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The problem or the solution? Early fertility and parenthood in the transition to adulthood in Khayelitsha, South Africa

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Abstract: *In South Africa, early fertility and teenage pregnancy have become a central focus of both political and public health concern. In this article, we explore the ways that young men and women have used their fertility and performance of parenthood to navigate the transition from childhood to adulthood. For these young people, the persistent inequities related to income poverty, inadequate education, lack of employment opportunities and a high burden of disease remain significant barriers to achieving this transition. This article draws on ethnographic data collected between 2014 and early 2016 with young adults (17–25 years) in Town Two, Khayelitsha. Participant observation was the primary data collection method. Narratives and experiences of 15 young people are presented here. We argue that in addition to immediate fertility desires, young people's contraceptive decision-making was significantly shaped by gendered ideals and social norms. Young women's fertility operated as both an aspiration and a threat within partnerships. Some couples partially achieved relationship stability or longevity through having a child. Entering parenthood in the context of a seemingly stable relationship was perceived as a movement towards an accepted, albeit tenuous, form of social adulthood. Although living up to the ideal of good parent was challenging, it was partially achieved by young mothers who provided care and young fathers who provided financially for children. In the absence of other accepted markers of transition to adulthood and within a context of deprivation and exclusion, early fertility, though clearly a public health problem, can become a solution to social circumstances.* DOI: 10.1080/09688080.2018.1537417

Keywords: teenage pregnancy, youth, South Africa, adulthood, gender

Introduction

In South Africa, early fertility and teenage pregnancy have become a central focus of both political and public health concern.^{1,2} While the country's rates of teenage pregnancy remain high, rather than focusing solely on births to mothers from 13 to 19 years, it is useful to explore early fertility and its implications in order to better understand the diverse and creative ways that young parents and grandparents configure, challenge and reinforce the family structures, decision-making processes and care practices that surround them and their children.

In this article, we explore the ways that young men and women have used their fertility and performance of parenthood as a way to navigate the

transition from childhood to adulthood. Their context is dominated by social and political inequities, which highlight the persistent injustices borne out of segregationist apartheid laws. These injustices make the decision to have a child fraught: becoming parents who can provide for, protect and educate children is a challenging if not impossible task. Here we focus on young people's fertility desires and management strategies in relation to choices about the use of contraception, as well as the ways that potential fertility is used to build or test intimate relationships, or as a means of gaining social currency with peers. We explore the persistence of gendered, social and cultural ideals related to fertility and parenting, as well as

creative ways in which young people attempt to live up to these individual and social expectations in contexts of complex structural inequities. Ultimately, we show how fertility, as both an aspiration and a threat, is woven into the uncertain process of attempting to transition to adulthood in Town Two, Khayelitsha. On the one hand, having a child at a young age increases precarity. However, early parenthood also represents an important avenue through which a more adult form of identity can be accessed.

Early fertility and parenthood in the South African context

In South Africa, survey data indicates that over the past few decades, rates of teenage pregnancy have been steadily declining.^{3,4} These rates nonetheless remain high and represent a sharp contrast to fertility trends in older age groups that have dropped more significantly.^{5,6} Teenage fertility rates are also highly varied by province and by racial group, highlighting the impact of social and economic inequities on patterns of fertility.⁴ In the provinces and population demographics where teenage fertility is highest, particularly among Black African teenagers living in rural areas, spikes in fertility have been increasingly scrutinised. This has contributed to growing popular attention, public health concern and moral panic surrounding early fertility. [cf.]^{2,7}

Although not a uniquely South African phenomenon, a growing body of literature has questioned why teenage pregnancy has captured the public imagination in South Africa in the ways that it has.^{8–11} Some authors point to the ways that teenage pregnancy has been interpreted as symbolising a breakdown in young people's values.¹² Although "wayward youth" is commonly seen as the source of the problem in relation to teenage fertility, it is important to understand early fertility in the context of broader networks of families and communities.¹² It is here that gendered and moral ideals linked to sex and sexuality are perpetuated and policed.

