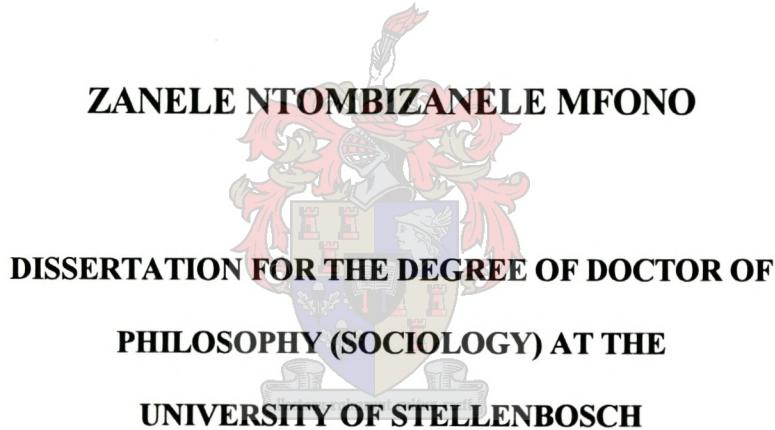


**AN ANALYSIS OF THE EMERGING PATTERNS OF REPRODUCTIVE  
BEHAVIOUR AMONG RURAL WOMEN IN SOUTH AFRICA:  
A CASE STUDY OF THE  
VICTORIA EAST DISTRICT  
OF THE EASTERN CAPE PROVINCE**

**By**



**PROMOTOR: PROFESSOR C J GROENEWALD  
MARCH 2002**

**DECLARATION**

**I, the undersigned, hereby declare that the work contained in this dissertation is my own original work and that I have not previously in its entirety or in part submitted it at any university for a degree.**

**Signature**

**Date**

**An analysis of the emerging patterns of reproductive behaviour among rural women in South Africa: a case study of the Victoria East district of the Eastern Cape province**

**Abstract**

The study describes and analyses changes in women's reproductive behaviour in developing communities. These changes took more than hundred years to occur in Western communities but only two to three decades in developing communities such as Taiwan and Barbados. The population of Victoria East district of the Eastern Cape province of South Africa was chosen as a case study of these changes. Changes in the reproductive behaviour of women are described over a period of twenty-two years.

The base year for the study is 1978 and data were collected up to 2001. Changes increased in particular since 1988. Statistical descriptive analyses were undertaken with regard to patterns of changes in variables such as age at the onset of births, child spacing, the mean number of births per woman, fertility regulation, and the number of children ever born. Variations in patterns were analysed according to age cohorts, occupation and marital status. Information regarding these variables was collected from records at hospitals and clinics. Focus group interviews were held to reflect women's own descriptions and experiences regarding these variables. The research design thus combines the quantitative and qualitative approaches.

The findings confirm a pattern of fertility decline that Caldwell described as the African pattern, which is different from that seen in Europe and Asia. It is characterized by a progressive delay in onset of childbearing and reductions in the mean number of childbirths that occur across all age cohorts and are associated with contraceptive accessibility.

The high incidence of non-marital childbearing in the Victoria East district however sets the population studied apart from the polygamous African societies on which Caldwell based the African transition. In this respect the population considered resembles the

scenarios seen in Latin America, the Caribbean, Botswana and in recent years Europe. The study population shows a divergence in the patterns of marital and non-marital childbearing, with marital childbearing following the African pattern. Because of its high incidence, non-marital childbearing is dominant and the major contributor to the fertility decline that is afoot. The implications of this pattern needs much more in-depth study before comparisons with the above-mentioned communities can be made.

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**'n Ontleding van die opkomende patronen van reproduktiewe gedrag van landelike vroue in Suid-Afrika: 'n geval studie van die Victoria-Oos distrik van die Oos-Kaapprovinsie**

### **Opsomming**

Die studie beskryf en ontleed veranderinge in vroue se reproduktiewe gedrag in ontwikkelende gemeenskappe. Hierdie veranderinge het in Westerse gemeenskappe meer as honderd jaar geneem om plaas te vind maar slegs twee tot drie dekades in ontwikkelende gemeenskappe soos Taiwan en Barbados. Die bevolking van die landelike Victoria-Oosdistrik in die Oos-Kaapprovinsie is gekies as 'n gevalstudie daarvan in Suid-Afrika. Veranderinge in die reproduktiewe gedrag van vroue in hierdie gemeenskap word oor 'n periode van twee-en-twintig jaar beskryf.

Die basisjaar van die studie is 1978 en data is ingesamel tot en met 2001. Veranderinge het veral toegeneem vanaf 1988. Statistiese-beskrywende ontleding is gedoen ten opsigte van patronen van verandering in veranderlikes soos die ouderdom by die skenk van geboorte, geboorte-spasiëring, die gemiddelde aantal geboortes per vrou, fertiliteitsreguleren en die aantal kinders ooit gebore. Variasies in patronen is ook na aanleiding van huwelikstaat en beroep bepaal. Inligting aangaande hierdie veranderlikes is verky vanaf rekords wat by hospitale en klinieke gehou word. Fokusgroeponderhoude is ook onderneem waarvolgens vroue se eie beskrywings en ervarings aangaande die genoemde veranderlikes verkry is. Groepe is saamgestel volgens verskeie ouderdomskohorte en huwelikstaat. Die

navorsingsmetodologie behels dus ‘n kombinasie van kwantitatiewe en kwalitatiewe benaderings.

Die bevindings bevestig ‘n patroon van fertilitetsafname wat deur Caldwell as die Afrika-patroon beskryf word en afwyk van die Europese en Asiatische patroon. Dit word gekenmerk deur ‘n progressiewe vertraging in die aanvang van geboorte-skenk, afname in die gemiddelde aantal geboortes oor al die ouderdomskohorte en word geassosieer met kontraseptiewe toegankliheid.

Die hoë voorkoms van buite-egtelike geboortes in die Victoria-Oosdistrik onderskei egter die bestudeerde bevolking van die poligame Afrika gemeenskappe waarop Caldwell die Afrika-oorgangstipe gebaseer het. In hierdie opsig vertoon die bevolking eerder ooreenkomste met ontwikkelende gemeenskappe in Suid-Amerika, die Karibiese Eilande, Botswana en die meer onlangse Europa. Die bestudeerde bevolking vertoon uiteenlopende patronen van binne-egtelike en buite-egtelike geboortes met die binne-egtelike patroon meer in ooreenstemming met die Afrika-patroon. Die hoë voorkoms van buite-egtelike geboortes domineer egter die algemene patroon en kan beskou word as die hoof bydraende faktor in die afnemende fertilitet wat waargeneem is. Die implikasies hiervan moet egter veel dieper studie ondergaan alvorens verdere vergelykings met die bogenoemde gemeenskappe gemaak kan word.

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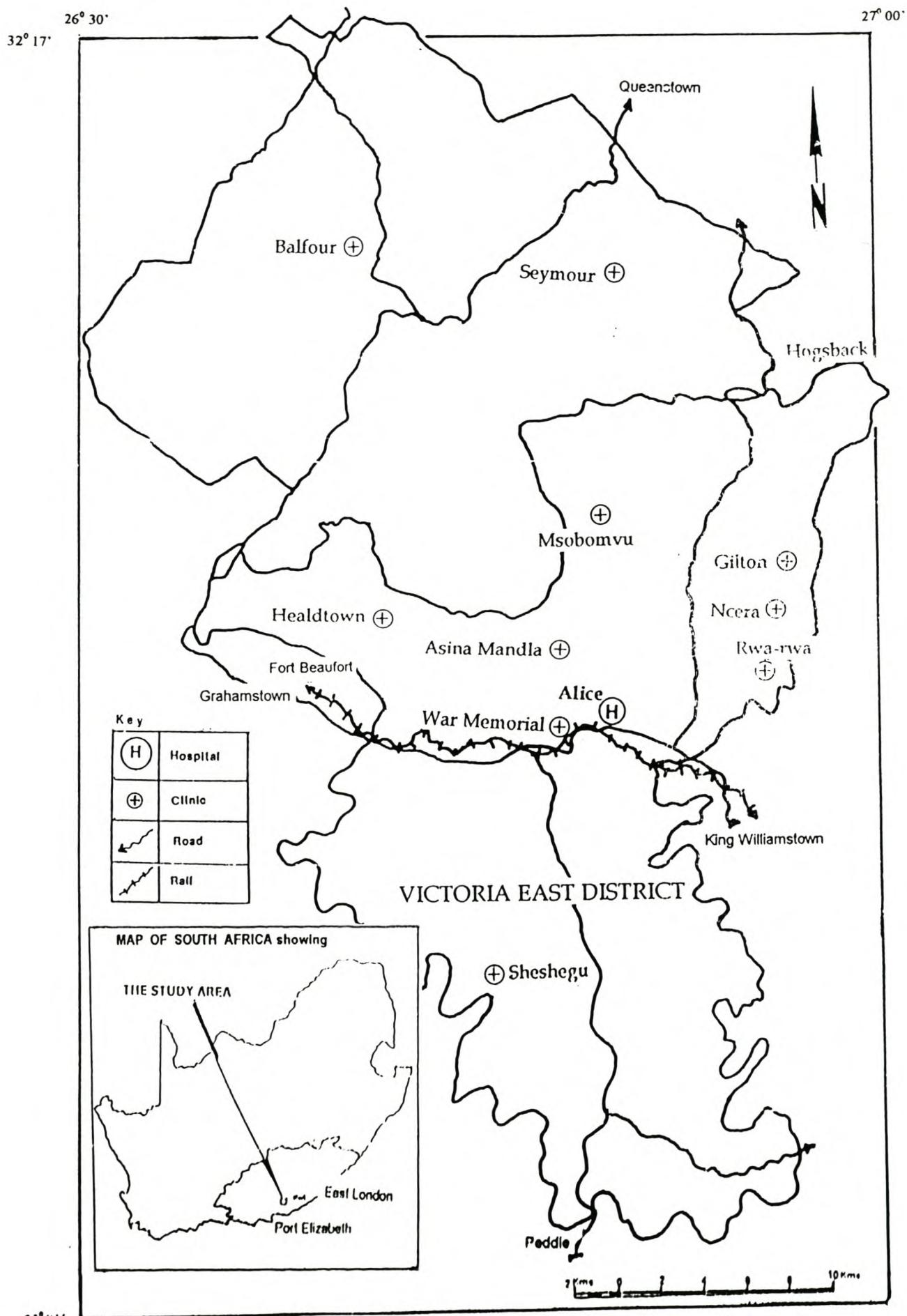
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# THE VICTORIA EAST HEALTH DISTRICT

Stellenbosch University, <http://scholar.sun.ac.za>



## INTRODUCTION

Changes in the reproductive behaviour of societies are triggered by a variety of factors and often bring about lasting changes in the characteristics of the populations affected. The “baby boom” which followed the Second World War in Western societies and China’s fertility decline due to the one-child per family policy attracted world attention because of the scale of the changes they brought about. But smaller societies also go through similar changes, which alter their fundamental features irrevocably. The patterns and pace of such changes often vary enormously. This research argues that the reproductive behaviour changes it focuses on are distinctive enough to call for empirical description and theoretical analysis. It also locates the patterns in question within a “family” of societies that shares similar historical and cultural characteristics.

Societies address the question of their survival through individual reproductive actions and ensuring infant and child survival to adulthood. Within that context and during the course of the twentieth century, worldwide concern that many societies in the developing world are reproducing themselves beyond sustainable levels surfaced. Thus changes in the reproductive behaviour patterns of developing societies in recent decades have not been purely endogenous, but have been instigated to varying extents by exogenous influences and technology. In this regard, the growing cultural contact between developing and developed societies facilitated the sharing of reproductive health technology. Thus Handwerker (1989) notes the significance of contact between the culture of the Barbadian and the English societies. He cites fundamental transformations in social relationships, morality and reproductive behaviour, which took nearly a century in England, but were telescoped into a thirty-year period in Barbados.

The South African black population has undergone similar “fast-tracking” in selected aspects of social change, including reproductive behaviour. While one would assume that changes in reproductive behaviour would be more visible among urban South African communities, this reality appears to be not necessarily the case. Some isolated rural areas like the Victoria East district of the Eastern Cape province that were subjected to certain historical experiences are challenging the urban character and pace of such change. It is this pattern of change that is of significance in this research. The decline in the rate of women’s child births, while an important milestone in itself, appears to be accompanied by changes in the dynamics of family formation.

There appears to be a growing inclination towards matrilineage. There also appear to be changes in childbearing ages and unusual patterns of fertility regulation and child spacing.

### **Fertility transition milestones and their underlying reproductive behaviour patterns**

While fertility refers to childbearing, reproductive behaviour is a much broader term, encompassing fertility along with its determinants, which include a selection of actions such as entry into a sexual union, contraception, termination of pregnancy, voluntary sterilization, breast-feeding and child-care practices. It is changes in this assortment of behaviours and the attitudes underlying them in successive cohorts of women that this research sets out to describe as determinants of fertility change in the selected rural population.

The determinants of fertility changes in developing countries have received considerable research attention from various perspectives in two volumes edited by Bulatao and Lee (1983), as well as various other publications. Like other forms of social behaviour, women's childbearing changes over time, due both to biological, but largely changing ecological factors. Fertility transition is the phenomenon of change within societies, usually from high to low rates of childbearing. Because of the critical importance of reproduction for the continuity of societies, changes in fertility patterns have far-reaching implications and attract considerable debate. Donaldson (1991) notes that the wide array of parties interested in reproduction rates includes rulers, military commanders, religious leaders, scholars, health organizations and global activists.

Demographers locate fertility transition within the broader phenomenon of demographic transition, which is a theoretical framework developed by Notestein (1953) to explain the movement of societies over time from high birth and death rates to low birth and death rates. Global, regional and national surveys of women's reproductive behaviour and attitudes, such as the World Fertility Survey (United Nations, 1987), the Demographic and Health Surveys and the Contraceptive Prevalence Surveys have contributed to the current understanding of fertility changes in modern societies. Findings from such analyses facilitated tentative formulations of a universal theoretical framework into which the various fertility transition patterns can fit. The journey along this path is far from complete, and this research intends to contribute a step to it.

Among the wide range of disciplines that have traditionally contributed to the analysis of reproductive behaviour and fertility transition along with demography are economics, anthropology, sociology, development studies and women's studies. The demand and supply of children are conceptual tools introduced into fertility behaviour analysis by economists, which have blended with the demographic concepts of natural and controlled fertility. The contribution of anthropologists to the discourse has been largely ethnographic, in the qualitative analyses of fertility behavioural patterns. Although sociological perspectives on fertility analyses have been very diverse, the orientation towards the changes in family formation patterns is probably dominant. Developmental theorists attempt to understand fertility behaviour as determined by and having impacts on various developmental aspects. Women's studies have looked at childbearing as it affects women's welfare and development within the context of gender analysis. These approaches to women's reproductive behaviour have contributed to the analytic perspectives adopted in this research.

This research is conducted from a social demographic disciplinary perspective. It sets out to analyse the sociological determination of demographic changes in the context under consideration. Sociological factors are in turn influenced by and also influence economic, gender, developmental and other factors in a complex interplay, which this research tries to disentangle.

The growth of the world's population and the attendant developmental and environmental implications have caused a considerable shift of the analysis of fertility transition and reproductive behaviour patterns in recent years from the developed to the developing societies. The urgency of reducing the growth rate of the world's population rests with these societies, which are both populous and still have high fertility rates, declining mortality and resultant population growth. The need to understand the dynamics of reproductive changes in societies probably has never been so urgent, since understanding patterns of women's reproductive behaviour can inform both theory and intervention strategies.

Fertility transitions across societies have shown enormous variation of pace and pattern. Such variation confounds the search for a common explanatory theoretical framework. Their

emergence as societal milestones has been triggered by different factors, which in some cases were difficult to pinpoint. What has been observed consistently in most contexts of fertility decline is late marriage and consequent decline in marital fertility. Although marriage is favored by demographers as an aspect of fertility analysis, it introduces problems in the discussion of reproductive behaviour, because it is a social and not a biological requirement for reproductive behaviour. Consequently, its incidence varies across societies and at different times, and its link to reproductive behaviour is demonstrably tenuous in some societies. The way around this problem for anthropologists, in their efforts to understand reproductive behaviour in different cultural contexts, is to have mating patterns of societies as a starting point. That inclusive rubric covers marriage and marital fertility, non-marital fertility, interruptions of unions and fertility and many similar behaviours (LeVine and Scrimshaw, 1983).

Western societies were the first to experience fertility transition during the late eighteenth through the nineteenth and early twentieth centuries. In their case such transition was protracted and preceded the wide array of progressively sophisticated fertility control technology. Several Asian and Latin American societies benefited considerably from such technology in the early years of the second half of the twentieth century, and owe their accelerated fertility transition which is still in progress to it. Because of the enormous populations of Asian countries like China, India, Indonesia, Bangladesh, and Pakistan, changes in their fertility rates are significant for the trajectory of the world's population.

African countries were observed to be entering their fertility transition in the last decade of the twentieth century. The pace of the transition is gathering momentum in the Southern African region, with South Africa, along with Mauritius, Botswana, Zimbabwe and Kenya in the vanguard of this historical milestone in the Sub-Saharan region, and with the countries north of the Sahara slightly ahead. As late-comers in fertility transition, African societies are not only having the benefits of advancing contraceptive technology, but also enjoy the progressive outlook of contemporary governments and societies to women's reproductive health and reproductive rights, which were highlighted in the 1994 Cairo Conference on Population (Population Council, 1995).

African societies are traditionally polygamous, with a high incidence of marriage, re-marriage, and sometimes levirate, which entails the inheritance of widows by the kin of the deceased husband. Tabah (1989) notes that virtually all African women get married, and that permanent celibacy is practically unknown, in contrast to industrialized and Asian societies. However, these traditional patterns of social organization have been overtaken by social change, particularly in the Southern African region. Monogamy is prevalent, and declining parental control on access of youth to sex has led to the emergence of pre- and extra-marital fertility, particularly in Botswana and South Africa. In this regard Southern Africa appears to incline to the family organizational patterns of Latin American and Caribbean societies, with a high incidence of informal reproductive unions. This scenario differs from what prevails in most African societies. Combinations of these factors can be expected to produce varying patterns of fertility transitions across African societies.

Rural residence is commonly characterized by lagging behind changes occurring in urban societies. In developing societies, such lags are usually significant in all aspects of development, including reproductive behaviour patterns. Donaldson (1991) attributes the differences between rural and urban fertility to sustained early marriage in rural communities, but notes that the gaps are not large in agrarian societies. The differences are often exacerbated by disparities in reproductive health service provision by governments, as well as educational and attitudinal factors among rural populations. The 1996 census estimated that 46.3% of the South African population lives in non-urban areas. The rural population therefore remains a significant component of the South African population, with a potential impact on the emerging population and social dynamics.

South Africa's fertility decline has been described as dramatic. Caldwell and Caldwell (1993) describe South Africa's demographic transition as the most advanced south of the Sahara in terms of both mortality and fertility. The black population of South Africa which constituted 75% of the national population in 1998 lags behind the white, Asian and colored components of the population in fertility transition. Because of its size, however, the black population determines the country's overall demographic scenario. This research is a case study of how South Africa's rural black population is affected by the reproductive behaviour changes that are

in progress in the country. The use of cohorts in the research is intended to reflect the pace of the changes focused on.

Discussion of reproductive behaviour in South Africa currently takes place in a context of a growing incidence of HIV/AIDS infection in the population. From a demographic perspective, AIDS mortality is overtaking fertility in significance and indeed is causing the importance of other demographic variables to decline. This research on reproductive behaviour patterns incorporates inquiry into women's behaviour in avoiding HIV/AIDS infections, as well as attitudes on women's sexual and reproductive rights.

Reproductive behaviour patterns are an element of both cultural and historical developments and cannot be viewed in isolation from these two factors. Studies of fertility and reproductive behaviour have historically focused on women, as if women function autonomously, both as decision-makers and as sexual and reproductive beings. The assumption that women contribute to decisions on fertility and reproductive behaviour may be patently absurd in some societies. It is however also an ideal which many visionaries on human rights cherish. Thus many national constitutions, including South Africa's, have placed it challengingly before the eyes of their national populations. This in turn challenges the traditional value systems, and is a feature of the pervasiveness of change in contemporary societies.

In doing this research, I experienced an uneasiness as a black woman coming from the same rural, cultural and language background as the subjects of my research. I have reflected on how objective my interpretations of observations can be under such circumstances, and more so where qualitative research methods apply. Commenting on Chen's research on women in Bangladesh and Northern India, in which the researcher is both participant and observer, Benhabib (1995) notes that there is an increase in this kind of social reflexivity. He argues that individuals can become observers of their way of life if they acquire a critical distance from it and begin to challenge its normative order. He also views this development as one of the sociological constants of the transition from tradition to modernity.

Arguing from a phenomenological perspective, Taylor (1985) notes that in studying social phenomena, there is always a pre-theoretical understanding of what is going on among the

members of society. This understanding is formulated into the descriptions of self and other, which are involved in the institutions and practices of society. The phenomenologist insists on understanding human action in terms of non-observable meanings, intentions, values, beliefs and self-understandings which people hold. Symbolic interactionism on the other hand encourages the researcher to get as close as possible to the subjects that are being studied, in order to understand the meanings they attach to their actions and interactions with other people. These observations gave me some reassurance. Thus, in the face of the inherent pitfalls, I have exercised caution in selecting the methodological approaches and in backing the interpretations of my findings. Beyond that I have to leave it to the reader to determine how effectively the “space” between researcher and subjects was achieved in this research.

### **The argument of this thesis and chapter outline**

This thesis argues that the character, pace and implications of the changes in the reproductive behaviour patterns occurring within the subject population are distinctive enough to call for analytic interest. The intended outcome of the analysis is to determine the theoretical framework into which the observed changes fit. The outcome of the analysis is also expected to raise policy and research questions.

The first chapter of this thesis provides an outline of theoretical discourse on fertility transition, its constituent elements and their determinants at the aggregate and micro levels. The variables used in this research and their respective contribution to shaping reproductive trends of societies are also sketched out. A detailed description of the salient aspects of the research context is also provided and the research problem is located in that context.

Chapter two provides a review of literature on reproductive change as an aspect of social change. Writings which highlight the significant interaction of exogenous and endogenous influences in the developing societies in general as well as in the context of this particular research are explored at length.

In chapter three, the design of this research and the rationale of each of the approaches used at each step of the research process is given. Chapters four and five provide the findings from the

analyses of quantitative and qualitative data respectively. The discussion of findings in chapter six begins with a synthesis of the quantitative and qualitative findings. The discussion proceeds to addressing the findings to the initial research questions and the existing theories. The policy and research implications of the findings are also explored.

The conclusions in chapter seven provide the essence of what emerges from the chapter six discussions, from the points of view of theory, research and policy.

## CHAPTER 1

### THE RESEARCH PROBLEM AND THE CONTEXT

In outlining the analysis of reproductive behaviour as a research problem in this context, it is necessary to examine the demographic theoretical framework within which it is embedded. The context of the intended analysis is explored next. Then the research problem and the behavioural variables traditionally encompassed in such analyses are described. The relevance of the described behavioural variables to the research context is outlined. The contents of this chapter follow this sequence.

#### 1.1 The demographic theoretical framework of discourse on reproductive behaviour

Fertility transition as subsumed in Notestein's demographic transition theory (1953) provides the theoretical framework for this research. Notestein's postulation tries to map out how the delicate balance between birth and death rates was maintained for the entire history of human populations up to the emergence of the demographic transition. Such transition occurred first in Europe from the eighteenth to the early twentieth centuries and subsequently in Asia and Latin America in the latter part of the twentieth century. Notestein postulated that in order to survive, peasant societies throughout the world were organized in ways that brought pressure on members of society to reproduce and offset high mortality. Such organization was strongly supported by popular beliefs, formalized in religious doctrine and enforced by community sanctions.

The defining milestone of fertility transition in populations has been the emergence of parity-specific fertility limitation. Parity-specific limitation or controlled fertility means that couples modify their behaviour to avoid having more children after the maximum desired number of children has been born. Such limitation marked off the movement of societies from reproductive patterns characterized by natural or non-parity-specific limitation of fertility to parity-specific limitation. Henry introduced this distinction between natural fertility and parity-specific fertility limitation in 1961. Parity-specific limitation typically involves contraception, whether by traditional or modern methods.

Henry argued that various forms of behaviour that reduce the chances of conception, but are not deliberately directed at controlling fertility constitute non-parity-specific limitation. Breast-feeding is the most important non-parity-specific method of fertility regulation. Post-partum sexual abstinence and periodic separations of spouses that reduce sexual activity all regulate fertility by default. Tabah (1989) describes non-parity specific limitation of births in African societies as characterized by prolonged breast-feeding and the nursing woman's sexual abstinence. The motivation is not limiting childbirths, but achievement of infant and maternal survival, both of which are prompted by a high societal demand for children.

Economists directly link parity-specific limitation of fertility to the demand and supply of children theories. Cleland and Wilson (1987) note that the dominance of economic causation was apparent in the earliest theories of demographic transition, and point to the common assumption that social change is driven primarily by economic forces, and the inherent plausibility of applying this notion to human fertility behaviour. Demand theorists argue that the changing balance between costs and benefits of childbearing result in reduced parental demand for children, and are the fundamental force behind fertility decline.

The extension of the economic theoretical perspective into fertility behaviour analysis actually appeared earlier in John Stuart Mill's argument (1909, 1929) on standard of living. Mill noted that when workers grow sufficiently used to a higher standard of living, they might practice forethought and restraint in their fertility behaviour to preserve it. Donaldson (1991) notes that the standard of living argument was prominent among the American demographers from the 1880s until the mid-1940s, when it was subsumed under the fertility transition theory. The argument posits that when the level of wages rises, the standard of living is raised for a time period sufficiently long for people to be accustomed to it. They redefine the quantity of goods and services necessary for a satisfactory mode of living and modify their reproductive behaviour to preserve that standard of living. A progressive standard of living, increasing from generation to generation becomes the norm, and fertility is adjusted towards its maintenance.

Cleland and Wilson (1987) explain that the demand theory approach to fertility developed as a branch of the theory of consumer choice. They note how the theories of inter-generational

wealth flows (Caldwell, 1982, 1983, Caldwell & Caldwell, 1987) combine the sociological and economic approaches. The Caldwells claim that pre-transitional societies are characterized by a net flow of wealth from children to the older generation. Modernization causes a reversal of wealth flows, and children cease to become assets and become liabilities and family size falls. Fertility declines rapidly when the moral economy of parent-child relationships places an emphasis on what parents owe children rather than on what children owe parents (Caldwell, 1982).

Handwerker's (1989) theory on the empowering effect of women's access to resources also aligns itself with the economic determination of fertility change. The findings of his research that was conducted in Barbados indicated that women's dependence on male incomes in the 1950s prompted childbearing that legitimized women's access to men's incomes. Childbearing also ensured that women had adult children to generate income for them. When that scenario changed, and women had direct access to income earning opportunities because of expanded employment opportunities, women's dependence on men's incomes declined dramatically. Children became a consumption rather than the investment item they were when women had no access to income-generation opportunities. Handwerker uses this economic theory to explain fertility decline in Barbados between the 1950s and the 1980s.

The fertility decline theory posited by Bongaarts (1983) is interactionist. Fertility decline is described as a product of interaction of various determinants. Thus Bongaarts distinguishes between indirect and direct or proximate determinants. Indirect determinants like culture, education, and economic factors influence the direct determinants, which are described as fertility variables and classified as:

- a) Exposure factors such as proportion of women in marital unions,
- b) Deliberate marital fertility control factors such as contraception and induced abortion,
- c) Natural marital fertility factors, like lactational infecundability, frequency of intercourse, sterility, spontaneous intrauterine mortality and duration of the fertile period.

From the studies of the European fertility transition, Coale (1986) put forward three pre-conditions for marital fertility decline. Firstly, fertility must be seen to be within the calculus of

conscious choice. Secondly, effective techniques of fertility reduction must be known and available. Finally, reduced fertility must be perceived to be advantageous.

An observation that is often mentioned along with theories of fertility decline is that of rural-urban differentials. Reproductive behaviour is one of the aspects in which urban societies frequently show more accelerated changes than their rural counterparts. The South African context fits in with international patterns in this regard. The 1998 South African Demographic and Health Survey found significant differences between rural and urban women in aspects of reproductive behaviour like condom use, total fertility rate, adolescent pregnancies, ante-natal service attendance and assistance at delivery. Except for antenatal care and assistance during delivery, urban women have achieved considerable advances in these aspects compared to rural women.

Changes in women's reproductive behaviour patterns however defy rigid theories. The findings of analyses of fertility decline in Europe (Knodel and van De Walle, 1986) for instance indicated that a number of the factors which have been theoretically linked with changes in the reproductive behaviour of women are not necessary for the changes to occur. Such factors include education, rural-urban residence, decline in infant mortality, economic development and industrialization. Different European societies had varying achievements on these factors when fertility transition occurred.

In contrast to development theorists, demographers have yet to raise questions about the relevance of demographic theories based on analyses of western societies to developing societies. The question of whether changes in societies are endogenous or exogenous arose often in analyses of development patterns. This came about when the expectation that the economic evolutionary patterns that emerged in western societies would in due course emerge in the developing societies occasioned frustration. This expectation has sometimes proved to be erroneous.

In the context of reproductive behaviour patterns, it is worth noting that historical fertility analyses revealed differences between the pre-transition childbearing patterns of European societies and those of Asian and African societies. Knodel and De Walle (1983) describe what

they perceived as the unique pattern of nuptiality which prevailed in pre-industrial Europe. The pattern was characterized by relatively late ages at marriage and high proportions of the population remaining permanently single. Coale (1986) estimates that this pattern reduced fertility by up to less than 50% of its potential level if all women between ages 15-50 years were currently married. This marital pattern contributed to the moderate levels of fertility in Europe even before the onset of the fertility transition. Coale therefore concludes that entry into and exit from marriage is one of the strategies some pre-industrial societies used to shield a large fraction of potentially fertile women from the risk of bearing children, in their pursuit for moderate fertility.

In Asian and African traditional and pre-transition societies on the other hand, marriage for women remained early, universal and prompted by pro-natalist outlooks. In the recent scenarios where marriage is not universal, as is the case of some Southern African and the Caribbean countries, reproduction that occurs outside formal unions reduces the impact of the low incidence of marriage on childbearing. As with development theories, the applicability of sexual and reproductive norms across cultures thus calls for circumspection.

Another consideration in this regard is the fact that Western and Asian religious systems considered celibacy and incontinence as virtuous. Thus Malthus (1992) could appeal for "moral restraint" in sexual behaviour in the face of population growth. Conversely, celibacy and incontinence do not appear to have ever enjoyed an equivalent level of respect in African reproductive value systems until the advent of western religious systems. Consequently the restraint they call for is readily abandoned as a foreign and unnatural imposition.

The growing western acculturation of the black South African and other developing societies may be weakening the relevance of the caution imposed by cultural differences. What becomes more pertinent, particularly in the South African reproductive behavioural context, is the scenario produced by such acculturation. It appears to be profoundly dissimilar to both western and African traditions in many respects, and reflects an entirely new set of norms and behavioural patterns. Among its salient aspects appears to be the high incidence of non-marital childbearing.

Even though only the demographic theoretical framework of reproductive behaviour is explored in the above discussion, the research focuses on multiple determinants, multiple outcomes and ecological aspects of reproductive behaviour changes. Social scientists use the term “ecological factors” to emphasize the dynamic interaction of variables within an environment. Thus a growth in the demand for education of girls may influence the demand for fertility regulation, and accessibility of fertility regulation on the other hand may enhance the demand by girls for education. In this way ecological factors have stronger connotations than environmental factors.

This discussion will now explore in detail the research population as the context against which the theories described above must be considered, and the research problem is to be outlined.

## **1.2 The research context: The characteristics and historical background of the population of the Victoria East district**

Even within the same country, rural communities often exhibit diverse developmental and behavioural characteristics, which arise from varying historical, exogenous and endogenous factors. The rural composition of the population of the Victoria East district and the historical factors outlined below made it attractive for research purposes. The district is ahead of many rural districts in social service and infrastructural development. These advantages have facilitated social change in general. The changes in reproductive behaviour witnessed in the Victoria East district could be viewed as an indication of future directions among the rural communities of South Africa.

The Victoria East district of South Africa is located in the Central Region of the Eastern Cape province (See map on page xv). The 1996 census indicated that a population of 54 476 lived in the district, and that 98% of that population lives in rural areas. This percentage of rural settlement is much higher than that of the Eastern Cape province, which was 63,4%, and the national percentage, which was 46,3% during the same census.

The Xhosa-speaking black group constitutes almost 98% of the population of the Victoria East district, again a much higher percentage than the 83,8% for the province. The population selected for this research can thus be described as rural and Xhosa speaking, but the emphasis of

this research is on the rural characteristic of the population. In South African society, differences in the reproductive behaviour of women from the different African ethnic groups have never been investigated and are assumed to be inconsequential. Conversely, differences between rural and urban blacks have been repeatedly identified. For instance, the 1998 South African Demographic and Health Survey findings (Department of National Health et al, 1998) indicated an urban total fertility rate of 2,3 and a rural total fertility rate of 3,9 among the black population.

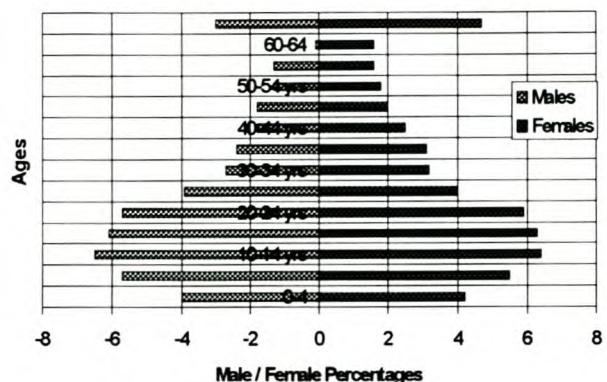
The Xhosa-speaking population is constituted by a variety of sub-groupings, which share the same language. For the purpose of this discussion, distinction is made between the Xhosa proper and the Mfengu, the latter being the predominant group in the Victoria East district. These erstwhile sub-divisions have over time been largely attenuated, but were a significant factor at the foundational periods of the issues, which generated the changes, considered in this research.

### **1.2.1 The demographic and other salient features of the Victoria East district**

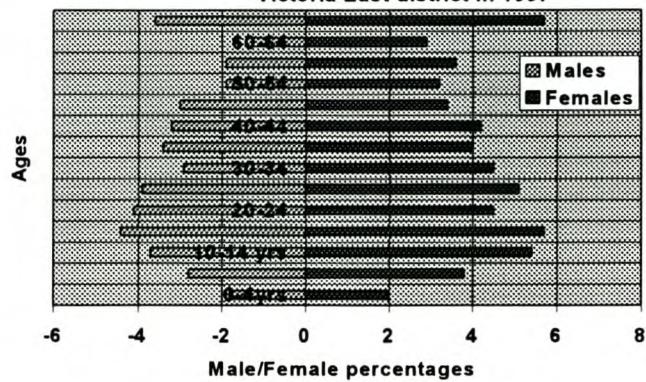
The 1996 census found that the Victoria East district had 25 794 males and 28 692 females, this giving it a sex ratio of 9 males to 10 females and the deficit of males which is typical of the less developed provinces of South Africa. The age and sex structures of the population are shown on Figures 1.2.1.1 and 1.2.1.2. The median age of 20,6 years places the population into the intermediate age category.

Figure 1.2.1.1. was derived from the 1996 census data and Figure 1.2.1.2 reflects the findings of a study conducted by Ayirebi (1997) on 24 villages of the Victoria East district. Both pyramids reveal a recognizable fertility decline, which dates some ten years back according to the 1996 census, and some fifteen years back in the villages included in Ayirebi's study. This fertility decline is ahead of that reflected in the provincial population pyramid on Figure 1.2.1.3, which has yet to show a precise directional trend.

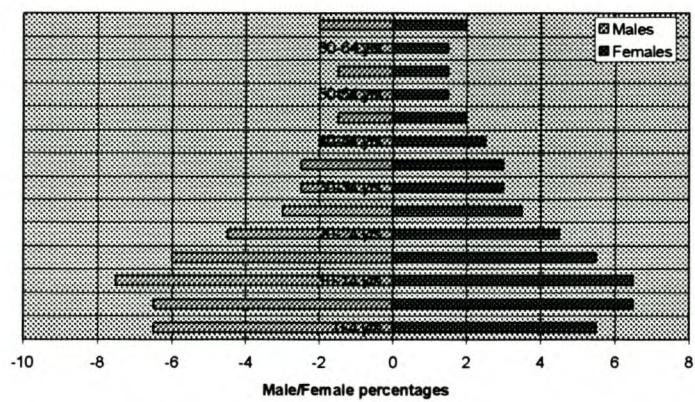
**FIGURE 1.2.1.1: A POPULATION PYRAMID OF THE VICTORIA EAS DISTRICT, (1996 CENSUS)**



**Figure 1.2.1.2: A population pyramid of 24 villages of the Victoria East district in 1997**



**Figure 1.2.1.3: A population pyramid of the Eastern Cape Province (1996 census data)**



The Amatola and Katberg mountain ranges are a salient topographic feature of the Victoria East district. These mountains surround the Amatola Basin, a valley traversed by the Tyhume River and a network of tributary streams, gravel roads and footpaths which form incipient boundaries between a sprawling mosaic of 64 rural villages and the small town of Alice forming the Victoria East district. The provincial road structure links the Victoria East district to South Africa's secondary cities of Port Elizabeth and Grahamstown to the west, King Williams Town and East London to the East, and Queenstown to the north. The transportation services between the Victoria East district and these urban centers are efficient enough to ensure high levels of rural-urban interactions.

Since 1994, electricity and telecommunication services were installed in most villages in the district. The accessibility of clean water in most villages in the district was addressed effectively by the homeland government in the 1980s, but sanitation remains a problem and most households have an out-door pit toilet. The Victoria district can be viewed as enjoying a fairly developed level of infrastructure compared to many rural districts.

Since the 1994 political changes and the greater emphasis on reaching rural communities with services, the delimitation of small geographic units for service provision by different departments varies according to service sector provider constructions of service areas. In these changes, the Victoria East district retained its previous boundaries as a census and magisterial district. Where health service provision is concerned, the Victoria East is the largest sub-district of the Fort Beaufort Health District and includes the adjoining Seymour district. For educational administration, it does not exist as a separate administrative entity. It is part of the Alice district, along with the neighboring magisterial districts of Adelaide, Fort Beaufort, and Middeldrift. In this research, the Victoria East is viewed as a health sub-district, whose demographic changes are influenced by the provision of health, education, transportation and other dynamics.

### **1.2.2 The socio-historical and economic landmarks of the Victoria East district**

The Victoria East district lies in the area, which constituted the battlefields of the erstwhile warfare between the Xhosa population and the English colonial settlers during the eighteenth century. Its enduring profile however derives from the educational heritage endowed on it by the Presbyterian and Methodist missionaries after the end of those hostilities. The Lovedale and Healdtown Institutions, and later Fort Hare University and Victoria Hospital gave the district a lasting high profile in black education and health matters, despite its rural character. The villages adjoining these centers progressively acquired a dense network of primary, secondary and high schools, as well as fixed health clinics. In 1998, there were 101 primary schools and 34 post-primary schools in the district. In addition to the 250-bed Victoria Hospital and 10 fixed clinics, the network of roads facilitates mobile clinic services to rural communities with no fixed clinics. The Victoria East district therefore historically enjoyed better education and health service provision, compared to most rural districts, a scenario which has been sustained over the years.

Despite these historical facts, the Victoria East district remains almost as poor as most of the rural Eastern Cape. Crop production, which was the traditional basic economic activity of the rural villagers of this district has almost petered out. Periodic droughts made it a high-risk enterprise, but also the younger generation in the population appears to be disinclined to work on the land. Pastoral farming is surviving better, and the mountain slopes provide pasture for cattle, sheep and goats. But livestock ownership appears to be concentrated in only a few households. In the study cited above, Ayirebi (1997) estimated that only 30,3% of households in the villages included in his sample owned cattle or goats, and close to 20% had sheep. There is high dependence on remittances from relatives working in different South African cities. In recent years, social pensions, hawking and other informal enterprises have also become the significant contributors to household incomes in the district.

The history of the populations of the Victoria East District and the neighboring districts of Peddie, Middeldrift, Keiskammahoek and the rural villages adjoining King Williams Town has specific significance for all forms of social change in the Central Region of the Eastern Cape. These communities formed part of the British Kaffraria, which constituted part of

earliest white colonial settlement in the early nineteenth century. Later, they came under the Ciskei homeland governance in the 1970s. Along with other districts, they formed the Central Region of the Eastern Cape Province with the new administrative restructuring which came about with the 1994 democratic dispensation.

Large proportions of these populations are constituted by refugees who were allocated land in these areas by colonial settlers during the hostilities between the Xhosa people and the English settlers on the frontier of the Cape Colony. While the western frontier of the present Eastern Cape was a raging battlefield from the period between the arrival of the English settlers in 1789 and the Xhosa National Suicide in 1857, turmoil among the Zulu on the eastern frontier, was sending waves of refugees in all directions from Shaka's warring domain. The Mfengu were one such refugee group and joined the Xhosa people in the 1820s. Before full integration of the Mfengu with their Xhosa hosts had occurred, they were co-opted by the colonial settlers and promised land and protection. A large group of the Mfengu was settled on land along the Amatola Mountains. That was land ceded by the Xhosa people to the victorious English settlers subsequent to one of the frontier wars. The missionary institutions cited above, along with St Matthews in Keiskammahoek and Mount Coke in King Williamstown were the first mission stations built to service black communities in the Eastern Cape.

At the time of their co-option, the Mfengu pledged themselves to adopt the Christian faith and to educate their children. Mayer (1980:10) notes that the Mfengu and other groups with histories of uprootedness lived in conditions of dependence and were highly receptive to Christianity. Christianity was to become one of the significant vehicles for all aspects of social change in these populations. The subject population therefore has had the longest history of western influences among the various Xhosa sub-groups, even though immigration by other Xhosa sub-groups into these districts occurred in due course. Historical developments thus cast the Victoria East district population into the vanguard of socio-cultural change.

The 1857 Xhosa "national suicide" cattle-killing drama ended the resistance of the Xhosa people to colonial incursion and began the process of their incorporation into the colonial

economy and exposure to western religion, education and value systems. Sir George Grey, the High Commissioner of the Cape since 1854 supported the ideology of assimilation through diffusion of European education, medicine, religion, culture and ultimately law.

However, two irreconcilable ideologies emerged among the Xhosa population, dividing a culturally homogenous society into two. Mayer (1980) writes that these ideologies developed into a cleavage between the “red people” or “*amaqaba*,” and the “school people” or “*amaggqobhoka*,” in their efforts to protect themselves from the most undesirable effects of economic and political dominance. This cleavage has also been described by Wilson (1971), Hammond-Tooke (1965), and Pauw (1975), and is common knowledge among the Xhosa. All these authors point out that the degree of resistance of the “red people” to western influences has been unprecedented in Bantu Africa.

In order to give a clear picture of how social change proceeded within the population of converts in the Victoria East district, one must simultaneously visualize the contrast provided by the non-converts or “red people”. Mayer (1980) argues that it was the acts of deception, cruelty and greed by whites and treachery by the converts who allied themselves with the whites that made the “red people” adhere to the moral teaching of their own religion. The proportion of “red people” was larger in the Transkei, where it was estimated at nearly half of the population in the 1960s and just over one-third according to the 1970 census. These proportions were smaller for the Ciskei, but concentrated in certain districts, such as the rural areas adjoining East London and King Williams Town.

Mayer describes the code of ‘incapsulation’, which the “red people” used, which entailed minimum participation in social activities outside their world and particularly in the world of the white man. Their participation in the mine labor force was dictated by need, and they maintained austerity and disciplined consumption besides building a home and acquiring livestock. They resisted assimilation into city life, giving supreme importance to rural village residence, cattle rearing and working on the fields.

Basically, the “red people” retained as far as possible the lifestyle they enjoyed before colonial conquest, with a strong patriarchy and lineage structure. The ancestor religion, which

had supported patterns of relations internal to the Nguni, played a significant part in a self-conscious ideology of resistance. The “red people” maintained their African identity, religion and customs, for more than a century after capitulating to white conquest. They resisted the encroachment of Christianity and education of children and tried to counter all threats to African identity, and their way of life provided a coherent moral philosophy which instructed people how to live their lives in the villages in ways uncontaminated by those of whites.

With their needs thus kept at the barest minimum, the cost of raising children was low among the “red people”, and motivation for family limitation was non-existent. The only change in the reproductive behaviour of women was reduced exposure to conception during the periods of absence of husbands to work in the mines. They had no serious youth problems on their hands. Their daughters were sexually active, but because of adherence to traditional external intercourse, few premarital pregnancies occurred. Girls had to be chaste, so that through marriage they could bring in cattle into the paternal home. The women neither wished to go and work in town nor thought it practicable. For the “red people”, conjugal togetherness was not seen as essential for a good marriage, and a wife had to stay in the country if patriarchal dependence was to be maintained.

The “red people” provided the contrast to the “school people” who converted to Christianity, sent their children to mission schools, and adopted western values and tastes. The population of the Victoria East district belongs to this category. As noted above, the “school people” were initially recruited largely from the refugee groups of the Diaspora caused by Shaka’s wars, and were desperate for land and security. The largest among these groups were the Mfengu, who were rewarded with land seized from the Xhosa for supporting the British settlers in war. Mission schools, hospitals, churches, and support for agricultural development were some of the tangible benefits they received, along with promises of protection and equal citizenship of the British Empire.

When they were incorporated as ‘black colonists’, the Mfengu not only pledged themselves to support the British king and his government and the missionaries, but also to educate their children. Mayer notes that in their eagerness to share in the economic benefits the colony seemed to offer, the Mfengu pursued the road of assimilation with remarkable energy. With

the growing recognition of the advantages of education, parents became increasingly willing to carry the costs of educating their children. Mayer further argues that school, and to some extent, the church, sustained among the converts a latent orientation to change, ready to be activated when favorable opportunities occurred.

Christian values discouraged polygamy, levirate, sororate and enforced marriage, and various legislative instruments were enacted to support these changes. From a socio-economic perspective, the consumption patterns of the “school people” increased their dependence on employment in the modern economy. In addition, urban life became attractive to them, and those who could settle in urban areas. Those who could not settle in urban areas shared the same aspirations as their urban counterparts, and formed a social continuum with them. A common feature among this group is the fact that in due course, and in consequence to their expensive living style, the cost of raising children came to be seen as problematic, and this had implications for women’s reproductive aspirations.

The above description of the “school people” must however be understood as signifying a selective acculturation of the “school people” to western codes of behaviour. In his research on Christianity and Xhosa traditions, Pauw (1975) noted syncretism among the Xhosa converts, which is a phenomenon characterized by a juxtaposition of two religious value systems, Christian values alongside Xhosa values informed by belief in ancestors, and an interaction between the two. Even among communities that were cut away from the kin-based social structure and fell for all practical purposes under the authority of the missionary rather than the chief, the converts did not relinquish their traditional Xhosa beliefs, rituals and customs as the missionaries had expected.

However, Pauw concedes that a new way of life developed among the Xhosa Christians as a cumulative result of choices made by individuals. He observes that the two traditions, namely western civilization and Xhosa culture obviously supplied the possibilities for the kinds of choices that eventually met with a common degree of acceptance. As will be noted in further discussion, Pauw’s arguments can be applied to reproductive behaviour as well, since both religion and culture are major contributors to shaping sexual and reproductive mores of societies.

### 1.3 The research aim

This research is done to answer questions about the direction, intensity and patterns of change in the salient aspects of reproductive behaviour of the subject population of rural black women over the study period. The questions addressed are prompted by observations which give the impression that there is something distinctive about the changes that are taking place, that they are different from those which have been observed as underlying fertility transitions of rural populations elsewhere. The observations suggest that the sharp decline in the number of births per woman is accompanied by an increase in the incidence of non-marital childbearing, a persisting early onset of childbearing, a pronounced lengthening of birth intervals and a decline in late childbearing.

