EARLY CHILDBEARING IN THE CONTEXT OF THE CHILD SUPPORT GRANT:

A CASE STUDY OF YOUNG WOMEN IN MTUBATUBA

BY

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DECLARATION

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I declare that this dissertation is my own single-handed work. All citations, references and borrowed thoughts have been correctly acknowledged. This dissertation is being submitted for the degree of Master's in Development Studies in the College of Humanities under the School of Built Environment and Development Studies, University of KwaZulu-Natal, Durban, South Africa. This paper has never been submitted previously for any degree or examination in any other University.

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ABSTRACT

Teenage pregnancy still remains one of the most heated topics in South Africa. Although teenage pregnancy in South Africa is not high compared to other regions in sub-Saharan Africa, it is still considerably high despite being in decline since the early 1990s.

The South African mass media reported that the reason why there is a high rate of teenage pregnancy in this country is because the child support grant (CSG) is encouraging young women to deliberately bear children in order to access the grant. The misconceptions are that young women are having children in order to access the grant while they do not spend the money in the best interest of the child; therefore young women are labelled as misusing the grant while they leave their children with their grandmothers.

However, previous research reports that there is no relationship between teenage pregnancy and the CSG. Research has indicated that there are various factors that contribute to early childbearing such as poverty, lack of sex education, coerced sex and lack of reproductive health services. With this background information, the aim of the study is to shed insights into the relationship between the CSG and early childbearing. The study was conducted in Mtubatuba, located in northern KwaZulu-Natal. It draws on in-depth interviews with women who are receipts of the CSG.

The majority of women from this study denied that there is a relationship between the CSG and early childbearing. They argued that the money was small; therefore they did not believe that one can have a child in order to access the grant due to the high cost of living in South Africa. Women from the study argue that there are various factors that contribute to early childbearing, especially in the community they live in. For example, lack of health facilities where they can access reproductive health services such as contraceptives, lack of sex education in the community, peer pressure and sugar daddy dependency were some of the

factors mentioned in the study. The majority of women believed that if these factors can be taken into consideration then the rate of teenage pregnancy will decline.

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CSG	Child Support Grant
CSGTT	Child Support Grant Task Team
DSD	Department of Social Development
DOH	Department of Health
DHS	Demographic Health Survey
DHET	Department of Higher Education and Training
DTI	Department of Trade and Industry
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
KIDS	Kid Income Dynamic Study
LFS	Labour Force Survey
NAC	National Adoption Coalition
NGOs	Non- Governmental Organisations
SALDRU	South African Labour and Development Research Unit
SASSA	South African Social Security Agency
SADHS	South African Demographic and Health Surveys
SMG	State Maintenance Grant
STATSSA	Statistics South Africa

UNICEF	United Nations International Children Emergency Fund
WHO	World Health Organisation

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CHAPTER 1: INTRODUCTION

1.1 Introduction

In South Africa teenage pregnancy has become the topic of discussion. About 30 percent of teenagers in South Africa report having been pregnant and the majority of these pregnancies are unplanned (Willan, 2013). A teenager is defined as "a person aged from 13 to 19 years". Teenage pregnancy is defined as, "a teenager or under-age girl, usually within the ages of 13-19, becoming pregnant" (Kantu & Mash, 2010:564). In South Africa research indicates that although teenage pregnancy is still high it is declining steadily. For example, according to the 1998 South African Demographic and Health Surveys (SADHS), which was reported by the Department of Health (DOH) in 2002, it is revealed that 35 percent of young women had their first child by the age of 19 (Macleod & Tracey, 2010). However the 2003 SADHS results reported by the DOH in 2007 reveal that the above percentage dropped to 27 percent although there are issues with the quality of data for this survey. Nonetheless, Moultrie and McGrath (2007) report similar findings when they argued that teenage fertility rates in South Africa have dropped by 10 percent between the 1996 and 2001 surveys.

The Africa Centre for Health and Population Studies located in rural KwaZulu-Natal north of Durban also reported on similar findings. The Africa Centre for Health and Population Studies data comprises data from the 16 year period from 1990 through to 2005 (Moultrie & McGrath 2007). Over this period the fertility rate had been declining consistently, although it reached a peak of 100 births per 1000 women in 1992 and 1995 (Moultrie & McGrath 2007). Although the teenage fertility rate is declining it is still a major concern in South Africa (Mokoma, 2008).

Teenage pregnancy was still considerably high in South Africa in 2008. Twenty-five percent of women aged 20 had given birth to a child when they were teenagers and 35 percent of children were born by teenage mothers; however teenage childbearing has declined over the last two decades with a particular decline in the proportion of women who gave birth before they reached age 18 (Branson et al., 2013). Furthermore, at present the majority of teenage mothers are giving birth in their late teens and teenage childbearing has declined. In 1985 to 1989 over 30 percent of women gave birth during their teenage years; however in 2004 to 2008 this figure dropped to 23 percent (Branson et al., 2013).

Globally, fertility rates for all women continue to drop. On a global scale adolescent fertility rates were considerably high before the early 1990s (Panday et al., 2009). In many developing regions adolescent fertility rates dropped between 1990 to 2000; however adolescent fertility rates are still considerably high in sub-Saharan Africa compared to other parts of the world (United Nations, 2008).

Although teenage pregnancy is declining in South Africa, it is still considerably high and unacceptable (Willan, 2013). South Africa's adolescent fertility rate is half the average for sub-Saharan Africa, but it is three times higher than the average rate in East Asia and four times higher than the average rate in Europe (Holborn & Eddy, 2011).

There has been much debate in the South African media about the high rate of teenage pregnancy. Many people argue that the reason why there is a high rate of teenage pregnancy is because the child support grant (CSG) encourages young women to have children. However, research has been conducted around this argument and no positive association was

found between early childbearing and the CSG (Naong, 2011; Makiwane, 2010; Makiwane et al., 2006). Holborn and Eddy (2011) argue that the fact that there is a decline in teenage fertility rate since the introduction of the CSG in 1998 should serve as evidence against this theory. Research indicates that 70 percent of women aged 18 to 35 reported that their pregnancies were unplanned. It should also be noted that in sub-Saharan Africa adolescent pregnancy is very high even in countries where there is no CSG. For example, recent statistics indicate that almost one in five women aged 20 to 24 had had a live birth by their 18th birthday (Loaiza & Liang, 2013). In absolute numbers, 36.4 million women aged 20 to 24 had their first child before the age of 18 and 5.6 million before the age of 15 in the year 2010 (Loaiza & Liang, 2013). This means that 7.3 million girls before the age of 18 are giving birth every year and about 20 000 are giving birth daily (Loaiza & Liang, 2013). Out of these 36.4 million almost half are living in South Asia and sub-Saharan Africa, which has the highest incidence of pregnancy among adolescent girls, which in turn accounts for 28 percent amongst adolescent mothers compared to 15 and 13 percent in West and Central Africa and Eastern and Southern Africa respectively (Loaiza & Liang, 2013).

Early childbearing has been associated with various factors. For example, Willan (2013) argues that there are various contributing factors to teenage pregnancy in South Africa, such as gender inequality, gender expectations in terms of how boys and girls should act poor access to contraceptives and termination of pregnancies, inaccurate and inconsistent contraceptive use and poverty. Similarly, the lack of education and opportunities and coerced sex are some of these factors (Goldblatt, 2006). Nkwnyana (2011) asserts that in most cases adolescents become sexually active at a very young age and they become vulnerable to unplanned pregnancies and sexually transmitted diseases. Similarly, Kantu and Mash (2010) conducted a study to explore attitudes to early childbearing and sexuality in Taung Township.

In their study they found various factors that are contributing to teenage pregnancy. Poor knowledge of contraceptive use and poor reproductive health were among the factors that contribute to teenage pregnancy (Kantu & Mash, 2010).

1.2 Rationale of the study

This study was motivated by the fact that research indicates that there is a decline in teenage fertility rate, but people are still complaining that there is a high pregnancy rate in South Africa and the CSG is labelled as a cause for this. Teenage pregnancy is often associated with various challenges to teenage mothers such as school disruptions, poor educational outcomes, negative health impacts and economic struggles (Menendez et al., 2011; Jewkes et al., 2009 & Chigona & Chetty, 2008). With the multifaceted challenges faced by teenage mothers it is also interesting to investigate whether it is true that young women deliberately have children because of the CSG while they might know the challenges they will face due to early childbearing. Also bearing in mind that R310 per month might not do much for someone to take care of the child and herself, the study also aimed to shed insights into other underlying issues which might be the cause of childbearing besides the grant among these young mothers.

This study was conducted in Nkundusi village located in Mtubatuba in the northern part of KwaZulu-Natal. The community is a remote rural area; there is only one community clinic. There is only one high school and two primary schools. The incidences of teenage pregnancies are high (observations by the researcher) yet no recent research has been conducted to find out the reasons why there are high rates of teenage pregnancy in this community. Similar research has been conducted in the district, for example Harrison et al.

(2001) conducted a study among 13 to 19 year olds in Hlabisa which is a sub-district of Mkhanyakude district. The aim of the study was to understand sexual risk perceptions and how this influences decision making in relationships and in terms of accessing contraception among this group. The findings from the study reveal that boys consider themselves as less likely to be at sexual risk and they were more likely to use condoms compared to girls. Girls preferred the abstinence method in order to prevent pregnancy and HIV (Harrison et al., 2001). Furthermore, both girls and boys believed that it is difficult for girls to initiate condom use. Girls believed that using a condom means that you love and want to protect your partner while boys use condoms when they are with casual partners (Harrison et al., 2001). Another study conducted by Hoffman et al. (2006) reports similar findings. The aim of the study was to, "gain insight into the specific gender dynamic in the intimate relationships of rural South African young adults that contributes to the risk of HIV infection" (Hoffman et al., 2006: 52).

The findings from the study report that inconsistent condom use was common in relationships, in which male partners had used threat or force to have sex during the period of the study and male sexual coercion was common in relationships in which alcohol was used in combination with sex (Hoffman et el., 2006). Furthermore, a man's engagement in sex was perceived as normal compared to the woman's (Hoffman et al., 2006). These studies shed light on what is happening regarding the sexuality of young people in this district. However as mentioned above, no recent research that has been conducted to do a follow up on the sexuality of young people in the district and why there are high rates of teenage pregnancy. The study investigated whether there was a relationship between the CSG and early childbearing among young women in Northern KwaZulu-Natal (Mtubatuba, Nkundusi village) using qualitative methods. It is hoped that this study will contribute to the existing research. Studies had been conducted around this topic, some of the main researchers such as

Makiwane et al. (2006), Makiwane (2010) and Naong (2011) investigated whether there was an association between the CSG and an increase in the teenage fertility rate in South Africa and they found no relationship between the CSG and childbearing among teenage mothers. However, many of these studies were based on quantitative data.

Therefore, the focus of this study was on understanding the relationship between the CSG and early childbearing using qualitative methods. South Africa is one of the developing countries with the largest and most determined social assistance programmes (McEwen et al., October 2014). In comparison to other countries around the world South Africa has the highest expenditure on social grants (Potts, 2012). South Africa is considered a country with a pro-poor system of social assistance or a 'welfare state' (Seekings, 2008). Although poverty rate is still high in South Africa, however social assistance programmes have increased dramatically from about 2 to around 3.5 percent of GDP between 1994 and 2008 (Seekings & Nattrass, 2011).

The CSG is one of the main cash transfers provided by the government in South Africa for poverty alleviation. Before the introduction of the CSG the grant that catered for the needs of children was called the State Maintenance Grant (SMG) (Triegaardt, 2005). In 1996 the Lund Committee was formed working together with the Department of Welfare (Triegaardt, 2005). The role of this committee was to explore the policy options concerning social security of children and their families (Triegaardt, 2005). Three basic principles of the grant were formulated by the 'Italian Think Tank'. These principles were that the grant should be age limited, not means tested and follow the child (Lund, 2008). The committee initially called the grant the Child Support Grant Task Team (CSGTT) (Lund, 2008).

The CSG was introduced in South Africa on 1 April 1998 as a social grant for children under seven years old (Triegaardt, 2005). The aim of introducing this grant was to target impoverished young children and the principle behind it was to 'follow the child' (Triegaardt, 2005). Follow the child simply means that the grant would be allocated to the primary caregiver of the child who should be the biological parent and if the caregiver is not the biological parent then kin relations were supposed to be reviewed and the caregiver had to provide an affidavit to prove the relationship (Lund, 2008). However, the main reason for introducing the grant was embedded in eliminating inequality and racism allocated by the SMG (Potts, 2012). The SMG was only eligible to the biological parent and the applicant had to prove that one parent was deceased in order to receive the grant (McEwen et al., 2014). During the SMG years the coverage was very low with only 0.2 percent for African, 1.5 percent White, 4 percent Indian and 4.8 percent Coloured children being covered by the grant (McEwen et al., October 2014). The CSG was introduced at a time when South Africa was still divided in terms of race and class (Triegaardt, 2005). Since its introduction the CSG has covered up to 2.7 million children in this country (Barrientos & Hulme, 2009). Recent research indicates that in 2013 over 11 million children were receiving the CSG (NAC, 2014). Currently the grant is eligible to children who were born after 31 December 1993 according to South Africa Social Security Agency (SASSA) (SASSA, 2014). The initial amount was R100 per month for each eligible child who was younger than seven years and currently the grant is R310 per child (Woolard, & Leibbrandt, 2013).

Like any other grants, the CSG is means tested. To qualify for the means test the child must be under the age of 18 years, not cared for in a state institution and the child should reside

with a primary caregiver who is not paid to look after him or her (SASSA, 2014). The caregiver of the child must be a South African citizen, permanent resident or refugee and both the child and applicant must live in South Africa (SASSA, 2014). Eligibility is also measured based on the applicant's annual income; for instance a single mother must not earn more than R34 800 per annum and if applicants are married both salaries must not be more than R69600 per annum (SASSA, 2014). Moreover, if the applicant is not the biological parent of the child the applicant must provide proof that he or she is the primary caregiver of the child by providing an affidavit from a police official, a social worker's report and an affidavit from the biological parents or death certificates if they are deceased and a letter from a principal as proof that the child is attending school (SASSA, 2014).

1.3 Aims and Objectives

The overall aim of the study was to investigate the relationship between early childbearing and the CSG. The specific objectives were to:

- investigate the use of the CSG by recipients
- evaluate the significance of the CSG for recipients
- Investigate factors that may have an impact on early childbearing besides the CSG.

1.4 The theoretical framework

The purpose of this study was to explore the relationship between early child bearing and the CSG among young women who are recipients of the grant. Based on the fact that there are various views with regards to the CSG, for example current studies report positive impact between the CSG and child development (Rawlings & Rubio, 2005; Case et al., 2005;

UNICEF, 2009, DSD, SASSA and UNICEF, 2012). Current studies found no relationship between receipt of the CSG and childbearing among young women (Makiwane et al., 2006), Makiwane, 2010 & Naong, 2011). However, some perceptions are that the CSG creates independency and encourages young women to have children while they do not use this money for their children but for themselves. Therefore the study used both a neoliberalism and social democracy point of view.

