AN INVESTIGATION OF CULTURAL INFLUENCES ON FERTILITY BEHAVIOUR AMONG UNIVERSITY STUDENTS AT HOWARD COLLEGE, UKZN - DURBAN

By

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ABSTRACT

Questions have been raised regarding factors influencing fertility in South Africa, particularly within the different population groups. Various studies have focused on fertility in South Africa and other developing countries, based on racial differences, socio-economic statuses and geographical or environmental factors. It is clear that the major omission in the existing studies is the much-needed investigation of cultural influences on fertility outcomes. Therefore, this study is an investigation of the role of culture in influencing fertility behaviour among young women at the University of Kwa-Zulu Natal, Durban. The central question of this paper is therefore: how does culture influence fertility behaviour among young university women? To respond to this question, the study used John Bongaarts' theory on proximate determinants of fertility as lenses for this investigation. A qualitative research design was used to collect data through 14 individual in-depth interviews with multiracial and multicultural women between the ages of 22 and 31. A thematic analysis revealed that culture still plays a significant role in determining fertility outcomes. Although the participants are aware of the conservative stand of their cultures and religions, the results indicate that their personal choices for fertility behaviour are influenced by education and desire for success in their careers. In addition, the findings showed that the extent to which culture influences fertility behaviour is different across the various racial groups in South Africa.

COLLEGE OF HUMANITIES

DECLARATION - PLAGIARISM

I, ……., declare that

1. The research reported in this thesis, except where otherwise indicated, is my original research.

2. This thesis has not been submitted for any degree or examination at any other university.

3. This thesis does not contain other persons' data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons.

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Signed

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
EMYF	Ethnic Minority Youth and Family
HIV	Human Immune-deficiency Virus
IUCD	Intrauterine Contraceptive Device
KZN	KwaZulu-Natal
NFP	Natural Family Planning
SRH	Sexual and Reproductive Health
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
TFR	Total Fertility Rate
TTMN	Tay, Thai, Muong and Nung
UKZN	University of KwaZulu-Natal
USA	United States of America
USAID	United Agency for International Development
WHO	World Health Organization

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CHAPTER ONE: INTRODUCTION

1.1 Introduction: Background

For many years, fertility levels and trends of in South Africa have been declining and are currently among the lowest in sub-Saharan region (Nanda 2005). Population projections based on the 2001 Population Census and the Community Survey (2007) indicate that fertility in South Africa is set to continue at a gradual decline, eventually catching up with the developed world and reaching replacement level. In 2006, the national total fertility rate (TFR) was 2.8 (Statistics SA 2010). This showed a slight decline from the TFR obtained from the 2001 population Census of 2.84, indicating that fertility levels reported in the 1960s have continued to gradually decline significantly (Statistics SA 2010).

While the overall national TFR seemed to decline gradually, there are significant differences between the various population groups. The White population group was reported to having the lowest fertility rate over many decades and reached their fertility replacement level in 1989 (Palamuleni et al. 2007). Results from the 1996 and 2001 South African Census support this pattern, with Black Africans having the highest fertility rates, followed by Coloureds, Indians and lastly, Whites (Statistics SA 2010). Even though the Black population was reported to have the highest TFR, results from the 2007 Community Survey show that it is gradually declining. In the same survey, the TFR for Indians was 2.0 and 1.8 for Whites. Both of these population groups have reached the replacement level. Meanwhile the TFR for Coloureds was set at 2.5 and for Black Africans it was set at 2.9 (Statistics SA 2010).

Various studies discuss the differences in the trends and levels of fertility in South Africa and other developing countries based on racial differences, socio-economic statuses and geographical or environmental factors (Caldwell 1992, Basu 1993 & 1994, Moultrie and Timæus 2003). However, from the findings in these studies and results discussed above, it is evident that there are other factors which contribute to differences in fertility outcomes and the slow decline of fertility among Black Africans and Coloureds in South Africa. Many researchers have carried out different studies to investigate these factors. It is clear that the major omission in the existing

studies is the much-needed investigation of cultural influences on the fertility of these population groups. Culture plays an important role in the lives of the human species and sometimes it determines the attitudes and behaviours of different people (Geertz 1973). In African societies specifically, people identify themselves with a particular culture and, as a result, they use it as a factor to distinguish one person or family from another. Likewise, culture plays an important role in demographic outcomes and, if studied properly, has the potential to provide plausible explanations for the different fertility and behavioural attributes of people (Basu 1994; Straughan and Albers-Miller 2001; Clignet and Sween 1978).

In addition, Nanda (2005) argued that even though fertility is a biological event there are times when cultural traits act as 'intermediate factors' and thus impact or influence the levels of fertility. In support of this argument, Sibanda and Zuberi (2005, 65) also assert that the "transition to motherhood reflects the interaction of biological, cultural and social influences". However, there are few studies currently available that have examined the nature of the relationship between culture and fertility behaviour and outcomes in sub-Saharan Africa. The current study therefore endeavours to fill this lacuna.

1.2 Fertility Trends and Levels in South Africa

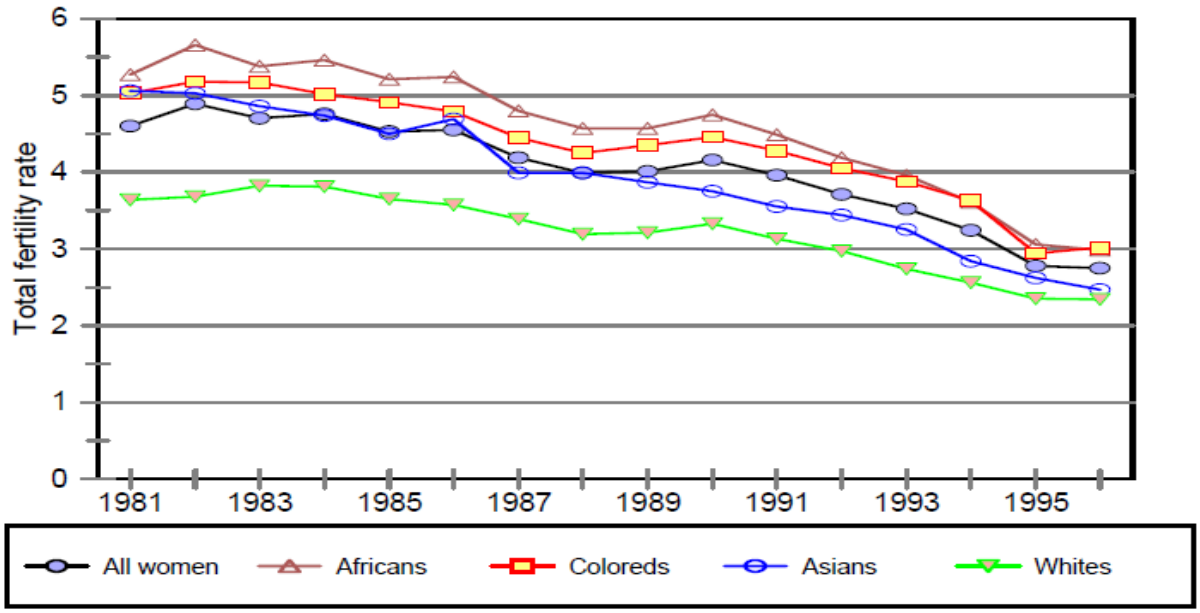
Until the mid-1990s, South Africa did not have reliable data collection methods, due to the Apartheid regime's ideological manipulation of data (Statistics South Africa 2010). This made demographic research in the country nearly impossible and consequently fertility levels and trends in South Africa during the Apartheid regime were unknown (Moultrie and Timæus 2002). For this reason, there was much speculation regarding fertility behaviour in South Africa during the Apartheid regime. Despite the unavailability of data there have been several studies that conclude that fertility decline in South Africa may have started early in the 1960s (Sibanda and Zuberi 1999, Udjo 2005, Anderson 2003, Caldwell and Caldwell 2003 & 1993, Moultrie and Timæus 2003).

These studies documented fragmented data on fertility levels and trends in South Africa, but what is common among them is that they all seem to capture the differences in the fertility rates

among the four population groups. This may also act as a basis for the argument that there are internal factors, such as culture, that impact fertility behaviour and outcomes among the different racial groups. The following section further illustrates this argument by showing the differences in racial trends in South Africa.

As mentioned earlier, Whites started to experience their fertility decline prior to the start of the twentieth century and reached a TFR below replacement level as early as 1989. Results from these studies show that, for Indians, the fertility decline was initially experienced in the mid-1950s, dropping from 6.7 births per woman to 2.5 births per woman in the late 1980s. Coloureds experienced a fertility decline which began in 1960s, from a TFR of 6.5 to a TFR of 3 in the late 1980s. Black Africans seem to have experienced a delay in their fertility decline, as it is estimated that their TFR fell from 6.8 to about 4.6 between the mid- 1950s and the late 1980s.

Figure 1.1 Trends in the Total Fertility Rate by Race in South Africa; 1981-96



Source: Sibanda and Zuberi 1999

Figure 1.1 shows the differences in fertility trends among the four racial groups in South Africa. From the graph it is clear that the Black Africans display the highest TFR, followed by Coloureds, Indians and lastly, Whites. The graph also shows that since the 1980s, the White

population have had the lowest TFR and continues to have the lowest. Figure 1.1 also shows that the TFR for Black Africans has not been very steady in comparison to the TFR for Indians, which has been continuously and steadily declining. In addition, the graph shows that the TFRs for both Black Africans and Coloureds are higher when compared to the overall national TFR.

The typical explanation given for the high Black African fertility rates was that this population group did not respond as readily to the socio-economic change and the influential family planning program as the other population groups (Caldwell and Caldwell 1993). In a deeply divided society, there will always be community and political resistance to a program executed by the minority population, with a clear political agenda as part of its motivation. This was the case during the Apartheid regime. The Black African population had a higher fertility rate when compared to all other population groups and, due to their cultural beliefs; they did not find it easy to adhere to the family planning programs introduced at the time. Instead they saw this program as a means to an end for the White population and that it was a government tool to reduce the number of Black Africans in the country, as they were the dominant population group with numbers that kept increasing (Caldwell and Caldwell 1993, Moultrie and Timæus 2002 & 2003). As Preston-Whyte (1988) reported, Black Africans were aware that this was a numbers game and that they were part of a program open to a wider agenda. This agenda entailed regulations on internal migration and the encouragement of White immigration.

Nonetheless, the program was not as successful as the government had hoped from the time it was first introduced. Only up until the late 1990s did the government notice significant change in the TFR for the Black Africans due to family planning. This was a time when Black Africans became more open to the idea of family planning and consequently wanted to pursue their careers and advance their education. This led to more women choosing to have fewer children and more men wanting fewer children also due to the economic situation (Caldwell and Caldwell 1993). These factors made the decline of fertility possible within the country.

Recent results from the 2007 Community Survey have shown continuous fertility decline with a total national TFR of 2.6 in 2006 (which dropped from 2.9 in 1996 to 3.5 in 1998). The TFR for Black Africans in 2006 was reported to have dropped to 2.9, and the Coloured population was at

2.5, both still above the replacement level. Whites and Indians remain below replacement level and with the lowest TFRs.

Table 1.1 Estimates of Total and Age-Specific Fertility in South Africa in 1996, by Population Group and Province

		Age Specific fertility rates (per 1000)						
	Total	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**
National	3.23	78	151	156	125	87	42	7
Population Group								
Black African	3.49	86	159	159	135	102	50	7
Coloured	2.64	68	144	133	97	60	23	2
White	2.02	19	89	151	88	31	16	10
Asian/Indian	2.45	24	120	185	85	45	23	8
Province								
Western Cape	2.35	55	131	122	88	53	19	2
Eastern Cape	3.8	79	170	178	154	116	56	8
Northern Cape	2.82	71	155	143	105	65	24	2
Free State	2.75	60	147	142	107	67	25	2
KwaZulu-Natal	3.32	78	157	157	130	94	43	6
North-West	3	76	151	145	114	78	33	4
Gauteng	2.5	59	131	126	96	62	24	3
Mpumalanga	3.42	93	170	161	128	89	39	5
Northern	4.01	101	181	180	154	118	59	9

Source: Moultrie and Timæus 2002

Table 1.1 shows that the majority of women in their reproductive age groups do not use contraceptive methods before their first birth because of the high levels of adolescent fertility and the length of birth intervals. The common trend seems to be higher fertility levels among birth cohorts 20-24, 25-29 and 30-34 across all provinces and population groups (Moultrie and Timæus 2002). It is important to note the differences in the age-specific fertility rates among the different races, which it can be argued, are a result of the influence of existing different cultural practices, beliefs and values. Among all age groups, Black Africans and Coloureds show the highest fertility rates. This could be explained by differences in lifestyle, economic status, environmental or geographical location and, of course, cultural diversity. Child-bearing by Whites and Indians is profoundly concentrated in the 25-29 reproductive age groups, while for Black Africans and Coloureds it is concentrated more in the 20-24 reproductive age groups.

In reading the graph further, differentials in fertility levels by province indicate the differences in racial composition and the different levels of urbanisation, and access to education, health and family planning services created by Apartheid (Moultrie and Timæus 2002). The TFR is lowest in the Western Cape, Free State and Gauteng and highest in the Northern Province and Eastern Cape. This shows that levels of urbanisation also affect fertility levels, because the graph indicates that fertility levels are lowest in provinces that are less urbanised and facing much more poverty challenges.

1.3 Definitions of Key Concepts

Since this study aims to investigate the cultural influences on fertility behaviour, it is necessary to define and explain some concepts. Literature offers various definitions for culture as a concept depending on the discipline. For the purpose of this study, culture is defined as encompassing socially accepted behaviour patterns, beliefs, values, institutions and processes in a specified community or population group (Maternowksa 2000). Among African societies, culture cannot be understood apart from religion. According to Caldwell (1987, 410), the term "religion" is used to describe “belief systems or elements of belief systems that depend on extra-worldly forces and not on formal adherence to organized institutions”. Thus, culture and religion go hand in hand.

Fertility is the natural ability of a woman to conceive and give birth (United Nations 2012). Fertility is sometimes mistaken for fecundity, which is the physiological capacity or potential to produce children. For the purpose of this study, the fertility determinants influenced by culture are defined as: contraception, abortion, age at first union and parity. Contraception is the use of drugs, chemicals, devices, surgery or behaviour to control fertility among heterosexual partners who are sexually active (Russell and Thompson 2000). There are various methods of contraception which are categorized into different methods or modes of operation. There is what is known as supply (modern) and non-supply (traditional) methods. The supply or modern modes of operation differentiate between hormonal, mechanical and surgical methods of contraception (Russell and Thompson 2000). Clinic and supply methods include female and male sterilization and intrauterine devices (IUDs). Hormonal methods of contraception include oral pills, injectables, hormone-releasing implants, skin patches and now the 'morning after pill' also falls into this category.

Mechanical methods are contraceptive methods that act as barrier methods and these include condoms (for both men and women), and vaginal barrier methods such as the diaphragm, cervical cap and spermicidal foams, vaginal rings, creams and sponges (Russell and Thompson 2000). Recently, they have added 'behavioural' attributes as a form of method such as abstinence (not having sexual intercourse), *coitus interruptus* (a man withdraws from a vagina before he ejaculates), the rhythm or calendar method (more commonly known as natural family planning-NFP). This method relies more on refraining from sexual intercourse during fertile periods based on a woman's menstrual cycle and patterns. However, this behavioural method is problematic because all forms of contraception require some kind of behavioural attributes or strategies.

The traditional modes of operation refer to methods that were used before the mechanical and hormonal methods were introduced. These include abstinence, *coitus interruptus*, non-penetrative sex, sustained breastfeeding, post-partum sexual taboos, herbal concoctions and the rhythm method (Russell and Thompson 2000). These traditional methods are sometimes referred to as 'indigenous' as to opposed to the 'prescriptive' modern methods that are made available in clinics, family planning services and other medical sources.

Age at first union or marriage is a proximate determinant for fertility that looks at the impact or influence of the age of both partners at their first union. This determinant also includes the

difference in age between the two partners. Spousal age difference and the age of the woman at first marriage are vital variables which are mostly affected by cultural values, norms and beliefs. Age and age difference at first union or marriage play a big role in establishing a behavioural pathway and has a way of influencing the inter-personal communication between spouses (Bongaarts 1978). As a result such a variable affects the decision-making power of women, specifically with regard to fertility. The age of a woman at first marriage can also have an impact on fertility due to cultural expectations. It has been noted that marriage at a later age allows women to prolong their education and delay their first births and, as a result, the women tend to have smaller families. This variable also explains the proportion of women in their reproductive ages that engage in sexual intercourse regularly, be it in formal marriages or consensual unions (Bongaarts 1978).

1.4 Problem Statement

South Africa is home to a variety of cultural and language groups. This diversity is due to the haphazard introduction of different groups of people to the region over the centuries. The very first groups to inhabit the region of Southern Africa were the Khoi and San people who lived in the region for many years (Beukes 2004). Then, some years later (around the 12th century), the Bantu and Western ancestors began to migrate into the African continent, heading towards its southern extreme, which over the years they claimed as their home (Beukes 2004). About 25 languages are spoken daily in South Africa and the majority of the population (80%) speaks an African language at home, all of which represent their ethnic or cultural group (Beukes 2004). It is no surprise then that South Africa boasts such diversity in cultural and linguistic heritage. In many respects, it is only befitting to refer to the country as a 'rainbow nation', a term coined by the nation's former President, Nelson Mandela (Beukes 2004).

As rich as this country may be in terms of cultural diversity, there exists a wide gap in literature that explains the role of culture on fertility behaviour and outcomes. Research has shown that culture plays a significant role in determining the outcomes of fertility (Basu 1993), and yet this relationship is currently not fully explored in South Africa among the various cultures. Therefore, this paper aims to address this gap in South Africa by investigating perceptions of

cultural influences on fertility behaviour among young people. It focuses specifically on young people at a university in KwaZulu-Natal, South Africa. In order to address this objective, this study aims to answer the following key questions:

- Does culture influence the age at first union (marriage or cohabitation)?
- Does culture influence deliberate and natural fertility control (contraception use, abortion, frequency of sexual intercourse within unions)?
- Does culture influence the number of children a woman gives birth to?

In order to answer these questions, a qualitative study will be carried out through in-depth interviews. A qualitative research design was chosen because it best suits the topic being investigated. Culture is a broad concept and it is understood and defined in a different ways. For this reason, collecting qualitative data will enable the researcher to get detailed results through the participants' opinions and perspectives.

1.5 Theoretical Framework

In light of the discussions above, there is a need to investigate cultural influences on fertility behaviour and outcomes. Hence this study will draw upon John Bongaarts' theory of proximate determinants of fertility to act as the basis for this investigation. Bongaarts (1978) argued that fertility is not influenced by socio-economic factors alone. There are other mechanisms that play a role in influencing fertility outcomes and they need to be identified.

The proximate determinants framework looks at the relationship between indirect determinants and direct determinants of fertility. This relationship was first recognized in the mid-1950s by Kingsley David and Judith Blake (Bongaarts 1978). They originally proposed a set of 11 intermediate fertility variables which they defined as the "factors through which, and only through which, social, economic, and cultural conditions can affect fertility" (Bongaarts 1982, 179). This intermediate framework for analyzing the determinants of fertility over some time found widespread acceptance across the world among demographers, yet it proved difficult to incorporate into quantitative reproductive models and David and Judith did not provide a founded

method to quantify argument. John Bongaarts (1978) then wrestled with this framework and improved on it by designing a model that could be used to explain this relationship, which today is referred to as the Bongaarts' Proximate Determinants for Fertility framework.

