REPRODUCTIVE HEALTH matters

Reflecting on adolescents' evolving sexual and reproductive health rights: canvassing the opinion of social workers in KwaZulu-Natal, South Africa

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Abstract: *In South Africa children under the age of 18 are legal minors and considered not fully capable of acting independently. However, in certain defined circumstances the law has granted minors the capacity to act independently, including regarding their sexual and reproductive health (SRH). This study explored the perspectives and practices of 17 social workers from KwaZulu-Natal on legislation relevant to adolescents' evolving sexual and reproductive health and rights and the decriminalisation of consensual underage sex. A key finding was that many social workers have conservative views about adolescent access to SRH advice and services and many were critical of the recent decriminalisation of underage consensual sex. In the main, social workers were concerned that adolescents lack the capacity to make SRH care decisions and that liberal laws promote underage sex rather than protect adolescents. Despite antagonistic views of SRH laws related to adolescents, many social workers felt that they are able to uphold their professional rather than personal views in their work.These findings are important given that a key barrier to adolescent access and uptake of SRH advice and services relates to concerns that they will be judged. Therefore service providers need to be regularly updated on adolescent SRH issues (including rights, laws, and policies) and be engaged in critical thinking about conflicting cultural, moral and personal judgements around adolescent sexuality. Such training should include counselling and communication skills that address issues on confidentiality, adolescents' dignity, privacy and best interests.* © 2016 Reproductive Health Matters. Published by Elsevier BV. All rights reserved.

Introduction

Children below 18 years of age are considered vulnerable and deserving of special protections due to their youth, inexperience,[1] and susceptibility to peer pressure, amongst other reasons.[2] In South Africa, children under the age of 18 are legal minors and considered not fully capable of acting independently without the assistance of parents/legal guardians. However, in certain defined circumstances the law has granted minors the capacity to act independently, including regarding their sexual and reproductive health (SRH).[3] Children's sexual and reproductive health and rights (SRHR) are set out in the *Children's Act*, *Choice of Termination of Pregnancy Act*, the *Sterilisation Act* and the *Sexual Offences Amendment Act*. These various legislations provide that children have the right to decide independently whether to confidentially access contraceptives (12 years and older), terminate a pregnancy (at any age, granted that they have sufficient maturity to consent), and access treatment for sexually transmitted infections (STIs), including the diagnosis of HIV status.[3]

Significant progress has been made toward the development and promotion of SRHR for all South Africans.[4] Adolescents, however, remain vulnerable to HIV/AIDs, STIs and pregnancy due to a number of risk factors, including high-risk sexual behaviour, physical and social challenges, and limited access to key primary SRH care services.[5] Although the South African government has developed a more comprehensive adolescent SRHR framework, it is still unclear whether adolescents are able to fully realise these rights. There are also

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challenges with the implementation of this framework, including adolescents' right to access information and SRH care services.[6] For these reasons it is timely to reflect on perspectives regarding SRHR of adolescents in South Africa, particularly from service providers who enable access to these rights and services.

Recently, *the Criminal Law [Sexual Offences and Related Matter] Amendment Act, 2007*[7] (hereafter the SORMA) came under constitutional review, specifically regarding sections 15 and 16 which related to consensual sex/sexual activity between 12-16 year olds. Consensual sexual acts ranging from kissing and caressing to sexual penetration were deemed as sexual offences, although some argue that such acts are developmentally normative.[2,8] The constitutional review did not include the age of consent to sex which remains at 16 years old; nor did it address sexual offences related to adults who engage in consensual or non-consensual sex or sexual activity with adolescents below the age of 16, as this is still a crime. The review did not focus on non-consensual sexual conduct of similarly aged adolescents but rather only on consensual sexual conduct of adolescents (12-16 years old) who engage in sexual activity with each other. Under the old law both participants were criminally liable; and in age-discordant couples with more than a two-year age gap between them, engaging in sexual activity, such as kissing, was considered a statutory offence where only the older partner would be charged with a crime.[8] The potential repercussions for adolescents engaging in such behaviours included exposure to the criminal justice system including being reported, charged, arrested, prosecuted and sentenced.[9] Adolescents convicted of a sexual offence would, according to the Act, have their names entered onto the National Register for Sex Offenders, which holds dire implications.[2] Besides the immense stigma and shame associated with being convicted of a sexual offence, there are impacts on future work prospects, including that offenders are prohibited from working with children.