In theory, "the neoliberal state should favour strong individual private property rights, the rule of law and the institutions of freely functioning markets and free trade" (Harvey, 2005:64). In neoliberal states the privatisation of enterprises and entrepreneurial initiatives are viewed as driving forces of innovation and wealth creation (Harvey, 2005). The neoliberal state believes that intellectual rights have to be protected in order to advance technical changes, neoliberal states encourage an increase in production, which the state believes will increase the standard of living for all (Harvey, 2005). The "neoliberal theory holds that the elimination of poverty, both domestically and worldwide, can be secured through free markets and free trade" (Harvey, 2005: 65).

In contrast, social democrats believe in social justice for all; they believe in fundamental rights such as freedom of speech and this has to be ensured and secured by the executive of board of government. They promote social, economic and cultural rights (Kastning, 2013). Moreover, "they believe that it is not enough to legally ensure fundamental rights in order to ensure all citizens a free and just life, rights have to be actively promoted and implemented" (Kastning, 2013: 3). According to the social democracy point of view the state has "to provide an infrastructure and services which are freely accessible, furnish safeguards and

open up opportunities, the state has to create opportunities by means of social redistribution which allows people to participate actively and independently in society and democracy, to embed the market economy so broadly that democratic structures and workers' interests are protected" (Kastning, 2013:19).

As a neoliberal proponent Murray Charles developed a welfare disincentive theory. Welfare disincentive theory centres on how social policies interact with the way humans act under different environmental and financial circumstances (Bisaillon, 1993). There are two principles that are very important in Murray's theory about human behaviour. People respond to incentives and disincentives. Hard work is not inherited from birth; therefore in the absence of reinforcement, performance at work may not be satisfactory (Bisaillon, 1993). It is only in the presence of incentives or reinforcements that people may show interest or dedication to their work (Bisaillon 1993).

According to Murray's theory, there are increasing numbers of people who are becoming welfare dependent due to social policies that change motivations and preferences directly or indirectly (Bisaillon 1993). Moreover, this dependency has created structural problems in societies that may hinder movement and further reduce the chance to rise out of the lower class. Consequently, these incentives may result in the lack of encouragement to work (Bisaillon 1993). In contrast, the social democrats argue that welfare incentives improve the quality of life and increase investment in human capital. Schmidt (2001) argue that for the state to become a mature democratic welfare state it has to accomplish its fundamental task of protecting people against material hardship and protecting people against the risks of income loss caused by unemployment and other social problems. He argues that by doing this the

mature welfare state has accomplished its task by reducing the total level of social and economic insecurity to a certain degree. Moreover, Schmidt (2001) further asserted that democratic welfare states do not only protect individuals from hardships but they also protect society as whole from the weakening effects of economic shocks and economic collapses. Additionally, he outlines that protecting socially vulnerable groups against material hardship and against major risks due to life problems has been encouraged due to the legitimisation of the political and economic order too (Schmidt,2001).

Similarly, the introduction of the CSG in South Africa suggests that welfare states improve the quality of life of those who are socially weaker. Eyal and Woolard (2011) investigated the outcome of the CSG on female labour market participation in a group of black mothers between the ages of 20 and 45 years using a stacked data set from the October Household Survey and the General Household Survey from 1998 to 2008. The findings from this study revealed that the CSG had a positive influence on labour market participation, employment possibilities and decreases unemployment (Eyal & Woolard, 2011). For example, it is argued that the CSG can be used to fund job searches through the payment of day-care or for transport expenses (Eyal & Woolard, 2011). Eyal and Woolard (2011) recognised that the CSG is not enough, but could fund some portion of the above mentioned expenses. Similarly, Lund (2008) outlines evidence from early studies that report the relationship between the CSG and school attendance rates. For example, it reported an 8.1 percent increase in school attendance for six years olds' and 1.8 percent increase among seven years olds in Mkhanyakude was associated with CSG receipt (Lund, 2008). The above evidence from Schmidt (2001), Eyal and Woolard (2011) and Lund (2008) emphasises that welfare programmes or incentives can enable people to improve their quality of life rather than creating dependency.

1.5 The organisation of the study

The study consists of five chapters. Chapter one contains the introduction, background and motivation for the study. It also contains the aims and objectives and the theoretical framework for the study. Chapter two is a comprehensive literature review that outlines the consequences of early childbearing, the relationship between the CSG and early childbearing, the impact of the CSG and causes of early childbearing. Chapter three presents the research methodology used in this study. It outlines the target population and study sample; it outlines how participants were selected, methods of data collection and analysis of data, ethical consideration and limitations of the study. Chapter four outlines the main findings of the study. The final chapter focuses on discussion, recommendations and conclusion.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This chapter consists of a review of relevant sources such as journal articles, internet articles and papers in order to describe the occurrence of early childbearing. The chapter forms the basis and provides the foundation for the empirical research. Early childbearing or teenage pregnancy has become a heated topic of discussion in many societies and the media (Ghanaian Chronicle, 2009). Teenage pregnancy is a universal problem that affects all communities (Nkwanyana, 2011). Similarly, pregnancy that occurs among adolescent girls aged 10-19 remains high and a serious health and social problem around the globe (Mchunu et al., 2013). Moreover, adolescent pregnancy is associated with various risk factors such as school, peer pressure and family structures (Mchunu et al., 2013).

Early childbearing is not a new phenomenon and it is a continuing problem. In South Africa the mass media reported that adolescent pregnancy is rising at a very high pace because teenagers are practicing their democratic rights (Nkwanyana, 2011). Correspondingly, the media also reported that the reason why there are high rates of teenage pregnancy in the country is because the CSG encourages these young women to become pregnant so that they can access the grant (Nkwanyana, 2011). These perceptions contradict studies that have been previously conducted. According to Macleod and Tracey (2010) there is a low number of young women who plan their pregnancies compared to older women in South Africa; 42.6 percent are unplanned. As a result of unwanted pregnancy there is an increasing number of young women who want to terminate their pregnancy (Macleod &Tracey, 2010).

Similarly, a study that was conducted by the provincial Health Department exploring factors associated with teenage pregnancy reports on similar outcomes about early childbearing. The study used both qualitative and quantitative methods through interviews and questionnaires. Teenage births from this study were collected from 14 hospitals. The results from the study revealed that 71 percent of pregnancies were unwanted and 29 percent were wanted (Population and Development Directorate, 2012). The above evidence suggests that teenage pregnancy is usually unplanned.

2.2 Consequences of early childbearing

There are various factors that young mothers face due to early childbearing. Teenage mothers are more likely to face economic, personal and social hardships (Brace et al., 2008). The next section will discuss the physical, social and psychological consequences of early childbearing.

2.2.1 Physical consequences

Pregnancy at a young age is risky. According to World Health Organisation (WHO) births among teenage mothers account for 11 percent of all births worldwide; however they account for 23 percent of the overall burden of diseases and complications of pregnancy and childbirth are the leading cause of death in women aged 15 to 19 years in low and middle income countries (WHO, 2011). Furthermore, early unplanned pregnancies are associated with high levels of abortions and in most cases these abortions are carried out under unsafe conditions and this leads to severe health risks including death. In the year 2008 there were an estimated 3 million unsafe abortions in developing countries among 15 to 19 year olds (WHO, 2011). Likewise, research indicates that teenage mothers have poor antenatal care as

they do not keep their antenatal appointments. They are likely to give birth to low birth weight babies, premature babies and these babies are likely to die during the first year of their life (Sarantaki & Koutelekos, 2014).

2.2.2 Social consequences

It is argued that women who become mothers during their teen years are more likely to experience poverty and become welfare recipients later in life as their ability to obtain employment and gain skills in their jobs is highly reduced and they are likely to have dead end jobs (Brace et al., 2008). Correspondingly, teenage mothers are more likely to be socio-economically disadvantaged in their later life compared to those who delayed pregnancy (Sodi, 2009).

Teenage mothers are unlikely to finish school and more likely to have children who are at greater risk of significant learning and developmental problems compared to those of older mothers (Brace et el., 2008). Research from developed regions indicates that most of teenage mothers' poor educational outcomes can be traced back to their socio-economic backgrounds rather than having had a child at a very young age. However, in South Africa research indicates that although socio-economic background may have an impact, the majority of the shortfall was as a result of early childbearing (Ardington et al., 2012). Furthermore, the overall data from the South African Labour and Development Research Unit (SALDRU) indicates that even after controlling for pre-birth characteristics, teenage mothers had poorer educational outcomes compared to those teenagers who did not give birth during their teen years (Ardington et al., 2012).

In most cases teenage mothers are not in a position to go back to school after giving birth as they are normally forced to look after their children (Sodi, 2009). Furthermore, their physical health conditions do not favour their going back to school (Sodi, 2009). Likewise, the consequences of teenage pregnancy are likely to cause grade repetition and periods of temporary withdrawal from school among many sub-Saharan Africa women (Malahlela, 2012). Furthermore, teenage pregnancy is associated with school dropout and non-attendance as frequent absenteeism is sometimes a sign of pregnancy in many young women (Malahlela, 2012).

Similarly, a study that was conducted in Ghana by Gyan (2013) to explore the effects of teenage pregnancy on the educational attainment of the girl-child reports similar findings. The findings from this study reveal that 86 percent of participants reported that they were not in school while only 14 percent reported that they were still studying (Gyan, 2013). The concluding remarks from the above statistics were that teenage pregnancy can be a cause as well as an effect of school dropout (Gyan, 2013).

2.2.3 Psychological consequences

A study that was conducted in the United States of America among teenage mothers aged 18 found that the young mothers reported that they were feeling depressed after the birth (Sodi, 2009). Furthermore, some participants in the study reported they were not equipped to deal with the sudden responsibility of being a mother, some felt that they were being abandoned and rejected by partners and peers (Sodi, 2009). Social struggles such as school problems, relationships with peers and difficulties at home may cause depression and anxiety for teenage mothers (Malahlela, 2012).

Similarly, psychological distress is a serious problem for many adolescents and is defined by feelings of anxiety, frustration, worry and sadness (Walker, 2002). Logan et al. (2007) asserted that unplanned birth can have negative results for the mental well-being of mothers and they are likely to have lower levels of happiness compared to those who planned their pregnancy.

2.3 The relationship between the Child Support Grant and early childbearing

Despite the above multifaceted problems faced by young women, there is still a common view in South Africa that the CSG acts as an incentive, encouraging young girls to fall pregnant (IRIN Africa, 2011). In contrast Makiwane et al. (2006) investigated whether there was an association between the CSG and an increase in teenage fertility rate in South Africa using national surveys and administrative data. The study revealed that young women, particularly teenage mothers were not direct recipients of the CSG even though they were biological parents; therefore it was unlikely that they had children because they wanted to receive the grant (Makiwane et al., 2006). The study concluded that the high fertility rates among youth are not associated with the introduction of the CSG based on the following reasons. They note that during the eight years of its existence of the CSG the fertility rate has not increased (Makiwane et al., 2006). They went on to argue that the youth fertility rate is consistent across the board including those societies who do not qualify for the CSG means test (Makiwane et. al, 2006).

In South Africa the introduction of the CSG has raised debates about welfare services and childbearing among young mothers (Makiwane, 2010). Makiwane (2010) researched the CSG and teenage childbearing in South Africa. The study found that there was no positive association between the introduction and CSG usage and the trend in teenage childbearing. It reveals that in "the first half of the 1990s teenage the fertility rate was on a declining trend before and after the introduction of the grant" (Makiwane, 2010:202). Moreover, Makiwane (2010) concluded that there was no positive association between the grant and observed trend in the teenage fertility rate.

Table 2. 1: Estimated age distribution of CSG beneficiaries in March 1999 and March 2005

Age	Percentage of beneficiaries in March 1998	Percentage of beneficiaries in March 2005	Percentage of fertility contribution of different age groups(2000)
15-19*	**1.64**	**2.69**	**15**
20-24*	**14.86**	**16.61**	**28**
25-29	21.90	21.62	23
30-34	19.24	19.35	17
35-39	18.43	15.11	10
40-44	11.90	10.66	4
45-49	5.87	5.82	0.5
50-54	2.29	3.13	-
55-60	1.93	2.01	-
60+	-	2.95	-

Source: Makiwane (2010)

*Note the highlighted age groups are ages of interest for this study.

The results presented in Table 2.1 indicate that the percentage of young mothers who were accessing the grant was below 3 percent in March 2005 compared to 15 percent of their contribution to the national total fertility rate (Makiwane, 2010). Makiwane (2010) concluded that the data from Department of Social Development (DSD) does not suggest that the CSG is the primary reason for childbearing among young women. He further argued that if young women intended to have children in order to receive the grant, the percentage of those doing so would be expected to be higher (Makiwane, 2010).

A study that was conducted by Naidoo (2010) reveals similar findings that older caregivers were grant recipients compared to young mothers. The aim of the study was to investigate the targeting of the CSG and whether it was reaching the poor children through their caregivers. The findings from this study revealed that although caregivers were receiving the grant for their own children, some of them were receiving the grant for their own grandchildren because the biological parents did not qualify using the means test (Naidoo, 2010).

Table 2.2: Age of care-giver

Age	Non-recipient of CSG	Recipient of CSG	Total
Less than 60	94 (20%)	54 (13%)	148(17%)
46-59	109(23%)	92(22%)	201(23%)
25-45	233(48%)	243(58%)	476(53%)
24 and below	41 (9%)	29(7%)	70(7%)

Source: Naidoo (2010)

The results from Table 2.2, suggest that young mothers are not the main beneficiaries of the CSG. The results from the table indicate that caregivers in the age category 25-44 are more likely to access the CSG compared to other age groups, meaning that this finding contradicts the common belief that young mothers are having children because they want to access the grant (Naidoo, 2010).

South African newspapers have reported on high pregnancy rates among school goers and that these high rates are associated with the receipt of the CSG (Richter et al., 2006). The DSD was encouraged to investigate this matter; however the available data reveals that there is no relationship between the CSG and teenage pregnancy (Richter et al., 2006). Naong (2011) conducted a study among 302 Grade 12 learners from six secondary schools in Bloemfontein, Free State. The aim of the study was to verify whether there had been an

increase in learner pregnancy in South African schools and whether the CSG is a contributing factor of learner pregnancy.

Table 2.3: The CSG is the main reason for learner pregnancy

Valid	Frequency	%	Valid%	Cumulative%
	Yes 93	41.3	41.3	41.3
	No 95	42.2	42.3	83.6
	Not sure 37	16.4	16.4	100
	Total 225	100.0	100.0	-

Source: Naong (2011).

Table 2.3 represents the findings in relation to the CSG and learner pregnancy. The analysis based on the above table indicates that there is no association between the CSG and learner pregnancy (Naong, 2011). Goldblatt (2006) also states that there is no evidence to prove the association between teenage pregnancy and the introduction of the CSG. Patel (2013), in the Helen Joseph Memorial lecture held at the University of Johannesburg, argued that despite widespread belief that the CSG encourages young women to have children there is no empirical evidence for this. Furthermore, there is an estimation of only 5 percent of the CSG beneficiaries who are in the age group of 15 to 19 years (Patel, 2013). She concluded that there are various factors that contribute to teenage pregnancy, but there is no evidence to support the claim that grants contribute to teenage pregnancy and teenage pregnancy rates continue to decline although the CSG is still in place (Patel, 2013).

