HEALTH SYSTEMS TRUST

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Phakama DIGEST

7th edition

AUGUST 2024

Welcome to the seventh edition of Health Systems Trust's Phakama Digest, which profiles our project work through in-depth perspectives of implementation activities in the field.

This edition of the *Phakama Digest* examines teenage pregnancy in South Africa from the following angles:

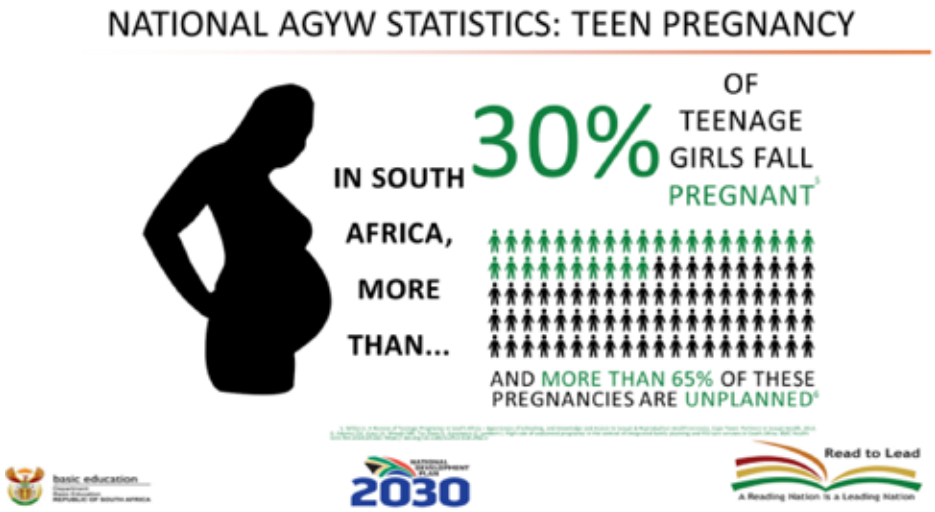
Children raising children – teenage pregnancy in South Africa

A plethora of coverage in mainstream media and academic literature on South Africa's teenage pregnancy rates shows an ever-rising data profile that indicates high levels of unprotected sex and sexual abuse – occurring increasingly among girl children.

Findings on the adolescent birth rate cited in the 2017/18 District Health Barometer[1] showed that KwaZulu-Natal (KZN) Province had the highest national number of in-facility deliveries among the 15 to 19-year age group (at 31 893), with 609 deliveries among 10 to 14-year-olds. Yet this issue is by no means new.

Eighteen years ago, a Provincial Department of Education Summit held in Pietermaritzburg heard that in 120 KZN schools surveyed, girls as young as 11 were pregnant.[2] For 2020, Statistics South Africa found that of the 33 899 girls aged 17 years and younger who gave birth, 600 were aged 10 to 13.[3] National Department of Health figures show that between April 2020 and March 2023, almost 11 500 babies were born to girls aged 10 to 14.[4] KwaZulu-Natal's Health MEC reported that between April and December 2022, 26 515 pregnancies occurred among girls aged 10 to 19, and 1 254 of those new mothers were 14 years old or younger.[5]

Having analysed public-sector data on teenage childbearing among different age bands, Barron et al.[6] found a continuous upward trajectory between 2017 and 2021, with incidence among 10- to 14-year olds increasing by 48.7%. These authors describe pregnancy among girl children as "a savage indictment of South African society", noting that each of these pregnancies is clear evidence of risky, coerced and unprotected sex, and in many cases, of statutory rape. They highlight that sexual and gender-based violence, the economic insecurity of families, as well as inadequate health education, life skills and access to health services, are key challenges to address.



Source: Department of Basic Education

The bodies of these young and adolescent girls are not physiologically ready for pregnancy, resulting in a greater risk of maternal complications, and low survival rates for their babies. Beyond the reproductive and biological hazards of early childbearing, and exposure to sexually transmitted infections, particularly HIV, many have no choice but to fulfil motherhood roles for which they are not emotionally or materially prepared, along with social stigma.

This threatens to destroy their future before they have had a chance to grow up – and what hope is there for their babies' prospects for health, education and general wellbeing?

The power of policy and legal enforcement

Despite the Department of Basic Education (DBE) having gazetted a policy in December 2021 obligating schools to submit a police report if a pregnant girl is younger than 16 and the father of the child is older than 16[7], prosecution of these crimes is not entrenched practice.