Within the context of Black African families, silence and secrecy often shroud matters pertaining to sex and sexuality.^{13–18} Such matters are not openly discussed, particularly not by members of different generations, and especially not between parents and children. Although the loss of virginity often occurs at a young age, the ideal in most families is that girls should not be having sex until they are older or are married – an ideal shared by women of both the younger and older

generations.¹⁵ As Mkhwanazi argues, this silence surrounding sexuality has created fertile ground for teenage pregnancy to occur.¹²

In Cape Town, Khayelitsha, one of South Africa's largest townships, serves as a painful reminder of the country's colonial and apartheid separatist history, but also of the continuing inequality, and resultant inequity that characterises South African society today. In 1983 the apartheid government established a settlement of housing structures on undesirable land where the growing Black African population could be housed as a ready source of labour for the White population, without infringing on the land and services protected for use by Whites only.¹⁹ By the mid-1990s, rapid immigration from older neighbouring townships and elsewhere in the country had increased Khayelitsha's population significantly, a pattern that continues to the present day. Today, approximately 10% of the total population of Cape Town live in Khayelitsha, a dense and almost universally Black African, isiXhosa-speaking area.²⁰

The overwhelming majority of households in Khayelitsha are multigenerational and headed by women. This reflects broader trends in the country, where the percentage of fathers living in homes with their children is among the lowest in the world.^{21,22} Although residential fatherhood is uncommon, a growing body of evidence shows that young fathers play an important role in the lives of their children.^{23–25}

It is within this context of moralised teenage pregnancy (and female sexual activity more broadly) that young people's potential fertility and fertility desires are explored in the context of Town Two, a suburb of Khayelitsha.

Methodology

AS began conducting ethnographic fieldwork in Town Two, Khayelitsha at the end of 2009. Since then, AS has spent periods of varying intensity collecting ethnographic data in the area, under the supervision of CC. Over the years of working in Town Two, connections with young people led to making further connections with their friends and people in their social networks, who became part of the cohort of approximately 15 participants whose experiences were followed over time. This cohort included nine young women and six young men, all between the ages of 17 and 25 years of age. All names used in this article are pseudonyms. Some participants had completed high

school, while others were still completing their schooling. None of this core group had secure access to work. All lived in multigenerational households that were predominantly female-headed.

The data presented here were collected predominantly from the middle of 2014 to early 2016. Ethical approval for this research was granted by the University of Cape Town's Faculty of Health Sciences Human Research Ethics Committee (HREC Ref: 626/2014). During fieldwork, more and less intensive periods were spent in the field which allowed AS to cycle back and forth between participating in the daily lives of people in Town Two, and writing and reflecting away from the field, in conversation with CC and AH. This approach allowed for refinement in our thinking, and to bring emerging interpretations back to people in the field to discuss. Intensive fieldwork periods included the time that AS spent living in the home of a Town Two resident between November 2014 and April 2015. During other periods AS spent full days every day in Town Two. Another period of intensive fieldwork took place in October 2015 when AS travelled to the Eastern Cape with several key participants, including Zola, whose experiences are shared below. Spending time in the Eastern Cape with participants' extended family allowed AS to gain more insight into participants' conceptions of "family" and of "home".

The most important instrument for data collection in long-term ethnographic research is participant observation.²⁶ Through spending mainly unstructured time with young people in Town Two, detailed, nuanced insight into young peoples' lived day-to-day experiences, practices, feelings, thoughts, and interactions was gained. While in the field AS participated in various daily activities, including caring for children, walking around Town Two, visiting friends, hanging out on the street, making trips to the nearby shops and occasionally driving to the nearby beach to swim on very hot days. The bulk of the data presented here is based on extensive fieldnotes AS wrote at the end of each day, supplemented by notes jotted down while in the field. The evidence to support findings detailed below appears in this article in the form of some direct quotations from participants, but is also visible in the narrative, vignettes, descriptions, events and characterisations that can often only emerge out of the long-term ethnographic research process. Group conversations, rather than formal or structured focus group

discussions, became another important source of data. It was during such conversations, when AS chatted informally with groups of young people in a combination of English and isiXhosa, that a great deal about how they interacted with one another was learned. In addition to in-person conversations with young people, texts, WhatsApp messages and Facebook posts participants made during the fieldwork period were also recorded. Supplemental sources of data included the local newspaper (*Vukani*) as well as relevant grey literature to assist us to understand these young lives.

Data analysis was an iterative and ongoing process closely linked to the process of data collection.²⁶ It included several conversations during which participants were asked for input and clarification about initial interpretations, or conclusions that were unclear or confusing. This process allowed for adjustment and refinement of the study's content and design. By involving study participants in this process, important themes were identified early and the process of ongoing data collection was guided and supported by participants themselves. The longitudinal approach to this work allowed for the triangulation of findings and interpretations that changed and developed over time. We were careful to examine emerging interpretations as well as contradictory findings during the course of the research process as a way to guide the project.