Analyses of conventional fertility decline contexts have shown women's childbearing as characterized by a contraction of the time span women devote to childbearing because of early termination of childbearing. Child spacing has never been identified as a significant contributor in this regard. In observing the scenario of the study population, one gets the impression that early childbearing may be persisting. Subsequent to the first birth, however, extended intervals between births appear to be the dominant determinant of decline in period fertility. Early termination of childbearing probably has only a modest contribution to the changes that are taking place.

A further motivating factor for this research is the observation of apparently divergent marital and non-marital reproductive behaviour patterns in the population under consideration. Within a context characterized by a high incidence of non-marital reproduction, such reproduction calls for investigation in its own right, in contrast to situations elsewhere, where it is treated as a peripheral and inconsequential factor in reproductive behaviour analysis. The overall reproductive behavioural dynamics elicited by national surveys like the South African Demographic and Health Surveys obscure the idiosyncratic non-marital reproductive behavioural patterns and moderate the differences in the reproductive patterns of married and single women.

The difficulty of setting married and single women apart into distinguishable analytic categories must however be acknowledged, because women move back and forth between the two categories, in the processual character of marriage described in the next section. Within this limitation, only an indication of the trends in the reproductive behaviour of the two groups can be obtained, on the basis of whether women identify themselves as single or married for reproductive health record purposes.

Analyzing the argument about differing marital and non-marital reproductive patterns is made possible by the availability of data on reproductive behaviour by marital status. It is noteworthy that the data collected from the 1978 maternity register has no distinction on marital status for women who used the maternity services. The distinction appears in the 1988 register, even though a small proportion of women did not provide this information. In all the 1998, 1999 and 2000 records data, all users of reproductive health services identified themselves as married or single, making analyses of reproductive behaviour by marital status possible. This scenario may indicate an increasing social tolerance of non-marital reproductive behaviour in the context under consideration. This development has brought non-marital reproductive behaviour on board alongside marital and overall reproductive behaviour for a comprehensive analytic scenario on reproductive behaviour patterns.

Within a context of fertility decline that has been documented by several studies in South Africa, (Demographic and Health Survey, 1987-89, 1998, Caldwell and Caldwell, 1993), the specific questions this research addresses itself to with regard to the subject population are formulated thus:

- i. Over the twenty-year period under consideration, what changes have occurred in ages at onset, progression and termination of childbearing?
- ii. What are the approaches and patterns of fertility regulation and their outcomes on number of children born per woman?
- iii. How substantial is non-marital childbearing in the population under consideration, and, has it grown or declined in the period under consideration?
- iv. How does the non-marital reproductive pattern differ from the marital pattern?
- v. How do women account for the changes observed from their experiential perspective?

The last question arises from an assumption that women have specific reproductive aspirations that they balance against a variety of other realities, like personal identity, marital commitment, power relations, safe sex, career and economic goals. While such aspirations may differ in the value they hold among individual women, there could be dominant trends. It is part of the rationale of the research to get reproductive age women's groups to verbalize their sentiments on these issues. The purpose of this research and the questions raised call for a descriptive research paradigm, in contrast to an experimental approach.

#### **1.4 A detailed elaboration of the research problem and its related aspects**

This research sets out to analyze and describe the salient aspects of rural women's reproductive behaviour as they emerge within a context of social change. The research also seeks to identify a theory that explains these behaviour patterns. The pattern of emergence of fertility regulation by means a variety of methods such as contraception, sterilization, pregnancy termination and breast-feeding is explored. Other relevant reproductive behavioural variables like age and marital status at onset of childbearing, child spacing, and late childbearing also constitute the dynamic variables of the research.

South African research on fertility dynamics traditionally focused largely on the quantitative aspects of fertility change and the macro scenario dynamics. Large-scale surveys like the South African Demographic and Health Survey and census data analyses provided the required insights. All these analyses are cross sectional. There is paucity of sub-national analyses, particularly longitudinal analyses of reproductive behavioural change. This research contributes towards addressing this research gap, as well as the gap in identifying other salient changes in women's reproductive behavioural patterns and family dynamics, besides the decline in the number of childbirths. Describing the dynamics of reproductive behavioural change, Bogue (1983:153) observes that

*... What appears at the aggregate level to be a smooth demographic transition is actually the increasing prevalence of couples making a distinctive behaviour change based on unique and complex combinations of social and psychological forces. Research on fertility must therefore address contraceptive behaviour in its most dis-aggregated form- the individual and the couple.*

In addressing the research gaps outlined above, this research focuses on a selected rural black population. It looks at changes in women's reproductive behaviour patterns over a twenty year time span. It also compares the cohorts horizontally on selected behavioural and attitudinal aspects in the period after 1998, to elicit explanations for changes identified from the longitudinal analysis. The time frame selected is determined by data availability, and while it may appear too short, may be plausible within the context of the intensity of the changes in the society considered.

The fertility behaviour patterns of the South African population have traditionally been analyzed within the different cultural identities of the constituent racial components. While this tradition may have been part of the apartheid outlook on South African society, it can also be justified by the pervasive role of culture in reproductive behaviour. The black population of South Africa has over the years resembled African societies in its outlook on the reproductive role of women, and has been slower than the other population groups in its fertility transition. Socio-economic factors also may have contributed to the slower changes among this group, but cultural factors clearly have been a much more significant determinant.

This research is conducted during a period of rapid fertility changes in South Africa in general, and among the black population of South Africa in particular. The research is intended to reflect micro-level dynamics in reproductive behaviour among rural women by comparing the behaviour of 10-year reproductive age cohorts on selected variables during the selected time span.

Finally, the growing virulence of the AIDS pandemic in South Africa introduces a new dimension to the discussion of reproductive behaviour. It challenges the sexual norms underlying the reproductive behaviour, along with the resistance to sexual abstinence and condom use, both of which must ultimately emerge as significant contributors to changes in reproductive behaviour of women and new fertility outcomes. The reproductive behaviour changes that this research outlined for itself are primarily evolutionary. However, such changes may be overtaken by revolutionary changes prescribed by the advancing AIDS pandemic, should sexual abstinence and use of barrier methods increase sharply in reaction to the AIDS pandemic. The variables included in this research are now explored in depth.

## **1.5 Definitions and a detailed exposition of the research variables**

The variables selected for this research have been used in other research on analysis of reproductive behaviour dynamics either implicitly or explicitly. They however warrant some elaboration, to establish their significance for this particular research. The discussion that follows provides such elaboration.

### **1.5.1 Marriage and childbearing**

Marriage is the traditional context within which demographers analyze women's reproductive behaviour. Burch (1983) explains that marriage legitimizes cohabitation and regular sexual intercourse between two or more adults, to provide socially approved reproduction, where the offspring enjoy full rights and privileges in relation to their parents, the kinship group and the larger society. LeVine and Scrimshaw (1983) however, point out that anthropologists have mating patterns as one of their classical areas of interest, a fact which draws them beyond examining marital fertility to non-marital fertility and dissolution of unions in their study of fertility behaviour.

Smith (1983) outlines various perspectives on the relationship between marriage and fertility in both developed and developing societies. He describes marriage patterns as constituted by both timing and prevalence, that is, age at marriage and proportions ever marrying. Marital structure on the other hand describes the proportions never or ever married by age. Smith argues that rising mean ages at marriage and rising percentages of single persons reduce birth rates over any given period, but notes however that definitions of marriage are not consistent across societies.

Focusing his discussion on the marriage patterns of women, Smith cites the reasons for the association between marriage timing and fertility catalogued by various researchers. Later marriage is observed to influence fertility through reduction of the duration of the woman's fecund exposure to sexual activity, attrition of the cohort that will survive to marry, reduction of tempo of population change through extension of mean length of a generation and a change in period fertility.

Smith's discussion assumes celibacy among unmarried women and makes no reference to fertility arising from informal reproductive unions that occur in some societies. In contrast, Burch (1983) distinguishes between consensual and legal unions, noting studies that indicate a varying predominance and duration of each type of union in different societies and according to age groups. He notes that research on the fertility impact of consensual unions yielded contradictory findings. The instability of consensual and visiting unions is believed to reduce women's exposure to conception, thus reducing fertility. In South Africa, Karim, Karim and Nkomokazi (1991, cited in Caldwell and Caldwell, 1993) found that married women in a township peripheral to Durban averaged 4.1 childbirths, compared to 2.6 among unmarried women. This difference between marital and non-marital fertility could be of critical significance in the analyses of fertility dynamics in South Africa. The 1995 October Household Survey revealed that nationally, 29% of all women who had given birth at some time in their lives had never been married. This percentage among rural women was 33%. The lower rate of childbearing among the substantial proportion of women who reproduce outside stable unions invariably contributes towards a lower overall fertility.

The argument that women in polygamous unions tend to have fewer children compared to those in monogamous unions has yet to be investigated. This is apparently attributable to their lower exposure to conception. Writing in 1931 about marriages among Xhosa women in the Eastern Cape, Soga expressed reservations about the alleged lower fertility among women in polygamous unions, although his position was based only on observation.

The assumed strong link between marriage and onset of childbearing among rural women in South Africa is challenged by the findings of the October Household Survey cited above, which indicate a tenuous link between marriage and childbearing. However, among black women, the incidence of first child-births which occur to single women only provides a vague indication of the incidence of single motherhood, because formalization of marriages frequently follows a time schedule that is independent of childbearing.

South Africa has a long history of high pre-marital fertility, particularly among the black and colored populations, as indicated in the Population Policy for South Africa (Department of Welfare, 1998). Anthropologists cited this situation as far back as the 1930s. Krige (1936)

estimated the percentage of premarital births among blacks at a Pretoria township at 40% in 1933-4 and at 59% between 1934-5. Bozzoli and Nkontsoe's study (1991) among rural Tswana women in Phokeng also revealed that for the majority of women, childbearing began before and continued through marriage. Despite the persistence of pre-marital childbearing, research interest on its dynamics has waned, and recent debate has focused on the age of women at onset of childbearing.

In this research the variable discussed above serves the purpose of highlighting the incidence of non-marital childbearing and bringing into the analytic arena alongside marital childbearing.

### **1.5.2 Age at onset and at termination of childbearing**

The age of the woman at onset of childbearing is a concern from a health, social development and demographic perspective. Both early and late childbearing years have higher risks for both the mother and the infant. In modern societies, early childbearing is associated with interruption or termination of schooling and diminished opportunities for the woman's social development. From a demographic perspective, early onset of childbearing is associated with potential high completed parity, because of the opportunities for subsequent births. It also shortens the period between generations and raises period fertility.

While acknowledging the high incidence of adolescent pre-marital childbirths in modern societies, demographic analyses continue to focus on marital age as indicative of the onset of reproductive behaviour. Such convergence between marriage and onset of childbearing appears to vary enormously across societies. The International Federation of Women Lawyers (1997) indicates considerable convergence between marriage and exposure of women to conception in Nigeria, where the median age at first marriage is 16 years and the average age of all women at first sexual intercourse is 15,9 years. The Federations notes that research done in Ethiopia in 1990 indicated that 1/3 of women between ages 15-49 were married before the age of 15, while 41,1% were married between ages of 15 and 17 years. Because of early onset of menarche among modern adolescents, early marriage is associated with early onset of childbearing.

In South Africa, Wilson *et al* (1952:III, 000) reported that the age of women at marriage advanced from 19,3 years before 1890 to 23,6 years in the 1940s in the Keiskammahoek district adjoining the Victoria East district. It is however not clear whether this increase in marital age ever converged with an increase in age at onset of childbearing, and in fact, the age at onset of childbearing may have declined in recent years in South Africa. The Population Policy of South Africa (Department of Welfare, 1998) estimated that in 1993, teenagers contributed 15% of childbirths to total births. In 1995, 330 women per 1000 under the age of 19 years had a pregnancy during their teenage years (International Federation of Women Lawyers, 1997). The findings of the 1998 South African Demographic and Health Survey (Department of Health *et al*, 1998) indicate that by the age of 19 years, 35 percent of all teenagers have been pregnant or have had a child. Caldwell and Caldwell (1993) view the estimated 25% teenage contribution to childbearing in rural Transkei given by Ncayiyana and Ter Haar (1989) as an improbably high figure in terms of demographic experience elsewhere, but the estimates subjected to question may have been modest.

Along with early childbearing are the problems of late childbearing and high parity. The Population Policy for South Africa (Department of Welfare, 1998) describes South Africa's fertility structure as characterized by high-risk childbearing, explaining that women over 35 years of age and at parity of 5 and more accounted for 16 per cent of childbearing in 1993.

In this research, age at onset of childbearing is important from the demographic, health and social developmental perspectives. The direction of the shift in this variable and its underlying determinants are therefore of analytic interest.

### **1.5.3 Progression from first to second and to subsequent births**

The spacing of children is an important and resilient African tradition that emanates from an abhorrence of closely spaced child-births. With regard to the spacing of child-births, one might hypothesize drastic changes in the childbearing of the South African black women, even among rural women. There is a noticeable pattern of long delays in progression to second childbearing after the first birth. This delay can be assumed to be facilitated by accessible contraception and motivated by career goals interrupted by the first pregnancy. In

addition, this research hypothesizes that single women in particular delay progression to the second birth, and this phenomenon would be more pronounced among younger age cohorts. The delayed progression to the second birth is probably associated with pre-marital childbearing and a need by the affected women to postpone a second birth until they have entered into a marital union.

Wide spacing of child-births has endogenous origins in the population considered, and its survival would be indicative of some accommodative features of the changes to traditional norms and values.

#### **1.5.4 Fertility regulation**

Fertility regulation by various means is integral to the consideration of women's reproductive behaviour. It is determined by the demand for children, which in turn is mediated by a variety of factors, such as knowledge, attitudes, cultural values and psychic costs, decision-making capacity and availability of services. Regulation may take the form of sexual abstinence, breast-feeding, contraception, pregnancy termination, sterilization and infanticide. Infanticide is however illegal in South Africa and is therefore not included as one of the variables considered in this research.

Even though voluntary abstinence, particularly post-partum abstinence is an important reproductive aspect of women's reproductive behaviour, it is excluded from this research which focuses on recorded information. Terminal abstinence, which is known to be common among women in their late reproductive years, is also excluded in favor of voluntary sterilization, whose incidence appears on records. However, breast-feeding, which, in addition to its primary purpose of providing nourishment to the baby has a regulatory effect on fecundability is included in this research.

Contraception in the context of this research excludes traditional methods except breast-feeding, and encompasses the methods provided by family planning clinics and other service points. Such methods are mostly hormonal but include barrier methods such as condoms. Pregnancy

terminations and sterilization also contribute to the fertility regulation scenario and are important variables for this research. These methods are now discussed in more detail.

#### **1.5.4.1        Contraception**

Contraception is playing a very significant role in fertility changes in the developing societies. Oosthuizen (1997) emphasizes the fact that contraception played a relatively minor role in the European fertility decline that began a century before modern contraceptives became available. Conversely, the role of contraception has been more pronounced in the subsequent fertility transitions in Asia, Latin America and lately African countries.

Modern contraception makes postponement of childbearing, reasonably deliberate child-spacing and parity-specific limiting of births practical realities. Research in developing societies has however revealed a number of socio-cultural, psychological, cognitive, cost, administrative and health barriers to contraception. As with other forms of innovation, the diffusion of contraception into different cultures initially confronts what appear to be insurmountable barriers, but over time, the barriers slowly yield the way to diffusion. As individual societies overcome such barriers, they benefit more from the use of contraception.

The use of contraception in developing societies has been greatly facilitated by what Rutherford and Palmore (1983) have described as purposive diffusion. Such diffusion involves the establishment of diffusion agencies, which are strategically located family planning clinics, and formulation and implementation of a strategy to induce adoption in the service area. Diffusion strategies include infrastructure provision, affordable pricing, and optimal market selection and segmentation.

Access to contraception has over the years changed from receiving the advocacy of elite women and an insignificant proportion of male sympathizers to where it is subsumed as a human right. Women's reproductive health and reproductive rights were integral to the debates at the 1994 International Conference on Population and Development that was held in Cairo. The Program of Action which came from the conference deliberations committed governments to the

promotion of women's reproductive rights and reproductive health, in which information and access to contraception are integral (Population Council, 1995).

In South Africa, the 1995 October Household Survey found that 61% of black reproductive age women nationally were currently using a method of modern contraception at the time of the survey. The 1998 South African Demographic and Health Survey (SADHS, Department of Health *et al*, 1998) gave a figure of 58,6%, with 52,4% for non-urban African women and 63,6% for their urban counterparts, indicating a margin of almost 11% between the two groups, which must reflect in their respective birth rates .

#### **1.5.4.2 HIV/AIDS, condom use and sexual abstinence**

AIDS prevention entails the use of condoms, which are incidentally a barrier method of contraception. Sexual abstinence prompted by AIDS awareness also contributes to reduced conceptions. The 1998 South African Demographic and Health Survey findings revealed that a high percentage of women knew about AIDS and considerably high percentages also knew about ways of AIDS prevention. Despite this level of AIDS awareness, some married and unmarried women reported having two or more sexual partners in the previous 12 months. Only 22,2% of the survey sample had ever used condoms.

The need to establish whether power relations determine the use of condoms prompted the inclusion of this inquiry in the focus group discussions in this research. The South African Demographic and Health Survey (1998) also found a significant percentage of South African women in their reproductive years (22,5%) who reported having had no sexual partner in the preceding twelve months. Such sexual abstinence might be related to AIDS awareness. This variable is thus included in this research because strategies of preventing the spread of AIDS have reproductive outcomes.

#### **1.5.4.3              Pregnancy terminations**

Pregnancy terminations as a method of fertility regulation have a long history. David (1983) cites evidence that suggests that nearly everywhere, women of all backgrounds resort to abortion to some extent, regardless of legal codes, religious sanctions or personal dangers. Among the earliest concessions to abortion he cites Aristotle's recommendation of abortion as a means of maintaining the ideal population size of a city-state wherever couples already had sufficient children. Despite its long history and universality across cultures, controversy about its moral legitimacy continues unabated, and David notes that

*No other elective surgical procedure has generated as much worldwide debate, generated such emotional and moral controversy, or received greater sustained attention from members of the public concerned with women's rights and well being.* David, 1983:193

David, 1983:193

The illegality of abortion in some societies as well as the social ambivalence and political sensitivity that attaches to it have inhibited research on its contribution to fertility regulation. In South Africa, the Abortion Repeal Action Group (ARAG) dedicated effort to monitoring and making public the incidence of illegal abortions as part of lobbying the government to liberalize abortion. The promulgation of the Termination of Pregnancy Act, (The Republic of South Africa: Choice on Termination of Pregnancy Act No 92 of 1996) came on 12 November of 1996. The "Choice Act," as it is frequently referred to, has put South Africa ahead of sub-Saharan African countries in progressive abortion legislation. This legislation, along with other legislation on the rights of women, could be viewed as indicative of the commitment of the new government to removing obstacles to women's reproductive rights, as well as to the social and economic advancement of women. Legislation liberalizing abortion occurred in the face of substantial opposition from pro-life and other interest groups in South Africa. The Choice Act defines the circumstances in which a pregnancy may lawfully be terminated, as well as the penalties for contravening the requirements of this law. It also regulates abortion information.

In the face of the above developments, pregnancy termination has now emerged as a subject for analysis in women's regulation of their reproductive behaviour in South Africa, and such analyses are emerging. The findings of a study conducted by the Reproductive Research Unit (1997) in Soweto indicated that termination of pregnancy (TOP) services are used

predominantly by younger clients at high school and post-matric. The present research incorporates as a variable the requests for TOP services across age cohorts in the population of women under consideration.

#### **1.5.4.4      Voluntary sterilization**

Sterilization contributes significantly to fertility regulation in some national family planning programs. Its virtue lies in that it reduces the risks associated with late childbearing and high parity, since women use it when the required number of children has been achieved.

The 1998 SADHS findings revealed that nearly 70% of women interviewed knew about female sterilization as a method of contraception and 12% had used it. The UNFPA (1997) however observes that in South Africa, sterilization services are often logistically difficult for women to access and that there is a large unmet need for female sterilization. The contribution of this variable to the reproductive changes occurring in the subject population is also of analytic interest.

#### **1.5.4.5      Breast-feeding**

Although the primary purpose of breast-feeding in all societies is infant nourishment, there is substantial agreement within the scientific community that breast-feeding suppresses fertility by delaying the return of ovulation following a birth (Knodel, 1983, Bongaarts, 1983). Bongaarts notes that both the duration and the intensity of lactation are important inhibitors of ovulation. Knodel (1983) argues that women in historical societies may have prolonged breast-feeding to delay subsequent conceptions. He also cites research conducted in Taiwan and Malaysia , which substantiates this view.

Breast-feeding is therefore an important element in fertility regulation. However, despite this attribute, its contribution to fertility regulation is declining because of its progressive loss of popularity among women. Nag (1983) cites research conducted in developing societies, which indicates the negative impact of education, urban residence, women's work, income and the

availability and affordability of powdered milk on breast-feeding. He also notes cultural factors which influence breast-feeding negatively, such as women's attitudes on exposing their breasts.

The findings of the 1998 South African Demographic and Health Survey indicated that 24.4% of babies aged 0-12 months in South Africa were not breast-fed, and only 3.5% were on breast only. The report notes that breast feeding among South African women is very low, and supplementation of breast milk with other liquids and foods begins early, despite the recommendation of exclusive breast feeding from birth to the first four to six months of a child's life.

Fertility regulation research in South Africa historically focused on accessibility of contraception, and the impact of breast-feeding has been played down. Since the present research focuses on a rural population, breast-feeding can be expected to emerge as a significant behavioural factor in women's fertility regulation, particularly among older cohorts. The practice or non-practice of breast-feeding by mothers is recorded on the clinic records of babies and is therefore available information for research.

Except for breast-feeding and sexual abstinence, the fertility regulation variables included in this research derive from exogenous influences. They indicate the extent to which such influences have penetrated into women's reproductive lives and become woven into the evolution of reproductive norms. Breast-feeding and sexual abstinence, on the other hand are traditional practices which may have become eroded.

### **1.5.5 Decision-making on childbearing**

The assumption that reproductive behaviour emanates from decisions and is therefore intentional is debatable. Within that context, Hollerbach (1983) argues that non-decisions may be said to occur when couples do not foresee that pregnancy results from particular actions, misperceive their fecundity or lack knowledge of fertility regulation.

Hollerbach distinguishes between passive and active decisions. The former are restricted by perceptions, habits and customs institutionalized within a group, leaving the individual with

little perceived choice. Active decisions on the other hand require an awareness of the probability of pregnancy and the possibility of regulating pregnancy. Behavioural drift and ambivalence in childbearing decision-making are characterized by a series of small decisions, which may lead, by default to an unintended major decision. Unwanted pregnancy among adolescents and abortion patients may arise from such behavioural drift.

Decision-making analyses assume that there are alternatives to each decision made- celibacy being an alternative to entering a sexual union, avoiding conception in the union as against conception, carrying the pregnancy to term as opposed to terminating it, postponing additional births by abstinence, breast-feeding or contraception as opposed to having a subsequent birth.. Namboodiri (1993) suggests that there is a normative family size floor, below which couple behaviour is determined by normative pressure to reproduce themselves, and above which the couple's cost-benefit considerations become the major influence in childbearing decisions. Knowledge and perceptions of existing alternatives may constrain decision-making choices. Contraception may be perceived as morally or socially illegitimate, or its potential side effects, costs or perceived unreliability may make it an unacceptable alternative.

A further aspect of decision-making research is who the decision-maker is. It is recognized that the assumption that couples are decision-making units in respect of their reproductive behaviour is not valid in all societies, since women in some societies do not have decision-making powers (Hull, 1983). Conjugal power relationships may use coercion, rewards, claims to legitimacy of decision, reference to role models, expert knowledge and information manipulation. Kin invested with power over the couple may influence the couple's decisions.

International legislative influence on human rights has tried over the years to protect couple and women's decision-making control on childbearing. As far back as the 1968 Teheran Conference on Human Rights, the international community agreed that

*Parents have a basic human right to decide freely and responsibly on the number and spacing of their children and a right to adequate education and information in this respect.*

United Nations, 1968.

In further support of its position as set out above, in 1979, the United Nations, in Article 16 of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), explicitly codified women's right to reproductive decision-making as follows:

*... States parties shall take all appropriate measures to ... ensure on a basis of equality of men and women ... the same right to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights.*

United Nations, 1979.

These international agreements have been ratified by many developing countries, including South Africa. Even though they are in conflict with social traditions, they are viewed favorably by women as facilitative of their reproductive choices. But the agreements are also significant elements in the debate on exogenous and endogenous origins of change, and whether reproductive changes in developing countries can be viewed as evolutionary.

The role of traditional power relations as a determinant of reproductive behaviour may be declining in contemporary societies. This is demonstrated by the Choice Act in South Africa, which does not require parental consent for a minor wishing to have a pregnancy termination. Thus while South African parents may influence the reproductive decisions of their minor children, their opinions have no legal force.

The extent to which men dominate reproductive decision-making is however unknown. The payment of *lobola* (bride-wealth) in accordance to African custom gives the bridegroom and his family rights over the reproductive capacity of the woman. In writing about Xhosa customs and traditions, Soga (1931) is equivocal in linking *lobola* to women's childbearing capacity and emphasizes the protection *lobola* gives the woman against abuse. The perceived entitlement of husbands to progeny on payment of *lobola* is reflected in the responses of males interviewed by Van der Vliet in her 1982 study of black marriages. One respondent discredits companionship as a rationale for his marriage as follows:

*I married my wife so that she can give birth to my children .... For my happiness I have to go outside and look for another woman.*

Van der Vliet, 1982:183.

Another male interviewee in the same research stated,

*.. a man must pay lobola and have children to increase his family.* Van der Vliet, 1982:55

The extent to which African men in South Africa assert their right to progeny on the basis of their payment of *lobola* has never been investigated. What has been noted, however, is that some women conceal their use family planning from their reproductive partners (Preston-Whyte, 1988), hence the preference among black women for injection as a method of contraception. The 1998 South African Demographic and Health Survey findings observed that injection is by far the most commonly used method, being used by 57% of all women. However, confidentiality may not be the only reason for the popularity of this method.

The Bill of Rights promulgated in the 1994 constitution of South Africa further protects the individual's right to decide on sexual and reproductive behaviour in Section 2 (9) 2 as follows:

*Everyone has the right to psychological and bodily integrity, which includes the right-*

- (a) *to make decisions concerning reproduction,*
- (b) *to security and control over their body,..*

However, commenting on human rights and reproductive choice in general, Freedman and Isaacs (1993) note that changes in laws are a necessary but not sufficient condition for improvement in the quality of people's rights. It can be argued that the question of reproductive decision-making among the black population of South Africa hangs precariously between the traditional world, which denies the woman decision-making powers, and the progressive world of human rights legislation that confers to the woman decision-making powers over her reproductive behaviour. Women face the challenge of navigating their way through these two worlds.

In this research this variable is included to determine changes in women's participation in decision-making on childbearing. This would indicate a movement away from the traditional situation of women in this regard, but, as indicated above, would be consistent with both the national constitutional dispensation and international agreements on human rights.

### **1.5.6 A summary of the discussion on the theoretical basis of this research, the subject population and the research problem and variables**

The discussion in this introductory chapter gave an exposition of changes in women's reproductive behaviour in various societies as a subject of analytic interest, the rationale for such analyses and the theories generated. The objectives of the present research are outlined as analytic and descriptive, and the intended focal aspects for analytic attention are identified. The various socio-historical, demographic and other features of the subject population are then explored, and the research variables located within that context.

It is noted that the population of the Victoria East district, while rural, had one of the earliest exposures to the exogenous influences that were destined to play a role in socio-cultural change in South Africa. These influences have been sustained to the present day, and have a contributory role to the emerging patterns of women's reproductive behaviour.

## CHAPTER 2

### LITERATURE REVIEW

#### 2.1 Perspectives on social change in developing societies

Even though demographic research has contributed substantially to the body of knowledge on the subject of women's reproductive behaviour in general, the inclusiveness of disciplinary perspectives within the confines of the debate on this subject signifies the importance of reproduction as an area of discourse. The contributions to this literature review emanate from such diverse disciplines as religion, anthropology, history, law, sociology, and health, and extend into fiction, folklore and musical lyrics. Along with these diverse perspectives is that of women as child-bearers, which is given prominence in this review, despite women's traditionally subordinate position in reproductive decision-making within the African cultural context.

With this wealth of possible perspectives to explore in this review, it is necessary to reflect on, and also justify the selection of literature sources to be reviewed. This review therefore begins with a preliminary overview of the philosophical contexts within which the various debates on reproductive behaviour are embedded. The main body of the review begins by examining briefly literature on the salient aspects of the reproductive behavioural patterns of British society, which was the source of far-reaching exogenous influences on the population under consideration. Next, literature sources which describe the social dynamics and traditional reproductive patterns of the subject population at the time of contact between the Xhosa and the British colonists in the Eastern Cape are explored, and the descriptions of the foundations for change in these patterns examined.

In looking at emerging patterns of reproductive behaviour among rural women, this research examines a process of evolution, and must define for itself a baseline period in time or social scenario, from which movement in reproductive behavioural change can be visualized. As Ngubane (1977) notes, a good knowledge of what people change from is a prerequisite for

understanding the directions of transformations. This outlook is adopted in exploring the documentation of changes in women's reproductive behaviour in this review.

Fertility transition, which is a constituent element of women's reproductive behaviour, has been commonly analyzed to determine the influences of economic factors, religion, and education. Universalistic theories have been derived from such analyses, which incorporate evolutionist explanations for the temporal variations in the emergence of sequential behavioural patterns in societies. Reproductive behaviour changes have also been noted to fit in more or less with such sequences. If such theories have some validity, then it must be assumed that reproductive behaviour as a phenomenon has universal determinants across societies. Such an outlook is consonant with a modernist philosophical outlook to reproductive behaviour analysis.

For analyses of reproductive behaviour among non-western societies, this calls for a cautious stance, since modernism is known to be a product of western social evolutionary thought and therefore on the subject at hand would have reflected on reproductive norms of western societies. Boyne and Rattansi (1990) support this position in explaining that sociology is a child of modernity that emerged in the Enlightenment as a set of systematic meditations in the writings of men like Condorcet, Montesquieu, Ferguson, Smith and others on the structure and evolution of societies. The term "societies" in this regard refers to western societies, whose reality was analyzed and described by western thinkers. Boyne and Rattansi (1990) do not classify societies as developed and developing, but note that modernity destroyed in the third world what were taken to be traditional obstacles to progress.

The question of whether all humanity is embraced by modernist theorizing arose in the context of development theories as well; especially when theories derived from western development experiences failed to deliver the expected results in developing societies. This question of how useful social theories based on western social contexts are for non-Westerners persistently plagues social inquiry. A South African sociologist, Bozzoli (Bozzoli & Nkonto, 1991) has commented that while an eclectic internationalism is commendable, and should not be replaced by a chauvinistic introversion, the flirtation of South African sociologists with the grander

jargons of large theories has excused them from having to confront societies with distinctive and non-Western characteristics. This observation can be interpreted as arguing for a relativist outlook, which must bring out culturally relevant nuances and therefore a postmodernist analytic approach.

When Bozzoli's comment is brought to bear on research on reproductive behaviour, it becomes clear that a cultural practice like the payment of *lobola* can militate against using the same analytic approach across societies. The payment of *lobola* is the requirement for reproduction within a marital union in African societies. In such contexts, reproduction that takes place without such payment is illegitimate and precludes patrilineal identity of the progeny. Attitudes to extra-marital childbearing and illegitimate children can also have the same impact. Put differently, the rules of the game of reproduction are different for societies, and this seems to warrant both different questions for analysis and different approaches. This is the challenge Bozzoli confronts researchers of developing societies with.

Yet another issue confronting contemporary social scientists is that of increasing physical mobility across geographic space, along with growing communication networks, interaction and even affiliation across cultures. Nussbaum (1995) notes that families involved in affiliations across cultures perceive more human commonality than unbridgeable alien "otherness" in their affines of different nationalities. Colonial cultures influenced the cultures of indigenous populations on a much larger scale. Handwerker (1989:26) explains in his research on fertility change in the West Indies that data on Barbados reveals that

*"The Barbadian family system has been a re-creation of the English family system in the West Indies, subject to the structural peculiarities of the plantation system and the sugar economy."*

The cultural interaction described above appears to contrast with social evolution, which emphasizes endogenous determination of change. The evolutionist perspective on social change is based on a universalistic outlook but also accommodates the role of historical factors. From this genre one can cite Boserup's work (1965) on agrarian change under population pressure, in which the evolution of human societies from hunter-gatherers through early and advanced

agriculture to industrial development is postulated. This is one of the theoretical models, which suggest a common evolutional path for human cultures over different historical periods. Such models imply that each society, through its culture dictates the details of how to negotiate its way through the development path, with successful negotiations giving rise to traditions. This description of the social evolution of societies is also consonant with the post-structuralist perspective on societies, which favors a thoroughly historical analytical view, looking at different forms of consciousness, identities, signification and so on as historically produced and therefore varying in societies at different periods (Best & Kellner, 1991).

From a post-structuralist perspective, this research on women's reproductive behaviour must take into account the distinction anthropologists make between small-scale, pre-literate, tribal societies and large-scale literate or civilized societies. Pauw (1975) cites several characterizations of small-scale non-literate or pre-literate societies which fit well with the reproductive outlooks which will be discussed below as characteristic of African traditional systems. He also cites the description by Herskovits (1955) of small-scale societies as less addicted to change in their sanctioned modes of behaviour than those that have writing. Coertze (1962) notes the relative lack of freedom the individual is allowed in such societies, while Mair (1963) observes a relatively narrow field of choice, with the individual's role more fixed.

From this perspective, the fact that societies change over time, even gradually but sometimes rapidly, is borne out by the existence of intermediate societies, which are types of groups and communities that form part of larger societies, but are socially and culturally sufficiently distinct to be studied by themselves. Pauw (1975) describes Xhosa Christians as falling into the intermediate category of societies. Although these distinctions between societies are unsatisfactory and only crude, they are cited here as one of the possible descriptions of the phenomenon of differences between the "red people" and the "school people" which appear in this discussion.

A question to consider is whether the confrontations between modern and post-modern ways of configuring reality puts into question the sharing of conceptual tools for understanding reality as

it applies in the area of reproductive behaviour as well. In this discussion, although recognition is given to cultural relativism, such relativism is viewed as existing within a broader inclusive universal frame.

What appears to emerge from this resume of metatheoretical foundations on analyses of the social dynamics of reproductive behaviour is firstly that such dynamics are broadly universal across societies. Secondly, such social dynamics have variations, which derive from the position of each society on the common evolutional path for all societies. Such variations call for a relativist outlook to societies. They do not imply that individual societies and their reproductive dynamics are located outside the universal social terrain, since the evolutional path itself is located within the universal terrain. The reproductive patterns of England, China and Japan may show some similarities at the opening years of the 21<sup>st</sup> century, but for each of these societies, the situation came about in a different way. An evolutionist perspective primarily relies on endogenous variables, but exogenous ecological influences are increasingly having their imprint in various aspects of social change.

Because of the growing tendency of modern societies and cultures to impinge on each other, influencing each other's social dynamics, the movements of some cultures along the common evolutional path tend to be abbreviated, distorted and convoluted by exogenous influences. Again these aberrations do not remove such cultures from the universal evolutional path but make them into special cases along the path. The influence of English society on the evolution of social and reproductive dynamics of the populations of the West Indies as described by Handwerker is a case in point. So is that of the population of the Victoria East district, which is being considered in this research.

In elaborating the dominant ideology thesis, Abercrombie *et al.* (1980) focus on western capitalist philosophy as a major influence on contemporary society. This may not have always been the case, and the flow of cultural influences across societies often left mysterious residual traces of incongruity with local cultures. Thus Overbeek (1974) describes the ancestor beliefs, social organization and reproductive patterns in the ancient peoples of the eastern Mediterranean,

which are very similar to those that currently shape reproductive behaviour in contemporary African societies. Celibacy and spinsterhood were frowned upon and a large family was seen as an indication of divine blessing. Some of these peoples believed that the man, who died without sons to sustain him with prayers, sacrifices and affection was reduced to a lonely and hungry spirit. A childless union allowed the husband to take a concubine. Husbands were free to repudiate both wife and concubine, whether they had children by him or not. The safety and education of children were ensured by a decree, which barred the mother from marrying until her sons had grown up. Male virility was a source of pride, and a large family raised a man's self-esteem and prestige. Overbeek notes further the economic advantages of reproduction in such societies. Because education was not compulsory, children participated in the family's production from an early age and their upbringing involved limited costs, making reproduction profitable.

The early contact between the populations along the Nile Valley and those around the Mediterranean Sea is documented by various sources, including the Bible. The strong similarity between the reproductive behaviour and structural organization of the societies described by Overbeek and those of African societies leaves one with a suspicion that African adventurers may have exported their religion, values and social organizational patterns abroad, where they thrived long enough to be subjected to analysis and documentation.

In summary, endogenous and exogenous influences in reproductive behaviour apparently cannot be confined to any specific times or societies but have woven their way into the history of societies with varying intensities.

## **2.2 A review of literature on the salient exogenous influences on the subject population**

Western societies have been at the forefront in the analyses of social phenomena, and reproductive behaviour patterns similarly attracted their scientific scrutiny. A brief look at the widely documented changes in the reproductive behaviour patterns of the British society is used here to highlight both the similarities and the differences in the dynamics of reproductive change in English and Xhosa societies. With the former, the changes were endogenous, whereas in the

latter there has been an interaction between exogenous and endogenous influences. This part of the review highlights the reproductive goals of marriage, the importance of male offspring and the underlying strong recognition of economic interests in English reproductive behaviour traditions.

On marriage and reproduction in early England, Radcliffe-Brown and Forde (1965) note that marriage was not a concern of the state but a compact between two bodies of persons. These were the kin of the woman who agree to wed their daughter to the man, and his kinsmen who pledged themselves that the terms of the agreement will be carried out. The bridegroom and his kinsmen had to promise to make a marriage payment to her father or her legal guardian- “the price for upfostering her.” Radcliffe-Brown *et al* note that the emergence in nineteenth century England and America of romantic love as the basis of marriage is a recent development.

Abercrombie *et al* (1984) record that Christian foundations of marriage and reproductive behaviour in English society were laid down during feudalism and sought to eliminate the nobility’s commitment to the lay system of marriage. Economic considerations were a cardinal consideration from the lay perspective of marriage, while Catholic morality also concerned itself with chastity and the sanctity of the marriage bond. During the Middle Ages, there was some measure of agreement between the lay and ecclesiastical models of marriage and reproductive behaviour, since both recognized the dangers of adultery and the absolute merit of female virtue. The lay system however required orderly repudiation of wives who turned out to be barren or gave birth only to female offspring, or became too old to replace male children who died in infancy and made it necessary for the husband to take a new wife. Abercrombie *et al* point out that repudiation was a very common feature of medieval marriage within the dominant class and challenged the ecclesiastical prescription of life-long monogamy.

The church on the other hand regarded marriage as an unfortunate but necessary protection against carnal lust, strongly objected to remarriage and repudiation and advocated monogamy. The need for chastity of wives, virginity of brides and fecundity of mothers, which the church supported, originated from the lay system of marriage and were designed to secure the

concentration of property in the line of the male offspring. Abercrombie *et al* explain that the widespread existence of concubinage and organized court prostitution gave institutionalized recognition to the fact that noble men typically satisfied their sexual desires outside the marriage union, but these extramarital relationships did not threaten the fundamental importance of the family for feudal property.

The tradition of “courtly love,” it is noted, recognized that marriage was for procreation and the maintenance of property, whereas love was by definition an activity that took place outside the family. It is also noted that medieval marriage was a treaty between two feudal households, and that this pact was too important to leave to individual choice, because the future wealth of the household depended on the anticipated motherhood of the new bride. In a system of inheritance by direct line through male primogeniture, the high rate of infant mortality demanded great fecundity on the part of noble mothers, if the family’s traditional claims to land were not to be undermined.

On the role of religion in reproductive behaviour in traditional English society, Chidester (1992) notes that in medieval Christian discourse and practice, pleasure and marriage were conjoined in what Foucault (1978) has called the “conjugalization” of pleasure. This is described as a new order of sexual purity, in which sex could legitimately be exercised within marriage and only for the purposes of procreation. Chidester also outlines the various expositions of Christian sexual ethics, including St Paul’s ambivalent guideline, which exalted celibacy while encouraging marriage as a means of avoiding fornication.<sup>1</sup> Within that context, individualism emerged and played a role in the choice of conjugal partners. Although individualism had its origins during the Middle Ages, it only reached a dramatic breakthrough in the eighteenth century. Hughes (1992) cites some historians (Stone, 1977 and Shorter, 1975) who observed that as greater sexual freedom and romanticism emerged as outcomes of individualism, the love match replaced the arranged marriage.

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<sup>1</sup> 1 Corinthians, 7:1

In Early Modern Europe, Hughes (1992) also notes that where the pattern of marriages is concerned, there emerged a pattern of peasant family. Such families were characterized by late marriage and substantial proportions of the population who remained unmarried or delayed marriage and exercised sexual restraint, because of economic considerations. Christian values also exhorted for a rejection of sexuality and a celebration of celibacy and chastity. Thus both religious principles and aversion to economically irresponsible reproductive behaviour converged in forming the basis of the sexual morality of western societies at the time of their contact with colonial populations.

Hughes notes that until recent times, contraception in western societies was unreliable. Abortion, infanticide, and abandoning of foundlings, although disapproved by the church were not uncommon. Up to the beginning of the twentieth century, foundling hospitals received and brought up such abandoned babies, indicating that traditional English society placed a much lower value on children, in contrast to African societies.

On legitimacy of offspring Hughes (1992) notes that it confers rights to inheritance and succession in many societies, and adds that from antiquity, wealth flows in western societies are directed towards the progeny. Chidester (1992) further notes the prominence of property, with its attendant influence on social position, lineage, and inheritance, which dominated Greco-Roman discourse about illegitimacy. The marriage represented legitimated pleasure, based on law, custom and status that served to designate the woman from whom a man must expect legitimate heirs. The family name and title that underwrote entitlement to property was of critical importance.

The above exposition has no reference to women in traditional English society and their specific needs and aspirations as role players in the reproductive process. The goals of the English patriarchal system and its institutions- the state, the church, the family and property were assumed to subsume women's interests as well. But Handwerker (1989) cites evidence that women's interests differed from those of the institutions outlined above, and that women tended to subvert these institutions. In the evolution of reproductive trends in English society,

Handwerker cites accounts, which indicate that it was British women, rather than men who had a higher demand for children in marriages. This was because fathers did not expect economic support from their adult children while women did. Handwerker cites evidence, which indicates that English women had stronger emotional and economic dependence on their adult children than their husbands did.

Conversely, Knodel and van De Walle (1986), in their appraisal of women's reproductive patterns from the study of fertility decline in Europe, point out that women had a stake in avoiding the dangers of childbearing and the debilitating effects of closely spaced births. These contradictory views can be taken as an indication of the diversity of the attitudes of women on childbearing and their efforts to safeguard their interests.

What emerges from the above exposition of British marriage and reproduction from the Middle Ages to the time British colonial contact with the Xhosa is a scenario in which reproductive behaviour was strongly informed by economic considerations. The demand for male offspring who would become heirs and a desire to ensure the legitimacy of such heirs all arose from the need to protect property. The church supported this lay view, but also elevated celibacy, chastity and the monogamous marriage. Women's reproductive wishes appear to have been of no consequence in the Middle Ages but came about with the emergence of individualism and romantic love. This is the sum of the British cultural baggage that was to impinge on Xhosa society in the Victoria East district.

### **2.3 A review on African marital and reproductive traditions and change**

The first part of this section focuses on works which map out the salient aspects of the traditions of reproductive behaviour of the African peoples in general and those of the subject population in particular. The underlying belief systems as the endogenous determinants of women's reproductive behaviour are also explored. The second part of this section focuses on literature which outlines the most salient milestones in the movement of the subject population from the traditional reproductive scenario, along with the ecological factors which contributed to such

movement. Finally, the macro scenario developments in the reproductive behaviour of black South African women which have been elicited by major surveys and isolated micro-studies in recent years will be explored along with the lags shown by rural women in general.

The cleavage which developed between the Xhosa “red people” and the “school people” referred to in the previous chapter, as well as the persistent resistance of the “red people” to the encroachment of western values extended the existence of vibrant Xhosa traditions. This made their witnessing and recording up to fairly recent times possible. While some individual or community stalwarts still uphold such traditions, their attenuation has reached an advanced level. As in other non-literate societies, it is largely western anthropologists who documented the Xhosa traditions which constitute valuable resources for this literature review. The inherent limitations of both perception and interpretation are acknowledged, and in some instances challenged.

Pauw (1975) acknowledges that the western anthropologist in describing non-Western religions for instance has to “translate” the culture he is studying into western concepts. With regard to the analyses of Xhosa traditions, van der Vliet (1991) notes how anthropologists use the term “traditional” with reference to African societies, where it implies a more or less hypothetical baseline in the reconstruction of these societies that is contingent on relative ignorance of pre-colonial conditions. For the Xhosa population, available literature sets the baseline scenario at the end of hostilities, which preceded the subjugation and integration of the Xhosa as British subjects during the middle of the nineteenth century. These developments marked the onset of recordings of observations and communications with members of the Xhosa society.

Soga’s exposition of the customs and traditions of the Xhosa (1931) is a helpful source, providing as it does a description, interpretation and reflection on Xhosa traditions by a Xhosa. Elsewhere in Africa, however, a wealth of oral narratives has been committed to writing by African writers, a fact which justifies recourse to fictional depictions of some structural and functional aspects of traditional African societies and the reproductive behaviour patterns underlying them.

Even though one must caution against treating societies as homogeneous, some recognizable broad similarities make it conceivable to talk about African and Western reproductive systems and values. Some of the traditional reproductive patterns, which are noted to be going through a receding phase among Xhosa women still retain a strong vibrancy in many African societies. Because of varying paces of social change, aspects that represent the norm in some African societies have strong relevance for only a proportion of the black society of South Africa whose relative size is difficult to determine. For that proportion, customary norms prescribe sexual and reproductive behaviour and the life-and-world-view.

The changes occurring among Xhosa women and women of other black groups in South Africa have been described as degenerative, but such evaluation lies beyond the scope of the present review. In addition, the reproductive patterns that are emerging among Xhosa women have identifiable parallels in Botswana and as far afield as in black American, Latin American and Caribbean societies, which faced similar impacts of Western value systems and cultural disorientation. The references to African and Western cultural reproductive systems in the discussion which follows must be read with this understanding.

The focus of this section of the literature review is on the variables selected for this research, namely, age and marital status at onset of childbearing, child-spacing, number of children born, fertility regulation, and decision-making on childbearing. The central theme is the dynamics, which attend the movement from a situation characterized by a remoteness of the concept of fertility control. This subsumes the cultural dynamics, which not only inhibited such movement but constrained choices for women on most aspects of reproductive behaviour. Such movement introduced a situation, which is much more fluid and considerably accommodative of women's reproductive choices.

Marriage as the traditional social locus of reproductive behaviour is integral to this review, along with the power relations, accruals of economic benefits, and childbearing obligations, which attend family formation systems.

The perspective of women on their traditional role in reproductive behaviour in African societies is given a significant position in this part of the review. One such perspective is depicted by Emecheta (1979),<sup>2</sup>

while others emanate from more recent studies on the reproductive aspirations of women. The perspective Emecheta's writing depicts may not necessarily represent the childbearing experiences of all women in African societies. It however brings to relief some important observations on how societal expectations on reproductive behaviour dominate women's lives almost to the exclusion of anything else. Boehmer (1991) explains that in writing, women express their own reality and so question the notions of national character and experience. It is from that understanding that the African woman's reproductive behavioural life experiences depicted in Emecheta's narrative are explored.

