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TITLE: SYNTHESIS REPORT FOR THE NORTHWEST PROVINCE: A RESEARCH EVIDENCE OF ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH

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LIST OF ACRONYMS AND ABBREVIATIONS

ICPD	International Conference on Population and Development
CS	Community Survey
GHS	General Household Survey
STATS SA	Statistics South Africa
SDGs	Sustainable Development Goals
ASRHR	Adolescent Sexual and Reproductive Health and Rights
STIs	Sexual Transmitted Infections
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
WHO	World Health Organization
RTIs	Reproductive Tract Infection
SADHS	South African Demographic and Health Survey
DOH	Department of Health
DOE	Department of Education

1. CHAPTER 1: INTRODUCTION

1.1. INTRODUCTION

The primary goal of the report is to summarise the work done on Adolescent Sexual and Reproductive Health (ASRH) in the North West Province and to identify knowledge and program gaps requiring further research and program of action. The rapid rise in adolescents' sexual activities has been argued to be an emerging concern in public health (Ibanga, 2020) in African countries. It has been reported that, in Sub-Saharan Africa, many sexual infections are sexually transmitted. Young people often have limited access to resources which gravely undermines their health and healthcare-seeking behaviour. Literature suggests that, most young people do not routinely seek appropriate sexual and reproductive health information and care (Neema et al, 2004).

Neema et al, (2004), described adolescent as a transition from childhood to adulthood. This period is characterised by emotional, biological, and psychological changes, putting adolescents at risk for early marriage, unwanted pregnancies, unsafe abortion, STIs, HIV/AIDS, sexual abuse and exploitation. Accordingly, young people are more likely to engage in sexual behaviour that puts them at risk for sexual transmitted infections (STIs), unwanted pregnancy, unsafe abortion, early marriage, and early childbearing (Neema et al, 2004).

As reported by Motsomi (2016), as of 2016, an estimated 16 million girls aged 15-19 years globally gave birth yearly. Teenage pregnancy rates were found to be varying across continents, with Europe (29 per 1 000 girls) being the lowest where sex is openly discussed, followed by Asia (58 per 1 000 girls) and Africa, where rates are highest (130 per 1 000 girls). Girls aged 15 to 19 years were reported to accounted for 11% of all childbirths worldwide, with 95% occurring in low-and middle-income countries. The highest birth rates among 15 to 19-year-olds were found in sub-Saharan Africa. In Sub – Saharan Africa, for countries like Uganda, the demand for adolescent sexual and reproductive health services has always continued to remain high for young people, as existing services have limited coverage and resources and

typically have not been scaled up to meet the needs of most young people (Neema et al, 2004).

1.2. BACKGROUND

Scholars described adolescence as being a complex stage in life that is characterised by conflicts among responsibilities, independence, and experimentation. Over and above, health and social problems are seen to be extended during this phase. The primary health issues among adolescents, as reported by World Health Organization (WHO) include early pregnancy, childbirth, HIV/AIDS, depression, violence, alcohol and drug abuse, intentional injuries, malnutrition, obesity, and tobacco use. Globally, it has been reported that adolescents account for 1.2 billion people globally, and 11% of all births worldwide are found to be girls aged 15–19 years. South Africa, as of 2019, reported an estimate of 9.68 million adolescents, with adolescent pregnancy rate being 47 births per 1000 females aged 15–19 per annum (Govender et al., 2019).

It has been argued that adolescent pregnancy and childbearing are increasingly recognised as a serious, worldwide public health concern. Furthermore, the maternal mortality rate associated with pregnant adolescents has been attributed to pregnancy, induced hypertension, HIV/AIDS, Tuberculosis, obstetric haemorrhaging, and medical and surgical disorders.

As reported by Statistics South Africa (2018), adolescent's fertility rate contributed to the provincial Total Fertility Rate (TFR) with 11% in 2001, which then increased to 14% in 2011. This classifies the North West province in the high fertility cluster in terms of adolescent childbearing. Sexual and Reproductive Health and Rights are argued to be important in strengthening development and for poverty eradication efforts to succeed. Majority of adolescents in the province were reported to be males at 59.97%, whilst almost half (47%) of adolescents were without Fathers in their Households. Furthermore, majority of adolescents in North West are Dr Ruth Segomotsi Mompati District accounting for about 18%. The median age for adolescents in the province is reported to be 14 years. Adolescents in the province are

engaged in this Sexual and Reproductive Health research because their needs differ from those of adults in three critical respects. Firstly, physical immaturity which can make them vulnerable to infections, specifically women. Secondly, their dependency upon parents and other careers can make a health-based decision–making more difficult. Thirdly, their risk perception may be underdeveloped.

Sexually active adolescents are at risk of STIs and HIV; adverse pregnancy outcomes, violence, mental health problems, etc. Several interventions were developed, including advocacies conducted in the province. It came out that young people are vulnerable in many ways which, including persistent child marriages among young women; Pre-marital entry into sexual life, which is observed among men and few young women; Adolescents' childbearing, unsafe, unwanted, or forced sexual relations, unplanned pregnancies and abortion; the risk of Reproductive Tract Infections (RTIs), HIV and other STIs; lack of awareness and lack of correct information about the risk of unwanted pregnancies; Peer and other social pressures; lack of skills to resist such pressures and to practice safe behaviour; lack of youth-friendly sexual health and counselling services; and poverty, traditional, cultural norms that give young people specifically women low social position and little power to resist persuasion or coercion into unwanted sex.

1.3. PROBLEM STATEMENT

Irrespective of efforts and interventions which are done to crack the Adolescents Sexual, and Reproductive Health challenges facing young people in the province, much still needs to be done. That is, problems still exist with teenage and adolescents unplanned pregnancies, abortions (legal and illegal), teenage fertility and unwanted and early sexual debut. The study is crucial as it will be taking count of all activities done around ASRHR, examining their impact and recommendations to determine the gap and recommend what needs to be done. The study is in response to the fight against the Sexual and Reproductive challenges faced by adolescents in South Africa with specific respect to the North West Province. The study aims at continuing raising the awareness of young and adolescents' Sexual and Reproductive Health needs. It

focuses on communicating new knowledge to broader audience including policymakers, health care providers and media. It also aims to stimulate the development of improved policies and programs serving young people.

1.4. THE OBJECTIVES OF THE STUDY

A key role is to communicate key findings from existing research on adolescents sexual and reproductive health in the Northwest Province.

1.4.1. Specific objectives

1.4.1.1. To synthesise key findings from previous studies on adolescent sexual and reproductive health in Northwest Province.

1.4.1.2. To identify information gaps to inform the development of future research in this area.

1.4.1.3. To highlight priority areas for programs and policies aimed at improving the sexual and reproductive health of young people.

1.5. RESEARCH QUESTIONS

1.5.1. What are key findings from previous studies on adolescent sexual and reproductive health in Northwest Province?

1.5.2. Are there information gaps to inform the development of future research in this area?

1.5.3. Are there priority areas to be highlighted for programs and policies to improve young peoples' sexual and reproductive health of young people?

1.6. RATIONALE OF THE STUDY

This study identified critical knowledge gaps which are recommended to inform the interventions and policy and program in the province regarding ASRHR. The study gave an overview of what has been done around ASRHR. Recommendations are done as a way of communicating new knowledge to policymakers, health – caregivers and media provincially, nationally, and internationally with the expectation that will stimulate the development of improved policies and programs that serve young people.

1.7. ORGANISATION OF THE STUDY

The study is planned as follows:

1.7.1. **CHAPTER ONE** - The first chapter is an introductory part of the study which introduced the study. This includes an introduction, background, statement of the problem, objectives of the study, research questions, the rationale/significance of the study, definition of operational concepts, and the organisation of the study.

1.7.2. **CHAPTER TWO** - This chapter focused on the literature related to (adolescent) Sexual and Reproductive Health issues.

1.7.3. **CHAPTER THREE –** This chapter comprised of methods and materials of research.

1.7.4. **CHAPTER FOUR** - This chapter encompassed the findings of the study.

1.7.5. **CHAPTER FIVE –** This chapter focused on conclusion and recommendations emanating from the study.

1.8. CURRENT POLICY AND LEGISLATIVE FRAMEWORK

The following pieces of legislations are recognised in connection with the study under review:

i. **The Constitution of the Republic of South Africa, 1996** which stipulated the basic human rights under Chapter 2 to address human development challenges.

ii. **The South African Population Policy, 1998**[1] intend to enhance the quality of life of the people through the provision of making available, reliable, and up-to-date information on the population and human development situation in the country to inform policy making and programme design, implementation, monitoring and evaluation at all levels and in all sectors. This can be read in conjunction with the Bill of Rights contained in Chapter 2 of the Constitution of the Republic of South Africa, which addresses social and human development issues.

iii. **National Integrated Sexual and Reproductive Health and Rights (SRHR) Policy:** The Department of Health (DOH) has developed a National Integrated

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[1] The White Paper on the South African Population Policy, 1998, South Africa

Sexual and Reproductive Health and Rights (SRHR) Policy. This policy addresses the many cross-cutting issues relating to SRH service provision, drawing together the principles, rights, and guidance for planning and implementation that underpin the provision of quality, comprehensive, and integrated SRHR services in South Africa. The National Integrated SRHR Policy is supported by several clinical and service delivery guidelines covering related programmatic areas, including the National Contraception Clinical Guidelines (Muller & MacGregor, 2013).

1.9 CONCLUSIONS

This chapter introduced the study, and it provided a background on the study area, and an overview of the Sexual and reproductive health issues globally, regional, national and provincial. In addition, the problem statement, objectives, research questions and justification of the study, and the study survey structure has been outlined with a methodological plan which guides the upcoming chapters.

2. CHAPTER 2: LITERATURE REVIEW

2.1. INTRODUCTION

The current chapter focuses on the literature related to Adolescent Sexual and Reproductive health and Rights (ASRHR). As of 2015, half of the population worldwide were estimated to be population under 25 years, with 1.8 billion people aged between 10 and 24 years. As estimated 90% of those were found in Low – and – middle – income countries (LMIC) and many experience poverty and unemployment. Some of the components which involve adolescents include the promotion of healthy sexual maturation as early as from pre – adolescence; the prevention and management of reproductive tract infections; prevention and management of complications of abortion, provision of safe abortion where the law permits, gender equality and elimination of harmful practices (Adogu et al, 2014).

As reported by Statistics South Africa (2019), teenage pregnancy is seen to poses a challenge to global society with a significant number of pregnancies being unplanned, which in any population can raise certain challenges. Furthermore, it has been argued that even if fertility is declining generally, teenage pregnancy has been reported to be moving on a slower declining pace and has been seen to be a problem in South Africa especially among school-going children. Odimegwu et al. (2018) in Statistics South Africa (2019) reported a visible decline in adolescent pregnancies with about 30% in 1984 to 23% in 2008 but in the year 2016 there was a 13,6% of registered births in the country among adolescent girls which seem to be a concern. They have then consensus that teenage pregnancy concerns in South Africa are not agreeable, and they have far-reaching implications.

2.2. Conceptualization of Adolescents

Various terms are often used to categorise young people, that is, ages 10 – 19 where 10 – 14 years are categorised as early adolescents and 15 - 19 as late adolescents. According to Statistics South Africa (2018), the term adolescent refers to the

population aged 10–19. However, youth is referred to those aged 15 – 34 years while 10 – 24 years as young people.

Adolescent Sexual and Reproductive Health and Development (ASRHD) was identified as a priority area by the Family and Community Health Cluster of World Health Organisation (WHO) in 2006. ASRHD received a wide-ranging attention during the 1990s as an area of policy and programming at both political and operational level (Couch et al, 2006). In their review, Couch et, (2006) the focus was on social and contextual factors which affect adolescent sexuality, sexual risk taking, sexual vulnerability and related behaviours.

2.3. GLOBAL OVERVIEW

Accordingly, adolescents who have reported to have ever had sex or being currently sexually active, are more likely to be or have been married than boys in the same age category (Adoju et al, 2014). Wamoyi et al (2014) reported that about a decade ago the Sub-Saharan African Region continued to bear the brunt of the HIV epidemic, with two thirds of those infected residing in the region. The burden is women and girls were reported to be the most affected at about 60% of those people which were living with HIV from the region. However, young people aged between 15 and 24 years accounted for an estimated 45% of new infections globally with women reported to be more infected than men. According to Motsumi et al. (2016), the highest birth rates among 15- to 19-year-olds are found in sub-Saharan Africa.

As argued by Statistics South Affrica, recently adolescents have been reported to have benefited from the gains in child survival, improved education, access to safe water, and other areas of development that were driven to meet the Millennium Development Goals and the human development targets at the core of the Declaration. It has been known that adolescents are protected under the Convention on the Rights of the Child, yet their vulnerabilities and needs often remain unaddressed compared to other segments of the children population. Therefore, adolescents' vulnerabilities include

teenage pregnancy, mortality, migration, HIV and AIDS, and sexual reproductive health.

According to WHO (2019), an estimated 21 million girls aged 15 to 19 years in developing regions become pregnant every year, and approximately 12 million of them gave birth. Estimates also suggest that 2.5 million girls aged under 16 years give birth every year. Globally, adolescent fertility has declined from 56 births per 1000 adolescent women in 2000 to 45 births in 2015 and 44 births in 2019. However, the level of adolescent fertility has remained high in sub-Saharan Africa, at 101 births per 1000 adolescent women. As reported, majority of adolescent births occur in low and middle-income countries.