In the sections that follow we explore the ways that young people engage with contraception and their potential fertility, within the context of their social and sexual relationships. We begin by exploring how young people negotiate the balance between sexual pleasure and desirability with their contraceptive choices. We argue that the choices that young people make in this respect are sensible steps within broader strategies to increase their independence and social and sexual capital within their networks.

Sexual pleasure, desirability and contraception

In Khayelitsha, where HIV incidence and teenage pregnancy are high, national public health campaigns have centred on increasing and encouraging condom use.²⁷ But amongst young people in Town Two, condom use remains unpopular.²⁸ This was especially true for young men who consistently expressed reluctance to use them. When asked why, men would most often say that using

condoms diminished their sexual pleasure. Young men often said things like, “Why would I eat a sweet with the wrapper still on it?”

To these young men, as is consistent with the core tenets of hegemonic masculinity, their own sexual pleasure within the context of their partnerships was often viewed as of central importance.²⁹ Young men’s sexual pleasure, rather than the pleasure of their female partner or the possibility of conception, was paramount. Seeking sexual pleasure was also often read positively in relation to their performance of masculinity. In a conversation about who should encourage condom use in the context of sexual encounters, one young man explained, “It’s a woman’s job to say, ‘Put on a condom’. Men are not thinking about that”. Here his point could be read in two ways: firstly, it clearly places the responsibility to initiate condom use with women. Secondly, it highlights the possibility that if women do not raise the use of condoms in the context of sexual encounters, young men are unlikely to push the issue themselves.

There was also sometimes a stigma associated with women’s use of hormonal contraception. Young men claimed that they could see if women were using such contraception and could thus make moral evaluations of them. Women using such forms of contraception would be said to have “shaky bums”. Sometimes, if a woman gained a lot of weight, men might say in a judgmental tone that the woman was “preventing now”. This also indicates the way in which sex is a socially and morally policed issue. This moralising discourse about young people’s sexual behaviour was primarily perpetuated by members of the older generation, who often spoke about the degeneration of values and the moral corruption of youth because “all they [youth] do is have sex”. Changes to women’s bodies due to their use of contraception were often frowned upon by older people, who equated these changes with young women’s immoral sexual behaviour. In order to avoid the social stigma of bodily changes, or being seen attending the clinic to collect the contraceptive pill or get “the injection”, some young women chose not to use hormonal contraception.

For Thandi, an ambitious 22-year-old woman studying electrical management at a Further Education and Training (FET) college, using hormonal contraception was an important way for her to keep her options open in the context of her sexual partnerships. In addition to the fact that having a

child would interrupt her studies, Thandi spoke openly about enjoying having “boyfriends” who lived in different places, including in different neighbourhoods in Cape Town, but also in other cities. To have a child with one of her boyfriends might have shut down the prospect of continuing her other relationships – a risk that she was not willing to take. For other young people, having a child with a partner was an aspiration, rather than a threat to the relationship. In the section that follows, the role that fertility plays in the context of young people’s partnerships is explored in more detail.

Creating and sustaining relationships

Young people’s immediate fertility desires have perhaps received less attention than contraceptive use in the literature. But many young people, and seemingly more so in contexts where other avenues for achieving independence are not available, are actively trying to conceive as a way to build or test their relationships.²⁸ Many young people spoke of their attempts to “create that bond” or “prove that they have that bond” through having a child with a partner to “connect” the pair forever. Zola’s first boyfriend and “virgin breaker” visited her one evening and threatened to tear up her clinic card which she needed to present at her monthly clinic visits in order to collect her contraception. He did not want her to “prevent” (pregnancy) anymore because he wanted to cement their relationship through having a child with her. In a conversation about contraception, another young woman explained that some young people use condoms but others do not. She explained that some young people say to their partners, “I love you so deep I want a baby from you”.

While some spoke about actually trying to have children in their relationships, others were merely open to the idea, particularly in the context of longer-term relationships. From the young men’s perspective, condoms were least popular in the context of longer-term relationships and the onus was placed on women to prevent pregnancy, even if or when they were still at school. In a conversation about having children, one young man said while shrugging casually, “Hey, if it happens, it happens”. Another young woman explained, “People are not careful ... I was not supposed have children at 21 but I do”. Her statement pointed to the fact that she recognised the potential for her fertility but, possibly for the reasons

described above, this does not always translate into the use of contraception.

