

The Relationship between Maternal Health Risk Behaviors and Child Health in South Africa

ABSTRACT

Over 50,000 children under age five die in South Africa every year due to acute respiratory infections, diarrhea, malnutrition and HIV/AIDS. Many of these deaths are preventable with timely immunization and better domestic sanitation and hygiene. Mothers are usually the main caregivers for young children, and they are the first to notice when their child is sick. Moreover, research across many developing countries reports a strong relationship between maternal childcare practices and child health. This study interrogates whether there is an association between mothers who adopt health risk behaviors for themselves and the health outcomes of their children, as evidenced by timing of child immunizations and maternal reports of incidence of diarrhea and cough in the two weeks prior to data collection. The study is anchored on the theoretical debate about the extent to which individual agency versus social structure determine the choice of healthy or risky lifestyles and the implications this may have on an individual's dependent children. The theoretical framework is based on Cockerham's (2005) proposed Health Lifestyle Paradigm, which conceptualizes a person's dispositions or preferences (Bourdieu's *habitus*) as shaped by the interplay of choices and chances, and ultimately resulting in the adoption of healthy or risky lifestyles. The framework has been extended to include maternal health-related practices on behalf of their children that may impact their health outcomes. Maternal health risk behaviors are proxied by smoking, alcohol consumption, risky sexual practices and whether she is following treatment for a diagnosed condition, all relevant factors in the South African context. The data come from the 1998 South African Demographic and Health Survey (SADHS). This study is limited to the subsample of 2,440 children under age five that are matched with a mother in the same household. Logistic regression models are used to ascertain the existence and nature of the association between maternal health behaviors and child outcomes net of other socioeconomic and demographic variables. The main findings are that there are significant associations between maternal health risk behaviors and her child's health outcomes. Maternal alcohol consumption is associated with delays in immunization, and children of mothers who do not take medications for a diagnosed condition are significantly more likely to have had diarrhea or respiratory infections in the last two weeks. Data limitations prevent disentangling whether these findings are due to internalized maternal practices or overwhelming constraining structures that limit access to healthcare for both mother and child. Policy ramifications and needs for future research are discussed.