Eliminating the scourge of illegal termination of pregnancy – a call to action

On November 17, the KwaZulu-Natal Health MEC, Dr Sibongiseni Dhlomo launched the province’s Campaign on Illegal Termination of Pregnancy. The initiative is an urgent call for action against illegal termination of pregnancy and aims to highlight the dangers of illegal termination of pregnancy while also promoting access to safe, legal services as a women’s health and human rights issue. The campaign will therefore also promote women’s right to access public health centres and be provided with adequate support. The Department aims to raise the issue of social stigma which, it is believed, forces women to risk dangerous illegal termination of pregnancy for fear of judgement and abuse.

Speaking at the launch event held in the uMgungundlovu District, MEC, Dr Dhlomo outlined the thinking behind and reasons for the campaign:

“It is indeed a matter of great concern that despite South Africa having one of the most progressive termination of pregnancy laws in the world, South Africa still remains a place where women choose backstreet providers against the widespread available government-sanctioned centres. It is actually disappointing that 18 years after the promulgation of The Choice of Termination of Pregnancy Act, introduced in 1996, we still have women being maimed and dying as a result of illegal and unsafe termination of pregnancy.

“What is alarming is that we see these illegal termination of pregnancy providers on the street corners, distributing their illegal termination of pregnancy pamphlets. We also see these adverts plastered on nearly all the street walls and lamp posts. “These adverts are professing ‘safe’, ‘pain free’, ‘quick’ and ‘cheap’ termination of pregnancy.

“The proliferation of this advertising, and the fact that it is posted in public spaces such as taxi ranks and shopping centres, makes many women believe they are accessing a legitimate service.”

The Department’s concern about illegal termination of pregnancy – and its determination to drive the campaign forward – are borne out by the following statistics:

Just in the past financial year, KZN had 12 031 patients admitted in various health facilities in the province due to incomplete termination of pregnancy, while 1 455 patients were admitted due to septic termination of pregnancy.

According to the 2012 Saving Mothers report, in South Africa 186 women died of a septic miscarriage in public health facilities; 23 percent of which were caused by unsafe or illegal termination of pregnancy. A study by the South African Medical Research Council in 2010 reported that 49 percent of termination of pregnancy are undergone by young people between the ages of 13 and 19 years, and that these take place outside a hospital or clinic.

Women find themselves in desperate situations with unwanted pregnancy – and frequently end up turning to unlicensed termination of pregnancy providers in fear of social stigma and unsupportive partners and relatives.

Dhlomo concluded by saying: “This campaign is a call to action to keep fighting for reproductive freedom if we want reproductive health. But it shouldn’t be necessary. We should be past this … (we should) be fighting about how we are going to ensure women’s reproductive health, not whether or not women’s reproductive health is in trouble.”

“The product, illegal termination of pregnancy, is skillfully marketed and sold to the woman at the crisis time in her life. She buys the product, finds it defective and wants to return it for a refund. But, it’s too late.” – KZN Health MEC, Dr Sibongiseni Dhlomo

The Department aims to raise the issue of adequate support. The campaign will call for support of women’s autonomy to make their own decisions whether and when to have children and have access to the means of acting on those decisions without risk to their health and lives.

MEC Dhlomo stressed that the choice for an termination of pregnancy is about freedom – women’s personal freedom.”

“It is about respect – respect for women’s morality. It is about responsibility – responsibility for self and family. And it is also about trust – trusting women’s judgement.”

For women to freely make their own decisions about pregnancy and termination of pregnancy, they must have information about options. Their options must be safe, accessible, and affordable,” continued Dhlomo. “And women must have an emotionally safe space in which to make their decision.”

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Frequently asked questions about sexual health

SOMETIMES it’s hard to talk about sexual health in the open, so here’s a list of frequently asked questions for when you need some quick answers.

I think I might have a sexually transmitted infection (STI) or other sexual health issue, what should I do?

If you’re worried you might have an STI or have a specific medical question, we recommend you contact a clinic or your doctor for more information.

Can I get an STI from oral sex?

Yes. Unprotected oral sex can leave you vulnerable to STIs, particularly chlamydia, gonorrhea and herpes. It’s best to use a condom or dam and water-based lube when you’re having oral sex.

Can I still get an STI if I don’t sleep around?

