**A CONCEPT NOTE**
**FOR A CONFERENCE TO ADDRESS THE TRIPLE THREAT OF TEENAGE PREGNANCIES, GENDER-BASED VIOLENCE AND HIV AMONG ADOLESCENT PEOPLE IN SOUTH AFRICA: KWAZULU-NATAL**
***BRIDGING THE GAP BETWEEN EVIDENCE, POLICY AND PROGRAMMES***

## Background

The global population growth prospects shows that sub-Saharan Africa (SSA) has the youngest population, with estimated median age of 19.7 years and 60% of the population under 25 years of age. Latin America and the Caribbean, and Asia are the next regions in the world with almost 40% of their population under 25 years old.[1] The demographic transition in Africa, characterized by its declining rates of child dependency, as couples choose to have smaller families, has resulted in a large cohort of young people transitioning into the working age (15-64 years) category. This development presents a unique opportunity for the region to harness and/or maximise the demographic dividend through investment in inclusive and equitable quality of education and training, healthcare, and creation of decent work opportunities.

However, the likelihood of realising the demographic dividend also depends on addressing the plethora of challenges facing the youth. The challenges include lack of employment opportunities, poverty, substance abuse and limited access to education and health services. Besides these challenges, teenage pregnancy, gender-based violence (GBV), and HIV/AIDS continue to pose serious threats to the well-being of youth, especially adolescents and the realization of demographic dividend in sub-Saharan Africa.

In sub-Saharan Africa one in four young women gives birth before their 18th birthday, compared to the global average of 14%. The prevalence of gender-based violence in the continent, including child marriages and Female Genital mutilation (FGM), is also unacceptably high. Recent estimates show that 17% of girls in SSA below 15 years old have undergone FGM, while 35% of women in SSA are married before age 18.

[1] United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022: Summary of Results. UN DESA/POP/2022/TR/NO. 3.Weny, K., Rachel Snow, R. I., and Zhang, S. (2017) The Demographic Dividend Atlas for Africa: Tracking the Potential for a Demographic Dividend Resource date: Sep 2017. https://www.unfpa.org/resources/demographic-dividend-atlas-africa-tracking-potential-demographic-dividend. Accessed: 23/8/2023;

Additionally, the region accounts for a disproportionately high proportion of adolescents living with HIV (89% of the global total).

In South Africa, besides the triple challenge of poverty, unemployment and inequality, which has been the fulcrum of the socio-economic development agenda of the government, adolescents are among the most vulnerable social groups; facing three specific threats: High prevalence of teenage pregnancy, HIV and other sexually transmitted infections (STIs) and Gender Based Violence (GBV) and femicide.

As part of its mandate, the Department of Social Development (DSD) has made, and continues to make significant progress in supporting the physical, biological and psychological growth and development of this sub-population group through strategic and policy interventions, e. g., the National Policy on the Prevention and Management of Learner Pregnancy in Schools. Apparently, this is not only because it is statutorily mandatory but also the fact that "adolescent stage is a very critical stage where majority of people tend to experience or see life in a different light. It is categorised by emotional, biological, and social development and a time to develop the capabilities needed for a productive, healthy, and satisfying life. Health and wellbeing of adolescents is linked to health outcomes later in adult life".[2]

Like all other sub-population groups, improving the health and well-being of adolescents, particularly, female adolescents, is crucial for their productivity, well-being and livelihood now and in the future. This is because the lifestyle-choices they make, behaviour and attitudinal personality characteristics they develop during this stage in their lives are strong predictors of burden of disease in adulthood[3]. Therefore, adolescents require guidance and support to achieve optimal sexual, reproductive, mental, physical and social health across their life-span. They need a productive, healthy, and satisfying life that is not only critical for their wellbeing but also fulfilling the provincial and national development priorities, as well as international obligations such as the Sustainable Development Goals (SDGs)[4] and the country's ICPD+25 Commitments proffered at the 2019 Nairobi Summit in Kenya. On the latter, it is

[2] Statistics South Africa (2022) Profiling health challenges faced by adolescents (10-19 years) in South Africa, Statistics South Africa. Pretoria: Statistics South Africa, 2022 ; Report no. 03-09-15; Citing Patton, G.C., Sawyer, S.M., Santelli, J.S., Ross, D.A., Afifi, R., Allen, N.B., et al. (2016) Our Future: A Lancet Commission on Adolescent Health and Wellbeing. The Lancet, 387, 2423-2478. https://doi.org/10.1016/S0140-6736(16)00579-1

[3] Statistics South Africa (2022) Profiling health challenges faced by adolescents (10-19 years) in South Africa, Statistics South Africa. Pretoria: Statistics South Africa, 2022 ; Report no. 03-09-15; Citing Diane Cooper, Ariane De Lannoy and Candice Rule, Youth health and well-being: Why it matters South African Child Gauge 2015.

[4] United Nations, Youth with Disabilities, why focus on young people with disabilities, Department of Economic and Social Affairs, 2021

pertinent to note that four of the five key thematic areas of South Africa's ICPD+25 Commitments are directly related to adolescents. Thus, the persistence of the three threats to adolescents could be indicative of the province's failure to contribute to the fulfilment of the country's ICPD+25 Commitments, namely,

1. Achieving universal access to sexual and reproductive health as part of universal health coverage (UHC)
2. Addressing gender-based violence and the harmful practices of child, early and forced marriages and female genital mutilation
3. Drawing on demographic diversity to drive economic growth and achieve sustainable development, and
4. Upholding the right to sexual and reproductive health care even in humanitarian and fragile contexts.[5]

Certainly, failure cannot be countenanced let alone allowed to fester given the importance of adolescents in terms of, for instance, their personal well-being, demographic dividends and the country's international obligations, with reference to the Sustainable Development Goals and the ICPD+25 Commitments. In other words, a lot needs to be invested for this age group in order to prepare them for adulthood and have a productive and healthy population in the future.[6] Investment in adolescent health and wellbeing is vital. Investing in the health of adolescents and young adults gives a right to life and development, as supported by the global human rights instruments.[7] This warrants a deeper understanding of the nature and magnitude of the challenges, particularly the triple threat - teenage pregnancy, HIV infections and gender-based violence – as they continue to undermine the realization of the dreams of adolescents and the demographic dividend, particularly in KwaZulu-Natal Province, and by association, South Africa as a whole.

[5] Owusu-Ampomah, K. (2022) Monitoring of ICDP+25 Commitments in KwaZulu-Natal Province and Development of Implementation Plan KwaZulu-Natal Province FINAL RAPID ASSESSMENT REPORT. Author's Copy.

