



## Youth Health

*The world today is experiencing an unprecedented increase in the number of young people. One in every five persons in the world is a young person. In South Africa, there are currently about 18 million people under the age of 20 years.<sup>1</sup> These young people account for approximately 44% of the total population. Young people are at risk of a broad range of health problems. Sexual and reproductive health behaviours are among the main causes of death, disability, and disease amongst young people; among these health problems are sexually transmitted diseases (STDs), HIV/AIDS, unwanted pregnancies, and pregnancy-related complications. In the past few years, the spread of HIV infection among South Africa's youth has been daunting. Between 1997 and 1998 alone HIV infection rates amongst young people almost doubled. Although fertility is declining amongst all age groups, one third of all teenagers have been pregnant or had a child by the age of nineteen years. Young people are also at risk of physical and psychological trauma resulting from sexual abuse, gender-based violence, and other forms of physical violence and accidents.*

*Policies and programmes have been developed to address the problems and challenges facing the youth in South Africa. The rapid spread of the HIV epidemic especially amongst adolescents has also meant that programmes have had to focus their attentions on interventions that aim to raise awareness and influence positive behaviour change among adolescents. Such interventions include media campaigns, lifeskills, and peer education. These interventions need to be supported by services that are both accessible and acceptable to adolescents. The National Adolescent Friendly Clinic Initiative (NAFCI) and the Y-Centre model are some examples of how services are being made more accessible and acceptable to adolescents.*

*This chapter aims to bring together information from a wide range of sources to provide a picture about the health status of young people in South Africa. The major health problems and needs of young people are highlighted. The chapter also gives a summary of national policies and programmes for young people in South Africa. Although an attempt has been made to identify the main programmes and key stakeholders in the provision of health care to young people, inadvertently some omissions will have been made. Some recommendations are made for future research and action.*

**Authors**

**Kim Dickson-Tetteh**  
Reproductive Health Research Unit

**Sophia Ladha**  
Reproductive Health Research Unit

**“Youth are the valued possession of the nation. Without them there can be no future. Their needs are immense and urgent. They are the centre of reconstruction and development.”**

**Nelson Mandela, May 1994**

**National Youth Policy 2000, National Youth Commission**

## **Introduction**

The world today is experiencing an unprecedented increase in the number of young people. One in every five persons in the world is a young person.<sup>2</sup> Of an estimated 1.2 billion young people in the world today, 85% of these live in developing countries. In South Africa, there are currently about 18 million people under the age of 20 years.<sup>1</sup> These young people account for approximately 44% of the total population. Twenty one per cent (8.8 million) of young South Africans are adolescents between 10 and 19 years.

In South Africa, the term “youth” has many political and cultural connotations as a result of the apartheid era. The mobilisation of young men and women against apartheid policies and racial oppression aligned young people as instrumental members of the political struggle. In addition, the history of apartheid left a legacy that still affects many young people today, especially young black individuals. The discrimination and inequality imposed by the apartheid regime resulted in the majority of areas, particularly black townships and homelands, remaining under developed and under-resourced. This resulted in poor access to health services, limited and racially biased access to education and training; limited employment opportunities with resultant high unemployment rates for the majority of young people.

## **Definition of Young People**

The World Health Organisation has defined “adolescents” as persons in the age group 10-19 years, while “youth” has been defined as the 15-24 years age group. These two overlapping groups have been combined into one entity, that of “young people” as those in the age range 10-24 years.

The Department of Health uses the same definitions as the WHO, and focuses on the health of young people between the ages of 10 to 24 years. The Department of Health has set up a sub-directorate for youth and adolescent health in the Maternal, Child and Women’s Health (MCWH) Directorate to develop and implement health policies and strategies that target this particularly vulnerable sector of the South African population that traditionally has been neglected. Although young people have particular health needs, they were previously not specifically catered for in the traditional Maternal and Child Health, or other Adult Health programmes. By using the WHO definitions, the Department of Health has begun to focus on, and target the different groups of young people in the planning and implementation of health programmes.

## Young People's Health Rights

Extensive research has shown that young peoples' health rights are likely to be overlooked or not respected. However, health rights are firmly entrenched in the South African Bill of Rights. In the past five years, through national participatory processes, a Health Rights Charter,<sup>a</sup> and a Patients Rights Charter<sup>b</sup> have been developed to protect and promote the health rights of all South Africans. This process has been taken further to develop an Adolescent Sexual and Reproductive Health Rights Document.<sup>c</sup>

### The National Adolescent Friendly Clinic Initiative (NAFCI) - Adolescent Sexual and Reproductive Health Rights

A young person irrespective of age, sex, race, religion, culture, social status, mental and physical ability has basic health rights that include:

- ❖ The right to information on health
- ❖ The right to a full range of affordable health services
- ❖ The right to privacy when receiving health care
- ❖ The right to be treated with dignity and respect when receiving health care
- ❖ The right to be assured that personal information will remain confidential
- ❖ The right to be given an explanation of the processes that the young person goes through when receiving health care
- ❖ The right to be treated by people who are trained and knowledgeable about what they do
- ❖ The right to continuity of services
- ❖ The right to be treated by a named provider
- ❖ The right to express views on the services provided and to complain about unsatisfactory health services
- ❖ The right to gender equality
- ❖ The right to a healthy and safe environment
- ❖ The right to make free informed choices in matters relating to sexual expression, sexual pleasure and sexual orientation.

