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LEVELS AND CORRELATES OF SINGLE MOTHERHOOD IN SOUTHERN AFRICA

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ABSTRACT

Background: Studies have reported that one of the outcomes of on-going social and demographic transition is breakdown in families' structure. Thus the emergence of single mother families is an observed trend which is associated with poverty and negative child outcome. This study examines the levels and factors associated with single motherhood in Southern Africa.

Data source and methods: This is a cross-sectional study of Demographic and Health Survey (DHS) data sets for three Southern African countries of study: Lesotho (DHS) 2009, Swaziland (DHS) 2006-2007 and, Zimbabwe (DHS) 2010-2011.

A total sample of 5586 women aged 15-49 for Zimbabwe, 4063 for Swaziland and 2541 for Lesotho who are either currently married or not and have at least one dependent child prior to the survey was included in the study. Data analysis was done at three stages; univariate, bivariate and multivariate level. Multivariate logistic regression which yielded odds ratio was used to identify the socioeconomic and demographic correlates of single motherhood.

Results: The findings showed that the level of single motherhood in Zimbabwe is 20% (1091), Lesotho 25% (1011) and Swaziland 41% (1041) with premarital childbearing as the main source of single motherhood in the region, while widowhood and divorce is relatively low.

Comparing the three countries of study in terms of correlates of single motherhood, the evidence suggested that age of respondents and number of

living children, are correlates of single motherhood while religion was found not to be associated with single motherhood in all the countries of study. Younger women were more likely to become single mothers compared to older women while women with more than 2 living children are less likely to be single mothers compared to those with 1 or 2 living children.

Conclusion: This study concludes that single motherhood is high in southern Africa. The implication of the rapid spread of single motherhood both reflects and reinforces the declining significance of marriage as a family status and a context for bearing and raising children. Also it may have negative implications for children from single mother families and the mothers themselves.

Declaration

I, Chidimma Maureen Mbanefo (Mrs) hereby declare that this research report is my own original work. It is being submitted to the Faculty of Humanities and School of Social Sciences, University of the Witwatersrand in Johannesburg, South Africa. It is submitted in partial fulfillment of the requirements for the degree of Master of Arts in the field of Demography and Population Studies. I declare that this report has not been submitted before in part, or in full, for any other degree or examination at this or any other university.

…….

February 2013

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I am grateful to God Almighty for His provisions, wisdoms and strength throughout my studies. I would not have made it without His Grace and mercy. Thank you Lord.

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My sincere gratitude goes to my husband Mr. Ernest Mbanefo who supported and encouraged me throughout as I undertook this study. God bless you all.

Dedication

I humbly wish to dedicate this work to my husband Mr. Ernest C. Mbanefo and my children; Commander Chimkasi and Adanna and also in memory of my beloved parents James and Agatha.

Abbreviations

AIDS:	Acquired Immune Deficiency Syndrome
AOR:	Adjusted Odds Ratio
CI:	Confidence Interval
CPH:	Census of Population and Housing
DHS:	Demographic and Health Survey
HIV:	Human Immune Deficiency Virus
MDGs:	Millennium Development Goals
LDHS:	Lesotho Demographics and Health Survey
SADHS:	South Africa Demographic and Health Survey
SAMP:	South African Migration Project
SDHS:	Swaziland Demographic and Health Survey
SWASMO:	Swaziland Single mothers Organization
OR:	Odds Ratio
RC:	Reference Category
SSA:	Sub Saharan Africa
UN:	United Nations
WHO:	World Health Organization
ZDHS:	Zimbabwe Demographic and Health Survey

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CHAPTER 1

INTRODUCTION AND BACKGROUND

This chapter briefly discusses the concept of single motherhood and why it is, in some cases, a problem globally and in Southern Africa in particular. Also presented in this chapter is the study's problem statement, research question, objectives and justification of study as well as the definition of concepts.

1 Introduction

Globally, most families are undergoing transition from two-parent families to one-parent ones, giving rise mostly to the emergence of single mother families (Landau and Griffiths, 2007). The consequences and increasing prevalence of single mother families have been given huge attention in many of the developed countries such as United States of America and the United Kingdom (Biblarz and Gottainer, 2000; Kahn L et al., 2004). Approximately, one-fourth (24 percent) of the 75 million children under age 18 lives in a single-mother family and seven in 10 children living with a single mother family are poor or low income, compared with less than a third of children living in two parents families (Marther, 2010).

Similar patterns have been found in Sub-Saharan African countries. This is evident in the Demographic and Health Surveys (DHS) data in some Sub-Saharan African countries on children's living arrangements. The proportion of children living in a single mother family differs by countries. For example, Nigeria (10.1%), Uganda (16.9%), Tanzania (17.3 %) and Zambia (17.8 %) have the lowest percentages of children staying in a single mother family and higher percentages are found in South Africa (34.4%), Namibia (27.3%) and Zimbabwe (26.3%)

(Dlamini, 2006). In countries with a high Muslim population such as Nigeria, out of wedlock pregnancy is taboo and pregnant adolescents are forced into marriage by their parents (Dlaminin, 2006). However in Southern Africa, AIDS related death and premarital childbearing may explain the high proportion of children living in a single mother family (Moyo and Kawewe, 2009).

Despite the high prevalence of single mother families in Southern Africa, little research has been devoted to identifying its correlates. The main concern, generally, is that single motherhood seems to be associated with poverty and negative outcomes for children (Kalil et al., 2001). Studies have revealed that children from single mother families are more likely to have poor health status, be malnourished, drop out of school, have poor life attainment and also are more likely to be single mothers or parents in future (Mclanahan and Percheski, 2008; Kalil et al., 2001). The rise in single mother families in Zimbabwe, Swaziland and Lesotho is occurring within a climate of increased deprivation, which supports the feminization of poverty thesis in the West (Moyo and Kawewe, 2009) and yet there are no comparable public social services to support these families and their children (Swaziland Single mothers Association, SWASMO, 2010).

The likelihood of a woman becoming a single mother is undoubtedly affected by social, cultural, religious and economic factors with a potential to further influence fertility and partnership decisions (Gonzalez, 2005). Single motherhood generally emerges through demographic and social antecedents that occur in the societies such as divorce and premarital childbearing. Widowhood is usually a natural phenomenon while divorce and premarital childbearing are usually voluntary. But a common ground for all three sources is that they cease to exist

after re-marriage or union formation. One important source of single motherhood is when a woman chooses rationally not to get married but still wants to have children (single mother by choice) either by insemination or adoption (Mannis, 1999). According to Mannis (1999) these women who tend to be financially independent, older, and well educated are usually stereotyped and stigmatized for single motherhood.

There is no doubt that single motherhood is high in Southern Africa and a better understanding of the factors associated with single mothers need to be investigated. This research therefore aims to examine the levels and the underlying factors associated with single motherhood and to explore the possible interventions necessary to reduce the growing trend of single motherhood in Southern Africa.

1.2 Problem Statement

The health and wellbeing of women and children is a key focus of the United Nations' millennium development goals (MDGs) (WHO, 2008) among others. Although literatures have identified single motherhood as fast becoming a regular family type, studies have also shown that such families are associated with negative outcomes not only on the parent and children but also on the society as a whole (Kalil et al., 2001). A study in South Africa revealed that about 25.1 percent of women in are single mothers (Dlamini, 2006). On the one hand, Children of single mothers have been documented to have negative outcomes such as increased mortality, poor educational attainment, poor health, and delinquent behaviours compared to children of married mothers (Biblarz and Goittainer, 2000; Florshein et al 1998; Painter and Levine 2000). On the other

hand, single mothers experience burden of poverty, gender discrimination, unemployment, stigmatization and poor living conditions compared to women living with their husbands (Buvinić and Gupta, 1997; Curtis, 2001; Kalil et al., 2001).

There is pressure on these women to provide for themselves and their offspring with their little income, most times without any support from relatives or the government. As a result, their children are more likely to be malnourished, less likely to complete school, more likely to turn to crime and drugs (Mclanahan and Percheski, 2008)

According to UNICEF, a Zimbabwean National Nutrition Survey in 2010 revealed that more than one third of Zimbabwe's children under the age of five are chronically malnourished and consequently stunted while 12,000 die each year due to malnutrition related illnesses. Years of persistent droughts and the recent downturn of the Zimbabwean economy have adversely affected food availability in many homes in Zimbabwe, especially in single mother families. (Moyo and Kawewe, 2009). This calls for an urgent need to make nutrition a priority at the national and sub-national level because it is central for human, social and economic development. Persistent and deteriorating chronic malnutrition means Zimbabwe is unlikely to meet the United Nations Millennium Development Goal number one – to reduce poverty and hunger (UNICEF, 2010). Parenting practices and daily routines are an important influence on a child's social, physical and cognitive development. Parenthood is not only tasking and challenging but also stressful for two parents, let alone a single mother. Single mothers may not

possess adequate skills, time, strength and sufficient funds to nurture their children.

Research has indicated that a single mother family is more vulnerable to economic poverty than two parent families (Mclanahan, 1998). For example, the cost of living for an adult is high in Zimbabwe before adding the cost of rearing children with regard to their schooling, feeding, housing and clothing. Most of the single mothers in Zimbabwe are unemployed (Moyo and Kekawe, 2009) and the fact that there is no child grant offered in Zimbabwe, Swaziland and Lesotho exacerbates the situation of single mother families. Further worsening the situation is that a high proportion of single mothers in these countries have no formal education, thus their probability of getting gainful employment is greatly reduced. Single motherhood also leads to the deterioration of normative family values or system. Research has shown it is a likely predictor of marital instability (Tyaki, 2001) and premarital child bearing. Thus, there is a very high tendency that a single mother will give birth to children who are likely to be parents at adolescence. (Mclanahan, 1998). The 1998 South African Demographics and Health Survey showed that more than 50% of the women interviewed had their first birth when they were still unmarried adolescents (12-19 years) (SADHS, 2001). This was attributed to apartheid policies before 1994 which destabilized traditional African families giving rise to out of wedlock pregnancy and divorce (Kruger, 1998).

There is an increase in the number of children of single mothers being cared for by grandparents due to parent mortality by HIV/AIDS, divorce and lack of parental responsibility (Monasch and Boerma, 2004). HIV/AIDS is one of the main causes

of adult mortality in southern Africa, leading in some instances, to single mother families. Single mothers in this situation are in turn, likely to leave their children in the care of grandparents. Also most never-married and divorced single mothers usually allow their children to be raised by their grandparents while they attempt to establish themselves with regard to careers or jobs as well as start new relationships. A study by Monasch and Boerma (2004) showed that grandparents are the main caretakers of 64% of orphans in South Africa. This has a direct impact on the discipline of the child given that in some cases the laxity with which grandparents bring up grandchildren can result in children with poor discipline.

1.3 Research Question

What are the levels and correlates of single motherhood in Southern Africa?

1.4 Objectives

1.4.1 General Objective

To determine the levels and correlates of single motherhood in Lesotho, Swaziland and Zimbabwe.

1.4.2 Specific Objectives

To determine the levels of single motherhood in Lesotho, Swaziland and Zimbabwe.

To identify the factors associated with single motherhood in Lesotho, Swaziland and Zimbabwe.

1.5 Justification of Study

Southern Africa provides a better setting for exploring single motherhood in an African environment for several reasons.

Firstly, some recent studies have observed an increase in the number of premarital childbearing, divorce, adult mortality during the past couple of years in this region (Garenne et al., 2000; Mturi & Moerane, 2001; Russel, 1993; Samp, 2010;). Russel (1993), for example, reported that premarital childbearing in Swaziland was a common phenomenon and had been accepted in the society. Similarly, Comparing countries in Southern Africa, Mturi and Moerane (2001) found that in South Africa, 28% of births were premarital births, while in Bostwana 21% of births was due to the same situation. South African Migration Project (SAMP) has indicated that divorce rates in Zimbabwe have continued to escalate. According to the Zimbabwean high court statistics, about 800 cases of divorce were recorded in 2008 alone (SAMP, 2006). Also HIV/AIDS have been the leading cause of death in the region (SDHS, 2007) with Swaziland recording the highest number of deaths in southern Africa, causing single motherhood in some instances.