Emecheta's own life experiences are testimony to what she writes about, early marriage and high fertility. By the age of twenty-two she had five children and the oldest was five years old. The economic responsibility of raising them rested with her. Her rootedness in the African culture, despite living in Europe in her adult years comes from listening to storytellers in her home village in Nigeria. A brief review of Emecheta's cited work is now given.

Born from an illegitimate union, Emecheta's Nnu Ego marries, and bride wealth is received by her biological father who brought her up when her mother died. Nnu Ego's childlessness humiliates her and erodes her status as a senior wife, and ultimately results in her implicit rejection by her husband and his kin. In her second marriage Nnu Ego begets what seems even to her to be an endless brood of children. Twice she goes through the agony of infant deaths, the first one of which is intensely traumatic, since it is the loss of a male infant. She values her sons way above her daughters as her culture prescribes. She finds herself in polygamous unions three times, shoulders the economic hardships of raising her brood of children, often single-handedly.

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<sup>2</sup> Emecheta is a woman writer of Nigerian origin, who has contributed fictional representations of women's role in traditional African societies. In "The Joys of Motherhood" she appears to be questioning the norms and values underlying the traditional women's role, which she depicts in the life of conformity, toil and abject poverty Nnu Ego is subjected to in mothering nine children, two of whom she loses to infant deaths.

Once she experiences intense guilt about thoughts of infanticide. Her twin daughters marry at 15 years, and from the bride-wealth she secures money to educate her sons. She never controls her fertility by any means and leaves her childbearing to God and her *chi*, (which seems to be counterpart for guardian angel). This exposition contains most of the salient elements of the reproductive behaviour of women in traditional African societies that are elaborated on below.

### **2.3.1 Tradition in African women's reproductive behaviour**

Nhlapo (1991) explains that the overriding values of the traditional African family are reflected in the non-individual nature of marriage and the goals of procreation, which are economic survival and security. He observes that the need to procreate prescribes attitudes to barrenness, sororate, levirate, child betrothal, forced marriage, and nubility. He notes further that in patriarchal societies, group interests are framed in favour of men, and that in marriage, men acquire rights over women and children through payment of bride price. It is within this context that women are adjuncts to the group, a means by which the overriding goals of clan survival are achieved. The economic and religious determination of reproductive behaviour in African traditions warrants some elaboration.

### **2.3.2 The demand for children in the traditional African cultural context**

Caldwell and Caldwell (1987) associate the reproductive values outlined above with the traditional belief in ancestors which may well have been the original religion for most of mankind, and which attributes extreme importance to succession of generations and views the risk of family extinction as unacceptable. The Caldwells attribute the high demand for children in African societies to the culture and the belief systems that emphasize lineage descent.

The Caldwells thus argue that a strong religious underpinning of reproductive behaviour is the major determinant of traditional African reproductive behaviour over and above economic considerations. In practice this suggests that the poor economic circumstances of parents cannot discourage reproductive behaviour in the way they do in western societies. Children are viewed as wealth in and of themselves. Caldwell and Caldwell (1987) explain that barrenness in African

societies is a matter of fundamental social and theological significance. Accordingly they note that the fear of a wife who seeks to control her own reproduction is not of breaking a socially recognized contract but of angering her husband's ancestors, thus causing suffering to herself and her children. They note that premature terminal barrenness, whether caused by pathological or voluntary sterilization is abhorrent, along with attitudinal and behavioural barrenness shown in arranging to have no more children or even stating the intention to have no more.'

On childbearing within marriage among Xhosa women, Soga (1931) stated that

*The question of birth control which has been exercising the minds of its advocates in the most civilized countries in Europe finds no echo among the Bantu, and especially among Bantu women. With them procreation is not only a divine institution, but also a natural obligation.*

Soga, 1931: 289.

This statement expresses the traditional Xhosa society's outlook on childbearing as divinely inspired and therefore natural and obligatory. The high demand for children in African traditional society prescribed early marriage for women, so that their full reproductive capacity could be exploited. Marriage was also universal, and in some societies, widows were inherited or joined the market of marriageable women. This review now examines polygamy as an aspect of traditional marriage and reproductive traditions.

### **2.3.3 The polygamous reproductive union in traditional African reproductive systems**

As in other societies, marriage is the traditional context within which reproduction occurs in African societies. In writing about customs and traditions among the Xhosa, Soga (1931) notes that the custom of polygamy is universal among the tribes of Bantu origin and attributes the decline in its practice to economic rather than ethical considerations. Despite its decline in South Africa, polygamy and what could be described as a "polygamous mindset" has survived longest in African societies than elsewhere. The term "polygamous mindset" is used here to describe the perceived male entitlement to informal sexual liaisons during the currency of a formal marital

union. Van der Vliet (1991) documented this situation which has arisen with the decline in formal polygamy among Africans in South Africa in her research on African marriages.

The institution of polygamy has a specific purpose in African societies. Tabah (1989) explains that virtually all African women get married and that permanent celibacy is practically unknown. He views polygamy as a strategy for keeping women in their reproductive years in reproductive unions and therefore as consistent with the traditional pro-natal outlook of African societies. He notes further that the purpose of marriage is procreation, and that when dissolution of unions occur, women enter into other unions and are not left alone as they often are in other cultures. In approximately 97% of African societies, according to Vaughn (1994), polygamy is traditionally preferred.

Caldwell and Caldwell (1987) note that the constraints on fertility in African societies have been overcome by early and universal female marriage, pressure on widows of reproductive age to remarry quickly, if possible by levirate or polygamy, which ensures that there will be no shortage of potential husbands. They also note the emphasis on the desirability of immediate conception.

On the incidence of polygamous unions and number of wives during the early years of contact between the Xhosa and Western influences, Alberti (1968) notes that among the Xhosa, even though chiefs had up to seven or eight wives, commoners rarely had more than two wives. Wilson (1977) notes that polygamy among the Xhosa population increased during the early colonial days, as it did elsewhere in Africa, but offers no explanation for this. Dugmore (1846) concurs with Wilson's observation, noting that the number of wives to each married man among common people in the Ciskei was about three at the time he wrote. By 1883 however, opinion cited by Commissioners<sup>3</sup> indicated that polygamy was diminishing in the Ciskei due to increase of population, limited grazing and decrease in cattle holdings, which posed a constraint to bride-wealth payment.

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<sup>3</sup> This information was extracted by Wilson (1981) from Minutes of Evidence, qtns. 6746, and 8242-6 from Report 91883.

Both of Nnu Ego's marriages developed into polygamous unions. Because of her barrenness in her first marriage, her husband married a second wife. Her second husband inherited her first co-wife in that union from a deceased brother in accordance with the levirate custom. In his advanced age, Nnu Ego's husband married a 16 year-old girl.

Polygamy in African societies is strongly linked with the demand for children, and this is reflected not only in the social expectations but also in the material outlay a man is willing to make in bride-wealth payments. The man's ability to amass bride-wealth makes both many wives and a large progeny accessible to him. This review now looks at bride-wealth and its role in influencing women's reproductive behaviour in African traditions.

#### **2.3.4 A review on bride-wealth and its attendant obligations in African traditions**

Writing about Xhosa traditions, Soga (1931) explains that her father regards a girl or young woman as the family's wealth in cattle. This means that she is the source through which wealth in cattle comes into the home. Soga points out that the father takes no risks about his daughter's virginity. He however, does not refer to the childbearing obligation the bride-wealth imposes on the woman upon marriage. In this regard, Vaughn (1994) cites the argument posed by Engels that the exchange of women and the appropriation of their reproductive capacities preceded the emergence of private property and signified the historic defeat of the female sex.

Women's childbearing in African traditions is strongly linked to the payment of bride wealth by the prospective husband and his family. Such payment, as Armstrong *et al* (1993) explain grants the husband rights and claims over the woman's procreative capacity. Vaughn (1994) explains that so closely is bride wealth tied to children that typically, in the event of marital dissolution, it must be returned in proportion to the number of children born in the marriage. Clark and van Heerden (1992) note that in South Africa, customary law prescribes that a child born to a widow, irrespective of its paternity belongs to the deceased husband's family. This, they explain, is a logical extension of the rule that the payment of bride-wealth transfers rights in respect of the progeny of the wife to the husband's family.

Radcliffe-Brown and Forde (1965) explain that an African marries because he wants children, and that the most important part of the ‘value’ of a woman is her childbearing capacity. As a result her kin will either return the marriage payment if she turns out to be barren or provide her husband with another woman to bear children. Childlessness is therefore the worst disaster that could befall a woman for whom bride-wealth has been paid. Her inability to meet her obligation makes her the subject of endless humiliation, pity, ridicule, and may result in her rejection by her husband.

When Emecheta’s Nnu Ego returned to her family from her first marriage because of barrenness, her father paid back to the former husband the bride wealth he had received for his daughter. He found another suitor for the young woman and accepted bride-wealth from him. This time the payment was amply justified by the birth of nine children, seven of whom survived childhood mortality.

The value of children in traditional African society can not be sufficiently highlighted. Girls are valued for their labor and ultimately for the bride-wealth they bring into their families. Sons are valued because they ensure the continuity of the clan and have the obligation of providing economic security to their aging parents. The high demand for children in African society prompts the question of how the economic demands of raising children are met in traditional African society, and this review now looks at this question.

### **2.3.5 A literature review on the economics of childbearing in African traditions**

Caldwell, Orobuleye and Caldwell (1992) explain that the economics of the family and fertility, which apply in western societies, do not apply in the traditional African context. Firstly, the traditional African outlook on childbearing does not assume children to be an economic liability to their father. Secondly, biological bearing of children and the cost of child raising are separated by a high incidence of child fostering. Thirdly, reproductive decision-making and the cost of child rearing are separate. The father decides on childbearing but is spared much of the cost of rearing children, even though he receives material returns from his children throughout their lives until his death.

In polygamous unions, the basic child-rearing economic unit is the mother and her dependent children. Since widows have no claim to the deceased husbands' property, their security derives from their children. In view of this contingency, women desire a large surviving family, irrespective of the cost of achieving it.

Looking at the economic theories of childbearing, Caldwell and Caldwell (1987) postulate the direction of wealth flows from children to parents as being at the heart of the resistance of African fertility patterns to change. They note that African parents receive larger and more certain rewards from reproduction than do parents in any other society, and that the upward wealth flows are guaranteed by interwoven social and religious sanctions.

The costs of raising children in African society have traditionally never been an issue of major concern. Among the Xhosa, the claim of *intlawulo* (*payment of damages*) for an out-of-wed-lock child is all that is required from the biological father, and the child becomes affiliated to the mother's lineage. If the biological father pays *isondlo* as well, (*which is equivalent to maintenance*), then his kin has a claim over the child's filiation. In considering customary law in South Africa, Clark and van Heerden (1992) point out that children were regarded as economic assets and the family to which they were affiliated simply absorbed them.

In considering inheritance among the Xhosa, Soga (1931) notes that females do not inherit and that where sons pertain, primogeniture prescribes inheritance. He notes further that where gifts of cattle are made by a father to any sons other than the heir, the heir is personally instructed to earmark each gift animal with the owner's earmark, so that he is a witness in himself that he has no claim to it. In addition to such arrangements, sons of different wives have customarily prescribed entitlements to bride-wealth paid for their sisters. Soga however does not explain that the illegitimate son's position as an heir to his social father is discretionary and may be equal to that of other sons who are not first born in the family.

When hard times hit Nnu Ego and her large family, they progressively descended into abject poverty, which made her extremely despondent. Her husband remained undisturbed by the

situation and frequently indulged himself in drinking parties and other extravagances. When her husband announced marrying an additional wife despite the family's poverty, Nnu Ego could not control her anger at her husband's extravagance in using the family's limited resources and lashed out at her husband in exasperation.<sup>4</sup> Her outburst did not change her husband's plans.

On giving birth to twin daughters for the second time, Nnu Ego's mind wonders about the meaning of her life, and sadly she tells herself,

"Yes, I have many children, but what do I have to feed them on? On my life. I have to work myself to the bone to look after them." Her youngest son was also concerned about the growing crowd of siblings.<sup>5</sup>

Since women shoulder most of the economic responsibility of raising children in the traditional African family, the question of their role in decision-making on entry into marriage and on actual reproduction arises, and this review now turns to that.

#### **2.3.6 Power relations in marital and reproductive decisions**

In writing about the formation of marital unions among traditional Xhosa society, Soga noted as follows,

*The arrangements made for a girl's marriage are conducted entirely by the parents, the girl has little or no say in the matter. But the fact that it is the universal custom of all Bantu tribes prepares all girls to face it, though naturally it is accompanied by much that is ugly.*

Soga, 1931:270

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<sup>4</sup> Nnu Ego lashed out at her husband in exasperation when he brought a new wife, "... Have you gone mad or something?... We have only one room to share with my five children, and I am expecting another two; yet you brought another person! Have you been commissioned by the white men you fought for to replace all those who died during the war? Why don't you let other men do part of the job?"

<sup>5</sup> Nnu Ego's youngest son thinks to himself when he notices from her mother's size that she is pregnant again: "I don't understand these adults. First we do not have enough, yet they keep adding to the family." Observing the abject poverty his family is living in, the boy fears that his intention of continuing with school might come to nothing.

Even though Soga implied that the parental prerogative of selecting a spouse applied only where Xhosa daughters were concerned, other narratives on Xhosa society indicate that it applied to sons as well (Peteni, 1976, Jordaan, 1980, Mandela, 1994). In all the narratives cited, however, the sons were successfully recalcitrant to such impositions, in some instances with tragic consequences. The parental prerogative in the choice of a spouse arises from the fact that, as Vaughn notes, marriage in traditional African societies was a strategic act of two families.

In a 1993 report, (National Research Council Working Group on Factors Affecting Contraception in Sub-Saharan Africa, 1993) it is indicated that considerable proportions of uneducated and rural respondents in African societies reported that their husbands were chosen for them. However, a reduction of parental control over marriage, leading to a growing autonomy in the choice of partner, especially among educated urban families was also noted. The payment of *lobola* in African culture also marks the transfer of legal power over the woman from her father to her husband. The legal power referred to includes sexual and reproductive capacity. As mentioned above, reproductive decision-making for the married woman in African traditions is the prerogative of the husband and his lineage, and the wife has no say in that regard.

Her father arranged both of Nnu Ego's two marriages. Although she intensely disliked and despised the second spouse, she put up with him, fearful of putting her father to shame by undermining his authority.

While reproduction in all societies normally occurs within marriage, the growing incidence of pre-marital and extra-marital reproduction in some societies makes it impossible to ignore this phenomenon in any discussion of women's reproductive behaviour which aims at being comprehensive. This review now focuses on this phenomenon in the African reproductive context.

### **2.3.7 Non-marital childbearing in African reproductive traditions**

Among the Xhosa population of the Eastern Cape, Soga (1931) noted that traditionally, there were strong sanctions against both premarital and extramarital childbearing. Where such childbearing

occurred, he explains that the law of seduction prescribed that the child born to an unmarried mother becomes the “property” of the girl’s father. An exception was made if the biological father paid both damages and maintenance costs (*isondlo*) or married the mother before the child was born. Even if a new suitor should marry the pregnant girl before the child was born, the child belonged to the girl’s father.

Jones (1992) explains the dynamics of the out-of-wedlock child filiation in African culture under a variety of circumstances. He cites the explanation advanced (Wilson *et al*, 1952) that among the Xhosa-speaking Mfengu, the illegitimate child would be made to feel as much one of the mother’s family as possible. The child would assume the family’s clan name, surname and rituals. Jones concludes that the African way of dealing with an extra-marital birth is essentially accommodative in intent and character and is oriented towards social inclusiveness.

Southern African anthropologists have spearheaded research efforts directed at explaining the growing phenomenon of pre-marital and extra-marital childbearing (Burman and Preston-Whyte, 1992, Preston-Whyte and Zondi, 1992). Burman and Preston-Whyte question whether the notion of illegitimacy and the attendant punitive legal disabilities existed in the African cultural context, or is an imported concept. Their questioning arises from noting how the illegitimate child is integrated into the family system of the mother, with none of the social ostracism that would bear on the child and its mother in other cultures. They note that unlike the stereotypical “bastard” of European society, the illegitimate child in African society has both kin and a recognized place.

A considerable proportion of what are often considered as illegitimate births in African traditional societies arise from the fact that marriage in these societies is a process, rather than a single event (Comaroff & Roberts, 1977). Clark and van Heerden (1992) note that in South African customary law, the status of a child is not determined solely by the nature of the union of his or her parents. This is because customary marriage is considered as a process which commences with the first payment of an installment of bride-wealth. They note further that the payment of bride-wealth is the decisive factor in determining whether the child is linked to the father or to the family of the mother. Bozzoli & Nkonto (1991) also describe Tswana marriage

as “processual,” involving a series of negotiations and maneuvers, taking place over a number of years. Molokomme (1996) adds that while the process outlined above is afoot, the couple is considered by their families to be married.

In addition to the proportion of illegitimate births which comes from such processual union formation, which could be considered as wrongly classified, reproduction also occurs among couples with no prospects of marriage. This is mostly because of illicit seductions, courtship disasters and an aversion among some women to enter into marital commitments. This is the category to which the classification of illegitimacy applies without question, if such a label is judged to find application in the African cultural context.

As Burman and Preston-Whyte observed (1992:xiv), the nature of the stigma of illegitimacy in traditional African societies arose from different concerns to those imported with Christianity. The concerns arise from the loss or decline in bride wealth value of the girl occasioned by the pre-marital pregnancy. In addition, they note that the situation caused by the occurrence of an illegitimate birth necessitates ritual cleansing ceremonies for the unlucky girl and material redress from the offending party. When these measures have been undertaken, life carries on as usual for everyone, and the child’s father or some other man could marry the girl. Her chances of finding a husband are not permanently prejudiced and the child carried no permanent stigma, as is the case in some societies.

Objection to illegitimacy in Xhosa traditions arose primarily because the girl’s family suffered economic loss as a result of the fall in her bride-wealth. Wilson (1981) explains this by citing a complainant’s statement in a court of law in 1883. The complainant explained that the traditional basis for the imposition of fines on people who seduce girls is the fact that a father can not get cattle for her, as he would have done had she not been seduced.<sup>6</sup>

It is probably because of the value placed on children in the African cultural context that the stigma that attaches to illegitimate childbearing is mild in comparison to what the situation is in

other societies, particularly western societies. Abortion, infanticide and child adoption which other societies resort to in the event of an illegitimate conception have traditionally been viewed as abhorrent corrective measures in African societies, in comparison to the occurrence of an illegitimate birth.

Where adolescent pre-marital childbearing is concerned however, South African black society may be out of step with other African societies in the lenient stance it adopts. In this regard research by the National Research Council Working Group on Factors Affecting Contraceptive use in Sub-Saharan Africa (1993) revealed that pregnancy among unmarried urban schoolgirls in African societies often ignites public outrage, with disapproval surfacing most visibly in policies that expel pregnant girls from school or screening them out for admission to advanced education. The Research Council noted that powerful sanctions result in fears of condemnation, which make adolescents shy away from reproductive health and child-care services. Caldwell, Orobuloye and Caldwell (1992) indicate that a pre-marital pregnancy in Nigeria results in withdrawal from schooling by the affected girl, a likelihood of enforced marriage or single parenthood. They note however that in West Africa there is no great fuss about single parenthood. Preston-Whyte and Zondi (1992:232) summarise the South African scenario with regard to the above with the brief statement that

*To be unmarried and have a child does not blight one's future as it does or once did in a number of other milieus.*

Emecheta's Nnu Ego came from an "illegitimate" reproductive union between her unmarried mother and an *obi* or traditional leader who commanded a lot of respect, wealth, multiple wives and concubines. She was seen and accepted by everyone as the love child of this respected man, because of a specific negotiated understanding entered into between the families of the two parties. Nnu Ego's biological father received bride wealth from the approved suitor and married her away with the pomp that is becoming of a rich man's daughter. The role played by her illegitimate father in her life is not unusual in the African cultural context, but also pertained to

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<sup>6</sup> Wilson (1981) cites cases put before the Commission, (1883, Minutes of Evidence, quotations 1433-1459).

the specific circumstances, which surrounded her deceased mother's life. The relationship between father and daughter remained strong until the father's death. Those who knew her well in Lagos city called her "Daughter of Agbadi," and Nnu Ego would not do anything that would disgrace the name of her father.

## **2.4 A review of literature on the milestones from traditional to modern patterns of reproductive behaviour among rural Xhosa women**

From the traditional African reproductive scenario that has been outlined in the section above, it is necessary to examine literature, which explains the shift in the pattern of women's reproductive behaviour of the subject population. The factors that brought about the emerging patterns, which this research sets out to describe, must also be identified from literature sources.

Pauw (1976) has commented on how the social organization of the black populations in South Africa has changed since they came into contact with the Westerners. He noted a general weakening of the patrilineal kinship system, and the new social distinction, which emerged between the conservative element of the society and those who accepted the churches, schools and other aspects of western culture. The most visible change in the reproductive behaviour of women was a rapid growth in the incidence of extramarital childbearing and its various manifestations. However, non-marital childbearing was a visible aspect of broader changes, which this discussion now focuses on.

The discussion that follows conceptualizes the changes under consideration as unfolding in three phases that are implied in the literature sources consulted. Such phases must however be understood to have the weak temporal and geographic boundaries that characterize social change.

The first phase had the longest duration and was characterized by the continued absence of the concept of fertility regulation, the emergence of Christian exhortations for changes in sexual and marital behavioural patterns and legislative instruments which backed the exhortations. The

foundation for reproduction to slip out of marriage and traditional control were laid down during that phase.

In the second phase, socio-economic circumstances emerged as a dominant force in influencing marriage patterns and the control of reproduction by any means declined. Modern means of fertility regulation were rejected, but growth in education and urban influences lay the foundations for their acceptance. Reproduction inside and outside marriage ran parallel to each other.

The third and emerging phase appears to be characterized by a further weakening of traditional controls on reproductive behaviour of women. This is accompanied by legislative support for reproductive autonomy and access to modern means of fertility regulation. The ecological environment is increasingly dominated by AIDS awareness and a stronger interaction between economic circumstances and reproductive behaviour, both inside and outside marriage. Literature sources, which provide an elaboration of these three phases will now be discussed.

#### **2.4.1 The first phase of change: Christian conversion, education and value system confrontation**

This phase roughly extended from the time of capitulation by the Xhosa to colonial rule in the 1850s to roughly the first few decades of the growing recruitment of mine labor after the first discovery of diamonds (1867) and gold (1886) in South Africa. The phase preceded the emergence of the notion of fertility regulation among Xhosa women, but presented a variety of significant value confrontations. For instance, in examining conversion into Christianity among Xhosa society, Pauw observed the puzzling phenomenon of syncretism, noting that

*... The missionary expected them to shed all traditional Xhosa beliefs and rituals relating to ancestors, witchcraft and sorcery, divining and medicines as well as customs like traditional dancing, giving and receiving ikhazi (marriage goods) and polygyny... In the external features of social structure and culture Western forms largely superseded those of Xhosa tradition*

Pauw, 1975:21.

For the Xhosa people, religious conversion did not imply relinquishing their traditional belief in ancestors, which, for the purposes of this discussion, formed the basis of reproductive behaviour. In general, the converts lived in two somewhat contrasting “worlds,” and their behaviour reflected this ambivalence. Christian religion challenged among other things the value system that formed the basis of marital and reproductive unions as well as the norms that governed the sexual morality of the Xhosa.

The polygamous union, the payment of bride wealth and the coercion of women into marriage were among the targets for elimination by the missionaries, and legislative instruments were put in place to facilitate change. Wilson (1981) notes that new legal forms of marriage were established under Colonial Law and Roman Dutch Law, and the Statutes of the Cape applied to the British Kaffraria (this area was later to become the Ciskei) from 1869.<sup>7</sup>

Thus, under colonial law, a marriage contract was null if coercion was proved.<sup>8</sup> Wilson (1971) cites evidence given by a Xhosa before a government commission with insistence that “... a thing called love” was destroying parental control and causing illegitimacy. She explains that colonial influence maintained the principle that a marriage without the consent of the bride was contrary to natural justice throughout colonial Africa. In corroboration she cites Hunter’s observation (1936) that after the annexation of Pondoland into Cape governance, girls being forced into distasteful marriages sought and were granted protection by magistrates.

Wilson notes further that the laws outlined above made the payment of bride-wealth not a legal requirement for marriage. The perception that payment of bride-wealth constituted a sale of the woman, along with a realization of the decline in the cattle holding of many families were behind the efforts to eliminate bride-wealth payments. The decline in cattle holding necessitated cattle raids to secure herds for bride-wealth transactions and such cattle raids were the source of endemic conflicts between chiefdoms.

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<sup>7</sup> This was Ordinance 1 of British Kaffraria, under Laws and Regulations of British Kaffraria since 1869.

<sup>8</sup> Cited by Wilson (1971) from 1883 Report: I, 32.

Where sexual norms of the Xhosa were concerned, Mayer and Mayer (1974) found from their research that all Xhosa, including Christians, regarded sexual satisfaction as a normal requirement of every adult, whether married, unmarried or widowed. This view was accompanied by an understanding of the necessity to regulate sexual contacts, not because they were intrinsically evil or dangerous, but in order to avoid infringements of existing rights. This outlook was contrary to the Christian point of view which exalted celibacy and grudgingly conceded to sexual expression only within marriage, and even then, for the purpose of procreation. Christian exhortations were also made against certain sexual norms of the Xhosa, like the practice of inter-crural or external sex by youth.

Mayer and Mayer (1974) argue that in prescribing sexual purity, the Christian value system derogated the traditional norm of intra-crural or external sex for young girls, viewing it as fornication. They point out that the abandonment of guidance on external sexual intercourse by young girls among the “school people” opened way for full sex, since the view that sexual relations were perverse was inconsistent with the value systems of Xhosa people and celibacy was therefore never internalized. Consequent to these developments, illegitimate births occurred in much higher proportions among “school” girls than among their “red” counterparts. Among the “red people” extra-marital childbearing occurred commonly among older women, among whom full intercourse was not objectionable. For the young marriageable girls external intercourse was retained.

It is difficult to judge the real outcomes of the interventions by the colonial government on practices governing marriage and reproductive behaviour among the “school people” because many forces were simultaneously at play. While bride wealth continued to be given for most marriages despite the interventions, the decline of polygamous unions appears to have resulted both from religious conversions and from economic decline. Wilson (1971) explains that polygamy links closely with subsistence herding and cultivation, where there is ample land to allow each wife her own plot for cultivating food for her household’s subsistence needs. It also requires particular demographic conditions where marriageable women outnumber men, as is the case after a war or due to differential survival of men and women. It also requires that the

case after a war or due to differential survival of men and women. It also requires that the prescribed age for marriage for men and women should differ substantially, such that girls aged sixteen to twenty-six are married while males in those age groups are not.

The decline in polygamy which came about raised proportions of single women in the population. Mayer (1980) argues that Christian values, in discouraging polygamy, levirate, sororate and enforced marriage raised the proportion of unmarried women in a context in which the merits of remaining celibate which Christianity expounded carried no conviction. This surplus of unmarried women led to widespread concubinage in urban areas.

#### **2.4.2 The second phase of change: the declining subsistence economy and urban attraction**

This period extended from roughly the end of the Second World War to the 1970s. The distinguishing historical milestones for the second phase were a booming post-war modern sector of the economy nationally, which drew its labor from the faltering rural subsistence economy described by the Tomlinson Commission cited by Houghton (1956). The economic decline among the rural black population accelerated the pace of migration to urban areas, in which societies had lower normative controls over sexual and reproductive behaviour than in rural communities. The growth in education that encompassed girls also contributed to the changes which appeared during this phase. Internationally, fertility regulation appeared during this period.

The 1968 United Nations Conference held in Teheran (United Nations, 1968) expounded the rights of couples to information and services to enable them to have the desired number of children. Nationally, the Family Planning Program came about in 1975. At the ground level however, particularly in rural areas, other circumstances had more significance for women's reproductive behaviour and fertility regulation remained a vaguely understood foreign and objectionable option. Nevertheless it was there, and economic and educational developments had yet to strengthen the substratum for it to attract the attention of women.

The 1953 Tomlinson Report (Houghton, 1956) provided a detailed account of the progressive deterioration of the subsistence economy of the rural reserves of South Africa. Thus the economic situation of the Xhosa population declined in the classical manner in which the subsistence sector of a dual economy declines on juxtaposition with a modern economy. The decline in cattle holdings was attributed to population increase and limited grazing (Wilson, 1981).<sup>9</sup>

However, such declines cannot be attributed to one cause. The exploitative relationship between the modern and the subsistence sector in a dual economy often erodes the subsistence sector, causing poverty.

Wilson (1981) explains that the Xhosa lost the greater part of their herds in the cattle killing of 1857, and with population increase and diminishing grazing land, they never achieved cattle holdings comparable to those of the early nineteenth century. Wilson and Thompson (1969)<sup>10</sup> estimate the number of cattle for the Ciskei area in the eighteenth and early nineteenth century at two to three times the human population, compared to 0,5:1 or less in the 1970s. The rinderpest also must have contributed enormously to the decline in cattle holding among the Xhosa. Pearce (2000:28) describes the rinderpest as “the microbe that shaped Africa,” in a discussion which outlines the impact of that epidemic on cattle in its spread through the continent. For the Southern African region, Pearce notes that by the end of the nineteenth century, an estimated 5,5 million cattle had died.

Wilson (1981) notes that since the number of cattle required for a marriage did not fall appreciably and the cost of cattle in terms of cash steadily increased, the difficulty of a man marrying increased. As stock holdings diminished and consumption in trade goods increased, fathers were less able and willing to help their sons to marry. With the tradition of raiding cattle from other chiefdoms as one of the ways of securing cattle for bride price being outlawed, wage labor became the only way of acquiring cattle. This economic decline of the Xhosa population

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<sup>9</sup> Cited by Wilson (1981) from 1883 Report, Minutes of Evidence, quotations 6745, 8242-6.

<sup>10</sup> Cited by Wilson & Thompson from notes 1969:I, 1971:II, 57.

opened way for a growing dependence on the modern sector of the South African economy, with growing reliance on migration to urban areas.

These economic developments resulted in the increase of marital age for both men and women. Wilson *et al* (1952) cite evidence in the Keiskammahoek area that before 1890, the average age of men at first marriage was 24,3 years, by the 1930s it had advanced to 28,6 years and between 1945-50 it reached 30,1 years. Marital age for women in the same district advanced from 19,3 years before 1890 to 23,6 in the 1940s.

Findings from a sample of 51 informants from the Tyhume valley in the Victoria East district interviewed in 1972 indicated that average age of marriage was 27 years for males and 20 years for women (Raum and De Jager, 1972). Wilson explains that the gap in marriage age of men and women was around five to seven years and increasing. The situation indicated the existence at any time of larger numbers of marriageable women than men. The decline in polygamy meant that nearly a fifth of women could not marry. Wilson also noted high male mortality and a high incidence of widowhood in Keiskammahoek District in 1950 and in the Victoria East and Middledrift districts in the 1960s. Such mortality increased the proportions of single women at any given time.

Wilson (1971) explains that acute social difficulties arise if polygamy diminishes rapidly, whether for economic or religious reasons, and a marked difference in the marriage age of men and women or in their survival rate remains. Mayer and Mayer (1974) observe that during this period, the temptation to polygamy was negligible, and that even among the “red people,” few Xhosa had more than one wife. They note that extra-marital relations constituted a greater enemy of Christian sexual morality than polygamy. They also comment that the average Xhosa Christian takes care to conceal his sins from church authorities, and discretion has become an important notion for the Xhosa “school people.”

The expansion of education also became another significant factor in the evolution of the women’s reproductive behaviour. In the Tyhume valley, Backhouse (1939) reported 75 females

and 54 males in school, and that girls soon became teachers and from 1903 began training as nurses. Wilson describes this as indication that there was no great pressure on women to get married immediately after puberty. Girls with various levels of schooling entered both rural and urban employment markets, making incomes that gave them economic independence, a factor that was inconsistent with the female dependency that is inherent in patriarchal systems.

Finally, another important development during this phase was that the decline of the rural economic scenario opened way for migration of rural working age populations to urban areas. The exposure of many rural people to the urban environment which had weaker normative constraints to sexual and reproductive behaviour is described by Mayer and Mayer (1974). They note the different reactions of the “red people” and the “school people” who went to East London from the rural districts surrounding it. Concubinage, which is described by Wilson (1981) as a long-term relationship between a woman and a man which is not recognized as a legal marriage, was a prominent feature observed by the Mayers among black migrants in East London.

With regard to reproduction from such concubinage, Jones (1992) documents the movements of children of migrant parents between the various urban centers of South Africa and rural relatives. Grand-parents are frequently called upon to be surrogate parents in the case of out-of-wedlock children, in accordance with custom. With the decline of the rural subsistence economy, the economic position of rural grandparents is often precarious. This has made it difficult for them to discharge their traditional responsibility of fostering children placed in their care by unmarried daughters. In some instances a string of such births kept coming from the daughter, with minimal contribution for their maintenance.

Wilson (1981) explains that under traditional law, children of an unmarried mother belong to her father or brother. The common pattern in rural areas has been that such children are left in the girl’s parent’s or brother’s homestead, while the mother sought work to support them. Wilson adds that since rural communities have ceased to be self-supporting in food, children have

become a liability rather than an asset, and that medical evidence shows that it is illegitimate children who suffer most from malnutrition.

The women's perspective on these developments has not received the research attention it warrants. In a qualitative study of South African Tswana women in Phokeng, Bozzoli and Nkontsoe (1991) found that women held views that contrasted with those of their patriarchal controllers on childbearing. By their standards of decency, it was acceptable to have several children by a boyfriend provided you subsequently married the father of your children. The reproductive years of the women in that research spanned the period between 1900 and 1983. In contrast, Mayer and Mayer (1974) cite a perspective given by Xhosa women in East London on the matter of premarital childbearing. According to them decency requires that a woman should try as far as possible to keep the affections of her children's father in order to avoid having children by different fathers. That was considered to be unworthy of a self-respecting woman.

Mayer and Mayer (1974) thus conclude that Xhosa women want their children to have the same descent on the father's side, because children of different fathers will have different customs and will be more likely to quarrel. They also note the practical reality that a new lover may dislike the children of his predecessor. Mayer and Mayer (1974) conclude that these reasons make mothers of illegitimate children ready to humble themselves towards the father of their children in order to prolong the relationship.

#### **2.4.3 The third phase of change: matrilineal consolidation, fertility regulation and AIDS prevention**

The third phase of changes in the reproductive behaviour of women has been characterized by a consolidation of growth in fertility regulation, a growing acceptance of the matriarchal household as a feature of South African society, and efforts to control the spread of AIDS. This phase roughly extends from the middle of the 1970s to early 21<sup>st</sup> century. The National Family Planning Program's Education, Information and Communication campaigns along with an

extensive service network in the 1980s and 1990s elicited a response across many communities in South Africa.

For the black population, growing rural poverty weakened the traditional accommodative capacity of families to shoulder the responsibility of illegitimate children. Female-headed households have become a reality whose plight challenges society and the state. The growth in women's education and their participation in the labor market, along with the growing cost of children with expanding education may have contributed to the changes in women's aspirations on family size. The emergence of AIDS, whose preventive strategies include barrier methods and abstinence may also have contributed to the emerging scenario of reproductive behaviour at the national and local levels.

Various national surveys have been conducted to map out the changes in aspects of women's reproductive behaviour. This literature review now focuses on findings derived from the analyses of data from three such surveys. The first one is the 1993 Living Standards and Development Survey (LSDS) which was conducted by the World Bank and Southern African Labor Development Research Unit (SALDRU). The second one is the Demographic and Health Survey (HSRC, 1987-89) which was conducted by the Human Sciences Research Council. The third one is the 1998 SADHS (Department of Health, Macro International and the Medical Research Council, 1998).

Mencarini (1999) made an analysis of the 1993 LSDS interview data from 8,848 South African households with a total of 10,453 women of reproductive age. Although the research was directed at analyzing infant mortality dynamics, it incorporated dynamics on selected aspects of reproductive behaviour, which are relevant to this research, namely mean age at first birth, total fertility rates and estimates of legitimate and illegitimate fertility. Only the findings that pertain to the black population are reported on in this discussion. Mencarini notes that the picture of fertility drawn by LSDS for the black population is scarcely linked to nuptiality, shows a progressive reduction, with a mean age of first birth of about 22 years. The summarized findings are reflected on Table 2.4.3.1.

**Table 2.4.3.1: Estimates of fertility, mean age at birth and legitimacy of births in the black population of South Africa, 1993.**

TFR 1984-88	4.80
TFR 1989-93	3.85
Mean age at birth for all parities 1984-88	30.3
Mean age at birth for all parities 1989-93	29.1
Mean age at first birth 1989-93	21.9
Legitimate TFR 1989-93	4.1
Illegitimate TFR 1989-93	2.7

Source: Mencarini, 1999:114.

The quantitative findings by Mencarini are similar to those derived by Bozzoli's ethnographic study among Tswana women and reflect the prevailing reproductive scenario among black women. In her study of women in Phokeng referred to above, Bozzoli found that for the fifteen women for whom the fullest information was available, the average age at marriage was as high as twenty-seven, and the highest age was forty-three. But this marital age had no bearing at all on reproductive age, which frequently was younger than marital age. From a demographic perspective therefore, it emerges that marital age has a limited relationship to the onset of childbearing in some African societies.

Du Plessis (1999) made comparisons of women's fertility preferences from the findings of two Demographic and Health Surveys that had a nine-year time gap between them, 1989 and 1998.. Both surveys included questions aimed at determining whether respondents wanted more children, the preferred spacing between births and the number of children considered ideal. Du Plessis explains that notwithstanding the methodological difficulties in the measurement of the demand for children in a population, there exists a fairly large body of empirical evidence suggesting a high degree of consistency between data gained from survey interviews and actual contraceptive and fertility behaviour.

For the black women aged 25-44, the 1989 SADHS found a mean age at first birth of 20.3 years. Between the two surveys, non-numeric responses to the question on ideal family size decreased from 18.4 to 1.6%. Du Plessis explains the significance of numeric and non-numeric responses to questions on family size by citing Coale's theoretical preconditions (1973) for fertility decline.

These are that people should develop a calculated numerical notion about family size, that they should perceive the advantages of family limitation, and that they should have the resources to do so. The differences in ideal number of children given by black women by age category at the two surveys are shown on Table 2.3.4.2 and reflect a decline in perceived ideal number of children across all age groups.

**TABLE 2.4.3.2: Mean ideal number of children for black South African women, 1989 and 1998.**

Year/ Background Characteristics	Age of women							Overall mean
	15- 19	20	25- 29	30- 34	35- 39	40	45	
1989 SADHS	2.9	3.1	3.3	3.8	4.1	4.4	4.6	4.0
1998 SADHS	2.2	2.5	2.8	3.2	3.6	3.7	4.2	3.0
1998 Rural only	2.4	2.7	3.2	3.7	4.1	4.2	4.9	3.3
1998 Urban only	2.0	2.2	2.5	2.8	3.1	3.3	3.5	2.7

Source: Du Plessis, 1999.

The above review demonstrates that the changes occurring in the Victoria East district also occur at national level, that rural communities lag behind urban communities in the changes that are taking place, and that the changes are noticeable between successive age cohorts. The latter observation indicates rapid changes which reflect themselves even between cohorts with a five-year age difference.

## 2.5 A summary of the literature reviewed in the chapter

Firstly, the discussion explores literature on the tools which can be used meaningfully to analyze reproductive behaviour as an aspect of social change in the population under consideration.

Literature on the features of the exogenous influences on the population considered is next explored. Next, literature on the various aspects of the reproductive traditions of the subject population receives attention within the broad African cultural context. Finally, literature sources on the determinants and dynamics of reproductive changes from the period of their inception to recent years become the focus of the discussion.

## CHAPTER 3

### RESEARCH DESIGN AND METHODOLOGY

#### 3.1 Research design and its rationale

The behavioural patterns focused on in this research are subsumed under two broad categories, namely childbearing and fertility regulation. Under childbearing the behavioural variables considered are age at onset of childbearing, the age pattern of progression and termination of childbearing, child-spacing scenarios, average number of children born to each woman and marital and non-marital childbearing patterns. Under fertility regulation the behavioural variables considered are age, marital and occupational patterns of contraception, sterilization, pregnancy terminations, and breast-feeding. In addition to describing the patterns, the research extends to finding out women's explanations of the patterns and their perceptions of the realities entailed in influencing such patterns.

This research is designed as a triangulation of the empirical and qualitative approaches, which are linked into two distinct sequential phases. The first and empirical phase quantifies and compares childbearing behaviour in ten-year time sequences over a twenty-year period- (1978, 1988, and 1998), using data from maternity records. Age and marital status are used as indexes for comparison. For age, 10-year reproductive age cohorts of women- (<20, 20-29, 30-39, and 40-49 years) are used for intra-cohort comparison of same age cohorts across time periods. The behavioural patterns for single women are also compared with those for married women, both on an overall and on a cohort basis. The empirical phase of the research also makes a cross-sectional comparison of 10-year age cohorts on their fertility regulating patterns during 1999 and 2000, basing such comparisons on records data on contraception, sterilization, pregnancy terminations and breast-feeding.

The patterns and trends indicated by statistical findings from the empirical analytical phase of the research provide the guidelines for the qualitative phase of the research, which entails focus

group discussions of selected topics on the reproductive behaviour of women in the population under consideration. The qualitative approach generates primary data to provide explanations for the changes observed from the analysis of data from records. It also provides the meanings that the quantitative data cannot supply, such as what prompts the changes in the behavioural patterns of women, and what the significance of the changes is for them. The envisaged findings of the entire research will be descriptive, providing insight into the distinctive pattern of change, its underlying determinants and its implications.

### **3.1.1 The rationale for using a triangulation of research approaches**

The triangulation of the empirical and qualitative approaches in the design of this research is intended to derive the combined benefits of the two approaches. Empirical evidence of quantitative changes in reproductive behaviour patterns among non-urban South Africans has been derived through national surveys. Data from records, while available has not attracted research attention. Data from records reflects what women actually do, in contrast to how they respond to survey questions, and therefore approaches the description of reproductive patterns differently. Data from records also depicts the process of change, its age, marital, parity progression dynamics along with the overall scenario emanating from these dynamics. While census data analyses and surveys have elicited information on the overall scenario of changes in reproductive behaviour of women, they pay no attention to the process of change and its dynamics at the micro-level.

The use of focus groups on the other hand is prompted by a recognition of the general paucity of accounts on the motivations for behavioural change in reproductive behaviour among women, especially qualitative analyses. The qualitative phase of this research sets out to establish whether the findings from the empirical analysis can be confirmed and explained as real and outcomes of deliberate actions by women. The question of what women desire to make out of their reproductive lives and the reasons for their choices is considered important in this research, and the qualitative phase will generate this information. Where traditional norms historically motivated women's reproductive behaviour, other factors may have overtaken such traditions in

the face of social change, and women themselves can identify such factors. Educational and career opportunities, economic opportunities and varying levels of economic independence are part of the social ecology within which rural reproduction takes place.

### **3.1.2 The rationale of using age cohorts as a comparative yardstick**

This research analyses an aspect of social change, hence the use of age cohorts. Ryder (1992, 1997) has described cohort analysis as a format for studying social change. A brief discussion of cohort comparison and justification of its use in the design of this research now follows.

Glenn (1977: 8) defines a cohort as those people within a geographically or otherwise delineated population who experienced the same significant life event within a given period of time. Ryder (1997:67) on the other hand notes that similar functioning is imposed by society on those sharing an age at a particular time, sometimes through age-specific legislation. This gives a distinctive pattern to the life cycle of each cohort. If such norms or legislation, or the context within which they are being applied change through time, cohort experiences will be differentiated.

According to Ryder (1997), cohort studies provide the longitudinal view of culture and a focus on process, while the statistical approach provides the cross-sectional view. Glenn on the other hand (1977: 22) implicitly justifies the use of cohort analyses in contexts of rapid social change, in which social and cultural change through cohort succession is necessarily rapid. He notes the minimal impact of cohort succession in societies with low fertility and mortality.

The focus of cohort analysis on process provides the rationale for its use in this research. The changes in reproductive behaviour considered in this research are assumed to have proceeded at a pace that would be recognizable between successive 10-year age cohorts, and even more recognizable in the comparison of the same age cohorts longitudinally. The approach to fertility regulation patterns and cohort comparisons also assumes the context under investigation to be characterized by rapid social change. Within such a context, a cross section of different age

cohorts is expected to reflect differences in behaviour patterns or expressed perceptions of the issues affecting members of age cohorts.

The longitudinal character of intra-cohort analysis requires that it be distinguished from panel studies, which are also longitudinal group studies. According to Glenn (1977:9), the distinction lies in that the same specific individuals are studied at two or more points 'in a panel study. Intra-cohort trend analysis in contrast studies samples of individuals from the cohort, and it is unlikely that the individuals studied at time one will also be in the sample at time two. Even when there are data on all surviving members of a cohort, the data are aggregated, so that offsetting individual changes are not measured. This research however does not entail a trend analysis of cohorts but only compares the behaviour of similar age cohorts at different points in time.

### **3.1.3 The rationale of using marital status as a comparative yardstick**

Marriage is the traditional context within which reproductive behaviour analyses are conducted. Changes in marital age signal changes in reproductive age in contexts where reproductive behaviour is strongly linked to marital status. In the context of this research, however, there is reproduction both within and outside marriage. The analysis and comparison of the two scenarios makes it possible to speculate on the direction of the overall scenario if and when marital or non-marital reproductive behaviour dominates the reproductive terrain.

### **3.1.4 The replicability of the design used in this research design**

The design of this research can be replicated. Data on reproductive health service use is readily available, and the use of reproductive health services has expanded considerably over the years. Replication could reveal different scenarios for South African communities, which are often depicted as having more or less homogeneous reproductive scenarios, except for rural-urban and racial differentials.

### **3.1.5 The generalizability of findings derived from this design**

Even though the empirical phase of this design largely uses probabilistic data selection, this is not consistently adhered to, because of some practical constraints. Where data on breast-feeding is concerned, for instance, purposive sampling was used. In addition, the empirical phase of the research is linked with a qualitative phase, whose findings cannot be generalized. The design of this research is thus not intended to incorporate generalizability, but to describe the selected population's reproductive dynamics.

## **3.2 Research methodology and rationale**

The methodological approach of this research is primarily descriptive and comparative of change in women's reproductive behaviour. It focuses firstly on the childbearing patterns of samples of reproductive age women selected for the three years under consideration. Descriptions and comparisons then move on to married and single women in the 1988 and 1998 samples, and finally to samples of the designated reproductive age cohorts. For analyses of changes in patterns of childbearing, 1978 provides the base year against which childbearing patterns during the years 1988 and 1998 are compared.

Analyses of fertility regulation patterns use cross-sectional records data for describing and comparing the behaviour of different reproductive age cohorts, married and single women, as well as women from different occupational categories. For analyses of attitudes underlying reproductive behaviour changes, focus group interviews of reproductive age cohorts are used.

### **3.2.1 The data sources**

The data for this research derives from both secondary and primary sources. Secondary data comes from client service records of the various reproductive health services, namely maternity, contraception, baby clinic, surgical sterilization and pregnancy terminations. Client service records are a statutory requirement in public health service provision. They are confidential and

only accessible through official written permission. The initial step for this research therefore consisted of securing such permission and inspecting the available records to determine the feasibility of the research from a data perspective. Discussions with service providers were also held and their recommendations on the use of the relevant records elicited.

The question of the proportion of women who use the relevant reproductive health services was addressed satisfactorily when this research was considered. The findings of the 1995 October Household Survey indicated that 82% of black women had their last childbirth either in a hospital or clinic. For the Eastern Cape, the same survey revealed that 89% of black households make use of public health facilities when they need care (Central Statistical Services: 1998). The personnel at the baby clinics confirmed that it is very rare to have an infant at their clinics that was born without the benefit of public health assistance. A study of public health records can therefore be assumed to provide a reasonably reliable picture of the scenario in the reproductive behaviour of women in the Victoria East district, which has 98% of its population constituted by blacks. However, similar estimation of proportions of women who used maternity services in 1978 and 1988 could not be obtained and may have been lower than was the case in 1998. The networks of health services can also be viewed as a response to a growing demand for reproductive health services.

