

Revisiting the ‘crisis’ in teen births:

What is the impact of teen births on young mothers and their children?

A SALDRU policy brief

Reports in the South African media consistently describe an explosion of teenage pregnancies. Yet studies by the Southern African Labour and Development Research Unit (SALDRU) at the University of Cape Town show that teen childbearing in the country has *decreased* from 30% in 1984 to 23% in 2008. The proportion of young teens giving birth has also decreased, with young women aged 18 and 19 accounting for the majority of teen births.

However, SALDRU's research shows that teenage childbearing has a significant impact on the education of teenage mothers, and on the health and education of their children. Young mothers under 17 years are particularly at risk. It is therefore essential to delay the age at which young women first give birth, and to strengthen support services for teenage mothers and their children.



This policy brief draws on several studies by the Southern African Labour and Development Research Unit at the University of Cape Town. SALDRU carries out research in applied empirical microeconomics with an emphasis on labour markets, human capital, poverty, inequality and social policy.

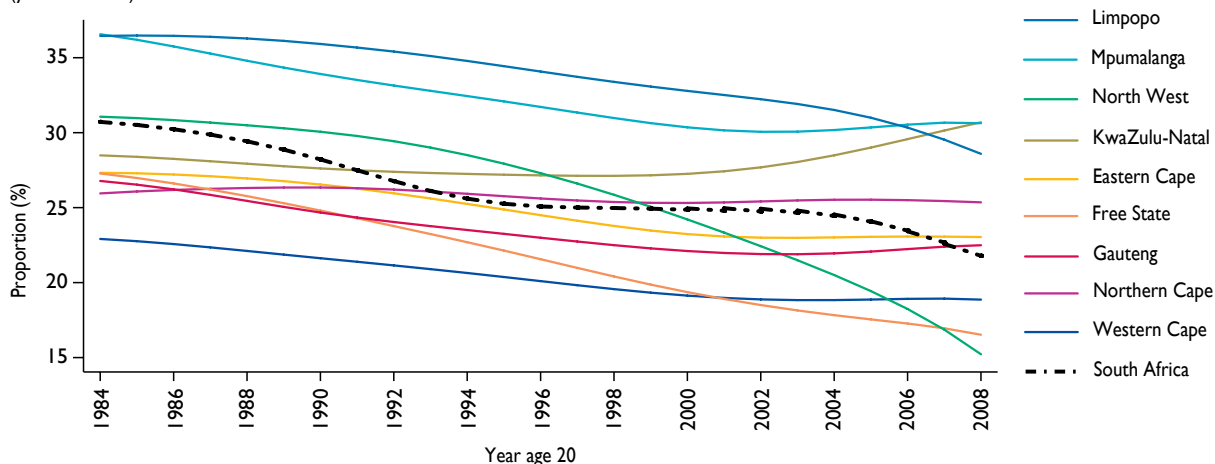
Teen births are decreasing

Analysis of birth histories in South African national household surveys show that teenage births have not increased over time.¹ In contrast to public perceptions, the data show that the proportion of women who give birth by age 20 has declined from 30% in 1984 to 23% in 2008.

Figure 1 shows that young people today are less likely to give birth in their teens than those a generation ago. Teenage births have declined in most provinces (with the exception of KwaZulu-Natal). The more rural provinces of Limpopo and Mpumalanga had the highest proportion of teenage births.

Figure 1: Proportion of women who gave birth by age 20, by province, 1984 – 2008

(y-axis reduced)



Sources: October Household Surveys 1994, 1995, 1997, 1998; General Household Survey 2002; National Income Dynamics Study 2008. Analysis by Branson, Ardington & Leibbrandt.

The proportion of children born to teenage mothers^a has also decreased from 42% in 1984 to 30% in 2008 (see figure 2 on the next page). In addition, there has been a significant decrease in the proportion of children born to young teen mothers (under 17 years), with a corresponding increase in the proportion of children born to older teen mothers (17 – 19 years). Only 5% of children were born to young teen mothers in 2008, down from 13% of children in 1984.

