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Perceptions and Attitudes Towards Late Marriage and Premarital Fertility in Rural South Africa

Julien Zwang

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*Perceptions and Attitudes
Towards Late Marriage and
Premarital Fertility in Rural
South Africa*

December 2004

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ABSTRACT

Premarital fertility is defined as fertility before the first marriage. In South Africa, in 1998, according to the Demographic and Health Survey (DHS), about 65% of women under age 25 had had a premarital birth and close to 39% of all births were premarital. Although the total fertility rate had decreased drastically (down to 2.9), trends showed that premarital fertility was increasing.

We investigated the perceptions and attitudes towards late marriage and premarital fertility to understand this phenomenon better, and to inform programmes pertaining to family welfare, reproductive health and HIV and AIDS.

In order to understand the increase in premarital fertility in South Africa, the qualitative study focused on the perceptions and attitudes in the Shangaan culture, in Agincourt, a rural area of the Bushbuckridge district. In this society, sexuality, pregnancy and marriage were linked traditionally. Nowadays, parental social control over adolescents has relaxed but premarital births remain stigmatised. Although adolescent fertility has always existed, only recently has it become a social problem because most young mothers are unmarried.

The perceptions and attitudes towards premarital fertility reveal social mutations in parental control over adolescent sexuality as well as in moral standards. A majority of persons interviewed expressed negative perceptions towards a birth before first marriage. The reasons varied and included: school drop out for the mother, economic hardship, parental stigmatisation, health risk for the mother because of unprotected sex (STD/HIV), and for the child because of malnutrition (kwashiorkor).

Nevertheless, there is an economic rationale behind premarital sexual behaviours. Women hope to get married or create a financial link with the father and to get a child support grant. But most of the time fatherhood is denied and the grant is not perceived which exposes the young mother to many social difficulties.

RÉSUMÉ

La fécondité prémaritale recouvre toutes les naissances ayant lieu avant le premier mariage. En Afrique du Sud, en 1998, selon l'enquête démographique et de santé (EDS), près de 65% des femmes de moins de 25 ans avaient eu une naissance prémaritale et près de 39% de toutes les naissances étaient prémaritales. Bien que l'indice synthétique de fécondité soit en forte baisse (2,9), la tendance de la fécondité prémaritale est à la hausse.

La perception et l'attitude envers le mariage tardif et la fécondité prémaritale ont été analysées pour mieux comprendre ce phénomène. Une meilleure connaissance de ce processus vise à améliorer les politiques sociales familiales, de santé de la reproduction et de prévention contre le VIH-Sida.

Afin de comprendre la croissance de la fécondité prémaritale en Afrique du Sud, l'étude qualitative s'est concentrée sur les perceptions dans la culture shangâan, à Agincourt, une région rurale du district du Bushbuckridge. Dans la société traditionnelle shangâan, sexualité, grossesse et mariage étaient liés. De nos jours, le contrôle social parental sur les adolescents s'est relâché mais les naissances prémaritales restent stigmatisées. Bien que la fécondité adolescente ait toujours existé, c'est seulement récemment qu'elle est devenue un problème social car la plupart des jeunes mères ne sont pas mariées.

La perception sociale de la fécondité prémaritale révèle les mutations des normes morales et du contrôle parental sur la sexualité des adolescents. La plupart des personnes interrogées ont exprimé des perceptions négatives envers les naissances prémaritales pour de multiples raisons : abandon scolaire, stigmatisation parentale, risques sanitaires pour la mère à cause de rapports sexuels non-protégés (MST/VIH) et pour l'enfant à cause de la malnutrition (kwashiorkor).

Néanmoins, on observe une certaine forme de rationalité économique dans les comportements sexuels prémaritaux : les femmes pensent qu'elles peuvent se marier ou créer un lien financier avec le père et qu'elles peuvent obtenir une aide sociale pour élever leur enfant. Cependant, très souvent, les pères refusent la charge de l'enfant et l'allocation n'est pas perçue, ce qui expose les jeunes mères à de nombreuses difficultés sociales.

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INTRODUCTION

In most South African traditions, sexuality, pregnancy and marriage were linked: women married young and gave birth while they were married. Premarital fertility refers to a birth taking place before a first marriage. In 1998, close to 39% of births were premarital and about 65% of women under age 25 had had a premarital birth (SADHS)¹. Although the Total Fertility Rate is diminishing rapidly (TFR² 1993-1997 = 2.9), trends show that premarital fertility is on the rise, particularly among the African and Coloured communities, making South Africa the country with the highest premarital fertility rate in the continent.

The young women who have unprotected sex are not only exposing themselves to premarital fertility, but also to Sexually Transmitted Diseases (STD) and HIV-AIDS. Within the context of a high HIV-AIDS prevalence affecting 11.4% of the total population, (Sishana, Nelson Mandela / HSRC, Household Survey 2002), the qualitative study of attitudes and perceptions towards premarital fertility is a public health issue that can have implications on AIDS prevention programmes as well as family policies.

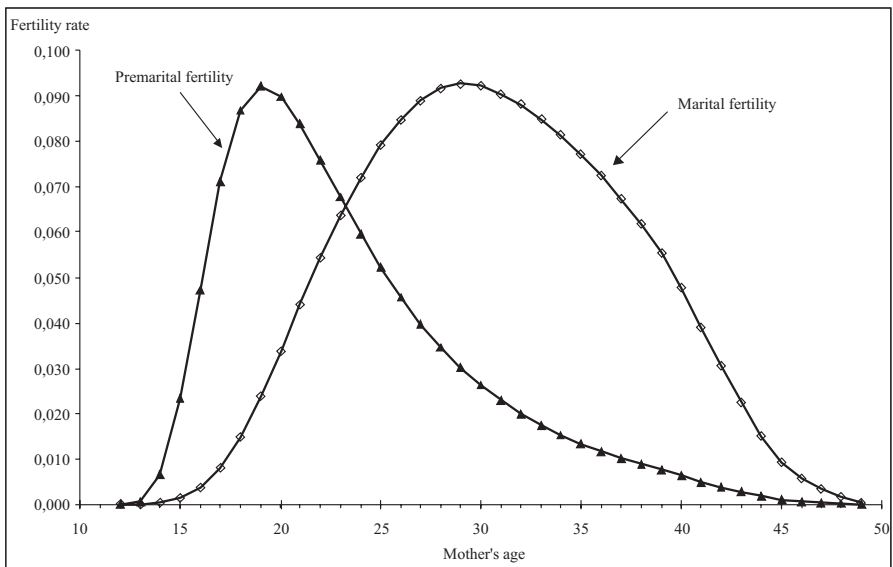
A cohort analysis of marriage rates according to data from SADHS and the Agincourt Health and Population Unit (AHPU), sub-district of Bushbuckridge (Limpopo Province), reveals that women's median age at first marriage is increasing and is the highest in Africa. Moreover, a decrease is noted regarding the age at which the first menstruation occurs for the whole of Africa, thus widening the period of premarital fertility exposure (Macleod, 1999; Cunningham, 1996; Boulton, 1991; Cameron 1991; Du Toit, 1987). When this change in behaviour is not accompanied by the use of modern contraception before marriage, the premarital fertility level increases and so does its ratio within the total fertility rate. However, in 1998, only one third of young African women under 20 years of age in rural areas had never used modern contraception.

The following diagram shows the fertility rates for the 1993-1997 period according to the mother's age and marital status. The premarital fertility rate reaches a peak for mothers aged 18-20 while the marital fertility rate reaches a peak for mothers aged 27-32.

¹ Demographic and Health Survey, South Africa, 1998

² Index giving the average number of children born of a woman who, in her life, was subject to fertility. For the Index calculation, only women of fertility age (i.e. conventionally from the 15th to the 50th birthday) are taken into consideration.

Figure 1: Fertility rates by age according to marital status, for the African population, South Africa, SADHS, 1998.



These quantitative results show that, in the new Republic of South Africa, sexuality and marriage are no longer linked and that women marry increasingly late in life. This new behaviour reveals a deep alteration of social institutions, norms, values and parental control practices regarding youth sexuality.

The aim of our study is to analyse perceptions regarding late marriage and premarital fertility and attitudes towards it, based on interviews carried out in Agincourt, a former Shangaan homeland.

The analysis tackles the theme of wedding tradition and fertility in Shangaan society in order to comprehend the evolutions in the perception and attitude of the 17-30 age group towards sexuality, fertility and marriage.

Furthermore, the study of premarital sexual relations and associated risks can be enriched by the analysis of the rational behaviour of young women, who wish to obtain social aid to bring up their children or acquire the status of wife and create a stable link with their partner by proving their fertility. However, most of the time, the fathers refuse to acknowledge their child, they do not marry and the young women do not receive the child allowance, which can

make them face serious financial difficulties. An analysis of the differences in ambition between young men and women regarding marriage can account for observed premarital fertility rate levels.

While today parental control is more permissive, stigmatisation remains strong and harsh sanctions can be taken against young women giving birth before marriage (they can be expelled from school, physically punished, financially sanctioned, and chased away from home).

To highlight the impact of premarital births on African mothers in rural areas, a statistical study was conducted in 1998 to analyse health risks thanks to a logistic regression model (SADHS 1998). This quantitative study identified the risks for the mother by analysing, according to their marital status, some important aspects relating to their health (prenatal care, tetanus injections, assisted delivery, caesarean, breast feeding and desired pregnancy) and that of their child (mortality).

The use of condoms is still problematic in a number of South African rural areas and subject to deeply entrenched beliefs. Some believe condoms contain the virus. Others perceive AIDS as a conspiracy to reduce the number of births among the black population; such a belief leads young people to underestimate their vulnerability to HIV-AIDS (Gage, 1998; Fassin, 2003). While men deplore progesterone injections as a contraceptive means (Smit, 2002), few people have heard of the morning-after pill (Klitsch, 2002) and abortion is still taboo in Shangaan society, although it became legal in 1999 in South Africa. Anyone breaking a taboo is exposing him/herself to bewitchment and bad spells, according to local belief. In the case of an abortion, even a man can die since an essential rule has been broken.

Men's refusal to use modern contraceptives and to allow abortion is reinforced by socialisation patterns that often prepare women to accept men's domination in sexual relations and thus the non-utilisation of modern contraceptive methods.

Young mothers' economic and psychological difficulties can also have a negative impact on the babies who can suffer from nutritional deficiency (kwashiorkor) and be abandoned.

Premarital fertility in South Africa had, until recently, received little attention and yet presents important social and health problems, particularly in poor rural settings. While the birth of a child is a happy event, it also represents an additional expense. It is a new responsibility for the household head, who has

to support the whole family and young mothers can end up in a difficult situation, as a result of a pre-marital birth.

1.THEORIES AND METHODS

Premarital fertility and sexual activity among adolescents has increasingly become a subject of interest for the South African Health Authorities. The most obvious form of unplanned pregnancy is measured in premarital births (73% of premarital births as first-time births were unwanted, SADHS 1998). These young women who do not use modern contraceptives are also exposed to STD. In South Africa, STD spread rapidly and, in the case of HIV and AIDS, the majority of women infected are under 25.

Premarital fertility results in part from the breaking of the traditional social control over adolescents' sexual behaviour. This can be explained by the fact that educated young people gain knowledge through television, radio, schooling, reading and discussions with peers, which can be used to question the judgement of their less educated parents and elders. Social control has also diminished because of urban migration, which contributed to the questioning of traditional values (Du Toit, 1987).

Some posit that individual decision-taking has become increasingly important since individuals are no longer responsible for their actions towards their family, but rather towards social workers and court judges.

Other theories suggest that unmarried female adolescents use sexual relations and pregnancy as part of personal strategy. In South Africa, where access to resources and job opportunities are limited for women, premarital sexual relations can create financial benefits and the birth of a child can commit partners to marriage (Gage, 1998).