Different hospital and clinic records provide information on the various aspects of women's reproductive behaviour included in this research. From the information available in the maternity register, this research selected data on age, marital status, order of present birth and number of previous births of each woman in the sample drawn from the population of women who used the Victoria Hospital maternity section in 1978, 1988 and 1998. Records on sterilization were obtained from the hospital's register of surgical procedures. From the 1999 records, data on age, marital status, and whether the procedure was done voluntarily or involuntary was collected for this research. The distinction between voluntary and involuntary or medically indicated sterilization was made on the basis of whether sterilization was done as a consequence of an obstetrical complication or not.

Data on requests for pregnancy terminations in the Victoria East district was obtained from the Cecilia Makiwane Hospital in East London, which is the center which handles referrals for this procedure from various rural Eastern Cape districts. From the register on pregnancy terminations requests for the year 2000, data on requests made by women from the Victoria East district was selected. For this selection, data on age, previous births to client and whether the request was approved or not was recorded for inclusion in this research.

Pregnancy termination services are provided in accordance with the conditions prescribed in the Choice on Termination of Pregnancy Act that was promulgated on 12 November 1996. The "Choice Act," as it is often referred to, sets the conditions under which a pregnancy may be legally terminated during the first 12 weeks of gestation, from the thirteenth to twentieth weeks, and from the twentieth week and beyond. Some clients withdraw their request for pregnancy termination after the initial counseling session. In this research, withdrawals were excluded.

Records on contraception are kept by each of the ten clinics that provide the service in the Victoria East district. Every client has a record card and is also entered at first visit during each current year into the annual register of service users for that year. This register enables one to determine the population of users of the service for each completed year. For this research it was possible to calculate the number of cases which would constitute a 20% sample of the 1999 population of contraceptive service users at each clinic. From the client record cards, data on age, occupation, marital status, and number of previous child-births were recorded for each case included in the sample.

Data on breast-feeding is obtainable from clinic record cards of babies who attend baby clinics. For children who have been weaned, breast-feeding history was obtained from the mothers, or from the baby's attendant. Baby clinic record cards are kept by nursing mothers, and access to information they contain could only be obtained when clients attended clinics on baby clinic days. The age ceiling for baby clinic attendance is 18 months. However, children are accepted beyond this age if for some reason they have not completed their vaccinations, are below

acceptable weight or have some other problem which warrants their continued monthly supervision. Most babies are discharged at two years.

All cases turning up at the baby clinic on each data collection visit were listed in the data sheet, irrespective of age. Information obtained from baby clinic cards was however inadequate for the purposes of this research. Therefore additional questions on mother's age, occupation, marital status, whether breast-feeding was considered to have a contraceptive effect or not, and whether the nursing mother was on contraception were asked from the nursing mothers, and the elicited information was recorded for each case.

Analysis of data from records yielded inputs into the formulation of guidelines for the focus group interviews. Primary data was generated from focus group interviews. Interviewee samples consisted of current users of reproductive health services at the various clinics in the district in 2001. Six focus group interviews were conducted, two of which were done for each of the age cohorts under-20 and 20-29, and one with each of the cohorts aged 30-39 and 40-49. The numbers of focus groups were intended to approximate the representation of age cohort use of reproductive health services.

### **3.2.2 Sampling techniques and rationale**

The sampling techniques used in collecting data for this research varied from random sampling to purposive sampling, and were determined in each case by practical considerations. For maternity data for the years 1978, 1988 and 1998, cases were selected by systematic random sampling. Every alternate case appearing on the register from January to December of the appropriate year was selected and the required information recorded on a data collection sheet designed for this purpose. These samples provided a spread of cases over 12 months of each year of study. The sample sizes varied by year, from 591 cases for 1978, 615 cases for 1988 and 229 cases for 1998, making a total of 1435 cases. The smaller sample for 1998 is not to be attributed purely to a reduction of births on that year, but also to a decline in the popularity of Victoria Hospital to its

catchment population. In recent years, with the decline of the quality of services in rural hospitals, maternity clients are attracted to hospitals, which offer them better services.

For family planning data, 20% systematic random samples of case records of service users at each of the 10 service points were selected from the total of service users for 1999. The total sample on family planning client data consisted of 574 cases.

Fairly large samples of maternity and fertility regulation records data were considered justifiable because the data was to be subdivided by marital status and by age cohort. It was considered necessary to have initial sample sizes, which would, when sub-divided, still provide plausible scenarios.

No sampling was done for data on breast-feeding. The entire universe of infants who turned up at each baby clinic on each data collection day provided data for this research. Even children who had been weaned were included, because their breast-feeding history was relevant for this research. A universe of 137 cases was collected from seven of the 10 district clinics visited for this purpose over a period of three months.

No sampling was done for requests of pregnancy terminations and voluntary sterilization. Because the universes for year 1999 clients of these services were small, all cases were included in the research.

The constitution of focus groups was done only after the preliminary analyses of records data was completed and was influenced by the findings of the analyses. Purposive sampling was used. The aim was to achieve representation that is consistent with the overall age and marital composition of reproductive health service users for 1998, 1999 and 2000. This determined the number of focus groups and marital status of each group's members. Thus for the under-20 age cohort, the two focus groups conducted consisted of unmarried women, because this was the characteristic of this cohort when 1998 childbearing data was analyzed. For the 20-29 year age cohort, one group consisted of single women and the other of married women. For the 30-39 and 40-49 age cohorts,

the focus groups contained married women only. Participants in focus groups were volunteers belonging to the appropriate age cohort and marital status, and were current users of reproductive health services in 2001.

Groups were intended to consist of 10 members each. Because of cancellations, two groups, (30-39 and 40-49-year age cohorts) had 7 members each, three groups had nine members each (both 20-29-year age cohorts and one of the under-20 age cohort), and one had 10 members (under-20 age cohort).

### **3.2.3 Data collection instruments**

Data collection sheets were compiled for each aspect of reproductive behaviour included in the quantitative phase of the research. Compiling these entailed preliminary visits to the hospital and clinics, discussions with the personnel to elicit their recommendations of the best approach in each instance, and inspection of the available records. The data collection forms compiled were again discussed with the personnel before being finalized. Samples of these sheets are included on Appendix 1.

Each data collection sheet has two columns, which identify each case by the hospital record number and by a case number allocated to it in this research. No client names are included on these sheets to protect the confidentiality of clients. The hospital record number was included for tracing any case if that should be necessary. Except for the first two columns the data record sheets differ according to the content they were designed to collect, and such content is discussed below.

- i. Data Sheet A was designed to collect maternity data and besides the two identifying columns explained above has columns on age, marital status, order of present pregnancy (gravid), and number of previous births (parity).

- ii. Data Sheet B was designed to collect data on contraception (B1), sterilization (B2) and pregnancy terminations (B3). In addition to the two identifying columns Data Sheet B1 has columns on occupation, age, marital status, and number of previous births. In addition to the two identifying columns, Data Sheet B2 has columns on age, marital status and the voluntary or involuntary nature of sterilization. Data Sheet B3 has columns on age, and number of previous births.
- iii. Data Sheet C was designed to collect data on breast-feeding. In addition to the two identifying columns, it has columns provided for data on age, occupation and marital status of mother. Then it has columns on infant's age in months, and current breast-feeding status, that is, whether the baby feeds fully, partially or not on breast, and if not on breast, the age at which it was weaned. Finally, it has columns for recording whether breast-feeding is considered to have a contraceptive effect, and whether the nursing mother is currently on contraception.
- iv. An initial focus group interview guide formulated along with the instruments outlined above was only provisional, pending the findings of the quantitative analysis which were expected to indicate a need to adjust the instrument accordingly. The provisional focus group interview guide contained questions on the variables of the research, namely desirable age and marital status at first childbirth, the importance of breast-feeding, child-spacing, ideal total number of children, decision-making on safe sex, contraception, sterilization, and pregnancy termination. The final interview guide had six discussion topics, each with a rationale as described below.
  - *Topic A: Childbearing is woman's chief business in life and childlessness is a sad thing.*  
This statement was intended to elicit the value orientations of the discussants on childbearing, especially whether they define childbearing in personal or clan terms, and whether its onset is defined by marriage and confers adult identity.

- *Topic B: Childbearing changes with time.*  
This statement was intended to elicit discussant's perceptions on choices, rights and obligations that have emerged for women over time with regard to childbearing. It was also intended to elicit observations on the high incidence of non-marital childbearing.
  - *Topic C: Both early and late childbearing can create problems.*  
This statement was intended to provoke discussion of the observed shift of childbearing from younger to older ages.
  - *Topic D: Every woman decides how many children she will have and when she will have them.*  
This statement was intended to instigate a discussion of fertility regulation and how women balance their rights with those of significant others in their lives.
  - *Topic E: Women can make certain that unborn children are not infected with AIDS.*  
This statement was intended to elicit discussion of sexual power relations, safe sex and women's ability to influence interactions on such matters.
  - *Topic F: Breast-feeding is good both for mother and baby.*  
This statement was intended to elicit knowledge and perceptions on the contraceptive impact of breast-feeding over and above child nourishment.
- v. Two female focus group facilitators were selected and trained to facilitate the focus group sessions. The younger facilitator in her early twenties and single facilitated the sessions of the under-20 age groups and the one for the 20-29 age group of single women. The older facilitator in her mid-thirties was a housewife and mother of three children aged 14, 11 and 7 years. She facilitated the focus group discussions of the married women in the 20-29, 30-39 and 40-49 age cohorts.

- vi. The focus group interview guide was finalized with inputs from the two focus group facilitators. The researcher provided the facilitators with adequate orientation and support and an opportunity for each to conduct a preliminary practice session. The discussion sessions were conducted in the local language, Xhosa, and recorded on a tape recorder.

### **3.2.4 Data collection procedures and settings**

Where data from records is concerned, data collection was done at the relevant health service centers. Data on births was collected at the maternity ward of the Victoria Hospital, where the maternity registers are kept. From the registers for the selected years of study, alternate cases were selected and the required information entered into the data collection sheets.

Data on contraception was collected at the different clinics. Selecting cases on contraception required the use of both the clinic's register on contraception which contains the total number of cases which used the service in 1999. The required number was calculated for 20% sampling, and the required number of record cards was drawn from the service cards by systematic random sampling. The required data was recorded from the selected cards.

All surgical sterilization cases done at the Victoria East Hospital in 1999 were entered into the data collection sheet, but distinguished as voluntary if the client only had a sterilization, and involuntary, if there was an obstetrical reason for the sterilization, such as previous Caesarian Section deliveries.

Data on the 1999 pregnancy terminations for the Victoria East district was collected from the center which provides this service at the Cecilia Makiwane Hospital in East London. All cases that originated from the Victoria East district were selected from the register of pregnancy terminations and their particulars entered into the data sheet, irrespective of what the outcome of the request for pregnancy termination was.

Data on breast-feeding for year 2000 was collected from the baby clinic cards at the baby clinics. This data was supplemented with some questions put to the baby's mother on her particulars and the recent developments on the baby's feeding and mother's contraception.

Where data on focus groups is concerned, the interview sessions were organized with the assistance of the nursing personnel at the selected clinics. They were each conducted in a room set aside for this purpose, with discussants seated around a table in full view of each other. The discussants were made aware that their identity was not required, and that the interview was conducted for research purposes. They were also made aware of the fact that their discussion was recorded, and encouraged to give their honest views on the matters raised for discussion. They were served with soft drinks, during a "loosening up" five minutes talk on the soapy actors in "Generations." The length of the actual sessions varied from 75 to 90 minutes. The proceedings at each focus group interview were tape-recorded and the researcher made observations at each of the sessions, taking down notes and conferring with the moderator at the end of each session to confirm observations.

### **3.2.5 Data processing and analysis**

The data from the data sheets was entered into spreadsheet files and descriptive statistical analyses done. Overall trends in the different variables were derived, as well as trends for single and married women and for the different age cohorts. A description of the data analytic procedures undertaken and their purpose now follows.

#### **3.2.5.1 Analyses of changes of overall patterns of childbearing by age**

The data was analyzed for overall changes in the age statistics for childbearing women in 1978, 1988 and 1998. The mean, median, mode, maximum and minimum childbearing age for women in each of the three years under consideration were derived to determine changes in childbearing ages. Table 4.1.1.1 reflects the findings of this analysis. Then the mean age at first child-birth and at each subsequent birth order in each year of study was calculated to determine changes in the

age patterns of childbearing. Because the samples were large, the mean was considered an adequate measure of central tendency. Figure 4.1.1.1 reflects these trends. The percentage representation of each age cohort in childbearing during each of the three years was also calculated to determine aggregate shifts in childbearing ages. Figure 4.1.1.2 reflects these changes. Changes in the birth order composition of births are reflected on Figure 4.1.2.3.

### **3.2.5.2 Analyses of changes in children ever born (CEB) and child spacing patterns**

Overall changes in statistics on average number of children ever born to women in 1978, 1988 and 1998 were derived and are shown on Table 4.1.2.1. The mean number of children ever born to each age cohort was also derived for each of the three years and is reflected on Figure 4.1.2.1.

From the mean age of women at each birth order, the mean number of years between each two consecutive births was derived, depicting aggregate child-spacing scenarios on Figures 4.1.2.2. Changes in birth order composition of births during the three years of study are reflected on Figure 4.1.2.3.

### **3.2.5.3 Analyses of patterns of change in marital and non-marital childbearing**

From the data for 1988 and 1998, percentages of marital and non-marital childbearing women were calculated to determine the relative proportional representation of each of these two groups in childbearing. Table 4.1.3.1 shows the statistics on childbearing by marital status. Table 4.1.3.2 shows the age statistics of childbearing by married and single women. Table 4.1.3.3 shows children ever born to each age group of married and single women and changes in this regard.

The percentages married and single in each of the age cohorts also showed changes, as reflected in Figure 4.1.3.1. The aggregate ages at which married and single women started childbearing and reached each birth order were calculated and are reflected on Figure 4.1.3.2. The representation of the consecutive birth orders for married and single women in the years 1988 and 1998 are shown in Figures 4.1.3.3A and 4.1.3.3B respectively.

### **3.2.5.4 Analysis of patterns of fertility regulation**

The overall age statistics of the sample of contraceptive users in 1999 are shown on Table 4.2.1.1. Percentages of contraceptive users in 1999 were also derived by age cohort, previous births and marital status, to find out how contraceptive use validates the patterns reflected by analyses of childbearing, along with statistics on sterilization, pregnancy terminations and breast-feeding. Figures 4.2.1.1 - 4.2.4.10 show the patterns of fertility regulation and breast-feeding.

### **3.2.5.5 Analysis of data from focus group interviews**

The tape-recorded focus group interview sessions were translated from Xhosa into English and then transcribed. In the translation, the focus was as far as possible on capturing the essence of each statement, taking the context into account. The transcribed interviews were then coded according to content. Coding required repeated listening to the recorded discussions and reconciling each statement with its context. From such listening, and with reflections on the various determinants of reproductive behaviour discussed in the literature review, a group of identifiable themes into which the various statements could be fitted was derived deductively. The themes formed the basis of the coding process.

Babbie and Mouton (2001:365) describe coding in the analysis of qualitative data as classifying or categorizing individual pieces of data in accordance with selected concepts. They describe open coding as the naming and categorizing of phenomena, arrived at through close examination of data. This approach is in contrast with coding suggested by a theory, as would be the case in the grounded theory approach.

Open coding of the statements made by the focus group discussants was done in accordance with their meanings. First sub-themes were derived, that were in turn grouped into themes, and finally put on a concept map. The coded statements were also counted to determine the relative dominance of the different themes in the discussions of various age cohorts. Appendix 2 contains

the coded transcribed focus group discussions, and provides a reference for the presentation of the qualitative data findings on Chapter 5 and their discussion in chapter 6.

In Appendix 2, the focus group discussions are labeled A to F in the sequence of the topics presented on page 115. The coded statements derived from the discussions are quantified on Tables 5A-5F. The discussion groups are labeled 1-6, also in the sequence presented above. Statements selected as illustrative examples in Chapters 5 and 6 are italicised in Appendix 2. They are preceded by an index number which identifies them first by the discussion topic and secondly by the age cohort from which they come, and lastly by their sequential place in the discussion. Thus statement **A1-6** comes from the discussion of topic A by group 1, is the sixth statement made in that discussion, is italicised and reads as follows: *It is bad to have a child before marriage.*

From the themes and sub-themes, meanings were derived inductively. The information background provided by the literature review and the findings from quantitative data analysis provided the premises for the inductive analysis. But there was also an alert search for deviations from such premises and new information emanating from the specific context. One such deviation for instance was the fact that despite being viewed as economic liabilities, children were needed for the assistance they provide parents. Such “help” was not construed in economic terms but as various errands in the practical lives of families.

A few statements which have been allocated two codes appear in Annexure 2. These will be discussed in the report on findings, along with those which presented the coding process with difficulty.

The results from the focus group discussions are given in Chapter 5.

### **3.3 The design and methodological constraints of this research**

There are some design and methodological limitations that are inherent in this research. These will now be outlined along with the strategies used to address them.

The first constraints to be considered are those associated with cohort comparisons. Glenn (1977) notes the difficulty in separating the effects of sampling variability from age, cohort and period effects. A second problem is the attrition of the birth cohort from death and the impact of migration into the age cohort. The third problem is the difficulty in separating the effects of age, cohort and marriage from each other.

The constraints outlined apply to longitudinal intra-cohort analyses, where the dynamics of the group are followed across time. In this research, random sampling was used in the selection of each age cohort, with equivalent age cohorts compared across time periods, such as the <20-year age group in 1978, 1988 and 1998.

While migration could have a strong impact, with the importation of new reproductive behaviour norms into age cohorts, the attrition effect would not change the patterns analyzed substantially. Rural-urban interactions is one of the features of South African society. The proximity of the Victoria East district to the secondary cities of East London, Port Elizabeth, and fairly large towns like Queenstown, Grahamstown and King Williamstown facilitates urban influences and social change in the study population. These influences are accepted as part of the ecological factors which shape the changes considered.

The attrition of cohorts from death as well as from participation in reproductive behaviour is also accepted as a fact in this research, hence the use of fewer focus groups for the older reproductive age cohorts.

Glenn (1977) also catalogues some data limitations of cohort analyses. Because of the necessity of data spanning long periods of 20 or more years, cohort analyses utilize available data

originally collected for other purposes. This constraint restricts the selection of dependent variables to what the available data may dictate. This constraint had some relevance for the present study. Firstly it determined how far back the study could go, because the 1978 maternity register was the oldest available record on births the Victoria Hospital had. Except for the maternity registers that are retained for 20 years, most service records are destroyed every five years. Secondly, data availability also limited the selection of variables, particularly where sterilization and pregnancy terminations are concerned. The time frame of the research and selection of variables was therefore dictated by these constraints.

Another constraint of records data cited by Glenn (1977) is the fact that data collected at different times may not be comparable, because of changes in the data collection instruments used. In the collection of data for this research, it was found that marital status of maternity patients was not included in the 1970s. It emerged in the 1980s, probably because of recognition of an increase in pre- and extra-marital fertility, or recognition of changing social attitudes to such reproduction.

A problem related to the one cited above is the difficulty of determining the extent to which available historical data from records represent the reproductive populations of the relevant periods. While there is evidence of wide usage of reproductive health services in recent years, there is no way of determining what the situation was ten or twenty years ago. The older data may therefore give a less approximate picture of the reproductive behaviour patterns they are supposed to reflect, and this possibility has to be accepted as one of the limitations of this research.

Other limitations of secondary data sources cited by Glenn are that informants may be reluctant to impart information details they consider as sensitive, ‘over-report’ socially approved behaviour and attitudes and underreport disapproved behaviour and attitudes. In this research it is possible that reproductive health clients may have hidden information which would elicit criticism from nurses, such as not breast-feeding. Focus group discussions on pregnancy termination also faced similar social compliance and have to be interpreted with caution. Such mis-reporting was however probably insignificant, and could be compensated for by information derived by the

alternative approach, thus making the qualitative and quantitative approaches supplement each other.

Where data derived from focus groups are concerned, Stewart and Shamdasani (1990:142) note that generalizations that can be drawn from focus groups are tentative and descriptive, because of the influence of the group on the individual. They also note limitations associated with non-representative samples, smaller numbers of respondents, and the interactions of respondents with one another and with the researcher, which produce responses that are not independent of one another. The open-ended responses also create summarization and interpretation difficulties. The moderator may also introduce bias by providing cues about what types of responses and answers are desirable.

## CHAPTER 4

### RESEARCH FINDINGS FROM RECORDS DATA

This chapter provides a detailed report of the findings of analyses of the records data used in this research. The findings reflect aggregate trends and directions of change, as well as interactions between the different aspects of reproductive behavior analyzed. The chapter first reports findings on changes in patterns of childbearing over a twenty year period as reflected by data from the years 1978, 1988 and 1998. The second aspect reported on is fertility regulation by contraception, sterilization, pregnancy terminations and breast-feeding. The findings from focus group interviews are reported on in the next chapter.

Overall, the statistics derived from the analyses reflected modest changes in the period between 1978 and 1988, but suggest that changes in all aspects of childbearing in the population under consideration may have had their inception during that period. Between 1988 and 1998, the changes which began during the earlier period gained momentum and clear directional trends emerged.

The findings which follow must be understood against the population structure of the Victoria East district reflected on Figures 1.2.1.1 and 1.2.1.2, which is characterized by a preponderance of younger reproductive age cohorts. An important overall observation highlighted in this chapter is that of a divergence between marital and non-marital reproductive patterns. These differences surface in both childbearing and in fertility regulation patterns.

#### 4.1 Changes in childbearing

Under childbearing, the aspects considered are aggregate changes in age at onset of childbearing, as well as the ages at which women progress to higher order births, the mean numbers of childbirths per woman and their spacing, the marital status of women bearing children and the differences in the patterns of marital and non-marital childbearing.

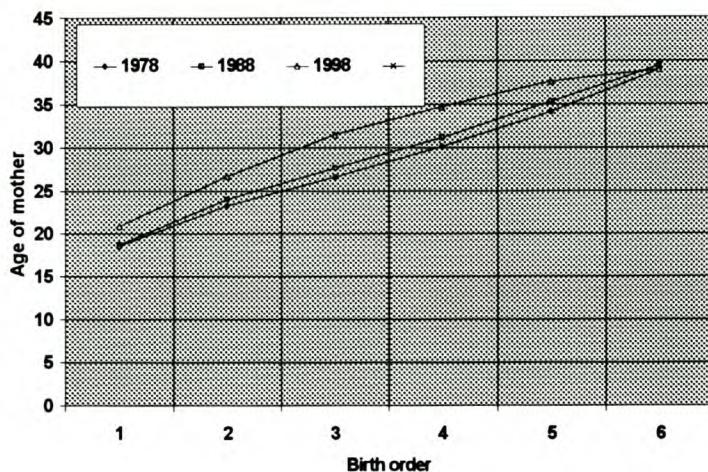
#### **4.1.1 Changes in age patterns of childbearing**

The measures of central tendency used to derive the aggregate trends in the childbearing ages of women over the period under consideration are reflected on Table 4.1.1.1 and indicate that there was a consistent increase in the mean childbearing ages of women, and therefore an overall shift towards older childbearing. This trend was modest between 1978 and 1988, but increased between 1988 and 1998 as part of the accelerating momentum of the changes under consideration. The median and mode also show an upward shift, with the mode showing a dramatic upward leap of five years between 1988 and 1998. Maximum and minimum childbearing ages however do not reflect any consistent direction, but must be viewed as extreme values and not necessarily characteristic.

**Table 4.1.1.1: Changes in the childbearing ages of women**

Statistical measures	1978	1988	1998
Mean age for all women	24.75	24.95	26.75
Mode	18	18	23
Median	23	24	24
Maximum	46	48	47
Minimum	13	15	13
N	591	615	229

The mean age at onset of childbearing also reflected this upward trend, shifting from under twenty years in 1978 and 1988 to over twenty years in 1998. The mean age of childbearing women at each subsequent birth order increased over each 10-year period, first marginally between 1978 and 1988 and then more substantially between 1988 and 1998. The changes in the mean childbearing ages of women at each birth order are reflected on Figure 4.1.1.1.

**Figure 4.1.1.1: Mean childbearing age by birth order**

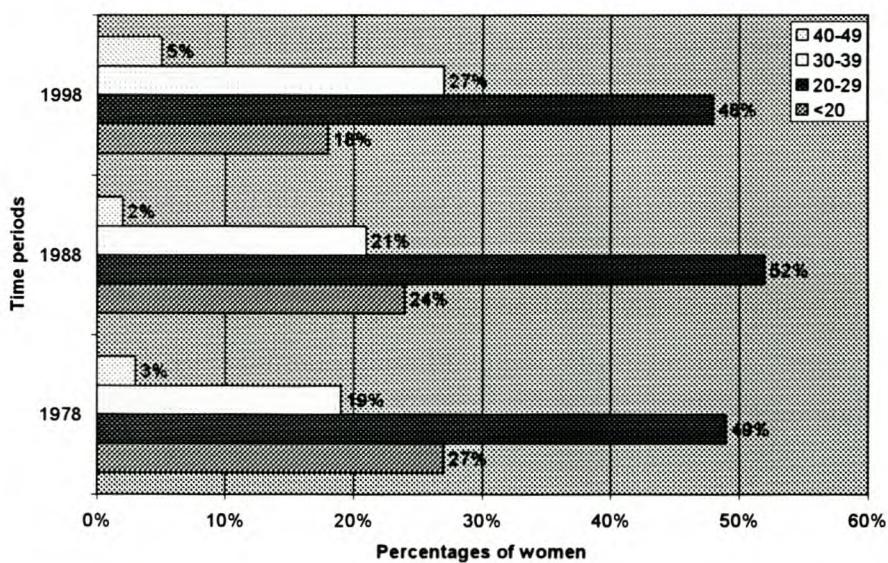
The convergence of the trends in mean age at the sixth birth order and beyond probably has to do with the proximity of these high birth orders to the biological age-bearing limit and the small number of cases who achieve these birth orders. It is worth noting that despite the maximum childbearing ages reflected on Table 4.1.1.1, aggregate statistics on Figure 4.1.1.1 show the mean age for the sixth and subsequent order births as below forty years. This indicates that births to women in their forties were few, and many higher order births occurred to women below the age of forty years over the three years considered in this research.

Analysis of how the four age cohorts considered in this research are represented in childbearing during the two decades under consideration shows a definite upward shift of childbearing age. The representation of the under-20 age cohort in childbearing over the period under consideration has declined progressively from 27% in 1978 to 18% in 1998. Even during the 1978-1988 period of modest changes, there is a shift in childbearing from younger to older age cohorts. Figure 4.1.1.2 shows that the percentage representation of the under-20 age cohort in childbearing declined by three percentage points during that period. But the decline in the representation of the <20 age cohort doubled that 3% in the subsequent 10-year period, confirming the earlier trend and direction.

The 20-29 year age cohort has remained the dominant child bearing cohort throughout the period under consideration. The representation of this age cohort in childbearing grew by three percentage points between 1978 and 1988, suggesting that it absorbed the decline of the under-20 age cohort. But between 1988 and 1998, its percentage representation declined by four percentage points, while that of the 30-39 year age cohort grew by 6%.

The percentage representation of the 30-39 year age cohort showed a consistent increase during the periods under consideration, indicating that this age cohort is taking a larger share of childbearing in the changes that are taking place. The 40-49 year age cohort also showed a 3% increase during the 1988-1998 period. These findings confirm the observation of an aggregate shift towards older childbearing ages that is reflected in Table 4.1.1.1 and Figure 4.1.1.1

**Figure 4.1.1.2: Age cohort representation of child-bearing women**



#### 4.1.2 Changes in the average number of child-births

A second aspect of childbearing analyzed for changes is the mean number of children ever born (CEB) to women over each time period. The overall trends in CEB reflected on Table 4.1.2.1 indicate a progressive decline in the mean number of children ever born as well the maximum

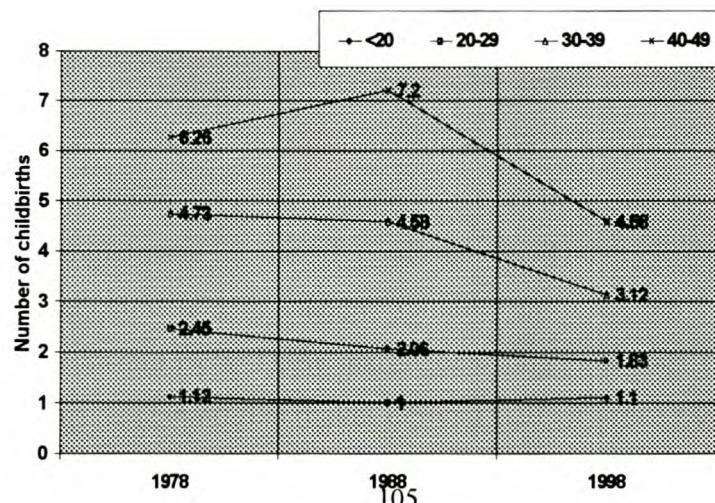
number of children ever born. The mode reflects the predominance of first and second order births in a scenario characterized by a young population.

**Table 4.1.2.1: Changes in children ever born (CEB)**

CEB	1978	1988	1998
Mean number CEB	2.68	2.46	2.21
Modal CEB	1	2	1
Median number CEB	2	1	2
Maximum CEB	15	10	7
N	591	615	229

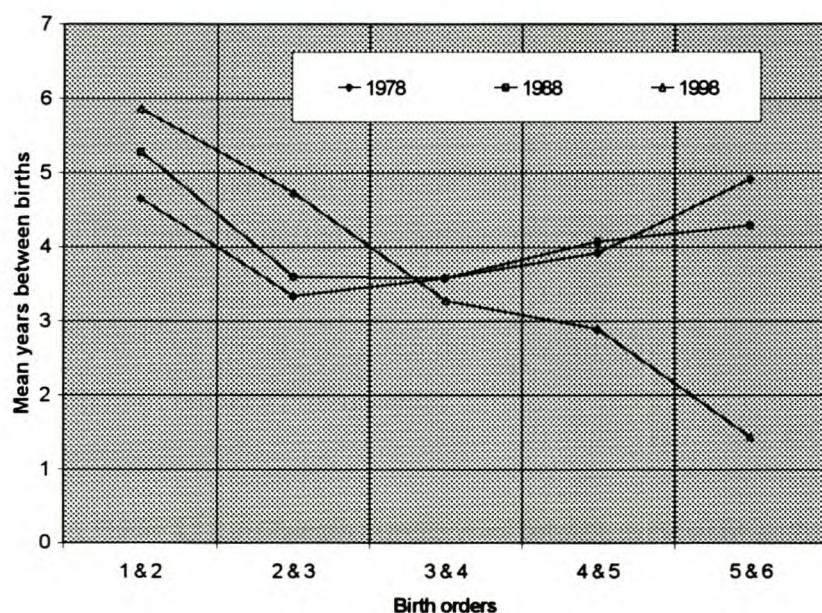
Findings from the age cohort comparison also confirm the observed decline in mean number of children ever born, and this change is more dramatic for the older than for the younger age cohorts. Figure 4.1.2.1. shows that the under-20 age cohort had modest changes in CEB over the period under consideration, with no consistent direction. The 20-29 and 30-39 age cohorts however show consistent declines in the mean number of children ever born, first gradually and later at a more accelerated pace for the 30-39 age cohort. The 40-49 year age cohort however reflects an inconsistent direction of change, initially upward from 1978 to 1988 and then downward between 1988 and 1998. These sharply opposing directional trends could be attributed to the small size of this age cohort that makes derived statistics sensitive to extreme values.

**Figure 4.1.2.1: Mean number of children ever born by age cohort**



Data analysis also revealed changes in the mean years between childbirths over the years under consideration. The first three births have wider spacing than subsequent births. This spacing of lower order births has shown a consistent increase over the years considered, with the largest increases occurring in 1998. From the fourth birth onwards the spacing of births increases for 1978 and 1988 data, but reduces progressively for the 1998 data, as if there is catching up to achieve a target.

**Figure 4.1.2.2: Changes in mean years between consecutive births**



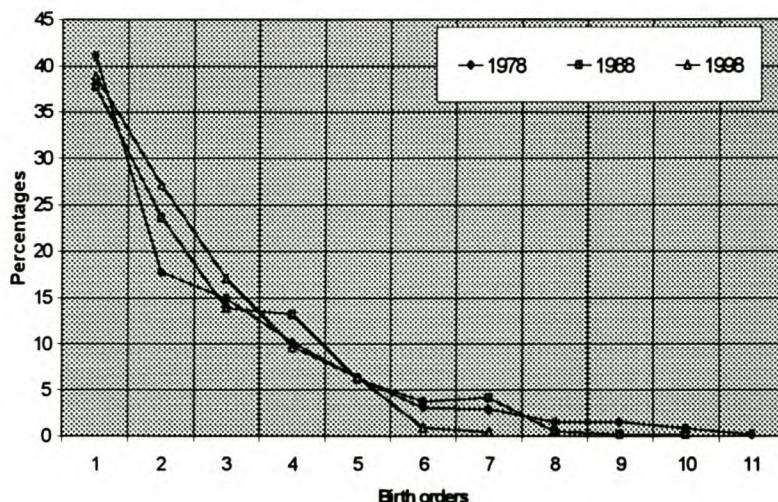
The outcome of this child-spacing scenario is that the overall mean number of years between births of 4.07 years for 1978 increases moderately to 4.15 years in 1988, but is reduced to 3.62 in 1998. The 1998 scenario arises from a dramatic shift away from aggregate early childbearing to later life childbearing, with a resultant crowding of the later births. The scenario described is reflected on Figure 4.1.2.2. This scenario must however be understood against the background of a lower and declining incidence of higher order births which is discussed next and reflected on Figure 4.1.2.3.

The 1978 and 1988 childbearing scenarios are also more compact, with less extreme mean periods between births than in that for 1998, and suggest a relaxed spreading of births evenly

across the childbearing years. Both the 1978 and the 1988 child-spacing scenario values give the graphs “U” shapes, with shorter spacing of the middle birth orders and wider birth spacing for the early and late birth orders. The 1998 scenario has extremes in the wide spacing of lower order births and crowding of higher order births.

When children born to women in 1978, 1988 and 1998 were grouped by birth order, the 1978 data showed the widest spread across 11 birth orders, the 1988 data showed 10 birth orders and 1998 data contained seven birth orders, with child-bearing concentrated in lower order births.

**Figure 4.1.2.3: Birth order composition of 1978, 1988 and 1998 births**



The progressive growth in the percentage of second and third order births as a proportion of overall childbearing between 1978 and 1998 is a significant change. Thus Figure 4.1.2.3 reflects the progressive phasing out of higher birth orders and the growing predominance of lower order births. Hence the decline in mean number of children ever born.

#### 4.1.3 Changes in the marital dynamics of reproductive behavior<sup>1</sup>

A third aspect looked at from the statistical analyses on childbearing is the marital and non-marital dynamics in the reproductive behavior of women in the population under consideration for the years 1988 and 1998, for which data for deriving the relevant statistics was available. The statistics derived indicate an increase in non-marital reproduction during this period. Table 4.1.3.1 reflects the proportions of married and single women, along with those whose marital status was not stated in the records. The figures show a decline of 13% in the proportion of married women in 1998 compared to 1988, and an increase of 17% among single women over the same period.

**Table 4.1.3.1: Statistics on Childbearing by Marital Status**

Marital status of women	1988	1998
Married	271 (44%)	70 (30.55%)
Single	320 (52%)	159 (69.45%)
Unstated	24 (4%)	0
N	615 (100%)	229 (100%)

A further analysis of marital status as it pertained to the reproductive behavior in the population under consideration revealed differences in the mean ages of married and single women engaged in reproduction. Single women consistently had lower childbearing mean ages, as well as lower minimum ages than married women did. The gap in overall mean ages between married and single women which was 7.52 years in 1988 widened to 9.05 years in 1998. The maximum childbearing ages for the two groups were equivalent in 1988, but for 1998, the maximum childbearing age for single women remained constant while that for married women rose, thus widening the gap between the two groups in the respective ages at childbearing termination. The minimum ages for the two groups have also moved in opposite directions. This overall scenario suggests a trend towards earlier onset and earlier termination of childbearing among single women compared to what prevails among married women. Table 4.1.3.2 reflects these trends.

<sup>1</sup> In this section M and S are used as abbreviations for Married and Single women and attached to the year the

**Table 4.1.3.2: Age statistics of childbearing women by marital status**

Description	M 1988	S 1988	M 1998	S 1998
Mean age for all women	28.36	21.84	33.08	24.03
Maximum ages	41	41	48	41
Minimum ages	17	15	23	13

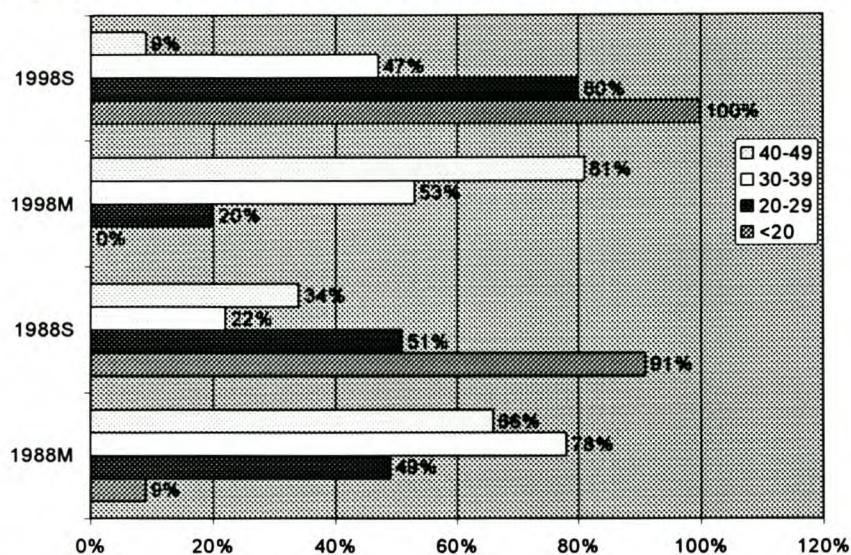
When the mean ages shown on Table 4.1.3.2 are compared with the overall mean ages reflected on Table 4.1.1.1 above, which are 24.95 for 1988 and 26.76 for 1998, it is noted that the overall means are pulled down and tend to be closer to those for single women. This is caused by the large proportions of single women in the reproductive populations under consideration and the strong impact they have on overall reproductive patterns.

An additional observation from the statistics on marital status is the shift in the percentages of single and married women within each age cohort over time. When age cohorts are used to break down the marital status of women engaged in reproduction, it emerges that non-marital reproduction predominates among the younger age cohorts.

Figure 4.1.3.1 below reveals that the percentage of married women in the under-20 age cohort declined from 9% to 0% between 1988 and 1998. A more dramatic decline from 49% to 20% is noted for the 20-29 year age cohort, which is the dominant reproductive age cohort. For the 30-39 year age cohort, the percentage decline is 25%. Only the 40-49 year age cohort has large percentages of married women consistently. Within this cohort, 66% of women engaged in reproduction in 1988 were married, and in 1998, this percentage was 81%.

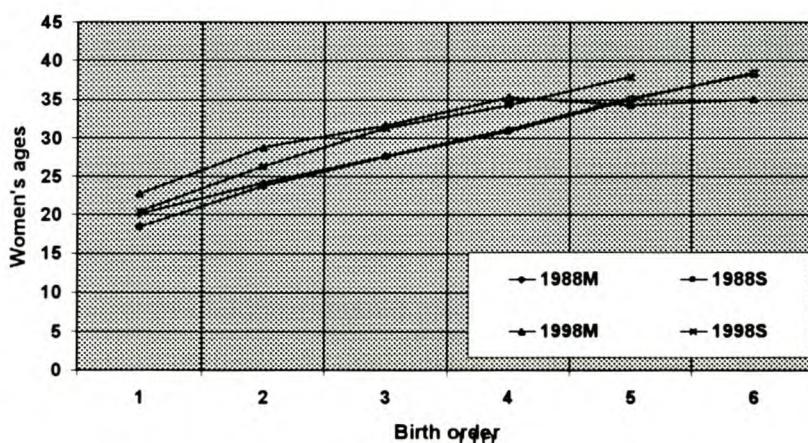
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quantity refers to.

**Figure 4.1.3.1: Marital status of child-bearing women by age cohort**

Comparison of cohorts of single women for 1988 and 1998 reflect a reversal of the trend described above, with increases in the percentages of single women in 1998, except for the 40-49 year age cohort which declined dramatically from 34% in 1988 to 9% in 1998. These trends reflect a growing dominance of single women in the childbearing context considered in this research.

The analysis of onset of childbearing and progression for married and single women revealed that single women have earlier onset of childbearing than married women, and that the mean age at which they attain each consecutive birth order is lower than that for married women. For the

**Figure 4.1.3.2: Mean childbearing age by marital status and birth order**

1988 statistics, this age gap between single and married women at onset of childbearing is much smaller and narrows from the second birth onwards. For the 1998 statistics, the initial gap is wider and persists to the fourth birth, after which this trend loses its consistency and is in fact reversed, probably due to the small number of cases from which the statistics are derived. Figure 4.1.3.2 illustrates these trends.

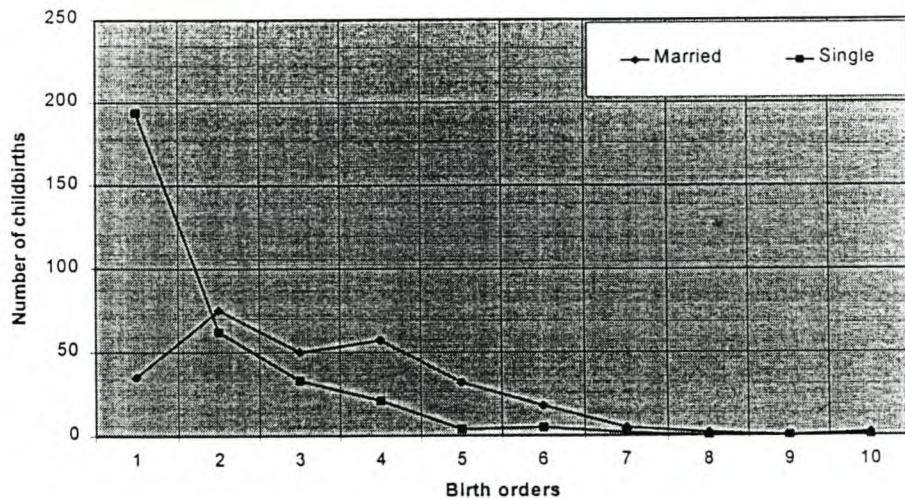
Analyses of the data on number of children ever born by marital status of mother revealed that non-marital childbearing consistently has a lower mean number of births than is the case with marital childbearing. Table 4.1.3.3 reflects the difference between married and single women on the mean number of children ever born for the years 1988 and 1998. The increase in the mean CEB for single women between 1988 and 1998 probably reflects a higher birth rate for single women in the latter period.

**Table 4.1.3.3: Mean number of children ever born by mother's marital status**

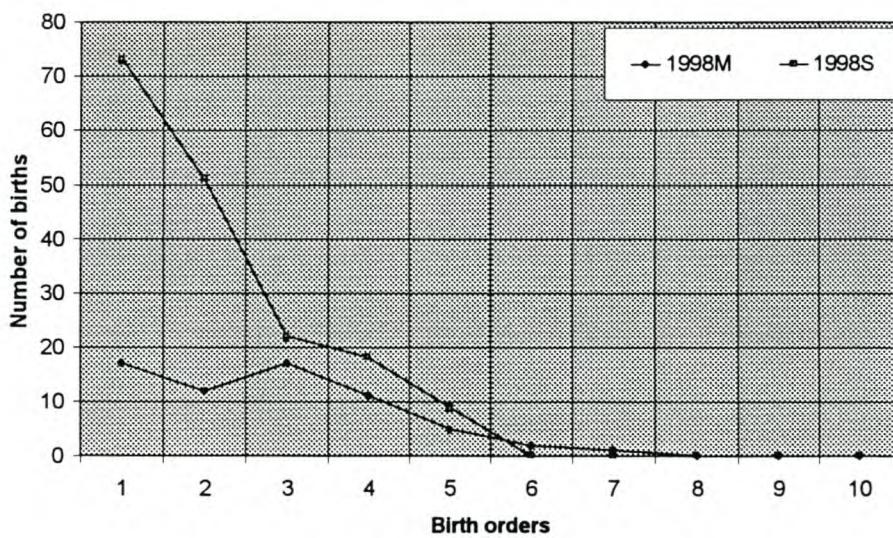
Description	1988M	1988S	1998M	1998M
Mean number of CEB	3.25	1.76	2.71	2.01

Finally, married and unmarried women had divergent birth order scenarios for 1988 and 1998. Unmarried women predominated in the lower order births and married women predominated in the higher order births. In 1988, this pattern set in from the second birth onwards. In 1998 on the other hand, the predominance of higher order births among married women only appears after the fifth birth, suggesting that single women participate more in higher order childbearing than before. However, they are predominantly concentrated in lower order childbearing, and this accounts for the differences between the two groups in the mean number of children ever born. These scenarios are depicted on Figures 4.1.3.3A and 4.1.3.3B.

**Figure 4.1.3.3A: 1988 Birth order scenarios for married and single women**



**Figure 4.1.3.3B: 1998 birth order scenario for married and single women**



The overall findings of this section on changes in childbearing patterns indicate the following:

- An upward shift in childbearing ages of women,
- A decline in mean number of children ever born,
- Wider spacing of lower order births,
- Lower order births form a growing proportion of total births,
- A growing incidence of non-marital childbearing,
- A divergence in marital and non-marital patterns of childbearing, with non-marital patterns shaping the overall childbearing scenario.

## **4.2 Patterns of fertility regulation**

The patterns of fertility regulation by contraception, sterilization, pregnancy terminations and breast feeding also showed differences across age, marital status, children ever born and occupational class.

### **4.2.1 Contraception**

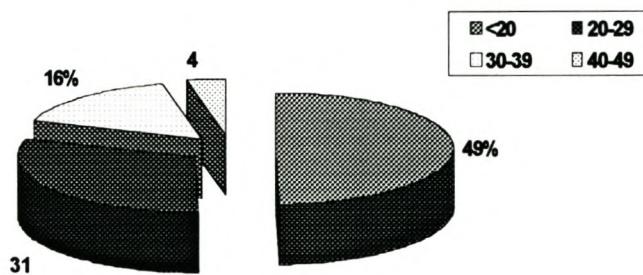
The age pattern of contraceptive service use showed the predominance of younger age groups that is consistent with the young population reflected in the population pyramid of the Victoria East district. The age of 17 years contained the largest number of service users and age 15 had the largest number of first time users. The mean age of 22.56 years for all contraceptive service users also reflected the predominance of younger service users. Table 4.2.1.1 shows the age statistics of contraceptive service use.