Secondly, previous studies of single motherhood have focused on a single country analysis. A multi-country analysis is especially attractive, given that it will show variation in the economic and social differences of the countries and also provide excellent sources of comparative analysis for single motherhood in the region. This is important because the findings of this study may provide a better insight on the subject matter which other research has neglected.

Thirdly, despite the rapidly increasing number of single mother families, studies have suggested that they are characterized mainly by poverty, and negative child outcome (Kalil et al., 2001; Bibliaz and Gottainer, 2004). Zimbabwe for example, has witnessed huge economic crisis, especially between 2007 and 2010 which translated to high food prices, poor living conditions and increased child mortality (Banda, 2007). As a result, parents lack economic ability to take care of their children, hence children are adversely affected in many ways: poor health outcome, malnourishment, dropping out from school, involvement in crime and drugs (Ellwood and Jencks, 2002; McLanahan and Sandfeur, 1994). Understanding the factors that are associated with single mother families may be a first step in developing programs that can be used to address the challenges facing these women and their children.

Finally, this study will add to the body of growing knowledge on single motherhood in Southern Africa and also provide a platform for further research in other regions of Africa. It will also help to identify the significant levels of single motherhood which can be compared to western worlds. In addition, because of the consequences associated with single mother families, this study will then recommend policies, programs and interventions that may help to reduce poverty and negative child outcome in single mother families.

1.6 Definition of Concepts

Single motherhood: defined as all women aged 15-49, that are divorced, widowed or never married, who have at least one dependent child under the age of 18 (living with the mother) and are not living with a partner. According to the United

Nations, a dependent child is one who is living with his\her parent and is under the age of 18 (United Nations, 2012).

Furthermore, single mother families have often been equated to female headed households in most African literatures when in fact differences between the two categories exist. For the purpose of this research, single mother family is not the same as female headed household and it is important to make the distinction clearly. A female headed household is where a woman is responsible for the provision of the household even though males live in the same house (Buvinic and Gupta, 1997). It may be a grandmother living with her children. On the other hand, a single mother family is one where a woman who has had at least one child is living alone without a partner (Gonzalez, 2005). Unmarried mothers who live with their parents or other relatives face fewer economic problems than mothers who live alone (Ellwood and Jencks, 2002).

1.7 Organization of study

The study is divided into six chapters. Chapter one is the introductory chapter and presents the background of the study, statement of problem, justification for the study, objectives and definition of terms. Chapter Two offers the literature review, discusses the theoretical framework and states the hypothesis. Chapter three presents the methodological approach used in the study. Chapter Four is the presentation of results and the description of the study population using selected demographic and socio-economic characteristics. It presents bivariate analysis using chi-square statistic to test for association between single motherhood and demographic and socioeconomic variables. Finally, multivariate analysis reporting odds ratio is presented. Chapter five is the discussion and

interpretation of findings. Chapter six consists of the conclusions and recommendations.

CHAPTER 2

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This chapter presents reviewed literatures on single motherhood and its correlates. It also discusses the theoretical framework adapted for this study.

2.1.1 An Overview of Single Motherhood

There are huge controversies on the definition of single motherhood by researchers and scholars alike (Bumpass and Raley, 1995; Buvnic and Gupta, 1997). Often time's single motherhood is used interchangeably with "female headed households" in many studies (Buvnic and Gupta, 1997). This lack of a common definition has also affected the measurement of the single mother family which may affect the outcome of many researches. The measurement of single mother families has become less accurate because of the marked changes in non-marital fertility and unmarried cohabitation (Bumpass, 1995). Female headed households are mostly where a woman is responsible for the provision of the household even though males such: sons, bothers, son in-laws may live in the same house (Buvnic and Gupta, 1997), and it may be a grand-mother living with her children and grand children. The main argument here is that there is a likelihood of having a male presence in this type of household hence it is not considered a single mother family. On the other hand, a single mother family is where a woman who has had at least one dependent child is living alone without a partner (Gonzalez 2005; Dlamini, 2006). The absence of a father is the core basis

in the definition of single mother family, especially with regard to lack of financial provisions and the absence of a role model for the children (Gabel, 2004).

Previous studies hypothesized that the rise in single mother families in Sub-Saharan Africa was due to the following factors: increase in age of marriage, increased economic opportunities for women, labour migration, lack of marriageable men (Heuveline et al., 2003; Mturi and Moerna, 2001; Tabutin and Schoumaker, 2004) which have been shown to have adverse effects on the on the lives of women and children. For example, in the recent past, there has been a mass exodus of men in most of the Southern African countries to South Africa, mainly to work in the South African mines (Mturi and Moerna, 2001), in the process leaving their wives and children behind.

According to a report by the South African Migration Project (SAMP) divorce rates in Zimbabwe continue to escalate, with Court statistics indicating that in 2004 alone, an excess of 800 divorce cases were recorded, translating to an average of 67 cases in a month. Indications are that the divorcee rates have been on a gradual increase in the past couple of years, with 2003 having recorded an average of 45 cases per month (SAMP, 2005). The report suggested that the prevalence of divorce in Zimbabwe is great because of labour migration of a partner who may never return home or may return home at a much later period to find his or her partner married to someone else. It is also attributed to women empowerment. Women acquire power through education and careers and may no longer depend on men for their livelihood which makes it easier for them to consider divorce when dissatisfied with the conditions of the marriages.

Many studies have examined the outcome or attainments of children from single mother families relative to children from two-parent families. Mclanahan and Sandefur (1994) assembled data from a number of American surveys showing that children who grew up with both of their parents performed better on school achievements, finished high school more often, earned more in early adulthood and had fewer children as teenagers than children raised in alternative arrangements. They were not clear in differentiating the outcome of children raised by divorced mothers, widowed mothers, remarried mothers, and never married mothers. This was a gap filled by BiBliarz and Gottainer (2002) in their study comparing widowed mothers' and divorced mothers' children outcomes. They argued that both widowed and divorced mothers are not significantly different in terms of religiosity, health related behaviours and other dimensions of lifestyles. But children of widowed mothers have approximately the same outcome as those from two-parent families and they are usually better than children from divorced mother families (Bibliarz and Gottainer, 2002). Speculations are that children who witnessed their parents' divorce are more prone to emotional traumas (Tyaki, 2001) which could adversely affect their behaviours and life attainment. Although the loss of a father could be traumatic, the effect is considered far less than that of divorce.

Contrary to the above argument, some scholars have argued that there are some exceptions with regard to the widely held view that children of single mothers are in jeopardy (Lombe at al., 2001; Mannis, 1999). The main argument is that single mothers are more likely to have positive aspirations for the welfare of their children, making sacrifices to ensure that their children have the best in life (Lombe et al., 2001). However, this association may be complex to explain

because the study did not specifically assess overall welfare outcome (e.g. school enrollment and access to health care). Similarly, a feminist approach argues that single mothers by choice tend to support positive outcomes of their children. This is based on their economic or financial ability to offer the best for their children (Mannis, 1999).

What is indisputable is that welfare aspirations for children of single mothers are however, dependent on the characteristics of the mother (Gonzalez 2005; Lombe at al., 2001). Older single mothers are more likely to have positive welfare aspirations for their children and older women are more likely to support their children, compared to younger single mothers (Lombe at al., 2001).

Curtis (2001) in her study compared single mothers with married mothers and found that the health status of lone mothers is significantly lower than that of married mothers. However, lone mothers are mostly younger, poorer, less educated, have fewer children, and are more likely to be on social assistance and smoke more than married mothers. But after controlling for these factors, lone mothers do not have lower health status than married mothers (Curtis, 2001).

In sub-Saharan Africa, few studies have been carried out on single motherhood (Moyo and Kewawe 2009; Calves 1999). Prominent among these studies is the work by Calves (1999) using the 1991 DHS, in which he examined the marginalization of single mothers in the marriage market in Cameroun. The study revealed that single mothers who had been single mothers for up to one year were more likely to marry during the year following childbirth, presumably with the child's biological father, than single women without children. Consequently, the presence of a child had a very different effect on the chances of subsequently

entering a union depending on the duration in single motherhood: having a child made marriage significantly more likely in the short-run, but significantly decreased marriage chances in the long-run, especially for divorced and widowed mothers.

Moyo and Kewawe (2009) explored the nature and characteristics of lone mothers in Zimbabwe using three vignettes (stories about individuals, situations and structures which can make reference to important points in the study of perceptions, beliefs and attitudes (Hughes 1998)) as their study population. The findings of the study were similar to what was found in the developed countries – that lone mothers are mostly poor (Gonzalez, 2009). The Vignettes highlighted the socioeconomic concerns of single mother families regarding inadequate income, lack of access to employment, lack of housing, and problematic governmental policies that affected the well-being of lone mothers and their families.

2.1.2 Correlates of Single Motherhood

Studies on determinants of single mother suggested that age, wages, benefits systems, labour market and education (Gonzalez, 2005; Rozzelle, 2003) influence the likelihood of a woman becoming a single mother. Higher educational attainment was significantly associated with a lower likelihood of being a mother (single or married). Younger women were more likely to be single and childless and as they aged they became more likely to be never married mothers (Gonzalez, 2005). Also the less wealthy a female is the more likely she is going have a child outside of marriage.

Despite the limited research on single motherhood, research on divorce, widowhood and premarital childbearing suggest that rates of single motherhood may be relatively high and possibly rising throughout Southern Africa (Tabutin and Schoumaker, 2004). In South Africa, for example, never-married women contribute nearly 50% of births amongst women of ages 12 to 26 (Garenne et al., 2000). Nonetheless, there is considerable variation found throughout sub-Saharan Africa in rates of premarital fertility.

Mturi and Moerane (2001) examined premarital childbearing in Lesotho in comparative context with the neighbouring countries using the 1995 Lesotho Motherhood Initiative data. The study showed that only a small proportion of births in Lesotho was born out of wedlock; only 3 percent of never married Basotho women aged 15-19 had given birth, a very much lower rate than other Southern African Countries such as Botswana (21%) and South Africa (28%) (Mturi and Moerane, 2001). Further findings of the study suggested that the reason for the low rate of premarital childbearing in Lesotho included; cultural beliefs, where men were reluctant in marrying a woman who had given birth; educational attainment, where women avoided getting pregnant in order to finish their education which gave rise to induced abortion where the women fell pregnant; strong religious beliefs, especially catholic church members.

Russel (1993) in a study on premarital childbearing in Swaziland found that there was a high number of births outside wedlock suggesting that it was not a new phenomena but an established pattern among Swazi women. In 1986, about 33.4% of women were single mothers and in 2006, 47% of women were single mothers (SWAMSO, 2006). Certain factors such as age of the women,

contraceptive use, and marital status were associated with premarital childbearing in Swaziland. Apart from these demographic factors, age at first marriage in Swaziland had increased over time (by the age of 30 less than a third of women had married) but still they indulged in premarital sex with no contraception giving rise to a high number of single mothers (Russel, 1993).

In their study, of the Demography of Sub-Saharan Africa using DHS data, Tabutin and Schoumaker (2004) noted that southern Africa had always had a pattern of late marriage as early as the 1970s. The proportion of never married women was also moderately high, 14% of women between 40 – 49 years in 1999 were not married in Southern Africa compared to West Africa, 0.7%, Central Africa%, 1.6, East Africa, 1.3% (Tabutin and Schoumaker, 2004).

