



Teenage fertility rates falling in South Africa

Tom A Moultrie, Nuala McGrath

To the Editor: Much noise has recently been made in the popular media suggesting a link between the launch of the Child Support Grant (CSG) and an apparent rise in teenage fertility. This perception persists in spite of a detailed study commissioned by the Department of Social Development¹ that found no evidence of 'perverse incentives' for childbearing associated with the CSG; a second report² came to the same conclusion, despite presenting internally inconsistent estimates of the levels of teenage fertility in the country and by population group in the last decade. It is desirable to place in the public domain as much evidence as possible regarding the trends and differentials in teenage fertility rates over an extended period of time.

Teenage fertility rates (births per 1 000 women aged 15 - 19) from the 1996 and 2001 censuses and the 1998 South Africa Demographic and Health Survey (DHS)³ are shown in Table I. Unfortunately the estimates of fertility in the 2003 DHS are implausibly low and cannot be used.⁴

There is a strong congruency between the results from the 1996 census and the 1998 DHS, which is all the more robust given that the results from the DHS are averaged 3-year rates, and are centred almost exactly on the census date. Only among coloured teenagers is there some uncertainty as to the level of teenage fertility in the mid- to late 1990s, a few years before the introduction of the CSG in 1998. Data from the 2001 census show that among all population groups, teenage fertility fell by at least 10% over the 5 years between the censuses. This certainly suggests that the introduction of the CSG is unlikely to have given rise to an increase in the number of teenagers giving birth. However, it is impossible to determine precisely the pattern of change in teenage births between the two censuses, and arguably these data are still insufficient to definitively reject suggestions (no matter how unlikely given the context of the South African fertility decline) that the introduction of the CSG modified an even steeper decline within the period.

What has happened since 2001? Evidence is scanty, not least because of the unavailability of nationally representative data after that date. However, some indication can be gained from

two different sources; the data collected retrospectively and prospectively at the Africa Centre for Health and Population Studies, a Demographic Surveillance Site (DSS) in rural KwaZulu-Natal, 250 km north of Durban, and data from the national antenatal clinic (ANC) prevalence surveys on the proportion of births to women under the age of 20. The data from the Africa Centre cover a 16-year period from 1990 through 2005. Over this time, teenage fertility rates reached a peak of just over 100 births per 1 000 women in 1992 and 1995, declining consistently since 2001 to a level of 73 per 1 000 women in 2005 (Fig. 1). Over the same time, the proportion of young adults in the area who have ever had sex remained stable and current contraceptive use in this age group increased significantly between 2000 and 2005.

Poverty in the area covered by the DSS is widespread, and successful rollout of the CSG in the area has been documented.⁷ In the area, the proportion of children at each age in the child grant system appears to plateau at about 40% after 2001, but over 80% of children above the age of 1 year who had had an inquiry made on their behalf are receiving a grant. So, if one were to find evidence of perverse incentives for childbearing one would expect to find it here. Evidently there is none.

It is important to distinguish between teenage pregnancy and teenage fertility – the latter results in a live birth, while the former may not. Termination of pregnancy may have contributed to the fall in teenage fertility, but teenage pregnancy rates must be somewhat higher than teenage fertility rates. Data from the National Department of Health⁸ show that between 2002 and 2004, the proportion of women

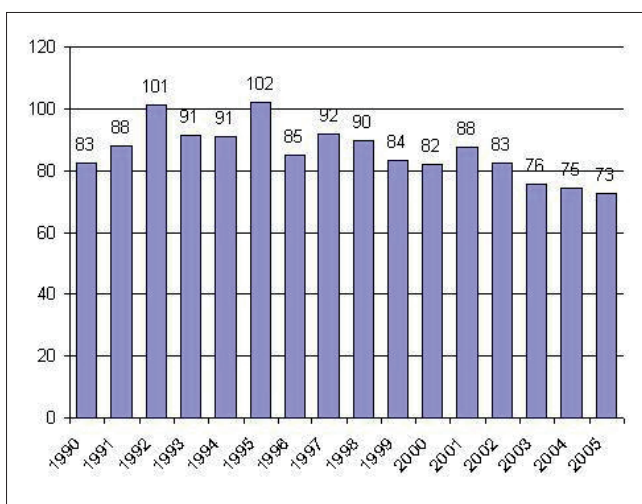


Fig. 1. Trends in fertility rates from 1990 to 2005 among women aged 15 - 19, Africa Centre Demographic Information System.