The decline in the adolescent birth rate has been seen to be almost universal since the year 1990. As per UN (2015) estimates Africa is the highest adolescent birth rate and the decline over time has been slow. It has also been argued that an estimated 1,3 million deaths occurred worldwide amongst adolescents (10–19 years) (WHO, 2014). Accordingly, empirical evidence indicates that road injuries, AIDS-related causes, suicide, lower respiratory infections, and interpersonal violence were the top five leading causes of death in adolescents and young people in 2012 (ibid). In 2012, an estimated 1,3 million deaths occurred worldwide amongst 10–19-year-olds; however, there has been a drop in the adolescent mortality rate from 126 deaths per 100 000 in 2000 to 111 per 100 000 in 2012 (ibid). Despite this overall decline in mortality, the estimated number of global AIDS-related deaths amongst adolescents aged 10–19 has nearly tripled from 21 000 in 2000 to 60 000 in 2014 (UNAIDS, 2014).

2.4. SOUTH AFRICAN CONTEXT

As reported by Mulaudzi et al. (2018) as of 2015, there were about 7.1% of young South Africans aged 15–24 who were infected with HIV, reported at an adolescent-friendly HIV counselling and testing (HCT) centre in Soweto, with 4% of young people aged 15–24 being HIV infected in 2015. Mulaudzi et al. (2018) further reported that

literature reported that South Africa have been seen to have high rates of unintended adolescent pregnancies by previous studies. Additionally, in 2012, 3.9% of pregnant adolescent girls aged below 15 years and 19.3% of young women aged 15–24 years, were reported to be HIV-positive in South Africa. It has been argued that young people in South Africa continuing to face barriers when accessing sexual and reproductive health services. Commonly cited barriers include lack of confidentiality and privacy, long waiting times (often with adults from the same community), inconvenient operating hours, the remote location of clinics, and a fear of parents finding out about clinic visits. Service provider attitudes have been widely reported as hindering adolescents' access to health services, and studies indicate that adolescents tend to avoid health facilities because of the unfriendly, judgmental attitudes of healthcare workers.

As pointed out by Mulaudzi et al. (2018), increased access to and acceptability of sexual and reproductive healthcare among adolescents, achieved through adolescent-friendly services, are a priority for the South African Department of Health (DoH). Mulaudzi et al. (2018) referred adolescent-friendly services as services that are prompt, geographically accessible and welcoming, and that can assure adolescents of confidentiality. Evidence suggests that, about 16% of women ages 15 – 19 in South Africa began childbearing, 12% have given birth, and another 3% were pregnant with their first child in 2017 (NDoH, Stats SA, SAMRC and ICF, 2017).

2.5. ADOLESCENT MARRIAGE

As reported by Mobolaji et al, (2020), globally 39,000 girls under the age of 18 years were married daily which made up to 14.2 million girls annually. Furthermore, more than 700 million women alive worldwide were reported to be married before they reached age 18. Sub – Saharan Africa is reported amongst the regions with the highest prevalence of girl-child marriages. The fact of the matter is early marriage violates the human rights of the girl-child; it increases her risk of maternal morbidity and mortality and robs her of educational and developmental opportunities.

Mobolaji et al (2020) noted the global consensus which is to end girlchild marriage and Target 5.3 of the Sustainable Development Goals (SDGs) which is to "eliminate all harmful practices, such as child, early and forced marriage and female genital mutilations by 2030. As they further pointed it out, ending girl-child marriage has the potential to contribute to eight SDGs, which includes those addressing poverty (goal 1), good health and well-being (goal 3), inclusive and quality education (goal 4), gender equality (goal 5), and economic growth (goal 8). Nevertheless, progress in reducing child marriage rate has so far been quite slow in sub-Saharan Africa. As reported, child marriage worldwide is associated with inequitable gender norms, which are deeply engrained in local socio-cultural context and associated with poverty, low educational level and rural location (Mobolaji et al, 2020).

2.6. CHALLENGES FACED BY ADOLESCENTS

As at around 2006, Couch et al, (2006) reported that majority of adolescents had no idea on how HIV is transmitted or even how they can protect themselves. However, even those who had knowledge were found to be to HIV infection. Challenges faced by young people among others were forced sex trade and early debut at sex workers (prostitute), mistimed pregnancies, early unmarried pregnancies around ages 15 and 19 years. According to Morris and Rashawn (2015), some of the challenges faced by adolescents across the world include early pregnancy and parenting, difficulties accessing contraception and safe abortion, and high rates of HIV and sexually transmitted infections. As reported various political, economic, and sociocultural factors restrict the delivery of information and services. Furthermore, health care workers often act as barrier to care by failing to care by failing to provide young people with supportive, non- judgemental and youth – appropriate services.

According to Wamoyi et al (2014), young people's sexual behaviour can be influenced by their social and economic context. They further reported that those aspects which increase or decreases the susceptibility of young people include gender issues in relationships and families, social norms and poverty. Sub-Saharan countries are

mostly rural and poor, this leads young poor women to engage in transactional sexual activity with multiple partners or agree to unsafe sex or high-risk sexual practices such as anal sex.

2.7. PREGNANCY, CONTRACEPTION AND ABORTION

According to Adogu et al, (2014) sixteen million girls aged 15 – 19 give birth each year, which was estimated to be around 11 % of all births worldwide, with 95% of these births occurring in LMICs. Furthermore, pregnancies among unmarried adolescent mothers are more likely to be unintended and end in induced abortion, coerced sex contributed to unwanted adolescents' pregnancies. It has been argued further that adolescents are facing a high risk of complications and deaths because of pregnancy than older women. Associated complications for adolescents include among others, anaemia, malaria, HIV and other STIs, postpartum haemorrhage, and maternal disorders such as depression. The fact is pregnancy and delivery for girls who have not completed their body growth expose them to problems that are less common in adult women. That is, 9% - 86% of women with obstetric fistula develop the condition as adolescents, with traumatic often lifelong consequence (Adogu et al, 2014; Morris and Rushwan, 2015).

As reported, the low socio-economic status, substance abuse, and the likelihood of receiving low and /or inadequate prenatal care are associated with pregnant adolescents. Furthermore, poor outcomes for the offspring of adolescents' mothers are well documented and include higher rates of preterm birth, low birth weight and asphyxia, and perinatal and neonatal mortality. Globally, it is estimated that more than 220 million women in LMICs had an unmet need for family planning. Whereas there has been a slightly higher increase in the use of contraceptives among adolescents than older women, they are more affected by contraceptive failure and discontinuation rates, and use of traditional methods of contraception are still notable (Adogu et al, 2014; Morris and Rushwan, 2015).

2.8. FACTORS INFLUENCING ADOLESCENTS' PREGNANCY

According to WHO (2019b), in many places girls choose to become pregnant because they have limited educational and employment prospects and given that motherhood is valued, marriage/union and childbearing may be the best of the limited options they have. And that, adolescents who may want to avoid pregnancies may not be able to do so because they have knowledge gaps and misconceptions about contraceptives such as the area where to obtain contraceptive methods and how to use them. The other thing is that they may also be unable to obtain contraceptives, and to use them correctly. Evident to that, is that the estimates suggest that approximately half of pregnancies to girls aged 15-19 in developing regions are unintended. Sexual violence has also been reported as one of the causes of unintended (and unwanted) pregnancy, which is widespread. As reported by WHO (2019b) more than a third of girls in some countries report that their first sexual encounter was coerced.

According to Adogu et al. (2014), unplanned pregnancies which includes teenage pregnancy result from factors such as poverty; early sexual debut; a lack of knowledge about menstruation and pregnancy; a lack of access to, and knowledge about how to use contraceptives; difficulties in using contraceptives because of a partner's or family's objection; contraceptive failure and sexual assault. Factors such as unemployed mother, early puberty, absence of sex education and being out-of-school, are identified as major risk factors to adolescent pregnancy rates, in countries such as Congo. Other important factors increasing the prevalence of unintended pregnancy among adolescents are early sexual debut and coerced sex. That is, early sexual debut and coerced sex are more prevalent in those with low educational status and is associated with increasing level of teenage pregnancy among out-of-school compared to those in school.

2.8.1. PARENT – CHILD COMMUNICATION

As argued by Motsumi et al. (2016), communication between parents and adolescents about sexual and reproductive health matters leads to increased awareness on sexual and reproductive matters and is protective for adolescent sexual and reproductive

health. Furthermore, previous research has found that adolescents prefer talking to their parents about sex, yet such discussions are rare, and they learn about sexual matters from other sources including mass media and peers. Previous studies have also shown that children who discussed sex with their parents were less likely to engage in unsafe sexual behaviours. Closer ties and communication between parents and their children are positively associated with reduced levels of risk taking among adolescents. Accordingly, parents do not often communicate about topics with their children because they feel embarrassed and experience discomfort when doing so.

2.8.2. CONSEQUENCES OF ADOLESCENTS PREGNANCIES

Adolescent childbearing has been reported to have health risk for both the mother and the child. Some of the risk factors include toxaemia, hemorrhea, anaemia, infection especially HIV, malnutrition, cephalon – pelvic-disproportion, obstructed labour, Vesicovaginal fistula, low birth weight and perinatal and maternal mortality (Adogu et al, 2014). Early pregnancies among adolescents have major health and social consequences. As reported by WHO (2019b) on health consequences, pregnancy and childbirth complications are the leading cause of death among girls aged 15–19 years globally, with low- and middle-income countries accounting for 99% of global maternal deaths of women aged 15–49 years. Furthermore, adolescent mothers aged 10–19 years face higher risks of eclampsia, puerperal endometritis, and systemic infections than women aged 20–24 years.

Additionally, some 3.9 million unsafe abortions among girls aged 15–19 years occur each year, contributing to maternal mortality, morbidity, and lasting health problems. Early childbearing has however been seen to increase risks for newborns as well as young mothers. That is babies born to mothers under 20 years of age face higher risks of low birth weight, preterm delivery and severe neonatal conditions. Social consequences for unmarried pregnant adolescents may include stigma, rejection or violence by partners, parents and peers. Girls who become pregnant before the age of 18 years are more likely to experience violence within a marriage or partnership.

Adolescent pregnancy may also jeopardize girls' future education and employment opportunities (WHO, 2019b).

2.8.3. CONSEQUENCES OF ADOLESCENTS SEXUAL BEHAVIOURS

According to Hallman (2004), the relative economic disadvantage among adolescents is found to significantly increase the likelihood of a variety of unsafe sexual behaviours and experiences. Hallman (2004) further argued that the low socio-economic status not only increases female odds of exchanging sex for money or goods, but it also act to raise the female chances of experiencing coerced sex, and male and female odds of having multiple sexual partners in the year before the survey. It has also been claimed to lower the female chances of secondary abstinence in the year before the survey, female and male age at sexual debut, condom use at last sex, and communication with most recent sexual partner about sensitive topics.

Accordingly, low socioeconomic status has more consistent negative effects on female than on male sexual behaviours; it also raises female risk of early pregnancy. In relation to wealth and other factors, orphanhood confers added risk for unsafe sexual behaviours. Poorer young people, especially females, also have access to significantly fewer media sources for family planning information. In a study conducted by Hallman (2004) among young women and men in South Africa regarding the socioeconomic disadvantage and unsafe sexual behaviours, the study concluded that greater attention needs to be paid to how economic and social disadvantages influence the appropriateness and effectiveness of HIV prevention programs for young people.

Given the stage of the HIV/AIDS epidemic in South Africa, however, the number of orphans is expected to increase greatly in the next decade, so the joint findings on poverty and orphan status are important for planning appropriate prevention and support responses. Interactions between gender and poverty were found to have crucial influences on behaviour that is the negative effects of low wealth were often larger and of greater statistical significance for females than males. Enhancing female

negotiation and communication skills is a starting point, but poor young women also need strategies for building economic and social assets, so they are in stronger bargaining positions within sexual, peer, and family relationships.

2.8.4. WHAT CAN BE DONE?

2.8.4.1. The Use of Contraceptives

It well known and recognised that contraception enables people to make informed choices about their sexual and reproductive health. As reported by WHO (2019), in 2017 it was estimated that about 214 million women of reproductive age in developing regions who wanted to avoid pregnancy were not using a modern contraceptive method. Furthermore, the use of modern contraceptives in 2017 was reported to have prevented an estimated 308 million unintended pregnancies. It then argued that, meeting all women's need for modern methods of contraception would prevent an additional 67 million unintended pregnancies annually. Additionally, a total of 15 million adolescents were found to be using modern contraceptive methods, with 23 million having an unmet need for modern contraception and are thus at elevated risk of unintended pregnancy (WHO, 2019).

According to WHO (2019), contraception is argued to offer a range of potential benefits that encompass economic development, maternal and child health, education, and women's empowerment. Furthermore, is has been maintained that family planning, most fundamentally, advances human rights and it reinforces people's rights to determine the number and spacing of their children. Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through information, education, and the use of contraceptive methods. WHO (2019) maintains that the promotion of family planning and ensuring access to preferred contraceptive methods for women, girls and couples, is essential in securing the well-being and autonomy of women, while supporting the health and development of communities.

The prevention of unintended pregnancies results has been reported to subsequently decrease maternal morbidity and mortality. Since contraception is seen to allow spacing of pregnancies, delay pregnancies in young girls who are at increased risk of health problems from early childbearing, and to prevent pregnancies among older women who are also facing increased risks. Contraception is important as it enables women who wish to limit the size of their families to do so. Therefore, reducing rates of unintended pregnancies, contraception also reduces the need for unsafe abortion. Contraception is a low-cost and effective way to save lives among women (WHO, 2019).

