



KWAZULU-NATAL
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA



REPORT ON CHILD AND TEENAGE PREGNANCIES IN KWAZULU-NATAL (KZN)

PRESENTER: COLISILE NONDUDUZO MATHONSI

17 MAY 2023




GROWING KWAZULU-NATAL TOGETHER



PURPOSE

The purpose of the presentation is to share with the Provincial Council on AIDS (PCA) stakeholders the report on the factors leading to Child and Teenage Pregnancies in KZN and the proposed strategies to address it.


INTRODUCTION AND CONTEXT

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SAMJ **IN PRACTICE**

ISSUES IN PUBLIC HEALTH

Teenage births and pregnancies in South Africa, 2017 - 2021 – a reflection of a troubled country: Analysis of public sector data

P Barron,¹ BCom, MB ChB , **H Subedar**,² MCur, MPA; **M Letsoko**,² BCom;
M Makua,³ BSc Hons (Epidemiology and Biostatistics), DLitt et Phil (Nursing); **Y Pillay**,⁴ MSc, PhD

¹ School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

² Clinton Health Access Initiative, Pretoria, South Africa

³ National Department of Health, Pretoria, South Africa

⁴ Division of Health Systems and Public Health, Faculty of Medicine and Health Sciences, Stellenbosch University, Cape Town, South Africa

Corresponding author: P Barron (pbarron@iafrica.com)

- Analysis of 10-19 years deliveries District Health Information System (DHIS) data 2017-2021.
- The number of births for girls aged 10 - 14 years increased by 48.7%
- The number of births for Adolescent Girls and Young Women (AGYW) aged 15-19 years increased by 17.9%

INTRODUCTION AND CONTEXT

Teen pregnancies in South Africa jump 60% during COVID-19 pandemic

News and Press Release • Source: [Save the Children](#) • Posted: 23 Aug 2021 • Originally published: 24 Aug 2021

Early pregnancy crisis needs attention

One in every three children under the age of 18 experience sexual abuse.

KZN Health MEC Critiques High Number of Young Mothers, Over 18k Babies Born Between 2019 & 2020

Tuesday, June 21, 2022 at 5:57 PM • by [Blanca Lalbahadur](#)

- KwaZulu-Natal Health MEC Nomagugu Simelane said the number of teenage pregnancies is over 18 000
- She said at least 1000 girls in the country are infected with HIV on a weekly basis and called for intervention
- Simelane added that society needs to change, and teenage pregnancy must be addressed urgently

Durban - The reality faced by some South African children is a concern to the Department of Social Development, especially teenage pregnancy.

KwaZulu-Natal Health MEC Nomagugu Simelane-Zulu has raised concerns over the high rate of teenage pregnancies in the province.

<https://www.sabcnews.com/.../kzn-health-concerned-about-teen.../>



SABCNEWS.COM

KZN Health concerned about teenage pregnancy as province delivers 87 Christmas babies - SABC News - Breaking news,

KZN Health MEC calls for arrest on those who impregnate teen girls

1 January 2023, 7:51 PM |  Nonjabulo Mntungwa-Makamu | [@SABCNews](#)

SOUTH AFRICA

KZN welcomes 341 New Year's Day babies amid concerns over teen mom trend

02 January 2023 - 10:02

MERCURY NEWS

Concerns about teen pregnancy in KZN



KwaZulu-Natal Premier Nomsa Dube-Ncube and KZN Health MEC Nomagugu Simelane visiting mothers on New Year's Day. Picture: Supplied

Published Jan 3, 2023

OVERVIEW OF 10-19 DELIVERIES IN KZN (2021/2022 FINANCIAL YEAR)

District	Delivery 15-19 years in facility	Delivery 10-14 years in facility
Amajuba	1734	29
eThekwini	8409	298
Harry Gwala	1826	40
iLembe	2183	64
King Cetshwayo	3642	97
Ugu	2513	85
uMgungundlovu	2854	66
Umkhanyakude	3426	115
Umzinyathi	2379	58
Uthukela	2372	68
Zululand	3574	92
Grand Total	34912	1012

- ❑ 2019/20 financial year- 18550
- ❑ 2020/21 financial year- 35820
- ❑ 2021/22 financial year- 35924