Although some couples spoke about actively wanting to have a child, the majority of young couples were faced with negotiating an unexpected pregnancy. For young people who had had children as teenagers, many initially expressed shock, shame and embarrassment linked to the conception, in much the same way that this has been documented in the literature on teenage pregnancy in the South African context.¹⁶ Although marriage is uncommon, the social pressure to have children within the context of marriage persists. Partly in response to this societal pressure, young people who had children at a young age outside of marriage, spoke about their hopes to marry the genitors of their children later on. Having a child thus acted as a catalyst for considering marriage to a particular partner, or at the very least the possibility of sustaining a longer-term relationship with them. The desire to maintain a relationship with the genitor of a child seemed stronger for young women than for young men. In light of prevailing social norms and ideals linked to having children, it might be more socially damaging for young women than young men to have children out of wedlock. Young women's sexuality is more closely socially policed, whereas there is often an acceptance or expectation that young men will have multiple sexual partnerships, which may lead to having a child.

The situation described above was certainly the case for Zola, who had conceived unexpectedly in 2013 when she was 16 years old. The genitor of her child was largely absent. According to Zola, he had dropped out of school, used too many drugs and was also involved in a local gang. As a church member and youth leader, Zola disapproved of his behaviour but still expressed the hope that one day the two would get married. Zola felt that no one would ever love her daughter the way that the biological father could. Despite the fact that he was unable to live up to the ideals associated with "provider masculinity"³⁰ described elsewhere, Zola still held onto the hope that she and the father of her child might have a longer-term and stable relationship in the future.^{30,31}

Although both men and women clearly acted on their fertility desires, prevailing negative discourses tended to focus on women as attempting to strategically control or manipulate men using their fertility. In this situation, women were described as "trapping" men through having a child with

them. This manifested most commonly in one of two ways. Firstly, if a young woman was impregnated by a man known to have many other sexual partners, this woman would be described as "jealous" of his other sexual partners, and thus accused of actively trying to conceive to ensure that his relationship with her might be elevated above his relationships with his other partners. Secondly, women who became pregnant by young men who were financially independent were also accused of "trapping" these men. This framing of young women seeking to trap men, and young men being vulnerable to being trapped, clearly highlights a prevailing set of social and gendered ideals linked to male and female sexuality and fertility. Here young men were painted as vulnerable and defenceless against young women's power and deception. As described above, young people's fertility and sexual partnerships were of course much more fluid and complex than this overly simplified framing.

For both men and women it was important to prove fertility in the context of existing partnerships, but it also seemed important to be able to prove this to other potential partners. Young people may have had an unforeseen pregnancy initially, or may have actively tried to conceive with a partner when the relationship was going well. Here they were attempting to build (and also test) their existing partnerships but were also showing that they might be a suitable partner for the long-term because of their capacity to conceive. For young men in particular, one avenue to demonstrate their masculinity was to show their virility. One young woman put it simply, "If you can't make babies, you are not man enough". Another young man explained, "If you don't have a photocopy [child], you need to get checked [for infertility]". Other young men had a longer-term view in mind; they informed their female partners that they wanted to have a child in order to prove that they could "be good fathers", thus pointing to the future of their relationships and performances of masculinity.

Young people's fertility desires were also influenced significantly by the ideas and experiences of others in their peer groups. There was a degree of peer pressure and competition around fertility. While some pregnancies were unplanned, both young men and women said that some couples actively tried to have children because when they saw their friends having babies, "they also want [ed] to experience [having a child]". For young

men, proving their virility to their male peers was perhaps as important as being seen as “part of the crew” of young fathers. The competition, or at least comparison, within peer groups around having children was reinforced when daughters born to close friends a few months apart were given the same name. Young peoples’ parents reported feeling worried about their children spending too much time with young friends who already had children because they feared that it would encourage their children to want children too.

Although it is clear that fertility plays an important role in the context of young people’s relationships, being a young parent in a township context is not an easy task. In the section that follows, the strategies employed by young mothers and fathers in their attempt to perform legitimate parenthood as best they can are further explored.