In the matter between the *Teddy Bear Clinic for Abused Children and Prevention of Child Abuse and Neglect (RAPCAN) v Minister of Justice and Constitutional Development* (Case number 73300/10),[10] an application was brought before the Constitutional Court to confirm an order of constitutional invalidity made by the North Gauteng High Court, Pretoria. The constitutional court held that aspects of sections 15 and 16 of the SORMA[7] that criminalised consensual sexual conduct of adolescents aged 12-16, infringed adolescents' constitutional rights to privacy, dignity and bodily integrity.[11] Furthermore, imposing criminal liability for consensual sexual activities amongst adolescents was not in their best interests.[10,11] Consequently, sections 15 and 16 of the SORMA[7] were declared to be inconsistent with the constitution and the offending sections were referred to parliament for amendment.[9–12] In July 2015, the *Criminal Law [Sexual Offences and Related Matters] Amendment Act Amendment Act (No. 5 of 2015)*[13] was signed into law. The amendment decriminalised consensual sexual activity and sexual penetration insofar as it relates to adolescents aged 12-15 who engage in such conduct with each other; and when one child was 12-15 and the other 16-17, granted that there is not more than a two-year age difference between them.[12] Of relevance is that the courts concluded that "adolescents are entitled to explore their sexuality and engage in consensual sexual activities. This 'sexual right' is quite far-reaching and will impact upon the manner in which schools, parents and other adolescent caregivers engage with the issue".[14]

The apparent contradiction in laws impacting on adolescents, the consequences of criminalising consensual underage sex and of imposing mandatory duties on service-providers to report knowledge of sexual activity have been extensively interrogated.[1,11,15,16] Healthcare providers' views on adolescent SRHR and access to services have also been explored in South Africa[17,18] and elsewhere.[19–21] However, to date, there has been little effort to canvas the perspectives of other South African service providers, including social workers, on adolescent-related SRH laws. This qualitative study explored social workers' perspectives on adolescents' evolving SRHR and the decriminalisation of consensual underage sex. As the implementers of relevant legislation, the perspectives of service providers are important since they can help identify gaps and challenges with the law as well as where service delivery can be strengthened through improved policies and/or further provider training.

The urgency of this issue arises because of the high levels of teenage pregnancy and HIV in South Africa. With regard to teenage pregnancy, statistics indicate that 36,702 learners were pregnant in 2010, with KwaZulu-Natal being the province with the highest number of pregnant school-goers (14,340).[22] In 2012 the national household survey found a national HIV prevalence of 7.1% among youth between the ages of 15 and 24 years nationally and 12.0% in KwaZulu-Natal.[23] While sexual

debut of adolescents in South Africa is consistent with international norms and on average occurs between the ages of 17 and 20, 10.9% of youth reported their sexual debut was before they were 15 years old.[23]

Social workers provide core counselling and support services to adolescents and the Department of Social Development has various structured programmes for adolescents that address teenage pregnancy, HIV/AIDS, sexual awareness and youth empowerment. Social workers are a key interface between young people and information regarding health services – therefore, it is important for social workers to both understand the law and bring high quality counseling skills to bear in order to service adolescents' needs. The parliamentary committee responsible for Social Development, which employs South Africa's social workers in the public sector, is tasked with undertaking focused research on targeted priorities. In the period the research was conducted children's issues were identified as a key priority for the Committee. One of the core aspects of the Legislature's oversight mandate relates to the implementation of relevant legislation. Furthermore, at an oversight visit to a Children's Court in KwaZulu-Natal, one of the key challenges reported by staff was with the interpretation and implementation of certain pieces of legislation pertaining to children, particularly in relation to recent amendments to sexual offences legislation. This study was considered as critical in understanding the challenges experienced in implementing laws, for identifying where laws are unclear, for making recommendations for improved legislation and service delivery, including training and capacity building needs.

Methods

Sample, procedure and instruments

Almost 40% of the country's teenage pregnancies among school-going adolescents are in KwaZulu-Natal, hence this study focused on social workers in that province. Seventeen social workers from KwaZulu-Natal were purposively sampled to participate in semi-structured interviews based on their involvement in the care of children. Potential participants were recommended by district managers and invited to participate in a telephone or face-to-face interview (depending on proximity to researchers and/or participant availability).

