Childbearing in the Context of the Child Support Grant in a Rural Area in South Africa

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Abstract
Although teenage pregnancy appears to be on the decline in South Africa, it is still high and a matter of heated debate. Some commentators argue that the child support grant is fuelling the high levels of childbearing among young women in South Africa. To investigate this relationship, qualitative data using in-depth interviews was conducted with women aged 18 to 24 years who were recipients of the child support grant. The study was conducted in Mtubatuba, which is located in northern KwaZulu-Natal in South Africa. The women in the study denied that they had children to access the grant. They pointed out that the grant is minimal and did not cover the cost of raising a child. The women identified a range of factors that contribute to childbearing including inadequate knowledge about sex, gender relations, lack of access to contraceptive services, and risky behaviors. Age appropriate and youth friendly health services should thus be a priority for government in tackling this problem.

Keywords
high pregnancies, young women, social assistance, child support grant, South Africa

Introduction
In South Africa pregnancy among young people is a matter of great concern. By age 19 years, almost 28% of young women reported ever having been pregnant and the pregnancy rate was higher in nonurban than urban areas (Statistics South Africa, 2017). Recent national surveys suggest that number of pregnancies among young women is not increasing but it is still high (Statistics South Africa, 2017). The overwhelming majority of pregnancies among young women is not increasing but it is still high (Statistics South Africa, 2017). The overwhelming majority of pregnancies among young women aged 15 to 19 years occur outside of marriage and most of them are either unplanned or unwanted (Willan, 2013).

Teenage pregnancy has been associated with a number of adverse outcomes for not only the young woman, but also the child. Physiologically, young women have a greater risk of anemia, premature labor and pre-eclampsia than older women. In addition, they are more likely to experience pregnancy complications, poor dietary habits and inadequate nutrition (Grover & Sandhu, 2009). Teenage pregnancy is also likely to lead to social and economic disadvantage. Research indicates that the effects of early pregnancy on educational achievements and economic progress remain negative and significant (Shefer, Bhana, & Morrell, 2013).

Teenage pregnancy is associated with various challenges to young mothers such as school disruptions, poor educational outcomes, negative health impacts and economic struggles (Ardiving, Menendez, & Mutevedzi, 2015; Shefer et al., 2013). Despite these multifaceted challenges a commonly held belief among South Africans is that young girls are falling pregnant “on purpose” to access the child support grant (CSG) (Jordan, Patel, & Hochfeld, 2014). The CSG was introduced in South Africa in 1998 as a means-tested, monthly state-funded cash transfer, targeted at improving the quality of life of impoverished children (Lund, 2011). To qualify for the grant, children must be under the age of 18 years, not cared for in a state institution and residing with a primary caregiver. In the overwhelming majority of cases, the caregiver is the biological mother or the child’s grandmother (Jordan et al., 2014).

South Africa is considered a country with a pro-poor system of social assistance (Triegeardt, 2005). In comparison with other developing countries, South Africa has a relatively high expenditure on social grants (Potts, 2012). For the period 2016-2017 the CSG had a total of 12 081 375

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recipients dependent on the grant. This amounted to R51 476 941.00 expenditure for the 2016-2017 period (South African Social Security Agency, 2017), constituting approximately 3.2% of the Gross Domestic Product (Delany, Jehoma, & Lake, 2016). Numerous studies confirm the importance of the CSG as a mechanism to alleviate poverty and promote human development, with some suggesting it is likely to contribute to an eventual decline in inequality in the country (Coetzee, 2013; Satumba, Bayat, & Mohamed, 2017). According to Satumba et al. (2017), social grants are well-targeted and have contributed to a significant decline in poverty in areas such as the Eastern Cape and Limpopo provinces, among the African population, in female-headed households and in rural areas.

Studies suggest that the CSG is important for children’s well-being and development (Coetzee, 2013). A study using national survey data found that the CSG has had positive impact on children’s well-being including improving health, nutrition and education of children (Coetzee, 2013). A study conducted by Jordan et al. (2014) in a poor urban area in South Africa with a high uptake of the CSG found the grant was mainly used for food security and education-related costs for the children. In addition, the study found that the CSG has benefits for women as it gives them greater control over their own lives and the lives of their children. However, few of the young women in the study were involved in income generation, either in a formal job or more informally.