Managing children: female care and male money

In South Africa, as in other contexts, expectations of social adulthood are deeply gendered. Although these gendered expectations are often difficult (if not impossible) to achieve, these ideals still persist as both individual aspirations and societal expectations. Men are expected to financially provide for families, while women are expected to raise children in families: expectations that become even more pressing in the context of marriage.³² But as has commonly happened in South Africa and across the world, family structures have been disrupted by migrant labour, political insecurity, a lack of socio-economic freedom and illnesses like HIV.^{33–36} Young people in South Africa also often participate in activities that are usually associated with adults, thus making the notion of a transition to adulthood quite arbitrary in this context.³⁷ For example, many young South Africans are engaged in child labour, in multiple sectors including the agricultural sector.³⁸ Due to the significant HIV-related mortality in South Africa, child-headed households are not uncommon.^{39,40} In these contexts, new strategies and social relationships have emerged, which have contributed to the redefinition of the understandings and performances of adulthood for both men and women.

Having a child often presents insurmountable costs for young parents, both financially and in terms of the reproductive labour required to raise a child. In South Africa, most teenage births

happen outside of stable unions, to women who have little means to support themselves or their children.⁴¹ Although there is a growing literature that points to the roles that young fathers attempt and aspire to play in their children’s lives, the overwhelming burden of care for children falls on mothers and their female kin. Thus, many women who had children at a young age turned to their own mothers (the grandmother of their child) for support. As one young woman explained, if teenage women have children, these children become “their [own] mother’s child”. The supportive role that mothers play in caring for the children of their teenage daughters has been explored in the context of South Africa.^{12,16} Mkhwanazi¹² argues that the grandmother’s care of their grandchildren is transformative for both women: mothers of daughters who have given birth as teenagers assist them in restoring their identities as “good mothers” through taking on some of the care responsibilities for their grandchildren. Through drawing on the support of their mothers and female kin, teenage mothers in this situation were afforded the opportunity to be transformed into good mothers themselves.

For some young women, however, relying on their own mothers to assist in the care of children was not possible. In the South African context, where rates of teenage pregnancy have remained fairly high over the past few decades, having grandmothers who might still be of reproductive age is not uncommon. These women might have more children themselves after they have become grandmothers. This was true for Zola, whose mother and grandmother, like herself, had all had their first children as teenagers. When Zola’s mother was 32 years old, she had a fourth child. At the time, her granddaughter (Zola’s child) was two. Thus Zola’s mother was still caring for her own young children at the time that Zola conceived.

While Zola’s mother focused on raising her newborn daughter, Zola acted as the primary caregiver for her own daughter but also played an increasingly significant role in caring for her younger siblings, as well as a neighbour’s daughter. Through providing care in this way, Zola was able to perform a socially and morally legitimate form of motherhood. Simultaneously, the vulnerability stemming from lost opportunities due to her early pregnancy was also evident. Like other teenage mothers, Zola found herself in a different position to older, unemployed women who were likely

to have more social standing and thus power to refuse to participate in providing care for others' children. Older women were also more likely to have longer-term stable relationships, which were socially recognised by their community. Their male partners may thus have had more influence in deciding whether these women would provide care for other people's children. This contrasts with the nature of teenagers' partnerships, which tend to be far less stable or formally defined, decreasing the likelihood of boyfriends having a say in how their partners spend their time⁴².

The bulk of the burden of care work to raise children born to young parents fell on women and female members of their kinship networks. As one young mother explained, "if you have a baby before time, you will regret [it]. You will suffer. The father will disappear". It is not uncommon that young men initially deny paternity when they first hear that a partner is pregnant. As a result, young men who did this were called "dogs" and thought of as "useless" by the mothers of their children.

Although they seldom lived with their children, young fathers spoke about their desires and attempts to contribute to raising children. In township contexts, living up to the ideal that as a young father one is expected to provide "support" (specifically financial support), is an almost impossible task. The financial burden of caring for children was often mentioned in relation to the cost of disposable nappies, which can cost close to double what a young person might earn in a day.

Many young fathers, like Luyanda, thought about his need to get a job primarily in relation to his responsibility of caring for his daughter's financial needs. Luyanda's daughter was born when he was 18 and in his final year of high school. Although he had managed to complete high school, he had not achieved grades high enough to qualify him for access to university. He felt pressure to provide financially for his daughter and to supplement his mother's small salary and support his extended family who shared the small house where he lived. Many young men experienced a similar reality. They often explained that they needed to get work, even if the amounts of money they earned were meagre. To have enough money "just to get bread" was better than not providing at all. Young fathers aspired to provide their children with financial support, but if they were unable to, the responsibility to provide most often fell to their female kin. One

young woman, who had had a child in her final year of high school, said when describing the father of her daughter, "He is a good dad... shame". She said this when she was describing how he helped to provide financially for the care of their daughter. She said that each month she would make a list of what she needed, and he would give her the money to buy things. If he did not have the money, his mother would give her money.