The general view is that family planning prevents maternal deaths by reducing the number of times a woman is exposed to the risks of pregnancy; by helping women to avoid unintended and closely spaced pregnancies; by helping women avoid more than 4 births, or births after 35 years of age. Contraceptive use among women and girls can prevent unsafe abortions by reducing the number of unintended pregnancies. As reported, family planning and contraception can prevent closely spaced and ill-timed pregnancies and births, which is highly likely to contribute to some of the world's highest infant mortality rates. Closely spaced births result in higher infant mortality. WHO (2019) reasoned that family planning and contraception enables people to make informed choices about their sexual and reproductive health and creates an opportunity for women for enhanced education and participation in society, including paid employment.

2.8.4.2. Reducing adolescent pregnancies

According to WHO (2019), preventing unintended pregnancy is essential to improving adolescents' sexual and reproductive health and their social and economic well-being. Pregnant adolescents are more likely to have preterm and low birth-weight babies. Additionally, babies born to adolescents have higher rates of neonatal mortality. Consequently, many adolescent girls who become pregnant must leave school. This has long-term implications for them as individuals, their families, and communities at

large. It is important that contraceptive methods are widely available and easily accessible to anyone who is sexually active, including adolescents.

2.9. KEY BARRIERS TO USE SEXUAL AND REPRODUCTIVE HEALTH SERVICES

2.9.1. Limited access to information and services

It has been argued that generally young people do not have adequate access to appropriate information and services about sexual and reproductive health issues. Accordingly, social and cultural norms impose barriers to the transfer of sexual health information. Political instability has also created a heightened concern on the future course of development. Physical access has been seen to be a major problem in most of the countries globally, access is said to be affected by inadequate quality of care, supply and distribution problems, lack of awareness, weak outreach, poverty and some socio-cultural practices that are not conducive to effective utilization of services. It has also been suggested that young people always want to be able access sexual and reproductive health information and services without being exposed to public inspection (Regmi et al, 2008).

2.9.2. Lack of confidentiality

Young people's confidentiality is not respected by many, it is in that way argued that confidentiality has been greatly associated with the utilization of sexual health services among young people. There is good evidence for the effectiveness of respecting young people's confidentiality in preventing teenage pregnancy it allows them access and liberty to do so. It is therefore calls for in-service awareness training of staff who delivers sexual health information and services. According to Regmi et al. (2008) staff should be trained on principle of confidentiality and informed consent, which helps to encourage young people to get the sexual and reproductive health services.

2.9.3. Lack of youth-friendly services

Accordingly, youth friendly services play a significant role to disseminate sexual health information and service. It has been suggested that government health clinics should receive such information and services although private clinics have been on the rise

but not affordable to all. Schools, colleges, and health clinics should practice that to avoid a situation where young people absent themselves from their school/college if they need some sorts of sexual health information and services. This suggests opening the sexual health clinics during weekends and holidays for school going adolescent and young people. It is further suggested that the service delivery centre should be in the convenient place where young people can reach easily (Regmi et al, 2008).

2.10. NON-DISCRIMINATION AND EQUALITY

2.10.1. Human rights and public health rationale

It has been argued that the "human rights principle of non-discrimination obliges states to guarantee that human rights are exercised without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status such as disability, age, national, marital and family status, sexual orientation and gender identity, health status, place of residence, economic and social situation. Discrimination however is seen to poses a serious threat to sexual and reproductive health for many people, including women, sexual minorities, refugees, people with disabilities, rural communities, indigenous persons, people living with HIV/AIDS, sex workers, and people held in detention. Subsequently, the legal or social restrictions on women and girls to take decisions regarding their sexual and reproductive health and lives, is a manifestation of discrimination based on sex, and often contributes to poor physical and mental health. People who live in rural areas may not have access to the same sexual and reproductive health services as people in urban areas, thus being discriminated against on the grounds of place of residence. Discrimination on the grounds of age or other (Regmi et al, 2008).

2.11. CONCLUSION

The chapter reviewed literature related to Adolescents Sexual and Reproductive Health and Rights globally, nationally, and provincial. Factors relating to ASRHR were also reviewed and challenges thereof were identified and discussed.

3. CHAPTER THREE (3): METHODOLOGY

3.1. INTRODUCTION

The current chapter focused on the methodology of the study under investigation. The study was based on both quantitative and qualitative approaches as the study is interested in both numbers and people's expression or opinions regarding Sexual and Reproductive Health and Rights among young people. The chapter is comprised of methods of research, data sources and data analysis concerning the study under review.

3.2. METHODS OF RESEARCH

To understand the Sexual and Reproductive Health situation and identify neglected themes and factors that compromise the Sexual and Reproductive Health and Rights of young people, the study employed both review and research synthesis type of analytical research. Analytical Research is argued to be relative to carrying out analysis on the certain phenomenon with the help of analytical tools. This type of research is relevant for this study as it uses already available facts and information; analyses them to make a critical evaluation which is the focus thereof. Review as a type of analytical research involves the search of meta-analysis of quantitative methods of study. It also relates to making a formal assessment of various research with the intention of making any useful change or conclusion if necessary.

Research synthesis involves a summary of the facts related to the research question. Two or more research studies are assessed (Pawar, 2021; Wyborn et al., 2018; Mishra & Alok, 2017). This is important for this study as the study mainly aims at synthesising research and programs done in the province regarding Sexual and Reproductive Health among adolescents in order to identify gaps for improvement and policy stimulus.

3.2.1. DATA SOURCE

The study was based on secondary data sources from national and provincial surveys. These surveys include, among others, the South Africa Demographic and Health Surveys, Community Surveys and other research studies conducted by Statistics South Africa and other Government departments, academic institutions, and non-government institutions. Primarily, the study was based on reports which include

Northwest profile, a profile of the adolescents, a SADHS report, published and unpublished reports conducted by different departments, presentations done in different departmental settings, etc. Additionally, a database of any intervention undertaken by government and non – governments departments will be collected, summarised, and analysed.

The Recorded Live Births (RLB) dataset provides information on all registered live births in South Africa. The RLB dataset is part of a regular series of cumulative releases that is published by Statistics South Africa (Stats SA) and based on data collected through the civil registration system. RLB 1998-2020 is the latest release in the series, which replaces and includes the data of the previous release (i.e. RLB 1998-2020 includes the data from RLB 1998-2019). The main objective of this dataset is to outline emerging trends and differentials in birth occurrence and registration, by selected socio-demographic and geographic characteristics, in South Africa over time. Reliable birth statistics are necessary for population health assessment, health policy, service planning and programme evaluation. These data are particularly critical for planning, implementing and monitoring development policies and programmes such as the National Development Plan (NDP) in South Africa, Agenda 2063 at regional level and the Sustainable Development Goals (SDGs) at international level.

3.2.2. METHODS OF DATA COLLECTION

3.2.2.1. DATA MANAGEMENT TOOLS

Data management tool's role is to combine and manage data from different data sources. It extracts, cleans, transforms, and integrates data without compromising on integrity so that it can be accessed in an easy – to – use format.

3.2.2.2. ACCESS TO DATA

Data for the current study was obtained from the identified stakeholders/ institutions. The study identified and nominated stakeholders. Subsequently, their acceptance was considered as a permission to access data from their institution. A data collection tool in a form of questionnaire was developed as a guide to access information from the

stakeholders. The questionnaire guide with thematic questions was distributed to institutions to gather information on what has been done with regards to ASRH.

3.3. DATA ANALYSIS

In terms of data analysis, the techniques which were applied were descriptive. A crucial step between researching and writing (or creating) is organising your notes so that you form connections between your sources and your thoughts and ideas. As it has been pointed out earlier, this study is based on synthesis research which requires a synthesis related analysis. According to Wyborn et al (2018), synthesis is a form of analysis related to comparison and contrast, classification, and division. It further involves bringing together two or more sources and looking for each theme. In synthesis, you search for the links between various materials to make your point.

Additionally, research or scientific synthesis is defined as the integration and assessment of knowledge and research findings pertinent to a particular issue to increase the generality and applicability of, and access to, those findings. However, synthesis of existing research and case studies can also generate new knowledge. As synthesis efforts often bring together different academic and non-academic forms of knowledge and evidence, this is the format in which this study is moving as discussed earlier in this study (chapters 1 & 3). Assumptions underpinning the value of syntheses are multiple (Wyborn et al., 2018). The following route map of analysis is taken:

3.3.1. DATA EXTRACTION

It means collecting information from the selected studies. Data was extracted in a systematic way. The type of information which was collected from the selected studies relates to information about the study's methods and results. This data as stated above is collected with the use of a questionnaire (Manhas, 2017).

3.3.2. APROACHES IN SYSNTHESISING DATA

Narrative or qualitative and quantitative methods are applied in this study. Narrative approach summarises the information in words while quantitative use statistical methods to summarize and compare data from the selected studies. With the use of narrative synthesis, data from the included studies were described. Gathered evidence was explained further where similarities and differences between the study findings were explored in a systematic way (Manhas, 2017).

3.3.3. DEVELOPMENT OF A THEORY: THEORY OF CHANGE – (PROBLEM TREE)

The theory of change was developed and applied which describes "the chain of causal assumption that link the ASRH programme resources, activities, intermediate outcomes, and ultimate goals." The main concerns are how the ASHR interventions works, why and for whom (Manhas, 2017).

3.3.4. DEVELOPING A PRELIMINARY SYSNTHESIS OF FINDINGS OF THE INCLUDED STUDIES

The preliminary synthesis was developed with the purpose of initial description of the results of the included studies. The preliminary synthesis was interrogated to identify factors that have influenced the results reported in the included studies (Manhas, 2017).

3.3.5. EXPLORING RELATIONSHIP IN THE DATA

The study identified factors which explained differences in direction and size of effect across the included studies. This is the point where the study was able to explore the relationships within and across the included studies relating to Adolescent Sexual and Reproductive issues (Manhas, 2017).

3.3.5.1. Assessing the robustness of the synthesis

The notion of robustness in relation to evidence synthesis is complex. Most straightforwardly robustness can be used to refer to the methodological quality of the

primary studies included and/or the trustworthiness of the product of the synthesis process. At this instant, the study assessed the quality of methods used in the included research and programs (Manhas, 2017).

3.4. LIMITATIONS

One of the pointed limitations of the study is no having access to dependable and quality data on other issues such as Gender Based Violence which is either inaccessible or non – existed.

3.5. ETHICAL CLEARANCE

3.5.1. PROTECTION OF PERSONAL INFORMATION

Non-identifying health information" is information from which identity cannot be readily ascertained. Accordingly, the custodians are expected to first consider whether the collection, use or disclosure of "aggregate health information" would be adequate for the intended purpose. If adequate, only aggregate health information should be collected, used or disclosed, in that sense the "Aggregate health information" would mean non-identifying health information about groups of individuals with common characteristics. Such information is generally statistical information of the type that is virtually impossible to identify to the single individual, unless the cell or sample size is very small (Manhas, 2017).

3.6. CONCLUSION

This chapter focused on methods of data collection employed for this study. The upcoming chapter is based on the findings of the study which will outline and discuss the profile of the adolescents in the province, analyse the studies conducted in the Northwest Province in Sexual and Reproductive Health.

4. CHAPTER 4: FINDINGS

4.1. INTRODUCTION

The previous chapter discussed methods of research and models. This chapter discusses findings. The current chapter therefore analyses profile of adolescents' population in the North West province looking at its demographic characteristics, socio – economic status and household structure.

4.2. DEMOGRAPHIC PROFILE OF ADOLESCENT

This section presents the demographic profile of adolescents in the North West province. As reported by Stats SA (2022), a total of 4 108 816 which constitute 17.7% of the total population of the North West province in the year 2020 were adolescents aged between 10 and 19 years. Furthermore, South Africa reported 106 538 Recorded Live births with North West accounting for 6.3% share (6 730) at the end of 2019. South Africa reported a total of 129 223 deliveries among adolescents based on the District Health Information System with the province reporting a total of 8 044 which is 6.2% of the total reported births delivered in public health facility in the country.

North West reported an increasing proportion of termination of pregnancies among adolescents from 7.2% in 2017 to 8.5% in 2018 and then 11.3% in 2019. Based on the causes of death reported there were 598 deaths reported among adolescents in 2018 with 415 being natural and 183 being non – natural causes of deaths. However, out of those reported, a total of 227 deaths were related to HIV as a cause of deaths among adolescents in the North West Province (Stats SA, 2022). With the use of the 1998 and 2016 South African Demographic and Health Survey(s), the South African nation reported 86.8% for 1998 and 87.7% for 2016 adolescents aged 15 – 19 years who had never given birth or reporting a total of zero children per woman. However, those reporting a total of one child decreased from 12.6% in 1998 to 11.5% 2016 while those reporting a total of 2 and more children increased from 0.6% in 1998 to 0.8% in 2016 (Stats SA, 2020).

4.2.1. POPULATION CHANGE

Table 1: Distribution of respondents by Population Size, Annual Average Growth Rate (AAGR), Population Percentage Change (PPC) and Sex Ratio (SR).

YEAR	Pop Size	Average Annual Growth Rate (AAGR) (P2 – P1)	Pop Percentage Change (PPC) P2 – P1/P1 *100	Sex Ratio = Male/Female*100
2020	**726792**	N/A	N/A	101.3
2021	**741294**	14 502	2.0	101.4
2022	**765272**	23 978	3.2	101.6
2023	**779146**	13 874	1.8	101.6

Source: Mid-Year Population Estimates

Table 1 present distribution of population by total number of Adolescents, Average Annual Growth Rate (AAGR), Population Percentage Change (PPC) and Sex Ratio of adolescents in the North West Province. As presented in table 1 above the proportion of adolescents has been increasing since the year 2020 from 726 792 to 741 294 in 2021, further to 765 272 in 2022 and later has been estimated to be 779 146 in the year 2023. The Average Annual Growth Rate reveals that the adolescent population has been growing positively since 2020, it has doubled or almost doubled in 2022 from 14 502 in 2021 to 23 978 in 2022, which is estimated be half at 13 874 in 2023. The sex ratio has been estimated to be between 101.3 to 101.6 between 2020 and 2023, which still indicates that there are more females than males at 101.6 per 100 female adolescents in the province.

