Prevalence and determinants of wanted last child among woman aged 15 to 24 in South Africa.

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Mini-dissertation submitted in partial fulfilment of the requirements for the degree *Bachelor of Social Sciences Honors in Population Studies* at the North-West University, Mafikeng Campus

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ABSTRACT

Background: According to Dunaway et al. (2022), it is very crucial for the entire population of the world to consider their health and be informed about comprehensive sexual health. The knowledge about comprehensive sexual health can easily be accessed if a state instil health facilities of higher standards that enables its population to have an atmosphere where they can encourage their sexual health (BIONAT, 2019). Thus, when the population is informed about risky sexual behaviour, it becomes an instant positive contribution towards woman who wanted to have their last child and those who did not want to have their last child in any region. Bantero et al. (2022) postulated that 'unintended pregnancies' are classified as one of the nationwide health issue that inconveniences women of reproductive age who are sexually active but not ready for childbearing.

Methods: The Statistical Package for Social Sciences (SPSS) version 27 is used to analyse the study's data. In this study, data from the SA DHS is also utilised to analysed data using two methods. Firstly method to clarify the characteristics of the respondents, univariate analysis is conducted. In order to explore the link between the dependent and independent variables, bivariate analysis is also be utilised. To determine whether there was a meaningful correlation between the dependent and independent variables, the chi-square test is also used.

Main objective: The major goal of this study was to identify the variables affecting woman who wanted to have their last child and those who did not want to have their last child among South Africa pupils between the ages of 15 and 24.

Results: Results show that factors such as marital status, desire for more children and total children ever born were significantly associated with females who wanted to have their last child, while ethnicity, highest educational level, wealth index combined, age and contraceptive use & intention were significantly associated with females who did not want to have their last child. Females who were ever married were 0.305 times less likely to not want the last child compared to those aged never married. With regards to desire to have more children females aged 15-24 were who were undecided to have more children were 0.268 compared to those who wanted to have their last child while on a contrary also those who did not want to have more children or unable were 0.343 more likely to not to want the last child compared to those who wanted to have more

children. Furthermore looking into the total children ever born females aged 15-24 who wanted to have two children and more 0.224 were more likely to have more children compared to those who want to have one and more children.

Conclusion: Using the 2016 SADHS, it was found that all the study's variables had become the most up-to-date indicators for identifying the variables that affect reproduction of woman who wanted to have their last child and those who did not want to have their last child in South Africa. However, the government should strengthen the facilities in both rural and urban regions to cater to women who require family planning programs like contraceptives. The majority of women utilize the different family planning facilities to receive family planning information.

Keywords: Determinants, Prevalence, reproductive and wanted last child

DECLARATION

I, **Rahama Milanzi** (**31990207**), declare that this work titled "**Prevalence and determinants of wanted last child among woman age 15 to 24 in South Africa"** is my original research work, and has never been submitted for any degree or examination in any other University or Institution. I declare that the information contained in this document is a true copy of my thesis and has been approved for submission by my thesis supervisor. This work was supervised and approved by **Germinal Motshegwa** (and co-supervisor: **Martin E Palamuleni**) from the Department of Population Studies and Demography. This work is submitted in partial fulfilment of the requirements for the degree Bachelor of Social Sciences Honours in Population Studies at the North-West University, Mafikeng Campus, and South Africa.

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ACKNOWLEDGEMENT

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ABBREVIATIONS/ACRONYMS

SADHS - South African Demographic Health Survey

SPSS - Statistical Package for Social Sciences

USA - United State of America

WHO - World Health Organization

CHAPTER 1: INTRODUCTION

1.1 Background to the study

According to Dunaway et al. (2022), it is very crucial for the entire population of the world to consider their health and be informed about comprehensive sexual health. The knowledge about comprehensive sexual health can easily be accessed if a state instil health facilities of higher standards that enables its population to have an atmosphere where they can encourage their sexual health (BIONAT, 2019). Thus, when the population is informed about risky sexual behaviour, it becomes an instant positive contribution towards woman who wanted to have their last child and those who did not want to have their last child in any region. Bantero et al. (2022) postulated that 'unintended pregnancies' are classified as one of the nationwide health issue that inconveniences women of reproductive age who are sexually active but not ready for childbearing.

Wilson et al. (2021), emphasise that unintended pregnancy is when a female become pregnant without them being ready to be pregnant at that particular point in time. Wanted more children factor carry a lot of negative determinants towards the life span of women and their households and the environment in which they live in (Hernandez et al., 2020).When woman want to have their last child or do not want to have their last child usually it is caused by a variety of negative impacts such as contraceptives defeat, lack of knowledge in family planning , no knowledge of how to utilise contraceptives, lack of consistency of utilising the contraceptives, stopping contraceptives and continuing to be sexually active, rape, molestation, prostitution and ,more (Mwanangombe et al., 2020). Worldwide about 74 million females want to have their last child and sometimes don't want to have their last child in developing regions leading to 25 million dangerous pregnancy terminations and 47000 maternal mortality cases (Kwame et al., 2022).

It is estimated that in Sub Saharan Africa about 143 do not want to have their last child per 1000 girls range between the ages of 15-19 (Ogujiuba et al., 2022).That is why in South Africa women who don't want to have their last child is one of the leading challenges that young girls aged 19-24 experience. Approximately about 16 percent of young girls are experiencing did not want to have their last child in South Africa (Amoateng et al., 2022). Looking at the South Africa , statistic report shows evidence of

about 8840 cases that were recently discovered in a period of a year of young girls who did not want to have their last child and thus this lead them to dropping out from schools (Zwane, 2020).

1.2 Statement of the problem

According to the study done by Astawesegn et al. (2022), there is evidence of childbearing increment in most provinces in the South African region. There are various reasons of prevalence and determinants of wanted last child and did not want last child based on each province. In this case, a few provinces such as Mpumalanga, KwaZulu-Natal and Eastern Cape have experimented higher rates of unplanned last child. It was stated that around the 1999 almost 210 million, women of reproductive stage were pregnant which contributed 80% and the remaining 20% was did not want to have their last child (Matura and healthcare, 2015). Some of the possible factors associated with not wanting to have a child are no access to contraceptive, rape, poverty, prostitution, and exploitation, lack of financial independence as well as lack of knowledge for family planning.

South Africa has implemented certain measures that fight for the reduction of high rate of pupils who did not want to have their last child (Zwane, 2020). There are abortion clinics to terminate pregnancy, they also offer abortion pills. There is also a website where women can book appointments to terminate. The website is inclusive of WhatsApp contacts, details of the nearest abortion clinic, email address and telephone contacts. Furthermore there programmes implement by schools are life orientation lessons, peer pressure education and the doll programme. Clinics are also providing counselling and health education for unplanned pregnancies (Mothiba et al., 2020). There are also other programmes offered by NGOs and CBOs that assist to fight for woman who do not want to have their last child but are not well known.

