection and health
- Basic questions that need to be asked?

Brief Background

- Social protection programmes and health services in South Africa
- Health care financing and the household in South Africa
- Medical schemes in South Africa

Literature Review

- Households and health-seeking behaviour
- Actors of social protection and health-seeking behaviour

DATA AND METHODOLOGY

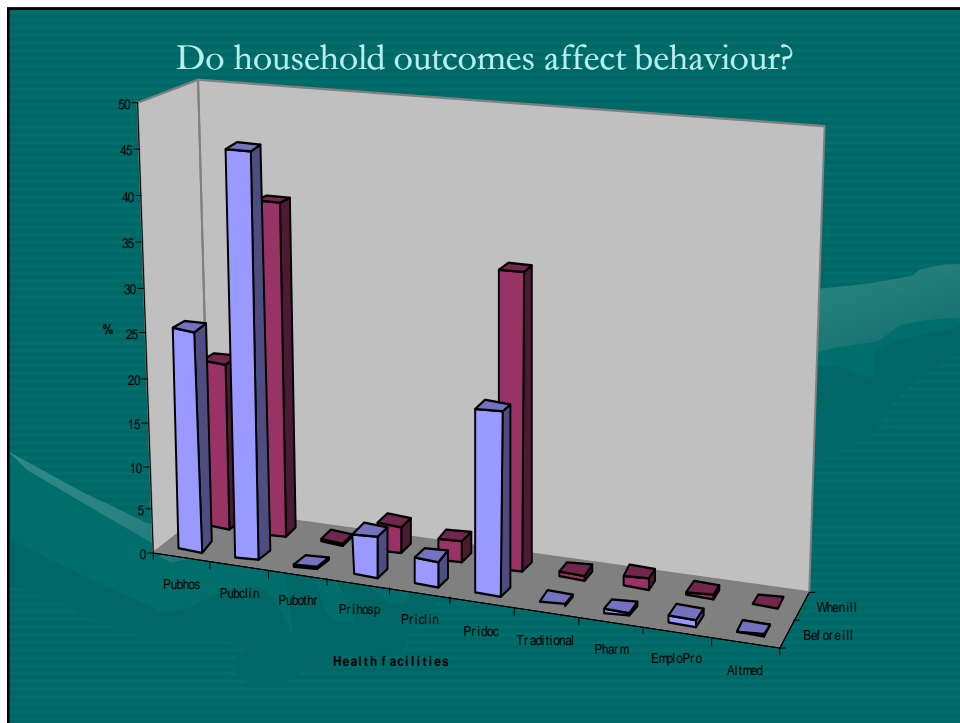
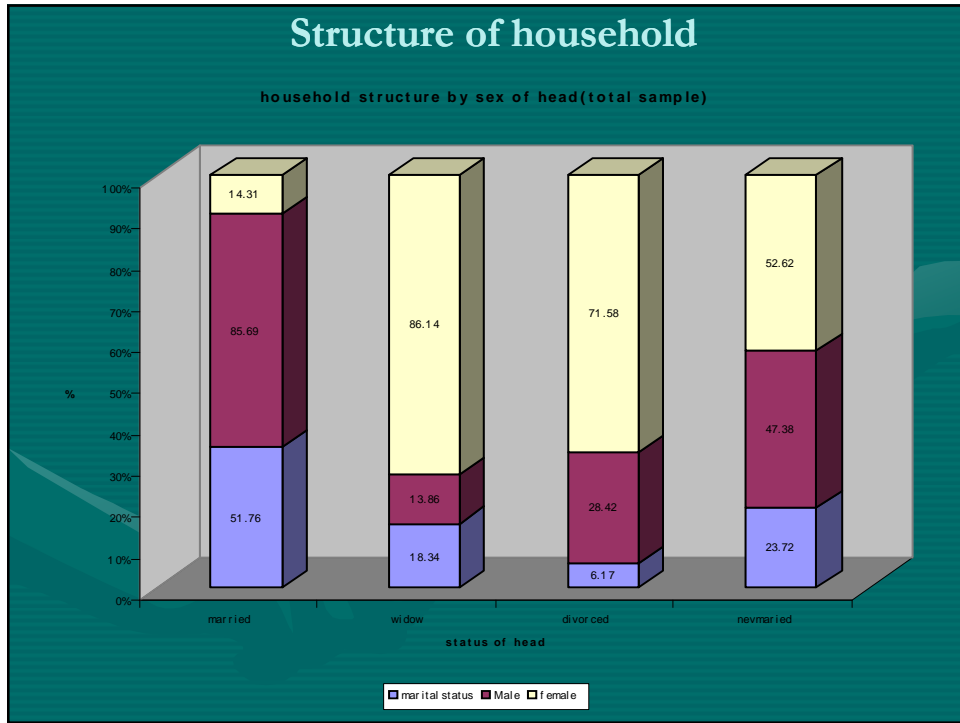
- Descriptive methods
- Econometric methodology
 - multinomial logit regression
 - Different household structures
- Similar to work by Maceira (1998) Chen and Guilkey (2002), Visser and Booysen (2004)