Divorce and widowhood remain the major marital hazards for an African woman because of the instability of marriage (quarrels between man and wife, arranged marriages, wife's infertility and the age differences between spouses) (Tyaki 2001; Tabutin and Schoumaker, 2004). Unfortunately data on frequency and timing of divorce and widowhood are not well documented in African Demography because they require the full marital history of women and men alike, especially in the Demographic and Health Surveys (DHS) (Tyaki, 2001). The same study showed that after 30 years of marriage, 35% of women's marriage in Ghana, 38% in Togo, 29% in Mauritania were dissolved by divorce.

In a study in Ghana (Tyaki, 2001) on marital instability, it was found that divorce was higher among matrilineal societies and also among women who were urban residents. The study revealed that income empowers women to leave a marriage that becomes dissatisfactory and also may offer socially acceptable alternatives to

marriage in African societies, thereby establishing a single mother family (Takyi, 2001). In addition, literature has observed that because Africans value children (Caldwell, 1982), it is likely that the number of living children could influence whether a marriage is stable or not. Religious affiliation has been reported to have positive association with divorce (Booth et al. 1995). Women who report no religious identity have higher marital dissolution than those who possess a religious orientation (West, 1997). Catholic Christians were noted to have lower incidence of divorce than non-Catholics because they strongly oppose it based on theological grounds (Lehrer, 2004). In addition, age at first marriage has been linked to an increased risk of divorce. Martin and Bumpass (1989) found that early marriage was the strongest predictor of divorce in the first five years of marriage. It is argued that young age at marriage is indicative of the lack of sufficient preparation needed to perform marital roles and emotionally strength to handle the strains associated with marriage (Tyaki, 2001).

2.2 Theoretical framework

2.2.1 Social change theory

Social change is a process whereby the values, attitudes or institution of a society becomes modified as a result of constant evolution and development (Thornton and Lin., 1994). This theory considers a wide range of political, social, cultural and economic forces and in particular industrial capitalism which influence individuals in families (Reeler, 2007). Economic and cultural globalization is forcing new complexities on all sectors of human life (Reeler, 2007). Family systems have been greatly influenced as a result of some changes in attitudes and behaviours towards marriage and fertility (Ellwood and Jencks, 2002). Prior to the advent of

globalization and modernization, most African families were strictly patriarchal, where women were solely answerable to their husbands. Women are now empowered through acquisition of education, income, and as a result, they can make decisions about their reproduction. As a result, single motherhood is becoming a growing and acceptable family type in most societies. In addition, African nuptial patterns were generally characterized by early entry into union for women, marital fertility (Hetrich, 2001) but what has been the trend is a general increase at age of first marriage, premarital fertility and marriage dissolution. (Tabutin and Schoumaker, 2004).

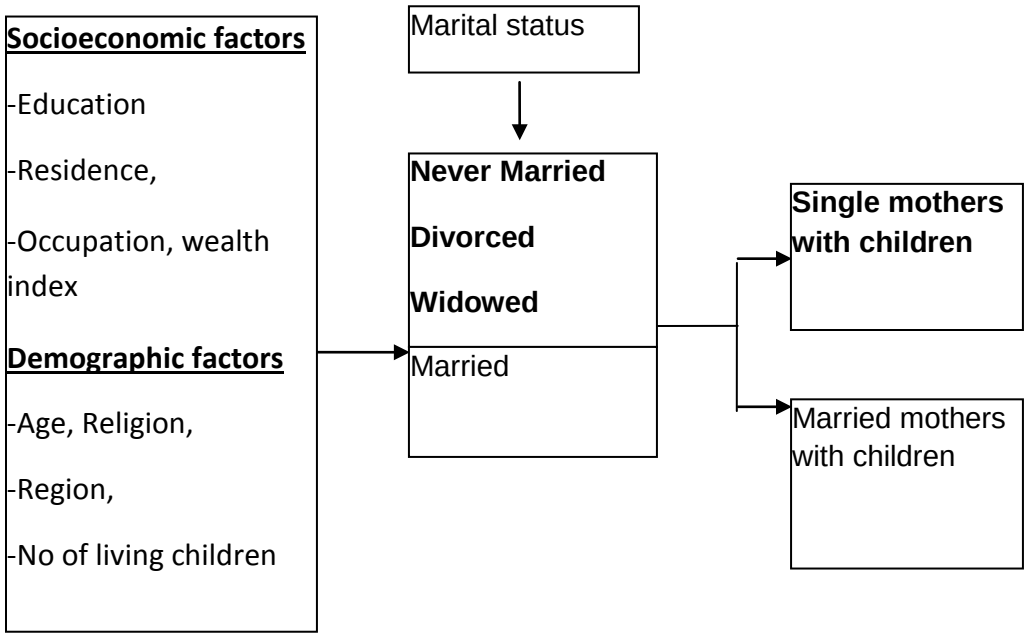


Figure 1 Adapted framework for the study of correlates of single motherhood (Reeler, 2007)

This framework indicates that socioeconomic and demographic factors act through the marital status of women in influencing single motherhood. As illustrated in figure 1, it is assumed that the demographic and socioeconomic

factors do not directly influence single motherhood. Changing patterns in education, religion, and employment, residence, region influences family life.

Education affects single motherhood through marital status; never married women who are less educated are likely not to use contraception thereby creating single motherhood. Also, women who are educated, earn higher income, and older, are more likely to divorce and to live alone with their children. Religion also has an influence on marital status. For example, Catholics do not support divorce and premarital childbearing. Such factors are likely to expose women to single motherhood.

2.3 Hypotheses

The hypotheses to be tested in this study are:

Null Hypothesis: Correlates of single motherhood do not differ according to country of study; Zimbabwe, Lesotho and Swaziland.

Alternative Hypothesis: Correlates of single motherhood do not differs across the countries of study; Zimbabwe, Lesotho and Swaziland.

2.4 Conclusion

This chapter has provided relevant literature on diverse aspects of single motherhood. A recurrent issue is that single mothers are regarded as poor and it affects their lives and that of their children (Mclanahan & Sandfeur 1994). Most of these studies have been done in the developed countries, but few researches done in Sub-Saharan Africa reveal that single motherhood is associated with problems. It can be further argued that there is limited research on the correlates of single motherhood in Southern Africa and Africa as a whole. The theoretical

framework attempts to explain the likelihood of becoming a single mother with regards to demographic and socioeconomic factors.

CHAPTER 3

METHODOLOGY

3.1 Introduction

The purpose of this chapter is to discuss the approach used in this study. Here, issues such as the study design, variables used in the analyses, study population data management and processing, and scope of the study are highlighted. Under data analyses, the logistic regression technique employed in the study is discussed and the formula presented.

3.2. Study Design

This is a cross-sectional study which uses three Demographic Health Survey (DHS) data sets for the three countries of study: Zimbabwe (DHS) 2010-2011, Swaziland (DHS) 2006-2007 and Lesotho (DHS) 2009 for women in the reproductive age groups 15-49. The national survey data sets are representative of all women. The number of women that were originally interviewed is: Lesotho (7,624), Swaziland (4,987) and Zimbabwe (9,171).

3.2.1 Study Population

The populations of interest in this study are mothers (married and single) of Zimbabwe, Swaziland and Lesotho who have had at least one dependent child prior to the survey. The inclusion criterion for the study includes women who are either married, never married or formally married and later became a single mother as a result of death of spouse, divorcee /separation or women who at least have one dependent child.

A total sample of 5586 women aged 15-49 for Zimbabwe, 4063 for Swaziland and 2541 for Lesotho who were either currently married or not currently married and had at least one dependent child prior to the survey will be included the study.

3.3. Variables and Variables Description

3.3.1 Outcome Variable

The outcome variable in the study is single motherhood. Single motherhood in this study, refers to all women who are not currently married and are not living with a partner but have had at least one dependent child prior to the survey. This variable was derived through three other variables; current marital status;, who lives with the child and the age of the child. Women who are married or living together with a man and have children are regarded as "not a single mother" while women who have never been married, divorced or widowed, who live with a child under the age of 18 are regarded as "single mothers". The variables child lives with whom and the age of the child is important in this study in order to ensure that the single mothers have a child(ren) under the age of 18 who is under their care. The outcome variable (single motherhood) has been categorized into single mother "YES" and/ or "NO". Single mother is coded 1 and "not a single mother" is coded 0.

There has been no established or consistent measure for single motherhood in the available literature. Previous studies have measured single motherhood in different ways. Gonzalez (2007) in his study of single motherhood measured the variable as (a) Single mother - an unmarried woman aged 18 to 35 living with her dependent children younger than 18 and not cohabiting with a partner and b)Single headship – a single mother who lives by herself with her dependent

children. In another of his studies, single motherhood was measured as a) Never married mothers and b) Divorced mothers (Gonzalez, 2005). Hence the choice of measurement of single motherhood in Gonzalez's studies was dependent on the type of data available, because he a used Luxembourg Income study (LIS) household data for 29 countries between 1980 -1990 (Gonzalez, 2005) and Longitudinal data from European Union Household Panel (EUHP), 1994 – 2001(Gonzalez, 2007).

However, Florsheim et al. (1998) in their study on the behaviours of adolescents from single mother and married mother families measured their outcome as single mother with children and married mothers with children. This is in line with the same outcome variable used in this study.

3.3.2 Explanatory variables

The analyses used two groups of independent variables. These consist of socioeconomic and demographic predictors of single motherhood. Hence the explanatory variable that was used for the analysis is the same for the countries in terms of levels and categories.

Table 1 shows all the predictor variables that were used in this study. The variables include: education, wealth index, place of residence and occupations which are used as indicators of socioeconomic status. Ages of the respondent, religion, number of living children and regions are the demographic variables. Respondents who are poor, with very little or no education and are unskilled manual labourers are considered as indicators of low socioeconomic status. Indicators for high socio-economic status are having secondary/higher education and residing in urban areas. Ages of respondents, region, religion and number of

living children indicate the basic demographic characteristics of the respondents and help in describing the basic features of the respondents in the study.

The relevance of the age variable here is to help understand the age structure of the sample population we are dealing with, especially how their age differences may likely affect single motherhood in the study. There is a need for us to know the place where these women reside, and so the —type of place of residence variable comes handy. With these variables, we will not only know if these women reside in the rural or urban area, but also the number that do. Also, one will also like to have idea of the educational level of the women. And so, the variable —highest educational level is included. The education variables will help us to know if these women are illiterate or not and if not, to understand their level of educational achievement and the role it may play in becoming a single mother. In other words, with this variable, we are be able to know if these women can actually read or write and at which level and size.

Other variable included in the study is the —number of living children. This variable helps to tell us the possible number of children the women we are dealing with have within the study period. The region variable will tell us where exactly the women were originally from and religion will also give us insight on the how belonging to a particular religion may affect the likelihood of single motherhood. Wealth index variable will help us to know if these women are poor or rich, employed or not employed. In addition, we will be able to understand how the socioeconomic status of a woman will influence the likelihood of single motherhood.

3.4 Ethical Considerations

This study is a secondary analysis of pre-existing data. No personal information or names of the respondents have been disclosed in the dataset, thus anonymity is guaranteed.

3.5 Data management

The 2010-11 ZDHS, 2009 LDHS and 2006-07 SDHS datasets used in the study were downloaded in Stata format from the Demographic and Health survey website and Stata 12 was used for the analysis. The women dataset was selected in the three countries of study. There were a total of 5586 observations for ZDHS, 4063 observations for LDHS and 2541 observations for Swaziland in the women dataset. Some of the variables had missing entries and no responses and as a result were cleaned out.

