Individual and community level correlates of premarital childbearing in South Africa

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Introduction

In recent years there has been a significant change in fertility patterns across the world. While there is a general decline in fertility, premarital fertility has become more common (Smith-Greenaway et al., 2021). Premarital fertility is occurring in the context of delayed marriage and an increase in cohabitation in many contexts. Premarital fertility has become increasingly acceptable in many conservative societies in sub-Saharan Africa (Clark et al. 2017). As marriage patterns continue to shift towards later ages, the African region is witnessing a rise in premarital births among women. This has been accompanied by a steady growth in women's education levels and labour force participation (Fauser & Kim, 2023). Although premarital fertility is now a central topic for debate in many countries in Africa, there are still variations in the rates of premarital fertility. South Africa is one of the few countries on the continent where fertility behaviour and rates mirror high-income countries. In South Africa, changes in fertility are occurring in the context of progressive improvements in the economic status of women. The economic emancipation of women has made them less dependent on men and the decline in age at first marriage among highly educated women has led to alternative partnerships such as cohabitation or singleness (Grant, 2015). While the interest has been mainly on the outcomes of premarital fertility, there are gaps in the understanding of additional individual and community level factors that are associated with premarital fertility. Thus, the overall aim of the study is to examine the individual and community level factors associated with premarital childbearing among women of reproductive age in South Africa. Understanding these factors will aid in redirecting efforts and resources in the quest to address premarital fertility in South Africa.

Methods

This study investigated premarital fertility among women aged 15 to 49 years using data from the South African Demographic Health Survey (SADHS) 2016. This study draws on information obtained in the Woman's Questionnaire, which collects data from all eligible women of the reproductive age group from 15 to 49 years in the household who provided information on fertility. There was a total of 8514 respondents. However, the sample is restricted to ever given birth women who were either in a union or previously in a union at the time of the survey. Thus, the final study sample is 3258 women aged 15 to 49 who met the inclusion criteria. Several independent variables were selected for the study and selection was informed by literature. The outcome variable for this study is conceptualized as premarital fertility among all women aged 15-49 who have ever had a birth considered to be out of a union. After careful selection of possible explanatory variables, several independent variables were selected for the study. The independent variables of interest were further grouped into

two categories: individual and community. Some of the individual level variables were recoded into binary or categorical variables, whereas others such as region, marital status and wealth index retained their original categories. For the community level variables, place of residence was analysed as a binary outcome, and wealth status as the proportion of households in the lowest two wealth quintiles in each cluster. Community variables are important to measure because they determine the conditions under which women make decisions and choices that influence premarital fertility (Baranowska-Rataj, 2011).

The data were downloaded and analysed using Stata version 17. The study used descriptive statistics, percentages, and frequency distribution to describe the individual and community characteristics of the study sample. Logistic regression was used to analyse the individual and community level correlates of premarital fertility among women aged 15-49. Unadjusted and adjusted logistic regression models were estimated to determine the factors associated with premarital fertility.

Results

Overall, 56.7 of women between the ages of 15-49 reported a premarital birth and 43.7 of women reported births in a union. The median age at first sex is 17 years and the median age of first birth is 20 years. The mean number of children ever born among the women is 2.7. Age at first sex is an important indicator of premarital fertility because those who engage in sex at a young age have a greater chance of reporting a premarital birth. The findings indicate that 54% of the women reported age at first sex of 18 years or below. Approximately 86.3% of women were currently in a union and 13.7% were not in a union. Almost 72% of women had a secondary level of education. Most (32.5%) reside in the Gauteng province of South Africa. At the community level, the average percentage of clusters with households in the lowest two wealth quintiles is 40% among all women between the ages of 15-49. Most of the women who had given birth live in urban areas (71.9%).

The bivariate analysis indicates that a few variables were highly significant, while others showed no association with the outcome variable. Age at first birth, age at first sex, education level, and household wealth quintile were all significantly associated with a premarital birth. At the community level, the average percentage of clusters with households in the lowest two wealth quintiles among women who reported a premarital birth is 37.2%, although this was not significant. Marital status, region, community wealth and place of residence were all not significantly associated with premarital births. These results are displayed in Table 2.