Source: National Adolescent Friendly Clinic Initiative, Adolescent Health Rights Document.

a The South African Health Rights Charter: Your Passport to Health Rights. The National Progressive Primary Health Care Network 2000.

b Patients Rights. National Patients Rights Charter. Department of Health, 2000.

c NAFCI Adolescent Sexual and Reproductive Health Rights Document. Reproductive Health Research Unit, 2000.

## Health Status of Young People in South Africa

Young people are at risk from a broad range of health problems. The major causes of death, disability, and disease among young South Africans is similar to young people in many other developing countries. They are at risk of physical and psychological trauma resulting from sexual abuse, gender-based violence, and other forms of physical violence and accidents. Other important health needs are sexual and reproductive health disorders; among these are sexually transmitted diseases (STDs), HIV/AIDS, unwanted pregnancies, and pregnancy related complications.

### Sexual & Reproductive Health

#### Age at first intercourse

For the majority of young South Africans, sexual activity starts in the mid-teens. Based on the most representative studies, it is reasonable to conclude that the national average age of first intercourse is 15 years for girls and 14 years for boys.<sup>3,4</sup> There is however, great variability around these figures. Significant numbers of young people have their sexual debut well before age 14, while many are virgins at age 18. Boys start to have sex significantly earlier than girls do, and in greater numbers.

However, adolescents' knowledge on reproductive function and sexuality is generally poor.<sup>5,6</sup> A substantial number of young people have indicated that they need information on matters such as pregnancy, STDs, sexual intercourse and relationships.

#### STD/HIV/AIDS

It is estimated that approximately four million episodes of STDs occur each year in South Africa, with over half these infections occurring among adolescents and young adults. There are many reasons why adolescents are particularly vulnerable to sexually transmitted diseases. Apart from physiological vulnerability, they are very susceptible to peer pressure, have a tendency to engage in risk-taking behaviour, are less able to negotiate safe sex practices, and have difficulties accessing health information and services.

In the past year, the spread of HIV infection among South Africa's youth has been daunting. The 1998 national antenatal sero-prevalence survey revealed that HIV prevalence among South African women less than 20 years old was 21 percent.<sup>7</sup> This is close to double the 1997 figure of 12.7 percent and by far the largest increase in any age group. In 1999 it was noted that the HIV prevalence in women below 20 years was lower (16.5%) than in 1998.<sup>7</sup> However, the trends continue to show that women in their 20s represent the group with the highest number of individuals with HIV infection. HIV infection is spreading at a rate of at least 1 500 new infections per day, one of the fastest growing rates of HIV infection in the world. Over half of these new infections occur in young people.<sup>8</sup>

There is a high level of awareness of HIV/AIDS among young people.<sup>9</sup> Ninety five percent of teenage women interviewed during the South African Demographic and Health Survey (SADHS)<sup>10</sup> knew about AIDS. The two basic facts about AIDS (that it is sexually transmitted, and that it is fatal) appear to be most widely known among adolescents.<sup>8</sup> However, more than half of them did not know that a healthy-looking person could have AIDS, and only 13% of teenagers said that they knew someone with HIV/AIDS. Most of the young people surveyed said that they got their information from the television, radio, friends, and health workers. Newspapers and pamphlets are also an important source of information. The majority of South African youth know how HIV can be acquired, and

that condoms, abstinence, and mutually faithful monogamy are protective. However, most young people are sexually active, condom use is low, and a small but significant proportion of the youth engage in sexual intercourse with multiple partners, sometimes having many relationships at the same time. There is a clear gap between what people know to be HIV protective behaviour and what they do.<sup>8</sup>

### Teenage pregnancy

Teenage pregnancy is more prevalent among Coloured and rural African girls, and those with little or no education. Although the 1998 SADHS<sup>10</sup> suggests that all age group specific fertility rates have been declining steadily over the last fifteen years with a birth rate for teenagers aged 15 – 19 to be 116 per 1 000 women per year in mid 1988, to 78 births per 1 000 women per year in mid 1996, teenage pregnancy still remains unacceptably high. By the age of 19 years, 35% of all teenagers have been pregnant or had a child.<sup>10</sup> Not only are teenage pregnancy rates high, but it is also disturbing to find that one in eight teenage deliveries are by caesarean section, which indicates complicated births, and highlights the risk that adolescents place themselves at by becoming pregnant at such an early age.

