UNIVERSITY OF KWAZULU-NATAL ™

INYUVESI YAKWAZULU-NATALI

Imagining a New Reality

Strengthening the health system and confronting socio-cultural realities to address adolescent pregnancy — in the words of adolescents in rural KwaZulu-Natal

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WHERE THIS WORK BEGAN

Noxolo, 16 years old

> ***A Friday afternoon, 2014.*** *An ambulance brings Noxolo into casualty in septic shock. She had gone to an illegal abortionist in a small rural town.*
>
> ***Our hospital offered no safe termination.***
>
> ***Terrified of exposure, she denied being pregnant.*** *Her aunt, a hospital matron, hovered nearby.*
>
> *She was transferred to the regional hospital for a hysterectomy.*
> ***She was sixteen.***

What the nurses murmured

'Had she not received any instruction on how a girl behaves?'

'How could she bring such shame to her esteemed family?'

Why silence was safer

- Virginity – esteemed
- Pregnancy constructed as deviance
- Abortion seen as a worse transgression than the pregnancy

What produces the Noxolos we meet in our health facilities — and what would prevent them?

THE FIRST RESPONSE · 2015

ZAZI camps: ‘know yourself’

After Noxolo, we took services to where girls were. ZAZI (Nguni: ‘know yourself’) set out to empower young women to assert themselves and take agency in their lives.

WHAT

Two-day camps in high schools

- Sexual and reproductive health education
- Contraception services
- HIV testing
- Career guidance

HOW

Non-judgemental — and fun

- Care offered without lecturing
- An environment where adolescents could enjoy themselves
- Rarely what they experience in our clinics

WHO

A team beyond the hospital/clinic walls

- Doctors, nurses, social workers and other health staff
- Partners: Mpilonhle, traditional leaders, municipal councillors
- Entry negotiated with reluctant school governing bodies

What ZAZI missed

Adolescents’ own voices. We designed for them, not with them.

Boys and young men- not involved though many boys were already fathers.

Gender norms and other structural inequalities went unaddressed.

Those gaps became this PhD.

Why act: in 2014 uMkhanyakude had the highest in-facility deliveries among girls under 18 in KwaZulu-Natal, against low contraception and TOP uptake; 45% of children admitted with severe acute malnutrition were born to adolescent mothers.

Source: uMkhanyakude District Health Plan 2015/16.

THE SETTING

Falling nationally, concentrated rurally

THE COUNTRY

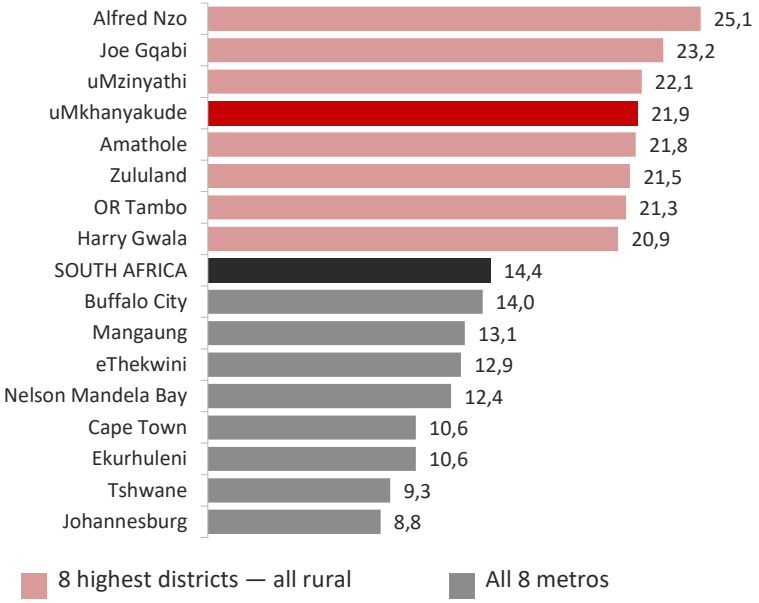
1 in 7

public-facility deliveries is to a girl aged 10–19 (14.4%, 2024/25)