[6] Statistics South Africa (2022) Profiling health challenges faced by adolescents (10-19 years) in South Africa, Statistics South Africa. Pretoria: Statistics South Africa, 2022 ; Report no. 03-09-15; Citing Diane Cooper, Ariane De Lannoy and Candice Rule, Youth health and well-being: Why it matters South African Child Gauge 2015.

[7] WHO, Road traffic injuries, 21 June 2021; Cited in Statistics South Africa (2022) Profiling health challenges faced by adolescents (10-19 years) in South Africa, Statistics South Africa. Pretoria: Statistics South Africa, 2022 ; Report no. 03-09-15; .

## KwaZulu-Natal and the Triple Threat

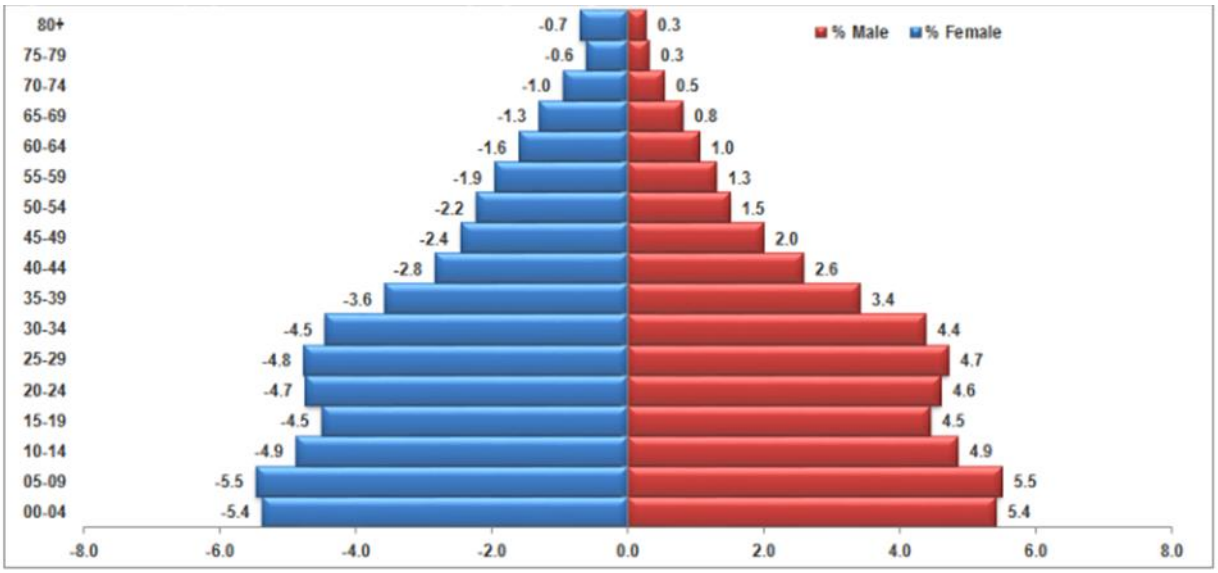
KwaZulu-Natal Province is one of the nine provinces of South Africa. Covering a land area of 93 361km$^2$ - equivalent to 7.7% of South Africa's total land area - the province is the third smallest in South Africa. It is divided into 11 geographic administrative divisions, one metropolitan municipality (eThekwini Metropolitan Municipality) and 10 district municipalities, which are further subdivided into 43 local municipalities. Although KwaZulu-Natal is the third smallest province in terms of land area, it has the second largest proportion (19.0%; n=11 531 628) of the country's population; next to Gauteng, which has the largest share (26.6%; n=16 098 5) of the country's total population, estimated at 60.6 million.[8]

Figure 1 shows the population distribution of KwaZulu-Natal by age and gender in 2018. The figure shows that the adolescent (10-19 years of age) population of the province was 18.8% in 2018, which was above the national average, estimated at 17.4% in the same period. The total adolescent population of the province was ranked third highest behind Eastern Cape (20.3%) and Limpopo (20.6%).[9] Interestingly, the province's adolescent population is split equally between the male (50%) and female (50%) gender categories.

**Figure 1: KZN Population Distribution by Age and Gender, 2018**

[8] South Africa's Provinces (Online) https://www.gov.za/about-sa/south-africas-provinces; Stats Sa. Stats SA's Mid-year population estimates of 2022.

[9] Statistics South Africa (2022) Profiling health challenges faced by adolescents (10-19 years) in South Africa, Statistics South Africa. Pretoria: Statistics South Africa, 2022 ; Report no. 03-09-15;




***Source:*** KZN Provincial Treasury, 2019/2020

Adolescents in the province, like their counterparts in other provinces, face many health risks. In a recent study that profiled health challenges faced by adolescents in South Africa, KwaZulu-Natal was rated among the top three provinces in all the selected health determinants, namely poverty and access to safe drinking water and improved or acceptable sanitation, as well as access to medical aid.

On poverty - defined as monetary or material deprivation – the study found that KwaZulu-Natal was one of the provinces experiencing high levels of child poverty in South Africa. The average proportion of children (persons below 18 years) in households living below the national median household income in KwaZulu-Natal was estimated at 77.4% for the period 2006-2015[10] The other provinces were Eastern Cape and Limpopo, which recorded average child poverty rates of 80.1% and 80.4% respectively during the same period.

**Table 1: KwaZulu-Natal Demographics**

| | |
|---|---|
| Geographical Area | 94,361km$^2$ |
| Total Population (Mid-Year Estimate Statistics South Africa, 2020) | 11 531 628 |

[10] The median household income (PPP) in South Africa was $12,471 in 2021, an increase of 10.4% between the quinquennial period of 2015-2021.

| | |
|---|---|
| Total Adolescent Population (Mid-Year Population Estimates South Africa, 2020) | 2 180 556 (18.9%) |
| Population density (Based on SA Mid-year estimates 2019) | 120 Per Km² |
| HDI (2019) | 0.706[4] |
| Percentage of adolescent population with medical insurance (Stats SA 2022) | 9.4% (2022) |
| Fertility Rates | |
| 2001-2006 | 2.97 |
| 2006-2011 | 2.99 |
| 2011-2016 | 2.77 |
| 2016-2021 | 2.61 |
| Population Groups | |
| Black | 86.8% |
| Indian or Asian | 7.4% |
| White | 4.2% |
| Coloured | 1.4% |
| Other | 0.3% |

On access to safe drinking water and improved or acceptable sanitation, the findings were similar – both below the national average. The percentage of households with adolescents without access to safe drinking water was 20.9% in KwaZulu-Natal, compared with the national average, estimated at 11.4%. At 22.3%, the proportion of households with adolescents without access to improved/acceptable sanitation in the province was below the national average, estimated at 20.0%.