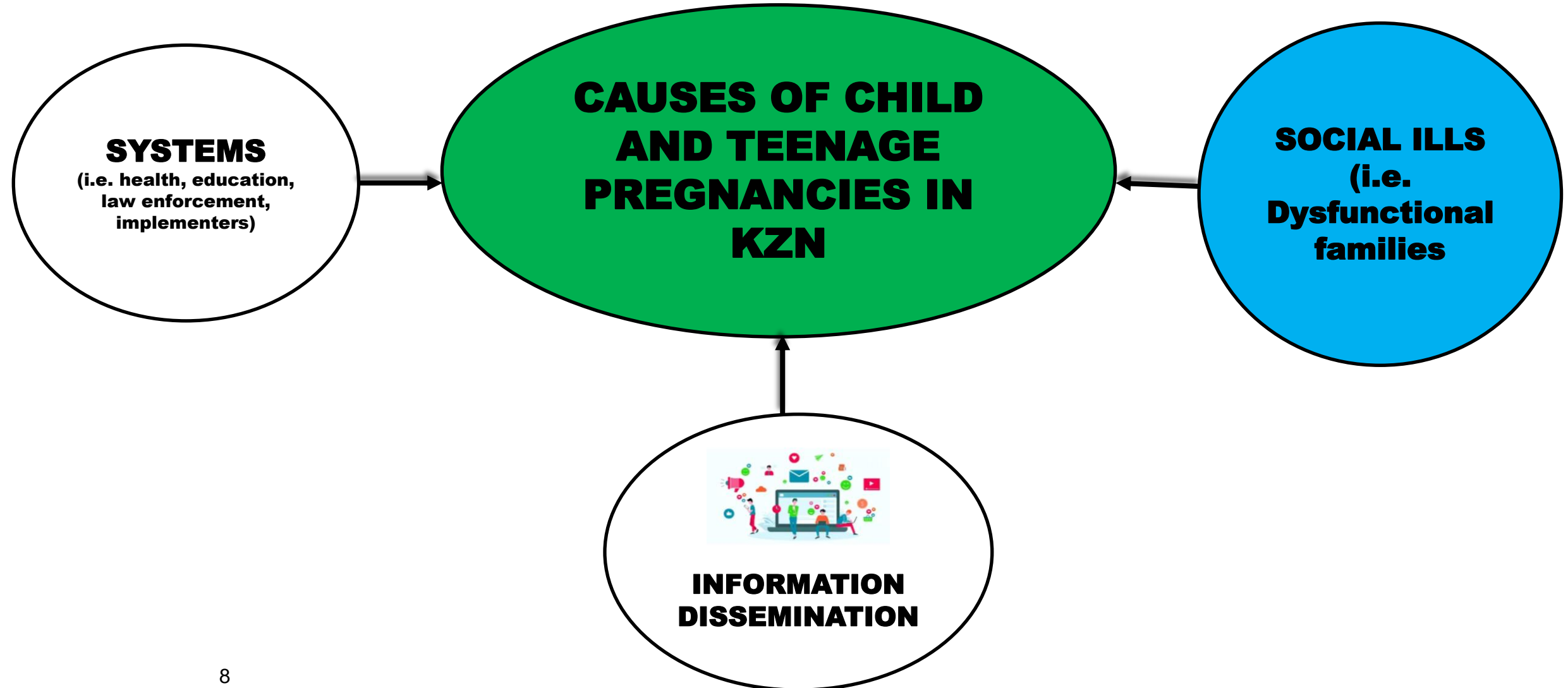
ADDRESSING CHILD AND TEENAGE PREGNANCIES IN KZN

- ❑ A resolution was taken during the PCA that curbing child and teenage pregnancy in the province is critical to the HIV response and require a multisectoral approach.
- ❑ The Provincial Council on AIDS in KZN undertook a project to understand the causal effects of child and teenage pregnancies and how they can be addressed.



