

# Youth friendly clinics make inroads in reducing unintended teen births in South Africa

## A SALDRU policy brief

Despite widespread, freely available contraception and progressive reproductive health laws, most teen mothers report their last pregnancy as unintended or unplanned. This begs the question: Why are many sexually active teens failing to use contraceptives when they are widely available for free?

In response, loveLife rolled out the National Adolescent Friendly Clinic Initiative (NAFCI) starting in the early 2000s. NAFCI aimed to remove barriers that youth face in accessing reproductive health services, and to provide youth focused sexual health education.

We find that the program increased contraception usage and decreased sexually transmitted diseases and early teen births. The program effectively encouraged women to delay childbearing by over a year, with a significant reduction in births to mothers under 17. Children born to mothers with NAFCI access were also in better health and more connected to the health system.

In light of these positive findings, and the negative effects that teen childbearing has on both the mother and child, we recommend that youth friendly initiatives be implemented in all public health facilities.



This policy brief draws on several studies by the Southern African Labour and Development Research Unit at the University of Cape Town.

SALDRU carries out research in applied empirical microeconomics with an emphasis on labour markets, human capital, poverty, inequality and social policy.

## Teen childbearing rates have not risen but unwanted pregnancies remain common

Despite widespread hype in the media, teenage childbearing rates have remained fairly stable (although high) over the past 30 years<sup>1</sup>. Latest estimates from the Census 2011 find that approximately 30% of women had given birth by age 20, estimates similar to those found in the mid to late 80s<sup>a</sup>.

Among teen mothers, most report that the pregnancy was unintended or unplanned. Almost 80% of teen mothers said that their last pregnancy came too soon or was unwanted<sup>3</sup>.

## Understanding the high rates of unwanted teen births: a puzzle

### Access to contraceptives and termination of pregnancy services is widespread and free but their use is inconsistent

South Africa has had widespread, free access to contraceptives since before the end of apartheid, and possesses some of the most progressive sexual and reproductive health laws in the world<sup>4</sup>. Two thirds of South Africans live within 2km of a public clinic, and over 90% within 7km<sup>5</sup>. Clinics dispense close to 30 condoms per male over 15 years of age every year<sup>6</sup> and contraception is free and widely used. Termination of pregnancy services can be accessed at most hospitals free of charge up to 12 weeks gestation.

But despite access, contraceptives are not consistently used, leading many teens to fall pregnant before they want to. While 84% of sexually active 15-19 year olds report ever having used contraception, only 59% reported using contraception at last sex<sup>7</sup>. A large share (12%) of legal terminations are for young women under 18 years<sup>4</sup> and illegal termination services continue to be frequently sought after by this age group. What prevents sexually active teens from using contraception regularly?

<sup>a</sup> Worth noting is that there has been a drop in childbearing amongst young teens (those giving birth before 18), the group most at risk of poor life outcomes as a consequence of the teen birth<sup>1,2</sup>.

## “To the nurses we meet at the clinics:

We appreciate your knowledge and your care, but please treat us without judgement. Some of us would rather endure the pain than go to a clinic because of the treatment we get there! When we come to you for information or care, we need you to be professional. Keep our visits confidential. That way we know it is safe to return to the clinic to get the help we need. We need your compassion, your support, your respect and your patience”.

*A message compiled by a group of 15-24 year olds who were asked to discuss and debate the critical issues in their communities<sup>9</sup>.*

## Barriers prevent youth from consistently using family planning

**Social factors** present barriers to youth accessing family planning. Stigmatization of adolescent sex by health care providers can make hospitals and public clinics inhospitable. Teens report scolding and even physically abusive behaviour by staff and nurses when seeking contraceptives<sup>8</sup>.

**Lack of accurate sexual and contraceptive knowledge** generates mistrust in the health system and contributes to unplanned pregnancies. Only 12% of women correctly reported knowing about the fertile period in their cycle<sup>6</sup>. One example of mistrust was the widespread fear, stoked by religious leaders and even nurses, that hormone-based contraceptive use by adolescents could cause permanent infertility. This led to erratic contraception usage<sup>10</sup>.