What do we mean by teen births?

The word ‘teenager’ refers to young people between 13 – 19 years, but there is a significant difference between a girl of 15 and a young woman of 19. The law recognises these evolving capacities: Teenagers can leave school at the age of 15 and consent to sex at the age of 16.

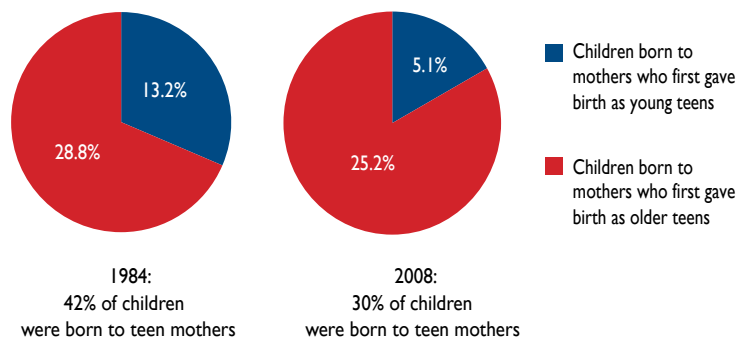
SALDRU's research focused on teenagers who had a live birth – and not just a pregnancy – before they turned 20, and examined the impact of giving birth for both younger teenagers (under 17 years) and older teenagers (17 – 19 years).

^a All children born to mothers who first gave birth in their teens are classified as born to a teenage mother. This definition recognises that all children born to a mother who gives birth in her teens may be affected by the impact of the teen birth on the mother's education, employment and life trajectory. These estimates are subsequently higher than the proportion of children born to teenagers.



The proportion of women who gave birth in their teens has remained higher in rural areas over time. While rural teen births increased slightly between 1984 and 2008, the increase was driven by births to older teen mothers and the proportion of younger teen births almost halved between 1984 and 2008. Urban teen births decreased over the same period for both younger and older teen mothers. The proportion of younger teens giving birth declined from 8% to 5%.

Figure 2: Children born to mothers (1984 & 2008) who first gave birth in their teens



Sources: October Household Surveys 1994, 1995, 1997, 1998; General Household Survey 2002; National Income Dynamics Study 2008. Analysis by Branson, Ardington & Leibbrandt.

Consequences of teen births

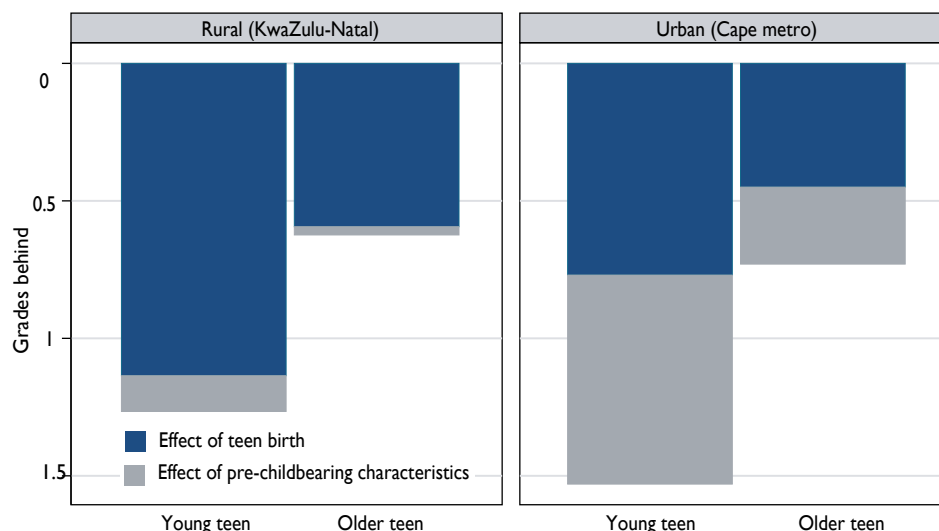
SALDRU undertook several studies to provide empirical evidence of the consequences of early childbearing for young mothers and their children. Drawing on international best practice, longitudinal data were used to control for pre-pregnancy characteristics that may contribute to poor educational outcomes such as household income and assets, parents' education, and children's educational progress and sexual behaviour before falling pregnant. This made it possible to compare teenage mothers with young women from similar backgrounds and to distinguish the impact of early childbearing from other contributing factors.