MAIN FINDINGS

OVERVIEW: DRIVERS OF CHILD AND TEENAGE PREGNANCY





FINDINGS

THEMES	SUBTHEMES	SUB-SUB THEMES	QUOTES
SYSTEM FACTORS	Health	<ul style="list-style-type: none"> Poor healthcare worker attitudes Lack of confidentiality Long queues Lack of resources Unsensitized support staff at the clinic e.g. security interrogate people at the gate Lack of Adolescents and Youth Friendly Services in Clinic Lack of education on the various family planning methods 	<p>"When we go to the clinics, we are interrogated by the security"</p> <p>"At clinics we are not educated enough about the different family planning methods"</p>
	Psychosocial Support	<ul style="list-style-type: none"> Lack of knowledge of psychosocial support services Stigma around mental health issues 	<p>"Communities don't understand mental health issues and how they impact young people"</p> <p>"Young people tend to alcohol because there is not enough psychosocial support services"</p>
	Police and Department of Justice	<ul style="list-style-type: none"> Lack of harsher sentence for perpetrators Poor service at the police station Lack of sense of urgency by SAPS Police are not sensitized on the issue of Gender-Based Violence and Femicide (GBVF) 	<p>"People are discouraged to report issues of GBVF because they hardly get justice"</p> <p>"We are scared of reporting cases because what if that person comes after you?"</p> <p>"The law is very lenient on perpetrators"</p>
	Education	<ul style="list-style-type: none"> Not enough time for Life orientation (LO) education Teachers are not comfortable teaching some of the topics in the LO curriculum 	<p>"There needs to be more training for teachers and Learner support Agents (LSA) around the issue of Sexual and Reproductive Health"</p>
	Implementers	<ul style="list-style-type: none"> Implementers work in Silos, there is poor linkages. Programs are not informed by the local context Lack of programs for Adolescent Boys and Young Men (ABYM) Not enough visibility of programs 	<p>"We hear about them (implementers), but we don't see them"</p>

FINDINGS

THEMES	SUBTHEMES	SUB-SUB THEMES	QUOTES
SOCIAL ILLS	Dysfunctional families	<ul style="list-style-type: none"> • Poor parenting • Poor communication in families • Lack mother-daughter relationships • Absent Fathers • Lack of conversation about sexual and reproductive Health at home • A clash between traditional norms, constitutional rights and family value system 	<p>"These days we find it hard to discipline kids because they have rights"</p> <p>"Maybe we need to be trained on how we can talk to our kids about sex-related topics"</p> <p>"Everything I know about sex I learned from school and friends, our parents don't want to educate us about Sexual and reproductive Health issues"</p>
	Poor Socio-economic Status	<ul style="list-style-type: none"> • Poverty • Unemployment • Inequality 	<p>"Its very hard to negotiate condom use if you rely on someone for financial support"</p> <p>"We are educated but we are unemployed, hence still remain vulnerable"</p>
	Community	<ul style="list-style-type: none"> • Stigma around GBVF issues • Forced and early marriages • Cultural norms 	<p>"There is a lot of stigma surrounding the issue of GBVF in communities"</p>
INFORMATION DISSEMINATION		<ul style="list-style-type: none"> • Information not written in simple language that can be easily understood • Information is not readily available in platforms that are utilized by young people such as Facebook, Instagram, TikTok, and twitter 	<p>"A lot of young people do not know about the various family planning methods because the information is not readily available on social media "</p> <p>Young People need to be capacitated to understand the different policies relating to them so that they can be empowered"</p>

SUMMARY OF THE FINDINGS

- ❑ There is a need to strengthen synergy of programmes between government, and Non-Governmental Organization (NGO's)

- ❑ There is a need for scaling up capacitation on Sexual and Reproductive Health (SRH) services and rights for adolescents and young people, parents, the community, and the different service providers in health, human rights, law enforcement, education, social services, and other related fields and stakeholders.

- ❑ Further, there is a need to strengthen community structures as they play a key role in strengthening the implementation and coordination of community-centred approaches in addressing social ills.

DEVELOPMENT OF THE INTEGRATED STRATEGY TO MITIGATE CHILD AND TEENAGE PREGANCIES IN KZN

- ❑ The PCA held stakeholder engagement to deliberate on strategies to reduce child and teenage pregnancy in KwaZulu Natal and negate the socio ecological and economic challenges it creates for child and teen mothers in the province.



- ❑ The multi-sectoral, integrated strategy will strengthen relationships between government, non-government and private stakeholders to create synergies between existing and new programmes.

SIX STRATEGIC OBJECTIVES WERE IDENTIFIED AS CRITICAL TO ACHIEVING THE AIM OF THE MULTI-SECTORAL INTEGRATED STRATEGY.

- ❑ Create social awareness about Sexual and Reproductive (SRH) issues amongst Adolescent & Young People (AYP) .
- ❑ Adolescent Boys and Young Men (ABYM) active in the fight to eradicate Gender-Based Violence and Femicide (GBVF).
- ❑ Increase conviction rate for perpetrators of GBVF through better case handling.
- ❑ Ensure Integrated, coordinated support services, including psycho-social, biomedical and socio-economic services to all young mothers.
- ❑ Ensure that young mothers are protected, supported and empowered to become strong responsible mothers.
- ❑ Capacitate communities to drive social change by coordinating community interventions related to reduction in teen pregnancy, GBVF and HIV infection.