The first stage of the data analysis was the recoding of some variables into categories that would make the analysis and result interpretation more meaningful. Continuous variables such as ages of the respondents were categorized into groups; 15-24, 25-34, 35-44and 45+. Also, the number of living children was categorized into three groups: 1-2, 3-4 and 5& above. Categorical variables were also re-categorized by merging groups which were similar and some that had very few observations within them. For example the variable occupation had up to eight categories (not working, professional/ technical/manger, clerical, sales and services/ skilled manual labour, unskilled manual labour, domestic and Agriculture) which was simply categorized into four groups – Not working, professionals, manual labourer and others. Professional/ technical /manager were merged with clerical and sales, skilled manual labour

was merged with unskilled manual labour while domestic and agriculture were collapsed to others.

The same procedure was applied to religion where Pentecostal and all other forms of Christian religion were merged and other forms of religion such as traditional and Muslim religions were merged as other religion. Hence religion has three categories; Roman Catholics, Pentecostal and other. For education, secondary education was merged with tertiary education and the resultant categories are no education, primary and secondary+.

Because the study is a three country analysis, the regions of the countries are different but we need to find a common ground for computational and comparison purposes. Therefore, for Zimbabwe, the first three regions with the highest observation were regarded as region 1(Harare) Region 2 (Bulawayo) Region 3 (Manicaland) while all the other regions (Mashonaland, Matebeleland, Midlands, Masvingo) were merged and called Region 4 (others). For Lesotho, the first three highest observations were regarded as Region 1 (Maseru), Region 2 (Mokhtlong), and Region 3 (Thaba-tseka) while all the other regions (Quithinh, Qachas-nek, Butha-bothe, Leribe and Berea) were merged as Region 4 (others). The same thing was applicable to Swaziland, as the regions were categorized as region 1(Hhohho) Region 2 (Manzini), and Region 3 (Lumbobo) while the only remaining region Shiselwen was labelled Region 4.

The wealth index variable, poorest and poorer was merged as poor category, while richest and richer were merged as rich category. Therefore the wealth index variable could be said to be categorized into poor, middle class and rich.

Table 1: Variable description and categories

Variables	Definition
Dependent variable Single mother	No (0) or Yes (1)
Demographic variables	
Age of respondent	15-24 (1), 25-34 (2), 35-44 (3), 45+ (4).
Region	Region 1(1) Region 2 (2) Region 3(3) Region 4(4)
No of living children	1-2 (1), 3-4 (2)5& Above (3)
Socio-economic variable	
Wealth Index.	Poor (1), Middle class (2), Rich (3)
Place of residence	Rural (1) Urban (2)
Occupation	Not working(0) Professional (1) Manual labour (2) Others (3)
Education	No education (1) Primary (2) Secondary +(3)
Religion	Catholic (1), Pentecostal (2), Others (6)

3.6. Data Analysis

Data analysis and management in this study was done using Stata version 12. The variables that were used in this research were analysed in three stages to meet the objectives of the study. The first stage is a univariate analysis of the variables which was used to meet the first objective of the study – to determine the levels of single motherhood in Zimbabwe, Swaziland and Lesotho. This was used to describe the variables while showing the percentages, frequencies and distribution of single motherhood.

The second stage is the bi-variate analysis. This was used to examine the association between the independent socioeconomic and demographic variables and the dependent variable, single motherhood. In order to examine such an association, Pearson Chi-squared test assisted in identifying factors that are significantly associated with single motherhood.

The final stage of the analysis is multivariate analysis which yielded odds ratio. The binary logistic regression model was used in this study because the outcome variable is dichotomous or binary, single mother No or Yes, coded as 0 and 1 respectively. This gives the final model of the study to examine the association between the socioeconomic and demographic variables and single motherhood while controlling for other factors.

The basic logistic regression equation is:

$yi= \alpha + \beta 1X1i + \beta 2X2i + \ldots + \beta_i X_i$

where:

yi = dependent variables

α = constant

βk = regression coefficients

X_i = independent variables (Tabachnick et al. 2001)

3.7 Justification of Methods

The method used in this study is not quite the same as ones used in other studies of single motherhood. Firstly, most studies did not use DHS data in their studies. Data set such as; pooled General Social Surveys (GSS), Hispanic Health and Nutrition Examination Survey (Hispanic HANES), National Health and Examination Survey II (NHANES), Survey of Income and Program Participation (SIPP), Panel Study of Income Dynamics (PSID), Longitudinal data, European Union Household Panel (EUHP), and Luxembourg Income Study LIS (household data) were used especially in the Europeans countries (Biblarz and Gottainer, 2000; Gonzalez 2005; Gonzalez 2006). The data sources may likely affect the result of these studies.

Secondly, as noted earlier, there is a difference in the measurement of single motherhood in most of the studies which is basically done to suit the objectives of the studies. Although most of the outcomes are binary, some studies used logistic regression in their analysis. Finally, the choice of explanatory variable used in this study was dependent on the available dataset (DHS) which may differ from the explanatory variables used by other studies. For example, a variable such as welfare incentives was used by many previous studies (Gonzalez, 2005) to determine whether it is basic in explaining the prevalence of single motherhood, but it is not in DHS dataset.

CHAPTER 4

RESULTS

4.1 Introduction

This chapter presents the results of the study which include univariate, bivariate and multivariate analyses of socio-economic and demographic backgrounds of the respondents. Socio-economic and demographic characteristics associated with single motherhood were identified.

4.2 Characteristics of the respondents

This section provides the univariate analysis showing the background characteristics of the study populations. The analysis regarding socioeconomic and demographic characteristics produced the following results shown in Table 2.

TABLE 2: PERCENTAGE DISTRIBUTION OF THE STUDY POPULATION BY SOCIOECONOMIC AND DEMOGRAPHIC CHARACTERISTICS LDHS 2009, SDHS 2006-2007, ZDHS 2010-11.

	Lesotho		**Swaziland**		**Zimbabwe**	
Characteristics	**Frequency**	**percentage**	**frequency**	**percentage**	**frequency**	**percentage**
	N =4063		**N = 2541**		**N = 5586**	
Single mother						
No	1500	59.03	3052	75.12	4495	80.47
Yes	1041	40.97	1011	24.88	1091	19.53

TABLE 2 CONTD… PERCENTAGE DISTRIBUTION OF THE STUDY POPULATION BY SOCIOECONOMIC AND DEMOGRAPHIC CHARACTERISTICS LDHS 2009, SDHS 2006-2007, ZDHS 2010-11.

	Lesotho		**Swaziland**		**Zimbabwe**	
Characteristics	**Frequency**	**percentage**	**frequency**	**percentage**	**frequency**	**percentage**
	N =4063		**N = 2541**		**N = 5586**	
Education						
No Education	78	1.92	251	9.88	115	2.97
Primary	2358	58.04	864	34.0	1869	33.46
Secondary +	1627	40.04	1426	56.12	3551	63.57
Residence						
Urban	837	20.60	646	25.42	1785	31.95
Rural	3226	79.40	1895	74.58	3801	68.05
Occupation						
Not working	2109	51.91	1286	50.61	3168	56.71
Professionals	555	13.66	492	19.36	1170	20.95
Manual labour	421	10.36	176	6.93	489	28.75
others	978	24.07	587	23.10	759	13.59
Wealth index						
Poor	1797	44.23	966	38.02	2310	41.35
Middle class	765	18.83	507	19.95	1019	18.24
Rich	1501	36.94	1068	42.03	2257	40.40
Respondents age						
15-24	1172	28.85	729	28.69	1454	26.03
25-34	1516	37.31	933	36.72	2366	42.36
35-44	1011	24.88	661	26.01	1366	24.51
45+	364	8.98	218	8.58	397	7.11
Mean Age	**32**		**28**		**31**	

TABLE 2 CONTD… PERCENTAGE DISTRIBUTION OF THE STUDY POPULATION BY SOCIOECONOMIC AND DEMOGRAPHIC CHARACTERISTICS LDHS 2009, SDHS 2006-2007, ZDHS 2010-11.

	Lesotho		Swaziland		Zimbabwe	
Characteristics	**Frequency**	**percentage**	**frequency**	**percentage**	**frequency**	**percentage**
	N =4063		**N = 2541**		**N = 5586**	
No of living children						
1-2	2335	57.47	1217	47.89	3017	54.01
3-4	1131	27.84	689	27.12	1754	31.10
5 & Above	597	14.69	635	24.99	815	14.59
Married	3025	74.42	1188	46.75	4310	77.16
Living with partner	27	0.66	312	12.28	185	3.31
Widowed	366	9.02	179	7.04	399	7.14
Divorced	35	0.88	12	0.47	191	3.42
Separated	169	4.15	66	2.60	242	4.33
Religion						
Roman Catholic	1285	32.34	1924	75.60	2455	30.18
Pentecostal	988	24.86	500	19.65	5474	67.30
Others	1701	42.80	121	4.75	205	2.5
Region						
Region 1	567	13.96	704	27.66	631	11.30
Region 2	442	10.88	665	26.13	402	7.20
Region 3	453	11.15	612	24.05	625	11.19
Region 4	2601	64.02	564	22.16	3928	7.32

Lesotho *Region 1 =Maseru, Region 2= Leribe, Region 3= Thaba-Tseka, Region 4= Others; Swaziland *Region 1 =Manzini, Region 2= Hhohho, Region 3=Lumbobo, Region 4= Others; Zimbabwe *Region 1 =Harare, Region 2= Bulawayo, Region 3=Manicaland, Region 4= Other

Table 2 shows that there were 1091 (20%) single mothers in Zimbabwe, 1011 (25%) single mothers in Lesotho, and 1041(41%) single mothers in Swaziland. It also shows that the majority of the respondents in Zimbabwe (64%) and Swaziland (56%) had at least secondary education while in Lesotho a higher

number of the respondent (58%) had primary education. Very few had no education at all in the three countries – Zimbabwe (3%), Lesotho (2%) and Swaziland (10%). The respondents were mostly rural dwellers for all the three countries of study compared to those in urban areas. Zimbabwe had 68% of the respondents living in rural areas; Lesotho 79% and Swaziland 65% of the respondents living in rural areas. According to Table 2, a higher percentage of the respondents from Zimbabwe (58%), Lesotho (52%) and Swaziland (51%) were not currently employed while only about 21% of the respondents had professional jobs, 29% did manual jobs in Zimbabwe.

Concerning the wealth index variable, about 41% of Zimbabwean respondents were poor and 40% rich. The gap between the rich and poor was small. For Lesotho, 44% were poor and 37% were rich, while for Swaziland a higher proportion were rich at 42% and 38% were poor.

The demographic variable "age," reveals that the mean age of the respondents from Zimbabwe is 31 years, Lesotho 32 years while Swaziland is 28 years. Age group 25-34 was highest (42%) while age group 45+ is the lowest for Zimbabwe (7.1%). Lesotho had the highest respondents among age group 25-34 years (37%) and the lowest among the age group 45+ years (9%). The result is still the same for Swaziland with ages 25-34 as the highest (38%) and ages 45+ as the lowest respondents.