About 25.3% service providers in South Africa postulated that most pupils have their last child due to lack of knowledge related to health reproductive issues and sexual education (Ncongwane, 2018). One of the initiatives from the department of basic education is Comprehensive Sexuality Education (CSE) which addresses the safety protocols of preventing unwanted last child under the schools subject life orientation (Education, 2021). The other programme that fights the reduction of unwanted last child

in South Africa is called “MIET AFRICA” that has an initiative called Keeping Girls in School (AFRICA, 2019).

Although South Africa have instilled programmes that eradicate cases of who man who did not want to have their last child, it is evident that the efforts taken were not sustainable enough because pupils are still becoming victims of unwanted last child (Gillespie et al., 2021). The recent statistic from the department of Basic Education of 2022, presented by the minister of education Angie Motshekga show evidence of 8840 new cases of unplanned children that woman gave birth to of young girls aged 10-19 in the South Africa (Seleme, 2022).This research seek to understand the factors contributing to wanted last child and did not want last child in the South Africa.

1.3 Main objective of the study

The main objective of this study is to analyse and discuss the prevalence and determinants of last child wanted among females aged 15 to 24 in South Africa.

1.3.1. Specific objectives of the study

The study aims to answer the following specific objectives:

- To assess the relation between wanted last child and demographic factors of women aged 15 to 24.
- To evaluate socioeconomic factors influenced by want last child.
- To examine how behavioural factors influence woman who wants last child.

1.4 Research questions

The study aims to answer the following research questions:

- Why women aged 15 to 24 and demographic factors influence each other?
- Why do socioeconomic factors affect woman who want last child?
- How does behavioural factors influence woman who want last child?

1.5 Significance of the study

The imperative part of this research is to postulate information about different implications of prevalence and determinants of cases of wanted last child among women ages 15 to 24 in South Africa. Investigating the determinants in South Africa can be or not sufficient. Duby et al. (2021) stated that South Africa promoted family planning

for more than two decades, however the efforts proves to slow proves in growing the rates of the pupils in South Africa to utilize modern contraceptives . This continues to prove a point that the implementations that are promoted are not enough and sustainable. Conducting this investigation will be so beneficial to the pupils in South Africa because the representatives of the province will understand the mandate they should follow to assist pupil who wanted to have more children and those who does not want to have more children because they will be informed about the core matters and know exactly how to tackle the socioeconomic issue.

1.6 Definition of concepts

Unwanted pregnancy according to (Herzog-Petropaki et al., 2022), it is postulated to be a circumstance where a woman becomes pregnant without them planning to being ready for pregnancy.

Determinants are the elements that unquestionably influence the type or result of variables according to (Arissaputra and Sentika, 2022).

Reproductive refers to the process of creating new living creatures by merging the genetic material of two individuals with various sexes (Irion and Nüsslein-Volhard, 2022).

1.7 The organisation of the study

This research consist of five chapters. The study's background and introduction are presented in the first chapter, which is categorised into the following sections: the problem statement, the objectives, the definition of concepts, scope of the study and the importance of the study. The study's literature review is covered in the second chapter. The methodology is covered in the third chapter and includes the data source, study design, target population, data analysis techniques, and study constraints. The fourth chapter analyses the study's discoveries and suggestions from the previous chapter. Then the last chapter is based on discussions, recommendations and conclusion.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This chapter focuses on a review of the literature on the variables affecting woman who wanted to have their last child aged 15-24 in South Africa. The determinants are focused on trends and prevalence in South Africa. It also identifies extensive factors such as social and economic factors and summarizes with a comprehensive theoretical and conceptual framework before concluding with a chapter summary.

2.2 Trends and prevalence of last child wanted in South Africa

Kisato (2021) postulates that South Africa is already one of the country with the highest rates of wanted last child and did not want last child within pupils and the weakest usage of contraception and family planning services. Thumbadoo (2021), projected that South Africa will have 57.7 million individuals as of mid-2018, with a fertility rate of 21 people for every thousand people. The spontaneous rate in South Africa was forecast to be 1.2 percent, the woman who did not want to have a child was projected to be 2.4 percent in the beginning of 2018, and the percentage of women utilizing modern contraception was predicted to be 60 percent in 2013 but 54 percent in 2018 (Kisato, 2021). Conversely, according to reports, South Africa's population in 2019 was 58.78 million (Pillay et al., 2021).

According to various studies, the decreasing trend in contraceptive use is frequently accompanied by an increase of unwanted and wanted last child pregnancy as evidenced by fertility level trends from 2018 to 2022 (Lazzari et al., 2022). Form of contraception use intentions, understanding, and perception toward contraceptive use are indeed essential because they contribute positive towards reducing woman who wanted to have their last child.

2.3 Factors influencing wanted last child

Marriage, residency and ethnicity are some of the socio-cultural elements that are regarded to have a big impact on fertility levels, while economic factors including wealth index, education, and contraceptive are classified to have an impact on last child wanted. However, demographic factors like age are also a very important component that affect South Africa's wanted last child rate.

2.3.1 Demographic factors

2.3.1.1 *Age*

Duvendack and Palmer-Jones (2022) proposed that socio-cultural, economic, and demographic components all have an impact on fertility levels, and that the proximate determinants should indeed operate through one or more intermediate variables. Even though Wanted last child by pupils are caused by different factors but all the factors are inclusive of sexual association, therefore it is very imperative to prioritise sexual intercourse when beginning with this investigation. Previously fertility was primarily measures amongst married couples looking at age at first marriage which lead to age at first sex and age at first childbearing towards fertility increment because there were no sufficient studies that conducted investigations based of fertility trends and levels outside marriage (Burke and Raley, 2022).

The majority of young people aged 15 to 24, particularly those from underprivileged backgrounds and living in rural areas, lack access to contraceptive use (Lun et al., 2021). Due to lack of understanding regarding the use of contraceptives and lack of access to health services most young adults walk long distances to receive health care services, this lead to difficulty of young adult females to utilize sophisticated contraceptives (Davidson et al., 2022). Accessibility to modern contraceptives is also constrained by societal conditions in places with low levels of social development (Wale and Rowlands, 2022).