The health and socio-economic consequences of adolescent pregnancy are enormous. Whilst by law pregnant teenage girls are allowed to complete their schooling, it is reported in some instances that community control over schools means that girls have been refused this right. Early parenthood is likely to affect educational achievement with significant employment and socio-economic ramifications, while health complications for both the teen mother and the unborn child are high.

Prior to the amendment to the legislation governing the termination of pregnancy (TOP), it was suggested that between 6 000 and 120 000 illegal abortions were undertaken per annum in South Africa, most of which were on young women.<sup>11</sup> It is estimated that in 1999, 11% of terminations were on women under 18 years of age.<sup>12</sup>

### Contraceptive Use

Contraceptive use in general is quite high amongst teenagers in South Africa, with more than one in four teenagers using a modern method of contraception.<sup>10</sup> Among sexually active teenagers almost two-thirds are currently using a modern method of contraception. However, teenage pregnancy and abortion figures remain unacceptably high; this could suggest inconsistent use of contraception. Contraceptive use amongst groups of sexually active youth has been estimated to be as low as 25 percent in certain areas.<sup>13, 14</sup>

The most common contraceptive method amongst sexually active adolescents is the injectable, with just over 50% of all women aged 15-19 currently using it. The majority of young people have either never used a condom during sexual intercourse, or use them inconsistently. In the 1998 SADHS only four percent of teenage women interviewed reported that they were using a condom as their current method of contraception. However, about one in every five teenage women reported using the condom during their last sexual encounter. This confirms research that has shown that many people, including young people, do not regard condom usage as a form of contraception but rather as prevention against STDs and HIV, therefore when asked about the current method of contraception, very few people will mention condoms even if they are currently using condoms. One such study of over 1 200 young people between the ages of 12 and 17 reported the following regarding condom usage: approximately 25% of both males and females said they used condoms to prevent HIV, over 50% said they used condoms to prevent STDs, and only 8% of the group reported

using condoms for contraception.<sup>15</sup>

### **Gender-based Violence**

Gender-based violence is another significant reproductive health issue facing the lives of South African youth. During the 1998 SADHS,<sup>10</sup> one in five currently married women reported some form of abuse. A survey among urban youth in three large centres revealed that 28% of female respondents had been subjected to forced sex.<sup>16</sup> Equally worrisome is the negative impact that gender-based violence appears to have on young women's ability to successfully negotiate sexual relationships.<sup>16</sup> Further, many adolescents seem to view sexual coercion as a routine part of a relationship.<sup>17</sup>

There also appears to be a link between gender-based violence and early child-bearing. Research in the Western Cape exploring factors related to adolescent pregnancy found that one third (32%) of pregnant teens and 60% of all study participants had had forced sexual encounters.<sup>18</sup> The study also found that girls who experienced forced sexual intercourse were fourteen times more likely to fall pregnant than those coerced into having sex.<sup>d</sup>

### **Mental Health and Substance Abuse**

South Africa has a number of characteristics that place its young people at risk of mental health problems, such as widespread poverty and familial disruptions. However, there are few studies that attempt to provide prevalence rates of psychiatric disorders in young people. Based on existing estimates and international data, it would be reasonable to assume that approximately 15% of young people in South Africa suffer from mental health problems warranting a psychiatric diagnosis.<sup>19</sup>

Alcohol is the substance most frequently abused by young South Africans. A representative national study of black youth aged 10-21 years reported that 80% had used alcohol at some time, while 34% were current drinkers (i.e. had used alcohol in the last twelve months prior to the study).<sup>20</sup>

Another drug that is frequently abused is tobacco. The prevalence of smoking among teenage men is quite high. About one in seven teenage men smoke cigarettes daily or occasionally. The prevalence is lower among teenage girls. Overall, ten percent of all teenagers smoke.<sup>10</sup>

### **Young people with disabilities**

There are no accurate data regarding prevalence rates of disabilities among young people. In its 1995 survey, the South African Central Statistical Services reported a national disability prevalence rate of approximately 5% and it has been estimated that there are about 4 million South African children (under sixteen years of age) who experience different forms of disabilities.<sup>21</sup>

### **Mortality**

The recording of deaths and other vital national statistics can be very difficult, and is often incomplete in many developing countries; this is also true for South Africa. However, the reported death statistics can be used to identify the main causes of death if it is assumed that the deaths that were not reported follow the same pattern.<sup>22</sup>

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<sup>d</sup> "Forced sex" occurs when a person is raped and "coerced sex" is when sex is performed for some inducement, for example for money.