With regard to the number of living children the results showed that majority of respondents for the three countries of study had living children ranging between 1 and 2 while a minority had living children 5 and above. In Zimbabwe, about 54% of the respondents had number of living children between 1 and 2, 31% had 3 to

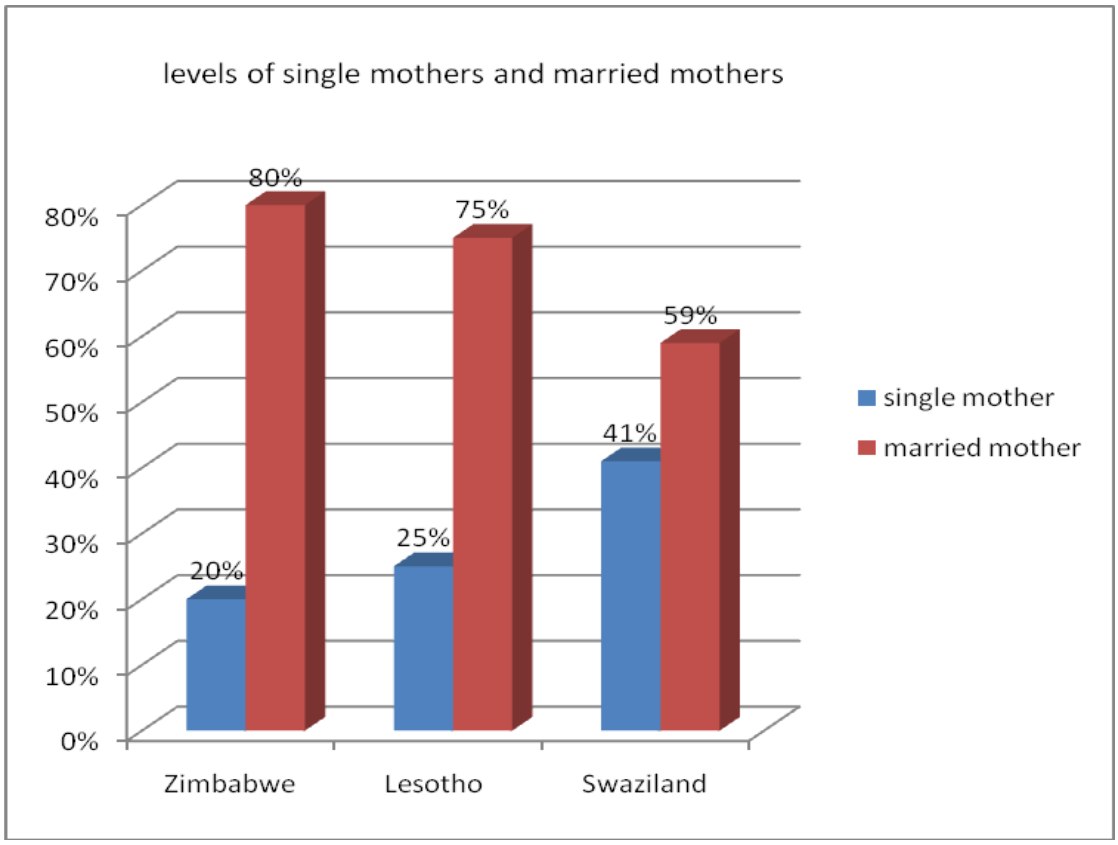
4 living children and 15% had 5 living children and above. The situation is also similar for Lesotho and Swaziland – 58% and 48% respectively of respondents, had 1 to 2 living children.

Table 2 also shows that more than half (61%) of the respondents from Zimbabwe were Pentecostal Christians and 2% were practicing other religion. Only about 30% of the respondents were Roman Catholics. In Lesotho, about 32% of the respondents were Roman Catholic respondents while 25% were Pentecostal Christians. Other religion practitioners have the highest percentage of respondents in Lesotho. About Seventy five percent of the respondents in Swaziland were Catholic Christians while 20% were Pentecostal Christians. A lower percentage (5%) of the respondents was practicing other religion.

Concerning regions, the highest percentage of the respondents for Zimbabwe were from region 4 (70.32%). This is followed by Region 1 (11.3%) and Region 3 (11.19%) while the lowest percentage of respondents was from Region 2 (7.20%). For Lesotho as well, the highest respondents were from Region 4 (64%) for the same reason as Zimbabwe, followed by Region 1 (14%) and Region 3(11%) while the lowest percentage of respondents was from region 2 (10.8%). In Swaziland, the respondents were evenly distributed across the four regions, with Region 1 (28%) having the majority of the respondents, Region 2 (26%), Region 3 (24%) and region 4 as the lowest (22%). This was because originally, before the categorization of variables, Swaziland has only four regions (Manzini, Hhohho, Lumbobo and Shiselweni) unlike Zimbabwe and Lesotho that had more than four regions.

4.3 Levels of single motherhood in Zimbabwe, Lesotho and Swaziland

Figure 2, levels of single motherhood



Out of 5586 respondents in the Zimbabwe 2010-2011 survey, 1091 (20%) women were single mothers who had at least one child before the survey. Out of 4063 respondents in the Lesotho 2009 survey, 1011 (25%) of women were single mothers. For Swaziland, a total of 1041 (41%) of women out of 2541 respondents in the 2006-07 SDHS had had at least one child prior to the survey.

4.4 Distribution of Single Motherhood by Marital Status

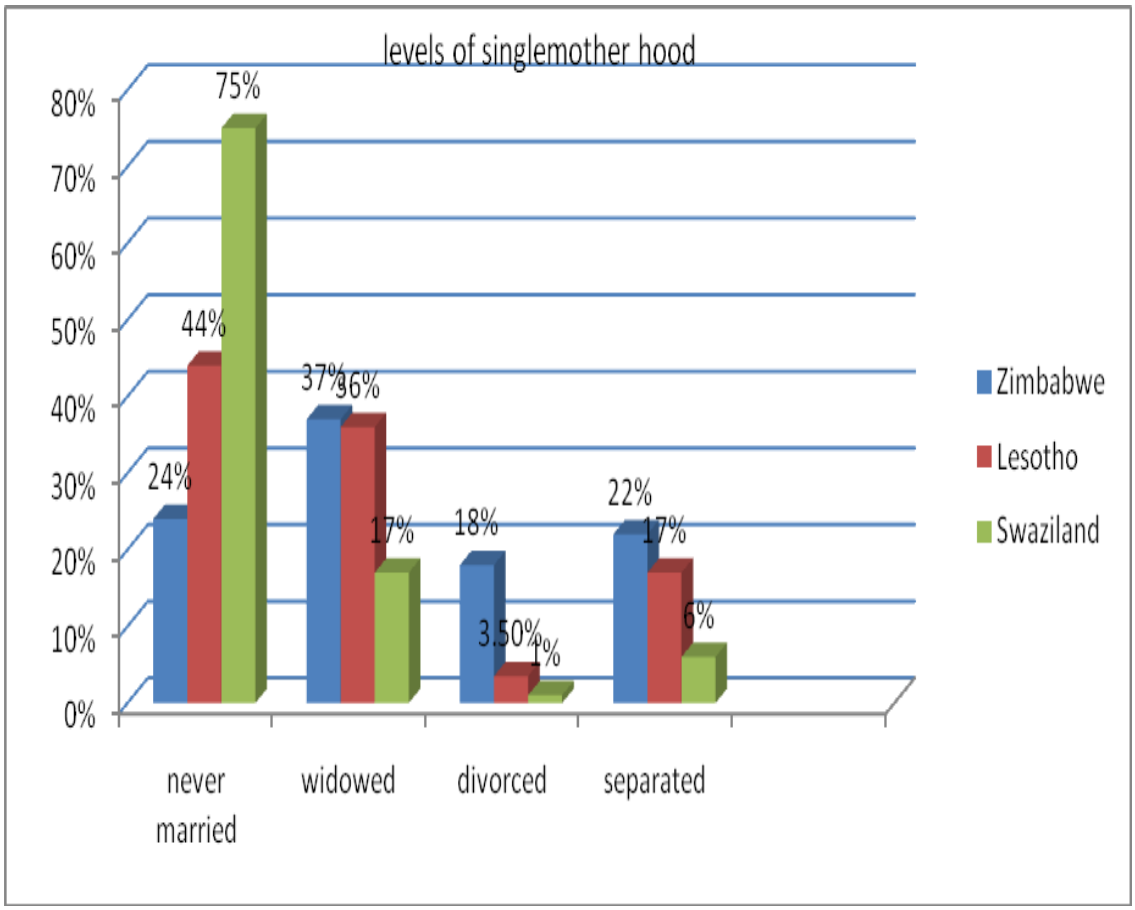


Figure 3: Distribution of Single Motherhood by Country

Figure 3 shows the various categories of single motherhood. In Zimbabwe, a majority of single mothers were widows (37%) due to death of spouse, followed by never married mothers (24%). In Lesotho, the prevalence of single motherhood is due to mainly premarital childbearing followed by widowhood. About 44% of the single mothers had never been married while 36% had lost their spouses. A higher percentage of single mothers in Swaziland (75%) had never been married, followed by death of spouse (17%). Figure 3 also reveals that divorce was low

across the countries of study with Zimbabwe (18%) having the highest divorced single mothers followed by Lesotho (3.5%) and Swaziland (1%).

4.5 Bivariate Analysis

Bivariate analysis was done to test the association of the socioeconomic and demographic variables and single motherhood for Zimbabwe, Lesotho and Swaziland. Chi-square test was done to demonstrate the individual relationship of education, residence, occupation, wealth index, age, number of living children, religion and single motherhood. The results were presented in Table 3.

Table 3, shows that occupation, wealth index, age, number of living children and region are significantly associated with single motherhood in Zimbabwe with p-values <0.05. For Lesotho the bivariate results show that place of residence, occupation, age, and number of living children are associated with single motherhood. Also the factors associated with single motherhood in Swaziland are education, age, number of living children, religion and education.

The respondents who had secondary education were more likely to become single mothers in Zimbabwe (61%) and Swaziland (62%) when compared to those with no education (4%) for Zimbabwe and (7%) for Swaziland. This result is different for Lesotho where respondents with primary education were more likely to become single mothers (59%) compared to those with no education (2%) and secondary education (39%).

TABLE 3: RESULTS OF THE ASSOCIATION BETWEEN SINGLE MOTHERHOOD AND SELECTED EXPLANATORY VARIABLE, (Lesotho DHS 2009, Swaziland DHS 2006-07, and Zimbabwe DHS 2010-11)

	Lesotho		**Swaziland**		**Zimbabwe**	
Characteristics	Single (%)	Married (%)	Single (%)	Married (%)	Single (%)	Married (%)
Education	**0.312**		**0.000***		**0.062**	
No Education	1.78	2.0	7.3	11.8	3.9	2.8
Primary	55.8	58.8	30.6	36.4	34.9	33.1
Secondary +	42.4	39.3	62.2	51.9	61.2	61.1
Residence	**0.000***		**0.362**		**0.793**	
Urban	24.5	19.4	26.4	24.7	31.6	32.0
Rural	75.5	80.6	73.6	75.3	68.4	67.9
Occupation	**0.000***		**0.176**		**0.000***	
Not working	45.1	54.1	53.0	48.9	48.7	58.7
Professionals	17.1	12.6	18.6	19.9	26.95	19.5
Manual labour	12.2	9.8	7.0	6.9	10.5	8.34
Others	25.6	23.5	21.3	24.3	13.93	13.5
Wealth Index	**0.143**		**0.203**		0**.000***	
Poor	41.9	45.0	38.2	37.9	40.9	41.5
Middleclass	19.7	18.5	21.4	18.9	20.99	17.6
Rich	38.4	36.5	40.4	43.2	38.13	41.0
Age of respondents	**0.000***		**0.000***		**0.000***	
15-24	30.8	28.2	42.9	18.8	25.6	26.1
25-34	31.2	39.3	32.1	39.9	33.0	44.7
35-44	27.0	24.2	18.1	31.5	29.5	23.3
45+	11.1	8.4	6.9	9.7	11.9	5.94
No of living children	**0.000***		**0.000***		**0.000***	
1-2	62.3	55.9	64.9	36.1	59.6	52.7
3-4	24.3	29.0	20.8	31.5	26.12	32.7
5 & Above	13.4	15.1	14.2	32.5	14.3	14.7

TABLE 3 Contd… RESULTS OF THE ASSOCIATION BETWEEN SINGLE MOTHERHOOD AND SELECTED EXPLANATORY VARIABLE, (Lesotho DHS 2009, Swaziland DHS 2006-07, and Zimbabwe DHS 2010-11).

