

Maternal, Women, Adolescent and Child Health

Inbarani Naidoo¹, Philisiwe Ndlovu¹, Ronel Sewpaul¹, Tarylee Reddy², Musa Mabaso¹, Nompumelelo Zungu¹

¹ Human Sciences Research Council ² South African Medical Research Council



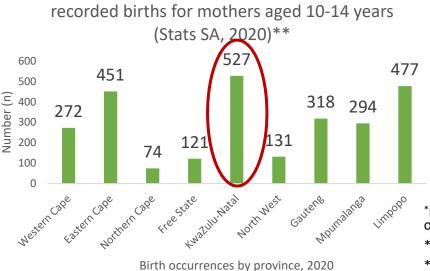




Background

recorded births for mothers aged 10-14 years (Stats SA, 2020)** 3440 4000 3500 2665 2463 3000 2 0 2 3 2500 1810 2000 Numbers (n) 1500 1000 500 0 2016 2017 2019 2020 2018 recorded births 2016-2020

10-14



- Evidence shows an increase in teenage pregnancies (aged 10-19 years) over the period 2017-2021 in South Africa*
- There were over 3400 births in 2019 and over 2600 births in 2020 among adolescent girls aged 10-14 years in South Africa**

Among 15-19 year old girls: 91 580 births in 2020 ** Among 20-24 year old young women: 214 875 births in 2020 **

- In 2019 KZN recorded n=26 296 registered live births among adolescent girls and young women (AGYW) age 10-19 years***
- COVID-19 related impacts on health have manifested as constrained access to contraceptives, a crisis of teenage pregnancies & increased risk for HIV acquisition
- There remains a need to understand convergent drivers for teenage pregnancy, and to design highly targeted and tailored interventions

*Barron et al., 2022. Teenage births and pregnancies in South Africa, 2017 - 2021 - a reflection of a troubled country: Analysis of public sector data. S Afr Med J. 2022 Apr 1;112(4):252-258.

** Recorded live births. 2020. Statistics South Africa. PO305

*** Profiling health challenges faced by adolescents (10–19 years) in South Africa. Statistics South Africa. Published by Statistics South Africa, 2022. Report no. 03-09-15.

Aim

To estimate pregnancy, HIV prevalence & related risk behaviours among adolescent girls and young women (AGYW) aged 15-24 years in KwaZulu-Natal using the 2017 South African national HIV prevalence survey^{*}

*known as SABSSM; Simbayi, et al., 2019. *South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, 2017*. Cape Town: HSRC Press.

Methods

- Data were collected between December 2016 to February 2018 in all nine provinces, using a cross-sectional multi-stage stratified cluster design.
- The target sample for the analyses presented here consisted of AGYW aged 15-24 years in KZN who reported being sexually active during the 12 months preceding the survey. We also included the older age groups for comparison purposes.
- Analyses were conducted for two subsamples:

(1) those who reported a pregnancy during the preceding 24 months or current pregnancy during the survey (referred to as *recently pregnant* AGYW) and,

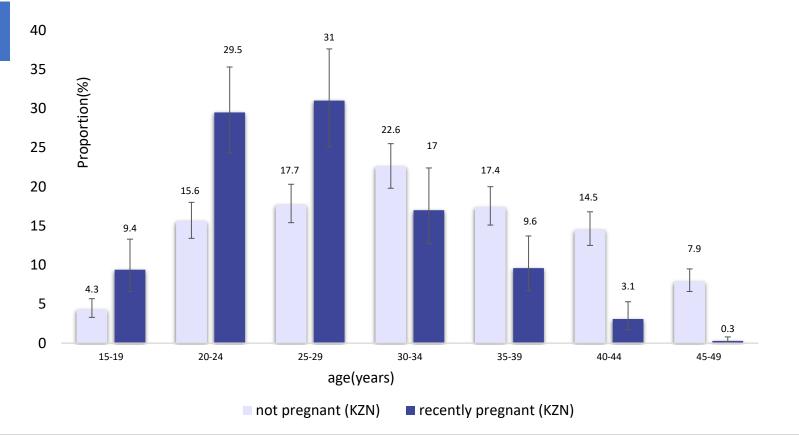
(2) those who did not report a recent pregnancy (referred to as non-pregnant AGYW).

- Summary statistics were used to characterised HIV prevalence & self-reported sexual risk behaviours. Variables used were condom use, age mixing (age disparate sex), age at sexual debut and multiple sexual partners among the two AGYW groups (i.e., recently pregnant AGYW (yes/no).
- We analysed the relationship between HIV prevalence among pregnant AGYW and associated sexual risk behaviours.
- All analyses were conducted using Stata version 15.0.