The CSG is an important tool in reducing poverty and vulnerability through providing an income for the household. The study found their low economic status forced them to be dependent on others for their livelihoods and for child well-being. The study concludes that even though the CSG provides women with a degree of independence, control and self-confidence this is limited because of their wide ranging needs as young mothers (Jordan et al., 2014). Another study conducted by Wright, Neves, Ntshongwana, and Noble (2015) which draws on qualitative interviews with female CSG recipients of working age in two provinces in South Africa (the Eastern Cape and Western Cape) found that the grant does provide some women with protection and dignity by allowing them access to a vital income stream that enables them to better provide for their children and fulfill their role as caregivers. However, they felt that other aspects of the CSG including the application process, the meager amount of the grant and negative labels to a CSG recipient has led to the erosion of their dignity (Wright et al., 2015).

Since the introduction of the CSG there has been ongoing debate about the high rate of teenage pregnancy. Many argue that the CSG is encouraging young girls to fall pregnant. However, quantitative research suggests there is no association between childbirthing at a young age and the CSG (Makiwane, 2010; Makiwane & Udjo, 2006; Naong, 2011). Holborn and Eddy (2011) argue that the fact that the decline in the teenage fertility rate occurred before the introduction of the CSG in 1998 should serve as evidence against this theory. Moreover, it should also be noted that in Sub-Saharan Africa teenage pregnancy is very high even in countries where there is no grant (Loaiza & Liang, 2013). In their study, Makiwane and Udjo (2006) investigate the association between the CSG and an increase in teenage fertility rate in South Africa using national surveys and administrative data. They observe that young women, particularly teenage mothers are not direct recipients of the CSG even though they are biological parents; therefore it was unlikely that they had children because they wanted to receive the grant. They also note that the fertility rate did not increase during the 8 years after the introduction of the CSG. They went on to observe that the youth fertility rate is consistently high in Africa including those countries that do not have the CSG (Makiwane & Udjo, 2006).

Another study observed that there are various factors that contribute to pregnancy including peer pressure, poverty and substance abuse, but there is no evidence to support the claim that young girls are falling pregnant to access the grant (Naong, 2011). In addition, there are indications that teenage pregnancy rates are continuing to decline even in the presence of the grant (Patel, Hochfeld, Moodley, & Mutwali, 2012).

In South Africa much concern has been expressed by policy makers and community members that young women are falling pregnant to access the child support grant. In addition, some concern has been expressed that beneficiaries of the child support grants are abusing the grant by not using it for its intended purpose (Goldblatt, 2003; Lesenya, 2015). This widely held belief is not unique to South Africa. Globally, critics of social welfare argue that cash transfers in the form of social grants are a drain on public resources and create dependency and a sense of entitlement among beneficiaries (Murray, 1984). Furthermore, it is argued that social grants discourage beneficiaries from actively trying to find employment and may even lead some to refuse jobs for fear of losing their welfare payments (Murray, 1984). In South Africa there have been a growing number of studies on the child support grant. However, there have been few studies that have directly explored the relationship of the CSG with pregnancy and most have been quantitative. This study builds on earlier studies but uses qualitative data to gain more insights into the relationship between childbirthing among young women and the CSG. It focuses on the factors leading to the pregnancy, as well as the influence of the CSG on childbirthing. It draws on in-depth interviews conducted with young African mothers aged 18 to 24 years who were CSG recipients.

**Study Context**

The study was conducted in a rural area in KwaZulu-Natal. Research indicates that KwaZulu-Natal and the Eastern Cape are home to the highest number of children who are benefiting from the CSG, with children younger than 7 years of age being the largest beneficiaries in these provinces (Tiberti et al., 2013).
In South Africa, poverty tends to have a spatial dimension and is largely concentrated in the rural areas. Many rural areas are characterized by a high unemployment rate, limited access to basic services and female-headed households. According to the 2009 National Budget Review many of the CSG beneficiaries are living in rural areas such as farms or villages (Dicks, Brockerhoff, & Lwanda, 2011). The study was conducted in Nkundusi village in Mtubatuba, located in the northern part of the province of KwaZulu-Natal. Nkundusi village is a deep rural area and it lacks basic facilities. There is only one clinic, one high school and two primary schools. Most of the households do not have running water or electricity. Youth development is almost nonexistent in this community and reproductive health services that are supposed to cater for youth needs are almost nonexistent. Research also indicates that the incidence of teenage pregnancy is high in the district (Harrison, Xaba, & Kunene, 2001). Therefore, it was important for this study to investigate whether there was a relationship between childbearing and the CSG in this community or if there are other factors that are leading to the high incidence of pregnancy among young women.