Joyce Seroke, the chairperson of the Commission on Gender Equality, explained that the Commission was worried about the negative attitudes suggesting that the CSG has an influence on teenage pregnancy (Goldblatt, 2003). In a national survey of youth in 2000, more than half (54 percent) of all young mothers said that they had fallen pregnant while still

in school (CASE 2000b citied in Goldblatt, 2003). While "this figure had increased significantly since the last youth survey in 1993, it seems unlikely to have risen primarily as a result of the introduction of the CSG" (Goldblatt, 2003: 80). Moreover, only 376 135 caregivers were receiving the CSG by the year 2000 (Goldblatt, 2003). According to CASE the average age of primary caregivers was 33 and this contradicts the perception that grant recipients are school goers (Goldblatt, 2003).

There had been rumours that young women spend the grant inappropriately by spending the grant for their own expenses and not for their children; they are accused of receiving the grant while they do not take care of their children as it is believed that they dump their children with their grandmothers (Goldblatt, 2006). There are a number of misconceptions about the mothers, that teenage mothers misuse the grant by using it as an income generating scheme (Mokomo, 2008). Misconceptions are that they misuse the grant by spending it on their physical appearances, for example buying clothes and lipsticks, rather than spending it on the needs of their children (Mokomo, 2008).

A study that was conducted by Naidoo (2010) reports on similar findings. During focus group discussions in Port Shepstone some caregivers supported the notion that young mothers are having children because they want to receive the grant so that they can smarten themselves (Naidoo, 2010). One woman in the focus group said, "We see some of them at the shops buying airtime, doing their hair. They are proud when they tell others that they can do these things because they have money that they collect through the grant" (Naidoo, 2010: 36).

Despite the misconceptions that the CSG encourages young women to deliberately bear children, some challenges have been reported with regards to the CSG application process. Zembe et al. (2014) conducted a study in Umlazi Township in Durban.

The study was conducted among caregivers who had 12 week old children. The reason for conducting the study was to report on the CSG access, reasons for non-application and non-receipt and the data was conducted through interviews with mothers. The findings from this study revealed that among caregivers who were interviewed a large group of them reported that they had the necessary documents for the application (Zembe et al., 2014). However, some reported that they did not apply for the grant because they did not have all the required documents such as an identity document book and the child's birth certificate, while many of them were still awaiting the application outcome. Only 38 percent of the sample was receiving the CSG.

In their conclusion, Zembe and others (2014) stated that the reason why caregivers from this study were not receiving the CSG in the early years of their child's development was because they applied late and some did not have the required documents (Zembe et al., 2014).

In contrast, the research that was conducted by UNICEF (2008) to review the CSG uses, implementation and obstacles, revealed that caregivers applied for the grant from the early years of the child's development. However, some of the reasons for applying late or not applying were that applicants did not have the required documents (UNICEF, 2008). Furthermore, lack of awareness in terms of how to apply for the grant were some of the common reasons for not applying for a CSG soon after birth (UNICEF, 2008). Participants from this study revealed that the delay and waiting for a long period after they applied for

birth certificates of children, inaccuracies on the birth certificates or clinic cards were some of the challenges that they faced and resulted in them not applying on time (UNICEF,2008).

A study conducted by Naidoo (2010) revealed similar challenges when it comes to the CSG application. The aim of this study was to investigate whether the CSG was reaching the poor children via their caregivers. The findings from this study revealed that although the majority of poor caregivers were receiving the grant**,** however some of the caregivers who were eligible for the grant were being prevented from gaining access (Naidoo, 2010). Furthermore, the means test was also criticised for low take-up of social assistance, as the application process was considered time consuming for both the applicant and the official who assists with the application process (Naidoo, 2010).

2.4 The impact of the Child Support Grant

Besides the misconceptions that mothers, particularly young mothers, spend the CSG for their own expenses, there is a vast amount of literature that suggests that cash transfers have multiple benefits for the child. The next section will discuss the impact of child cash transfers and its impact on child and adult development.

In most cases children are likely to be the victims of poverty; causes lifelong damage to their psychological and physical well-being (UNICEF, 2000). UNICEF (2000) argues that if children are poor they are likely to pass the cycle of poverty on to their children. Therefore, poverty reduction should begin with children. Similarly, Gertler (2004) argues that poor health status and low education levels are associated with children who grow up in poor

families. UNICEF (2000) argues that the child's well-being is the key indicator for measuring national development.

By the year 1998 the number of income-poor globally was estimated at around 1.2 billion and UNICEF estimated that half of the income-poor represented children. However, the conditional cash transfers are increasingly used as strategies to fight against child poverty, particularly in developing countries and South Africa is one of these countries. The main purpose of these programmes is to alleviate poverty and future shocks (Skoufias & Di Maro, 2008). These programmes seek to break the cycle of poverty through building the human capital of poor children (Barham, 2011).

In South Africa, the CSG has been hailed as one of the government's most successful anti-poverty strategies. The admiration seems to be justified due to the high take-up of the grant when, towards the end of March 2014, 11 million children were beneficiaries of the CSG (Coetzee, 2014). The CSG take-up has increased dramatically since its introduction. By the end of March 2013 the grant was paid to 11 million children 0 to 17 years and is now considered the single biggest programme for alleviating child poverty in South Africa (Hall, 2013).

2.4.1 Impact on school

The role of cash transfers is to provide social support to those who live in deprived situations by helping them to fight against poverty in times of crisis (Rawlings & Rubio, 2005). Living in extreme poverty is one of the factors that explains South Africa's situation and only few

people would deny the fact that without state intervention millions of poor South Africans would starve (Goldblatt, 2003). Cash transfers have been found to have a positive impact on child development. For example, in South Africa Early Childhood Development services such as crèches, day-care centres and pre-schools are paid through the CSG (UNICEF, 2009).

The research has found that if the CSG is received in the early years of child development, mothers are likely to take their children to the clinics for child check-ups (UNICEF, 2009). Similarly, research also found a positive relationship between school enrolment and the CSG receipt. Using the KwaZulu-Natal Income Dynamics Study, Case et al. (2005) found a positive relationship between school enrolment and the CSG receipt. Case et al. (2005) found that the school enrolment rate among children who were 6 and 7 years old was increased by 8.1 percent in 2001 and this increase was associated with receipt of the CSG. Another study revealed that a 25 percent reduction in children not enrolled in school was associated with the receipt of the CSG and old age pension (Samson et al., 2004). More interestingly, Samson et al. (2004) also reported that households that receive the CSG are more likely to send children to school with more girls attending school compared to boys.

Other studies have reported similar findings with regard to child welfare and child school enrolment rates. For example, in the fight against child poverty the Mexican government introduced an anti-poverty programme called *Progresa* (Gertler, 2004). The programme was introduced in 1997 with an aim of alleviating poverty among poor households (Barham, 2011). By the year 2000 about 2.5 million poor households had benefited from the programme (Barham, 2011). The programme works on condition that parents show positive health behaviour. This programme encourages parents to attend educational programmes that

focus on nutrition including immunisation of children (Gertler, 2004). In Mexico, primary school estimates reveal that the programme has increased enrolment rates by 96 and 74 percentage points for girls and boys respectively (Schultz, 2000a). The initial enrolment was estimated to be 90 percent (Schultz, 2000a). After the introduction of the programme the rates increased by 1.45 and 1.07 percentage points for girls and boys respectively (Schultz, 2000a). More interestingly, before *Progresa* the enrolment rates were 67 and 73 percent for girls and boys respectively; however the enrolment rates went up by from 7.2 to 9.3 and 3.5 to 5.8 percentage points for girls and boys respectively (Schultz, 2000a). The introduction of *Federal Bolsa Escola* in Brazil has increased the enrolment rates for both girls and boys. The enrolment rates increased from 76.1 to 90.6 and 79.8 to 90.5 percent between 1992 and 2001 for boys and girls respectively (Cardoso & Souza, 2004).

2.4.2 Impact on health and nutrition

Research has found that child nutrition has been boosted through cash transfers. Aguero et al. (2006) used data from the KwaZulu-Natal Income Dynamics to test the impact of the CSG during the first 36 months of a child's life. In their study, Aguero et al. (2006) found that the CSG payments have boosted early childhood nutrition as indicated by the child's height for age. The CSG has been also been found to increase the likelihood of monitoring child growth through clinic visits (UNICEF, 2009).

International studies have also reported that child well-being has become a priority in many countries especially in terms of health. For example, Gertler (2004) found that children who were on the *Progresa* programme experienced improvements in their health status. Gertler's (2004) findings revealed that children who were born during the two years of the programme

benefited from the programme in that they experienced 25.3 percent less illness in their first six months of life compared to those that were not part of the programme. Furthermore, children who were part of the programme were unlikely to be diagnosed with anaemia (Gertler, 2004). Similar studies on *Progresa* revealed that this programme also impacted on birth weight and maternal health. Checking the impact of *Progresa* on health outcomes, Gertler (2000) found that as result of the programme the illness rates of children from 0 to 2 years dropped by around 4.7 percentage points or 12 percent lower than baseline illness. Furthermore, between ages 3 to 5 years the programme decreased illness rates by 3.2 percentage points or 11 percent lower than baseline (Gertler, 2000).

A study that was conducted by Barber and Gertler (2008) using the sample of 666 beneficiaries and 174 non-beneficiaries revealed that the mean birth weight associated with the *Progresa* programme was 82 g higher for beneficiaries. Moreover, non-beneficiaries had more prior pregnancies by 5.1 percent compared to beneficiaries who had 4.1 percent of **pregnancies** (Barber & Gertler, 2008). *Progresa* had an overall impact of 127.3g increase in birth weight and 4.6 percentage points' decrease in low birth weight (Barber & Gertler, 2008). Based on visits to health facilities, *Progresa* was found to have a positive and significant effect on health visits among the beneficiaries (Gertler, 2000). A similar study from Mexico that was conducted by Barham (2011) revealed that *Progresa* was associated with a reduction of infant mortality and neonatal mortality rates.

Barham (2011) collected data about infant and neonatal mortality rates from municipalities in both rural and urban areas between 1992 to 2001. The findings from this study revealed that during the post-neonatal stage *Progresa* was associated with 0.65 death reduction per 1000

live births that were caused by intestinal infections (Barham, 2011). The study concluded that a 17 percent reduction in infant mortality rate was associated with the *Progresa* programme and the programme had a much greater impact in rural areas (Barham, 2011).

Morris et al. (2004) asserted that the increase of 18 to 29 percentage points in childhood immunisation and growth monitoring respectively in Nicaragua was associated with the *red de proteccion* programme during the first year of the programme. Morris et al. (2004) reported that the Honduran programme called *programa de asignación familiar* (family allowance programme) was said to be associated with an increase in the utilisation of health facilities, being 23 and 42 percent increase among infants less than 1 year old and pre-school children aged 1 to 5 years old, respectively. Furthermore, Morris et al. (2004) reported that the programme also had a large impact at the household level.

Other studies have revealed the positive impact of child cash transfers. For example in 2003 the government of Ecuador introduced a programme called *Bono de Desarrollo Humano*, the aim of which was to target poor families with children and $15 per month was given directly to the mothers rather than fathers through the banking system (Paxson & Schady, 2007). This programme was an unconditional cash transfer programme targeting children between the ages 3 and 7 years in rural Ecuador. During the evaluation of the programme, Paxson and Schady (2007) found that *Bono de Desarrollo Humano* had a positive impact on raising the haemoglobin levels among these poor children. Furthermore, it had a positive impact on improving fine motor control, intellectual outcomes and reduction in reporting behavioural problems (Paxson & Schady, 2007).

2.4.3 Impact on child labour

Other studies have revealed that child cash transfers have reduced child labour. Yap et al. (2002) asserted that child labour is usually assumed to be harmful for children. Many poor families have received these cash transfers on the condition that children should attend school and it is assumed that such programmes increase school attendance while reducing child labour (Ravallion & Wodon, 2000). Poverty and economic shocks have been found to be driving factors that lead to child labour (de Carvalho Filho, 2012). In most cases poor people from rural communities are mostly likely to be exposed to shocks such as unemployment, illness of an adult member who is acting as a provider, floods, droughts and so forth; these kinds of shocks can affect household income (De Janvry, 2006). In such shocks children can be used as risk coping tools (De Janvry, 2006).

Cardoso and Souza (2004) reported that the data collected during the early 1990s by the World Bank and national governments revealed that parental poverty is the cause of child labour. Similarly, Yap et al. (2002) suggest that child labour is likely to cause fewer years of schooling. In South Africa, the study that was conducted by the DSD, South African Social Security Agency and the United Nations International Children Emergency Fund (DSD, SASSA AND UNICEF) to evaluate the impact of the CSG revealed that due to the CSG child labour was reduced.

Table 2.4: Percentage of children specified activities by sex and the impact of the CSG on time allocation and labour supply of 10 year old children

Activity	Girls	Boys	All children
Attending school	100.0%	99.5%	99.8%
Studying after school	88.5%	81.6%	84.9%
Assisting with household chores	67.7%	54.7%	59.5%
Helping with family business	3.3%	2.1%	2.8%
Working for pay outside the household	1.3%	1.4%	1.4%

Source: DSD et al. (2012).

Table 2.4 presents the activities undertaken by 10 year olds. Based on the above results the study found that due to the impact of the CSG a low number of 10 year olds were working outside their homes in return for money (DSD et al., 2012). Edmonds (2005) found that in South Africa the CSG was associated with an increase in school enrolment and a decline in hours worked by children. On average children, who lived in rural South Africa without an elder who was a pensioner or caregiver receiving the CSG, spent almost 3 hours a day working (Edmonds, 2005). In Brazil as a result of the *Federal Bolsa Escola* Programme child labour decreased over the years 1992 to 2001 (Cardoso & Souza, 2004). The percentage of boys at work declined from 36.3 to 23.5 percent and 18.5 to 12.5 percent for girls (Cardoso & Souza, 2004).

2.4.4 Employment and economic improvement

South Africa is ranked as a middle income country; however the country is affected by high rates of people living with HIV/AIDS, poverty and high unemployment among the eligible working class (Barrientos & DeJong, 2006). As discussed above, cash transfers have boosted the financial situation for many families. For example, in South Africa 9.4 million people

were receiving social grants in 2005 and half of these were children receiving the CSG (Williams, 2007). According to the 2008 National Treasury report about 75 percent of households received the CSG (Lwanda et al., 2011).

Research indicates a positive relationship between grants that are given to children and adult development. It is assumed that if a child receives a form of grant from the government, the money can be used to place a child in a day-care centre while the mother is searching for a job (Williams, 2007). Moreover, it is also assumed that a child's grant may increase a mother's productivity and this can increase the chances for her to be hired because if a worker is malnourished or has poor health she/he is unlikely to perform well at work (Williams, 2007). Similarly, the findings from Eyal and Woolard (2010) revealed that the CSG had a positive influence on labour market participation among the CSG recipients. The CSG has been found to increase employment possibilities and decrease unemployment (Eyal & Woolard, 2010).