OBJECTIVE 1: CREATE SOCIAL AWARENESS ABOUT SRH ISSUES AMONGST ADOLESCENT & YOUNG PEOPLE (AYP)

Short-term Outcomes	Medium-term Outcomes	Long-term Outcomes
Increased knowledge of SRH rights, issues and services amongst AYP	<ul style="list-style-type: none">• Increased number of AYP advocates campaigning for SRH rights and adolescent and Youth Friendly Services (AYFS)• Increased usage of (AYFS) at health facilities	<ul style="list-style-type: none">• Youth advocacy embedded social change around SRH, GBVF and HIV• AYP are empowered to protect themselves and others against HIV and other Sexually transmitted infections (STIs)



OBJECTIVE 2: ADOLESCENT BOYS AND YOUNG MEN (ABYM) ACTIVE IN THE FIGHT TO ERADICATE GENDER-BASED VIOLENCE AND FEMICIDE (GBVF).

Short-term Outcomes	Medium-term Outcomes	Long-term Outcomes
GBVF is an acceptable topic of conversation at schools, homes and communities. ABYM are more actively involved in protecting Adolescent Girls and Young Women (AGYW)	ABYM are actively engaging in GBVF reduction activities and advocating for the reduction of GBV in their communities (including reporting of GBVF cases)	Reduction in statutory rape and other forms of GBVF
ABYM better informed about issues of consent, statutory rape etc.	Increased 'peer pressure' amongst ABYM to stop GBVF and more GBVF cases reported by ABYM and men	Increase number of ABYM accessing post-violence care services

OBJECTIVE 3: INCREASE CONVICTION RATE OF PERPETRATORS OF GBVF THROUGH BETTER CASES HANDLING

Short-term Outcomes	Medium-term Outcomes	Long-term Outcomes
Case evidence for GBVF related cases will be better gathered and managed	Increased number of GBVF related cases going to court	Increased number of conviction for GBVF related cases

OBJECTIVE 4: ENSURE INTEGRATED, COORDINATED SUPPORT SERVICES, INCLUDING PSYCHO-SOCIAL, BIOMEDICAL AND SOCIO-ECONOMIC SERVICES TO ALL AGYW AND TEEN MOTHERS

Short-term Outcomes	Medium-term Outcomes	Long-term Outcomes
Communities are sensitized on mental health issues and know where they can go to get psycho-social support services	Strengthen community structures to provide psycho-social support hubs	Communities become psycho-social support hubs
Communities better able to identify alcohol and substance abuse and refer early for psycho-social support	Increased number of AYP receiving rehabilitation services	Reduced number of AGYW and ABYM using alcohol and substances
Pregnant AGYW experience less stigma when attending health services and have access to coordinated cross department services to help address self stigma	Reduced anxiety and other mental health issues amongst pregnant AGYW and young mothers	AGYW and young mothers are supported and empowered to stay in school and avoid future unplanned pregnancies.
Increased number of AGYW and teen mothers with skills that enable them to join the workforce or grow their businesses ¹⁷	Increased number of AGYW and teen mothers bringing in a regular income	Decreased percentage of AGYW and teen mothers reliant on grants to meet basic needs.