4.2.2. Age of respondents by population group.

Table 2: percentage distribution of respondents by age and Population Group.

POPULATION GROUP	AGE OF ADOLESCENTS		
	10-14	**15-19**	**Total**
Black African	4 394 841 (84.7%)	4 280 505 (83.9%)	8 675 347 (84.3%)
Coloured	432 046 (8.3%)	435 718 (8.5%)	867 763 (8.4%)
Indian/Asian	94 389 (1.8%)	97 503 (1.9%)	191 893 (1.9%)
White	268 527 (5.2%)	290 756 (5.7%)	559 283 (5.4%)

Total	**5 189 803 (100%)**	**5 104 482 (100%)**	**10 294 285 (100%)**

Source: Census 2011

As presented in table 2 above majority of adolescents aged between 10 and 14 years as in 2011 were found to be black/African at 84.7%, followed by coloureds with 8.3%, then whites with 5.2% and then Indians at 1.8%. The same trend was observed for those aged between 15 and 19 years and overall.

4.2.3. Age in Single Years by Population group

Table 3: Percentage distribution of respondents by age in single years and population group

AGE	POPULATION GROUP				Total
	African/Black	Coloured	Indian/Asian	White	
10	83 356 (98.4%)	1 382 (1.6%)	0	0	84 738 (100%)
11	88 522 (98.0%)	0	1 813 (2.0%)	0	90 335 (100%)
12	77 513 (96.0%)	1 692 (2.1%)	0	1 538 (1.9%)	80 743 (100%)
13	71 343 (96.0%)	1 225 1.6%)	1 780 (2.4%)	0	74 348 (100%)
14	70 625 (98.1%)	1 382 (1.9%)	0	0	72 007 (100%)
15	91 983 (89.3%)	2 869 (2.8%)	3 104 (3.0%)	5 027 (4.9%)	102 982 (100%)
16	83 246 (95.0%)	0	1 788 (2.0%)	2 613 (3.0%)	87 647 (100%)
17	76 793 (89.5%)	0	0	8 977 (10.5%)	85 770 (100%)
Total	**643 381 (94.8%)**	**8549 (1.3%)**	**8484 (1.3%)**	**18 155 (2.7%)**	**678 570 (100%)**

Source: Survey of Activities of Young People 2019

Table 3 present age of adolescents in single years by population group using the 2019 Survey of Activities of Young People, it has been shown that for all ages, most respondents were Blacks.

4.2.4. Trend in Adolescents by 5 – year Age groups and Sex

Table 4: Percentage distribution of adolescents by age group and sex

AGE	SEX OF RESPONDENTS		Both
	Male	Female	
	2011		
10 – 14	156 197 (49.1%)	147 516 (48.8%)	303 713 (49.0%)
15 – 19	161 776 (50.9%)	154 756 (51.2%)	316 532 (51.0%)
Total	317 973 (100%)	302 272 (100%)	620 245 (100%)
	2016		
10 – 14	167 772 (48.7%)	167 887 (49.6%)	335 658 (49.1%)
15 – 19	177 002 (51.3%)	170 518 (50.4%)	347 520 (50.9%)
Total	344 774 (100%)	338 405 (100%)	683 179 (100%)
	2020		
10 – 14	202 312 (55.3%)	199 865 (55.4%)	402 177 (55.3%)
15 – 19	163 479 (44.7%)	161 136 (44.6%)	324 615 (44.7%)
Total	365 791 (100%)	361 001 (100%)	726 792 (100%)
	2021		
10 – 14	204555 (54.8%)	201495 (54.7%)	406050 (53.4%)
15 – 19	168689 (45.2%)	166555 (45.3%)	335244 (46.6%)
Total	373244 (100%)	368050 (100%)	741294 (100%)
	2022		
10 – 14	206015(53.4%)	202049 (53.2%)	408065 (53.3%)
15 – 19	179 636 (46.6%)	177570 (46.2%)	357207 (46.7%)
Total	385 651 (100%)	379619 (100%)	765272 (100%)
	2023		
10 – 14	205 573 (52.3%)	201 343 (52.1%)	406 916 (52.2%)
15 – 19	187 122 (47.7%)	185 108 (47.9%)	372 230 (47.8%)
Total	392 695 (100)	386 451 (100%)	779 146 (100%)

Source: Census 2011, Community Survey 2016, Mid-Year Population Estimates (MYPE)

Trends in adolescents between 2011 and 2023 is presented in table 4 above. As observed in table 4 above for 2011 and 2016 majority of male respondents were found to be in the age group 10 – 14 at just below 50% with 49.1% and 48.7% respectively, whilst for other years age group 15 – 19 had the highest proportion accounting for more than 50%. As for female counterparts the same trend has been observed with age group 15 – 19 years taking the higher proportions for the resent years, and this the general picture for the province.

4.2.5. Adolescents' Age by single years and Sex

Table 5: Percentage distribution of respondents by age in single years and sex

AGE	SEX OF RESPONDENTS		Total
	Male	Female	
10	37677 (11.2%)	47061 (13.7%)	84738 (12.5%)
11	48361 (14.4%)	41974 (12.2%)	90335 (13.3%)
12	35271 (10.5%)	45471 (13.3%)	80743 (11.9%)
13	37426 (11.2%)	36922 (10.8%)	74348 (11.0%)
14	37973 (11.3%)	34034 (9.9%)	72007 (10.6%)
15	59729 (17.8%)	43253 (12.6%)	102982 (15.2%)
16	33468 (10.0%)	54179 (15.8%)	87647 (12.9%)
17	45557 (13.6%)	40214 (11.7%)	85770 (12.6%)
Total	335462 (100%)	343108 (100%)	678570 (100%)

Source: Survey of Activities of Young People 2019

Table 5 above present percentage distribution of respondents by single years and sex using the 2019 Survey of Activities of Young People. Most of male adolescents were found to be aged 15 years at 17.8% followed by those aged 11 years and 17 years at 14.4% and 13.6% respectively. As for female adolescents most were aged 16 years at 15.8% followed by those aged 10 and 12 years at 13.7% and 13.3% respectively. Generally, most were reported to be in ages 15 with 15.2%; 11 with 13.3%; and 16 with 12.9%, 10 with 12.5% and then 17 with 12.6%.

4.2.6. Educational level by age of respondents

Table 6: percentage distribution of respondents by current school attendance, highest level of education and age group.

CURRENT SCHOOL ATTENDANCE - YES			
Highest level of education	AGE - 5-YEAR AGE GROUPS		
	10-14	15-19	Total
No schooling	103 (0.03%)	290 (0.1%)	393 (0.1%)
Grade 1-7	278031 (85.8%)	35932 (13.8%)	313963 (53.7%)
Grate 8-11	45848 (14.2%)	222759 (85.4%)	268608 (45.9%)
Certificate	0	1489 (0.6%)	1489 (0.3%)

Diploma	0	142 (0.1%)	142 (0.02%)
Bachelor's degree/Occupational certificate NQF Level 7	0	287 (0.1%)	287 (0.05%)
Total	**323 982 (100%)**	**260 899 (100%)**	**584 881 (100%)**

Source: Community Survey 2016

Table 6 present percentage distribution of female adolescents aged between 10 and 14 years who were currently attending school by highest level of education and age. It is indicated that a higher percentage of respondents had grade 1 to 7 as their highest level of education accounting for 85.8% whilst the rest had grade 8 to 11 as their highest level of education with 14.2%. As expected, majority of female adolescents aged 15 to 19 years who were currently attending school at the time of the survey reported to have had grade 8 – 11 at 85.4% followed by those reported to have grade 1 to 7 with 13.8%. Generally, adolescents who were attending school at the time of the survey had grade 1 – 7 at 53.7% followed by those who had 1 – 7.

4.2.7. SEXUAL AND REPRODUCTIVE BEHAVIOUR

4.2.7.1. Births in the last twelve months by 5 – year age group of Adolescents

Table 7: percentage distribution of adolescents by births in the last twelve months prior to the survey and age group of respondents

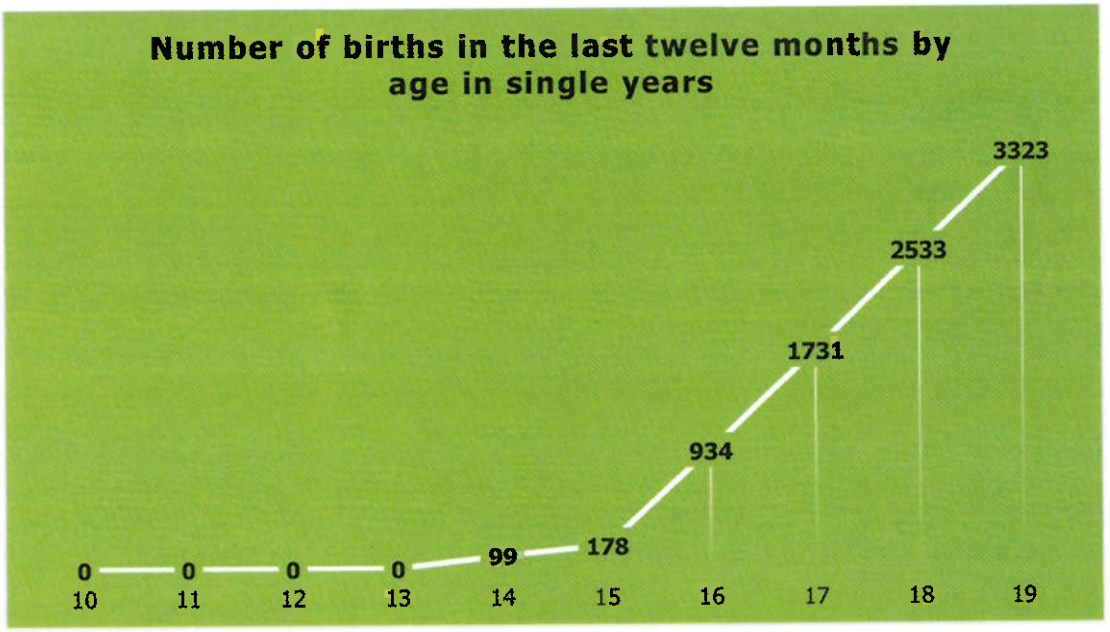
Births in the last twelve month	Age - 5-year age groups		Total
	10-14	15-19	
Yes	99 (1.1%)	8 699 (98.9%)	8 798 (100%)
No	96 336 (37.3%)	161 819 (62.7%)	258 155 (100%)
Total	96 435 (36.1%)	170 518 (63.9%)	266 953 (100%)

Table 7 present percentage distribution of adolescents by ever given birth in the last twelve months prior to the 2016 Community survey and age of respondents. A total of 8 798 reported that they have given birth 12 months before the 2016 community survey. It is clear from the table above that adolescents who reported to have given

birth prior to the survey, mostly were aged between 15 and 19 accounting for 98.9% with only 1.1% of those aged 10 – 14 reporting to have given birth.

4.2.7.2. Births in the last twelve months by age in single years of Adolescents

Figure 1: Births in the last twelve months by single years



Breaking down births in the last twelve months by single years indicate that births mostly were reported from age 14 and increased as age increases, with ages 16,17, 18 and 19 reporting higher numbers of children who have been given birth in the past 12 months.

4.2.7.3. Recorded Live Births by place of occurrence and year of occurrence.

Table 8: Percentage distribution of Recorded Live Births by place of occurrence and year of occurrence.

