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**Thesis Title: A Qualitative Investigation of**

**Non-Marital Fertility amongst**

**Muslim Women**

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## DECLARATION - PLAGIARISM

College of Humanities

I, Phindile Pearl Ngubane, declare that

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## **Abstract**

This study aims to establish the role religion has in addressing, out of wedlock fertility. This study draws on qualitative data from ten in-depth interviews at eThekweni Municipality, South Africa. South Africa is a religious country and religion is an indirect determinant of fertility. In the study, Islam is used to depict religiosity and how it attaches to individuals' behaviour. The participants in the study are at childbearing age. The participants in the study are Muslim women who have had their first birth out of wedlock. The study found that participants were not aware of the repercussions of non-marital fertility before having their first birth. In the interviews, the women explained that the main reason contributing to their non-marital fertility was the lack of sex education. They also revealed that Islam allowed married women only to use contraceptives, as unmarried women are expected to practice celibacy. Furthermore, they explained that Islam advocates for a two-parent household. The attitudes attached to NMF are negative, as they are linked to single parenthood, stigmatization and being ostracized. A child conceived in an out-of-wedlock relationship becomes accustomed to the lack of emotional support and in some cases, social exclusion. Thus, the study recommends that there should be rigorous sex education from a child's early age. In addition, religious institutions should be aware of contemporary fertility trends and should address them in a comprehensive manner.

**Key words:** NMF, Sex Education, Religion, Attitudes

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## List of Acronyms and Abbreviations

<b>AFM</b>	Age at First Marriage
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ASFR</b>	Age Specific Fertility Rate
<b>CSG</b>	Child Support Grant
<b>EMA</b>	eThekweni Municipal Area
<b>GDP</b>	Gross Domestic Product
<b>HIV</b>	Human Immunodeficiency Virus
<b>KZN</b>	KwaZulu-Natal
<b>NMF</b>	Non–Marital Fertility
<b>SA</b>	South Africa
<b>SES</b>	Socio Economic Status
<b>TFR</b>	Total Fertility Rate
<b>SMAM</b>	Singulate Mean Age at Marriage
<b>STI</b>	Sexually Transmitted Infection
<b>STD</b>	Sexually Transmitted Disease
<b>USA</b>	United States of America
<b>UK</b>	United Kingdom
<b>UKZN</b>	University of KwaZulu-Natal
<b>WHO</b>	World Health Organisation
<b>UNICEF</b>	United Nations International Children's Emergency Fund

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## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Introduction**

According to the United Nations (2013), fertility has declined throughout the world. Early marriage and childbearing have become less common, and the percentage of women and men using contraception, especially with modern methods, has risen. Union formation has changed. Previously, traditional perceptions that advocated for early marriage were the norm and were pro-childbearing. Nowadays, couples marry later in life, which is caused by a long period of time individuals spend in working towards improving career goals.

There is a general decline in fertility but there is also a prevalence of Non-marital fertility (NMF); in this study, NMF is discussed in-depth. According to Solomon-Fears (2008) non-marital births can be first births, second births, or higher-order births. They can precede a marriage or occur with a woman who has never married. Non-marital births can occur with divorced or widowed women. They are not exclusive to young unmarried women.

Marriage is the union of a man and a woman who make a permanent and exclusive commitment to each other. This is naturally (inherently) fulfilled by bearing and rearing children together (Girgis et al., 2010). Marriage is socially acceptable because it is permanent and a child or children can live in a two-parent household, which religious doctrines advocate. NMF, on the other hand, represents a union that is not permanent, and such a union is considered inappropriate. Due to different social, political and economic conditions in developing and developed countries, it is vital to run a comparative analysis to compare the two.

Developing countries tend to have different projections, regarding fertility as compared to developed countries. Despite widespread social changes regarding women's fertility, that have occurred over the past three decades, levels of pregnancy among young people have remained relatively high in developing countries (Hockaday et al., 2000). This can be illustrated by the differences in total fertility rates (TFR). TFR refers to the total fertility of a woman. This is the number of births she has had by the end of her reproductive years, if she were to bear children (Bongaarts, 1978). Overall, the total fertility rate of the developing world dropped from 6.0 births per woman in the late 1960s to 2.9 in 2000–2005 (United Nations, 2007). Total fertility

in developed countries is 1.66 (2005–2010) compared to 2.69 (2005–2010) in developing countries (United Nations, 2013).

Another convenient measure of fertility is the Age Specific Fertility Rate (ASFR). As stated by the United Nations, Age Specific Fertility Rates are defined as the number of live births to women in a particular age group, divided by the number of woman-years in that age group, during the specified period (United Nations, 2013). This measure is imperative, as it can derive socio-economic variables per cohort. For instance, if hypothetically, most births come from the 30–39 cohort, it can be deduced that those children are likely to be born in wedlock and have employed parents. The TFR and ASFR differ between developed and developing countries.

Increasingly, research in developed countries shows that rates of out of wedlock childbearing are higher among younger women (especially in their teens and early 20s), women with lower educational attainment, and among subgroups with lower socio-economic status (Nzimande, 2004). In developed countries, NMF indicates one's socio-economic condition. In the United States (US), 30% of children are born out-of-wedlock, and in Europe, non-marital childbearing ranges from 5% in Greece to 55% in Iceland (Kiernan, 2004; Perelli-Harris & Gerber, 2008). Within developed countries, the prevalence of NMF is not uniform.

NMF is influenced by conditions that are unique to different places. According to Perelli-Harris and Gerber (2008), in Europe, particularly the Scandinavian countries, non-marital childbearing primarily occurs among stable, cohabiting couples (Kiernan, 2004). In the United States., on the other hand, non-marital childbearing is more often associated with single mothers and low-income minority populations (Perelli-Harris & Gerber, 2008). The factors that lead to NMF in Europe and the US differ. Thus, non-marital childbearing in Northern Europe signifies a rejection of institutions and an increase in independence and autonomy, while non-marital childbearing in the United States is associated with the inability to maintain healthy marriages and a descent into poverty (Perelli-Harris & Gerber, 2008).

Livingston and Brown (2014) explain, in the US context, that declines in overall fertility have occurred since 2007, and it is quite likely that this recent decline in the non-marital birth rate also occurred because of the economic recession of 2007–2009. According to a Pew Research Centres analysis of United Nations data, Bahrain, Qatar and Kuwait report that less than 1% of births are those of unmarried women, while on the other end of the spectrum, French Guiana reports that 87% of all births occur outside of marriage (Livingston & Brown, 2014). NMF in

developed countries exemplifies results that are divergent, the following analysis deals with NMF in developing countries.

Most of the world's population growth occurs in poor, developing nations, which are least able to support rapid population growth and whose socio-economic development is most likely to be hindered by high fertility (DaVanzo & Adamson, 1998). Sub-Saharan Africa has experienced less change than Asia or Latin America: Its total fertility rate is 6.0, notwithstanding a downward trend in some countries such as Kenya, Zimbabwe, Ghana, and Zambia. In Nigeria, the continent's most populous nation, the average woman will give birth to 6.5 children, on average, in her lifetime (DaVanzo & Adamson, 1998).

Evidently, South Africa has rates of NMF ranging among the highest in the world (Nzimande, 2004). The same trend occurs in developing countries as in developed countries; NMF is not uniform but differs per region. In some cultures, non-marital childbearing among adolescents is a way of proving fertility and might even be a prerequisite to marriage (Greene & Merrick, 2016). The prevalence of non-marital childbearing among adolescents in developing nations is also influenced by the availability of modern contraceptive methods (Greene & Merrick, 2016). The lack of family planning facilities makes it a challenge to prevent pregnancy. In other instances, such facilities are present but the orthodox notion that only married individuals are sexually active make it a challenge for adolescents to access family planning services.

In some developing countries (e.g., in North Africa and the Middle East), national surveys do not collect data on sexual activity among unmarried women, because cultural norms perpetuate the assumption that sexual activity is confined to marriage (Greene & Merrick, 2016). The lack of data makes it a challenge for this study to make a precise comparison, but the study uses other developing countries with data on NMF. However, it may be speculated that the level of non-marital sexual activity is indeed low within developing nations, where there are strict cultural norms and taboos that regulate sexual activity. For example, less than 10% of adolescents in India reported being sexually active during adolescence (Greene & Merrick, 2016). In some developing countries, cultural doctrines are practiced strictly as compared to developed countries. There are diverse characteristics related to NMF in developing countries. In this study, the discussion is contextualized in South Africa.

South Africa displays demographic regimes that are typical of both developed and developing worlds. These tend to be linked to socio-economic divisions along racial and urban-rural lines (Rosa, 2002). Palamuleni (2010) explains that in the South African context, a multitude of

social and economic changes are taking place in the country, including the long-lasting effects of colonization and the apartheid system. The attributes of apartheid are still evident in South Africa as fertility rates differ between races. The current South African total fertility rate stands at 2,9 (Rosa, 2002). The fertility rate in South Africa is slightly above the replacement level.

The percentage of married women has decreased from 35% to 30%, whereas the percentage of those living together has increased from 6% to 9%, over the same period (Rosa, 2002). These changes are attributed to social and economic conditions such as increasing education levels. In addition, women's employment rates increase the prevalence of NMF. It has been argued that due to the patriarchal structure of the society and the high value of childbearing, women are often required to prove that they are fecund prior to marriage (Rosa, 2002).

Retrospective studies indicate that a fall in marital fertility rates, as early as the 1980s, was a consequence of the repressive apartheid policies of labour migration, tribal homelands and living restrictions placed on most African couples (Buchanan & Rotkirch, 2013). Men that were economically active stayed in urban areas, resulting in them taking multiple partners from both the place of origin and the urban area resided in.

The challenge of NMF in South Africa is not only attributed to apartheid policies but also to the lack of adequate sexual health knowledge. Although NMF is high in all age groups, it is reported to be highest among teenagers (Nzimande, 2004: 8). Teenage pregnancy is common in South Africa. According to Mushwana et al. (2015), teenage mothers reported key psychosocial variables such as inadequate sexual knowledge (61%), changing attitudes towards sex (58.9%) and peer pressure (56.3%) as contributory to high pregnancy rates. Teenage pregnancy is exacerbated by lack of sex education and the lack of access to family planning facilities.

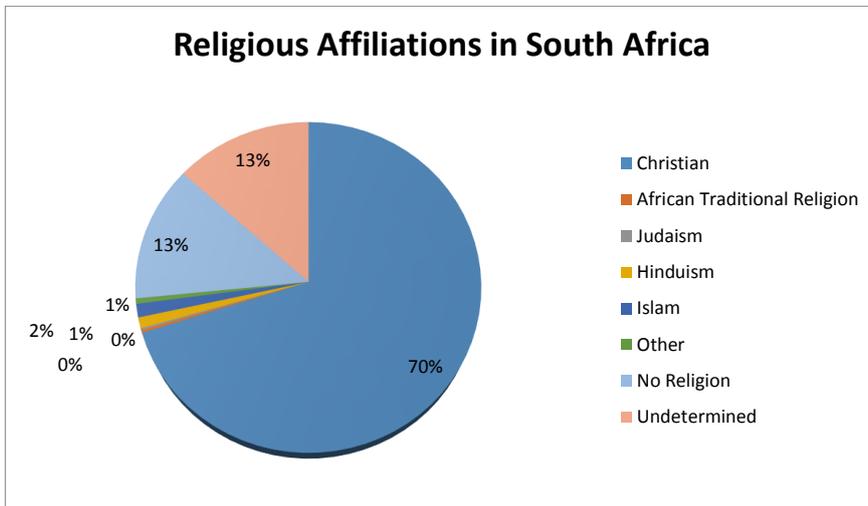
According to Nzimande (2004), the prevalence of pre-marital fertility in developing countries ranges from very low levels of 0.6% in Ethiopia to 58% in South Africa. In South Africa, pre-marital fertility is at a high rate as compared to Ethiopia. Teenage fertility rates among 15 to 19-year-olds are higher in KwaZulu-Natal, Mpumalanga, the Northern Cape, Limpopo and the Eastern Cape and lower in the Free State, Gauteng and North West. According to Panday et al. (2009), the lower fertility rate is associated with higher levels of economic development, better access to education as well as greater contraceptive use. One of the indirect determinants of fertility is education. In developed countries fertility, including NMF tends to be limited due to higher education attainment in women. It is then expected that as the education level (as one

measure of SES) of women increases, so non-marital childbearing will become less prevalent (Nzimade, 2004).

Factors that are associated with historically higher levels of non-marital childbearing include an increase in median age of first marriage (i.e., marriage postponement), decreased childbearing in married couples, increased marital dissolution, increase in the number of cohabiting couples, increased sexual activity outside of marriage, participation in risky behaviour that often leads to sex, improper use of contraceptive methods, and a lack of marriageable partners (Solomon-Fears, 2008). Marriage generally occurs later in a woman's childbearing years, whereas the age of first sexual activity tends to be at an early age.

Individuals spending most of their time improving their career may find themselves in conflict with religious doctrines that advocate for early age first marriage. In the study, religiosity is used to measure how individuals implement religious doctrines in their behaviour. In society, religious institutions and their values have a specific influence upon fertility (Jayasree, 1989). Furthermore, religious views on the proper ordering of the family and sexual relations may also affect the demographic patterns of society (McQuillan, 1999). Religion has a strong influence, especially in societies that conform to religious doctrines. As illustrated in the pie chart below, South Africa is a religious country. Religion can therefore be classified as a determinant of fertility, as it influences the time at which one is sexually active and who should be sexually active.

**Figure 1.1: Religious Affiliations in South Africa**



**Source: Statistics South Africa (2008)**

Only 13% of the population of South Africa reported not conforming to any religion, which is the minority of the population. Roughly 74% of the South African population is religious.

The majority of the citizens of South Africa subscribe to a religious group. Therefore, one can deduce that religion in South Africa is an indirect determinant of fertility. One factor that has emerged, as a significant predictor is religiosity; the degree to which individuals or groups employ religious ideology in forming values and making decisions. Religiosity determines the decision of people daily. Therefore, it is imperative to study the influence of religion on the fertility of individuals.

### 1.2 Non-Marital Fertility

In many societies today, out of wedlock childbearing is a phenomenon that raises religious, cultural and pragmatic concerns, such as poor support from the father of the child (Makiwane, 2010). In 1960, NMF in Europe was relatively rare; few countries had more than 10% of births outside of marriage, while none reported levels above 30% (Klusener et al., 2012). Non-marital births are of two types; that is, births among young women who have never been married and

births among those who were divorced or widowed at the time of birth (Masua, 2010). In the United States of America (USA) today, one third of babies are born to unmarried mothers, a startling statistic that has prompted national concern about the consequences for women, children, and society (Wolfe & Wu, 2001). NMF has altered the traditional trend of all children being socialized in a household with the mother and father present. It is a social phenomenon influenced by different factors. Delayed marriage, increasing non-marriage, and high rates of divorce have played a critical role in driving the increase in out-of-wedlock childbearing since the 1960s (Department of Health and Human Services, 1995). This increase is due to the current socio-economic conditions where women need to participate in the labour market.

According to Fernandez-Villaverde et al. (2014), in the United States 68% of adolescent girls whose family income lies in the upper quartile would feel “very upset” if they got pregnant, versus 46% of those whose family income is in the lower quartile. Those in the upper quartile would lose a great deal of time out of the labour force market, which is disadvantageous, whereas with those in the lower quartile have limited accessing to opportunities in the labour market. Furthermore, in the analysis, an out-of-wedlock birth hurts a woman by both reducing her productivity in the labour market (shorthand for missed educational and job opportunities) and hurting her prospects in the marriage market (Fernandez-Villaverde et al., 2014). One of the challenges, of post NMF, is a high prevalence of not being marriageable.

The decreased marriage rate may also be caused by a high prevalence of unmarriageable partners due to NMF. Nzimande (2004) elaborates on this point, stating that studies also document that most of the childbearing among unmarried women is unwanted, suggesting that there is a need for family planning services in the population that is not being met. Unwanted pregnancies show a need for comprehensive sex education, which is lacking in South Africa.

Unwanted pregnancies project negative implications of NMF. According to Perelli-Harris and Gerber (2008), survey questions on attitudes and values show that over time, Americans and Europeans have become much more accepting of non-marital childbearing. This acceptance of NMF shows that it has normalized, due to the changes in the status quo. Moreover, this suggests that non-marital childbearing is part of the global process of family change and is unlikely to disappear (Perelli-Harris & Gerber, 2008).

### **1.2.1 The Causes of Non-Marital Fertility**

In this part of the thesis, the causes of NMF are discussed. They include marriage losing its value, socio-economic status (SES) and values attained, either at home and or in public spaces.

#### **1.2.1.1 Marriage is losing its Value in Contemporary Society**

The increased share of unmarried mothers is one measure of a nation's changing family structure (Nelson, 2013). The traditional family structure of having a mother, father and a child or children in the household has been altered, due to the change in socio-political and economic conditions. The causes of NMF are unique to each region. It is therefore emphasized in this thesis that the causes of NMF are not unilateral.