Fewer births: 117 195 in 2024/25, down 16% since 2021/22

RURAL VS URBAN DISTRICTS, 2024/25

% of facility deliveries to girls aged 10–19





UMKHANYAKUDE

21.9%

of facility deliveries are to girls aged 10–19:

4th of 52 districts, 2.5× Johannesburg's rate

Rising, not falling: 20.1% in 2019/20

The rural-urban gap is real: *no metro reaches the national rate, while 11 districts at 20% or more, all of them rural.*

Indicator: delivery in 10–19 years in facility rate, a proxy for the adolescent birth rate — deliveries to girls aged 10–19 as a % of all facility deliveries (National Department of Health, 2020). Sources: Health Systems Trust, District Health Barometer 2024/25 (dhb.hst.org.za, DHIS data, accessed 29 October 2026); Barron et al., S Afr Med J 2026;116(3):e4414.

THE STUDY ASKED

Critical Research Questions

RQ 1

How do adolescents in this rural community experience social and romantic relationships?

RQ 2

How do adolescents in this community negotiate sexual and reproductive decisions?

RQ 3

How do adolescents in this community construct their fertility?

RQ 4

What are adolescents' perspectives on the strategies needed to respond to their fertility?

THE RESEARCH

Listening differently: a participatory study with adolescent boys and girls

- **Critical paradigm**
  Research that questions who holds power and works to change unequal structures for those with least voice. *(Guba & Lincoln 1994; Patton 2015)*
- **Social constructionism**
  Reality is socially constructed through interactions, practices and interpretations among individuals in specific social and cultural contexts *(Burr & Dick 2017)*
- **Phase 1 — interviews & focus groups**
  28 adolescents aged 18–19 recruited at 3 primary care clinics; 3 traditional leaders for cultural context.
- **Phase 2 — participatory visual methodology**
  22 school-going adolescents (12 girls, 10 boys): drawings, storyboards and cellphilms — short films made on cellphones — co-created and co-interpreted.

Everything you will hear today is in their words.

Why participatory visual methods?

Method follows paradigm: if reality is co-constructed and power must shift. Adolescents positioned as knowers and experts on their own lives.

- **Co-researchers, not subjects.** They create, interpret and critique their own artefacts *(Bradbury-Jones & Taylor 2015; D'Amico et al. 2016)*
- **Beyond words.** Images capture emotion, context and symbolic meaning that talk alone misses *(Gubrium & Harper 2016)*
- **Fit for adolescents.** More engaging and fun for young people *(Lomax 2012; Mitchell & Sommer 2016)*
- **Evidence for change.** Artefacts challenge dominant narratives and become advocacy tools *(Mitchell & Moletsane 2018)*

THE CORE ARGUMENT

Pregnancy is the visible tip of intersecting systems

Gender norms & power

Hegemonic masculinity; coercion normalised; girls' sexuality policed, boys' celebrated

Structural inequality

Poverty, unemployment, unsafe housing for learners, distance to quality schooling

Socio-cultural context

Parental silence on sex; eroded mentorship structures; contested practices (virginity testing)

Health system barriers

Judgemental healthcare providers, no privacy, services adolescents actively avoid

Nuanced data insists on: not every adolescent pregnancy is unintended. Some girls and boys described deliberate childbearing as a marker of adulthood, or to secure a partner.