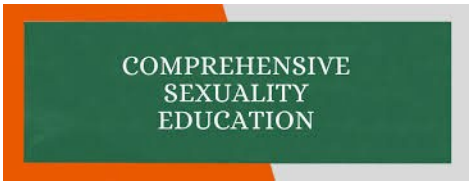
Late in January this year, the Minister of Basic Education tabled an updated draft of the policy[8] in Parliament, mandating schools to

report teenage pregnancies, along with measures to ensure the continued education and support of pregnant and post-natal learners.

The rationale for teaching Comprehensive Sexuality Education (CSE) in schools

One wonders how a pregnant 10-year-old from a poverty-stricken area would be able to get help through Adolescent- and Youth-friendly Services (AYFS) at a public health facility, much less through general clinic services.

The key to answering this question is recognising that addressing teenage and childhood pregnancy cannot be only the health sector's responsibility, but is work to be done in partnership with law enforcement, schools, social services and communities.



Facilities running the AYFS programme have outreach programmes that mobilise school-going and out-of-school youth to make use of the services, but centralising Comprehensive Sexuality Education in schools makes for a powerful response platform. An age-appropriate, scientifically accurate CSE curriculum[9] has been programmed by the DBE to give learners the knowledge, attitudes, skills and values that support informed choices for safe sexual behaviour and the protection and realisation of related rights.

However, when it was announced in 2019 that CSE would be taught to Grade 4 learners from 2020 onwards, the Department faced strong opposition from parents, teachers, religious leaders and other stakeholders, who fear that the sensitive topics covered in the modules will sexualise children and teenagers. This is despite published evidence showing that young people who receive high-quality sexuality education are more likely to use condoms or other contraception when they do decide to have sex, have fewer sexual partners, and have increased knowledge about condoms and HIV.[10] Parents are able to opt out of the current curriculum, provided that they can produce an alternative curriculum that meets the competence criteria.

Yet the CSE curriculum is carefully framed within local cultural contexts and communal values, and reflects the human rights enshrined in South Africa's Constitution to support the health and wellbeing of children and youth. In a country where poverty, patriarchy, gender inequality, sexual coercion and violence are normative, girls' and young women's risk of unplanned pregnancy requires collaboration between the school, the home and the community for such educational programming.

This is a complex challenge. Many parents, aunts, grandmothers and others in the family circle are not conversing with their children about sexual topics – and children without parents or guardians, often burdened with heading households, have minimal access to such guidance.

Talking *with* children, not to or about them

A research finding of great concern is the rate of repeat pregnancies among teenagers. Govender, Naidoo and Taylor, in their 2019 study of adolescents' knowledge of pregnancy and sexual and reproductive health in KwaZulu-Natal's Ugu District[11], found that even with repeat pregnancies, adolescents were evidently no better informed about pregnancy and sexual and reproductive health. In some cases, 18-year-olds were delivering their third child, and only 21.8% of the study cohort had used contraception. Identified risk factors were grouped under social determinants such as individual circumstances, relationships with partners, family, schoolmates and peers, as well as community-related factors. The authors found that teens in relationships with older men had a much higher risk of unplanned pregnancy (which also constitutes a public health risk as a driver of HIV), and of poor obstetric outcomes. They conclude that modes and platforms for the delivery of adolescent sexual and reproductive health education are vitally important.

If anything, youth are more likely to glean information about sex and sexuality from equally uninformed peers, and through hypersexualised content that they access from TV dramas, the Internet, and social media. This perspective was shared by participants in a 2018 KwaZulu-Natal Community Forum dialogue where the medical, educational and socio-economic contexts of child and teenage mothers, as well as parenting outcomes, were discussed.

Some commentators suggest that mainstream teaching staff are not the right providers of CSE, advocating that this curriculum

should be delivered either by specialist civil society personnel[12], or by social workers, trained counsellors and/or specialised Life Orientation teachers assigned to schools, in partnership with parents.[13]

The nature of family structures is central here. Boys and girls who grow up in the absence of fathers are at a distinct disadvantage in terms of elevated risk for early sexual activity and adolescent pregnancy, and there is increased risk of abuse and neglect for children born to teen and child mothers. When a girl has a negative or no relationship with her father, she is more vulnerable to unplanned pregnancy. A 2003 study found that father absence is "an overriding risk factor for early sexual activity and adolescent pregnancy", and that "conversely, father presence was a major protective factor against early sexual outcomes, even if other risk factors were present".[14]

Moreover, according to Le Roux, et al.[15], being young confers less power within a relationship, and across the world, young age and poverty are consistently associated with intimate partner violence – which is a power issue.

In a compelling call for CSE to be a focal response to HIV infection, unplanned pregnancy and sexual abuse among learners, Chaskalson, et al.[16] cite empirical research located in South Africa demonstrating young people's urgent need for improved knowledge and understanding about sex, the potential risks of sexual activity, and the necessity of sexual consent.