I. Impact on mothers' education

Research from developed countries has shown that most of teenage mothers' poor educational outcomes can be attributed to their socio-economic background rather than having a child at a young age. However, in South Africa there seem to be different factors at play. SALDRU's research showed that while socio-economic background did explain some of the difference in educational attainment between teenage mothers and their peers (especially in urban settings), the majority of the shortfall was due to the teenage birth. Overall, the data showed that, even when controlling for pre-birth characteristics, teen mothers had poorer educational outcomes than girls who did not give birth in their teens.

Figure 4 shows how teen mothers are likely to fall behind at school, with young teen mothers in rural KwaZulu-Natal falling more than a grade behind their peers who did not give birth. The grey section illustrates the impact of pre-childbearing characteristics on grade attainment. The figure shows that pre-childbearing characteristics are relatively insignificant in explaining the difference between teen mothers and their peers in rural KwaZulu-Natal, but had a more substantial impact on the educational performance of teen mothers in the Cape metro. The blue section illustrates the effect of giving birth as a teen. Teen childbearing has a significant negative impact on educational outcomes in both the rural and urban studies.

Figure 4: Grade attainment gap between teen mothers and their peers

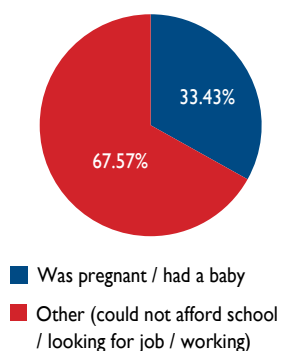


Sources: African Centre Demographic Surveillance Area 2001 – 2009; Cape Area Panel Study 2002 – 2006. Analysis in rural KZN by Ardington, Menendez & Mutevedzi; in Cape metro by Ranchhod, Lam, Leibbrandt & Marteleto.

Why do girls drop out of school?

Analysis of data from the National Income Dynamic Study 2008 shows that teen childbearing clearly contributes to school drop-out, but that it is not the only reason girls leave school prematurely.

Figure 3: Drivers of school drop-out: Female respondents, ages 15 – 22



Source: National Income Dynamics Study 2008

In rural KwaZulu-Natal

Drawing on 2001 – 2009 data from the African Centre Demographic Surveillance Area, SALDRU's research found that the prevalence of teen childbearing in rural KwaZulu-Natal was higher (46%) than the national average (25%).²

There were no differences between teenage mothers and their peers in terms of household characteristics or educational performance before the births. But teenage childbearing had a significant impact on educational outcomes. Teenage mothers were: two thirds of a grade behind their peers; 20 percentage points less likely to matriculate; and 25 percentage points more likely to drop out of school.

Figure 4 shows that younger teenage mothers in rural areas were the most at risk of falling behind in their grades. They were more than a grade behind their peers; 23 percentage points less likely to matriculate; and 40 percentage points more likely to drop out.

In the Cape metropole

An analysis of Cape Area Panel Study data³ found that the prevalence of teenage childbearing in the Cape metropole was similar (22%) to the national average (25%), and lower than in the rural sample.

In contrast to the rural findings, teenage mothers in the Cape metro had different pre-birth characteristics to their peers and were likely to have had poor educational outcomes – even if they hadn't given birth. However, teenage childbearing still had a significant impact on their performance at school. Teenage mothers in the Cape metro were one third of a grade behind their peers by age 20; six percentage points less likely to matriculate by age 20; and 16 percentage points more likely to drop out.