Figure 1: Pupils aged 14 to 19 years who were experiencing unplanned pregnancies during 2018 to 2019 in South Africa, by age and did not want to have their last child (Ajayi and Ezegbe, 2020)

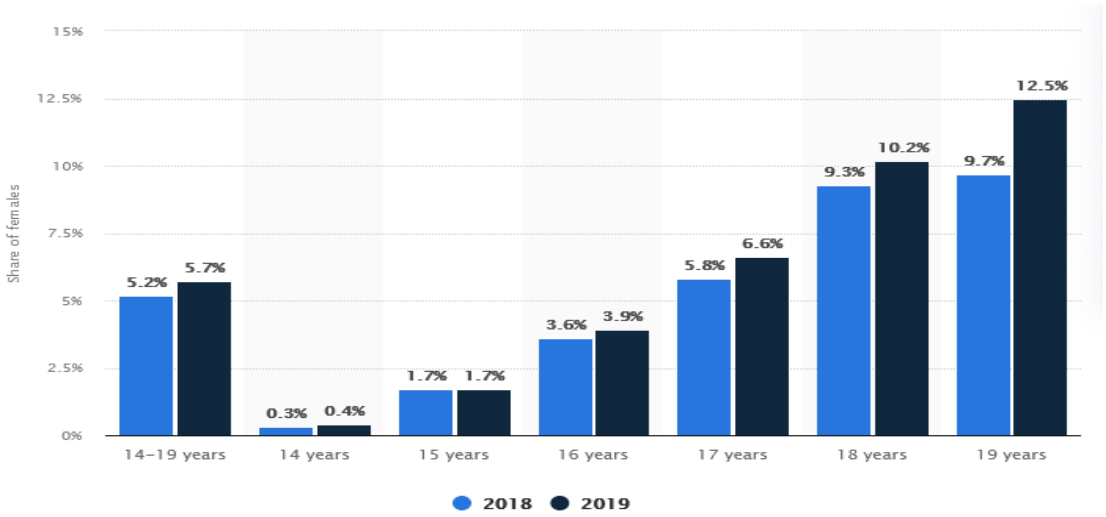


Figure one depicts a graph of pupils aged 14 to 19 years old who were part of the statistics who did not want to have their last child but became pregnant in South Africa 2018 to 2019. The graph presents data from Statista (2021). The privelence of pregnancy expanded with age. Pupils aged 14 years contributed 0,3% 2018 and 2019 they cotributed 0.4%. The 15 years old teenagers contributed 1.7% in both 2018 and 2019. The young people who were 16 years contributed 3.6% 2018 1nd 2019 3.9%. It went further where now pupils aged 17 contributed even more by 5.8 2018 and 6.6% 2019. The the 18 years old group contributed 9.3 2018 and blusted 2019 with 10.2%. lastly the 19 years old pupils contributed with drastic percentages of 9.7% 2018 and 2019 with 12.5%.

2.4 Social factors

2.4.1 *Educational attainment*

Internationally, and particularly in poorer countries, gender equality in education has improved (Stromquist, 2022). It is clear that the advancement of women's education has had a significant impact on both their health and the incidence of woman who did not want to have their last child. Since 1960, total rates have climbed everywhere, but mainly in primary education (Fafunwa and Aisiku, 2022).Despite the fact that it was demonstrated that the percentage of primary schools in Sub-Saharan Africa as a whole was still 75% in 1995 and has been declining since 1980 (Batyra et al., 2021).

Lazzari (2021) Although there is a relatively broad correlation between education and women's fertility, the main pattern in most places is that the women with the highest levels of education have less childbearing gaps. Women have less time for reproducing as their education levels rise. Asserts that increased educational attainment has enhanced women's cognitive abilities and understanding of contraceptive use, as well as Planned Parenthood, which helps to reduce the rates of woman who did not want to have their last child (McLean and Thulin, 2022).

Anyatonwu and San Sebastián (2022) Higher education females in Nigeria were found to be predominantly using contraceptives, which was reducing numbers of unwanted last children. The advantage of highly educated women is that they typically use contraceptives to regulate the spacing between their children's births, delay marriage, and receive superior medical care (Getaneh et al., 2021). This can be of paramount importance to the pupils of in South Africa.

2.4.2 *Type of place of residence*

Wang et al. (2022) emphasise that women are more likely to have children at a high pace in rural than in urban areas. This is due to a variety of influencing factors and circumstances. Women have different socioeconomic statuses, which is why the rates of wanted last child and did not want last child differs between rural and urban women (Mena-Meléndez, 2022). The unintended gap between these women implies that women in urban areas are more developed than women in rural areas. Harriott et al. (2022) Poverty, unemployment, low levels of education, and a lack of facilities all contribute to rural wanted last child and woman who did not want to have their last child rates being high. It can also be concluded that women in rural areas are more likely to be victims of unintended pregnancy compared to those in urban areas across South Africa.

2.5 Economic factors

2.5.1 *Wealth index*

According to a study that looked at wealth inequality in form of contraception use in thirteen Sub-Saharan African regions, rich women use contraception and have children when they want, whereas poor women really do not (Yaya et al., 2019). According to Kistiana et al. (2020), poor women have a lower rate of participation in family planning

than their counterparts. Woollett et al. (2021) study, which concentrated on the utilization of contraceptives between young women aged fifteen to twenty-four

2.6 Theoretical framework

This study is based on Oppong (1980) theory, which argues that in many countries, women with various jobs and educational levels tend to have diverse family sizes as well as different attitudes and behaviours about wanted last child. Movement freedom, ability to access financial and non-financial resources, decision-making, gender views, and equality in her relationship with her spouse are all factors that the model evaluates. If it is necessary to comprehend wanted last child and did not want last child differences in South Africa, other elements such as religion, marriage, and ethnicity are also important factors to consider.