Deepening young people's awareness of facts, and supportive connection that sees the whole person in each individual, can work wonders in protecting and uplifting them. Sr Zekhaya Gwavuma – an AYFS Champion from Pinetown Clinic – shares an example of how she encourages this:

"I give impromptu talks to adults waiting in line in the general clinic queues to engage with them about the AYFS concept. I speak to them as a mother myself, and explain that if we don't talk to young people about sex and reproductive health, how can we expect our children to do the right things or judge them when they don't? They will remain confused, believing what they hear from ill-informed friends and harmful media messaging – it must begin with us at home!"[17]

A whole-of-society response

Recognising that teenage pregnancy – the surge of which is now being described in epidemic terms – recurs through adolescent and young girls being trapped in a generational cycle of poverty, marginalisation and vulnerability, there is a vast social and developmental terrain to be confronted for prevention and management.

All sectors – from health, education, social development, police and justice services to traditional, community, cultural, faith-based and parental leadership, as well as media and advertising – have a role to play in mitigating the numerous factors shaping young people's family, peer, school and neighbourhood contexts to perpetuate teenage pregnancy, including the responsibilities of older boys and men.

Girls and boys need safe, private, caring and engaging spaces in which to have conversations with trusted, trained mentors about sex, learn facts that will capacitate them to make informed decisions in real-life situations, and be empowered in ways that develop their self-esteem.

To achieve this, systemic integration and co-ordination is critical: the sustainability and scale-up of effective youth health services, in tandem with properly instituted, good-quality CSE, and stronger participation links between health facilities, schools and communities – especially in settings where resources are limited – should be prioritised. The 'Policy on the Prevention and Management of Learner Pregnancy in Schools', tabled in Parliament by the DBE on 22 January 2024, supports this process.

Health Systems Trust's historical and current focus on teenage pregnancy

In 2013, HST published a review of teenage pregnancy in South Africa[18], which examined policies and advocacy strategies for reducing unplanned teenage pregnancy and ensuring that teenage mothers realise their right to complete their schooling. Among the identified drivers of this crisis were gender inequality and socio-economic factors, high levels of sexual violence and substance abuse, and low access to sexual and reproductive health services and information.

The review urged for CSE to be delivered by trained staff in schools to empower all learners with relevant knowledge. It called for an adequate complement of healthcare workers appropriately trained to engage with youth and adolescents without moral judgement, and for all service providers (including community leaders) to be fully trained on existing policies.

Beyond a recommendation to address risk factors at a structural and individual level, and to strengthen implementation of laws that protect and support these girls, the review findings endorsed that a school's role is to support the pregnant or post-natal teenager, as both a learner and a mother.

With the review having highlighted – a decade ago – the urgent need for these actions, it also underlined the abnormality of 14-year-olds giving birth. It is harrowing to note that we now have data on 10-year-old girls giving birth. This induces us to refer to 'childhood pregnancies', where there can be no assumption of decision-making for sexual consent.

To reverse this trend, there is a pressing need for consequences – for schools that violate learners' rights, and for boys and men who impregnate underage girls.

HST's support of DREAMS implementation

From 2016 to 2018, through the SA SURE Plus Project, HST served as the CDC District Support Partner for the US President's Emergency Plan for AIDS Relief (PEPFAR) DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, Safe) initiative in uMgungundlovu District, and in 18 facilities in eThekwini Metropolitan Municipality.

Roving teams consisting of Nurse Mentors, Lay Counsellors and Community Mobilisers under the supervision of a DREAMS Co-ordinator implemented health interventions focused on improving HIV prevention, care, treatment and support of adolescent girls and young women and their male partners. The work was based on the application of three interventions from the DREAMS intervention bank: sexual and reproductive health and rights, HIV Testing Services, and post-violence care.

Good practices for programming on teenage pregnancy included the use of reliable data to plan targeted outreach activities. Priority was given to hard-to-reach groups, to sites where there was evidence of a high pregnancy rate, and to areas with low coverage of community-based partner support.

Lindiwe Msimang (left) and Felicity Basson (right) led efforts to implement PEPFAR's DREAMS education and empowerment programme for adolescent girls and young women in uMgungundlovu – South Africa's most HIV-affected district. Photo: Thom Pierce, 2018

Community dialogues were conducted, using a script that prompted reporting of gender-based violence in order to identify victims and/or witnesses of abuse in any form within their surroundings. Identified clients were referred to Thuthuzela Care Centres, and linked to a psychologist for continuity of care.