	Lesotho		**Swaziland**		**Zimbabwe**	
Characteristics	Single (%)	Married (%)	Single (%)	Married (%)	Single (%)	Married (%)
Religion	**0.198**		**0.256**		**0.000***	
Roman catholic	45.03	42.1	5.47	20.6	9.11	7.6
Orthodox	27.18	25.70	67.69	44.8	56.46	41.22
Pentecostal	23.43	29.1	20.81	36.45	19.22	30.35
Others	4.36	3.9	6.04	3.9	15.22	21.71
Region	**0.421**		**0.000***		**0.000***	
Region 1	15.73	18.20	30.20	35.82	9.72	12.44
Region 2	10.29	11.67	23.01	23.28	10.63	17.57
Region 3	9.99	12.22	20.61	10.26	10.17	13.21
Region 4	64.0	59.55	26.17	41.0	69.48	68.70

* Statistically significant P <0.05 Lesotho *Region 1 =Maseru, Region 2= Leribe, Region 3= Thaba-Tseka, Region 4= Others; Swaziland *Region 1 =Manzini, Region 2= Hhohho, Region 3=lumbobo, Region 4= Others; Zimbabwe *Region 1 =Harare, Region 2= Bulawayo, Region 3=Manicaland, Region 4= Other

The percentage of single motherhood was highest among respondents from rural areas across the three countries of study: Zimbabwe (68%), Lesotho (76%), and Swaziland (74%) compared to their urban counterparts.

Single motherhood varied by occupation status as 49% of respondents were not working in Zimbabwe, 27% were professionals while 10% were doing manual jobs. The same obtained for Lesotho and Swaziland as the highest proportion of single mothers were unemployed. In addition, the results showed that a higher percentage of respondents in Zimbabwe were poor (41%), 21% were middleclass

and 38% were rich. In Lesotho, 42% of the respondents were poor, 20% middleclass and 38% rich. Also the results showed that 38% of single mothers were poor while about 40% were rich and 21% were middleclass.

The table shows that as age increases, the likelihood of being a single mother increases for women in Zimbabwe and Lesotho. Swazi women were less likely to become single mothers as age increased. Women within ages 35-44 years were less likely to become single mothers (18%) relative to 15-24 years old (43%) in Swaziland. It is also interesting to note that women with 1 to 2 living children were more likely to become single mothers across the three countries compared to those with more than 2 children. For example, the result shows that about 65% of respondents who had 1 to 2 living children (65%) were single mothers compared to those who had 5 living children and above (14%).

With regards to the religious affiliation variable, Table 3 shows that Roman Catholics (45.03%) were more likely to become single mothers in Lesotho followed by orthodox Christians (27.18%), Pentecostal (23.43%), while respondents from other religions (4.36%) were less likely to become single mothers. In Swaziland, orthodox Christians (67.69%) were more likely to become single mothers followed by Pentecostal (20.81%) and respondents from other religions (6.04%). Furthermore, the result indicates that about 5% of single mothers in Swaziland and 9% in Zimbabwe were Roman Catholics. In Zimbabwe, respondents who were orthodox Christians were more likely to be single mothers (56.46%), followed by Pentecostal Christians (19.22%) while, respondents from other religions (15.22%) were less likely to become single mothers.

In addition, the results showed that single motherhood were more in Region 4 (64%) compared to other regions in Lesotho, while Region 3 (9.99) had the lowest percentage of single mothers in that country. For Swaziland, single motherhood was more prevalent in Region 1 (30.20%) and the lowest percentage of single mothers was found in Region 3 (20.61%). In Zimbabwe, single motherhood was highest amongst the respondents from Region 4 (69.45%) while the lowest number was in Region 1 (9.72%).

4.6 Multivariate Analysis

The final stage of analysis was done to identify the critical predictors of single motherhood and to test the study hypotheses. Binary Logistic regression was used to model the association between the dependent variable (single motherhood) and the independent variables (socioeconomic and demographic factors). Table 4 shows the result of the multivariate logistic regression model that was fitted for single motherhood in Zimbabwe, Lesotho and Swaziland. The variables that were included in the model were education, residence, occupation, wealth index, age, number of living children, region and religion. The adjusted odds ratio, 95% confidence interval (CI) and p-value for each factor fitted into the model are shown in Table 4. This indicates that the result of a particular independent variable on single motherhood has taken into consideration other variables that are in the model that could also have an effect on the dependent variable.

TABLE 4: MULTIVARIATE LOGISTIC REGRESSION SHOWING ADJUSTED ODDS RATIO, 95% CONFIDENCE INTERVAL AND ASSOCIATED P-VALUES OF THE PREDICTORS OF SINGLE MOTHERHOOD IN LESOTHO AND SWAZILAND, ZIMBABWE.

	Lesotho		Swaziland		Zimbabwe	
Characteristics	**OR**	**P-Value**	**OR**	**P-Value**	**OR**	**P-Value**
Education						
No Education	1		1		1	
Primary	1.0	0.780	1.1	0.513	1.0	0.963
Secondary +	1.1	0.751	1.4	0.052	0.8	0.514
Residence						
Urban	1		1		1	
Rural	0.751	0.011	0.8	0.049	0.95	0.670
Occupation						
Not working	1		1		1	
Professionals	1.6	0.001*	1.0	0.990	1.8	0.000*
Manual labour	1.5	0.000*	1.2	0.305	1.6	0.000*
Others	1.4	0.001*	1.2	0.244	1.2	0.178
Wealth Index						
Poor	1		1		1	
Middleclass	1.0	0.789	1.0	0.991	1.2	0.090
Rich	0.8	0.033*	0.7	0.002*	0.7	0.028*
Age						
15-24	1		1		1	
25-34	0.8	0.002*	0.5	0.000*	1.0	0.816
35-44	1.3	0.187	0.6	0.001*	2.6	0.000*
45	1.9	0.000*	0.8	0.304	5.4	0.000*
No of living children						
1-2	1		1		1	
3-4	0.6	0.000*	0.5	0.000*	0.4	0.000*
5 & Above	0.5	0.000*	0.3	0.000*	0.3	0.000*

TABLE 4 CONTD.. MULTIVARIATE LOGISTIC REGRESSION SHOWING ADJUSTED ODDS RATIO, 95% CONFIDENCE INTERVAL AND ASSOCIATED P-VALUES OF THE PREDICTORS OF SINGLE MOTHERHOOD IN LESOTHO AND SWAZILAND, ZIMBABWE.

	Lesotho		Swaziland		Zimbabwe	
Characteristics	**OR**	**P-Value**	**OR**	**P-Value**	**OR**	**P-Value**
Region						
Region 1	1		1		1	
Region 2	0.81	0.185	0.7	0.002*	2.1	0.000*
Region 3	0.78	0.139	0.7	0.002*	1.0	0.941
Region 4	0.91	0.547	1.3	0.076	1.1	0.580
Religion						
Roman catholic	1		1		1	
Orthodox	0.9	0.302	0.7	0.108	0.8	0.133
Pentecostal	0.88	0.164	0.8	0.391	0.8	0.124
Others	1.0	0.991	0.8	0.372	1.1	0.591

* Statistically significant P <0.05 Lesotho *Region 1 =Maseru, Region 2= Leribe, Region 3= Thaba-Tseka, Region 4= Others; Swaziland *Region 1 =Manzini, Region 2= Hhohho, Region 3=lumbobo, Region 4= Others; Zimbabwe *Region 1 =Harare, Region 2= Bulawayo, Region 3=Manicaland, Region 4= Other

According to the results in Table 4, occupation, age, wealth index, number of living children and region are significantly associated with single motherhood in Zimbabwe while education and religion are not associated with single motherhood after controlling for other variables as shown by their p-values which are less than 0.05. For Lesotho, the factors that are statistically associated with single motherhood are residence, occupation, wealth index, age, and number of living children, while region, wealth index and occupation were not associated with single motherhood after adjusting for other variables. Furthermore, the results also showed that the significant factors associated with single motherhood

in Swaziland were residence, wealth index, age of respondents, number of living children, and region, after controlling for other variables while education, religion and occupation showed no association with single motherhood.

Comparing the three countries of study with reference to correlates of single motherhood, the evidence suggested that variables such as age of respondents and number of living children were associated with single motherhood across the countries of study while religion was found not to be associated with single mothers in all the countries of study. This indicates that religious affiliation has no effect on likelihood of a woman to become a single mother in this study.

The likelihood of single motherhood is lower (OR= 0.8) among women with secondary education in Zimbabwe compared to those with no education. However, there is no difference in the odds of single motherhood among those with primary education compared with those with no education. In Lesotho, the odds of single motherhood among women with primary education (O.R=1.0) are the same compared to those with no education. Women with secondary education have higher odds (OR= 1.1) of becoming single mothers compared to those with no education in Lesotho. The results showed that the likelihood of becoming a single mother was higher among women with primary and secondary education compared to those with no education in Swaziland. This indicates that the higher the level of education they attain, the higher the chances of single motherhood.

Single motherhood is less likely to occur among rural dwellers in all the three countries of study. Rural dwellers in Zimbabwe have lower odds (OR=0.9) of becoming single mothers compared to urban dwellers. In Lesotho also, rural

dwellers are 0.75 times less likely to become single mothers compared to those living in urban areas. Swazi rural women have 0.8 times lower odds of becoming single mothers compared to Swazi urban women. However, single motherhood is significant in Lesotho and Swaziland but not in Zimbabwe.

With regards to occupation, respondents from Zimbabwe had increased odds of becoming a single mother at all the categories (professionals (OR=1.8), manual labour (OR=1.6) and others (OR=1.2)) compared to those who were not employed. Lesotho respondents showed the same trend of increased odds of single motherhood across the occupation categories (professionals (OR=1.6), manual labour (OR=1.5) and others (OR=1.4)) relative to respondents who are not working. Swaziland showed no statistical association between occupation and single motherhood, although there were higher odds of single motherhood for all types of occupation. Single motherhood is significant in Lesotho and Zimbabwe but not in Swaziland.

The results showed that the respondents who were rich were significantly associated with lesser odds of becoming single mother across the three countries of study. Women who were rich in Zimbabwe had 0.7 times lesser odds of becoming single mothers compared to those who were poor. In Lesotho and Swaziland the results also showed that rich women had 0.8 and 0.7 times, respectively lesser odds of becoming single mothers compared to poor women in the study.

The demographic characteristics in the Table 4 show that as age increases, the likelihood of being a single mother increases for women in Zimbabwe and Lesotho while Swazi women have reduced odds of being a single mother at all age groups.

The multivariate result revealed that women aged 25-34 years are less likely (OR=0.8) to become single mothers compared to women aged 15-24 years in Lesotho. Also women aged 35-44 and 45+ were 1.3 and 1.9 times more likely to become single mothers compared to the 15-24 years age group in Lesotho. Women who were in the 35-44 years age group were 0.6 times less likely to become single mothers compared to women who were aged 15-24 in Swaziland. This finding suggests that there was no age group that was associated with higher odds of single motherhood in Swaziland, with a statistical significant association at 0.05 significance level. However the findings show that in Zimbabwe and Lesotho, older women from age 45+ were more likely to be single mothers compared to those aged 15-24 years, with odds ratio of 5.4 and 1.9, respectively.

In addition, the results show that there is a statistical significant relationship between number of living children and single motherhood in the countries of study. Women who had more than two living children had lower odds of becoming single mothers in comparison to those who had 1 to 2 living children across the three countries of study. For example, respondents who had 3 to 4 living children in Zimbabwe had 0.4 times lower odds of becoming single mother, Lesotho (0.6), Swaziland (0.5) than women who had 1 to 2 living children. This finding suggests that single mothers were more likely to have fewer children compared to married mothers.