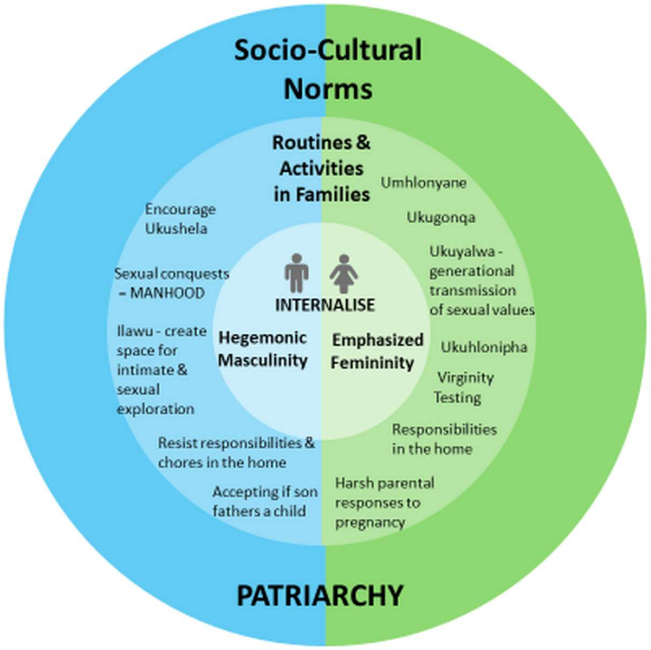
RQ 1 · RELATIONSHIPS

How do adolescents experience social and romantic relationships?

Families and silence, the spaces where love happens, and the economics of intimacy

RQ 1 · SOCIALISATION & SILENCE

‘You must never ever sleep with a boy!’



Divergent gender and sexual socialisation in families at puberty, read through eco-cultural theory (Weisner 2002)

> *At home, they don’t tell you what to do; they only say, ‘You must never ever sleep with a boy!’ They don’t even consider that you might have feelings for a boy.*
>
> — Yibanathi, 18, describing her drawing

Boys: licensed

towards hegemonic masculinity

- Fathers encourage proposing love (**ukushela**)
- **Ilawu**, separate quarters, makes space for sexual exploration
- Sexual conquest = manhood; fathering a child accepted

Girls: regulated

towards emphasised femininity

- Menarche brings **umhlonyane**, seclusion (**umgonqo**) and instruction (**ukuyalwa**)
- Respectability (**ukuhlonipha**) and purity; virginity testing
- Silence on sex; harsh responses to pregnancy

Control over empowerment. Silence and virginity testing act as social control (Scorgie 2006). Girls are left unprepared for real sexual and reproductive health risks; boys are encouraged to be sexually assertive.

Prohibition replaces guidance — relationships go underground.

RQ 1 · DATING & INTIMACY

‘Public but discreet’: the geographies of adolescent love

What the dating landscape reveals

- Love and affection are central — prohibition pushes relationships into hiding and pretences of purity.



From public to private: *as space closes, power tilts to boys*

PUBLIC *panels 1–2*	**Courtship** Boys initiate (**ukushela**); girls negotiate the terms. Love and affection matter to both.
DISCREET *panels 3–4*	**Trees and kraals** Seen but not displayed: autonomy asserted while performing **ukuhlonipha** (respectability).
PRIVATE *panel 5*	**Rented rooms and ilawu** Away from adult eyes, power tilts to boys and coercion erodes girls’ agency over sex.
AFTERMATH *panel 6*	**Pregnancy and heartbreak** Material and emotional consequences fall on the girl.

Children’s Geographies lens: prohibition does not stop adolescent love; it moves it into spaces where girls hold the least power. *(Yarwood & Tyrrell 2012; Ngidi & Moletsane 2023)*

RQ 2 · DECISIONS

How do adolescents negotiate sexual and reproductive decisions?

Consent and coercion between partners — then a cellphilm the girls made for health authorities about deciding at the clinic

RQ 2 · CONSENT & COERCION

‘There is a No that means Yes!’





Busani’s drawing, 18: *a call, they walk to his room, then ‘No, I thought…’ — and he continued.*

‘I would continue because …’
— Busani, asked whether he would stop if she said no

‘That is rape! No means No.’
— Uluthando

A continuum of coercion *from ‘love’ to force (DeGue & DiLillo 2005)*

Profess love	Buy gifts	Beg	Threaten to leave	Trap	Rape
‘Make her feel loved’	*‘You ate my pizzas…’*	*until refusing feels unkind*	*‘It is better for us to quit’*	*porn, locked rooms, wet clothes*	*‘It’s not rape, it’s manipulation’*

verbal coercion → physical aggression

The pressure to have sex

Sex proves manhood; boys who wait are called **uyisitabane** (gay). Girls hear: give him sex or someone else will.

‘We feel like men!’
— Philani, 19

Consent misread

Boys read desire, gifts or a visit to his room as a yes. A girl’s refusal must be ‘strong enough’ to count.

‘Sex is part of the relationship.’
— Mandla, 18

The burden falls on girls

Girls set limits and avoid rooms, yet stay ‘because of love’. One boy dissented: when she says no, you stop.