HST's Communications Unit developed a range of DREAMS materials – boys' and girls' information leaflets, branded T-shirts, leather and beaded bracelets, cellphone cases, beaded pens, and inspirational journals – for distribution by the roving teams.

The project Team Leads presented at a 2018 provincial summit hosted by the South African National AIDS Council and participated in District AIDS Council think-tank meetings, focusing on support for adolescent girls and young women.

Two sub-granted community-based organisations (CBOs) were trained, coached and mentored to provide assigned services. In order to upscale the DREAMS interventions, Enrolled Nurses from these partner CBOs were allocated to 10 facilities that had been renovated to implement the Adolescent- and Youth-friendly Service (AYFS) package. A marked improvement was seen in the volume of youth served at these facilities: the baseline number of young people visiting the 10 facilities in December 2017 was 7 559, and in January 2018, 9 390 visited these sites.

How we write and speak about pregnant youth

More thoughtful responses among wider society are needed to ease the psychosocial burden on child and teenage mothers during their pregnancy and parenting.

Disrupted schooling, loneliness, rejection by family and/or partners, guilt, shame, depression, anxiety, demotivation and fear for the future are common experiences for them, often to an overwhelming degree, and difficulties in accessing healthcare services compound their challenges.[22]

Apart from multidisciplinary support strategies being required to enhance outcomes for their future, the lenses through which we view these daughters of our national family and their predicaments must be framed within human rights. They are not merely statistics; they are vulnerable young human beings caught up in a maze of social barriers and hardships (including abuse) preceding their pregnancy, and their limited coping skills are no match for the magnitude of motherhood at an early age.

Yet it is unexceptional to find news media articles on the topic containing phrases such as "pregnancies and subsequent births by underage girls" – as if these children had impregnated themselves – and maintaining silence on the role of men and boys. Journalists, editors and sub-editors should be trained to avoid publishing grammatical distortions that dislocate responsibility for conception in this way, and to adopt language that affirms the personhood of these young mothers.

The media industry, in all its forms, should also be held accountable for creating a culture of hypersexual content in TV programmes, music lyrics and videos, advertising and social media, and for how such content romanticises, glamorises and commodifies being sexually active. Media representations that reproduce harmful constructs of gender roles and interactions have the effect of normalising social display of unequal sexual dynamics among and within generations. With the high prevalence of HIV, sexually transmitted infections and unplanned pregnancy in South Africa, making sex fashionable among youth and inculcating harmful gender norms is irresponsible.

Resolving child and teenage pregnancy obligates all of us to learn with and for young people, and to uphold, reassure and inspire them. We are their last hope for health, education, economic wellbeing and a dignified life.

HST's support of AYFS implementation

The role of Adolescent- and Youth-friendly Services (AYFS) in addressing teenage pregnancy

Having evolved from its beginnings in 2000 as the National Adolescent-friendly Clinic Initiative (NAFCI), the Adolescent- and Youth-friendly Services (AYFS) accreditation strategy was launched by the KwaZulu-Natal Department of Health (KZN-DoH) in December 2015.

As a standards-driven, quality improvement initiative, the AYFS mission is to secure young people's health through preventing and treating illness, promoting healthy lifestyles, and improving the health system by focusing on the programme's accessibility, efficiency, quality and sustainability. Its integrated approach seeks to reduce risk factors and offer 'safety-nets' for prevention, early detection and intervention – targeting not only young people but also their teachers, caregivers and other youth patient advocates.

To promote a friendly and welcoming environment for young people visiting clinics, AYFS services are accommodated in a special area of the facility, called a Youth Zone. Professional Nurses and other clinic staff are trained to specialise in this comprehensive, youth-tailored service provision, with a key objective of addressing high rates of teenage pregnancy and sexually transmitted infections (STIs) among adolescents and young people.

The essential AYFS service package includes education and counselling on sexuality, safer sex and reproductive health, as well as sexual exploitation, violence and abuse, and mental health, with referral for related services; STI education, diagnosis and management, including partner notification; HIV education, counselling, testing, treatment, care and support services; family planning and contraception education and services; pregnancy testing, antenatal and postnatal care, and elimination of mother-to-child transmission of HIV; and pre- and post-termination of pregnancy counselling and referral. The AYFS clinic commitment is to empathise with young people's susceptibility to negative peer pressure, their natural urge to experiment, their confusion arising from bodily changes, their need for information and awareness, and their individual circumstances. Their privacy and confidentiality is maintained, and they are encouraged by dedicated and skilled staff to discuss their needs and problems.

A particular issue is that of youth not attending school – whether through strikes and unrest causing school closures, or poverty and social marginalisation – leaving them with nowhere to go and nothing to do, and thus exposed to the risk of unprotected and transactional sex. In turn, teenage pregnancy exacerbates a high rate of school drop-out.