Perceptions and attitudes favouring premarital fertility highlight the importance of this qualitative study which explores its social and health dimensions.

1.1. Methodology of the study

The study deals with the perceptions and attitudes of 17- to 30-year-old adults on marriage, premarital fertility, religion, contraception, STD and HIV-AIDS.

Data was gathered as follows: the person interviewed is perceived as a witness and an interested party of the movement to which s/he belongs. Cross-checking interviews enable to capture social change dynamics. Accounts of premarital fertility, marriage or contraception within the family or among friends or neighbours of the interviewee constitute the basis of the study. The persons interviewed and their entourage embody the social reality in all their singularity. The analysis of these accounts begins on the field where the researcher keeps his/her interview going with more and more questions (Bertaux, 1997). Adaptability to experienced accounts depends directly on the flexibility of the guideline interview. While this data gathering method uses open guideline interview, it allows the interviewer to free him/herself from pre-established categories of analysis. This method is therefore well-suited to a subject that is not well known, such as premarital fertility.

The aim of the study is not to measure the probability of a woman giving birth before marriage, but to capture how the phenomenon is perceived and which underlying values it reflects. Thus, individual interviews as well as group discussions were conducted in almost all villages of the Agincourt area during March-April 2003 in order to determine how individuals behave depending on their psychological disposition towards this new social phenomenon.

1.2. Data gathering

Two local interviewers experienced in qualitative studies were involved in the project. Interviews were made in Shangaan, recorded on tape, translated then transcribed and saved on computers at the local branch of Wits University in Agincourt.

In total, twelve different manuals were developed to conduct individual interviews in the households. Five main themes were discussed: marriage; premarital fertility; religious messages on fertility; marrying age; attitudes and perceptions towards contraception; perceptions of vulnerability when faced with STD and AIDS. For the sake of discretion and data validity, interviewees were isolated so as to be able to speak freely without having other household members interfering.

Two interview guidelines were drafted to lead focus group discussions. Four themes identified from individual interview responses were included in the discussion: perceptions and attitudes towards premarital fertility was the first subject. The three other themes were attitudes and perceptions towards marriage, contraception and the risks associated with fertility and AIDS. The two study interviewers led discussion groups, with one acting as moderator and the other recording interviews and taking notes.

Each interviewee had to give his/her consent verbally for the interview and recording to take place, and to sign an authorisation to take part in focus group discussions.

Every authorisation for individual interviews, group discussions and recordings as well as every request for survey authorisation were submitted, read and accepted by the School of Public Health Ethics Committee at the University of the Witwatersrand in Johannesburg.

1.3. Research Site

Historically a community of Bantu origin, the Shangaans, who come from Central Africa, migrated to the area of Agincourt. Shangaan villages are spread geographically and stretch over the whole region, including the South of Mozambique in the Province of Gaza and the South of Zimbabwe. At the beginning of the 19th century, regional and ethnic unity was driven by Gaza, chief warrior and founder of the Gaza kingdom.

After the Anglo-Boer War at the beginning of the 20th century, Europeans living in the country founded the Union of South Africa and progressively instituted apartheid. With the first apartheid laws having been voted, the population of the Gaza kingdom, then dispersed, was displaced and regrouped into a limited area where, since 1951, the inhabitants needed a pass to circulate in and out of what was then a homeland. The rural area of Agincourt located to Shangaan clans was called GazanKulu. Access to land in the former homelands was restricted. The creation of the village caused a shortage of land. Stands allocated to households were not sufficient to support families and men were compelled to migrate and work in the gold, diamond and coal mines to feed their families. The local subsistence economy turned into a rural capitalist economy. Such a social organisation increased rural poverty, with a labour market based on migrate labour, in a large number of families being divided and living in high density dwellings with few present male adults. These characteristics have had a strong influence on the South African rural social sphere and continue to have an influence on individual strategies.

1.3.1. Population Observatory

Until the beginning of the 1990s, there was very little demographic and health data available on the area and research was undertaken as early as 1992. Since 1992, the study population has been the subject of intense demographic and health surveillance. Regular longitudinal follow-up began in 1992 under the auspices of the University of the Witwatersrand and was directed by Pr. Steve Tollman with the help of foreign scientific advisers who included the French demographer, Prof. Michel Garenne.

Annual censuses are conducted by the Agincourt Health and Population Programme team (AHPP) of the University of the Witwatersrand. They provide data on demographic and health related characteristics of residents. Events such as birth and death as well as migrations are recorded with precision and completeness. Studies in other subjects (e.g. epidemiology, population studies, sociology, economics, geography) are also undertaken, thus helping to improve the knowledge of the population and of its present situation.

1.3.2. Site Geography

The Agincourt site in the Bushbuckridge is spread over 390 sqkm and consists of 21 villages linked by dirt roads. The Bushbuckridge district is located 500 km North East of Johannesburg in the middle of the Lowveld plateau in the South East of the Limpopo Province. The region is surrounded by the Kruger National Park in the East, the town of Hazyview and the Mpumalanga border in the South, and the reserve area of Hoedspruit in the North. Further south lies the former homeland of Kangwane and the towns of White River and Nelspruit, while further north, up to Phalaborwa, are game farms and nature reserves for tourists.

With a poor soil and an arid climate, the region of Agincourt is rather suitable for small-scale cattle breeding rather than for intensive agriculture. Grazing areas are more important in the west part of the region than anywhere else, thanks to higher rainfall levels.

1.3.3. Population

In 2002, the population of Agincourt was close to 70.000 inhabitants, more than a quarter of Mozambican origin. Dependency ratio was high with 44% of the population under 15 years old and 4% above 65 years old. The population density was high with 180 inhabitants per sqkm.

Dwelling types vary from traditional round huts in wattle and daub mixed with stones with thatched roofs, to brick houses with roofs made of corrugated iron.

Water is pumped and stored in the main water tanks of the villages and is rarely cleaned by treatment plants. It is then distributed via a communal network of taps which villagers share. Water is usually collected by women and children in 25 litre cans which are brought back home on their head or in wheelbarrows. Water shortage is frequent, washroom facilities are poor and pit latrines are not very efficient. No road has been tarred and transports are limited to private mini-buses. Electricity and telephones are recent

developments and serviced around half of the households in 2001. Despite late schooling, 85% of the 10-14 year old children benefited at least from primary education in 2002. However, less than 50% follow secondary education, while only 3% reach higher education.

1.4. Sampling

The sampling of individual interviewees was based on data from the Agincourt survey in 2002. The sample drawing was systematic across several populations. This technique allows one to exclude doubles and guaranty uniform coverage of the chosen population (in this instance, men and women between the ages of 20 and 29 years). The drawing lag was calculated according to the number of eligible persons divided by the number of persons to be interviewed. This random method allowed researchers to select people in all villages and to ensure satisfactory geographical coverage of the whole area.

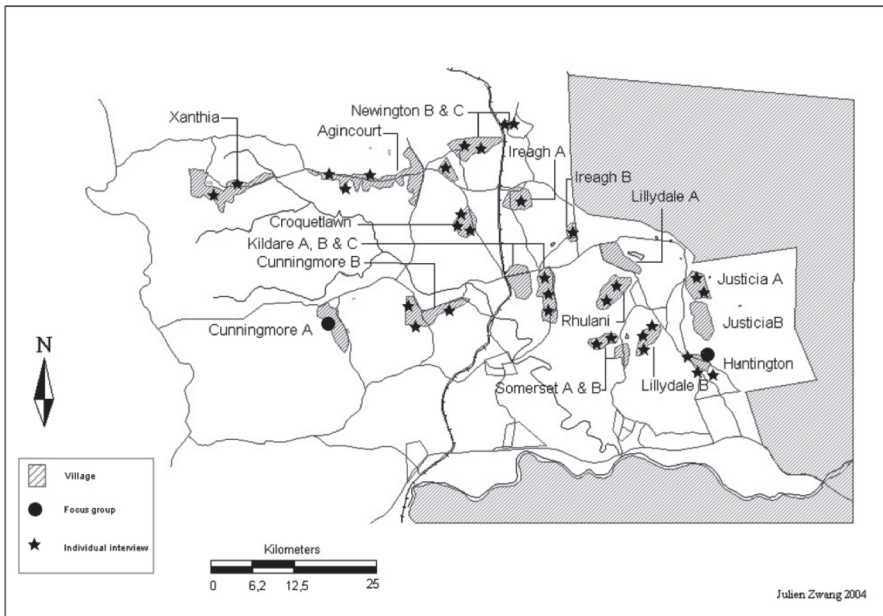
Sampling of the 17-30 year olds was stratified into five population group: four groups of married and non-married women with and without children, and one male population group irrespective of their marital and paternal status. Regarding the discussion groups, the anthropological approach and technically non-probabilist snowball sampling were used. The objective was to create a sample by identifying networks. Sampling for the two discussion groups was made from a network of associations that includes a “LoveLife” Centre in the village of Huntington and a Youth Club in the village of Cunningmore. This technique enabled us to explore a network of relationships from one local community contact. Opting for the LoveLife Centre and the Youth Club was appropriate insofar as these centres play a mediating and information supply role for adolescents. The active members interviewed were thus knowledgeable about the perceptions and attitudes of their peers towards premarital fertility and marriage.

1.5. Profile of interviewees

All respondents (n=50) who took part in the study were of African origin and of Shangaan mothertongue. In total, 35 individual interviews were carried out in 16 of the 21 villages of the study area, as well as 2 discussion groups of 7 and 8 participants each. The average age of interviewees was 24.2 years old. It must be noted that it was very difficult to find women without children in the 20-29 age group in the villages of the study area since, many women in the area give birth to a child before their twentieth birthday.

Individual interviews were conducted in 15 of the 21 villages and one discussion group took place in another village of the study area. In total, 16 villages -three quarters of the sample- took part in the study.

Figure 2: Interviews and discussion groups conducted in the Agincourt observation site



2. TRADITION AND CHANGES IN VALUES REGARDING MARRIAGE AND FERTILITY

In most South African indigenous traditions, a couple gets married after the husband has paid a dowry (*lobola*) and the wife has settled in the husband's family. Cohabitation can lead to conflicts between the young wife and her in-laws, a situation that does not incite young women to get married.

Today, parental social control on marriage has in practice relaxed and new fertility and marriage behaviours linked to the modernisation of society have emerged. An analysis of the perceptions of marriage in Shangaan society reveals that when a young woman marries before she turns 20, marriage is perceived as too early, and when she marries after she reaches 30, marriage is perceived as late.

In a context now favouring a high level of schooling so as to stand a chance of finding work in the modern sector, marriage and its traditional connotation no longer seem to fit the aspirations of the young.

Through the marriage perception of the 17-30 year olds and that of their family, friends and partners, an explanation for the increasingly later age of marriage has been identified. Religious messages and differences of ambition between men and women are examined to understand this phenomenon more clearly.

2.1. The integration of Christianity into indigenous marriage traditions

Christianity arrived in South Africa in 1652 with the foundation of the *Nederduitse Gereformeerde Kerk* or NGK, the Dutch Reformed Church in the Cape of Good Hope, in what was then a trading post of the Dutch East India Company. Progressively it dominated the region and, today, 85% of South Africans are Christians. The first non-white South African Christians were slaves. With the overthrow of the Zulu kingdom in the 1880s and urbanisation drawing the youth into the city, an increasing number of Africans became Christians with the majority joining the ranks of the Zionist Christian Movement. Its success resides in its ability to combine Christian values with traditional African elements such as the use of *lobola*.

The *lobola* is a popular custom promoting harmony between the couple and their family, as well as a sense of dignity and support to help the couple overcome matrimonial difficulties. Within this traditional context, the Christian religion has adapted and incorporated *lobola* into its expression.