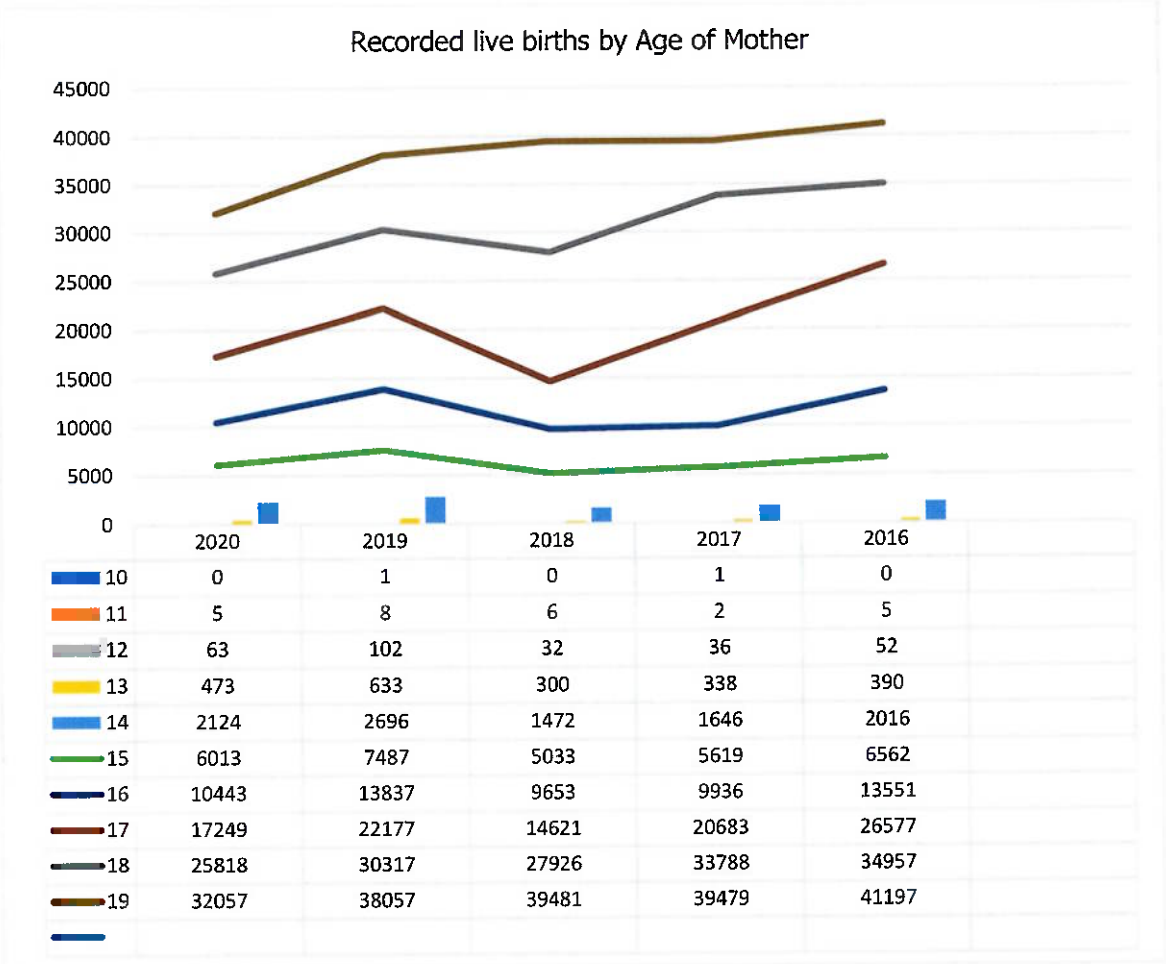
Place of birth occurrence	Year of Occurrence					
	2020	2019	2018	2017	2016	2015
Bojanala	2121 (34.6%)	2343 (32.7%)	1964 (36.4%)	1712 (28.1%)	2527 (34.8%)	3254 (38.0%)
NMM	1423 (23.2%)	1698 (23.7%)	1237 (22.9%)	1962 (32.2%)	1766 (24.3%)	1919 (22.4%)
Dr RSM	1379 (22.5%)	1667 (23.3%)	1090 (20.2%)	1269 (20.8%)	1703 (23.4%)	1791 (20.9%)
Dr KK	1214 (19.8%)	1454 (20.3%)	1102 (20.4%)	1145 (18.8%)	1269 (17.5%)	1603 (18.7%)
North West	6137 (100%)	7162 (100%)	5393 (100%)	6088 (100%)	7265 (100%)	8567 (100%)

Source: Statistics South Africa – Recorded live births

Table 8 above present number of reported births by year of occurrence and place of birth occurrence. Recorded Live Births 1998-2020 is the latest release in the series, which replaces and includes the data of the previous release (i.e. RLB 1998-2020 includes the data from RLB 1998-2019). It is reported that the number of reported births has been fluctuating since 2015 for the whole province, that is there was a higher number reported in 2015 at 8 567 which declined to 7 265 in 2016, then 6 088 in 2017 and further to 5 393 in 2018. The number has however increased to 7 162 in 2019 and then declined again to 6 137 in 2020. As reported for all the reported periods, Bojanala has been reporting higher proportion of births of around 32% and 38% with the exception of the year 2017 where Ngaka Modiri Molema reported the highest proportion of births among adolescents. Ngaka Modiri Molema has been found to be the second largest followed by Dr RSM district then Dr KK district municipality.

4.2.7.4. Recorded live births of Adolescents by age.

Figure 2: Recorded Live births by Age



	2020	2019	2018	2017	2016
10	0	1	0	1	0
11	5	8	6	2	5
12	63	102	32	36	52
13	473	633	300	338	390
14	2124	2696	1472	1646	2016
15	6013	7487	5033	5619	6562
16	10443	13837	9653	9936	13551
17	17249	22177	14621	20683	26577
18	25818	30317	27926	33788	34957
19	32057	38057	39481	39479	41197

Source: Statistics South Africa – Recorded live births

Figure 2 above present the number of recorded live births by age of mother of adolescents by year of birth occurrence. As expected, those aged young for instance age 10 which reported between 0 and 1 in total; and age 11 which reported a total of 5 children in 2016 and increased in 2018 with 6 and 2019 in 2019 and down to 5 in 2020. Expectedly the number increases as ages increases, looking at the year 2016 those aged 12 years reported a total of 52 children which increased to 41 197 for those aged 19 years. The same trend was observed for the year 2019 which was reported to have higher number of reported live births, however the year 2020 reported much a lower number for all the ages which implies a decline. It can either be the fact that number of children born to adolescents in declining or there is a challenge with

total coverage of registered number of live births. Generally, the total number of reported live births has decline from 125 307 in 2016 to 94 245 in the year 2020.

4.3. SELECTED STUDIES, PROGRAMMES AND PROJECTS

4.3.1. STUDY #1

TITLE OF THE STUDY/PROJECT/PROGRAMME: INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT (ICPD) @25 REPORT FOR THE NORTH WEST PROVINCE

YEAR OF STUDY: 2021/22

BRIEF BACKGROUND: The current study has selected one chapter in the study in question. The National Population Unit in the Department of Social Development produces a progress review report every five years, to evaluate progress with the implementation of the International Conference on Population and Development (ICDP) Programme of Action (PoA) at national level. Population dynamics and their interrelationship with development have quite different governance implications in different parts of the world.

AIM/PURPOSE AND/ OR OBJECTIVES: The chapter intended to review and report progress on Sexual and Reproductive Health and Rights of the youth and adolescents in the Northwest Province. The rationale behind the study was meant to inform the government planners on the progress and fall – outs which will inform planning tools at departmental and local level. Furthermore, key recommendations on specific theme or priority were meant to be developed and tabled for consideration and implementation to relevant stakeholders.

METHODOLOGY (SUMMARY): This study reviewed progress for the 2014 – 2019 period, it therefore used data to the end of 2019. The study made use of different secondary sources of data 1996 census, census 2001, 2007 community survey, census 2011, 2014 – 2019 Mid-year estimates, 2019 General Household surveys, 2016

community survey, and South Africa Demographic and Health Survey (SADHS) 2016, and some published and unpublished reports conducted by different departments, and presentations done in different departmental sittings. Data analysis techniques which were used in this study were generally descriptive.

MAIN FINDINGS: In chapter one of the study under review which looked at the demographic change of the entire province, it was revealed that the population of the province is mostly dominated by the young population. That is, as an increasing number of young people become older and enter the productive age groups than that in the non-working age groups, this is commonly known as demographic dividend or demographic bonus. If countries/societies can put these people to productive use then, then societies will benefit. Or else, the growing number of productive people will become a burden and become a demographic curse, which is threatening the North West province. This burden is likely to result in social ills such as teenage pregnancy, adolescent pregnancies, and early childbearing at the earliest ages of 10 years. Furthermore, the proportion of persons who are not in Employment, Education or Training in the North West province has been increasing since the year 2014 till 2019.

The study reported fertility rate in the North West province to be high since 1996, but has been observed to decline thereafter, this has been confirmed by data from different sources with the use of different techniques. It is then reported that the adolescent's fertility rate contributed more than 10^{th} to the provincial Total Fertility Rate with an estimated increasing pattern. Adolescent Pregnancy related Mortality has been reported to be low in the province, on the other hand, half of adolescents' who are mothers and still attending school in the North West province. Only around 10^{th} of young women in the North West province gave birth in the past 12 months prior to the 2016 Community Survey. The study further found out that the North West province was one of the provinces with the lowest HIV prevalence even though the number of people living with HIV is increasing. Young people aged between 15 and 24 years was reported to have a significant high number of new infections.

It was further reported that the total number of children ever born increases as the age of women increases with teenage pregnancy being on the increase. Scholars have argued contraceptive use as key in controlling fertility which led to the declining population growth. The province has revealed prevalence of contraceptive use to be high in the province, though unmet need for contraception for North West still exist significantly with more wanting for birth spacing as compared to birth limiting. Current use of contraceptives is mostly aimed for birth spacing than limiting of births, which might mean women still prefer large family with reasonable spacing.

The study also reported that there has been more attention dedicated to prevention of adolescent pregnancy and childbearing. It has been argued that there is a need to understand the factors that influences adolescent fertility in order to address these challenges. These determinants should then be the centre of adolescent sexual and reproductive health interventions in the province. Knowledge, access, and use of contraceptives is still low, it is therefore recommended that programmes and policies pay attention to the significant predictors of contraceptive use to increase contraceptive use among female adolescents.

Family Planning is argued to have a clear health benefit, since the prevention of unintended pregnancies result in a subsequent decrease in maternal morbidity and mortality. Contraception allows spacing of pregnancies, delaying pregnancies in young girls who are at risk of health problems from early childbearing, and preventing pregnancies among older who also face increased risk.

Adolescent Pregnancy related Mortality has been reported to be low in the province. Majority of adolescents who gave birth were reported to be blacks at 12% followed by coloured with 11%. It was reported that a total of 83% of adolescents who are not mothers attend school. The study also reported that those aged 15 years present a higher proportion at 95.7% followed by 16 years. Proportion of adolescents who are

not mothers and are attending school decreased as age increases. It might either be more adolescents become mothers as they become older or are out of school. As for those adolescents' who were mothers and still attending school, overall, a total of 51.5% was reported for the province. The same pattern has been observed for adolescent mothers who are in school, with those aged 15 years having the highest proportion at 74.3% followed by those aged 16 and 17 years at 67.1% and 61.5% respectively. Ages 18 and 19 reported lower proportion of adolescent mothers who were still attending school.

The study revealed that with the use of the South Africa Demographic and Health Survey conducted in 2016 for those aged 15 – 19 years a total of 8.3% was reported to have had given birth. The number of young women who reported to have given birth is not higher but raises a concern as motherhood at a younger age has negative consequences of school dropouts, lower chances of employment opportunities, and risk of poverty among others. The results also indicated that women who were aged 15 – 19 years had the highest percentage of 81.2% of never having children, while 15.0% and 3.8% reported to have given birth to a total of 1 and 2 children respectively.

RECCOMMENDATIONS

The study concluded that fertility in general has declined in the province, but adolescent's fertility has remained high. The province has been argued to be mostly rural which is likely to be affected by early sexual debut and early marriages leading to early childbearing due to issues like social norms. Early sexual debut, early pregnancy and early childbearing interrelates with limited education and employment, and poverty in the province. Motherhood is still seen to be valued; contraceptive usage and knowledge gap still exist which could have worked positively for those who would have wanted to avoid pregnancies. This is confirmed by larger number of unwanted pregnancies reported by adolescents in the province coupled by unmet needs for

contraceptives for limiting births reported. Number of Sexual violence reported in the province might have been one of the causes of unintended pregnancies.

As agreed, early pregnancies among adolescents have major health and social consequences. Pregnancies and childbirth to young women are likely to have health consequences and are reported to be the leading causes of death among girls aged between 15 and 19 mostly in developing countries with the North West province being implicated.

The study recommended that since attention has been dedicated mostly to prevention of adolescent pregnancy and childbearing by Governmental and Non-Governmental Organizations as part of ICDP PoA, SDG agenda and departmental specific strategies. There is a consensus on the evidence-based actions needed for its prevention, therefore understanding the factors that influences adolescent fertility is critical to address these challenges. These determinants should then be the centre of adolescent sexual and reproductive health interventions in the province. Knowledge, access and use of contraceptives is still low, it is therefore recommended that programmes and policies pay attention to the significant predictors of contraceptive use to increase contraceptive use among female adolescents.

The study recommended that there is a need to strengthen and advocate for use of Reproductive Health care services such as antenatal and postnatal services in the province. Furthermore, there be advocation for multimedia approach to engage women on the significance of utilizing public health facilities during childbirth and to promote quality of care in health facilities in the province. There is also a need to continue to promote women-centred and community-based awareness in enhancing the use of postnatal care in the province. The study also recommended the promotion of family planning, and ensuring access to preferred contraceptive methods for women, girls, and couples is essential to secure the well-being and autonomy of women.

4.3.2. STUDY 2

TITLE OF THE STUDY/PROJECT/PROGRAMME: KNOWLEDGE OF SEXUAL AND REPRODUCTIVE HEALTH RIGHTS (SRHR): IT'S EFFECT ON TEENAGE PREGNANCY-A CASE STUDY OF RATLOU LOCAL MUNICIPALITY IN NORTH WEST PROVINCE

YEAR OF STUDY: 2018/19

BRIEF BACKGROUND:

Adolescent fertility is important on both health and social-economic grounds. Early childbearing is associated with a number of undesirable health outcomes such as, risk of death, pregnancy-related illnesses, abortion, future infertility and exposure to sexually transmitted diseases including the dreaded human immunodeficiency virus/acquired immuno-deficiency syndrome (Baguma, 2017).

The study was conducted in response to the challenge of high teenage pregnancy in 2016, Ratlou Local municipality in the North West Province which was trending on media. This then placed the municipality on the spotlight after the Minister of Social Development had visited the area, were 1 800 girls below the age of 18 were mothers or pregnant. This was confirmed by the feedback of teenagers and adolescents in Ratlou from the advocacies on young dialogue which were conducted by the Department of Social Development provincial office particularly Population Policy Promotion in 2016 among young people, this highlighted mostly unsafe sex ass the key standing point by then.