Within the framework, the indirect determinants discussed are socio-economic, cultural and environmental. The intermediate (linking indirect determinants to fertility) or direct determinants of fertility are classified into three categories by Bongaarts (1978):

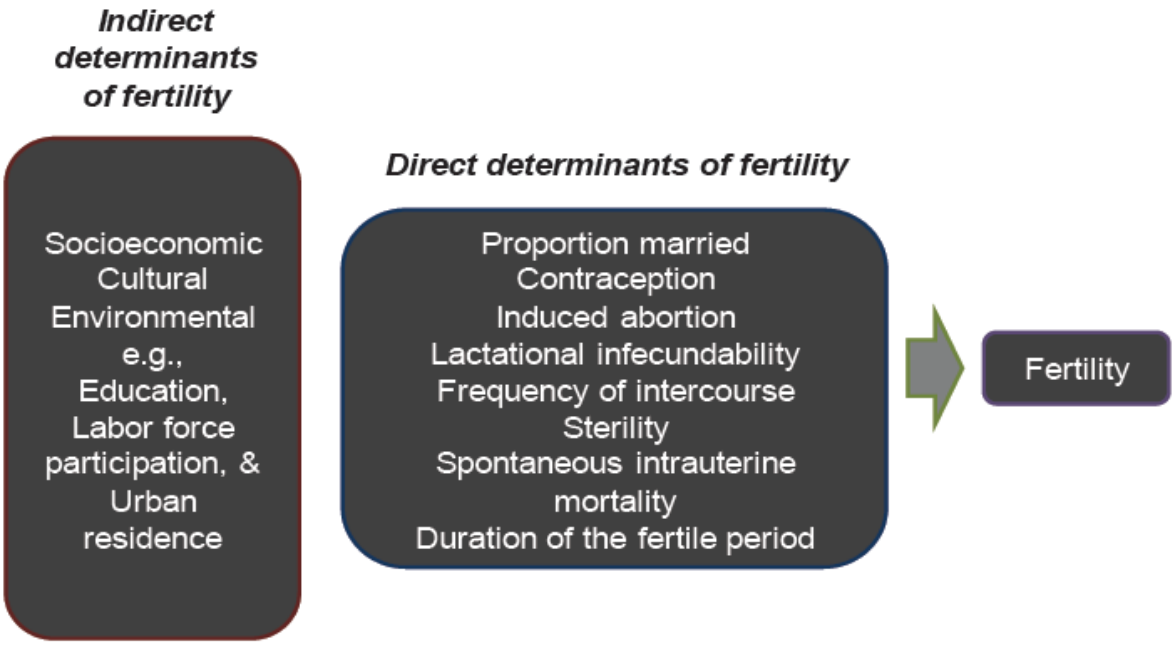
(i) Exposure factors - such as marriage (proportion of women married, age at first marriage). This variable explains the proportion of women in their reproductive ages that engage in sexual intercourse regularly be it in formal marriages or consensual unions.

(ii) Deliberate marital fertility control factors which include contraception (in this category abstention and sterilization is understood as a form of contraception -any deliberate parity dependent practice) and induced abortion (any deliberate interruption of the normal course of gestation).

(iii) Natural marital fertility factors, and these include, lactational infecundability (the period where a woman has just given birth and cannot conceive until she goes back to her normal menstruation cycle), frequency of intercourse (this determinant measures normal variations in the rate of intercourse, including those due to temporary separation or illness, but excludes the effect of voluntary abstinence to avoid pregnancy), sterility (voluntary or non-voluntary means of avoiding conception), spontaneous intrauterine mortality (conceptions that do not result in a live birth because some pregnancies end in a spontaneous abortion or stillbirth) and duration of the fertile period (the two day period in the middle of the menstrual cycle when ovulation takes place).

The following figure is a good indication of the direct and indirect determinants and also a good representation of the relationship between these determinants and fertility behaviour.

Figure 1.2 –Proximate determinants of fertility



Source: USAID 2011

This framework argues that fertility is influenced by direct and indirect determinants that work together to shape the outcome of fertility behaviour. For instance, when direct determinants such as contraception use are altered by the indirect determinants such as cultural beliefs, then the fertility outcome will change as well (Bongaarts 1978). However, the indirect determinants are not altered by the direct determinants. Meaning that if the indirect determinants were to change but the direct determinants remained the same, fertility would also remain unchanged.

Bongaarts framework presents culture as an indirect determinant of fertility, influencing a direct determinant such as contraception use or marriage. However, what Bongaarts' framework fails to address or explain is how culture influences these direct determinants and what aspects of this cultural variable impact on these direct determinants. Culture is understood differently by different population groups all over the world, so beliefs, practices, norms, values and traditions also differ. For this reason, this study aims to investigate what it is about culture that impacts fertility behaviour.

1.6 Structure of the Thesis

This dissertation consists of five chapters. The first chapter outlines the problem statement and objectives of the study and provides background information on fertility levels and trends. It also explores the definitions of culture and fertility, and outlines aspects of fertility (which the study wishes to investigate) that may be influenced by culture.

The second chapter provides a review of literature on culture and fertility behaviour. It looks at literature in South Africa and other parts of the world, which should give a better understanding and context as to what is being researched in this study. The third chapter discusses the data and methodology employed in the study. It identifies the methods chosen for the study, why they were chosen, and how they were carried out. The fourth chapter outlines the key findings of the study. The last chapter will finally provide a conclusion to the study and recommendations for further study.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

The purpose of this chapter is to offer a review of literature relevant to this study and to offer examples of case studies that have successfully proven the influence of culture on fertility outcomes and behaviours in other parts of the world, while identifying common themes that have been raised by the demographers in these studies regarding the influence of culture on fertility behaviour. In this review, the following case studies will draw upon studies conducted in South Africa and those conducted across the globe.

2.1.1 Global Fertility Trends

Fertility trends, levels and behaviour differ across the world. Fertility outcomes are altered by, among other factors, the diverse cultures that exist within our world. In some societies, fertility levels are high whilst in other societies the levels are very low. The developing and under developed countries have the highest total fertility rates (TFR), while currently most the developed nations have low TFRs. For instance, currently, the country with the highest TFR in the world is Niger, a developing country in the African continent which was reported to have a TFR of 7.6, while the country with the lowest TFR in the world is a developed country, Singapore, with a reported TFR of 0.78 (CIA 2012).

Differences in TFRs across the globe stem from differences in cultures, traditions, socio-economic statuses and many other factors. These differences are inevitable because we live in societies that have diverse sets of norms, values and preferences when it comes to fertility behaviours. While some research indicates that socio-economic factors are the leading causes of these differences (Moultrie and Timæus 2003; Palamuleni et al. 2007), other demographic researchers have argued that there is more to these differences than mere socio-economic factors (Forste and Tienda 1996). Demographers such as Clignet and Sween (1978) recognized the importance of investigating these other factors (mainly culture), in order to understand the determinants of fertility behaviour.

Various findings from research have shown that culture has a significant effect on the timing of family formation, age at marriage and age at first child born (For example, Cheung et al. 1985; Watkins 1986; Lesthaeghe, Kaufmann, and Meekers 1989; Arnaldo 2004; Nanda 2005). Further findings also show that cultural values regarding sexuality, gender roles and power dimensions play a significant role in the decision-making processes (Gage 1998). In many settings where entrance into marriage still occurs at a young age (such as in South Asia and rural parts of sub-Saharan Africa), where cultural beliefs and practices on marriage and fertility exert a strong influence, women often have little or no decision-making power. It is often the parents, family members and parents-in-law who become the prime decision makers, not only regarding young girls' entry into marriage and their potential partners, but also their child-bearing behaviour (Gage 1998). Nevertheless, a gap still exists in research in terms of exploring and understanding the role of cultural and ethnic factors that may have an influence on fertility levels and trends, especially in South Africa (Nanda 2005). Sometimes, there are cultural factors that may act simply as mechanisms which induce other variables to influence fertility behaviour or levels (Nanda 2005). The assessment of such mechanisms involving any traits and sub-traits of culture are, however, never simple, but there have been some success in different studies conducted by researchers around the world (such as Basu 1994; Lee 2003; and Jacobs et al. 2006).

2.2 Culture and Fertility

As outlined earlier, demographers and researchers have commented on the fact that determinants of fertility behaviour and outcomes are inadequately explained (Clignet and Sween 1978; Forste and Tienda 1996; Nanda 2005). The World Fertility Survey and the Princeton European Fertility Project, two of the major research studies which both covered large parts of the modern world (both developing and developed regions), found that culture and religion had significant roles in determining fertility levels, and the nature of fertility change (Basu 1993). These findings reflected cultural differences in fertility, which according to Basu (1993), may stem from two sources.

These are cultural differences in norms and traditions, and in the demand for children, which results in differences in fertility control techniques (Basu 1993). In some cultures, women would be encouraged to have more children so they will not engage in controlling their fertility, but

would instead control the spacing of the births by shortening the period of breastfeeding. While in other cultures, the demand for children would be less, thus the women would be encouraged to practice fertility control techniques that would result in fewer children. This would include prolonging the women's breastfeeding period. The second is cultural differences in the norms and traditions that affect non-parity specific fertility behaviour (Basu 1993).

Both these sources of cultural differences have played an important role in the sub-Saharan region. Sub-Saharan Africa's resistance to fertility decline is motivated by cultural as well as religious belief systems within societies in the region (Caldwell and Caldwell 1987). Most Western regions have already attained their fertility replacement levels and for some regions the replacement level was reached before fertility decline began in sub-Saharan Africa. Cultural belief systems in sub-Saharan Africa play a crucial role in fertility outcomes and, as a result, these systems contribute to the tolerance of high fertility (Caldwell and Caldwell 1987). In addition, these systems have moulded societies in such a way that high fertility is believed to bring rewards. The importance of having high fertility among families in sub-Saharan Africa has been the assurance of succession of the generations (Caldwell and Caldwell 1987). Children are valued highly and seen as successors of family names and care-takers of their parents when they are older.

Clignet and Sween (1978) conducted a study where they interviewed six ethnic clusters in the western region of Cameroon. These clusters represent different cultures, but also they differ in terms of levels of economic and social status and their modernization. This particular sample was selected for this reason. Data used in this study was derived from the census undertaken in 1964 in Cameroon. The aim of the study was to assess the relationship between ethnicity and child-bearing, and the study was brought upon the assumption that ethnic factors prevail in places where there is low levels of modernization and higher social integration.

Results have shown that high incidences of polygamy exist among the three integrated clusters of the hinterland, where the Bamileke, the Tikar and the Widekum live, compared to the most segmented peoples of the Banyang, the Douala and the Balundu (Clignet and Sween 1978). This could explain high rates of fertility among the people of the hinterland. High polygamy

incidences mean that there are many women who are married and sexually active, as a result, this increases chances of pregnancy. However, this only applies to families that resist the use of contraceptives. Clignet and Sween (1978) also add that these peoples have different modernizing experiences, so their fertility levels would be affected by these experiences and thus such differences would need to be taken into consideration. Cultural differences are also evident in the number of children born. The overall number of children born to young married women between 21 and 25 years of age was found to be higher among the most tradition-oriented peoples of Tikar and Widekum than those of the Douala people who live in the coastal area (Clignet and Sween 1978).

Clignet and Sween (1978) noted that in nations where disparities exist between perspectives of the Western world, these cultural contingencies are of great importance to consider when dealing with the respondents. For those who depend upon the enduring values in their cultures and traditions, they used explicit cost-benefit analysis that would enable them to determine the desired quantity and quality of the children they will have. Implicit cost-benefit analyses determine the quantity and quality of children born to those whose values cannot endure modernization (Clignet and Sween 1978). Because this study focused on different ethnic groups, the results varied along ethnic lines, and the definition and understanding of the 'desirable quantity' and 'desirable quality' of children is likely to be different among these people.

Among these different ethnic clusters, rules of inheritance, rules on division of labour along sex lines and rules concerning the roles of children born to women with differing marital ranks have been argued to have an impact on current child-bearing activities (Clignet and Sween 1978). For example, reasons to expand the family size should be different for the people whose culture follows patriarchal rules (male-headed) or matriarchal rules (female-headed) from those whose culture values equal rights and opportunities. This means that in households where roles of a girl child are viewed to be minimal and the bride price also low (e.g. some Indian cultures), then the desire to have daughters would be less compared to households where having daughters results in favourable economic exchanges such as high bridal prices (e.g. Nguni cultures) (Clignet and Sween 1978).

To summarize, researchers concluded that distributions of individual fertility was higher for the people who are mostly stable and in traditional societies (Clignet and Sween 1978). Results also show that in cases where familial values are traditionally a priority to individuals, and mostly exposed to modernizing influences, then modernization only reinforces the influence of social differentiation on fertility (Clignet and Sween 1978).

Cultural differences are found in different parts of the world, making fertility levels vary across the globe. One study conducted in Bulgaria also revealed the impact that culture has on fertility. The aim of this study was to show in detail the changes in fertility experienced in Bulgaria and to enable comparative analyses with other European countries. In explaining the reasons for these changes, the study also detailed recent changes in population policies and the actions taken by the Bulgarian state with the aim of improving the demographic situation in the country (Koytcheya and Philipoy 2008). The data used in this study was mainly retrieved from the country's vital statistics, and other data sets were retrieved from demographic surveys such as the census conducted in March 2001, the 2002 Social Capital survey and the 2002 Gender and Generation survey.

Fertility trends in Bulgaria vary considerably across different ethnic groups in the country. In this study, three main ethnic groups in the country were studied, the Bulgarians (who make up 84% of the country), the Turks (9%), and Roma (5%). The rest of the various ethnic groups make up the remaining 2% of the country's population (Koytcheva and Philipov 2008). The Roma people are considered to be highly sexually active and they have an early sexual debut, as a result this ethnic group has high fertility levels. The Bulgarian ethnic group, on the other hand, is considered to have the lowest fertility level in the country and a later sexual debut, postponing their entry into motherhood (Koytcheva and Philipov 2008).

The Bulgarian demographic position has been that of a decreasing fertility over time. TFR for the nation was reported to be below the replacement level (2.1) for more than 10 years in the 1950s. In 1997, the TFR was reported to have reached 1.09, the lowest rate the country had ever reached. The main cause for the decline in fertility levels was due to the decrease in the number of children being born and the delay in having families by many young women who were

waiting for the country's political situation to improve at the time of the study (Koytcheya and Philipoy 2008). This was not always the case though, because Bulgaria was traditionally a country which promoted early child-bearing among young women.

The mean age at first birth had remained constant (at 22) for many years between the 1980s and 1995, before the mean age began to slowly increase after 1996, when it was reported to have increased to the age 24. Young women who belong to the Roma ethnic group enter into motherhood as teenagers, between the ages of 18 and 19. For the Turks, their mean age at entry into motherhood is between 20 and 21, and the Bulgarians enter into motherhood at a later age compared to the two ethnic groups, which on average is above age 23. For the Bulgarian group, the mean age at first birth is relatively stable, while for the Roma it fluctuates between 18 and 19 over the years (see Figure 2.1 for detailed chart). According to Koytcheya and Philipoy (2008), these ethnic differences in fertility trends are based on differences in family formation patterns among the ethnic groups.

At the time of the census conducted in March 2001, it was reported that almost 40% of the Roma women between the ages 18 and 34 were cohabiting, while the proportion of the Bulgarian women was about 10% (Koytcheya and Philipoy 2008). The Bulgarian ethnic group was reported to have the highest percentage of unmarried people (about 50%), when compared to those belonging to the Turks and Roma ethnic groups who were reported to have a lower percentage of unmarried people (about 30%). The Roma ethnic group had a significantly higher proportion of cohabiting women because the people from this ethnic group form all unions according to their own customs and traditions, which are different from those of other ethnic groups. As a result, most of the marriages are often not registered as such in the town hall and thus are not regarded as formal marriage, but rather as informal unions (Koytcheya and Philipoy 2008). A number of explanations are offered for these differences, but what is important in these results is that the differences do exist and still remain after controlling for socio-economic factors such as level of education, place of residence, religion, and union status. More importantly, the results observed from the study also showed the differences in fertility rates among the ethnic groups in the country. There were substantial differences in fertility rates among the different ethnic groups reported in this study. In 2000, the Bulgarians TFR was 1.1, and the TFR for the

Turks ethnic group was reported to be 2.3 and 3.0 for the Roma ethnic group (Koytcheya and Philipoy 2008). It was noted that the decrease in TFR was a result of the drop in the number of children born to the women in these ethnic groups. Most of the women and young families in these ethnic groups were postponing their first births or delaying childbearing because they were waiting for their lives to improve for the better so that they were ready to take care of and provide for their families.

Similarly, a study conducted by Basu (1994) in India also showed the importance of culture on fertility outcomes by comparing women from two different ethnic groups. The women selected for the study had similar socioeconomic status, religions, and environmental conditions. The results of the study showed that the Tamil Nadu women had more autonomy, which explained their low fertility rates compared to the women from Uttar Padesh, who had higher fertility rates. Childbearing stopped earlier for women from Tamil Nadu than the women from Uttar Padesh. This study showed a significant difference among the two groups of women, implying that culture does affect demographic outcomes. Basu (1994) concluded that for better health and family planning programs, policies implemented need to be "culture sensitive" (Basu 1994).

Evidence of the importance of culture as a determinant of fertility has also been documented by Caldwell, Caldwell and Quiggin (1989) who note that differences in the onset and the pace of fertility in the sub-Saharan region can be pinned down to cultural differences. Some countries in this region, such as South Africa, Botswana, Zimbabwe, Nigeria and Kenya, have experienced decline in fertility (or birth rates) (Caldwell, Orubuloye and Caldwell 1992). However, some countries have not yet experienced observable significant decline in fertility (Caldwell and Caldwell 1987). The reasons offered for this resistance are mainly cultural and some are tied to religious belief systems that control the fertility in that particular society. Most of the African communities are socially constructed so that large families are economically and socially fulfilling. It is not only a social or cultural expectation, but it is also a religious expectation. People in these communities believe that the more children one has the wealthier you become. This is because responsibility falls on the children to take care of their parents and other extended family members as they grow older. This apparently, stems from fear of disappointment or rebuke from their ancestors (Caldwell and Caldwell 1987). The greatest fear,

especially for the sons, is a father's curse. If a curse is placed by the father upon his son, it is believed it will summon forces that will lead to unforeseen disaster and bad luck (Caldwell and Caldwell 1987). This shows the role of culture on fertility among the different societies in sub-Saharan Africa, hence the need for this study in the current context of South Africa, where we find an existing multitude of different racial groups belonging to various cultures.

2.2.1 Culture and the Number of Children ever Born

Cultural systems and practices may adapt to change over a period of time, but for this change to take place the core values and beliefs embedded in the people must also adapt to the changes taking place in the world. However, this has not been the case in most African countries. Results from a study conducted in Nigeria by Caldwell and Caldwell (1987), showed the importance of culture in societies regardless of modernization and urbanization. Women who participated in the study from Ibadan City, Nigeria, reported that they were voluntarily limiting the number of children they wanted to have and, as a result, experienced widespread condemnation from the society and their families. It was reported that arond1% of female respondents claimed to have practiced and adopted fertility control in order to have less children and a smaller family size and only 3% were reported to be using any method or practice in order to stop family growth (Caldwell and Caldwell 1987).

It was argued that the reason for having many children in the first place, was to guarantee some children surviving longer, especially after the other children had passed away (Caldwell and Caldwell 1987). At the time of the study, child mortality was very high and communities had reported a number of cases of families who had lost all of their children. Thus women who desired to limit the size of their families were regarded as reckless and foolish because “even families with several surviving children can be quickly wiped out” (Caldwell and Caldwell 1987, 412).

In another study conducted at the time, it was reported that only about 1.4% women who had lived over 40 years had purposefully and effectively restricted the number of their children and family size from about 10 and 12 live births to less than 6 live births. The results from the study also revealed that educated women working in the cities still regarded their reproductive

behaviour and outcomes as being the "decision-making province of their husbands and their husbands' families" (Caldwell and Caldwell 1987, 414).

These findings showed that women in the Ibadan City were still living in a patriarchal society which uses culture to control their fertility behaviour and outcomes. It was evident that woman in this study did not desire large families; in fact they were practising fertility control in order to limit their family sizes. However, as much as they desired smaller families, they could not go against their husbands and their families because doing so would lead to condemnation. These women were not given the right to decide on the number of children they wished to have. The women, who did voice their right to limit their reproduction, had to face consequences such as criticism from their families, in-laws, and many other people for behaving in a "monstrous fashion" by (Caldwell and Caldwell 1987, 414). This then resulted in women having too many children even when they could control their fertility outcomes.