For example, it is argued that the CSG can be used to fund job searches through payment of day-care or for transport expenses (Eyal &Woolard, 2010). In addition receipt of the CSG is likely to reduce work outside of the home for females and this was found to be crucial for the quality of child care especially when the child is still very young (DSD et al., 2012). Interestingly, as a result of the CSG, 57.1 percent of respondents in the survey reported they were able to open a bank account such as Postbank or join a *stokvel* club for saving purposes (DSD et al., 2012).

A study that was conducted by Patel et al. (2012) reported on similar findings. The aim of the study was to understand gender dynamics and the impact of the CSG. Findings from the

study revealed that women were happy about the introduction of the CSG; they reported that the CSG had a positive impact in their lives (Patel et al., 2012). Furthermore, 82.3 percent of grant recipients reported that the CSG had changed their lives for the better, 79.2 percent of recipients revealed that with the money they were getting they were able to support their children and 61.8 percent believed that the CSG contributed to family unity (Patel et al., 2012).

Similarly, the CSG has been used by caregivers to enhance a child's nutrition and schooling; in addition the grant has also been seen as a safety net to facilitate labour market participation of the caregivers (Tiberti et al., 2013). Furthermore, there is growing evidence that the CSG is playing a major role in alleviating the impact of economic shocks in many South African households (Tiberti et al., 2013). In addition, the CSG has been found to reduce poverty in many South African households. According to SASSA (2011), in 2007 there was a 9 percent drop in child poverty due to the CSG (Tiberti et al., 2013).

Similarly, the *Progresa* programme had a huge impact on the poorest families as there was a decrease in poverty among these families (Skoufias, 2001). Some studies revealed that as a result of *Progresa* the economic status of some households was improved. It is reported that on average the programme represents a major share of household income (Rubalcava et al., 2002). Since 1998 the amounts of income range from a minimum of 105 pesos per month with no children to 630 pesos for households with at least 5 children (Rubalcava et al., 2002). Rubalcava et al. (2002) reported that Mexican women from the poorest households benefited the most from the programme; they received an income that enabled them to invest in the human capital of their children.

2.4.5 Foods items

A study found that receipt of the CSG was associated with an increase of 1.5 percentage points spending on food items within the household, with 1.2 percentage points increase on basic food items (Samson et al., 2004). The CSG spending on food items is associated with better nutritional outcomes and households that receive the CSG are unlikely to experience hunger among children and adults compared to those who do not (Samson et al., 2004).Research that was conducted by Gomersall (2013) to review the performance of the CSG reported similar findings.

The findings suggest that if the grant is received by women in the household the money is likely to be spent on goods that are important for child development, although the findings further reveal that the grant was not being used for the benefit of the child only, but was also being used to support many individuals within the household (Gomersall, 2013). This is common in many South African households whereby social grants usually not only benefit the direct recipient but the whole family; this has also been witnessed with the pension grant.

The *Familias en Accion* is a Colombian conditional cash transfer programme which aims to invest in human capital (Attanasio & Mesnard, 2006). This programme offers different grants based on conditional behaviour and particularly benefits households with regard to nutrition (Attanasio & Mesnard, 2006). Attanasio and Mesnard (2006) asserted that for this programme mothers have to attend health programmes that include child development and check-ups, hygiene classes and vaccination programmes. The results from the Attanasio and

Mesnard (2006) study reveal that there was improvement in the quality of food consumed by the beneficiaries of *Familias en Accion,* particularly foods that are rich in protein such as eggs, milk and meat.

2.5 Causes of early childbearing

Many studies suggest that there is no association between the CSG and early childbearing. Instead various factors have been associated with early childbearing. For example teenage pregnancy has been related with regular sex without reliable contraception, sexual coercion, and a lack of communication between partners, promiscuity and poverty (Kantu & Mashu, 2010). Similarly, there are many critical drivers that place young women in South Africa at high risk of early childbearing; the factors include young women dropping out of school because of economic reasons, young girls who come from poor backgrounds affected by poverty and gaps in knowledge and access to contraceptives (Willan, 2013). It appears that there are different and multifaceted reasons for teenage pregnancy in South Africa that include poverty, lack of education and opportunities and coerced sex (Goldblatt, 2006). The next section will discuss factors that are contributing to early childbearing.

2.5.1 Sexual risk behaviour

Risky sexual behaviour includes having unprotected sex with multiple partners; this is common to a large number of young people who are unguided in dysfunctional families (Holborn & Eddy, 2011). In the South African context, many young people engage in sexual activities at a very young age. A study that was conducted among Grade 8 learners revealed that 41 percent that were sexually active had had four or more sexual partners in their lifetime

and 52 percent reported that they had had more than one sexual partner in the three months before the study was conducted (Holborn & Eddy, 2011). Similarly, Manzini (2001) asserted that studies in South Africa and other places confirmed that adolescents engage in sexual activities at very young age. They are likely to engage in sexual activities that are unsafe, and uninformed (Manzini, 2001). Similarly, Khoza (2007a) argue that some teenagers become pregnant due to curiosity and ignorance.

2.5.2 Contraceptives use, knowledge and access

One of the greatest barriers to a healthy lifestyle in South Africa is access to good quality health care; poor health care services have a negative impact on young people, hindering them from accessing health education (MiET Africa, 2011).

Reducing teenage pregnancy rates is an important factor; it is part of reaching the Millennium Development Goals (Jewkes et al., 2009). Young women continue to have high rates of pregnancy and it becomes hard for them to terminate pregnancy if they need to, because these kinds of services are not readily available all the time (MacPhail et al., 2007). The key to women's health is to provide services that allow them to manage their reproductive health and encourage them to access contraceptive services, which contributes to HIV prevention (MacPhail et al., 2007).

Although many studies report high rates of pregnancies and HIV among South African teenagers, little research has been conducted to find out about their knowledge of contraceptives and their ability to access reproductive health services (Hoffman et al., 2013). Research shows that pregnant teenagers do not have much knowledge about the types of

contraception and how they can protect themselves from sexually transmitted infections. International research reports that only 40 percent of young people aged 15 to 24 have correct knowledge about HIV and its transmission (Hoffman et al., 2013). While some research argues that young people do have knowledge about contraceptives, other studies argue that young people do not know much about contraceptive use. However, all these studies argue that most young people do not know much about emergency contraceptive services that provide a quick preventative method against pregnancy (Willan, 2013).

Kantu and Mash (2010) conducted a study to understand the attitudes and perceptions of teenagers in Taung with regards to teenage pregnancy and to explore their understanding of sexuality and contraception. In their study Kantu and Mash (2010) found that some of the teenagers did not have much information about contraceptives. When they asked a 17 year-old grade 12 learner, who was five months pregnant about any kind of contraceptives, she responded that she did not know anything about contraceptives (Kantu & Mash, 2010).

Bankole and Malarcher (2010) argue that adolescents' needs are not being met by the current sexual and reproductive health information services. These authors found that the adolescents between the ages of 15 and 19 in their study knew at least one modern contraception method, but many adolescents believe that during the menstrual cycle the woman is more likely to become pregnant compared to other days (Bankole & Malarcher, 2010).

Naong (2011) argues that although there is a high level of knowledge about modern methods of contraception, a large number of young people seldom use contraceptives and many do not use them consistently or correctly. Knowledge about contraceptives is another challenge that

is facing adolescents. The study that was conducted by Richter and Mlambo (2005) to explore and describe the perceptions of teenagers about pregnancy revealed that sometimes teenage pregnancy occurs due to the lack of knowledge of how to use contraceptives. One of the participants was quoted saying, "I take a pill when I know my boyfriend is coming and we are probably going to make love. I sometimes forget to take it before we make love so I take it after we have made love" (Mlambo 2005:65).

The 2008 national representative survey reported that among high school learners in South Africa, 30 percent of young women had had sex and 24 percent of those had been pregnant, with 15 percent of sexually active female learners reported not usually using contraception when they have sex and 67 percent reported not always using condoms (Holt et al., 2012). Furthermore, condoms were the most commonly used contraceptive method, with about 42 percent of sexually active young females using condoms, while 12 percent reported that they were on injection and 5 percent were on the pill and other modern methods (Holt et al., 2012).

International research reports similar findings about knowledge and access to reproductive health services. For example, Zambian and Kenyan government health policies state that contraceptive services should be provided to young people who are sexually active; however this is not always the case, as young people have limited access to such services in these countries leaving them with one unreliable option of abstaining (Warenius et al., 2006). In both Kenya and Zambia, adolescent childbearing has been identified as a major factor that leads to school dropouts (Warenius et al., 2006). As a result of inaccessible legal abortion services Zambian girls engage in illegal abortions in order to prevent school dropouts and this

puts their lives in danger. Findings from the Western Province of Zambia revealed that 1 in 100 school girls die from abortion related complications (Warenius et al., 2006).

Mmari and Mgnani (2003) assert that the largest and fastest growing populations in sub-Saharan Africa are young people between the ages of 10 and 24 years. However, these authors argue that in many of the sub-Saharan African countries, reproductive health services that are clinic-based are usually designed for older married women and many unmarried women face various challenges when they seek these kinds of services (Mmari & Mgnani, 2003). Furthermore, unmarried young women are unlikely to seek reproductive health services because they fear negative community perceptions (Mmari & Mgnani, 2003). They have a fear of being seen at facilities and fear that their privacy and confidentiality will not be maintained (Mmari & Mgnani, 2003).

Teenagers from rural areas become sexually active at a very young age without using any form of contraception and this is likely to increase their pregnancy rates (Richter & Mlambo, 2005 cited). In contrast, in the United Sates reducing barriers to accessing contraceptives has been found effective to reduce teenage pregnancy and sexually transmitted infections (Kohler et al., 2008).

2.5.3 Sex education

There are many other factors that can contribute to early childbearing, such as lack of comprehensive sex education. Sex education has been found to be an important factor in influencing sexual behaviour of young people in a positive way. Richter et al. (2006) argue

that in order to reduce high rates of pregnancy among young women sex education should be an on-going process. In South Africa much effort has been made to empower women during the last 15 years; however teenage pregnancy is still considerably high, in fact it is two times higher than that of the United Kingdom, although it is steadily declining (Jewkes et al., 2009).

It is, therefore, important to find strategies that will reduce these high rates of pregnancy among young women and reproductive health education is one of these strategies. Around the world many people view sex and HIV/AIDS educational programmes as a solution to problems such as sexual transmitted infections, HIV transmission and teenage pregnancy (Kirby et al., 2007). Furthermore, Kirby et al. (2007) assert that sex and HIV/AIDS educational programmes that are implemented in schools, clinics and communities are likely to reduce sexual risk behaviours among youth.

In their study, Richter and Mlambo (2005) found that participants argued that the reason why many teenagers become pregnant is because they lack sex education. Participants from the study complained that they did not have enough information about how their bodies functioned and how they should handle relationships, and it was concluded that parents also neglect sex education (Richter & Mlambo, 2005). Furthermore, participants suggested that sexuality education should be introduced in schools in order to reduce sexual risk behaviours among youth (Richter & Mlambo, 2005).

Research has also reported positive results between sex education and reduction of adolescent pregnancies. For example, the study that was conducted by the National Centre for Health

Statistics between March 2002 and March 2003 to explore the role of sex education in reducing teenage pregnancy and sexually transmitted infections in the United States supports this notion. The participants from this study were from the ages of 15 to 44 years and data was collected through home visit interviews, where the adolescents aged 15 to 19 years were asked additional questions related to sex education, pregnancy and sexually transmitted infections and sexual behaviour.

The results from this study reveal that young people who received comprehensive sex education were unlikely to report teenage pregnancy compared to those who received formal sex education (Kohler et al., 2008). Moreover, results reported that there was no positive relationship between abstinence education only and reduction in teenage pregnancy and chances of engaging in vaginal intercourse (Kohler et al., 2008). However, comprehensive education was associated with lower chances of engaging in vaginal intercourse (Kohler et al., 2008).

2.5.4 Culture and religion

The reason why many women do not get proper education about their sexuality is rooted in culture and religion and this makes them vulnerable to pregnancy and sexually transmitted infections. For example, in eastern Uganda gender inequalities and expectations of women inhibits young girls from accessing information about sexuality in schools and this increases their chances of getting HIV and becoming pregnant and this in turn increases the likelihood of being a school dropout for those who become pregnant (Burns, 2002). In Kenya and Zambia religious and traditional beliefs with regards to sex education are still valued and premarital sex is not allowed regardless of religious affiliation (Warenius et al., 2006). In Kenya and Zambia sex education has been implemented in schools, churches and non-

governmental organisations; however these institutions have different agendas (Warenius et al., 2006). As a result this leads to conflicting messages. For example, non-governmental organisations encourage condom use for young people who are sexually active while others like churches put an emphasis on abstinence before marriage (Warenius, 2006).

In the African context boys are more likely to receive knowledge about sexually issues and there is a universal parental acknowledgement that boys will experience sex more than girls and no questions asked about with whom sex will take place (Jewkes et al., 2009). Teenage girls, in the African context, are usually under close supervision of their parents, they stay in the main house and their opportunities to explore their sexuality are reduced by household chores (Jewkes et al., 2009). However, evidence reveals that none of these behaviours is comprehensive enough to prevent sex and pregnancy among these young women (Jewkes et al., 2009). Similarly, Kantu and Mash (2010) argue that gender stereotypes play a major role in determining social expectations and behaviour for young people; it is often acceptable for men to be sexually active, but women are not expected to be sexually active until they get married. The social expectations hinder communication about sex; usually women are not allowed to speak openly about their sexual desires in relationships (Kantu & Mash, 2010).

2.5.5 Communication

This section discusses the importance of communication between parents and their children. A study that was conducted by Mbugua (2007) in Kenya discussed factors that inhibit educated mothers from discussing sexual matters with their children. Mbugua (2007) found that traditional taboos were one of the reasons why these mothers were unwilling to discuss sexual matters with their children. During the interviews they expressed that it was hard for

them to discuss sexual issues with their children because they had never discussed them with their own parents (Mbugua, 2007). Four mothers expressed that if they had been given some kind of sex education from their parents it would be easier for them to discuss it with their daughters (Mbugua, 2007). Furthermore, Mbugua's (2007) findings reveal that another factor that contributed to hindering mothers from discussing sexual matters with their children was related to the Christian religion. Some participants in this study revealed that due to the Christian values they hold they were not allowed to discuss sex matters with their children (Mbugua, 2007).

A similar study was conducted in South Africa and the aim of the study was to find ways to reduce levels of HIV and intimate partner violence through communication between adults and young people. Women from the poorest backgrounds participated in this study through focus groups. During the group discussions older women were against open discussions about sexuality with young people. One older participant stated that, "If you talk openly about sex, you are encouraging your children to have sex" (Phetla et al., 2008:8). However, young women were willing to change negative attitudes about sexuality and they were willing to acquire parenting skills that would allow them to discuss sexual matters with their own children (Phetla et al., 2008). For example, one young woman was quoted saying, "If our parents were open with us I think I would not have had a baby. If I knew before I would have gone to the clinic for prevention" (Phetla et al., 2008:8).