In South Africa, adolescent knowledge on reproductive functions and sexuality is poor. Although many family planning clinics and reproductive health services exist throughout the country; the utilization of these services by the youth is limited. Lack of understanding and knowledge about SRHR is also a contributing factor to high rate of adolescent and teenage pregnancy. Several studies have been done in the country and

elsewhere and their findings indicated that adolescents and young people are not always aware of their reproductive and health rights. This however impact negatively on the population and development of the country. Consequently, these girls dropped out from school and their chances of improving living condition of their families and community at large became limited.

Apart from contribution to economic growth, these young girls are at the risk of lowering their life expectancy because their exposed to sexual transmitted disease including HIV and AIDS. This study therefore intends to examine the impact of knowledge of SRHR on teenage pregnancy observed in Ratlou local municipality in the North West province.

AIM/PURPOSE AND/ OR OBJECTIVES:

The main objective of this study was to explore and describe the factors associated with teenage pregnancy and knowledge of Sexual Reproductive Health Rights (SRHR) in the Ratlou Local Municipality.

Specific objectives of the study:

- To examine teenager's knowledge and understanding of SRHR
- To identify factors influencing teenage pregnancy
- Estimate teenage fertility rate of the Ratlou local Municipality.
- To find out the correlation between the knowledge of SRHR and high rate of teenage pregnancy observed.
- To recommend possible areas of intervention (policies and/or services needed) to prevent teenage pregnancies in the area and the province.
- To suggest or recommend ways in which sector departments can respond to the high rate of teenage pregnancy and plan for children born to teenagers as well as their mothers.

METHODOLOGY (SUMMARY):

The study used a quantitative approach to study the linkage between teenage pregnancy and Knowledge of Sexual and Reproductive Health and Rights among a sample of 384 teenage girls aged between 13 and 19 years whether ever been pregnant or not in Ratlou local municipality in North West province. Out of a total of 14 wards only 7 wards were randomly selected which includes wards 1, 2, 3, 4, 8, 9 and 13. A structured and mostly pre-coded questionnaire was used to collect data. Analysis was mainly descriptive where two levels of analysis were employed to answer the research questions.

MAIN FINDINGS:

The study reported majority of teenagers to be aged 17 and 19 years, to be mostly Africans, enrolled in schools at the time of the survey. 92.4% were currently enrolled in schools as compared to 7.6% of those who were not enrolled in any school. Furthermore, teenage girls in the Ratlou local municipality mostly completed highest grades including grades 10, 11 and 9 at the time of the survey.

It has been found that teenagers in Ratlou showed an understanding of the term teenage pregnancy correctly. Even though majority of teenagers did not experience teenage pregnancy, however a reported number of teenage pregnancies for local municipality are significantly high which was further confirmed by higher prevalence of number of births given alive out of those pregnancies which leaves teenage fertility to be high at a ratio of 1:1.

In the study which was conducted by Ayiga & Mhele (2014) among dropped out women in the Bojanala and Ngaka Modiri Molema districts in North West province, median age of school pregnancy was reported to be 18.2. They further reported that 6 out of 10 women experienced school pregnancy. Their study was conducted among women aged between 22 and 40 years, which simply indicated that teenage pregnancy was high during those times. However, teenage pregnancy of more than

22 percent is still high looking at the strategies and programmes set by government to try and curb the high rate of teenage pregnancy in the country. This is found to be higher than an overall of 4.5% rate of teenage pregnancy which was reported in 2010 in South Africa.

The study measured the perceptions of respondents regarding teenage pregnancy, results reported that respondents believed that teenagers who become pregnant normally experience severe depression. Furthermore, majority of teen girls in Ratlou local municipality believed that teenagers who fall pregnant are most likely to commit suicide. Teenagers also believed that most teen mothers are likely to experience complications which sometimes leads to the death of the baby or both the mother and the baby. Respondents further perceived poverty to be one of the most factors influencing teenage pregnancy in Ratlou local municipality. Peer – pressure was perceived as one of the risk factors associated with teenage pregnancy in Ratlou. Teenage girls in Ratlou perceived teenage pregnancy to be associated with sexual transmitted diseases such as HIV and AIDS. Respondents also perceived teenagers from families with low economic background to be susceptible to teenage pregnancy.

Respondents believed that teenagers are not likely to fall pregnant since they regard teenage pregnancy as a blessing as it serves as a proof of teen mothers' fertility. They supplementary believed that many teenagers are not taught about birth control due to the cultural influences. Therefore, this clearly shows that cultural values and beliefs contribute negatively when coming to teenagers' education about SRHR issues. As culture seems not to influence sex education is their area, teenagers in Ratlou perceived children who were raised by single parents to be most prone to teenage pregnancy. Teenage pregnancy was perceived to be associated with dysfunctional families in this study. Teenagers believed that teenagers who were exposed to abuse, domestic violence in their childhood are more likely to become pregnant as teenagers.

Sexual and Reproductive Health Rights (SRHR) knowledge including contraceptives and its usage of contraceptives was found to be high in Ratlou. Lack of knowledge

which was reported reflect a serious challenge as it is likely to influence teenage pregnancy. This calls for the SRHR services to be strengthened in the study area. Source of SRHR information in the study was found to be mostly schools and health centers. Teenagers mentioned Sexual Transmitted Diseases and unplanned pregnancies to be some of the sexual health problems highly experienced in Ratlou due to unprotected sex especially under the influence of alcohol and drug abuse and peer pressure.

Basically, there are no Sexual and Reproductive Health services in Ratlou except love life which is only known to the few. most respondents did not know what needed to be added to the existing SRHR services while others believed that there should be more awareness on SRHR issues done in schools; more programmes which are youth friendly including entertainment which will keep teenagers and youth busy need to be developed. Teenagers feels that there is lack of SRHR services in rural areas in that way they suggest that there should be provision of more SRHR services in rural areas/ villages in Ratlou. The least believe that affected teenagers especially due to rape, abuse, substance abuse, and ill-disciplined and those experienced teenage pregnancy either voluntarily or involuntarily should be supported by formulation of support groups and motivational talks to boost their self – esteem to avoid issues of depression and suicide among other effects of teenage pregnancy in Ratlou local municipality.

Overall, most teenagers had knowledge of causes associated with teenage pregnancy as alcohol abuse, early engagement in sex, multiple partners and unprotected sex accounting; financial benefit and poverty including blessers' issue and poor living conditions; peer – pressure; poor parenting, dysfunctional families, domestic violence including rape; lack of knowledge regarding teenage pregnancy and SRHR issues; benefiting from child support grant and lack of entertainment facilities such as youth programmes, sports and libraries. Majority of respondents who reported to have ever been pregnant were currently schooling.

The findings indicate that despite of the widespread awareness campaigns set to reduce the rate of teenage pregnancy in schools, there seems to be higher number of school going teenagers falling pregnant. Age was to be one of the important factors influencing teenage pregnancy in Ratlou. Incidents of teenage pregnancy were likely to be prevalent amongst the teenagers in higher grades in Ratlou. Teenage pregnancy was found to be dependent on contraceptive knowledge, contraceptive use. There was no statistical linkage between knowledge of SRHR and teenage pregnancy observed in this study. On the other hand, having knowledge of SRHR is likely to influence the decision to become pregnant. Furthermore, the linkage between teenage pregnancy and knowledge of Sexual and Reproductive Health Rights was confirmed by the strong statistically significant association between knowledge of teenage pregnancy and knowledge of Sexual and Reproductive Health and Rights.

RECCOMMENDATIONS

The study recommended multiple approaches to reach and meet the diverse needs of the different groups of young people and teenagers. In this regard, the following measures are recommended:

- strengthening of school, community, and health services linkages in the delivery of sexual and reproductive health education to young people and teenagers is critical.
- Train parents or guardians, health practitioners, teachers on sexual and reproductive health rights so that they can be in position to be able to talk/ advice teenagers about their sexual health issues.
- Improve the youth friendliness of health service delivery points to meet the needs of young people and teenagers. One of the suggestions by teenagers was for government to develop an APP (Smartphone Applications) which can be accessed by teenagers on what, how, when and where about's of the SRHR services.
- it is also recommended that multimedia and different languages be used to reach out to all young people and teenagers especially in rural areas on issues

of SRHR as they reported that there is lack of information sharing in villages which needs to be improved.

- It is further recommended that the authorities/ law enforcement agencies should from time to time patrol these areas to check the ages of people permitted to enter the places where alcohol is sold. As highlighted on the conclusion of the study that taverns are also associated with high teenage pregnancy and if found contravening the law such Taverns should be close permanently.
- There is still a need to address the societal barriers around teenage pregnancy and access to Sexual and Reproductive Health and Rights which seem to be a challenge in North West.
- There is a need to make motherhood safe for all with specific focus to young mothers as respondents seem to belief that teenage mothers tend to commit suicide or suffer from depression and low self-esteem post to being pregnant and becoming young mothers. This can be done hand in hand with improvement and increase of access to safe and legal abortions in the country. Access to this service should be friendly and free to allow teenagers to utile them.
- Department of Education, Health, Social development, and Government Communication to develop a plan on how to reach deep rural communities on issues relating to Sexual and reproduction health rights. And develop a strategy that will address the issues of teenage pregnancy in Ratlou Local Municipality in the North West Province of South Africa.
- The study further recommend that more focus also be given to male adolescents and fathers to children to teen mothers which sometimes are likely to be older than them in order be able to get to the root cause of this teenage pregnancy and lack of Sexual and Reproductive Health issues and rights for both adolescents/teenagers and men and women in general, thereby decreasing rates of teenage pregnancy and teenage fertility and general fertility at large. This could also lead to delayed age at sexual debut, safer sexual practices, delayed age of first birth, lower incidence of unplanned pregnancy and women empowerment through skills and knowledge of SRHR services.

4.3.3. STUDY 3

TITLE OF THE STUDY/PROJECT/PROGRAMME: A STUDY ON THE FACTORS ASSOCIATED WITH TEENAGE PREGNANCY IN THE NORTH WEST PROVINCE

YEAR OF STUDY: 2015/16

BRIEF BACKGROUND:

The study was undertaken on the account of high rate of teenage pregnancies currently observed in the North West Province and the Country generally. The current prevalence of the teenage pregnancies in the province is at an alarming proportion. Teenage pregnancy is increasing rapidly these years at a pace of about 90% than ten years ago. Teenage pregnancy has severe effects on the people psychologically, socially, economically, culturally and it also affects the households functioning detrimentally. According to the SADHS of 1998 and 2003 respectively the increase on the teenage pregnancy prevalence was noted as at 13% to 14% in the North West Province alone. The lives of young girls get ruined and become mothers at a young age, becoming subjects of Sexually Transmitted Infections and contracting HIV and AIDS. The recent findings of learner pregnancy rate released by the North West Department of Education leaves much to be desired. It is reported that a total of 1792 pupils in the schools around the province are pregnant (Youth Today News Paper, April Edition 2013, Article title: North West Government discourages Teenage Pregnancy with the highest degree of seriousness"). It is against this backdrop that it was critical for the Department through the Directorate Research and Demography to study this nature.

AIM/PURPOSE AND/ OR OBJECTIVES:

The general aim of the study was to explore and describe the factors associated with teenage pregnancy in the North West Province.

The following were specific objectives of the study:

- To explore and describe the psycho-social, economic, cultural and household factors associated with teenage pregnancy and childbearing.
- To identify barriers or stumbling blocks to information and service delivery to teenagers, perpetuating teenage pregnancy.
- To recommend possible areas of intervention (policies and/or services needed) to prevent teenage pregnancies in the province.

METHODOLOGY (SUMMARY):

The research methodology of this study consisted of the literature study and empirical research. Both the qualitative and quantitative research paradigms were utilized in this study, thus methodological triangulation. In this study the questionnaire was both quantitative as well as qualitative in nature, with quantitative approach being dominant with a small component of qualitative data. The results obtained in this study focused mainly on the factors associated with teenage pregnancies and other risk factors. Quantitative data analysis was based on the content analysis and qualitative data was analysed manually into themes by the research team.

The study was conducted in the four municipal districts of the North West Province, thus Bojanala Platinum district, Ngaka Modiri Molema, Dr Ruth Segomotsi Mompati and Dr Kenneth Kaunda District. The scope of this study was limited to one area per district municipality due to the financial constraints and other resources such as human resource. The study took place at Ventersdorp in Dr. Kenneth Kaunda District, Setlagole in Ngaka Modiri Molema District, Swaarterugens in Bojanala Platinum district and Ganyesa in Dr Ruth Segomotsi Mompati District. A sample of 200 participants was undertaken, thus 50 participants per district.

MAIN FINDINGS:

The findings of this study reported that majority of the respondent were aged between 15 – 19 years. The study was conducted in the North West Province which is rural in

nature and the majority of the population were Africans. The study also found that most of the respondents were of the view that the rate of teenage pregnancy is very high in the rural areas when compared to the urban areas. Many of the respondents were coming from peri-urban and rural areas in which teenage pregnancies were very high. These areas are characterised by poverty, unemployment, illiteracy, dysfunctional families to mention a few. It is said that the environment in which most teenagers grow had the potential influence on their sexual behaviour. The study also found that many of the respondents were not married given their ages. This was said to make most teenagers susceptible to teenage pregnancies.

The study also found that most of the respondents had primary and secondary level of education. The study also found that teenage pregnancies were high amongst school-going teenagers. Many of the respondents shared the fact that teenage pregnancy is epidemic or rather high amongst the school going teenagers. According to the majority of the respondents in this study the following common factors were cited as associated with the high rate of teenage pregnancy in their areas: "Poverty, poor socio-economic conditions, low levels of education, maternal complications and at times result in death of both, lack of knowledge regarding the use contraceptives and lack of access to health services, cultural factors such as patriarchal families/societies, economic dependence, social assistance grants such as child support grant.

