SECOND CARNEGIE INQUIRY INTO POVERTY

AND DEVELOPMENT IN SOUTHERN AFRICA

Black fertility patterns: Cape Town and the Ciskei

by

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1. INTRODUCTION.

"The ability to determine whether or when we have children is an extraordinarily important human right and a basic health measure. The benefits of voluntary family planning are not just for the woman who is able to control her fertility, but also for her husband, the couple and the family." (1)The purpose of this survey was to investigate fertility patterns of black men and women in Cape Town and the Ciskei, and to gauge their use of contraception. This is an important topic, particularily in the light of the recent Report of the President's Council on demographic trends in South Africa. (2)

We hoped specifically to find out if there was an association between the size of the family and (a) age, (b) number of pregnancies, (c) ideal number of children wanted, (d) education, (e) marital satisfaction, (f) income, and (g) if the use of contraception was connected to these factors.

2.THE STUDY AREAS.

The studies were carried out in an urban township near Cape Town (Crossroads), an urban township in the Ciskei near East London (Mdansane), a settled rural area in the Ciskei

(Newlands), and a resettlement camp in the Ciskei (Pottsdam).

Crossroads (3) is a large shanty-town near Cape Town airport, housing 20,000 people. The inhabitants originally came from the Ciskei or Transkei, most being legal contract workers with an average of 18 years in the urban area, but some being long term illegal workers in Cape Town. In the main, the men are migrants who have brought their wives and families to Cape Town within the last ten years, but there is a spill-over of families from the three overcrowded townships housing legal blacks. A sizeable minority of the heads of households are women. There are many visiting wives from the rural areas, often bringing sick children for medical treatment.
Character: Urban Migrant.

Mdantsane (4) is the largest township in the Ciskei, located about 12kms from East London. It was established as a township in 1966. By 1978, it was the nineteenth largest urban centre in South Africa, officially housing 66,000 people at that time. The present population is at least 200,000 persons. It has very crowded living conditions and high unemployment, but the women mostly live a settled family life. In the main the employed workers in Mdantsane commute daily to East London.
Character: Urban Settled.

Newlands is a settled rural community in the Ciskei with a population of about 5,700 (5) where some families farm for a living, but most breadwinners commute to work outside the area, while still living a settled family life.
Character: Rural Settled.

Pottsdam is a recently established resettlement camp in a rural area to the north of Mdansane, housing the dependents of migrants. The estimated population is 8,000. The inhabitants have no available arable land, abd there are virtually no local employment possibilies. It is planned that 500,000 blacks will live in the dormitary area reaching from Mdantsane to Pottsdam and working in the greater East London area reaching to Berlin.
Character: Rural Migrant.

3.THE DATA

The crossroads survey was conducted in October 1981. 201 women were interviewed by two female community workers on weekdays at an outpatient clinic in Crossroads. 104 men were interviewed on the wekend by a male Bank Employee.
The Ciskei survey was completed in January 1983. In Mdantsane a community worker selected volunteer housewives who visted widely scattered houses and interviewed 183 women

and 4 men. The Pottsdam and Newlandssurveys were carried out by a village health worker, a qualified teacher, who interviewed 61 women and 2 men in Newlands and 46 women in Pottsdam.

In each case questions were asked about the following features:

(a) age, (b) age at first pregnancy, (c) age at last pregnancy, (d) number of pregnancies, (e) number of living children, (f) desired number of children, (g) contraception used to space, (h) contraception used now (i) number of years scholling completed, (j) partner satisfaction, (k) weekly income.

Because there were too few male respondants to be statistically significant, analysis was carried out only for the women. Cross-tabulations were preformed for all variables on Crossroads and Mdantsane women only.

4.RESULTS

4.1. Demographic Characteristics.

The sample age-pyramids for the urban areas were similar to each other and to that of the settled rural area, except that Newlands had a larger percentage of old people, (24% older than 40 as oppsed to 13% in Crossroads). By contast, Pottsdam had a remarkable lack of women in the 30-40 year

old catagory (11%, as opposed to 31% in the rest of the sample). The most obvious explanation is that these women were away earning in the town for their families. The average age for the sample was 31 years.

4.2 Age at first pregnancy.

The average age of first pregnancy was 19.8 years. The vast majority of first pregnancies were in the 15-24 year age group (with onlt 10% of pregnancies occurring over the age of 25 years in Mdansane and 22% in Pottsdam). By the age of 20, 49% of the women had their first pregnancy, the proportion being highest in the resettlement are of Pottsdam (55.7%).