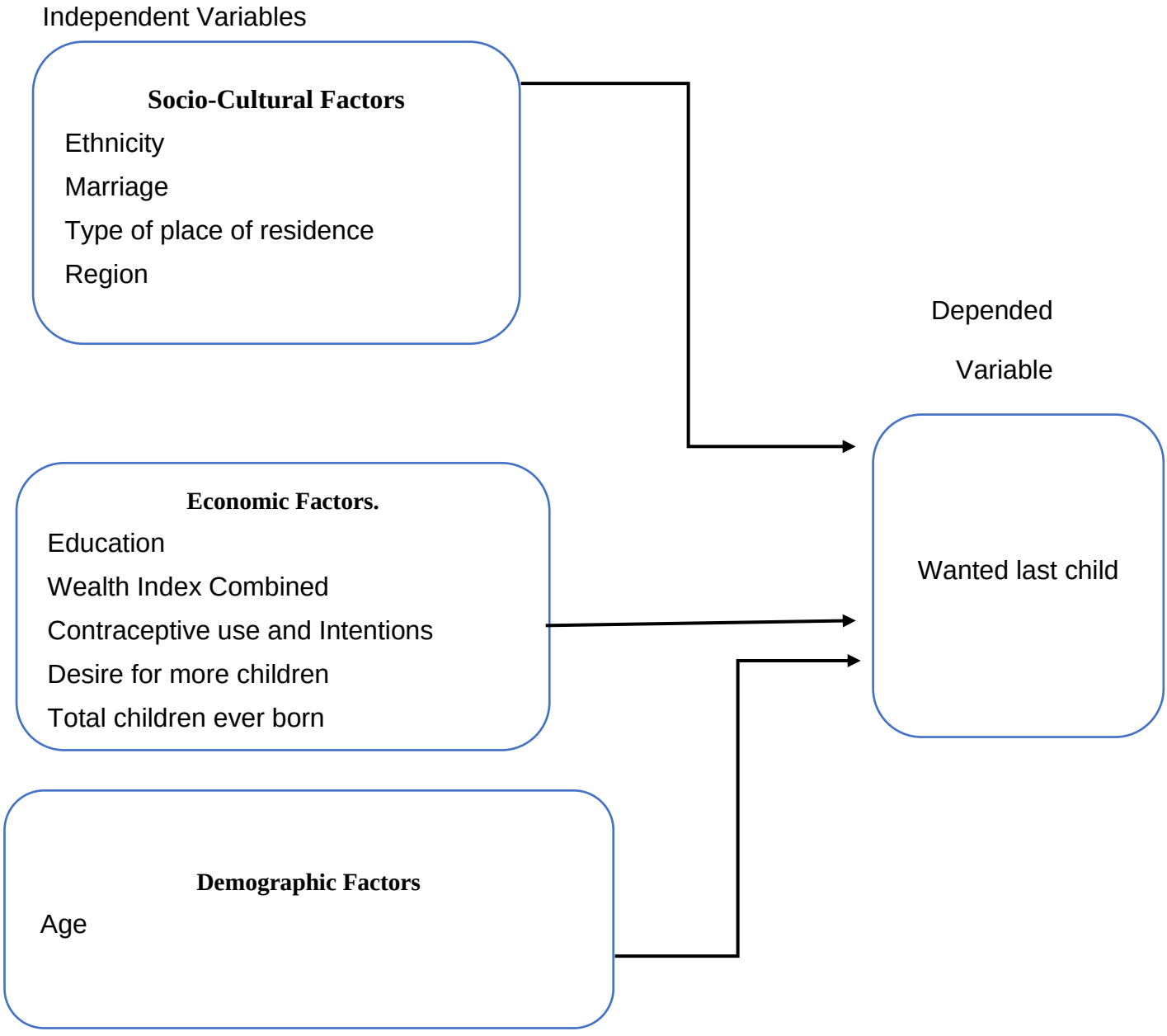
Furthermore, cultural and historical context is important in this study of wanted last child. At the heart of the framework is the idea that gender inequality at the personal and household levels is associated but distinct from the gender system of stratification at the micro-level, and that comprehensive and accurate models of the outcomes thought to be affected by gender inequality must be integrated with women's involvement at numerous levels. Oppenheim (1997) supported the previously stated statement on a broad level by utilizing findings from several studies to demonstrate that status (often measured by women's education and/or employment) appears to have a direct or conditional influence on fertility transition (Gressel et al., 2020).

2.7 Conceptual framework

The triple function of a woman theory, often known as her reproductive, productive, and community roles, is affected by childbirth, say Khan et al. (2005). In South Africa, having children is the ultimate purpose of marriage since it allows women to fulfil their physical, social, and economic needs. Consequently, a woman's decision to have children is influenced by a variety of complex circumstances (Onyango, 2021). For example Male partners can have a detrimental impact on a female partner's usage of contraception by impeding it, which can lead to discontinuance or clandestine use. The likelihood of wanted last child or did not want last child in the female partner rises with both hidden and stopped use. The results also demonstrated that male partners can increase female partners' adoption and use of contraception by offering social support, disseminating knowledge about female partners' use of contraception, and sharing the burden of using

female partners' contraception appropriately and consistently. On the other hand, having children also comes with opportunity costs, burdens, and conflicts, which prevents women from actively fulfilling their triple duty.

Figure 2.1: Conceptual framework depicting the relationship between dependent and independed variables



CHAPTER 3: METHODOLOGY

3.1 Introduction

This chapter explains the technique used to investigate the knowledge of South Africa's fertility rates and variables influencing them in relation to the last child wanted by women between the ages of 15 and 24, taking into account all of the country's provinces. However, a brief explanation of the analysis techniques utilized in this investigation is also provided, along with a full description of the variables that were used in this investigation.

3.2 Data source

The study will use secondary data abstracted from the 2016 South African Demographic and Health Survey (SADHs). The simple fact that the survey offers accurate estimates of fertility levels, marriage, contraception use & intension, highest educational level, geographic area relevant data, feeding the baby practices, and other reproductive health-related challenges can be used to outline the goal of using the SADHS Data. This survey was regarded as a trustworthy source of data that may be utilized to support this research since it includes several variables that are prerequisite to the investigation because the study placed a lot of emphasis on the current determinants of last child wanted among women in South Africa.

3.4 Study design and study population

This study is supported by secondary academic papers and employs a quantitative curve methodology. Additionally, data from the 2016 South African Health Survey is included (SADHS 2016). Lastly, it uses the SPSS program to code the variables. The study population is women aged 15 to 24 in South Africa who wanted to have their last child in particular.

3.4.1 Study inclusion and exclusion criteria

This study includes the population of woman who wanted to have their last child from woman of reproductive stages aged 15 to 24 years old while it exclude the population less than 15 until 0 years old. It also exclude the population from 25 until 49 years old since the research is all about pupils of reproductive stages in South Africa.

3.5 Description of study variables

Dependent Variable	**Description**	**Codes**
Wanted last child	Number of the children obtained by asking the respondents if they wanted a last child.	1= wanted 2= Did not want last child
Independent variables	**Description**	**Codes**
Age	Age of the respondents	1= 15-19 2= 20-24
Region	The respondents were questioned based at their province	1=Western cape 2= Eastern cape 3= Northern cape 4=Free State 5=Kwa Zulu Natal 6= North West 7=Gauteng 8=Mpumalanga 9= Limpopo
Type of place of Residence	Type of the residence where the respondents are residing	1=Urban 2=Rural
Highest Educational level	The educational level means the level which the respondent has obtained	1=Primary 2=Secondary 3=higher
Ethnicity	Individuals responded according to their cultural believe and racial group	1= Black 2=Non Black

Contraceptive use and intension	Respondents were asked if they used which method or did n utilise any method	1=Using method 2= Do not use any method
Wealth Index combined	Respondents were asked about their financial background	1=Poor 2=Middle 3=Rich
Marital status	Respondents were asked if they were married or not	1=Never Married 2=Ever Married
Desire for more children	Respondents were questioned if they had an interest of having more children apart from the ones they already have	1=Wants no more 2=undecided 3=wants no more or unable
Total children ever born	Respondents were asked based of how many more children they wanted to have compared to those they already have.	1=One or more children 2=two or more children

Dependent variable

The variables of interest for this study were obtained from the South African Demographic and Health Survey questionnaires (2016). The depended variable is wanted last child among woman of reproductive stage who already have a child or children. This variable was obtained by asking respondents if they wanted to have a last child or did not want to have a last child.