Similar to the rural study, younger teenage mothers were found to be particularly at risk of poorer educational attainment, although they were no more likely to drop out than older teen mothers. Younger teenage mothers were two thirds of a grade behind; 12 percentage points less likely to matriculate; and 11 percentage points more likely to drop out.

Who returns to school?

About one in four (22%) teenage mothers in the metro and one in two (58%) teenage mothers in the rural sample returned to school after the birth.

Younger teenage mothers were more likely to return to school than older teens. For example, in the Cape metro, 50% of younger mothers returned to school after the birth, compared to only 10% of older teens.

As maternal education can have an impact on a mother's future employment and her children's health and education, it is important that young mothers are encouraged and supported to complete their education.

Sources: African Centre Demographic Surveillance Area 2001 – 2009; Cape Area Panel Study 2002 – 2006. Analysis in rural KZN by Ardington, Menendez & Mutevedzi; in Cape metro by Ranchhod, Lam, Leibbrandt & Marteleto.

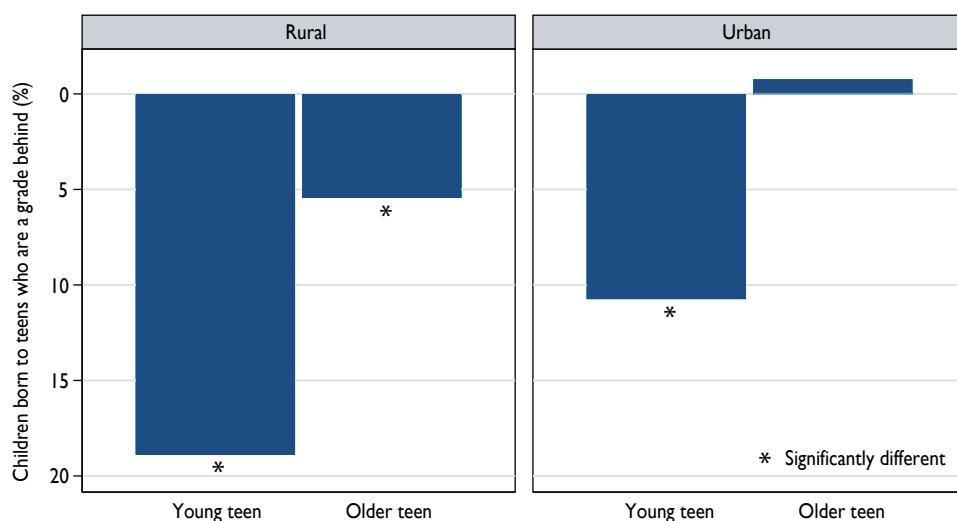
2. Impact on children's health and education

The national¹ and urban studies⁴ have shown that children born to teen mothers have poorer health and education outcomes than their peers.

The urban survey showed that teen childbearing had a negative impact on the nutritional status of children, who were 10 percentage points more likely to be underweight at birth, and 18 percentage points more likely to be stunted.

The national survey data showed that children of teenage mothers in both rural and urban areas had poorer educational outcomes than their peers (figure 5). Children born to younger teenagers were most at risk – especially in rural areas. The younger the mother the higher the child's schooling deficit. Children born to older teenagers in urban areas were not lagging behind in grade attainment compared to peers born to older mothers.

Figure 5: Proportion of children born to teen mothers who are a grade behind their peers



Sources: October Household Surveys 1994, 1995, 1997, 1998; General Household Survey 2002; National Income Dynamics Study 2008. Analysis by Branson, Ardington & Leibbrandt.

In the national and urban studies, mothers' lower education and socio-economic status before the birth partly explained the poorer health and education outcomes of their children. Teen mothers' educational deficit due to the birth also partly contributed to these poorer outcomes for children.