TABLE 1.

AGE AT FIRST PREGNANCY.

Age at first pregnancy	Crossroads (%)	Mdantsane (%)	Newlands (%)	Pottsdam (%)
1-14	0.0	0.6	0.0	6.6
15-19	42.1	47.2	47.5	52.2
20-24	43.7	41.0	49.2	19.6
25-29	5.1	9.0	1.7	17.4
30-34	1.5	1.1	0.0	4.3

4.3. Number of Pregnancies

The average number of pregnancies for the sample was 3.5. 57.8% of all the women had 3 pregnancies or less. 30% had between 4-6 pregnancies and 10% had more than 7. In Pottsdam 15.7% of the sample had 7 or more pregnancies as opposed to 8.8% of the urban women.

For Crossroads there was considerable spread from the median; the maximum number of pregnancies increasing from 3 between 15-19 years, up to 10 between 45-49; and the mimimum remaining at 0 up to the ages 35-39. The Mdantsane pattern was generally similar but with a somewhat smaller spread.

4.4. Number of Living Children

The average number of living children in the sample was 2.9 It was lowest in Mdantsane (2.6%)

TABLE 11.

NUMBER OF LIVING CHILDREN.

Number of living children.	Crossroads (%)	Mdantsane (%)	Newlands (%)	Pottsdam (%)
0	9.6	3.4	6.8	0.0
1	21.8	24.2	27.1	28.3
2	22.8	24.2	10.2	19.6
3	15.7	21.9	16.9	13.0
4	16.8	15.2	20.3	13.0
5	8.6	5.6	5.1	13.0
6 and over.	4.7	5.6	13.6	13.1

68% of the sample had 3 or less children. The number of living children increased with the age of the respondent. The proportion of children that survived dropped as the number of pregnancies rose.

TABLE 111

PERCENTAGE OF SURVIVING CHILDREN ACCORDING TO THE NUMBER OF PREGNANCIES.

Number of Pregnancies	Percentage of Surviving Children	
	Crossroads. (%)	Mdantsane. (%)
1	81.8%	86.1%
2	67.7%	75.7%
3	50.0%	63.4%
4	38.9%	62.5%
5	50.0%	22.2%
6	23.1%	6.7%

In the Crossroads series, nearly two-thirds (61.1%) of the women who had had four pregnancies had experienced the loss of at leasr one pregnancy or the death of at least one chiuld. Further, three quarterts (76.9%) of women who had had six pregnancies had experienced a similar loss. The Mdantane series showed a healthier survival, except for the larger families, where the numbers were small (10 families with 5 children and 4 with 6 children).

4.5.Number of Children Desired

The average number of children desired for all the respondents was 3.9. In the rural areas the figure was 4.3, as opposed to 3.3 for Crossroads and 2.9 for Mdantsane. The median number of children desired was the same for all areas, being 4 children. The percentage wanting three or less children was 37.4% and was highest in Mdantsane (50%), while those wanting 5 or more was 22.5% for Mdantsane and 39.1% for Pottsdam. There was a preference for larger families in the resettlement aea.

TABLE 1V

NUMBER OF CHILDREN DESIRED

Number of Children Wanted	Crossroads (%)	Mdantsane (%)	Newlands (%)	Pottsdam (%)
0	7.6	5.6	1.7	0.0
1	4.1	1.1	6.8	0.0
2	13.2	16.9	5.1	13.0
3	15.7	26.4	15.3	17.4
4	29.4	27.5	39.0	30.4
5	12.2	9.0	10.2	21.7
6 and over	17.7	13.5	22.1	17.4

In Mdantsane, women wanted smaller families than in Crossroads, perhaps demonstrating that hte settled urban family life which characterizes Mdantsane, induce the desire for a smaller, nuclear family. In general, younger women wanted less children than older women. For example in the 30-39 year old group, only 20% wished for less than 4 children, wheras in the 20-24 year old group 60% wished for less than 4 and in the 15-19 year group, 63%. The older women are probably those belonging to a rural culture, while the younger ones are more urbanized and westernized, thus illustrating the effect of urbanization in decreasing the desired family size.