Given their precarious circumstances, young fathers often failed to provide their children with the financial support that they and their female partner hoped that they would. The pressure and expectation to provide became even more pressing in December. There is a widespread practice in Black South African families to buy children what are colloquially referred to as "Christmas clothes". During December and January, children are supposed to be given three new "kits" or outfits: one on 16 December (Reconciliation Day – a national holiday in South Africa), one on Christmas Day and one on New Year's Day. In addition to the fact that these outfits are all supposed to be brand new from head to toe, fashionable and exorbitantly expensive branded items were often bought. It was common for children to be bought clothes to the value of R1500 (approximately \$120), just for the December months. Shoes represented a particularly significant portion of the cost. Despite the fact that many young parents are unemployed, they may save and borrow money to buy their toddlers shoes that can cost up to R500 (approximately \$40) a pair.

Conclusion

For young people in Town Two, early pregnancy simultaneously increases precarity while also offering them some immediate benefits. Having a child at an early age puts enormous pressure on young people, their relationships with their partners and on their (usually female) kin to help to absorb the care needs of the child. Taking care of a child makes accessing other common opportunities to transition to adulthood even more difficult to achieve. For example, many young women who have children while at school drop out, and either never return, or face significant challenges in trying to finish their schooling later in life. If young people do find employment, it is likely to be unstable and poorly paid. If this income also has

to go towards the support of a child, young people will have less to cover the costs of their own needs.

But for many young couples, pregnancies are viewed positively, even if caring for the child comes with significant economic and emotional stressors. Pregnancy and fertility for young people are as much about developing a sense of adult self-worth as they are about having a child. To some extent, engaging in longer-term partnerships, and particularly having children in the context of relationships that young women try to sustain, marks an attempt at making a transition towards adulthood. Young people who have some success at navigating this transition, as rare as it may be to be able to provide appropriate care and financial support to their children, may be marked as “older”. In the absence of other accepted markers of transition to adulthood and in the context of deprivation and exclusion, early fertility, though

clearly a public health problem, can become a solution to social circumstances.

As such, early fertility and parenthood is one avenue through which some young people attempt to transition to adulthood. Public health interventions need to take account of the fact that young people’s decision-making in this regard is fundamentally shaped by unequal access to resources and opportunity. The ways that teenage pregnancy is often pathologised will likely constrain our understanding of these young people and our efforts to intervene and mitigate the health impacts of early fertility, which will deepen inequities.

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References

1. Mkhwanazi N. Teenage pregnancy and HIV in South Africa. Body politics and women citizens: African experiences, 2009: p. 83–92.
2. Panday S, Makiwane M, Ranchod C, et al. Teenage pregnancy in South Africa - with a specific focus on school-going learners. Child, Youth, Family and Social Development, Human Sciences Research Council. Department of Basic Education: Pretoria; 2009.
3. Moultrie TA, McGrath N. Teenage fertility rates falling in South Africa. S Afr Med J. 2007;97(6):442.
4. Branson N, Ardington C, Leibbrandt M. Trends in teenage childbearing and schooling outcomes for children born to teens in South Africa. 2013.
5. Dickson KE. Adolescent fertility: a population concern. 2003.
6. Kaufman CE, Wet T, Stadler J. Adolescent pregnancy and parenthood in South Africa. Stud Fam Plann. 2001;32(2):147–160.
7. Bhana D, Morrell R, Shefer T, et al. South African teachers’ responses to teenage pregnancy and teenage mothers in schools. Cult Health Sex. 2010;12(8):871–883.
8. Macleod C. “Adolescence”, pregnancy and abortion: constructing a threat of degeneration. London: Routledge; 2010.
9. Macleod C. Teenage pregnancy and the construction of adolescence scientific literature in South Africa. Childhood. 2003;10(4):419–437.
10. Mkhwanazi N. A tough love approach indeed: demonising early childbearing in the Zuma era. Agenda. 2012;26(4):73–84.
11. Macleod C. Teenage pregnancy and the construction of adolescence: scientific literature in South Africa. Childhood. 2003;10(4):419–437.
12. Mkhwanazi N. “An African way of doing things”: reproducing gender and generation. Anthropology Southern Africa. 2014;37(1–2):107–118.
13. Delius P, Glaser C. Sexual socialisation in South Africa: a historical perspective. Afr Stud. 2002;61(1):27–54.
14. Posel D. “Getting the nation talking about sex”: reflections on the discursive constitution of sexuality in South Africa since 1994. Agenda. 2004;18(62):53–63.
15. Harrison A. Hidden love: sexual ideologies and relationship ideals among rural South African adolescents in the context of HIV/AIDS. Cult Health Sex. 2008;10(2):175–189.
16. Mkhwanazi N. Understanding teenage pregnancy in a post-apartheid South African township. Cult Health Sex. 2010;12(4):347–358.
17. Bray R, Gooskens I, Kahn L, et al. Growing up in the new South Africa: childhood and adolescence in post-apartheid Cape Town. Cape Town: HSRC Press; 2010.
18. Ngabaza S. Positively pregnant: teenage women’s experiences of negotiating pregnancy with their families. Agenda. 2011;25(3):42–51.
19. Cook G. Khayelitsha: policy change or crisis response? Trans Inst Br Geogr. 1986;11:57–66.
20. Statistics South Africa. Census Data 2011. Statistics South Africa: Pretoria; 2011.
21. Posel D, Devey R. The demographics of fathers in South Africa: an analysis of survey data, 1993–2002.

