**The effects of lifestyle risk factors and non-communicable diseases on labour force participation in South Africa**

Abstract:

Background: The burden of lifestyle risk factors and non-communicable diseases in South Africa has been high and rising. The available research on the labour market has highlighted that chronic diseases are likely to prevent individuals from participating in the labour market. However little is known about the impact of lifestyle risk factors and non-communicable diseases on labour force participation in developing countries. The aim of this study was to examine the indirect effects of lifestyle risk factors associated with non-communicable diseases on labour force participation in South Africa.

Methods: Data used in this study was obtained from the National Income Dynamics Study. The study employed endogenous multivariate probit models with a recursive simultaneous structure as a method of analysis. The effects of lifestyle risk factors on labour force participation were assessed indirectly using marginal effects from simultaneous equations.

Results: The evidence suggested that non-communicable diseases and associated risk factors have detrimental impact on labour force participation. The analysis was also carried out taking into account the effect of gender differences considering that NCDs may have a greater effect on one gender that the other. The results revealed that the effect of stroke and heart diseases were only significant for men, while diabetes and high blood pressure were only significant for women. The results also emphasised the significant indirect impact of obesity, physical activity and alcohol consumption on labour force participation through NCDs, especially for men.

Conclusion: This paper provide evidence that lifestyle risk factors affect society and economy not only by causing non-communicable diseases but also by reducing labour force participation rates. The policy implication of this study are gender specific, the results highlight the necessity for instituting active policies designed to support the labour force participation of males diagnosed with stroke and/or heart disease. In addition, policies designed to support labour force participation of females with diabetes and high blood pressure or interventions to prevent the onset of diseases itself should be a priority. This may include embarking massive awareness of how to prevent and control NCDs on specific female health programmes such as maternal health programmes. To a greater extent, the findings from the study imply that calls for gender responsive health approaches which takes into account gender specific needs and priorities should be promoted as compared to a blanket approach.