2.2.2 Culture and Age at First Marriage

As discussed in the first chapter under the theoretical framework, one of the proximate determinants of fertility explored by Bongaarts (1978) is marriage. However, the relationship that exists between marital patterns and fertility outcomes is complex. Marriage has been an important institution for many generations, both culturally and religiously. It is an institution that is important for both individuals and societies at large. For an individual, marriage has always been a significant and vital event in the human life cycle as much as an important basis for family formation processes. Marriage is "also a rite of passage that marks the beginning of an individual's separation from the parental unit, even if generations continue to be socially and economically interdependent" (Lawrence and Ikamari 2005, 2). For society at large, marriage signifies the coming together of different individuals and families as one, putting aside their differences for the sake of the survival of the relationship formed between two people. It also serves as a production and consumption unit, where services and goods are exchanged between the families (Lawrence and Ikamari 2005).

Marriage is perceived and valued differently by different societies, therefore cultural attitudes about marital status need to be taken into account when studying fertility. In many cultures,

people place much value on marriage, so they do not condone sexual interactions before marriage. Most societies in the African region view marriage as the only socially acceptable stage in one's life cycle when it comes to child-bearing, thus the age at which you first marry becomes important when studying fertility because it symbolises the transition to adulthood (Lawrence and Ikamari 2005). This transition means that the parents are no longer obliged to take responsibility for their child, so the child now becomes an adult and certain opportunities such as education, employment opportunities are taken away from them.

Therefore, marriages in most cultures are a very important life event. When it happens that a girl child has been exposed to sexual interactions and fallen pregnant, shame will befall the family. In some cultures, women are married off at very young ages to avoid this shame and embarrassment so that they raise the child with the father, who is expected to take responsibility of the young girl and the child (Lawrence and Ikamari 2005). In other cultures there is social stigma attached to those who divorce. Religion also plays a very important role in certain cultures because they follow strict religious guidelines on marriage, i.e., when you marry, you must remain married to that person till death do you part.

However, early entry into marriage is recommended and accepted in many cultures (Lawrence and Ikamari 2005). Women who marry at early ages (specifically in their teen years) will have been exposed to the risk of pregnancy for a longer period, which often leads to higher completed fertility (Lawrence and Ikamari 2005). Thus, age at first marriage has a direct bearing on fertility behaviour. This is because the variation in age of entry into marriage aids in the explanation of cultural differences in fertility behaviour and outcomes across various populations and also helps explain and understand the trends in fertility for an individual over time (Lawrence and Ikamari 2005).

In contrast, when women decide to delay the age at which they marry, they directly affect the completed fertility by reducing the number of years available for them to bear children. Delayed marriage has negative consequences for one's fertility but has a positive result for the individual woman. It allows the women an opportunity to complete their education, build labour force skills, and develop career interests that compete with childbearing within marriage (Lawrence

and Ikamari 2005). In turn, these career interests and opportunities may motivate women to limit their family size and broaden the spacing of their children, which in turn reduces child mortality.

The Alan Guttmacher Institute (1995 cited in Udjo 2001) explained that women who marry at a later stage in their lives give themselves the opportunity to further their studies in order to start their careers. They also delay their first births and, as a result, these women often end up with small family sizes. However, this may not apply to societies where marriage is not as highly valued any more, especially in Western regions. Sub-Saharan Africa is an exception, though, because many countries or societies in this region value marriage and believe that fertility is determined by marriage (Udjo 2001). The earlier a woman enters into marriage, the more children they are bound to have because of the early sexual debut. In most parts of sub-Saharan Africa, young women are married off at an early stage to older men. When these women enter into marriage, they are expected by the family and the community to perform the duties of a wife, i.e., to bear children for the husband's family (Udjo 2001).

Another case study presented here was conducted by Amin and Teerawichitchainan (2009), who focused on ethnic differences in fertility outcomes among various ethnic groups in Vietnam. The study aimed at investigating fertility behaviour to identify factors that may lead to the differentials among ethnic groups. Data used for this study was adopted from the 2001 Vietnam National Health Survey, conducted by the Ministry of Health and the General Statistical office. Some of the data used in this study was also extracted from 2006 Ethnic Minority Youth and Family (EMYF) study. This study utilised qualitative data from the EMYF data sets in order to hypothesize as to why fertility levels differ between the ethnic minorities and the Kinh majority ethnic group (Amin and Teerawichitchainan 2009).

The study classified the population into five ethnic groups; Kinh (the majority ethnic group), ethnic Chinese, and minorities in the South, Central Highlands, and Northern Uplands. The results from the study showed significant differences in fertility levels amongst the Tay, Thai, Muong and Nung (referred to as TTMN in this study) ethnic minority groups. These minority groups were reported to be reaching fertility levels observed among the Kinh and Chinese. Results from this study showed that the Kinh and Chinese ethnic groups have the lowest fertility

rates of 1.9 and 1.5 respectively, as compared to the other ethnic groups. The Hmong ethnic group had the highest fertility levels of 7.1, followed by the Dao and Gia Rai ethnic groups with 3.6 and 5.3 respectively, and this has been the case since the 1980s (Amin and Teerawichitchainan 2009).

Age at first marriage has been argued to have an impact on these fertility levels (Amin and Teerawichitchainan 2009). However, this is different for each ethnic group. Among the minority ethnic groups, late marriage seems to be the norm. This is evident in the low age-specific fertility rates among older ages. Amin and Teerawichitchainan (2009) have suggested that education and labour force participation over the years may have contributed to the delay in marriage and childbearing among these ethnic groups.

2.2.3 Culture and Contraception Use

Contraception use is also one of the proximate determinants of fertility according to Bongaarts (1978). Contraception use and adherence will vary from country to country, and thus from culture to culture as well. It is also mostly influenced by different religious belief systems. There are many issues involved in using any form of contraception, be it modern (hormonal, mechanical or surgical) or traditional (abstinence, non-penetrative sex, rhythm methods, sustained breastfeeding, post-partum sexual taboos) methods.

Over the past 100 years, with the aid of global campaigns to promote family planning, contraception is finally becoming the norm in some countries, while in many other countries, unprotected sex leading to unintended pregnancies and sexually transmitted diseases is still prevalent (Berer 2006). There are a vast number of individuals who are sexually active around the world. These individuals wish to protect themselves from unwanted pregnancies and sexually transmitted infections like HIV/AIDS and other STIs. With various methods being introduced, promoted and made accessible in many countries globally, the unmet need for family planning still continues to rise.

Contraceptive use in sub-Saharan Africa was reported to be very low when compared to developed and other developing regions. Within the sub-Saharan African region, however, the

use of family planning and the unmet need for family planning varies from country to country. In Southern Africa, for instance, contraceptive use rate was reported to be 58% and the unmet need for family planning was reported to be a low 16%. Meanwhile, in Western Africa, about 8% of women were reported to use modern family planning methods, 5% of the women use traditional methods and the unmet need for family planning was 23% (Gribbe and Haffey 2008). Most women in these regions do not use some of the contraceptive methods, especially the modern methods, because they are not culturally and religiously acceptable in their communities. In other cases, the husbands refuse any method of contraception, because they want to have large families and believe, based on their upbringing, that you should have as many children as you desire (Gribbe and Haffey 2008).

Generally, people in sub-Saharan Africa are opposed to new contraceptive methods because they are regarded as unnatural and view the ancient or traditional methods as natural (Caldwell and Caldwell 1987). The most commonly acceptable method is female sexual abstinence, and this leaves the women in charge of controlling their own fertility while the men do not have to control their fertility. With men, they believe that if women are married or have been exposed to sexual interactions, then they should be having children and not controlling them. In agreement with this view, Caldwell and Caldwell (1987) pointed out that some men would ask "why a couple who wanted no more children would continue to have sexual relations". The women did not comment much regarding this view, but they do submit to this belief or view and use sexual abstinence as a contraceptive method, as this ancient contraceptive method is widely known and accepted across the continent. These ancient methods, among others, include practices that are magical or involve spells, finger and waist rings (traced back to religious belief systems), womb turning, and herbal medicines (Caldwell and Caldwell 1987).

Abortion and sterilization are the most common modern methods that directly confront religious values and beliefs. Abortions among married women are still rare in the African region (Caldwell and Caldwell 1987). However, abortions among young girls attending educational institutions (schools, universities, nursing and teaching colleges) and living in urban areas are very common. This is evident in two studies carried out among those in training colleges by Caldwell and Caldwell (1987) and Nichols et al. (1986) in Ghana and Nigeria. The findings from

these studies showed that young women who considered abortion in these educational institutions, especially in training colleges, did it because they did not want to lose their professional opportunities. They also chose abortion because premarital pregnancy in sub-Saharan Africa normally leads to early marriage because it is considered shameful by families and society if young women fall pregnant out of wedlock (Caldwell and Caldwell 1987). This results in young women losing out on any hopes of a professional, career-driven and middle class lifestyle, and also leads to disappointment for their families who have invested money and resources in their education in order for them to make something of their lives and eventually improve the lives of other family members.

The factors discussed above lead to low levels of contraceptive use in most African regions. As a result of relatively low contraceptive use and relatively high levels of unmet need of family planning, family sizes in these regions remain large with high fertility levels.

A paper written by Caldwell (1976), explained that low contraceptive use in these regions often stems from low demand and inadequate supply sources within the countries. They also explained that in other parts of Africa there is evidently high use of contraception and yet these facts are hidden by the regional figures reported. In East Africa, for example, there have been reports that people in this part of Africa are using contraceptive methods instead of postpartum abstinence, but traditional methods remain a favourite choice. In West Africa, on the other hand, there has been a move recently away from the use of traditional methods and towards modern methods because the contraceptive pill and other modern methods are widely available (Caldwell 1976). Thus, assuming that the sub-Saharan Africa region generally has a low contraceptive use rate would be inconsistent with these reports.

A study conducted in Vietnam also presented results that indicate significant ethnic differentials in levels of contraceptive use. Contraceptive prevalence rates in Vietnam are significantly high but vary from one cultural or ethnic group to another, with ethnic minorities having higher contraceptive rates. The results suggest that all ethnic groups have a total contraceptive use rate that is above 60% (when we add the modern and traditional methods together). This highlights the fact that contraceptive use in Vietnam is high and only a small percentage of the total

populations reported not using contraception. This could be interpreted in two ways. Either the country has good family planning programs in place that have had success in getting people to use contraceptive methods or the cultural belief systems encourage contraceptive use. However, these contraceptive use rates have raised some questions about the reliability and validity of the data collected in Vietnam because the results show that this country has the highest contraceptive rates in the world (Amin and Teerawichitchainan 2009).

The intrauterine device (IUD) is the most widely used modern method among all ethnic groups. The women from these ethnic groups usually have the method inserted for them at a local health centre, so their partners may not necessary know that they are using contraceptive methods (Amin and Teerawichitchainan 2009). As noted earlier, the minority ethnic groups, TTMN, had the highest contraceptive use rate.

Amin and Teerawichitchainan (2009) verified that these ethnic variations in contraceptive use in Vietnam remained the same even after controlling for geographic location and other various factors.

2.3 Culture, Religion and Gender

Fertility decline in Sub-Saharan Africa is reported to have taken longer when compared to other regions in the world (Caldwell and Caldwell 1987). It is important to highlight that Sub-Saharan Africa is still a developing region, with many countries facing higher levels of poverty, health issues and poor infrastructure. It has taken this region many decades just to reach the level of modernization it is at currently experiencing, so reaching the 'acceptable' fertility level (what is known in demography as the replacement level) in this region will also take some time. Secondly, sub-Saharan African is very cultural and religious to the point that these two belief systems operate directly to influence high fertility while also moulding societies in a way that would bring about rewards for high fertility (Caldwell and Caldwell 1987). Culture and religion in this region are both embedded in their traditions, values and beliefs, so they play an important role in influencing the outcomes of fertility.

Traditional belief systems in sub-Saharan Africa are mainly attributed to the belief that when people pass on, they go to the spiritual world. It is said that the old generation or older members gain more powers after death when they enter the spiritual world (Caldwell and Caldwell 1987). These powers are then used to assist the family members left behind on earth to survive challenges and issues. This traditional belief system is said to be distinctive in sub-Saharan Africa, in fact it may have been their accustomed religion before the region was colonised (Caldwell and Caldwell 1987). It may indeed have been an accustomed religion system for all humankind, which over the years has experienced a transition, mainly being substituted by what have become the orthodox religious belief systems such as Hinduism, Buddhism, Judaism, Christianity, and Islam over the many years (Caldwell and Caldwell 1987).

The unfortunate fact in demographic research is that these issues are not often addressed. The significance of traditional or cultural and religious belief systems still exist among many societies as part of their culture and religion. The two are infused together and complement each other. An example in South Africa is the Shembe religion. This religion has survived both the colonialism and modernization which South Africa has experienced. They have held close to their traditional belief systems and especially the significance of ancestral spirits. These lineage-based systems in many societies may have been the led to the resistance to the success of family planning programs in sub-Saharan Africa, but at the same time they could also help to explain low fertility levels in some parts of the region, especially amongst teenagers. After all, in many African societies, high fertility and large families have been economically and socially profiting (Caldwell and Caldwell 1987). These are some of the issues that demographic researchers need to pay close attention to when studying sexual and reproductive issues.

2.4 Religion and Fertility

When one attempts to study any aspect of culture, specifically in an African context, one needs to take religion into consideration as well. Religion and culture are often intertwined in the African context and they are both factors influencing fertility in a significant way (Nanda 2005). In today's world where religious beliefs and attitudes on sexuality are the central focal point in debates concerning sexual rights (e.g. in Malawi), it is necessary to consider religion when looking at fertility behaviour or outcomes. In many developing countries, cross-sectional studies

have found cultural and religious norms to have a significant impact on fertility behaviour after socioeconomic factors have been taken into account (e.g., Arnaldo 2004, Cheung et al. 1985, Basu 1994, and Nanda 2005).

Religion plays an important role in challenging the right of women to exert control over their bodies, which often shape both policy and practice (Braam and Hessini, 2004). Among the various religions, there are also different perceptions about sexual behaviour. For instance, Christianity places emphasis on virginity and purity, meaning that you remain pure until marriage. This means that as a woman or as a man, you abstain from sexual interactions and keep yourself pure until the day you are blessed with marriage, because sexual interactions are viewed as a blessing from God upon married couples. Interestingly, within the Islamic religion, women's reproductive choices are placed in the hands of those whom they are married to and not necessarily in Gods' hands (Braam and Hessini 2004). As a result, gender inequalities; arise especially for the women who are left with limited choices and decision-making power.

Most religious belief systems tend to override the rights of women when it comes to sexual behaviour and reproductive choices. These belief systems have made it possible for authorities to implement policies and rules that inhibit women from exercising their sexual and reproductive health rights (Braam and Hessini 2004). Women are not the only victims of religious belief systems. In African countries like Malawi, for instance, where there have been recent debates regarding sexual orientation and sexual rights of the gay community, religious issues have been the focal point of this debate. As a result, policy implemented in Malawi currently prohibits gay marriages and those who go against this policy and attempt to exercise their sexual rights, face the prospect of a prison sentence.

In communities where religion plays a huge role in shaping decision-making processes and values followed by the community, this affects perceptions about family planning and sexual and reproductive health decisions. Individuals make decisions based on the views of that community, and in many communities where strong religious beliefs hold sway, individuals are forced to make decisions that comply with these beliefs or else face being stigmatised by the community (Gresh 2010).

One of the interesting case studies on religion and fertility was conducted in Brazil. Over the past 50 decades, the academic and demographic communities have been concerned about the fertility levels in developing countries. But then again, over the years demographers have also witnessed a decline in fertility levels in many of these developing countries, one of these countries being Brazil. The TFR in Brazil declined from 4.4 children per woman to 2.3 children per woman between 1980 and 2000 (Costa et.al. 2005). However, the age specific fertility rate for women aged between 15 and 19 has increased from 9.1% to 19.4% during the same time period. This is important to note because this increase is believed to be associated with religious change in Brazil. There have been reports or observed reduction in the number of Catholic women between the ages 15 to 49 that have not been accounted for in demographic studies (Costa et.al. 2005). The traditional catholic hegemonic family in Brazil has changed drastically, with many associated members leaving the church. The number of Catholic families has also declined from about 73% to 40% between 1991 and 2000 (Costa et.al. 2005). This resulted in most women using contraceptive methods that they were not allowed to use while belonging to the Catholic religious system.

Another important factor to note in the changing Brazilian profile is the problem of high teenage pregnancy, specifically among the age groups 15 to 19 years. This was not a problem in Brazil for many years, until the recent shift in religious profile. For many years in Brazil, young women were encouraged to marry at young ages and could only start having families after they were married, but this has now changed. There are unspoken agreements regarding marriage and pregnancy, especially with the change in the religious profile. For the young women who are currently not affiliated to any religious system, specifically those who are between the ages 15 and 19, their ASFR and TFR has increased due to this change in religion (Costa et al. 2005). Most of these young women are engaging in premarital sexual relations without their parents' knowledge and therefore without guidance and advice and as a result they often end up pregnant.

2.4.1 Religion and Number of Children Ever Born

Women and families across the globe have different views regarding the number of children they desire. The expectations and demands from culture and religion, however, make it difficult for women to decide on the number of children they wish to have. As a result women of different cultures in different parts of the world can end up having lots of children. A study conducted in the United States of America showed the role that religion plays in determining the size of a family.

The study used a nationally representative sample of 14,000 married women in different religious groups in the United States. The women and couples in this study were affiliated to the Catholic, Protestant and Jewish religious systems. The main interest or focus of the study was on family size, therefore the researchers used three measures of cumulative fertility of the mentioned religious groups: children ever born, total births expected, and the number of "wanted" pregnancies per woman (Mosher and Hendershot 1984).

The results revealed that the Black Protestant couples have the highest number of children – (2.72 children ever born) and Whites with no religious affiliation have the lowest number of children – (1.29 children ever born). Among Whites, it was clear that the Protestants had fewer children. Among Blacks, it was actually the reverse. Among Blacks, Catholics were reported to have fewer children than Protestants (Mosher and Hendershot 1984). The women who belonged to the Jewish religious group had fewer children than the Protestants and Catholics.

The results also showed a significant difference between the number of children born to women who belonged to a religious system and those who did not. Whites with no religious affiliation were reported to have the lowest mean number of children ever born of 1.29, the smallest number of total births expected of 1.96, and the lowest number of wanted or desired children of 1.36 (Mosher and Hendershot 1984). It was also reported that Jewish women had considerably lower fertility rates than that of the women from the Protestant and Catholic religious denominations. The researchers in the study concluded that religious affiliation, participation and preference were the strongest of all major social influences on fertility among these women (Mosher and Hendershot 1984).

2.4.2 Religion and Age at First Marriage

Marriage is an important social institution and life event. As Ababa (2006, 1) stated, marriage "unites people in a special form of mutual dependence for the purpose of founding and maintaining a family. As a social practice entered into through a public act, religious or traditional ceremony, it reflects the purposes, character, and customs of the society in which it is found". Most communities in the sub-Saharan region have norms and values that set the age at first marriage. However, in some of these communities, this age is too young or too low for girls and as a result does not take into account that these young girls are not physically and psychologically ready for this stage in their lives. Marriage then often takes place at ages much earlier than the legally required minimum age of 18, meaning that early marriage is the marriage of children and adolescents below the age of 18.

Marriage is widely regarded as a celebratory event of and a milestone in adult life. However, the practice of early marriage in most African countries turns the happiest day that should be celebrated into an event that actually serves to put the lives of young girls in danger. In sub-Saharan Africa and South Asia, the practice of early marriage is very common and in parts of West Africa, East Africa and South Asia, marriage before puberty is also a common trend (Ababa 2006). This imposition of marriage upon young girls results in a premature loss of childhood and compromises their individual rights. This is the case in most communities that still practice traditional lifestyles. People in these communities have always believed that early marriage is beneficial for both the family and the individuals. These beliefs are supported by their religion. Most religions place value in early marriage because this prevents young adolescents from engaging in premarital sexual relations which may end in unwanted pregnancies and certain infections. It is believed that sexual relations outside marriage are a sin (Ababa 2006).

Nonetheless, most of those marrying early in these communities, some are often forced into this union, others are simply too young to make an informed decision and to know whether they are ready for this decision. But due to their religious expectations and demands, they are forced into this practice and marry at very young ages. This has been reported to be the case in Ethiopia. A study conducted in Ethiopia showed that the legal age of marriage is 18, but most girls are

married off at a younger age. According to the "Essential Conditions of Marriage" (Section 2, Article 6-16) of the Revised Family Code (Proclamation of 2000), Article 7 in Ethiopia, the legal marriage age for both boys and girls is as follows: "neither a man nor a woman who has not attained the full age of eighteen years shall conclude marriage" (Ababa 2006, 1). However, despite this, the country is widely known to have the highest early child marriage levels. The 2005 Ethiopian DHS reported that 13% of girls in Ethiopia were married by age 15 and the numbers of those who were married before the age of 18 are also high, at 66 percent.