HST's AYFS support

From 2017 to 2018, HST supported the physical upgrading of 10 selected facilities in our four supported districts to ensure AYFS accreditation, and mobilised communications to publicise Youth Zone launches. The clinics were refurbished with newly painted waiting and consulting rooms, outdoor walkways and doors, minor repairs and fittings, AYFS graphic designs, installation of blinds for privacy, and provision of comfortable seating.

In October 2019, through collaboration between the Provincial DoH and SA SURE Plus teams, HST assisted with

HST supported AYFS integration at a clinic in the Vulindlela area of uMgungundlovu.

implementing and evaluating the AYFS programme in eThekwini, uMgungundlovu, uThukela and Zululand, covering 214 facilities. HST provided stakeholder support for She Conquers events, a Youth Summit, and various youth-related events, and appointed AYFS Co-ordinators in each district to ensure programme implementation at all HST-supported facilities, including related training provision.

During a Youth Day event in June 2022, HST's SA SURE PRO and Unfinished Business Project staff joined the DoH and other DSPs to create space for community-based promotion of AYFS in eThekwini.

To promote peer mentoring for the AYFS programme across the four districts, HST employed, inducted and orientated a team of 50 Youth Ambassadors, whose role was to market the AYFS strategy to in- and out-of-school youth, establish and support Youth Zones and Youth Care Clubs for adolescents on HIV treatment, and organise demand-creation activities such as campaigns, awareness programmes, youth gatherings and health talks at community and facility level. Successes reported from this era of programming included: dialogues held and mobile services offered at higher institutions of learning; Youth Ambassadors attending War Room meetings to engage community structures on youth health challenges and the AYFS strategy; liaison with Ward Councillors on hotspots to secure community entry and engagement, and with clinic committees for activity planning and community mobilisation; a door-to-door campaign to reach the target age group; and case management of youth on ART, especially through Youth Clubs.

Supporting the provincial focus on AYFS good practice

In 2019/20, HST compiled a collection of AYFS Champions' good-practice implementation stories from all 11 districts in the province, under the auspices of the KZN DoH Adolescent and Youth Health division.[17]

Engaging with a young client in the Youth Zone.

These Champions' accounts show that AYFS implementation is as much about the practitioners as it is about policies and processes. The story content presented a significant range of activities, reaching beyond the clinic and into the everyday struggles of young people. Being part of and committed to their communities, the AYFS Champions are relatable as colleagues, parents, sisters and brothers, daughters and sons, neighbours and congregants, who are themselves personally located in and affected by the systemic influences that disempower their young clients.

Several authors described how, with the AYFS programme often being their clients' only link to youth healthcare and referrals, headway had been made in reducing teenage pregnancy, and scale-up would enable wider coverage and early intervention. HST has continued to support training and mentorship of AYFS Champions, and optimisation of services through these facilities; we have also collaborated with the DoH in implementing support groups, Youth Clubs, and customised services for youth and adolescents.

In August 2023, responding to the need for capable and well-trained health professionals to lead AYFS in Pongola, Zululand, HST's SA SURE PRO and Unfinished Business Project technical specialists teamed up to co-ordinate and facilitate three days of training for DoH staff as

A team activity at Nkuzana Clinic during an awareness campaign on teenage pregnancy.

facility-based AYFS Champions. The content covered the rationale for AYFS services in facilities, barriers to AYFS and how to eliminate them, gender transformation, and the mental health of adolescents. After the training, the team provided on-site mentoring and implementation support.

SA SURE project support for AYFS activities has entailed Youth Month awareness campaigns, youth dialogues, psychosocial support visits to schools, and Youth Club engagements.

Why has the AYFS programme not turned the tide of teenage pregnancy?

Although South Africa has an enabling, comprehensive and progressive legislative and policy framework for provision of youth health care, James, et al.[19] note that "additional support for facilities is needed to achieve the agreed standards". Among the issues hampering AYFS implementation are staff shortages, inflexible clinic operating hours required for convenient access, the need for ongoing training and mentoring of all clinic staff in AYFS attitudes and competencies, and inadequate levels of youth involvement. In their chapter on achieving universal health coverage for adolescents in South Africa[20], Jonas, et al. noted that the source of AYFS implementation challenges lay in public health system weaknesses across the World Health Organization's six building blocks.

Budget constraints have undermined maintenance of AYFS capacity, resources and activities, and facilities do not have dedicated funds for such implementation, much less for scale-up thereof. Even the AYFS Champions' stories[17] spoke of a lack of adequate human and material resources to properly fulfil the AYFS vision, so that many of them used their personal funds to cover the costs of activities.