Wanted last child	Then
	Later
Did not want last child	

NB: ***This dependent variable also indicates that woman who wanted their last child are divided in to two some woman prefers having their child then and some prepared to have their last child later***

Independent variables

This study is inclusive of 9 independent variables divided into socio economic and cultural factors. Selected for this study are: Socio-Cultural Factors which include the following Ethnicity, Marriage, Type of place of residence as well as Region .Accompanied by Economic Factors that include Education, Wealth Index Combined, Contraceptive use and Intentions and Desire for more children. The other variable from a demographic perspective which is age.

3.6 Method of analysis

The Statistical Package for Social Sciences (SPSS) version 27 is used to analyse the study's data. In this study, data from the SA DHS is also utilised to analysed data using two methods. Firstly method to clarify the characteristics of the respondents, univariate analysis is conducted. In order to explore the link between the dependent and independent variables, bivariate analysis is also be utilised. To determine whether there was a meaningful correlation between the dependent and independent variables, the chi-square test is also used.

3.7 Limitations

The boundary of this study is limited to South Africa. The study only focus on the last child wanted among pupils aged 15 to 24 years old and exclude the other part of woman of reproductive stages aged 25 until 49. Fertility is very broad but the focus in this paper is concerned about only pupils who want to have their last child in South Africa.

3.8 Ethical considerations

After taking the required actions, which included writing a brief essay outlining the value of using data, the researcher was granted authorization to utilize the Demographic Health Survey data. The researcher also consented to keeping all data confidential.

CHAPTER 4: RESULTS

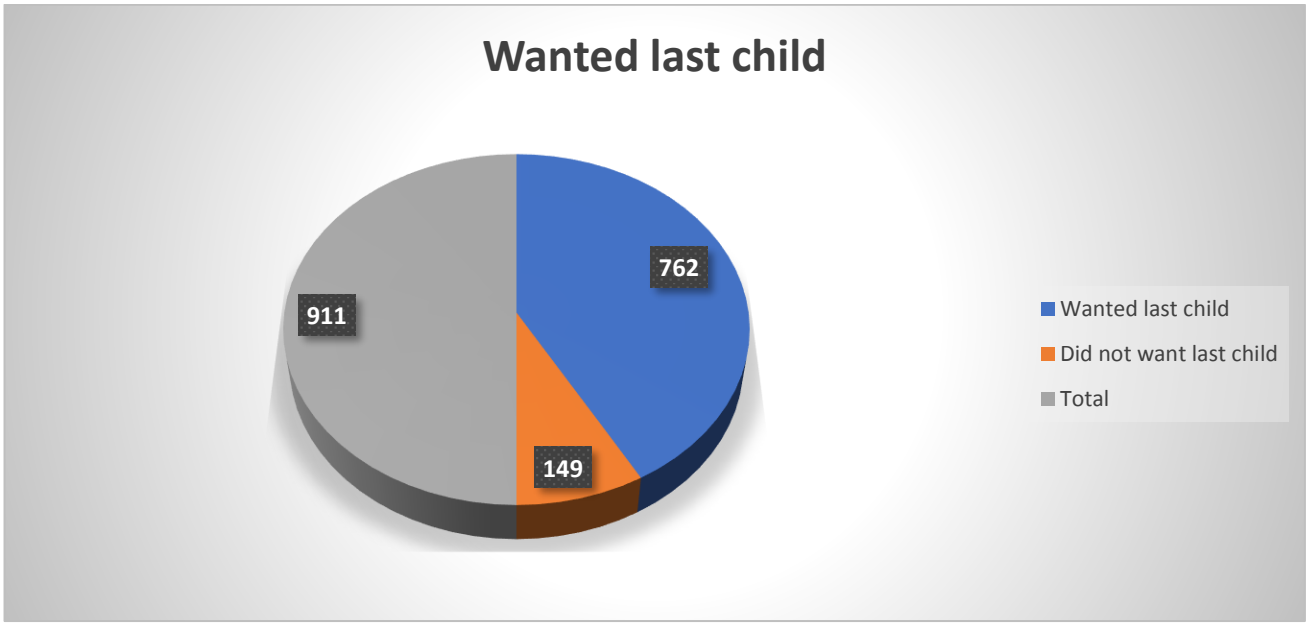
4.1 Introduction

The analysis's findings is presented in order to respond to both the research question and the hypothesis. As a consequence, this chapter analyse and explain background characteristics of the respondents and a pie chart is also presented to demonstrate the dependent variable(Wanted last child) followed by a cross-tabulation, as well as the outcomes of the generalized binary logistic regression.

4.2 Univariate analysis

The total of 911 women from the 2016 South African Demographic and Health Survey, who were all residents of South Africa, were included in the study's overall population sample. The elements that cause complications for women aged 15-24 who wanted to have a last child and those who did not want to have or who were unable to have a last child in South Africa on a sociocultural, economic, and demographic level are listed in table 4.1 below. Then the pie chat representing a dependent variable (Wanted last child is presented on figure 4.1 below

Figure 4.1: Pie chart of Wanted last Child



This Pie chart depicted in 4.1 represent a dependent variable called “wanted last child”. The 911 is the total number of all women that were interviewed represented by a grey colour which is 100%. Then the blue colour have 762 which is women who wanted to have their last child and out of the 911 this number represent 83.6% of the total population of woman of reproductive stages aged 15-24. Last but not least the 149 represent s the total number of women who did not want to have the last child and the 149 in the 911 represent 16.4% of the entire 100%.

Table 4.1: Descriptive analysis of the study population.