Bankole and Malarcher, (2010) outlined that adolescence is usually perceived as a 'healthy' period; however young people are exposed to many risks as they enter adulthood and start sexual activities. Between the ages of 10 and 24 years 2.6 million deaths occurred in the year

2004 and 2.56 million, which accounts for 97 percent of these deaths, were from low income and middle income countries, while 1.67 million were from sub-Saharan Africa and Southeast Asia (Patton et al., 2009). Among young females maternal conditions were the leading cause of death (Patton et al., 2009). Bankole and Malarcher (2010) argue that these findings about the deaths of young people reveal that young people are sexually active yet community leaders and parents deny this reality and they fail to prepare these young people for their sexual experiences. Bankole and Malarcher (2010) further argue that young people who are sexually active have to be provided with appropriate effective contraceptive services in order for them to protect themselves against unwanted pregnancies and sexually transmitted infections.

Communicating with young people about sex and sexuality plays a major role in achieving sexual health among this group (Ogle et al., 2008). Active communication about sex between partners is associated with increased condom use and having fewer partners (Ogle et al., 2008). However, it has been found that it becomes easier for young people to communicate about sex with their sexual partners if they have had open discussions about sex matters with their parents (Ogle et al., 2008). Similarly, the study that was conducted by Hutchinson et al. (2003) in order to examine the relationship between mother and daughter communication about sex among sexually experienced young females aged from 12 to 19 years from inner-city Philadelphia, supports this notion.

The study revealed that an increase of mother to daughter communication about sexual risk behaviours was linked with low incidents of sexual intercourse and unsafe sex when a follow up study was conducted three months later (Hutchinson et al., 2003). Moreover, sexual risk

communication between parents and their children, especially sexually active young women, has been associated with high consistent condom use, more responsible sexual attitudes and behaviours and discussions about sexual risk behaviours with their male partners (Hutchinson et al., 2003). Furthermore, the conclusion from this study agreed with the idea that "mothers who communicate with their daughters about sex can affect their daughters' sexual behaviours in positive ways" (Hutchinson et al., 2003:98).

Due to the high prevalence of sexually transmitted infections and pregnancies in the United States, some organisations have developed interventions that target teaching parents about communicating skills on how to communicate with their children about sex and birth control (Jaccard et al., 2002). This approach is assumed to be a valuable one because parents are seen as agents of change and important sources of information and advice that can help shape and change the sexual beliefs and behaviours of their children (Jaccard et al., 2002).

2.6 Summary

Although adolescent pregnancy is still considerably high, the empirical research reveals that there is a fertility rate decline among this group. Previous research studies have demonstrated that there is no relationship between the CSG and early childbearing. Research indicates that there are various factors that contribute to early childbearing such as poor sex education, poverty, and coerced sex, poor knowledge of contraceptives and lack of reproductive health services. Research also indicates that the CSG has a positive impact on the child's development, for example high enrolment rates, improvements in nutritional food intake and health and reduction in child labour have been associated with the CSG.

CHAPTER 3: METHODOLOGY

3.1 Introduction

This chapter will outline the design of the study, the research approach used and the process applied to carry this research. The study approach was designed to explore the relationship between early childbearing and the CSG. The chapter draws on qualitative data which was collected through in-depth interviews with participants and describes the research methods applied. The chapter will start by describing South Africa, as the study context and the study location. In addition, it will also provide a rationale for using recipients of the CSG. Finally, a discussion on ethical clearance issues and the limitations of the study will be given. The study was conducted at the Nkundusi Village in Mtubatuba, South Africa.

3.2 Study context

This study was conducted in KwaZulu-Natal province. The study was conducted in Nkundusi village located in Mtubatuba, which falls under the uMkhanyakude district in the northern part of KwaZulu-Natal. KwaZulu-Natal is the second most populous province in South Africa with a population of approximately 11 million (Statistics South Africa, 31 July 2014). Although KwaZulu-Natal is not ranked as the poorest province, it is one of the poorest provinces in South Africa due to large rural areas (NDA, March 2014).

Table 3.1: Comparing number of learner pregnancies per district in 2010 and 2011.

No	District	No. of learners who fell pregnant in 2010	No. of learners who fell pregnant in 2011
1	Amajuba	549	666
2	UThungulu	1551	1382
3	ILembe	927	766
4	**UMkhanyakude**	**1798**	**347**
5	UThukela	788	615
6	Pinetown	1273	1021
7	Sisonke	885	576
8	UGu	1153	1030
9	UMgungundlovu	1203	848
10	UMlazi	1072	894
11	UMzinyathi	725	671
12	Vryheid	1801	1752
Total	**Province**	**13725**	**10595**

Source: KwaZulu Natal Department of Education (2013)

According to the KwaZulu-Natal DOH teenage pregnancy rates were very high in 2010 and 2011 in the KwaZulu-Natal Province (DOH, 2013). Table 3.1 presents the rates of teenage pregnancy between 2010 and 2011; in 2010 UMkhanyakude district was the district with the second highest pregnancy rates although it dramatically dropped in 2011 (DOH, 2013).

The incidences of early childbearing remain high among young women in Nkundusi village (observations by the researcher). Nkundusi village is a deep rural area and it lacks basic facilities such as clinics, schools, water and electricity. There is only one clinic, one high school and two primary schools. Most of the households do not have running water or electricity. Youth development is almost non-existent in this community and reproductive health services that are supposed to cater for youth needs are almost non-existent. Therefore,

it was important for this study to investigate whether there was a relationship between early childbearing and the CSG in this community or if there are other factors.

In South Africa, poverty tends to have a spatial dimension. In most cases poor women and children live in rural areas, where there are high unemployment rates, lack of access to basic services and female-headed households (Naidoo, 2010). Correspondingly, in general most of the CSG beneficiaries live in rural areas and that is why this study was conducted in a rural area. According to the 2009 National Budget Review many of the CSG beneficiaries were living in rural areas such as farms or villages as compared to 44 percent who live in urban settlements (Dicks et al., 2011), such as in the Western Cape, the Free State, Gauteng and Northern Cape where a large number of the CSG recipients live in formal metro or areas or towns. In other provinces the majority of recipients live in rural areas that are not farms (Dicks et al., 2011).

Likewise, in her analysis Naidoo (2010) indicated that most of the caregivers who were the CSG recipients were from rural areas with 74 percent being from rural areas compared to 26 percent who were residing in urban areas. At the same time recent research indicates that KwaZulu-Natal and the Eastern Cape have the highest number of children who are benefiting from the CSG with children less than seven years of age being the largest beneficiaries in these provinces (Tiberti et al., 2013). Therefore, it is also interesting to see whether the high take-up is due to the fact that these provinces are among the poorest provinces or maybe it is because there are high rates of pregnancies that are increasing the number of beneficiaries of the grant. The study was conducted at Nkundusi village located in Mtubatuba among young black mothers who were CSG recipients aged 18 to 24 years. The reason why the study was

conducted among young black women is that this group has the highest adolescent fertility rate compared to other races in South Africa (Moultrie & McGrath, 2007).

Naong (2011) asserted that there is well documented evidence that reveals that teenage pregnancy prevalence among young black people is high compared with whites. In South Africa about 90 percent of grant recipients are black Africans (Dicks et al. 2011). Although young fathers are also responsible for childbearing, research reveals that young mothers are usually direct recipients and they are often widely perceived as the ones who want to become pregnant in order to receive the CSG in comparison to their male partners (Goldblatt, 2006). Similarly, Goldblatt (2006) argued that the CSG, together with feminist activism, is a key area of study. The reason behind this is that the CSG, since its introduction in 1998, has been collected almost entirely by women and spent by them, which seems to have both positive and negative impacts on their status in society. Patel et al. (2012) also notes that the majority of the beneficiaries of the CSG are women.

Furthermore, the reason for selecting 18 to 24 year olds was that according to the Children's Act of South Africa no person or researcher is allowed to interview a person under the age of 18 without their parent's consent unless it is in the best interest of the child. Furthermore, teenagers who are under 18 years old are likely to be attending school and if the researcher were to go to school to interview them that would disturb them in their school work and violate their right to education. Moreover, the reason for choosing the CSG recipients was that this project was trying to avoid biased answers or obvious answers about the relationship between the CSG and early childbearing. For example, it might be easy for a person who is

not a recipient of the CSG to say people have children because they want this grant from the government.

3.3 Qualitative methods

The study relied on qualitative research methods using in-depth interviews with recipients of the CSG. The aim of the study was to shed more insights into the relationship between early childbearing and the CSG through young mothers who receive the CSG. For this study qualitative research method was seen as the most suitable method. Bricki and Green (2007) argue that a qualitative method aims to understand some aspects of social life, which is normally generated in words rather than numbers. Usually the main aim of the qualitative research method is to understand the individuals' experiences, opinions and attitudes; in this case it was the CSG recipients' attitudes towards early childbearing (Bricki & Green, 2007). This type of research aims to answer questions such as the 'what', 'how' or 'why' of the particular problem rather than answering quantitative questions such as 'how many' or 'how much' (Bricki & Green, 2007).

Qualitative research has been defined as "multi-method in focus, involving an interpretive, naturalistic approach to its subject matter" (Cresswell, 1998: 14). Correspondingly, "qualitative research aims to help to understand the social issues in the world we live in and why things are the way they are and seeks to answer questions such as "why people behave the way they do?" "How opinions and attitudes are formed?" And "how people are affected by the events that go on around them" (Hancock et al., 2009:7). Qualitative research seeks to broadly address and help to understand how or why things came to be the way they are in the social world (Hancock et al., 2009).

Similarly, in the qualitative study, data is collected in the form of written or spoken language or observations that are recorded (Terre Blanche et al., 2006). This type of method allows the researcher to study particular issues in depth and with openness in order to understand the information that has emerged from the data collected (Terre Blanche et al., 2006). Furthermore, "qualitative research is naturalistic, holistic and inductive" (Terre Blanche et al., 2006:47). Qualitative research can be characterised as interdisciplinary, multi-paradigmatic and multi-method (Struwing & Stead, 2001).

The interest in qualitative research is on understanding the issues from the participants' point of view; this method does not treat participants as 'subjects' in order to avoid an inferior role in the research process (Struwing & Stead, 2001). It means that people's ideas, beliefs and attitudes are taken into consideration. This type of approach relies on open-ended questions that help the participants avoid a programmed set of answers; therefore it also allows the participants to talk freely using their own words and provide as much information as they can. Furthermore, the approach can also allow the researcher to be flexible in probing questions in case new issues arise during the interview sessions.

Like any other method, a qualitative method has its own limitations. One of the common criticisms of this method is that the results may not be applied to a larger population due to a usually small sample and participants are not normally chosen randomly (Hancock et al., 2009). Collecting and analysing data from this study approach can be disorganised and time consuming. Similarly, there are no 'quick fix' methods in qualitative analysis as compared to quantitative data, which is why it can be time consuming (Lacey & Luff 2009). The method

requires the researcher to develop trust with his or her participants especially if the topic is a sensitive one.

This study used a case study approach to collect data and the main reason for choosing this approach is that the researcher was interested in an individual's experiences to see if these experiences are similar to other people's experiences. Furthermore, because the study was about the CSG recipients, a case study approach was relevant because it gives an individual point of view rather than generalising about the problem. The case study approach becomes important because it may reduce bias during data collection as people tell their own stories instead of someone else telling their stories on their behalf.

A qualitative case study usually includes an individual comprehensive interview and the participants are selected for their unique properties (www.sagepub.com, 2014). The case study approach also has its own limitations. One of the limitations is that a case being studied may not necessarily be representative of similar cases, therefore the results may be not be applicable to a larger population as case studies are particularistic and contextual (Hancock et al., 2009).

3.4 Process of data collection

The study was conducted at Nkundusi village. In order to conduct the study in this community as a researcher I wrote a letter to the community headman in order to get permission to conduct the study. In the letter the purpose of the study was outlined and the letter explained that participation in the study was entirely voluntary and the participants

were allowed to withdraw at any time if they wanted to do so. It was also explained that participants' information would be kept anonymous all the time in order to maintain confidentiality. I received a response in the form of a letter stating that the headman would allow me to conduct the study in the community. The letter from the headman was then sent to the University of KwaZulu-Natal research office in order to obtain an ethical clearance letter that was used as proof to the participants that I had the clearance to conduct the study.

After the ethical clearance letter was obtained, participants had to be selected. There are different sampling methods in qualitative research on how to select the participants. For instance, in order to achieve the objectives of the study, participants had to be selected on the basis of their views and experiences with regards to childbearing in relation to the CSG so that purposive sampling was used to select participants. The purposive sampling method is one whereby informants are chosen based on the qualities they possess; it is not a random method (Tongo, 2007). Tongo (2007) asserted that in this type of sampling method the researcher chooses what needs to be known and sets out to find people who can and are willing to offer the information because of their knowledge or experience. This means that participants are selected because they are likely to give relevant information for the study.

Purposive sampling method becomes most effective when one needs to study a certain group of people. The reason for choosing this sampling method is that it fits in with the case study approach because the focus is on an individual's point of view and experiences. Moreover, the purposive method was relevant for this study because it has an inherent bias that contributes to its efficiency and is fundamental to the quality of data (Tongo 2007). The selection of the participants was based on the knowledge of the researcher, since she is from

the same community and, in addition, during the course of the interviews some participants were found through referrals by participants who had already been interviewed. During the selection process 15 participants were selected. The study utilised 15 interviews with the selected participants as it is in keeping with the nature of a case study approach. A general case study approach uses small sample sizes, but interviews should be comprehensive. I went door to door selecting participants. During the selection process the aim of the study was explained to the participants and permission was also asked from the elders for those participants who were still residing with their parents. During the process of the interview sessions some participants referred me to other people who they knew were relevant individuals to the study.

Based on the nature of the study and sampling method used to select the participants, the researcher collected the data by means of in-depth interviews. In-depth interviewing is defined as, "a qualitative research technique that involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, program or situation" (Boyce & Neale, 2006:3). Similarly, "in-depth interview is a technique designed to elicit a vivid picture of the participant's perspective on the research topic" (Milena et al., 2008: 1279). Correspondingly, in-depth interviews are defined as excellent tools to use in planning and evaluating extension programmes because they mostly rely on open-ended questions, it is a discovery-oriented technique that allows the researcher to deeply explore the participant's feelings and perceptive on a subject (Guion et al., 2011). In-depth interviews become helpful when the researcher wants detailed information about a person's thoughts and behaviours or wants to explore new issues in depth and in-depth interviews are normally used in place of focus groups as this technique allows the participants to talk freely in a private space rather than in a group (Boyce & Neale, 2006). During the in-

depth interviews the participant becomes an expert with information and the researcher is considered a student receiving the information (Milena et al., 2008).

This type of interviewing is useful in qualitative research because it allows people to talk freely about their personal feelings, experiences and opinions and it also allows the researcher to gain insight on how people interpret and order the world (Milena et al., 2008). In-depth interviews provide much more detailed information than that which is available through other data collection techniques (Boyce & Neale, 2006: 3). Furthermore, these types of interviews also provide a relaxed atmosphere allowing the researcher to collect detailed information where the participants can feel comfortable having a one on one conversation with the researcher as opposed to a focus group (Boyce & Neale, 2006).