Much of the increase in non-marital childbearing is due to the “decoupling” of marriage and fertility (Perelli-Harris & Gerber, 2008). In recent times, marriage has lost its importance as compared to previous decades. According to Perelli-Harris and Gerber (2008) in the United States, non-marital childbearing is often considered a problem, and public policy aims to promote marriage, with the goal of reducing welfare dependency and stabilizing low-income families. The implications for the United States are like those of South Africa, as a government anticipates on minimising NMF.

On the other hand, in Europe (except for Britain) out-of-wedlock childbearing is not generally seen as a problem (Perelli-Harris & Gerber, 2008). As mentioned the causes of NMF differs depending on the location. Several European countries have made the rights of individuals within cohabitation indistinguishable from the rights of those who are married, while others have created civil union arrangements that fall in between the rights and responsibilities of single people and married people (Perelli-Harris & Gerber, 2008). Because of these conflicting views about whether non-marital childbearing represents a social problem, researchers in Europe and the United States have followed different agendas, when studying and theorizing about the phenomenon (Perelli-Harris & Gerber, 2008).

#### **1.2.1.2 SES Conditions**

Research released last week by the UNITED STATES. Census Bureau's American Community Survey states that with a higher percentage of out-of-wedlock births in 2011, there was a tendency towards a higher incidence of poverty (Nelson, 2013). In the United States NMF is

associated with poverty, where it is likely that a child born out of wedlock grows up in poor socio-economic conditions.

The decoupling of marriage from childbearing among lower-income Americans is arguably the most profound social trend in American life today and this has sparked intense political debate (Hartnett, 2012). Moreover, middle-class people are searching longer for their partners. They are marrying people more like themselves, and thus marriages have become happier and more stable (Hartnett, 2012). In the United States, those who are in the middle and upper classes attain marriage more.

According to Hartnett (2012), obstacles that prevent the poor from realising their marital aspirations, including the low quality of many of their existing relationships; norms they hold about the standard of living necessary to support a marriage; the challenges of integrating children from past relationships into new ones; and an aversion to divorce. Almost 94% of births to college-educated women today occur within marriage (a rate virtually unchanged from a generation ago), whereas the *real* change has taken place at the bottom of the socio-economic ladder (Hartnett, 2012). Women who have a tertiary education are likely to be exposed to different opportunities in life, while those who are poor lack these opportunities and end up having unwanted pregnancies.

Most studies support the hypothesis that, decisions regarding non-marital childbearing are affected by women's opportunities for work and partnerships with men who work, as well as the neighbourhood conditions in which the women were raised (Masua, 2010). Couples that are not autonomous are likely not to get married. The condition of an individual's socio-economic condition does pre-determine the exposure to non-marital fertility. Studies on the effects of one's neighbourhood shows that, growing up in a resource-rich neighbourhood is associated with a lower incidence of both early sexual intercourse and non-marital childbearing, but, on the other hand, undesirable behaviour may be spread throughout a neighbourhood by peer interaction (Masua, 2010).

However, given the instability of the economic situation following the transition to capitalism, the rise in non-marital childbearing could be associated with economic hardship and the general instability of life (Perelli-Harris & Gerber, 2008). In this sense, the hardship of being unable to pay lobola and or not being able to maintain married life financially increases the chances of NMF. Having children is the ultimate form of "fulfilment" given their bleak economic

prospects and minimal hope of upward mobility, being a parent is one of the few positive identities available to them (Hartnett, 2012).

“Early childbearing is highly selective of girls whose characteristics such as family background, cognitive ability, school performance, mental-health status, and so on; has already diminished their life chances so much that an early birth does little to reduce them further” (Hartnett, 2012: 1). As Bongaarts model explains, the lower the educational attainment that the greater the likelihood the female will experience NMF, so, in most cases the child from an unmarried union grows up in impoverished conditions. Children born to unmarried parents, are at a higher risk of dropping out, becoming pregnant as teenagers, struggling to find employment, and going to jail (Hartnett, 2012).

The causes of NMF vary and are, most of the time, interlinked with socio-economic conditions. According to Schmitt (2004), the causes of teenage pregnancies are welfare, a lack of marriage prospects, abortion and contraception, low wages and a lack of social change. Furthermore, the declining social stigma of single motherhood, gives greater acceptance of NMF, particularly for older women, and there are more resources for teenage mothers, such as day care (Schmitt, 2004). Thirdly, there is a generational shift in the responsibility to pay lobola. Unemployment rates among African men have remained stubbornly high in the post-apartheid period (Posel & Rudwick, 2012). In South Africa, for a marriage to occur, the bridegroom should pay lobola. With the high unemployment rate, marriage rates decrease, leading to an increase in the NMF rate.

The SES is not only the pre-determinant of NMF but also the values held by the parents of adolescents. Other studies reveal that, parental remarriage further modifies the attitudes of both parents and children. It seems to provide another impetus towards accepting premarital sex (Masua, 2010). Furthermore, the effectiveness of this intergenerational transfer of family and personal values depends upon the quality of relationships and communications between parents and children (Masua, 2010). Personal values are not only attained by one's household but also the influence of peers and the media.

### **1.2.1.3 Attained Values**

Nowadays the youth spend more time in media platforms than being with their parents, the messages showed in media platforms have an influence the behaviour of the youth. Mass media exposure and identification among young people has been shown to be related to attitudes and

behaviour concerning marriages, divorce and non-marital childbearing (Masua, 2010). By the mid-2000s *People Magazine* frequently showed celebrity couples who did not get married before the baby was born, these out-of-wedlock births were usually depicted as happy, unproblematic events (Borg, 2016).

### **1.2.2 The Consequences of Non-Marital Fertility**

Social problems that affect non-marital childbearing are the effects on children and their parents and the community's fiscal role in the support of the single parents and their children (Parnell, 2004). The consequences of non-marital fertility are usually socially unacceptable. In this study, the consequences of non-marital fertility that are discussed are single parent households, social grants and HIV/AIDS.

The prevalence of economic hardships of single parent families are a major topic of concern. Over 40% of mother only families fall below the official poverty line (Dalaker & Naifeh 1998). Economic hardship is especially pronounced among families headed by a mother who has never married. For example, the main family income of never-married mothers is half that of previously married mothers, while the poverty rate among never-married mothers is twice that of previously married mothers (Wu, 2001). The main concern is that the children born out of wedlock are already socially deprived, caused by a single parent who lacks the resources to change the child or children's socio-economic condition.

NMF alters the socio-economic status of a mother. Studies show that teen mothers are worse-off than teens who do not give birth. Those with lower incomes, lower education levels, are less likely to be married and are less likely to be employed (Schmitt, 2004). The unmarried mother decreases her chances of being marriageable. Non-marital parity is associated with several negative outcomes, including health problems, educational problems, and poverty (Lyons & Smith, 2014).

Explanations for the reduced likelihood of marriage among women with non-marital children are that these children are viewed as economic and psychological burdens by a future spouse or that they may also hinder the search process for the woman (Wu, 2001). There are ample limitations to single mothers not only for finding a husband, but for also financial burdens.

According to Wolfe and Wu (2001) unwed mothers in the United States tend to be younger, less educated, from minority backgrounds, and tend to be live separately from their child's

father. It is imperative to curb the high NMF rate, because the children grow up in unfavourable conditions. Furthermore, these trends may help to explain the high rate of childhood poverty (Wolfe & Wu, 2001). Childhood poverty can be linked to child headed households where the children are vulnerable and thus they may be likely to participate in child labour.

#### **1.2.2.1 Single Parent Households**

One of the overarching concerns about non-marital childbearing is on its propensity to increase single parent households (Nzimande, 2004). Such households tend to be characterised by high levels of poverty, poor health outcomes and poor educational attainment levels for the children (Nzimande, 2004). Education attainment for single mothers is usually limited, as most of their time is spent on child rearing.

NMF in most cases; worsens the socio-economic conditions of the child. The growth of NMF, together with greatly increased divorce rates and an increased proportion of children living in female-headed households, has provoked considerable alarm about the demise of the traditional family and concern about its potentially harmful effects on the well-being of women and children (Da Vanzo & Rahman 1993). Public policy must advocate for a decrease in the high prevalence of NMF in South Africa.

#### **1.2.2.2 Child Support Grant**

Efforts at child support enforcement during the 1990s raise the question of whether fertility decisions are responsive to the strength of child support enforcement efforts (Wallace, 2005). In some studies, in South Africa, it has been emphasized that some women give birth to access the child support grant.

On the other hand, increased child support enforcement efforts reduce the cost to single women of having children and may lead to increases in NMF (Wallace, 2005). Due to impoverished conditions, women may conceive on purpose to access child support grants. Although increasing child support collections may increase the resources available to single parent families, such actions will not lead to increases in marriage or reductions in NMF. In this context, accessing child support grants can increase the rate of NMF.

### **1.2.2.3 HIV/AIDS**

In the South African context, HIV/AIDS is at an alarming rate. Nzimande (2004) states that a major concern is the impact that pre-marital fertility has on the spread of HIV infections. Moreover, the prevalence of casual partnership patterns is much higher among unmarried persons, compared to their married counterparts, which facilitates the spread of the pandemic (Nzimande, 2004). NMF is problematic because it exposes individuals to more sexual partners as compared to a married individual.

Arenne and Zwang (2003) demonstrated that in a smaller rural setting that has a high HIV prevalence, there is a strong relationship between pre-marital pregnancies and the risk of contracting HIV. Women who are at higher risk of having a non-marital pregnancy tends to have a higher risk of HIV infections (Nzimande, 2004). The accessibility of family planning can be an obstacle in such areas resulting to unprotected sex.

### **1.3 Towards Reducing Non-Marital Fertility**

NMF is viewed differently in different societies endorsing distinctive beliefs. These studies have made similar findings, but have emphasized a “loss of social control” among the African population, as a source of increasing sexual interaction and thus NMF (Nzimande, 2004). According to Posel and Rudwick (2012) both white and black groups disapprove of non-marital childbirth (with average values below three, indicating support for childbirth within marriage), although Africans on average are significantly more accepting than Whites. These distinctive beliefs lead to different demographic patterns per racial group. One common view is that, the rise in NMF rates is largely a consequence of lack of marital opportunities or incentives and that non-marital childbearing provides an alternative route to adulthood, especially when other options, such as employment or marriage are limited.

Young black women are doing relatively well in the job market, while their male counterparts are floundering, which does not augur well for the future of marriage within this population (Offner, 2001). Due to policies like affirmative action, females have more opportunities in the labour force market as compared to males. As studies began to emphasize the connections between unemployment and low job skills and out-of-wedlock childbearing, some initiatives have focused on providing job training and employment for high-risk males (Solomon-Fears, 2008).

The scope of sex and family life education programs has since expanded to incorporate a wider range of strategies -- including promoting abstinence -- that target men, women, and other stakeholders, such as parents and community and religious leaders (Solomon-Fears, 2008). NGOs, government and other stakeholders should prioritize on educating the citizens on abstinence.

#### **1.4 Positive Impacts of Non-Marital Fertility**

The preferred time to initiate giving birth is usually when an individual gets married due to the benefits of having a two-parent household rather than one parent. The positive impact of NMF in this regard is that it is able to keep the population at its replacement level. Thus, in the face of declining opportunities for marriage, childbearing appears to be playing an increasingly important role in social reproduction for young South Africans, especially women (Madhavan, 2013).

Another factor that seems to be advantageous is cohabitation. Literature suggests that in the South African context cohabitation usually leads to marriage. People who agree that it is a good idea to live together as a precursor to getting married are more likely to marry, i.e., if you think cohabitation is good practice for marriage, then you are already preparing yourself for marriage and are likely to work towards it (Moore & Govender, 2013). Researchers often frame questions about the meaning of cohabitation in terms of two possibilities: cohabitation as a precursor to marriage or as an alternative to marriage (Musick, 2007). Without controlling for these factors, we would observe a positive association between cohabitation and fertility, but one that exists only via cohabitations link to marriage (Musick, 2007). In a study by Musick (2007), it was reported that women who are most likely to have a child out of marriage, whether intended or unintended, are also those most likely to enter into a union, whether cohabiting or marital. Children born from a cohabiting couple are not likely to endure the hardships of a child conceived from a single mother. Cohabitation in South Africa is predominantly a phenomenon of the 20-40 age group and it has grown by about 50 per cent in 2010 (Moore & Govender, 2013).

#### **1.5 Rationale of the Study**

This study was motivated by the fact that fertility in South Africa has followed a pattern that is unorthodox, religious institutions are not adequately addressing contemporary fertility trends. The high prevalence of NMF indicates that though South Africa is classified as a religious country there seems to be multi-faceted reasoning as to the individual's fertility choices.

Processes of demographic change usually do not occur randomly in space and time, but are influenced by differences in the compositional characteristics of populations and prevailing contextual conditions (Klusener et al., 2012). It is imperative to study the reasons that lead to influencing on the population's decisions. Those decisions can lead to the adequate implementation of policies.

McQuillan (1999) warns of rejecting religious doctrines altogether and states "religious teachings touching on demographic issues form an important part of a religious world-view, and are a necessary, though not sufficient, condition for the formation and continuation of a distinctive demographic pattern. Religious influences to individual's fertility decisions are important to study the trends of a certain religious group. The odds of having at least two children are significantly greater for women who are religious and who hold strong family values, with the strongest associations among Muslim women (Burner, 2012).

Previous studies have shown that regional and state borders can be very important for spatially defining demographic processes, as they can constitute strong geographic divides in terms of jurisdiction, as well as cultural and socio-economic conditions (Klusener et al., 2012). As each region has its own distinct characteristics, it is vital to implement policy that is conducive to that region. Religious influences on fertility have a direct and indirect influence. Its direct effects might operate through doctrines that impose restrictions on contraceptive use, abortion, pre-marital sex and out-of-wedlock childbearing (Tfaily et al., 2008). Individuals that adhere to religious scriptures have religion as both direct and indirect determinant of fertility. Religion is also argued to have an indirect effect through doctrines that emphasize traditional gender and family values that are conducive to high fertility (Tfaily et al., 2008). Some countries – mainly those with large Muslim populations – have been quite resistant to a reduction in birth rates; thus their population growth rates have remained high (Kaufman, 2009).

Another motivation for the study is to demonstrate that NMF has become a challenge for government, as supporting the children born out of wedlock consumes national funds. Indeed, the debate about welfare and the overhaul of the federal welfare program for single mothers was partially motivated by a desire to reduce out of wedlock births (Wolfe & Wu, 2001). The

social problems arising out of non-marital childbearing are the effects on children and their parents and the community's fiscal responsibility in the support of the single parents and their children (Parnell, 2004). The reduction of non-marital births can allow government to invest funds on empowering citizens to practise conscious sexual health behaviour. The increase in non-marital childbearing, has negatively affected government population policies on family planning programs geared to reduce illegitimate births and to improve the child wellbeing (Masua, 2010).

### **1.6 Aims of the Study**

The overall aim of the study is to investigate the influence of religion on fertility choices amongst unmarried Muslim women at first birth. The specific objectives of the study are:

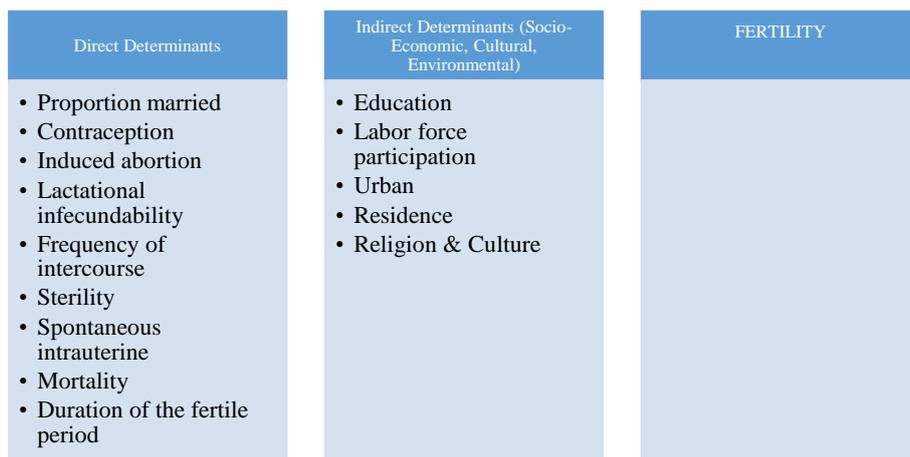
- to investigate the reasons for non-marital fertility among Muslim women residing in eThekweni Municipality;
- to ascertain attitudes towards non-marital fertility and the influence of religion (Islam) in shaping them.

The study uses qualitative methods to analyse the data. The study was conducted using in-depth interview with Muslim women living in the eThekweni Municipality.