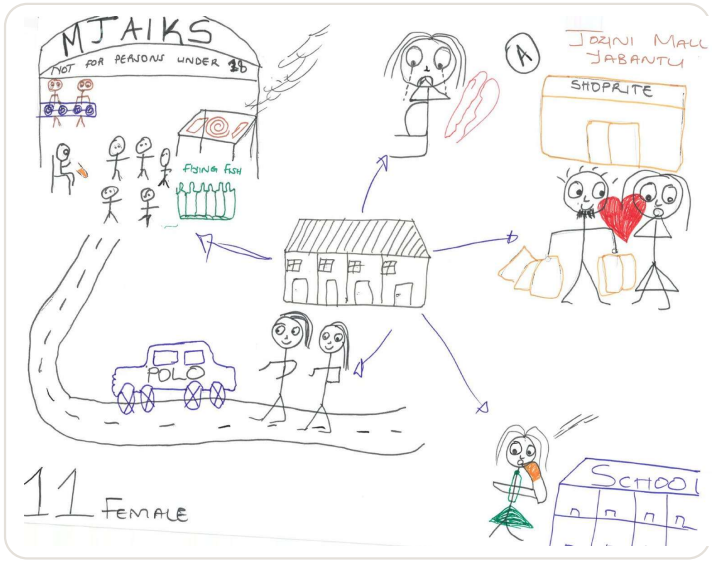
‘We run to them wailing like an ambulance!’
— Uluthando

Start early, with all genders: teach mutual, affirmative consent and how to read verbal and non-verbal cues, and work with boys through male mentors who model egalitarian masculinities.

RQ 2 · THE ECONOMICS OF SURVIVAL

‘Kudliwa imali, kudliwe umuntu!’

‘We spend the money, we devour the person’: umqasho, blessers and the persal number



Nonto’s drawing, 18: *from the rented room to the mall, a party in his Polo, then pregnant, heartbroken and out of school*

1
No school nearby
Girls leave home for **umqasho**: 3–4 share a room at R750–R900 a month

2
Needs unmet
Blessers fill the gap: men in their 30s, government workers. ‘Never let go of a **persal number**’

3
The exchange
Gifts and money for sex. Condoms refused or removed; ‘if he says jump, you ask how high’

4
The fallout
Pregnancy, forced abortion, HIV, failed matric. He blocks her number and moves on.

Why: intersecting systems of oppression *(intersectionality; Collins & Bilge 2020)*

Structures of domination
Patriarchy · capitalism · ageism · culture and religion

Institutional systems
Rural–urban divide · too few schools and hostels · practices permitting intergenerational unions

Social processes
Poverty · displacement from family · male provider norms · consumerism

‘When you look around your rented room there is nothing! I don’t have a bed — I sleep on the floor…’ — **Thandi, 18**

Moralising at girls is unhelpful while the structures stand.

RQ 2 · ONE GIRL'S PATHWAY

Amahle, 19 — the health system said no

> *I asked him if he can use a condom as I was scared of becoming pregnant… the guy told me he does not like condoms. I decided to go to the clinic after school to request contraception. At the clinic they treated me so badly that I did not even finish seeing the nurse — I walked out without getting any contraception. I conceived in 2019… I had not started antenatal care because of the way they previously treated me. When I went back, their attitudes had not changed and they shouted at me for presenting late.*
>
> *So basically, I received my first injectable contraceptive after giving birth, in labour ward — instead of before becoming pregnant.*
>
> **— Amahle, 19, adolescent mother — the story that inspired the cellphilm**

Asked partner to use condoms — refused	Sought contraception — shamed, walked out	Concealed pregnancy — booked late	Shouted at for booking late	**First contraceptive: after delivery**

RQ 2 · THEIR FILM, THEIR SCRIPT

‘They judge and victimise us at the clinic’