With regards to region, the results showed some differences across the countries. Women living in Regions 2, 3 and 4 in Lesotho were less likely to become single mothers than women living in Region 1. In Swaziland, women living in Region 4 were more likely to become single mothers, whilst women from Region 2 and

Region 3 were less likely to become single mothers than women who lived in Region 1. The likelihood of becoming a single mother was higher for Zimbabwean women who lived in Region 2 and Region 4 while there was no difference in the odds of becoming a single mother between those who lived in Region 3 and region 1.

The religious affiliation showed no significant association with single motherhood across the three countries of study. Although the result reveals lesser likelihood of single motherhood for orthodox, Pentecostal Christians, while women from other types of religion had the same odds with women from the Roman Catholic religion in Lesotho and Swaziland.

4.6 Hypothesis testing

The study intends to test the following hypothesis:

Null Hypothesis: Correlates of single motherhood do not differ according to country of study.

Alternative Hypothesis: Correlates of single motherhood differ according to country of study.

The basis for these hypotheses is to know whether similar factors influence single motherhood in the three counties of study since they are in the same region (Southern African region). The results of the study provide partial support for the hypotheses advanced earlier in the study. Testing whether the correlates of single motherhood is the same for Lesotho, Swaziland and Zimbabwe, the multivariate logistic regression reveals the following results.

The study proposed that women with primary and higher education were more likely to become single mothers compared to those with no education. This hypothesis was supported only in Lesotho and Swaziland while in Zimbabwe, women with higher education were shown to be less likely to become single mothers. Therefore we reject the null hypothesis and conclude that, education did not predict single motherhood for the three countries of study.

Age of respondents had significant association with single motherhood both at bivariate and multivariate test of association. The hypothesis was that there was no association between age of respondents and single motherhood. With p-values less than 0.05, age was found to be statistically associated with single motherhood in Lesotho, Swaziland and Zimbabwe. Therefore we fail to reject the null hypothesis and conclude that age as a correlate of single motherhood, predicts single motherhood in all the three countries of study.

In testing the association between the number of living children and single motherhood in Lesotho, Swaziland and Zimbabwe, the results showed that number of living children was statistically associated ($p< 0.05$) with single motherhood in the three countries of study. We therefore fail to reject the null hypothesis and conclude that number of living children predicted single motherhood in all the three countries of study.

The study also showed that place of residence was statistically associated with single motherhood only in Lesotho while there was no association in Zimbabwe and Swaziland. The result in Table 4 shows that rural dwellers were less likely to become single mothers compared to urban dwellers in the three countries.

Therefore we reject the null hypothesis and conclude that place of residence did not predict single motherhood in Lesotho, Swaziland and Zimbabwe.

Furthermore, Tables 3 and 4 showed that occupation was associated with single motherhood in Lesotho and Zimbabwe only with p-values of less than 0.05 while in Swaziland, the results showed no association between occupation and single motherhood. Since the correlate, occupation did not predict single motherhood for the three countries of study, we therefore reject the null hypothesis and conclude that a correlate of single motherhood differed according to country of study.

The multivariate analysis showed that religion had no significant association with single motherhood in this study. Also, wealth index and region were statistically associated with single motherhood in Zimbabwe only while there was no association in Lesotho and Swaziland. We reject the null hypothesis and state that the correlates (wealth, index and religion) of single motherhood differed across the countries of study.

CHAPTER 5

DISCUSSION OF RESULTS

5.1 Introduction

This chapter discusses the major findings of the study.

5.2 Discussion of findings

The purpose of this study was to examine the levels and to identify the correlates of single motherhood in Southern Africa, with Zimbabwe, Lesotho and Swaziland as countries of study, using the ZDHS 2010-11, LDHS 2009 and SDHS 2006-2007 dataset.

From the analysis, we found that 20% of the 5586 respondents from Zimbabwe, 25% of the4063 respondents from Lesotho and 41% of the 2541 respondents from Swaziland were single mothers. Even though the percentage shows slight decrease in the figures of single motherhood in the previous Demographic and Health Surveys - ZDHS 2005-6 (21%), LDHS 2004 (27%) and SDHS (not available), the prevalence is high when compared to other Sub-Saharan African countries (Nigeria 10.1%, Tanzania 17.3%, and Uganda 16.9%) (Dlamini, 2006). The actual percentage of single mothers could be higher as most women may not wish to report their marital status as divorced due to stigma associated with divorce. (McLanahan and Sandefur, 1994). The results indicates that Swaziland had the highest number of single mothers among the three countries. This concurs with

the study finding by Russel (1993) on premarital childbearing in Swaziland, where births outside of wedlock were an established pattern for Swazi women suggesting that premarital fertility is rapidly increasing but marital fertility still dominate in the region.

The percentage of single motherhood by marital status revealed that in Zimbabwe the highest number of single mothers were amongst the widowed (37%), followed by Lesotho (36%) and Swaziland (17%). This could mean a high prevalence of adult mortality, due to HIV/AIDS and all- cause mortality in the country. It also reflects that Zimbabwe had the lowest number of never married mothers (24%) compared to Lesotho (44%) and Swaziland (75%). Another postulation is that Zimbabwean women were more cultural and still desired marriage. It could also indicate that access to contraception among Swaziland women was lower compared to other countries.

The results obtained for place of residence at the multivariate level showed that rural women were less likely to become single mothers compared to urban women. It was expected that single mother families would be more in urban areas than in the rural because of modernization and the influence of westernization such as education and women empowerment in the cities. What this means according to this study is that the percentage of single mothers may be high in rural areas but the odds of single motherhood are lower for rural residents.

Among other findings, it was observed at the bivariate and multivariate analysis that education was surprisingly not significantly associated with single motherhood in Zimbabwe and Lesotho although there was an association

between women's education and single motherhood in Swaziland. The result revealed that a very low percentage of the respondents had no education while a higher percentage had primary and secondary+ education. The findings suggest that the higher the level of education the more likely a woman may become single mother in Southern Africa. This contradicts some studies that proposed that single mothers were usually not educated (Moyo and Kawewe, 2009). However, it also supports literatures on female autonomy that show higher divorce rates among women with higher education and economic independence, thereby creating single mother families (Amato, 2010). Also the occupation status of a woman has been seen to determine single motherhood (Takyi, 2001). The study shows that 49% of the single mothers in Zimbabwe were not working, 45% in Lesotho and 53% in Swaziland. This may indicate that women (especially never married) who do not have a steady means of livelihood are more likely to give in to sexual advances and may fall pregnant which creates single mother family (Moyo and Kawewe 2009).

The finding regarding the effect of number of living children on single motherhood is compelling where some women are expected to marry or remarry. The result suggests that the propensity for single mother family declines as the number of living children increases. This finding is similar to a study in Cameroon by Calves (1997), where single mothers were marginalized in the marriage market because of having more than one child. A woman is less likely to be single and have more than five children, except in the case of divorce or widowhood. In societies where welfare or incentive is attached to childbearing, and childless women are ostracized, it is more likely that single mother families will increase

with children serving as a hedge against poverty and also as old age security(Tyaki, 2001).

Another interesting finding from the study is the role of age of respondent's with regards to single motherhood in the region. The variable was highly significant across the three countries of study which makes it highly indispensable and an important characteristic among the other variables in the study. Demographically, women aged 15-24 were more likely to be single mothers compared to those aged 45-49. Younger women are more fertile but as they grow older, their fertility levels tend to decline (Bongaarts, 2006).

There were lowers odds of single motherhood for all the regions of Lesotho compared to Region 1 which is the reference category. This means that women who live in Maseru region (region 1) were more likely to become single mothers than Leribe region, Thaba-tseka region and other regions in the country. Reasons for this could be that Region 1 is more developed and urbanized and has every facility that can promote the emergence of single mothers such as its lifestyle, good health centres, and also exposure to media and education compared to other regions. Also, because of its urban nature, women in Region 1 seemed to be more educated, which explains the higher prevalence of single motherhood in the region. The above results are also found in Zimbabwe. Respondents from Region 1 which is Harare, the most developed region in the country, were more likely to become single mother. Thus, single motherhood is more prevalent in the major cities of the study countries than their other region.

A multivariate finding of the study showed that women who are rich have lesser odds of becoming single mothers compared to those who are poor. The result also showed that almost 40% of single mothers are poor for all the countries of study (see Table 3). A study in South Africa (Dlamini, 2006) and others (Moyo and Kawewe, 2009) found that single mothers are greatly affected by poverty and unemployment. This may force some women to rationally decide to depend on men in order to cope with poverty.

5.3 Limitations of study

One of the major limitations of this study is the difference in measurement of female headed households and single mother families. Most studies in Africa assumed that a female-headed household was the same as a single mother family (Katapa, 2006; Buvinic and Gupta, 1997) and hence the terms were used interchangeably. Although in many instances female heads of households are virtually synonymous with being a single mother, as many female household heads are unmarried women with young children. For example, a study in South Africa showed that only 3% of female heads were married and lived with a co-resident spouse (Posel, 2010). This study suggests that household head is usually the oldest, highest income earner and the major decision maker, characteristics which coincide with those of a single mother (Dlamini, 2005). Despite this high level of overlap, female heads and single mothers capture different populations and allow for different comparisons. This may cause findings to be different from other studies where they defined single motherhood differently.

The classification of whether a woman is a single mother or not using the marital status variable is also another limitation of the study. This is because there are

some women outside conventional marriage who still have some domestic connection to men (Moyo and Kawewe, 2009). Examples include divorced and separated women who continue a relationship with an ex-husband or start a relationship with another man, and yet report themselves as single mothers.

The second limitation is the use of cross-sectional data in the study which only records the current marital status of the household. Unfortunately, only a few DHS collected data on marital histories which only cover the last five years before the survey were used. It is likely that the status of a woman will change, for example from being a single mother to a married one. A longitudinal analysis would be required to give a sense of what fluctuations take place in the status of mothers and also to be able to explore the determinants of single motherhood.

Thirdly, few studies on single motherhood exist in Southern Africa which will greatly limit the scope of the background information of this study. Lastly, the differences in the years of the Demographic and Health Survey datasets (LDHS 2009; SDHS 2006-07; ZDHS, 2010-11) used for the study may likely prejudice the results and conclusion of this study. But despite these limitations, this study is useful in identifying the levels of single motherhood as well as the factors associated with single mother families.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATION

6.1 Conclusion

From the results, it can be concluded that single motherhood is a prevalent phenomenon in Southern Africa with evidence from Zimbabwe, Lesotho and Swaziland. Although there are variations and similarities across the countries based on their demographic and socioeconomic characteristic, single mother families emerged as generally poor.

The number of living children and age of respondents predicted single motherhood at both bivariate and multivariate level across the three countries. The individual correlates of single motherhood for Lesotho included: place of residence, age of respondents, number of living children and occupation and wealth index. For Swaziland, the correlates included place of residence, wealth index, age of respondents, number of living children and region. Lastly, the individual correlates of single motherhood in Zimbabwe included occupation, age of respondents, number of living children, region and wealth index.

The study proved that premarital childbearing is the main source of single motherhood in the region, while widowhood and divorce is relatively low. Of particular importance is the finding that younger women were more likely to become single mothers compared to older women as it was evident in table 2. Becoming single mother at a younger age will likely disrupt women's education and limit the chances of being gainfully employed. However, as age increases, the

likelihood of single motherhood declines but what can be observed is single mother by choice; either divorce or widowhood may likely emerge.

The implication of the rapid spread of single motherhood both reflects and reinforces the declining significance of marriage as a family status and a context for bearing and raising children. Also it may have negative implications for children from single mother families and the mothers themselves. Literatures have shown that the negative outcomes associated with single motherhood affects both mother, children and even transcends to future generation.