The survey reported that the highest rates in Ethiopia of early marriage were found in the Amhara and Tigray regions (Ababa 2006). It was argued that the reasons for early marriage, apart from the practice being religiously acceptable and expected, were that it represented a means to improve the financial status of the family; to strengthen ties between the families involved; to ensure that girls are virgins when they marry and they don't engage in premarital sexual relations; and finally, to prevent young girls reaching an age where they are no longer desired to be someone's life (Ababa 2006). Also, it has been argued that when young women are able to control their sexual and reproductive practice, they can take better advantage of opportunities presented to them, including education and employment opportunities that could alleviate gender-based violence and barriers that make them vulnerable to poverty and ill health, which includes sexual and reproductive health.

However, this is not the case among young girls in Ethiopia as they are expected to marry early because of the influence of religion. These religious expectations do not take into account the health (both physical and psychological) of these young girls when they are married off. Statistics from the surveys conducted in this country have shown that girls who marry before the age of 18 are excessively affected by and exposed to complicated pregnancies that may lead to maternal mortality and morbidity (Ababa 2006). Young girls who are aged 10 to 14 are reported to be 5 times more likely to die during pregnancy or childbirth than women aged 20 to 24 and young girls aged 15 to19 are twice as likely to die (Ababa 2006). Only 18% of ever-married women were married within the minimum legal age of marriage of 18 years and above. Results from the survey also show that 15% of the ever-married women entered into marriage before the

age of 12, when were they neither physiologically nor psychologically ready for this big life event.

However, the most important of the reported reasons for this early marriage practice is the cultural and religious value of witnessing one's children and grandchildren entering into the adulthood stage because, as the religious teachings state, the man must leave his parents and become a man. So this practice is considered a mark of manhood (Ababa 2006). In most religious communities, it was found that religious participation and affiliation were associated with higher commitment to the marriage values presented by religion. Thus, young girls who were affiliated to religious groups were married off at early ages, with no questions asked, because this practice was part of their religion.

2.4.3 Religion and Contraception Use

Sub-Saharan Africa has the highest rates of HIV/AIDS in the world (Caldwell, Caldwell, and Quiggin 1989). This HIV/AIDS epidemic provoked discussions about the role of religious doctrine and religious institutions in shaping sexual behaviour in the region. The role of religion in reproductive and sexual behaviour in the region has been neglected for over many years. And yet religion and fertility are two of the dominant characteristics of the rural African region, excluding poverty. Therefore, it is crucial to study these two phenomena and how they are related in order to develop a better understanding of demographic features of the region.

Previous studies on the relationship between religion and contraceptive use in sub-Saharan Africa have produced mixed results. For instance, research conducted in Ghana found that differences in contraceptive use among rural women were based on or were a result of socioeconomic and demographic factors (Yeatman and Trinitapoli 2008). In contrast, many other studies have found that religion had a much more significant influence on fertility behaviour.

One such study was conducted in rural Zimbabwe by Gregson and colleagues (1999, cited in Yeatman and Trinitapoli 2008) who investigated the factors that prohibited or worked against modern medicine and modern contraceptive use. This study found that some religious organizations (specifically the strict Apostolic churches in rural Zimbabwe) were against the use

of modern contraceptives by women in their congregation. The results further showed that the Apostolic churches were more strongly against the use of modern contraceptives than those from the Catholic Church. Apostolic members had the lower rates of contraceptive use and higher fertility when compared to members belonging to the Catholic Church (Yeatman and Trinitapoli 2008).

Another significant study that proved the role of religion on fertility behaviour was conducted in rural Malawi, using unique integrated individual and congregational level data. In rural Malawi, affiliation to a religious group is universal and the majority of the people attend religious services regularly. Apart from attending services, they are also involved in other religious activities, such as choir groups or prayer groups that enable them to stay connected and thereby create a sense of community with other members of the congregation (Yeatman and Trinitapoli 2008).

In Malawi, knowledge of contraception, both modern and traditional, is common and it was reported that in 2004 about 27% of married women in rural areas had been using certain forms of modern contraception (Yeatman and Trinitapoli 2008). The use of contraception in rural areas is mainly for birth spacing rather than limiting the number of children women have. The women in rural areas are not educated or informed about careers and employment opportunities so they only know how to be wives and mothers. Therefore, knowledge about contraceptives only helps them to space their children.

For contraceptive use to be widely acceptable and regarded as a positive method for controlling family size, the church has to play a role. According to Yeatman and Trinitapoli (2008), there are three preconditions that are necessary in order for religion to influence fertility. Firstly, religion affects fertility when it expresses the views and norms relevant to fertility. Secondly, religion can affect fertility when it communicates these values and norms and promotes compliance among community members. Lastly, religion can impact on fertility if it plays a central role in the social identity of its members. In the rural areas of sub-Saharan Africa, most values and norms practiced are commonly articulated by the religious leaders, thus it is important to understand the role of the church on fertility behaviour.

The study conducted in rural Malawi showed the importance of the role of the church and its leaders in understanding fertility. The preconditions mentioned above were argued to be met at a more local level rather than the broad denomination level (Yeatman and Trinitapoli 2008). The results showed that the congregation's positive attitudes towards family planning program and their willingness and ability to communicate issues on sexual morality, were more relevant when it came to predicting the women's use of contraceptives. Because the majority of leaders of all faiths in this area approved the use of contraceptives, the women themselves felt more comfortable and free to use them because they were aware that it was not regarded as a sin by their faith communities.

Furthermore, results from this study also showed that Catholic leaders were less likely to approve modern contraceptive use, even though they were more accepting of the traditional methods. The Pentecostal and Muslim leaders, on the other hand, were reported to be more understanding and accepting of the modern contraceptive methods, not to limit the number of children they were going to have but rather to space the births. Interestingly, the actual behaviour of the women within denominations was the opposite. The Catholic women were reported to be among the most likely to use contraceptive methods, while the Muslim and Pentecostal women were reported to be the least likely to use contraceptives in general. This, however, does not mean that the religious leaders discuss family planning as they preach, or encourage the women in their congregations to multiply as they wish. According to the participants in the study, the openness and relationships that existed within the congregation and with the leaders themselves, made it easy for them to consult regarding this issue (Yeatman and Trinitapoli 2008).

In addition to the relationship with the leaders in the faith communities, the results also showed evidence that the connection between religious gatherings or socialization had a positive effect on the use of contraceptives. The women, who attended these gatherings, such as prayer nights, bible studies and other congregational gatherings, found that their faith leaders were more open regarding the issues surrounding sexual and reproductive behaviour. As a result, these women were more likely to discuss issues of contraceptive use with other members, and thereby gathering important information that could prove beneficial for their fertility behaviour (Yeatman and Trinitapoli 2008). Most of these women living in the rural areas of Malawi are not

educated or did not finish their high school education because they got married and started having children, so much of the information they need about contraceptives is lacking. For example, information regarding the reliability, potential side effects, where to access these contraceptives and how to use them, are often not passed on from the male leaders to women in the rural settings because, culturally, it is not acceptable to discuss such issues with women.

The social gatherings set out by the congregation are therefore, necessary for the empowerment of the women belonging to these faith communities because only then do these types of information get passed on or shared by women with more experience and knowledge. This information has far-reaching health implications for both individuals and families because it enlightens them about the side effects that come with using certain contraceptives and empowers them to make the right choices for their health (Yeatman and Trinitapoli 2008)

In South Africa, religion has been a major contributing force in influencing legislation with regards to abortion services (Gresh 2010). The Dutch Reformed Church in South Africa was one of the religious groups that opposed the legalization of abortion. This religious group justified this opposition by saying that "the white population had to grow in order to maintain supremacy" (Gresh 2010, 34). However, the legislation was later successfully passed within the country but not without power struggles that included both the Christian and Muslim churches, and professional groups such as Doctors for Life (Gresh 2010).

Although the legislation on abortion was successfully passed in South Africa, religious groups in the country still do not approve the use of abortion among its members. There has not been much research done to show the relationship between contraceptive use and religion in South Africa, but from experience, and in correlation to other studies conducted in other developing countries, (for example, Lesotho), we can conclude that religion has a negative effect on the use of contraceptives (Matsumunyane 2011).

Religion has also played a role in shaping the beliefs and practices regarding breastfeeding among the Hindu religious system. Generally, the most common reason for breastfeeding, especially in the rural areas, is a widespread belief that it is an effective traditional contraceptive

method because it postpones the next pregnancy. This has been proven by existing literature arguing that ovulation among women who have just given birth is likely to begin sooner amongst women who moderately breastfeed compared with those who exclusively breastfeed (Laroia and Sharma 2006).

Nevertheless, a review written by Laroia and Sharma (2006) based on a report by the National Institute of Population Studies in India reported that this is not the only reason why breastfeeding is encouraged among the women. Religious belief systems such as those found in the Hindu community encourage breastfeeding because it is part of their religion. Among the Hindu communities, breastfeeding is common and compulsory, and it also continues beyond the infancy stage for most children. The practice of breastfeeding is one of the oldest practices recommended in the ancient Hindu scriptures (Laroia and Sharma 2006).

The report by the National Institute of Population Studies in India showed that breastfeeding among Hindu women was very high. Breastfeeding of infants by their mothers was 95% and did not vary across the sex of the child, their place of residence, their education or their tribe. The median duration of breastfeeding is just over 2 years. The onset feeding of the infant, within the first 4 hours, was reported to be higher, 61% versus 51%, among literate mothers when compare to illiterate mothers (Laroia and Sharma 2006). It was also reported that exclusive breastfeeding was higher among illiterate mothers and mothers younger than 25 years. In the oldest Indian literature, it was believed by the Vedas that milk and the breast were symbolic of longevity and nectarine sweetness, and the breasts were considered as a pitcher full of nectar so breastfeeding infants was very important for the infants' survival (Laroia and Sharma 2006).

This belief was adopted from the Yajurveda (verse 17/87 in Laroia and Sharma 2006, 95) which reads, "Drink in the middle of the flood, O Agni, this breast stored full of sap, teeming with water. Welcome this fountain redolent of sweetness. O courser, enter those watery dwelling." The Charak Samhita (verses 8/52:957, 8/46:950) also represents the significance of breastfeeding among the Hindu women. It describes breast milk as having special qualities and great powers and these special life-giving powers or qualities are also demonstrated in the Hindu religious texts. One of these texts that best describes these qualities of breastfeeding is from Sashruta, 111,

10 (in Laroia and Sharma 2006, 95): “May four oceans, full of milk, constantly abide in both your breasts; you blessed one, for the increase of the strength of the child! Drinking of the milk, whose sap is the sap of immortal life divine, may your baby gain long life, as do the gods by feeding on the beverage of immortality!” These religious texts show that breastfeeding has more significance than just a contraceptive method among rural areas and these reports alone prove the role or the significance of faith-based communities or religious belief systems in influencing fertility behaviour.

2.5 Culture, Gender and Fertility

In many societies, fertility has always been perceived as the women’s responsibility. Even though in other cultures, men are decision-makers when it comes to sexual and reproductive decisions, women still have the higher responsibility of fertility. In African societies, specifically societies that are religious and cultured, women do not have equal rights to men. As much as the world is changing and societies becoming more Westernized, most African societies still believe men and community members have the final say when it comes to sexual and reproductive health issues. Findings from a study conducted in Nigeria help us understand the role of gender on fertility.

The study (Achieved Small Family Study) interviewed women who were at different levels of education and those who were not educated. What stood out in this study is that even the educated women who were working in urbanized or westernized areas of Nigeria regarded their reproduction as being the “decision-making province of their husbands and their husbands' families” (Caldwell and Caldwell 1987, 414). This meant these women could not decide on the number of children they wished to have. For instance, women in Nigeria who had voiced their right to limit their reproduction were regarded by their families, in-laws, and many other people as behaving in a “monstrous fashion” (Caldwell and Caldwell 1987, 414). These elite or well-educated women constantly emphasized in the study that reproductive rights, including the decision to limit reproduction, were no longer in their hands but it was now a matter for the husband and his parents (Caldwell and Caldwell 1987).

The evidence presented in this study only shows the underlying cultural issues that exert an influence in the Nigerian community. In addition, there are more significant religious considerations that could also help explain these findings. It is necessary to begin taking these findings into consideration because it is evident that traditional and religious belief systems condition many areas of human behaviour. This applies very much in Nigeria where only one-third of the population are neither Christian nor Muslim. When families there fail to have children or experience any other misfortunes, this is believed to be ancestral disapproval and requires a diviners' attention for help from the spirits (Caldwell and Caldwell 1987).

2.6 Summary

The literature findings discussed above show that fertility behaviours and trends differ for each community because of diverse cultural, religious and ethnic groups in different parts of the world. In some cultural communities, women, whether educated or not, do not have the right to decide on their fertility, instead that right is given to her husband, and his family and community. The decisions that involve woman's fertility depend greatly on the cultural beliefs, norms, values and attitudes of the community that the woman belongs to and not her own. In addition, religion (African traditional religion, Christianity and Islam) also factors very much in behaviour patterns, especially sexual and reproductive behaviours. Many of the policies and legislations implemented in several countries are most often than not influenced by religious belief systems that influence the identities of the communities as a whole, which in turn have a major effect on fertility behaviour and outcomes.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

As outlined in the first chapter, this study aims to investigate the cultural influences on fertility behaviour among women at the University of KwaZulu-Natal, Durban. Therefore, this chapter will outline the research design of the study, the methodology employed to carry out this research and then analyse the data collected. In this chapter, I will also outline the rationale for the sample chosen and methodologies applied in choosing the sample, collecting data and the analysis in this study.

In order to address the objectives outlined above, this chapter has been divided into 6 sub-sections. The first section discusses the location or setting for the study. The second section identifies the sampling technique employed for the study. The third section discusses the methods used to collect data. The fourth section discusses the ethical issues that are taken into consideration during the study. The last two sections discuss the techniques employed to analyse the data and limitations of the study.

3.2 Research Setting

As a so-called 'rainbow nation', South Africa boasts a variety of cultures. It has a vast number of people celebrating their identities that are rooted in different cultures. The multi-racial nation consists of Whites, Africans, Coloureds and Indians. This study was conducted at one of the multi-cultural universities in South Africa, University of KwaZulu-Natal (UKZN) in Durban. University of KwaZulu-Natal was chosen as the study site as it is one of the largest public universities in South Africa consisting of a vast, multi-cultural group of students. The University is situated in the province of KwaZulu-Natal; a province reported to have high fertility levels and, as a result, the second most populated province within South Africa, with 10.8 million people (about 21.4%) currently living in this province (Statistics SA 2011). The TFR for KwaZulu-Natal was reported to be 3.21 between the periods 2001 to 2006 (Statistics SA 2011). The latest 2011 mid-year population estimates report shows a significant decline in the TFR, which currently is at 2.81 (Statistics SA 2011).

UKZN came into being only in 2004 after a merger between the University of Durban-Westville and University of Natal. The new merged University is renowned for bringing together the rich histories of both former universities which encompass disadvantaged and advantaged backgrounds respectively. The university has 5 campuses which are all located within two of the cities in KwaZulu-Natal, Pietermaritzburg and Durban.

Howard College is one of the 5 campuses located in the vibrant coastal city of Durban. The beaches, coastal resorts, and magnificent game reserves are all a favourite getaway for the staff members and students at UKZN, and because this campus is situated on the Berea, it offers spectacular views of the Durban harbour. Howard College has been in existence longer than the merger. This campus dates back as early as 1931 when it was opened following a generous donation by Mr T B Davis, whose son Howard Davis was killed in a battle during World War I. The campus currently offers a full range of degree options in various fields such as Science (including Geography and Environmental disciplines), Engineering, Law, Management Studies, Humanities (including Music) and Social Sciences (including Social Work). In addition, the campus offers Architecture and Nursing, and thus attracts prospective students from different backgrounds and cultures.

Due to feasibility, which included costs involved in travelling, distance, time, access to all campuses, only one campus could be focused on for this study. I applied for research funding for this year, prior to commencing my dissertation but unfortunately, I was not successful. The research funding would have enabled me to travel between the 5 campuses, provide some refreshments for participants and cover my meals and accommodation if need be. Thus, with no funding only one campus could be covered for this study. Howard College was the best choice since it was more feasible. It was less costly, there was no need to book for accommodation or budget for meals as I live around the same area. There was no need to travel to go meet the participants as well as I made arrangement to meet them when they were on campus. But mostly, Howard College campus provided a vast multicultural sample for the study because it is the highest populated campus at UKZN with a student population of about 11,754 (UKZN 2012).

3.3 Sampling technique

According to Neuman (2001), sampling in research methods is used to scrutinize in detail a specific chosen case and then use the information gained to understand other cases in different settings and context. Hence, depending on the study, different sampling techniques will be applied to suit the case being scrutinized. In qualitative studies, the reason for sampling is to go into detail and depth in order to understand a specific process, event, complex situations and relationships (Neuman 2001).

In selecting the sample for this study, a non-probability sampling technique was employed. The reason for employing this sampling technique is that, despite the sample units not being totally representative of a population, they are still assembled conveniently in a set or specified context. Thus, convenience sampling was used, whereby the sample was drawn expediently from already available subjects. This method or technique was chosen because it is one of the most practical and cost-efficient methods which rely on participants that are readily available to participate in the study (Fink 2003). The sample includes a total number of 14 young women in their reproductive ages (15-40) who may or may not have experienced pregnancy.

The sample selected for this study is multi-racial and multi-cultural, including 8 Black African participants, 2 White participants, 2 Indian participants and 2 Coloured participants. The reason for having a large number of Black African participants was mainly due to the fact that this population group is the predominant group at this university and campus with significant cultural, language, ethnic and religious groups within the population group itself. Therefore, this population group was broken down into ethnic groups which included 2 Zulu participants, 2 Xhosa participants, 2 Sesotho participants and 2 siSwati participants. The purpose of having different ethnic and racial groups in the sample is to be able to investigate the cultural influences on fertility because these groups all have different cultural beliefs, norms and practices.

University students were chosen for this study because the study focuses on young people who are in their reproductive ages; 15-40. Students are young people who are active agents of social change in our societies today. They evolve with the changing dynamics that surround us every day in our world and learn to incorporate the change into their cultural backgrounds. The sample only focused on female students because this study is investigating fertility behaviour which often is viewed or understood as the responsibility of the women.

The participants in this study were recruited via student facilities such as e-mails, notice boards and via word of mouth. The email system only worked as I asked tutors and mentors to advise the students they were mentoring or tutoring via emails about the study. A few participants agreed to participate via this form of recruitment. They contacted me via SMS (short message services) on mobile phones, and then we set up appointments for the interview to be carried out on the Howard college campus premises. Two participants agreed to participate in the study after seeing a notice placed on the main student notice boards on campus. The rest of the students only agreed to participate after persuading them via word of mouth, (they promised to spread the word after they were interviewed, - snowballing technique). The selection criterion use for participants to be interviewed was that they had to be female students currently registered at the University and between the ages of 15 and 40. There were other willing participants but unfortunately, they did meet the mentioned selection criterion that was used.

3.4 Data Collection

Due to the sensitivity of the topic and the fact that human subjects were involved in the study, before collecting any data, permission to conduct interviews and ethical clearance was sought from University's Higher Degrees and it was granted. This study acknowledges the complexity of defining the word 'culture', hence a qualitative method was employed to get raw perceptions from participants.

When contemplating to conduct a research, one needs to think about the research design they will use. A research design specifies exactly the operation that will be performed in the desired research (Bless and Higson-Smith 2000). The main step in constructing a good research design is to answer some important questions about the research. These questions need to focus on the centre of the research, the unit of analysis and the time element of that specific research that one is interested in (Bless and Higson-Smith 2000). Hence, this study aims to employ a qualitative method as the research design. According to Denzin and Lincoln (2000) the use of a qualitative research approach is vital in cases or contexts where there is a gap in literature on a subject of interest. This approach is understood as a research design that is flexible, more unstructured and focuses more on the processes being taken and the meaning of the rich data collected. Qualitative

approach is highly useful because it offers close contact between a researcher and a subject, where they can both go into detail with the subject matter (Denzin and Lincoln 2000).