The highest proportion of deaths among young people are seen to be as a result of injuries, including all forms of accidents, homicide, and suicides. The proportion of deaths due to injuries is particularly high amongst young men. These deaths account for approximately 78% and 41% of deaths amongst teenage males and females respectively. The figures for deaths due to injury among young people aged 20 – 24 years are similar, 82% (men) and 34% (women). HIV/AIDS may be also the underlying cause in many of the deaths among young people, where the immediate cause is attributed to tuberculosis, diarrhoea, and lower respiratory tract infections.

## Youth Health Policies and Programmes

### Policy Framework

#### National Youth Policy 2000

The National Youth Commission was established in June 1996 by President Mandela to develop a comprehensive strategy to address the problems and challenges facing the youth in South Africa. Health is one of the key areas where the policy recognises the need for substantial, informed and practical strategies that address the major needs, challenges and opportunities facing young people in this area.

Issues which the policy states must be addressed in the National Youth Health Action Plan include:

- ❖ Health promotion strategies appropriate to young women and men which emphasise healthy lifestyle habits and behaviours and which promote the concept of total wellness
- ❖ Access to health and rehabilitation services by young men and women, and the provision of “youth friendly” health services and programmes
- ❖ Issues affecting the mental health of young men and women, including a comprehensive understanding of mental health and an awareness of the factors which influence mental well-being
- ❖ The identification of well-defined gender disaggregated and quantifiable data and research on a wide range of youth health matters
- ❖ Issues associated with youth suicide and high-risk activities of young men and women, such as alcohol and substance abuse, violence and “unsafe” sexual behaviour
- ❖ Issues of customary practices (e.g. circumcision of males and females) and the impact or dangers to the health of young people in consultation with the communities concerned
- ❖ The establishment of community support structures for young men and women who require support in dealing with health, including preventive health issues (e.g. through peer support, information and advice provided to alcohol and drug abusers, lonely or depressed young people, etc.)
- ❖ Issues associated with young sex workers.

Additionally, there are particular issues raised in the policy about young people and HIV and AIDS including strategies which address:

- ❖ Education and awareness of HIV transmission and safer sex practices
- ❖ Strategies to ensure access to condoms
- ❖ Access to HIV testing and counselling services.

Furthermore, strategies which address the issues of teenage pregnancy, school attendance and youth health and the law are also dealt with.

### **Department of Health, Policy Guidelines for Adolescent and Youth Health**

The Sub-Directorate of Youth and Adolescent Health formed a Task Team to develop Policy Guidelines for Adolescent and Youth Health. The process started in 1998 and the policy is currently in its final draft stage. These guidelines advocate a holistic approach to adolescent and youth health. There are six guiding principles for adolescent and youth health that underlie these policy guidelines. These include:

- 1) Adolescent development underlies the prevention of health problems
- 2) Problems are inter-related
- 3) Adolescence and youth are times of opportunity and risk
- 4) The social environment influences behaviour
- 5) Not all young people are equally vulnerable, and
- 6) Gender considerations are fundamental for adolescent and youth health.

The Department has also identified five general intervention strategies for adolescent and youth health:

- ◆ Promoting a safe and supportive environment, which includes relationships with families, social norms and cultural practices, mass media, accessibility of key opportunities and commodities, and policies (including legislation)
- ◆ Providing information
- ◆ Building skills
- ◆ Counselling
- ◆ Ensuring access to health services.

This draft document is in the process of being officially endorsed.

### **Programmes**

One of the main causes of death, disability and disease among young people is unsafe sexual and reproductive health behaviour. The rapid spread of HIV/AIDS amongst young people in particular, has led to the development of programmes for young people that aim to increase knowledge, raise awareness and effect positive behaviour change. The programmes that have been developed utilise a variety of approaches which include media campaigns, lifeskills, and peer education programmes. These interventions need to be supported by services that are both accessible and acceptable to adolescents. The National Adolescent Friendly Initiative (NAFCI) and the Youth Centres are some examples of how services are being made "friendly" to adolescents.

### **Media Campaigns**

Media activities typically form the backbone of HIV prevention activities, and have been crucial in raising awareness about HIV/AIDS amongst the youth. A range of activities have been carried out both by the government and the NGO sector. Some of the national campaigns include the following:

## Soul City

Soul City is a multi-media health project. Through drama and entertainment Soul City reaches more than 12 million South Africans.<sup>23</sup> Soul City makes information popular and accessible. It has examined many different health issues, and empowers learners to make healthy choices, both as individuals and as communities. The Soul City project is made up of:

- ◆ A prime time television series
- ◆ A daily radio drama
- ◆ Booklets on the health topics covered in the broadcast media
- ◆ A publicity campaign which keeps people talking and thinking about Soul City
- ◆ Adult education and youth lifeskills materials.

## Soul Buddyz

Soul City believes that fundamental behaviours and attitudes are formed before the age of 12 and if one is to impact on these, it is essential to target children younger than 12 years. Soul Buddyz is a 26 part television drama series into which health and development messages are integrated. The target group is 8-12 years of age. The television series is an adventure drama in which all the protagonists are children who uncover problems and take action in order to deal with them.