Finally, while most South Africans have physical access to a health facility within their neighbourhood, facilities operate during standard office hours and there are often long waiting queues<sup>11</sup>. This means **limited access** for working people and school going youths in particular.

## Responding to the challenge: The National Adolescent Friendly Clinic Initiative

### What does NAFCI aim to achieve?

In response to high rates of unintended teen pregnancy and escalating rates of HIV, the NGO loveLife was established in 1999. NAFCI is a key part of loveLife’s strategy, and the initiative has two primary components:

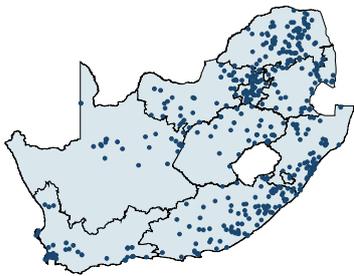
**Clinical**—Aimed at reducing physical and social barriers to accessing reproductive health services. It is based on an “accreditation model” whereby clinics work towards service standards through a quality improvement process and are rewarded tiered levels of accreditation based on external assessments. The process, which typically lasts a year, involves training nurses as well as non-medical staff, equipping facilities to offer the services and pharmaceuticals youth need, providing youth-targeted educational materials, and publicizing the clinics’ youth friendliness through signage and community outreach.

**Educational**—Focused on sex education and life skills. It involves building dedicated spaces at clinics for youth education and socialization called “chill rooms” and employing local youth to facilitate sex-education programs.

### NAFCI rollout

NAFCI was piloted at 10 clinics in 2000. By the end of 2005, there were 350 active NAFCI sites, increasing to almost 500 clinics in 2010. As such, approximately 12% of all public clinics across the country were accredited as “youth friendly” at this time.

### Location of NAFCI accredited clinics in 2009



Source: loveLife project monitoring database and District Health Information System (DHIS)

### The essential NAFCI service package<sup>12</sup>

- ⇒ Information and education on sexual and reproductive health
- ⇒ Information, counseling and referral for violence/abuse and mental health problems
- ⇒ Contraceptive information and counseling, and provision of methods including oral contraceptive pills, emergency contraception, injectables and condoms
- ⇒ Pregnancy testing and counseling, antenatal and postnatal care
- ⇒ Pre- and post-termination of pregnancy counseling and referral
- ⇒ Sexually transmitted infections information, including information on the effective prevention of STIs and HIV, diagnosis and syndromic management of STIs

## Measuring the impact of the National Adolescent Friendly Clinic Initiative

SALDRU has undertaken several studies to provide empirical evidence of the causes and consequences of early childbearing for young mothers and their children. Given that girls who give birth in their teens are different from those who do not, it is important to account for factors, for example neighbourhood characteristics, that contribute to teenage childbearing. Drawing on international best practice, this study used historical residential information, and geographical mapping techniques to compare the outcomes of women who lived in the same areas during their teens, before and after the program was rolled out<sup>b</sup>. This allows us to isolate the impact of access to youth friendly health services on teen childbearing and other outcomes from these other contributing factors.

### 1. Youth-friendly clinics increased condom provision and lowered STDs

Male condom provision increased nationwide between 2001 and 2011. **NAFCI clinics, however, increased condom distribution at a faster rate than non-NAFCI clinics over the period.**

Similarly, while there was a downward trend in new reports of sexually transmitted infections throughout the country, **the rate of new infections fell more quickly at NAFCI clinics than non-NAFCI clinics.**

### 2. Early teen childbearing fell in areas with youth-friendly clinics

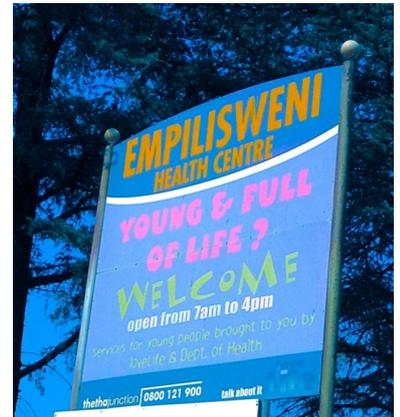
There have been small overall declines in early childbearing since the early 2000s. How can we determine what role, if any, youth friendly services played in this decline? To understand the impact of NAFCI, we compare the change in age at first birth between women who were teens when NAFCI access became available versus women who were already adults by the time NAFCI was implemented. By comparing this decline among women who lived near NAFCI clinics to those who did not, we hone in on the impact of youth friendly services. We find that **teen birth rates fell much faster in communities that were close to NAFCI clinics.** The percentage of girls giving birth before 17 dropped from 15% to 9% in communities close to NAFCI clinics while it remained constant at around 6% in communities that did not have NAFCI clinics.