Centre for Actuarial Research, University of Cape Town

Tom A Moultrie, BBusSc, MSc, PhD

London School of Hygiene and Tropical Medicine, Africa Centre for Health and Population Studies, University of KwaZulu-Natal

Nuala McGrath, BSc, MSc, PhD

Corresponding author: T A Moultrie (tom.moultrie@uct.ac.za)



Table I. Teenage fertility rates (per 1 000 women), various official data sources

Data source	National	African	Coloured	Indian	White
1996 Census ⁵	78	86	68	24	19
1998 DHS ³	76	81	81	26	20
2001 Census ⁶	65	71	60	22	14

presenting at antenatal clinics who were under the age of 20 (this includes some women under the age of 15) remained remarkably stable at 19.4%, 19.2% and 19.5%. Again, in the context of the generally declining levels of fertility in the country,^{5,6} this does not suggest a rise in teenage pregnancy, let alone fertility, rates.

However, it is noteworthy that despite the ongoing fertility decline and the country's development trajectory, mean age at first birth has not increased. Persistently early first births in South Africa may be more attributable to an entrenched set of norms, practices and behaviours around early fertility, and the debate should really be why this remains while the total fertility rate falls.

The fixation on teenage pregnancy and the Child Support Grant offers an unnecessary and counterproductive diversion from the real issues surrounding teenage fertility and pregnancy. Becoming pregnant requires unprotected sex, meaning exposure to HIV and other sexually transmitted diseases. In a country where 15% of teenage women, and no fewer than a third of those who are sexually active, have been pregnant,⁹ the real challenge is not the purported drain on the fiscus, but how to make contraception more widely available to teenagers, reduce the disruption to schooling and

livelihoods occasioned by early and unwanted pregnancy, and protect South African youth from HIV infection. This debate also detracts attention from efforts to increase the proportion of eligible children who successfully access the grant, allowing it to fulfil its intended purpose,¹ one of the positive associations of which is with increased school enrolment.⁷

The Africa Centre Demographic Surveillance System is supported by Wellcome Trust grants #65377 and #50535.

1. Department of Social Development. *Report on Incentive Structures of Social Assistance Grants in South Africa*. Pretoria: Department of Social Development, 2006.
2. Makiwane M, Udjo E. *Is the Child Support Grant Associated with an Increase in Teenage Fertility in South Africa? Evidence from National Surveys and Administrative Data*. Pretoria: Human Sciences Research Council, 2006.
3. Department of Health. *South Africa Demographic and Health Survey 1998: Full Report*. Pretoria: Department of Health, 2002.
4. Department of Health. *South Africa Demographic and Health Survey 2003: Preliminary Report*. Pretoria: Department of Health, 2004.
5. Moultrie TA, Timæus IM. The South African fertility decline: Evidence from two censuses and a Demographic and Health Survey. *Population Studies* 2003; 57(3): 265-283.
6. Moultrie TA, Dorrington R. *Estimation of Fertility from the 2001 South Africa Census Data*. Cape Town: Centre for Actuarial Research for Statistics South Africa, 2004.
7. Case A, Hosegood V, Lund F. The reach and impact of Child Support Grants: evidence from KwaZulu-Natal. *Development Southern Africa* 2005; 22(4): 467-482.
8. Department of Health. *National HIV and Syphilis Antenatal Sero-prevalence Survey in South Africa 2004*. Pretoria: Department of Health, 2005.
9. Pettifor AE, Rees HV, Steffenson A, et al. *HIV and Sexual Behaviour Among Young South Africans: A National Survey of 15-24 Year Olds*. Johannesburg: Reproductive Health Research Unit, University of the Witwatersrand, 2004.