### **1.7 Theoretical Framework**

The theoretical framework used in this study is Bongaarts' Proximate Determinants of Fertility, which argues that there are direct and indirect determinants of fertility. According to Bongaarts (2008b) there are indirect determinants which are socio-economic, cultural, environmental variables and direct determinants, which include intermediate fertility variables. Both these determinants influence fertility trends. Moreover, direct determinants of fertility tend to include marital status (prevalence of sex), contraceptive use, abortion, and sterility and indirect determinants of fertility tend to be secondary factors that influence fertility such as education (level of education), and religion (Bongaarts, 2008b). For instance, the higher the level of education in a society the lower the total fertility rate. Bongaarts' theory is relevant because it also includes religion as an indirect determinant of fertility.

**Figure 1.2: Bongaarts Framework for Analysing the Proximate Determinants of Fertility**



**Source: Bongaarts, (2008b)**

The theoretical framework outlines direct and indirect determinants. All women living in sexual unions should theoretically be included, but to circumvent difficult measurement problems, the present analysis deals only with women of childbearing age living in stable sexual unions, such as formal marriages and consensual unions (Bongaarts, 1978). This study represents the proportion of women that are not married. According to the theory, women who are married are likely to have more births compared with those who are not married. According to Bongaarts (1978), contraception is any deliberate parity dependent practice including abstinence and sterilization, undertaken to reduce the risk of conception. Traditional and modern methods for preventing pregnancy are included. The deliberate act of abstaining from conception, while in a sexual union, is also included. Bongaarts (1978) explains that induced abortion is a practice that deliberately interrupts the normal course of gestation.

In Brazil, Columbia, Costa Rica, the Islamic Republic of Iran and Vietnam, contraceptive prevalence has even reached 70% or over; a level comparable to that of more developed countries (World Health Organization, 2007). These high prevalence countries all have a TFR below three children per woman (Rosa, 2002). Developed countries usually have high education attainment levels amongst the general population, as compared to developing

countries. This is one of the reasons why developed countries have fewer births than developing countries.

Contraceptives are relatively easy to obtain in Scandinavian countries, and much attention is paid to sex education (Sprangers & Garssen, 2003). Contraceptives can be normalized and easily accessed if there is no stigma attached to those who need it. Limited accessibility means a prevalence of out of wedlock births. Contraceptive prevalence using these methods since the 1980s, has remained amongst the highest in Sub-Saharan Africa, with around 60% of women aged 15-19 practising it (Buchanan & Rotkirch, 2013). Moreover, sustained use of hormonal contraceptives for the postponement of childbearing is a key factor in driving the South African fertility transition; yet the large numbers of women relying solely on oral, injectable or sterilization methods places them at prolonged risk of acquiring sexually transmitted infections (Buchanan & Rotkirch, 2013). This can be a factor regarding the high prevalence of HIV/AIDS in South Africa.

According to Bongaarts (1978) regarding spontaneous intrauterine mortality, a proportion of all conceptions does not result in a live birth, because some pregnancies end in a spontaneous abortion or stillbirth. Recent estimates suggest that 14% of all unsafe abortions in developing countries are performed on adolescents aged 15–19 years (World Health Organization, 2007). Unsafe abortions are also an indicator of weak socio-economic conditions as they are cheaper than standard hospital abortions.

Lactational infecundability refers to cases where following a pregnancy, a woman remains infecund (i.e., unable to conceive) until the normal pattern of ovulation and menstruation is restored (Bongaarts, 1978). This is also another direct determinant of fertility, since it is biological that a woman does not conceive during this period. According to Bongaarts (1978) frequency of intercourse variable measures normal variations in the rate of intercourse, including those due to temporary separation or illness. The ill have less exposure to sexual intercourse the less likely it is that one can become pregnant.

Furthermore, sterility is when women are sterile before menarche, the beginning of the menstrual function, and after menopause, but a couple may become sterile before the woman reaches menopause, for reasons other than contraceptive sterilization (Bongaarts, 1978). These include menstruation and menopause where fertility is naturally does not occur. Another alternative is not to become fertile by using contraceptives. The last direct determinant of fertility is the duration of the fertile period, where a woman can conceive for only a short period

of approximately two days in the middle of the menstrual cycle, when ovulation takes place (Bongaarts, 1978).

Indirect determinants are those that drive one to make certain decisions about one's fertility. These determinants include education, residence, urban/rural and culture or religion. In effect, this means that the higher the proportion of better-educated women in a community, the lower the fertility rate in that community (Ushie, 2011). This generalization of education influencing fertility choices is driven by the exposure of family planning services and having limited children to keep improving career goals.

Ushie (2011) elaborates that education raises a woman's permanent income through a higher quality of life. In turn, this decreases infant mortality because the woman already has access to good health care facilities.

One wonders then why there is a growing concern about women choosing to have children out of wedlock, which is well within a woman's decision making options (Nzimande, 2004). Bongaarts (1978) gives a more detailed analysis that shows that among educated women, marriage occurs relatively late or the use of contraception is more frequent, thus clarifying the relationship between education and fertility.

Of women making less than \$10,000 who gave birth in the previous year, 68.9% were not married (Nelson, 2013). Drawing from this statement, education and income levels work in parallel to determine the fertility trends amongst women. It is likely that the higher the income the stronger the possibility is of higher education attainment being present, which eventually leads to limited NMF. Then again, women in the United Kingdom are more educated and financially autonomous but choose to have a child out of wedlock whereas in the United states non-marital fertility is a sign of minimal education and financial instability.

According to data from Demographic and Health Surveys for nine Latin American countries, women with no education tend to have large families of 6-7 children, whereas better-educated women have family sizes of 2-3 children. This is analogous to those women in the developed world (Castro & Juarez, 1995). This illustrates that education is an indirect determinant of fertility that it is vital to study.

Increasing educational opportunities for young women, urbanization and modernization and a greater participation of women in the labour force have played a major role in rising the age of marriage and will continue to do so soon (Palamuleni, 2010). According to Arora (1983) these

results indicate that fertility is affected by both the caste and economic status of the family, with education affecting fertility directly by raising the age of marriage and indirectly through better knowledge of contraception and increased awareness of the costs of raising children. In contrast, fertility is limited among those who have lower levels of education. Overall, the middle-income group tended to demonstrate the lowest fertility and the lower income group the highest fertility (Arora, 1983). Middle-income citizens are most likely to live in cities where contraceptive methods are easy to access, as compared to rural areas. According to Biddlecom (2015), urban population growth creates structural shifts that are necessary for attaining middle-income status, higher school completion rates, improved water and sanitation facilities and higher levels of contraceptive use. Approximately 57% of women without a high school degree were unmarried when they gave birth, compared with 8.8% of women with a bachelor's degree or more (Nelson, 2013).

In the case study of Kerala Islam tends to possess both extremes of fertility and indirect determinants of fertility. Out of the three religions, Muslims had the most fertility in those who are illiterate and the most fertility in those who are educated to high school level and above (Jayasree, 1989). In this case study, it is also shown that religion does drive individual's behaviour. In addition, Muslims had the highest fertility rates regardless of whether they were in a rural or urban setting. According to Nzimande (2004), rural settings have a higher prevalence rate than urban areas, together with a lower SES in these areas, plus the existence of unmet family planning needs, caused by lesser access to services, could have some effect on these results. Rural dwellers tend to have limited access to family planning facilities, therefore facilitating an increase in total fertility.

According to Ushie et al. (2011), norms of society usually stem from religion and culture. Such ideas of life tend to depict the decisions of individuals. Furthermore, culture and religion have a significant positive influence on age of entry into the marriage union and on fertility levels (Ushie et al., 2011). A society's attitude towards fertility is crucial, since they determine fertility trends. Thus, the influence of religious practices and cultures in early marriage in rural areas and Northern Nigeria cannot be over emphasized (Ushie et al., 2011). However, when interpreted in the light of the socio-economic differences among regions and the different regression results when split for residence, religion and wealth, one can see that the variables affect fertility differently, depending on the socio-economic makeup of the region; particularly wealth (Hannon, 2008).

Goldscheider (1999) extends these lines of argument and suggests that both the total content and the social status of the respective religious body are as important as other broadly based norms of gender relationships and family control (Heineck, 2012). Furthermore, other indirect effects because of broader socio-cultural aspects associated with religious faiths, for example, norms about the entry level of sexual unions, the acceptance of sexual activity outside of unions and issues of sexuality within marriages, all have the potential to affect fertility behaviour. Religious laws are there to guide how one behaves. Religious groups such as Mormons or Catholics endorse (strong) pronatalist ideologies (Heineck, 2012).

According to Heineck (2012) theoretical reasoning and previous research suggests that religions may exert both direct and indirect influence on an individuals' fertility behaviour. Religious doctrines become direct instructions when practiced as written in the scriptures. Moreover, differing fertility norms between religions may, for example, have a direct impact on contraception or abortion (Heineck, 2012). Some religions are against abortion therefore its practise can be limited, resulting in more births.

Religious doctrines do not all conform to a unilateral ideology. In different religious groups, there are also different demographic patterns.

### **1.8 Structure of the Thesis**

This thesis has five chapters. Chapter one provides the background for the topic. It elaborates on NMF, provides a rationale for the study and, together with the theoretical framework. It focuses on a comparative study of NMF in developing and developed countries and narrows it down to a South African context. Chapter two reviews the literature by drawing on trends and case-studies pertaining to the controversies of NMF and the role of religion. Chapter three discusses the study methodology, which includes the study location, research methodology and the instruments used for data collection, and lastly the analysis. Ethical considerations and limitations of the study are also discussed in this chapter. Chapter four discusses the results from the in-depth interviews in eThekweni Municipality. Lastly, Chapter five is centred on the discussion that involves recommendations and a conclusion.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

The aim of this chapter is to present literature about debates relating to contemporary fertility. The chapter starts by presenting an overview of global fertility trends. The discussion is narrowed to a South African context where race groups due to the socio-political climate differentiate contemporary fertility. AFSR and AFM are fertility measures that are used to show the extent of NMF in South Africa. Furthermore, there is a categorization of marital status and fertility to support the findings of the fertility measures. The study employs religion to measure how it influences an individual's behaviour regarding fertility choices; religiosity is a concept that explains the relationship. This chapter also discusses the complexity of the factors that determine an individual's fertility choices.

With the widespread use of contraceptives, global fertility has declined. There has also been a high prevalence of NMF. NMF encompass complex variables that influences it; religion being one of these. The discussion presented is that NMF is influenced by different factors and it should not be studied in a unilateral manner.

#### **2.2 Fertility Trends**

According to Rosa (2002), perhaps the most significant demographic change over the past three decades has been the substantial decline in fertility in all areas of the world. This decline is a result of a change in a women's role in society. The role of a woman in society has changed from a domestic role to that of someone who spends most of her time in the labour force market. Since 1970-1975, world total fertility has declined by 37%, from a previous rate of 4.5% births per woman to the 1995-2000 level of 2.8% of births per woman (Rosa, 2002). Most developed countries have dropped total fertility to slightly above the replacement level. Fertility decline is a global phenomenon.

##### **2.2.1 Global Fertility Trends**

Global fertility has reached unprecedented low levels, yet stark differences persist in childbearing patterns across countries and regions (United Nations, 2016). Each region has unique fertility trends but on a global scale, fertility has decreased. Furthermore, according to

the results of the 2015 Revision of World Population Prospects, total fertility is now 2.5 children per woman globally (United Nations, 2016).

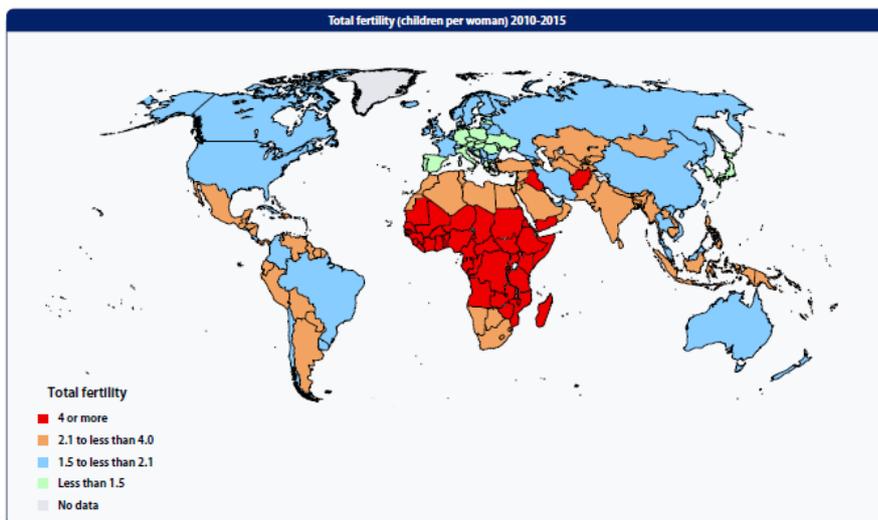
The driving force of fertility decline is socio-economic development; a decline in mortality, as well as an increase in female education and labour force participation, urbanization and family planning programmes (Rosa, 2002). Female autonomy has been one of the major driving forces behind fertility decline, since women now spend more time on their careers than on childrearing. Improved health facilities have also contributed to fertility decline.

Middle and West Africa stand out, having a particularly high fertility rate of over five children per woman (United Nations, 2016). Asia, Latin America and the Caribbean have total fertility rates of 2.2 children per woman, closely followed by Oceania with 2.4 children per woman whereas Europe has the lowest fertility rate of 1.6 children per woman (United Nations, 2016). The developing countries have the highest fertility rates and the developed countries have the lowest.

According to Rosa (2002) the percentage of the world's population living in countries with total fertility at or below the replacement level is 44% compared with 43% in countries with intermediate levels of fertility and 13% in countries with high fertility (above five children per woman). Societies with high fertility are also moving towards fertility decline. Moreover, the age pattern of fertility in these countries remains young, although the most recent estimates show an increase in fertility among women aged 35 and over, while fertility declined in the age groups 20-24 and 25-29 (but not 15-19) (Rosa, 2002). Of new mothers between the ages of 15 and 19, 86.1% were unmarried, compared to 61.5% of women ages 20 to 24 and 31.9% of women ages 25 to 29 (Nelson, 2013). With the greater accessibility of family planning facilities, more women tend to want to have children later in life.

Figure 2.1: Total Fertility (Children per Woman) (2010 – 2015)

### Fertility has declined but remains high in sub-Saharan Africa



Source: United Nations (2015)

The illustration above depicts total fertility on a global scale. Developed countries such as Europe have the lowest fertility, compared to other regions in the world. The same pattern is evident in other regions such as North America, Australia and some parts of South America. Africa on the other hand, illustrates the opposite that is 2.1 births or more per woman. In central Africa, a woman gives birth on average more than four times in her lifetime.

The reasons for the decline in the birth rate vary. In Bangladesh, fertility rates have fallen from 6.8 children per woman to 2.7 in 2010 (Longman, 2004). In China the decline was from 5.6 to 1.7; Brazil went from 6.1 to 1.8 (Longman, 2004). The decrease in fertility has been driven mainly by economic development, female emancipation, education, contraception and by the defeat of child mortality. Women can now actually plan their families (Longman, 2004). Improving health facilities have made fertility decline evident and this has made women less likely to give birth more often, knowing that there is a reduced chance of infant mortality.

#### 2.2.2 Fertility Trends in South Africa

The socio-historic event; apartheid, in South Africa caused a differentiation in fertility rates to occur across different race groups. Given the legacy of discriminatory practices in the South African labour market during the decades of apartheid, and modest employment growth in the post-apartheid years, African men are far more likely than White men to be unemployed today (Posel & Rudwick, 2012). With the oppression of the black people, family formation has changed due to the decreasing African marriage rates as African males have been deprived of suitable employment. In South Africa, marriage rates are substantially lower among African women than amongst White women, but African women are just as likely as White women to become mothers (Posel & Rudwick, 2012). Regardless of the decreased marriage rate, fertility does not decrease with the marriage rate. Non-marital fertility becomes widespread with the decreasing marriage rate.

During the apartheid regime men usually resided in urban areas and women stayed in rural areas. The tendency for these men to marry their urban partners was low, since they already had wives, resulting in high out of wedlock childbearing in areas where migrants are concentrated (Posel, 2001; Nzimande, 2004). NMF in South Africa especially within the Black population became widespread when men migrated to urban areas for a long-term where they ended up finding another woman and abandoning their wives in their place of origin.

The total fertility rate in South Africa is below three children per woman (Rosa, 2002). However, huge differentials remain when looking at population groups, with the White (TFR = 1, 8) and Indian (TFR = 2, 0) groups already experiencing below replacement level fertility, whilst Coloureds (TFR = 2, 5) and Black Africans (TFR = 2,9) remain above the replacement level (Lehohla, 2010). The Whites have the lowest fertility rate as compared to other racial groups. One of the reasons for this is the accessibility of adequate family planning facilities. The fertility rate of Indians and Coloureds fertility lie between the White and Black population group. The Blacks have the most births. This can be due to, but not limited to, the lack of sex education and inadequate accessibility of family planning facilities.

According to Lehohla (2010), the relatively poor provinces of Limpopo and the Eastern Cape exhibit higher TFRs than other provinces, whilst fertility is lower among urban women compared to their non-urban counterparts. The poor provinces have limited health care facilities. In a South African context, fertility is mostly determined by the socio-economic conditions per province.