This research approach then becomes a useful way to proceed due to its exploratory nature. In order to have more control over the direction of the interviews and the wording of the questions, this study used the standardized open-ended interview guide as a method to collect data. The advantage of this type of qualitative method is that it enables the interviewer to receive responses that are in-depth, detailed and open-ended as well. The conducting of interviews was used as the main research tool due to the sensitivity of the topic, so as to allow flexibility in the exploration of the students' perspectives and opinions around the topic of interest. This research tool can be advantageous in that it provides a relaxed environment and thus enables the participants to feel free to express their views and perceptions and narrate their own experiences in light of the questions asked in the interview. More importantly, this research tool also allows the participants to respond in the way that they understand the questions.

A scheduled interview guide was set for interviews so that all participants were asked identical questions, regardless of whether or not they have had a child. This enabled the interviewer to get perceptions, opinions and life experiences from young women who have no children and those who have which the interviewer may have not been aware of. The advantages of the open-endedness of this research method is that it allowed the participants to contribute as much detailed information as they desired and it also allowed the interviewer to ask probing questions as a means of follow-up and retrieve more information from the participants (Turner 2010).

All qualifying participants who agreed to be interviewed had to sign an informed consent form before proceeding with the interview as a sign of mutual consent to participate in the study. The interviewer introduced the study and provided background information on the topic before asking the questions set out in the interview guide. Then the interview guide was used to control the questions being asked. The interview guide included questions under Section A, which had more demographic and personal questions, and questions under Section B, which were focused on the topic being investigated such as cultural influences on breastfeeding, age at first marriage and the number of children (see Appendix II). English was used as means of communication since the interviews were conducted in an academic environment with multiracial participants; however, for those whose first language was not English, translations were made for them for

better communication. All interviews were conducted in noise free and private venues for the convenience and comfort of the participants. Also a digital recorder was used during the interviews to record the responses from the participants as it was not feasible to write down the responses while asking questions and paying attention to the participants as they responded.

3.5 Ethics

Sensitivity towards ethical considerations in qualitative research has become very important over the years due to indignities experienced by participants as a result of ethical dilemmas. According to Flick (2009), past and recent cases brought forward, especially research fraud and misuse of research conducted by doctors during the Nazi period in Germany, led to the development of ethical codes and rules by the German research council that ought to be accepted and applied by all universities.

Therefore, the researcher conducting this study was ethically cautious and took all necessary steps to avoid possible problems that could arise during and after the study. In order to achieve this, the researcher applied for ethical clearance from the Faculty Higher Degrees Committee, and Ethics Committee at the Faculty of Humanities, Development and Social Sciences at the University of KwaZulu-Natal through the School of Built Environment and Development Studies. The application was successful and the researcher was granted ethical clearance and approval to conduct interviews at Howard College campus.

In addition to receiving ethical clearance, to make sure that the participants were aware of their rights and in order to gain their trust, there was an informed consent form attached to each interview guide which was presented to all participating subjects in the interviews stating the conditions of participation that the participants would need to apply to. The informed consent clearly stated that participation in the interviews was confidential and so was the information shared during the interviews. The researcher also made it clear to the participants that this study was anonymous, meaning that their names or student numbers, since they are students, were not required so whatever information they shared cannot be traced back to them. Another important issue that was addressed in this study before interviewing the participants was the ‘free to

withdraw' factor. All participants were advised that they are not forced to participate in the interviews, but their participation will be highly appreciated. However, if during the interview they felt uncomfortable with questions or did not wish to continue, they were free to withdraw from the interview.

3.6 Analysis Techniques

Because the interviews were recorded in a digital recorder, the data collected was safe and readily available to be analyzed. The data was downloaded from the digital recorder and saved in a separate flash drive for safe-kipping. The interviews took longer than expected and they lasted between 20 to 45 minutes, depending on the participant. This meant there were 14 interviews, each very long and thus took time to be transcribed and translated where participants used terms in their ethnic languages to give further detailed information.

Thematic coding was employed for the analysis of the data collected during this study. This technique was chosen for this study because it enables the researcher to investigate any shared assumptions, opinions, and perspectives on a social and demographic phenomenon. After all, thematic analysis aims to reveal any core consistencies and meaning in a given text through identifying similar themes from larger, abstract categories of data segments (Buetow 2010). The reasoning behind this technique is that in communities with different social worlds or groups, different perspectives will emerge or surface if they already existed (Flick 2009). In addition, when the research is concluded, the researcher needs to make sense of the data collected during the research, hence the need to analyse the data.

Because qualitative data analysis is a very personal process with differing rules and procedures, the researcher had to go through a process called 'Content Analysis' (Kumar 2005). Basically this process involves the analysis of the data collected through the interviews in order to identify the main themes that emerge from the responses given by the respondents. This process involved a number of steps:

The first step was to identify the main themes emerging from the responses. This was done by carefully and strategically going through the descriptive data and scrutinising each question in order to understand the meaning being communicated by the respondent. People use different

words and languages to express themselves, so it is very important for the researcher to be careful with the choice of wording during this step so as to avoid losing the meaning attaching to it (Kumar 2005). The second step was to develop broad themes from the already identified themes, and then assign codes to the reoccurring themes through using different colours. After this step, the third step was to go through the participants' responses and classify them under the identified themes. Finally, having gone through the responses and identified the themes they fall under, the next and final step was to integrate the themes and participants' responses into the literature review provided in chapter two.

During the transcribing and coding process, key themes were identified in response to the key objectives of the study and these will be discussed in the following section. The first theme analyzed was the young people's understanding or views of what is meant by the term 'culture'. The second theme to be discussed was the age at first marriage/union, followed by fertility control which was divided into 3 sub themes as well (contraceptive use, abortion and breastfeeding), and finally the number of children ever born.

3.7 Limitations

The methods employed in this study, like any other research method, have their weaknesses. The main limitation with the qualitative method employed in this study is that, on its own, it does not yield statistical results like a quantitative survey. Quantitative methods have the potential of yielding statistical results that interprets results in figures or numbers, unlike qualitative methods. Usually for a more comprehensive and vigorous outcome from any study, researchers need to employ both qualitative and quantitative methods so that quantitative results can supplement qualitative data because no single method yields perfect results on its own (Flick 2009, Neuman 2001). Every method employed in any research will always depend on the topic and the desired results.

The major difficulty with the in-depth interview method is coding the data after it has been collected. Since participants express their responses in a detailed manner it becomes difficult for the researcher to extract themes or codes that are similar from the responses (Turner 2010). It is

also a cumbersome process for the researcher to sit through the narrated responses of different participants and listen to the recorded data over and over in order to understand and accurately reflect all participants' perspectives. This process of coding themes took longer than expected because some of the digital recordings were not clear due to telephone frequencies disturbing the recordings, so more attention and time had to be spent on such recordings. Nonetheless, this becomes an advantage because it eliminates chances of bias and the researcher becomes familiar with the data during this process making the next step of analysis (theme coding) a lot easier.

In addition, using the in-depth interview method has another drawback. The researcher may end up influencing answers from the respondents precisely because researchers using this method often guide the conversation and the type of questions asked during the interview and may direct the interview to suit their own hypotheses, rather than allowing a flow of ideas from their respondents (Flick 2009). In this respect, Sekaran (2003) also postulated that participants in a study may feel uneasy about the anonymity of their responses when being interviewed. There is that face to face interaction with the interviewer, as the researcher does not receive the most genuine responses from the participants. For example, two of the participants refused to answer some questions because they did not want to be associated with sexual behaviour, even after the confidentiality clause was explained to them.

There were also limitations experienced during the collection of data. Firstly, recruiting participants turned out to be a challenge due to the fact that this study was conducted during the examination period at the University. Students were very busy preparing for exams and they felt they would be wasting time by participating in the interview. This meant some of the interviews had to be conducted in the homes of the participants when they agreed to meet after hours, so travelling arrangements had to be made for the interviewer.

The second limitation which faced the interviewer during collection of data was when a participant refused to continue with the interview. Almost half way through the interview, one of the participants felt that they cannot answer the questions because the questions being asked do not apply to them. When asked to explain, the participant further said they are not rooted in culture so they cannot answer the question. The interviewer had to explain to the participant that there are no wrong or right answers to these questions, and that all they had to provide was their perceptions and opinions on the topic. Unfortunately, even after the explanations and persuasion,

the participant pulled out of the interview. The interviewer had to understand and stop the interview because one of the conditions of participating in the interviews is consent and willingness from the participant.

In addition to the above-mentioned limitations, since the participants recruited are readily available and voluntary, they will be different from most subjects in the target population (other university students). Another limitation with the sample chosen for this study is the size. The sample size is relatively small and limited to young female students attending the university. And while the university setting holds a diverse population of young females, it still lacks the opinions of women from a broader range of not only cultural and religious backgrounds, but social backgrounds as well (e.g. uneducated women, women from secluded rural areas etc.). The study also lacks opinions of young men from the various population groups explored in this study. Therefore, in view of this small sample size and characteristic of sample chosen, the results cannot be generalized to the whole population of either young people in South Africa or students in all universities in South Africa. However, this opens up space for other researchers to follow up and build on the results and findings in this study on a larger sample size that would be representative

3.8 Summary

This study aims to investigate the cultural influences on fertility behaviour among university students. Therefore, the employed techniques discussed in this chapter have enabled the researcher to investigate in detail the opinions and perspectives of the students at University of KwaZulu-Natal on this topic.

In conclusion, this chapter has discussed the research setting where the study was carried out. The chapter has further discussed the methods or techniques employed in the study in selecting the sample, collecting the data and analyzing the collected data. Furthermore, ethical issues and considerations were briefly discussed, together with the limitations that came with the sample selection, data collection and analyzing techniques employed in the study.

CHAPTER FOUR: RESULTS AND DISCUSSION

4.1 Introduction

Studies discussed in earlier chapters suggest that culture influences fertility behaviour. However, this relationship has been poorly addressed in research (Yeatman and Trinitapoli 2008). Through assessing the cultural influences on fertility behaviour using in-depth qualitative interviews, this study provides important insights identified by the participants. This chapter is a discussion of the main findings of the study. The chapter focuses on three parts touching on the demographic profiles of participants, their recorded accounts on their understanding of culture and what aspects of culture influences the different facets of fertility as outlined in chapter one.

4.2 Demographic Profile of Respondents

For diversity in responses and perspectives, this study aimed to interview a multi-cultural and multi-racial sample. Therefore, in total, the number of young females interviewed in this study was fourteen and this included two Zulus, two Xhosas, two Sothos, two Swatis, two Whites, two Indians, and two Coloureds. These participants included four undergraduates and ten postgraduate students, who were between the ages of 22 and 31 years. The mean age of the participants was 25.

The majority of women, including all the African women and one Coloured woman were affiliated to the Christian religion. One Indian woman and one Coloured woman reported to be affiliated to the Islamic religious group. The two White women reported that they were agnostic and the second Indian woman said she was yet to decide her religion. In terms of marital status, only one Xhosa woman reported that she was married and the rest of the women reported that they were single at the time of the interviews. In the total sample, only two women (one Sotho and one Swati) had reported having one child and the rest of the women said they were focused on furthering their careers before starting a family.

4.3 Young Peoples' Understanding of 'Culture'

Over the decades, there has been much change in the cultural context of sub-Saharan Africa, specifically due to westernization and the spread of new forms of Christianity and Islam. In addition, the world is slowly but surely becoming a global village, where one person can connect with people from different parts of the world without having to be at the same place and time. This situation has come about because of technology and modern communication systems which connect us to each other in one way or another. This has forced culture to evolve and adapt to these changes, but not with much success because there are still many parts of Africa that are experiencing high levels of poverty and no educational systems or proper infrastructure in place (Bertrand et.al. 1985). As a result of all the changes occurring in the world, culture is perceived and understood differently and this was evident from the participants' responses.

Culture appears to be a multi-faceted concept. The study shows all the participants have general opinions on what one can and cannot consider culturally acceptable. These cultural cues are not the law; however, culture seems deeply embedded in who we are, how we act and the way we behave. The influence our cultures have over our decisions is closely connected to how much we identify ourselves in our specific groups. The importance of being part of the community makes cultural practices something that must be negotiated. As a result, culture becomes a very important factor influencing individual's decision-making over and above the law itself and above one's own personal preferences, as will be discussed in the following sections.

4.3.1 Culture Linked to Religion

As already discussed in chapter two, culture and religion cannot be separated in the African societies. When one attempts to study any aspect of culture, specifically in an African context, one needs to take religion into consideration as well in order to understand the culture in this region. Religion and culture are often intertwined in the African context and they are both predicting factors of fertility outcomes in a significant way (Nanda 2005). It was interesting to observe that the participants interviewed in this study indicated that there is an existing difference of opinion or understanding of what is meant by the term 'culture' and this was evident in the responses given by the participants when sharing their views.

I think culture is closely linked to religion. I also think in one religion there can be different cultures. Like in Hinduism there are different languages. Among the Indians, there are those who have different cultures and religions… so culture is a way of practising, or the actual practising of religion. (Coloured P1)

I would say that culture is customs and norms that we grow up with and are practiced in our community and in our family just like in your religion. So I could say culture is associated with religion and with tradition but I think it is basically the customs and norms that you grew up with. (Zulu P3)

The social construct of today's culture is sort of traditions that have been passed down and are reflected in religion and it is what defines who are we are now. (Indian P6)

From these statements, it is clear that culture is strongly connected to religion. The practices, customs, norms and traditions followed by most of the cultures expressed in this study seem to be evident in their religions as well. In the discussed literature in chapter two, it was shown that religious belief systems are intertwined with cultures, in fact most of the beliefs and practices that are followed in many cultures, can be traced back to traditional or religious belief systems. Therefore, the responses given by the participants are a confirmation of how culture and religion are linked.

4.3.2 Culture Linked to Race

The link between culture and race is socially constructed and from the responses obtained during the interviews, not all races share this view. A majority of the participants associated their culture with religion or ethnicity, which has been argued in the discussed literatures in chapter two. Therefore, it was interesting that in this study there was a different view of culture. This view was noted from the perspective of one of the participants who did not associate her culture to religion, but rather connected her culture to race.

I do not see my culture as being related to religion because am kind of half and half since I am transitioning from Tamil to Catholic and both these religions themselves are very

strict. Also attached to each of these religions is a specific culture that you follow, like sex before marriage is a definite no in both religions, but in the Catholic Church they encourage non-use of condoms, and you need to act in a certain way, and also speak in a certain way. If you are a woman you need to be in the house not on the road and those religious beliefs come into culture. But my culture does not have religious influences, so my family and I do not follow the culture that is related to religion. We are more based in the white or western culture. So it is weird because then you realise that culture is not just related to religion but race as well. (Indian P7)

In the above comment, the participant does not relate her culture to her religion; instead she views religion to have its own culture that is separate from the culture she follows, which is connected to her race. She is not affiliated to one religious denomination but belongs to two different denominations that have opposing practices and beliefs and so she cannot follow one tradition from one denomination and leave the other because of the contrasting beliefs. Instead, she follows the dominant culture in her community that is influenced by, as she puts it, 'white culture' because this culture is neutral for her.

The understanding of culture from a racial perspective is a concept that dates back to the times of slavery in Latin American countries (Golash-Boza 2010). According to Golash-Boza (2010), race is a superficially constructed social categorization that is applied to a group of people who are believed to share physical and cultural traits and a common ancestry. The most common indicators that are generally associated with race are "skin colour, facial features, and hair texture" (Golash-Boza 2010, 139).Therefore, when racial categorization is linked to culture, it becomes rather an interesting concept to examine.

A study conducted in Peru showed that racial categories have not been used in the country in terms of official recordings such as the Census since 1940 (Golash-Boza 2010). Nonetheless, the country's long history of racial categorization influenced how the Peruvians talk about themselves and others in their social groups. In Peru, it was found that social whitening (when a person is born black but is considered white or whiter in some situations through higher class status) was the common racial categorization among the different cultural groups. Cultural

whitening is not common in Peru but it exists. According to Golash-Boza (2010, 140), this categorization occurs "when a person is born Indian, yet acculturates to the dominant culture and becomes white or whiter in some situations". Thus, what the participant commented above rings true when she says that, although she was born an Indian, her culture is mostly influenced by the white culture because that is the dominant culture within her environment.

The association of race to culture is not common in most African countries, and some researchers (see Bourricaud 1975; Van den Berghe 1974) have contended that race in Latin America is not exclusively based on colour or descent, but that social and cultural factors also come into play. The results from the study conducted in Peru, showed that a person with brown skin and black hair could be labelled as a white (*blanco*) person or an Indian (*indio*) person, because according to the responses in this study, cultural markers are what determines a persons' race and not skin colour (Golash-Boza 2010).

4.3.3 Culture Linked to Language

In most African societies, language is an important aspect of their culture. Language enables them to provide definitions for certain terms that only exist within their cultures. For example, in most South African cultures, there are words that are used in the different languages to refer to specific food, specific traditional attire, dances, ceremonies etc. Words like '*umvubo*' (meaning the mixture of sour milk and bread among the Xhosa people), '*umemulo*' (traditional ceremony for celebrating the coming of age among the Zulu people), are words used to describe some of the practices or food in these different cultures that are not found in some other cultures. Therefore, language can be used to differentiate cultures.

> *I am Canadian and French by origin so I feel I am a hybrid of different cultures and if I meet another Canadian in South Africa now I do not feel connected to them you know but maybe if they were French Canadian and not English Canadian then maybe there would be some connection. So I think the linguistic aspect of culture is what makes me different from other cultures in South Africa and it is very different from someone who speaks French from Rwanda or Congo as well. (White P10)*

A community that shares a language will have more in common than one that does not. Meaning that, through language people are able to communicate and share their common beliefs and norms within their cultures. As Jiang (2000, 328) confirmed, "language simultaneously reflects culture, and is influenced and shaped by it. In the broadest sense, it is also the symbolic representation of people, since it comprises their historical and cultural backgrounds". Commonly, societies include different languages and cultures, which normally creates separation and formation of different groups, but when there is a shared language, one can identify themselves as belonging to a community.

As one participant has shared, she does not connect her culture to religion or race, instead she views culture as associated with language. She only connects with other people of the same race and culture, if they speak her language. When she meets people from Canada, from the same area where she is originally from, she does not connect culturally with them because they speak a different language. But, when she meets someone from a different area in the same country and shares the same language, she feels a sense of connection culturally with them.

4.3.4 Culture Linked to Ethnicity

Traditions and cultures are also commonly associated with ethnicity. Different ethnic groups perform different practices and share common beliefs and norms within the specific groups. Participants in this study showed that their cultures were unique and different because of their ethnicity. For some of the participants, culture is understood as the shared beliefs and norms, and the practices and customs of their ethnic groups.

> *Culture? For me I think what comes to mind are the activities that we engage in within our ethnic groups. So it is things like going to the reed dance, the food, the ceremonies, customs and rituals that we practice and have to follow. (Swati P5)*

> *I think culture changes and I think everybody has a culture and within ethnic groups there is a variation of cultures. I guess culture to me is about values, beliefs, a sense of belonging and traditions that are shared within a specific ethnic group. (White P9)*

Culture is what is being practiced in my home and my ethnic group. (Xhosa P11)

As is evident in the responses, views on how to define culture differ among the respondents. There is an understanding among these participants that culture and ethnicity are also closely related. They understand culture to be associated with the practices and activities that are shared by a particular ethnic group. The values and norms, beliefs and traditions in a specific ethnic group create unity and identity, a sense of commonality that people who belong to that ethnic group can connect with. Hence, people are able to connect with each other in their ethnic groups.

4.3.5 Culture in General

Almost half of the participants shared some contrasting views on the meaning of term 'culture'. These participants did not perceive their culture as being embedded in their regions, or their ethnic groups, nor their languages. Instead, they understood their cultures in a broad sense, where culture was not limited to ones' religion or ethnicity or race.

Culture is a way of life that guides a person's behaviour and attitude. It is a way of life. It has to do with different facets of how a person should behave and how a person should talk, so yes it is a way of life. (Swati P4)

In terms of heritage I think I have been brought up with a mixture of cultures. Although I am an Indian and paternally Hindu, I did not grow up with a specific religion or culture. I grew up in a modern South Africa where there is a mix, a variety of different people from different cultures as well so all of that has contributed but not in a specific way. (Indian P6)

In the modern society, more people are recognising the diversity of cultures in South Africa. One of the participants shared this sentiment by saying that she has also inherited a mixture of different cultures in the 'new' South Africa. Although she is Indian and Hindu, her environment has played an important role in shaping her.