I think it is the right thing for a man to pay lobola when he loves a woman. From the biblical point of view it is wrong for a man to stay with a woman without having paid lobola. [M29]³

I hear them saying at church that you have to have sexual intercourse after your wedding or you have paid lobola and have blessings from the pastors, but becoming a mother overnight they do not allow. [M27]

The interviewee, a man of 27 years of age, has never married nor had any children and sees *lobola* as a commitment to prove his love to a woman and to marry her. We can note the extent to which religious messages are perceived as being part of tradition. They seem to become part of the local culture and the Christian marriage complements *lobola* payment that in turn confirms the marriage.

³ Questionnaire n°7, M=man, 29=age

2.2. The dowry system: *Lobola*

Lobola is symbolic of African cultural identity and benefits from considerable support as an institution. This marital practice is found in the whole of Southern Africa under the same designation. It refers to a practice whereby the husband and his family pay the future father-in-law to conclude a marriage with his daughter. *Lobola* is traditionally paid in cattle to compensate for the loss of services of the young woman. However, the South African customary law does not impose *lobola* payment as a precedent condition to validate a marriage. It refers to a matrimonial compensation and safety. If, for example, the young woman turns out to be sterile, her father must then return the totality or part of the cattle that was given to him. *Lobola* is a complex and formal negotiation process that brings two families to agree on a price to be paid by the groom. Various parameters determine the price: the level of education of the bride-to-be, her formal occupation and whether she already has a child from her future husband or from another man.

The protocol committing both families involves many formalities. Negotiations are conducted by family representatives, usually uncles. Representatives go to the residence of the bride's father to finalise the negotiations relating to the *lobola* to be paid. This ceremony celebrates mutual agreement between both parties before the actual wedding ceremony. Today, bovines are still used as a symbol, but the negotiated price is in cash. In the Agincourt area, an average *lobola* amounts to R5.000.

In older times, once the negotiations were concluded and the *lobola* was paid, the couple could meet at the final traditional ceremony during which guests brought presents. The objective of this ceremony was to develop a sense of trust and respect between the families. Traditionally, the couple's children belong to the man who paid *lobola*.

Today, this particular tradition is in sharp decline. Women settle at the groom's residence even before *lobola* is paid and separations are frequent.

While the amount received as *lobola* has nothing to do with a capital, some families use it to discharge their debts and certain men, in this respect, perceive women as a source for marketable assets. In Zambia for example, women reject this practice as it reduces their independence towards their husband (Femmes Afrique, 2001).

2.3. Parental social control

According to the views of interviewees, parental social control over adolescents has relaxed. An increase in sexual activity, late marriages and premarital births would result from a lack of social control by the elders over the sexual behaviour of adolescents.

Considerable transformations have disrupted the social order in Shangaan society. According to testimonies, rules for the traditional control of adolescents have been relaxed to the benefit of individual rights and freedom as written in the 1994 constitution, and premarital fertility has become common.

According to some traditional beliefs, when traditional rules are broken, those concerned are exposed to bad luck. According to these rules, sexual relations and birth must take place within a marital framework. A premarital pregnancy is tolerated when the young lovers are already in a stable relationship and are about to marry. The implementation of parental social control regulates the sexual behaviour of the young before marriage. A premarital birth used to be frowned upon as it brought dishonour on the young woman's family. Adolescents' meeting places were limited and girls and boys were forbidden to walk in the streets at night fall.

Old people were living according to rules, it was difficult for them to have boyfriends the same way we do today. [...] If there is a daughter in the family, parents used not to allow her to walk in the streets during the night unlike now. [FNN21]⁴

2.3.1. Marital arrangements

The local wedding tradition was marked by strong parental control and family arrangements used to govern marriages. Unions were often entirely organised by the families and promised adolescents could end up marrying without having ever met. Up until recently, this type of arrangement made use of a photograph on which the family or the young woman could base its/her decision.

They were proposing through pictures, the man's relatives would bring the picture of the man to the woman and she will look at it and decide if she wants to marry him, then everything would be arranged through elderly relatives. [FEE27]⁵

⁴ FNN=Female, Never married, Never birth

⁵ FEE=Female, Ever married, Ever birth

2.3.2. *A traditionally precocious marriage*

In the past, women married younger. There were few premarital births since sexual relations occurred within a marital framework.

In the past they were getting married early unlike us who always hang around the streets with boys [...] you would find that they were getting married before the woman was pregnant or has had a child. They were getting married at the age of 20 years. [FNE24]⁶

Today, marriage is no longer perceived as a compulsory institution for a woman to fall pregnant. Men and women choose not to marry young, which reveals deep social changes.

Normally people do not get married in our village. Men have got a tendency to make women pregnant, and thereafter decide to leave them. They do not think of getting married to them. [M19]

2.4. A traditionally low premarital fertility

2.4.1. *Respecting the elders' advice*

Traditional Shangaan society gave its elders a high social rank. Concerning sexuality, elders condemned premarital sexual relations and their wish was respected.

Adolescents took advice from their elders and they usually did not have sex before they were married. [FNN17]

2.4.2. *Low frequency of premarital sexual relations*

Traditionally, sexual relations only took place within a marital framework. Premarital sexual relations were forbidden by the society and premarital fertility was practically inexistant.

Women used to get married before they had sex with boys. [FNN17]

2.4.3. *Concealed marital sexuality*

In the past, although parental sexuality was taking place essentially within a marital framework, it was perceived as taboo. The following quote illustrates this perception. According to this young woman, the parents kept separate beds and their sexuality was concealed.

Even when people were married they had a way of doing things, you would find that a man will come back from work as a migrant and he would sleep in a different room from his wife, therefore a woman would go in the bush to fetch wood and the man would follow. They

⁶ FNE=Female, Never married, Ever birth

would have sexual encounters there and later come back home and pretend as if nothing happened. Their sexual encounter was for a short period almost as if they were stealing although they were married. [FNE22]

2.4.4. Earlier marriages

When young women marry earlier, their first sexual relations tend to take place within the context of their marriage, making premarital fertility infrequent as in some Sahelian countries (Senegal, Guinea, Mali, Burkina Faso, Niger, Chad, Sudan and Ethiopia) where parental social control still plays an important role (Garenne & Zwang, 2003).

Women were not giving birth before getting married because men used to marry them while they were 15. [FNN22]

2.4.5. A strong stigmatisation of premarital births

For a woman, it was not conceivable to give birth in her own house and women gave birth when they had settled in their husband's family. Women who gave birth and who did not have a husband were strongly stigmatised and the social status of their child was thereby greatly effected.

In the past they knew that if they could get pregnant before they get married they will be laughed at by people in the community and their children will be treated like outsiders and they will never be free. [FNE24]

2.5. A more permissive parental social control

Parental control over adolescents has changed and appears to be less severe today. Thus, the relaxation of parental constraints made it easier for premarital fertility to be accepted by society.

2.5.1. A decrease in parental control

Parental social control has lost some of its influence and parents' authority is less respected than before. For example, parents know that they can be sued if they beat their children. Children have become less liable to their parents than to judges and tribunals, thus changing parental control.

Children today know that even if their parents can beat him/her they have a right to go and report them and the police will come and arrest the parents regardless of whether the child is at fault or not [...]. Parents [...] might end up deciding: I will not dare to say anything anymore to my daughter but instead I will let her continue living the life she is living and she will get the reward of her bad behaviour. [M23]

2.5.2. Teenagers have less respect for their parents' advice

According to testimonies, parental social control is collapsing. With their new rights and freedom, teenagers no longer respect their parents' advice. Their sexuality is becoming freer and young women have premarital births.

We do not listen to our parents anymore, we ignore them and go around socialising. When our parents are talking we do not hear them and we go out socialising and end up becoming pregnant. [FNE24]

2.5.3. Decrease in tribal authority

In the past, the teenagers used to respect the rules imposed upon them by elders. The following quote shows that teenagers no longer fear to be seen with partners in the streets. They feel that they do not have to answer to the elderly who used to epitomise social authority.

In the past our parents were respectful, unlike now that old respect is not there anymore. A young girl or boy can respect his own biological mother and father only. Any other elder within the village is not respected, that is why we stand as couples in the streets kissing during the day. [FNN18]

2.5.4. A modern perception of premarital fertility

According to interviewees, traditional aspects of society must make place for modern times and premarital births should be accepted as one of the components of modern society.

The society understands what is taking place nowadays because they believe that people must change with time. It is time for change, and so people must adhere to the changes that are taking place. [M24]

2.5.5. More freedom

In the past, teenagers had less freedom. Today, more meeting places are available. As the following testimony shows, teenagers are authorised to go out at night (after 6 p.m.) to join their partner or their friends, which confirms a change in parental standards.

Parents are more accepting. Even if a parent can say that he/she does not want you to go anywhere during the night if you force and go there is nothing much a parent will do. [FNN17]

3. A MODERN PERCEPTION OF SEXUALITY AND MARRIAGE

The fact that the marrying age has risen shows a change in the aspirations of the young. An increasing number of young women want to be financially independent before marrying. Nevertheless, most women need a man to contribute to their expenses and, ensure the couple's sustainability. Indeed, according to the employment survey carried out in Agincourt in 2000, the activity rate (from 18 to 60 years old) among women (31%) is less than that among men (51%), and women are essentially employed in the informal sector (32%), unlike men (2%).

Today, young people want fewer children than before because the cost of living and raising children has increased. In the past, children could contribute financially by working in the fields while today they have become an important source of expense (schooling, food and clothing).

I would never marry even if I were to turn 50 years as long as I am not working because I do not want another people's child to suffer or to burden my parents by more responsibility. [M23]

3.1. Increase in adolescents' sexual activity

Earlier first menstruations for girls, an increase in individual freedom and access to information in rural society are the main factors accounting for the increase in teenagers' premarital sexual activity. The latter is in fact one of the main factors of premarital fertility in the context of low prevalence of contraceptive use.

The fact that adolescents are becoming more rapidly mature than before comes across in most interviews. Premarital sexual relations are tolerated in most families and teenagers have sexual relations at an earlier age.

Today we have abandoned the old ways of living, we are living the modern way and we grow up faster unlike in the past. [FNE20]

3.1.1. *Earlier first menstruations*

Earlier first menstruations among female teenagers are a well-documented phenomenon in African populations. Nutritional improvements via food diversity among recent generations have been contributing to the acceleration of this phenomenon.

Young girls of this generation start seeing their periods at an early age maybe at the age of 14. This causes them to indulge in sexual intercourse at an early age. It is believed by young girls that the

moment you start seeing your periods is a sign that shows you are ready for sex. [M24]

3.1.2. Influence of food

The following testimonies show that food diversity is perceived to increase the need for sexual activity among young men and women. According to these quotes, intake of new food products such as eggs, cheese and avocado pears would cause an increase in libido among teenagers.

Today people are led by their feelings; the foods that we eat today cause us to be sexually active, foods like eggs, cheese, avocados and others. These foods cause us to feel as if our body requires sex. [FNN18]

3.1.3. Increase in sexual activity and premarital fertility

The increase in sexual activity as perceived by interviewees would result in an upsurge in unplanned births. According to the following testimony, it is because of a lack of maturity that young women have unprotected sex and have undesired pregnancies.

Girls have a tendency to indulge in sexual intercourse in their early stages of life. It is obvious that sex can lead to pregnancy, and pregnancy means childbirth. [FEE25]

3.1.4. Influence of the media

Interviewees from all categories agree that the media are one of the reasons accounting for the increase in sexual activity among teenagers. Teenagers form a large media audience. Television programmes mentioning sexuality (soap operas, films, talk-shows) as well as radio shows create in them the need to experiment with what they do not know.