Soul City's activities have been rigorously evaluated, and have been shown to be an effective educational vehicle on sexual and reproductive health for South African youth.<sup>24</sup>

## Beyond Awareness Campaign

The Beyond Awareness Campaign is part of the South African government's AIDS Plan. The goal of Beyond Awareness is to develop a campaign that does more than simply raise awareness. Its focus is to provide and promote access to communication tools and resources that can be used in support of prevention, care and support activities and initiatives at local level.<sup>25</sup> Although the Beyond Awareness Campaign does not target youth specifically, as a National Campaign, it has contributed significantly to raising awareness of HIV amongst young people.

The campaign focuses on:

- ◆ The red ribbon icon. By actively promoting the red ribbon in all communications activities, the Beyond Awareness Campaign has helped to make the AIDS epidemic more visible
- ◆ The AIDS Helpline and AIDS write-in service
- ◆ Providing key messages through advertising
- ◆ Providing free educational materials.

## Peer Education in Sexual and Reproductive Health

Peer education is a popular tool in adolescent reproductive health activities in South Africa. Most of the peer education programmes are based in schools, youth centres, and clinics. Almost all these programmes are voluntary with skills improvement and material provision being offered as incentives for the participants. The peer educators are expected to educate

peers about HIV/AIDS and sexuality, and organize workshops around these issues.

### **YMCA<sup>e</sup>**

The YMCA's "Better Life Options" (BLO) is an extension of a previous pilot project, which involved the sensitisation and mobilisation of the community with regard to adolescent reproductive health needs generally, and HIV/AIDS needs specifically. The primary problem to be addressed by this project is the incidence of HIV amongst adolescents and youth, and attitudes and perceptions amongst community members (including parents, teachers, and religious leaders) within the broader context of adolescent reproductive health.

This is essentially an education and prevention programmes targeted at adolescents, with the primary target being girls and young women aged 13-19 years. Peer educators are trained as "HIV activists" in order to run workshops and discussion groups in their own communities, including schools and churches.

This project operates within the wider context of YMCA's national adolescent reproductive health programme, currently running in four provinces (Eastern Cape, KwaZulu-Natal, Gauteng/North West, and the Western Cape).

YMCA peer educators have reached close to 1 600 youth in KwaZulu-Natal and about 5 000 nationally. Twenty seven schools and a few churches have also benefited from peer educator activities. In the year 2000 in KwaZulu-Natal alone, 100 peer educators operating in eight communities have been trained.

### **Old Mutual**

Old Mutual's "I Have Hope AIDS Peer Group Project", begun in 1993. Since 1999, the project has realised the importance of prioritising and focusing on target groups which could multiply the HIV/AIDS message effectively.

The project focuses primarily on implementing HIV/AIDS peer groups in secondary schools. The target market comprises teenagers between the ages of 15 and 18 years as well as teachers in these schools.

The aim of the project is to make peer leaders intensely aware of the realities of AIDS and how it could affect themselves, their family, friends and community. As they accept responsibility for their own sexual behaviour and act upon their understanding of AIDS, the peer leaders, in their unique way, bridge the communication gap. They start a domino effect which enables many others to make informed choices about their sexual behaviour and encourages them to have a more caring attitude towards people living with HIV and AIDS.

The project also motivates peer group leaders not only to be active AIDS ambassadors in their schools and communities, but also to assist HIV/AIDS service organizations.

### **Society for Family Health**

The Society for Family Health peer-helper education project was developed as a result of the findings of their community analysis, and was branded the Abasha Phezulu Peer Helper project (Zulu for "youth on top"). The purpose of this project is primarily to influence

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<sup>e</sup> "YMCA" is the acronym for "Young Men's Christian Association". However, the organisation is now known more by its acronym than its full name.

behaviour change with regard to condom use amongst peers i.e. 15-25 year old black urban youth. Activities include clinic-based workshops, drama presentations, promotional shows, safe sex parties, and a series of radio shows on adolescent reproductive health (ARH) issues. Male and female condoms are also sold at reduced prices. Records are kept concerning the number of condoms sold, number of community participants, etc.