Access to medical health services is also an important determinant in terms of adolescent health. The three provinces with the lowest percentage of adolescents with access to medical aid coverage included KwaZulu-Natal, estimated at 9.4%; followed by Limpopo (8.9%) and Eastern Cape (8.2%).

It is worth noting that the health determinants, especially poverty, are either directly or indirectly associated with one or more of the triple threat - either as a cause or effect, or both - facing adolescents in KwaZulu-Natal Province and South Africa as a whole.

**Teenage Pregnancy**

Teenage pregnancy has particularly been very challenging in relation to health risks and girls' education and career prospects in South Africa, especially KwaZulu-Natal Province. According to Statistics South Africa (2022), KwaZulu-Natal recorded the highest percentage of live births among adolescents registered at both Department of Home Affairs (24.7%) and delivered in Public Health Facilities in 2019. It was the only province with registered live births above 20% at Department of Home Affairs and in Public Health facilities in 2019 (Table 2).

**Table 2 Distributions of recorded live births among adolescents Registered at Department of Home Affairs and in Public Health Facilities by Province, 2019**

| | Live Births Registered at Department of Home Affairs | | Live Births in a Public Health Facility | |
|---|---|---|---|---|
| **Province** | **Number** | **Percentage (%)** | **Number** | **Percentage (%)** |
| **Western Cape** | 8828 | 8.3 | 11 195 | 8.7 |
| **Eastern Cape** | 15348 | 14.4 | 17 802 | 13.8 |
| **Northern Cape** | 3441 | 3.2 | 4 057 | 3.1 |
| **Free State** | 5131 | 4.8 | 6 117 | 4.7 |
| **KwaZulu-Natal** | 26296 | 24.7 | 36 236 | 28.0 |
| **North West** | 6730 | 6.3 | 8 044 | 6.2 |
| **Gauteng** | 14577 | 13.7 | 15 596 | 12.1 |
| **Mpumalanga** | 10667 | 10 | 12 141 | 9.4 |
| **Limpopo** | 15365 | 14.4 | 18 035 | 14.0 |
| **South Africa** | 106383 | 100 | 129 223 | 100.0 |

***Source***: Stats SA, 2022

The datasets in Table 1, coming from two independent sources - Department of Home Affairs and Public Health facilities - suggest that teenage pregnancy is a more serious challenge in KwaZulu-Natal than in any other province. Although this observation is based on cross-sectional datasets, it is confirmed by longitudinal datasets reflecting trends in teenage pregnancies over a quinquennial period, 2017/18 – 2021/22, as shown in Tables 3 and 4. In both tables the datasets show that KwaZulu-Natal

registered the highest numbers of live births among the10–14-year-old and 15–19-year-old categories of adolescent girls between 2017/18 and 2021/22.

In Table 3, while KwaZulu-Natal consistently registered the highest numbers of deliveries (closer to 30000 -35000) per year in the 15-19-year-old category of adolescent girls during the accounting period, 2017/18 to 2020/21, the province also shared the top spot with Limpopo, with both provinces having increases in rates of deliveries closer to 60-70 deliveries per 1000 teenagers.

**Table 3: Numbers of deliveries and rates per 1 000 in 15 - 19-year-old adolescent girls in the public sector, by province and by year**

| Province | Delivery numbers and rates | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22* | Increase 2017/18 - 2020/21, % |
|---|---|---|---|---|---|---|---|
| Eastern Cape | Numbers | 15 114 | 16 742 | 17 211 | 17 740 | 9 531* | 17.4 |
| | Rates | 51.7 | 57.1 | 59.0 | 60.1 | 62.1 | 16.1 |
| Free State | Numbers | 4 832 | 5 618 | 6 054 | 6 206 | 3 430* | 28.4 |
| | Rates | 40.3 | 44.6 | 50.1 | 50.0 | 54.2 | 24.2 |
| Gauteng | Numbers | 17 315 | 14 501 | 15 251 | 19 316 | 10 574* | 11.6 |
| | Rates | 35.3 | 27.9 | 29.7 | 36.2 | 39.0 | 2.5 |
| KwaZulu-Natal | Numbers | 31 893 | 34 442 | 35 467 | 34 578 | 18 204* | 8.4 |
| | Rates | 62.9 | 67.2 | 72.7 | 69.7 | 71.0 | 10.7 |
| Limpopo | Numbers | 15 860 | 16 210 | 18 363 | 18 893 | 9 176* | 19.1 |
| | Rates | 60.0 | 60.3 | 72.1 | 72.0 | 67.2 | 20.0 |
| Mpumalanga | Numbers | 9 652 | 11 229 | 11 786 | 13 879 | 7 267* | 43.8 |
| | Rates | 49.5 | 56.6 | 61.0 | 71.1 | 72.8 | 43.7 |
| Northern Cape | Numbers | 3 447 | 3 942 | 3 870 | 3 871 | 2 005* | 12.3 |
| | Rates | 68.5 | 76.2 | 74.2 | 72.1 | 74.3 | 5.2 |
| North West | Numbers | 6 107 | 7 700 | 7 922 | 8 806 | 4 838* | 44.2 |
| | Rates | 40.6 | 47.9 | 50.3 | 54.6 | 58.1 | 34.7 |
| Western Cape | Numbers | 10 109 | 10 675 | 11 104 | 10 978 | 5 631* | 8.6 |
| | Rates | 43.0 | 44.0 | 45.5 | 43.9 | 43.7 | 2.1 |
| South Africa | Numbers | 114 329 | 121 059 | 127 028 | 134 267 | 70 656* | 17.4 |
| | Rates | 49.6 | 51.0 | 54.8 | 56.6 | 57.9 | 14.1 |

*The numbers in 2021/22 for deliveries and terminations are for the period 1 April 2021 - 30 September 2021, a 6-month period. To enable calculation of annual rates, these numbers were extrapolated (doubled).