Young people are influenced by things that they hear and see on television and radio, though radios do not contribute much but the majority of what we see on TV is talking about sex. That's why it ends up leading us to sex before marriage in the wrong time. [FNN18]

Media messages on sexuality and contraception seem to favour an increase in sexual activity among the youngest. In the following quote, a young man thinks that messages on the use of condoms contribute to his curiosity and the need for sexual experimentation.

My Grandmother always tells me that if you wanted a wife, they will arrange a wife for you and it would take a long time before you meet personally. So now because of the radio and TV that spread the

message to condomise, do this and that, then that causes the young to feel like experimenting. [M20]

3.1.5. Lack of information and maturity

While the media seem to contribute to adolescents' increasing desire for experimenting with sexuality, they do not seem to provide sufficient information on the risks of unwanted pregnancies. Adolescents' lack of maturity and knowledge seem to favour premarital births.

You might find yourself being involved in sex while you do not have the information on the possible consequences therefore you find that the woman becomes pregnant [M20]

The thoughtless and imprudent behaviour of some female adolescents leads them to have unprotected sex resulting in unplanned pregnancies.

Young girls do not consider their future very important. They like indulging themselves in sexual intercourse at an early age, and they fall pregnant. [M19]

3.1.6. Sexual education

Sexual education can have the opposite effect to what was expected. Indeed, according to the following quote, teaching on sexuality would promote early sexual activities among female adolescents who then have unplanned premarital births.

Another reason is that most girls who went to initiation school learn a lot of things about sexuality, therefore, when they come back from there they want to experiment so they engage in sex and become pregnant. [FNN17]

3.1.7. Dialogue with parents

Conversation about sexuality and contraception among the young is taboo for certain parents. They think that it would bring their children to experiment with sex. However, this attitude also contributes to the risks of unwanted pregnancy.

Most parents who are not educated do not talk to their children about the risks of getting pregnant. [M27]

Sometimes, some adolescents get the wrong interpretation when experiencing their first menstruation. Parents or friends' comments make young women believe that it is time for them to have sexual intercourse.

They get wrong information from their parents or friends meaning that there is peer pressure and parental pressure because they tell you that now that you are menstruating you are now a woman therefore, you are capable of giving birth and that gives them impression that it is ok to have sex. [M21]

However, although some parents warn their children of the risks associated with being sexually active, they do not seem to draw enough attention to such risks, as adolescents do not believe that unplanned pregnancy could happen to them.

Adolescents do not listen to their parents. They do not consider it important because they do not think it may happen to them one day. [FNN21]

3.1.8. Peer pressure / Group effect

The following quotes show that peer pressure constitutes a factor accounting for increasing sexual activity among adolescents, involving a certain form of economic rationality. The following testimony shows that a young woman can begin having sexual relations under her friends' influence in order to satisfy material needs.

Involvement in sexual relationships is very high these days. Peer group pressure contributes a lot to this kind of situation because if my friends show me things that they got from their boyfriends, I would also be willing to get into a sexual relationship so that I can also get what they got. [FNE29]

Increase in sexual activity among adolescents also results from having multiple partners. In the past, women were loyal to their husband while today, female adolescents seek partners whose social status is as high as possible. Pressure among themselves seems to play an important role in increasing their sexual activity. They appear to compete with one another to find the partner with the highest social status. On the other hand, schooling can also play an important role in increasing the number of partners.

The difference is that these days, we, young girls, cannot maintain a sexual relationship with only one person whereas in the old days girls were very faithful to their partners. Nowadays young girls boast about their partners. If one tells another that she is involved with a teacher or that her boyfriend is at a University, the other one would like to find a boyfriend of the same status. It is a competition. [FNE29]

The fact that adolescents have multiple partners is perceived as a behaviour resulting from group effect. According to the following quote, it seems that an important number of young people have sexual intercourse with multiple partners.

What is worse is that adolescents engage in sexual activities with more than one man at the same time because they think it is not a big deal. [...] It is almost as if it is the coolest thing to do these days because all teenagers do it. [FNN18]

Incitement to sexual experimentation are frequent while there seems to be a lack of information on reproductive health. In order to meet some objectives, young women have premarital sexual relations exposing them to the risk of premarital pregnancy. However, this behaviour can be rational and some young women can get pregnant willingly in order to provoke marriage and create an emotional link with the father of the child.

3.2. Economic rationality behind fertility and marriage

An individual's rationality can be defined as what s/he does with reason and common sense. Thus, sexual activity and premarital fertility often indicate an economic interest where young women can lay claim to marriage and receive an allowance for their child. Sexual relations would thus result in a financial or material gain and would create an emotional link with the young man that would commit him to marry. Premarital sexual relations would thus result from a process of rational decision-making. However, in doing so, young women expose themselves to important risks if their partner refuses to acknowledge the child and marry or grant an allowance.

Most of the time women who get married at an early age are those who come from a disadvantaged family background. Mostly women who are from disadvantaged family background prefer to be attached to men who are financially stable. They believe that such men assist them financially. Mostly, a relation between a man who is financially stable and a woman who is from a disadvantaged background does not last long. The man will just have a taste of the woman, and thereafter dump her. Things will be worse should that particular woman get pregnant. Men know it very well that pregnancy means responsibility, and they do not want to be trapped in this kind of a situation. [M24]

3.2.1. Early fertility and marriage

In Shangaan society, among the young women who want to marry rapidly, some want to benefit from the status of spouse.

There are women who get married for the sake of getting a man who will support them. [M24]

Women who have had one or several premarital births when younger are prepared to get married rapidly to obtain the financial support of a husband.

Because I am 21 and I think I am qualified to get married because I have played around enough in life to understand what kind of problems to expect when residing with a man and that will help us to stay well together. [FNE21]

Women's desire to marry rapidly thus testifies to economic rationality. Women who come from a disadvantaged social background hope to find a husband who is employed.

Women do want men to support them. That is why it is difficult for a man and a woman to settle in a relationship especially when the man is not working. [FEE25]

Peer pressure can be an important element in marriage aspiration. When a woman sees that the social status of her friends has risen thanks to marriage, she also feels she wants to marry.

They envy their friends who are married and they search for a man to marry them. [FEE22]

The following quote shows that young women do not think of using contraception during their first sexual relations. This young woman believes that women must remain virginal or marry early so as not to have to face the burden of a premarital birth without the financial support of a husband.

She can maintain her virginity up to the age of 20, after this age she might start having sex so she should get married before getting to temptations. [FNE24]

3.2.2. Creating an emotional link

Carrying a child can, for some women, be a means of maintaining an emotional link with their partner in order to create a financial link. Some women use this process to attract the favours of a man with a view to marrying. However, this behaviour, creates a risk observed in the very high number of premarital births that do not end in marriage with the father of the child.

Some women believe that the only way to win a man is to bear a child for that particular man. [M23]

3.2.3. *Desire to leave the parental home*

According to tradition, young women who marry must leave their parents to live with their husband. Coming from a disadvantaged background, a woman may marry with a view to benefit from a better financial and social situation with her in-laws.

Whenever we involve ourselves in sex is that we look as to whether the person loves me, then after realising that he does then I believe that the right thing is to get pregnant and have his baby so that I can move in with him. [M21]

3.2.4. *Child support grant*

In the past, premarital births were discouraged by the families because they represented an additional burden. Today, according to the perception of some interviewees, parents let their children do as they please since young mothers can now benefit from a child support grant.

People used to discourage early birth. This is because early birth meant extra responsibility for them. But now that the government has introduced this child grant thing they no longer say anything. They do not get surprised when one gets pregnant. For them, pregnancy is always fine because after giving birth one is going to register for the child grant. [M29]

The following quote indicates that child grants encourage non-protected sexual intercourse and incites the most destitute young women to have children so as to benefit from the grant.

Early pregnancy is also encouraged by the grant of R160 given to children under 7. Even if they are not working they do not mind giving birth because they will get the R160 grant. [M23]

For some women who have had an unplanned premarital birth, this grant can constitute the only source of income. The following quote highlights the financial difficulties to which single mothers can be subjected.

I was suffering with my children until other community members advised me to go and register for the child grant money, they even gave me R20 and I went there to register. Up to today I get the money. [FNE29]

Almost all interviewees are in favour of the grant as long as the money is spent on the child. Social services can indeed stop payment of the grant if the child does not benefit from it.

It is a good policy because those young mothers who are not working and whose children's fathers have denied paternity get assisted. They are able to buy clothes and food for the baby. [FNE24]

However, a high proportion of eligible persons do not receive the grant for lack of official documents. This is usually the case for South African women who are not in possession of the Birth Certificate of their child because the father refused to acknowledge the child; it is also the case for Mozambican women who have applied for SA citizenship but who are not registered yet and who cannot therefore apply for the grant.

I do not have an identity document. I have recently applied for the South African ID but I have not received it yet, but as soon as I have an ID then I will be able to register a birth certificate for my child then go to the pension offices to register for the grant. [FEE23]

3.3. Modern nuptial behaviour

Today deep transformations are modelling fertility and nuptial behaviour in rural areas. Phenomena never analysed in rural Africa before came up along the interviews: some young men want neither marriage nor child and some young women do not want to marry either. Marital tradition comes across as a constraint no longer accepted by modern young people.

3.3.1. Remaining unwed or childless

Throughout the interviews some expressed that they had no intention of marrying or having children. It is the case in particular of young men who feel sufficiently independent to look after any child and of young women who have had a premarital birth.

I will never marry: I am able to do everything sharp for myself, and I know a question might arise but I don't ever want children. [FGDH M23]

I do want to get married in my life. I do not even dream of getting married. I have got a child to solve about, and I am not ready to accommodate a second person who will make me worry a lot. I just want to be a mother, not a wife, just only that. [FNE21]

3.3.2. Marrying after 30

Some women want to marry and have their first child after 30, when they are independent. Moreover, young men no longer want to support a family on their own. They now believe that their wife must be educated and have a stable job. This seems to be the new perception for a marriage to be stable and sustainable.

My intention is to get married after securing a job. I want to get married to a woman who will be working. I strongly believe that I can live a better life should I get married to a person who is working. [...] I do not want to find myself in a position where I will be spoon-feeding the wife all the time. [M19]

Modern nuptial behaviour results in marrying age being delayed while other circumstances influence marriage decisions. For example, some young men do not have the necessary resources to pay *lobola* by themselves.

My wish is to get married as soon as possible. The problem is that I do not have money for lobola. Should I get some money, I will get married. [M26]

3.3.3. Modern perceptions on the ideal age for marrying

Interviewees were asked about their perception on early and late marriage (i.e. before 20 and after 30 respectively) as well as about the perception of their family, friends and partners on the matter. Late marriage is recommended by more than three quarters of the families, friends or partners. However, concerns were raised in respect of sterility among women over 30 who have never had children before and in respect of life expectancy.

Unfavourable perceptions towards late marriage

Unfavourable perceptions linked to late marriage for women have to do mostly with the risk of sterility. The objective of a marriage being to conceive children, fears of becoming sterile and to have abnormal children are common. Furthermore, some believe that marrying late hinders the future plans of couples involved because their life expectancy is limited.

If she gets married after the age of 30, she might have problems getting a child because she is a bit old. Her bones are stiff by then. [FNE29]

They are saying your future plans are frustrated meaning that you are just living with no plans anymore because nowadays your years of living are very short. [M21]

Favourable perceptions towards late marriage

The main arguments favouring late marriage have to do with schooling and economic reasons. Indeed, women who work raise their children in favourable conditions. Moreover, after 30, women become mature: they have had the time to find a suitable husband and know how to discuss and manage marital conflicts.

It is good to get married at the age of 30. A person of this age is mature, will have finished school. In other words, she is at the right age of getting married. It was good for my sister because she was working for herself. Although, she had a child by then, she did not experience any problem because she used to provide for everything her child needed. [FEE25]

According to men's perception, women over 25 are responsible persons: they can dig the soil, they know the daily chores to be accomplished and they respect their in-laws.