Method

The study relied on qualitative research methods using in-depth interviews. In total, 15 in-depth interviews were held with young African women who were recipients of the CSG. The study was on young women and therefore to be eligible to participate in the study they had to be aged 18 to 24 years and they had to have had a child. All the women in this study were African. African women have the highest teenage fertility rate in South Africa (Moultrie & McGrath, 2007). Furthermore, about 90% of grant recipients are black Africans (Dicks et al., 2011). Research shows that the main recipients of the CSG are women (Patel et al., 2012). Although young fathers are also responsible for childbearing, research reveals that young mothers are usually direct recipients and this has buttressed claims that they deliberately fall pregnant to receive the CSG (Goldblatt, 2006).

The main focus of the study is not generalizability to the broader population but to better understand the perspectives and experiences of CSG recipients. This was an exploratory study that aimed to solicit intricate personal views and perspectives on the reasons for early childbearing among young women. The questions posed included sociodemographic information, reaction to the pregnancy; the impact on their education, the child’s living arrangements, as well as their responsibility as mothers. The age of the young mothers that participated in the study ranged from 19 years to 24 years. All of the young mothers were single and had never married. With the exception of two, all stated that they only had one child. All the women were living with their children at the time of the interviews. The level of education was relatively low with only two women having completed their secondary schooling. Most were school drop-outs, with the majority reporting that they had to interrupt their education because of the pregnancy. All the women reported falling pregnant before they reached the age of 20 while they were still completing their education.

The interviews lasted between 45 min and an hour and were conducted in a venue that ensured maximum privacy. The interviews were recorded using a tape recorder and notes were also taken during each session. The interviews were conducted in isiZulu to enable the women to express themselves freely, and were later transcribed and translated into English. Confidentiality, anonymity and privacy were strictly observed. In addition, ethical approval for the study was obtained from the University of KwaZulu-Natal. The transcripts were analyzed using thematic analysis which involved sorting data according to themes. Though thematic analysis is a time-consuming process, it is a useful method as it helps the researcher to explore the depth of qualitative data.

Findings

Reasons for Pregnancy

The women identified a number of reasons for pregnancy among young women including lack of preparedness for the event, inadequate awareness of contraceptive methods, difficulties in obtaining methods and limited sexual education.

When the women were asked about factors that they thought contributed to their pregnancy they observed that many young people engage in unprotected sexual intercourse which puts them at risk of sexually transmitted infections and pregnancy. One young woman said,

In most cases people engage themselves in relationships while they are still young. Due to their young tender age they lack vital life skills such as information on the prevention of teenage pregnancy and how to negotiate safer sex with their partners, thus resulting in pregnancy. (P1)

Some explained that that there is a strong desire by women to please their partners, which increased their risk of unprotected sex. Women do not broach the subject of condoms because they are afraid of their partner’s reaction. One young woman explained,

I think it’s the way they think, others can’t refuse to be in a sexual relationship. Others do not negotiate condom use because they believe that this will put a strain on their relationship with their male counterparts, especially if that partner is providing them with material support such as money and food, and if that partner has promised to pay lobola (bride price). (P2)

Another woman pointed out that if the boyfriend promises to pay lobola (bride price) signaling his intention to marry then it is mostly likely that the woman becomes submissive in the sexual relationship in the hope that he will spend the rest of his life with her.
Sometimes women also become involved with men that are much older than them. These men are able to provide women with material support in return for sexual favors. In these relationships women have limited power to negotiate safer sexual behaviors. The women did not plan to get pregnant but they find themselves with a child. This is illustrated in the following comments:

Young girls often solicit relationships with older men in a bid to secure material support which they believe will be readily and easily accessible. (P9)

We date “sugar daddies” (older men with money) because of the material assistance that they provide, however pregnancy is never planned. (P15)

Young women also are afraid to access contraceptive services because they fear their parents’ reaction. This is evident in the statement by a young woman who said that they “do not access contraception services because they fear their parents. Their fear is that their parents will question them about their visitation to the clinic and what services they actually accessed” (P1). The reason for this is that in most cases parents are not aware that their children are in a relationship and are sexually active. This is not uncommon among the black African communities, especially if there is no bride price that has been paid to the family of the girl. This finding suggests that there is a limited communication between parents and their children.