The upshot is that young clients still fear the disapproval of healthcare workers for seeking such services, and they feel "ambushed" by discrimination and exposure when they visit clinics.[21] According to a 2020 study conducted in KwaZulu-Natal[22], adolescent mothers with their children experience "lack of empathy from nursing staff, rude and disapproving staff, mistreatment and stock-out of medication" after travelling long distances to clinics at considerable cost for transport – the very antithesis of AYFS principles.

Peer Mentor support

The work of our team of Adolescent Peer Mentors has improved birth outcomes among HIV-positive youth in Zululand District, where teenage pregnancy is a critical issue and young mothers struggle to remain on treatment. Peer mentoring is an intervention aimed at addressing the needs of vulnerable young mothers and their babies.

Working with the DoH, community roadshows were conducted to identify and select voluntary peer mentors to support youth in facilities. Candidates had to be HIV-positive teenage mothers who were willing to assist with case management.

Nine Youth Peer Mentors were identified and placed in eight facilities in the district to provide case-management services to pregnant youth between the ages of 10 and 24 years, through:

- education on pregnancy and the importance of early antenatal care booking, treatment and care;
- appointment reminders, missed appointment follow-up, and adherence counselling;
- psychosocial support for youth, based on the Peer Mentors' previous experience;
- facility-based support groups to assist with disclosure, stigma and diagnosis acceptance, and
- mapping of community services as referral points for youth requiring additional support.

The Peer Mentors were given tools for collection of data on HIV testing, linkage to care, viral load monitoring, and early infant diagnosis.

Following this intervention, the mothers' linkage-to-care rate improved from 88% to 100%, with 40 ART-naïve mothers who knew their status being linked to treatment across the eight supported facilities, and a total of 2 078 antenatal clients initiated on ART in 19 months. Before the programme began, positive PCR results were returned for 49 babies across the implementing facilities; following the intervention, there was a marked decrease in positive PCR results among babies borne of these young mothers, with no babies between three and nine months testing HIV-positive.

Although a formal evaluation of this activity is warranted to understand the full impact of the peer support programme, its early results showed that peer-led psychosocial and case-management interventions are of value for HIV-positive pregnant teens, and that having a dedicated support mentor can help to improve infant outcomes.

Webinar on reducing teenage pregnancy in South Africa

On 19 September 2022, the Clinton Health Access Initiative (CHAI), in partnership with HIP-G and supported by HST's Health Systems Strengthening Unit, Communications Unit, and Information and Communications Technology Unit, hosted a webinar on 'Reducing teenage pregnancy in South Africa – what works and what can be scaled up'. The key speakers and participants discussed possible actions for augmenting teen pregnancy prevention, youth experiences of accessing sexual and reproductive health (SRH) services, and sharing of good practices for improving access to these services.

The webinar coalesced young people engaged in programmes, facility-level service providers, and representatives from the Ritshidze Campaign (partnered by the Treatment Action Campaign), with contributions on experiences of facility Youth Zone services, research literature on preventing teenage pregnancy, and the perspectives of Implementing Partners and the DoH on providing SRH services.

Dr Yogan Pillay

Describing teenage pregnancies as "teen abuse", CHAI Country Director, Dr Yogan Pillay, said that teenage mothers experience greater rates of postpartum depression, are less likely to initiate breastfeeding, and have children who frequently experience health and developmental problems.

Based on considerable evidence of successful approaches gleaned from a growing number of countries, the forum agreed that large-scale and sustained programmes offering multi-component intervention packages are needed.

- For access to the webinar presentations and recording, visit: https://www.hst.org.za/media/Pages/Reducing-teen-pregnancies-in-South-Africa-what-works-and-what-can-be-scaled-up.aspx
- An insightful article on the webinar, penned by Kerry Cullinan, is available at: https://healthpolicy-watch.news/african-teen-pregnancies-skyrocketed-during-covid-lockdowns-but-prevention-is-possible/

Voices from the ground: lead implementers share their insights

Felicity Basson – breaking down barriers

In her previous role as AYFS/DREAMS/HTS Co-ordinator for HST's four supported districts, Felicity co-ordinated, managed and provided technical assistance for the implementation of Youth Health programme activities, and supported stakeholder engagement at district and provincial levels. She recalls some of the ways in which the SA SURE teams overcame barriers to engagement with young people and their parents/caregivers:

"For example, when we provided AYFS trainings for implementation of the Adolescent and Youth Health Policy in our supported districts, we had an opportunity to tap into 'slang' terms in the vernacular language used by adolescents. Weaving these terms into our communication with them helped to build stronger connections for discussing difficult topics on sexual health.