Interviews were conducted by the researchers between November 2013 and January 2014 and lasted 45 minutes to an hour long. Although most interviewees spoke isiZulu as a first language, interviews were conducted in English as all participants utilise English in the course and scope of their work. All participants provided their informed consent for interviews and the audio-recording thereof. This study received ethical approval from the University of KwaZulu-Natal's Human and Social Sciences Ethics Committee (HSS/0945/013).

In terms of demographic characteristics, 16 interviewees were female and one interviewee was male, all ranging between 26 and 47 years of age. All interviewees were qualified social workers, having completed an undergraduate degree at the minimum (n = 15), with two possessing post-graduate qualifications. Interviewees were selected across rural and urban contexts.

Data were analysed using thematic analysis.[24] Key themes were developed inductively by listening to audio-recorded interviews and summarising each interview. Emerging issues of relevance to the research questions were identified and portions of the interview that illustrated these issues were transcribed verbatim. These emerging issues informed the development of a coding framework, which was refined in team discussions. Interview transcripts were coded according to this framework on QSR NVIVO 10 (a qualitative software package). A sample of transcripts was co-coded by two researchers (ZE & AS) to ensure reliability.

Given the small sample size, social workers' perspectives on adolescent SRHR and the decriminalisation of underage consensual sex may not be representative of all social workers in KwaZulu-Natal or South Africa more broadly. Nevertheless, it is possible that perspectives identified in this study may be identified in the general context of adolescent SRH provision in South Africa.

Results

The following section presents three broad thematic categories; 1) social workers' perspectives on adolescents' evolving SRHR 2) the impact of SRHR laws on social work practices, and 3) managing personal views while meeting legal obligations. Quotes are included to support each of these sub-headings.

Social workers' perspectives on adolescents' evolving SRHR

Laws providing adolescents with the capacity to consent independently to SRH services undermine the age of majority

Most participants disapproved of laws that enable children to independently access SRH services such as terminations of pregnancy, access to contraceptives and HIV testing. Such disapproval was often linked to concerns that adolescents are incapable of making mature and well-considered decisions and therefore should be guided by their parents, for example:

"Personally, I feel that a 12-year old is too young to make such major decisions like the termination of pregnancy. I mean those children they still need the guidance of their parents. I think it's just too much for them to have to do such a major decision… they may make a decision that they will later regret in life when they get older." (P15)

"I think if you are 12 years old you are still a child, so I don't think they should be given rights to get contraceptives or terminate pregnancy at that age. So they shouldn't be indulging themselves into sex at that age. So I think that right and that law should be terminated as well because a child is still a child and up until they reach a certain age of maybe 18." (P10).

"Some of the Acts are also controversial. Just like that if the children are 16 years old, she can do whatever she likes… as far as I'm concerned, a child is still a child until she reaches 18 years old." (P5)

The above extracts suggest that some participants disapproved of adolescent access to a range of SRH services. Generally, these participants do not recognise adolescents' evolving capabilities. In this study the ability to make well-considered, mature decisions, and appreciate the consequences of such decisions, was associated with the crude age of 18. This age has reference to the legal age of majority in South Africa, and many other countries. These social workers did not reflect on the reality of high levels of sexual violence or the possibilities that young women may become pregnant as a result of incest, in which cases the right to access services without parental involvement would be essential. Such issues did not surface in their responses.

Liberal laws promote underage sex

Liberal laws permitting adolescent access to SRH services were seen to promote underage sexual activity, rather than protect adolescents. This was worrying to participants given the high prevalence of HIV and teenage pregnancy among adolescents:

"… it's encouraging them to have sexual intercourse… it's exposing children to a higher risk of HIV and AIDS and also it is destroying the children's future." (P7)

"Ay this law. It's like they are promoting that the children must be involved in sexual offences if they are saying you must take contraceptives at the age of 12, and that you can terminate. It's like the children must do sexual acts at a younger age..." (P4)

Liberal laws were also perceived to result in adolescents not having to take responsibility for their actions. Rather than ensure that adolescents who are involved in underage sex get access to healthcare services, it was argued by one participant that adolescents should face the consequences of their decisions. This appears to be underpinned by contradictory emotions: that is, adolescents are not mature enough to engage in sex but they should be mature enough to deal with the consequences of such activity, without outside intervention:

"…I don't believe children should be given such rights. I feel that children should be children until … they are old enough … [to] make informed decisions … We are promoting them to have sex, to experience more, because they know that I can still get tested for HIV, I can still get a condom, I can terminate pregnancy even if I fall pregnant. I feel it's too much for them. We as the country, I feel, … are failing our children because we are supposed to raise them in such a way that they make informed decisions. Even if a child does something …, which I feel [is] wrong, [for example, when] you find out that the child is engaged in premature sex, that child should be promoted to stop that, rather than being equipped with uh skills on how to [access services]. I feel that if the child has [had] sex, he/she should deal with the consequences so he will know that if I do this, … this is what will happen." (P3)

Some social workers perceived "liberal laws" as barriers to their implementation of services to both adolescents and families. They felt that these laws undermined the social norms by framing access to certain services as rights. It is unclear whether the participants would be opposed to SRHR laws addressing the health needs of

adolescents generally or just the norms in the current South African legal framework.

Liberal laws protect adolescents by increasing access to SRH services

A few participants supported laws enabling adolescents' SRHR. Since the reality is that many adolescents are engaging in underage sex, these laws were perceived to protect adolescents by ensuring access to SRH services:

"I personally think you can't stop them from having sex. You can't look after them 24/7. So I think it's good that they are given the right to go for contraceptives, access HIV services and everything." (P11)

"My professional view is because they are already experiencing with it, this will help. If the child is sexually active, it will help to test." (P3)

This smaller group of participants qualified their support of these laws as based on pragmatic reasons. They, therefore, did not view the legal provisions as reflecting the constitutional rights of children based on their evolving capacity but rather as something born from necessity.

The decriminalisation of underage consensual sex was inappropriate

Most participants were unaware of changes to the law regarding consensual underage sex[15] and very critical of the decriminalisation of underage consensual sex, arguing that these changes promote early sexual debut and activity:

"…my personal view is that children should not be engaged in sex when they are young…now that the law has changed, they will feel it's ok and they've been provided with everything to ensure that they don't get pregnant, even if they do get pregnant, they can abort the baby…they are promoting early sexual behaviour." (P3)

"I'm against it. In looking at the way things are happening. What if the 12-year-old falls pregnant, who's going to be responsible? And a 12 year old, I think that one is doing Grade 7 or Grade 8, I'm not sure and what are we saying?...I am against it due to the consequences." (P9)

"This is a difficult one because I totally disagree with the change, I'm sorry. I do. As much as [I] know that the government is trying to protect the children from criminal charges but it's also creating gaps because at the end of the day the parents…of the minors, they end up suffering because I do know in our community, the community which I work in, there's a high rate of teen pregnancy and you find that the children are left with the grandmothers..." (P12)

Three participants were more ambivalent towards the changes, understanding that it brings the various laws into harmonisation and protects adolescents from the consequences of criminal charges. However, they were also concerned about whether adolescents as young as 12 possess the decision-making capacity to appreciate the consequences of sexual activity:

"Firstly the government was saying that children who are 12 years [old], they can access contraceptives and what not, but if you engage in sex below the age of 16, it is illegal. So the government, because it's already passed these laws, it had to sort of amend [it] 'cause it was contradicting itself." (P13)

The impact of the SRH laws on social work practices

Decriminalisation of underage sex undermines the authority of social workers to counsel adolescents on delaying sexual debut

Some participants objected to the decriminalisation of some forms of underage sex as they felt that criminal sanctions previously served as a deterrent to underage sex and that adolescents do not have the capacity to deal with the consequences of underage sex such as HIV and pregnancy:

"It's encouraging a lot of children to continue with […] sex because it is consensual sex and they are minors… So it's going to [be] encouraging them to do more because they are not going to be arrested, or they are not going to be dealt with accordingly, it's giving them the freedom to do what they like to do." (P7)

This approach contrasts with some of the views set out below in this paper in which the sexual and reproductive rights of adolescents were seen as encroaching into the private realm of families, as here participants were endorsing the use of a state sanction to establish a particular set of sexual norms.

Laws providing adolescents with the capacity to consent independently to SRH services undermine family relationships and complicate interventions

Some participants saw SRH laws as undermining the role of the family, for example:

"Personally I'm not happy and I don't like that…parents must guide their children accordingly." (P17)

While some participants disapproved altogether of adolescent access to a range of SRH services, others just felt that parental involvement in decisions to access SRH services was imperative. Interestingly, it appears that some participants perceived these laws as an over-reach by the state, which in establishing such norms had intruded into a family space by taking away the powers of parents to guide their children.