Implications for policy

Teenagers today are less likely to have children than teenagers in previous decades. Yet, teen childbearing has a significant impact on the educational outcomes of young mothers and impacts on the health and educational outcomes of their children. It is therefore essential to strengthen prevention programmes and support services for teen mothers and their children:

- Delaying the first birth by even a year can make a significant difference in outcomes, as younger teen mothers and their children are most at risk. The current focus on abstinence needs to be complemented by access to information about safe sex, contraceptives and the roll-out of youth-friendly reproductive health services.
- Mothers' education is critical for the long-term welfare of their children, and older teen mothers are less likely to return to school. Schools therefore should take pro-active steps to support and encourage young women to continue their schooling during pregnancy and after birth. The national measures for the prevention and management of learner pregnancy⁵ suggest delaying mothers' return to school for up to two years after the birth, which may contribute to higher drop-out amongst older teen mothers.
- Many teenagers drop out of school before falling pregnant, so it is essential to improve the quality of education to ensure learners are motivated and stay in school.⁶
- Young mothers need support to raise their children. It is essential to prioritise young mothers' access to parenting programmes, early intervention services for children at risk and integrated early childhood development programmes such as good and affordable crèches. These programmes are dependent on sufficient funding for the implementation of the Children's Act.⁷
- Improving teen mothers' access to health services should help improve nutritional outcomes for their children. This includes access to early antenatal and postnatal care to prevent low birth weight and stunting.
- Babies born to teen mothers would benefit from getting the Child Support Grant (CSG) as soon as possible after the birth. Social grants are linked to improved nutritional outcomes for children,⁸ yet uptake is low for young children 0 – 2 years and particularly babies born to teen mothers⁹. The introduction of alternative forms of identification should make it easier for teenage mothers who don't have identity documents to access the CSG.

References

1. Ardington, C., Branson, N., & Leibbrandt, M. (2012). *Trends in teenage childbearing and schooling outcomes for children born to teens in South Africa*. SALDRU, working paper no. 75, University of Cape Town.
2. Ardington, C., Menendez, A., & Mutevedzi, T. (2011). *Early childbearing, human capital attainment and mortality risk*. SALDRU, working paper no. 56, University of Cape Town.
3. Ranchhod, V., Lam, D., Leibbrandt, M., & Marteleto, L. (2011). *Estimating the effect of adolescent fertility on educational attainment in Cape Town using a propensity score weighted regression*. SALDRU, working paper no. 59, University of Cape Town.
4. Ardington, C., Branson, N., & Leibbrandt, M. (2011). *Health outcomes for children born to teen mothers in Cape Town, South Africa*. SALDRU, working paper, no. 55, University of Cape Town.
5. Department of Education (2007). *Measures for the prevention and management of learner pregnancy*. Pretoria: DOE.
6. Panday, S., Makiwane, M., Ranchhod, C., & Letsoalo, T. (2009). *Teenage pregnancy in South Africa – with a specific focus on school-going learners*. Child, Youth, Family and Social Development, Human Sciences Research Council. Pretoria: Department of Basic Education.
7. Budlender, D., Williams, L., Saal, Q., Sineke, T., & Proudlock, P. (2011). *Funding of Children's Act-related services*. Community for Social Enquiry & Children's Institute, University of Cape Town.
8. Agüero, J., Carter, M., & Woolard, I. (2006). *The impact of unconditional cash transfers on nutrition: The South African Child Support Grant*. Washington DC: Center for Global Development.
9. Delany, A., Ismail, Z., Graham, L., & Ramkissoo, Y. (2008). *Review of the Child Support Grant: Uses, implementation and obstacles*. Johannesburg: Community Agency for Social Enquiry; Makiwane, M. (2010). *The Child Support Grant and teenage childbearing in South Africa*. *Development Southern Africa*, 27: 2, 193–204.

Other resources

- Lam, D., Marteleto, L., & Ranchhod, V. (2009). *Schooling and sexual behavior in South Africa: The role of peer effects*. Population Studies Center Research Report No. 09–694.
- Marteleto, L., Lam, D., & Ranchhod, V. (2008). *Sexual behaviour, pregnancy, and schooling among young people in urban South Africa*. *Studies in Family Planning*, December 2008, 39(4): 351–368.

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