The limitation of in-depth interviews is that the answers from the participants may be biased (Boyce & Neale, 2006). For example, in the case of this study participants may defend themselves against the idea that they are having children because they want to receive the CSG and their responses maybe defensive. Another limitation is that it can be time consuming because the researcher has to make sure that detailed information is collected and it might be hard to transcribe such detailed information in a short space of time.

In order to gain interest from the participants the researcher used different interviewing skills. Creating rapport was one of the first skills used in this study; for example I had to introduce myself to my participants and where I was coming from and explain my role in this study. We also discussed general things. When I conducted this study it was cold, therefore we firstly discussed the cold weather before the interview process started. Creating rapport

becomes important in gaining entrance to the participants. The researcher must put him or herself in the role of the participants and attempt to see the situation from their point of view rather than impose the world of academia on them (Fontana & Frey, 1994). Other interview skills that were used are open-ended questions; these types of questions are in line with the in-depth interview technique because they give the participants the freedom to answer the questions using their own words, therefore in that sense detailed information from the participant might be obtained (Guion. et al., 2011). Furthermore, open-ended questions avoid 'yes' or 'no' answers and instead 'why' or 'how' questions are used (Guion. et al., 2011). Listening is another skill that was used in order to obtain information. According to Guion et al. (2011) a good listener is one who listens actively so that he or she can use strategies such as paraphrasing; one can paraphrase to confirm to the speaker that he or she was listening and paraphrasing can also act as an advantage forcing a speaker to focus wholly on the conversation.

According to Terre Blanche et al. (2006) validity refers to the degree to which the research conclusions are sound. Validity represents the truthfulness of findings and reliability refers to the firmness of findings (Whittemore et al., 2001). Purposive sampling as a non-probability method is not free from bias, however, and data collection by this method is likely to be valid if the reliability and competence of the informant has been ensured (Tongo 2007). Furthermore, Tongo (2007) states that purposive sampling can offer trustworthy and vigorous data. To ensure validity in this study the researcher made sure that she used different methods to check validity. For ensuring validity credibility tactics were applied in this research. Shenton (2004) argues that one of the most important factors in establishing trustworthiness is ensuring credibility. The strategies that were used to ensure honesty from participants were applied in this study. For example participants were informed that their participation in the

study was entirely voluntary and the participants were free to withdraw at any time. Based on the nature of the study, some participants were reluctant to believe that the researcher was not a government official so that identification in the form of a student card was produced during the course of the interviews.

3.5 Ethical considerations

Before conducting the study a letter was written to headman of Nkundusi village asking for permission to conduct the study in this village. After the letter was received allowing me to conduct the study it was then attached to a written proposal that was submitted through the School of Built Environment and Development Studies and the research office for Higher Degrees Committee and Ethics at the University of KwaZulu-Natal. To ensure the validity of the results and autonomy of participants the researcher explained the purpose of the study to the participants and they were informed that their participation was voluntary and informed consent forms were provided to the participants for them to sign as a sign of agreement and the consent forms were written in their language of preference (See Appendix I).

The researcher explained to the participants that all personal information such as names would be kept confidential at all times and the ethical clearance letter obtained from University of KwaZulu-Natal was used as proof of permission to conduct the study. In cases where participants still lived with their parents, the permission to conduct the study in that particular household was obtained from the head of the household as well as the participants. The participants were promised by the researcher that their responses would be kept anonymous at all times in order to maintain confidentiality. In cases where some questions evoked distress or raised concerns during the interview process, participants were promised

that referrals would be made for them with the DSD which is located in the nearest township of KwaMsane in order to address their social problems or for counselling purposes.

3.6 Data analysis

All the interviews were recorded using a tape recorder and key notes were also taken during the course of each interview session. The interviews were conducted in isiZulu in order to allow the participants to express themselves freely, but after that the interviews were transcribed and translated into English. The transcripts were analysed using the thematic analysis method. Alholjailan (2012: 10) states that "thematic analysis is a type of qualitative analysis, which is used to analyse classifications and present themes that relate to the data. It illustrates the data in great detail and deals with diverse subjects via interpretations." The data collected from the interviews was then categorised into themes. Hayes (2000) defined themes as "the recurrent ideas or topics which are detected in the material being analysed and usually come up on more than one occasion in a particular set of data" (cited by Nshindano, 2006: 39). Themes were then classified according to the information received from the participants; themes were further classified according to their similarities. For example, there were main headings and sub-headings, which were related to the main heading.

3.7 Study limitations

The first limitation of this study is that it has a small sample size; therefore it cannot be applied to the larger population. The researcher is from the same community and this can limit data provided by the participants. However, the researcher tried to find participants she was not familiar with to prevent such limitations. Furthermore, although the purpose of the

study was clarified before the interview session, some participants were unwilling to participate because they were afraid that their information would be exposed to government officials because they thought that the researcher represented the government. The researcher tried to prove her identity by means of producing a student card and the ethical clearance letter from the university; however this might not have been enough for someone who does not understand the procedure and this can limit the quality of data provided by participant. In order to reduce limitations the researcher also provided contact details of the supervisor to the participants and this was also useful because it helped to establish the reliability of the study.

3.8 Summary

The aim of this study was to explore early childbearing in the context of the CSG. The qualitative data was collected using open-ended in-depth interviews to investigate whether there was association between early childbearing and the CSG. The study context, study limitations and ethical considerations that included informed consent and confidentiality of the information were also discussed. The study design is hoped to contribute to the existing research, as the results will help to assess whether the CSG is a contributing factor to early childbearing or not or whether there are underlying issues that are influencing early childbearing.

CHAPTER 4: RESULTS

4.1 Introduction

This chapter outlines the main findings from the 15 interviews conducted with young mothers who were recipients of the CSG. This chapter attempts to highlight and explain some of the challenges experienced by young mothers. The chapter will also highlight the factors that contribute to early childbearing from the participants' point of view. The chapter will further highlight the relationship between the CSG and early childbearing. Finally, the chapter will highlight the impact of the CSG and the main usage of the grant from the perspective of the participants.

4.2 Sample characteristics

Table 4.1: Characteristics of the sample

Participant	Age	Studying	Highest level of education	Age of first pregnancy	No. of children
1	23	No	Grade 11	17 years	1
2	23	No	Grade 8	23 years	1
3	24	No	Grade 9	18 years	2
4	22	No	Grade 7	15 years	2
5	21	Yes	Grade 10	18 years	1
6	22	No	Grade 2	19 years	1
7	19	Yes	Grade 9	17 years	1
8	24	No	Grade 11	22 years	1
9	20	No	Grade 12	19 years	1
10	23	No	Grade 11	19 years	1
11	19	Yes	Grade 10	17 years	1
12	23	No	Grade 11	18 years	2
13	22	No	Grade 12	17 years	1
14	24	No	Grade 9	23 years	1
15	19	Yes	Grade 9	17 years	1

Table 4.1 summarises the sample characteristics of each participant in the study. The level of education is relatively high ranging from grade 2 to grade 12. Many of the participants were school drop-outs, the reason for dropping out of school was that some of them became pregnant and their parents forced them to stay at home to look after their children. Another reason was finances; a few of them had to drop out of school because their parents did not have sufficient money to fund their studies. Some of them reported that their parents passed away so that they had to drop out of school and look for temporary jobs. Interestingly, only two participants reported having two children.

None of the participants were working full time with the exception of one participant who was working as a cleaner at the local primary school. However, those who were not schooling revealed that they were in temporary employment. It is worth noting that they considered their temporary jobs as their main source of income. Those who were still attending school reported that they receive financial support from their families. All participants reported that the CSG was another source of income, but they argued that it was not enough to rely on, so that is why they had to look for jobs.

4.3 Challenges experienced by young mothers

Early childbearing usually comes with many problems. These problems can range from physical, psychological and social. Participants in the study mentioned that as young mothers they have experienced such problems. Brace et al (2008) confirms this when they write that teenage mothers are more likely to face economic, personal and social hardships. Many of the

participants did not report much about the physical and psychological challenges they faced but it was more on the social challenges.

4.3.1 Physical challenges

According to the World Health Organisation (WHO) pregnancy at a very young age is risky as it is associated with many complications. About 23 percent of the overall burden of diseases, complications of pregnancy and childbirth are the leading cause of death in women aged 15 to 19 years in low and middle income countries (WHO, 2011). Many of the participants from the study did not report any physical challenges. Only two participants reported that they had experienced physical challenges during the course of their pregnancy and during childbirth.

One of the participants reported that she had a miscarriage and the other one reported that she gave birth through caesarean section. These challenges are often common among teenage mothers although it is not always the case; for example the caesarean section birth method is possible especially if the body is not fully developed for childbirth, also miscarriage is possible especially if there are complications with the pregnancy, although this is also applicable to adult individuals but young mothers are more likely to experience these challenges. This was likely to happen because the majority of the participants were pregnant at an early age.

"The first problem I had was that I lost my first child when I was 18 years old through miscarriage and I got my second child when I was 19 this year" (P 6).

"The problem I first encountered was that I gave birth through caesarean section" (P 8).

4.3.2 Psychological challenges

The participants also did not report many psychological challenges; a few felt that they were being rejected by their boyfriends and parents. They revealed that once they were pregnant their boyfriends rejected them and they ran away to find new girlfriends. They revealed that they felt neglected by the boyfriends. One of the participants argued that she believes that pregnancy and childbirth is a critical stage whereby one has to get emotional and financial support from the male partner, however for her it was the opposite of what she expected.

"The first problem I have encountered was that my boyfriend abandoned me after I told him that I was pregnant. Even during delivery he was not there, at the time when I needed him the most" (P 13).

They also revealed that their parents blamed them for having the child at a very young age. As explained earlier, some of the participants, especially to those who were no longer in school, revealed that they were abandoned by their parents particularly in terms of material support such as clothes and school. They further mentioned that once you have a child socialisation time with friends is limited because you have to look after the child.

"Once you have a child there is no freedom because you have to look after your child. You do not get support from others; sometimes even your boyfriend can reject you. At home they always blame you that you got the child at a very young age" (P 12).

4.3.3 Social challenges

Some participants reported that they had social challenges. They reported that they had to drop out of school because their parents forced them to do so; one of the participants reported that her father disowned her after she told him that she was pregnant, and the father did not support her in terms of school fees and other school essentials such as school uniform.

"I fell pregnant when I was 17 years old, and then I couldn't go further with my schooling because my father was so upset with me in such a way that he kicked me out of the house and so he didn't pay my school fees. He didn't buy me a new school uniform and so I was forced to stay at home" (P 10).

Some revealed that after they found out that they were pregnant they dropped out from the school because there was no one who was going to look after their children if they chose to continue with their schooling, especially those who were orphans. Financial problems were one of the reasons for dropping out of school for some of the participants; one of the participants revealed that she had had to drop out of school to search for part-time jobs so that she could be able to support her child in the absence of the child's father.

"My first problem was that I had to drop out of school and the reason for that is that I had to look after my child because no one was going to do that for me at home, since my parents passed away. Another problem is that I found it hard to raise a child alone because I had to drop out of school and start looking for a job. I had to look for something temporary so that I can able to support my child" (P 9).

They also reported that they raised their children in the absence of the fathers because their male partners rejected them after they told them that they were pregnant. One of the participants revealed that she had had to look for a part-time job so that she could support her

child. She also mentioned that the money she received from the CSG was also helpful for supporting her child.

"The first problem I have encountered was that the father of my first child refused to support the child. But now I am ok because I get temporary jobs and the CSG does help along the way" (P 5).

4.4 Factors that contribute to early childbearing

The findings from this study suggest that there are various factors that contribute to early childbearing. Participants believed that factors such as sexual risk behaviours, alcohol, peer pressure and poor knowledge about contraceptives were contributing factors to early childbearing. These factors have been discussed in previous studies as factors that are associated with early childbearing (Willan, 2013; Bankole & Malrche, 2010; Kantu & Mash, 2010; Maluleke, 2010 and Manzini, 2001).

4.4.1 Sexual risk behaviour and sugar daddies

When participants were asked about factors that they thought contributed to early childbearing their responses were that many young people engaged in sexual risk behaviours. They define sexual risk behaviour as behaviour in which young people engage in sexual activities at a very young age when they are not mature enough to take vital decisions about their sex life, such as initiating discussion on condom use with their male partners and this puts their life in danger in terms of contracting sexually transmitted infections and becoming pregnant. Manzini (2001) confirms this finding and writes that studies in South Africa and

other places reveal that adolescents engage in sexual activities at a very young age; they normally engage in sexual activities that are unsafe, uninformed and misguided.

"In most cases people engage themselves in relationships while they are still young, due to their young tender age they lack vital life skills such as prevention of teenage pregnancy and how to negotiate safe sex with their partners, thus resulting in pregnancy"(P 1).

Some participants argued that due to poverty and life hardships some young people engaged in unsafe sex because they wanted to please their sexual partners, the reason for this being that they got material and financial support from them. In this case the sexual risk behaviour was defined as not using condoms and the reason for this was explained that this is done to please their sexual male partners. Other reasons were that if the boyfriend promised that he was going to pay *lobola* or would marry that particular woman, the woman becomes submissive even in sexual activities in the hope that this man will spend the rest of his life with her.

"I think it's the way they think, others can't refuse to be in a sexual relationship. Others do not negotiate condom use because they believe that this will put a strain in their relationship with their male counterparts, especially if that partner is providing them with material support such as money and food, and if that partner has promised to pay lobola" (P 2).

Sugar daddy dependency was one of the factors mentioned by participants as a factor that contributes to early childbearing. One participant argued that sometimes other young people do not get material support, such as cell-phones and branded clothes, at home. Therefore, they believe that if they date older men who are working they can get these things; others revealed that they dated older people because they get material support from them, however pregnancy is never planned.

"Young girls often solicit relationships with older men in a bid to secure material support which they believe will be readily and easily accessible" (P 9).

"We date 'sugar daddies' because of the material assistance that they provide, however pregnancy is never planned" (P 15).

4.4.2. Alcohol consumption

Alcohol was one of the factors that participants thought also contributed to early childbearing. They argued that if a person was under the influence of alcohol they lost control and ended up sleeping around with random people without using protection. This finding is valid in a South African context where substance abuse and drugs are a huge problem among young people; this demonstrates that more intervention is needed such as awareness programmes against drugs and substance abuse.

"Others become pregnant through heavy consumption of alcohol which then lowers their inhibition and ability to reason in sexual relations. This is more common among young women who are involved in sexual relationships" (P 10).

One of the participants argued that during parties young people drank too much alcohol and lost control and ended up sleeping around with random men. She mentioned that some of them enjoyed parties too much and could not control themselves when they were drunk and they became easily influenced by people around them.

"Through attending parties young women might be pressured by their peers to engage in sexual intercourse with random guys. Others enjoy going to parties on their own and end up sleeping around with people they meet at parties for the first time" (P 11).

4.4.3 Contraceptives

During the course of interviews some participants brought up the fact that other young women had concerns about the side effects of using contraception methods and, therefore, they did not use contraceptives. Family members, especially parents, and health providers' attitudes inhibited young women from using or accessing contraceptives and this resulted in pregnancy. This finding has been confirmed by MacPhail et al. (2007) who argue that pregnancy rates among young women continue to be high and even if they want to terminate pregnancy they are not able to do this because these kinds of services are not readily available at all times.