Managing personal views while meeting legal obligations

Despite the majority of respondents having antagonistic perspectives on adolescent SRH laws, most argued that they are able to manage this conflict between their personal views and practice social work within the liberal prescripts of the law.

"…for me, if I'm at work, I have to take my personal things aside and do according to the Act." (P7)

"I just put … my views and my beliefs behind, you know when I'm at work… I was told that when you are at work, you just implement the laws. You don't interfere and you don't put in your own thinking… you just tell the person what the law says and you just give that direction." (P16)

"…as a social worker we were taught at university that...your professional views are more important that your personal views." (P17)

Some conceded that while the law is considered, values and cultural mores are also important factors. These sometimes conflicting perspectives were noted to be difficult to reconcile and it was considered imperative to acknowledge where personal and professional views differ to ensure that professional views are upheld:

"…it becomes difficult…you have to deal with what the act says and forget what you perceive as wrong." (P14)

"It's very hard especially because I'm working in that community, it's a rural one." (P4)

"No, always we have to put our professional obligation first. I mean, that is something that we learn even at university, to be objective at all times and not to let our personal values interfere with our work. So we have to remain impartial at all times and treat situations objectively… Of course, it is challenging at times, but as I say you are obligated to render the service as required by the law." (P15)

"…my personal view always differs from my professional because as supervisor even if… I don't believe children should be given such rights until they are old enough that they can make informed decisions that they can access such rights." (P3)

It was noted that training at university and frameworks and policies put in place by the Department of Social Development (e.g., structured assessments for probation officers) facilitate compliance. However, one participant articulated that ongoing values training would be imperative for social workers.

Discussion

This study explored social workers' practices and perspectives on legislation relevant to adolescents' evolving SRHR and the decriminalisation of consensual underage sex. It is timely given the recent decriminalisation of underage consensual sex amongst certain categories of adolescents.[12] Furthermore, commentators have identified that several gaps remain regarding the promotion of adolescents' SRHR.[6]

"The understanding and promotion of sexual and reproductive rights are essential in the social work profession".[25] Social workers provide a pivotal entry point for adolescent awareness of SRHR and access to services through schools, healthcare facilities and service offices. This mostly occurs through support, information-sharing and counselling activities. Such in-depth counselling and education provides a valuable adjunct to services offered by healthcare providers who have limited opportunities to discuss in detail or counsel adolescents on SRH services.[17]

Liberal laws promoting access to SRH services and the new less stringent provisions regarding underage consensual sex amongst adolescents were perceived by some participants in a positive light as they are protective of adolescents and bring various laws into harmonisation. However, the majority of participants were very critical of the law. It appeared that most participants did not oppose adolescent sexual and reproductive rights per se, but were concerned that as legal minors, children below the age of 18 are too young and inexperienced to make SRH decisions independently of their parents/guardians. The capacity to consent to SRH services has been a contentious issue that has been considered by the courts in South Africa and abroad. In the case of *Christian Lawyers Association vs Minister of Health and others*,[26] the court held that capacity is an intrinsic element of consent and a child without capacity cannot consent to a

health intervention even if the legislature has set an age at which they are presumed to have capacity. However, determination of the capacity to consent to sex is based on age rather than decision-making capacity.[27] Mackenzie and Watts[27] use examples of children's capacity to consent to medical treatment, to argue that "some children under sixteen may be able to understand and to consent to some sexual acts". This latter position appears to be consistent with those of the courts and policymakers regarding the decriminalisation of underage consensual sex among adolescent peers.

Socio-cultural taboos around discussing sex and sexuality with minors and general stigma attached to youth sexuality, may contribute to concerns that laws promoting access to SRHR and services promote promiscuity.[17] Social workers in this study were concerned that adolescents may not have the cognitive capacity to appreciate the consequences of their decisions and that SRH laws may promote immoral behaviour. Likewise, Buthelezi and Bernard[28] noted that the court judgement is likely to be criticised by various sectors of society as promoting adolescent sexual promiscuity, largely due to an inadequate understanding of the judgement. A key concern for participants was whether the decriminalisation of underage sex eliminates a state enforced penalty for "inappropriate" behaviour. This leads to broader questions about the role, if any, of the criminal law in enforcing morally-based sexual norms. It may also reflect the complexities faced by social workers who may experience difficulties in finding novel ways to encourage adolescents to delay sexual debut when there is no sanction attached to such behaviour. Social workers appeared to favour criminal sanctions simply because it meant that there would be consequences for reckless behaviour. Nevertheless, "while one may be morally opposed to two teenagers having sexual relations with each other, 'sex' is not the proper area for expansive legislation on morality. There is a fine line between immorality and criminality".[2] Such concerns also reflect the lack of understanding of the amendments to the SORMA[7] which have not altered the age of consent to sex, which remains at 16. This means that social workers do still have the moral authority of the law when counselling adolescents on delaying sexual debut.