Age in 5-year groups			
		Frequency	Percent
	15-19	204	22.4
	20-24	707	77.6
	Total	911	100.0
Region			
		Frequency	Percent
	Western Cape	44	4.8
	Eastern Cape	123	13.5
	Northern Cape	81	8.9
	Free State	79	8.7
	Kwazulu-Natal	176	19.3
	North West	91	10.0
	Gauteng	78	8.6
	Mpumalanga	132	14.5
	Limpopo	107	11.7
	Total	911	100.0
Type of place of residence			
		Frequency	Percent
	Urban	457	50.2
	Rural	454	49.8
	Total	911	100.0
Highest educational level			
		Frequency	Percent
	Primary	67	7.4
	Secondary	786	86.3
	Higher	58	6.4
	Total	911	100.0
Ethnicity			
		Frequency	Percent
	African	830	91.1

	Non-African	81	8.9
	Total	911	100.0
Contraceptive use and Intension			
		Frequency	Percent
	Using method	624	68.5
	Not using any method	287	31.5
	Total	911	100.0
Wealth Index combined			
		Frequency	Percent
	Poor	488	53.6
	Middle	209	22.9
	Rich	214	23.5
	Total	911	100.0
Desire for more children			
		Frequency	Percent
	Wants more children	421	46.2
	Undecided	65	7.1
	Wants no more or unable	425	46.7
	Total	911	100.0
Marital status			
		Frequency	Percent
	Never married	716	78.6
	Ever married	195	21.4
	Total	911	100.0
Total children ever born			
		Frequency	Percent
	One child and more	681	74.8
	Two children and more	230	25.2
	Total	911	100.0

4.3 Bivariate findings

The relationship between the dependent variable (Wanted last child) and the independent variables (age group, population group, contraception use and intension, educational attainment, wealth index combined and type of place of residence is examined in this section. The tables showing the correlation between the dependent and independent variables, however, will be shown separately.

Table 4.2: Bivariate association between age group and wanted last child

Variable	**Wanted last child (%)**		Chi-Square	P-Value
	Wanted last child	Did not want last child		
Age group				
15-19	174	30	116.678[a]	0.000
	85.3%	14.7%		
20-24	590	119		
	83.2%	16.8%		

In table 4.2, there is a strong relationship between wanted last child and age group because the P-value is 0.000. As represented on the table woman of reproductive stages aged 15-19 who wanted to have their last child amounted to a total of 174 which is 85.3% and those who did not want to have their last child amounted to 30 which is equivalent to14.7%.Furthemore the age group 20-24 were also interviewed and only 590 wanted to have their last child which is 83.2% and on the other hand those who did not want to have their last child were 119 and that is 16.8%. Then the Chi-square gave results of 116.678[a]

Table 4.3: Bivariate association between region and wanted last child

Variable	**Want last child (%)**	Chi-Square	P-Value

	Want last child	Did not want		
Region				
Western Cape	139	43	26.267[a]	0.001
	76.4%	23.6%		
Eastern Cape	272	105		
	72.1%	27.9%		
Northern Cape	205	48		
	81.0%	19.0%		
Free State	223	56		
	79.9%	20.1%		
Kwazulu-Natal	348	119		
	74.5%	25.5%		
North West	278	66		
	80.8%	19.2%		
Gauteng	263	47		
	84.8%	15.2%		
Mpumalanga	316	105		
	75.1%	24.9%		
Limpopo	323	80		
	80.1%	19.9%		

Table 4.3 postulate that there is a significance relation between “Wanted last child” and region because the P value is 0,001. The DSHS articulates that woman residing in different regions have different preference if they want the last child or not and this table also represents their age group from 15-24. At Western Cape woman who wanted to have their last child is 139 which is 76.4% and those who did not want to have their last

child are 43 which is 23.6%. Women at Eastern Cape who wanted to have their last child is 272 which is 72.1 and those who did not want to have their last child are 105 which is 27.9%. Then women from the Northern Cape who wanted to have their last child are 205 which is equivalent to 81% and those that were not intending to have their last child are 48 in total which is 19%. Those who did not want to have their last child in the Free State are 223 which is 79.9% and those who are not interested to have their last child are 56 which is 20.1%. Kwa Zulu Natal's woman who wanted to have their last child amounted to 348 which is 74.5 and those who did not want to have their last child are 119 which is 25.5%. At North West about 278 woman wanted to have their last child which is 80.8% while those who did not want to have their last child are 66 which is 19.2%.The Gauteng province have about 263 cases of woman who wanted to have their last child which is 84.8% and on a contrary those who did not want to have their last child are 47 which is 15.2%. At another province called Mpumalanga woman who wanted to have their last child are 316 which is 75.1% and then those who did not want to have their last child are 105 which is equivalent to 24.9% in this instance. Lastly woman who wanted to have their last child in the Limpopo Province are 232 which is 80.1% then those who do not want to have their last child are 80 which is 19.9%.This is a clear indication that more woman in all the regions preferred to have their last child and they are more than those who prefer not to have their last child and the Chi-square value is 26.267[a]

Table 4.4: Bivariate association between Type of place of residence and wanted last child

Variable	**Wanted last child (%)**		**Chi-Square**	**P-Value**
	Wanted last child	Did not want last child		
Type of place of residence			3.113[a]	0.078
Urban	1273	334		
	79.2%	20.8%		
Rural	1094	335		

	76.6%	23.4%		

Table 4.4 postulate that there is a significance relation between wanted last child and type of place of residence because the P value is 0,078. This table represent woman aged 15 to 24 years old who were interviewed if they wanted to have their last child or did not want to have their last child according to their type of place of residence. The responded in urban areas about 1273 women wanted to have their last child and this amounted to 79.2 but some did not want to have their last child and they were about 334 which in total was 20.8% . Then about 1094 women wanted to have their last child which is a huge percentage of 76.6% compared to those who did not want to have their last child with 23.4% because their total is 335. Then the Chi-square value is 3.113[a]

Table 4.5: Bivariate association between highest education and wanted last child

Variable	**Wanted last child (%)**		**Chi-Square**	**P-Value**
	Wanted last child	Did not want last child		
Highest Education level			44.327[a]	0.000
Primary Education	188	90		
	67.6%	32.4%		
Secondary Education	1892	516		
	78.6%	21.4%		
Higher Education	264	43		
	86.0%	14.0%		

Table 4.5 depict a strong relationship between highest educational level and wanted last child because the P-value is 0.000. This table represent woman aged 15-24 of reproductive stages who wanted to have their last child and those who did not want to have their last child. About 188 woman who wanted to have their last child have primary

education which is 67.6% while those who did not want to have their last child are 90 which is 32.4%. Those with Secondary education and wanted to have their last child are 1898 in South Africa which is 78.6% in a contrary those who did not want to have their last child are 516 which is 21.4%. Then those who have higher education and wanted to have their last child are 264 which is 86% while those who did not want to have their last child are 43 and 43 represent 14% and the Chi-square is 44.327[a]

Table 4.6: Bivariate association between Ethnicity and wanted last child

Variable	**Wanted last child (%)**		**Chi-Square**	**P-Value**
	Wanted last child	Did not want last child		
Ethnicity			2.911[a]	0.088
Blacks	2102	610		
	77.5%	22.5%		
Non blacks	263	59		
	81.7%	18.3%		

Table 4.6 shows a significant relationship between the ethnicity and wanted last child because the P-value is 0.088.The table shows the results of interviews that took place among woman of reproductive stages aged 15-24 according to their race focusing on blacks and no blacks. It shows that woman who wanted to have their last child were 2102 according to the data from the DHS which is 77.5% while those who did not want to have their last child were610 which is 22.5%.The those who are non-blacks and wanted to have their last child were 263 which is 81.7% and those who did not want to have their last child are 59 which is 18.3%. The Chi-square is 2.911[a]