Furthermore, young women do not visit health facilities for contraceptives because of poor interpersonal relationship with health care providers. They feared that they will be judged by health care providers and their right to privacy and confidentiality will not be maintained at health facilities:

There is an increased fear of accessing contraceptives from the clinics due to the negative attitudes and perceptions of nurses. Nurses shout at us during consultations, so you end up being afraid of telling them your problems because you will be addressed with an attitude regarding your problem. (P15)

Women also expressed some concerns about contraceptives. One woman said that she was afraid of contraceptive side effects such as fluctuating body weight and water retention in the body. She therefore decided not to use any method of contraception and as a result this led to an unintended pregnancy:

Others usually do not want to take contraceptives because they normally say they do not want to get “water” in their bodies and that’s where they fall pregnant. (P6)

A lack of proper sexual education also contributes to an early pregnancy. One young mother explained that she fell pregnant because she did not get proper sex education. Another argued that experts should be appointed to teach them about sex in their community. The young mothers also pointed to a lack of recreational facilities in the area. One woman stated that the reason why many young people engage in sexual activities was because they have nothing to occupy their time. This is clear in the following statement by one young woman:

Based on the environment I am living in and the knowledge I have there are no sport facilities that can keep young women busy even women’s projects that focus on teaching women about how not to fall pregnant. There are no professionals who teach us about sex issues, our parents are not educated so they do not have the relevant skills to teach us about sex matters and how we can protect ourselves. Therefore if we can find someone, a professional person, who can form a youth forum so that we can discuss with him or her about our concerns when it comes to sex matters. (P8)

In some instances, young people engage in sexual intercourse, largely for sexual gratification without considering the consequences, especially when under the influence of alcohol. Alcohol lowers inhibitions and increases risky behaviors including unprotected sexual intercourse. This is clear in the following statement:

Through attending parties young women might be pressured by their peers to engage in sexual intercourse with random guys. Others enjoy going to parties on their own and end up sleeping around with people they meet at parties for the first time. (P11)

One of the immediate consequences of unprotected sex is the risk of an unplanned pregnancy. More often than not, young women who engage in unprotected sex do not intend to have a child, but they fall pregnant. In the study, women stated that they did not plan to have a child with their partners and did not even consider that they might become a mother.

**Impact of Pregnancy**

The young mothers did not report many physical challenges. Only two of the young mothers reported that they had experienced physical challenges during the course of their pregnancy and childbirth. One stated that she had a miscarriage and the other reported that she gave birth through Cesarean section.

A few of the women reported that they were rejected by their partners as soon as they discovered they were pregnant. One of the young mothers noted that while a woman needs emotional and financial support from her partner during pregnancy and childbirth this was not the case for her. She was abandoned by her partner soon after she told him about the pregnancy:

The problem I have encountered was that my boyfriend abandoned me after I told him that I was pregnant. Even during
Young women also face condemnation by their parents. They revealed that their parents were very angry and blamed them for falling pregnant. As explained earlier, some of the participants, especially those who were no longer in school, reported feeling abandoned by their parents because they stopped providing for them. They also noted that once they had a child they found that they had less time to spend socializing with their friends:

Once you have a child there is no freedom because you have to look after your child. You do not get support from others; sometimes even your boyfriend can reject you. At home they always blame you that you got a child at a very young age. (P12)

Some women could not continue with their education. They reported that they had to drop out of school because their parents forced them to do so; one of the young women reported that her father disowned her after she told him that she was pregnant. She found herself alone with no way to stay and having to fend for herself. In addition, her father refused to pay for her school fees and other essentials such as school uniforms:

I fell pregnant when I was 17 years old, and then I couldn’t go further with my schooling because my father was so upset with me in such a way that he kicked me out of the house and so he didn’t pay my school fees. He didn’t buy me a new school uniform and so I was forced to stay at home. (P10)

The young mothers also revealed that after they found out that they were pregnant they were forced to drop out of school because there was no one to look after their child while they continued with their schooling, especially those who were orphans. Financial problems were one of the reasons for dropping out of school. One of the women revealed that she had to drop out of school to search for part-time jobs so that she could be able to support her child because the child’s father did not offer any financial assistance:

...I had to drop out of school and the reason for that is that I had to look after my child because no one was going to do that for me at home, since my parents passed away. Another problem is that I found it hard to raise a child alone because I had to drop out of school and start looking for a job. I had to look for something temporary so that I can support my child. (P9)