- Baba: men and fatherhood in South Africa, 2006: p. 38–52.
22. Prince C. The Changing Face of SA Families, in *The Times*. 2009: Johannesburg.
 23. Swartz S, Bhana A. Teenage Tata: voices of young fathers in South Africa. 2009. Cape Town: HSRC Press.
 24. Makusha T, Richter L, Bhana D. Children's experiences of support received from men in rural KwaZulu-Natal. *Afr Dev*. 2012;37(3):127–152.
 25. Clark S, Cotton C, Marteleteo LJ. *Family ties and young fathers' engagement in Cape Town, South Africa*. *J Marriage Fam*. 2015;77(2):575–589.
 26. Okely J. Anthropological practice: fieldwork and the ethnographic method. 2013: Berg.
 27. Bearinger LH, Sieving RE, Ferguson J, et al. Global perspectives on the sexual and reproductive health of adolescents: patterns, prevention, and potential. *Lancet*. 2007;369(9568):1220–1231.
 28. Smith DJ. Premarital sex, procreation, and HIV risk in Nigeria. *Stud Fam Plann*. 2004;35(4):223–235.
 29. Connell RW, Messerschmidt JW. Hegemonic masculinity rethinking the concept. *Gender & Society*. 2005;19(6):829–859.
 30. Bhana D, Pattman R. Girls want money, boys want virgins: The materiality of love amongst South African township youth in the context of HIV and AIDS. *Cult Health Sex*. 2011;13(8):961–972.
 31. Dworkin SL, Colvin C, Hatcher A, et al. Men's perceptions of women's rights and changing gender relations in South Africa: lessons for working with men and boys in HIV and antiviolenace programs. *Gend Soc*. 2012;26(1):97–120.
 32. LeClerc-Madlala S. Cultural scripts for multiple and concurrent partnerships in Southern Africa: why HIV prevention needs anthropology. *Sex Health*. 2009;6(2):103–110.
 33. Spiegel A, Mehlwana AM. Family as social network: kinship and sporadic migrancy in the Western Cape's Khayelitsha 1997, Co-operative Research Programme on Marriage and Family Life, Human Sciences Research Council: Obtainable from HSRC Publishers: Pretoria, South Africa.
 34. Booysen FR, Arntz T. Children of the storm: HIV/AIDS and children in South Africa. *Soc Dyn*. 2002;28(1):170–192.
 35. Kuo C, Operario D. Challenging dominant policy paradigms of care for children orphaned by AIDS: dynamic patterns of care in KwaZulu-Natal, Republic of South Africa, in *CSSR Working Papers*. 2007, Centre for Social Science Research: Cape Town.
 36. Ford K, Hosegood V. AIDS mortality and the mobility of children in KwaZulu Natal, South Africa. *Demography*. 2005;42(4):757–768.
 37. Bray R, et al. Growing up in the new South Africa: childhood and adolescence in post-apartheid Cape Town. Cape Town: HSRC Press; 2010.
 38. Levine S. The "picaninny wage". An historical overview of the persistence of structural inequality and child labour in South Africa. *Anthropol South Afr*. 2006;29(3–4):122–131.
 39. Meintjes H, Hall K, Marera D-H, et al. Orphans of the AIDS epidemic? The extent, nature and circumstances of child-headed households in South Africa. *AIDS Care*. 2010;22(1):40–49.
 40. Richter LM, Desmond C. Targeting AIDS orphans and child-headed households? A perspective from national surveys in South Africa, 1995–2005. *AIDS Care*. 2008;20(9):1019–1028.
 41. Cooper D, Morroni C, Orner P, et al. Ten years of democracy in South Africa: documenting transformation in reproductive health policy and status. *Reprod Health Matters*. 2004;12(24):70–85.
 42. Swartz A. Navigating motherhood at the intersection of intergenerational fertility, HIV and care: a case study of a family of three generations of teenage mothers in Khayelitsha, Cape Town, in *Young Families: Gender, Sexuality and Care*, N.a.B. Mkhwanazi, D, Editor. 2017, HSRC Press: Cape Town. p. 256.