It is important to note that this decline was seen for *young* teen births in particular. There does not appear to have been an effect on childbearing rates amongst those aged 19 and 20. The results suggest that **the impact of the initiative was to delay childbearing by about a year rather than decrease fertility.**

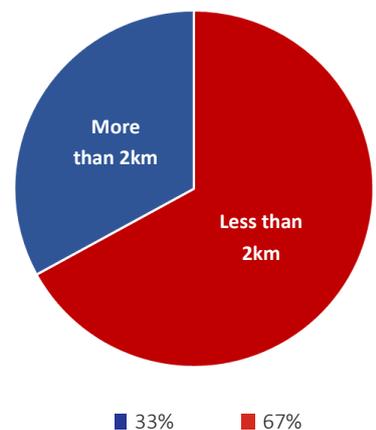
### 3. Child health improved in areas with youth-friendly clinics

**Children born to mothers who had access to a NAFCI clinic are more likely to go for well-child checkups<sup>c</sup> and less likely to be stunted.**

But why did children benefit from NAFCI? In other work, we find that children who are born to teen mothers are more likely to be born with low birth weight, are shorter and are more likely to be stunted<sup>2</sup>. The improved child health outcome seen in this study could therefore be directly attributable to the delay in childbearing age.



Distance to public health facility



Source: McLaren et al (2014).

<sup>b</sup> Sources of data are: 1) loveLife Project Monitoring Database, 2) District Health Information System (DHIS) GPS and Service Provision by Facility files, 3) National Income Dynamics Study (NIDS) Secure Data, and 4) the 2001 South African Census.

<sup>c</sup> Well-child visits present an opportunity to ask general questions and raise concerns about one's child's development, behavior, and well being. Parents also use this time for scheduled vaccinations and to see whether their child is growing at a desirable rate.

## Policy implications

Teenagers today continue to have unplanned and unwanted births. Teen childbearing has a significant impact on the educational outcomes of young mothers and impacts on the health and educational outcomes of their children<sup>13,14</sup>. Social barriers to reproductive and health services remain a problem in the South African health system.

It is therefore essential to **increase the number of facilities offering youth friendly services:**

- Youth continue to be marginalised in the public health system but youth-friendly services are well positioned to combat problems young people face. Youth-friendly clinics have higher rates of condom provision and record lower rates of STDs than other clinics. More clinics should undergo the accreditation process where staff are trained and facilities are equipped appropriately to serve youth. Community outreach and youth-friendly signage should be expanded to increase awareness and usage of NAFCI clinics.
- Further expansion of NAFCI clinics is also motivated by the need to reduce teen births. The presence of a NAFCI clinic in the area delays childbearing from the early teens to late teens or early 20s. Delaying the first birth by even a year can make a significant difference in the health and education outcomes of both the mother and child.
- NAFCI clinics serve to provide youth with a positive experience of the healthcare system during adolescence. Children born to mothers who had access to a NAFCI clinic are more likely to be taken for health checkups, suggesting that the initiative is creating a stepping-stone into the health system that can improve health outcomes for mothers and their families going forward.
- The program only impacted youth who lived within 1km of a NAFCI clinic. This suggests that society would benefit from youth-friendly programs in all or the majority of public health facilities. Given that two thirds of South Africans live within 2km of a public health facility, this could impact the majority of youth.

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We acknowledge support provided by Hewlett/PRB Global Teams of Research Excellence in Population, Reproductive Health, and Economic Development and Hewlett Foundation/Institute of International Education Dissertation Fellowship in Population, Reproductive Health and Economic Development.