Reproductive age females 15-49 years, KwaZulu-Natal

National estimates:

- 6.4% [95% CI 5.1-7.9] of recently pregnant AGYW were aged 15-19 years, equating to n= 128 468 (95% CI 98 054-158 883)
- 22.2% [95% CI 19.9-24.8] of recently pregnant AGYW were aged 20-24 years, equating to n=450 306 [95% CI 390 077-510 535]



In KZN:

9.4% [95% CI 6.6-13.3] of recently pregnant AGYW were aged 15-19 years, equating to n=32 580 [95% CI 19 381-45 779]

29.5% [95% CI 24.3-35.3] of recently pregnant AGYW were aged 20-24 years, equating to n=101 809 [95% CI 73 311-130 307]

Total sample in KZN for females aged 15-49 years n=3047 Data source: 2017 South African national HIV prevalence survey In KZN there were significant differences by age (p<0.001) among females aged 15 to 49 years (n=693) who reported a recent pregnancy.

Key findings: demographics employment, income, reliance on social grants

- Most of the sample of AGYW in KZN were unemployed and had no income
- 15% of recently pregnant AGYW in KZN were students/learners

Among AGYW in KZN who had salary/earnings.

Significantly fewer pregnant AGYW received support in the form of salaries & earnings than AGYW who did not have a recent pregnancy

AGYW in KZN who relied on government pensions/grants or grants/donations from welfare organisations

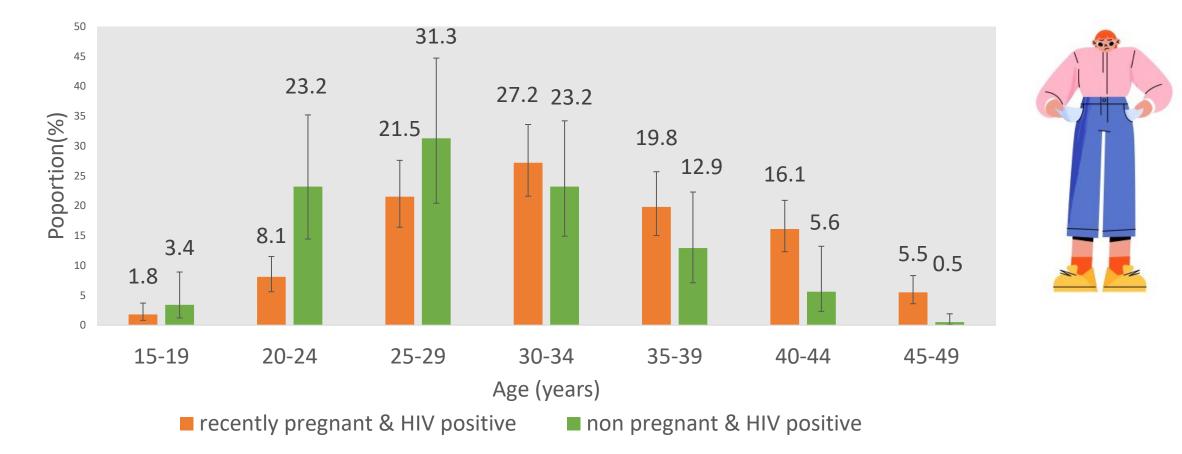
More recently pregnant AGYW received government pensions and grants or grants/donations from welfare organisations than AGYW who did not have a recent pregnancy

AGYW (15-24 years) Self-reported recently pregnant in KZN								
Variable	Not pregnant	Yes pregnant						
Employment status (N=760)								
unemployed	58.6 [50.4-66.4]	79.2 [72.3-84.8]						
employed	13.5 [8.3-21.2]	5.6 [3.0-10.5]						
student/learner	27.9 [20.5-36.7]	15.1 [9.9-22.3]						
Main income source in past month (N=770)								
No income	71.3[63.1-78.3]	61.5[51.8-70.4]						
Salary/earnings	12.4[7.6-19.7]	5.6[2.9-10.4]						
Contributions by family								
members/relatives	5.9[2.9-11.6]	3.7[1.5-9.1]						
Government								
pensions/grants	3.2[1.7-5.9]	14.4[8.4-23.3]						
Grants/donations by								
private welfare								
organizations	6.8[4.1-11.0]	14.4[8.2-24.1]						
Other sources	0.5[0.2-1.2]	0.5[0.2-1.3]						

Data source: 2017 South African national HIV prevalence survey

p<0.001

Reproductive age females 15-49 years in KZN: HIV status by age



p<0.001

About 10% of recently pregnant AGYW aged 15-24 years in KZN were HIV positive

Awareness of HIV status



Proportion (%)

