

# Adolescent Pregnancy and Reproductive Health in Transkei (Rural South Africa)

Monde Blessing Makiwane

## ABSTRACT

A study of adolescent unmarried pregnancy was conducted in 1994 in the Transkei, Eastern Cape (South Africa). Data included a survey of 2,290 married and unmarried women, ages 15 to 49 years, and qualitative data collected from adolescents, parents and family planning officials. While only 11 percent of women were ever-married by age 19 years, 43 percent have had children. Marriage is late, with 64 percent of women 20–24 years never-married, a marked departure from universal and early marriage regarded as characteristics of most African societies. The recent South African political economy has contributed to the predominance of unmarried child-bearing in South Africa. For more than a century black men were recruited to work in cities, while by law, women and children had to remain in rural areas. This policy promoted a norm of unmarried women (possibly the largest in Africa) and a general acceptance of child-bearing outside marital unions. (*Afr J Reprod Health* 1998;2 (1):41–48)

## RÉSUMÉ

La grossesse des adolescentes et la Santé Reproductive au Transkei (Afrique du Sud Rural). Une étude sur la grossesse des filles mères a été conduite en 1994 au Transkei, au cap est de l'Afrique du Sud. Des données ont été recueillies d'une enquête sur 2,290 femmes mariées et célibataires âgées de 15 à 49 ans. Des données qualitatives ont également été collectées auprès d'adolescentes, de parents et d'agents de services de planification familiale. Bien que 11% seulement des femmes des femmes étaient mariées depuis l'âge de 19 ans, 43% d'entre elles avaient eu des enfants. Les mariages se font tard, avec 64% des femmes âgées de 20 à 24 ans qui ne se sont jamais mariées, ce qui contraste de façon marquée avec les mariages précoces qui semblent être caractéristiques de la plupart des sociétés africaines. La récente politique économique sud-africaine a contribué à la prédominance des femmes enceintes célibataires en Afrique du Sud. En effet, pendant plus d'un siècle, les hommes noirs étaient recrutés dans les villes pendant que de par la loi, les femmes et les enfants devaient rester dans les zones rurales. Cette politique a en quelque sorte fait des femmes célibataires en Afrique du Sud (probablement les plus nombreuses dans toute l'Afrique) une norme et a conduit à une acception générale des grossesses extra-conjugales. (*Rev Afr Santé Reprod* 1998;2(1):41–48)

---

KEY WORDS: *Adolescent pregnancy, reproductive health, family planning, South Africa*

---

University of Transkei, Department of Sociology, Eastern Cape, South Africa. e-mail: makiwane.acd.UTT.UTR@getafix.utr.ac.za

decision-making. In addition, punitive measures should be taken against those biological parents who fail to support their children. While such punitive measures must include enforcement of support claims against men and making such claims easier for women, it must also extend to non-financial responsibilities.

The "Cairo mandate" calls for expansion of family services to include women's reproductive health. A more sound policy will be to include all reproductive health domains, for women or men. Family planning efforts in South Africa must be directed at the society at large, rather than women alone. Equal effort must be made to reach both women and men in all operations of a family planning program service or policy. It must also aim at reaching all age groups, from children to old people. And efforts must aim at changing social behaviours, and secondarily, to providing technologies to individuals who need them.

#### REFERENCES

1. Letamo G. *Modernisation and Premarital Dyadic Formation in Botswana*, International Union for the Scientific Study of Population. 1993.
2. Becker S. The determinants of adolescent fertility with special reference to biological variables. *Biomedical and demographic determinants of reproduction*, Gray R, Leridon H, Spira A (eds). Oxford, England, Clarendon Press. 1993.
3. Potter J. Does Family Planning Reduce Infant Mortality? An Exchange, *Population and Development Review*, The Population Council, No 1, New York 1988.
4. Garenne M et al. Risk Factors for Maternal Mortality: A Case Control Study in Dakar Hospitals (Senegal). *Afr. J Reprod Health*, 1997;1(1): 14–24.
5. Gyepi-Gabrah B. *Some implications of early child-bearing in Ghana*. Legon Ghana. Population Impact Project. 1987.
6. Lotter M. Historical Trends in Fertility, South Africa's Demographic Future. HSRC Pretoria. 1990;45–61
7. Dryfoos J. Adolescent fertility: a valid world population concern? *Psay Network*. 1994
8. Ncayiyana D. Teenage Pregnancy in Transkei: Perspective of a Devil's Advocate, *Transkei Medical Quarterly*. Vol. 1. University of Transkei 1991.
9. Kluggman and Weiner. *Women's Health Status in South Africa*. The Centre for Health Policy, Paper No. 28. 1992.
10. Bundy C. *The Rise and Fall of the South African Peasantry*. Blackshaw. Epping. 1979.
11. Population and Development. *Monitoring Report*. 1988 (Unpublished)