Comparing the number of children wanted against the number of living children, one finds that with up to 4 living children, the median wish is to have more children, whereas thereafter (with more than 4 living children) the median wish is the same as the number of living children. However, there are a substantial number of respondents who wish for no further children. For example in Crossroads 31% wanted the same number as they had; 9.1% wanted less; therefore 40.1% of the sample wished to have no more. In Mdantsane 26.4% wanted the same number as they had; 6.7% wanted less and 33.7% wanted no more.

In many cases the desire is for significantly less children. For example, 9.7% of respondents with 3 children and 6.1% of respondents with 4 childrn wanted only one. Thus while there is by and large a desire to achieve a family of 4 children, there is a need for easily accessible family planning services for those who wished for less chidren they had to be able to limit their families th the desied size.

4.6 Education

15.7% of the sample were illiterate, having two or less years of schooling. However, there was a considerable variation in illiteracy rates between 9% in Mdantsane and 26.1% in Pottsdam. The median education level in all areas was standard 5. In Pottsdam 15.2% had completed one or less years of schooling, and an equal number had completed only 3 years of schooling. 29.8% of the sample had standard 6 or higher, and 3.7% had matriculation. The latter figure is almost wholely accounted for by Mdantsane and Newlands, while Crossroads and Pottsdam had 0.5% and 0.0%. These figures show a higher standard of education for the settled communities.

As expected, in general the more educated had less pregnancies than the less educated. Thus, the median education level of those with 8 pregnancies was standard 1, while that for 5 pregnancies was standard 5. Those with standards 6,7,8 or 9 had a much smaller number of pregnancies than the less educated, with most of the respondents at this educational level having had only 1 or 2 pregnencies. By contrast, almost all respondents with only standards 1 or 2, had 3 or more pregnancies.

4.7Contracetion used to space births

65.2% of the sample used some method of contraception between pregnancies.

The most common method used was injectable Depo Provera. 34.4% of the sample used this method. The same proportion (34.35%) did not use any form of contraception for spacing.

This was the highest in Pottsdam where it was 65.5%. In th migrant areas, less women were on contraception to space. The oral contraceptive was seldom used, except in Mdantsane, where 20.2% of women employed this method. While Depo Provera dominated at all ages, there was a distinct difference in the method used for spacing according to age, with many of the older, but almost none of the younger women having used breast feeding as a spacing method, and with a tendency for the oral contraceptive to be used more by older than by younger women.

TABLE V

CONTRACEPTION USED TO SPACE BIRTHS.

Contraceptive Used to Space Children	Crossroads (%)	Mdantsane (%)	Newlands (%)	Pottsdam (%)
Depo Provera	46.7	41.0	52.5	32.6
Oral Contraceptive Pill	8.6	20.2	1.7	0.0
Condom	0.0	0.6	0.0	0.0
Breast Fed	8.6	9.6	16.9	2.2
Other	2.0	0.6	13.6	0.0
Abstinence	14.7	5.1	0.0	0.0
None	17.3	10.7	8.5	65.2

In the Mdantsane sample, 78.5% of the 15-19 year olds used some method of contraception between pregnancies, the commonest being withdrawal (35.7%) and only 21% used Depo Provera.

83% of the Mdantsane women used contraception to space as opposed to 66% of the Crossroads sample. In Crossroads only 44.4% of those aged 15-19 year used contraceptionn to space. In the 40-44 year age group there was also fewer than 50% of women protected against pregnancy. The use of contraception to space was highest in Mdantsane.

4.8 Contraception used now

Depo Provera was still the major method used with 44% of the sample using this method. 43% of the sample was not on any form of contraception. This was highest in Pottsdam where 71.7% were currently on no method and lowest in Mdantsane and Newlands where 27.5% and 31% respectively were on no contraception.

TABLE VI

CONTRACEPTION USED NOW.

Contraceptive Used Now	Crossroads (%)	Mdantsane (%)	Newlands (%)	Pottsdam (%)
Depo Provera	40.3	51.1	56.9	28.3
Oral Contraceptive Pill	11.2	16.9	3.4	0.0
Sterilisation	4.6	3.4	6.9	0.0
I.U.C.D.	1.0	0.6	0.0	0.0
Condom	1.0	0.6	1.7	0.0
Other Methods	11.2	6.7	13.8	0.0
None	30.6	20.8	17.2	71.7