One-sixth of the more than 26 000 children born to African women in the thirty-six months preceding the survey were to women younger than twenty years at the time of birth, indicating that adolescent fertility is very high in South Africa (Palamuleni et al., 2007). Teenage pregnancy, particularly, is also high in South Africa, especially for African females in their reproductive years.

### **2.2.3 Policies on Non-Marital Fertility in South Africa**

Policy decisions can determine the availability (or the lack thereof) of resources to provide critical services and to implement programmes (Panday et al., 2009). Policy has the power to shift the mind-set of people through the availability of resources.

#### **2.2.3.1 South African Education Policy**

Although South African education policy allows adolescent mothers to attend school during pregnancy and after giving birth, about half of them drop out of school after falling pregnant (Makiwane, 2010). Despite a low mean age at first birth, second birth is significantly delayed in SA because of the opportunity to continue education (Panday et al., 2009). Young mothers are given the chance to get a decent education, later on reducing the prevalence of poverty in the child and parent's life. Young fathers also report low educational attainment and come from low-income communities; they seldom have the financial resources to support the child and the mother (Panday et al., 2009). The social grant assists when both parents are in impoverished conditions.

#### **2.2.3.2 Social Grant for Children**

Grant-related income could foster economic independence and/or increase access to job prospects, education, and health services, resulting in lower pregnancy rates (Rosenberg et al., 2015). The income is meant to decrease the prevalence of poverty in a household. Indirect policy benefits have accrued through increased access to educational and economic opportunities for young people and the availability of social grants such as an old age pension and the child support grant that have enabled parents to keep their children in school (Panday et al., 2009). In a recent qualitative research study, UNICEF (2012) found that the Child Support Grant (CSG) is used primarily to buy food and serve the consumption needs of the whole household, due to widespread poverty and lack of employment. Policy reforms have

progressively expanded the reach and impact of the CSG, increasing the age limit for eligibility from seven to eighteen years, raising the income threshold to more effectively reach all poor children, and adjusting benefit levels for inflation and improve both social equity and economic impacts (UNICEF, 2012). By extending the ages of the recipient's of the grant, socio-economic vulnerability decreases. In the context of South Africa, where fertility remains above replacement level among many socio-economically disadvantaged groups, official population policy expresses objectives to both reduce unplanned and unwanted pregnancies and to reduce poverty and socio-economic disparities (Rosenberg et al., 2015). The CSG also empower the parent or guardian of the recipient of the grant to make use of family planning facilities, thus reducing the prevalence of NMF.

### **2.3 Fertility Transition**

The fertility transition is defined as having started in a country when there is at least a 10% decline in fertility, which begins an irreversible trend downwards, “completed” when replacement level fertility levels are achieved (Rani, 2007). Furthermore, with delays in the age of marriage, over time, with no concomitant increase in premarital fertility, the fertility in the age group 15-19 will decline over time as observed in East Asia, especially in Japan (Rani, 2007).

The most recent projections made by the United Nations (2007) assume that the fertility levels of countries that are in transition will continue their decline until fertility drops slightly below the replacement level. The common thesis in these studies is that fertility decline in South Africa was a consequence of the Asian-type population policies that were instituted by the apartheid regime, to curb the growth rates of the majority Black population (Lehohla, 2010). These population policies, led to a dramatic increase in contraceptive use among the Black women of South Africa (Lehohla, 2010). Even though the African group has the highest fertility compared with other races in South Africa, they have the lowest fertility as compared with other Africans countries on the continent (Lehohla, 2010). Despite the scantiness of reliable data during the apartheid era, recent studies have unanimously concluded that fertility decline started as early as the 1960s in South Africa, making the country a leader in the fertility transition observed in sub-Saharan Africa (Bongaarts, 2008).

### **2.4 Age at First Sexual Relations**

The age at first marriage is imperative to the study as it is an indicator of comparison of the average age when the general population, initiates sexual relations. According to Berry and Hall (2009) the age of sexual debut i.e. the percentage of teenagers and youth (15 – 24 years) who had their first sexual intercourse is fifteen years.

On average, young people have sex for the first time at about age seventeen, but they do not marry until their mid-20s (Guttmachor Institute, 2014). The risk of NMF is high when the age of first sexual relationship and age of first marriage is not the same. Contraceptive uptake among girls as young as fifteen is like that of their older counterparts, whereas girls who start having sex at fourteen or younger are less likely to have used a contraceptive method at their first sexual encounter and they take longer to begin using contraception (Finer & Philbin, 2013). Sex education is more prevalent amongst older teenagers, as compared to younger teenagers.

European teenagers, however, are more likely than American teenagers to use contraceptives generally, and to use the most effective methods (Guttmacher Institute, 2014). Therefore, Europeans have substantially lower pregnancy rates (Guttmacher Institute, 2014). This means that in Europe sex education is occurring at a younger age. A survey showed that 18% were not using any contraceptive method at their last intercourse (Guttmacher Institute, 2014).

The following table presents the percentage of youth (15-24 years) who had their first sexual experience by age fifteen in all South African provinces.

**Table 2.1: Percentage of Youth (15-24 Years) Who First Had Sex by Age Fifteen**

Province	Female	Male
Eastern Cape	11%	21%
Free State	6%	15%
Gauteng	6%	13%
Kwazulu-Natal	2%	6%
Limpopo	9%	14%
Mpumalanga	9%	10%
North West	6%	12%
Northern Cape	6%	9%
Western Cape	5%	12%
South Africa	6%	12%

**Source: Berry and Hall (2009)**

The data suggests that males in the same age category as females have an earlier sexual debut than females. The Eastern Cape has the youngest people who had their first sexual debut at the age of fifteen years. Kwazulu-Natal had the least young people who had their first sexual debut at the age of fifteen years.

Berry and Hall (2009) explains that by the end of their childhood (eighteen years), 42% of women and 63% of men had become sexually active. Moreover, risks of earlier sexual debut also include a greater likelihood of having multiple partners, lower likelihood of condom use at first sexual experience and a higher overall number of sexual partners; not to mention high biological susceptibility to infection in adolescent and young girls (Berry & Hall, 2009). With a lack of sex education NMF becomes more prevalent.

## **2.5 Age at First Marriage**

In a society where there is minimal NMF, it is likely that the age of first marriage is similar to the age of first sexual debut. If this is not the case, comprehensive sex education and

contraceptive use is easily available. Sub-Saharan Africa society is currently characterized by a later age of first marriage (SMAM) and lower rates of marriage in general (Nzimande, 2004). These factors have been cited as one of the factors that perpetuate the increase in non-marital childbearing (Nzimande, 2004).

According to Palamuleni (2010) in South Africa as a whole, the average age of first marriage for males has increased from thirty-one years in 1996 to thirty-three years in recent years; whereas for females' married fertility in South Africa is less when compared to non-marital fertility because the childbearing years of a married woman are already limited due to marriage being initiated at a later stage of childbearing years.

Demographers are interested in the age of first marriage or union, because of the theoretical link of exposure to the risk of pregnancy, to childbearing and ultimately to fertility (Statistics South Africa, 2008). Theoretically, those who are married are believed to have greater exposure of giving birth. "In the case of South Africa, although motherhood begins early, marriage takes place later in life" (Palamuleni, 2010: 54). NMF is prevalent in South Africa because the age at first marriage occurs later, as compared to the age of first sexual debut, which occurs earlier.

Table 2.2 represents the age at first marriage among different religious groups. It is imperative to have an illustration that shows the mean age at first marriage amongst different religious groups to distinguish the extent of religiosity. The column titled N represents the number of participants in the study for each religious group. The column titled Mean represents the average AFM for each religion.

**Table 2.2: Age at First Marriage in Various Religious Groups**

<b>Religion</b>	<b>N</b>	<b>Mean</b>
Islam	2489	22.2
Buddhism/Other Traditional Chinese Religion	640	23.4
Hinduism	315	22.7
Christianity	94	23.8
<b>TOTAL</b>	<b>3538</b>	<b>22.5</b>

**Source: Roha (2013)**

A glance at age at first marriage (AFM) shows that different religions have different fertility patterns. Islam has the youngest AFM as compared to other religious groups. This can imply that Islam has the most fertility compared to other religious groups illustrated above. AFM in the South African context may be less convenient at measuring total births due to the decreased marital rate and the prevalence of NMF. AFM, in this context, is imperative for studying fertility trends.

Another important variable that contributes to decreased fertility levels in a society is marital disruption, arising from separation, divorce or widowhood (Palamuleni et al., 2007). According to Statistics South Africa (2008), the median age at divorce in 2008 was forty-one for men and thirty-eight for women. Fertility rates are reduced for women at the time of divorce. Divorce, separation and widowhood decreases overall fertility and increase NMF.

Palamuleni et al. (2007) elaborates that in South Africa today, other things being equal, marriage is no longer universal and is characterized by marriage at a later age, a high rate of divorce, remarriage and a high rate of single parenthood. Furthermore, marital dissolution reduces fertility if re-marriage is infrequent or delayed and the average number of children born was lower among divorced or widowed women in Egypt than among married women (Udjo, 2001). NMF becomes limited if remarriage occurs frequently amongst individuals who are widowed, divorced or separated.

Widowhood refers to the status of a person whose spouse has died and who has not remarried (Palamuleni, 2010). Widows, like divorcees tend to have limited fertility if remarriage does not occur. Amongst women in the reproductive age group, the proportion of widows has increased from 2.1% in 1996 to 2.4% in 2001, this slight increase in the number of widowed may be due to rise in mortality among adults, probably arising from HIV/AIDS (Palamuleni, 2010). Widowhood increases in a country where there is a prevalence of HIV/AIDS.

When marriage is no longer a key indicator for fertility, never married women become plentiful. On the other hand, variables such as higher age at first marriage increases the proportion of never marrieds, increases widowhood, and the reduced proportion of married women has a negative impact on fertility (Palamuleni et al., 2007). These variables decrease fertility, as noted in South Africa. The proportion of never married has increased from 54% in 1996 to 55% in 2001 and 58% in 2007; these figures indicate that more than half of women who bear children never marry (Palamuleni, 2010).

In South Africa, cohabitation rates have risen as marriage rates have declined, and a greater share of all African women currently cohabit with a partner, compared to White women (Posel & Rudwick, 2012). In the South African context, children are significantly less vulnerable to poverty if their mother is married or cohabiting with a partner (Posel & Rudwick, 2012). Socio-economic conditions are improved for a child if there is an adult male and an adult female in the household. Among those studies that have included research on cohabitation, reference is made to the sense of shame or stigma attached to cohabiting couples, although the source of this shame is not made explicit (Posel & Rudwick, 2012).

Sprangers and Garssen (2003) explains that since the 1980s, cohabitation has increasingly become an alternative to marriage, at least temporarily. As a result, non-marital fertility has risen. Cohabitation perpetuates NMF.

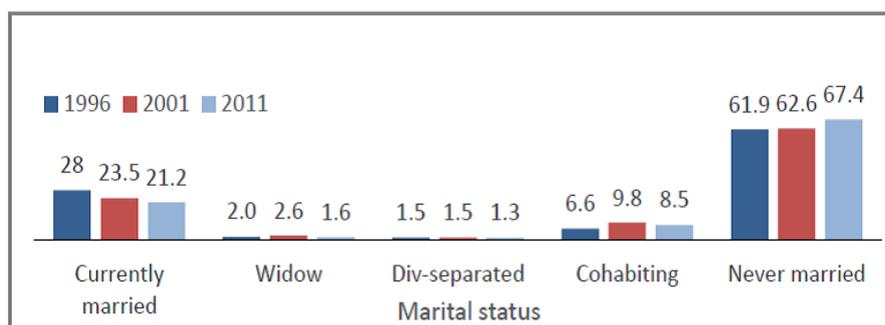
## **2.6 Marital Status and Fertility**

Others view unmarried childbearing as a cause of declining marriage rates (Masua, 2010). The lack of social and economic opportunities in some communities leads to greater acceptance among young people of unmarried sex, pregnancy and childbearing (Masua, 2010).

The state of an individual's marital status also determines fertility differentials. Unions are important to discuss because they have a direct impact on fertility related decisions. The percent

of women currently married declined from 28 in 1996 to 21.2 in 2011 (Govender, 2016). In contrast, the percent of women who have never been married increased from 61.9 in 1996 to 67.4 in 2011 (Govender, 2016).

**Figure 2.2: Marital Status of Women Aged 15–49 Years (1996 – 2011)**



**Source: Govender (2016)**

Increasing rates of cohabitation, divorce and a greater acceptance of non-marital childbearing and childrearing means that, many individuals will experience more than one union, and a substantial proportion of parents will have children with more than one partner (Masua, 2010). NMF increases sexual partners, as they are not long-term.

### 2.6.1 Marriage

The changing economic status of women reflected in rising labour force participation rates and earnings, is mostly responsible for the decline in marriages and increased divorce rates (Masua, 2010). Female autonomy has contributed to a decrease in the marital rate.

According to Musua (2010), studies show that men now express a strong preference for economically attractive spouses, with steady employment. Women who are financially stable are more likely to get married than their counterparts that are not financially secure. Studies show that improved socio-economic circumstances are associated with a greater likelihood of marriage for both women and men, and that deteriorating economic circumstances, particularly for poorly educated men, provide at least a partial expectation of rising NMF (Musua, 2010). Women that have low socio-economic conditions have the least probability of getting married,

as men look for a partner who will assist financially in the household. On the other hand, other studies show consistently, that marriage rates are lowest in communities where some female's economic opportunities are highest (Masua, 2010).

### **2.6.2 Cohabitation**

Researchers often frame questions about the meaning of cohabitation in terms of two possibilities: cohabitation as a precursor to marriage or as an alternative to marriage (Musick, 2007). The general assumption of cohabitation is a couple living together, not legally married.

For example, cohabiters may be more likely to plan births than their single counterparts may not because they see cohabitation as an acceptable alternative to marriage, but because they have some underlying (unobserved) higher propensity to marry (Musick, 2007). As mentioned, cohabitation can be a possibility for marriage at a later stage. In this situation, it is likely that the couple conceives, since the union is long-term, as compared with couples not living together.

Indeed, 40-50% of non-marital births in the 1990s were to cohabiting couples, and much of the growth in non-marital childbearing between the 1980s and 1990s was due to cohabiting two parent families (Musick, 2007). Over the years, the stigma of cohabitation has decreased. Studies of fertility intentions show that cohabiters have higher rates of intended births than their single counterparts, lending some support to the notion that cohabitation provides a suitable context for childbearing (Musick, 2007). It has become suitable because both parents are present daily, to the benefit of the child, as compared to a single parent household.

On average, cohabiting families are less stable than married families (Musick, 2007). According to Musick (2007), cohabitation may increase the fertility of unmarried women in several ways: by providing a suitable alternative to marriage for childbearing, by increasing sexual contact, or by selecting an individual they would most likely want to marry. The reason for cohabitation in couples is important since it determines the extent of commitment.

### **2.6.3 Single**

A single parent family may be defined as “a family comprising a single mother or father, having their own dependent children” (Kotwal & Prabhaka, 2009). This means that the person responsible for the child or children is not married.

The single parent family is created in several ways. The death of one parent, divorce, separation and desertion often results in financial problems (Kotwal & Prabhaka, 2009). Unmarried mothers are more likely to have other children (Musick, 2007). NMF increases an individual’s number of sexual partners.

Thus, it is clear that a financial crisis was a standard situation with most single mother families (Kotwal & Prabhaka, 2009). Recent research suggests that unmarried women respond to financial incentives by making fertility decisions (Wallace, 2005). Traditionally, women based their fertility decisions solely on marriage but nowadays reasons for fertility is usually driven by monetary gains.

Single parenthood is a challenge to eliminate as it is adopted from one generation to another. That is, individuals who grow up in single parent households tend to go on to be single parents and their children do the same (Masua, 2010). It is likely that those who grow up in a two parent household prefer not to become single parents.

## **2.7 Islam Doctrine on Illegitimacy**

In Islam, a child born out of wedlock is referred to as an *illegitimate child*. This child is considered illegitimate because of the extra-marital sexual relationship (zina) and as such, a child cannot be legitimized (Aminu, 2015). Under Muslim law, the illegitimate child has no right of inheritance from either of the parents under both Shia and Sunni schools though such children can claim maintenance from the mother only under Sunni law up to the age of seven years (Swamy, 2016). Literally, inheritance means something, that is endless or continuous; also, it means transfer of property from one person to another whether intangible or tangible in nature (Mzee, 2016).

Under Sunni Muslim law, the illegitimate child is entitled to inherit from the mother and her relations whether legitimate or illegitimate and they can inherit from him, according to normal rules of succession (Swamy, 2016). A child born out of wedlock in Islam is only related to the mother’s side of the family as paternity is only established in a marital union.