It is good to get married at this age because a person of this age will know how to clean and cook. She will know how to plough as well. [...] A person of this age is able to look after the money allocated to her, which is meant for the whole family. [M26]

Favourable perceptions towards early marriage

Early marriages are seldom recommended. The peers of interviewees are the ones who turn out to be in favour of early marriage. In the context of a high mortality due to HIV infection, early marriages are recommended because they reduce the number of premarital non-protected sexual encounters with different partners. It must be noted that young women fear AIDS the most and recommend early marriage the most. This perception could probably lead to the earlier marriages in future.

Today there are illnesses (STDs/HIV) if she is married early she will not be mixing with a lot of lovers, but she will have slept with one man that she is married to; so it helps her not to easily contract such illnesses by changing boyfriends when not married. [FNN18]

Unfavourable perceptions towards early marriage

Generally, early marriage is seen in a negative light because young men and women are forced into marrying by their families. Furthermore, perceptions on early marriage indicate a feeling of frustration: young newly-wed individuals have not had time to enjoy life while they were being single, and have not had enough time to experiment sentimentally. This is perceived to be a source of marriage failure, which intern can jeopardise. Early marriage also considerably reduces the chances of young wedded couples of reaching matriculation level and studying at university.

Girls do not intentionally get married by choice, but what happens is that they become pregnant by mistake and then they are forced to get married because of that. [M27]

It is not good for a person at the age of 20 or less to get married. A person of this age still enjoys going around and socialising with friends. This will make her child suffer a lot because at times she will even fail to prepare some food for the child, and this type of a situation will affect the child's health. [FEE25]

Desire to remain single

Young people express a desire for entertainment and social encounters that necessarily require a period of celibacy of several years, delaying the age of marriage.

My friends and I never really consider things such as marriage, we do not care what others say or think, all we want to do is to linger in the streets non-stop, we never thought of marriage. We walk even midnight to as far as Lilydale to visit our boyfriends. We were jolling (fooling around) and never gave a damn about tomorrow. [FNN17]

Conclusion

The general perception shows that marriages between 25 and 30 years old are perceived in a more positive light. An age difference of three years is recommended in couples because young men are less mature than young women: before turning 25, young men can be neither loyal nor responsible enough to meet the requirements of married life. A nuptial phenomenon rarely observed in rural Africa indicates that young men and women prefer to remain single temporarily or indefinitely, revealing that obstacles to marriage do exist.

3.3.4. Obstacles to marriage

Nuptial behaviour changes arising from obstacles to marriage testify to deep socio-economic changes in rural society. Formal employment among women, improvements in education levels, refusal to live together with in-laws and be subjected to their rules and to live at their expense, have created a new social context favouring late marriage.

Influence of employment on marriage

With the rise in schooling levels, young women become more independent. Some of them work and achieve financial independence. Thus, when they have a premarital birth, they are not forced to marry in order to their child's education. Without employment, a man cannot support a woman and children financially. Yet, the activity rate is low (40%) and schooling expenses are constantly increasing, a fact that does not incite men to marry and have children until they have a stable job.

Employment can influence a person's decision of getting married, a person might decide I am working and providing for myself therefore I rather keep on working and be single rather than facing all pressures that comes with marriage. [FNE21]

Influence of education on marriage

Late marriage can be explained by an improvement in the level of education of women. More women study and prioritise their studies over their private life.

Another reason why people got married at an early age is because people did not go to school in the olden days. Nowadays I can go to school until the age of 25 before I can get married. [FNE29]

Young women who are excluded from the schooling system think of having a child young, as their peers who are not schooled do, so as to acquire social status, and try to marry the father of the child. However, this behaviour is on the decrease since young women aspire to independence and to the highest possible education level.

Most people who think pregnancy is fashionable because they use it as a competition more especially those who are drop outs. Those who are not educated, they do not have information so they think they have to compete and they tell themselves that all my friends have children while I do not have a child therefore I should have a baby just like my friends. [M21]

Attitude of in-laws

The attitude of in-law families towards young wives represents an obstacle to marriage, thus delaying their nuptial aspirations. Rapid societal transformation has created tensions between them and mothers-in-law who expect young wives to behave according to tradition. But young women do not want to be subject to the rules of their in-law family. That is why they prefer to wait to become independent and to have their own house or wait for their potential husband to have his own house.

I want to get married at 24 because I do not want to reside with the in-laws, I just want to go straight to my own yard. [FNN17]

The decline of marriage aspirations

Men and women are not as attracted marriage and living together as before. Women are more willing to marry because they want to benefit from some sort of support. These different aspirations enable men to satisfy their interest without being forced into marrying.

Women have a higher will to get married than men. Once a man tells a lady he loves her, she decides that since he said he loves me "I have to get pregnant so that he can marry me" meanwhile that is not his plan, his intention is to play with you and you think he intends marriage [FNE21]

Men no longer intend to marry young. They prefer to have several partners and avoid the charge of having a wife and children because they are often not employed or earn a small salary. In the following quote, a young woman declares that men no longer need to marry since they can now have sexual intercourse when they wish and at a lesser cost than marriage.

The reason why men are not willing to marry nowadays is because they get what they want. It is not difficult for them to get women for the reason of satisfying their sexual interest. Men would like to marry if it was difficult for them to get women for sex. They don't want to marry because they can get women who can provide them with what they want at least at a cheaper cost. [FNE29]

Traditionally, men were entitled to have several partners, but today, women want a husband who is loyal. Thus, their desire to marry is lessened because men still want several partners. Indeed, all categories of interviewees agree on the fact that men find it difficult to remain loyal, thus creating tension and conflicts within the couple.

We girls do not endure the pressures of marriage. Should I hear that my husband is having a relationship with another girl we are unable to be calm, we fight with the husband and the girlfriend, whereas in the past a husband would bring back another woman and chase his wife out of the bedroom, she would go and sleep with her children, she would not mind. [FNE21]

Some women do not want to get married because they do not want to be left alone in the house. [FEE26]

Educated women who are employed do not seem interested in marriage because they do not have a good opinion of men as husbands.

Women mostly do not want to get married anymore, more especially those who are educated who see those who are married who are suffering in their marriage. [FNE29]

3.3.5. *Perceptions of a happy marriage*

As far as women are concerned, a happy marriage requires a husband who is employed, responsible, loyal and who does not put them at risk of HIV infection. Such a man would pay for house expenses and own a house. As far as men are concerned, women must be educated in order to find work and be able to do the housework.

He has to be well behaved and to concentrate only on me because there are a lot of illnesses today and if he is not trustworthy he might contract and pass the illnesses to me. [FEE27]

Conclusion

The analysis of the perceptions of marriage in Agincourt shows that the rural environment is undergoing deep social transformations, to which a large number of migrant workers contribute (43% of men and 18% of women among the 15 to 49 years old). The new South African Constitution has made rights between men and women more balanced and as the following quote shows, traditional values and customs such as *lobola* are no longer compulsory.

The relations between males and females are changing in this society. They are not like in the olden days because nowadays women have been given 50/50 rights. You would find a man wearing an apron washing dishes. [FNN22]

Women's status has changed, they are educated, they can aspire to employment in the modern sector and choose their husband. The influence of schooling and employment is a deciding factor in their marriage ambitions. Early marriages take place essentially because of a premarital birth while general perception favours late marriage. Nevertheless, a young woman can decide to have a child in order to marry because she wants to leave her parents and receive a child allowance or money from the father, although they run the risk of the child's acknowledgement being denied. Pressure by married peers and fear of AIDS also play an important role in their decision. Moreover, men can satisfy their sexual desire easily at a lesser cost without having to marry. They do not favour early marriage with one partner only and both genders are in favour of celibacy. These new profiles mean that couples marry later in life and increase the risk of premarital births.

4. SOCIAL CONSEQUENCES OF PREMARITAL FERTILITY

A premarital birth represents a violation of traditional rules and, according to the families, young mothers expose themselves to strong social stigmatisation from parents in particular.

Some young women are chased out of their home and forced into living with their partner so as to obtain his support. However, partners can follow various strategies to avoid acknowledging the child. Some do acknowledge the child while others flee, but most will try to avoid marriage and give financial support to the mother and her child. Young women are afraid of exposing this type of behaviour in front of a court, although they are entitled to. When marriage does not follow a birth, young mothers are subject to various parental sanctions, whether financial, moral or physical and household expenses are allocated in priority to the newborn. Some young women who are chased out of their parents' home have no means to survive and many of them do not benefit from a child grant. They often have to steal or prostitute themselves in order to survive, and as a result, there is a risk that the child will be rejected or even abandoned.

4.1. Is premarital birth a problem?

In order to avoid influencing interviewees' answers and assuming premarital birth to be a problem, the interviewees were asked to identify the pros and cons associated with premarital birth before the age of 20.

Some think that there is no negative consequence associated with children born of an adolescent mother and that, on the contrary, their school results would even benefit from it.

The child who is born to a mother of 20 years is likely to be mentally good. Most of the time they are even clever when it comes to schoolwork. [M24]

A 21-year-old pregnant woman who has never been married says that the medical staff of her clinic explained that there are no health risks associated with giving birth at her age.

According to clinical staff, it is good for a person to give birth at an early age because a person of this age is likely to give birth to a normal and healthy child. [FNN21]

Women who have never experienced birth-giving are of the opinion that it is preferable to give birth while they are young. According to them, being a

young mother is not dangerous while giving birth after 30 years old increases health risks for the child.

It is good to have a child before you are 20 because if you wait until you are too old you might give birth to children who are not well mentally and physically. [FNN21]

However, a premarital birth can constitute a set of unplanned expenses (e.g. food, medical services, clothing and school fees) that can be beyond the means of the household, resulting in economic and health difficulties for the entire family.

Most of the children who are given birth while adolescents are a mistake, [...] you find that a child is born and there is no one who is working in the family because it is a common situation in many households and the child needs to eat but there is no food. [M27]

A wide majority of men and women are of the opinion that having a premarital birth carries a lot of inconveniences because it often results from unplanned pregnancy when the mother is still an adolescent. They believe that early pregnancy is neither planned nor desired if it does not happen within a marital framework since with it causes financial and health difficulties for the entire family of the mother. Pregnancy only seems to be desired if the parents are married and one of them is employed.

There is nothing good that I can tell you about having a child at the age of less than twenty years. I can only tell about bad things. [FNE32]

Most of the time it is not good to give birth before 20 because normally the pregnancy will be an unplanned one. [FEE25]

4.2. Fathers' refusal to acknowledge a child

Refusing to acknowledge a child is a means for a young man to escape parental and marital duties, as well as the responsibility of raising a child. When a young man acknowledges a child, he commits himself to supporting his wife and child, which means that he must abandon school and find a job. In the face of such constraints, young men often try to refuse to acknowledge a child in order to avoid marriage. Sometimes, the child is acknowledged to avoid conflict between families although it does not make the young man responsible any more.

The boy's problem could be if the family had taken the girl to him and he decided not to deny but to accept, saying yes I accept, it is my baby, here at home his parents will say that now that you have accepted the

baby and you have caused problems with the girl's family you must quit school and go work. [FEE31]

In rural villages like Agincourt, acknowledging a child seems difficult to refuse since most of the time the families concerned know one another and know that adolescents are in a love relationship. That is why some young men disappear when they do not want to take responsibility for their child.

In general when they (men) make girls pregnant they are scared and they feel surprised. There was this boy who disappeared after they brought him a pregnant girl. He realised that it would not make sense for him to deny paternity since everybody including his and the girl's parents were aware he was sneaking in to the girl's house every night so he just decided to run and disappear. Up to now nobody knows where he is. [FNE29]

When parents convince the young father to provide for the child and his mother, young women fear they will be rejected sooner or later since the birth was not originally desired.