Furthermore, many may oppose the judgement from a morality standpoint in that underage sex may amplify risks of pregnancies, HIV and other STIs.[2] Similar sentiments were identified by participants in this study, many of whom work in contexts where the discussion of sex and sexuality with adolescents is considered taboo.[29] Previous research conducted in a rural community in KwaZulu-Natal found that discussions about sex between younger and older people are largely prohibited, outside certain cultural contexts such as rites of passage (puberty or preparation for marriage).[29] Given that such discussions would be essential in social work practice, it is not surprising that many social workers frowned on adolescents' expanding SRHR.

Such paternalistic views, however, are not in keeping with empirical research which indicates that restrictive laws may be counter to the best interests of children as they create significant barriers to adolescents' willingness and ability to access formal information, advice and SRH services that are crucial to healthy and autonomous decision-making about sex.[30] The criminal law is not an effective or ethical means to deter adolescents from engaging in sex,[31] especially since it is unlikely that adolescents are even aware that sexual conduct with peers could warrant criminal sanction.[32]

Access to advice, information and SRH services is critical for the promotion of healthy sexual behaviours among adolescents. However, research has identified several barriers to the uptake of such services, including concerns about confidentiality and judgemental attitudes of service providers.[19,29] Previous ambiguities across SRH laws relevant to adolescents, limited their ability to access confidential SRH services by imposing legal obligations on service providers to report underage consensual sex and sexual activity to the authorities.[29] Importantly, decriminalisation of underage consensual sex brings various laws into harmonisation and removes the blanket mandatory reporting obligation placed on service providers, particularly where it created a conflict in terms of confidentiality requirements and obligations to report peer-related consensual sexual activity disclosed by adolescents.[15]

Research suggests that the personal values and perspectives of services providers may also affect accessibility, uptake and quality of services.[21] Like nurses offering adolescent SRH services,[21] social workers are at a critical juncture between conservative community values about adolescent sexuality and the reality of adolescent sexuality. Findings from this study that many social workers have conservative views on teenage sexuality coalesce with research indicating that the fear of being judged, reprimanded or asked difficult questions by providers is a key barrier to acceptability and uptake of SRH services.[17,19,20,29] In addition, social workers' reported

limited knowledge on SRH laws for children.[15] This suggests that they may be unable to navigate between ensuring that their clients are knowledgeable about the law and providing appropriate sexuality communication to help clients clarify their own needs, sexual and reproductive desires, and capacities to protect their own health.

Social workers in this study reported that despite having strong personal views against "permissive" laws, they are able to implement the laws in their work with adolescents. However, it is not impossible for providers to unwittingly or otherwise, prioritise their personal views over their legal obligations – as has been demonstrated elsewhere.[32,33] Furthermore, social workers considered a multitude of factors when deciding to report underage consensual sex, despite the law at the time being unequivocal that all cases should be reported,[15] suggesting that it may not always be the law that prevails in decision-making.

Conclusion

This study found that most participants were critical about the enabling laws for adolescents to independently access SRH services and of the amended law that decriminalised consensual underage sex. Only a few participants agreed that the liberal laws protected adolescents who are sexually active to access necessary SRH services. Given that judgemental perspectives of providers are a major disincentive to access SRH information and services, it is critical that social workers who deal with children receive continuing education on adolescent sexuality and reproduction, on evolutions in relevant laws and on sexuality counselling being about enabling clients to explore their own feelings and plan what actions they will take. Research has shown that healthcare providers with higher levels of education adopt a more youth-friendly approach, as do those who have received further training on adolescent SRHR.[21] This research echoes previous recommendations[21] that undergraduate social work programmes should promote critical thinking about the cultural and moral dimensions to help providers better deal with adolescent sexuality. Specifically, providers should be frequently updated on SRH issues, relevant legislation, confidentiality, adolescents' dignity, privacy and best interests, sexual and reproductive rights, and communication and counselling skills.[19] Such training should clearly detail the rationale for laws and include values training so that social workers are able to carry out their duties devoid of personal value-laden judgments. Key stakeholders, including social workers and other providers who enable access to adolescent SRH services, should be engaged in critical thinking about conflicting cultural, moral and personal judgments around adolescent sexuality.