***Source:*** *District Health Information System; cited in Baron et al 2022*

**Table 4: Numbers of deliveries and rates per 1 000 in 10 - 14-year-old adolescent girls in the public sector, by province and by year**

| Province | Delivery numbers and rates | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22* | Change 2017/18 - 2020/21, % |
|---|---|---|---|---|---|---|---|
| Eastern Cape | Numbers | 360 | 425 | 671 | 661 | 372* | 83.6 |
| | Rates | 1.0 | 1.2 | 1.8 | 1.7 | 2.0 | 69.0 |
| Free State | Numbers | 126 | 161 | 192 | 127 | 76* | 0.8 |
| | Rates | 0.9 | 1.2 | 1.4 | 0.9 | 1.0 | -5.8 |
| Gauteng | Numbers | 343 | 419 | 631 | 934 | 312* | 172.3 |
| | Rates | 0.7 | 0.8 | 1.1 | 1.7 | 1.1 | 150.3 |
| KwaZulu-Natal | Numbers | 609 | 987 | 704 | 771 | 544* | 26.6 |
| | Rates | 1.1 | 1.8 | 1.3 | 1.3 | 1.8 | 20.2 |
| Limpopo | Numbers | 378 | 377 | 447 | 512 | 237* | 35.4 |
| | Rates | 1.2 | 1.2 | 1.4 | 1.6 | 1.4 | 26.1 |
| Mpumalanga | Numbers | 363 | 590 | 618 | 452 | 282* | 24.5 |
| | Rates | 1.7 | 2.7 | 2.8 | 1.9 | 2.4 | 12.7 |
| Northern Cape | Numbers | 115 | 99 | 134 | 125 | 56* | 8.7 |
| | Rates | 2.1 | 1.7 | 2.2 | 2.0 | 1.8 | -4.9 |
| North West | Numbers | 123 | 157 | 149 | 153 | 122* | 24.4 |
| | Rates | 0.7 | 0.8 | 0.8 | 0.8 | 1.2 | 10.0 |
| Western Cape | Numbers | 309 | 312 | 324 | 318 | 225* | 2.9 |
| | Rates | 1.2 | 1.2 | 1.2 | 1.1 | 1.6 | -9.3 |
| South Africa | Numbers | 2 726 | 3 527 | 3 870 | 4 053 | 2 226* | 48.7 |
| | Rates | 1.1 | 1.3 | 1.4 | 1.5 | 1.6 | 36.7 |

*The numbers in 2021/22 for deliveries and terminations are for the period 1 April 2021 - 30 September 2021, a 6-month period. To enable calculation of annual rates, these numbers were extrapolated (doubled).

***Source:*** District Health Information System; cited in Baron et al 2022

Evidently, there have been persistently high numbers of teenage pregnancies within the Province of KwaZulu-Natal, and in South Africa as a whole. However, from the perspective of Department of Education, prevalence of learner pregnancy at the district municipality level had shown a steady decline from 3024 in 2016 to 715 in 2021(Table 5) until a dramatic upturn of teenage pregnancy plunged the province into a seemingly systemic crisis. Between April and December 2022, the province is reported to have recorded 26, 515 adolescent pregnancies. According to the KwaZulu-Natal Health MEC, Ms. Nomagugu Simelane, 1254 of the pregnancies were girls aged 10 -14 years old. Besides, the MEC disclosed that in February this year (2023), Statistics South Africa data showed that 90 037 adolescents aged 10 to 19 had given birth from March 2021 to April 2022.

**Table 5: Total Learner Pregnancies Reported By District**

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | TOTAL |
|---|---|---|---|---|---|---|---|
| **Amajuba** | 396 | 192 | 128 | 134 | 30 | 60 | 940 |
| **Harry Gwala** | 146 | 58 | 113 | 57 | 6 | 1 | 381 |
| **iLembe** | 362 | 261 | 204 | 194 | 119 | 68 | 1208 |
| **King Cetshwayo** | 203 | 252 | 244 | 111 | 41 | 44 | 895 |
| **Pinetown** | 436 | 222 | 133 | 113 | 60 | 85 | 1049 |
| **uGu** | 84 | 294 | 316 | 278 | 55 | 145 | 1172 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **uMgungundlovu** | 457 | 167 | 173 | 187 | 70 | 29 | 1083 |
| **Umlazi** | 323 | 227 | 164 | 120 | 41 | 100 | 975 |
| **uMkhanyakude** | 80 | 416 | 259 | 143 | 69 | 58 | 1025 |
| **uThukela** | 0 | 107 | 134 | 95 | 19 | 18 | 373 |
| **Zululand** | 0 | 279 | 160 | 142 | 62 | 40 | 683 |
| **TOTAL** | 3024 | 2622 | 2102 | 1649 | 594 | 715 | 10706 |

***Source*:** Shabangu, 2023

Commenting on the "startling figures", the Health MEC described the situation as "a disgrace" at a forum to commemorate the youth month (June 16). Among other things, the MEC added,

> "We can talk until blood comes out of our eyes, but if we, as parents and guardians, don't take responsibility for raising our kids properly, nothing will ever change.
>
> ."It is a disgrace that, in this community [Amajuba], we have seen more than seven school-going children falling pregnant in April and May. This is not (only) a government disgrace, but a disgrace, parents, for us, as the black nation, because such things are only happening in the black community." [11]

Several factors account for teenage pregnancy. The list includes:

- Early school drop-out, which has been increasing especially at the primary education level and after Grade 10
- Lack of parental care, due largely to dysfunctional families and absentee fathers
- Lack of sexual and reproductive health knowledge and access to opportunities for open communication about sexuality
- Power imbalance in gender or sexual relations and sexual violence against young women and girls, including statutory rape
- Intensified sexual networking as a result of migration and/or mobility, poverty, unemployment and peer pressure, which in various ways drive sexual experimentation and risky sexual behaviour; and
- The "sugar daddy" or "blesser-blessee" phenomenon

[11] Sobuwa Y. (2023) 'A disgrace for the black nation' - KZN MEC concerned at 26 515 teen pregnancies in eight months accreditation; *News24* https://www.news24.com/news24/southafrica/news/a-disgrace-for-the-black-nation-kzn-mec-concerned-at-26-515-teen-pregnancies-in-eight-months-20230618, 18th June 2023.

- Child Poverty (monetary and material deprivation)
- Low educational level
- Lack of employment.

The impact of teenage pregnancy can have far-reaching consequences on the lives of affected adolescent girls, parents and individuals; community and society as a whole. It can undermine not only the rights of girls to education and career prospects but also their overall well-being. It can also aggravate poverty, obstetric complications and the possibility of contracting HIV and other sexually transmitted infections (STIs). It increases the burden of disease, productivity and resource allocation, with detrimental effect on the national and provincial fiscus, demographic dividend and economic growth and development. It is therefore imperative for necessary measures to be taken to prevent or, at least, reduce the incidence and prevalence of teenage pregnancy, and its concomitant impact on individuals, parents and the country as a whole.