The father of the child might not marry you because you are both young and he was playing, but he never intended marrying you, he will end up accepting the pregnancy but dumps you at a later stage and marry other girls. And raising a child on your own while still young is difficult. [FNN21]

The acknowledgement of a child is often accepted but not enacted. In the following quote, a 17-year-old girl talks about her premarital pregnancy. Although her parents punished her for her behaviour, she did not want to give up her relationship with a certain man and ended up getting pregnant. The man in question did not refuse to acknowledge his responsibility towards the unborn child but no longer seemed interested in her.

He (the partner) ended up coming to my house and they (her parents) used to beat me whenever they caught him, I run away from home three times after they had beaten me [...]. But now that I am pregnant he does not give a damn anymore, I cannot tell if he is around or not, he agreed to the paternity of the child without hesitating, but today he never comes to see me. [FNN17]

As the following quote shows, the father of the child can be difficult to pinpoint if the young woman has had several partners before getting pregnant. The young woman's parents are then unable to identify the father and to ensure that he will contribute financially to the child's education.

There was this girl who was taken to another boy's house because she was pregnant, the young man went to collect a basin of clean water, and he told all the people who were there including his own parents to hold the ground and wash their hands inside the water, he circulated with the basin until everybody except the girl had washed his hands in the basin and the water was dirty, then he asked them a question, "who made the water dirty since all your hands were dirty and you both washed them inside the water" so he further told them that it was the same situation with this girl because she had slept with a lot of men therefore how did she decide who is the father? And they took the girl home with such an embarrassing response from the boy. [FEE22]

The refusal to acknowledge a child among young Shangaan men seems to be a common practice. In Shangaan tradition, a man's responsibility is to buy clothing and bring home the food that his wife must prepare. According to the young men's perception, their attitude towards their child can thus be limited to ensuring that someone looks after the child and to buying food.

A man may deny paternity just because he does not want to stay at the same place with the mother of the child. In this regard, the man must ask from whoever concerned with the child to stay with his child. The man must make sure that he buys the child everything that will make him or her happy. [M29]

According to young women's perception, the refusal of the father to acknowledge a child is often caused by peers' pressure.

Say a man makes a woman pregnant: his friends will tell him to deny because you are still young meanwhile they both know that he is the father and then he will refuse completely. [FNN17]

When the acknowledgement of the child is denied, the Birth Certificate cannot be established and the young woman will not be in a position to sue the father if he does not support her, nor request a social grant. However, as the following quote indicates, women can follow alternative strategies.

It will not be easy for a woman to approach the man in order for him to apply for a certificate for their child. The only alternative will be to look for a man of the same family name so that he can help her apply for the certificate. [FNE29]

Young mothers are afraid to expose unsupportive partners in front of a court. Indeed, they are reluctant to break the relationship and to expose their children to the anger of the father.

Women do not like going to social workers. They do not like it because they believe that the man can kill the child. They kill the child through bewitchment. They ask an inyanga to do it for them. [FNN24]

4.3. Parental stigmatisation

When unplanned premarital pregnancy occurs in a family and the father refuses to acknowledge the child or acknowledges it but does fulfill his paternal duties, the young woman is prey to family sanctions. Depending on the social background of the family, sanctions are applied differently. The objective is to punish the woman for her immaturity, her lack of respect and to prevent the same accident from happening again.

Parents do not want to have to bear the financial obligations of the father (food, clothing and education), which can bring resourceless mothers to situations of extreme poverty. In practice, however, family members take care of the child as long as possible, but do not spend any money on their daughter as punishment and because they cannot afford it. Very often, child minding can be a problem and forces the young mother to leave school.

However, when family income allows it and when parents do not take sanctions against their daughter, a premarital birth is accepted. The following quote illustrates this; a 21-year-old woman has had a premarital birth before and is pregnant from another man whom she has no intention to marry.

I did not get any punishment from my parents. My parents were giving me full support as far as looking after my child is concerned. [FNE21]

4.3.1. Non-married young mothers chased out of their home

Depending on the socio-economic background of her family, a young mother who had a premarital birth exposes herself to social and moral difficulties. Generally, young women feel that their parents are disappointed with them for not respecting traditional conduct rules.

Your parents do not appreciate you as much as they did because you have disappointed them by defying all rules and being stubborn to a point where you get pregnant. [FNE29]

Some young mothers are subject to very strong pressure when their parents do not want to or cannot help them. The father is usually the one exercising such pressure by chasing her out of the household to force her to reside with the family of her partner. Physical punishment can be applied as well.

There is this girl who had a child, the worse part is that she was residing with her father and her stepmother, and they only realised that she was pregnant when she was about 6 months, then they together hit her terrible until she run away from home. [FEE24]

When a father refuses to acknowledge his child and the destitute young mother can no longer live with her family, she is compelled to ask for help from neighbours or friends.

When the father of a young girl realises that she is pregnant, he may decide to chase the girl away so that she can go and stay with her partner. This is always the case if the father is not willing to help in looking after the child. [M19]

4.3.2. *Leaving school*

In the Agincourt research area, most young women who find themselves pregnant before the age of 20 are schooled. As far as female students are concerned, the main drawback of a premarital birth is to have to drop out of school during pregnancy. This is often accompanied by parental sanctions to prevent her from having other premarital births and to send her back to school.

The most common sanctions taken by families consist not only in cutting out school fees to force the girl to look after her child, but also in no longer buying her clothes so that she no longer looks attractive to men. Abandoning school is sometimes definitive, while some parents make sure they send their daughter back to school after a few years.

A young girl is bound to drop out of school when she can give birth at an early age. Most of the time parents will no longer commit themselves to the needs of their child, like buying her clothes or whatever she may need. [FNE22]

When a young girl must abandon school because of her pregnancy, parents fear that all the money invested in her education is lost that is why they punish her. In a poor rural society like Agincourt, a premarital birth destroys the parents' effort and hope for their daughter.

Parents will never be happy when their child can fall pregnant while at school. They will think a lot about the money they spent for school fees. They will say their money has been wasted. [M29]

Young girls' sometimes drop out of school temporarily, depending on the parents. On average, school interruption lasts three years.

I want to talk about the type of punishment that was given to my younger sister. Although she wanted to go back to school after giving birth, she could not. My parents did not want to take her back to school. They felt she should first raise her child on her own and thereafter she will be sent back to school. She stayed for three years without going to school. [M27]

After several years of school interruption, parents can decide to send their daughter back to school. Young women are willing to go back to school after giving birth because in Shangaan rural society, education is seen as the best way to find a modern, stable job that will allow them to look after their child and family.

Our parents are aware of how difficult it is to live without education. [FNN21]

After giving birth I went back to school because I wanted a good future for my children, I knew that if I do not go back to school I might end up working in farms or drinking and smoking. [FEE27]

In some cases, young women must leave school for good when no one can look after the child.

She was residing with her grandmother [...] The grandmother recently died and she had to quit school because her child had no one to look after her. [FNN18]

4.3.3. Conditions for returning to school

Conditions are required for young mothers to go back to school. Indeed, a parent or a nanny must look after the child and the parents must be able to pay for the school fees of the young mother. The most destitute families cannot meet all these requirements which means that the young mother will not be able to go back to school, while better off families can hire a nanny to look after the child.

I was bound to drop off with schooling mid 1999. I could not write my matric examination because there was nobody to look after my child. I went back to school the following year. My parents hired somebody to look after my child. [FNE21]

School interruptions create problems when young mother return to school due to age and status differences with their class mates. The following quote shows how such differences can lead young mothers to quit school for good.

Other parents will make their pregnant daughter quit school for a period of 2 years in order to raise her child, which I think is a very serious delay because her friends are progressing and she might have difficulty learning with people who are too young and might end up quitting school for good. [FNN17]

4.3.4. The impact of premarital birth on school performance

A young student's school performance is impacted if she is a young mother too. This is illustrated in the following situation where the young mother goes back home to study but has to look after her child, thus limiting her studying time and harming her academic performance. As a result, her chances of pursuing university studies are greatly diminished.

I failed to finish my schooling programme because of early pregnancy, and my parents could not took me back to school after giving birth. They did not have trust in me. [FEE25]

4.3.5. Moral sanctions

When parents understand what their daughter has been up to, they can exercise moral pressure or threaten her to prevent her from doing the same mistake and wasting her chance of finishing school.

Here at home they were telling me that they will not help me in any way during the pregnancy or after the birth of my child, they said that whatever happens I am on my own and that really broke my heart. But they said so to threaten me because they helped me a lot and they still are. [FNE21]

4.3.6. Financial sanctions

Financial sanctions taken against young women having a premarital birth limit their mobility as well as their purchasing power. Young women cannot pay for taxi fares to visit friends or go to town. They are forced to remain home and look after their child.

My mother was not giving me money anymore, she was not sending me to town anymore, if that day she was upset she would even go to work without giving me money for bread or meat to eat with porridge. [FNE24]

4.3.7. Priority to the newborn

Parental sanctions consist in spending what they would spend on their daughter on the newborn. The parents thus redirect spendings to the newborn who then benefits from its grandparents' attention.

Her parents even stopped doing things for her and instead they did for the baby saying that the baby is replacing her in their list of responsibilities. And I could see that this is not something that was making her happy at all. Her parents even stopped paying for her school fees saying that her boyfriend will do that. [FNN18]

4.3.8. Consequences of sanctions

Parents punishing their daughters can have different results. Some young women think that punishment will have no impact on their life while others believe the opposite. The majority of young mothers understand that their parents cannot bear the financial burden imposed on them.

4.4. Stigmatisation from peers, social circles and partners

4.4.1. Stigmatisation from peers

When a young woman turns from an adolescent into a young mother, she can find herself isolated from friends who no longer want to visit her. While she could have done with moral support for undergoing a premarital birth, her old friends (aloof from her), said that she should socialise with other young mothers. Such isolation is often perceived negatively by young women who can end up blaming their child and neglecting him/her.

Women who had a premarital birth are taken bad, even their friends who do not have children turn their backs against them, they mock and laugh at them. [FEE23]

Young mothers are psychologically affected by their premarital pregnancy, especially when they still go to school (Davies RA, 1989). During classes, they isolate themselves because they feel different and rejected by their peers. They come to think that their pregnancy is a mistake.

When I got pregnant at 19 my mind changed completely because I had to concentrate on my child and therefore had to stop socialising with my friends, I had to drop out of school, I had to look after my child. [FEE22]

4.4.2. Stigmatisation from the social circle of the young mother

A premarital birth is generally badly perceived in Shangaan society. Community members are affected by the event that will disrupt the life of the young woman and her family. The young mother and her child are perceived as increasing the financial burden bearing on the household, especially when the family is already destitute.

The community members become shocked and surprised. They question themselves about the age of the person who has given birth.

They say that the person has destroyed her own future. They normally say that her future is no longer bright. [FNN27]

People think that young women who have a premarital birth were too hasty in their sexual life. They are seen as prostitutes.

Most of the people consider her a prostitute. They will say she engaged herself in sexual activities before the right time came. [FNE22]

The young mother's parents are also questioned insofar as they failed in their duty to teach their daughter. According to some interviewees, responsibility must be shared by the young woman and her parents who did not take action on time and who did not take the time to discuss the risk of pregnancy with their daughter.

People can say a lot of things like yes, she rushed to things and fell in love while still young, had sex and became pregnant. Meanwhile they have seen you starting to do it, they fail to discourage it or warn you. [FNN21]

Children born from a non-married couple are also stigmatised and are referred to as “goyas” (i.e. “wild cats”), which signals social denegration for the child who is then considered to be an intruder, since his father refused to acknowledge him.