1 **Front desk**

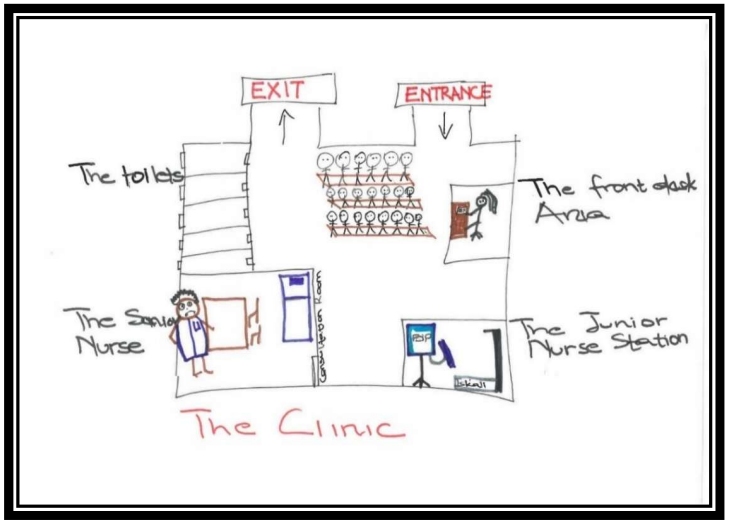
‘And how old are you that you want contraception?’ (eye-rolling, looking at her phone)

2 **Vitals area**

‘Why are you so late for your first antenatal visit?’ (shouting) — no privacy; the waiting area watches and gossips: ‘Children having children!’

3 **Consultation room**

‘You are the hope of your family and now you are here for prevention?’ ‘MaGumede, can you listen to this?’ (calling the nurse next door — the girl leaves without contraception)



Two acts, one lesson

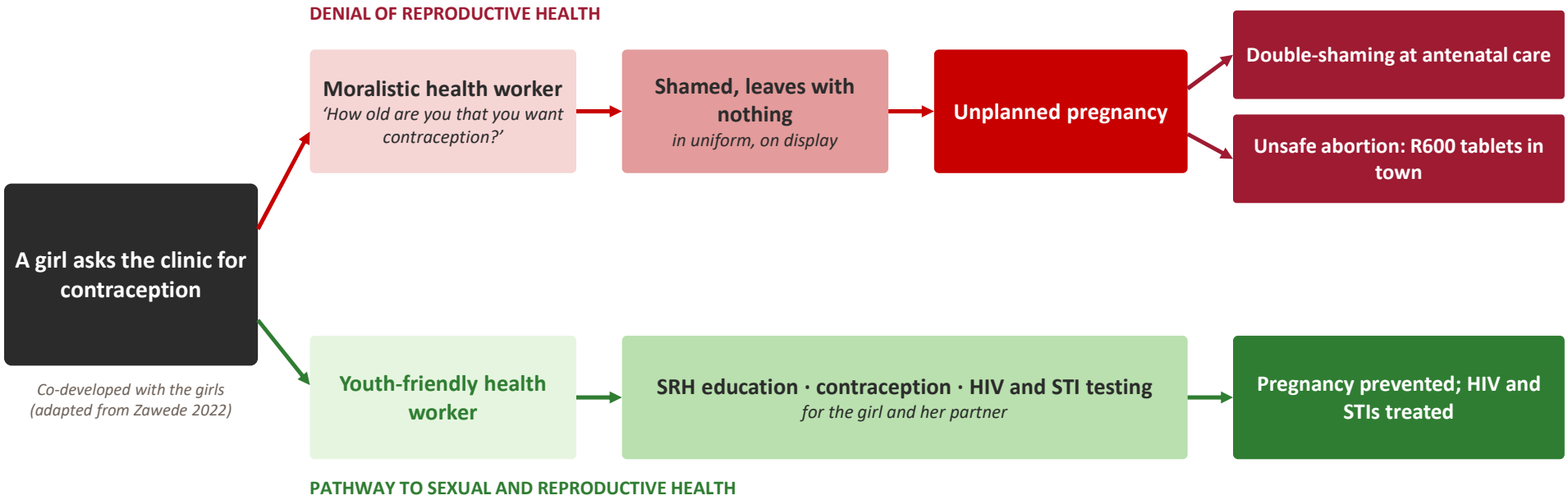
Act 1: a 16-year-old asks for contraception — and is driven out.

