



## Migration and childbearing in rural South Africa

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In South Africa, the rural population remains burdened by poverty and the socio-economic consequences of the country's inequalities. There are high levels of unemployment and migration is frequently undertaken to find opportunity and betterment. Migration is a key livelihood strategy for rural households that shapes the lives of young people in South Africa, so it is important to do research on this.

Fertility (childbearing) has come down on average or sometimes remained stable in the last few years. It could be expected that being pregnant and giving birth would be safer and more comfortable at home, so the question asked here is how does migration affect childbearing in rural South Africa?

### South African Population Research Infrastructure Network (SAPRIN)

South African Population Research Infrastructure Network (SAPRIN) is a national research infrastructure funded by the Department of Science and Innovation and hosted in the SA Medical Research Council. The infrastructure is made up of six population nodes of which three are rural and three urban. This report uses data from the three rural nodes which have over 20 years of data, because they started long before SAPRIN began in 2017.

Each node is a longitudinal population and health registration system, where people are visited once a year and telephoned twice a year to update their information on births and deaths occurring, and in- and out-migration. The three rural population nodes are located in South African former 'homelands.' They are the MRC/Wits Agincourt node in northeast Mpumalanga (population, 120 000), DIMAMO Health and Population Research Centre in central Limpopo, (recently expanded from 35 000 to 100 000 population), and the Africa Health Research Institute (AHRI) in northern Kwazulu-Natal (population, 125 000). The three rural population nodes have a combined population of over 300,000 people which is a large sample representing South Africa's rural population.

We present research results in two pairs of graphs:

1. The migration age-profile for out-migration and in-migration
2. The fertility age-profile for migrant and non-migrant mothers

### The migration age profile for out-migration and in-migration

Figure 1 shows the migration rates by year-of-age, for males and females. The age and sex groups most likely to out-migrate can be seen in the left graph as 21-29 years, and for in-migration, slightly older, as 22-26 years for women and 30-35 for men in the right graph. Broadly speaking the 'youth' age-group of 18-35 years is by far the most likely to conduct migration within the country.

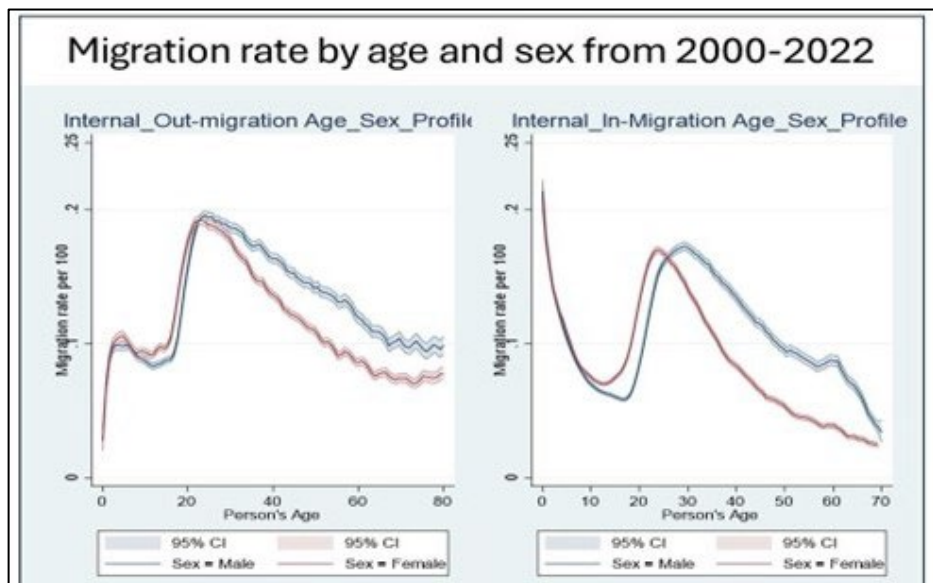


Figure 1. Migration rate by age and sex for the combined SAPRIN rural population nodes.

### Reproductive health services and rights for migrant women

The age profile of fertility can be divided into the fertility of migrant women and fertility of non-migrant woman. This shows that young women who are migrants have a similar age pattern of fertility although with younger average age of fertility. This is an important finding for reproductive health services and rights because migrant women tend to have disrupted access to reproductive health services, which can be mitigated with the services reaching out to young migrant women.

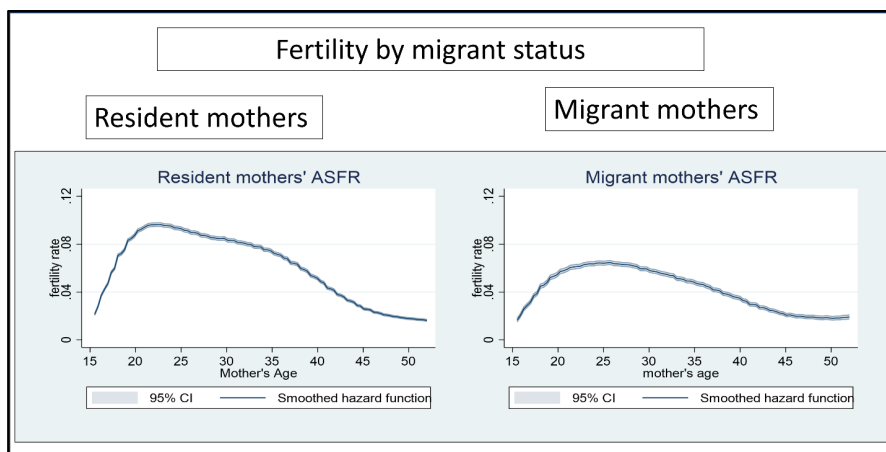


Figure 2. Fertility rate by age for resident mothers and migrant mothers for the combined SAPRIN rural population nodes

### In summary

Migration from rural households to the cities, towns and mining areas continues at a high rate and primarily affects young adults, both men and women. It is an important livelihood strategy that shapes the lives of young, rural South Africans. Reproductive health services and rights are needed for migrant women. Health services need to reach out to young migrant women who can be vulnerable due to their being a migrant.