## HIV and AIDS

Trends in HIV prevalence and incidence may be dissimilar to those of teenage pregnancy, but HIV continues to be a threat to life and socio-economic growth and development of the country. In recent years, there are noticeably high incidence or new infections and fatalities of HIV, particularly amongst adolescents and youth. In a recent study, an estimated 70 000 adolescent girls and young women were reported to have acquired HIV in South Africa,[12] accounting for approximately 35% of all new HIV infections in the country in 2019. The authors estimated HIV prevalence among female individuals aged 15 to 19 at 5.8%, peaking at 15.6% among those aged 20 to 24 years.[13] According to the researchers the highest annual HIV incidence in any subpopulation is among adolescent girls and young women (1.5%) aged 15 to 24

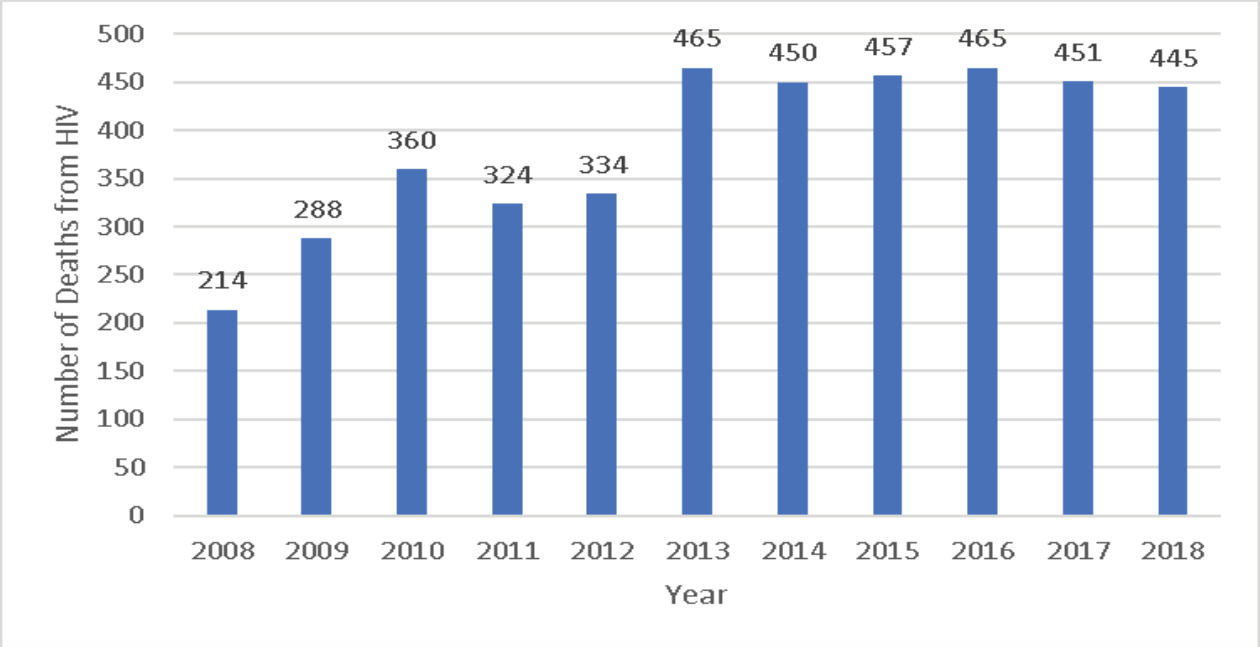
[12] Govender, K., Beckett, S., Reddy, T., Cowden, R. R., Cawood, C., Khanyile, D., Kharsany A. B. M., George, G., Puren, A. (2018) Association of HIV Intervention Uptake With HIV Prevalence in Adolescent Girls and Young Women in South Africa; citing UNAIDS. South Africa: new HIV infections. 2018. Accessed October 27, 2020. https://aidsinfo.unaids.org/

[13] Govender, K., Beckett, S., Reddy, T., Cowden, R. R., Cawood, C., Khanyile, D., Kharsany A. B. M., George, G., Puren, A. (2018) Association of HIV Intervention Uptake With HIV Prevalence in Adolescent Girls and Young Women in South Africa; citing Simbayi L, Zuma K, Zungu N, et al. South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, 2017: Towards Achieving the UNAIDS 90-90-90 Targets. HSRC Press; 2019

years, with concomitant HIV-related deaths, estimated at approximately 3900 per year.[14]

Stats SA data also show a steady increase in the number of deaths from HIV of adolescents from 214 to 360 cases between 2008 and 2010 in South Africa (Table 2).

**Figure 2. Number of deaths from HIV among adolescents in South Africa by year**

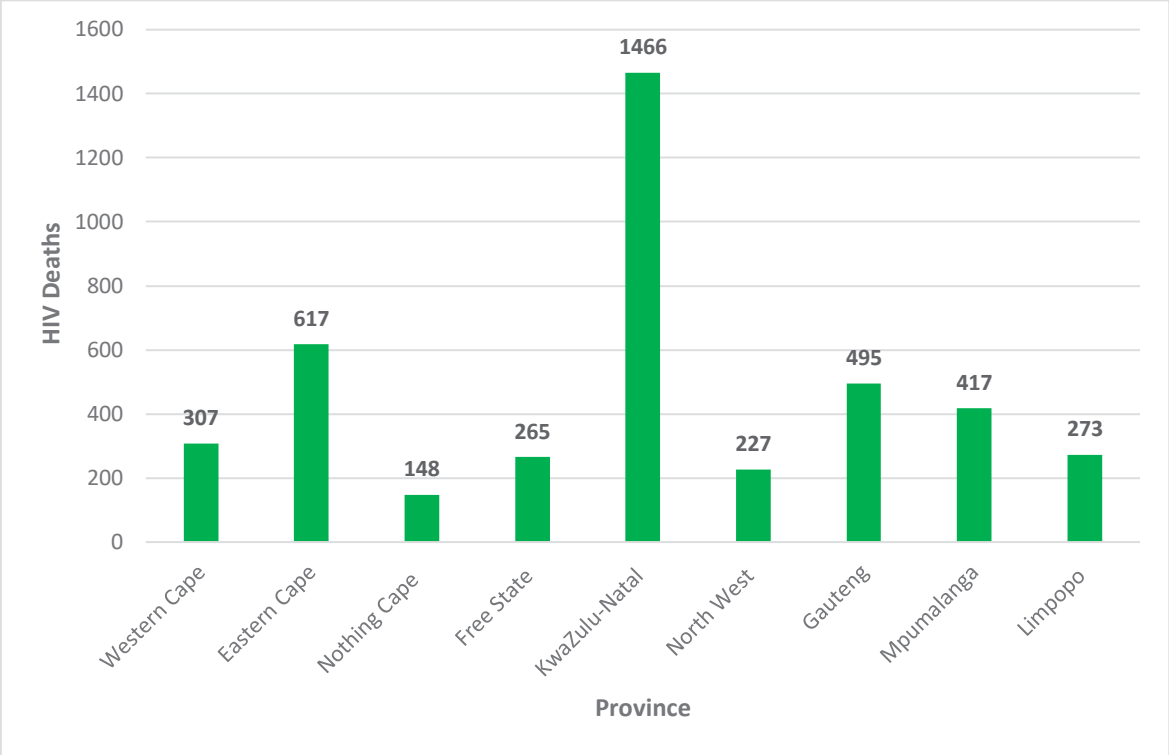



***Source:*** Stats SA, 2018, 2022

Adolescents are at increased risk of HIV infection compared to other age groups, as this is illustrated in table 2 figure 14.8. There is an urgent need for strategic planning that will inform programmes to reduce risk and vulnerability to HIV and reverse the pattern of HIV infection as they transition to adulthood.