## **2.8 Religiosity**

In different societies, religion has different influences on people's behaviour. Religion is most likely to be influential when members feel a strong sense of religious solidarity, that is, when religion is a highly salient aspect of individual identity (Hayford & Morgan, 2009). The impact of religion in one's life depends on how an individual perceives himself or herself. Attending religious services weekly during childhood and growing up in a two-parent family is often associated with lower odds of having had a non-marital first birth (Wildeman & Percheski, 2009). An in-depth analysis revealed that those who never attended church services and those who attended occasionally had more children than others (Masua, 2010). Those attending just once or twice had fewer children (Masua, 2010).

Recent research moves beyond the study of particular denominations, to consider the impact of the strength of religious sentiment, is measured using the frequency of attendance or frequency of communion (Hayford & Morgan, 2009). Religiosity is vital, since it measures the influence of religion on an individual's behaviour. The results imply that Protestants seem to be more accepting of pre-marital sex and non-marital childbearing than Catholics and Muslims (Masua, 2010). In this finding, NMF differed per religious group. NMF in Muslim and Catholic societies is minimal due to couples marrying at a young age.

## **2.9 Fertility and Religion**

A study showed that Catholics have the highest fertility rates, followed by the Protestants and Jews (Jayasree, 1989). In addition, research suggests that Muslims in general have very high fertility rates (Jayasree, 1989). This can be due to a higher level of religiosity among the aforementioned religious groups. According to Sprangers and Garssen (2003), the larger proportion of out of wedlock births in the Nordic countries would appear to be related to the comparatively weak impact of Christian values on marriage. The general premise is that the less religious one is, the higher the prevalence of NMF.

Using data from the 2002 National Survey of Family Growth (NSFG) Hayford and Morgan (2009) found that women who report that religion is "very important" in their everyday life have both higher fertility and higher intended fertility than those who say that religion is "somewhat important" or "not important". High fertility is influenced by a strong devotion to religious values. Adsera (2006) argues that Muslims and conservative Protestants, still small

groups in Spain, prefer relatively large families, in line with the pronatalist teachings of their religion.

Higher fertility among Catholics was attributed to the doctrine prohibiting birth control, but also to education and income differences between Catholics and Protestants, also to the distinctive family culture of immigrant Catholic populations, and to the prominent place of churches and religious schools in these communities (Hayford & Morgan, 2009). Catholics possess high religiosity and religious doctrines are reflected in their behaviour. Religiosity is emphasized through religious teachings being in the education syllabus, entertainment, media and politics.

However, they do suggest that specific religious teachings about fertility related behaviour and the institutional enforcement of these norms might be less important components of the relationship between religion and fertility (Hayford & Morgan, 2009). This means that fertility related issues are not emphasized. Instead, religious identity may be more salient (Hayford & Morgan, 2009). Schemas relating to family and religion may also be shaped by the interdependence between contemporary American ideology, politics, and the institutions of religion and the family (Hayford & Morgan, 2009). Nowadays fertility is a complex variable to study. Religion cannot influence fertility in isolation. Contemporary socio-economic conditions and politics also influence fertility at a macro level.

## **2.10 Religion and Non-Marital Fertility**

Possible influences of NMF range from individual and family characteristics to peer, neighbourhood and community influences, local, state policies to large influences such as the media and changes in attitude, values and norms (Masua, 2010). Religion is not the only factor that influences fertility, it has multi-faceted factors perpetuating or suppressing it.

Fertility is a complex subject to study. Religion is one aspect of the study of fertility as it also influences the behaviour of people regarding their fertility. NMF can be prevalent in one religious group whereas in another it may be taboo. According to Heineck (2012), the “particularized theology” hypothesis suggests that differences in religious values and teachings result in fertility differences that persist after considering some individuals’ characteristics and the socio-economic profiles of religious groups. This is to explain why NMF is prevalent in one religious group as compared to another.

According to Heineck (2012), differences in religious values across denominations exist, for example regarding birth control and attitudes towards abortion. Furthermore, norms on the entry into sexual unions, the acceptance of sexual activity outside of unions or issues of sexuality within marriages all have the potential to affect fertility behaviour (Heineck, 2012). The Catholic hierarchy also opposes the use of contraceptive methods, other than natural family planning (i.e., periodic abstinence, temperature rhythm and cervical mucus tests) (Jones & Dreweke, 2011). However, most Evangelical leaders strongly oppose sexual activity, and contraceptive use, among unmarried women of all ages (Jones & Dreweke, 2011).

Hayford and Morgan (2009) elaborates that a substantial portion of the difference between religions is associated with differences in family ideology, including schemas about the importance of marriage and parenthood, the acceptability of non-marital sexual relations, and gender roles in families. Demographic conditions in religious groups are influenced by such distinctive values. The large numbers of illegitimate births in these countries may be related to the rather weak impact of Christian values with respect to marriage (Sprangers & Garssen, 2003). NMF is not caused by weak values only, but it also encompasses complex variables that make NMF prevalent. The longevity of this new structure depends upon the micro/macro dynamics at the intersection of contemporary ideology, politics, religion and the family (Hayford & Morgan, 2009). As noted above, NMF is not caused by unilateral factors but also by the broader spectrum including, among other things, socio-economic conditions and the political climate.

## **2.11 Summary**

The theoretical framework by Bongaarts includes direct and indirect determinants of fertility. This study discusses the indirect determinants of fertility in detail, as compared with the direct determinants of fertility, due to the nature of the study. The literature clarifies that fertility is declining due to women no longer investing most of their time in child rearing but instead, nowadays, they are found in the labour force. The acquisition of career success limits one from having many births; therefore, the use of contraceptives is now commonly used to limit fertility. Female autonomy has also changed the family structure. Marriage has lost the sentimental value that previously appealed to the masses. Childbearing is no longer only for those who are married. This has made NMF common. Most of the population admitting to conforming to a certain religious group in South Africa. This is of interest to the study, as there is a correlation

between the influence of conforming to a religious doctrine and its effect on fertility. On a broader spectrum, some evidence suggests that non-marital fertility is perpetuated by diminishing religious values but this is not always the case. In the Islamic doctrine, it is emphasized that a child born out of wedlock does not inherit anything from the father nor the paternal family. There is also minimal contact with the father and his family towards the child. The child can inherit from the mother and the maternal family. NMF has become a multi-faceted dynamic that needs multiple methods to comprehend. The South African policies regarding to NMF aims on assisting single mothers by reducing poverty and being able for them to access education. The South African education policy explain that young girls who are pregnant should carry on schooling and return when the child is born. In a long term, the young mother is given an opportunity to get an education to improve socio-economic conditions. This is vital because young fathers do not have financial capabilities to support the child. Fathers who cannot support their child or children also motivated the implementation of CSG. The CSG aims on reducing poverty in households that have children by offering a monthly amount of money. The policy also anticipates on increasing accessibility of employment, education and health services. The policy aims to reduce NMF and poverty.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 Introduction**

This chapter outlines the design of the study, the research method used and the process to carry out this research. The research method was designed to explore the influence of religion on fertility choices amongst Muslim women living in the eThekweni Municipality. In this study, a qualitative research methodology is employed to obtain insights on perception and behavioural influences in the study area. The chapter starts by describing the study area. The research design of this thesis is elaborated followed by the data analysis. Finally, a discussion on ethical clearance issues and the limitations of the study will be given.

#### **3.2 Study Area**

The study area of the research is eThekweni Municipality. EThekweni Municipality is located on the east coast of South Africa in the Province of KwaZulu-Natal (KZN) (Sholeary, 2012). The Municipality spans an area of approximately 2297k and is home to some 3.5 million people (Sholeary, 2012). The concentration of the population makes it a metropolitan area comprising a variety of economic activities. Most of the population comes from the African community (71%) followed by the Indian community (19%), White community (8%) and the Coloured community (2%) (Sholeary, 2012). Furthermore, individuals within the 15-34-year age group comprise most of the population (Sholeary, 2012). The economically active individuals are in the majority due to the socio-economic opportunities the municipality provides.

The morbidity and mortality profile of the eThekweni Municipal Area (EMA) demonstrates how the challenges of HIV and AIDS burden the community (Sholeary, 2012). Increased maternal and child mortality, escalating lifestyle diseases and the high number of accidents and injuries have had an impact on decreasing the life expectancy of citizens within the metro (Sholeary, 2012). The challenge is for the municipality to make adequate health facilities easily accessible for everyone in the municipal area. Furthermore, the results of the annual survey illustrate how HIV in the pregnant population has stabilised at an alarmingly high rate of approximately 40% (Sholeary, 2012).

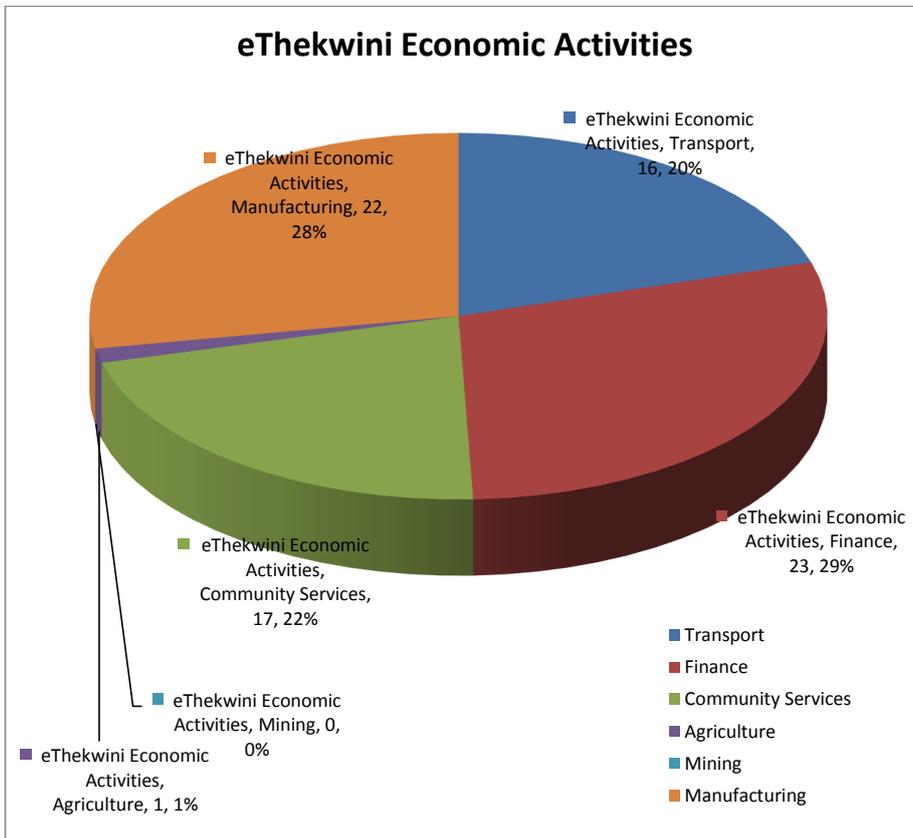
**Figure 3.1: Study Area – eThekweni Municipality**



**Source: Local Government Handbook (2013)**

eThekweni is a metropolitan area where the economy is enhanced by different sectors.

**Figure 3.2: Major Economic Activities in the eThekweni Municipality**



**Source: Sholeary (2012)**

The pie chart above illustrates the major economic activities that contribute to the eThekweni Municipality’s economic growth. These sectors improve the socio-economic conditions of the people. The leading economic activities in the eThekweni Municipality’s GDP are transport with 16%, finance 23%, community services 17%, agriculture 1%, mining 0%, manufacturing 22%, electricity 2%, construction 3% and trade contributing 16% to the total GDP.

### **3.3 Research Design**

The study implemented qualitative research design. The research utilizes research methods used in the social sciences discipline. Researchers working in the social sciences of psychology, sociology, anthropology etc. are interested in studying human behaviour and the social world inhabited by human beings (Hancock et al., 2009). They found increasing difficulty in trying to explain human behaviour in quantifiable, measurable terms (Hancock et al., 2009). Qualitative research attempts to broaden and deepen our understanding of how things came to be the way they are in our social world (Hancock et al., 2009). The research aims to comprehend the extent religious institutions adapt to contemporary fertility trends.

According to Golafshani (2003), qualitative research uses a naturalistic approach that seeks to understand phenomena in context specific settings, such as the real world setting where the researcher does not attempt to manipulate the phenomenon of interest. This gives the researcher raw data directly from the participants. Qualitative research involves the use of several methods including case study, personal experience, introspective, life stories, interviews, observational, historical, interactional, and visual texts – that describe routine and problematic moments and meanings in individuals' lives (Mann & Richard, 2010).

Different forms of research methods are prone to different sources of error, but clearly none are immune (Norris, 2007). Error in qualitative research is inevitable but should be reduced as much as possible. One of the common criticisms of this method is that the results may not be applied to a larger population due to the small sample, and participants are not normally chosen randomly (Hancock et al., 2009). The research is executed in a case study where there are ten participants who all reside in eThekweni Municipality area.

The qualitative research method employed in this study is in-depth interviews. "In-depth interviews are optimal for collecting data on individuals' personal histories, perspectives, and experiences, particularly when sensitive topics are being explored" (Mack et al., 2006). This study uses in-depth interviews from Muslim women. The women were asked about some of the challenges Muslim women experience with non-marital fertility.

For the researcher to gather adequate data, interviews were utilized to get authentic findings. Qualitative researchers usually employ "semi-structured" interviews that involve several open-ended questions, based on the topics that the researcher wants to cover (Hancock, 2009). The

research comprises both closed and open-ended questions. Open-ended questions assist the researcher in acquiring in-depth responses to topics related to the research study.

The nature of the research allows the researcher to use non-probability sampling. According to Trochim (2006), the difference between non-probability and probability sampling is that non-probability sampling does not involve random selection and probability sampling does. Purposive sampling can be very useful for situations where you need to reach a targeted sample quickly and where sampling for proportionality is not the primary concern (Trochim, 2006). Purposive sampling is used to find suitable participants. This ensures that the researcher meets participants that are likely to fit the criteria.

For the participants who meet the criteria, a quiet and comfortable location was chosen and the interviewer should consider how she presents herself in terms of dress, manner and so on, to be approachable (Hancock et al., 2009). The interview takes place at a venue that is most suited for the participants. The researcher has the responsibility to make the participant comfortable in order to share their experiences regarding the research topic.

The interview is audio recorded to encourage adequate data analysis. Transcribing is the procedure for producing a written version of an interview (e.g. in narrative, or grounded theory-based research) or conversation (e.g. if using conversation analysis) (Hancock et al., 2009). When transcribing, consideration should be given as to whether and how these feelings and meanings can be communicated on paper by using punctuation marks (full stops and commas will be essential for meaning, for instance) (Hancock et al., 2009). The researcher also considered body language to comprehend the state of the participant.

To ensure the quality of the research, the researcher used NVivo to elaborate on the findings. According to Hancock et al. (2009) if a research team is using software such as N6, NVivo, (at the time of updating this pack, N6 and NVivo are likely to combine) or Ethnography to help store and organise the data during analysis, then transcripts need to be in a format that can easily be imported into the relevant package. The software produces the gathered data into themes, making the analysis stage of the research concise.

The most imperative component in research is the ethical considerations. The principle of voluntary participation requires that people not be coerced into participating in research (Trochim, 2006). This is especially relevant where researchers had previously relied on 'captive

audiences' for their subjects -- prisons, universities, and places like that (Trochim, 2006). Furthermore, the prospective research participants must be fully informed about the procedures involved in the research and must give their consent to participate (Trochim, 2006). As a researcher, there is a responsibility to protect the participants, in this research study. In this research study, the participants are given alias names.

### **3.4 Process of Data Collection**

The process of data collection is the method the researcher uses to collect data in the study area. Non-probability, purposive sampling is used to select the sample. Non-probability sampling designs are used when the number of elements in a population is either unknown or cannot be individually identified (Kumar, 2012). Acquiring data on NMF for Muslim woman can be a challenge. The participants may shy away from talking about emotional issues and situations they recall to be unpleasant. With non-probability samples, the population may or may not be well represented, and it will often be hard for us to know how well we have done this (Trochim, 2006). The criticism of non-probability sampling is that it represents a fraction of the total population.

Purposive sampling can be very useful for situations where you need to reach a targeted sample quickly and where sampling for proportionality is not the primary concern (Trochim, 2006). Purposive sampling is the method used in the study to choose participants. The primary consideration in purposive sampling is your judgement as to who can provide the best information to achieve the objectives of your study (Kumar, 2012). This type of sampling is extremely useful when you want to construct a historical reality, describe a phenomenon or develop something about which only little is known (Kumar, 2012). The investigation of NMF amongst religious individuals has limited literature. It is therefore plausible to use purposive sampling to collect data.

The study is restricted to Muslim women who have experienced NMF and who reside in eThekweni Municipality. Several researchers have indicated that religion and religious beliefs affect fertility rates even after controlling for socio-economic factors such as age, marital status, income and education (Burner, 2012). The main findings of the study done by Westoff and Frejka (2007) are that (a) fertility of Muslims in practically all the countries with available data is higher than that of members of the dominant religion (Burner, 2012). Muslim women are more likely than women of other religions to: (1) disapprove of women as single parents, (2)

prefer to have a boy if there was only one child, (3) feel that a housewife's role is just as fulfilling as paid work, (4) feel that men have more of a right to a job if jobs are scarce, (5) feel that the family is an important institution, (6) think that marriage is not an out-dated institution, and (7) feel that a woman has to have children to be fulfilled (Burner, 2012).