Résumé

En Afrique du Sud, la fécondité précoce et les grossesses chez les adolescentes sont devenues des pré-occupations centrales, aussi bien du point de vue politique que de santé publique. Dans cet article, nous étudions comment de jeunes hommes et femmes ont utilisé leur fécondité et leur condition de parents pour négocier la transition de l'enfance à l'âge adulte. Pour ces jeunes, les inégalités persistantes relatives à la pauvreté économique, la faible instruction, le manque de possibilités d'emploi et une charge élevée de morbidité restent des obstacles de taille pour réussir cette transition.

Resumen

En Sudáfrica, la fecundidad temprana y el embarazo en la adolescencia han pasado a ser un enfoque central de preocupación política y de salud pública. En este artículo, exploramos las maneras en que los hombres y las mujeres jóvenes han utilizado su fecundidad y la crianza de los hijos para navegar la transición desde la niñez hasta la adultez. Para estas personas jóvenes, las persistentes inequidades relacionadas con pobreza de ingresos, formación inadecuada, falta de oportunidades de empleo y una alta carga de enfermedad continúan siendo barreras significativas para lograr esta

L'article utilise des données ethnographiques recueillies entre 2014 et début 2016 auprès de jeunes adultes (17-25 ans) à Town Two, Khayelitsha. La méthode de collecte des données primaires a été l'observation des participants. Les récits et les expériences de 15 jeunes sont présentés ici. Nous avançons que, en plus des désirs immédiats de fécondité, les décisions contraceptives des jeunes étaient sensiblement façonnées par des normes sociales et des idéaux sexués. La fécondité des jeunes femmes opérait à la fois comme une aspiration et comme une menace au sein des relations. Certains couples sont partiellement parvenus à une stabilité ou longévité de leur relation en ayant un enfant. Devenir parent dans le contexte d'une relation apparemment stable était perçu comme un mouvement vers une forme d'entrée acceptée, mais néanmoins ténue, dans l'âge adulte social. Même s'il est difficile de se conformer à l'idéal du bon parent, les jeunes mères qui prodiguaient les soins, de même que les jeunes pères qui apportaient un soutien financier à leurs enfants y sont arrivés en partie. En l'absence d'autres marqueurs acceptés de transition à l'âge adulte et dans un contexte de dénuement et d'exclusion, la fécondité précoce, même si elle représente clairement un problème de santé publique, peut constituer une solution aux conditions sociales.

transición. Este artículo se basa en datos etnográficos recolectados entre el año 2014 y principios del 2016 con jóvenes adultos (de 17 a 25 años) en Town Two, Khayelitsha. La observación participante fue el principal método de recolección de datos. Se presentan las narrativas y experiencias de 15 personas jóvenes. Argumentamos que además de deseos de fecundidad inmediata, la toma de decisiones de las personas jóvenes sobre la anticoncepción fue definida en gran medida por ideales enfocados en el género y normas sociales. La fecundidad de las jóvenes operó como aspiración y amenaza en las parejas. Algunas parejas lograron parcialmente estabilidad o longevidad de la relación al tener un hijo. El inicio de la crianza de los hijos en el contexto de una relación aparentemente estable fue percibido como un movimiento hacia una forma aceptada, aunque tenue, de adultez social. Aunque fue un reto cumplir el ideal de buen padre o madre, esto fue logrado parcialmente por jóvenes madres que proporcionaron cuidados y jóvenes padres que mantuvieron a sus hijos. A falta de otros marcadores aceptados de transición a la adultez y dentro de un contexto de privación y exclusión, la fecundidad, aunque indudablemente es problema de salud pública, puede llegar a ser la solución de circunstancias sociales.