Furthermore, young women isolate themselves to escape unpleasant comments from their social circle. Being very vulnerable, they will avoid contact with their peers in order to avoid mockery that will hurt them and weaken them psychologically. Stigmatisations can sometimes be felt strongly and misunderstood by the young women as shown by the following quote.

People take you somehow, they do not consider you to be human just like them, and I really do not understand why because they also had sex but it's that they were fortunate not to become pregnant. [FNE24]

4.4.3. Stigmatisation from partners

Married couples with children think it is difficult for a woman with a premarital birth to find a husband while single women, with or without a child, have hope and believe that there is no real obstacle.

Most people who get babies early do not end up getting married either to their child's father or any other men. [M27]

When a woman has never been married and has more than one child, she has fewer opportunities to find a husband because his responsibility would be all the more important. Men prefer not to marry a woman who already has a child because, according to Shangaan tradition, the child belongs to the family of the father (especially when the child is a boy). According to custom, the biological father of the child keeps a privileged relation with the mother and some men see the return of the biological father as a threat.

Men think that one day the biological father of the child may wish to come back and re-start the relationship. The child will have served as a permanent bond, and as such it will be easier for the woman to accept the man. [M29]

The interviewees who do not think that a child is an obstacle to find a husband are non-married women who have had a premarital birth. The major part of this category of women hopes to find a husband who will support them financially because their situation is often precarious.

4.5. Social consequences

In some situations, premarital births lead young women to serious social difficulties. Stigmatised, vulnerable and destitute, they are forced to adapt to survive. They can then end up committing crimes, resorting to prostitution or abandoning their child.

4.5.1. Child abandonment

According to the interviewees, young women who have had a premarital pregnancy are not able to love their unwanted child. Young mothers' attitudes reveal a strong aversion towards premarital birth. They often try to escape their responsibility towards the child to go out and find entertainment. However, as shown in the following quote, grandmothers ensure that young mothers look after their child.

You have not enjoyed your youth, wherever you go you have to take your child along and that would be difficult for me. Meanwhile if you had no child you would go anywhere. In most households you hear grannies saying that “hey, take your child along!” and you might decide not to go and you lose a lot of fun. [FNN17]

When a child has not been acknowledged by the father, young mothers upon whom sanctions are imposed can be strongly affected psychologically, some fleeing from home to escape their responsibility.

I know a girl who gave birth while she was still adolescent. Although she was still willing to go back to school after delivery, she could not.

She was forced to leave schooling. The man rejected the child. The young woman decided to leave the child with her mother. She ran away from home without giving any notice to her mother. [FEE26]

Children deserted by their mother in a difficult situation can end up becoming street kids if they are no longer looked after.

Given the age of the mother, it is clear that the young woman will not be in a position to give good advice to her child. The child may end up being a street kid. [M24]

4.5.2. Criminality

Rejected and excluded, the young women must sometimes count on neighbours for assistance. Some neighbours are not willing to assist, leading the young women to commit petty thefts to survive.

I know of a certain young girl who gave an early birth. She was struggling to survive. There is no one who was helping her looking after the child. She finally decided to go around the village, and steal other people's assets. At the end those people got angry with her. They bewitched her. She got sick, and finally died. The child suffered after the death of her mother. Although the child's grandparents were looking after him, you could clearly see that the child is not happy. [M24]

4.5.3. Prostitution

Difficulties related to unplanned premarital pregnancy and to a shortage of jobs for women in the study area can force young women to engage in commercial sex work. Sometimes, their parents punish them by no longer giving them money and these young single women will try to find partners to help them. Most of them find themselves in a situation of daily struggle for survival, inciting them to have several partners with the aim of diversifying their sources of income and creating emotional links.

Young women do not care about late marriage issues, in fact what counts is what is the situation in the streets, how is that tavern now or that during month ends how much will I get from which man. That's what they are after. [FNE24]

5. HEALTH RISKS

Premarital fertility can expose young women and their children to serious health risks. Young mothers can become infected with HIV-AIDS and various STDs because they had unprotected sexual intercourse. Many young women undergo caesareans, which constitutes a risk for mothers. Moreover, the social situation and lack of maturity can have consequences on the health of their child who can suffer from malnutrition (kwashiorkor).

5.1. Logistic regression model on health risks

The following table shows a quantitative analysis based on a logistic regression model on the health risks of women of African origin in South African rural areas (SADHS 1998, N=2593). The results show that there is no statistically significant difference in infant mortality and prenatal medical care among women with marital and premarital birth.

However, women who had never been married are more at risk of giving an unwanted birth (OR=2.4 CI⁹⁵ [2.02-2.86] P<0.01). They are more likely to give birth in a supervised environment (OR=1.51 CI⁹⁵ [1.22-1.87] P<0.01), but are more at risk of giving birth by caesarean (OR=1.50; CI⁹⁵ [1.15-1.95] P<0.01). Moreover, there is a likelihood that they will not benefit from a tetanus injection when doing medical visits during pregnancy (OR=1.32 ; CI⁹⁵ [1.06-1.63] P<0.01).

The child can be at risk when the mother has never been married before because a higher proportion of women do not breastfeed (OR=1.71 ; [1.30-2.23] P<0.01), heightening the risk of infectious diseases and nutritional deficiency provoking kwashiorkor.

Table 1: Premarital birth health risks in African women in rural South Africa, SADHS 1998

	B	E.S.	Signif.	OR	Confidence interval 95%	
					Inferior	Superior
Unwanted birth	0.88	0.09	0.00 *	2.40	2.02	2.86
Never breastfed	0.53	0.14	0.00 *	1.71	1.30	2.23
Caesarean	0.40	0.14	0.00 *	1.50	1.15	1.95
Assisted birth	0.41	0.11	0.00 *	1.51	1.22	1.87
No tetanus injection	0.28	0.11	0.01 *	1.32	1.06	1.63
No prenatal care	0.15	0.28	0.60	0.86	0.50	1.50
Child dead at birth	0.14	0.18	0.43	1.15	0.81	1.64
Constant	1.39	0.12	0.00 *	0.25		

Dependant variable: premarital birth * Statistically significant (P<0.05)

5.2. Health risks for the child

5.2.1. *Kwashiorkor (malnutrition)*

The most serious form of disease regularly mentioned in respect of children born of an unmarried mother is kwashiorkor. This disease, also referred to as the disease of the red children, usually appears when children are a few months old or have just been weaned. Milk-based feeding is replaced with food based on maize or wheat that can provide a sufficient quantity of proteins but that is deficient in certain aminoacids indispensable for growth. This severe type of malnutrition results in the presence of œdemata in the lower limbs and in the face, a strong muscular loss, and skin and hair depigmentation. This qualitative deficiency (lack of proteins) is due to insufficient food diversity. The disease above entails psychic disorder (sadness, hostility and apathy).

The interviewees mentioned Kwashiorkor symptoms as: distended stomach, brittle hair that no longer curls and that takes on a reddish colour. Most young women seem to know the causes of the disease: malnutrition and lack of food variety.

Testimonies highlight that young mothers of school age lack the money and are not assisted. In such circumstances, they cannot provide their child with a balanced meal or take him/her to the hospital when malnutrition becomes severe.

My baby was suffering and every month she was going to the hospital, very ill. Sometimes they came to call me from school saying that your child's legs are green. If I was working or her father and her family were helping to provide for her it would have been better. [...] The child was suffering because I had no money to buy healthy food that would have built her body and she became ill of kwashiorkor. [FNE24]

5.2.2. *Consequences of the mother's lack of maturity*

Health risks of children can be the result of a young mother's lack of attention and experience. Interviewees do not perceive young women as being careful mothers. According to them, they do not bathe their child daily, do not wash his/her clothes and do not feed him/her properly. Young women who are socially isolated, either because of parental sanction or due to family circumstances, lack experience and knowledge in respect of primary health care. When a child is sick, young mothers often do not know what to do.

I had my baby when I was 16, because I was naive. [...] I was suffering because when the baby was ill and I had no idea what to do, how to help him or make him stop crying. [FNE24]

Some mothers bring their child along to places like shebeens, while others leave them alone making the child run the risk of becoming a street child.

5.3. Health risks for the mother

When girls are very young, premarital birth can lead to growth problems and caesareans, which are feared by mothers. Non-protected sexual relations leading young women to have a premarital birth expose them also to STDs and HIV-AIDS. There is a positive correlation between premarital fertility and HIV-AIDS prevalence in sub-Saharan Africa (Garenne & Zwang, 2003).

5.3.1. Perception of AIDS in Shangaan society

In rural Shangaan society, the perception of the age group studied shows that a strong majority of the community believes that AIDS does exist.

80 percent of this community know that there is HIV. They hear other people talking about it. [M24]

However, diverse perceptions about origin and transmission create confusions that have a negative impact on the use of condoms as a means of prevention. Some have seen individuals being sick and dying while others have heard of AIDS cases in their social circle. They then believe they are able to recognise occurrences from apparent physical symptoms (loss of weight and hair).

Some deny the existence of AIDS and believe that the cause of the disease and the resulting death is bewitchment.

Others believe AIDS does not exist that is why they will never disclose the cause of death if it is HIV, instead they will accuse each other of having bewitched the person. [FNE24]

Others do not believe in the existence of AIDS because they have never met or heard of anyone in their social circle who had the virus. Indeed, AIDS allows opportune diseases to develop. Thus, the symptoms of the person infected by HIV are those of the opportune disease, which can create doubts about the existence of the disease and its origin.

Young people do not believe that there is HIV/AIDS. I personally do not believe that there is HIV because I have never seen a person who is suffering from AIDS. I have never heard of a person who has died from AIDS. [FNN22]

The perceptions and attitudes towards the virus can promote behaviours that will put a young woman at risk, by not using condoms when a partner is deemed in good health. Of note is the fact that some individuals can be infected for up to ten years without any visible symptoms, making the reliability of symptom-based diagnoses highly doubtful.

AIDS is taken for other diseases

Some of the interviewees believe that AIDS is a disease known among the Shangaan as Tinzhaka (or Ndzaka). According to local belief, this disease occurs when a person breaks the rule of mourning by having sexual intercourse with the widow or widower before s/he has been purified. The following quote brings out the existing confusion between AIDS and Tinzhaka. Tinzhaka has nothing to do with bewitchment but has to do with tuberculosis. As this 21-year-old man describes it, the symptoms are chronic cough and cachexia, which are the two main symptoms of tuberculosis.

Tinzhaka occurs after there was a death in the family and you have broken the taboos by having sex before being cleansed but I can say the symptoms are similar with AIDS like persistent cough and losing weight but I really do not know how the two illnesses link. [FGD M21]

Other origins ascribed to AIDS

Among other perceptions given by some interviewees, some elderly people think that today's food is a cause for AIDS.

Old people believe that we get HIV from the type of food that we eat nowadays. [FNE29]

Some men do not use condoms thinking that it contains the virus. According to them, such an assumption can be demonstrated with a simple experiment using condoms distributed freely in health centres. One simply needs to open a condom and let it soak in water under the sun. The lubricant contained in the condom then begins floating away in the water that, as a result, becomes murky. The floating particles are thought to contain the AIDS virus.

There are some problems related to condoms. There are a number of things in them and that is why I do not prefer using them. It appears as if there are some germs inside them. To experiment it is very easy. You just take a condom, immerse warm water in them, expose them to the sun for some minutes. After some time you will see some things moving around within the condom. [M24]

Media and religious messages

The population gets information on AIDS through the media (films, TV and radio advertisements, billboards), local health centres, hospitals and the LoveLife groups, who distribute information brochures as well as condoms. However, messages on sexuality also have the effect of promoting sexual activity among adolescents, such activity being mostly unprotected and thus exposing adolescents further to AIDS. Moreover, the Church and the media send contradictory messages. The media recommend the use of condoms while the Church condemns it for female adolescents who are not married or who have not had any child.