The multivariate analysis, based on both the unadjusted and adjusted models, indicates that women who were older than age 18 when they experienced their first birth had 60% lower odds of reporting a premarital birth in comparison to women who were younger than age 18 at age of first birth. In the unadjusted model, women who reported age at first sex when they were older than age 18 had 30% lower odds of reporting a premarital birth. In both the unadjusted and adjusted models, women from the middle, and fourth wealth quintiles had twice the odds of premarital fertility compared to women in the highest wealth quintile. Place of residence was not significant in both the unadjusted and adjusted models despite having slightly lowered odds for women residing in rural areas.

Preliminary discussion of findings

This study recognizes that premarital fertility may affect women over their life course, more so if it occurs at a young age. This is interesting because, in the South African context, cultural

practices heavily influence sexual behavior among young unmarried women (Khumalo et al., 2020). There are strong cultural taboos and expectations that shape sexual beliefs and practices among young women. For example, it is not common for parents to communicate about sexual matters with young people because sex is a taboo subject that is not discussed. Mudhovozi et al. (2012) suggest that culturally embedded perceptions prevented mothers and adults from imparting knowledge on sexuality to their daughters. As a result, many young women have engaged in sexual risky behavior, which heightened their risk of unintended premarital pregnancy. Although the current study does not show whether having a premarital birth led to marriage, it however shows that 57.2% of currently married women experienced a premarital birth. What the study highlighted though is that premarital fertility is common in South Africa and seems to be increasing as previous studies found that premarital fertility was approximately 45% (Sennott et al. 2016). This high percentage of women in a union who reported a premarital birth could indicate the shifting of perceptions and attitudes towards women who experience a premarital birth and permissiveness towards premarital fertility. Previously, a premarital birth was associated with difficulties in getting a partner later for many African women (Smith-Greenaway & Clark, 2016). It is important to note that South Africa is not an exception in Africa as other countries such as Cote d'Ivoire and Liberia also reported high percentages of women who experienced a premarital birth. For example, it has been highlighted that premarital fertility exceeds 30% in Cote d'Ivoire and 40% in Liberia (Clark et al., 2017). Thus, this may reflect the general trend in many African countries. In South Africa, patterns of marriage have changed dramatically over the past few decades (Posel et al., 2011). Thus, high levels of premarital fertility are an outcome of the rising age of first marriage because women are delaying marriage, engaging in first sex at an early age, and have longer exposure to the risk of pregnancy before marriage.

The findings of this study have important implications for promoting gender equality and providing recommendations for attaining global and regional development goals. The outcomes of the study would be useful for policymakers to understand the context in which childbearing and marriage patterns are changing across the African continent. To advance the Sustainable Development Goals (SDGs) and ensure that gender equality is attained, there should be continued monitoring and evaluation of the factors that contribute to development among women in low-income countries. By highlighting childbearing patterns, southern African countries can revisit initiatives aimed at reducing unplanned pregnancy and recommit to focusing on universal educational policies for women of all ages. This is important in the global COVID-19 pandemic, which is threatening to reverse the gains made in educational attainment and the labor force participation of women.

Conclusion

This study provides insights into correlates of premarital fertility in South Africa using the latest available SADHS, 2016. Premarital fertility is common in South Africa with many women aged 15-49 having experienced a pregnancy outside of marriage. The individual level factors that were significantly associated with premarital fertility were age at first birth, age at first sex, and household wealth. While the South African government has made progress in uplifting communities after 1994 when the country moved from apartheid to a democratic state, inequality persists among households in the same neighborhoods (Francis & Webster, 2019). To address the individual level correlates of premarital fertility, more emphasis should be placed on strengthening interventions in family structure. Family planning programs should pay continued attention to addressing premarital fertility, especially among young women.

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Government must prioritize the reduction of inequality by empowering households economically, creating employment, and addressing gender disparities that continue to exist in post-apartheid South Africa. The study highlights important findings that can be utilized to formulate policies and interventions that address premarital fertility among women to promote gender equality and women's empowerment.

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