Act 2: she returns pregnant — and is shamed for the pregnancy the clinic failed to prevent.

The girls scripted, acted and filmed every role themselves.

RQ 2 · THE COST OF JUDGEMENT

When we are inaccessible, girls do not stop deciding



> *'If I become pregnant I would definitely have an illegal abortion… who am I going to give this child to if the boy runs away?'*
>
> — Nonto, 18, hoping to attend university

The question is whether the health system is accessible and safe enough to be part of their decisions.

RQ 3 · FERTILITY

How do adolescents construct their fertility?

Pregnancy as deviance, as rite of passage and as strategy — femininities and masculinities in negotiation

RQ 3 · FERTILITY AND MANHOOD

Rites of passage to patriarchy

For boys, each step up is judged by peers — and paid for by girls

1 Initiate relationships

boyhood → adolescence

Proposing love (**ukushela**), many girlfriends: status as **inkunzi**

'A boy can never be satisfied.'
— Jabu

2 Have sex

prove heterosexuality

Male virgins mocked as **itshitshi** (a girl); sex secured by threats, **ilawu**, even gang rape (**isitimela**)

'There is one way forward.'
— Sandile

3 Impregnate a girl

prove sexual maturity

Condoms 'waste the seed'; pregnancy ties her to him.

'I have to trap her with a child so that she is unable to move.'
— Themba, 19

4 Become a father

complete manhood

Fatherhood separates men from boys

'Don't forget you are speaking to someone's father!'
— Fana, 19

But…

With nothing to provide, boys deny paternity; girls and their mothers carry the care.

'To show love you have to listen to each other, respect each other.'
— Sandile

PATRIARCHY · HEGEMONIC MASCULINITY (CONNELL 1987)

Pregnancy intentionality - by boys. Interventions must involve boys and confront gender power.

RQ 3 · FERTILITY, DEVIANCE AND RESTORATION

Deviance, redemption and womanhood

Ideal girlhood
Virginity, the Reed Dance, **ukuhlonipha**: a moral beacon and future wife

→

Pregnant: deviant
Barred from the Reed Dance; shame; parents withdraw care and support

→

Ukubika isisu
Her family reports the pregnancy to the boy's family

→

Inhlawulo paid
Paternity acknowledged, damages paid: dignity restored and family support resumes

↓

Paternity denied: stigma, carried alone

Pregnancy as a transformative rite of passage to adult feminine identity

'I am now a mother and no longer a girl. And my self-respect should be on another level.' — Thobeka, 18

Pregnancy as social utility

Qhakazile (18) consented to pregnancy hoping to secure lifelong commitment and status as umama wengane — the mother of his child.

Case narrative

Deviance for some, womanhood for others! Same phenomenon, opposite meanings — one-size-fits-all approach?

RQ 4 · STRATEGIES

‘Imagining a new reality’

What adolescents say is needed to respond to their fertility — for the health system, for culture and community, and for the structures around them

RQ 4 · STREAM 1 · THE HEALTH SYSTEM

What adolescents ask of our services

- **Non-judgemental, youth-centred care**
  The single loudest demand. Attitude is the access barrier — not distance, not stock.

- **Confidentiality by design**
  Closed doors, no shouting between rooms, entry points where a girl in uniform isn't on display to her community.

- **Provider capacity-building**
  Train and support staff to engage adolescents empathetically — including confronting our own biases.

- **School-based SRH services + CSE**
  Contraception and HIV testing where adolescents are, paired with comprehensive sexuality education from Grade 5–6.

> *We should make contraception and HIV testing available in schools. Some won't even come to the clinic because they fear being recognised… my aunt is a community health worker, so I could not go — they know her there.*
>
> — Thenjiwe, 19

> *Young people need to be taught early, even Grade 5 or 6, because high school is too late. Some are already having sex by then.*
>
> — Jabu, 18, male

RQ 4 · STREAM 2 · CULTURE & COMMUNITY

Working with culture, not around it

Amaqhikiza & izinsizwa

Revive gender-matched indigenous peer mentorship — older girls guiding girls, young men guiding boys — as culturally sanctioned SRH education.

Ukumisa iduku

Public acknowledgement of a relationship (a headscarf raised as a sign), replacing secrecy with family transparency and open courtship.