Many of the young women reported that they had to assume responsibility for raising their children in the absence of the fathers. They found that their male partners rejected them as soon as they told them that they were pregnant. One young mother added that the money she received from the CSG helped to support her child:

The problem I have encountered was that the father of my first child refused to support the child. But now I am ok because I get temporary jobs and the CSG does help along the way. (P5)

**Influence of Child Support Grant**

In the interviews the women argued strongly against the notion that young women deliberately fall pregnant to access the CSG. One young women pointed out that the grant was not enough to cover the high cost of raising a child. She was quite scathing of people who blamed her for falling pregnant to access the grant and pointed out that the grant was meager and would not cover all of the basic necessities for the child. In addition, she explained that the grant was hardly sufficient to cover her expenses especially since she lives outside of town. She said,

I can’t say I have a child because I wanted to access that R310 grant. Especially for me, I am staying far from the town, I have to pay R50 for transport to go to town. That means I will be left with R260 and with that R260 I can only buy pampers or just napkins just for one month. After that I will be left with nothing. Therefore I do not think that someone can have a child because she wants to access the CSG. (P13)

One of the women also argued that teenage pregnancy was not a new phenomenon, as even before the introduction of the CSG young women were having children. She added that the CSG did not create dependency because even in the past women were able to support themselves by finding temporary jobs:

I would just say people have children because they want to, I do not think they have children because they want to access the CSG. There was no CSG before but people were still having children, they had some ways to support themselves for example others had temporary jobs in order to support their children. (P1)

Others argue that since many pregnancies are unplanned it cannot be linked to the availability of the CSG. They point out that they did not plan their pregnancy with the intention of accessing the grant. Moreover, they note that young people engage in sexual activities out of curiosity or due to peer pressure and their pregnancy was not planned, as is revealed in the following statements:

Others get children by mistake and not because they want to access the grant, that’s what I think. (P6)

That is not true, for me the time I was having sex I was not prepared to become pregnant. I was not aware that what I did that day can make me fall pregnant. Some of us do not have sex because we want to fall pregnant. (P9)

In the interviews women were also asked how they used the grant. It became clear that for those women with very young children most of the grant went toward the care of the child.
However, some mentioned that sometimes they used some of the money for their own expenses. They mentioned that as the child grows the expenses decrease; therefore they used some of the money to buy items for themselves as well as the child. This is clear in the following comments:

It differs with the life stages you see, if the child is still very young he or she wears pampers, drinks milk therefore you cannot buy your own things, but it becomes better when the child is getting older especially since mine is 2 years old, I am able to buy her a dress while at the same time I can use some of the money to buy my own stuff. In terms of food maybe I can take some cornflakes for her and take some cosmetics for me but this can only happen when the child is becoming old, if the child is still young you can only buy pampers then the money will be finished. (P8)

Since my child is not that much young now, I can buy my own clothes and I can also buy cereal for my child. Maybe in another month I can buy a few clothes for him, so since it is winter now I can buy a jersey and gloves and so forth, the money is just helping here and there. (P15)

It was clear that they were appreciative of the grant and felt that it can lessen their burden. They could afford to pay for food, clothing and school related necessities for their children. One woman said,

With the CSG I am able to buy some of the things I need for my child. For example I can buy the school uniform and clothes. I can also buy food, although the money is not enough it does help us. (P1)

Another explained,

... The child support grant has brought positive changes in my life. There is a R60 crèche fee that I have to pay every month; through the CSG I am now able to pay that fee every month. (P13)

Some also used the little money they received from the grant to save for their children’s future. The grant allowed them to pay for their children’s expenses but also plan for their future. One woman stated,

I opened a saving account with Ithala Bank in July last year, and when I went there to deposit they said I should come back this year on July 18th again for another deposit. I do the savings in case I am not around or the child is going somewhere. But the main purpose for this is that I want to invest for my child’s education, so that as she grows I can use this money to cover the school costs in future. (P8)

**Discussion**

The study aimed to gain insights into the relationship between childbearing and the CSG drawing on in-depth interviews conducted with young women. While a number of studies have investigated this association most have been quantitative and as a result there has been a call for more qualitative studies. This study draws on in-depth interviews with young women who were recipients of the CSG to explore their reasons for childbearing. Young people engage in sexual activities at an age when they are not mature enough to take vital decisions about their sexual life, such as initiating discussions on condom use with their male partners. Manzini (2001) confirms this finding and writes that studies in South Africa and other places reveal that teenagers engage in sexual activities at a very young age; they normally engage in sexual activities that are unsafe, uninformed and misguided. All the women stated that their pregnancy was not planned and they were adamant that they did not fall pregnant to access the CSG. These findings are consistent with quantitative studies which suggest that young women do not fall pregnant to access the grant. Young women in this study fell pregnant for diverse reasons including inadequate knowledge about methods to prevent pregnancy, unequal gender relations and limited access to contraception, poor sexual education and alcohol use.