The church elderlies know that we are young to engage in sex, however they have other contraceptives that they use in the church for older women who are married that they do not give to young girls which show that they do not encourage them to use contraceptives. [FEE23]

In many South African traditions, women tend to submit to men's sexual desire and the latter's aversion to condom exposes women to AIDS and premarital fertility when they do not use other modern contraceptive means.

Women have very little chance of proposing the usage of condom when they have sex. It is a natural thing. [M24]

Cultural attitudes towards condomization and the divergent messages sent by the Church and the media do not seem to favour the adherence to preventive counsel, which could explain the high prevalence of AIDS levels and premarital fertility among the population.

5.3.2. Fear of AIDS and changes in behaviour

AIDS and STDs are not, to a certain extent, perceived as a real threat by the whole population.

People are not afraid of HIV. They keep on having sex with more than one partner without using a condom. [M24]

People who have not experienced a particular illness do not believe that AIDS or STDs can affect them. Furthermore, STDs do not seem particularly feared since they can be treated by health services.

Awareness of HIV status

Pregnant women or those who already have a child are supposed to know their HIV status. The South African health services test pregnant women when they go to health centres or hospitals for antenatal visits. Other women find out their status only when they go to clinics for that purpose.

When one is pregnant there are some continuous HIV tests conducted at clinics, and afterwards you are given the results. [FEE25]

However, the perception of young people testifies to a strong aversion to undergoing an HIV test. The reasons given to explain why so few individuals know their range from the fear of AIDS to the imprudent attitude of the young towards the illness. As the following quote shows, a person could commit suicide once s/he knows s/he is HIV positive because of social stigmatisation. Moreover, people think that nurses inform their entourage about their status, which constitutes strong deterrent to be tested.

People are afraid to test. I think a person can commit suicide if he or she can know that she is HIV positive. Immediately a person knows that he or she is positive, she also thinks even the other people know about her status. He/she will not be free when going around the community. [FNN22]

Furthermore, it seems that individuals are not well informed by the medical staff about the fact that they can be tested for free.

The clinics have not explained to them that they can go and test. [FEE23]

All previous observations show that perceptions of diverging preventive messages and the attitude of the medical personnel do not ensure an effective preventive policy against AIDS and premarital fertility. Some are aware of their high-risk behaviour with partners who have also had high-risk behaviour. However, they do not dare to do the test for fear of being told that they are HIV positive and for fear of the medical personnel's lack of confidentiality.

The fear of AIDS and the age of the first sexual relation

The majority of interviewees believe that the fear of AIDS can delay the age of the first premarital sexual relations. Although some perceive this fear as having a delaying effect, others consider that adolescents do not feel exposed.

Today people are unable to abstain; there is something about our minds that makes it impossible for us to tell our body to abstain. [FNE24]

Some respondents believe that the fear of AIDS affects neither young women nor young men.

STDs and AIDS do not frighten both men and women. We see a number of young people engaging in sexual intercourse in their early stages of life. This makes me conclude that these people are not afraid of these illnesses. [M24]

For others, the strong prevalence of AIDS does not lead to a change in premarital sexual behaviour because young lovers have the ability to use condoms to protect themselves.

Both men and women believe in using condoms. [FNN17]

The fear of AIDS and fertility

Some women know about the risks of mother-to-child AIDS transmission, which could discourage premarital and marital forms of fertility.

They can delay having children if they do not know their HIV/STD status and the status of their partners. They fear that they might give birth to children with the virus. [FNE21]

The fear of AIDS does not affect the level of premarital fertility and the rates of unplanned pregnancies, although total fertility rates are in fact on the decrease. Nevertheless, societal perception reveals that this fear could affect sexual and fertility behaviours in years to come.

In years to come people will not want to have children due to fear of this illness. [M21]

However, AIDS does not seem to affect the behaviour of the youngest women who are perceived as immature. They are less responsible than married women who use modern means of contraception and have fewer children than before.

Young people enjoy having sex a lot. This makes them to give birth at an early age. Young people do not believe up to this far that there is AIDS. Only mature people believe that there is AIDS, and they are the ones who are discouraged to give birth nowadays because of this illness. [FEE25]

According to men, AIDS should not discourage married women's fertility. For some women, irrespective of their marital status, a birth promotes indeed a strengthening of the sentimental relation. Married women will continue to have children and those who have never been married will get pregnant to create an emotional link with their partner or involuntarily.

Fear of AIDS does not discourage childbearing especially to people who are in a stable relationship. [M24]

Women who have never been married and who have several partners should use condoms to protect themselves against AIDS, which would reduce their fertility potential. However, others think that AIDS should not discourage women who do not know their seropositive status since they believe they are HIV negative.

People mostly do not know their status, if you do not know your status you might not be afraid to have a baby. [FNE21]

According to general societal perception, despite the risk of AIDS, young women continue to have premarital births, which proves that they did not use contraception, thus flouting the health risks.

A lady might become pregnant after hearing that I have an affair with another woman; she might decide to win me over by giving me a child. [M23]

Even when they are treated, some STDs affect women's sexual behaviour as well as their fertility. In the following quote, a young woman could no longer have sexual relations as she was affected by an STD.

STDs can discourage childbearing. It is not nice to live with an STD. I once experienced that by myself. Living with an STD prevents you from having sex. [FNE21]

The fear of AIDS and loyal behaviour

AIDS perception in society shows that individuals know that having multiple partners increases one's chances of being infected with AIDS. Thus, according to half of the interviewees, the fear of AIDS would bring some stability in couples. Men especially think so, while the youngest women believe that men and women are not loyal.

It brings stability to both men and women. They know that more than one relationship increases the risk of being infected by AIDS. [FEE25]

Married women believe that AIDS has made women more loyal but not men. Thus, married women would be more loyal than men because if they infect men, they fear that their husband will no longer be able to support them financially.

The main reason given to explain why the fear of AIDS does not lead to a change in sexual behaviour in Shangaan society has to do with the use of condoms. The fear of AIDS disappears with the use of this type of contraceptive. Young women who are not married and who do not have children are those who believe the least in the loyalty of couples. Testimonies reveal that men do not use condoms with their regular partner but use them with other partners.

They do not stop being unfaithful even though they know about the illness; they still cheat both men and women. [FNN17]

The fear of AIDS and marriage

Some young women who feel exposed to the risk of AIDS infection believe that a marriage and its stability are the best prevention.

Women tell themselves that I want to get married and settle down with one man because they do not want to contract AIDS. [FNN18]

Due to the fact that people do not know their HIV status, the fear of AIDS has very little effect on reproduction decisions. However, HIV positive women are far less fertile biologically (Gray, 1998). Considering the important number of young women below 25 who have had a premarital birth in South Africa (65% in 1998), the fear of AIDS does not seem to affect sexual behaviours. However, the testimonies of adolescents show an improvement in the perception of AIDS and condoms.

We see a lot of young girls giving birth on a daily basis. This is a clear indication that people do not use condoms during sexual intercourse, and it is a sign that they are not afraid of getting either STDs or HIV. [M29]

5.3.3. Physical development problems

For very young women, being a mother can present health risks, particularly for their physical development.

There was this young girl I know she is about 11 or 12 years old. One day I met her carrying a baby and her body had changed. Because of the way she is young, the pregnancy did not make her grow up, it just condemned her and she will never grow up further. [M27]

5.3.4. *Prenatal visits*

During pregnancy, adolescents' lack of interest for prenatal visits signals a certain form of immaturity that hinders their attention during antenatal classes. According to one mother of several children, female adolescents are not sufficiently attentive during antenatal visits, which could explain their poor knowledge in primary health care.

When the nurses ask those who were there yesterday should raise their hands and they ask them what have you learnt yesterday, she does not remember so that shows that because she is still young she is unable to take things to serious consideration. [FEE31]

5.3.5. *Fear of giving birth*

Shangaan society perceives early birth giving negatively because it often requires a caesarean and such a surgical intervention is feared by young mothers.

It is bad to give birth at an early age because you might give birth through caesarean. There was this girl I met at the hospital who had given birth to a very tiny baby and they said that the baby's chest was not fully developed because the mother was too young and the baby was not fully formed. [FNE29]

Furthermore, there is a higher probability for younger mothers to give birth to a premature baby, which presents a health risk in terms of his/her physical development.

6. CONCLUSION

Premarital fertility rates are very high in Agincourt, in the rest of South Africa, and reflect important social changes: late marriages, longer schooling, weakening of parental social control, increase in sexual activity and new behaviour towards fertility.

The results of the study show that perceptions and attitudes towards premarital fertility have a deep impact on the implementation of family, health, and reproductive policies as well as on AIDS prevention programmes.

In Shangaan society, parental social control over adolescents has loosened while premarital births remain strongly stigmatised. Adolescents have freed themselves from traditional control means. Boys now enjoy earlier sexual relations and girls do not have to marry as early as before.

The study shows that only young women who do not have children have a positive perception of early fertility, because they believe that a late birth (i.e. after 30) includes health risks. However, while sexual activity among young women has increased, it has not been compensated by an increase in contraception use and they are, as a result, exposed to premarital fertility and HIV/AIDS. These conclusions show that family planning policies are not suited to women who have not yet given birth for the first time. If the level of premarital fertility is high in South Africa, it is because female adolescents are involved in early premarital intercourses that do not lead to marriage and because family planning programmes are mainly aimed at women who have already had a child (Garenne, 2000; Du Toit, 1987). To the extent that social changes are taking place over a very long period of time, of using modern means of contraception from the moment of the very first premarital sexual relations is the only way to reduce the number of unwanted pregnancies.

A premarital pregnancy is a burden for young mothers who sometimes reject their child. They are subject to stigmatisation from their social circle and their parents often punish them in a way that will affect their future. Such punishment can lead young mothers to prostitute themselves, to steal in order to survive or to abandon their child.

In a poor rural society like that of Agincourt, premarital fertility behaviour signals a form of economic rationality although fertility no longer commits partners to marry. An analysis of marriage perceptions shows that men no longer want to marry young since they can satisfy their sexual desires easily. In addition, they often refuse to acknowledge their child.

The results of the study show that a high proportion of young women are eligible for child allowance but do not receive it when the child has not been acknowledged by the father, which deprives mothers of the child's birth certificate. Family policies should be modified in this regard. Furthermore, women are afraid to have recourse to the legal system when a partner refuses to acknowledge the child because they fear for their security, as they believe they could be bewitched in retaliation.

Study conclusions show that men are often reluctant to use modern contraceptive means (condoms, injections), which indicates the need to improve existing prevention programmes. Moreover, few people take HIV tests for fear of finding out their status and do not seem to know that testing is free.

Religious and preventive messages regarding AIDS diverge. Preventive messages seem to be inciting people to have sexual relations while religious messages condemn the use of contraception and especially abortion for women before giving birth for the first time. Adolescents have a negative perception vis-à-vis the attitude of health personnel who seem reluctant to provide adolescents with contraceptives.

I became pregnant even though it is easy to access contraceptives because I was young therefore I thought that maybe the nurses will be rude towards me, I was embarrassed to go there. [FEE23]

Moreover, adolescents need more discretion when they go to the clinic to fetch contraceptives or be tested for HIV because they are concerned that nurses will inform their parents or their social circle about the results of the test.

As the study shows, changes in perception and attitudes towards tradition, marriage and sexuality, health personnel attitudes, divergence among messages given by the Church and the media, beliefs about contraception and AIDS, are all factors heightening premarital fertility and HIV infection risks.

The postulate that a premarital birth results in harmful social and health consequences for the young mother due to her being stigmatised seems to be confirmed despite the small size of the sample used for the survey. Consequences and risks depend on the conditions in which a premarital birth occurs and must, in turn, be considered in the light of the social, economic, cultural and family context at hand.

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