Table 4.7: Bivariate association between contraceptive use & intention and wanted last child

Variable	**Wanted last child (%)**	**Chi-Square**	**P-Value**

	Wanted last child	Did not want last child		
Contraceptive use and intension			0.750[a]	0.386
Using method	1571	432		
	78.4%	21.6%		
Not using any method	796	237		
	77.1%	22.9%		

Table 4.7 depicts a significant relationship between wanted last child and contraceptive use & intension because the P-value is 0.386. The table also shows the respondents result who wanted to have their last child or not but preferably those of females those who are aged 15-24 in South Africa. About 1571 woman who wanted to have their last child amounted to 78.4 are using contraceptive methods while 432 do not want to have their last child while utilising the contraceptive method. Then woman who are not using any methods and wanted to have their last child amounted to 796 which is 77.1% while those who did not want are 237 and in percentages is 22.9. The Chi-square value is 0.750[a]

Table 4.8: Bivariate association between Wealth index combined and wanted last child

Variable	**Wanted last child (%)**		**Chi-Square**	**P-Value**
	Wanted last child	Did not want last child		
Wealth Index combined			9.908[a]	0.007
Poor	1114	359		
	75.6%	24.4%		
Middle	549	145		
	79.1%	20.9%		

Rich	704	165		
	81.0%	19.0%		

Table 4.8 indicates a significant relationship between Wanted last child and Wealth index combined because the P-value is 0.007. The table shows that poor woman who wanted to have their last child is 1114 which is 75.6% and those who did not want to have their last child are 359 which is 24.4%. The middle class woman who wanted to have their last child are 549 which is 79.1% while those who did not want to have their last child are 145 and that is 20.9%. Lastly rich woman who wanted to have their last child are 704 which is 81% and those who do not want to have their last child are 165 which is 19%. The Chi-square is 9.908[a]

Table 4.9: Bivariate association between desire for more children and wanted last child

Variable	**Wanted last child (%)**		**Chi-Square**	**P-Value**
	Wanted last child	Did not want last child		
Desire for more children			292.246[a]	0.000
Wants more children	963	41		
	95.9%	4.1%		
Undecided	147	40		
	78.6%	21.4%		
Wants no more or unable	1257	588		
	68.1%	31.9%		

Table 4.9 shows a strong relationship between Wanted last child and desire for more children because the P-value is 0.000. The table also show that woman who wanted their last child and have more children are 963 which is 95.9% while those who did not want are 41 which is 4.1%. Then there are woman who are undecided but still wanted

their last child and they are 147 which is 78.6% while those who did not have their last child are 40 which is just 21.4%. Lastly there are woman who wants no children or unable but eventually decided to have their last child and they are 1257 which is 68.1 while on a contrary those who did not want their last child are 588 which is 31.9%. The Chi-square value is 292.246[a]

Table 4.10: Bivariate association between marital status and wanted last child

Variable	**Wanted last child (%)**		**Chi-Square**	**P-Value**
	Wanted last child	Did not want last child		
Marital status			8.412[a]	0.004
Never married	1280	404		
	76.0%	24.0%		
Ever married	1087	265		
	80.4%	19.6%		

Table 4.10 postulates a significant relationship between Wanted last child and marital status because the P-value is 0.004. The table depict marital status of respondents who are married and unmarried based on following factors “Wanted last child” and “Did not want to have last child”. Woman who wanted to have their last child and were never married are 1280 which is 76% and those who did not want to have their last child are 404 which is 24%. Then those who ever got married and want wanted to have their last child are 1087 which is 80.4% and those who did not want to have their last child are 265 which is 19.6%. Then the Chi-square is 8.412[a]

4.11: Bivariate association between Total children ever born and wanted last child

Variable	**Wanted last child (%)**	**Chi-Square**	**P-Value**

	Wanted last child	Did not want last child		
Total children ever born			29.591[a]	.000
One child and more	596	85		
	65.4%	9.3%		
Two children and more	166	64		
	18.2%	7.0%		

Table 4.11 shows a strong relationship between total children ever born and wanted last child because the P-value is 0.000. This table depict the respondents from a variable total children ever born and wanted last child variable. Women who had one child and wanted last child were 596 which is 65.4% while those who did not want last child were 85 which is 9.3%. Then women who had two children and wanted last child were 166 which is equivalent to 18.2% while on a contrary those who did not want to have their last child were 64 which is 7%. The Chi-square is 29.591[a]

4.4 Regression findings

Table 4.12: Binary Logistic regression findings for the relationship between Dependent variable and independent variables

Variables	S.E.	Sig.
Marital status		
Never married	1	
Ever married	0.305	0.002
Desire for more children		
Wanted more children	1	0.000
Undecided	0.268	0.000
Wants no more or unable	0.343	0.649
Wealth index		
Poor	1	0.274
Middle	0.306	0.219
Rich	0.313	0.114
Contraceptive use and intention		
not using any method	1	
using any method	0.212	0.302

Ethnicity		
Blacks	1	
non blacks	0.485	0.181
Age in 5-year groups		
15-19	1	
20-24	0.254	0.527
Urban	1	
Rural	0.255	0.731
Highest educational level		
Primary		0.822
Secondary	1	0.848
High	0.457	0.811
Total children ever born		
One child and more	1	
Two children or more	0.224	0.000
Region		
Western Cape(R)	1	0.108
Eastern Cape	0.612	0.854
Northern Cape	0.394	0.286
Free State	0.484	0.399
KwaZulu-Natal	0.502	0.209
North West	0.361	0.725
Gauteng	0.472	0.107
Mpumalanga	0.502	0.256
Limpopo	0.373	0.252

Results show that factors such as marital status, desire for more children and total children ever born were significantly associated with females who wanted to have their last child, while ethnicity, highest educational level, wealth index combined, age and contraceptive use & intention were significantly associated with females who did not want to have their last child. Females who were ever married were 0.305 times less likely to not want the last child compared to those aged never married. With regards to desire to have more children females aged 15-24 were who were undecided to have more children were 0.268 compared to those who wanted to have their last child while on a contrary also those who did not want to have more children or unable were 0.343 more likely to not to want the last child compared to those who wanted to have more children. Furthermore looking into the total children ever born females aged 15-24 who wanted to have two children and more 0.224 were more likely to have more children compared to those who want to have one and more children.

CHAPTER 5: DISCUSSION, CONCLUSION, AND RECOMMENDATIONS

5.1 Introduction

This chapter is divided into three sections: discussion, conclusion, and recommendations. The recommendation will articulate the sought remedies for Wanted last child based on the interpretation of the dependent and independent variables, as well as the outcomes of the interpreted tables and cross tables.