Yes. If you’ve ever had unprotected sex with anyone who has an STI, you could get an STI—this includes vaginal, oral and anal sex.

Would I know if I had an STI?

Not necessarily. Many people with an STI don’t have symptoms.

Is it true that STIs are pretty rare among young people?

No. Young people account for approximately one in every two of all reported STIs.

Are there effective treatments for STIs?

Yes. Early diagnosis and treatment can prevent complications and stop transmission. Some STIs can be cured completely, while treatment for others can control symptoms.

What are the risks of not getting treatment for STIs?

Not treating STIs can lead to serious health issues, including infertility, pelvic inflammatory disease, and chronic pain. In some cases, it can also increase the risk of HIV transmission.

If you’re worried you might have an STI or have a specific medical question, we recommend you contact a clinic or your doctor for more information.

KwaZulu-Natal Health MEC, Dr Sibongiseni Dhlomo, also argued that leaving cases of STIs untreated is not just harmful to the individual, but also to the wider community.

The MEC said that people should always use condoms, even for oral sex, to prevent the transmission of STIs.

KZN Health increases number of legal termination of pregnancy facilities

THE KwaZulu-Natal Department of Health has increased the number of public health facilities offering safe and legal termination of pregnancy by nearly 200 percent in just a year.

The number of facilities offering legal termination of pregnancy has gone from 14 to a total of 40 since the beginning of 2015. During this period, 19 doctors and 57 professional nurses have received training on medical and surgical termination of pregnancy, as well as value clarification (understanding of the difference between their own personal values versus professional ethics). This training will be ongoing, with the Department focusing more on facilities that are not yet providing termination of pregnancy services.

Health care professionals who undergo this training are also trained and debriefed on how to deal with social stigma, both in society and in the workplace. The Department is also now contemplating including Choice on Termination of Pregnancy (CTOP) training in the basic four-year nursing curriculum.

KZN Health MEC, Dr Sibongiseni Dhlomo also warned those health care professionals who pass moral judgement on young people when they seek reproductive health services. This, he said, was a contributing factor to the rate of illegal termination of pregnancy.

He urged all health care workers to adopt a “Youth User-Friendly” approach to health care provision:

"We are trying to remind our health care professionals about the importance of upholding professional ethics at all times. This includes creating a conducive environment for everyone who seeks health care, regardless of their age.

“The Hippocratic Oath and Nightingale Pledge compel doctors and nurses to keep patient information private and confidential at all times. It is very important.”
Ensuring young people have access to, and are educated about their contraception choices, results in a number of positive, empowering benefits for the youth – and society at large.

Over half (55 percent) of the world’s population is under the age of 25. The largest-ever generation of young people are our future and our present. Yet young people are often unable to make critical choices that impact their futures.

Contraceptive use is low, and one in three women has a child before the age of 18. In South Africa, while 60 percent of women aged 15 and 49 use modern contraceptives – a figure far higher than the regional average – about 99,000 (a rate of about 271 for every day of that year) school-aged girls became pregnant (2013) in South Africa and 26 of them die each day. Of most importance is that pregnancy and childbirth-related complications remain one of the leading killers of young women. For those young women who survive pregnancy, many will drop out of school due to early pregnancies. These women will not learn the skills they need to gain paid employment and contribute to their families, communities and nations.

These facts are not ignored, and the KZN Department of Health are working tirelessly – both individually and collectively – to demand access to sexual and reproductive health and rights. Health care workers are going to be re-trained to provide services to young people confidentially and without judgement. Every young person should have the right to the knowledge, tools and services they need to make informed decisions about their bodies and live full, healthy and productive lives. In many communities, young women and men are working tirelessly – both individually and collectively – to demand access to sexual and reproductive health and rights.

The KZN Department of Health will involve boys and men in the process. That’s why the department is excited about the work being done to increase male involvement in sexual and reproductive health and rights. The “isibaya samadoda” encourages boys and men to be equal partners in their relationships, access sexual and reproductive health services and promote their peers’ adoption of positive behaviors and denounce gender-based violence.

Finally, the KZN Department of Health are working tirelessly – both individually and collectively – to demand access to sexual and reproductive health and rights. Health care workers are going to be re-trained to provide services to young people confidentially and without judgement. Every young person should have the right to the knowledge, tools and services they need to make informed decisions about their bodies and live full, healthy and productive lives. In many communities, young women and men are working tirelessly – both individually and collectively – to demand access to sexual and reproductive health and rights.