**Table 4.2.1.1: The age pattern of contraceptive service use in 1999**

Age statistic	Current use	First use
Maximum age	55 years	49 years
Minimum age	12 years	12 years
Mean age	22.56 years	20.7 years
Mode	17 years	15 years
Median	20 years	20 years
N	575	92

When contraceptive service use was analyzed by age cohort, the findings obtained explained the upward shift in childbearing ages. It emerged that the under-20 age cohort constitutes almost half of all contraceptive service users, while the 20-29 year age cohort comes second with nearly a

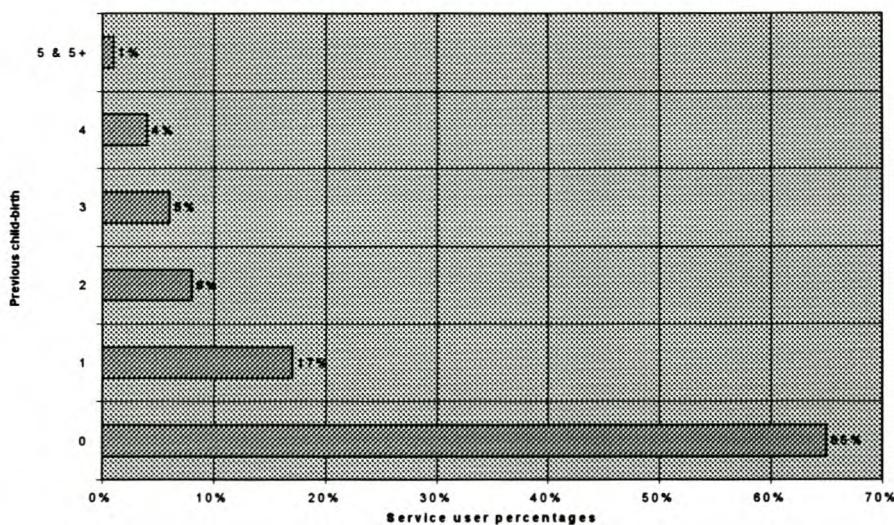
**Figure 4.2.1.1:1999 contraceptive use by age cohort**



third of all users. These percentages are however also consistent with the age composition of the study population. Figure 4.2.1.1 shows the percentages of contraceptive users by age cohort.

Analysis of contraceptive service use by number of previous births revealed that the highest percentage of users had no previous births and therefore desired to postpone childbearing. Service use also had a higher incidence among women with lower birth orders than for those

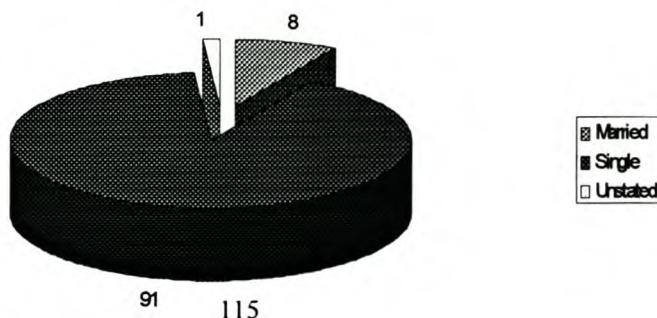
**Figure 4.2.1.2: 1999 contraceptive use by previous births**



with higher birth orders, suggesting the desirability of spacing lower order births, and confirming as deliberate and intentional the 1998 child-spacing pattern observed earlier on. Figure 4.2.1.2 shows the pattern of contraceptive service use by previous births.

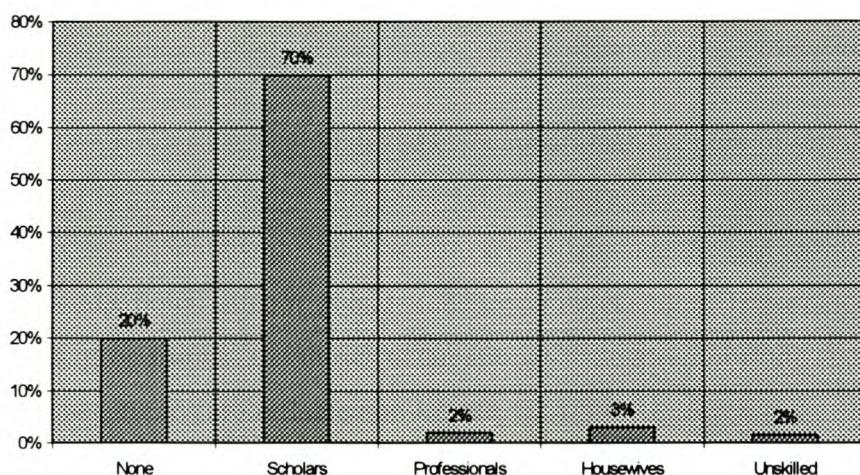
Analysis of contraception by marital status indicated a lower percentage of contraceptive use among married women in comparison to single women. This however must be viewed within a context characterized by a low and declining percentage of married women as a proportion of women engaged in reproductive behavior. Figure 4.2.1.3 shows the proportions of married and unmarried women who utilized contraceptive services in 1999.

**Figure 4.2.1.3: 1999 Contraceptive service use by marital status**



When contraceptive service use was analyzed by occupational category of service users, scholars were found to be the predominant users, followed by the category with no occupation, which consists of young adults, who while out of school are still outside the employment and marriage markets. Other occupational categories had much lower percentages. These percentages however also reflect the proportions of these occupational categories in the population under consideration. These trends are reflected on Figure 4.2.1.4.

Figure 4.2.1.4: 1999 contraceptive service use by occupation



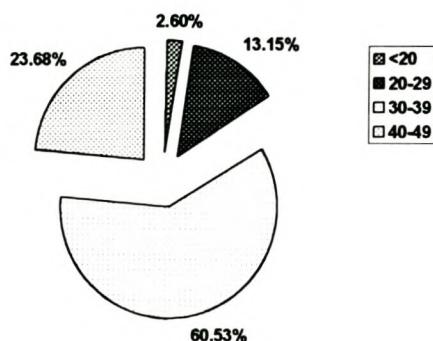
#### 4.2.2 Sterilization

Findings from data analysis indicated that sterilization as a method of contraception appeals to older women who wish to terminate childbearing. The modal age of 39 years indicates this, along with the mean and median of 36 years. The only case of sterilization of a woman younger than 20 years was associated with mental illness. Table 4.2.2.1 reflects the overall age statistics of sterilization clients for the population under consideration in 1999.

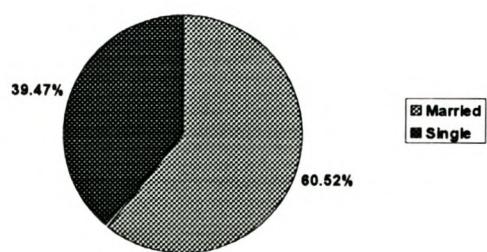
**Table 4.2.2.1: Overall statistics on 1999 sterilizations**

Statistic	Age
Maximum age	44
Minimum age	17
Mean	35.71
Mode	39
Median	39
N	38

Analysis of sterilization data by age cohort revealed the predominance of the 30-39 year age cohort clients, followed by the 40-49-age cohort. Figure 4.2.2.1 reflects these trends.

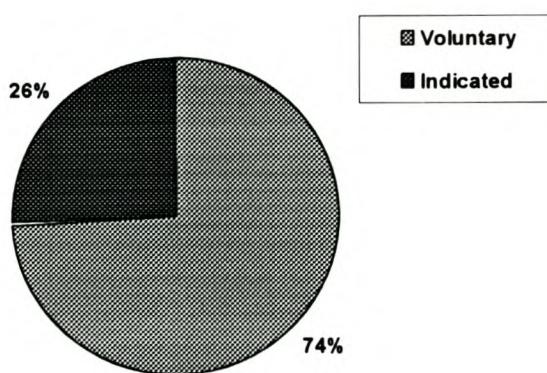
**Figure 4.2.2.1: 1999 sterilizations by age cohort**

When sterilization data was analyzed by marital status, it emerged that a larger proportion of

**Figure 4.2.2.2: 1999 Sterilizations by marital status of women**

sterilization clients was married. Figure 4.2.2.2 shows the incidence of sterilization by marital status.

**Figure 4.2.2.3: 1999 voluntary and medically indicated sterilizations**



A distinction must also be made between voluntary sterilization and those that are medically indicated. Figure 4.2.2.3 reflects that most sterilization is voluntary.

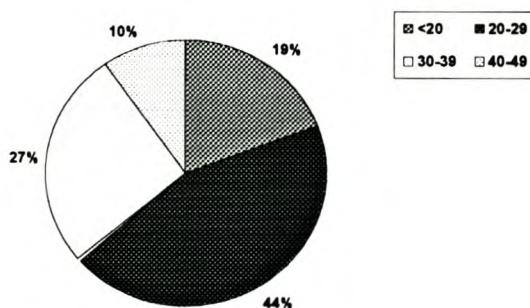
#### **4.2.3 Requests for pregnancy terminations**

Statistics on pregnancy termination requests indicate that this method of fertility regulation appeals to all age groups, but all the measures of central tendency show a bias towards younger clients. The statistics were compiled on the basis of requests made, irrespective of whether the procedure was done or not. Table 4.2.3.1 shows the overall statistics of requests for pregnancy terminations in 1999.

**Table 4.2.3.1: Overall age statistics of 1999 pregnancy termination requests**

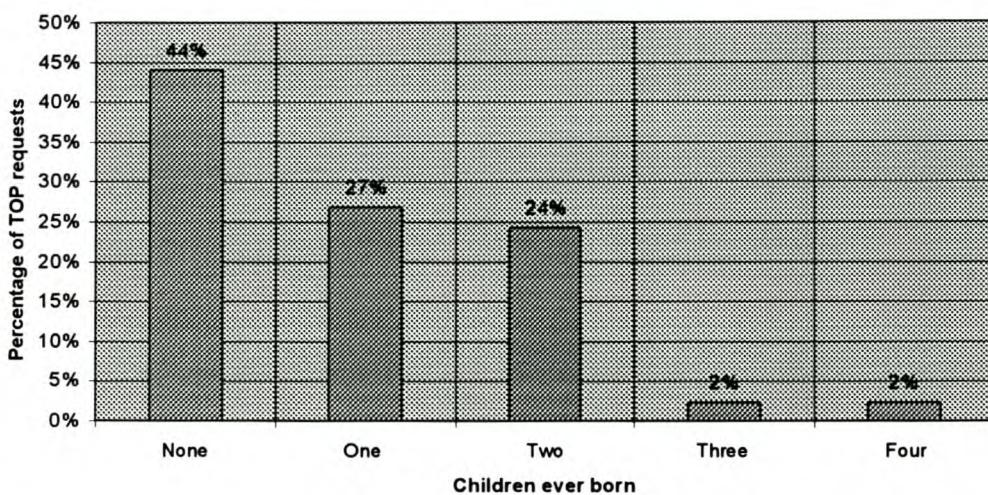
Mean age	26 years
Maximum age	42 years
Minimum age	15 years
Mode	24 years
Median	24 years
N	41 cases

The categorization of termination of pregnancy clients by age cohort that follows brings out a clearer profile of the demand for this service across age groups. Figure 4.2.3.1 reflects that the 20-29 year age cohort had the largest demand for pregnancy termination services, followed by the 30-39 year age cohort. This is contrary to the composition of this reproductive age population but confirms the 20-29 year age cohort as the predominant reproductive age cohort, and the 30-39 year age cohort as second.

**Figure 4.2.3.1: Pregnancy termination requests by age cohort**

The relatively low demand for pregnancy terminations by the under-20 year age cohort may indicate easy access and effective use of contraception among this age cohort that constitutes the largest demand for contraceptive services.

**Figure 4.2.3.2: Pregnancy termination requests by children ever born**



When pregnancy termination requests are evaluated by the number of children ever born to women, it emerges that most requests come from women with no previous births, and that the requests decline with more births. Figure 4.2.3.2 reflects these trends, which are consistent with the overall shift towards older childbearing.

The three methods of fertility regulation discussed above appear to draw their dominant patronage from different age groups as follows:

- Contraception appeals to the younger age groups, particularly the under-20 age cohort but also scholars in general. A predominant proportion of these users have had no previous child-births.
- Pregnancy terminations on the other hand have their strongest patronage from the 20-29 age cohort. Their strongest appeal is to women with no previous births, but women with lower order births also have a fairly high demand for it.
- These above two services have their strongest attraction primarily to women who want to postpone the onset of childbearing and secondarily from those who desire to space births.

- Voluntary sterilization on the other hand has its strongest appeal to older married women, largely in the 30-39 age group, whose motivations are to terminate childbearing.

#### 4.2.4 Breast-feeding<sup>2</sup>

The findings on breast-feeding must be preceded by a description of women's perception of the contraceptive effect of breast-feeding as reflected in their responses to the question on whether breast-feeding delays conception.

Figure 4.2.4.1 shows that 81% of women responded with "NO" to this question, while 14% responded with "Yes", and 5% did not know. The behavioral outcome of the belief that breast-feeding has no contraceptive effect is a high incidence of contraceptive use among breast-feeding women.

**Figure 4.2.4.1: Women's views on the contraceptive effect of breast-feeding**

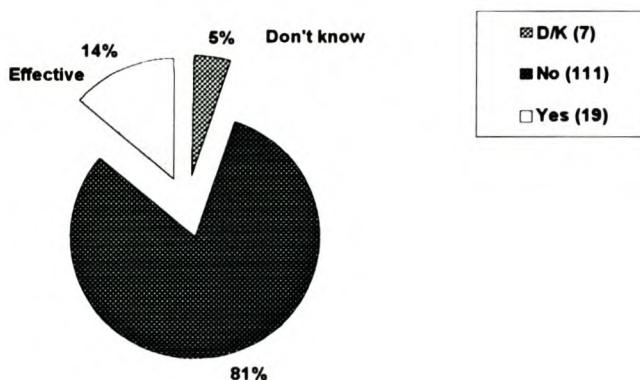
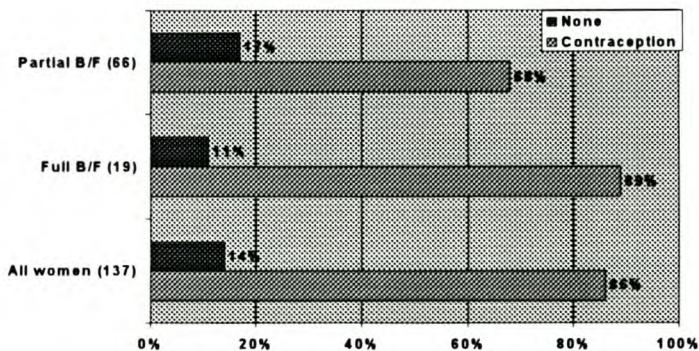


Figure 4.2.4.2 shows that contraceptive use amongst women who breast-feed their infants fully exceeds that of all women. Women on partial breast-feeding also have a high incidence of contraceptive use. Notwithstanding the perceptions of women on the negligible contraceptive

<sup>2</sup> Bar graphs 4.2.4.4 to 4.2.4.10 on breast feeding have heavily darkened sections. The figures superimposed on those sections are not visible, but are given in brackets beneath the graphs.

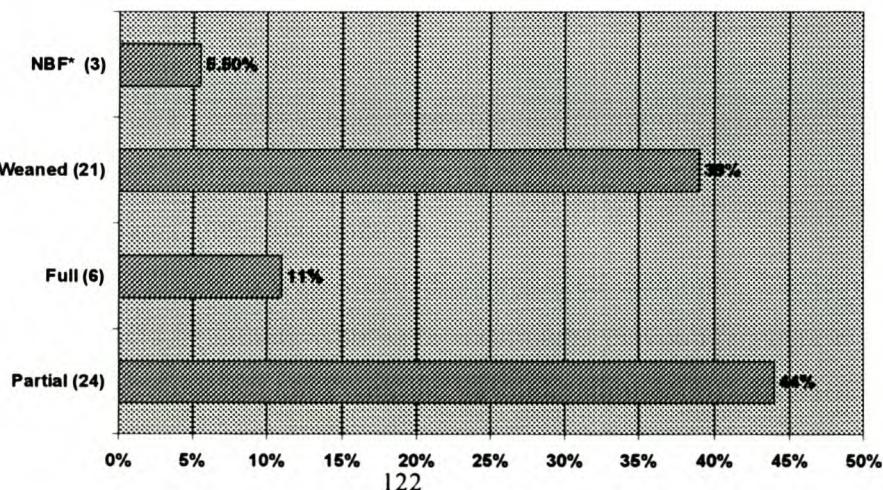
effect of breast-feeding, substantial proportions of women breast-feed their infants for reasons other than contraception.

**Figure 4.2.4.2: Contraception among breast-feeding women**



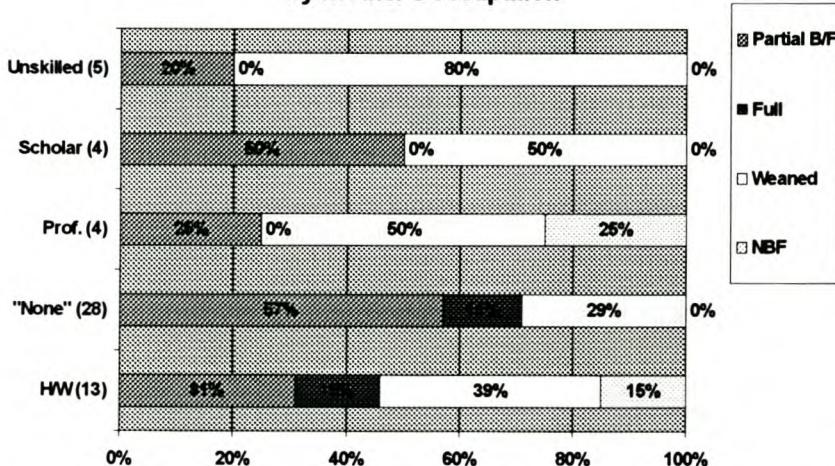
The analysis which follows sub-divides the sample of 137 women into the 54 whose infants were six months and younger, and 83 whose babies were older than 6 months. Figure 4.2.4.3 indicates that 11% of infants 6 months and younger were on full breast, while 44% were on partial breast. Thus a total of 55% of infants under six months were on breast. When the 39% of those who were weaned is combined with the 5.5% never breast fed (NBF), it emerges that 44% of infants who were six months or younger were not on breast. Figure 4.2.4.3 reflects these trends along with the absolute numbers of cases from which the percentages were calculated.

**Figure 4.2.4.3: Breast-feeding of infants up to six months**



Analysis of breast-feeding of infants six months and younger by occupation of mother revealed that unskilled workers had a high percentage of weaned infants, but all their infants had a period of breast-feeding. Professionals had the highest percentage of infants never fed on breast. Scholars either breast-fed partially or weaned their infants. The category of women with no occupation had the highest percentage of infants on partial breast and all their infants went through a period of breast-feeding, with a substantial percentage being fully breast-fed at the time of this research. Housewives had nearly 40% of weaned infants and 30% on partial breast. These percentages must however be interpreted against breast-feeding of infants was analyzed by age cohort of mothers, varying sample sizes of these categories reflected on Figure 4.2.4.4

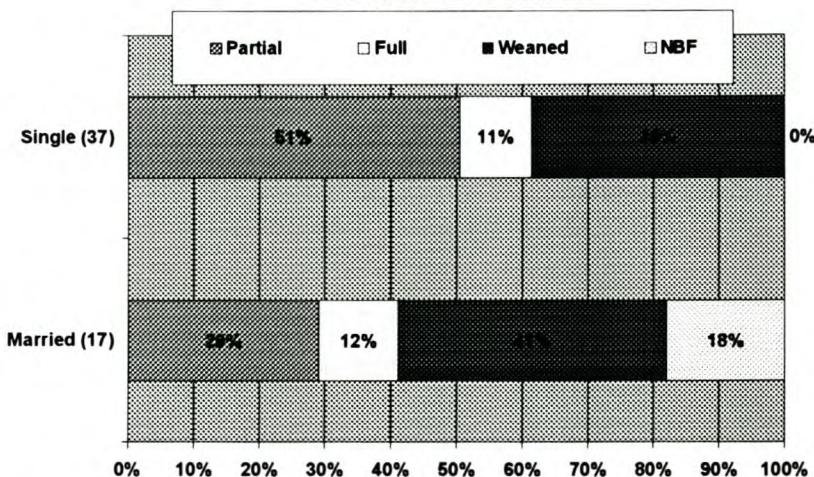
**Figure 4.2.4.4: Breast-feeding of babies up to six months  
by mother's occupation**



(Figure 4.2.4.4: Mothers with no occupation fed 14% of their babies fully on breast. This figure was 19% among housewives.)

When data on breast-feeding of infants under six months was analyzed by marital status of

**Figure 4.2.4.5: Breast-feeding of infants under six months by marital status of mother**



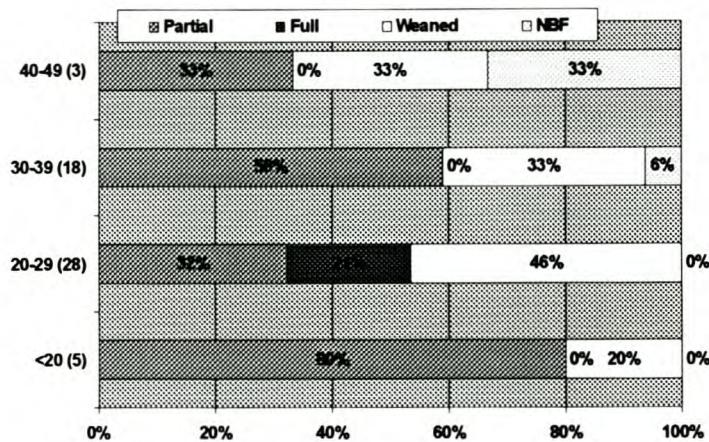
(Figure 4.2.4.5: Single women weaned 39% of their babies, and married women weaned 41%.)

mothers, it emerged that single women had higher percentages of partially breast-fed infants compared to their married counterparts. All infants of single women had a period of breast-feeding, while 18% of infants of married women were never fed on breast. The two groups had almost equivalent percentages of babies on full breast, and equivalent percentages of approximately 40% were weaned. Figure 4.2.4.5 shows these trends.

When breast-feeding of infants was analysed by age cohort of mothers, the under-20 and the 40-49 years age cohorts had small sub-samples, and the picture they put across must be viewed against this background.

The 20-29-age cohort emerged as the only age cohort that provides full breast-feeding to infants, but it also had the largest percentage of weaned babies. Both the under-20 and the 20-29 age cohorts had no infants who never fed on breast. All cohorts had large percentages of infants on partial breast-feeding. Figure 4.2.4.6 shows these trends.

**Figure 4.2.4.6: Breast-feeding of infants of up to six months by age cohort of mother**

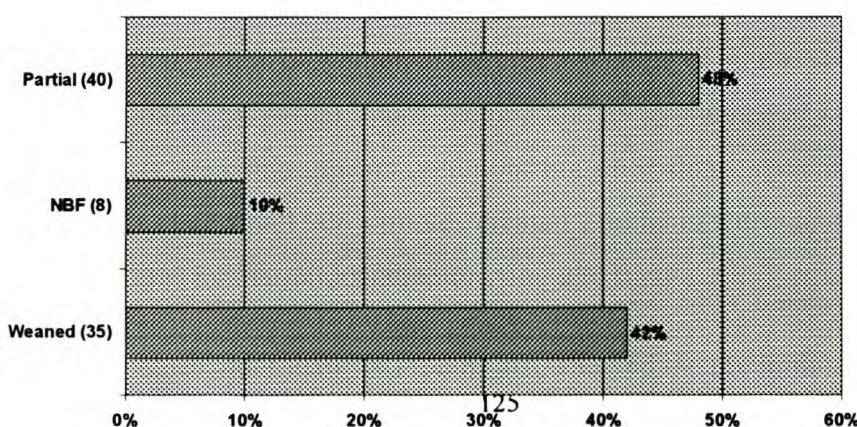


(Figure 4.2.4.6: 21% of babies of the 20-29 age cohort fed fully on breast.)

The overall behavioral pattern of women in the breast-feeding of infants six months and younger appears to be dominated by partial breast-feeding and an avoidance of keeping babies on full breast-feeding. Early weaning appears common, but only small percentages of infants were never fed on breast. The small sub-samples created problems with identifying differences in breast-feeding patterns by marital, occupations and age status.

Breast-feeding of babies older than six months also showed the predominance of partial breast-feeding, but the combined percentages of children never breast-fed and those weaned exceeded

**Figure 4.2.4.7: Breast-feeding of babies older than six months**

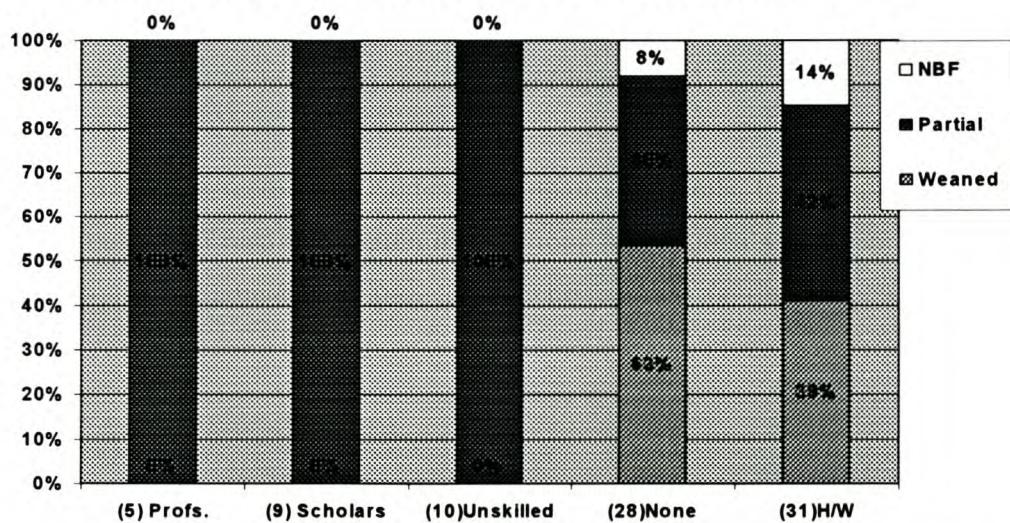


that of babies currently fed on breast, as reflected on Figure 4.2.4.7.

Analysis of data on breast-feeding of babies older than six months by occupation of mother indicated that partial breast-feeding predominates among professionals, scholars and women in unskilled occupations. But housewives and women who reported having no occupation weaned larger percentages of babies and had babies who were never fed on breast. Figure 4.2.4.8 shows these trends.

(Figure 4.2.4.8: 100% of babies of professional women, scholars and unskilled workers fed

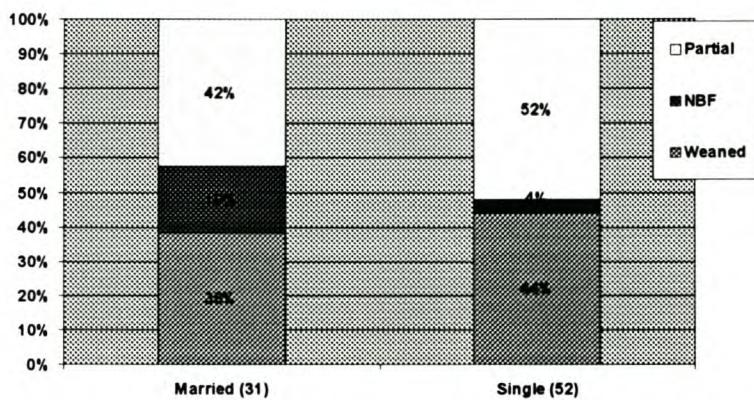
**Figure 4.2.4.8: Breast-feeding of babies over six months by occupation of mother**



partially on breast. This figure is 38% among mothers with no occupation and 42% among housewives.)

The analysis of data on women's breast-feeding by marital status revealed that single women breast feed more than married women. A smaller proportion of single women's babies were reported as breast-fed than for married women. Single women had a larger proportion of babies on partial breast-feeding than married women. They however had a larger percentage of weaned babies in comparison to married women, because the latter had larger percentages of babies who never fed on breast. These trends are reflected on Figure 4.2.4.9.

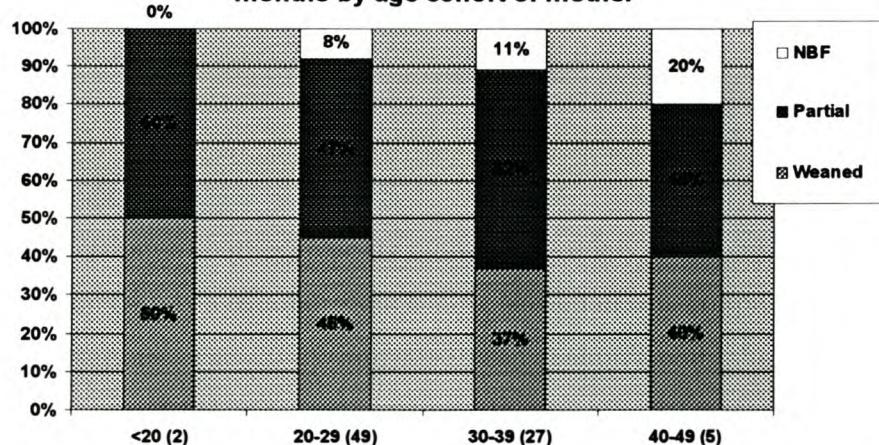
**Figure 4.2.4.9: Breast-feeding of babies over six months by marital status of mother**



(Figure 4.2.4.9: 19% of babies among married women never fed on breast. This percentage is 4% among single women.)

When data on breast-feeding of babies over six months was analyzed by age cohort of baby's mothers, the under-20 and 40-49 age cohorts once more had small sub-samples which could lead to misleading interpretations. The 20-29 and 30-39 age cohorts both showed almost even distribution of partially breast-fed and weaned babies. Figure 4.2.4.10 shows these trends.

**Figure 4.2.4.10: Breast-feeding of babies older than six months by age cohort of mother**



(Figure 4.2.4.10: The percentages of babies fed partially on breast were 50 for the <20 years age cohort, 47 for the 20-29 years age cohort, 52 for the 30-39 years age cohort and 40 for the 40-49 years age cohort).

The overall behavioural trend for women in the breast-feeding of babies older than six months is evenly distributed between partial breast-feeding and weaning. The findings on breast-feeding generally reflect the following:

- Most women in the population considered have no confidence in the contraceptive effect of breast-feeding.
- The percentage of babies never breast-fed at all is small.
- However, early weaning of babies is common and its incidence is almost equal to that of partial breast-feeding.

## CHAPTER 5

### RESEARCH FINDINGS BASED ON FOCUS GROUP DISCUSSIONS

In this chapter the research findings derived from the focus group discussions are presented. In presenting these findings, the process of grouping the statements put forward by the discussants into themes and clusters is described first. The statements made by discussants are then presented within the framework of clusters and themes. The discussion has sample statements which have been indexed. (The guidelines for using the indexed statements appear on page 120 of Chapter 3).

There are however statements which could not fit well into any one thematic category and were allocated two codes in the coding process. There were also statements which clearly had a multiple thematic content. These two groups of statements receive attention in the discussion of findings in chapter 6.

#### 5.1 The thematic content of statements made by focus group discussants

When the statements made by the focus group discussants were each considered against the discussions on the determinants of women's reproductive behavior which were encountered in the literature review, a number of themes were derived deductively. This process was also facilitated by examining the findings of the quantitative phase of this research. Repeated listening to the recorded interviews with an alert search for new perspectives deriving from the specific research scenario was also a conscious effort directed at getting to the contextual meanings of the statements made.

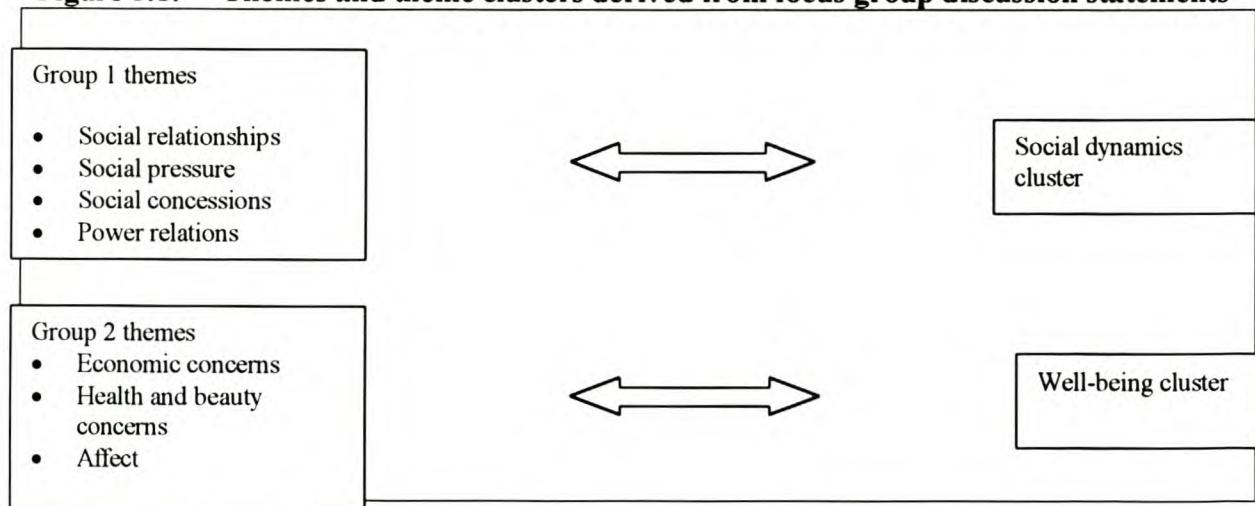
After experimenting with several groupings, most statements were finally found to fit into seven themes, which were in turn grouped into two broad clusters. The first cluster of themes encompasses the social dynamics of childbearing and is constituted by themes on social pressure (SP), social concessions, (SC), social relationships (SR), and power relations (PR). The power

relations theme is further subdivided into egalitarian (PR-e), autonomous (PR-a) and subordinate (PR-s) meanings. The statements with these thematic meanings describe how the social environment is perceived as regulating women's childbearing behavior through incentives and rewards on the one hand, and disapproval and punishments on the other.

The second cluster of themes consists of well-being factors in childbearing and encompasses health and beauty (H) and economic considerations (E), along with affect or emotional concerns (A). Statements in these theme clusters describe the perceived benefits or disadvantages of specific actions for women in particular, where health, beauty and emotions are concerned, and their families as well, where economic considerations pertain.

This system of themes and clusters is depicted diagrammatically on Figure 5.1. Table 5.1 shows the frequency of the statements which constitute each theme as they emerged in the discussions of each topic. Additional tables (5A-5F) in Appendix 2 show that different age cohorts contributed more statements to specific discussion topics than to others, signifying their importance to them. These differences emerge in the discussion which follows. On the Appendix 2 tables, the statements from the two under-20 age groups were combined, and this inflated the figures of statements made by this group. Even when this is taken into account, this age cohort contributed substantially more statements than other groups on some of the subjects discussed.

**Figure 5.1: Themes and theme clusters derived from focus group discussion statements**



**Table 5.1: The frequency of thematic statements in focus group discussions**

Themes	DISCUSSION TOPICS ON WOMEN'S CHILDBEARING						
	A Childbirth and women	B Change	C Age	D Decisions	E AIDS	F Breast Feeding	Totals
SR	14	11	15	23	102	17	182
SP	29	13	8	9	0	6	55
SC	2	19	0	6	0	0	27
E	7	17	28	33	0	5	90
H	1	18	15	33	100	65	232
A	24	6	15	24	24	5	98
PR-e	0	0	0	33	7	0	40
PR-a	0	0	0	32	8	0	42
PR-s	0	0	0	9	6	2	15

## 5.2 Findings on the social dynamics of childbearing

The behavioural changes revealed by the quantitative phase of the research appear to have identifiable social determinants. Whether women's perceptions are valid or not, their reproductive behavior appears to be influenced by perceptions of a variety of social dynamics. These are now considered.

### 5.2.1 The perceived social pressure on women to reproduce themselves

Column A of Table 5.1 on page 157 (and row 2 on Appendix Table 5A on page 262) reveals the overall dominance of statements coded as social pressure statements in discussion A. That discussion, in which women considered the importance of childbearing in their lives had the highest number of social pressure statements, compared to the discussions on all the other topics. All age cohorts share the perception that childbearing is an important aspect of a woman's life and regard childlessness as a misfortune.

Childbearing was initially considered within marriage by all groups, where it was seen as obligatory. There is reference to such obligation in the statement D1-26, which says, *Yes, you are married so that you can produce children*, and explains further in D1-29 that this is part of the woman's relationship with her in-laws. Other typical statements with social pressure content include A2-5 and 6, that *in marriage you do not stay childless. You are despised and feel frustrated-* (if you stay childless). A3-2 on the other hand states that *without having children you become an insult to your marriage*, a perception that is repeated in A5-4 & 5 with- *it is a problem when you are married and have never had children before. You become an insult to your marriage.* A6-7 sums these statements up with, *a marriage must have a product.* The operative word in this statement is “*must*.”

Single women are however not completely excluded from this pressure. A1-6 expresses the view that *it is bad to have a child before marriage*, and A4-1 states that *having children is not so important if you are not married.* But most discussants hold a contrary view, and A2-14 argues that *childlessness is a sad thing whether one is married or not*, while A2-20 states that *even if you are not married you are blamed for childlessness.* So internalised is the view that a woman should have children that A2-3 inquires, *How can one have no child?* Thus childlessness for women is perceived as one of the causes of negative social relationships, which are discussed as the next theme.

### **5.2.2 The perceived social relationships that affect childbearing.**

The social relationships theme encompasses on-going interactions that may be punitive, overbearing or rejecting on the negative side, or rewarding and trusting on the positive side. For the purposes of this discussion they exclude power relations, which are dealt with as a separate category.

The social pressure to reproduce is backed by punitive social relationships. Thus A1-2 informs us that *in marriage you are mistreated if you are childless.* A4-4 and 5 inform us that *even if you are not married you need a child to run errands for you. People complain when you keep*

*sending their children around.* There are also what could be described as both punitive and overbearing relationships by mothers-in-law and sisters-in-law. In C3-13, the discussant notes that even your sister-in-law *will not let her children run errands for you if you are childless.*

A rejecting relationship occurs when a woman's husband refuses to accept the child his wife had before marriage. This concern is voiced in C1-14 and C3-16. Childlessness of the wife on the other hand may result in her husband abandoning her (A1-3). A6-4 notes that the husband becomes lukewarm towards the childless wife, and A3-8 adds that *some marriages dissolve because of childlessness.*

Statements on social relationships predominate in the discussion of AIDS, as Table 5 (and row 1 of Table 5E in Appendix 2, page 284) indicates, even though they surface in all the topics discussed. In discussions E1-E6, women dwell on the lack of mutual trust in sexual relationships, and how this fosters the spread of AIDS in their reproductive lives. In E3-23 & 24, the discussant explains the resistance of male partners to condom use, stating that *he either believes that you do not trust him or that you are engaged in some mischief. The trust between you is eroded.* E3-26 & 27 add that couples *have to trust each other*, and that *only a few couples are like that-* (that is, have mutual trust).

An important rewarding social relationship noted from the discussants' statements is the helping relationship between parents and children. Women's demand for children is informed by the fact the children are seen as helpful in running various errands in the home. A2-2 states that *a child assists you in times of need* and A2-4 explains that *a child assists with errands.* In A3-12, the discussant explains that *it is sad to be childless, with no child to send around.* These and other statements reveal that while children are viewed as an economic liability, as will emerge later on in this discussion, they have a specific relationship with their parents which is not defined in economic but in functional terms by the discussants. This construction of the role of children is different from the traditional asset-liability dichotomy which economic theories of childbearing advance. In this context, children could be described as having shifted from being economic assets to being functional in other ways *but also* economic liabilities.

### 5.2.3 The perceived power relationships that affect childbearing

Statements that depict power relations predominate in column 5 of Table 5.1 and Table 5D on page 277, which show women's perceptions on decision-making on childbearing and fertility regulation. They are thinly present in the discussion of AIDS. Statements which express subordinate power relations are few, while those depicting autonomous and those depicting egalitarian decision-making relationships are evenly balanced.

Table 5D on page 277 shows that the statements with PR-s or subordination content came largely from the under-20 age cohort. In discussion D2, the under-20 age cohort makes statements on parental subordination in making decisions on reproduction. Thus D1-8 states that *if you want to have an abortion you should tell your mother*, and D1-16 states that *if your parent does not want you to have an abortion, you should not have it. Let her make the decision for you*. From the same age cohort came D2-10, *you have to listen to your husband*.

There is a cynical questioning of the power of the in-laws to demand children in statement D1-27 and D1-28- So you are you bought? *If you have come (to the in-law family) to produce children, then it is clear that you have been bought*. D1-30 to 31 dispose of the argument on the prerogative of in-laws to demand offspring by noting that while in the past this was so, this has changed because of financial hardships. The discussants concluded that in-laws should therefore not dictate how many children the woman should have. D3-24 advises discussants to tell the mother-in-law that the family should be satisfied with the children that are there.

Egalitarian decision-making power relations are reflected in statements like D5-8, that a woman does not decide alone but consults with her husband, while D3-21 advises, *You should not say "yes" to everything your husband says, you must make up your mind and influence him*.

The 20-29 and 40-49 married cohorts had large contributions to PR-a statements. Both groups advance health arguments to support their position. D3-27 explains that the first person to be considered in childbearing is the mother because she puts her health into it. D6-10 to 13

statements argue that the woman's prerogative in childbearing decisions comes from traditions which required adequate spacing of children. Such planning is still the woman's responsibility.

In contrast, the D6-1 statement expresses the view that no one decides, and that children are a gift from God.

#### **5.2.4 The perceived social concessions on childbearing**

The concessions which the society considered in this research has made on childbearing have prominence in Table 5B on page 266, which contains statements on changes in childbearing over time. It is significant that the 40-49 year age cohort has the largest number of statements with social concessions content, as Table 5B reflects. In statement B6-19, a discussant in this group points out that young people neglect family planning. The under-20 age cohort also had a substantial contribution of social concession statements, noting in B1-1 that in the past, one would not have a child before marriage and that this has changed. B4-10 announces, *we are free to run our lives.*

#### **5.2.5 A summary of findings on social dynamics in women's childbearing.**

Social pressure to reproduce is perceived as playing a significant role in determining childbearing, irrespective of marital status.

- Social pressure is expressed through ongoing negative social relationships with significant people in the woman's life. In contrast, childbearing produces rewarding social relationships.
- Egalitarian and autonomous power relations may have replaced subordinate power relations in decisions affecting childbearing. Parents, however retain some influence on the decisions of young women.
- The recognition of the favourable changes in women's reproductive scenario is accompanied by a perception that the changes are not fully exploited by younger cohorts.

### **5.3 Findings on the well-being factors in childbearing**

Statements indicating women's concern for personal and family interests in the pursuit of their childbearing were grouped under the broad umbrella of well-being factors. These were found to encompass economic considerations, health and beauty considerations, as well as emotional factors. Samples of statements which have been allocated into these categories are now discussed.

#### **5.3.1 Findings on economic considerations in childbearing**

Table 5.1 on page 157 shows that statements with economic thematic content appeared in five of the six discussion topics. Only the discussion of the topic on AIDS did not have statements expressing economic content. Statements with economic thematic content predominated in the discussion of decision-making on childbearing, but the discussion on the age pattern of childbearing also had a large concentration of these statements.

Table 5C on page 270, which reflects the discussants' views on childbearing ages shows that most statements with economic content were made by the under-20 age groups, but all age groups had each a contribution. A similar scenario emerges on Table 5D on page 277, when the question of decision-making on childbearing is discussed. In that context again the under-20 age group had the largest contribution of statements with economic content. In C1-1, a teenage discussant states on early childbearing that *when you are still young, you get a lot of problems because you bring an additional economic responsibility to your parents who are still maintaining you*. Versions of this statement with different emphases re-emerge throughout the discussions of this group.

In considering the issue of decision-making on childbearing, economic content emerges in D1-3 as follows: *You cannot decide to have a child when you do not have the means for raising it*. Similar expressions of the economic realities which must be taken into account in making decisions on childbearing emerge from the other groups as well. Discussion D, as it turned out,

encompassed a consideration of what discussants consider to be the realistic number of children a woman could have from an economic perspective, as well as the space between children.

### **5.3.2 Findings on health and beauty considerations in childbearing**

Health statements are most prominent in the discussion of AIDS and breast-feeding. They however also come out strongly in the discussion of decision-making on childbearing, and are spread out across all the discussion topics.

In the discussion of AIDS, health statements are predominantly on the subject of condom use and its dynamics. Statement E2-5 argues, *the best thing is to use a condom*. This simple solution opens extensive debate in all groups, because condom use is a barrier when conception is desired, and is also not always acceptable to both sexual partners.

The health advantages of breast-feeding for the baby are acknowledged by all groups. There are opposing views and experiences on the contraceptive effect of breast-feeding. F6-6 to 11 statements present an altercation which leads to the conclusion that the contraceptive effect of breast-feeding is unreliable. F1-6 on the other hand informs us that it is not true that breast-feeding delays conception, arguing that if this were so, there would be no children born closely to each other. F3-14 to 16 warns that relying on the contraceptive effect of breast-feeding could lead a woman to the embarrassing situation of becoming pregnant while the last child is still too young, and proceeds to recommending contraception or sexual abstinence. This view is reiterated in all the discussions.

Health statements are also prominent in the discussion on decision-making on childbearing. The under-20 age cohort had a large enough contribution of statements to warrant discussion. Statements D2-11 and 12 challenge the suggested husband's prerogative to require more births with, *What if he wants 10? What about your health?* In D2-14, the discussant notes that even if a husband has the resources to support a large family, it is unwise for a woman to compromise her health through excessive childbearing. The discussants put the ideal number of births from a

health perspective between two and four. D6-12 explains that *having children too closely is ruinous to one's health.*

From a beauty perspective, C1-6 notes that *an early childbirth ruins a woman's body.* D2-25 also criticizes contraception on the grounds that it messes up the body's muscle tone and causes weight gain.

### **5.3.3 Findings on emotional factors in childbearing**

Statements depicting emotions appeared in the discussions of all six topics, but predominated in discussions A, D and E- when childbearing in women's lives, decision-making on childbearing and AIDS were considered.

On childbearing in women's lives, negative emotions were associated with childlessness and the social pressure and negative relationships which come with it. Statement A2-15 focuses on the subjective emotions in stating that one becomes *envious of other parents, their responsibilities and the achievements of their children.* A4-12 and 13 explain that adopting a child does not console the childless woman, but is a constant reminder of her childlessness, a feeling which could make her ill-treat the adopted child. The descriptions of children as a gift from God and every woman's desire (A3-7) depict positive emotions towards childbearing. A3-3 describes a child as a source of joy to the couple.

On decision-making, the consideration of pregnancy terminations presented the groups with an emotive issue. D3-51 recommends that the *couple should try to accept the pregnancy but make sure there are no more accidental pregnancies.* Remarking as a single woman who already has one child and would rather not have a second child before marriage, one discussant makes statements D4- 11 to 14. She describes a child as gift from God and would override a boyfriend's decision to abort a pregnancy. The discussant fears being haunted by a child she "killed" and states that her heart would not allow her to abort a pregnancy. The statements on husbands'

attitudes towards contraception were also allocated into the category of emotional content statements.

Discussion E on AIDS on pages 278-284 elicited statements which were coded as emotional from all discussion groups. Typical emotional statements showed the perceived helplessness among women to protect themselves against AIDS. E1-1 states that there is nothing women can do about this. On the sharing of sexual partners which fosters the spread of AIDS, E4-39 warns the group that while loving a man, they should also know that they are probably sharing him with other women. Some discussant's emotions on the other hand arise because condom use comes when they desire to conceive,- (E4-49). Most emotions are associated with the lack of trust in the loyalty of sexual partners. Thus E5-16 inquires, *but how can you trust someone, even if you share a home?*

#### **5.3.4 A summary of findings on the well-being aspects of childbearing**

- Economic considerations play a significant role in determining the onset and progression in childbearing and ultimately the number of children women are willing to have.
- Health and beauty considerations also influence women's childbearing decisions.
- Women try to avoid the negative emotional experiences and seek positive ones that come with childbearing.

## CHAPTER 6

### A DISCUSSION OF THE RESEARCH FINDINGS

The discussion in this chapter aims firstly at integrating the findings set out in the previous two chapters. Secondly it aims at generating the combined meaning of the findings in describing the changes in the reproductive behavior patterns of the subject population as well as their theoretical, policy and research implications.