Culture seems to encompass a lot. It encompasses language, food, sort of ways of acting, but at the same time culture is often romanticized like it is static and it does not change, that this is our culture. (White P10)

For me, culture is a mixture of shared norms, beliefs, and practices among a group of people. It also encompasses language, the way people dress, behave and the food they eat. (Sotho P12)

Well culture for me I guess is all the norms, values and practices that are believed and practiced by a group of people… who would share all these practices and beliefs. Culture can be shared among an ethnic group, racial group or just in a family, so it would be whatever beliefs, values and practices that are unique to that specific group of people and different from other people. (Xhosa P13)

Culture refers to shared beliefs, traditions and beliefs amongst a group or groups of people. (Coloured P14)

The statements of the women offer a different view or perspective of culture. Culture is explained to be a way of life, a way to behave, and the shared norms, beliefs and practices of a group of people. This understanding of culture proves that the concept of culture itself is multi-faceted, especially in a modern era where there is a mixture of cultures. These views about culture are encouraged by our lifestyles, the way modern societies and communities come together where people live among different cultures, races and ethnic groups and find the commonalities among them that unite them. These young participants are living in a new South Africa, a nation that has been renowned as the 'rainbow nation' through its former President, Nelson Mandela, because of the nation's multiple cultures and languages. Therefore, it is only appropriate that they define culture in a multi-faceted view. This, in addition, indicates the diversity of cultures in South Africa and how the diversity has influenced the cultures in the country over the years.

4.4 Age at First Marriage/Union

As Ababa (2006, 1) stated, marriage "unites people in a special form of mutual dependence for the purpose of founding and maintaining a family. As a social practice entered into through a public act, religious or traditional ceremony, it reflects the purposes, character, and customs of the society in which it is found". Marriage is an important life event in many communities, but the values are different for most communities. Most importantly, marriage is a rite of passage that marks the beginning of an individual's separation from the parental unit, even if generations continue to be socially and economically interdependent (Lawrence and Ikamari 2005).

All participants reported that marriage is not valued as much as it used to be in the past. Although cultural values and beliefs concerning marriages are still prominent in today's societies, these beliefs and values are not as dominant as they used to be as an influence on women. With so many changes occurring and altering cultural values and norms, not many women see marriage as the priority goal. The first important thing to note from the results regarding the age at first union was that there was a difference between what the participants' religions and cultures demanded from them and what they wanted for themselves.

Generally speaking, we can see from the results that most cultures presented in this study encouraged women to get married at a young age and this practice still continues to this day. When women in this study were asked about the acceptable age at which girls were expected to get married, the majority said that young girls were expected to marry at a very young age. All ethnic groups, except for the White women, shared the view that women were expected to marry at an early age. They went on to say that this belief is based on cultural and religious backgrounds.

> *It depends on what kind of surrounding or the environment you come from like what kind of society you were raised in. If it is still a very cultural community or your family is very cultural then you are encouraged to marry when you are young. The community, family, and fathers at home… mostly traditional fathers are very strict as to when their daughters should get married but obviously that has changed with time but originally or traditionally I would say the males would decide. (Zulu P3)*

Culture is reported to play an important role in influencing and encouraging early marriages in societies. The grooming that happens from birth to adulthood in many cultures, prepares the women for marriage. This grooming occurs in different ways, such as the teachings that women are given from when they are young, their environment, the values inculcated from an early age, all play a role in influencing when women get married and who they get married to.

The participants also shared some insights of cultural factors which they felt influences the age they are meant to get married and the reasons behind the cultural beliefs and values that are still prominent with regards to age at first marriage.

4.4.1 Prevention of Premarital Sex

This has been argued to be the most common reason for early marriage in most cultures. People in most African communities have always believed that early marriage is beneficial to both the individual and the family and these beliefs are also based on their religious belief systems as well as their cultures. The beliefs and values prominent within religious communities are also seen to be prominent within the cultures. Most religious belief systems place value in early marriage because this prevents young adolescents from engaging in premarital sexual relations which end up in unwanted pregnancies and certain infections. It is believed that sexual relations outside marriage are a sin (Ababa 2006). Parents and elders also support this belief and encourage their young daughters to marry at a younger age to avoid situations where they are engaging in premarital sexual relations.

One of the women shared that in her culture, the belief that women should marry at a younger age was based on her religion as a means of preventing premarital sexual relations and this is what she said;

> *In Islam it is not just a preconception it is actually kind of a fact based in the scripture that Muslims get married very young. Early marriage is often associated with young people getting to start their life with somebody and spending your time with them as well as preventing any kind of premarital situations. (Coloured P1)*

4.4.2 Desire to have Large Families

Having large families in developing regions traditionally proved to be beneficial for families. The more children parents had the more hands available to assist with work in lands the parents owned and also to support the parents when they age. Caldwell and Caldwell (1987) support this sentiment by arguing that in African communities, children are culturally expected to financially support their parents and other family members. Thus it was traditionally encouraged for young girls to marry at younger ages so that they can begin their sexual debut early. In this way, they could start having children as soon as they got married and, as a result, they had large families.

> *In my culture, it was believed that if you wanted many children it is better to marry at a young age because then you start having a family sooner and then you can have more children. But if you marry at a later age then you have few children and most men in my culture want to have many children, or at least they used to want to have many children but now things have changed. (Xhosa P13)*

> *Traditionally, I would say in my culture, the catholic religion played a very important role until maybe 50 years ago, so young women would marry very young and to older men and start having children like immediately then after giving birth to your first born, you would have the second in no time and you would even have the priest coming to say you should be having a child soon. (White P10)*

The women in this study were in agreement that their cultures put so much pressure on young women to get married when they are not ready for it. This is, however, different for the men. Male children are groomed from a young age to choose a woman suitable for them and their family. They are taught to make their own decisions. They are given priority when it comes to accessing education and career opportunities, while this is different for young girls. In situations where economic survival is vital, young girls are often married off by their families for financial benefits (Nasrin and Rahman 2012). Available literature also shows that most African and Asian communities marry their daughters off at early ages for economic, socio-cultural, and religious reasons (Ababa 2006). It is often not the young woman to decide when she is ready for marriage in many societies because of the beliefs and values embedded in their cultures. Some young

women find themselves in situations where the family and the community impose marriage on them.

> *Definitely, within the Tamil culture, you will find that the Indian parents push their daughters to get married early and to men they do not even like. For example, being in relationship with a guy for like two years means that you have to be married to that guy and because the culture itself is so strict you cannot just date someone so they arrange someone for you to marry most of the time. (Indian P7)*

The push for young girls to get married early by their families is driven or influenced by the community as a whole. Early marriage has always been smiled upon, since it is the means by which one can start their family early and thus entering early sexual debut as well. According to Lawrence and Ikamari (2005), delayed marriage directly results in delayed sexual debut and thus the onset of childbearing is also delayed. Women who delay marriage affect the completeness of their fertility by reducing the number of years available for childbearing. Thus the earlier a woman enters into marriage, the more children they are bound to have because of early sexual debut (Udjo 2001). This becomes the main incentive for parents and families to encourage their daughters to marry at an early age so that they have as many grandchildren as possible for economic and social benefits. In many cases, however, delayed marriage enables women to participate in other socially beneficial opportunities, such as completing their education, and getting involved in the labour force. These career interests in turn, motivate women to limit their family size and space their births.

Notwithstanding this, marriage is still highly valued in most of the communities of the female participants in this study. Marriage comes with high status in the community - it guarantees security within the community and respect from other women. When women are married, as discussed earlier in chapter two, it brings joy to the families and the community as a whole, thus when a woman is not married by a certain age, she is subjected to ostracism in her own community.

I think when you are an older woman and still not married in my culture, people question why is she not married and it is sort of like a taboo in our culture when you are old and you are not married and it gets to a point where women get pressured into entering marriage and they find themselves stuck in toxic relationships because they want to maintain that social standard or status that she is married which means that she is conforming to the social standard of our society. (Swati P4)

This statement by one woman suggests that even though times have changed and societies are evolving, culture and religion still remain fixed with the beliefs and norms that were implemented in a different time and setting. Religion and culture still play an important role in the decision-making process and influence the choices of young women. There are some women who marry when they are not ready and to husbands they do not know or love because society and religion expects them to be married at a certain age.

However, women in this study expressed a desire to finish their studies and establish a career before committing to marriage and starting families. These young women aspire to be successful and this success is dependent on them finishing their university degrees and acquiring lucrative jobs, so being forced to enter into marriage and begin families is perceived as a barrier in reaching their goals. Therefore, participants in this study prefer delaying marriage for personal reasons, mainly to achieve higher education and economic stability.

Religious and cultural demands on young girls fail to take into consideration the need for young girls to have access to education. Education removes the girls from the domestic environment and offers them knowledge and information on sexual and reproductive issues. Through education, young girls can be exposed to new ideas and belief systems that may differ from their religious and traditional customs, values and beliefs that promote early marriage (Kravdal and Kodzi 2011). After all, it has been concluded that women who are educated enjoy better economic status and better perspectives and understanding of issues in life (Koytcheya and Philipoy 2008).

I have an uncle from Cape Town who has specifically phoned recently and had a conversation with me which I am quite angry about. He called to ask me when am I getting married, why am I not looking for a boyfriend? This is because he does not know my current relationship status. He insists that it has to be a Muslim guy and he wants me to have children because that is going to make my parents happy and I should have done it when I was 21 years old. For me, that is how I view religion and culture to be, that is what it is supposed to be and that is what they expect from me but for me, that is just not the way things are. I have other responsibilities other than having children and a husband. All that will come in time. (Coloured P1)

However, within some cultures, there is recognition of the changing times and some cultures are evolving and adapting to the modern times. The Xhosa women and the White women in the study gave responses that adhered to the modern law when asked about the age that young girls are allowed to get married, which by the constitution of South Africa is 18 years. This increase in the age at first marriage in most parts of the African region is associated with the major changes which include the increases in educational attainment, urbanization, modernization and the emergence of new roles for women. National institutions are also recognizing the harm caused to young girls who enter into early marriages, specifically with regard to their physical and psychological well-being. Most laws (international and regional) stipulate that girls and women have the right to decide to the age at which they marry and the right to give consent to the marriage (UNICEF 2005).

In the study, results showed that only a minority of the women interviewed witnessed this change in their cultures. Some of these cultures are experiencing the changes and witnessing the disadvantages of girls marrying at early ages and have started to accept young girls getting married at the age of 18 years and above. One of the participants shared that in her culture, young girls are not pressured to get married as has been the case in the past because her culture has evolved over the years and has been westernised. Her culture recognizes that, as a young woman in today's society, she has the right to make the choice and decide when she will get married and to whom.

The culture that I follow, which has been westernised, I don't feel the pressure of getting married or have never been forced to get married. I have been dating my boyfriend for 7 years and have never been forced to marry him and we don't have children and there has never been a push to get married and have children. (Indian P7)

Well I think that in my culture when you have reached 18 years you are old enough to get married and start your own family, but our mothers and grandmothers got married at younger ages. (Xhosa P13)

In hearing the responses from these women regarding the age at first marriage, it is evident that culture and religion does not take into account certain considerations. Cultural and religious demands for early marriage do not take into account the health risks involved for the young girls who are married off in their early teens when their bodies are not fully developed. In most parts of sub-Saharan Africa, young girls are married off at an early stage to men who are much older than them with more sexual experience. When these young girls enter their married lives, they are expected by the family and the community to perform the duties of a wife, which is to bear children for the husbands' family (Udjo 2001). As a result, young children who are married at such young ages are exposed to physical and emotional abuse since they are expected to engage in sexual relations and give birth when their bodies are not yet ready to withstand these experiences and expectations.

In addition, from the responses given by the participants, it was interesting to note that cultural and religious demands for virginity at marriage were not supported by the women. This practice of virginity testing among young girls was an important tradition for young women to undergo before '*ilobolo*' could be paid for girls, specifically in the Zulu culture.

4.5 Fertility Control - Contraception Use

Generally, there was a mutual awareness among the participants that contraception is still taboo in their communities, specifically in communities that are very religious and cultural. This alone becomes a barrier for women to seek and access services and information they need. In support, Yeatman and Trinitapoli (2008, 1853) argued that, "the adoption of contraception is a cultural

process that depends on access to and acceptability of information, as well as contraceptives themselves. While access to contraception is likely unrelated to religion in rural sub-Saharan Africa, the acceptability of contraceptive use is related to one's faith or faith community". The majority of participants in the study agreed that the use of contraceptives was mostly determined by one's faith and culture.

4.5.1 Contraception Seen as Going against Gods' Will and the Nature of Womanhood

Contraception use and adherence will vary from country to country, and thus from culture to culture as well. It is also mostly influenced by different religious belief systems. A study conducted in Kenya and Ghana showed that family planning programs were not successful due to deep African religious and cultural values (Caldwell and Caldwell 1987). These family planning programs were not well received by the people because they were perceived as being in opposition to Gods' will. Traditional methods were, however, acceptable because they were rooted in religious beliefs and practices. The modern methods are therefore regarded as unnatural and thus sinful (Caldwell and Caldwell 1987).

> *In the Zulu culture they do not believe in contraception. I think they believe that if you are a woman you should be giving birth and not control…and, well, religion does not agree with contraception. (Zulu P3)*

> *Contraception is not allowed in my culture to be honest. I mean women are supposed to bear children when they start engaging in sexual interactions. So when you start using contraceptives when you are sexually active, that is seen as something wrong. It is perceived as going against the will of God and the nature of womanhood. (Sotho P12)*

> *My mum was talking to another woman saying that it is right for them to talk to their children about contraception and all that other stuff and the other lady just said that is a way to teach children to kill unborn babies. (Zulu P2)*

The beliefs and values on contraceptive use are based on religious belief systems in most cultures. Contraceptives are not accepted and regarded as a taboo subject because they are

associated with premarital sex. Religious teachings seem to encourage women to bear children and become mothers of nations and not to control their fertility. This is also communicated through the participants' responses when they say that using contraceptives is perceived as committing a sin because women are not meant to control or limit their fertility, they are meant to give birth to as many children as God blesses them with.

4.5.2 Contraception Perceived as a Means of Hiding Promiscuity

Interestingly, a minority of the participants reported that contraceptives are not allowed in their communities because contraceptives were associated with promiscuity. Contraceptives were seen as a means of encouraging promiscuous behaviour.

> *Contraceptives are seen as a way of hiding or camouflaging your promiscuity and they are not seen in a positive light but rather in a negative light. (Swati P4)*

> *If people know that you are using contraceptives, they think that you are a loose woman. For example, even as educated as we are and are empowered as young women; contraceptives are still not allowed in our culture. I cannot take my pills openly when I go home during vacation where my mother can see them because I know it is culturally unacceptable. (Sotho P12)*

> *There are a lot of myths around contraceptives and I think they are enforced by the older people… the older people in the family and the older people in the society. So even if you are using contraceptives you will try and hide it. They do not see it as being mature and responsible when we start using contraceptives, but it would be seen like we only want to go and have sex. They also think we want to have a lot of men and partners and we are trying to hide it because if we are doing something wrong or messing around, it is going to show because we are going to get pregnant at some point. I think if you use contraceptives in a traditional society, let me probably say in my culture, you will be seen like you are a loose woman so you want to be promiscuous but at the same time prevent pregnancy. (Zulu P3)*

Most of the beliefs enforced in many cultures are passed down by the older people in families or members of the communities. Some of the participants have acknowledged this tendency within their own communities. The older people enforce the non-use of contraceptives among the youth because through their teachings in their cultures and the beliefs passed down on them from previous generations, contraceptives are seen as used by women who are promiscuous or regarded as loose. They do not expect young girls or women who are not sexually active to be using contraceptives. Therefore, they do not encourage or support contraceptive use and hence these young women feel the need to hide their use of contraceptives.

Nevertheless, the participants were very much aware of the demands from their cultures and religions with regard to contraceptives, but they still opt to use contraceptives. The participants recognise that they live in difficult times which are very different from when their mothers were young. Thus, young women chose to use contraceptives for various reasons, despite their cultural and religious demands.

4.5.3 Gynaecological Reasons

The participants in the study agreed that despite the religious and cultural demands on them, they still used contraception but in private without the knowledge of their parents or family members. Reasons given varied, but one of the Coloured participants said that she used contraceptive pills for medical reasons. She has a medical problem that can only be controlled through the use of contraceptive pills, and she has to take these pills every day without her parents finding out. This is a difficult process and arrangement because this participant has to go through this by herself without the support of her parents because if they found out she is using contraceptives, they will automatically associate it with premarital sex.

> *Like at the moment I am using contraception but it is for my womb problem. I have complications in my womb so my gynaecologist advised me that using contraceptive pills was a better option for me but I do not really tell my family members that I need to get my pills. My mum knows I take them and she knows why I take them but I do not openly take them in front of her because I feel disrespectful because of what it is linked to… taking it to prevent pregnancy …which means premarital sex. (Coloured P1)*

These beliefs result in negative attitudes towards any form of contraceptive use. Young girls then result in using contraceptives without proper advice from their mothers because they are ashamed of discussing these issues with their parents as it is considered taboo.

4.5.4 Prevention of Sexually Transmitted Infections

The other reason provided for opting to use contraceptives was the prevention of infectious diseases such STIs. We live in a world where there is a HIV/AIDS pandemic, and many lives are lost as a result. There is also an increase in the number of teenagers who are engaging in sexual relations and need to use protection to prevent the risk of HIV/AIDS. The participants in this study understand the importance of practising safe sex in the era of HIV/AIDS in South Africa, especially sexual relations outside marriage.

> *Again if you are Catholic, which a lot of Canadians are, that would impede the use of contraception. However, most people like my friends who are Catholic and myself to some point would still use contraception just because of STIs and things like that, but once they get married and they know they have a stable partner then they may stop using contraception. (White P10)*

4.5.5 Reduce Number of Children

A majority of women in the study reported that they desired few children because they wanted to make something out of their lives. They want to further their education and careers so that they can be financially stable and secure before they can start building families. Thus, they opted to use contraceptive methods in order to reduce the number of children and only have children they were able to take care off. The most common methods discussed or mentioned during this study were contraceptive pills, which women take in their own space and time without their parents knowing they are using contraceptives. The other method that is not so common but mentioned in the study is the IUD.

But at the same time, to control the number of children they want to have, they might use contraceptives, so married women tend to use IUD. (White P10)

Interestingly, although the participants themselves confessed to using contraceptives, they are very much aware of the lack of knowledge and information among young girls in today's societies when it comes to contraceptives. This is not surprising, especially given the comments made by the participants regarding the use of contraceptives in their cultures. Since contraceptives are regarded as taboo, it is not easy for young people to talk to their elders regarding the use of contraceptives. This also confirms that, even though times have changed with the empowerment of women through education, modernisation and urbanisation, there are still many young people within our communities who are not exposed to and cannot access proper information and services on sexual and reproductive health issues.

Parents, communities and even health-care practitioners are still presenting uninformed views when it comes to sexual and reproductive issues because of the influence that culture and religion has on them. Topics such as sex, contraceptives and abortions are still taboo in many cultures in African societies, making it very difficult for open communication between young people and parents or their elders. In support of this tendency, Garenne et al. (2001) have stated that studies in South Africa have suggested that adolescents have inadequate knowledge about reproductive health, relying on friends, siblings, magazines or the television for information. It appears too, that South African adolescents rarely communicate with their parents or other adults about sexual and reproductive health issues. Parents are also unable to communicate with the young people and teach them about sexual and reproductive issues because of existing perceptions, i.e., when they start talking to the young people about these issues, they will be encouraging them to go and practise sexual intercourse. However, the parents fail to recognise that when they don't teach their children, they are doing more harm than good.