Family attitudes towards clinic visits

One of the participants revealed that young people did not have access to contraceptive services because they feared their parents. The reason for this is that in most cases parents did not know that their children were in relationships and were sexually active. This is common behaviour especially among the black African communities where parents do not know about their children's sexuality, especially if there is no bride price that has been paid to the family for the girl so that the boyfriend can be known to the girl's family. This finding shows that there is a lack of communication between parents and their children.

"Others do not go and access contraception services because they fear their parents, their fear is that their parents will question them about their visitation to the clinic and what services they actually accessed" (P 1).

Health care provider's attitudes

In order to prevent teenage pregnancy reproductive health services have to be widely available so that young people will choose to access them. However, some participants argue that they did not go to health facilities because of the unprofessional service they normally receive from the service providers. One of the participants mentioned that during consultation sessions health providers had negative attitudes towards them; they blamed them and asked them why there were in sexual relationship at a very young age. They reported that they called them names; they are often labelled according to their sickness. A study by Mmari and Mgnani (2003) confirm the above finding and write that "unmarried women are unlikely to seek reproductive health services because they fear negative community perceptions, the fear of being seen at facilities and the fear that their privacy and confidentiality will be not maintained". This finding reveals that some health professionals in South Africa are not properly trained if they are failing to maintain confidentiality for their patients. Therefore, this means that if teenagers are not able to access reproductive health services because they fear maltreatment, then teenage pregnancy in South Africa will still remain high if such behaviour is not challenged.

"There is an increased fear of accessing contraceptives from the clinics due to the negative attitudes and perceptions of nurses. Nurses shout at us during consultations, so you end up being afraid of telling them your problems because you will be addressed with an attitude regarding your problem" (P 15).

Concerns about contraceptive side effects

Other participants revealed that there are concerns with regards to contraceptive use. One participant mentioned that in most cases young women did not use contraceptives because they had a fear that they would experience side effects such as losing their body shapes, having trembling due to bodily fluids such as water. This finding confirms that many young people still lack knowledge about contraception; much effort is needed to teach young people about contraceptives so that they will have the correct information about preventative methods.

"Others usually do not want to take contraceptives because they normally say they do not want to get 'water' in their bodies and that's where they fall pregnant" (P 6).

4.4.4 Lack of sex education and lack of recreational facilities.

Lack of sex education was also mentioned by the participants as a factor that is contributing to early childbearing. Participants argued that they fell pregnant because they did not get proper sex education; one of the participants argued that there should be experts to teach them about sex matters in their community.

"I think every month one of the authorities should come to the community and teach youth about sex issues, on how to protect themselves from getting pregnant" (P 5).

One of the participants mentioned that their parents did not teach them about sex issues. She pointed out that their parents were not educated; therefore they did not have relevant parenting skills when it comes to the sexuality of their children. She argued that in her community parents only promoted virginity testing. Therefore she felt that sex education has

to be included in the school syllabus as she believed that teachers are the only solution to the problem.

"What I can say is that our parents are too old and not educated, what we only know here is virginity testing, they do not tell us about sex issues, so I think the solution is that teachers have to teach us about this since our parents are not educated. Subjects like Life Sciences and Life Orientation can help" (P 15).

One of the participants argued that the reason why many young people engaged in sexual activities was because they did not have facilities to keep themselves busy, facilities such as sports grounds. She further argued that in her community they did not have youth-forums where they could congregate and discuss sex issues maybe with one of the professionals from the community or a government department.

"Based on the environment I am living in and the knowledge I have there are no sport facilities that can keep young women busy even women's projects that focus on teaching women about how not to fall pregnant. There are no professionals who teach us about sex issues, our parents are not educated so they do not have the relevant skills to teach us about sex matters and how we can protect ourselves. Therefore if we can find someone, a professional person, who can form a youth forum so that we can discuss with him or her about our concerns when it comes to sex matters" (P 8).

Other participants argued that in order to prevent teenage pregnancy, educational focus should be on both girls and boys; she believed that the main target had to be the boys because they were the ones who usually initiated sex. However, in most cases the society accuses the girls of having bad behaviour, of sleeping around and becoming pregnant. She further argued

that there should be no double standards in raising boys and girls, the rules that apply to girls should also be applied to boys especially in a household setting.

"What I can say is that I am not sure whether it is the role of the government or the role of parents, but I think the government has to employ or send people who will advise boys about teenage pregnancy because they are the ones who make girls pregnant but in our society the focus is on girls only. The girls are often blamed for the high rates of pregnancies yet they do not impregnate themselves. There should be no double standards in the raising of both and boys and girls. Rules and regulations enforced by parents should be applicable to both genders" (P 13).

4.5 Influence of Child Support Grant

According to previous studies there is no relationship between the CSG and early childbearing. There are various factors that contribute to early childbearing such as poverty, lack of sex education, sexual risk behaviours and sex coercion (Willan, 2013; Bankole & Malrche, 2010; Kantu & Mash, 2010; Maluleke, 2010 and Manzini, 2001). The South African CSG has been associated with a positive impact, for example it has been associated with high school enrolment rates especially at primary level, improvement in child nutrition and health and reduced child labour (Case et al., 2005, Aguero et al., 2006, UNICEF, 2009).

4.5.1 Misconceptions of teenage pregnancy in relation to Child support grant

During the interview sessions some participants were quick to respond and say 'yes' when they were asked whether young women were having children in order to access the CSG. However, when the question was directed to them and they were asked how they would

respond if someone said they were having children in order to access the grant, they replied that it was not true because they did not get children on purpose and said that for them it was a mistake.

One of the participants claimed that other young women were having children on purpose; she argued that they became pregnant on purpose because they knew that the government was there to support them with the grant. She further argued that some knew how to prevent pregnancy but they ignored using protection because they knew that even if they got pregnant they would get government support.

"Many young women do have children on purpose. Others know about preventative measures but still they will continue having sex without using a condom, knowing that if they get pregnant government will support the child" (P 5).

But when she was asked how she would respond if someone said she got the child because she wanted to access the grant, she said that she would disagree with that because she did not plan her pregnancy. Given participants' responses in the research study, it appears that there is a general misconception that the CSG has been misused by young mothers who deliberately bear children in order to access this social grant. The CSG was introduced to help poor children.

In most cases young females become mothers in the absence of financial support; therefore the possibilities are very high that they will access the grant in order to support their children. Young mothers do not bear children because they want obtain access to the CSG. Hence according to the participants' responses they are not having children because they know that they are entitled to the grant.

"I can disagree, because I did not get a child in order to access the grant, I did not plan for my child. Sometimes you can find that you did not plan to have a child but surprisingly you can find yourself being pregnant even though you have tried to prevent it" (P 5).

Another participant made the similar argument that young women were having children because they wanted to access the grant; she believed that due to high unemployment rates some young women use the grant as their source of income.

"Some people weigh the options and say they are not working but they can earn money for nothing, then they will go and get pregnant so that they can access the grant" (P 7).

4.5.2 The relationship between child support grant and childbearing

Studies have been conducted in South Africa to explore whether there is a relationship between the CSG and child bearing, but no relationship was found between the two (Naong, 2011, Makiwane, 2010 and Makiwane et al., 2006). During interviews almost half of the participants argued that they did not believe that young people had children because they wanted the CSG, but they stated other reasons that might be the cause of the pregnancy.

One of the participants argued that teenage pregnancy was not a new phenomenon, as even before the introduction of the CSG teenage pregnancy was very high. She further argued that the CSG did not create dependency because even before people had children they always found ways to support themselves such as finding temporary jobs. Makiwane et al., (2006) confirm the above finding when they write that youth fertility rate has occurred across the board including those societies who do not qualify for the CSG means test.

"I would just say people have children because they want to, I do not think they have children because they want to access the CSG, there was no CSG before but people were still having children, they had some ways to support themselves for example others had temporary jobs in order to support their children" (P 1).

Unplanned pregnancies

Other participants argue that many teenage pregnancies were unplanned. They also argue that for them to have children was a mistake because they did not plan their pregnancy with the intention of accessing the grant. This is a common behaviour among teenagers because they usually engage in sexual activities out of curiosity or through peer pressure; however pregnancy was never planned. This statement is confirmed in a study in KwaZulu-Natal by Manzini (2001) which found that teenagers are likely to engage themselves in sexual activities that are unprotected and uninformed**.**

"Others get children by mistake and not because they want to access the grant, that's what I think" (P 6).

"That is not true, for me the time I was having sex I was not prepared to become pregnant. I was not aware that what I did that day can make me fall pregnant. Some of us do not make sex because we want to fall pregnant" (P 9).

Some participants argued that they did not believe that some people deliberately had children because they wanted the grant. One of the participants argued that the CSG was not enough to spend due to high food prices and child expenses. She mentioned that for her the money was not enough to spend; she mentioned that as she stays outside the town transport was

expensive at about R50 a return trip. Therefore she would be left with R260 and with that amount she could only buy pampers or napkins for her child that was why she failed to understand those who said that there are people who had children just because they wanted to access the grant.

"I do not agree with that because I can't say I have a child because I wanted to access that R310 grant. Especially for me, I am staying far from the town, I have to pay R50 for transport to go town. That means I will be left with R260 and with that R260 I can only buy pampers or just napkins just for one month. After that I will be left with nothing. Therefore I do not think that someone can have a child because she wants to access the CSG" (P 13).

4.6 Impact of the Child Support Grant

Research indicates CSG has a positive impact on child development. For example studies reported that CSG a has positive impact on child nutrition, it reduces child labour, increase school enrolment rates especially among primary school children and positive impact on their health statuses (Aguero et al., 2006; Case et al. , 2005; DSD et al., 2012).

4.6.1 The purpose of child support grant

During the interviews participants were asked what they thought was the main purpose of the CSG. All participants revealed, the reason why the CSG was introduced was that government wanted to support poor children. Triegaardt (2005) confirms these findings; the reason why the CSG was introduced in South Africa was to target poor children and the grant was seen as poverty alleviation rather than poverty prevention. Various comments were mentioned why government introduced this grant. Some revealed that many children were usually raised by

single mothers because the fathers were usually not there to support their children and other children were orphaned at a very young age due to the HIV pandemic.

Therefore, the introduction of the CSG was mainly to support children who are vulnerable to such situations.

"In most cases fathers are not usually there to support their children. They leave us while we are still pregnant. I think that is why government introduced this money, so that children can get support" (P 6).

"The government introduced the grant to support children. Other children become orphans at a very young age; while others do not get support from their fathers. The grant from the government helps children who are in such situations" (P 1).

One of the participants argues that due to high unemployment rates the government introduced the CSG in order to alleviate poverty and assist women in terms of finances because they were the ones who looked after the children. Furthermore, she argues that teenagers became mothers at a very young age without any means of financial support only to find that their children became the victims of hunger; therefore government introduced this money to support children who were vulnerable to such situations.

"I think the government saw a need to introduce the grant. Because many young people are having children at a very young age like 13 years, yet they are unable to support their children. Sometimes you can find that a child is very malnourished due to poverty. As a result children become sick because they do not get any means of support therefore the grant does help to cover some of these needs of a child" (P 2).

4.6.2 The usage of child support grant

It was mentioned in chapter two of this paper that some perceptions revealed that young mothers spend the CSG inappropriately and for themselves, not for their children. From this study the findings revealed that mothers spend the money for their children's expenses. However, some of them mentioned that sometimes they used some of the money for their own expenses. They mentioned that as the child grows expenses became less, therefore they could use money to buy things for themselves and as well as the child.

"It differs with the life stages you see, if the child is still very young he or she wears pampers, drinking milk therefore you cannot buy your own things, but it becomes better when the child is getting older especially since mine is 2 years old, I am able to buy her a dress while at the same time I can use some of the amount to buy my own skirt. In terms of food maybe I can take some cornflakes for her and take some cosmetics for me but this can only happen when the child is becoming old, if the child is still young you can only buy pampers then the money will be finished then" (P 8).

"Since my child is not that much young now, I can buy my own clothes and I can also buy cereals for my child. Maybe in another month I can buy a few clothes for him, so since it's winter now I can buy a jersey and gloves and so forth, the money is just helping there and there (P 15).

Other participants mentioned that with the money they received from the government they managed to pay school fees for their children and buy school uniforms and food. However,

some argue that the money is not enough to go a long way, but they did appreciate the government's intervention.

"With the CSG I am able to buy some of the things I need for my child. For example I can buy school uniform and clothes. I can also buy food, although the money is not enough it does help us" (P 1).

"Child support grant has brought positive change in my life. There is a R60 crèche fee that I have to pay every month; through CSG I am now able to pay that fee every month" (P 13).

Some participants mention that with the money they received from the grant they sometimes made savings through banking systems and *stokvel* clubs. Those who mentioned that they made savings said that the main reason was for their children's education.

"What can I say, is that I opened a saving account with Ithala Bank in July last year, and when I went there to deposit they said I should come back this year on July 18th again for another deposit. I do the savings in case I am not around or the child is going somewhere. But the main purpose for this is that I want to invest for my child's education, so that as she grows I can use this money to cover the school costs in future" (P 8).

"I use money to buy pampers for my youngest child because at the moment she is the one who needs more clothes compared to the older sister. But I do not do this all the time. I sometimes pay some of the amount to the stokvel club that I joined. I pay R200 to my stokvel club members but not every month as the payments rotate per individual.

"Sometimes I buy clothes for the older child because the younger one is also getting financial support from her father. I also save the money I received from the stokvel club; I am saving the money for my children's education so that they use it to pay school fees in future" (P 5).

4.7 Summary

The findings from this study suggest that the CSG is not associated with early childbearing because none of the participants agreed or firmly believed that young women are having children because they want to access the CSG. It is hard to believe that young mothers are having children because they want to receive the grant due to the challenges they face during childrearing. Participants from this study revealed that there are various factors that contribute to early childbearing such as lack of sex education, sexual risk behaviours and the lack of contraceptive use. It is evident from the findings of this study that social grants improve the quality of life. For example, the study revealed that CSG has a positive impact on child development such as paying school fees, buying food and clothes and future investments such as education.

CHAPTER 5: DISCUSSION AND RECOMMENDATIONS

5.1 Introduction

There has been a rapid practice of social protection in developing countries over the last decade (Barrientos & Hulme, 2009). There is growing agreement around the idea that social protection creates an effective response to poverty and vulnerability in the developing world and is an essential element for economic and social development strategies (Barrientos & Hulme, 2009). Conditional Cash Transfer (CCT) programmes are forms of social protection. The main focus of CCT programmes is to reduce current and future poverty through promoting human development, for example through better education, nutrition and health (Budlender & Woolard, 2006). Interestingly, CCT programmes are increasingly used to assist poor children from poor backgrounds by improving the nutrition and the human capital of children (Carter et al., 2006).