**Figure 3: Number of deaths from HIV among adolescents by province**

[14] Govender, K., Beckett, S., Reddy, T., Cowden, R. R., Cawood, C., Khanyile, D., Kharsany A. B. M., George, G., Puren, A. (2018) Association of HIV Intervention Uptake With HIV Prevalence in Adolescent Girls and Young Women in South Africa




**Source**: Mortality and causes of death, 2008-2018; Statistics SA, 2022

The data set also shows that from 2013 to 2018, deaths due to HIV remained stable at an average of 456 cases per year among 10 – 19 years old in South Africa. Notably. KwaZulu-Natal had the highest HIV deaths at 1 466 cases, followed by Eastern Cape with 617 cases and Northern Cape, a low of 148 cases (Table 3).

Interestingly, a recent study reports a decline in the crude incidence rate (new HIV infections) in KwaZulu Natal, South Africa although trends in rates of incidence among women (15-49 years) is still higher than those among men (15-54 years). The researchers attribute the decline in the crude incidence rate to the scale-up of HIV treatment, which in turn, together with youth-focused prevention interventions and voluntary male circumcision have changed the age distribution of HIV incidence in South Africa.

The study found that whilst HIV incidence had fallen significantly among young people aged 15 to 24, HIV prevalence had more than doubled in those over 25, due to people who already have HIV getting older and increasing life expectancy. The results of the study, according to the researchers, provide direct epidemiological evidence of the changing demographics of HIV in Sub-Saharan Africa in the era of large-scale HIV

treatment and prevention; and highlight the need to re-evaluate age targets for intervention strategies going forward.[15]

We couldn't agree more with the researchers. HIV transmission transcends all social and age barriers. The health and well-being of any age group e.g., adolescents, therefore, cannot be isolated from the health and well-being of other age groups in any society. As the study has shown, focusing on specific age-targets should not be at the expense of other age groups. This is a lesson to be shared and the proposed conference offers an opportunity for dissemination and action in the interest of the young ones and society at large.

**Gender-Based Violence**

Gender Based Violence is characterised by unequal power relations, usually between men and women, and while GBV may be directed at men, it is generally directed at women. Perpetrators of GBV have also targeted gay men, transgender people and lesbians based on their gender identity or sexuality. The most pervasive form of gender-based violence is abuse of a woman by intimate male partners. GBV includes battering, sexual abuse of female children in the household, early marriage, forced marriage, female genital mutilation and other traditional practices harmful to women, sexual harassment and intimidation at work, in school and elsewhere, commercial sexual exploitation, and trafficking of girls and women.

"Women and girls are being abused, assaulted, and murdered in our country every day – at the hands of men. We are in the throes of a deep crisis that must be brought to a decisive end" (Ramaphosa, 2020).

A study undertaken by the South African Medical Research Council shows that about 1 in every 4 women aged 18 - 49 years in SA has experienced IPV. Furthermore, a community-based study in SA among 3 515 children aged 10 - 17 years revealed that 31.2% of adolescent girls had ever experienced physical abuse in their lifetimes, with 8.4% reporting sexual abuse or rape.

[15] Akullian A et al. (2021) Large age shifts in HIV-1 incidence patterns in KwaZulu-Natal, South Africa. Proceedings of the National Academy of Sciences 118: e2013164118, 13 July 2021 (open access); https://doi.org/10.1073/pnas.2013164118; Nuh, O. (2021) As HIV incidence declines in South Africa, new infections are concentrating in those over 25 24 September 2021 https://www.aidsmap.com/news/sep-2021/hiv-incidence-declines-south-africa-new-infections-are-concentrating-those-over-25 (Accessed: 26/06/2023)

**Table 3. Trends in Sexual Assault Cases Under 12 Years Seen In Public Health Facilities**

| 2016/17-2021/22 | | | | | | | |
|---|---|---|---|---|---|---|---|
| **DISTRICT** | **2017/18** | **2018/19** | **2019/20** | **2020/21** | **2021/22** | **TOTAL** | **%Change 2017/18-2021/22** |
| **Amajuba** | 274 | 283 | 315 | 235 | 292 | 1399 | 6.6 |
| **eThekwini** | 1396 | 1221 | 1217 | 969 | 990 | 5793 | -29.1 |
| **Harry Gwala** | 56 | 65 | 83 | 40 | 39 | 283 | -30.4 |
| **iLembe** | 227 | 187 | 197 | 171 | 162 | 944 | -28.6 |
| **King Cetshwayo** | 424 | 325 | 436 | 344 | 300 | 1829 | -29.2 |
| **uGu** | 306 | 350 | 375 | 279 | 282 | 1592 | -7.8 |
| **uMgungundlovu** | 658 | 705 | 719 | 623 | 679 | 3384 | 3.2 |
| **uMkhanyakude** | 96 | 79 | 110 | 85 | 83 | 453 | -13.5 |
| **uMzinyathi** | 132 | 173 | 146 | 130 | 157 | 738 | 18.9 |
| **uThukela** | 214 | 307 | 287 | 213 | 209 | 1230 | -2.3 |
| **Zululand** | 303 | 211 | 202 | 135 | 152 | 1003 | -49.8 |
| **Total** | **4086** | **3906** | **4087** | **3224** | **3345** | **18648** | -18.1 |

***Source:*** Adapted from Shabangu, 2023

In the past five years a total of 18,648 sexual assault cases of adolescents under 12 years were seen in public health facilities in KwaZulu-Natal Province (Table 4). eThekwini recorded the highest number of cases, 5,793 followed by uMgungundlovu (3384), and King Cetshwayo (1829). Harry Gwala and uMkhanyakude recorded the lowest cases, 283 and 453 respectively. The figures indicate that comparatively, rural district municipalities are less likely to be hotspots of sexual assault cases of adolescents under 12 years seen in public health facilities.