There is a widely held perception in society that young women become pregnant because they want to access the CSG and as a result, they dump their children with their grandmothers and spend the money on themselves. In the study, the young women made it clear that the CSG was not enough to support themselves and their children; therefore they did not have children because they wanted to access the grant. The study found that all the women lived with their children. Furthermore, only two of the women had more than one child. It would be expected that, if young women were having children to access the grant they would have more children to increase the amount of money they could claim. All the women reported experiencing a number of challenges as a result of early childbearing. The majority raised their children in the absence of their male partners and some had to drop out of school to take care of their children. Others even mentioned physical challenges such as a miscarriage. Such challenges debunk the notion that the CSG has led to young women having children.

According to Goldblatt (2003), the perception that women become pregnant because they want to access welfare services is not unique to South Africa. There are concerns all over the world that women become welfare dependent without contributing to the state and they drain the states’ resources by having more children to access more grants (Goldblatt, 2003). In the United States, “welfare queen” is a derogatory term that is often used to describe single, Black mothers (Pruitt, 2016). The above belief or argument is associated with the Welfare Disincentive Theory which argues that many people are becoming welfare dependent due to government policies that are in place. According to this theory, welfare services create structural problems, reduce the chances to rise out of the lower class and discourage people...
from working (Murray, 1984). It becomes difficult to agree with this in a country like South Africa. South Africa has one of the highest unemployment and poverty rate in the world (Trieu, 2005). According to Statistics South Africa (2014) youth unemployment rates are very high compared to those of adults and women aged 15 to 34 are most vulnerable to high unemployment rates. In the absence of job opportunities, social grants make some contribution in alleviating poverty.

The interviews revealed that while the size of the grant is relatively small and it does not cover all their expenses, it does lessen the young mothers’ financial burden. The women made it clear that they use the grant to pay for food, clothing and school related expenses. This study found that the grant benefitted the children especially in the absence of financial support from their fathers. The interviews revealed that young mothers confront multiple challenges. They did not have formal, full-time employment and were not engaged in income generating activities and the CSG provides them with some financial relief. Besides few job opportunities available for young people many of them do not have the necessary skills for the available job opportunities. In South Africa young women are allowed to return to school after pregnancy but the journey takes much longer and the young women often have to face multiple obstacles that results in some of them not completing their education. As a result, their skills and educational attainment do not fit in with available job opportunities. In addition, the quality of education, which is aligned with skills, also determines whether one could get a better job or are likely to get the job. It is argued that the formality and quality of education is a critical determinant of the quality of labor market entrants (National Treasury, 2016). The deficient South African education system acts as a fundamental constraint on the quality of young people who are jobseekers and this limits their ability to find decent jobs (National Treasury, 2016). For example, the level of education for participants in the study was not suitable for job seeking. In South Africa tertiary education is limited to a privileged few and an unplanned pregnancy often puts an end to the dream of achieving higher levels of education. Therefore, the level of education they had was unlikely to give them better job opportunities and enable them to generate an income easily as they were lacking vocational skills. In this context, the CSG plays an important role as “a long-term enabling mechanism” in tackling poverty and promoting human development (Coetzee, 2013). However, women are usually blamed for not being able to secure employment and becoming welfare dependents.

**Conclusion**

In this study, young women did not fall pregnant to access the CSG. The findings of this study suggest that young mothers do not have adequate financial support and will thus access the grants to support their children. Indeed, the women admit that having a child at an early age has put a brake on their aspirations for the future and they would have preferred to delay childbearing. Increasing utilization of reproductive health services is essential for reducing the negative outcomes of unplanned pregnancies. Thus, providing age appropriate and youth friendly reproductive health services should be an important priority for government in tackling this problem. In addition, asking women how they perceived their situation before the pregnancy and after can reveal alternate explanations and at the same provide new directions for further research. There is also a need for more research that employs a combination of qualitative and quantitative methods to explore the association between high levels of childbearing among young women and the CSG.

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