Another example was the project's sub-contracted CBOs facilitating effective engagement with communities when running parenting programmes. Their staff members' knowledge of these settings, and their capacity for relaying information about teenagers' emotional and physical wellbeing and the different stages of adolescent development and growth, helped parents and caregivers to understand and communicate with their children at a deeper level. The adults were able to speak openly about their challenges and receive guidance from the facilitators.

One of the highlights for me is the fact that young girls still find it difficult to negotiate safe sex with their partners – even when they have the skills to do so – which then results in unplanned pregnancies and STIs. Sexual contact is seen as a token of their love for their partner, which makes abstinence difficult, and limits opportunities for condom use."

Nomcebo Mtimkulu – the importance of training and mobilisation

Nomcebo is Special Projects Co-ordinator in uMgungundlovu, having formerly served as AYFS Co-ordinator in the district. She reflects on what worked well in implementing the AYFS programme:

"Partnering with the DoH enabled us to train and mentor DoH Clinicians as AYFS Champions at facilities, where safe spaces for serving young people were provided. This work was augmented by layering of services with other DREAMS partners.

Our presence in schools was important, as we engaged with learners to understand why they were not utilising clinics to access health services. We worked with Lifeline to establish Youth Zones on school premises and elsewhere in communities, so that we could bring health services to young people.

Our Youth Ambassadors worked in the facilities and in communities to mobilise young people around AYFS and ensure that they were aware of the tailored model of services available to them."

Sanele Mvelase – expanding capacity through stakeholder networks

As Special Projects Co-ordinator in uThukela, Sanele played a key role in serving youth health needs in the district, a programme which is of special interest to him. Looking back from his current position as Cross-site Facilitator and Health Promotion Specialist, Sanele describes his focus on stakeholder partnerships:

"Our collaboration with other youth health programmes and organisations was essential for optimising service implementation in the district, as no Youth Ambassadors were assigned there. My role enabled me to serve as a point of contact for stakeholder co-ordination around youth health; I worked with cadres from TB/HIV Care's DREAMS teams, and with LoveLife's GroundBREAKERS in facilities, as well as the DoH AYFS Champions. Together, we hosted and facilitated youth dialogues, which enabled us to customise health services in response to the needs identified by young people themselves."

Siyamthanda Mabaso – doing more with what we have

As HST's Cross-site Paediatric and Adolescent Co-ordinator for uMgungundlovu and uThukela Districts, Siyamthanda sees teenage pregnancy as a significant public health concern, with many facets that affect all of us:

"Teenage pregnancy not only exposes the teenage mother and the unborn child to health risks such as maternal and child mortality, sexually transmitted infections including HIV, and mental health problems, but it is also a threat to the educational, financial and socio-economic status of these young mothers, further perpetuating the cycle of unemployment, poverty and gender-based violence in our communities – the very social ills that we are constantly trying to eradicate.

It therefore becomes everyone's business to be part of the solution, one way or another. We must employ a multi-level approach, recognising an individual as part of the community and the environment by looking at the factors that contribute to teenage pregnancy at individual, interpersonal, institutional, community and policy levels.
As a supporting partner, HST is continually invested in opportunities to collaborate with the Department of Health, other stakeholders and partners to rally around the shared agenda of implementing strategies to reduce teenage pregnancy, because we understand the unique challenges that young people face.

Implementing evidence-based strategies such as AYFS has demonstrated positive outcomes, despite structural and systematic challenges in the expansion and sustainability of the programme. The AYFS package of services should apply not only to facilities that have fully functioning Youth Zones – it should be a norm in all facilities. An adolescent and youth-friendly attitude can be adopted despite a shortage of staff, infrastructure and Youth Zone areas.

One of the most important aspects of my role is advocating for the integration of services at facility and community levels. Such integration enables us to leverage

HST's SA SURE team supporting the DREAMS and She Conquers youth health campaigns.

existing strategies to address the challenge of teenage pregnancy in a multi-faceted manner.

For example, the LIFT programme emphasises the importance of pivoting to communities through mapping out available resources and capacity-building for mobile services to provide a comprehensive package that incorporates adolescent sexual and reproductive health. The Global Alliance strategy to End AIDS in 2030 prioritises the elimination of HIV in children and adolescents, and safer conception as critical for adolescents of childbearing age. The DoH Matrix of Interventions guides HIV testing at key entry-points in clinics, so that staff can identify where adolescents are accessing the facility and expand the package of services to include comprehensive sexual and reproductive services. We also welcome and support the implementation of the Department's School Health policy on advocating for sexual and reproductive health services to be rendered in schools.