### **Planned Parenthood Association of South Africa (PPASA)**

PPASA's peer education programme began in 1996. Peer educators work in youth centres as part of the adolescent reproductive health service (ARHS). Peer education programmes are monitored through: clinic use statistics, individual feedback, numbers of workshops conducted and participants attending, number of contraceptives distributed, reported pregnancies among pupils in local schools, etc. It is estimated that in 1999, PPASA's 150 active peer educators reached nearly 15 000 young people and distributed 35 000 condoms.<sup>26</sup>

### **The Youth Commission's National Youth HIV/AIDS Programme**

This programme is driven by three activity areas:

- ◆ The provision of capacity-building, education and training for youth organisations, youth leaders and young people to deal with, and counsel and lead matters on HIV/AIDS.
- ◆ This project involves a group of personable young people who are living with HIV/AIDS, in an extensive peer communication programme at schools, and community groupings. These ambassadors of hope provide other young people with information on prevention. In addition, they also provide positive images of young people living and coping with AIDS. The pilot phase of this project was initiated in KwaZulu-Natal in 1998 with a plan to replicate in other provinces.
- ◆ A Public Awareness Campaign, that has included the development and distribution of appropriate material and information to youth organisations, as well as media appearances and schools visits by Positive Living Ambassadors.

## **Sexuality & Life Skills Programmes**

Sexuality and Life Skills activities are another popular form of sexual and reproductive health interventions in South Africa. This section describes some of the national programmes that provide sexuality and life skills training.

### **National Life Skills Education in Schools**

The National Departments of Education and Health commissioned PPASA to develop and implement a Life Skills and HIV/AIDS Education Programme for primary schools. The content of the Life Skills programme is designed to support youth's personal development, confidence, social competence, self-esteem, and ability to act with mutual respect and responsibility. PPASA developed and implemented the programme between 1996 and 1997, and trained 6 603 teachers in five provinces.<sup>27</sup> One of the challenges to the programme has been the limited capacity of teachers to implement the programme, with the teachers themselves lacking the life skills they are trying to teach. The Departments of Health and Education took joint responsibility for further training, and organised consortiums of local experts to offer programmes. At the end of 1997/98 financial year, over 9 000 secondary school teachers had been trained to offer life skills programmes.

## **DramAidE**

DramAidE began as an HIV/AIDS intervention project in schools in KwaZulu-Natal in 1991. Drama is used as a means to explore sensitive issues surrounding HIV/AIDS that learners, teachers, and parents are reluctant to tackle. Life skills courses in schools and Colleges of Education have been developed, using a drama approach and paying special attention to sexuality education, prevention of HIV/AIDS and STD infection, and the development of self-esteem. DramAidE is involved in forming self-sustaining school-based peer educator youth clubs responsible for sexuality education, and also provides both pre-service (college-based) and in-service life skills training for teachers. The most recent statistics on the reach of the programme show that in 1995, DramAidE reached 772 schools, and a further 500 000 people through teacher training in life skills, peer education, and community involvement.

## **PPASA**

PPASA has engaged in numerous sexuality and life skills activities targeted at youth as well as the general public. One of PPASA's tools in the field of sexuality and life skills education is Stepping Stones. Adapted in partnership with the Medical Research Council – Centre for Epidemiological Research in South Africa (MRC-CERSA), Stepping Stones is a workshop series designed to promote sexual and reproductive health and life skills. The workshops are designed to be undertaken within peer group settings.

PPASA's work in life skills and sexuality training has also been recognised by tertiary institutions. PPASA has trained medical students in the Western Cape to introduce them to the participatory and consultative methodology of addressing reproductive health, and to help them better communicate with young people. Other innovative life skills approaches that have been introduced by PPASA include programmes for teenage parents, and for young refugees.

## **Reproductive Health Service Provision**

This section explores issues surrounding reproductive health service delivery for adolescents and youth. Health care facilities can play an important role for young people in promoting sexual and reproductive health and wellbeing, and in shaping positive behaviours around reproductive health. This can be achieved by improving the quality of comprehensive services provided to young people. This requires health care providers to maintain a friendly and open attitude and to provide accurate information and advice.

Extensive research has established that South African health facilities are failing to provide adolescent-friendly health services.<sup>13, 14, 28</sup> Services are either physically inaccessible, or have opening times that prevent easy access to youth. Staff attitudes can be judgmental or even hostile, and the professional norms of confidentiality and empathy are often neglected when providers deal with young people. The main programmes that have been designed to ensure that young people receive good quality health services are outlined below.

## **PPASA**

PPASA also runs specialised nationwide youth-focused reproductive health services, the Adolescent Reproductive Health Service (ARHS). The ARHS integrates clinical services (pregnancy testing, contraceptive distribution, and STD treatment), counselling and education with other activities such as recreational or skills development activities. PPASA

has established stand alone youth health services, and also works with the public sector to provide youth friendly services in primary health care facilities.

Some provincial authorities and other NGO's have also set up youth friendly services but on a more limited scale.<sup>24</sup>

### **The National Adolescent-Friendly Clinic Initiative (NAFCI)**

The National Adolescent Friendly Clinic Initiative (NAFCI), is a comprehensive service performance and quality improvement accreditation programme designed to strengthen the public sector's response to adolescent health needs.<sup>29</sup> NAFCI focuses on improving the quality of services at primary health care facilities, and one of the indicators for success will be increased utilisation of health care facilities by adolescents. NAFCI will work with health care providers in the public sector to assist them to improve the quality of adolescent health care, so that services will become more accessible and acceptable to the majority of young people, without having to set up stand alone youth centres. NAFCI has been developed by the Reproductive Health Research Unit (RHRU).