OBJECTIVE 5: ENSURE THAT YOUNG MOTHERS ARE PROTECTED, SUPPORTED AND EMPOWERED TO BECOME STRONG RESPONSIBLE MOTHERS

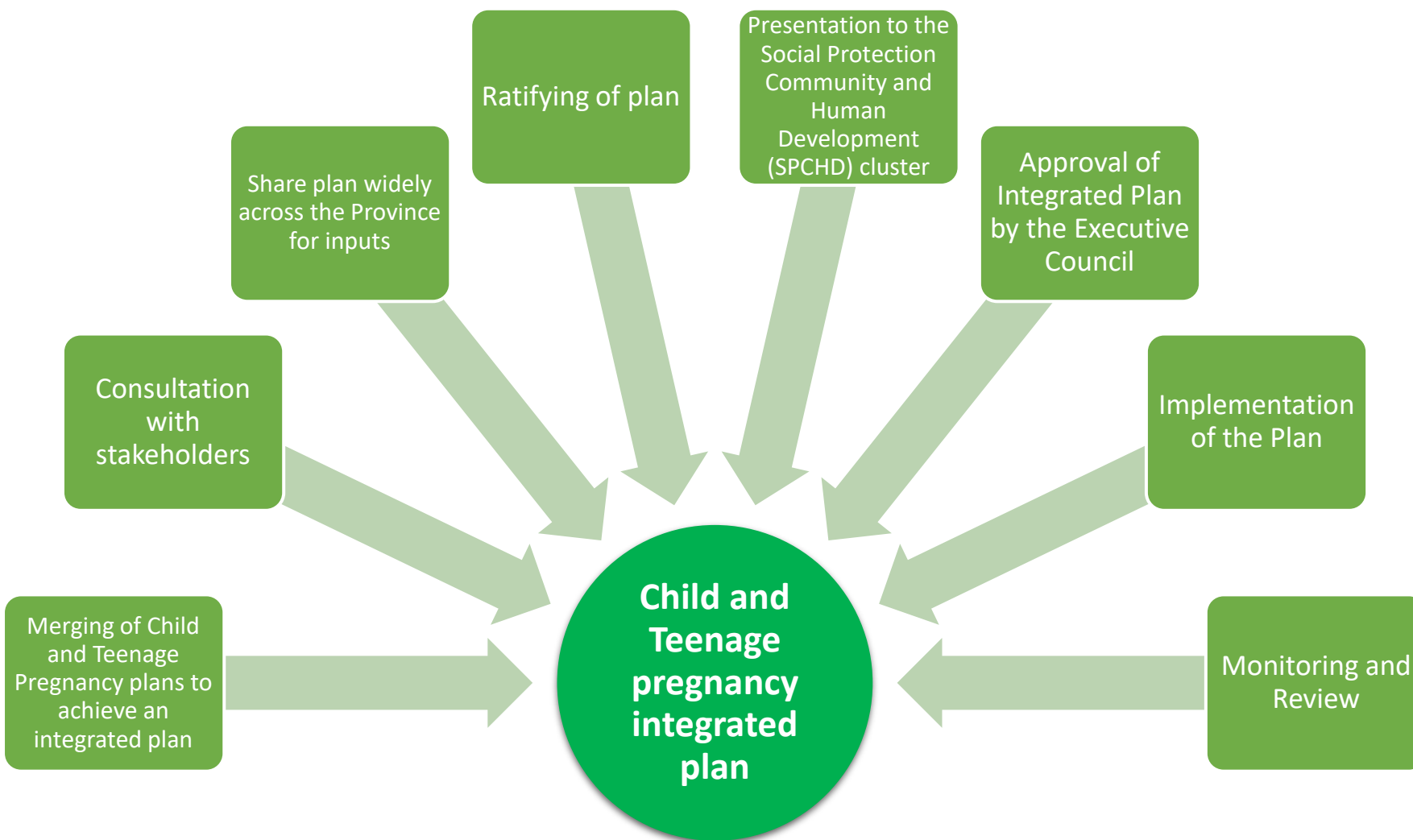
Short-term Outcomes	Medium-term Outcomes	Long-term Outcomes
Improved mother/daughter relationships around SRH issues and teen pregnancy	Increased number of AGYW taking SRH precautions (pill, condoms etc.)	Reduced number of repeated pregnancies
Increased number of teen mothers receiving the full suite of DOH and DSD services	Healthy young mothers empowered to prevent future unplanned pregnancies	
Improved health and wellbeing for teen mothers and their children		



OBJECTIVE 6: CAPACITATE COMMUNITIES TO DRIVE SOCIAL CHANGE BY COORDINATING COMMUNITY INTERVENTIONS RELATED TO REDUCTION IN TEEN PREGNANCY, GBV AND HIV INFECTION

Short-term Outcomes	Medium-term Outcomes	Long-term Outcomes
Community Based Organizations (CBOs) capacity building - SHR, referral pathways, human rights	Local CBO have the capacity and influence to drive community interventions around teen pregnancy, GBVF and HIV	Communities taking ownership of interventions in order to ensure sustainability of interventions.
Build capacity of traditional/religious leaders etc. - change mind sets	Increased referral of GBVF and teen pregnancy cases into support services	

ROADMAP OF CHILD AND TEENAGE PREGNANCY INTEGRATED PLAN



THANK YOU