The study focuses on the Muslim religion because it advocates for strong family values and marriage. The reasons that influence Muslim women to have child/children out of wedlock are important to be able to understand the shift of behavioural choices. The association between marriage and family values is also clearly present among women of other religions, although strongest for Muslims (Burner, 2012). Roudi-Fahimi (2004) describes Islam as a religion that provides guidance for worship as well as a social system for Muslims' public and private lives (Burner, 2012). The reason behind the high religiosity of Muslims as compared to other religious groups is that the religious doctrines are practiced daily, from the media channels, to the content in schools etc.

The researcher conducted ten in-depth interviews and each interview lasted forty-five minutes to an hour. All the selected participants should be at childbearing age and to be eligible for the study they had to have the first child to be born out of wedlock. To be able to reach the participants the researcher liaised with a non-governmental organization, Sisters in Africa (SIA) where issues pertaining to fertility per religion and cohorts are of concern. The organization travels within eThekweni Municipality to educate women on adequate sexual health issues. The researcher collected data in Bluff, Overport, and Marianhill.

Women who met the criteria were purposively selected for the study. Interviews were conducted at a time and place considered suitable by the participants. Demographic questions were asked firstly to ascertain each participant's demographic profile. Adhering to ethical conduct principles, each of the participants signed confidentiality forms as well as gave permission to audio record the interview. Each participant obtained the contact details of the researcher and the supervisor. The questionnaire was in Isizulu or English. Before the interview started the participant was given the choice of the Isizulu or English version.

Research becomes reliable when there is trustworthiness between the participant and researcher. According to Mack et al. (2006), *professional ethics* deals with additional issues such as collaborative relationships among researchers, mentoring relationships, intellectual property, fabrication of data, and plagiarism, among others. The research is an academic representation therefore; reliability is a requisite for the research.

It is the responsibility of the researcher to make sure that the participant is comfortable enough to disclose sensitive issues. Therefore, the researcher needs to be objective and neutral always during the interview. According to Newton (2010), the success of an interview relies on the extent to which the participant's responses and opinions are truly reflected. To have an almost accurate construction of other people's reality one ought to ask probing questions that allow the participant to respond in their own terms rather than having the questions imposed upon them (Newton, 2010).

Before the researcher went to the research area, there was already a constructed idea about the results of the research. Another interview skill that was used was 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 participants may be obtained (Guion. et al., 2011). The open-ended questions assist in obtaining real insights into the participant's reality.

To maintain validity, reliability and rigour it is vital to be flexible and to allow the research to embody changes. Validity, reliability and rigour is to be maintained in qualitative research. It is vital to use reliable measurements of data; in this case, the use of in depth interviews and using the software NVivo for analysis. According to Long and Johnson (2000), there is a clear imperative for rigour to be pursued in qualitative research, so that findings may carry conviction and strength. Rigour is maintained for the research to have firm and sensible findings that are reliable.

### **3.5 Data Analysis**

The data analysis identifies important categories in the data, as well as patterns and relationships, through a process of discovery (Schutt, 2011). Data presented in qualitative research tends to be categorized into themes to make concepts clearer, relating to the studied topic (Patton, 2002). "A theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set" (Braun and Clarke, 2006:82). The data collected was analysed thematically using NVivo.

Usually, though, when we talk about qualitative research in the social or health sciences, we are referring to textual data generated from in-depth interviews and focus groups, which are often transcribed verbatim from audio recordings, and, to a lesser degree, participant

observation notes (Huri, 2011). The interviews are audio taped and transcribed as part of the data analysis. Transcribing simply means the process of recording the interview and writing down what has been said during the interview. According to Bazeley and Jackson (2013) using NVivo during the analysis of qualitative data will help you manage data, manage ideas, query data, visualize data and report from data. Using the software, the researcher may view data in a different way.

Hayes (2000) defined themes as the recurrent ideas or topics that are detected in the material being analysed and they usually come up on more than one occasion in a particular set of data. According to Huri (2011), thematic analyses may move beyond counting explicit words or phrases and may focus on identifying and describing both implicit and explicit ideas within it or to elaborate and explore the studied topic. Reliability is of greater concern with thematic analysis than with word-based analyses because more interpretation goes into defining the data items (i.e., codes) as well as applying the codes to chunks of text (Huri, 2011). Despite certain issues related to reliability, we feel that a thematic analysis is still the most useful for capturing the complexities of meaning within a textual data set (Huri, 2011). Using NVivo, a thematic analysis of the data is produced.

### **3.6 Ethical Considerations**

Before the study commences, a proposal is submitted to the School of Built Environment and Development Studies higher degrees' committee and ethics to approve.

When the research proposal is approved in both committees, the researcher can commence with data collection. Prior to the interview, the researcher makes it clear to the participant that the participation in the research is voluntary and asserts the participant's anonymity. Withdrawal from the research is also an option for the participant. Before the interview starts, the participant is also assured that after having kept the cassettes and transcripts for a period of five years, in a steel cabinet in the research supervisor's office as arranged with the supervisor, the researcher will dispose of the data by incinerating the cassettes and shredding the transcripts. Names of participants or any personal information is not obtained, to ensure confidentiality. In this research study, the participants are given aliases. If participants share information with the researcher (which will not be disclosed) the output of the research is shared with the participant.

### **3.8 Summary**

The aim of this study was to present the perceptions of experiences of Muslim women who have experienced NMF. This chapter provides the steps the research utilized to try and explore the relationship. Qualitative research methods are employed to examine the topic. Qualitative analysis is necessary as there is a one-on-one interaction and the researcher can comprehend the attitudes and decisions that drive people on their sexual health behaviour. In-depth interviews are used that can then be analysed using the NVivo software. The participants are given an informed consent form to attain transparency of the research objectives and for them to attain the ethical process of the research study.

## **CHAPTER FOUR**

### **RESULTS**

#### **4.1 Introduction**

This chapter presents results from ten in-depth interviews with Muslim women living in eThekweni Municipality. The chapter starts by looking at the socio-demographic characteristics of the participants. It follows by examining the causes as well as attitudes and the consequences of NMF. The study uses qualitative methods to gather information. In addition, the chapter explores the role of religion in providing adequate sex education to individuals.

#### **4.2 Demographic Characteristics of the Participants**

Table 4.2 presents the demographic characteristics of the women who were interviewed. The sample consists of women of childbearing age. The sample has a mean age of 25, 4. The youngest woman at their first birth was twenty years old and the oldest woman at their first birth was thirty-four years old. All the women had resided in the eThekweni Municipality area from birth and they all reported that their out of wedlock births caused humiliation in their families. All the women are Islam and had their first births out of wedlock. The sample consisted of single, married and divorced women.

**Table 4.1: The Demographic Characteristics of the Participants**

<b>Participants</b>	<b>Alias</b>	<b>Age at First Birth (Years)</b>	<b>Highest Education Level at First Birth</b>	<b>Marital Status of the Participant</b>	<b>No. of Children</b>
1	Sameerah	22	Bachelor's Degree	Single	2
2	Thahera	20	Matric	Single	1
3	Zurmah	29	National Diploma	Married	3
4	Sumbul	24	Bachelor's Degree	Single	1
5	Waseemah	28	Bachelor's Degree	Single	1
6	Afraa	34	Matric	Widowed	3
7	Soniya	23	National Diploma	Single	1
8	Reeham	21	National Diploma	Single	1
9	Shukra	26	Bachelor's Degree	Single	1
10	Aresha	27	Bachelor's Degree	Divorced	2

Most of the women in the sample had their first birth in their twenties. Eight out of the ten women in the sample had their first birth while having a tertiary qualification. Those women who had tertiary qualification had professional careers as compared to the other two with Grade 12, and were doing general work.

At the time of the interviews, seven of the women in the sample were single. The remaining three women in the sample that were not single were divorced, widowed and married. Based on the sample characteristics, one can deduce that having a child out of marriage does limit an individual's chances of being married.

The number of children varies from one participant to another. Six of the participants had one child. Mostly, those who gave birth to more than one child in the study were married (this includes widowed and divorced). Only one participant was single with two children. Of the women who were married, the second child was conceived after marriage.

#### **4.3 Prevalence of Non–Marital Fertility in Islam**

The participants in the study were asked about the prevalence of NMF in Islam. Religiosity is a term used to measure an individual's affiliation to religious doctrine. Religiosity, in its broadest sense, is a comprehensive sociological term used to refer to numerous aspects of religious activity, dedication, and belief (religious doctrine) (Gill & Lundsgaarde, 2004). Religiosity assists in understanding how individuals attach meaning to their behaviour. The broader social group one affiliates with generally influences an individual's religiosity. In the study, there has been a disjuncture of responses in the prevalence of NMF amongst Islam's. The participants below explained that there is a low prevalence of NMF amongst Muslims since marriage is initiated at a young age. When a couple is ready to experiment sexually, they are already married.

*Most people who have knowledge of Islam know that marriage is accepted and practiced from an early age, hence both males and females can explore their sexual desires freely between each other, thus minimising and almost eliminating non–marital fertility (Sameerah, 22 years).*

*Out of wedlock fertility is not common as compared to other religious groups as we tend to get married earlier, are usually already married by the age of twenty-five (Reeham, 21 years).*

The two women in the sample quoted above explained that in Islam NMF is limited because their religious doctrines are practised in their daily life. The participants quoted above believe

that NMF is not prevalent in Islam due to the custom of marrying at a younger age, i.e. by the age of twenty-five, on average. The overall median ages presented by the year of registration shows that the median ages have remained constant for both bridegrooms (34 years) and brides (30 years), with a constant age difference of four years (Lehohla, 2012). Comparing with the South African mean age at first marriage, Muslim couples tend to marry earlier. The women in the study have reported that in their religion marriage usually occurs in the twenties age group for both males and females.

The participants below believe that NMF amongst Muslim women is common. The humiliation of NMF is overlooked when the couple expecting a child gets married before the child is born. This is done to *legalize* a relationship and for the child to grow in an environment without any discrimination and stigmatization. Muslim women who are unmarried and pregnant are expected to marry the father of the child.

*Premarital sex is common; brides are already pregnant at their wedding ceremonies (Aresha, 2016).*

*NMF amongst Muslim's is common because if a female discovers that she is pregnant, while she is not married, the couple rushes to get married before the pregnancy shows (Zurmah, 29 years).*

The participants above believe that NMF in Islam is common. However, the pregnancy is 'legitimized' by marriage before the child is born. When an unmarried couple is expecting a child, the couple quickly arranges for a wedding to avoid the stigma of having an illegitimate child. There seems to be a mixed response on the prevalence of NMF amongst Muslim women in the sample.

None of the women mentioned abortion as a method to remove the stigma of having a birth out of wedlock. This is because Islam is against abortion. Getting married after finding out that the woman is pregnant is the main approach to escaping the stigma of out of wedlock fertility.

#### **4.4 Factors causing Non-Marital Fertility**

The women in the sample were all aware that sex without using any contraceptive method led to pregnancy, but they did not understand the repercussions of out of wedlock births. The sample has four factors that cause NMF. In the sample, the causes for NMF are the lack of sex

education, financial limitations, a desire for motherhood without marriage and external harmful forces that make an individual act sinfully.

#### **4.4.1 Lack of Adequate Sex Education**

Most of the women in the sample believe that NMF is caused by the lack of effective sex education. Sex education is a lifelong process of acquiring information and forming attitudes, beliefs, and values about sexual development, sexual and reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles (SIECUS, 2010). The following are comments from the women in the sample explaining that the sex education they acquired was not effective. The women quoted believe that it is risky behaviour and the lack of correct information that leads to an individual having a child out of wedlock.

*The main cause of NMF is experimentation because you do not know the consequences of it (Zurmah, 29 years).*

*I think just the causes of NMF is carelessness and a lack of knowing the repercussions (Reeham, 21 years).*

The participants explained that as a young adult without adequate understanding of their sexual health and not being mindful of their decisions, ended up in detrimental consequences. Engaging in risky behaviour is quoted to have been a consequence of lacking knowledge on sexual health education. Adequate knowledge of sex education guides an individual into being cognizant about their behaviour.

The women in the sample expressed that the media also has an influence on an individual's behaviour. Television exposes children to adult sexual behaviours in ways that portray these actions as normal and risk-free, sending the message that these behaviours are frequent, 'everybody does it' (Paediatrics & Health, 2005). Sex between unmarried partners is shown twenty-four times more often than sex between spouses, while sexually transmitted infections and unwanted pregnancy are rarely mentioned (Paediatrics & Health, 2005). The participants below explained that the media also contributes to misconceptions and are causes of NMF. The participants believed that the media influences the choices that people make, if the media shows adequate information about sexual health, the prevalence of NMF can decrease.

*It derives from the media and from the lack of righteous teachings from parents (Aresha, 27*

years).

*Religion also doesn't explain much. It does not inform people about sexual health. The mosque or religious gatherings do not give in-depth knowledge about such issues (Sumbul, 24 years).*

The participants explained that parents are not fulfilling their role of educating the youth about sex education. The place of worship also has a responsibility to educate individuals about issues around sexual health.

#### **4.4.2 Financial Limitations**

NMF is not only prevalent due to the lack of sex education but also due to the lack of finances necessary to initiate the marriage. Marriage in Islam does not only mean signing the marriage contract but there are important events leading up to the actual wedding. The participant below explained that the engagement and the wedding ceremonies requires a couple that is financially able to cater for a series of public events leading up to the wedding ceremony.

*Prior to the wedding event, in Islam, the groom has to pay dowry. There are certain things that are basic to all Muslim marriages. Marriages must be declared publicly. They should never be undertaken in secret. This publicity is usually achieved by having a large feast, or walimah - a party, specifically for announcing publicly that the couple is married and entitled to each other (Sameerah, 22 years).*

The wedding is a celebratory event where many people feast. There are bound to be financial setbacks for couples who cannot afford such expenses. Dowry has to be paid prior the wedding. NMF arises in this context when the couple does not have the financial support to pay dowry, host the wedding and to maintain the expenses of marriage. Weddings therefore are seen as expensive and out of reach for some. For them, the events leading to the marriage is not affordable.

#### **4.4.3 Desire to be a Mother**

The participant below explained that she has no interest in getting married but she has the desire to become a mother. She was the only one that had this reason, which led to her decision to have a child out of wedlock; even though in Islam, the teachings advocate for a child to live in a household with a mother and a father.

*Personally, the reason for the out of wedlock birth was that women are driven by the urge of but wanting to have children. Not every woman is meant to be married but it is in us to take care and nurture children (Waseemah, 28 years).*

The participant believes that not every woman has the desire to get married. The urge for her to have a child is strong, but the urge to have a husband is not. Her believing her chances of marriage are slim at her age drives this desire. She believes she would rather have a child, which for her, is meaningful.

#### **4.4.4 The External Harmful Force**

One of the participants believed that the factor leading to NMF is the interference of external forces or energies in an individual, which drives them to sin. She believes that the structure of society is there to guide the people to live a righteous life. In that structure, there is always an opposing force that tempts people to commit sin, rather than live righteously.

*In every community, there are rules of marriage. That is why to establish illegal relationships is against the law. This is the reason that the person doing this type of deed feels guilty due to this, which stems from a sinful soul and has bad results (Reeham, 21 years).*

She adds:

*In addition, when a person repeats this deed or, due to other factors the guilt of the person becomes less or if the fornicator does not have the feeling of guilt, then there is a thief present in his inner self also, and he becomes ill mannered, breaks the law, and deviates (Reeham, 21 years).*

The participant explained that the cause of NMF is having an external force that can propel an individual to do devious deeds. The participant explained that the individual could only be at peace once a cleansing ritual is done.

#### **4.5 Attitudes towards Non-Marital Fertility**

All women in the sample hold negative attitudes towards NMF. The main reason for these attitudes is related to strong religious beliefs. The religious doctrines of Islam teach individuals to always be on a righteous path. Islam teaches that unlawful relationships are sinful and should

be prohibited. One woman argued:

*The belief and knowledge of sin, is present in any person having intercourse outside the union of Nikkah (marriage) (Sameerah, 22 years).*

*She adds:*

*Islam preaches against having children out of wedlock, but also makes provisions for it in the sense that; should people find themselves in that situation there are procedures to help redeem yourself and to help both the male and female and the child (Sameerah, 22 years).*

The participant quoted above explain that the Quran states that sex out of marriage is a sin, therefore the attitude Muslims usually have to NMF is negative. Society has always ostracized illegitimate children, who through no fault of their own are rejected by other members of society (Swamy, 2016). Islam disapproves of NMF because it advocates for two parent family ethos. It promotes the raising of a child or children by a father and a mother in a household. Single parenthood is undesirable because it does not contribute to an environment where a child can thrive socially, religiously, and financially. The participant below explained that a woman who has a child out of wedlock is discriminated against by society to show others that they should not experience, nor try to normalize NMF.