In KwaZulu-Natal the DoH manages approximately 11 000 cases of sexual assault annually. About half of these are managed at the eight fully-functional Thuthuzela Care Centres. The overwhelming majority of these cases involve women and children. More than 95% of the victims are females. Approximately one third of the victims are children under the age of 12 years. Access is denied to our patients because of the terrain and vast distances to be covered exacerbated by poverty. Economics and poverty make some people more vulnerable to sexual assault. Another important

barrier to effective management of these patients is having professional staff with the appropriate clinical skill set; hence training is an important part of the strategy.

Access is denied to our patients because of the terrain and vast distances to be covered exacerbated by poverty. Economics and poverty make some people more vulnerable to sexual assault. Another important barrier to effective management of these patients is having professional staff with the appropriate clinical skill set; hence training is an important part of the strategy.

Another vulnerable category of victims of sexual assault involves the disabled sector and particularly the mentally challenged. An important trend is the use of alcohol and drugs by perpetrators to abuse victims sexually. More than one third of victims report late, that is, after the critical 72 hour- period, which compromises the forensic evidence collection and the provision of Prophylaxis for HIV and other infections.

There is a need to create awareness of the devastating impacts of the triple threat. Not only does it put pressure on population and development, it also increases the burden on healthcare and other vital social services. It also negatively affects girls and women's empowerment; and reduces their opportunities to engage in development at household, community and national levels. More importantly, there is also a need to focus on the implementation of the progressive policies already developed in order to address emerging issues that might influence such implementation including the Covid-19 pandemic and resultant measures that saw a spike in the triple threat.

**Mental Health: A Cross-cutting Issue**

Studies show that there is a complex and reciprocal relationship between mental health and the triple threat to adolescents - teenage pregnancy, GBV and HIV/Aids. The Perinatal Mental Health Project (PMHP) asserts that mental disorders during and after pregnancy represent a growing disease burden in developing countries, and one of the major contributing factors, besides poverty, HIV/AIDS, lack of support and domestic violence, is teenage pregnancy. Much of the literature concurs that not only are young mothers more likely to experience depression during this time but also their babies and children are more at risk for prematurity and low birthweight; and later for developmental delays and behaviour disorders.[16]

[16] **Perinatal Mental Health Project (Undated)** Adolescent Pregnancy and Mental Health, www.pmhp.za.org

Other scholars[17] argue further that mental health can be both an antecedent and contributing factor to pregnancy and a concurrent factor wherein pregnancy itself can contribute to depression. These scholars maintain that expectant and parenting teens are faced with the simultaneous challenges of pregnancy and parenting while navigating the developmental tasks of adolescents, which increases their risk for mental health problems. Furthermore, they argue that adolescents growing up in stressful community home situations where their parents experience depression further places them and their children at greater risk of repeated patterns over time.

Besides direct consequences of teenage pregnancy such as prematurity and low birth weight, the literature also shows that children born to teen mothers tend to have poor health, low cognitive development, worse educational outcomes and a high probability of becoming teen parents themselves. Such children often live in single-parent poor environment, which may lead to high rate of behavioural and mental issues, often influenced by gender (boys are more susceptible) and the mother's state of mind, particularly, where the teen mother has depression or anxiety symptoms.[18]

Studies in Australia and elsewhere are reported to have found that a strong and consistent association between violence from men and common mental disorders among women in Australia and in both high- and low-income countries. The Australian study found a high incidence of first-onset mental disturbance among women within one to five years after exposure to GBV, compared with the onset of mental health disorders for a marched sample of women who were not exposed to violence from men. The study further found that women exposed to one form of GBV (i.e., rape, other forms of sexual assault, physical intimate partner violence had double the rate (58%) of developing a common mental disorder, including depressions, anxiety disorder, post-traumatic stress disorder (PTSD), substance abuse or attempted suicide, compared with a rate of 27% among women who had not experienced GBV.[19]

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[17] **Tebb, K. P.** and **Brindis, C. D. (2022)** Understanding the Psychological Impacts of Teenage Pregnancy through a Social-ecological Framework and Life Course Approach, https://www.thieme-connect.com/products/ejournals/pdf/10.1055/s-0041-1741518.pdf

[18] **Goossens, G., Kadji, C. and Delvenne, V. (2015)** Teenage Pregnancy: A Psychopathological Risk for Mothers and Babies? *Psychiatria Danubina,* 2015; Vol. 27, Suppl. 1, pp 499–503 Conference paper; citing **Letourneau N, Stewart M & Barnfather A. (2004)** Adolescent mothers: Support needs, Ressources and Support-Education Interventions. *J Adolesc Health* 2004; 35:509-525. **Spieker S, Larson N, Lewis S, Keller T & Gilchrist L (1999)** Developmental trajectories of Disruptive behaviour Problems in Preschool Children of Adolescent Mothers. *Child Development* 1999; 70:443-458.

[19] **Rees S, Silove D, Chey T**, et al. Lifetime prevalence of gender-based violence in women and the relationship with mental disorders and psychosocial function *JAMA 2011*; 306: 513-521; cited in **Rees, S. and Fisher, J.**

Gender-based violence statistics in South Africa are reportedly equal to a country at war, and as many as 51% of women have experienced gender-based violence, with devastating impact on their mental health.[20] Thus, adolescents in South Africa may be at particular risk for complications associated with gender-based violence. Experiencing GBV, especially forced sex at an early age could influence women's sexual behaviour in later years, including having unprotected sexual intercourse; and thereby exposing themselves to greater risk of sexually transmitted infection, such as HIV/AIDS, and pregnancy,[21] both of which could, in turn, spawn complications, such as mental disorders.

According to the World Health Organisation, mental health and HIV/AIDS are closely interlinked; mental health problems, including substance-use disorders, are associated with increased risk of HIV and AIDS and interfere with their treatment, and conversely some mental disorders occur as a direct result of HIV infection".[22] This observation is confirmed in a recent study that deliberates on rethinking in regard to mental health wellness among adolescents living with HIV in Africa. According to the study, adolescents living with HIV (ALHIV) are considered to be at risk for developing mental health problems in comparison to their peers due to the burden of living with a stigmatized condition and managing a chronic condition.[23]

The literature does not only agree on the complexities of the relationship between mental health and the triple threat but also the devastating impact of the phenomena, as a whole, and the need for urgent interventions. Not only does mental health and its concomitant risks and consequences put pressure on population and development, it also increases the burden on healthcare and other vital social and economic services. It also negatively affects girls and women's empowerment; and reduces their opportunities to engage in development at household, community and national levels.