NAFCI is currently being implemented in four phases. The *concept* phase included problem and needs identification, development of programme guidelines, and promotion of the Initiative. The *planning* phase established programme targets, activities, and timelines, developed and tested the assessment tools, and identified pilot sites. The *accreditation* phase includes clinic self-appraisals and improvement, to be followed by an external assessment which will be done when the clinics feel that they are ready. In its last phase, *monitoring and evaluation*, NAFCI will monitor standards in accredited clinics, evaluate the pilot studies, and feed the lessons learned into planning for national roll out. NAFCI is being implemented by the RHRU, and its partners the Initiative for Sub-District Support (ISDS) and PPASA. The Quality Assurance Project, USA, provides technical support to the programme.

The assessment tools are based on the NAFCI standards and allow objective evaluation and scoring of a clinic's performance. Bronze, silver and gold stars will be awarded to clinics depending on the score they attain on assessment.

To date, 10 NAFCI pilot clinics have been identified in four provinces: KwaZulu-Natal, Mpumalanga, the Northern Province, and the Western Cape. Baseline assessments have been conducted in all the sites, and the clinics are currently in the phase of improving their quality of adolescent health care. The first adolescent-friendly clinics will be accredited by early 2001.

NAFCI information, education and communication (IEC) materials during the year 2000 include:

- ◆ A Clinic Self-Appraisal Manual
- ◆ A community leaflet providing information about NAFCI
- ◆ NAFCI Brief (provides summary information about the Initiative for health care providers)
- ◆ An adolescent sexual and reproductive health rights document
- ◆ A Values Clarification Manual
- ◆ A clinical guide for health care providers
- ◆ A Resource Directory of adolescent training programmes and IEC materials

- ◆ An external assessment tool and guide (which are currently being developed)
- ◆ A NAFCI handbook: a quick reference document for health care providers of common adolescent sexual and reproductive health problems.

### **Department of Health Programmes**

In addition to funding some of the initiatives mentioned above such as the Beyond Awareness Campaign and the life skills programs in schools, the Department of Health has also supported the implementation of programs that have been spearheaded by NGOs.

The Department has also embarked on a wider implementation of the primary schools life skills and HIV/AIDS education programme. The programme aimed to train 180 master trainers and 5 250 teachers, and conduct motivational workshops with officials, headmasters and representatives of school governing bodies, community leaders, and traditional healers, by the end of 2000. The programme is also being evaluated continuously. The Department has also expanded the life skills programme in secondary schools. The secondary schools programme aimed to train 180 new master trainers nationally, 1 800 new teachers nationally, and to conduct 72 motivational workshops by the end of 2000.

More recently, the Department has commissioned an institution to develop a training programme for health care providers in providing adolescent friendly services. This training programme will be piloted by the University of the Free State Nursing School in the Northern Cape Province in 2001.

The provincial Departments of Health have also developed their own youth programs. For instance, KwaZulu-Natal provincial Department of Health has developed a peer education programme sponsored by South African Breweries aimed at training out-of-school youth as peer educators. The program began in 1999 with the aim of providing youth with skills in order for them to begin education activities in their home communities. The Northern Province, North West and the Northern Cape provinces have set up youth friendly services and youth information centres in collaboration with PPASA under a UNFPA/DfID funded adolescent programme.

## **A Multi-Dimensional Approach to Adolescent Health Care**

### **loveLife**

loveLife is a multi-dimensional initiative focused on the sexual and reproductive health of South African adolescents between 12 and 17 years of age. loveLife uses a combination of strategies as a concerted effort to make an impact on adolescent health in South Africa. loveLife is run by a consortium of existing lead organisations in the field of sexual and reproductive health: The Reproductive Health Research Unit, The Planned Parenthood Association of South Africa, Advocacy Initiatives and the Health Systems Trust. The intervention strategies include:

- ◆ Awareness and Education
- ◆ Services Development, Outreach and Institutional Support including establishing a national programme of adolescent friendly clinic accreditation, establishing youth centres in under resourced areas, and enhancing the quality of peer education
- ◆ Monitoring, Research and Evaluation through ongoing, rigorous monitoring and evaluation of all loveLife programmes and activities.