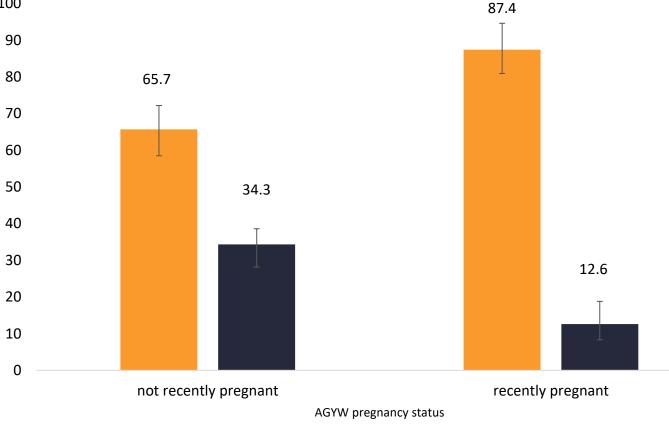
- Most [87.4%, 95% CI 81.2-91.7] recently pregnant AGYW in KZN were aware of their HIV status.
- X Among AGYW in KZN who did not report a recent pregnancy, 34.3%
- X [95% CI 27.8-41.5] did not know their HIV status.
- X

V

 \mathbf{V}

V

AGYW in KZN 15-24 years



aware of HIV status
Inot aware of HIV status

Data source: 2017 South African national HIV prevalence survey

Risky Sexual Behaviour: condom use with main sex partner

Question to participant: How often do you use a condom with your partner? Response options: every time/almost every time/ sometimes/never

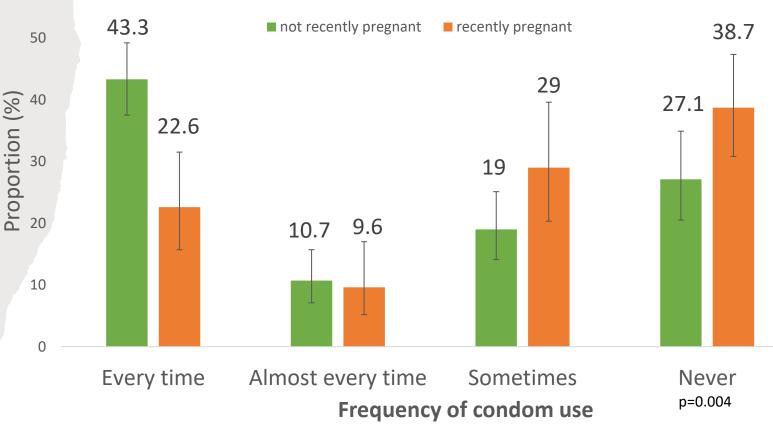
Inconsistent condom use was reported as follows:

29.0% [95% CI 20.3-39.6] of recently pregnant AGYW in KZN reported they used a condom sometimes with their partner compared to 19.0% [95% CI 14.1-25.1] among AGYW who did not report a recent pregnancy.

60

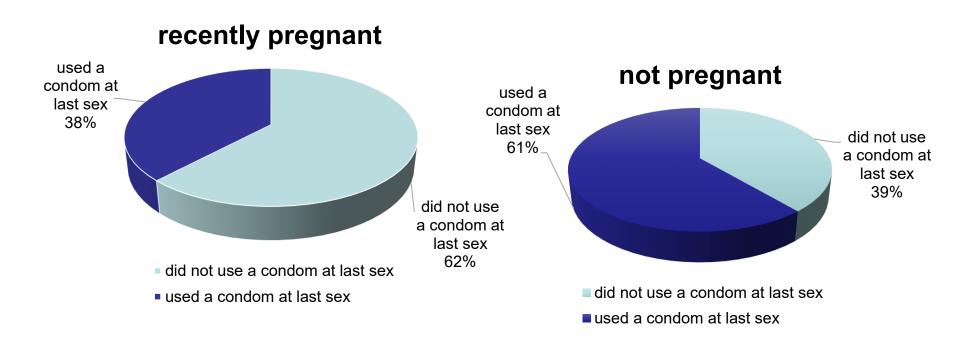
38.7% [95% CI 30.8-47.3] of recently pregnant AGYW said they never used a condom compared to 27.1% [95% CI 20.5-34.9] of AGYW who did not report a recent pregnancy.