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**(2016)** Gender-Based Violence and Women's Mental Health: How should the GP respond? ***Medicine****Today, 2016; 17(3):14-20.*

[20] **Fedhealth (2021)** Gender-based Violence and Mental Health; https://www.fedhealth.co.za/gender-based-violence-and-mental-health-1/ Accessed:7/8/2023

[21] **Mosavel, M., Ahmed, R. and Simon, C. (2011)** Perceptions of gender-based violence among South African youth: implications for health promotion interventions, *Health Promotion International*, Vol. 27 No. 3 doi:10.1093/heapro/dar041; https://academic.oup.com/heapro/article/27/3/323/750755 by guest on 07 August 2023; Citing **Jewkes, R. (2000)** Violence against women: an emerging health problem. *International Clinical Psycho pharmacology*, 15 (Suppl. 3), S37–S45.z and **Varga, C. and Makubalo, L**. (1996) Sexual (non)-negotiation among black African teenagers in Durban, South Africa. *Agenda*, 23, 31–38.

[22] **WHO (2008)** HIV/AIDS and Mental Health: Report by the Secretariat; **WHO (2005)** Mental Health and HIVAIDS therapy series, Geneva, World Health Organisation

[23] Orth, Z. and Van Wyk, B, (2022) Rethinking mental health wellness among adolescents living with HIV in African context: An integrative review of mental wellness T5869

More importantly, there is also a need to focus on the implementation of the progressive policies already developed in order to address emerging issues that might influence such implementation including the Covid-19 pandemic and resultant measures that spawned a spike in the triple threat.

South Africa hosted the 8th BRICS Meeting of Officials and Experts on Population Matters on the 12 -15 September 2023 and partnership was thereafter formed. It became evident that the BRICS countries are faced with challenges of population and development affecting adolescent and young people. There are gaps that are existing when it comes to frameworks for interventions at which South Africa is still battling to be on par with other BRICS Countries. Hence, promoting an exchange and cooperation on population matters is of great significance for common development of BRICS Countries especially for the benefit of South Africa.

As part of the interventions focusing on a) Drivers of demographic change including Education and Sexual Reproductive Health and Rights; b) Demographic dividend: Childhood Development, Youth Development; c) Gender and; d) Migration, it is therefore empirical that BRICS meeting of officials and experts on Population matters forms a framework cooperation. This will allow for the following aspects:

(a) BRICS to monitor the Population Policy in all the associated countries;
(b) To guide in the review of the Population Policy;
(c) To strengthen and/ or develop a Population Commission in each Country;
(d) Professionalization, development of Professional Board and development of Norms and Standard for Demographers

The KwaZulu-Natal Government has therefore taken an initiative to focus on the challenges faced by adolescents of South Africa through the coordination and planning of the Triple Threat Conference. The Provincial Government is also in a view that the participation of BRICS can also yield fruitful results in addressing these challenges. The partnership and the opportunities that currently exists will contribute positively to the development of the Programme of Action for the upcoming Conference and influence the implementation of the Programme of Action. The solutions will not only favour South Africa but will also extend to other Sub-Saharan Africa as a whole.

## Purpose of the Conference

The issues outlined in this concept note and other challenges facing adolescents - female and male - demand interrogation. The critical question: How do we improve the quality of life and guarantee the future that we all desire for our female and male adolescents, and through them, for our province and country as a whole? In this regard, the summit aims, among other things, to:

- Bring together key stakeholders from government, civil society, academia, development partners, relevant UN agencies and the private sector to deliberate on the triple threat of teenage pregnancy, gender-based violence, and HIV/AIDS among young people in South Africa (KwaZulu-Natal).
- Explore innovative cross-sectoral approaches, strategies and actions to address these challenges, particularly their intersection with Sustainable Development Goals (SDGs) on education, environment, climate change, livelihoods, gender, and adolescent health issues.
- Examine existing interventions to identify gaps and weaknesses, if any, and finding solutions to them
- Carry out an environmental analysis of constraints and opportunities for taking empowerment forward

At another level it is expected that the outcomes of the conference will:

- Complement the outcomes of the provincial and departmental evaluation plans regarding the health, education and wellbeing of adolescents for the Medium-Term Strategic Framework for the period 2019-2024
- Contribute towards the assessment of the government's performance in regard to its development policy priorities and strategic goals in general, and specifically, in the context of young women and girls, and
- Foster the alignment of international development programmes and agenda to the realities of the social conditions and empowerment of adolescents, in KwaZulu-Natal.

To achieve these aims and outcomes the conference shall be guided by the following objectives:

- Provide a forum for constructive discussions and reflexive engagements of all stakeholders on the socio-cultural dynamics of our society; and existing policies, strategies and programmes aimed at empowering the youth, especially girls.
- Identify and better understand the reasons why empowerment policies and programmes are not working for all young women and girls.
- Explore the possibilities of adding value to existing interventions and chart pathways towards innovative and pragmatic intervention options.
- Discuss and identify effective and efficient approaches to the utilisation of scarce resources to transform the lives of adolescent men and girls in the province, working in collaboration with provincial and national departments,

## Format/Approach

The conference will be a two-day hybrid event hosting 350 participants, some physically present and others online. A keynote address will be followed by a panel discussion moderated by a respectable expert in the field. The panellists will share their experiences and perspectives on the triple threat, and proffer cross-sectoral approaches to addressing it, particularly the intersection of the triple threat and sustainable development goals on education, environment, climate change, livelihoods, gender, and youth issues.

The three-day conference is scheduled for 21–23 November 2023, in Durban Umhlanga Coastland, KwaZulu-Natal Province, South Africa.

Participants will be expected to submit papers for presentation in the months of September and October, 2023. All papers submitted and accepted for presentation will be published as conference proceedings in a special issue of the UKZN *Alternation* Journal.

The discussion will be structured around the following themes:

- Understanding the triple threat: teenage pregnancies, gender-based violence, and HIV/AIDS among young people in Africa.
- Cross - sectoral approaches to addressing the triple threat, particularly the intersection with sustainable development goals on education, environment, climate change, livelihoods, gender, and youth issues.
- Local and international best practices and lessons learned from successful programmes and initiatives.
- Challenges and opportunities in scaling up cross-sectoral approaches.

## Committees for planning

- Academic panel responsible for submission of papers review and editing.
- Logistics and Administration team committee
- Conference Team committee

## Partners

- Provincial Departments, especially Health, Education & OTP
- UKZN: Technical and financial support
- UNFPA: Technical and financial support
- International Treatment Preparedness Coalition (ITPC)
- UNIZULU: Technical and Financial Support

- DUT: Technical
- OTP HIV: Technical support
- SANEC
- Business Community
- Non-Profit and Non-Governmental Organisations
- CAPRISA

**Financial Implications**

**Venue:** UKZN to provide venue for the Seminar

**Refreshments:** DSD to provide refreshments

**Transportation of selected Adolescents:** DSD to provide transportation

Transportation of civic society