The above task draws heavily from the literature review, particularly on the section of the review which deals with the transition from traditional to modern reproductive behavior patterns among Xhosa women from the early years of this century until recent times. The discussion also draws from the national social environmental scenario, acknowledging in particular the role of the National Family Planning Programme, the entrenchment of educational enrolment of children, legislation which strengthens women's control over their reproductive behaviour and the changed consumption patterns and lifestyles which contribute towards the cost of children. The discussion therefore aims at explaining changes in reproductive behavior occurring within a dynamic context of social, economic, health, emotional, power relations, educational and career aspirations and other considerations.

The above outline provides a tapestry scenario, whose constituent elements have to be taken apart and analysed for their respective contributions to the broader picture. The statistical information generated from the records data analysis provides the factual outcomes of the changes that are taking place. The focus group discussants on the other hand give the facts thus derived specific significance from their experiential perspective. The environmental context is the intermediate platform in the generation of the changes. The role of each of these elements in the changes that are taking place has to be determined.

The discussion in this chapter falls into three sections. The first two sections focus on identifying the relevance of the themes in the two cluster generated from analyzing the content of focus

group discussions to the quantitative changes identified in chapter four. This section must describe, for instance, the economic determination of the emerging age patterns of childbearing and child-spacing and similar interactions. The discussion thus links the quantitative to the qualitative findings, taking environmental factors into consideration.

The third section of this chapter compares the findings of this research to the findings of similar research and analytic debates conducted elsewhere, looking for the theoretical niches into which the findings can be fitted. For this task the findings are broken down into focal aspects, such as how they fit into the demographic transition theories, the non-marital childbearing scenario and its implications, women's sexual and reproductive rights and choices, and the rural character of the subject population.

In Chapter 4, it was noted that the patterns of women's reproductive behavior that emerged from analyzing the quantitative data in this research could be summarized as reflecting identifiable directional features. These features were described as a trend towards later childbearing in women's reproductive time span, fewer births per woman, wider spacing of earlier but closer spacing of later births, and a growing incidence of non-marital childbearing. The patterns of marital and non-marital childbearing were also noted to differ in the intensity of the features outlined above, but not in the directions. Both age and marital status were also noted as determinants of choices of fertility regulation methods, and the incidence of fertility regulation was noticeably higher among younger age cohorts, explaining the observed shift towards older childbearing.

Qualitative analysis of the content of the focus group discussions on the other hand revealed that the discussants across age cohorts are aware of the trends outlined above and provide rational explanations for them. Identifiable themes on childbearing emerged from the statements and reflected the salient determinants of reproductive behaviour in the subject population.

The themes identified from the discussion statements may not be comprehensive. In addition, there are some overlaps between them, which is reflected in the double coding of some

statements on Annexure 2. For example, the statements A2-13 and A4-9 both recommend child adoption as a remedy for childlessness. Both are coded as SP & A, in recognition of the social pressure to reproduce and the emotional pressure which attends failure to do so. But one can also consider the punitive social relationships which reinforce the social pressure, thus expanding the range of themes linked to these statements. This scenario indicates a dynamic interaction, both between and within thematic clusters, and reflects multiple determination of the behavioural variables considered.

Even where one thematic code was allocated to statements, the discussions sometimes suggested a network of influences which reinforce each other. The discussion in chapter 5 only captured some of the key linkages in a network of cross-cutting links whose detail was difficult to map out. But the themes and clusters identified are considered to be adequately functional analytical tools for analysing and discussing a complex life situation, and are applied in the discussion of findings in this chapter.

## **6.1 The impact of the well being factors on childbearing**

From the perspective of the focus group discussants, some changes in the patterns of their reproductive behavior identified in the quantitative analysis contribute to their improved well being as well as that of their families, and therefore have their unequivocal endorsement. Such changes must therefore be viewed as prompted deliberately and purposefully, and directed at achieving identifiable ends. These ends are mainly the economic well being of households, women's health, beauty and emotional well being. The thematic statements which pertained to well being are now examined in greater detail and linked to what was depicted by the quantitative findings.

### **6.1.1 The economic considerations in childbearing**

In the literature review, it was noted that the outlook that children are economic assets to their parents informed childbearing in traditional African societies. This view met with unequivocal

rebuttal by focus group discussants in this research, and was replaced by a converse outlook that even though children help with household errands, they are on the whole an economic liability. Statement D1-32 informs us that *most families cannot afford large families*. This change in outlook is probably attributable to the combined environmental effects of an overall deterioration in the economic circumstances of households in the population under consideration, as well as changes in life-styles and aspirations. However, children reportedly still have a functional though non-economic role which ensures the persistence of their demand. Their role in doing household errands offsets the fact that they are an economic liability to a mild extent.

Another significant environmental factor observable is the individualistic approach to raising children, which has largely replaced child fostering within extended families. Thus the nuclear family handles the economic responsibilities of childbearing largely single-handedly. This was indicated by the discussants' frequent references to the inadequacy of the income of the breadwinner or husband to meet the needs of a large family. Because of the decline of its economic support to the nuclear family, the extended family has lost its say on the reproductive concerns of the nuclear family (D1-30 and D1-31).

This individualistic approach to raising children means that within households, the individual may distance himself or herself from the economic responsibilities of childbearing by others. Thus unmarried women sometimes find that their parents or brothers, who traditionally shouldered the economic responsibility for children from non-marital unions, only welcome such children grudgingly. Statement B6-13 is a complaint about girls who *bear children and dump them on parents*.

Caldwell (1982) suggested that this change of children from being economic assets to liabilities is a necessary condition to fertility decline in traditional societies. His observation of the direction of wealth flows from children to parents in developing societies, which was based largely on West African societies, is a case in point. Wealth in this context includes work that yields money, subsistence work, provision of services, guarantees of present and future security, the ability of the male head of the household to take a larger share of consumption and many other advantages

that cannot be quantified. Caldwell (1982) noted a pervasive cultural superstructure that justifies unequal sharing of products of joint family undertakings in contexts that confer situational advantage, usually to the male head of the household and other male kin.

Basing his argument on observations of the flow of wealth from children to parents throughout life in Nigerian society, Caldwell (1982) attributed the high demand for children in African societies to the economic benefits that parents derive from childbearing. In his theory of inter-generational wealth flows he postulated that a change in the direction of flow of wealth from parents to children would reduce the parental demand for children. He viewed the postulated changes as requiring a relatively short time. They would be generated by a shift in the internal dynamics of how families configure new economic patterns and new social patterns, including egalitarian male-female and parent-child relationships. They would also accommodate the education of children.

In the new scenario, Caldwell (1982) postulated that children would cease to be an economic asset and become an economic liability, because their participation in formal education and demand for consumer goods would constitute a cost to parents.

Van Driel's observation (1996) in Botswana society supports the observation made by Caldwell. He observed the transformation of male relatives' responsibility to support unmarried women and their offspring, noting that as the economic and social importance of children has declined, men no longer need the products of women and children's labour. These have been replaced by other sources of income. This line of argumentation highlights the change in the traditional economic value of children in African societies, which is shifting from being an asset to being a liability.

As pointed out in the description of the population of the Victoria East district, agricultural production has declined over the years, and school enrolment is high. In this setting therefore, children have a minimal contribution towards economic production but consume the limited resources of rural households. With the long history of exposure to education, the population of the Victoria East district has over time recognized the economic advantages of educating children

and the reality that fewer children make it possible for parents to invest in children's education. The observed pre-occupation with the cost of raising children manifests itself in different aspects of childbearing reflected in the quantitative analysis of data in this research. These will now be explored.

#### **6.1.1.1 The impact of economic considerations on age of childbearing onset among women**

The upward shift in the aggregate age at onset of childbearing is clearly associated with the social undesirability of young women imposing on their parents the economic burden of raising their children. As was noted from the analysis of quantitative data, most early childbearing is pre-marital. Teenage pregnancies have been one of the concerns of both rural and urban African communities of South Africa for a number of years.<sup>1</sup> Although these concerns also came about because of a revulsion to non-marital childbearing, their economic implications progressively gained prominence as communities experienced increasing poverty. The scenario was compounded by a self-defeating reluctance of parents on the one hand, and of the government and health service providers on the other to allow teenagers access to contraception, as Mfonso (1999) observed. This position was informed by a moralistic desire to discourage pre-marital sexual involvement, especially where teenagers were concerned. However, as teenage pregnancy figures continued to soar, this hard-line position on teenage access to contraception had to be abandoned, and teenagers gained unlimited access to contraception.

The emerging scenario of the upward shift in childbearing age in the study population is largely a direct outcome of access by teenagers to contraception, since, as the quantitative data on contraception indicates, teenagers are the major users of family planning services. It is also noted from quantitative data analysis that women with no earlier births form the highest percentage of users of both contraception and pregnancy termination services.

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<sup>1</sup> The Population Policy for South Africa (1998:23) notes that the teenage birth rate among the African population has been increasing since 1980, while it has declined for other racial groups over the same period. This scenario may however have changed in the 1990s, with the liberalisation of contraceptive access to women across age groups and marital status.

When data on childbearing was analyzed by age cohort for the years 1978, 1988 and 1998, a progressive decline in the representation in childbearing of the under-20 age cohort was noted. This indicates a strong desire among this group to delay the onset of childbearing and economic reasons are one of the considerations. Statement C5-1 from the focus group discussions explains that *when you are young, your childbearing imposes an economic responsibility on other people.*

Contraception by the younger age cohorts now has parental encouragement, because of the concerns about the economic pressure of early childbearing by teenagers on limited household resources. Thus statement B6-19 is a complaint by the 40-49 year age cohort that *young people neglect family planning*. The under-20 years focus group discussants also expressed this economic concern about imposing an additional economic responsibility on parents who must still shoulder the costs of educating them as daughters. They also noted that the economic needs of the affected young mother shift to a secondary priority position in parental budgets when there is a baby in the family. This suggests that even adolescents have an economic incentive for delaying childbearing, in their perception of babies as favored competitors for limited family resources.

These developments indicate that new norms that prescribe the conditions for the onset of childbearing are being internalized, and that economic considerations form part of their rationale. Significantly, the ideal age of onset of childbearing advanced by the group discussants was not defined in chronological terms but by achievement of either economic independence or marriage. Marriage has to be understood as signifying the economic independence of the spouse, which would be demonstrated by his ability to pay *lobola*.

Economic factors do not only influence the age at onset but also the progression after onset of childbearing, which this discussion now explores.

### **6.1.1.2 The impact of economic considerations on spacing of births**

The spacing of births reflected in the quantitative analysis in this research must also be viewed as informed to an extent by economic realities. Thus for instance, the focus group discussants considered it clumsy and inconsiderate for an unmarried mother to have a second birth while “still at home,” -a phrase which refers both to living in the parental household and to sharing the economic resources of that household. For this reason, unmarried women, who failed in the first instance to comply with the requisite norm of postponing childbearing until marriage or economic independence has been achieved see themselves as facing social pressure to postpone a second birth until one of the two requisite milestones has been achieved. The wide spacing of lower order births, particularly the first and second births was noted to result in a mean birth interval of close to six years in 1998, and must be understood against this background.

The rise over the years considered in the mean age of mothers at each consecutive childbirth that was observed in the analysis of quantitative data is also to some extent traceable to economic factors. Discussants noted in the group discussions that the spacing of children is influenced by the economic realities of the household. Spacing was specifically intended to accommodate the unfolding over time of financial outlays on the education of children. Thus statement D6-17 suggests a space of up to seven years between children, if one intends to educate them.

The scenario of wider mean spacing of lower order births causes shifting of childbearing to older ages. This in turn could be viewed as associated with longer periods taken by parents to consolidate reasonable economic stability to confidently decide to have additional children. Thus childbearing decisions appear to be contingent on the unfolding of economic circumstances rather than piecemeal.

Even though child spacing in its own right has specific significance to women, the discussants made it clear that there are overriding economic considerations in decisions about each subsequent birth. Consequently, overall progression in childbearing is also attended by a fairly high incidence of both contraceptive use, and, as data indicated, of pregnancy terminations as

well and ultimately sterilization. For this reason, women with one child come second to childless women in their use of these services and women with two children are next. This means that ultimately and through influencing progression in childbearing, economic factors influence the number of children born.

#### **6.1.1.3 The influence of economic considerations on number of child births per woman**

It was in discussing the number of children born that the discussants in focus groups made the strongest link between economic factors and childbearing. Statement B6-11 notes that *these are difficult times and one cannot have many children*. Because of their closer dealings with the needs of households, married discussants even appeared to assign themselves the prerogative to decide how many children should be born in their unions.

The individual nature of the economic responsibility of the couple's childbearing was noticeably accompanied by the exclusion of the mother-in-law's input as the traditional spokesperson for the kin, because she has no resources to back up her demand for more children. Mothers-in-law were singled out by discussants as the linchpins of gerontocratic control of childbearing in marital unions. Their marginalization signals the capitulation of gerontocracy, because of its economic incapacity to sustain large numbers of children.

#### **6.1.1.4 Economic considerations as motivation for breast-feeding**

An aspect of breast-feeding raised by the discussants is the fact that it is a cheap way of feeding an infant for women faced by the high prices of baby foods. However, from the quantitative data, it appears that the economic benefits of breast-feeding are frequently forfeited even by housewives and women who have no occupation. These two groups had higher percentages of children older than six months who had been weaned, compared to professionals, scholars and unskilled workers. The latter three groups of women tended to breast-feed partially. In the face of the low incidence of breast-feeding, the discussants' views on the economic merits of breast-feeding do not have sufficient quantitative evidence.

### **6.1.2 Health and beauty considerations in childbearing**

Whether the consciousness of the health implications of childbearing among women in the population studied has increased in recent years is worth considering. The high incidence of maternal mortality in traditional societies reflected inadequate consideration of women's health in childbearing. Women in traditional African societies may have been aware of the health implications of excessive childbearing, but either lacked the means to regulate their childbearing or faced social pressure that dissuaded them against such regulation. High infant mortality also probably discouraged fertility regulation.

Post-partum sexual abstinence is well documented as a means of protecting the nursing mother from conception in African societies. This ensured her full recovery from the ravaging effects of pregnancy and childbearing, before a subsequent pregnancy occurred. The level of effectiveness of this approach in reducing women's mortality and morbidity associated with childbearing is however insufficiently documented. Within the traditional context, the parents of the young couple enforced the appropriate sanctions on them. With the decline of gerontocracy, however, the danger of pregnancies that occur too close to each other and its health implications for both the mother and the child has increased.

Women's health concerns in the context of childbearing must be viewed against the background of national and international concern about maternal mortality and morbidity, and educational campaigns directed at counteracting these eventualities. The estimates on maternal mortality in South Africa however vary so enormously that they provide no clear indication of what the real scenario might be. The International Federation of Women Lawyers (1997) gave an estimate of 32 deaths per 100 000 live births. The 1998 South African Demographic and Health Survey (Department of Health *et al*, 1998) on the other hand gave an estimate of 150 deaths per 100 000 live births. The figure of 83 deaths per 100 000 live births given by UNFPA, (1997) is halfway between the two. In the final analysis, it is not just maternal mortality that the women's health concerns are about, but the maintenance of optimal health during and after their childbearing years, and for others, beauty as well.

The focus groups discussants noted that the use of contraception is not always favored by husbands, but also argued that the woman's health should be considered above all else when reproductive matters are considered. This, according to the discussants constituted a justification for women's use of contraception without the knowledge or approval of their husbands, if they should object.

The awareness among the discussants of the health aspects of childbearing must be viewed as a deepening outcome of primary health care services and their educational content. From the focus group discussions, it emerged that the consciousness about the health implications of childbearing also implies that even if economic circumstances favor prolific reproduction, health considerations for the woman impose an overriding consideration, which cannot be ignored.

An unexpected but interesting perspective on childbearing is its effect on the woman's beauty, which, significantly, came from the under-20 age groups. Adolescents, in dealing with their identity, are known to be very conscious of their appearance. Thus aspects like loss of the good shape of breasts from breast-feeding and loss of overall muscle tone considered to be associated with childbearing are issues of concern among this group and reduce the attractiveness of sexual involvement and childbearing.

The concern about weight gain and loss of muscle tone perceived to be associated with contraceptive use might however be responsible for creating ambivalence towards contraception. In a study of contraceptive service use among urban adolescents, Mfon (1999) found that some adolescents are turned off from contraceptive use and risk pregnancy, because of the perceived side effects of contraception on their physical appearance. It is however difficult to set aside the bodily changes associated with childbearing and contraception from those that come from the normal maturational process of the individual woman. Traditional African wisdom on the other hand is that sexual involvement in its own right brings about some bodily changes.

Whatever the answers to these complex questions may be, concerns about loss of beauty are emerging as an influence in reproductive behavior among the younger age cohorts in the population under consideration. This should not come as a surprise, since women are generally considered to be vain people. With the choices now open to rural women in the subject population, a consciousness about physical appearance is encroaching into the arena of childbearing in interesting ways.

#### **6.1.2.1 The impact of health and beauty considerations on childbearing ages of women**

Health considerations came up as one of the concerns about onset of childbearing. Both early and late childbearing are viewed as associated with health complications. This perception undoubtedly influences women to regulate their childbearing such that it falls into the optimal childbearing years. This is however not simple, as the discussants pointed out, because reproduction is set in motion by the arrival of a suitable partner in a woman's life, and it is possible to wait too long for the suitable partner and end up having children late in life. This scenario is associated with women having the freedom to choose their reproductive partners. In traditional societies, gerontocratic selection of suitors was directed at targeting the optimal reproductive years for marriage. This had health advantages.

#### **6.1.2.2 The impact of health and beauty considerations on breast-feeding**

Breast-feeding is roundly considered by the focus group discussants as having health benefits for the baby. The quantitative data however revealed that this fact is not taken full advantage of. This to some extent may be associated with women's participation in employment. But, in addition, the perception expressed by the under-20 age group that breast-feeding ruins the shape of breasts may have been suppressed as a socially unacceptable statement by discussants in the older groups, who may have shared this perception. Another possible explanation for the low incidence of breast-feeding could also be that there is frequently no visible difference between breast-fed babies and those who are not breast-fed. Thus in pointing out that breast-feeding is good for the

baby, group discussants may have simply repeated what the health personnel told them repeatedly, without being really convinced about its merits.

The question of breast-feeding having contraceptive effects on the nursing mother is rejected by the focus group discussants as a dangerous assumption that could make a nursing mother find herself with an unplanned pregnancy. The fear of having pregnancies that are too close to each other was clearly strong among the discussants, both because of its perceived health implications and the social censure it carries.

#### **6.1.2.3 AIDS infection considered from the discussants' reproductive health perspective**

When focus group discussants were asked to consider how women could eliminate the birth of AIDS infected children, the task elicited lively debate and emotion, but revealed the helplessness women experience in protecting their health in this regard. Having elevated health considerations in decisions on onset, progression and number of children born and avoiding both early and late childbearing, the possibility of AIDS infection poses an intractable problem. This is because its prevention entails changing the behavior of partners over whom women have no control. The discussants largely took the involvement of male partners in multiple relationships as a given fact of life. Thus E1-3 argues that *you can be tested for AIDS but that will not stop your partner from seeing other women*. Even though the discussants acknowledged that some women also have multiple sexual partners, such behavior from women was seen as unacceptable. Discussants pointed out that the level of mutual trust in sexual relationships that is required to prevent the spread of AIDS is beyond what can be achieved by most couples.

Another concern raised in all the focus groups discussions in the context of the AIDS scenario was the aversion of partners to using condoms. It was clear that while women have gained some control over their childbearing because they could resort to family planning, their control over their sexual relations with their partners was limited and depended entirely on the partner's willingness to co-operate. This situation apparently prevails both in marital and non-marital relations. It was noted that suggesting condom use to a sexual partner elicited accusations of the

woman's unfaithfulness to the relationship. Male partners were depicted as always jealous and suspicious about women's loyalty in relationships, while they in turn engage in endless sexual exploits, which they try to cover up. While discussants appeared to have largely accepted the unfaithfulness of their partners, the discussions revealed their intense concerns about the implications of this scenario of unfaithfulness in the face of AIDS.

The discussants also noted that condom use has limitations. When conception is desired, the condom must be abandoned for a while. The parties can be tested for AIDS, and if they are negative, they could proceed with unprotected sex until the woman has conceived. But the problem is whether the partners can be loyal to each other even for the period during which conception is intended. The discussants saw no guarantees of such loyalty.

The reactions of the younger age cohort discussants to the health implications of engaging in unprotected sex were sexual abstinence. E2-2 asserts that *if he does not want to use a condom then he can leave me alone*. This apparently perfect solution however weakens when rape is brought up as the tactic used by men to get what they want on their terms.

The extent to which sexual abstinence associated with fear of AIDS contributes to the changes in the reproductive patterns of the population under consideration is unknown. Overall, the discussants gave a picture of women's complete helplessness in protecting themselves against AIDS infection, a fact which makes their concerns about reproductive health come to nothing.

### **6.1.3 The emotional factors in women's childbearing**

A third aspect of well being which emerged from women's focus group discussions is emotional factors. It was clear from the focus group discussions that women invest considerable emotion in the various aspects of childbearing. Love, fear of hurt, embarrassment and humiliation, mistrust and shame all emerged as influencing behavioral patterns. These emotions are linked to the social dynamics of childbearing, which are now introduced.

### 6.1.3.1 The emotional aspects of childbearing and childlessness

The social expectation that women should produce children appears to have been so internalized that it confers a group identity to women. A2-3 inquires, *How can one have no child?* - suggesting that childlessness for a woman is unnatural. Thus having children for a woman was seen by the discussants as more or less inescapable, and childlessness as a catastrophic emotional bomb. In the context depicted, childless women must see themselves as falling outside this group identity and feel frustrated.

The discussants saw the scenario depicted above as stronger within marriage, where childlessness may elicit a variety of negative reactions from the marital partner, his kin and even the wider community. In A5-9 the discussant explains that a three year delay in conception after her marriage made her father-in-law to suggest that she should be made to work with the team of oxen, implying that she belonged to that team that could not bring forth any offspring. She recounts this as an emotive personal experience.

In this discussion on emerging patterns of reproductive behavior, the emotional overtones of childlessness reflect how in the midst of the changes that are taking place, there are aspects of childbearing, which remain unchallenged by change. The universality of childbearing among women in the population considered remains largely one of its unchallenged hallmarks. What has changed however is the social requirement of many children, and it appears that even one child dissipates the emotional pressure on the woman. This is where change has made its mark. In fact, the discussants indicated that the woman with many children no longer enjoys the unqualified prestige traditionally associated with such an achievement, because of the health and economic risks considered inherent in such reproduction.

Descriptions of children's role in the lives of adults had positive emotional overtones. Children were described as a gift from God, and A3-3 and 4 describe a child as *a source of joy to a couple* and add that. *when there is a quarrel, the presence of a child reduces tension.* According to the discussants, even the single woman must have children to avoid being envious of other parents

and how they discharge their parental responsibilities and enjoy the achievements of their children. The indication of the universality of childbearing which is reflected by the quantitative data is the fact that reproduction occurs both within and outside marital unions.

#### **6.1.3.2 Discussants' perspectives on the emotional aspects of pregnancy terminations**

The focus group discussants indicated that pregnancy terminations are a source of emotional turmoil for women. In interpreting the reactions of group discussants, however, one has to realize the constraint imposed by the tendency among focus group discussants not to raise positions that are known to have wide social disapproval. Thus the issue of pregnancy terminations was attacked with emotional gusto, and no defense for it came forth, despite the fact that quantitative data showed that the service enjoys substantial patronage among women across age groups. The argument used by the discussants in their rejection of pregnancy terminations is that children are a gift from God, and that abortion is killing an innocent child. The emotionalism on pregnancy terminations is reflected in the fact that discussants who strongly advocated the economic and health considerations to childbearing simply discarded those realities when addressing the issue of pregnancy terminations.

One of the under-20 age groups however demonstrated ambivalence on pregnancy terminations when the facilitator asked what they would do if they were offered a bursary to study at a university or technicon, but found that a pregnancy made taking up the offer impossible. In this context the discussants felt that they would not relinquish the bursary offer, but nevertheless fretted about the sinfulness of the choice they would have to make and the punishment they would deserve. What came out most clearly from their discussion was that women who decide to terminate a pregnancy experience intense emotional turmoil, which emanates from an internalized value of life that the pregnancy termination procedure challenges.

### 6.1.3.3 The emotional aspects of child-spacing for women

While child spacing is in itself an emotionally neutral exercise, the amount of criticism of close spacing of births makes it an issue of emotional concern. This appears to be a survival of traditional value systems, which had a built-in censure on births occurring too close to each other. In the group discussants' *lingua franca*, such children are "steps," a pronouncement, which is frequently attended by chuckles and knowing smiles, which denote that "*there was a little mess there!*" From the practicalities of looking after children, especially within the context of the nuclear family that predominates in the population under consideration, close births impose hardships on the woman. However, in addition to such hardships, the perceived social censure on close births also generates emotional tension. Thus F3-16 points out that the woman is always blamed for having children who follow closely on each other, not the husband.

The traditional social censure on child spacing among the Xhosa is however inadequately documented and may have been stronger than is usually assumed. Burman (1990) documents an incident which indicates the strength of such censure in the traditions of the Sotho.<sup>2</sup> The attitudes of the group discussants in this research appear to indicate a survival of an equivalent traditional aversion to closely spaced births.

The quantitative data indicated wider spacing of lower and higher order births in 1978 and 1988, while middle order births tended to be close to each other. What determines these patterns is unclear. Both social and economic pressures to space children may have been the forces at play in the production of the scenarios. The 1978 and 1988 childbearing scenarios had a more even spread of childbearing across the childbearing years. The wide spacing of lower order births in 1998 must be seen as having to do with the economic considerations which were discussed above, and the social censure which attends non-compliance. As noted earlier on in this discussion, the occurrence of a second non-marital childbirth to a woman who is economically

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<sup>2</sup> Burman, (1990:49) describes how the Sotho woman called Maseboko hid her pregnancy from her husband and ended up with an infanticide charge against her. In her defense in court she stated that she concealed her pregnancy and the birth because she was too ashamed by the occurrence of the pregnancy while still suckling the baby she had with her before the court.

dependent on her parents not only causes personal humiliation for the affected woman but also encounters family and social disapproval.

The close spacing of higher order births reflected by the 1998 data on births could be attributable to late marriages and target numbers of children within marriages, as well as a demand for children of a specific sex. In such circumstances, women probably exact social concessions by challenging the censure against closely spaced births.

#### **6.1.3.4 The emotional aspects of the spread of AIDS infection**

Women's perceived helplessness in protecting themselves against AIDS obviously generates feelings of despair. Statements like E1-1 that *there is nothing women can do about this*, and E4-8, *we are not safe at all* reflect this despair. The frustration arises from lack of mutual trust in relationships, which women have learnt to live with in their lives by internalizing the reality that men engage in many sexual exploits. The fact that such disloyalty could have fatal consequences is a new reality, out of which women presently see no escape route. Even entering into a marital relationship offers no solution, as E4-6 observes that *being married provides no guarantees that your partner will not have other relationships*. Thus the discussants saw themselves as caught up in a situation over which they have no control.

It is impossible to determine what the long-term effects of the emotional aspects of the AIDS epidemic on the reproductive patterns in the population considered could be. For now, women are still dealing with their inability to avoid AIDS infection for themselves and their offspring, within relationships characterized by a lack of mutual trust. It remains to be seen whether the AIDS epidemic will eventually alter the norms of sexual relationships handed down to contemporary Africans from polygamous traditions.

## **6.2 Changes in the social dynamics of childbearing**

Childbearing entails a variety of social dynamics, which, in the changing scenario, have also changed or offered resistance with varying intensity. Interactions between parents and young adults of reproductive age, spouses, partners in informal unions, married women and their in-laws, religious mentors and their followers all form the traditional networks whose boundaries are tested by new reproductive norms. The most salient of these dynamics as indicated by the attention they received from the focus group discussants will now be examined.

### **6.2.1 Social pressure on women to reproduce**

The perceived pressure on women to reproduce themselves has traditional roots in African societies and is the basis of the universality of childbearing among women. In Western and Asian societies, one notes that unmarried women frequently remain celibate and childless. Christian religion failed to foster this trend to any considerable extent in the African population of the Eastern Cape in general and in the population under consideration in particular at the opportune moment when polygamy declined.

The traditional societal demands for women's childbearing had clearly defined societal benefits. As noted earlier on in this discussion, children were economic assets. In addition, male offspring ensured clan survival, and the clan had social benefits for the family. These social networks and their functions have however largely atrophied, and the surviving demand for children does not appear to have sound rational grounds. The decline in the number of child-births must therefore be seen in the light of a desire for children that is informed largely by emotional needs, hence the acceptance of smaller numbers of children by families.

While marriage is viewed as the ideal locus for childbearing and social pressure on married women to reproduce is most powerful, unmarried women are drawn into the fringes of this pressure as they advance into mature age and their prospects of entering marital unions progressively recede. The source of this pressure on single women is however unclear. Its

underlying rationale appears to be the value of children in their own right and separately from marriage, as well as views that childlessness is unnatural and that children provide emotional benefits and help to parents.

In the focus group discussions, the recurring themes on the relationship between parents and children were that children provide help to parents, that a childless woman will forever be asking other people's children for assistance with errands, and that this would constitute an unwelcome imposition on other families in the long run. Since it is women who largely interact with children and would have to deal with such impositions, the pressure on single women to have children can be presumed to emanate from within the ranks of women. In addition, in the absence of marriage, single women may desire children around whom their lives could be centered, and may readily perceive pressure when there is none.

Whether the arguments about the value of children to parents are borne out by reality is worth considering. The focus group discussants pointed out repeatedly that childbearing is attended by expectations of reciprocal assistance between children and parents. Each side of this reciprocal relationship had its separate point of insertion in the discussions. From the point of view of the changing reproductive behavior patterns of women, this scenario implies that childbearing among women has largely remained universal despite the decline in polygamy. This scenario implicitly endorses the existence of extra-marital reproductive unions and defeats any quest that sexual adventurism amongst men can be reduced, since women generally outnumber men.

The extra-marital reproductive unions come about because the decline of polygamy has resulted in large pools of unmarried women, within a context in which celibacy and childlessness are not esteemed highly. Fewer children per woman on the other hand are becoming the accepted norm. Thus quantitative data analysis revealed a growing preponderance of lower order births in women's childbearing over the twenty-year period considered. This could be seen as an indication of growing numbers of women who yield to the barest minimum in the social requirement to "demonstrate their womanhood," in the presence of various other options around which women can center their lives.

### **6.2.1.1 Social pressure on the spacing of children**

The pressure on women to produce children in traditional societies was attended by prescriptions of minimum requirements for child survival, and one such requirement was adequate spacing of children. This socially prescribed norm is still strongly upheld. The logistics have however changed, and sexual abstinence by the nursing mothers has been replaced by contraception.

Discussants explained that the social pressure on child spacing is very diffuse and emanates from multiple sources in the social environment. Thus the “steps” may invoke silent stares from passing strangers or persistent irritating questions about which of the two children is older. Innocent questions and looks may invoke anger or guilt in a mother who assigns critical meaning to them.

### **6.2.1.2 Social pressure for delayed onset of childbearing to accommodate formal schooling**

Focus group discussants repeatedly referred to the disruption of the girl’s schooling in the event of an early childbirth. Formal schooling for children and young adults has become an established element in the social ecology within which women’s reproductive changes occur in the population under consideration. The decline in the incidence of teenage pregnancies is viewed as a positive development by women from the point of view of uninterrupted participation of girls in formal schooling.

### **6.2.2 Social concessions on women’s childbearing behaviour**

In contrast to social pressure statements which suggest internalized perceptions of social disapproval of certain behaviour patterns, social concession statements imply some leeway on behaviour patterns which were previously censured. Among such concessions are non-marital childbearing, contraception, and women’s decision-making on childbearing. Pregnancy termination has yet to join this list of concessions, which is now examined in detail.

Social concessions could be viewed as the strongest determinants of the changes that are taking place in the reproductive behaviour patterns of women. Like all forms of social change, they in fact represent pressure on traditions, and pitch the new and apparently chaotic against the old, established, and apparently systematic behavioral modes of society. At the individual family level, they constitute blatant challenges on gerontocracy and patriarchy, and take family formation into unknown directions and what appear to be almost irresponsible adventures to the cautious observer. A brief examination of these concessions now follows.

#### **6.2.2.1 Non-marital childbearing as a social concession**

Non-marital childbearing is one of the prominent characteristics revealed by the statistical analysis of the emerging reproductive behavior of the population under consideration. Its incidence already at the approximate level of 52% of childbearing women in 1988 increased to approximately 69% in 1998. Even allowing for the processual nature of marriage in this African cultural context, which means that childbearing sometimes precedes the formalization of marriage, it must be conceded that the incidence of non-marital childbearing in the society under consideration is high.

The focus group discussants indicated that non-marital childbearing is not the most ideal option in their communities. It is however tolerated and in fact encouraged when a woman fails to enter into a marital union by a certain undefined mature age. The woman must also have the economic wherewithal to support the children born. By and large, the discussants perceived non-marital childbearing as a better option compared to childlessness. Does the position postulated by the focus group discussants hold any credibility? Non-marital childbearing is after all strongly condemned by many societies. It also challenges Christian moral principles to which the society whose reproductive patterns are subjected to scrutiny subscribes.

Burman and Preston-Whyte (1992) note that non-marital childbearing in the African societies of South Africa was unwelcome even before the influence of Christianity on African attitudes. They note however, that the nature of the stigma associated with non-marital childbearing was

determined by different concerns to those imported with Christianity, namely that the girl's family suffered economic loss as a result of the fall in her bride-wealth.

Women's attitudes on the matter of bride-wealth as the determinant of who their reproductive partner should be is noted to have shifted dramatically over the years. The traditional women's songs with lyrics which heaped scorn on the man who could not pay bride-wealth have disappeared. They have been replaced by lyrical content which puts women's feelings towards the favoured man above his capacity to reward the woman's interest in him with bride wealth payments.<sup>3</sup> In addition, the favored man may be married. Within the prevailing context of monogamy, the prospect of marriage for the woman involved in the relationship may not be on the cards, non-marital childbearing being the only course that is open.

Women's sexual and reproductive actions have come to be based on their personal emotional attachment, and not on the pragmatism and economic convenience for their families which the traditional system prescribed. The economic loss by the girl's family from non-marital childbearing has thus deepened over the years, because it arises from both the loss of the bride-wealth due to the girl's family in traditional terms, as well as from the imposition of the economic liability of having to maintain the girl's child or children, in the event of the biological father being incapable or unwilling to do so.

The social concession to non-marital childbearing is thus demonstrably costly for the woman's family, and one must consider why the society in question is making such a concession. The importance of the economic loss by parents because of a daughter's non-marital childbearing can easily be overestimated. Daughters are trained from very early ages to work hard and provide assistance to their mothers. By late adolescence, most girls are in charge of household chores and provide a needed relief when the energies of their mothers are waning, even taking care of their fathers' needs. They often turn out to be more dependable and sensitive to parental needs than

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<sup>3</sup> In the 1970s, a popular musical group, the Mahotella Queens hit the South African radio stations with a song about their chosen lover, Dlamini. The lyrics of this Zulu song can be translated thus: "Dlamini, I love him, I love him, I love him. Although he may not have cattle or money, I don't care, I love him, I love him, I love him." Songs with

their brothers are. Having carved themselves this niche in their parents' lives, parents find it easy to accept the occurrence of a daughter's pregnancy, and may even prefer that to having a dependable daughter abandon them for marriage. In addition, maternal grandparents frequently provide a most hospitable environment for the children of daughters, whether a daughter is married or not. If she is employed and contributes to the child and her parents' maintenance, the parents simply enjoy their grandchild.

The reactions of many parents to non-marital child-bearing by their daughters and the grandchildren thus placed in their care is captured by Mphahlele as follows,

*"...a child is a human being whether he is born before or after a marriage. Children are born, and there is no sane law that will tell people when their children should be born. Even if Chimba does not in the end make my daughter a wife, the child is ours to cherish." Mphahlele, 1979:56*

These words were presented as teachings from elders by a father who, while also a Christian, was astonished by the church's judgmental and punitive reaction towards his pregnant daughter and her suitor. It is frequently when an unmarried woman demonstrates insensitivity to the economic circumstances of her parents, by repeatedly bringing children into their household, without ensuring that their material needs are provided for, that her parents might adopt a tough stand towards her behaviour. Even when parents adopt this hard-line stance against a daughter's non-marital childbearing, their anger is normally directed at her, and not at her offspring, who always enjoy a warm welcome in the lives of their grandparents.

The high incidence of non-marital childbearing in the population considered in this research indicates a societal tolerance of this pattern of reproductive behavior. Preston-Whyte and Zondi (1992) also assume this position when they note that despite the disapproval of unmarried motherhood, the overwhelming high numbers of African children born outside marriage make its tacit acceptance inevitable. This contrasts sharply to societies that have negative labels for the unmarried mother and her child, while others may even kill them.

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similar lyrical content were to follow this one, indicating the assertiveness of girls against gerontocratic coercion into unions based on men's capacity to pay bride-wealth.

Besides its economic implications, another negative repercussion of non-marital childbearing raised by the focus group discussants was the possible rejection of the child by its mother's husband, if the mother of the child is eventually married by another man. This is in fact a common occurrence, that leaves some children socially, psychologically, emotionally and materially destitute when their maternal grandparents die. Because of its obvious nature, material destitution sometimes attracts relief, but the three other forms of destitution frequently remain the hidden traumas of non-marital childbearing in instances where the affected woman's brothers fail to rise to the occasion.

The abandonment of children by unmarried mothers is an element of the changes that are taking place. As Preston-Whyte and Burman (1992) note, in African traditions, the child of an unmarried woman is incorporated into the line of the mother's father, and her guardian automatically cares for and assumes guardianship of her child. Abandonment of the child is uncommon if the child's maternal grandparents, particularly the grandmother is still alive. Maternal grandmothers play a very significant role in the lives of such grandchildren. This can be attributed to the bond that normally develops between mothers and daughters, which fosters enduring reciprocal obligations between this dyad. In discussing the phenomenon of non-marital childbearing in a rural village in Botswana, van Driel (1992:71) also notes the role of grandmothers who take care of the grandchildren, while the daughters find employment to support them and their grandchildren in turn.

#### **6.2.2.2 Contraception as a social concession**

Even before access to family planning became a human right in South Africa, the South African society had already largely conceded to its use by women. The government's National Family Planning Program was introduced in 1975. As in other societies, the diffusion of contraceptive use encountered initial resistance, which in South Africa had a political flavor. But eventually it made inroads into women's reproductive lives and ultimately became a significant element in the social ecology of their reproductive behavior. As with other innovations, its diffusion was much

more rapid in urban communities, where services were also readily accessible. By the year 2000, twenty-five years after the official introduction of family planning as a public service in South Africa, a rural district like the Victoria East district provided services to women of all age groups at ten service points. Even the last and most formidable bastion of resistance encountered by family planning in South African society, namely the resistance to adolescent contraception, has broken down. This is one of the most important concessions South African society has made to its women, if the significance of a woman's capacity to regulate her childbearing is understood.

Contraception is considered as a social concession in this discussion because there are still societies in Africa and elsewhere, which question women's access to it. Indeed the right and capacity of a woman to make decisions on matters affecting childbearing is still questioned. In the meantime the South African constitution has moved forward and declared access to the means of regulating childbearing as a right for individuals and couples.

#### **6.2.2.3 Decision-making on childbearing as a social concession**

The changes in women's perceptions on the economic, health, emotional and other implications of childbearing would have no significance for their reproductive behaviour if women had no decision-making powers. They appear to have some. Decision-making on childbearing does not always imply joint decisions by couples, and traditionally, women had no say on such matters. From the focus group discussions, it emerged that decision-making on childbearing in the population considered in this research implies negotiation and horse-trading, which, according to the focus group discussants is acquired as a survival strategy by many women. Thus even though discussants referred to "*stubborn husbands*," they also mentioned persuasion, pleading, and humbling oneself as useful negotiation strategies. There was even appealing to the emotional bond in D2-20, *if your husband loves you he will respect your point of view*, and D2-21, *you should listen to each other in a relationship*, all pointed to joint decision-making by couples.

Decision-making on childbearing is viewed as a concession in the context of marriage in an African patriarchal context. While the link between the payment of bride-wealth and childbearing

is frequently not highlighted, there is an unwritten understanding which is never articulated, (because doing so would be very impolite), that progeny will be produced from the union. An unstated agreement like that could place the wife of an unreasonable husband in a difficult position. Thus D2-11 inquires when the husband's senior role in decision-making on childbearing was discussed, *what if he wants ten?* On the suggested link between bride-wealth and childbearing, D1-27 remarks, cynically, *So you are bought!* The point made by this statement is that a husband could assume on the basis of bride-wealth payment that he has a right to assert his decision-making powers on childbearing over his wife. The discussants on the other hand assumed egalitarian terms, and to a large extent this appears to have become in accordance with the new normative behavior in the population under consideration. This brings this discussion to the issue of power relations in the context of sexual relations and reproductive behavior.

### **6.2.3 Power relations in women's sexual and reproductive behaviour**

Writers who view the emerging social order with trepidation frequently lament the loss of parental authority over their progeny. In the literature review, Emecheta's Nnu Ego reflects the traditional woman who, like a pawn on patriarchal male chess board, has no say over any aspect of her life. Her father on receiving bride price passed her to her first husband. When that relationship did not work, her father once more passed her on to her second husband, whom she obediently served even though she despised him from the day she set her eyes on him. She gave birth to many children as expected of her. Her conformity to the established hierarchy of power was beyond reproach, except for her occasional outbursts during moments of extreme tension.

In contrast to the scenario depicted above, the focus group discussants frequently referred to the emotional bond between themselves and their reproductive partners, and decision-making on childbearing drew from this bond. There was acknowledgement of the husband's status as head of the household. His status, however, was clearly open to challenge when he made what his partner considered to be unreasonable decisions or was perceived as stubborn.

The discussion on AIDS prevention however revealed that control of sexual relations resided with husbands and male partners. Women's powerlessness in this regard, which is critical in the face of AIDS, was reflected in their desperate statements about lack of safety. It was also reflected in the strong reliance of nursing mothers on contraception. F3-15 reports that *husbands are uncontrollable. Sometimes they come home drunk and bully you, even though they know that you should abstain while the baby is small.*

A significant traditional source of power over women's childbearing, the extended family or kin has clearly lost its decision-making influence over women in the society considered in this research. The in-law family's involvement in the nuclear family's reproductive decisions was refuted by the focus group discussants.

#### **6.2.4 Other social relationships which affect women's reproductive behavior**

The decline of parental power over the reproductive decisions of women implies an economic loss, and parents have been vocal about the economic pressure of raising children dumped on them by unmarried daughters. This is one of the symptoms of non-marital childbearing. It is not only the affected girl's family that is made to deal with the economic outcomes of non-marital childbearing. Some unmarried mothers target their partner's family for depositing the progeny of their son. Thus parents find themselves marginalised in the reproductive decisions and actions of young people, but having to face up to the outcomes of those decisions. The focus group discussants in the 40-49 years age cohort were particularly vocal about how non-marital childbearing abuses and exploits the parental generation.

### **6.3 Comparing the findings of this research with those of similar studies conducted elsewhere**

The discussion which follows focuses on locating the findings of this research within an explanatory and theoretical context, or where possible, within the analytical discourse on the

specific aspects. The changes outlined in the discussion above are allocated into five discussion categories as follows:

- The first category encompasses the behavioral aspects of onset, progression and termination in childbearing and fertility regulation patterns, which normally come under consideration in discussions of fertility transition.
- Although marriage is included in the above category, non-marital childbearing, because of its prominence in the research context under consideration constitutes the second discussion category.
- A third category considers the lineage and economic implications of the pattern of childbearing in the subject population.
- The fourth category encompasses power relations in sexual and reproductive behavior. It is based both on the AIDS scenario and sexual and reproductive rights debates that are part of the contemporary reproductive scenario both locally and internationally. It extends to women's choices and how social justice might accommodate choices that appear irrational.
- The fifth category focuses on the rural character of the research population and the existing theoretical formulations of rural-urban differentials in fertility behavior.

### **6.3.1 A discussion of the findings from a fertility transition perspective**

Because the African fertility transition is appearing after analysts have examined the dynamics of the phenomenon as it occurred in Europe, and is at advanced stages in Asia and Latin America, comparing the dynamics of the world regional courses of the transition and their significance is enlightening. Thus Caldwell, Orubuloye and Caldwell (1992) announced on the basis of their analysis of changing African reproductive systems that the African fertility transition is unlikely to resemble the European and Asian types of transition, but will be a new type.

The argument posed by Caldwell *et al* (1992) was based on their observation of differences between the societies compared in constraints to premarital and extramarital sexual behavior, marital stability and birth spacing. They noted in particular the strong proscriptions of female

premarital activity and the difficulty to obtain contraceptives for single women in Asian societies. There is thus no evidence that fertility control among single women in Asian societies has a significant impact on national fertility trends. The analyses of fertility transition in Europe also make no reference to significant postponement of onset of childbearing as a contributing factor, but instead highlight the patterns of limiting childbirth within marital unions.

Caldwell *et al* (1992) describe the weakening of the traditional control to pre-marital sexual activity among African women. They cite illustrative studies of the phenomenon of teenage pregnancy in different African countries. They also note the constrained access by teenagers and single women to contraception, associated with governmental policies directed at controlling young women's sexual behavior. The demand for contraception arises from young women's wishes to postpone childbearing until they get an education, secure employment and ultimately enter into marriage. The occurrence of early pregnancies upsets this desired progression, forcing women into coerced marriages.

Caldwell *et al* (1992) note that despite the constraints cited above, the Demographic and Health Surveys found that contraceptive practice in West African countries is much higher among never-married women than among currently married women. They also note the high incidence of abortions as unmarried women battle to delay childbearing in order maintain the desired sequence of priorities in place. They note that contraception by African women is also used to substitute for post-partum and terminal sexual abstinence.

From the above observations, Caldwell *et al* (1992) conclude that the African fertility transition will be characterized by a similarity in contraceptive use and fertility decline across all age groups. The demand for contraception they envisage will simultaneously arise from women wanting to postpone childbearing, those who need to space births adequately and those who need to limit the number of births. They note that sexually active unmarried women wanting to adhere to a specific sequencing of their life events desire postponement of childbearing. Spacing of births through sexual abstinence on the other hand is increasingly replaced by contraception induced spacing. The contribution of limiting births at the latter end of the reproductive age will

thus complement a scenario of fertility reduction that has been firmly set in place by younger reproductive age groups. Caldwell *et al* (1992) also suggested in addition, that in the face of structural adjustment programmes, economic considerations would prompt behavioural changes aimed at limiting births.

The African pattern of fertility decline described by Caldwell *et al* (1992) is apparent on Figure 4.1.2.1, which reflects a decline in the mean number of births to women across all age cohorts, (even though the change in the under-20 age group is both minimal and has no clear directional consistency). Caldwell *et al* cite similar patterns from comparisons of consecutive Demographic and Health Survey findings in Zimbabwe, Kenya, Botswana and Senegal, with minor inconsistencies detected. This pattern of fertility decline is different from those observed in the European and Asian transitions, in which fertility decline was non-existent among women below 25 years, small but increasing with age thereafter and large after 40 years. Knodel and Van de Walle (1983: 409) characterize the scenario of the decline of fertility in Europe thus:

*"...an earlier termination of childbearing and a disproportionate reduction in fertility at older ages contributed to the fall in fertility."*

Knodel and Van de Walle explain further that *the practice of limiting of births accounted almost entirely for the initial phase of the fertility decline*, because the average birth intervals remained fairly constant as fertility started to drop. It was only later in the transition when birth intervals began to make a contribution towards lowering the fertility levels. They also point out that the stopping behavior or family limitation described above played a similar role in the fertility transition of Asian societies. They cite the case of Taiwan, where the trend toward terminating childbearing at increasingly earlier ages was similar to that which occurred in European countries, only differing in the methods of fertility regulation and the pace at which they were adopted.