5.2 Discussions

Results show that factors such as marital status, desire for more children and total children ever born were significantly associated with females who wanted to have their last child, while ethnicity, highest educational level, wealth index combined, age and contraceptive use & intention were significantly associated with females who did not want to have their last child. Females who were ever married were 0.305 times less likely to not want the last child compared to those aged never married. With regards to desire to have more children females aged 15-24 were who were undecided to have more children were 0.268 compared to those who wanted to have their last child while on a contrary also those who did not want to have more children or unable were 0.343 more likely to not to want the last child compared to those who wanted to have more children. Furthermore looking into the total children ever born females aged 15-24 who wanted to have two children and more 0.224 were more likely to have more children compared to those who want to have one and more children.

This study investigated the factors influencing wanted last child and did not want last child in South Africa. The study determined women aged 15-24 who did not want to have their last chid but some did want to have their last child is common among South African women thereby creating a high demand for family planning programs. Results from this study suggest that all women of age 15-24, socioeconomic, or socio-cultural status, would benefit from increased efforts to make sure that pregnancies are intended. The bivariate analysis indicated that the variables such as age, total children ever born, religion, women's autonomy and knowledge about family planning methods are important in explaining why women wanted to have their last child or not.

This paper indicated that the higher the age of women, the higher the probability of wanting last child was unintended. It is similar to the study conducted among currently married pregnant women in such countries such as Iran and Nigeria (Adetunji1997;

Abbasi-Shavazi, et. al. 2004; Najafian, et. al., 2010; Geda and Lako, 2012; Delkhosh et al. (2019). In this study there is a significant relationship between marital status and wanted last child in South Africa. Both wanted last child and unwanted last child are higher among younger teenage women and decline with increasing age of the women. One of the reasons could be that young women are indulging in unprotected sex and are not married, which is an outcome of having another child outside marriage and is reported as unplanned last child. The non-use of contraception among teenagers could be due to scare access to services or may experience specifically difficulty in contraceptives.

The binary table shows a strong relationship between desires for more children and wanted last child. Women who wants no more children or are undecided likely to report that they did not want their last child compared to those who desire more children. In a regions like South Africa where children are cherished and childbearing outside marriage is caused by cohabitation, women who have no children or have few children or have children outside marriage are more likely to report that they did not want to have their last child than women who have more children or are married. Women who have accessed knowledge about family planning methods are less likely to experience unwanted last child. The outcomes are directly supporting the hypothesis that if woman aged 15-24 have unlimited knowledge about family planning methods, they are more likely to be aware of the positive outcomes of those methods which at the same time encourage them to utilise the family planning methods and be less likely to have unintendent last child. The look alike outcome was found in Ecuador as well Eggleston, 1999, 2000; Eggleston et. al., 2001; Wichmann (2019). In this paper, there was no significant association between the experience of wanted last child and women's highest educational level.

However, this finding contradicts conventional wisdom and other studies on the correlates of woman who did not want their last child (Bates, 2020). In South Africa, most young women are educated and the majority of women choose to have their last child. As a results there is no significant difference in the experience of wanted last child within various educational levels. Moreover, it should not be summarised that education is not significantly related to want and do not want last child status and thus we should not ignore the importance of education for the better life of women in South Africa.

Total children ever born has significant relationship with intended wanted last child of women in many literatures. Consequently, the output from this paper is not the same as findings. Most of the reasons mentioned were the expansive of utilising contraceptive or lack of contraceptive choice and financial instabilities hindering progressive and faster use of contraceptive methods. It is proven that women did not want to have their last child contraception use is an important factor. Same applies to misunderstanding leads to discontinuation and reduce use of contraception and grow the level of woman who did not want to have their last child but eventually had (Masamba et al., 2022). Eventually, it can be argued that misunderstanding with regards to family planning methods exist among South African women. High family planning method failure among married women in the reproductive age has also been labled as a leading factor for unwanted last child in other regions (Adhikari et al., 2020). Moreover, it does not mean that contraceptive use is not an imperative factor of unwanted last child between married pregnant women in South Africa, it also look identical to the circumstance where by the variable total children ever born behaves indirectly on unwanted last child in this paper.

5.3 Conclusion

Using the Demographic and Health Survey of South Africa 2016, it was indicated above that only three independent variables mentioned in the study have significance and some don't have, with the dependent variable (Wanted last child). Nevertheless, due to the above-mentioned facts, it can be generally discussed that Demographic, Socio-Cultural and Economic determinants affecting fertility played an important role in explaining the contemporary determinants of last child wanted in South Africa.

The lack of knowledge about contraceptive use and intentions among women who have no education clearly illustrates the fact that education act as pivotal role in causing woman who want their last child to decline, it is therefore in this contrary that women who have no education contributed highest percentages of having many children.

The knowledge of contraceptives uses and intentions is however imperative, majority of women residing in rural areas contributed highest percentages of having many children. Although much emphasis has been made on the accessibility of contraceptives, it can also be sustained by taking account women who never used contraceptives as they contributed highest percentages of having many children. It becomes a palpable that

contraceptive use and intentions are however crucial in affecting fertility of wanted last child and those who did not want to have their last child.

5.4 Recommendations

Taking account of the findings discovered in this study and also taking into consideration the different literatures, this dissertation identified the Demographic, Socio-Cultural and Economic determinants as the most imperative factors influencing wanted last child level in South Africa among reproductive women (15-24). Nevertheless, the recommendations are formulated and detailed below due to the fact that in order to reduce the level last child wanted in South Africa, decisive measures should be implemented and articulated thoroughly by providing comprehensive clarification on how social, cultural, demographic as well as economic factors affect fertility for those who want to have their last child and those who want to have their last child.

The first recommendation that should be prioritized is advocating to teach women about family planning in communities. The government should invest more in seminars that aim to provide knowledge about family planning in South Africa. Because most of the high rate of teenage pregnancy are because buy lack of knowledge. I believe an informative society becomes responsible and they are able to take informative decisions for their future.

The promotion of abstinence is also very vital especially to teenagers who are still furthering their studies. The campaigns that are promoting abstinence should be funded as well because they are assisting teenagers to structure their future by teaching them more about abstinence and also giving them a clue on how structurer their careers. These teenagers also grow up to be responsible citizen well informed about family planning, abstinence as well as contraceptive use.

The knowledge of utilization of contraceptives is also vital. I also recommend that nurses and doctors should be encouraged to have monthly programme where they will be teaching people on how to utilize contraceptive. They should also educate people about health sex lifestyle. To prevent high rate of sexual transmitted diseases prevalence not only in Mpumalanga but South Africa as a whole.

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