The study also found that most of the respondents indicated that most teenagers when pregnant are more prone to commit suicide than older mothers. The findings of this study also indicated that most of the respondents rated poverty to be the highest factor associated with most teenage pregnancies. The study also found that a proportional number of the respondents indicated that the most teenage pregnancies are as result of peer pressure. The study also found that teenage pregnancies are mostly associated with sexual transmitted diseases such as HIV and AIDS. 100% of the respondents concurred with the sentiment.

The findings of this study complement all other studies conducted previously in the South African context in that most of the respondents believed that teenagers coming from

low/poor economic backgrounds are more susceptible to teenage pregnancy. The findings of this study indicated that most of the respondents expressed that it is a cause-and-effect factor between the two variables. The findings of this study complemented several studies undertaken in the South African context in that most of the respondents concur with the fact that child support grant (CSG) has an enormous influence on the high rate of teenage pregnancy in the province. The study also found that most of the respondents indicated that most teenagers are economical deprived and dependent on other people due to their less education.

Regarding cultural and household factors, majority of the respondents under this theme indicated the following common factors as associated with teenage pregnancy in their respective areas: "we cannot talk about sex issues with our parents"; most teenagers at times want to prove their fertility by having children"; "female teenagers do not make decisions about their sexuality"; "lack of contraception use due to its western and modern nature". The study also found that most parents are still resistant to talk with their children regarding sexual issues, where mostly indicated that most teenagers are not taught about birth controls in their families due to cultural barriers and as a result they learn from their peers or friends which subsequently result in unplanned teenage pregnancies.

While is tempting to conclude that most teenagers raised by single parents are more prone to fall prey to teenage pregnancies, the study shows that the views held by the respondents in this case indicated that it not always the case. The study also found that most children from less educated families are more prone to teenage pregnancies.

The findings of this study also indicated that the nature and quality of relationships shared between an adolescent and their parent can have a major influence on the decisions that they make about sex. Over and above this the study found that family dysfunction has enduring and unfavourable health consequences for women during the adolescent years, the childbearing years and beyond. Many of the respondents indicated that teenage pregnancy is clearly associated with dysfunctional families. The findings of

the study also demonstrated that there is an explicit relationship between children exposed to child abuse and domestic violence in their childhood and teenage pregnancy.

In identifying barriers or stumbling blocks to information and service delivery to teenagers, perpetuating teenage pregnancy, this study found that most of the respondents indicated the following factors as potential barriers or blocks of information perpetuating teenage pregnancies in their areas: fear of stigmatization and discrimination; cultural values and morals; lack of knowledge and education; financial constraints, poor socio-economic conditions, gender imbalances, peer pressure, to mention but a few. The study found that most of the respondents were of the view that lack of or access to health care facilities is one barrier to information. However, a number of the respondents to the contrary indicated that this is not always the case, in that there were instances where there is adequate access to health care facilities but not fully utilized by the teenagers themselves for one reason or the other. Socio-economic deprivation remains significantly important, reflecting differential access to health services among teenage mothers.

The study found that most of the respondents indicated that the attitudes of officials especially those who directly work with contraceptives such as nurses hinder service delivery and information to teenagers hence the high rate of teenage pregnancy in most instances. The clinics and hospitals are meant to be the walk-in centres where teenagers can easily access information and services related to sexuality and teenage pregnancy, however this is just a fallacy.

The findings in this study indicate that most of the respondents agree with the fact that culture plays a critical role as a barrier to service delivery and information to teenagers. According to many of the respondents in this study indicated that poor or lack of education result into lack of knowledge regarding safe sex. Education is fundamental to having knowledge regarding sexuality. It was found in this study that the majority of the respondents are of the view that environment in which one is coming from has a potential influence on the lives of the people including access to information by teenagers. It is

very difficult in some localities to access information due to the remoteness of the area, lack of tele-communication infrastructure, etc.

RECCOMMENDATIONS

The study recommended the following:

- More practical, innovative, interesting, and effective human right-based interventions should be designed, so that teenagers could get direct benefit by acquiring knowledge.
- Compulsory sex education can help to empower the girls, which is the most effective strategy to prepare them for late marriage, planned and delayed pregnancy and better motherhood.
- The need to enhance young people's awareness, self-efficacy and autonomy to enable informed decision-making and reduce unsafe and unwanted pregnancies.
- Combination of sex education programme along with reproductive health services could prevent reproductive health problems of young teenage mothers.
- Teenage girls need information about local health services and the same time confidentiality be maintained at its highest level.
- Engaging all sectors of the population in a communitywide effort to address teen pregnancy prevention. Community mobilization supports the sustainability of teen pregnancy prevention efforts by empowering community members and groups to take action to facilitate change. This component includes mobilizing necessary resources, disseminating information, generating support, and fostering cooperation across public and private sectors in the community.

- Evidence-Based Programs: Providing teens with evidence-based teen pregnancy prevention programs, including youth development and curriculum-based programs that reduce teen pregnancy and associated risk factors.

- Increasing Youth Access to Contraceptives and Reproductive Health Care Services. Ensuring clinical partners are providing teen friendly, culturally competent reproductive health care services that are easily accessible to all youth in the community, and establishing linkages between teen pregnancy prevention program partners and clinics that serve at risk youth from the target community.
- Stakeholder Education: Educating civic leaders, parents, and other community members about evidence-based strategies to reduce teen pregnancy and improve adolescent reproductive health, including needs and available resources in the target community.
- Working with Diverse Communities: Raising awareness of community partners about the link between teen pregnancy and social determinants of health and ensuring culturally and linguistically appropriate programs and reproductive health care services are available to youth.

4.3.4. STUDY #4

TITLE OF THE STUDY/PROJECT/PROGRAMME: 2022 WORLD POPULATION DAY CELEBRATION WITH THE THEME *"A world of 8 billion: Towards a resilient future. Harnessing opportunities and ensuring rights and choices for all."*

YEAR OF STUDY: 2022/23

BRIEF BACKGROUND:

The Directorate Population Policy Promotion within the Research and Development programme hosted the 2022 World Population Day in supporting the National DSD (NPU – Population and Development Chief Directorate) on the 26th of November 2022 in the Ngaka Modiri Molema District Municipality. The World Population Day is an annual event, commemorated on the 11th of July throughout the world to raise awareness on the importance of population and related development issues. Each year, the United Nations Population Fund (UNFPA) assigns a theme for the day. This

year's theme was **"A world of 8 billion: Towards a resilient future. Harnessing opportunities and ensuring rights and choices for all."**

Since 1975, the world has been adding another billion people every 12 years. It passed its last milestone of 7 billion in 2011. By 26th November 2022, it passed another one leading to 8 billion people in the world.

The Department of Social Development hosted the seminar on the above-mentioned theme in preparation to the conference on Sexual and Reproductive Justice. The Department of Social Development recognises that everyone has the right to equality, freedom from all forms of discrimination based on sex, sexuality or gender, the right to life, liberty and bodily autonomy, right to privacy, right to freedom of thought, right to health, education and information, right to choose whether or not to marry and plan a family and to decide whether or not, how and when to have children.

AIM/PURPOSE AND/ OR OBJECTIVES:

OBJECTIVES OF THE 2022 WORLD POPULATION DAY

- Allow an exchange of good practices and experiences in various fields based on various perspectives.
- Identify implementation challenges and knowledge gaps for effective action.
- Identify synergies and opportunities of collaboration.

EXPECTED OUTCOME

Provide recommendations for action and smart investments that can guide in setting common agendas and jointly tackle the main challenges related to addressing adolescents and for the benefit of youth.

METHODOLOGY (SUMMARY):

There were four (4) build-up sessions one from each district working towards the main event. The districts mobilised 50 young people aged between ages 15 and 35 of both sexes. The sessions used advocacy sessions to transfer information to young people where there were presentations on SRHR, demographic profile of the district and Demographic Dividend offered. There were also dialogues around SRJ, SRHR and Demographic Dividend among young people where feedbacks from young people were presented and recommendations were drawn to inform the objectives.

FINDINGS

A lack of access to sexual and reproductive health and rights prevents individuals from realising their basic rights and undermines individual control over decisions concerning health and education and participation in social and economic life. Access to sexual and reproductive health services is extremely crucial for young people. It provides medical care and comprehensive sexuality education, which gives them vital information about their sexualities, sensuality and gender identities and expression.

RECCOMMENDATIONS

Despite efforts to provide youth-friendly services, the uptake of services by young people is very slow. Attention to the perception and needs of young people is essential along with the development of policies, services and programmes that address those needs particularly the youth-friendly approach to service delivery. When young people have access to health and education, they become a powerful force for economic development and positive change.

Investing in sexuality education, social programmes for youth, youth friendly sexual and reproductive health services and promoting gender equality are vital to help young people develop the ability to cope with and respond to an ever-changing world. Young people are the important vehicle for economic development and social change, provided that they are given the right start in life. Greater investments in education, health and decent work are essential to their successful transition to adulthood and to

the achievement of sustained and inclusive economic growth and development, as well as one of the best ways to prepare for future population ageing.

The youth unemployment rate continues to remain high before the beginning of the economic and financial crisis. Youth unemployment and underemployment is high in South Africa where young people make up a large portion of the labour force. The difficulties faced by youth in seeking employment are also reflected in longer job search periods and lower job quality. These difficulties are heightened by youth lacking the requisite skills. The lack of economic opportunities can be a catalyst for social unrest. Participation in employment, education or training is important for youth to find employment and achieve self-sufficiency. High unemployment rate has hit youth hard.

To realise the potential of the demographic dividend, young people need job opportunities which is South Africa's biggest challenge. Reaping this demographic dividend is time-sensitive and capitalizing on the benefits is not automatic, but dependent on policy. The opportunity to reap the economic benefits of a demographic dividend in South Africa still lies ahead. If our country fails to invest in social and health care and to ensure good governance and financial security, we will fail to capture the potential of a large working age population.

4.3.5. STUDY 5

TITLE OF THE STUDY/PROJECT/PROGRAMME: ADVOCACY AND IEC PROGRAMME

YEAR OF STUDY: 2021/22

BRIEF BACKGROUND:

The indicator responds to one of the functions of the Directorate of Population Policy Promotion which is to ensure that the 1998 Population policy is implemented. The vision of the Population Policy of South Africa is to establish a society that provides a high and equitable quality of life to all South Africans in which population trends are

commensurate with sustainable socio-economic and environmental development. The aim is to align population trends with the achievement of sustainable development.

The programme is named Ezabasha which focuses of Sexual and Reproductive Health issues faced by young people. Ezabasha campaign is one of the activities undertaken by Department of Social Development across the country to ensure effective implementation of Adolescence Sexual and Reproductive Health & Rights Framework Strategy (ASRH&R). The strategy was adopted by the government to address healthy reproductive and sexual behaviour among adolescents and the youth to reduce the incidence of high-risk teenage pregnancies, abortion and sexually transmitted diseases, including HIV/AIDS, through the provision of life skills, sexuality and gender sensitivity education, user-friendly health service and opportunities for engaging in social and community life.

AIM/PURPOSE AND/ OR OBJECTIVES:

The objectives of Ezabasha Campaign is to

- Inform young people about sexual reproductive health and rights issues.
- Address the country wide challenges pertaining to teenage pregnancy.
- Create a platform for SA youth to speak about their experiences regarding SRHR.
- Provide age-appropriate sexuality information to develop the knowledge and skills, thus empowering the youth to make informed choices and to take charge of their sexual wellbeing.
- Involve and mobilise partners and stakeholders in initiatives aimed at sustaining conducive sexual attitudes and behaviour.
- Establish what the causes and consequences of adolescent sexual behaviour are.
- Establish what the implications of sexual behaviour for population change are.

METHODOLOGY (SUMMARY):

By advocating the right to free and informed information in integrating information, education and communication strategies into relevant programmes through:

- Community dialogues
- Population events
- Seminars and conferences
- Develop and disseminate IEC materials at different forums with specific and relevant themes

The advocacy and IEC sessions covers topics relating to the Population Policy Priority Areas focusing mainly on Sexual and Reproductive Health and Rights **(SRHR)** – for all, but a focus mainly on SRHR of adolescents, LGBTQI, those in Prison, those outside the Reproductive Age Group (15-49) for instance easy access & affordability of appropriate and youth friendly SRH services where the SRH rights of adolescents and youth are respected & their needs catered for - (Reproductive Justice).

The advocacy and IEC sessions target all districts annually which are Bojanala, Ngaka Modiri Molema, DR RSM and DR KK. The advocacy team usually visit communities, schools, sector departments and municipalities to ensure that advocacy sessions are conducted using various methods of conveying the message. On a quarterly basis all service points which were targeted conduct and report their advocacy sessions.

MAIN FINDINGS

The information shared included population structure of the targeted area, state of contraceptive use, teenage pregnancy, HIV/AIDS and SIT and knowledge about sexual and reproductive rights. In most of the areas, participants have confirmed the outcomes of the study that contributed to the formulation of ASRH&R framework. Teenage/Adolescence pregnancy has been found to be one of the rising problems and the communities felt that since young girls are having children, school dropout is likely to be high. Poverty has been believed to play a serious role as teenage girls are found

to be impregnated by older working men. Peer pressure is also one of the factors influencing teenage pregnancy. Influence of alcohol exposes them to the risk of teenage pregnancy. Adolescent unfriendly health service.