AGYW 15-24 years in KZN



Risky sexual behaviour: Condom use at last sex

AGYW 15-24 years in KZN







Reasons for not using a condom

Among recently pregnant AGYW in KZN:

- about one fifth [20.6%, 95% CI 13.5-30.1] said they did not have a condom
- 27.4% [95% CI 18.8-37.9] said their partner objected to using a condom
- 29.9% [95% CI 19.9-42.3] indicated they were faithful and trusted their partners
- 13.2% [95% CI 7.2-22.8] thought condoms were not necessary

p=0.007

HIV prevalence among AGYW in KZN: univariate analyses of associated factors

	HIV status among Pregnant AGYW			HIV status among non pregnant AGYW		
Variable AGYW age(years) in KZN 15-19	OR ref	95 % CI		OR ref	95 % CI	P value
20-24 Province Western Cape	3.04 ref	10.94-9.87		1.81 ref	.0.67-4.93	0.242
Eastern Cape	4.6	0.87-24.16	0.072	2.7	0.85- 8.30	0.093
Northern Cape	0.2	0.02-2.34	0.196	1.0	0.27-3.40	0.953
Free State	1.2	0.13-11.05	0.873	2.2	0.54-8.69	0.271
KwaZulu-Natal	4.4	1.01-18.91	0.049	2.2	0.82-6.16	0.115
North-West	2.1	0.40-10.90	0.381	1.3	0.42-4.21	0.63
Gauteng	6.2	1.42-27.27	0.016	1.0	0.32-3.11	0.994
Mpumalanga	3.7	0 .83-16.50	0.087	2.4	0.86-6.68	0.094
Limpopo	2.4	0.452-12.41	0.307	1.1	0.36-3.57	0.839
Multiple partners in KZN one partner	ref					
two or more	11.49	1.91-69.08	0.008	0.97	0.22-4.23	0.963

Higher HIV prevalence among pregnant AGYW as follows:

KZN (OR 4.4, 95% CI 1.0-18.9) and Gauteng (OR 6.2, 95% CI 1.4-27.3) compared to other provinces.

Having multiple sexual partners in KZN (OR 11.5, 95% CI 1.9-69.1) compared to having one partner.

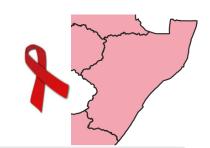
Discussion of Key Findings: Pregnant AGYW versus Non Pregnant AGYW in KZN



- Social/structural drivers of vulnerability: Unemployment and lack of income are gap areas particularly among recently pregnant AGYW who may not have completed school or have basic skills or opportunities to generate an income.
- In parallel; reliance on government grants among recently pregnant AGYW suggests that this form of social support remains vital for bearing the financial implications of teenage pregnancy.
- Awareness of HIV status: We noted a higher awareness of their HIV status among pregnant AGYW in KZN compared to non-pregnant AGYW. The reasons for non pregnant AGYW not knowing their status need to be unpacked.
- Sexual risk behaviours: lack of or inconsistent condom use & having multiple sexual partners are well-documented risk behaviours for HIV acquisition, although some risk behaviours tend to be underreported^{*}.

^{*}Onoya, D., Zuma, K., Zungu, N., Shisana, O., & Mehlomakhulu, V. (2015). Determinants of multiple sexual partnerships in South Africa. Journal of public health (Oxford, England), 37(1), 97–106. https://doi.org/10.1093/pubmed/fdu010

Conclusion: Pregnant AGYW versus non Pregnant AGYW in KZN



We estimated pregnancy, HIV prevalence & related risk behaviours among adolescent girls and young women (AGYW) aged 15-24 years in KwaZulu-Natal using the 2017 South African national HIV prevalence survey

- There were about n=134 400 recently pregnant AGYW in KZN based on self reports in 2017.
- HIV prevalence in KZN:
 - KZN had the second highest provincial HIV burden among pregnant AGYW in 2017.
 - HIV prevalence was higher among pregnant AGYW having multiple sexual partners in KZN compared to their counterparts having one sexual partner.

Recommendations

- Provision of economic & social support services including opportunities for school completion & employment for adolescent mothers remain important.
- Sexual and reproductive health intervention strategies for AGYW and their partners should continue to highlight the risk associated with lack of or inconsistent condom use & having multiple sexual partners.
- Understanding the barriers to consistent condom use (not having a condom, negotiating condom use, understanding the need for condom use while pregnant or on contraception, trusting partner) can be incorporated in health promotion messaging about condom use.
- Messaging should also include the advantages of testing for HIV, knowing their HIV status and adding PrEP to their personal prevention strategy, coupled with consistent condom use.
 - These strategies should be promoted even for AGYW in established relationships & for AGYW using other contraception methods & if currently pregnant.
 - The reasons for non pregnant AGYW not knowing their status warrants further attention.

Thank you



Zungu, N., Naidoo, I., Hodes, R., North, A., Mabaso, M., Skinner, D., Gittings, L., Sewpaul, R., Takatshana, S., Jooste, S., Moyo, S., Ramlagan, S., Cloete, A., Toska, E. & ALHIV, team. (2021) Adolescents living with HIV in South Africa. Pretoria: Human Sciences Research Council. http://hdl.handle.net/20.500.11910/16404

https://www.researchgate.net/publication/354543506_Adolescents_living_with_HIV_in_South_Africa