Some of the loveLife activities implemented in 2000 include:

- 1) *Y-Centres* – these are multi-purpose facilities for young people, providing a range of entertainment, sports and educational opportunities including clinical services. The Y-Centres are located in Motherwell (Eastern Cape), Kutlwanong (Free State), Mandeni (KwaZulu-Natal), Orange Farm (Gauteng), and Acornhoek (Northern Province).
- 2) *S'CAMTO@Large* – this is a TV series that looks into the lives of 12 young South Africans. It explores how they deal with the choices they make in their lives. S'camto@large talks to young people about their personal experiences with sexuality and violence, body image, the media, abortion and other topics people are reluctant to talk openly about.
- 3) *S'camto Print* – is a youth publication, published in partnership with the Sunday Times and deals with issues important to young people e.g. fashion, music, sex, etc.
- 4) *The Love Train* – carries messages of leading South Africans across the country, getting young people to talk about issues that affect them, and providing comprehensive sexual health education.
- 5) *The loveLife Games* – was organized under the auspices of the United School Sports Association of South Africa (USSASA). The loveLife games also included activities designed to motivate young people to make healthy choices in lifestyle and behavior.
- 6) *loveLife on Air* – is a partnership with various radio stations around the country to develop and air programmes that address issues of importance to young people.
- 7) *Telephone Helpline Service - The Thetha Junction* – The Helpline is a nation-wide toll free line with strong referral links to other information and crisis lines and youth services. The line is functional for a total of 50 hours a week, both weekdays and weekends. Callers also receive by mail a loveLife information pack.  

On average, the line responds to about 31 600 calls per month. Calls to the line rise significantly when the line is marketed through the various loveLife media activities.
- 8) *The National Adolescent Friendly Clinic Initiative (NAFCI)* – this has been described above.

## Conclusions and Recommendations

### Health Information Systems

The research in putting together this chapter highlighted a number of deficiencies. There is a paucity of data on the specific needs and circumstances of young people in South Africa. Data sets at all levels are not set up to capture and reflect vital information on the health of young people. National data sets need to be modified so that they begin to capture health information on young people. District data collection forms, and clinic registers and records also need to be modified so that health information on young people can be adequately recorded. It will be important that there is sufficient training of health care providers as to how and why it is important to record adolescent health data when modifying, and introducing any new data collection forms, to ensure adequate data collection at all levels.

It is important to chart levels, trends and patterns in adolescent health so that appropriate interventions can be developed to respond to the health needs of young South Africans.

### **Research and Documentation**

There is a need for further research specific to the needs of young people. There needs to be adequate documentation of adolescent health programmes, so that the lessons learnt from best practices can be applied to other programmes. Many programmes have not been rigorously evaluated. Most of the programme indicators used are process indicators, and not outcome indicators. Even though it is recognised that outcome and impact studies are difficult to design and implement, and can be expensive, it is recommended that for large scale national programmes an attempt is made to do this.

### **Policy and Programmes**

A very comprehensive national youth and adolescent health policy has been developed by the Department of Health through a two-year process. The draft document is currently in the process of being officially endorsed. However, it is widely recognised that good policies alone do not guarantee that health needs and priorities are adequately addressed. Therefore, the process of endorsement and acceptance of the policy needs to be speeded up, so that programmes can be planned and systematically implemented to achieve the aims of the policy.

The relentless spread of the HIV epidemic, especially amongst South African youth, means that both policy and interventions need careful attention. Innovative approaches to HIV prevention for young people need to be developed and implemented. Condoms need to be made consistently available in places which young people frequent such as schools, stadiums, and youth clubs. Young people should also be encouraged to go for voluntary counselling and testing. Further, the stigma attached to HIV infection also needs to be addressed so that people infected with the virus can be open about their status, and receive early treatment and prevention for opportunistic infections. This will also serve to enhance the visibility of the epidemic.

Peer education programmes internationally appear to have positively influenced the lives of the peer educators themselves, with less impact on the people being educated.<sup>24</sup> However, the most significant problem facing peer education programmes, is the fact that very few of these have been properly evaluated in terms of programmatic and message content, training, supervision, and behavioural impact.<sup>24</sup> These programmes need to be evaluated rigorously and the long-term impact on both the peer educators themselves and the participants of the programmes needs to be studied.

Government recognises that life skills programmes are an integral component of improving the health and well-being of young people, and therefore continues to implement life skills programmes in primary and secondary schools. However, building skills in settings other than schools, such as in health facilities, work places and on the street has not yet been prioritised.

It is evident that reproductive health problems contribute significantly to the morbidity experienced by young people.<sup>29</sup> It is imperative that if the quality of life of young people in South Africa is to be improved, then their current reproductive health problems need to be addressed. There is an urgent need to ensure that health services become youth friendly. Since the public sector is the greatest provider of health care, improving the sensitivity of

public sector services to young people is crucial. Most notably provider-client relationships need to be transformed so that access to services and satisfaction with care remain priorities.

Finally, it is important that the health needs of young people are approached in a more holistic manner. This means that creative partnerships need to be forged with all sectors of society, so that as their health needs are being addressed, socio-economic and cultural factors that significantly impact on the health and development of young people in South Africa are addressed in a more comprehensive manner.