Izimbizo

Intergenerational community dialogues — adolescents, parents, traditional leaders — convened by amakhosi, sustained rather than once-off.

Ukwelusa

Cattle herding as boys' apprenticeship in responsibility, patience and Ubuntu — an indigenous scaffold for alternative masculinities.

Highly contested terrain — virginity testing (ukuhlolwa kwezintombi): some girls draw pride and accountability from it ('I am a proud Zulu girl'); others distrust it ('some go there to buy certificates') and note it polices girls while asking nothing of boys. VT demands critical engagement, not blanket endorsement or dismissal.

RQ 4 · STREAM 2 CONTINUED

Boys are not the problem to route around — they are part of the solution

> *You call a girl a whore, but you're doing the same thing. Why are you shocked when she's pregnant? You never ask if you also could have caused it.*
>
> **— Jabu, 18 — questioning the double standard**

> *Imagine if elders and amakhosi had a group of trusted men from this community who could walk girls to and from school so there is no old man ozothatha amachance (taking chances) with young girls.*
>
> **— Amahle, 19 — men as protectors, not predators**

Openings in the data

- Boys advocated for shared contraceptive decision-making and delaying fatherhood until self-sufficient.
- A reconstruction of masculinity (boys and men) defined by protection and care.
- Equitable socialisation of boys and girls in families; positive masculinity from an early age.

RQ 4 · STREAM 3 · STRUCTURAL CONDITIONS

You cannot counsel a girl out of a structural trap

- **Safe, regulated accommodation**
  DBE-regulated hostels or vetted landlords for in-school adolescents — removing the survival economics that feed blesser relationships.

- **Recreational & creative infrastructure**
  Sports grounds, arts, music and social clubs — structured belonging instead of taverns and boredom.

- **Community security & accountability**
  Community security forums; intersectoral action (Education, Health, Social Development, Justice, SAPS) to protect learners and prosecute perpetrators.

> *The Department of Education must build hostels or have rules for the landlords. And parents must be involved so they get to know about the behaviour of their children.*
>
> **— Thenjiwe, 19**

> *The municipality must fix sports grounds for us as young people and places where we can meet for social clubs to dance and sing.*
>
> **— Khulekani, 18, male**

RQ 4 · PUTTING IT TOGETHER

An adolescent-informed, ecological response

Individual	CSE from Grade 5–6 · SRH knowledge & skills · bodily autonomy and consent
Relational	Peer mentorship (amaqhikiza / izinsizwa) · open courtship (ukumisa iduku) · parent–adolescent communication · engaging boys
Community	Izimbizo with traditional leaders · critical engagement with cultural practice · recreation · security forums
Institutional	Non-judgemental youth-centred clinics · confidentiality by design · school-based SRH services · provider training
Policy / structural	Safe regulated housing for learners · poverty alleviation · intersectoral enforcement & protection

No single level works alone — the levels hold each other up.

FOR THE CLINICIANS IN THIS ROOM

What we can change without waiting for anyone

Audit the adolescent journey

Walk your facility as a 16-year-old in school uniform would: who sees her, who hears her, which doors stay open?

No wrong door, no lecture

Every adolescent contact — casualty, OPD, baby wellness — is an SRH opportunity. Offer; don't interrogate.

Fix confidentiality first

Close the door. Stop calling colleagues in. Separate queues or times for adolescents where possible.

Name reproductive coercion

Ask about partner pressure on condoms and contraception — 'contraceptive failure' may be coercion.

Support your team, not just train it

Providers reproduce the moral climate around them; debrief, mentor and protect staff who serve adolescents well.

Link outward

School health teams, social workers, traditional leadership — the clinic can convene what it cannot deliver.

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Thank you

The adolescents of uMkhanyakude have already imagined the new reality. Our task — as clinicians, researchers and a health system — is to become trustworthy enough to build it with them.

With gratitude: the adolescents and traditional leaders of Jozini who trusted this work · supervisors Prof Relebohile Moletsane & Prof Anna Silvia Voce · UKZN Department of Family Medicine · study funders



NGIYABONGA KAKHULU — THANK YOU