Indian women are very relaxed when it comes to contraception. I think it is because no one talks about it because no one talks about sex. Sex is like taboo, even saying the word sex is seen as taboo…you know like you are a wild child. Because no one speaks about it, young girls do not know what to do or where to go. Sometimes the lack of knowledge just

makes you scared about something and you do not know how you are going to even begin asking questions or go to the clinic for information. For example, one of the girls where we stay asked me how she is going to get the R200 for an injection at the clinic and I was like "really?" I asked her how old she is and she said she is 19 years old and I thought to myself are we still living in the 1960s like really we are living in modern times where there are posters about free contraceptive pills and injections. But this just shows the ignorance of these girls and lack of knowledge among the Indian community and yet a lot of these young girls are sexually active, having abortions because they do not know how to protect themselves or where to access the information because they are not told about these things and they are scared to ask. (Indian P7)

A majority of young girls in the rural areas know nothing about contraceptives and even those who are in the urban areas, where there are still strong cultural messages about contraceptives and sex, some of them know and some of them do not really know much about contraceptives. (Sotho P8)

The participants also showed an awareness of lack of transfer of indigenous knowledge of fertility behaviour from their grandmothers' and mothers' generation to their generation. The participants were puzzled at the lack of information and their mothers' ignorance when it comes to contraceptive use because traditionally they were using contraceptive methods as well in order to space births or reduce the number of children. The participants pointed out that when their grandmothers were young, there were traditional methods of contraceptives available for them to use in order to avoid falling pregnant, but mostly they were used to space births which they were taught by their elders. The most common traditional contraceptive method documented in literature is abstinence (Caldwell and Caldwell 1987).Young girls who were not married were expected to abstain from sexual relations at all times if they did not want to bring shame to their families or embarrass themselves.

There are several ancient traditional contraceptive methods known across the African continent and some continue to be used among women and some of these methods include magical spells, finger and waist rings, womb turning, herbal medications and non-penetrative sex (thigh sex)

(Caldwell and Caldwell 1987). Traditional methods such as tying a string around the woman's waist has a long religious history, implying that historically traditional contraceptive methods were recognised and common in African region, but only the natural or traditional methods (Yeatman and Trinitapoli 2008). Therefore, these methods have been around for decades and many women have been exposed to these methods and yet many fail to communicate these methods to their children and grandchildren, instead they condemn them for using modern contraceptive methods.

The common belief that there is an existing moral and religious case against the use of modern contraception is often linked to the objection of the contraceptives methods by men whose opinions regarding modern contraceptives are influenced by the beliefs and values taught within their religious denominations (Caldwell and Caldwell 1987). For instance, most Christians and Muslims believe that barrenness is a punishment from God or the presence of evil spirit, while high fertility is a sign of good moral standing and a blessing from God. There are also beliefs that limiting or controlling fertility may prevent the return of the spirits of deceased relatives to protect and watch over the family left behind (Caldwell and Caldwell 1987).

4.6 Fertility Control -Abortion

Abortion in South Africa has been legalized for some years now but it is still perceived as taboo in most cultures and religions. In this study, when the women were asked about their perceptions of abortion in their cultures, they all expressed negative feelings. They felt that it was time their cultures, religions and communities accepted abortion so that women can also feel comfortable to access it and not feel judged because women opt for abortion for a number of unforeseen reasons. Most women reported that abortion was not acceptable because it is perceived as a sin since it is committing murder. Another reason provided was that children are a gift from God, a blessing, so we need to be grateful for the children God gives us and not murder them.

Abortion and sterilization are the common modern methods that are usually in contradiction of religious values and religious systems (Caldwell and Caldwell 1987). For this reason, in most religious denominations, abortion is linked to or compared to the behaviour of women who kill their children because of willingness to terminate their unborn children in their womb. Most

religious belief systems are against abortion in their societies because it is seen as a sin; it is not the will of God for humans to terminate their pregnancies or kill unborn children that they have been blessed with.

> *Abortion has been legal in Canada for quite some time there but there are some issues with it because of the Catholic religion. There are a lot of people who are pro-life or against abortion and most of the religious people believe that it is a sin to abort a baby because you are committing murder. (White P10)*

> *My culture is very conservative, so they believe abortion is a sin. (Coloured P14)*

> *Abortion, like contraception is not allowed in my culture. A child is seen as a gift from God and the more children you have, the better. So terminating any pregnancy is not allowed, you would be better off keeping the child even if having children out of wedlock is not allowed. (Xhosa P13)*

The participants also showed an awareness that culture and religion does not take into consideration certain situations that are beyond their control. Yes, most of the times young people engage in sexual activities, knowing very well that they should not, and most of the times knowing exactly what the consequences are. However, there are situations or circumstances that are beyond their control and most of these young people find themselves in the middle of such situations and as a result end up being pregnant. In these cases, culture and religion need to be flexible in order to grant young people the freedom to make choices about their fertility.

4.6.1 Pregnancy as a Result of Rape

Pregnancies are not always a result of a planned action or predetermined sexual interaction. In some cases it has been reported that young girls fall pregnant as a result of rape. In circumstances like that, the community do not take into account the pain that follows when this has happened, instead because of cultural beliefs and teachings, someone who has been raped, still suffers discrimination and judgmental attitudes from her community.

Everything about her is considered wrong, the forcing, not just the abortion but whether the premarital sex was forced upon, for them it is just you did this and you got pregnant and then had an abortion. (Coloured P1)

Therefore, in such difficult situations, a girl would resort to having an abortion as a means of correcting the problem at hand. However, this is never the solution because once they go through abortion; they are still not socially accepted and respected within their community.

4.6.2 Fear of Bringing Shame to the Family

Commonly when an unmarried girl falls pregnant, it is regarded as an abomination. Her family's name is tarnished within the community because of the shame the daughter has brought upon the family (Arnaldo 2004; Basu 1993). This puts a lot of pressure on the young girls because they are forced to face ridicule from the community and family, hence, abortion offers a way out so that they do not have to raise a child that has brought so many problems for them.

It is like with fertility; if you fall pregnant you tarnish the name with premarital sex I mean before marriage... (Indian P7)

In addition, abortions are seen as a solution for young girls who are in poverty stricken conditions and they cannot afford to raise their child. The financial situation of the girl will also have to be taken into consideration. The women will have to decide whether or not she has the financial resources to keep the child. In cases as well where the father of the child is unknown or refuses to play his role as a father and support the child, the young girls are often left with no other choice but to abort the child. This is most common in cases where the girl was impregnated by an older man or they were just not yet ready to have a child. Being ready to have a child implies both physically and psychologically as discussed earlier on.

4.7 Fertility Control – Breastfeeding

Breastfeeding was very common among mothers in the past. It was an economical, natural and socially acceptable practice among many mothers and proved to be very beneficial for babies in most developing countries (Paneru 1981). Before the baby formulas and introduction of the 'bottle', babies were breastfeed until they were old enough to consume the required nutrients, minerals and vitamins through food. The nutritional value of breast milk has always been emphasized to be valuable for babies because it has the ability to help fight infections and also, prevent malnutrition (Paneru 1981).

The results on perceptions of breastfeeding showed that there was variation in the cultural demands on the participants. The White and Indian participants observed quick transition from breastfeeding to the bottle, while African and Coloured participants observed lengthy breastfeeding. The longer period for breastfeeding was in connection with the cultural beliefs and expectations from other women in their communities such as abstinence from sex, contraceptive method, bonding with the baby and giving the baby the required nutrients.

> *Breastfeeding…I do not think it is based on culture. It is more of or like a hybrid of whatever is in vogue, like now breastfeeding is very popular so women tend to breastfeed but they may breastfeed maybe for six months and not a lot of women will breastfeed for years. I know because I have a sister she breastfed for the six months and then turned to the bottle or mix breastfeeding and the bottle. (White P10)*

4.7.1 Breastfeeding as a Form of Bonding

Breastfeeding has been practiced over many cultures since women began having children. It is encouraged both medically and traditionally. Cultural practices in many African countries have encouraged women to breastfeed their babies from the moment they are born until at least around the age of two. This is linked to the belief that during breastfeeding, the mother bonds with the child and also provides all the necessary nutrients and vitamins the baby requires. Religion has also played a role in shaping the beliefs and practices regarding breastfeeding among Hindus. Generally, the most common reason for breastfeeding, especially in the rural areas, is the widespread belief that it is an effective traditional contraceptive method because it postpones the

next pregnancy. This has been proven by existing literature arguing that ovulation among women who have just given birth is likely to begin sooner among women who moderately breastfeed than those who exclusively breastfeed (Laroia and Sharma 2006).

Religious belief systems (such as in the Hindu community) encourage breastfeeding because it is seen as part of their religion. The practice of breastfeeding is one of the oldest practices recommended in the ancient Hindu scriptures (Laroia and Sharma 2006). According to Laroia and Sharma (2006), this practice became commonly acceptable by the Hindu community because the belief behind the practice was adopted from the Yajurveda (verse 17/87 in Laroia and Sharma 2006, 95) which read, "Drink in the middle of the flood, O Agni, this breast stored full of sap, teeming with water. Welcome this fountain redolent of sweetness. O courser, enter those watery dwelling." This verse best describes the importance of breast milk and the special qualities it has. For the Hindu followers, they believe that breast milk has life-giving powers through this verse and other religious scriptures.

Another text that also describes these qualities and the importance of breast milk is a text from Sashruta, 111, 10 (in Laroia and Sharma 2006, 95). The text reads: "May four oceans, full of milk, constantly abide in both your breasts; you blessed one, for the increase of the strength of the child! Drinking of the milk, whose sap is the sap of immortal life divine, may your baby gain long life, as do the gods by feeding on the beverage of immortality!" This text explains the quality of breast milk as the source of strength for babies and also providing babies with blessed milk that help them live longer. These religious texts confirm that breastfeeding has more significance than just a contraceptive method especially among women in rural areas where cultural and religious beliefs and practices still play a vital role in influencing the lifestyles of the people.

> *I think within the Indian homes in particular, it is always about motherhood, the need for women or mothers to stay at home for a certain amount of time. In a typical patriarchal society a woman is expected to stay at home and take care of the child till a certain age and so breastfeeding is something that has to be done. There is no option for the bottle;*

you know like some people opt for the bottle after trying out breastfeeding but its more about the whole attachment thing. It is very traditional. (Indian P7)

There is a belief that women should breastfeed until the child is at least two years. This is apparently supposed to build the connection between the mother and child and give the child all the required nutrients. (Sotho P12)

Religion is used to support the patriarchal system which ensures that women remain at home. Breastfeeding is seen as a way of controlling women's movement. However, it also has deeper significance because it is important in cementing the bond between mother and child. The women in the study also shared that in their communities, women who have given birth are encouraged to stay home and breastfeed because of the beliefs in their cultures. Women who rush to bottle feed their babies may be regarded as not complying with the rules set for women who have children, who are meant to stay at home and look after the babies. This belief is emphasised because of the importance of breast milk or the baby, but also because of the importance of the breastfeeding process which creates and fosters a bond between the mother and the child.

4.7.2 Breastfeeding as a Contraceptive Method

In most rural areas in the African region, breastfeeding is used as a contraceptive method by couples to space the births of their children without using modern contraceptives (Singh 2010). This is common because modern contraceptives are generally not accepted due to cultural and religious beliefs, so women opt to use this method as it is natural and ancient.

Traditional women in Zulu culture really breastfeed for quite a long time, but I would think it would depend on the men because if your partner wants more children, then breastfeeding for a long period would hinder you from getting pregnant. So if you want more children then you may stop breastfeeding or breastfeed for a short period. (Zulu P3)

There is a belief that women should breastfeed till the child is at least two years. Breastfeeding is a method used to stop the women from having children following each other very closely because if they have sex soon after giving birth they are likely to fall pregnant before the other child is old enough. There is another weird belief that when you are breastfeeding you need to abstain from sexual intercourse. (Sotho P12)

Breastfeeding as communicated by the participants is commonly used as a natural contraceptive among certain ethnic groups, particularly Africans. This is confirmed by the African participants who observed that breastfeeding is used by women to space between births so that they do not have children following each other closely because that would affect the health of the mother and the babies. This usually leads to the high child mortality rates as well.

4.8 Number of Children

Responses to views on the number of children have showed that there is a general awareness among the participants, that cultures and religion demands many children from them. This was explained to be a means of carrying on the family name or a sign that you are wealthy and healthy. In many societies, many children are viewed as a sign of wealth and also good fertility on the woman's part and as a result gains the couple high status within the society (Garenne et.al. 2001). Caldwell (1977) also supported this argument stating that in most African societies, there is an inter-generational transfer of wealth, which is mainly from the children to their parents. Many children are seen as valuable, because children expand the family's wealth by taking on any family businesses or land and in turn, supporting the family economically.

4.8.1 Family Name

Many African families believe in having several children in order to have someone to carry on the family name. This is a common practice or trend even among the Asian and the Western cultures. Children are viewed as the future of the family, the heirs to the parents' legacies. Therefore, many families chose to have many children.

Indian families generally have a lot of children. In Islam, I do not think there is a number really placed when it comes to children. There is no number I think it is pretty much what you can afford these days, I mean even with the Indian culture in the olden days you could have thirteen children because it carries on your name and your legacy but now in modern times it is how much can you afford. Well…in terms of Indians it was and still is in some traditional homes carrying on the legacy and the name especially with males carrying on the family name. I think with almost any culture it is the legacy of the family's name. It is like with fertility; if you fall pregnant you tarnish the name with premarital sex I mean before marriage... yeah, so I think it is carrying on the name. And also in Islam, it is carrying on the religion, what do they call it? When you pretty much are building the Muslim religion when you have children…I cannot get the right word for it. (Indian P7)

4.8.2 Sign of Wealth and Health

Having many children is also regarded as rewarding in most cultures. For the families in rural areas with large properties, they have many children so that they can help with cultivating the land for farming. While other families have many children because they hope that at least one of their children will become successful and take care of the family. This sentiment still exists today among some cultures. Caldwell and Caldwell (1987) have argued that the reasoning behind having many children in the African communities has always been its social and economic benefits. Culturally, it is believed that children have a responsibility to take care of their parents and the rest of the family. It is socially and religiously sanctioned and expected of the children to support their families.

Therefore, the more children parents have, the higher their financial security because they will be taken care of, not just by one child, but by many children. As a result, parents see high fertility as being worthwhile and in some societies this encourages men to have more wives because the more wives you have, the higher the chances of having many children (Caldwell and Caldwell 1987). The desire to have male children is also an incentive to have many children because sons are expected to provide emotional and material support for their parents.

I know that in my culture a man who has many children is seen as a powerful and a successful man who can provide and take care of his family so because of this belief other men would also want to have many children. These beliefs have not really changed you know because men are still seen as superior depending on how many children he and his wife or his partner have. (Zulu P3)

In the olden days, women who gave birth to many children were seen as ideal wives and were regarded as… 'wandisa umndeni, uwandisa isbongo' (carrying on the family name and enlarging the family) so the woman who gives birth to many children is regarded as the best wife and when you are not doing that, they question what is wrong with you, so this also ties in with how barren women or infertile women are discriminated against and stigmatised and it so happens that if they get lucky and get married but can't give birth then it causes problems in that marriage and results in them separating because a woman is expected to give birth to children. (Swati P4)

These findings show that women are still living in patriarchal societies where culture and religion is used to control their fertility. In this study, women commented that they are not given the right to decide on the number of children they wish to have. This, then gels with results from a study conducted in Nigeria which found that women were not given the choice to decide on the number of children they wished to have. The women in the Nigerian study also said that for those who had tried to exert their personal fertility preferences they had to face consequences such as being regarded as behaving in a "monstrous fashion" by their families, in-laws, and other members of the community (Caldwell and Caldwell 1987, 414). This, results in women having too many children, unable to control their fertility outcomes, and this leaves them with not much voice in the matter.

Well, back in the day, most of my home was rural and mostly catholic so people wanted as many children as God would give them. Like with my dad, from his side of the family he has fifteen cousins from one aunt so families had fifteen children from one couple, but that was like from the 1920s till the 1950s in the rural areas in order to have many children working on the farm and stuff like that. Now I think it is more the stereotyped

ideal replacement of one boy and one girl to replace the father and the mother so that is the modern ideal. (White P10)

Having a boy, men for instance like to have boys. If you have two girls, they will try to get a boy. It does not matter how many girls you have until you have sons. The mothers and the mother-in-laws also push you to have more children because they want to have many grandchildren. They would indoctrinate you with the idea of having many children and how it will benefit your marriage and you end up having many children even though you only want one or two. (Indian P7)

Well it is the same belief I guess that a man with many children is respected because he is seen as someone who is wealthy, so when women get married they are under pressure to provide children for the husbands' family and so they end up having children they never intended or wanted to have because of these beliefs. Also the thing is that the son is the heir of the fathers' inheritance, this also puts pressure on women to give birth to sons. So if you have been giving birth to girls only, you keep trying for a son and end up with many children because the husband will want to have a son otherwise he will take another wife or have a son outside the marriage. (Xhosa P13)

When you get married, it is believed that you want to start a family, so your duty as a wife is to produce as many children as the man or husband wants. I mean traditionally, they never really thought about the costs or finances. All they really needed was as many children they can have to take care of the land and carry on the family name, so the more children you have, the better. (Sotho P12)

The personal preference in terms of the number of children that women should have seems to have changed between the generations. From the participants' responses, it is evident that they personally preferred fewer children for mostly economic reasons and more of acquiring 'quality children' than 'quantity children'. This is because they could devote more time to and provide a better life for fewer children. As Kravdal and Kodzi (2011) pointed out that a child who lives in a family with many children may be disadvantaged because there will be more mouths to feed

and educate in the family, so he or she will not be prioritized and may not receive proper or high standard of education, food or health care.

> *I prefer two to three children who are in the same age group so that they have siblings for company. (Coloured P14)*

> *Well us young women today would not go for 'the more, the merrier', one is enough or none at all preferably…I mean honestly, the thing is with us being exposed to information we know how hard it is to maintain a child, so if it is that difficult and financially costly then why have many children if affording and maintaining one is difficult you know. (Xhosa P8)*

> *I think the number of children coloured people have is influenced more by monetary constraints than culture. (Coloured P14)*

Economic demands are placing pressure on individuals' decision-making processes and affecting the number of children women have. Traditionally women were encouraged and persuaded to have as many children as possible (Garenne 2001). With the high cost of living in today's society, a large family is not as desirable as it used to be. Women are choosing to have fewer children so that they can afford to provide for their children and secure an economic future for them. In affirmation, the participants recognise the financial challenges and chose to have fewer children.

> *Well today, things have changed. As a young woman I have goals and dreams, so when I want to have too many children then I become a stay at home mum. For me, one or two children are fine. Even other young ladies do not want to have many children because of the costs involved. Children today are very expensive, they need education…good education, medical attention and the food is very expensive than it used to be. (Sotho P12)*

People never used to give attention to all their children when they had many children. If you keep giving birth to the next child then you neglect the other child. (Zulu P2)

4.9 Has Culture Changed?

One of the questions asked in this study during the interviews was whether the students have noticed any changes in their cultures, specifically between their generation and those of their mothers and grandmothers. The responses have shown that through the years, cultural beliefs, values have been altered and modified to survive the changes in our societies today. There is a recognition that culture does not remain static but has changed over the years. Culture is recognized as dynamic and evolving.

Our culture wants to groom us into inferior…or rather dependent and submissive and dependent individuals…Personally, I think culture has evolved over the years and I think the evolution of our culture is due to the changes in our society and culture is not as stagnant it was and it is changing. People are starting to question certain ways and certain beliefs and practices. (Swati P4)

In terms of heritage I think I have been brought up with a mixture of cultures. Although I am an Indian and paternally Hindu, I did not grow up with a specific religion or culture. I grew up in a modern South Africa where there is a mix, a variety of different people of different cultures as well so all of that have contributed but not in a specific way. (Indian P6)

The thing is culture is always influenced by other things outside, so even if you were to interact with people of other cultures, you will still evolve because that it is human nature and we are influenced by nature. Different things will influence culture so it is not a static thing. (White P10)

4.10 Summary

The results discussed in this study have shown that decisions that involve woman's fertility still depend highly on cultural and religious beliefs, norms, values and attitudes of the community that the woman belongs to and not only her own. From the results, it is clear though that the participants are very much aware of the demands from their cultures and their religions. The participants are, however, choosing to make their own decisions with regards to their fertility behaviour and outcome.

The results discussed in this chapter have shown that the participants are able to make their own decisions mainly because of the emancipation of women through education, employment opportunities opening up for women and economic demands. As a result, women are choosing to increase the age at first marriage so that they can focus on their careers before settling down. The participants said they chose to delay marriage so that they can pursue their careers, build a strong economic foundation and afford to support their children.