Suggesting the scenario of how the African fertility decline might progress when women's demand for contraception is more fully met for all age groups irrespective of age and marital

status, Caldwell *et al* (1992) report on the fertility regulation scenario in southwest Nigeria. In that area there has been widespread availability of contraception since 1988, when the government of Nigeria announced a population policy. Although public services still cater for married women, the private sector makes various contraceptive methods easily accessible to everyone. There has been a revolution in favor of contraceptive use by women to regulate their reproductive behavior in ways that meet their needs. Caldwell *et al* (1992) cite a study conducted in Ado-Ekiti district of southwestern Nigeria, in which the reasons given by women for using contraception and the percentages of women in each category were as follows:

**Table 6. 3.1.1: Reasons given by women in Ado-Ekiti, Nigeria, for using contraception**

Reasons given for contraceptive use	Percentages
Postponement of the first birth	44
To limit total births	6
To space births	27
To prevent conception	18
For temporary economic or occupational reasons	1
Other reasons	4
All reasons	100

Source: Caldwell, Orobuleye and Caldwell, 1992: 231.

In their evaluation of the South African fertility decline however, Caldwell and Caldwell (1993) argue that the transition pattern indicated by their findings is not consistent with the African pattern. Their evaluation was based on evidence available from previous research, which indicated an apparent lack of demand for contraception by women under 25 years, and a growing demand for contraception with advancing age. It must however be understood that the earlier constrained access to contraception for the younger age groups may have created a picture of low demand for contraception from these age groups. In addition, the unfolding of the ecological scenario has included among other factors the growing importance of participation by women in formal education and attitudinal changes towards early childbearing. When contraception was made accessible particularly to the younger age cohorts, the demand was found to be massive,

and the South African contraceptive demand scenario has been changing and inclining towards the African scenario described by Caldwell *et al* (1992).

In the population of the Victoria East district, Figure 4.1.1.2 shows the progressive decline in the representation of the under-20 age cohort in the childbearing population. The initial decline of 3% between 1978 and 1988 doubled to 6% as teenage access to contraception became liberalized between 1988 and 1998. With the prevailing negative attitudes to early childbearing and the pattern of contraceptive use by age cohorts reflected on Figure 4.4.1.2, postponement of the onset of childbearing appears set to dominate the pattern of childbearing in the population under consideration. This however may not necessarily be the case for the national population, which Caldwell and Caldwell's 1993 observations address themselves to. Lags in changes may arise from varying levels of women's access to contraception across districts and provinces. The Victoria East district is clearly privileged in this regard, and reflects what the possibilities could be with improved access to contraception.

There is thus an unmistakable similarity between the pattern of contraceptive use shown on Table 6.3.1.1 and that seen on Figures 4.2.1.2 and 4.2.1.4, in which nearly 70% of contraceptive users are scholars desiring to postpone childbearing. Figure 4.2.1.2 further illustrates the percentages of women desiring to space childbirth after each consecutive birth. In both situations postponing and spacing behavioral patterns appear to dominate the scenario of fertility regulation. Caldwell *et al* (1992) explain that African fertility transitions will not be dominated by women in older ages, partly because some fertility regulation at such ages has always been there. This, they argue, is because of voluntary terminal abstinence among women in older ages, or because husbands turn to younger wives or other women.

The reproductive changes occurring in the population of the Victoria East district can thus be viewed as having most of the features of the new African fertility transition described by Caldwell *et al* (1992). They contrast sharply with those which shaped the scenarios of the European and Asian fertility declines, where the locus of changes in childbearing was entirely

within marriage and was directed at limiting births when the desired number of children has been achieved.

In their discussion of the European fertility transition, Knodel and Van de Walle (1983) acknowledged the existence of non-marital childbearing in the societies included in the research on fertility decline in Europe. Its level was lower than that of marital fertility, but its incidence was also low, causing it to have minimal significance for overall fertility. Analyses of fertility transitions in Asia make no mention of non-marital childbearing. It must therefore be presumed to be very minimal and therefore of no consequence.

The Nigerian scenario on the other has a high incidence of polygamy. Caldwell *et al* (1992) point out that girls who become pregnant are coerced into marriage. Such coercion suggests a social aversion to non-marital child-bearing, even though Caldwell *et al* suggest that in West Africa there is no great fuss about single parenthood. The apparently high incidence of abortions which they cite as allegedly committed by single women also point to social pressure against non-marital childbearing. Along with these aspects is the maintenance of a high incidence of polygamy, which ensures women that there will be no shortage of prospective husbands. Thus marriage for women in Nigeria and in similarly polygamous African societies can be viewed as one of the ultimate goals for postponement of early childbearing.

The high incidence of marriage in polygamous African societies suggests that there could be two diverging African reproductive scenarios, one characterized by a predominance of marital reproduction and the other by a predominance of non-marital reproduction. The two scenarios show the same directional transition pattern, only differing in patterns of nuptiality and the family systems they give rise to. These two scenarios have limited significance from a demographic perspective, but are important because of their respective impacts on family systems and lineage, since Africans attribute much value to lineage systems.

The foregoing discussion shifts the focus from the pattern of transition to the nuptiality patterns that attend the fertility transition in the subject population, and to identifying similar nuptiality

patterns elsewhere and the reproductive scenarios they generate. It has been noted that the nuptiality scenario of the population of the Victoria East district population differs from that which brought about change in the Asian, European populations, as well as the Nigerian and other African scenarios which show nascent fertility transition. When marital child-bearing in the Victoria East district is taken separately and compared to the Ado-Ekiti scenario described above, late onset of childbearing are prominent in both scenarios. However, in Ado-Ekiti context, this is the complete picture. With a high incidence of polygamy, there is no marked incidence of non-marital childbearing to distort the overall childbearing situation, as is the case in the Victoria East district.

The importance of non-marital childbearing in this discussion does not only emanate from its impact on the pattern of women's reproductive behavior but also from its economic and lineage implications. Because of women's poor access to resources, non-marital childbearing of the scale seen in the Victoria East district raises questions about how it maintains itself economically and what its long-term implications for the lineage system of the affected society could be. This discussion now examines non-marital childbearing scenarios in other societies for the analytic and theoretical approaches used and their relevance to the scenario in the subject population.

### **6.3.2 A discussion of the research findings from the perspective of non- marital reproduction**

The significance of non-marital reproductive behavioral patterns as one of the focal aspects in the analysis of women's reproductive behavior needs to be highlighted. Various disciplines and individual researchers have assumed diverse positions on the analysis of non-marital childbearing for different reasons. Non-marital sexual and reproductive behavior was far less prominent in traditional societies, and its repulsive social standing made ferreting out its dynamics at best a thankless task for researchers. This scenario is however changing rapidly. Thus the demographic analysis of fertility decline in Europe in the period 1860-1960 (Coale & Watkins, 1983) reflected the insignificance of non-marital childbearing in the evolution of the European fertility transition. Conversely, there currently is growing evidence that extra-marital fertility is responsible for the

impending turn-around of Europe's below replacement level of fertility that analysts frequently refer to as the "second transition" (Cantisani & Zuanna, 1999).

Evidence of the new European demographic transition surfaced because of thoroughgoing analyses of both marital and non-marital reproductive patterns, which revealed divergence and differential significance for the population dynamics of the affected countries. Thus Cantisani and Zuanna (1999) attribute the regional differences in fertility between Northern, Central and Southern European countries to the higher incidence of extramarital fertility in Northern Europe. Such fertility increasingly makes up for the deficit of births caused by the declining incidence of marriage and the growing incidence of marital dissolution, both of which contribute to the declining marital fertility. Cantisani and Zuanna (1999) note that these changes are slower in Central Europe and even much slower in the Southern Europe.

Santow & Bracher (1997) also describe the scenario in the industrialized western countries as increasingly characterized by a decline in marital childbearing as the incidence of marriage progressively declines, while marital dissolution, cohabitation and non-marital childbearing are growing in incidence. Thus, in recent years, non-marital child-bearing has not only encroached into demographic analyses, but engages the research interest of family sociologists and various disciplines interested in the economic and human welfare dynamics within the emerging patterns of family constitution.

In their analysis of the patterns of cohabitation and the childbearing associated with it in European societies, Klijzing & Macura (1997) noted the predominance of younger women in cohabitational unions. They conclude that most cohabiting couples proceed to marriage when a pregnancy occurs. In their view there is still a long way to go before marriage becomes displaced by cohabitation as a preferred type of union for the onset of motherhood. Their distinction between non-union, cohabitational and marital births approximate the categorizations used in Latin American and Caribbean societies, which have battled with analyses of similar scenarios for much longer.

The non-marital childbearing pattern that has been noted as a growing feature of the reproductive behavior of women in the Victoria East district must be viewed within the context of these diverse trends of family formation and fertility regulation in contemporary societies. Blankenhorn (1995) notes that illegitimate births in American society increased by 60% between 1982 and 1993. But the Latin American and Caribbean socio-economic contexts might offer a South African district a more relevant situation for comparative purposes. Ziehl (1994) however challenges the notion that different socio-economic contexts can offer different explanations for non-marital childbearing. She argues that women have certain expectations of marriage and men, and that single parenthood becomes a viable option when the chances of these material and emotional expectations being realized are minimal. Despite these views, the attraction of the Latin American and Caribbean societies for comparative purposes remains.

Besides being developing societies, Latin American and Caribbean societies have devoted much more research effort to analyzing the non-marital reproductive patterns than any other region in the world. This may be due to the fact that non-marital reproductive behavior is both prominent and an enduring feature among many of these societies. This discussion takes a brief look at what Latin American and Caribbean societies identified as some of the hallmarks of their brand of non-marital reproductive behavior.

Martin (1997) describes the scenario in Latin America and the Caribbean as characterized by “Marriages Without Papers.” She uses this description of cohabiting unions, which for some countries in the region exceed legal unions in incidence, and are socially recognized for reproductive purposes. She notes that research efforts directed at determining how reproductive patterns of consensual unions differ from those of legal unions yielded no conclusive evidence. Even the fertility aspirations of women in consensual unions were not significantly different from those of women in legal unions, despite the fact that consensual unions offer women lower security and are unstable. Martin describes the difficulties of collecting data on such unions, since they are not registered. Surveys and censuses have been modified to elicit the required information for understanding this elusive scenario. As is the case with the European scenario described by Klijzing and Macura (1997), it is younger women who predominate in cohabiting

unions, and with advancing age, women move into legal unions. However, Martin notes that cohabiting unions do not always develop into legal unions, and substantial proportions of women never enter into legal unions. They nevertheless contribute their share of childbearing.

Martin also notes that socio-economic factors appear to play a role in the type of union one ends up in. Both males and females in the lower economic strata tend to spend their lives in cohabiting unions, while the more economically advantaged people incline towards legal unions. Martin's exposition however does not explore the broad range of possible reproductive relationships that have been described by researchers in Latin American and Caribbean societies.

Writing on the situation in the Caribbean, Ellis (1986) noted that single-parent families and female-headed households are a reality for many women at all levels in the Caribbean societies. She noted also that in recent years, many middle class young women are questioning the institution of marriage, rejecting the idea of marriage as the ultimate goal, and experimenting with a variety of alternatives such as single parenting and visiting unions. Ellis further notes the high value and status Caribbean society attaches to the mothering role, the expectation that women should bear children, as well as the fact that childless women are often looked down upon. She adds that Caribbean women of all classes and races, irrespective of marital status accept responsibility for childcare and child rearing.

From an economic perspective, Ellis notes that for many women, having children is seen as an economic investment for their old age. She also puts forward shared mothering as one of the features of childbearing, which entails the release of the biological mother to seek employment overseas or in urban centers. From Ellis's exposition, one observes the woman-centeredness of the childbearing undertaking, with minimal reference to the role of the father. There is also no mention of the lineage implications of the childbearing and nurturing patterns, indicating the insignificance of lineage in Caribbean societies.

Handwerker's analysis of fertility change in Barbados (1989) between the 1950s and 1980s implicates poor access by women to economic resources and education in the 1950s as the factor

underlying women's high demand for children. He notes the economic difficulties that caused the postponement of entry by couples into legal unions and the predominance of consensual and visiting unions. He argues that women's economic dependence compelled them into reproductive liaisons with men as a means of accessing men's incomes. Handwerker's exposition suggests that Barbadian men had minimal emotional bonds with their offspring, were vested with authority over their female partners because of the latter's economic dependence, and had multiple sexual liaisons. Women's childbearing however created legitimate claims to men's incomes, whether such childbearing occurred within or outside marriage.

Handwerker's observation that women viewed children as future providers and socialized them to internalize an obligation of ensuring their mother's material security later in life supports the view posited by Ellis above. It also has consonance with Caldwell's wealth flows theory that was discussed earlier on in this chapter. This view of children as an investment therefore provided the rationale for Barbadian women's high fertility in the 1950s.

Handwerker further notes that fertility in Barbados declined as women's education and access to jobs improved from the 1970s. By the 1980s, women were economically independent from men, relationships egalitarian, and childbearing had declined. In that new scenario, children had changed from being an investment to being a consumption item. Handwerker thus describes children in this context as "gatekeepers to resources," as the means through which women denied access to men's incomes or jobs secure access to essential resources for survival. When obstacles to women's direct access to such resources were removed, women's demand for many children declined, and children became a consumption item.

The analysis of patterns of non-marital childbearing in African societies is at its primacy. This could be because the existence of polygamy and gerontocratic pressure on the formation of reproductive unions have held ground for longer in most African societies, compared to what the situation is for instance, in Latin American and Caribbean societies. The growing participation by women in education and their capacity to earn their own incomes however appears to offer them choices and to question polygamous unions as an optimal social arrangement. Thus Karanja

(1994) documents the emergence in Nigerian society of the phenomenon of “outside wives” among the elite groups, constituted by women who opt for unions which have “*no politico-jural status because it is sanctioned by neither tradition nor statutory law.*” Such unions are characterized by uni-directional wealth flows from husband to partner and have significantly lower birth rates than formal unions. It is unclear how widely spread the phenomenon of outside wives is. It however reflects the growing tendency of women to eschew marriage as the locus of reproduction.

The analyses presented above highlight the fact that the growing incidence of non-marital childbearing has generated research of its various aspects. The issues focused on have included its demographic implications, whether it affects certain socio-economic strata and age groups more than others, and whether it is a precursor to marriage or not in the societies affected. Describing the types of unions that bring about non-marital childbearing has also been an issue of analytic interest.

These questions are relevant for the South African context as well, and for the Victoria East district in particular. As the quantitative data indicated, all childbearing among the under-20 age group was non-marital in 1998, while for 20-29 year age group, nearly 80% of women who gave birth were single. These patterns however changed for the 30-39 and 40-49 age cohorts, in which respectively 53% and 81% of women having children were married. Noting similar trends among Botswana women, Kossoudji and Mueller (1983) note that the higher marriage rate among older women could well reflect past attitudes and behavior patterns which are gradually losing ground. Their interpretation challenges the assumption made by Klijzing and Macura (1997), that the high incidence of cohabitation by younger women necessarily progresses to marriage in later life. Ellis’ observation that younger cohorts in the Caribbean question marriage and experiment with a variety of alternatives is probably substantiated in other societies as well. The issues outlined above all call for investigation in the population under consideration in this research, as well as in South Africa as a whole.

Botswana and South Africa in the Southern African region have increasingly been showing reproductive patterns which resemble those seen in the Latin America and the Caribbean, with a growing incidence of non-marital childbearing along with an increase in female-headed households. In both societies, anthropologists have been at the vanguard of the analysis of changing patterns of reproductive behavior since the 1930s. In South Africa, there is a growing acknowledgement of the increase in female-headed households and the contribution of non-marital childbearing to it. Interest in non-marital reproductive behavior is however still largely confined to its scale and economic implications for the affected women and children.

The question regarding the material maintenance of offspring from non-marital unions is an aspect that has raised some attention in both South Africa and neighboring Botswana. In raising the issue of material maintenance by their so-called “Deadbeat Dads” in American society, Blankenhorn (1995) addresses economic, emotional and ethical concerns about paternal commitment to fatherhood. In the African context, however, the economic questions of non-marital childbearing are intricately intertwined with the issue of the matrilineal filiation of children from non-marital unions. The dual legal systems of Botswana and South Africa appear contradictory and ineffectual to deliver justice to women and children from non-marital unions. This discussion will now focus on the filiation of children from non-marital unions and its economic implications for women and children.

### **6.3.3 A discussion of the findings from the perspective of lineage and economic implications**

In looking at how the social organizational system of the black populations of South Africa has changed over time, Pauw (1975) viewed the growing incidence of non-marital childbearing as constituting a weakening of the traditional patriarchal system. Indeed one must inquire what the implications of the high incidence of non-marital childbearing observed in the population of the Victoria East district are on the lineage system. Can the population affected be described as patrilineal, when all the children born to unmarried mothers are affiliated to the matrikin? While this is basically an anthropological question, it also underlies questions of entitlements and

obligations of children from non-marital unions. It is not only material provision for the child that must be considered, but questions of lineal identity for performance of ancestral rites, rights of succession and inheritance, and for girls, who the rightful recipient of bride wealth will be when they marry later in life arise.

It appears however that the manner in which African patriarchies traditionally dealt with non-marital childbearing enabled them to absorb incidents of matrilineage without any damage to the patriarchal system. Customary law requires that the biological father of the illegitimate child should pay restitution to the parent or guardian of the woman for damaging her prospects of marriage and generating bride-wealth for her family. The offending party may also pay an additional amount equivalent to maintenance, (in Xhosa termed *isondlo*), which entitles him to claiming the child. If he does not pay this additional amount, the child's rights and obligations reside with its mother's natal family.

The assumption of the social arrangement described above is that the biological father would want to claim his progeny, in which case the woman's natal family would be willing to release it to him if and when he discharges the outlined responsibilities. The woman as the perpetual minor in traditional societies had no say on such matters. In real life, these assumptions do not necessarily hold. Women frequently assert their decisions to retain children born to them. Their poor access to economic resources however dictate their dependence on male support in raising their offspring, whether from their own families or from the child's biological father.

Burman (1991) examines the conflicting principles of customary law and civil law in their applications to address the maintenance of Xhosa extra-marital children in Cape Town. Molokomme (1996) makes similar observations in examining the application of the Botswana's dual legal system to cases of child maintenance. In both instances, customary law releases the biological father from the economic responsibility of raising the child after he has paid a lump sum, sometimes up to six herd of cattle in seduction damages to the woman's parent or guardian. The latter then assumes guardianship of the child, with all the liabilities and benefits associated with it.

The child's mother, as a minor according to customary law has no say in these transactions. She may however subsequently lodge a claim for child maintenance in a civil court. But the child's father often counters that he has discharged his responsibilities in the case at hand in accordance with customary law, by paying seduction damages. Civil law however requires that he should contribute towards the maintenance of the child until the child is eighteen years or can maintain itself. If the biological father contributes to the child's maintenance, he may feel entitled to reciprocal obligations from the child. Will the child assist him in his old age? If it is a girl, will he be entitled to bride wealth when she marries? Does payment of maintenance confer to him the benefits which payment of *isondlo* would have conferred?

The questions confronting the biological father are essentially whose child is he maintaining. If both customary and civil law deprive him of jural authority over the child, allocating it along with parental benefits to someone else, then that person should raise the child. Thus Burman (1991) notes that a detailed study of the maintenance system indicated that all but a tiny percentage of African fathers, married and unmarried, at some stage failed to pay their maintenance orders. Molokomme (1996) on the other hand found that one of the reasons given by men for non-compliance with maintenance court orders was their attitude to their extra-marital children and explains that

*Socially, they did not consider themselves as the 'real' fathers of these children, as they did not live with them in the same household; rather, they said that they felt more affinity to the children of their unmarried sisters.* Molokomme, 1996:282

The scenario of flexible separation of the *genitor* or biological father from the *pater* or social father in African traditions is described by Lesthaeghe (1989:25-6). Armah, the African novelist affirms the relationship of the uncle to his sister's progeny as follows:

*But the child is yours to look after. A father is only a husband, and husbands come and go; they are passing winds bearing seed. They change, they disappear entirely and are replaced. An uncle remains.* Armah, 1979:139

The words were uttered by a grandmother in admonishing her son for not overriding a decision made by a father about the son's infant nephew. These sentiments clearly arise from a matrilineal

context, which non-marital childbearing in the context under consideration is generating. They imply changes in both emotional loyalties and economic interactions, privileges and responsibilities.

Raising children has also become much more costly than it was in traditional societies. Families in traditional societies saw children as assets and readily absorbed children from non-marital unions. In addition, women's demand for children and their right to assert their claims in this regard now forms part of this complex scenario.

A clear answer to the question of whether non-marital childbearing challenges traditional patriarchy can only emerge when this has been investigated. The existence of female-headed households cannot be taken to indicate a decline in patriarchy. It seems as if males as fathers, brothers, boyfriends and sometimes-family friends continue to be social, if not jural heads of many female-headed households. The distribution of power is however shifting in accordance with shifts in economic advantage. Thus economically empowered women may be actual heads of their households, while their less economically advantaged counterparts may only be nominally so.

#### **6.3.4 A discussion of the findings from a perspective of women's rights and choices**

One observation that emerged from the focus group discussants is the fact that women view themselves as joint decision-makers with their husbands or partners on childbearing. There appears to be a departure from the traditional scenario in which gerontocratic authority made reproductive decisions for couples. In this new scenario women's choices and emotions play a significant role in decisions on childbearing. The emerging scenario recognizes women's reproductive rights. However, the achievement of sexual rights and bodily integrity appears to lie beyond what is achievable by women presently. The problem possibly arises from the way males and females are socialized, and legislation on sexual rights and bodily integrity has yet to make an impact in this regard.

An important observation about the diversity of women's life choices must be made. For some women, marriage has always been experienced as an unsatisfactory life arrangement. Hunter's work among the Pondo (1936) in the Transkei exposed her to a network of extra-marital relationships engaged in by both men and women. The relationships she describes are similar to those seen in contemporary societies, which are often interpreted as signifying a moral degeneration associated with westernization. More significantly for this research, Hunter describes the existence in traditional Pondo society of women called *amadikazi*. This category of women either had children outside marriage, or had opted out of marriage, or were widowed and decided to return to their natal families. She describes these women as

*...always noticeable by the number of their ornaments and the elegance of their clothes presented by their lovers.*

Hunter, 1936:206.

Hunter acknowledged the difficulty she experienced in estimating the position of an *idikazi* in Pondo society, but states that any woman was flattered if you addressed her as *idikazi*. The description of *amadikazi* given by Hunter depicts women who wanted a much easier life than what marriage could offer in the traditional male-female relationships. Non-marital childbearing in the society under consideration could be viewed as similarly representing an opting out of marriage and some of the expectations associated with the roles of women.

The South African marital scenario which growing proportions of women cautiously avoid is depicted by van der Vliet, (1991) and has similarities to what is described in Botswana by Schapera (1971) and Gulbrandsen (1986). Gulbrandsen observed the ambivalence of both Tswana men and women to enter into marital unions, because of new life styles. He explains that

*...there has been a dramatic transformation in the idioms of rank, resulting in marriage not only becoming irrelevant, but even "just causing trouble" in the young men's achievements. Marriage means that a young man might be 'hampered' all the time by a wife who "makes a noise" when he comes home, and who may even bring a case against him because of poor maintenance."*

Gulbrandsen, 1986:15

Gulbrandsen further explains the economic responsibilities of supporting their natal families which many Tswana young men have. Because of their economic dependence on the young man's income, his mother and sisters often resent the economic implications of his marriage and may create an unwelcome environment for his wife. Within that scenario, Timaeus and Graham (1989:391) comment on the likely emergence in Botswana society of an elderly group of men who have never married and have no legitimate children. Such men raise new issues of support of the old. Equivalent aspects of non-marital childbearing of the black population of South Africa have yet to be explored.

From the Tswana women's perspective, Schapera (1971:189-90) noted that few of the women he got to know well enough to talk about the topic of marital adjustment pretended to live harmoniously with their husbands. He observed that

*Almost always there were complaints of sexual ill-treatment or infidelity, and the characteristic female attitude was one of resignation rather than of happiness.*

The scenarios depicted above were historically part of the marital scenario in the population under consideration. Traditional wedding songs depicted marriage as a monumental challenge for women specifically. Xhosa marital traditions demand the woman's singularly stoical discipline whose rationale was often beyond the grasp of some women. Among the Tswana, Gulbrandsen explains that the category of women who remain unmarried mothers are denoted as wise women. It should thus not come as a surprise that with the collapse of gerontocratic pressure to marry, substantial proportions of women select not to marry.

Non-marital childbearing by a considerable proportion of women in the population considered in this research could thus be regarded as a conscious choice. Women who make such a choice have been described by Preston-Whyte (1992) as having "a jaundiced" view of marriage. Viewed in this way, non-marital childbearing provides yet another rationale for gender egalitarian policies in aspects like inheritance, access to land, human resource development and economic opportunities. Strategies that enhance women's capacity to raise children are the only realistic course of action from a perspective of social justice.

### **6.3.5 A discussion of the findings from the perspective of the rural character on the research population**

Fertility transition theory, like development and social change theories have the built in assumption that the pace of change in rural communities always lags behind that experienced by urban communities. This general observation has been challenged by only a few isolated instances and has to be accepted as a social fact.

Where reproductive changes are concerned, India's Kerala State is one of the widely documented but rare instances in which a rural population has been a trailblazer in changes, among India's twenty-four states and ten Union territories. Kerala State's predominantly agricultural population also has the lowest per capita income in India, yet both its birth and its death rates have shown spectacular declines, which began in the 1970s and gained momentum in the 1980s and 1990s (Bhat & Rajan, 1990, Bhutan, 1995). This has been attributed to the social developmental interventions of the government of Kerala State, which are reflected in high levels of educational achievement and easily accessible health and other basic services. This scenario has generated minimal rural-urban differentials in social development indicators in communities within the state.

When the Kerala State scenario is compared with the one prevailing in the Victoria East district, the impression gained is that rural residence in itself does not necessarily result in rural-urban differentials in women's reproductive behavior patterns. Rather it is various ecological factors which put rural and urban communities on an unequal footing which determine the differential change scenarios.

To get a clear impression of the changes in the reproductive behavior patterns of the population of the Victoria East district one needs to compare some of its quantitative data with the national data derived from the 1998 SADHS and LSDS. The mean number of children ever born and the mean age of childbearing women are compared on Table 6.3.5.1. The 1998 mean number of children ever born to women in the Victoria East district is 2.21 and lower than the national

average of 3.7. It surprisingly is even lower than that for urban women of 3.2 and less than half of that for non-urban women of 4.77.

Where mean childbearing ages are concerned, however, the Victoria East district mean falls below the national mean for 1989-1993 of 29.1 years. This lag is caused by the low mean childbearing age of single women, which is 24.03, which pulls down the mean childbearing age of 33.08 years for married women that is above the national average.

**Table 6.3.5.1: A comparison of selected national and Victoria East district birth statistics**

	National Statistics	Victoria East district 1998
Children Ever Born	(SADHS 1998) All women = 3.7 Urban women = 3.2 Non-urban = 4 .77	All women = 2.21 Married women = 2.75 Single women = 2.01
Mean childbearing age for all women	(LSDS, 1989-1993) Mean age for all parities = 29.1 years.	Mean age for all parities = 26.75 years. Single women = 24.03 years Married women = 33.08 years

#### **6.4 A summary perspective on the research findings**

The fertility decline that has been noted by major surveys in South Africa extends to some rural communities as well. While rural communities lag behind urban communities in the changes that are taking place, isolated instances like the Victoria East district challenge the urban pace of change. Childbearing in the population considered is universal and is not constrained by the declining incidence of marriage or the increase in marital age. All women view childbearing as a requirement for social acceptance, but for married women it is seen as obligatory. However, fewer children per woman are becoming the norm, with economic, health and beauty considerations being cited as the major determinants of these trends.

The decline in births in the population considered follows the African pattern in which postponement, spacing and limiting of births have each a significant role in the decline of the

incidence of childbirths. Fertility regulation technology plays a major role in the changes that are taking place.

Both early and late childbearing are viewed negatively and this conforms to the recommendations of health service providers on childbearing. However, there appears to be more tolerance for late childbearing, as women accept that late onset of child-bearing due to prolonged waiting for a suitable suitor can result in late childbearing. Economic considerations and the growing desirability of unhampered school participation also prompt negative attitudes towards early childbearing by girls engaged in formal education. These attitudes are reinforced by behavioral outcomes of a high contraceptive use by younger age cohort women. This produces a shift in childbearing towards older ages.

The incidence of non-marital childbearing in the population considered is much higher than that of marital childbearing and is growing. Marital and non-marital childbearing show different patterns, with non-marital childbearing having an earlier mean age of onset and lower mean age at each consecutive birth than marital childbearing does. Non-marital childbearing is also terminated earlier than marital childbearing. Its predominance means that it determines the overall pattern of childbearing. This is an unusual scenario for an African society, and finds an unequivocal African parallel in Botswana, but also in some Latin American and Caribbean societies.

Women in the population considered appear to have gained considerable control over their childbearing with the availability of female methods of contraception, sterilization, and pregnancy termination services. The latter services command a substantial patronage, despite the expressed reservations about them. However, discussants revealed that control over sexual relations resides with male partners, and this deprives women of any meaningful role in controlling the spread of AIDS.

Although the traditional role of elders over the reproductive behavior of young people has largely lost ground, some social pressures on women's childbearing behavior have been retained and

sometimes altered. While women traditionally faced social pressure to reproduce within marriage, the perceived pressure on unmarried women as well is a new development. The traditional social requirement to space children adequately has blended well with the recommendations of reproductive health providers, as well as with women's economic and health concerns in their reproductive behavior.

The popularity of breast-feeding appears to be declining, and the fact that breast-feeding has a contraceptive effect does not command any credibility among the population of women considered in this research. The economic advantages of breast-feeding may be outweighed by the advantages that derive from women's economic participation, as indicated by the high incidence of early weaning and partial breast-feeding. The extent to which beauty considerations influence breast-feeding is unknown. Such admissions would generate social disapproval.

## CHAPTER 7

### CONCLUSIONS AND RECOMMENDATIONS

This research on the emerging patterns of reproductive behavior among rural women in the Victoria East district elicited a scenario of rapid social change in a rural context. Toffler (1970:1) has described social change in twentieth century developed societies as a current so powerful today that it overturns institutions, shifts values and shrivels our roots. He warns that inability to grasp the pace and implications of social change could result in a breakdown of the capacity of societies to adapt to it.

The openness of the modern world system to influences across cultures means that developing societies have been similarly drawn into the changes that Toffler refers to. In addition, the pace of the changes experienced by developed societies is telescoped into even briefer time frames in developing societies. Thus reproductive technology has put an accelerative momentum on changes in the reproductive behavior of women worldwide. This has meant a reduction of the time frame of reproductive changes that took over a century in western European societies into a matter of decades for developing societies. The findings of this research have demonstrated that even rural communities in developing societies are not necessarily immune to the penetration of social change. In the population considered in this research however, the accelerated changes have also produced permutations, patterns that contain elements from both the exogenous and endogenous origins, but have their own identity.

This chapter draws conclusions from the discussion of the research findings made in chapter six and combines them with some recommendations for policy and research. It also identifies the significance of the findings from a theoretical as well as from a policy perspective. The conclusions respond to the question, “So what?” which the reader of the previous chapters might justifiably ask, and allocates a place for this research within the context of theoretical evolution and knowledge foundation for policy interventions.

The conclusions focus on the determinants, nature and patterns of change identified by the research. Theories on rural-urban differentials in reproductive changes and the impact of the observed changes on social organization, lifestyle and values are also commented on. The observed selective retention of certain core values within a context of change also draws attention. The core of exogenous factors on which the conclusions are based are reproductive technology, formal education and the modern economy, all of which have impinged on the reproductive behavior of women in the research population considered.

### **7.1 The broad implications of accessible reproductive technology**

On reproductive technology, this research demonstrates the effectiveness and efficiency of the assortment of reproductive health technology in addressing the reproductive needs of women. The focus group discussants outlined the needs of women to regulate their reproductive behavior in specific ways, and reproductive technology makes such regulation achievable. This scenario has demographic outcomes of declining fertility, health advantages for women and children and also enhances the social development possibilities for women by making postponement, spacing and limiting the number of births within their reach. The scenario also has positive implications for women's reproductive rights because it provides a back up to their reproductive decisions.

One can therefore justifiably conclude that reproductive technology is spearheading the reproductive changes witnessed in the Victoria East district, irrespective of its rural status. In less than thirty years after its official introduction as a public service in South Africa in 1975, reproductive technology can claim spectacular achievements even in some rural communities. The separation of sexual from reproductive behavior that is made possible by reproductive technology is a liberating development that accrues to everyone, rural or urban. Since the introduction of a democratic constitution, such a scenario also enjoys constitutional support. The demand for reproductive technology arises from demographic, health and human right motivations.

From a policy perspective, the scenario described above conforms to the recommendations made on women's reproductive health and reproductive rights at the 1994 International Conference on Population held in Cairo (Population Council, 1995). It also conforms to the constitutional requirement of accessibility of reproductive health technology. However, women's rights to their bodily integrity as set out in the constitution apparently remain a matter of concern, as reflected by women's inability to protect themselves and their unborn children against AIDS infection.

There is however what could be considered as "unfinished business" with regard to the access of married African women to contraceptive technology. The reluctance of some husbands to allow their wives access to fertility regulation technology emanates from traditional principles enshrined in customary law and people's right to live in accordance with their customs. Thus, having paid bride-wealth in accordance with custom, some African men may feel cheated with marital unions that give them two children, especially if the two-some is '*only daughters!*' As will be pointed out later in this discussion, some traditional aspects of reproductive behavior are demonstrating more resilience than others. There is no clarity on how to reconcile the interests of individuals with progressive attitudes with those of individuals with traditional outlooks on the reproductive behavior of women. This is an area of potential conflict that should be addressed, if compromises are to be expected.

It can also be concluded that reproductive technology has replaced the traditional methods of fertility regulation. This is a disadvantage where breast-feeding, which is one of the traditional methods of fertility regulation is concerned. Breast-feeding and lactational abstinence are progressively being discarded, despite their apparent combined effectiveness. Increasing accessibility of fertility regulation technology, while reducing undesired pregnancies, has obvious disadvantages, as demonstrated by the growing vulnerability of youth to the AIDS epidemic. Sexual abstinence among youth lost ground even before fertility regulation technology established itself within women's reproductive lives. With the accessibility of contraceptive technology, the attractiveness of sexual abstinence as an option may have receded even further, while the risk of AIDS infection has increased. Thus despite its many advantages, fertility

regulation technology clearly has some disadvantages. This highlights the need for attention to the new sexual behavioral norms, and the importance of relationships built on mutual trust.

## **7.2 The role of education in the observed reproductive changes**

The tradition of education of children in the Victoria East district has had a catalytic role in the changes in reproductive patterns. The reduction of the economic role of children in families with the decline in agricultural activity, along with the outlays parents must provide for their education has turned children into economic liabilities. This scenario conforms to the economic theories on reproductive behavior

Women's education is generally upheld as an important catalyst for social development and social change. The changes in the reproductive scenario of women in the Victoria East district confirm that education facilitates social change. The accessibility of contraceptive technology in itself may not be sufficient to bring about changes in women's reproductive behavior. The receptiveness of women to such technology is the requisite complementary element to their changing reproductive behavior, and education is an important determinant of that receptiveness. Such receptiveness is the aspect on which rural women normally lag behind their urban counterparts. It is concluded therefore that the sustained accessibility of education to both men and women in the Victoria East district population opened the way for the receptiveness of the population to various aspects of social change, including fertility regulation.

Formal education also raises people's aspirations for better living standards and upward mobility, irrespective of sex, race or class. With the challenges open to women to improve their traditional low status in society, the availability of reproductive health technology ensures that reproduction will no longer constitute an obstacle to their aspirations for a better lifestyle. The high incidence of contraception by younger age cohorts of women must be viewed in this light. The wider spacing of lower order births may also be associated with women's career aspirations and employment participation. One can thus conclude that education, particularly of women and

children, have been catalytic agents in the reproductive changes that are occurring in the population of the Victoria East district.

### **7.3 A note on the role of economic factors in the observed changes**

The modern economy that has superseded the traditional subsistence economy is less impervious to enterprising women. Women's growing economic participation empowers them to participate in decision-making on matters that affect their households as joint contributors to household incomes. Their economic independence also increasingly makes them consider alternatives to marriage as realistic options, hence the growing incidence of non-marital childbearing and female-headed households. As participation in the modern economy requires education and skills, women increasingly postpone childbearing in order to achieve their career goals. This is facilitated by the availability of fertility regulation technology. Economic realities also influence women's decisions on the number of children that they should have.

One can thus conclude that economic factors have a significant role in shaping the reproductive changes occurring in the Victoria East district population. This is contrary to the traditional scenario, where children had a value in and of themselves, or were valued because of economic advantages that accrued to their parents, as noted in Caldwell's intergenerational wealth flows theory. It can thus be concluded that economic theories on reproductive behavior can be invoked to explain the scenario considered in this research.

### **7.4 A note on the pattern and pace of fertility decline observed**

The pattern of fertility decline which quantitative data reflected confirms the theory of an African fertility decline posited by Caldwell *et al* (1992). This is so because the demand for fertility regulation technology in the Victoria East district comes from all age cohorts, each cohort having its specific fertility regulation needs and therefore its preferred choice of method. Even though single women lag behind married women in the upward shift in childbearing ages, the directional trend in childbearing ages for both groups are the same. Married women on the

other hand lag behind single women in the decline in mean number of births, but again, the direction of changes is the same as for single women. Thus one could more accurately describe the differences between the two groups as being of the intensity of the changes observed.

The decline in the mean number of births to all childbearing age cohorts that has been noted in the African fertility decline described by Caldwell *et al* (1982) suggests a much more accelerated pattern of fertility decline. These changes have significance for period fertility, the number of births occurring during any given period. This implies that the sub-Saharan African societies might have a much more accelerated fertility decline than Asia, if and when reproductive technology and education become available to women. For the population considered, the accelerated pace of the changes is reflected on Table 6.3.5.1, which compares the changes noted in the subject population to those occurring to the national population.

### **7.5 A note on non-marital childbearing in the study population**

One has to conclude on the basis of the quantitative data from this research that non-marital childbearing is establishing itself as one of the dominant features in the reproductive pattern of women in the population under consideration. No single determinant of this scenario can be isolated. Several factors apparently play a role in the decline in the incidence of marriage. Among these have been the decline of gerontocracy and the coercion of young adults into marriage, education and its consequent relative economic independence of women, inability of men to pay bride-wealth for more than one wife, Christian values and changed attitudes towards polygamy and probably several others. With the decline in the incidence of marriage however, there still remains the question of what prompts non-marital childbearing. One must here conclude that women have a demand for children, which is independent of marriage.

This scenario of non-marital childbearing must be viewed as a manifestation of the changes occurring in other societies, particularly the Latin American and Caribbean societies, which are at equivalent levels of economic development. In African societies, Botswana society offers an even much more equivalent scenario in terms of the historical evolution of non-marital

childbearing, its economic and legal implications, and its impact on the lineage system in a context of patriarchy and patrilineage.

Because of the lower mean number of births it implies, non-marital childbearing contributes to the accelerated fertility decline in the population under consideration. It however dilutes the trend towards older childbearing, because of the younger ages of unmarried women at childbearing onset and at each consecutive birth. One must also draw a conclusion on the implications of non-marital childbearing on the social organization of the study population.

## **7.6 The impact of reproductive behavior on social organization**

The growing incidence of non-marital childbearing in the population considered is a vexing one when its implications for social organization are considered. The Xhosa people come from patriarchal, patrilineal and patrilocal traditions. Children traditionally belong to the genitor. However, within that context, the matrilineage of illegitimate children was always subsumed, with no perceived threat to patrilineage. The two lineage systems co-existed alongside each other, with individuals weaving their way between them in their personal lives. Thus for the illegitimate daughter, either path would be open when she began her own reproduction, although the expectation would be that she should marry and bring bride-wealth to her mother's natal family which brought her up. This scenario has never been described as a dual lineage system, but the growing incidence of matrilineage seems to warrant such a description of the society affected.

The patriarchal and patrilineal organization of the population considered in this research is however becoming eroded by the high incidence of non-marital childbearing. Patriarchy has survived on inequitable gender allocation of resources. As women shoulder more responsibility for raising children in the changes that are taking place, it is becoming increasingly difficult to justify the economic advantages like inheritance, access to land, better access to employment opportunities and better wages, which have traditionally accrued to males. Social justice requires that women's capacity to raise children should be enhanced, now that their dependence on male

support is seen to be unsustainable. These are issues which policy must address if the quality of life of women and children is to improve. More resources and opportunities need to be placed at the disposal of women, to enable them to provide material support for themselves and the children in their care.

### **7.7 AIDS in the reproductive health scenario of women**

The reproductive changes reflected by the findings of this research are viewed positively by women, who also feel largely in control of their reproductive aspirations, reproductive rights and reproductive health. The scenario of AIDS infection is however an exception, because women's control of reproductive behavior does not necessarily mean that they have control over their sexual lives. This is not only in conflict with their constitutional rights but also exposes them and their unborn infants to AIDS infection. This reality has implications for AIDS education, which must focus more on men, since they largely control sexual relationships. Male and female socialization on equitable male-female relationships also appears to be warranted.

### **7.8 A note on the changing value systems of the subject population**

One can justifiably conclude that the changes in women's reproductive behavior in the population considered reflect a shift in the traditional value systems, which treasured patrilineal kinship ties. The large family, which conferred prestige to the head of the household is also losing its attraction. The educational and career achievements of the offspring are replacing the large family as symbols of parental achievement. It is significant that a rural population is experiencing changes in values that are so fundamental.

The changes in the perceived value of larger families in the population considered are occurring simultaneously with a decline in the influence of the husband's kin on the nuclear family, and changes in the decision-making power relations between couples. These changes are giving women more say in their reproductive behavior than ever before, such that their health, beauty, emotions, career aspirations and economic interests have become part of the reproductive

decision-making scenario. The value traditionally placed on the number of children produced is shifting more towards the quality of children produced, hence the emphasis on the economics of childbearing.

### **7.9 The selective retention of some traditions and sexual normative behavior in a context of rapid social change**

The discussion in this chapter paints a scenario of pervasive social change. However, this is not quite the case, because a selection of reproductive traditions has been retained, sometimes with some modifications, in the midst of all the changes. For instance, childbearing among women in the population considered remains universal, and childlessness remains an unacceptable life option. Thus the decline in the incidence of marriage that came with the erosion of polygamy has had minimal effect on overall women's involvement in childbearing. Very limited research attention has been given to the relationship types which generate non-marital childbearing. The AIDS context makes such relationships a mandatory focal area for research.

Child spacing is also a surviving tradition that is maintained by strong social sanctions against close childbirths. Fertility regulation technology is used to reinforce this tradition, which was formerly sustained by sexual abstinence and breast-feeding.

This selective retention of some traditions suggests that even if societies are moving towards homogeneity of reproductive patterns, distinctive regional behavioral patterns are likely to dilute such homogeneity. Both features of the cultural relativism posited by post-modernist thought and the universalism encompassed in modernist thinking are observable in the phenomenon of change explored in this research.

### **7.10 A note on rural-urban differentials in fertility decline**

The rapid fertility decline that is occurring in the Victoria East district puts into question the theoretical assumptions of rural-urban differentials in fertility decline. This indicates a need for

refining the theory such that it contains a more precise identification of the determinants of change in reproductive behavior patterns that are associated with urban residence. Such determinants may selectively exist in rural communities as well. Even more significantly from a policy perspective, they could be introduced into rural communities through interventions.

### **7.11 Recommended future research on rural women's reproductive behavior patterns in South Africa**

Several of the aspects on the reproductive behavior changes identified in this research warrant further investigation, both in the population that has been the subject of this research and elsewhere in South Africa but particularly in rural populations. The assumption that rural women are less receptive to reproductive technological changes has been disproved by this research. Whether education is an essential mediating factor needs to be established beyond doubt. Otherwise women's reproductive desires could easily be undermined.

The theory of an African typology of fertility decline calls for further analysis and confirmation of its dynamics in various African societies. One would want to establish for instance whether the pattern of fertility decline that has been observed in the Victoria East district is manifesting itself in the fertility decline which is already underway in the urban African populations of South Africa.

Very little is known about the dynamics of non-marital childbearing in South Africa. The only aspects that appear to attract some research attention are child maintenance and the incidence of female-headed households. But the biological fathers of children from non-marital unions can possibly contribute more to the understanding of the dynamics of non-marital childbearing, since such childbearing comes from male-female relationships. The relationships have varying levels of intensity, duration and accountability of parents to their offspring. It might be possible to distinguish approximate proportions of casual, visiting, and co-habitational reproductive unions and their dynamics. The AIDS context also calls for an exploration of the substratum of male-female relationships to determine meaningful interventions.

An aspect often ignored in analyses of non-marital childbearing is the attitudes and experiences of children from non-marital unions. The focus of society in addressing the needs of children from non-marital unions is frequently on their material provision, because inadequacies in this regard are easy to identify. However, children's social and emotional needs may also be affected by the reproductive changes that are taking place. Investigations of this aspect have a potential of generating valuable information that could inform interventions.

This research has described a scenario of accelerated reproductive changes in a rural population. The patterns of change have strong similarity with those described in some African societies. There are however some peculiarities with no identifiable precedents. Several issues which warrant research attention have also been encountered.

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**ANNEXTURE 1**

**SAMPLES OF DATA COLLECTION SHEETS**

**DATA SHEET A: CHILDBEARING 1978, 1988, and 1998**

Hospital Record number	Case number	Age	Marital status	Gravida	Parity

**DATA SHEET B1: CONTRACEPTION, 1999.**

Hospital record number	Case No.	Current age	Age at first contraceptive use	Marital status	Occupation	Previous births

**DATA SHEET B2: STERILIZATIONS, 1999.**

Hospital record number	Case number	Age	Marital status	Voluntary / involuntary

**DATA SHEET B3: PREGNANCY TERMINATION REQUESTS, 1999.**

Hospital record number	Case number	Age	Previous births	Outcome of request

**DATA SHEET C: BREASTFEEDING**

Data on baby's mother					Data on baby		
Hospital record number	Case no.	Age	Marital status	Occupation	Age in months	Breast-fed 1-Fully, 2-Partially, 3-Never.	Weaning age

## ANNEXTURE 2

### CODED FOCUS GROUP DISCUSSION STATEMENTS

Key: SP = Social Pressure, SC = Social Concession, SR = Social Relations, PR = Power relations, (e = egalitarian, a = autonomous, s = submissive), A = Affect, H = Health, E = Economic.