CHALLENGES FACED BY YOUNG PEOPLE EMANATING FROM THE DIALOGUES

- ✓ Increasing sexually active adolescents below the age of 16.
- ✓ Increasing trends of multiple concurrent sexual relations.
- ✓ Increasing trends of inter-generational sexual relations.
- ✓ High level of substance abuse (i.e. alcohol and drugs);
- ✓ Teenage pregnancy – declining but still high.
- ✓ Teen mums are left behind with schoolwork.
- ✓ Low levels of consistent condom usage during sex.
- ✓ Unsafe termination of pregnancy.
- ✓ Maternal mortality among young mothers.
- ✓ Declining (but still high) levels of HIV among young people, especially females, and,
- ✓ Lack of information.

RECCOMMENDATIONS

Proposed Solutions by community members

- The community/participants proposed that government should build recreational centres or revamp the old centres and introduce different sporting codes which will keep young people active.
- There was a suggestion that police officers should visit schools more often because learners use drugs.

- Community Development Practitioner/Worker were proposed to visit young people now and the then to brief them on opportunities that they have for youth.
- Youth proposed that government should try to assist with any other information that may be useful to them including the admission and bursary forms. Or organise meeting whereby SAPS, NWU, TALETSO, Nursing College, NYDA, CDP would come to together for interventions.
- There was a proposal that Police must constantly monitor the taverns to ensure that they close on regulated time and children underage do not buy liquor.

4.3.6. STUDY 6

TITLE OF THE STUDY/PROJECT/PROGRAMME: WORKSHOP ON THE NATIONAL ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH RIGHTS (ASRHR) FRAMEWORK STRATEGY PROVINCIAL REVIEW

YEAR OF STUDY: 10 – 11 MARCH 2020

BRIEF BACKGROUND:

The National Adolescent Sexual and Reproductive Health and Rights Framework strategy was developed as an explicit strategy that would serve as an action guide to stakeholders that is underpinned by evidence contained in reports and strategies that examined various aspects of ASRH&R in South Africa. The evidence indicated that there are still several gaps that exists in the promotion of young people's sexual and reproductive health and rights (SRH&R's). SRH&R is a basic human right for everyone and are fundamental to development conditions of any population.

From a demographic perspective, a few recent studies have commented on South Africa's youthful population as well as the implications to the development of the country population posed by the sheer large numbers of young people. Hence, investing in the sexual and reproductive health of adolescents and youth is of a great imperative. The need therefore arises to create and or strengthen a responsive policy and planning environment to meet the SRH&R needs of adolescents especially taking into cognisance those with differing sexual orientation and that are disabled.

The National Adolescent Sexual and Reproductive Health and Rights (ASRH&R) Framework Strategy was approved by Cabinet on the 18 February 2015. The reporting of the progress on the implementation of the Framework Strategy is organised according to the approved work plan for 2015/16 by the Inter – Ministerial Committee (IMC) on Population Policy on the 11 February 2015.

THE PURPOSE OF THE WORKSHOP

The purpose of the provincial review workshops was to review implementation of the National ASRHR Framework Strategy at provincial level, improve the inter-sectoral collaboration and establish or strengthen Provincial Technical Committee meetings as part of the National ASRHR Framework Strategy. It aims to ensure that the respective Priority Areas' Task Teams responsible for the implementation of the National ASRH&R Framework Strategy i.e. Department Social Development (HIV AIDS, Monitoring and Evaluation, Behavioural Change, Community Development), Department of Basic Education (DBE), Department of Health (DoH), NYDA, Aurum, Statistics South Africa, Faith Based Organisation, including the newly proposed departments for purposes of review and possible planning for the current 5 year MTEF, i.e. Department of Planning, Monitoring and Evaluation (DPME), and Department of Justice and Constitutional Development (DoJCD), to commence their work in provinces and districts. Provinces would identify an area in which a provincial workshop would take place, which would support the Provincial Technical Committee meetings, and Priority Areas' Task Teams and District Task Teams (DTT), which would report back to the National Technical Committee meetings.

The workshop was a two-day' workshop aiming at informing the duration on implementation of the ASRHR for the current 5-year MTEF 2019/2020 to 2023/2024.There was a need to review the objectives as per the 5 priority areas in relation to progress made thus far at a national, provincial, and district level. There is a need to also review the indicators which were presented during the technical committee meetings in line with the Monitoring and Evaluation systems per sector

departments and per priority area, as well as the Monitoring and Evaluation Framework on the National Youth Policy. This review session was meant to assist in addressing the gaps within the National ASRH&R Framework Strategy, and the implementation, monitoring, reporting, and evaluation.

FINDINGS

Feedback from Ezabasha dialogues, that, "***people are using choice on termination of pregnancy (CTOP) as a contraceptive method***". It is indicate the age category of the participants, since DOH has the Ward Based Teams who address these issues within communities, there is a need for collaboration with key stakeholders in the field to refer such cases. DSD facilitates Ezabasha Dialogues and in most cases without DOH, but it differs per area, sometimes there would be DOH, or AURUM Institute, or NYDA, but the reports are done for M&E purposes, and no referrals are done to key sectors such as DOH.

The Department of Basic Education raised challenges of learner pregnancy in schools, indicating that there are 157 deliveries at the health facilities amongst 10-14 years. There was a call for serious partnership amongst different sectors to address this challenge. It was confirmed that Matlotsana is one of the areas that has higher learner pregnancy unlike Ratlou as it was highlighted in the media. As part of intervention DBE targeted 6 schools within Matlotsana, in which one of the schools recorded 46 learners that were pregnant. There was clarity seeking on whether the dialogues with parents were they an advocacy raising awareness or were they more of a capacity building session. DBE explained that parents were capacitated on the policies of DBE, such as the HIV, STI and TB policy, Standard Operation Procedure (SOP) on SRH services in schools.

It was also highlighted that DSD has a Families Matter Programme, which has a number of sessions that targets parents and their children, to increase communication on SRH, including HIV and AIDS. DSD also has a training on Intergenerational Communication on ASRHR, which was implemented for the first time in the province in Bojanala, although it targets majority youth and few leaders in the community, which some are parents.

Department Of Health highlighted that there were 36 accredited health facilities providing Choice on Termination of Pregnancy (CTOP) in the province, yet there were still illegal abortion. It was highlighted that DOH is currently reviewing all the SRHR policies and will have a one reviewed policy document that will encompass all the SRHR issues.

Private Doctors who are willing to conduct CTOP are encouraged to write to DOH and request to conduct that service.

5. CHAPTER 5: CONCLUSION AND RECCOMENDATIONS

5.1. INTRODUCTION

This chapter is based on the conclusion and recommendation of the study based on the findings of the identified studies.

5.2. CONCLUSION

The study aimed at summarising the work done on Adolescent Sexual and Reproductive Health (ASRH) in the North West Province. Based on the studies which were identified and summarised, the study then identified knowledge and program gaps requiring further research and program of action. It was anticipated that among others young people often have limited access to resources which gravely undermines their health and healthcare-seeking behaviour, and that most young people do not routinely seek appropriate sexual and reproductive health information and care.

The study was based on both quantitative and qualitative approaches. The study employed both review and research synthesis type of Analytical research. The study was based on secondary data sources from national and provincial surveys, published and unpublished reports conducted by different departments, presentations done in different departmental settings. The study therefore used data from 2016 Community surveys, General Household Survey, Mid – Year Population Estimates to develop a profile of adolescents in the province. The study reviewed a number of studies conducted in the department; Information Education and Communication (IEC) or

advocacy or information sharing session on Ezabasha which is basically issues faced by young people reports; Adolescent Framework on Sexual And Reproductive Health and Rights workshop conducted to review its relevance where different departments formed part; and also the world population commemoration report which focused mainly on Sexual and reproductive Justice issues concerning the young people in the province.

The study revealed that majority of the adolescents in the province are males as compared to females confirmed by the Age - sex ratio of more than 101 males per 100 female adolescents in the province which is threatening to be 100 is to 100. This implies that there might be more females than males in the future. The population of adolescents has been growing positively with the 2022 growth being higher at 3.2 but it is declining with almost half for 2023. Majority of adolescents are in age group 15 – 19 with almost 85% being Black/ African population. Age 15 is the most prevalent in the province. Majority of adolescents who reported to being currently enrolled were those who were in age group 10 – 14 years. Almost 100% (99%) of female adolescents who reported to have given birth in the past year before the 2016 community survey were aged between 15 and 19 years. Looking the number births registered per year in the province there has been a decline observed between the year 2015 and 2020 with Bojanala district having been the highest district followed by Ngaka Modiri Molema district.

In a study conducted in 2021/22 financial year, it is then reported that the adolescent's fertility rate contributed more than 10th to the provincial Total Fertility Rate with an estimated increasing pattern. The total number of children ever born increases as the age of women increases with teenage pregnancy being on the increase. Even though there is high prevalence of contraceptive use in the province, there is unmet need for contraception with more wanting for birth spacing as compared to birth limiting. Current use of contraceptives is mostly aimed for birth spacing than limiting of births, which might mean women still prefer large family with reasonable spacing.

The study also reported that there has been more attention dedicated to prevention of adolescent pregnancy and childbearing. It has been argued that there is a need to understand the factors that influences adolescent fertility in order to address these challenges. Proportion of adolescents who are not mothers and are attending school decreased as age increases. Adolescents' who were mothers and still attending school, overall a total of 51.5% was reported for the province.

Another study which was reviewed indicated that even though there are several campaigns set to reduce the rate of teenage pregnancy in schools, teenage pregnancy remains a challenge in the province. There also seems to be ignorance or lack of knowledge existing regarding knowledge of Sexual and Reproductive Health and Rights which tends to influence decision making towards pregnancy.

The following common factors were cited as associated with the high rate of teenage pregnancy in their areas: "Poverty, poor socio-economic conditions, low levels of education, maternal complications and at times result in death of both, lack of knowledge regarding the use contraceptives and lack of access to health services, cultural factors such as patriarchal families/societies, economic dependence, social assistance grants such as child support grant.

Communication between parents and adolescents is still a challenge, parents are still resistant to talk with their children regarding sexual issues. The findings of this study also indicated that the nature and quality of relationships shared between an adolescent and their parent can have a major influence on the decisions that they make about sex.

The following barriers or stumbling blocks were identified regarding information and service delivery to teenagers, this includes fear of stigmatization and discrimination; cultural values and morals; lack of knowledge and education; financial constraints, poor socio-economic conditions, gender imbalances, peer pressure; lack of or access to health care facilities; culture; language.

In one of the information sharing session, it was realised that lack of access to sexual and reproductive health and rights prevents individuals from realising their basic rights and undermines individual control over decisions concerning health and education and participation in social and economic life. And that, access to sexual and reproductive health services is extremely crucial for young people. It provides medical care and comprehensive sexuality education, which gives them vital information about their sexualities, sensuality and gender identities and expression.

The following challenges were raced by young people during the information sharing sessions conducted around the province around sexual and reproductive health and rights issues: increasing sexually active adolescents below the age of 16; increasing trends of multiple concurrent sexual relations; increasing trends of inter-generational sexual relations; high level of substance abuse (i.e. alcohol and drugs); teenage pregnancy – declining but still high; teen mums are left behind with schoolwork; illegal termination of pregnancy; high rate of maternal mortality among young mothers; lack of information regarding SRHR.

5.3. RECCOMMENDATIONS

The study revealed that there is no database of Adolescents in the province, therefore it is recommended that there be a consolidated database of adolescents from different stakeholders which are existing in the province which can be used to profile adolescents in the province. Information regarding adolescents can only be retrieved from other groups such as youth or teenage profiles which becomes difficult to make conclusions around adolescents. Information collected does not collect variables suitable for adolescents. It is in that sense that there be a survey specifically for adolescents which can be used to plan and develop policies specifically for adolescents.

There is also gap in literature regarding adolescents nationally, there is lack of or inadequate research and studies regarding adolescents focusing on Sexual and Reproductive Health and Rights issues within sector departments, civil society and

other stakeholders affected. It is recommended that research also be redirected to adolescents in this regard.

There is a gap regarding inter – departmental collaboration and coordination in the implementation of the Adolescent sexual and reproductive health and rights framework. It has also been realised that information from different projects or programmes is not shared among stakeholders, sector departments have different policies, strategies, and guidelines but they are work in silos. It is recommended that key sector departments to draft a MOU, and clearly specify need for collaboration and coordination.

There is a need to establish change agents in rural areas, and replicate what is often implemented in urban areas; there is a need for semi urban youth groups to share information to the rural youth on best practices amongst the youth, e.g. NPO registration of youth; there is a need to capacitate existing organisations and structures to make more appropriate use of resources on SRHR amongst themselves, .e.g. She Conquers Campaign was not supported; Curriculum of Sexual Education (CSE) on social media created challenges for implementation. Teachers alone in implementing CSE to school going learners is not enough, parents too need to play the role.

One of the gaps identified was targeting persons with disabilities, the Department of Health to develop specific guideline on the inclusion of persons with disabilities on issues of sexual and reproductive health and rights.

Strengthen collaborative efforts to address the request of the Department of Basic Education on the Department of Social Development to provide psychosocial support in cases of identified learners who need care, including pre and post counselling services, since it is their expertise.

Key departments to strengthen and ensure quality in documentation of adolescents' pregnancy, deliveries, and termination of pregnancy.

Age of concern as per the Children's Act 38 of 2005, section 134 on access to contraceptives: subsection 2) contraceptives other than condoms may be provided to a child on request by the child and without consent of the parent or caregiver of the child if (a) the child is at least 12 years of age. As a result, it was highlighted as a concern raised by parents in schools, since as per DBE, before any service is provided to the learner, the parent must sign a concern form, which they appreciate, but the act allows children to access such services without their consent as parents. There be clear guideline on how to approach this concern.

Coordination of mapping of SRHR programmes within the province should be done to identify more gaps to recommend to planners and policy developers to beat the high rate of adolescent pregnancy and childbearing in the province.

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