From the theoretical level, this study points to social change as one of the forces that influence single motherhood issues in Southern Africa through modernization and westernization. Premarital childbearing is as a result of exposing adolescents to western values that wears down traditional moral regulations. Rural to urban migration is seen as one of the factors that have contributed in eroding these traditional values in rural areas. However the finding showed that rural areas have the higher proportion of single mothers than in urban areas which contrasts the above postulation of social change theory.

The findings regarding higher education in creating single motherhood adds a new dimension to the studies of family relations. We speculate that one possible reason for the relatively high divorce rates among women in Africa may be the result of women autonomy (measured as employment, relative earning and education) which has a variety of consequences for marital and family relations. The exposure and independence that women gain as a result of formal education may also encourage them to leave difficult relationships.

Women who have a form of employment are more likely to become single mothers than those who are unemployed. This could be because most employment requires a minimum of primary education and education improves chances of employment for women, thereby empowering them financially to take care of themselves and their children. The main point here is that the single mother family as a result of divorce was barely in existence until women started gaining higher education.

Similarly, the findings regarding the number of living children in establishing single mother families also reflect in fertility behavior of women. Speculation here is that one of the possible reasons for the relatively high premarital birth in Africa may be to prove fecundity. This shows that moral judgments about premarital sex have changed overtime and this shift has contributed to single motherhood in most cases.

In general, some of this study's findings support what has been reported in demographic literature. However, the findings of this study also point to other processes that could influence the emergence of the single mother family. Studies in the European countries (Gonzalez, 2005) have linked aggregate rise in women's labour force participation, education, and wealth/income to rising prevalence of single mother family during the past couple of decades. In our study of Zimbabwe, Lesotho and Swaziland, on the other hand, women education was found to be a weak predictor of single motherhood. Thus, it can be suggested that the situation obtainable in the United States is not the same with Southern Africa in terms of measuring this important variable. There is however, need for caution here as it is

likely that we did not observe similar trends with African data because our measure of education may be a poor indicator of autonomy.

6.2 RECOMMENDATION

With regard to further research, studies that differentiate and compare children's health, educational or life attainment of children from single mother families with those from two parent homes will be of considerable importance to this growing accumulation of research. Such study will help to determine the extent of the consequences or impact of family type on the life of a child.

The study showed that 29 percent of women aged 15-24 years (which includes adolescents) are single mothers. Government and policy makers should ensure that these young women should be taught sex education; practicing safe sex and (or) abstinence in schools churches and community in order to reduce premarital childbearing and other sexual problems among them. Also recreational activities such as games, and community development project should be introduced in these countries to keep the young women focused and avoid having time for premarital sex.

Findings from the study showed that a significant number of single mothers were unemployed (see Table 2). It is recommended therefore that the governments of these countries should create job opportunities to reduce the unemployment level found among single mothers in order to reduce their burden of poverty. In addition, governments should introduce mentorship programmes in order to give a chance for single mothers to develop themselves and also to participate in business. Child grant which is meant to assist single mothers economically is not available in Zimbabwe, Lesotho and Swaziland. The researcher recommends that

child grant be given to single mothers to take care of their children just as it is being practiced in South Africa. This should be strictly monitored in way that child grant will not be abused or seen as reason of becoming single mother.

In Zimbabwe, widowhood was found to be the highest cause of single motherhood. Although death is inevitable, government should improve efforts towards reducing adult mortality due to, amongst popular causes, HIV/AIDS and tuberculosis. Also government should ensure that widows will continue to receive their late husbands' pension upon remarriage where it is applicable in order to maintain the family needs.

We recommend the promoting of family life in view of high levels of single motherhood in Southern Africa. This will help to re-orientate people especially, younger men and women to promote marital fertility instead of premarital fertility.

References

Amato, P. R. (2010). Research on Divorce: Continuing Trends and New Developments. *Journal of Marriage and Family, 72*(3): 650–666.

Biblarz, T.J., & Gottainer, G. (2000). Family Structure and Children's Success; A Comparison of Widowed and Divorced Single Mother Families. *Journal of Marriage and Family 2*(2), 533-548.

Blau, F., Kahn, L. & Waldfoge, J. (2004). The Impact of Welfare Benefits on Single Motherhood and Headship of Young Women: Evidence from the Census. *The Journal of Human Resources*, 39(2), 382-404

Booth, A., Johnson, D., Branaman, A. & Sica, A. (1995). Belief and Behavior: Does Religion Matter in Todays Marriage? *Journal of Marriage and the Family 57*(3), 661-671

Bongaarts, J. (2006) The Causes of Stalling Fertility Transitions *Population Council 37*(1),1-16.

Bumpass, L. & Raley, K. (1995). Redefining Single-Parent families: Cohabitation and Changing Family Reality. *Demography, 32*(1), 97-109

Buvinic, M., & Gupta, G.R. (1997). Female-Headed Households and Female-Maintained Families: Are They Worth Targeting To Reduce Poverty In Developing Countries? *Economic Development & Cultural Change 45*(2), 259 -280

Caldwell, J. (1982). A Theory of Fertility Decline. Canberra: ANU Press

Calvès, A. (1999). Marginalization of African Single Mothers in the Marriage Market: Evidence from Cameroon. *Population Studies: A Journal of Demography*, *53*(3), 291-301

Curtis, L. (2001). Lone Motherhood and Health Status. *Canadian Public Policy / Analyse De Politiques, 27*(3), 335-356

Dlamini, N. (2006). Measurement and Characteristics of Single Mother in South Africa: An Analysis Using 2002 General Household Survey. Unpublished Thesis, University of Kwazulu-Natal, South Africa. Pages 1-154

Ellwood, D.T., & Jencks, C. (2002). The Spread of Single-Parent Families in the United States since 1960. *John F Kennedy School of Government, Harvard University* Pages 1-36

Florsheim, P., Tolan, P., & Gorman-Smith, D. (1998). Family Relationships, Parenting Practices, the Availability of Male Family Members, and the Behavior of Inner-City Boys in Single-Mother and Two-Parent Families. *Child Development 69*(5), 1437-47

Gabel, S. (2004). Behavioural Problems in Sons of Incarcerated or Otherwise Absent Fathers: The Issue of Separation. *Family Process 31*(3), 303-314

Garenne, M., & Zwang J. (2008). Premarital Fertility and HIV/AIDS in Sub-Saharan Africa. *African Journal of Reproductive Health / La Revue Africaine De La Santé Reproductive*, *12*(2), 64-74

Garenne, M., Tollman S. & Kahn, K. (2000). Premarital Fertility in Rural South Africa: A Challenge to Existing Population Policy. *Studies in Family Planning 31*(1), 47-54.

Gonzalez, L. (2005). The Determinants of the Prevalence f Single Mothers: A Cross Country Analysis*. Iza Discussion Papers 1677,* 1-38

Gonzalez, L. (2006). The Effect of Benefits on Single Motherhood in Europe. *Labour Economics 14*(3), 393-412

Harwood-Lejeune, A. (2001). Rising Age at Marriage and Fertility in Southern and Eastern Africa. *European Journal of Population 17*(3), 261-280.

Hertrich, V. (2001). Marriage rate and reports of kind in Africa. An assessment of the trends of the entry in union during 40 last years, paper read at the Gender, Population and Development in international Africa colloquium, Abidjan, UEPA/INED/ENSEA/IFORD.

Heuveline, P. T., Jeffrey, M. & Furstenberg, F. (2003). Shifting Childrearing to Single Mothers: Results From Western Countries. *Population and Development Review, 29*(1), 47-71.

In Brief (2005*)* South African Migration Project (SAMP). *Queen's University - Http://www.Queensu.Ca/Samp* (Accessed August 2012)

In brief (2010) SWASMO (Swaziland Single Mothers Association): Helping Swaziland's most vulnerable women to help themselves. http://swasmoinfo.wordpress.com/ (Accessed August 2012)

Kalil, A., Delerie, J., Jayakody, R. & Chin, M. (2001) Living Arrangements of Single-Mother Families: Varaiations, Transitions and Child Development. *Population Research Center* 1-32

Kruger, J. (1998). From single parents to poor children refocusing South African transfers to poor households with children. Paper to ISSA's 2nd International Research Conference on Social Security: "Summing up the evidence: the impact of incentives and targeting on Social security". Department of Economics, University of Stellenbosch, South Africa, Jerusalem 25-28 January.

Landau, J. & Grifiths, J. (2007). The South African Family in Transition: Training and Therapeutic Implications. *Journal of Marital and Family Therapy 7*(3), 339-344

Lehrer, E.L. (2004). Religion as a Determinant of Economic and Demographic Behavior in the United States. *Population and Development Review 30*(4), 707-726 DOI: 10.1111/j.1728-4457.2004.00038.x

Lombe, M., Safadi, N. & Newransky, C. (2011). Predictors of Welfare and Child Outcomes in Female-Headed Households in Sub-Saharan Africa. *Journal of Comparative Social Welfare*, 27(1), 75-89

Mannis, S.V. (1999). Single Mothers by Choice. *Family Relations. 48*(2), 121-128

Marther, M. (2010), U.S Children Living in Single-Mother Families. *Population Reference Bureau* pages 1-4 http://www.prb.org/pdf10/single-motherfamilies.pdf (Accessed October 2012)

Martin, T. & Bumpass, L. (1989). Recent Trends in marital Disruption. *Demography 26*(3), 37-51

Monasch, R., & Boerma, J.T, (2004) Orphanhood and Childcare Patterns in Sub-Saharan Africa: An Analysis of National Surveys from 40 Countries. *AIDS* 18(2), S55-S65

Moyo, O. & Kawewe, S. (2009). Lone Motherhood in Zimbabwe: The Socioeconomic Conditions of Lone Parents and their Children. *Social Work in Public Health*, 24(1-2), 161-177

Mclanahan, S. & Percheski, C. (2008). Family Structure and the Reproduction of Inequalities. *Annual Review of Sociology 34*(1), 257-276.

Mclanahan, S. & Sandefur, G. D. (1994). Growing Up With A Single Parent: What Hurts, What Helps. Massachusetts: Harvard University Press.

Posel, D. (2010). Races to Consume: Revisiting South Africa's History of Race, Consumption and the Struggle for Freedom, in: *Ethnic and Racial Studies*, *33*(2), 157–175.

Reeler, Doug. (2007). Theory of Social Change and Implication for Practice, Planning, Monitoring and Evaluation. *Centre for Developmental Practice* Pages 1-35 *www.cdra.org.za*

Rozzzelle, D. (2005). An Analysis of unwed motherhood. *The college of New Jersey* pages 1-12

Statistics South Africa. 1998. *Census in brief. Census 1996*. Pretoria: Statistics South Africa**.**

Swaziland Demographic and Health Survey (2007). Central Statistics office Manzini: Swaziland

Tabachnick, BJ. & Fidell L.S. (2001). Using Multivariate Statistics. *California University Northridge*, 5th Edition, 24-

Tabutin, D. & Schoumaker, B. (2004). The Demography of Sub-Saharan Africa from the 1950s to the 2000s.*Population (English Edition) 59*(3), 455-555.

Takyi, B.K. (2001). Marital Instability in an African Society: Exploring the Factors that Influence Divorce Processes in Ghana*. Sociological Focus 34(1), 77-96.*

West, L. (1997). Religious Influence on marital Stability. *Journal for the Scientific Study of Religion 36*(2) 382-392

WHO (2013). MDG 1: Eradicate Extreme poverty and Hunger.

http://www.who.int/topics/millennium_development_goals/hunger/en/index.html (Accessed February 2013)

Ztlonick, H. (2006). The Dimensions of Migration in Africa, In Tienda, M., Findley, S., Tollman, S. and Preston-White, E. (eds), *Africa on the Move: African Migration and Urbanisation in Comparative Perspective.* Wits University Press, Johannesburg, South Africa, pp.15-37.

William G.A and Scott T. Y (2001). American Journal of sociology *the university of Chicago pres 106*(5), 1219-1261.