There is more that can be done with what we have. Multi-sector collaboration is critical in addressing teenage pregnancy. The increasing number of teenage pregnancies year to year is a call to all healthcare workers to act, and we should respond appropriately and with the intention of salvaging the future of our youth."

Apiwe Nightingale – the importance of health education and peer-led health services

From his viewpoint as SA SURE PRO Maternal and Child Health Co-ordinator for eThekwini and Zululand, Apiwe summarises HST's layered interventions to address the needs of pregnant and HIV-positive youth:

"As KZN has one of the highest teenage pregnancy rates in the country along with rising HIV incidence among young people, HST teams work closely with the DoH at community, facility, district and provincial levels to promote health education and access to services for all young people, with a focus on pregnant girls and teenagers.

These interventions are essential, as many youth – especially in rural areas – are vulnerable to pregnancy and HIV risk factors such as poverty, peer pressure and substance abuse, and have little knowledge about the importance of family planning, while the AYFS programme is under-resourced and not sustained at some sites. Many pregnant teens and young girls whose access to antenatal care is delayed are not aware of their HIV status, and some present with high viral load and opportunistic infections.

Our community mobilisation during outreach activities and supporting the DoH campaigns entails integration of prevention services, such as condom distribution and promoting dual contraceptive protection for girls and young women. We are also engaging with the Department of Basic Education, School Health Teams and associated partners to provide support in addressing teenage pregnancy.

HST's Psychosocial Advisors from the SA SURE and Unfinished Business projects collaborate to ensure that pregnant patients diagnosed with HIV are linked to and kept in care, and are provided with information, disclosure counselling, and mental health screening. Working with stakeholders such as government departments, non-governmental organisations, researchers, community leaders and the faith sector assists patients with acquiring social grants and with referrals to other needed services.

Our Peer Mentor Mothers lead facility-based support groups for HIV-positive teenage mothers, covering topics related to the importance of self-care during and after the birth of their babies, and to support their HIV treatment adherence. Peer-led programming helps these young mothers, especially those who lack guidance from parents, caregivers and families, to express their concerns.

As Maternal and Child Health Co-ordinator, SA SURE's Psychosocial Advisors and I participate in teenage pregnancy dialogues involving a range of sectoral stakeholders in eThekwini District. These are valuable fora for gaining insight into young people's circumstances, knowledge gaps and health service needs.

HST's Provincial Task Team provides technical assistance for KZN DoH efforts to curb teenage pregnancy and to strategise responsive health system care and support mechanisms for child and adolescent mothers."

A view from CDC South Africa

by Dr Diane Morof (Associate Director of Programs: KwaZulu-Natal, Division of Global HIV & TB)

HIV and unintended pregnancy are a huge burden in KwaZulu-Natal that must be addressed.

The 2019 antenatal HIV prevalence in KZN of 40.9% is the highest in South Africa and has remained almost stagnant since 2013.[23] While While some improvement has been seen nationally with a decline in HIV prevalence among adolescent girls and young women aged 15 to 24 years, this age group still has a high rate of HIV incidence (1.5%).[23] Also of great concern is that KZN had the highest prevalence of unintended pregnancy at 60.6%, and even more worrisome is the 76.3% prevalence of unintended pregnancy among adolescent girls aged 15–19 years.[24]

Implementing and expanding AYFS, School Health initiatives, consistent and intensive public education and awareness campaigns, and increased access to a wide range of contraception options, could help to address the unmet need for contraception and the high rate of unplanned pregnancy in KZN. To improve these services, it is useful to leverage HIV programme work for a more comprehensive response to the needs of adolescent girls and young women.

The SA SURE PRO Project's technical assistance to strengthen health systems in the broader context of HIV care and treatment incorporates evidence-based, data-driven change ideas for interventions that support children and adolescents. Capacity-building for DoH colleagues is refined through continuous programme evaluation and implementation of quality improvement plans.

Layered activities include collaboration with Community Caregivers, School Health Teams, and the Department of Social Development to optimise service delivery for youth-focused programmes, and training of sub-granted partner staff for the establishment of functioning Youth Zones and AYFS in supported facilities.

Communities' need for and right to quality health services will prevail beyond the life of HST's donor-funded projects, and as a CDC Provincial and District Support Partner, HST is committed to working with stakeholders in ensuring the long-term sustainability of such services to achieve key outcomes.

Because South Africa's AYFS and CSE principles and programmes are in step with those of National Health Insurance, their successful application, monitoring, evaluation, refinement, and scale-up will benefit young people, communities, the health and school systems, and society as a whole.

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