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Résumé

En Afrique du Sud, les enfants de moins de 18 ans sont mineurs aux yeux de la loi qui considère qu'ils ne sont pas en possession de la pleine capacité d'agir indépendamment. Néanmoins, dans certaines circonstances définies, la loi donne aux mineurs la capacité d'agir indépendamment, notamment concernant leur santé sexuelle et génésique. Cette étude a abordé les perspectives et pratiques de 17 travailleurs sociaux du KwaZulu-Natal sur l'évolution de la législation applicable aux droits des adolescents dans le domaine de la santé sexuelle et génésique et la dépénalisation des rapports sexuels avec des mineurs. L'une des principales conclusions est que beaucoup de travailleurs sociaux ont des idées conservatrices sur l'accès des adolescents aux conseils et services de santé sexuelle et génésique et beaucoup n'approuvaient pas la récente dépénalisation des relations sexuelles consensuelles avec des mineurs. Dans l'ensemble, ils craignaient que les adolescents ne soient pas capables de prendre des décisions dans ce domaine et que les lois libérales encouragent les relations sexuelles précoces au lieu de protéger les adolescents. Malgré leur opposition aux lois de santé sexuelle et génésique relatives aux adolescents, beaucoup de travailleurs sociaux pensaient qu'ils pouvaient défendre leurs idées professionnelles plutôt que personnelles au travail. Ces résultats sont importants car un obstacle majeur qui entrave l'accès des adolescents aux conseils et services de santé sexuelle et génésique et leur utilisation est la crainte d'être jugés. Il faut donc informer régulièrement les prestataires de services des questions relatives à la santé sexuelle et génésique des adolescents (notamment les droits, les lois et les politiques) et ces acteurs centraux doivent prendre part à une réflexion critique sur les jugements culturels, moraux et personnels conflictuels autour de la sexualité des adolescents. Cette formation devrait inclure des compétences sur les conseils et la communication qui abordent la question de la confidentialité, la dignité des adolescents, le respect de leur vie privée et leur intérêt supérieur.

Resumen

En Sudáfrica los niños de menos de 18 años son menores de edad y considerados no totalmente capaces de actuar independientemente. Sin embargo, en ciertas circunstancias definidas, la ley ha otorgado a los menores la capacidad para actuar independientemente, incluso con relación a su salud sexual y reproductiva (SSR). Este estudio exploró las perspectivas y prácticas de 17 trabajadores sociales de KwaZulu-Natal sobre la legislación pertinente a los derechos evolutivos de SSR de la adolescencia y la despenalización del sexo consensual por menores de edad. Un hallazgo clave fue que muchos trabajadores sociales tienen puntos de vista conservadores acerca del acceso de adolescentes a consejos y servicios de SSR, y muchos criticaron la reciente despenalización del sexo consensual por menores. En general, a los trabajadores sociales les preocupaba que la adolescencia carece de la capacidad para tomar decisiones sobre servicios de SSR y que las leyes liberales promueven las relaciones sexuales de menores en lugar de proteger a la adolescencia. A pesar de puntos de vista antagonistas acerca de las leyes sobre SSR relacionadas con adolescentes, muchos trabajadores sociales creían que podían defender sus puntos de vista profesionales, y no personales, en su trabajo. Estos hallazgos son importantes, ya que una de las principales barreras al acceso de adolescentes a consejos y servicios de SSR, y su aceptación de estos, está relacionada con inquietudes de que serán juzgados. Por lo tanto, los prestadores de servicios deben ser actualizados con regularidad sobre asuntos de SSR de adolescentes (incluidos los derechos, leyes y políticas relacionados con SSR) y se debe motivar a estos actores clave a que piensen de manera crítica sobre prejuicios culturales, morales y personales conflictivos respecto a la sexualidad en la adolescencia. Este tipo de capacitación debe incluir habilidades de consejería y comunicación que aborden asuntos de confidencialidad, dignidad, privacidad y los intereses superiores de adolescentes.