In addition, the results showed that the participants also chose to use contraceptives to control the number of children they have and when they have them. Contraceptives are still taboo in their communities because of the cultural and religious beliefs and values, but the participants make a conscious decision to use them. Some of them said they use contraceptives for gynaecological reasons, while others chose contraceptives to protect themselves from STDs' and HIV/AIDS.

Nonetheless, the results have shown that the participants want to wait and fulfil their academic and professional goals before starting families and settling down, regardless of what their cultural and religious expectations are.

CHAPTER FIVE: DISCUSSION AND CONCLUSION

5.1 Introduction

Studies suggest that the rapid socio-cultural transformation occurring in sub-Saharan Africa as a result of the rapid pace of modernization and the spread of new forms of Christianity and Islam has a major impact on fertility behaviour, especially among young people (Yeatman and Trinitapoli 2008). Furthermore, a growing number of studies have also shown that culture has a significant effect specifically on the timing of family formation, age at marriage and age at first child born (Cheung et al. 1985; Watkins 1986; Lesthaeghe, Kaufmann, and Meekers 1989; Arnaldo 2004; Nanda 2005). Although this relationship between fertility and culture has been significantly proved in some parts of the world, so far it has been poorly addressed in South Africa (Nanda 2005; Yeatman and Trinitapoli 2008).

South Africa is widely acclaimed for its multitude of cultures, all of which comprise distinct values, norms, and beliefs that influence fertility behaviour in the various population groups in the country. Accordingly, the national fertility levels and trends vary across the population groups (White, Indian, Coloured and Black African). Previous and recent statistics indicate that the TFR for Whites has been the lowest of all population groups in the country, while the TFR for Black Africans is reported to be the highest and continues to be the highest (Statistics SA 2010). The TFR for Indians, on the other hand, is the second lowest followed by the Coloureds. The TFR for the Coloureds and the Black Africans have not been too far apart in most reported findings, even though the TFR for Black Africans has remained the highest. These TFR trends indicate a significant difference in fertility behaviour in South Africa. A number of studies have attempted to explain the differentials in trends and levels of fertility and most of them have based their explanations on racial differences, socio-economic status and geographical or environmental factors (Bongaarts 1978; Caldwell 1992; Basu 1993 & 1994; Moultrie and Timæus 2003).

Therefore, this study aimed to address this gap in the existing literature by investigating the cultural influences on fertility behaviour among young people at the University of Kwa-Zulu

Natal, Durban. The study draws on John Bongaarts (1978) theory, the 'proximate determinants of fertility' which mainly argues that fertility is influenced by indirect (socio-economic, cultural and environmental factors) and direct variables (marriage, contraceptives. Based on this theory, this study aimed to investigate the cultural aspects that have a direct impact on age at first union, fertility control and the number of children born to women. In order to address this objective, this study aimed to explore the cultural influences on the age at first union (marriage or cohabiting), deliberate and natural fertility control (contraception use, abortion, frequency of sexual intercourse within unions), and the number of children ever born to women. In order to address the research questions the study drew on qualitative methods using in-depth interviews with young women.

The study was conducted at one tertiary institution using in-depth interviews. Convenience sampling was used whereby the sample was drawn expediently from already available subjects and although the sample of participants was relatively small and is not generalizable to an entire population, the study has produced several significant results that will contribute to the body of existing literature on fertility behaviour in South Africa.

5.2 Discussion

Culture is a complex concept to define and evidently in this study, it is a concept understood differently. Nonetheless, it is a concept that is widely researched because of its importance to the human population. According to Caldwell and Caldwell (1987), conventionally, culture plays an important role in the lives of many, especially in the African continent. Culture influences the behaviour, attitudes and the decisions of individuals. It unites people in a group through shared beliefs, values, practices and traditions and at the same time separates people who do not share these aspects of culture. In a country like South Africa - a nation that boasts a multitude of ethnicities, languages and races - culture has played a vital role in the nation's history and continues to play a very important role for the citizens. As shown earlier in the literature discussed, research findings have shown that culture also significantly affects fertility behaviour in sub-Saharan Africa, as shown in this study as well; culture does influence fertility behaviour in South Africa.

The diversity of cultures represented in this study shows the wealth of traditions, practices, values and beliefs that exist in South Africa. The magnitude of the cultures found in South Africa shows how far the nation has come, especially given the history of Apartheid. The 'rainbow' nation has embraced the different cultures and races, and through the struggle of fighting for freedom and unity, cultures have slowly been merging to form what is now understood by some of the participants as 'modern' culture. From the findings, this 'modern' culture is understood to be the result of changes that have taken place over the years in South Africa, especially due to the influence of education, urbanisation and technology.

The young women in this study understand this culture to be a broad and open culture that affirms unity, independence and the right to make individual choices. For example, only one participant reported that she was married at the time of the interview. The rest of the participants explained that they choose to further their education and careers first before they settle down and get married. This was not the case and hardly ever heard of during their mothers' and grandmothers' generations, where young girls were expected to be married by the time they reached a certain age, with or without their consent. There were no choices back then or negotiations with their parents, especially when the males in the families had decided that it would be beneficial for the family to have their daughter married. This arrangement generally happened at a very early age to ensure that the girl marries while she is still a virgin so that she is not rejected by her future husband.

There was a general consensus among the sample of the women interviewed that times have changed, and that cultural and religious beliefs and values have also been affected by the change and so these values and beliefs differ from the values and beliefs their mothers and grandmothers had when they were young. The women reported that their generation is faced with a host of challenges - economic recession, high levels of poverty, and diseases - so they should be given the right to make their own decisions regarding their fertility. They want to be able to decide when they get married and to whom they get married, when to start having children and for how long they breastfeed or whether or not they breastfeed at all.

Consistent with Bongaarts' theory, the findings in this study show that the women perceive the age at first marriage as the major proximate determinant of fertility. The age at first marriage determines fertility behaviour or outcome. According to Garenne at.al (2001), the age at first marriage or union has always been an important proximate determinant for fertility, specifically in the African region since high fertility is highly valued and rewarded. However, the findings from this study show that although in the past, girls were married off at very young ages, specifically before the age of 18, this is not the case anymore. Marriage values and traditions have been altered by the modern society and do not hold the same significance anymore. From the women's perspectives, marriage is no longer the gateway to financial stability as it used to be in the past; instead it is now considered a barrier to their financial security because it holds them back from successfully fulfilling their educational and professional goals.

All women agreed that the age at which women get married today has increased among the different cultures. There is no hurry to get married at an early age as much as it was in the past, and parents are not forcing their daughters to get married at very young ages but instead they are encouraging them to pursue higher levels of education. This finding has been consistent with other results, such as Garenne et al. (2001) who has stated that more and more research findings are revealing that first marriages are being delayed in the continent, and the proportion of never married women is rapidly increasing at any given age. According to Garenne et al. (2001, 278) this finding is related to "increasing levels of education, urbanization, and economic opportunities , and also to new attitudes and preferences of young women for later marriages and for remaining unmarried, preferences that seem to be prevalent in many parts of the world".

Within the South African context, in particular, this change in cultural values and attitudes shows the nature or extent to which the diverse cultures have been entwined with each other. However, it was interesting to note that among the fourteen participants, one young woman (Coloured P1), who is Muslim, was still experiencing the pressure of being forced to get married from her relatives, even though she is over the age of 18. This could be more of a religious expectation than cultural, because as she explained, Islam expects young women to marry early so that they do not delay their sexual debut and have as many children as they can.

Although attitudes towards the age at first marriage are rapidly changing in favour of young women who want to get married later after furthering their education and careers, cultural expectations continue to exert some influence over fertility decisions. Consistent with other findings, contraceptives are still not culturally acceptable among the cultures represented in this study. Times may have changed and cultures may be influenced by the increasing levels of education, urbanization, and technology. However, the results in this study have shown that contraceptive use is still regarded as taboo in South Africa. All women in the study agreed that the use of contraceptives was not acceptable in their cultures and their religion because of what contraceptives are generally associated with within their communities.

The major barrier to the use of contraception was cultural or religious with participants arguing that the use of contraceptives was regarded as going against God's will. This is because sex is associated only with marriage and thus, when one is married, there is no need to use contraceptives because according to their religious beliefs, sex was created for conceiving and having as many children as God can give. As a result the modern contraceptives are viewed as taboo (Caldwell and Caldwell 1987). A significant number of women added that contraceptives are also not acceptable within their religious and cultural communities because they represent promiscuity. The elders and other members of their communities perceive young girls who are using contraceptives as prostitutes because they want to use their bodies for sex but hide their promiscuous behaviour by using contraceptives to avoid falling pregnant.

As it is with contraceptives, abortion is also rejected by all the cultural groups represented in the study because, according to the participants, abortion is understood to be 'going against God's will' since it is seen as committing murder and going against the nature of womanhood. The participants go on to add that within their religious belief systems they are taught that women are supposed to bear children, so using contraceptives to prevent pregnancy or resorting to abortion is going against what was intended for women by God.

The cultural and religious beliefs and values against contraceptives and abortion in this study are not, however, widely accepted by the participants themselves. Some of the women shared that even though their cultures and religions strongly disagree with the use of contraceptives, they

still make that decision to use them mainly due to gynaecological reasons, and fear of contracting diseases such as STIs and HIV/AIDS, and because they have dreams they would like to pursue and see them come true before starting families. This shared perception though is consistent with other research findings (e.g. Gage 1998). Like the findings from Gage (1998), the participants have shared that living in today's world, where we are faced with the HIV/AIDS pandemic, contraceptive use needs to be encouraged among young people, especially in their homes so that they can learn to practice safer sexual behaviour.

In addition, the need to limit the number of children through the use of contraceptives was commonly acceptable among the participants. A majority pointed out that they are living in a very costly world, where everything costs money. The economic demands of today's society put a strain on peoples' choices because they have to consider their financial position. This, as a result, affects the choices they make about the number of children because they cannot afford to have many children in these difficult times.

Interestingly, one of the women in the study pointed out an important issue regarding the use of specific family planning methods. Traditionally, within African cultures, natural fertility control methods were used to avoid unwanted pregnancies and space births (Caldwell and Caldwell 1987). However, the findings from the study regarding contraceptive use show that information about traditional methods are not being passed down from generation to generation and as a result the younger generations do not know these methods except for the modern contraceptive methods which are not accepted by their cultures. As a result, these young women secretly use contraceptives without the knowledge of their parents, which consequently leads to the use of inappropriate and unsafe methods since there is little or no verbal communication with parents and other elders.

Nevertheless, controlling the number of children through contraceptives and the use of abortion to terminate a pregnancy is widely rejected across the cultures in South Africa. The majority of women shared that this was the case because women are encouraged to have as many children as possible in most of the cultures in South Africa, as it is in most sub-Saharan African countries (Basu 1993). In most of these societies, high fertility is rewarded. As Clignet and Sween (1978)

shared, in patriarchal societies, high fertility is viewed to be highly rewarding for the family, especially for the fathers, because they have someone to carry on the family name and legacy. Evidently, this view has not changed as the Zulu and Coloured women emphasized that the influence of patriarchy within their cultures is still the major factor determining number of children. The men in their cultures are generally responsible for deciding how many children they want to have and as a result, women are not given much freedom to decide on their own.

These findings, however, show that societies are undergoing social transformation and as a result of the juxtaposition of traditional or cultural and modern values, these young women find themselves faced with conflicting definitions of their rights and responsibilities, and cultural demands and expectations. As some of the women have shared, in their societies, strong cultural pressures to become a parent and get married co-exist with conflicting pressures of today's society where women desire to achieve high levels of education and seize existing professional opportunities in the formal sector. This conflict makes it a challenge for the young women to make informed decisions regarding their fertility behaviour.

5.3 Recommendations

Conducting a qualitative study was essential to filling the gap in the current literature in South Africa regarding the cultural influences on fertility behaviour as stated and outlined in the first chapter, but gathering the information in this nature was also critical because of the increased risk of sexually transmitted infections among the young people and teenage pregnancy**.** Therefore, understanding the way young people make reproductive choices will enable government officials and population and health professionals to design better intervention strategies that will focus on the most influential components on adolescent and young peoples' sexual and reproductive behaviour, specifically focusing on the role of culture.

Issues surrounding fertility and reproductive health among young people in South Africa will only be dealt with if the young people are taught about safe sexual behaviours and given access to information they require. The majority of participants in this study indicated that there is still a lack of information and education regarding contraception and abortion, which in turn results in

communities rejecting these methods. In addition, many young people are not well informed about the contraceptive methods available to them as well as how and where to access them. This was reported to be a result of lack of communication between parents and children about these methods. As one participant shared that in her community young girls are not aware that contraceptives can be accessed free at health clinics because one of the girls wanted to get a contraceptive injection but was unable to because she was told by a friend that it was R200. This lack of information and misguided information can put these young people's sexual reproductive health at risk. In this case, it is recommended that further research be carried out in order to improve this situation. Specifically, schools and communities need to have more programs that encourage communication between parents and children, learners and scholars and the elderly and the young regarding sexual and reproductive health.

In addition, the women also shared that the men within their cultures are the sole decision makers when it comes to fertility behaviour, and in turn this affects the use of contraceptives, the number of children women have and also the age at first marriage. Most research findings and policy initiatives from other African countries such as Nigeria, Cameroon and Malawi, have supported and witnessed this patriarchal view and has led to initiation of programs involving men in family planning and decision-making processes (Clignet and Sween 1978; Caldwell and Caldwell 1987; Yeatman and Trinitapoli 2008). The government officials should then emphasise that reproductive health programs such as family planning initiatives, must encourage communication and joint decision-making. Furthermore, these government initiated programs should also target men within these communities to increase approval of and support for modern contraceptives so that women or their spouses will have the freedom to access and use them without fear of being condemned.

According to Samandari et al. (2010), social support is highly associated with contraceptive use among women. Thus, it is recommended that further efforts should be put in place to increase women's confidence when making sexual and reproductive decisions. Especially in cultural communities, where the elders influence and play a big role in shaping the decision-making processes of younger women and girls. In this way, women will be encouraged to overcome

negative attitudes from their communities and encourage acceptance of issues that have been a taboo within the communities such as contraceptive use and abortion.

Having said this, however, it is important that the policy makers take into account the differences in the cultures and races in South Africa when implementing policies and legislations regarding sexual and reproductive health. As it is seen in this study, the different culture, religions and races have separate views and perceptions regarding fertility behaviour. Thus, one family planning program or communication initiative cannot work for all the cultures represented in this study because their values and beliefs differ. Whites, for instance, seem to be more tolerant of the use of contraceptives, unlike the rest of the population groups. The one Indian participant also shared that she is able to communicate with her mother regarding sexual and reproductive issues; hence she does not feel pressured into marriage or having a child, and yet the Zulu and Coloured participants feel they have to hide their contraceptives and take them secretly. These findings show there are diverse needs in the community regarding sexual and reproductive issues, thus the government needs to put more effort into addressing the separate needs of the different groups. This should also be done by getting religious leaders involved because evidently, they still play a very important role in shaping the decisions taken by the communities regarding fertility.

For future research, it is recommended that there should be follow up studies focusing on ethnic groups from a more variety on perspectives. In addition to this, since this study has focused on young people, future studies should investigate and try to solicit the views of the older generation or senior citizens as they can be understood to be the custodians of culture.

5.4 Conclusion

High fertility rates remain in South Africa, especially among certain racial groups, particularly Black Africans who are yet to meet the replacement level. The findings have showed that culture influences the age at first marriage, fertility control and the number of children ever born. The extent to which culture influences fertility behaviour was argued to be different across the various racial groups in South Africa. From the results discussed in chapter four, the White and

Indian population group tend to adhere more to modern cultural norms and they are not so much rooted in their traditional cultures. By contrast, the Black African and Coloured population groups tend to adhere to their traditional cultures when they are in the presence of their parents and families in their homes where the cultural values and norms are heightened. However, when they are at university, they adopt modern cultural practices and norms, and make decisions regarding their fertility based on education and information provided.

In conclusion, this study has showed culture and religion still play a role in shaping the outcomes of fertility among young people. The findings also show that young people are aware of the demands and expectations from their cultures regarding fertility behaviour. Notwithstanding this awareness, their personal choices show that they are challenging the cultural and religious expectations regarding their fertility and sexual behaviour through education, rapid urbanization, and the availability of information through the media.

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APPENDIX I

Informed Consent Form

(To be read out by researcher before the beginning of the interview. One copy of the form to be left with the respondent; one copy to be signed by the respondent and kept by the researcher.)

My name is Thokozile Mbaya (student number 205504055). I am doing research on a project entitled 'An investigation of cultural influences on fertility behaviour among university students at Howard College, UKZN'. This project is supervised by Professor Pranitha Maharaj at the School of Built Environment and Development Studies, University of KwaZulu-Natal. I am managing the project and should you have any questions, my contact details are:

School of Built Environment and Development Studies, Howard College, University of KwaZulu-Natal, Durban. Cell: 0712545477. Email: 205504055@ukzn.ac.za. /205504055@stu.ukzn.ac.za

Thank you for agreeing to take part in the project. Before we start I would like to emphasize that:

-your participation is entirely voluntary;

-you are free to refuse to answer any questions;

-you are free to withdraw at any time.

It will be greatly appreciated if you allow me to record this interview so that I may reflect on recorded data later during the analysis process. The interview will be kept strictly confidential and will be available only to members of the research team. Excerpts from the interview may be made part of the final research report. Do you give your consent for: *(please tick one of the options below)*

Your name, position and organisation, or	
Your position and organisation, or	
Your organisation or type of organisation *(please specify)*, or	
None of the above	

To be used in the report?

Please sign this form to show that I have read the contents to you.

---------- (Signed) ---------- (date)

---------- (print name)

Write your address below if you wish to receive a copy of the research report:

(Interviewer to keep signed copy and leave unsigned copy with respondent)

APPENDIX II

Interview Guide

Participant number:

Section A

Age:

Race:

Gender:

Marital Status:

Occupation:

Number of children:

Spoken Language:

Ethnic group:

Religion:

Section B

1. What is your understanding of the word ‘culture’?

2. In what ways do you think your culture is distinct from other cultures in South Africa (for example the Zulu culture, Indian culture etc)?

Exposure:

3. What are the beliefs and practices of your culture that may have an impact on the age a woman gets married or starts living with a partner?

4. Who predominantly expresses these cultural beliefs or practices on the age a woman should be married (probe older people, parents, peers)?

Deliberate fertility control

5. What are the beliefs and practices in your culture that may impact women's contraception use?

6. Who predominantly expresses these cultural beliefs or practices? (Probe: older people, parents, peers)

7. What are the beliefs and practices in your culture that may impact women's use of abortion?

8. Who predominantly expresses these cultural beliefs or practices? (Probe: older people, men, parents, peers)?

Natural fertility control

9. What are the beliefs and practices in your culture that may impact on how long a woman will breastfeed after giving birth?

10. Who predominantly expresses these cultural beliefs or practices? (Probe: older people, parents, men, peers)?

11. What are the beliefs and practices in your culture that may impact on how frequently married or cohabiting (live-in) couples engage in sexual intercourse?

12. Who predominantly expresses these cultural beliefs or practices? (Probe: older people, men, parents, peers)?

Number of children

13. What are the particular beliefs and/or practices in your culture that influence the number of children women have?

14. What is considered the ideal number of children a woman should have in your culture, and why is that?

15. In your experience, what are the views of other women of your age in your culture about this ideal number of children?

16. How do you feel about beliefs and practices in your culture affecting the decision of number of children women have?

17. Who predominantly expresses these cultural beliefs or practices? (Probe: older people, parents, men, partner)?

General

18. Do you think culture has the same impact on fertility behaviours among young women as it did when our mothers were young women? Why?

19. What has changed between now and then and what hasn't?

Probe: Would you say this has a positive or negative effect?

20. South Africa's fertility levels are argued to continue declining; do you think culture is playing a role in the decline?

21. Fertility behaviour is usually regarded as a woman's' responsibility, has any of your cultural beliefs or practices influenced or not influenced this gender-bias thinking?

22. What do you think should be done to change the way culture influences or does not influence the fertility behaviour of young women in South Africa?

23. Has your cultural background influenced or not influenced your fertility behaviour at university?

24. Do you think religion also plays a role on fertility behaviour among university students?

25. What other influences may have influenced your fertility behaviour?

***** Thank you for your participation*****