South Africa's social welfare system has played an important role over the last decade and is continuing to play a role in reducing poverty (Williams, 2007). The South African welfare system dates back to 1928 for whites and 1944 for blacks, with different racial groups eligible for different grants. The current government began to close these gaps since the early 1980s (Williams, 2007). Today South Africa is one of the developing countries that is increasingly promoting social grants (Williams, 2007). South Africa has a unique scope of social grant systems among other developing nations. The grant systems comprise seven different grants which are the Old Age Pension (OAP), CSG, Disability Grant (DG), War Veterans Pension, Foster Care Grant, Care Dependency Grant, and Grant in Aid (Williams, 2007).

In 2005, 9.4 million people out of a total of 47 million people were accessing social grants from the South African government and half of these people were children receiving the CSG (Williams, 2007). Recent research conducted in 2011 by the DSD to evaluate the impact of the CSG reveals that the CSG has a larger number of recipients compared to other grants; over 10 million children are accessing the CSG and this grant has an annual budget of over R9 billion (DSD, 2011). Looking at the above statistics it shows that the South African government is coming up with strategies to alleviate poverty. As is generally known poverty is one of the challenges that still faces South Africa, therefore social grants are still essential in this country in order to curb poverty. They are essential because they can prevent economic shocks and at the same time they can provide human capital. However, there have been different arguments in relation to the CSG, where others argue that the grant encourages young women to have children, but, as mentioned above, previous studies did not find the relationship. In this study the majority of the participants disagreed with the idea that young women were having children because they wanted to access the grant. They mentioned various factors that they think contribute to early childbearing such as alcohol consumption, lack of sex education and sexual risk behaviours.

5.2 Summary of results

The study suggests that there is no relationship between the CSG and early childbearing based on the following reasons. The majority of participants denied the perception that they are having children because they want to access the CSG. Instead poor sex education, poor knowledge about the use of contraceptives and alcohol were some of the factors that participants thought contributed to early childbearing rather than the CSG. The majority of them argue that poor knowledge about how to prevent unplanned pregnancies was the cause

of early childbearing. Richter et al. (2006) confirm this when they argue that in order to reduce high rates of pregnancy among young women sex education should be an on-going process. Similarly, the findings from Richter and Mlambo's (2005) study reveal that participants argue that the reason why many teenagers become pregnant is because they lack sex education. Participants from the study complained that they did not have enough information about how their bodies functioned and how they should handle relationships and it was concluded that parents also neglected sexual education (Richter & Mlambo, 2005).

Some participants argue that the CSG was not enough to support themselves and their children; therefore they did not have children because they wanted to access the CSG. It was mentioned earlier that there are perceptions that young women become pregnant because they want to access the grant and that they dump the children with their grandmothers while enjoying the grant for their own expenses. This study found that all participants were staying with their children and this contradicts previous perceptions. The study found that only two participants had two children each and the rest had one child each. Therefore, if young women were having children because they wanted to access the grant a higher number of childbearing would be expected so that they could increase the amount of the grant.

The above argument supports Makiwane et al. (2006) when they found that the percentage of young mothers who were grant recipients was below 3 percent compared to their 15 percent contribution to fertility and their argument was that if young women were having children to receive the grant then a higher proportion of teenagers who abused the grant would be expected. The participants said they found it difficult to believe that one would have a child if she was not benefiting much from the grant.

All participants reported challenges in childrearing. The majority of them raised children in the absence of their male partners and some had to drop out of school to look after their children. Others even mentioned physical challenges such as miscarriage. These kinds of challenges all add up and make it hard to believe the CSG had an impact on early childbearing.

The second finding from the study reveals that some participants believed that there are young mothers who were having children because they wanted to access the CSG. The ironic part from this finding is that those participants who said this denied that they were having children because they wanted to receive the CSG. Given the participants' responses in the research study, it appears that there is a general misconception that the CSG has been misused by young mothers who deliberately bear children in order to access this social grant. Goldblatt (2003) argues that there are wide perceptions that women become pregnant because they want to access welfare services and she said these perceptions are not unique to South Africa. Furthermore, there are concerns all over the world that women become welfare dependent without contributing to the state and they drain the states' resources by having more children in order to access more grants (Goldblatt 2003).

As such the CSG was introduced to help poor children. In most cases young females become mothers in the absence of financial support; therefore the possibilities are very high that they will access the grants in order to support their children. Young mothers do not bear children because they want to be entitled to the CSG. Hence according to some participants' responses young women are having children because they know that government will support their children and they will earn money for nothing.

This is common whereby women are usually blamed for their lack of accessing job opportunities and become welfare dependents. The above belief or argument is associated with Murray's Welfare Disincentive theory which argues that many people are becoming welfare dependent due to the welfare policies that are in place. There is a belief in this theory that these welfare services have created structural problems, reduce the chances to rise out of the lower class and do not encourage people to work (Bisaillon, 1993).

It becomes difficult to agree with the participants' responses and Murray's Welfare Disincentive theory in a country like South Africa. South Africa has the highest unemployment and poverty rate. According to Statistics South Africa (2014) youth unemployment rates are very high compared to those of adults. During the period of 2008 to 2014 the unemployment rates for both youth and adults has been on an upward trend; however the scarcity of job opportunities for youth in the labour market is continuing to reflect high rates that are more than 20,0 percentage points lower compared to adults over the period of 2008 to 2014 (Statistics South Africa 2014). According to the 2011 labour force survey (LFS) 5.9 million people were unemployed in South Africa of which 4.3 million were youth accounting for 73 percent (Department of Trade and Industry, 2011). Furthermore, the LFS found that the ratio of youth to adult was about 1:3 (Department of Trade and Industry, 2011). In addition, the LFS found that unemployment rates across the racial groups are hugely different, for example 30 percent of black people were officially unemployed in 2011 compared to 6 percent of whites and young people aged 15-24 were jobless (Department of Trade and Industry, 2011).

Sadly, according to the statistics, young women aged 15-34 are most vulnerable to high unemployment rates, which is more than 10 percentage points higher compared to their male counterparts (Statistics South Africa 2014). Furthermore, job opportunities vary among young people, the situation often varies when age categories are analysed and the youngest categories tend to be more vulnerable especially young women (Statistics South Africa 2014). Looking at the above statistics this means that without state support millions of South Africans will starve including youth and children. Therefore, in South Africa social grants play a major role in alleviating poverty in the absence of job opportunities and youth skills development.

Besides few job opportunities available for young people many of them do not have the necessary skills for the available job opportunities. The skills and educational attainment they have do not fit in with available job opportunities. According to LFS 2011 the reasons why there are high unemployment rates, particularly among young people, is because they lack skills for available jobs (Department of Trade and Industry, 2011). Furthermore, Department of Trade and Industry (2011) argues that job seekers themselves argue that they do not normally look for jobs because they lack work experience, lack skills and networks and therefore the probability of getting a job is very low (Department of Trade and Industry, 2011). Additionally, most companies find it too risky and costly to employ young people and youth have a high population rate exceeding the number of jobs created by the economy (DTI, 2011). According to a report by the National Treasury (2011) many employers look for skills and work experience as they consider unskilled and inexperienced jobseekers an uncertainty for investment (National Treasury, 2011).

The quality of education, which is aligned with skills, also determines whether one could get a better job or likely to get the job. It is argued that the formality and quality of education is a critical determinant for the quality of labour market entrants (National Treasury, 2011). The deficient South African education system acts as a fundamental constraint on the quality of young people who are jobseekers and this limits their ability to find decent jobs (National Treasury, 2011). For example, the level of education for participants in the study was relatively high but unsuitable for job seeking. The highest education level was Grade 12 and the lowest was Grade 2. Therefore, the level of education they had was unlikely to give them better job opportunities and enable them to generate income easily as they were lacking vocational skills. Education is not a substitute for skills and low level of education feeds into poor workplace learning ability (National Treasury, 2011).

Likewise, South Africa does not have a successful informal economy where those who are unemployed can have opportunities to generate income (Department of Trade and Industry, 2011). Almost 15 percent of South African's economy is informal compared to other countries such as Brazil and India that constitute 50 percent and nearly 75 percent for Indonesia (Department of Trade and Industry, 2011). Therefore, with the above statistical information social grants in South Africa play a vital role in the absence of job opportunities and skills development and means that without state support millions of South African would starve including vulnerable children.

5.3 Recommendations

Based on empirical evidence discussed in this paper it seems that there are various factors that contribute to early childbearing. Poverty, unemployment, poor sex education and a lack

of service provision are some of the factors that may contribute to early childbearing. Some of these factors were reported by the participants in the study. Therefore recommendations for the Nkundusi community will be based on these factors: sex education, access to reproductive services and youth development.

5.3.1 Sex education

Sex education programmes should be based on empowering young people and these programmes should aim at changing their attitudes with regards to risky sexual behaviour. Although this cannot eradicate high pregnancy rates, it can reduce pregnancy and unsafe sex that results in pregnancy and sexually transmitted infections. It was discussed above that parents do not teach their children about sexual matters. Therefore parents should be encouraged to be the primary teachers in teaching their children about sex and it is the role of government officials to teach parents about the importance of sex education for their children. Furthermore, sex education should be included in the school curriculum. Richter and Mlambo's study (2005) argue that sex education via schools is cheap compared to other channels; therefore emphasis should be placed on schools because all young people can be reached before they become sexually active. Moreover, sex education programmes that are community-based should be implemented as well as youth forums where young people can congregate informally and discuss these issues. Young people should be socialised on the implications of double standards specifically in relation to sex.

5.3.2 Access to reproductive health services

In a community such as Nkundusi where there is only one clinic the possibilities are very high that young people are not accessing reproductive health services. Therefore a wide spread of health services should be available so that young people can access them. Family planning facilities should be widely available without strings attached and health provider's attitudes need to be addressed by the heads of departments. This will allow young people to seek health services if they want to. Condom distribution should not be the issue. Condoms need to be distributed in areas where young people are able to access them easily without anyone's permission.

5.3.3 Youth skills development

In the interviews some participants argue that youth development does not exist in this community. Some participants believed that youth engage in sexual activities because they have nothing to do or to keep themselves busy. Therefore, development facilities like sports facilities need to be introduced in the community in order to keep young people busy. Furthermore, skills development should be one of the priorities for youth development. Since it seems that there is a high number of young people who are unskilled in South Africa, training programmes have to be implemented in order to equip young people with the necessary skills. Training programmes are essential because they are likely to alleviate skills shortages in the economy (National Treasury, 2011). These programmes are intended to enhance the productivity and the employability of participants and increasing human capital through improving skills (National Treasury, 2011). Such programmes can help young people who are jobseekers to fulfil the needs of labour demand (National Treasury, 2011). Training programmes such as how to run small businesses, basic computer courses, language courses

including writing skills might be helpful in this regard. It is the role of national and local governments to make sure that they lobby with employment sectors ensuring that these sectors create interventions and shape solutions that address skills that are needed in their sectors. Therefore, this means that employers have to provide necessary skills to young people in order to fit in within their sectors; government should then influence employers by creating policies that will influence them to provide vocational skills.

Young people should be encouraged to finish school so that they are able to participate in productivity because those who do not finish school have little chance of being included in the labour force. According to Department of Higher Education and Training (DHET) there are about 3 million young people aged 18 to 24 years in South Africa who are not employed because they have a poor educational foundation (DHET, 2014). Therefore, there should be encouragement in the quality of education received by learners and students in order for them to fit in with job opportunities available in the work sectors.

Finally, future studies should be conducted to identify and highlight why early childbearing remains a problem in South Africa although there is an overall fertility rate decline. Furthermore, future studies should be conducted to highlight why pregnancy among young women remains a problem and is still considerably high in the country even though life skills programmes are being promoted at schools and in the communities.

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APPENDICES

APPENDIX 1

INFORMED CONSENT FORM

Dear Participant

My name is Nokuthula Ngubane. I am a postgraduate student pursuing my Master's Degree in Development Studies at the University of KwaZulu-Natal (Howard College). As part of my course I am required to conduct a research study. The study I will be conducting is titled "Early Childbearing In The Context Of The Child Support Grant :A Case Study Of Young Women In Mtubatuba". The participants in this study must be young female adults aged 18 to 24 years residing at Mtubatuba in Nkundusi village who are currently receiving the CSG. The interview process will take approximately an hour. Please note that this interview will be recorded for data collection purposes.

However the interview process will be kept confidential and anonymity will be maintained. Your participation is voluntary and there will be no incentives that would be given to you for your participation in this project. You may withdraw from this study at any time you wish to do so. The research data will be secured for at least five years in a steel cabinet in my supervisor's office and once the five years has elapsed the transcripts will be shredded and the tapes will be incinerated.

If you wish to obtain information regarding the outcome of the study or have any queries, you may contact the researcher and/or the supervisor at the contacts provided below.

Researcher: Nokuthula Ngubane

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Should you wish to obtain information on your rights as a participant, please contact Phumelele Ximba, at the University of Kwazulu-Natal's Research Office on (031) 3603587.

Declaration

I…….. (Full names of the participant from: Nkundusi) have willingly agreed to participate in this research study.

I confirm that the aim of this research study has been clearly explained to me and that I understand the content of this document and the nature of this research project. It has been clearly explained to me that I can withdraw from participating in this study at any time I wish to do so. I am aware that the information obtained from me will be kept strictly confidential and will only be used for the purpose of this study. I have been informed that the interview process will be recorded; therefore:

I ……..hereby consent to have this interview recorded

I …… hereby do not consent to have this interview recorded.

Signature of participant

……

Signed at……on this date…….

Thank you for your co-operation and contribution to this study.

APPENDIX 2

INTERVIEW SCHEDULE

Personal questions (section A)

- How old are you?
- Are you studying? If not what is your highest level of education? Are you working? If yes what is your job title?
- If you are not working what is your main source of income?
- How many children do you have?
- How old were you when you had your first child?
- Can you please tell me the problems/struggles that you encountered as a young mother and how did you overcome them?
- Do you think the problems you encountered are widely common to other young mothers, if so what do you think should be done to solve these problems?

Interview questions (section B)

- Can you please explain the factors that you think contribute to early childbearing?
- What do you think is the main cause of the above factors?
- What do you think should be done to eliminate/reduce the above factors?
- Please explain more how would you respond to the claim that says young women have children because they want to receive the Child Support Grant?
- What do you think is the main purpose of Child Support Grant?
- With the little money you receive from the Child Support Grant, what expenses are you able to cover?

When did you start receiving the Child Support Grant and do you see any positive changes that are improving your life and the life of your child since you started receiving this grant?

General

- Is there anything more that you would like to add or discuss?

This is the end of the interview, thanks for your cooperation and contribution.

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

13 June 2014

Ms Nokuthula Ngubane (209500025)
School of Built Environment & Development Studies
Howard College Campus

Protocol reference number: HSS/0602/014M
Project title: ***Early childbearing in the context of the Child Support Grant: A case study of young women in Mtubatuba***

Dear Ms Ngubane,

Full Approval – Expedited Application

In response to your application dated 09 May 2014, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted **FULL APPROVAL.**

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....
Dr Shenuka Singh (Chair)

/ms

Cc Supervisor: Professor Pranitha Maharaj
Cc Academic Leader Research: Professor MP Sithole
Cc School Administrator: Ms Meera Dalthaman

Humanities & Social Sciences Research Ethics Committee
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