THE DATA

- 2004 General Household Survey
- **GROUP 1: Public Facilities**
 - public clinics
 - hospitals
- **GROUP 2: Private Facilities**
 - private hospitals
 - Clinics
 - and private doctors
- **GROUP 3: Others**

Statistical Analysis

- The GHS 2004
- 26 139 households
- 97 197 individuals.
- 8 378 households at least one individual reporting an illness
- 11 348 sick individuals



Distribution of Institutional Social Protection

- Is the populace receiving it?

Welfare grants	Household Structure				Total
	Married	Widow	Divorced	Nevermarried	
None	64.95	31.29	64.79	76.67	61.54
Old-age pension	7.16	32.08	8.87	3.74	11.03
Disability grant	5.70	8.46	6.76	4.71	6.04
Childsupport grant	21.16	26.39	18.23	13.87	20.21
Care-dependency grant	0.32	0.54	0.56	0.45	0.41
Foster care grant	0.47	0.85	0.43	0.29	0.49
Grant in aid	0.13	0.19	0.31	0.10	0.15
Social relief	0.12	0.19	0.06	0.18	0.14

Major Results and Implications

Income Effects

Facilities	Marginal effect(all households)	Married	Divorced	Widow	Nevmarried
Public	-0.0007(-4.35)*	-0.0001(-2.63)*	-0.0001(-0.95)	-0.0001(-2.90)*	-0.001(-3.59)*
Private	0.0003(2.11)	-0.001(-0.59)	-0.001(-0.02)	0.001(0.04)	-0.001(-1.47)

*significant (1%) **significant(5%) ***significant (10%).

Medical Aid Effects

Facilities	Marginal effect(all households)	Married	Divorced	Widow	Nevmarried
Public	1.86(9.75)*	1.86(9.75)*	1.81(2.49)**	1.62(4.77)*	1.51(4.70)*
Private	-0.55(-2.83)*	-0.55(-2.83)*	-1.78(-2.94)*	-0.91(-2.68)*	-1.23(-4.21)*

*significant (1%) **significant(5%) ***significant (10%).

Relevance of Institutional social support

Facilities	Marginal effect(all households)	Married	Divorced	Widow	Nevermarried
Public	0.09(0.57)	0.09(0.57)	0.14(0.27)	0.32(1.35)	0.54(2.15)**
Private	0.239(1.25)*	0.239(1.25)*	0.62(0.93)	0.69(2.34)**	0.41(1.29)

*significant (1%) **significant(5%) ***significant (10%).

CONCLUSIONS

- Social protection should include non-monetary benefits such as accessible public health facilities
- Social protection could be more visible in the vulnerable group especially households with a widow as head
- Any cost associated with public facilities should be discouraged