*Sometimes women are cast out and made out to be a bad influence on younger women (Thahera, 20 years).*

The participant explained that an individual, who has committed the sin of NMF, is at times cast out. When one is cast out, this is also a lesson to other individuals to try and not be associated with the 'sinner' or 'adulterer'. In this context, stigmatization is a tool used to prohibit NMF. The participant below explains that the child born out of wedlock is the responsibility of the mother. One woman explained:

*The child born out of Zina (adultery or fornication) is not traced back to the adulterer or fornicator, but he should be traced back to his mother. The father has minimal intervention to the child (Sumbul, 24 years).*

*She adds:*

*Allah says, regarding His true believers: "Those who invoke not, with Allah, any other god, nor slay such life as Allah has made sacred, except for just cause, nor commit fornication; - and any that does this deserves punishment". The Prophet (peace be upon him) said: "The*

*fornicator does not commit fornication while he is a believer” (Sumbul, 24 years).*

Zina in Islam occurs through illicit sexual relation-fornication in which both parties are unmarried, or adultery when one or both parties are married (Shofi, 2003). The participant explained that a child born outside marriage is the mother’s possession. The father is generally not a part of the child’s life. The quoted participants below explained that when NMF has occurred; the parents of the child are identified as immoral, especially the mother.

*A woman who gives birth out of wedlock is labelled as being promiscuous (Waseemah, 28 years) (Afraa, 34 years).*

*She adds*

*It is believed that illegitimate children are also prepared to break the law and fall into crime if their training and studies are not provided in the right environment and with healthy intentions (Afraa, 34 years).*

The participants explained that one is labelled as a sinner and one not abiding by religious doctrines. The child from an illegitimate union is also likely to be a sinner due to their parent’s actions. Another concern is that the cycle of NMF is hard to break as it is presented as normal behaviour for the child conceived from an unmarried couple. The negative attitudes of NMF are likely to be felt by not only the parents, mostly the mother, but also the child.

#### **4.6 Attitudes towards Contraceptive Use**

The women in the sample had mixed responses to contraceptives, in accordance to Islam doctrines. Some women believe that Islam is pro-family, meaning contraceptives are prohibited. Whereas some women argue that contraceptive use is advocated for child spacing. The participant below explained that in religious teachings, children are a symbol of abundance.

*And Allah has made for you spouses of your own kind, from your wives, sons and grandsons, and has bestowed upon you good provisions [Noble Quran 16: 72]. Allah also said: Wealth and children are the adornment of the life of this world [Noble Quran 18:46] (Zurmah, 29 years).*

*She adds:*

*Islam is strongly pro-family and regards children as a gift from God. Muslim sexual ethics forbid sex outside marriage, so its teachings about birth control should be understood within the context of husband and wife (Zurmah, 29 years).*

The woman quoted above explained that the religious teachings advocate for children only for married couples. Religious scripture advocates for married couples to have as many children as they can, as children are viewed as a sign of wealth. The participant also adds that, contraceptive use is only restricted to married couples. Unmarried individuals are expected to abstain from sex. The following is a statement made by a woman who believes Islam is supportive of contraceptive use:

*The procedure should not damage the (sexual) organ, nor would it lead to permanent sterilization. The husband, to use for birth control, should also approve the contraceptive method. The procedures that would be employed for birth control and placing the device related to it (inside the person) would not involve the performance of a forbidden (haram) act (Zurmah, 29 years).*

The participant explained that contraceptive use is not forbidden but there are conditions a couple should adhere to. Abortion is prohibited as a contraceptive method. The male and female should be aware of the contraceptive method and the contraceptive method should not cause any harm to any individual.

#### **4.7 Challenges of Non-Marital Fertility**

The participants have all agreed that there are many challenges connected with being a single mother. The challenges encountered by women after their first birth were single parenthood, ostracism and stigmatization. The women also expressed that the fathers participation in a child born out of wedlock is limited.

##### **4.7.1 Single Parenthood**

The women have mentioned repeatedly that the child born out of wedlock is the responsibility of the mother, while the father may not have any ties with the child or children. The child ends up not even knowing his or her paternal family. The following is quoted from one of the women in the sample, who is also a single mother.

*Yes, mothers are left to groom the child with limited assistance from the biological father (Reeham, 2016).*

A child or children conceived in marriage is mainly the responsibility of the family but when a child is born out of wedlock, the child is likely not to get the same level of support as compared to a child born in a two parent household or in a 'legal relationship'. The participant below explained that an individual who sins is labelled as a non-believer.

*You are blamed for everything as if the man does not exist. The Prophet (peace and blessings be upon him) made this clear when he told those companions who were considering acetic forms of life: I pray and I sleep; I fast and I break my fast; and I marry women. Whoever turns away from my way of life is not from me. The Prophet (peace and blessings be upon him) only encourages marriage (Zurmah, 29 years).*

She adds:

*So, one who does not act as such is labelled as anti-Islam (Zurmah, 29 years).*

The participant explained that Islam doctrines prohibit one from having sexual activity outside marriage. All the participants have expressed the feeling of exclusion from the family. For some women it was temporary, and for some it has been permanent.

*Yes, it is so hard. You have to marry that person, even if you do not genuinely love that person (Afraa, 34 years).*

The participants emphasize that they deal with the responsibilities of parenthood alone as mothers. The fathers are usually absent unless the couple gets married. In some cases, the couple expecting a child is compelled to get married regardless of whether they want to or not.

#### **4.7.2 Ostracism**

A woman in the sample emphasized that in some cases, the challenge of NMF is being ostracised and being rejected from the social group. It results in the mother lacking a place for emotional and financial support.

*At times, you are ostracized and made out as a bad influence on younger women (Thahera, 20 years).*

The participant explains that in some cases the family ostracises an individual who has had a child out of wedlock. Being ostracised leads the woman to fend for herself with the child and she acquires no assistance from the family.

*I was cast out when my family found out. I had to have my own place (Thahera, 20 years).*

*It depends on the type of family you have. In my situation, my child was accepted. In some extreme cases, one is cast out (Reeham, 21 years).*

The challenges of NMF differ, in a sense that, some participants were ostracised and some were not. In situations where an individual is ostracised, he/she is cut from family ties.

#### **4.7.3 Stigmatization**

All the women in the sample have admitted feeling a certain degree of shame and disgrace associated with having a child while they are not married. The disgrace stems from the religious doctrines prohibiting individuals from being sexually active while they are not married. The women quoted below explain that an individual is labelled as an adulterer for being in an illegitimate relationship.

*It depends on the people you are surrounded with, but in extreme cases, I would say it means being labelled as being promiscuous (Waseemah, 28 years).*

*First, it has to be stated that adultery and producing a child out of wedlock is indeed an enormous sin in Islam (Soniya, 23 years).*

*Yes, knowing that your child is not legit is not so pleasing (Aresha, 27 years).*

The participants explained that their uneasiness of being labelled as being sinful and immoral, as it is emphasized in Islam that sex out of marriage is prohibited. The women are perceived as adulterers, which at times may not be true. The circumstances are exaggerated, to show the rest of the individuals in the social group that NMF is unlawful.

#### **4.8 Impact on the Women's Lives**

The consequences of NMF differ but generally, the socio-economic conditions of a child born out of wedlock tend to be different from those of a child born from a marital union. These include lowered health for new-borns and increased risk of early infant death; retarded

cognitive development, especially verbal, development; lowered educational achievement; lowered job attainment; increased behaviour problems; lowered impulse control; warped social development and an increased dependency on welfare (Salinas, 2006). Marriage is a union that is respectable as there is collaboration between the wife and husband. In a single parent household, the child/children depend on just one parent.

Economic hardship is especially pronounced among families headed by a never-married mother, for example, the main family income of never-married mothers is half that of previously married mothers, while the poverty rate among never-married mothers is twice that of those previously married (Wu et al., 2001). These conditions are accompanied by weak financial conditions and a reliance on a single income to fulfil the child's needs as opposed to an income from both parents.

Explanations for the reduced likelihood of marriage among women with children born out of wedlock propose that these children may be viewed as economic and psychological burdens to a future spouse and that they may hinder the search process for the woman (Wu et al., 2001). They too may face ostracism from the wider religious community.

#### **4.8.1 Stigmatization of the Child/Children**

Of the ten women interviewed in the sample, three of them reported that the impact of the non-marital birth was the stigmatization of their children. **Children born out of wedlock suffer from social stigma and this has an impact on their status in society (Swamy, 2016).** The women in the sample below explained that the child also suffers due to the parents' actions. However, one woman explained that as time goes along, the community embraces the child. Children are not affected as much as the parents are by their status.

*A child born because of an illegitimate relationship should not suffer from discrimination because of his parents' sin (Soniya, 23 years).*

*Children from illegitimate unions are not legit (Zurmah, 29 years).*

*It was a shame but with time, people get used to it and love the child (Sameerah, 22 years).*

The participants express that even though the child is not legit, the child should not suffer because of the actions of their parents. At times, the child or children are ostracised because it is believed that they will also assume their parent's role.

#### **4.8.2 Marriage**

Marriage is believed to be a pure union between two individuals. Some women in the study expressed that marrying the father of the child was the only way to limit undesirable perceptions from the social group. Two women in the study elaborated that the couple is given a chance to *legitimize* their relationship by getting married and to give the child a stable environment.

*As an unmarried female, you ought to get married if you find out that you are pregnant. (Waseemah, 28 years).*

*Islam would want both parents to get married for the child to have a stable environment (Shukra, 26 years).*

The women expressed that to remove the stigma from having had sexual activity before marriage, and to make sure that the child grows up in a two parent household, the couple must get married.

#### **4.9 The Role of Religion in Sex Education**

The women in the sample all agreed that sexual activity before marriage is prohibited in Islam. Sex is only permissible when a couple is married. When the couple is married, depending on the couple's social conditions, contraceptives can be used. The quotes below from the sample explained that abstinence is mandatory when an individual is not married.

*Abstinence is for those who are not married (Soniya, 23 years).*

*Sex education in Islam is solely based on abstinence for individuals that are not married (Sameerah, 22 years).*

Sex education in this sense, depends on the individual's marital status. For those who are married, they can have sexual interaction. For those who are not married, sex is prohibited. Sexual activity is limited to married couples because a child needs to grow up in an environment where there will be financial and emotional support. The participant below explained that religious laws do advocate for contraceptive use but it must be used in a moral manner, abortion is not desirable.

*Moral and religious ethics need to be considered. Abortion is forbidden (haram) except if necessity requires that it be done. However, this act must be performed before the soul is infused into the foetus – meaning before the foetus has reached the age of four months, in which case it is permissible (Sumbul, 24 years).*

The use of contraceptives is tied to morality; abortion being prohibited as a contraceptive method. In life threatening health conditions, abortion can be performed before the foetus reaches four months of gestation, the participant explained.

The participant explains that sex education for Muslims includes the use of contraceptives that are harmless. Comprehensive sex education teaches that abstinence is the best method for avoiding sexually transmitted diseases and unwanted pregnancies, but it also teaches about condoms and contraception; to reduce the risk of unwanted pregnancies and sexually transmitted diseases, including HIV (Alford, 2001). It also teaches interpersonal and communication skills and helps young people to explore their own values, goals, and options (Alford, 2001). Such knowledge of sex education, religious institutions should adopt to prohibit the problems that come with NMF.

#### **4.10 Approach to Addressing Non-Marital Fertility Religiously**

This section gives the participants a chance to express how they feel religion should address NMF. The participants gave three approaches towards addressing NMF, using their religious doctrines. They are younger age at first marriage, effective sex education and the child not inheriting the sins of the parents.

##### **4.10.1 Younger Age at First Marriage**

The woman in the sample also explained that marriage at a younger age is effective in reducing NMF. Islam also subscribes to the notion that individuals should not experiment with sexual activities with multiple partners. A younger age at first marriage limits the number of sexual partners.

*NMF can be decreased by individuals getting married at a young age (Shukra, 26 years).*

The participant explained that if people get married at a younger age, out of wedlock births will not be as prevalent as they are now. The participant also added that even though Islam emphasizes early marriage, nowadays that is not happening due to female autonomy.

#### **4.10.2 Effective Sex Education**

Effective sex education is another solution to address NMF. The participant believes that when individuals have a clear understanding of the consequences of their actions, they are more likely to make decisions that will not cause obstacles in attaining respect in society.

*The best solution to NMF is effective sex education (Sameerah, 22 years).*

The participant explained that effective and practical sex education is key in addressing decisions relating to sex in individuals.

#### **4.10.3 A Child not Inheriting the Sins of the Parents**

The participant explained that it is common for society to stigmatize a child born from parents who do not adhere to religious doctrine. This social exclusion may cause the child to act out of the norm. A child should always be loved and cared for, allowing a healthy environment for the child to thrive in. One woman noted:

*An indisputable tenet of our Islamic faith is that no person will share in the sin of another, unless that person was directly involved in encouraging or assisting the other person to commit the sin (Sumbul, 24 years).*

She adds:

*Allah says: "That no soul shall bear the burden of another and that a person shall have nothing but what he strives for". For this reason, it is authentically related that `A`ishah said regarding the child born of adultery: "He shares in nothing of the sin of his parents, for Allah says 'no soul shall bear the burden of another' (Sumbul, 24 years).*

The participant observes that just because there has been an out of wedlock birth, this does not mean that the child should inherit the sins of the parents. The child is innocent. The participant explains that the child still has the purity of other children. The parents are pressured to marry each other to make sure the child grows up in a two-parent household.

#### **4.11 Summary**

The demographic profile of the participants in the study shows that educated women tend to get married later in life that is if they will get married. Most of the participants have a tertiary qualification, meaning that women are likely to delay marriage to achieve their career goals.

All the women in the sample, consisting of a total of ten Muslim women, have had their first birth outside marriage. The sample consisted of women in their childbearing years. The youngest participant in the sample was twenty years old and the oldest participant in the sample was thirty-four years old. Most of the women in the sample were not married, which may denote that a first birth out of wedlock may lower the chances of the women ever getting married. Most of the women in the sample had one child.

There are mixed views from the sample about the prevalence of NMF in Islam. The women in the sample all agree that effective sex education is vital to address issues related to sexual health and they all agree that NMF has undesirable consequences. The sample has mixed views on the use of contraceptives. Some participants maintain the view that Islam doctrine is pro-birth, while others maintain the view that religion advocates child spacing. The women in the sample all agreed that religion has a responsibility to educate individuals effectively about sexual health.

## CHAPTER FIVE

### CONCLUSION

#### 5.1 Introduction

The aim of this study was to present perceptions of the experiences of Muslim women who have experienced out of wedlock births. A limitation of the study was that the sample consisted of ten women, which is relatively small. The finding may have not represented the larger population but the participants experiences managed to present valuable lessons. The prevalence of NMF has showed a shift of fertility trends.

The purpose of the study was to shed insights into the experiences of women with regard to non-marital fertility. The study shows that prior to their first birth, the women in the sample knew the risks leading to pregnancy, but they were not aware of the adverse implications of NMF. The study draws on the model developed by Bongaarts (1978) to explore the factors driving individuals towards the decisions they make about their fertility. The study focuses on the indirect determinants of fertility.

The women in the sample had mixed views on the prevalence of NMF in Islam. Some argued that NMF is limited in Islam because the age at first marriage is low compared with the average age at first marriage for other groups. Because of this, there is a decrease in the number of sexual partners and exposure to pre-marital births are limited. Another view expressed that NMF in Islam is normal. The women reported that it is normal for brides to be already pregnant at their wedding. It was also expressed that in some instances the negative effects of pre-marital pregnancy is rectified by immediate marriage between the couple.

In the sample, four causes of NMF were mentioned. They are the lack of sex education, financial limitations, no desire for marriage and external harmful forces. It was emphasized in the sample that adequate sex education is key for individuals to make appropriate decisions for themselves. The women in the sample also explained that prior to the wedding there are several rituals that the couple goes through that eventually lead to marriage. The groom also pays dowry. At times, due to financial constraints it can be a challenge to host all these events. The financial constraints can lead to lower prospects of marriage, which can lead to NMF.

Another participant in the study explained that a cause for NMF is the lack of the desire to get married but having an urge for motherhood. This is due to being single to the point where there are no prospects for marriage. The last cause of NMF that was reported in the study was the

external harmful forces that prompt an individual to commit sinful deeds. The participant explained that after the birth of a child from an unmarried couple, a ritual should be done to purify the parents and the child.

In the sample, the use of contraceptives is seen as being suitable for married couples only. The women in the sample explained that any sexual activity in Islam should be for married couples only. The attitudes towards NMF in the sample were negative due to exclusion and discrimination from the social group. The challenges of NMF are single parenthood, ostracism and stigmatization. NMF affected the women's lives in two ways, namely the stigmatization of the child or children from unmarried couples and the practice of instant marriage to rectify an illegitimate union.

The women in the sample mentioned three approaches to address non-marital fertility, which include a younger age at first marriage, effective sex education and the child not inheriting the sins of the parents.