**Discussion topic A: Childbearing is woman's chief business in life and childlessness is a sad thing.**

**Discussion A1:** Under-20 years and single age cohort:

This is true. **A1-2** *In marriage you are mistreated if you are childless.* **SP.** **A1-3** *Your husband may abandon you.* **SP.** That will hurt you. **A.** If you are not married it is bad to have children because it imposes an economic burden on parents. **E.** The child does not grow well. **H** **A1-6** *It is bad to have a child before marriage.* **SP** You may have a child if your partner promises to support the child. **E.** **A1-8** *If you are economically independent as a single person you may have a child.* **E.** You must not impose economic pressure on parents. **E**

Social Pressure = 3, Economic = 4, Affect =1, Health =1

**Discussion A2:** Under-20 and single age cohort:

It is important. **A2-2** *A child assists you in times of need.* **SR.** **A2-3** *How can one have no child?* **SP.** *A child assists with errands.* **SR.** **A2-5&6** *In marriage you do not stay childless.* **SP.** *You are despised and feel frustrated.* **SP,** **A.** It is good to have children but one must avoid having too many, especially if you are poor. **E.** It is a must to have children in

marriage. **SP.** Your in-laws will say you come to them when you have finished bearing children, while you may not be gifted with children. **SP.** It is good for a grown unmarried woman to have a child. **SC.** You do not follow your friends in childbearing; you consider the means you have for supporting the child. **E.** The right time to have a child is when you get into a marriage. **SP.** **A2-13** *If you are childless, you can adopt a child from the family* .**SP, A.** **A2-14** *Childlessness is a sad thing whether one is married or not* **A.** **A2-15** *You become envious of other parents, their responsibilities and the achievements of their children* .**A.** You will always imagine what your child would have achieved in life .**A.** You will need children to send around and people will tell you should have had your own children. **SR.** People can say very hurtful things to a childless woman, sometimes even her parents. **A** **A2-20** *Even when you are not married, you are blamed for childlessness.* **SP.** It is better to adopt a child whose parents you do not know. Adopting a relative's child has many shortcomings. **SR.** Ancestral rites are effective in solving problems of childlessness. **A.**

Social Pressure = 8, Social Relationships = 4, Affect = 7, Economic =2

#### Discussion A3:

Age 20-29 years and married cohort:

This is true, especially if you are married. **SP.** **A3-2** *Without having children you become an insult to your marriage.* **SP.** **A3-3 &4** *A child is a source of joy to a couple.* **A.** *When there is a quarrel, the presence of a child reduces the tension.* **SR.** It is really painful to have no child. **A.** Childlessness is painful. **A.** **A3-7** *A child is a gift from God and every woman's desire* **A** **A3-8** . *Some marriages dissolve because of childlessness.* **SP.** Even if a husband cannot produce children, the woman is always blamed, until the problem source is identified medically. **SP.** A couple may choose to stay together even if they are childless, and foster a child to bring joy to the household. **SR.** Semen transplants are possible to solve childlessness. **H.** **A3-12** *It is sad to be childless, with no child to send around.* **A.** One needs ancestral rites to solve childlessness. **A.** If your parents neglected to perform certain

customs for you, you have to leave your marital home and return to your parents. They must finish off the unfinished ancestral rites. **SR.**

Social Pressure = 4, Social Relationships = 3, Affect = 6

**Discussion A4:**

Age 20-29 years unmarried cohort:

**A4-1** *Having children is not so important if you are not married.* **SC** When you are married and childless you get a lot of insults. **SP.** It helps to have a child before marriage, so that if you fail to have children in marriage you can point to your child to indicate to those who blame you that you are capable of bearing children. **A.** **A4-4 & 5** *Even if you are not married you need a child to run errands for you.* **SR.** *People complain when you keep sending their children around.* **SR.** If you make income, you need someone to leave your assets with when you die **SR.** **A4-7&8** *There is no right age for childbearing. You must be married or financially independent from your parents.* **SP, E.** **A4-9** *If you are childless you may adopt a child.* **SP, A.** The child must be very young. An adopted child is no consolation because he is not really yours. **A.** **A4-12 &13** *An adopted child is a constant reminder of your childlessness.* **A.** *You could find yourself mistreating an adopted child.* **SR.** One should treat an adopted child or any child as well as own child. **SR.**

Social Pressure = 3, Social Relationships = 5, Affect = 4. Economic = 1, SC = 1

**Discussion A5:**

Age 30-39 years married cohort:

Childlessness is very tragic for a woman. **SP.** It makes it difficult for her to send other peoples' children on errands. **SP.** People do not share your problem with understanding. **SP.** **A5-4 & 5** *It is a problem when you are married and have never had children before.* **SP.** *You become an insult to your marriage.* **SP, A.** Anyone hurls insults at you. **SP.** Children strengthen the bond between parents. **SR.** Ancestral rites are helpful in solving problems of childlessness. **A.** **A5-9** *After three childless years my father-in-law would say I am an ox, which should join the team of oxen working on the fields.* **SR.** This was the most

painful time of my life. **A.** Even if you are not married, childlessness is a sad thing. **SC, A.** When a woman reaches a certain level of maturity, she wishes to have a child, whether she is married or not. **A.**

**Social Pressure = 6, Social Relationship = 2, Social Concession = 1, Affect = 5**

#### **Discussion A6:**

Age 40-49 years married cohort:

In marriage it is painful to be childless. **A.** Even if you are not married, childlessness is a sad thing. **A, SC.** In marriage you become a subject of gossip. **SP [A6-4] Your husband becomes lukewarm towards you. SP, A.** It is very important to have children in a marriage. **SP.** In marriage it is a must to have a child. **SP.** If you are not blessed with children in a marriage, you are despised. **A [A6-7] A marriage must have a product. SP.** Ancestral rites are sometimes successfully resorted to remedy childlessness. **A**

**Social Pressure = 5, Social Concession = 1, Affect =5**

**Table 5A: Thematic statements on topic A**

Themes	<20 Single	20-29 Single	20-29 Married	30-39 Married	40-49 Married	Totals
SR	4	3	5	2	0	14
SP	11	3	4	6	5	29
SC	0	0	0	1	1	2
PR	0	0	0	0	0	0
E	6	1	0	0	0	7
H	1	0	0	0	0	1
A	8	0	6	5	5	24

### Discussion Topic B: Childbearing changes with time

#### Discussion B1:

Under-20 years and single age cohort:

**B1-1** In old times one would not have a child before marriage, but that has changed. SC. Now children come by mistake, sometimes a girl is raped, sometimes she is reckless in her romantic attachments, sometimes you are abused by a father and become pregnant. SC. There were no clinics in the past, no contraception. H. There was strictness and girls were inspected for virginity. SP There was no time for romantic attachments before marriage. SP. How was this inspection carried on? That was a difficult time. A. Our time is better. A That was a time of darkness. A Now we have contraception to protect us. H. There are more troubles now because we exaggerate modern ways of doing things. SC. We do not consider their outcomes for us. A

Social Pressure = 2, Social Concession = 3, Affect = 4, H =2

#### Discussion B2:

Under-20 years and single age cohort:

In old times one would not have a child before marriage. SP. There was no contraception. H. Girls were more disciplined. SP. There was curfew. SP .Modern girls sleep out with men. SC. Girls in the past were inspected for virginity. SP. Being found not to be a virgin was a source of great embarrassment. SP. Young people were more respectful to parents. SR. There is nothing wrong with today's parents. SR What has changed are the attitudes of young people. SC We are not proactive even with using contraception SC.

Social Pressure = 4, Social Relationships = 2, Social Concession = 3, H =1

#### Discussion B3:

Age 20-29 years and married cohort:

Childbearing occurred at homes, there was no hospitalization. H. There is childbearing outside marriage now, which was not the case in the past. SC. Childbearing came later in

life in the past. **H.** People in the past were much more sexually disciplined. **SP.** In the past more children were born. **H, SP.** We do not have as many children. **SC** Contraceptives are available to help us have fewer children. **H.** Husbands stayed away for long periods in the past. **SR.** This made good spacing of children possible. **H.** We have children spaced closely because our husbands stay with us. **SR, H.** Sometimes we are reluctant to use contraception. **H** The prices of everything are high, and we rely on buying, so we cannot afford the large families that were common in the past, when families produced their own needs. **E.**

Social Pressure = 2, Social Relationships = 2, Social Concession = 2, Health = 6, Economic = 1

**Discussion B4:**

Age 20-29 years and single cohort:

It is expensive to have children now. **E.** A lot of money is spent on baby foods and other necessities. **E.** Pre-marital childbearing was uncommon in the past. **SP** There was no contraception. **H** One did not have to go to hospital to have a baby. **H** There was no contraception. **H.** There is competition between peers. **SR.** Everyone wants to have her own child. **A** There is less parental control on the individual. **SR.** **B4-10** *We are free to run our lives.* **SC.**

Social Pressure = 1, Social Relationships = 2, Social Concession = 1, Health = 3, Economic = 2

**Discussion B5:**

Age 30-39 years and married cohort:

In the past, there was plenty of everything, and parents could have many children. **E.** Four children are too much these days. **E.** Everything is scarce. **E.** My mother had 12 children. **E.** Children in the past were obedient to parents. **SR.** Today's children give you a lot of headaches because they are disobedient. **SR.** Children were obedient at home and at school. **SR.** It is not so anymore. Children remained sexually innocent up to around twenty years. **SP.** Now they fall pregnant at early ages, even at twelve years. **SC.** A girl stayed childless. **SP.** Some girls give birth to many children now. **SC.** Childbearing took place at home; we

experience difficulties with delivering at homes. **H.** It is frightening to give birth at home.

**A.** I have more confidence with trained people. **A.**

Social Pressure = 2, Social Relationships = 3, Social Concession = 1, Health = 1, Economic = 3,  
Affect = 2.

#### Discussion B6:

*Age 40-49 years and married cohort:*

Childlessness changes with time. In the past more children were born to each family. **SP.** In the past families could support more children because they produced things for themselves. **E.** Today we buy everything, we have to limit the number of children we can have .**E.** Everything is difficult now. **E.** As parents we try to encourage our children to have fewer children because contraception is available. **SC.** In the past your husband would spend years in the mines, and that made the spacing of children easy. **SR, H.** Your children would be three to four years apart. **SP.** Also when you had a baby, you were separated from your husband and nursed your baby in your parents-in-laws bedroom, and your husband would sleep alone. **SP., H.** That was family planning. **H.** Modern women want to sleep with their husbands while nursing babies. **SR, H.** **B6-11** *These are difficult times and one cannot have many children.* **E.** You have to watch how many children you have, so that you can educate them. **E.** You wish that they should not be uneducated as you are. **A.** In the past it was not common for women to have children before marriage. **SP.** **B6-13** *Girls now bear children and dump them with parents.* **SC.** They even have children while still at school. **SC** The clinics are used mostly by girls. **SC, H.** As parents you become guardians of these fatherless children. **SR, E.** You carry the cost of raising them. **E.** Yes. This is a painful thing. **A.** **B6-19** *Young people neglect family planning.* **SC, H.** They have adopted western ways of doing things. **SC.** We talk to our sons also. **SR.** I cannot feed my son's girlfriend who makes herself a regular visitor in our household. **E.** And how is he going to maintain a child when it comes out of that relationship? **E.** Girls and boys are just the same. **SR.** They dump children on us and we have to raise them. **SR, E.** My son's child was kidnapped by its mother after I had nursed the child from babyhood until it went to crèche. **A, SR.** When you have brought the child up, it is snatched away from you. **A.** Our former president also

contributed to these problems by permitting pregnancy terminations which allow for even more sexual irresponsibility. **SC.** There is also a grant for children. **SC.** Contraception is acceptable. **SC, H.**

Social Pressure = 2, Social Relationships = 4, Social Concession = 9, Health = 5, Economic = 11, Affect = 1.

**Table 5B:** Thematic statements on topic B

Themes	<20 Single	20-29 Single	20-29 Married	30-39 Married	40-49 Married	Totals
SR	2	2	2	3	2	11
SP	6	1	2	2	2	13
SC	6	1	2	1	9	19
PR	0	0	0	0	0	0
E	0	2	1	3	11	17
H	3	3	6	1	5	18
A	4	0	0	1	1	6

**Discussion Topic C:** Both early and late childbearing can create problems.

**Discussion C1:**

Under-20 years and single age cohort:

**C1:1** When you are still young, you get a lot of problems because you bring an additional economic responsibility to your parents who are still maintaining you. E. Your boyfriend frustrates you by flirting around with other girls. A. Your schooling is interrupted. E. 18 years is a reasonable age to have a child, if you are working. E. But if you are still at school, you have to wait until you have a job with income to support your child. E. **C1-6** Having an early birth ruins your body. H. Your family could throw you out. SR. Your husband may not accept the child you had before marriage. SR. After forty years it is not dignified to have children. SR It is not good to have a child before marriage because this imposes a burden on parents. E. Young unmarried mothers sometimes abandon babies. A. E. Sometimes we abort them. A, SP. Friends can mislead, one should rely on own discretion. SR. **C1-14** When you get married and already have a child, your husband may not accept your child. SR. A boyfriend who wants a child before marriage should be dismissed to go and find a girl who is ready for that. SR.

Economic = 6, Affect = 1 Health = 1, Social Relationships = 5, Social Pressure = 1

**Discussion C2:**

Under-20 years and single age cohort:

Sometimes the child is fatherless and the young mother is not working. E. The mother has no means of sustaining the child. E. The child could grow up to be naughty and uncontrollable for the young mother. SR. **C1-4&5** The father may neglect the child and the responsibility of raising the child falls on the girl's parents. E. It is an economic burden to your parent or guardian. E. Your needs suffer. E. The child may be criminal and arrested. E. You will not have money to pay for his bail. E. You may not be able to pay for the child's education. E. Your peers treat you as an older woman when you have a child and that frustrates you. SR, A. The community also despises you. SP. Your family makes the child's needs a priority. E. Your boyfriend starts seeing other girls. SR.

Economic = 9, Affect = 1 Social Relationships = 3, Social Pressure = 1

**Discussion C3:**

Age 20-29 years and married cohort:

When you are young and single, you burden your parents who must also see to your education. **E.** Your parents could ask you to leave school. **E.** Other young people as well as your boyfriend continue with their education while you stay home doing the duties of a mother. **A.** Some parents may throw you out of their home. **SR.** Some girls abandon their babies when their families throw them out of the parental home. **E, A.** When you are old, conception does not take place easily. **H.** Your child could be abnormal. **H.** Late marriage can result in late childbearing. **H.** If you wait for a marriage partner to come along, you may end up being childless and become a “Toyota.” – used by men as a toy. **SR.** If you are married but have no means of maintaining a child, you must nonetheless have at least one child. **SP.** If you are married, you must have a child. **SP.** This is a must. **SP.** **C3-13** *Your sister-in-law will tell that you came into marriage and relaxed instead of producing children and will not let her children do errands for you.* **SP.** The right age for having children depends on when you get married. **SP.** You may not want to have a child before you are married, and marriage may not come at the time you want it. **A.** **C3-16** *But if you get a child before marriage, you may get married to another man, and this could create problems for your child if it is not accepted by your husband.* **SR.** The age of bearing children is determined by the age at which the woman marries. **SP.** Conception after marriage may also delay. **H.** Contraception also delays conception. **H.** It is possible to wait ten years for a child. **A.** Sometimes childbearing is delayed because of financial circumstances. **E.**

Economic = 4, Affect = 4 Health = 5, Social Relationships = 3, Social Pressure = 6

**Discussion C4:**

Age 20-29 years and single cohort:

Things change when you get a child early. **E.** Parents make the child's needs a priority and your needs suffer. **E.** There are financial difficulties. **E.** You may be forced to stop attending school. **E.** You get bored with nursing the baby and want to spend time with your playmates or peer group. **A.** You forget that you are a parent. **A.**

Economic = 4, Affect = 2

## **Discussion C5**

*Age 30-39 years and married cohort:*

**C5-1** When you are young, your childbearing imposes economic responsibility on other people. **E.** This is the case again when you are too old. **E.** Having children at the right age makes it possible for you to look well after them and pay for their education. **E.** When you are old, your mind can not deal with the details of looking after a baby. **H.** When you are too young and suddenly become a parent, your family is displeased with you and the disappointment you bring them, especially if they wished to educate you. **A.** You cannot be happy. **A.** Sometimes your peers are discouraged from associating with you because it is feared that you could influence them negatively. **SR, A.** Your life becomes full of regrets and you could hate your baby. **A.** You also hate yourself for your carelessness. **A.** When you are old, your energy is reduced. **H.** When you are too young, people have no interest in your child. **SR, A.** You don't even know how to be sexually disciplined, and as a result you end up having several children from different fathers. **SR, A.** Your sexual adventures affect the health of your children negatively. **H.** The fathers of the children disappear. **SR, E.**

Economic = 4, Affect = 7 Health = 3, Social Relationships = 3, Social Pressure =

## **Discussion C6:**

*Age 40-49 years & married cohort:*

Early childbearing puts economic pressure on the family. **E.** The health of the young girl is badly affected by childbearing. **H.** She does not give good attention to the child but wants to continue with her childhood activities. **A.** When you are old, you do not have the energy to meet the challenges of nursing a baby. **H.** This could ruin your health and the child could be neglected. **H.** You could also have an abnormal child. **H.**

Economic = 1, Affect = 1 Health = 4

**Table 5C: Thematic statements on topic C**

Themes	<20 Single	20-29 Single	20-29 Married	30-39 Married	40-49 Married	Totals
SR	8	0	3	3	1	15*
SP	2	0	6	0	0	8
SC	0	0	0	0	0	0
PR	0	0	0	0	0	0
E	15	4	4	4	1	28**
H	1	0	5	3	4	15*
A	2	2	4	7	0	15*

**Discussion Topic D:** Every woman decides how many children she will have and when she will have them.

**Discussion D1:**

*Under-20 years and single cohort:*

You make that decision yourself if you are not married. **PR-a.** If you do not want a child you use contraceptives or a condom. **PR-a.** **D1-3** *You cannot decide to have a child when you know that you do not have the means for raising it.* **E.** You cannot trust a boyfriend who tells that he will maintain your child when it comes. **E.** Is there no legal way of making sure that he fulfils this promise? **SR.** You can sue him for child maintenance. **SP,** **E.** This is difficult if he is unemployed. **E.** **D1-8** *If you want to have an abortion you should tell your parents.* **PR-s.** If your boyfriend says you should not commit an abortion because he is capable of maintaining the child, you should not have an abortion. **E.** The decision to have or not to have an abortion should be taken by the two people in the relationship. **PR-e.** It should not concern parents. **SR.** You could tell your mother. **SR.** If your mother is willing to care for your child, you would not be compelled to have an abortion. **SR.** I would not entrust that decision to a boyfriend. **SR.** **D1-16& 17** *If your parent does not agree that you should have an abortion, you should not have it.* **PR-s.** *Let her make the decision for you.* **PR-s.** What if this is the only pregnancy God gave to you, and you abort it? **A.** You cannot be guided by what your friends have done. **PR-a.** You should not do things just to please your friends. **SR.** If the pregnancy interferes with your receiving a study bursary, you should abort it. **E.** You cannot afford to miss an opportunity for getting your education paid for. **E.** The thought that you were once pregnant would console you, if you never became pregnant again. **A.** You can adopt a child. **SP, A.** In marriage the decision on how many children you should have is made jointly. **PR-e.** Three or four children are enough. **E,** **H.** Two are enough. **E, H.** **D1-26** *Yes, you are married so that you should produce children.* **SP.** **D1-27** *So you are bought?* **PR-e.** **D1-28** *If you have come into marriage to produce children then its clear that you have been bought.* **PR-s.** **D1-29** *It is part of the relationship between you and your in-laws.* **PR-s.** **D1-30** *Your in-laws should not dictate to*

*you how many children you should have.* PR-a. **D1-31** *In the past that used to happen, but not anymore, because of financial hardships.* E. **D1-32** *Most people cannot afford large families.* E. Four children E, H. Two. E, H. It depends on income. E. If you are separated from your husband, you can look after two children yourself. E. Your family can assist you. E. If you have four or five, it becomes difficult. E. Space between children 5 to 8 years. H. By the time you reach 35 years you will be having 3. H. You don't want children who are too close. H. It becomes difficult to give them attention. H. Two years is a small space, a 2-year old is too young to have a younger sibling. H.

Economic = 16, Affect = 2, Health = 8, Social Relationships = 6, Social Pressure = 2,  
PR-a = 3, PR-e = 3, PR-s = 4

#### Discussion D2:

#### Under-20 years and single age cohort:

The woman decides. PR-a. But some children come unplanned for. H. You receive a shock from the doctor or nurse who tells that you are pregnant. A. If your boyfriend wants you to have a child, you may explain to him that you are not ready. PR-e. I would not rely on a boyfriend's promises that he will maintain the child he wants even if he has the resources. SR. E. You have to make the decision to have a child. PR-a. 21 years is the right age to have a child if you are working. H, E. If you are married you can have a child. SP, E. **D2-10** *You have to listen to your husband.* PR-s. **D2-11** *What if he wants 10?* PR-e, **D2-12** *What about your health?* H. I do not agree that you should let your husband make an irresponsible decision which could affect your health negatively. PR-e, H. **D2-14** *Even if he has a lot of money, it is not wise to compromise your health with excessive childbearing.* H. Even if he is your husband, he cannot be so demanding. SR. What if you were destined to have just one child? A. I would compromise up to two, not up to five. PR-e. **D2-18** *Mother-in-law has nothing to do with decisions of the couple.* PR-a. **D2-19** *I would stop her interference on the decision on number of children.* PR-a. **D2-20** *If your husband loves you, he will respect your point of view.* A, SR. *You should listen to each other in a relationship.* SR, PR-e. You have to explain your decisions to your husband. PR-e. The sex of the children you get should not make you keep trying endlessly. PR-e. When you agree

on a target, you should not move the target. **PR-e.** Ancestors can stop one from conceiving.

**A.** **D2-25** *Contraception is good, but messes up the tone of your body and makes you put on weight.* **H.** The rhythm of your menses is badly affected. **H.** Depo closes you up permanently, you never get children. **H.** Parents and friends advise us on such matters. **SR.** I don't talk to my mother about such things. **SR.** Parents are not the same. **SR.** We hear things from other people. **SR.** Nurses are much more open on these matters. **SR.** We will communicate with our children more than our parents communicate with us. **SR.**

Economic = 2, Affect = 4, Health = 8, Social Relationships = 9, Social Pressure = 1, Social Concession = 2, PR-a = 12, PR-s = 1, PR-e = 11

### Discussion D3

Age 20-29 & married cohort:

Yes the woman decides. **PR-a.** How can a woman decide on her own in a marriage? **PR-e.** She is guided by the circumstances of the household. **E.** If it is only the husband who brings in income, you cannot keep producing children. **E.** May be even the income your husband is making is inadequate for the needs of the household. **E.** In the circumstances you decide as the wife what the realistic number of children should be. **PR-a.** You must consider the expenditures that are a must. **E.** I object to the independent decision-making, when the husband is there. **PR-e.** **D3-9** *May be we should talk about negotiating with husband on this matter.* **PR-e.** What if he refuses to limit family size? **PR-e.** Men are stubborn. **SR.** He will ask you for a boy. **SR.** You are the one who experiences difficulties. **E.** He gives you insufficient money and leaves you there to worry. **E.** That does not give the wife the right to make decisions. **PR-s.** A husband shares in the difficulties too if the wife makes him aware of them. **E, SR.** The mother faces more difficulties with the children. **SR.** A man can fill a house with children. **SR, E.** He will insist on having more sons without looking at the financial circumstances of the household. **E, PR-a.** Children have too many needs these days. **E.** You cannot pile children on each other. **E.** **D3-21** *You should not say yes to everything your husband says, you must make up your mind and influence him.* **PR-e.** Money determines how large the family should be. **E.** The coming of a son depends on God's will. **A.** **D3-24** *Tell your mother-in-law that the family must be satisfied with the*

*children that are there.* **PR-a.** If your husband disagrees, you can have contraception without his knowledge. **PR-a.** Even if you have enough money, you should not ruin your health with too many child-births. **H.** **D3-27** *The first person to be considered in childbearing is the mother because she puts her health into child-bearing.* **PR-a.** My mother had nine children, but I only have two. **H.** We are not in competition with our mothers. I am not going to chase that target. **H.** I have finished. **PR-a.** A woman decides for herself. **PR-a.** One must proceed slowly. Wait six years after the first child before having the second one. **H.** You should not make it clear that your intention is to have only a few children. **PR-a.** You can just explain that children come at their own time. **SR.** If you rush your childbearing you give your husband a chance to complain that it is all girls. **SR.** I have one child who is his seventh year, and I am now considering having a second one. **PR-a.** I am not punishing my husband. **SR.** My first born came in 1987 and my second born in 1989. I delayed having a third born until 1995. Now I am through. **PR-a.** I have a girl and a boy and that is enough. **PR-a.** With me the first two are like twins. **H.** I cannot have an abortion. **A.** If an unplanned pregnancy occurred, I would tell my husband. **PR-e.** **D3-44** *I would not have an abortion if he disapproved of that.* **PR-s.** When you have agreed on the number of children you want to have, you should go for sterilization when it has been achieved or go for contraception. **PR-e.** You have an agreement. **PR-e.** You should not have an unplanned pregnancy. **PR-e.** Occasionally a pregnancy occurs after sterilization. **H.** A pregnancy does occur to a person who has been sterilized. **H.** I do not agree that a married couple should have an abortion even if an unplanned pregnancy occurs. **A.** **D3-51** *You should try to accept the pregnancy but make sure there no more accidental pregnancies.* **SP.** Married people should not go about making abortions. **SP.** You do not consider a pregnancy occurring within a marriage as an accident. **SC.** Even the 10<sup>th</sup> pregnancy occurring within marriage should be accepted. **SC.**

Economic = 12 , Affect = 4, Health = 7, Social Relationships = 9 , Social Pressure = 1,  
Social Concession = 2, PR-a = 12, PR-s = 1, PR-e = 11

**Discussion D4:***Age 20-29 and single age cohort:*

The woman should decide. **PR-a.** It is difficult to make such a decision when you are not married. **SP.** If your boyfriend wants a child, you could come to an agreement. **PR-e.** If you do not want to have a child, you can explain your reasons to him and he should understand. **PR-e.** You have to judge how much he loves you. **A.** You can refuse and give him an explanation. **PR-e.** He cannot have a second child with me, I already have a child. **PR-e.** We would have to get married first. **SP.** I will not have a second pregnancy while still at home. **SP.** He must do something if a second pregnancy occurs. **SP, PR-e.** I would rather have a second child than have an abortion. **SP, A.** Your will always be haunted by the thought of a child you killed. **A** **D4-11 to 14** *A child is a gift from God.* **A.** *My heart would not allow it.* **A.** *Your pregnancy is your blood.* **A.** *Even if your boyfriend does not want the child, the decision is yours.* **PR-a.** When you get a child you also get into hardships which you never experienced before. **E.** I would go through those hardships with my child. **PR-a.** My boyfriend who is earning an income refuses to maintain his own child? **SR, E.** I would take him to the magistrate. **SR.** He will not refuse to maintain his child in the presence of the magistrate. **SR.** The child is here, he cannot tell me that he does not want his child. **SR.** I am not going to kill a child because the father refuses to maintain it. **PR-a.** I will convince him. **SR.**

Economic = 1 , Affect = 6, Health = 0 , Social Relationships = 4 , Social Pressure = 4,  
**PR-a =4. PR-e =5**

**Discussion D5***Age 30-39 years and married cohort:*

One can have 3 children, 1987, 1992 and 1994, you decide. **PR-a.** You discuss with your husband. **PR-e.** You set yourselves the number of children and you stop at that number. **PR-e.** You must not shift your decision just because the children are not of the sexes you had hoped for. **SR.** Accept it as God's will. **A.** My husband and I decided to have two boys and two girls. **PR-e.** But we have three girls and one boy. I went for sterilization anyway. **PR-e.**

**D5-8 to 10** *A woman does not decide alone, she consults with her husband. PR-e. You cannot decide alone as a wife. PR-e. You discuss with your husband. PR-e.* You also discuss the spacing of children so that children are not too close to each other. **PR-e, H.** Three children are enough. **SC.** Four at most. **SC.** The same number of years between them. **H.** God closed me up. **A.**

Economic = 0, Affect = 2, Health = 2, Social Relationships = 1, Social Pressure = 0, PR-a =1, PR-e = 6

**Discussion D6:**

*Age 40-49 years and married cohort:*

**D6-1** *No one decides, children are gift from God. A.* These days there is family planning. **H.** In the past you could not make such decisions. **SC.** Children just came. I never made any such decision. **A.** These days one can plan when to have children. **H, SC.** Your husband would spend three years away from home. **SR.** You would decide to leave a space of three years between children. **PR-a.** When you have a journey you would carry your child on your back and not burden people. **SR.** That is how it was in the past.

**D6-10, 11, &13** *Even now a mother decides. PR-a. You cannot have the next child when the youngest is just three years. PR-a.* That will bring you suffering. **H.** *You have to plan. PR-a.*

**D6-12** *Having children too closely is ruinous to one's health. H.* You can find yourself becoming sickly. **H.** One cannot have a child in January this year and the next in March next year. **H.** You can decide for yourself. **PR-a.** Because of the availability of family planning. **H.** A person who uses contraception creates her own circumstances in the home. **PR-a.**

**D6-17** *She plans the space between children, knowing when the child is ready to have a younger sibling when two years or older, up to seven years, if you plan to educate your children. PR-a.* Some husbands do not like the use of contraception. **A.** As wives we should negotiate with them and convince them. **PR-e.** A wife should humble herself and explain what difficulties could arise without planning the family. **PR-s.** There has to be an agreement. **PR-e.** Some husbands don't want to hear about contraception at all. **A.** However, some approve of it. **A.** As a wife, you cannot make decisions on your own. **PR-s.** Spacing children reduces problems. **E.** There are financial difficulties which weigh heavily

on us. **E.** God gave me six children. Three survived to adulthood. I breast-fed them for three years each. **H.** I was obedient to my husband. **PR-s.** Now women can go to clinics without husbands knowing and get contraception. **PR-a.** If I had children at these times, three would have been enough. **A.** If you used contraception for three years and after that you found that your wishes to conceive the next child are frustrated, you can always visit a doctor. **H.**

Economic =2 , Affect = 5, Health = 8, Social Relationships = 3 , Social Pressure = 0, Social Concession =2, PR-a = 8, PR-s =2, PR-e = 8

**Table 5D:** Thematic statements on discussion topic D

Themes	<20S	20-29 S	20-29M	30-39M	40-49M	Totals
SR	16	4	9	1	3	23
SP	4	4	1	0	0	9
SC	0	0	2	2	2	6
E	18	1	12	0	2	33
H	16	0	7	2	8	33
A	7	6	4	2	5	24
PR-a	7	4	12	1	8	32
PR-s	6	0	1	0	2	9
PR-e	8	5	11	6	3	33

**Discussion Topic E : Women can make certain that unborn children are not infected with AIDS.**

**Discussion E1:**

*Under-20 and Single:*

**E1-1.** *There is nothing women can do about this.* **H, A.** If you are infected with AIDS your baby will be infected too. **H.** If you use condoms, you cannot conceive. **H.** **E1-3** *You can be tested for AIDS, but that will not stop your partner from seeing other women.* **H. SR.** You cannot be tested everyday. **H.** Every month? **H.** How is that going to help if he goes with other women after each test? **H, A.** You have to trust each other. **SR.** Men always have hidden adventures. **SR.** It is better to abstain from sex while still unmarried or to use a condom. **H.** You must avoid such risks. **H.**

**H = 9, SR = 3, A = 2**

**Discussion E2:**

*Under-20 and Single:*

You could use a condom. **H.** **E2-2** *If a partner does not want to use a condom he should leave me alone.* **PR-a.** I cannot put my life at risk, because I do not know what he does when he is away from me. **H.** If he insists on having sex without a condom I would say we should go and be tested first. **A.** **E2-5** The best thing is to use a condom. **H.** If we want to have a child, we must have a check up. **PR-e.** The problem is that after testing negative he may still engage in unprotected sex with other partners without your knowledge. **H.** You cannot monitor his actions. **SR.** But women are also as disloyal to their partners. **SR.** AIDS is a matter for the individual. **PR-a.** One does not need to be in a sexual relationship. **PR-a.** Even when you are not relationship, you can be raped. **SR.**

**Health = 3, SR = 3, PR-a = 3, PR-e = 1**

**Discussion E3:**20-29 Married:

You can get an injection from the clinic to protect the unborn child from AIDS. **H.** Husbands like to have sexual adventures outside the marriage, and if you suggest using a condom, they will accuse you of having another relationship. **SR.** If husbands would use condoms during their sexual adventures, that would ensure the safety of their wives and their unborn children. **H.** But the other woman involved with your husband may not want to use a condom? **H, A..** She has to because she is stealing. **SR.** But you will not be there to see to that. **SR.** And may be your husband does not like using a condom. **A, H.** The person who is stealing your husband should at least use a condom. **SR, H.** We know about these relationships as married women. **SR.** And some married women have sexual adventures too. **SR, H.** When you are on those adventures you should make certain that your partner uses a condom. **PR-a, H.** If he does not want it, we can abandon the relationship, because there is no other way of ensuring our safety. **PR-a, H.** It is good to tell your partner or prospective partner if you are infected with AIDS. **SR.** If he loves you he may continue with the relationship and use a condom. **SR, H.** He may withdraw from the relationship if he was not sincere. **SR.** As a woman in a marriage, you have no protection against AIDS. **H.** Your husband will never tell you about his sexual adventures and whether he uses a condom during such adventures. **SR, H.** At home he will be very angry at any suggestion that he should use a condom. **PR-s, H.** Condom use would provide protection for you as a wife. **H.** You would simply make sure that they are available for him when he comes home from his adventures. **H.** We have no protection as women at all, because your husband misinterprets your suggestion that he should use a condom. **SR, H.** He will feel as if you are throwing him out of his home, and possibly his other partners do not insist on condom use, you are the only one with this strange demand. **SR, H.** **E3-23** *He either believes that you do not trust him or that you are engaged in some mischief. SR. The trust between you is eroded. SR.* How can a woman be safe? **A, H.** If you use a condom, you cannot conceive, and a condom is even out of question. **H.** **E3-26&27** *You have to trust each other. SR. Only a few couples are like that. SR.* Even a man who sleeps at home everyday has secret plans for meeting other partners. **SR, H.** Your trust in him is always misplaced. **SR.**

Women are also not always trustworthy. **SR, H.** Possibly the adventurism would decline if the outside women would be brought into a polygamous marriage. **SR, H.** Men cannot afford many women now. **E.** The problem is that there will always be the number one wife, who shines, and you all fade in her presence. **SR.** You would have to negotiate "constitutional" equality. **SR.** There will always be competition for personal interests because these are difficult times. **E.** You could all be AIDS-free as wives and your husband, and the sexual adventures of the husband could be confined to his AIDS-free wives. **SR, H.** All of them would agree not to have any adventures outside this circle. **PR-e, H.** Women are always blamed. **SR.** Will all of us be loyal? **SR, H.** One action of disloyalty could destroy all of us. **SR,H.** This is not a solution to the problem of loyalty.

Affect = 2, Health = 13, Social Relationships = 6, PR-e = 1, PR-a = 3

#### Discussion E4:

20-29 and Single:

Both parties in the relationship must be honest and rely on each other. **SR, H.** You should go for a check up first to make sure that neither of you is infected. **H.** There is nothing a woman can do. **SR, H.** The injection that protects the unborn child is not yet available. **H.** We should wait until we are married and have our own husbands. **SR.** **E4-6** *Being married provides no guarantees that your partner will not have other relationships.* **SR, H.** There is nothing we can do, we rely on our partners. **SR, H.** **E4-8** *We are not safe at all.* **H.** We are easily infected. **H.** Women are not always honest too. **SR.** We cannot compare ourselves with men. **PR-s.** We can either stay out of relationships or use condoms and be childless. **SR, H.** I don't want anybody using a condom on me. **A, H.** Use a condom when you don't want to have a child. **H.** When you have enough children you can use a condom. **H.** Beg your partner to use a condom. **PR-s, H.** That does not work. Reason with him to use a condom with his other partners. **H, PR-e.** A man agrees with anything you say to him. **SR.** When he walks out of the door, he forgets all that. **SR.** You cannot go everywhere with him. **SR.** If you want to supervise his going-around, he will lose interest in you. **SR.** Some men don't want condoms. **A, H.** They are rude too. **SR.** They will beat you up if you insist on a condom. **PR-s, H.** Can you take action against him? **SR.** The law does not deal with

matters of people in relationships. **SR.** (Chorus) It does. **SR.** This is about your life. **H.** Women are more prone to infections. **H.** Male/female romantic relationships must end now, before we will all die. **SR, H.** That cannot be. This depends on the individual. **PR-a.** It is not an individual thing because two people are involved. **SR, H.** At least if you have a husband of your own, you can depend on him. **SR, H.** You can never have your own husband. **SR.** Even when you are married, no man belongs exclusively to you, you will never get that. **SR.** Suppose he also wants to avoid AIDS infection, we can have an agreement as a couple. **PR-e, H.** People are stubborn. After hearing so much about AIDS their behavior patterns remain unchanged. **SR.** A man tells every woman he meets that she is the only one in his life, and that there is no need for them to use a condom, and each one of them believes him. **SR, H.** **E4-39** *You may love him but know that you are probably sharing him with other women.* **A, H.** You could ask him to use a condom in his other adventures. **PR-e, H.** Will you be there to supervise him? **SR, H.** What if the other lady does not want to use a condom? **A, H.** Like me, I don't want to use a condom **A, H.** She is going to say, "Why do you want to use a condom on me? What do you take me for?" **SR, H.** You could ask him to use a condom on you. **PR-e, H.** It depends when you introduce the idea of condom use **.H.** It must not coincide with the time when he has a new relationship. **SR.** You may not know even know about his relationship but just want to get tested and you start using a condom. **SR, H.** And if you want a child? **A.** I don't want a child, I already have one. **A.** **E4-49** *What about us who still want to have children?* **A.** It depends on the individual's circumstances. Violent behavior depends on individuals. **PR-s.** Not all men are violent in relationships. You have to talk to him about his temper when he is calm. **SR.** Nobody knows upfront that they are getting into a relationship with a violent man. **SR.** You discover that he is uncouth later on. **SR.** You cannot change him. **SR.** Is it possible that some women are provocative in their behavior? **SR.** If my boyfriend tells me that he wants to use a condom on me, and I tell him I do not want a condom and that he should leave with his condom, he will say this is because I have another man. **SR, H.** There is always jealousy in men. **SR.** May be it depends also on how one communicates her position. **SR.** How can you be pleading when one wants to force his will on you? **PR.-a** He loses awareness of himself and his mind focuses on what he wants. **A.** But you are not his

child. **PR-a.** You can tell someone something he does not want to hear, and he walks away in anger, but when he is calmer, he will see your point of view. **SR.** As he walks around, he considers what you said. **SR.** He understands, but just wants to have his way. **PR-s.**

Affect = 9, Health = 32, Social Relationships = 36, PR-s = 5, PR-e = 4, PR-a = 3

#### Discussion E5:

30-39 and Married:

We should use condoms. **H.** You do not use a condom if you trust your husband. **H, SR.** And then AIDS appears in your baby. **H.** I do not understand how people who are not sexually promiscuous get infected. If you are married and you have confidence in your husband's loyalty, it becomes very difficult to explain the appearance of AIDS. **H, SR.** I don't understand what one can do. **A.** We have never used condoms. **H, SR..** It is difficult. You could be loyal and get AIDS from a disloyal husband. I don't know how women can stop AIDS. No one wishes to have an AIDS infected child. **H, SR.** When they take blood at the ANC, you become nervous when waiting for the blood results, afraid that you may have tested HIV-Positive. **A, H.** I would not know where I got it from, being a housewife and living with my husband. **SR.** You live in anxiety. **A.** Even tests done on your baby cause nervousness. **A, H.** Who would I blame? **A.** Husbands are reluctant to use condoms. **H.** You cannot suddenly come with a suggestion that you must use a condom. **SR, H.** **E5-16**

*But how can you trust someone, even if you share the same home?* **A, SR.** He could have private actions you know nothing about. **SR, H.** But when these things are taught to us at clinics, we should share them with our husbands. **H, SR.** When my husband heard about condom use, he used it always. **H.** He said he could not be sure whether he is not infected and wanted to protect me. **SR, H.** We discussed AIDS with my husband, and agreed to stay out of mischief, and so far we do not use condoms. **PR-e, H.** My husband never uses a condom. **H.** I trust him. **SR.** It is good when you trust each other. **SR.** My husband never uses a condom. **H.** He knows about it. My husband is too old for that. Condoms should be used in marriages too, when people have other sexual partners. **H.** It is bad to hide AIDS.**SR.**

Affect = 6, Health = 18, Social Relationships = 14

**Discussion E6:***40-49 and Married:*

This is a difficult one. **A.** You must have one sexual partner, your husband. **SR.** The problem is whether he is loyal to the relationship. **SR,** That is the problem. **A.** You can't know what is going on with your partner's outside relationships. **A, SR.** This is difficult, because you will not know whether he is infected or not, and then if you become pregnant, your child would also be infected. **H.** As parents we should advise our children to have one boyfriend or girlfriend. **SR.** Otherwise they must use condoms. **H.** We have to talk to them and encourage condom use and loyalty in relationships. **SR, H.** They must avoid multiple relationships, especially because they do not like to use condoms. **SR, H.** We as parents must provide direction. **SR.** We grown ups do not have serious problems .**A.** Husbands and wives are loyal to each other. **SR** They may also use condoms. **H.** But we have the responsibility of guiding young people. **SR.** There are naughty old men. **SR, H.** That is so. They run around and could pick up AIDS. **H.** The infected person should not hide this. **SR,H.** This is difficult. People infected with AIDS look like everyone. The infection is hidden.

Affect = 4, Health = h, Social Relationships = 11

**Table 5E: Discussion topics on thematic topic E**

Themes	<20 Single	20-29 Single	20-29 Married	30-39 Married	40-49 Married	Totals
SR	6	36	35	14	11	102
SP	0	0	0	0	0	0
SC	0	0	0	0	0	0
E	0	0	0	0	0	0
H	13	32	29	18	8	100
A	2	9	3	6	4	24
PR-a	3	3	2	0	0	8
PR-e	1	4	1	1	0	7
PR-s	0	5	1	0	0	6

**Discussion Topic F: Breast feeding is good both for mother and baby.**

**Discussion F-1:**

Under-20 and Single:

Breast-feeding spoils one's breasts. **H.** Breasts always get spoiled after childbearing, whether one breast-feeds the baby or not. **H.** The best way to retain the shape of your breasts is to remain childless. **H.** You can use contraception. **H.** Your body loses its tone. **H.** Breast-feeding provides good nutrition for the baby. **H.** **F1-6** *It is not true that breast-feeding delays conception.* **H.** If it was true, we would not see children who are "steps"-born too closely to each other. **H.** No, breast-feeding does not prevent pregnancy. **H.**

Health = 9

**Discussion F3:**

20-29 and Married:

Yes, breast-feeding is good for the child, but some babies refuse the breast. **H.** This is a problem for mothers because they have to buy everything. **E.** Nobody believes you when you say your baby refuses your breast. **SR.** Nurses think you do not want to breast-feed. **SR.** It is good to keep the child on breast for at least a year. **H.** Breast milk is clean and hygienic. **H.** It is ready-made for the baby, you don't have to buy containers which must be kept clean and hygienic. **H, E.** I breast-feed as long as the child wants the breast and there is milk in it. **H.** My children lose interest at nearly three years. **A.** Two years of breast-feeding is enough. **H.** It is not true that breast-feeding can delay conception. **H.** If you share your husband's bed, you must get an injection or use a condom. **H.** You will be embarrassed by the appearance of a pregnancy when the last child is still too young. **A, H.** You must use contraception or abstain. **H.** **F3-15** *Husbands are not controllable.* **SR.** *Sometimes they come home drunk and bully you even though they know that you should abstain while the baby is still small.* **PR-s, H.** It is safe to have an injection. **H.** **F3-16** *You are always blamed when you have children who follow closely on each other, not your husband.* **SP.** A man always gets away without blame. **SP.**

Economic = 1, Affect = 1, Health = 12, Social Relationships = 3, Social Pressure = 2,  
PRs = 1

**Discussion F-4:**

20-29 and Single:

Breast-feeding is good for the baby. **H.** It is more hygienic. **H.** It saves a lot of money. **E.** Baby foods are expensive. **E.** One should breast feed for at least a year. **H, E.** Some people believe that breast-feeding ruins the shape of their breasts. **H.** It is childbearing that changes the shape of breasts and the body. **H.** Nothing can be done about that. **A.** If you want a child, you have to lose something or stay with a nice body with no child. **H.** Two years of breast-feeding is enough. **H.** One year is enough. **H.** Breast-feeding does not protect one from conception. **H.** You must get an injection, otherwise you will find yourself pregnant again. **H.** That is how children who are “steps” come about. **H.** You cannot rely on breast-feeding. **H,**

Economic =3, Affect = 1, Health = 12

**Discussion F-5:**

30-39 and Married:

Breast-feeding is important. **H.** Mother’s breast is best and hygienic **H.** Two of my infants refused my breast. **H.** I don’t know how to force a child to feed from breast. **A.** This one is one month and feeds from breast. **H.** Milk is expensive, you just feed and your child just sucks from you. **E.** A breast fed baby looks healthier. **H.** Artificial feeds are sometimes prepared in ways which make them weak, whereas breast milk is always the correct preparation. **H.** Some young mothers do not like to breast-feed. **A.** They claim that it messes up their breasts. **H.** They prefer artificial feeds which make the child’s body weak. **H.** Breast-feeding is good. **H.** A breast-fed child’s weight and health are always good. **H.** It is not true that breast-feeding delays conception. **H.** If you have sexual relations you will conceive even if you are breast-feeding because your blood is warm when you are nursing an infant. **H.** You could have children who are only a year apart. **H.** You do conceive when you are breast-feeding because your uterus is soft. **H.** You must avoid sexual contact with your husband completely. **SR.** Husbands agree to sexual abstinence because they know that it is done to prevent the child’s body from being ruined. **SR, H.** Some husbands indulge in drinking and demand to make love. **PR-s.** Traditionally, you would not go anywhere near

the hut where your husband is. **SP, H.** You slept with your husband's parents until they release you to go to your husband. **SP, H.** Men always had mistresses. **SR.** You had to accept that. **SR.** If you allow that with our men these days, he will leave you with no money for getting the needs for the baby. **E, SR.** Men in the past could handle two wives responsibly. **SR.** You cannot share the same pillow with a man and expect him not to demand love-making. **SR.** In the past you kept away from your husband while breast-feeding. **SP, H.** He also would not show his face around where you are. **SP.** They had other relationships. **SR.** They even had children. **SR.** That was not a serious problem, the child was brought up by the family concerned. **SR.** Now if you do not give your husband the sexual attention he demands, he will go out with other women and bring you problems. **SR, H.** He will pretend everything is normal. **SR.** A husband will always demand to make love to his wife if they are staying together. **SR.** You use a condom or an injection. **H.**

Economic = 1, Health = 20, Social Relationships = 14 , Social Pressure = 4, PR-s =1

#### Discussion F-6:

40-49 and Married:

Breast-feeding is good. **H.** Breast milk protects the baby against many childhood ailments. **H.** A breast-fed baby always has a strong body. **H.** Bottle feeding has hygienic risks. **H.** The food that goes into the bottle is not always nutritious and sometimes proper hygienic standards are not followed in its preparation. **H.** When you breast-feed a baby, you develop a strong bond with it, you share smiles, stroke it and inspect it, you get to know the baby intimately. **A, H. F6-6 to 11** *A breast-feeding mother does not conceive fast. H. If you take the baby off the breast, you are likely to conceive. H. But I conceived while breast-feeding. H. The doctor discovered that I was two months pregnant and my baby was only five months. A. H. I was badly humiliated. A.*

Affect = 3, Health = 10

**Table 5-F: Thematic statements on discussion topic F**

Themes	<20 Single	20-29 Single	20-29 Married	30-39 Married	40-49 Married	Totals
SR	0	0	3	14	0	17
SP	0	0	2	4	0	6
SC	0	0	0	0	0	0
PR-s	0	0	1	1	0	2
E	0	3	1	1	0	5
H	9	12	12	22	10	65
A	0	1	1	0	3	5

**ANNEXTURE 3: A copy of letter permitting the conducting of the  
research at the governmental health service  
centres referred to in the research.**

**PROVINCE OF THE  
EASTERN CAPE  
DEPARTMENT OF  
HEALTH**



**IPHONDO LEMPUMA  
KOLONI  
ISEBE LEZEMPILO**

**CENTRAL REGION  
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L. No. 046 -6451892/6452695/6452547/6451252

Date : 99.04.14

re Director Population Research Unit  
odes University  
AST LONDON CAMPUS

Subject : RESEARCH - MS ZANELE MFONO  
AN ANALYSIS OF EMERGING PATTERNS OF REPRODUCTIVE BEHAVIOUR  
AMONG RURAL WOMEN : A CASE STUDY OF THE VICTORIA EAST  
DISTRICT OF THE EASTERN CAPE PROVINCE OF SOUTH AFRICA

We acknowledge receipt of Ms Mfono's request in connection with the above matter. We wish to inform you that we have no objections as long as the researcher restricts herself on the objectives of the projects as presented in her request.

We wish to request that we get a copy of the results.

Yours,

R. NJABA

STRICT MANAGER - FORT BEAUFORT HEALTH DISTRICT  
CPT. OF HEALTH  
REGION C