72.% of the women in Mdantsane and 58.2% in Crossroads were currently using some method of contraception. Contraception was used more in all age groups in Mdantsane. Depo Provera was the only method used in Pottsdam. The oral contraceptive was used in the urban areas (11.2% in Crossroads and 16.2% in Mdantsane) and only 3.4% in Newlads. 3.7% of the sample overall had been sterilised. Only 1.6% of the women were using the I.U.C.D. and the same number were using condoms. Again Depo Provera dominated in all age groups. The percentage on the other recognised methods was 17.8%, 21.5%, 12% and 0% for Crossroads, Mdantsane, Newlands and Pottsdam resectively giving an overall percentage of 13. The oral contraceptive and sterilisation were used more by older women, the latter becoming a significent birth control method by the age of 35 in the urban and settled rural areas (18% women in the age group 35-29 using this method).

4.9 Marital Satisfaction

No significant correlation was found for marital satisfaction and the other factors. Most respondents stated that they found their spouse satisfactory. In Mdantsane, 10% stated that they found their spouse unsatisfactory, as opposed to 20% in Crossroads.

4. 10 Income

Levels of income were not analysed because the data was considered to be unreliable.

5 DISCUSSSION

"Several attempts have been made to develop economic and socio-economic theories to explain under what conditions people actually decide to reduce the number of children that they will have. Three stages can be distinguished in attitudes towards having children:

1. A positive desire to have many children.
2. A positve desire for a limited number of childen but an absence or insufficiency of positve motivation necessary for satisfying this desire.
3. Positive motivation sufficiently strong to limit the number of children.

The attitudes a couple may have in this respect, have been associated with urbanisation and industrialisation." (6)
It is more difficult in every way for the poor to achieve their desired family size. (7) The cultural, economic and social pressures and expectations of the poor are different from those of the affluent. (8)

An important finding of this survey was the number of pregnancies lost due to miscarriage or death of children. This rose with the numbe of pregnancies. The desire for more children may be partly in compensation for this loss. (8) This desire is more evident among women in the resettlement area, older women who already have large families, and women with a low standard of education. Perhaps the wives of migrant men wish for more children to compensate for the

lonliness and anxiety of being separated from their spouse for most of their lives.

It is known that delaying the first pregnancy untill the mother is over 20 years, reduces the pregnacy and neo-natal loss. In the rural, and particularily resettlement areas, mothers are migrant workers and must leave their children in the care of others- a situation not conducive to good mothering, adequate nutrition or the survival of the child. (9) (10)
Employment for th breadwinner where his wife and children can live with him, will ensure that pregnacies result in more live children. Employment for the woman so that she can feed her child, has a similar result.

The median family size for women 30-34 years, in all the areas, is three children, a surprisingly low figure. (11) Only older women have more childrn. However, we do not know if these 30year old women will continue to have further pregnancies in their thirties and forties.

There is a need for the desired family size to be reduced both from the family point of view (because incomes per person are so small) (12), and from the population point of view (because of the critical population/resources ratio in this country). (13) Factors influencing fertility are income, education, urbanisation and work opportunities for

women. Religious and ethnic groupings are less important. Conditions must be created so that the family can live together where there is employment for the breadwinner. This will reduce the loss of children and the desire for a large family. (8) (9) (10)

This study shows that women with little education have large families and want more children. In order for women to find an alternate role to childbearing, education and job opportunities must be available to young women. (8) Urbanisation helps women of all ages achieve this goal.

A high overall percentage of women in this survey used contraception. Surprisingly, all but 13% of the sample using contraception, were on Depo Provera. Both injectable and oral contraceptives are readily available in all areas. Nursing staff may favour one method, but it seems that the women prefer the injectable to the oral contraceptive. Most women probably find it unacceptable to protect themselves from pregnancy daily, when they are separated from their spouse for all but a few weeks of the year. Therefore contraception may not be accepted by the wives of migrants, and by women without partners through desertion or death. This attitude may also occur when women have lost children of had miscarriages.

The survey results indicate a need for women to be able to

discuss their needs in order for them to attain their desired family size. Informal, accessable counselling and contraceptive services, especially for teenagers, are desirable. (14) (15) (16)

The motivation needed to decrease family size probably comes best from the settled family life and job opportunities that normally characterize urban life.(5) It may well be that the best contraceptive is stable family life in conjunction with adequate employment opportunities.

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These papers constitute the preliminary findings of the Second Carnegie Inquiry into Poverty and Development in Southern Africa, and were prepared for presentation at a Conference at the University of Cape Town from 13-19 April, 1984.

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