The study suggests that in the eThekweni Municipality area fertility choices are not based solely on religious doctrine. The fertility decisions of individuals are influenced by a multitude of factors. In this study, religious affiliation is discussed. The interviews with the women in the sample showed that religiosity differs from one person to another.

Women mentioned the lack of adequate sex education prior to having children. Statistical surveys, however, show that adolescents do not understand how these complex relationships between anatomical knowledge, sexuality, fertility, and pregnancy relate to their own bodies and what they observe in themselves (Stock et al., 2006). They also emphasized adequate sex education for the youth, as a comprehensive recommendation to reduce NMF.

According to Cooper (2015), younger women who give birth are substantially more likely than older women to do so outside of marriage. NMF is more prevalent in young women due to them having a limited knowledge of sex education. Not surprisingly, the same countries that exhibit high marriage rates and low cohabitation rates exhibit low rates of non-marital childbearing. These are concentrated in Asia and the Middle East (Wilcox & Cavalle, 2001). These countries tend to normalize marriage at a younger age, as compared with societies with a high prevalence of NMF where marriage occurs later in life.

Europe, the Americas, and Oceania have witnessed an increase in divorce, non-marital childbearing, and delayed or foregone marriages meaning that large numbers of children and

adults will spend a major portion of their lives outside of an intact, married family (Wilcox & Cavalle, 2001). The age at first marriage is imperative in deriving non-marital and marital fertility rates. It is hypothetical that societies who advocate for a younger age of first marriage have limited NMF. Societies that have an older age at first marriage have a high prevalence of non-marital births that is if there is an unmet need for contraceptives. In much of Europe and the Americas, from the United Kingdom to the United States, from Mexico to Sweden, out-of-wedlock births are the “new normal,” with 40% or more of all children are born without married parents (Wilcox & Cavalle, 2001).

Today, one third of American babies are born to unmarried mothers—a startling statistic that has prompted national concern about the consequences for women, children, and society (Wu & Wolfe, 2001). The rate of births out of wedlock has risen sharply and continuously in all European countries, often in parallel with a rise in unmarried cohabitation (Stock et al., 2013). Public policy has had considerable influence in contemporary trends of births out of wedlock, since it advocates for individuals to spend a lot of their time improving their careers.

In countries, such as Germany, Austria, and Switzerland, which exhibit difficult conditions for combining parenthood with an employment career, women who have attained a higher level of education frequently remain childless (Stock et al., 2013). This notion is exacerbated by policies that make it difficult to manage career aspirations and child rearing. Stock et al., (2013) adds that important issues are the expansion of time spent on education, later entry into professional life and difficult conditions for rearing children, as well as increasing demands for personal development. These can lead to a longer dating phase and a higher percentage of partnerships or having no partner at all (Stock et al., 2013). The elongated period of remaining unmarried increases the prevalence of risky exposure to sexual activity.

Children raised in intact, married families are more likely to acquire the human and social capital they need to become well-adjusted, productive workers (Wilcox & Cavalle, 2011). Children born to unmarried mothers are more likely to grow up in a single parent household, to experience unstable living arrangements, to live in poverty, and are prone to socio-emotional issues as compared to children born in a conventional marital union. As these children reach adolescence, they are more likely to have low educational attainment, engage in sex at a younger age, and have a birth outside marriage (Cooper, 2015). NMF is a problematic phenomenon for children, as it follows a cycle that is hard to prevent, as single parenthood is normal to them.

Because of the greater liberalization of social attitudes, people today have more sexual experiences, meaning that the number of premarital and marital partnerships and contacts increases and they often have a higher level of sexual well-being (Stock et al., 2013). The increased sexual contact outside of marriage increases the chance of an out of wedlock birth. The sexual contact is due to individuals investing time on their career prospects instead of getting married.

The long-term trend toward non-marital births may be attributed, in part, to an increase in cohabiting unions and in births within such relationships (Cooper, 2015). In traditional societies, cohabitation was a social ill. In modern society, it is regarded as normal. Cohabitation increases the exposure to NMF.

Women who have a non-marital birth also tend to fare worse than childless single women do. For example, they have reduced marriage prospects, compared with single women without children (Cooper, 2015). Marriage generally alters socio-economic conditions in the household for the better; a two-parent house has more stability than a single parent household. A more higher degree of mobility, irregular working hours, and a permanently high stress level or even repeated jobless phases alter sexual behaviour and in the process, also influences the quality of partnerships (Stock et al., 2013), these are factors that a single parent usually experience. Under Islamic law, the child born out of wedlock does not inherit from the father but only from the mother and the mothers family. The illegitimate child inherits not only the property of its mother but also the property of all other relations with whom it is related through the mother (Swamy, 2016). Therefore, the mother's son (Uterine brother), mother's father (Maternal grandfather) and mother's full brother (maternal uncle) will inherit as residuaries and exclude other surviving heirs in the capacity of 'son' 'father' and 'full brother' (Aminu, 2015).

After controlling for socio-economic characteristics, any effects of religiosity may be due to religious values concerning the use of contraceptive methods, the desired number of children and a women's status (Pew Research Centre, 2011). Lesthaeghe and Wilson (1986) consider a decline in religiosity to be a necessary condition for fertility decline. A decrease in religious affiliation may be due to the personal growth of individuals, consuming most of their time that is then devoted to their career and education development.

The influence of religious doctrine depends on the individual. This implies that within a religious group, differences could be related to the degree of religiosity (Anderson 1986). Other

results, on the other hand, seem to indicate that women's education does attenuate the net effect of religiosity in urban areas, thus, part of the effect of religiosity may be due to the socio-economic characteristics of the couple (Pew Research Centre, 2011). Fertility decisions has factors that are multi-faceted.

However, the desire to have children and its fulfilment is an individual decision for biological, medical, psychological, cultural, social, and economic reasons, and it varies by country and historical era (Stock et al., 2013). What's more, the advantages, disadvantages, and risks of parenthood cannot be precisely estimated, so societal models and norms (which are also conveyed through one's immediate social environment) play an important role (Stock et al., 2013).

In short, Islamic beliefs may directly or indirectly influence the size of Muslim families, but religion does not operate in isolation from other forces. Fertility rates appear to be driven by a complex mixture of cultural, social, economic, religious and other factors (Pew Research Centre, 2011).

## **5.2 Limitations of the Study**

A major limitation of the research is the accessibility of literature pertaining to NMF. The researcher is not Muslim; the participants may feel uncomfortable in disclosing confidential information. This means that the topic is complex and ignites emotions that may perhaps lead to the participant becoming emotional. Sex education is another sensitive issue; NMF can only be addressed if people are effectively educated.

As a researcher, the key tenets of the Islamic religion had to be acquired from the women to be able to relate easily. A good interviewer needs to be able to put an interviewee at ease, needs good listening skills and needs to be able to manage an interview situation, to collect data that truly reflect the opinions and feelings of the interviewee, concerning the chosen topic(s) (Hancock, 2009).

The estimated ratio of time required for transcribing interviews is about 6:1 meaning that it can take six hours to transcribe a one-hour interview (Hancock, 2009). Transcribing is a time-consuming process. For the researcher to acquire adequate analysis, the time to transcribe all interviews is stretched out to make sure fatigue does not occur in the time of transcribing.

### **5.3 Recommendations**

The literature makes it evident that the consequences of NMF are mainly impoverishment, low education attainment and fragile health conditions for both the single parent and the child/children. The recommendations are regionally specific towards the eThekweni Municipality. Drawing on the results of the study, the repercussions of NMF are the decreased chances of being marriageable. The results of NMF from literature differ from the results of NMF in Muslim participants in the study. Literature postulate that in developing countries the impacts on NMF are coupled with poverty and weak health conditions. There seems to be a disjuncture in the literature and the study in this regard.

Drawing from the results of the study, it is evident that religious institutions provide insufficient information on contemporary unorthodox fertility trends. The prevalence of NMF in South Africa is also coupled with more than 70% of the citizens reporting to affiliate in a religious institution. This means that there is an unmet need of adequate sex education specifically from the religious institutions and from other spheres like schools, media and government. The recommendations of the study point out that religious institutions need to address the unmet need of adequate sex education.

#### **5.3.1 Adequate Education**

Education and knowledge of self is pivotal to ensuring that the youth make level-headed decisions on their behaviour. Such education should not be limited to the classroom but should also be accessed at home, religious gatherings, cultural settings and in the media in general. Madhavan et al. (2013) elaborates on the notable ambivalence among the older generation about the role of education in shaping young people's attitudes towards union formation and childbearing. Learners studying sex education should be taught the benefits of marriage and about its impact on society, to bring stability not only to the couple, but also to the children.

The participants in the study have mentioned that they did not foresee the overall consequences of NMF. Completion of schooling is important because of its potential to translate into a good job, thus rendering one a preferable marriage partner (Madhavan et al., 2013). The noticeable consequences of the study are the reduced likelihood of being married, even though most of the participants were well educated.

Companies should use their cultural influence to get behind positive, family friendly advertisements and public education campaigns (Stock et al., 2013). Adverts and media at large do have a significant impact on the decisions of individuals, especially adolescents. Adverts and posters can be an educational benefit, towards bringing knowledge to communities for a responsible decision-making.

Adolescents need competent people they can talk to when puberty begins, who will help them to break down their fears and uncertainties, strengthen their self-esteem and develop a positive sense of their own bodies (Stock et al., 2013). This can be done by adolescents being allocated a mentor or to have someone in their own age group to discuss issues with them pertaining to their sense of self. Adolescents frequently have incomplete knowledge of how to obtain and use contraception (Stock et al., 2013). Family planning facilities can be available in abundance but if the masses are ignorant towards them, they are not as effective as they could be. There is also a sense of shame in accessing family planning resources, as society dictates that one should be married before being sexually active. However, this ignores the fact that the age of first sexual experience and age at first marriage are different.

### **5.3.2 Abstinence**

Sex education should incorporate a variety of methods on sexual health. Abstinence is one of them. After taking the abstinence curriculum, the studies found that a significantly higher percentage of these students remained and those who did not go through the programme, remained virgins (Salinas, 2006). Apart from the social acceptance in society, abstinence is also favourable because there is a 100% effectiveness of not contracting sexually transmitted diseases (STDs) and there is no chance of being pregnant.

With results like this, it becomes evident that abstinence courses in schools are a sure way to get young people to realize the responsibility that goes with becoming sexually active. It also gets the learners thinking about choosing to remain abstinent (Salinas, 2006). In a study involving 7,000 Utah teens, the students were taught one of three abstinence curriculums, stressing abstinence as a pregnancy prevention method (Salinas, 2006). The more information young people are given on the subject, the higher the chances are that they will make this decision. For this reason, it is important that youth be taught the health benefits of choosing to remain abstinent.

### **5.3.3 Contraceptive Use**

Contraceptive use is vital for each person to empower themselves not to experience any unforeseen consequences of NMF. There should be school based health clinics nationwide for reducing teen pregnancies, by means of the availability of contraceptives (Salinas, 2006). Young people can feel less ashamed about accessing school-based clinics because staff in family planning facilities at times make adolescents feel ashamed of being sexually active.

Contemporary conditions advocate for a later age of first marriage, which results in a longer period for an individual to have different sexual partners. Countries should increase access to affordable health care and lifelong learning to strengthen the economic foundations of family life (Stock et al., 2013).

### **5.3.4 Policy Shift**

Policy has a phenomenal impact on the decisions individuals take in their daily life. Family life, which encompasses a two-parent household, is important to cater for good socio-economic conditions for children. Among other things, public policy regulate the conditions of employment, define eligibility to welfare benefits, provide education and health services, and define the rights and responsibilities of parents (Gauthier, 2001). Public policy should support marriage and responsible parenthood by, for instance, extending generous tax credits to parents with children at home (Stock et al., 2013). They have been claimed to be encouraging some types of family structures over others, and to be providing incentives or disincentives to cohabit, marry, divorce, and to have children in or outside wedlock (Gauthier, 2001). Corporate and public policy should honour the family and employment ideals of all women by giving families the flexibility to pursue their own preferences for juggling work and family (Stock et al., 2013). Contemporary policy can shift to favouring family based households to limit the issues that arise with NMF.

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## APPENDICES

### Appendix 1: Information Sheet

Date:

Greetings Ladies

My name is Phindile Pearl Ngubane from the University of Kwazulu Natal. I am a student pursuing to finish a master's degree in the School of Built Environment and Development Studies. As part of my course, I am required to finish a research study. The title of the study is 'A Qualitative Investigation of Non-Marital Fertility Amongst Muslim Women'. The participants in the study must be females between the ages 20 years to 35 years, childbearing years. The participant must reside in the eThekweni Municipality. The interview will be audio recorded for data collection purposes and it will take approximately an hour.

The aim and purpose of this research is to investigate the influence of religion in fertility choices; investigate the reasons for Non-Marital Fertility among Muslims; and to ascertain attitudes to Non-Marital Fertility and the influence of religion in shaping them. The study uses qualitative methods to analyze the data. A questionnaire is used to comprehend the objectives of the study fully. The study is expected to enroll ten participants in the eThekweni Municipality.

The study may involve the discomforts of recalling memories that may not have been pleasant. The study will not bring any direct benefits to the participant but it is anticipated that religious institutions and policy shift towards creating adequate sex education programmes.

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: Phindile Ngubane	Supervisor: Prof. Pranitha Maharaj
University of Kwazulu Natal	University of Kwazulu Natal
Howard College Campus	Howard College Campus
School of Built Environment & Development Studies	School of Built Environment & Development Studies
Contact Number: 0797610711	Contact Number: 0312062243
Email Address: 210514267@stu.ukzn.ac.za	Email Address: Maharajp7@ukzn.ac.za

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (Protocol Reference Number: HSS/1424/015M).

In the event of any problems or concerns/questions, you may contact the researcher at the following mobile number 0797610711 or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

**HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION**

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: [HSSREC@ukzn.ac.za](mailto:HSSREC@ukzn.ac.za)

The participation in this research study is voluntary and the participant can withdraw at any time. In the event of refusal/withdrawal of participation the participants will not incur penalty or loss of treatment. If the participant withdraws from the study before the questionnaire is finished, the information provided will not be used.

However the interview process will be kept confidential and anonymity will be maintained. 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.

## **Appendix 2: Consent to Participate in Research**

I (Name of Participant) have been informed about the study entitled “A Qualitative Investigation of Non-Marital Fertility Amongst Muslim Women’ by Phindile Ngubane.

I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.

I have been informed about any available compensation or medical treatment if injury occurs to me because of study-related procedures.

If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at 0797610711.

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

### **HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION**

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557 - Fax: 27 31 2604609

Email: [HSSREC@ukzn.ac.za](mailto:HSSREC@ukzn.ac.za)

Additional consent, where applicable

I hereby provide consent to:

Audio-record my interview / focus group discussion      YES / NO



### Appendix 3 : Interview Schedule

#### Section A: Demographic Data

1. At what age was your first birth?

18-30	31-40	41-50	51-64	65+

2. What is your marital status?

Single	Married	Divorced	Widowed	Cohabiting

3. What was your highest level of educational qualification at first birth?

No schooling	Primary edu	Secondary edu	Tertiary edu

4. Number of children?

1	2	3	4

#### Section B: Interview questions

1. Do you know what is non-marital fertility is? If yes, why do you think it is common.
2. In your opinion, how common is it to have children outside of marriage in the Muslim communities? Why do you think this is the case?
3. In your opinion, what are the causes of non-marital fertility?
4. Are there any challenges of non-marital fertility in the Muslim religion? Explain.
5. In your opinion, how does religion affect fertility?
6. How does the Muslim religion view modern contraceptives? Explain.
7. What are the attitudes towards modern contraceptive use in Muslim religion?

8. Are you using modern contraceptives currently? Does religion influence your use of contraception?
9. What form of sex education does the Muslim religion offer? Are they effective?
10. If there are religious forms of contraceptive methods, how effective are they?
11. What are the attitudes of contraceptive use amongst Muslim men?
12. In the situation of non-marital fertility, how does Islam address the situation?
13. How are children treated by society? Is there a difference between those born in and out of wedlock situation?
14. How were accepted by other Muslims? Do you think you were treated differently? If yes, how?
15. In your opinion, what is the solution to non-marital fertility?
16. Any comments or something you would like to contribute.

## Appendix 4: Ethical Clearance



09 February 2016

Ms Phindile Pearl Ngubane (210514267)  
School of Built Environment & Development Studies  
Howard College Campus

Dear Ms Ngubane,

Protocol reference number: HSS/1424/015M  
Project title: A qualitative investigation of non marital fertility amongst Muslim women

### Full Approval – Expedited Approval

In response to your application dated 29 January 2016, 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

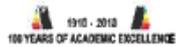
Dr Shenuka Singh (Chair)

/ms

cc Supervisor: Professor Pranitha Mahara  
cc Academic Leader Research: Dr Oliver Mtapuri  
cc School Administrator: Ms Lindile Danisa

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Humanities & Social Sciences Research Ethics Committee  
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