Ensuring young people have access to, and are educated about their contraception choices, results in a number of positive, empowering benefits for the youth – and society at large.
Launch of Adolescent and Youth User-Friendly health initiative

PRIMARY health care centres (clinics) provide a comprehensive health service package to young people closer to where they reside. However, the KwaZulu-Natal Department of Health is concerned that the manner in which these services are rendered, sometimes does not attract young people to visit local clinics for screening and reproductive health services, among others.

In a bid to encourage youth to adopt a health-seeking attitude and visit health facilities to request such services, the Department recently launched the Adolescent and Youth User-Friendly health initiative. The aim of this effort is to change the attitudes of certain health workers who tend to judge young people visiting health care facilities to seek reproductive health services.

"Health workers need to understand that if the youth is not treated in a manner that makes them feel welcome to seek health services, they then rely on uninformed advice or the help of their peers – usually with disastrous consequences," explained KZN Health MEC, Dr Sibongiseni Dhlomo at the launch of these services at the Swart Mfolozi Clinic in Vryheid.

Therefore, the solution to curbing the rising rate of teenage pregnancy, the spread of sexually transmitted diseases and illegal termination of pregnancy lies, to a considerable extent, with the establishment of youth and adolescent friendly health institutions.

In launching the youth-friendly initiative, Dr Dhlomo echoed the sentiments of Deputy President, Cyril Ramaphosa during the commemoration of the 2015 World Aids Day, when he said: "The number of new HIV infections is still extremely high, particularly among young women and girls. We are told that more than 2 300 girls and young women between the ages of 15 and 24 become infected with HIV each week."

Tailor-made services

Dhlomo says the Department of Health would now tailor-make most of its programmes to respond to the needs of the youth, especially young girls.

"A case in point is when a 16-year-old girl presents herself at the clinic asking for contraceptives. It is not a duty of the nurse to rebuke her, but to duly assist. Failure to help can result in this girl coming back later with a sexually transmitted infection or being HIV positive or suffer complications from an illegal termination of pregnancy attempt."

The recently launched Adolescent and Youth User-Friendly health initiative aims to ensure young people have access health services, including reproductive health services, that are tailored to meet their specific needs.

Dhlomo also set out what health workers need to adhere to, in making their facilities youth friendly, including answers to the following questions:

- Are young people welcomed at health care facilities by a friendly face?
- Are services available at hours that are convenient to a young person (eg outside of school hours)?
- Can a person be confident that the sensitive issues they discuss will be kept confidential and that their privacy will not be violated?
- Can they access a wide range of services without parental permission?
- Do they have the option to see the same provider in subsequent visits so that he/she will be familiar with their personal history?
- Are information, educational sessions and communication materials available to promote healthy behaviours for young people?

Comprehensive health service package

He emphasised that health workers at all levels, whether in district, hospital or clinic settings, have a duty to provide a comprehensive health service package to young people closer to where they reside. "When we talk about a comprehensive service package for adolescent and youth friendly clinics, we mean the provision of:

- Education and counselling on sexuality, safer sex and reproductive health;
- Sexually transmitted infections education; diagnosis and management;
- HIV education, diagnosis and testing as well as treatment, care and support;
- Contraceptive education and provision, with an emphasis on dual-protection method;
- Pregnancy testing, antenatal and postnatal care;
- Mental health education and counselling;

Dr Dhlomo concluded by committing himself to doing “everything possible to ensure that all clinics, especially in rural settings, have a youth friendly champion nurse who the youth can trust for their health related issues.”
Ayanda’s story – the human tragedy behind illegal termination of pregnancy

The country was shocked to hear the story of Ayanda Masondo, who passed away on March 19, 2012. She was only 20 years old. A student at the University of Johannesburg, her body was found leaning against the door of her room at the Benjamin Hostel. The cause of her death was complications from an illegal termination of pregnancy.

Sad, her fate is all too common as illegal termination of pregnancy kills dozens of South African women every year.

Unintended pregnancy among adolescents (ages 10-19) and young women (20-24) is a global public health problem with dire consequences.

According to the study by SA Medical Research Council in 2010, 49 percent of reported termination of pregnancy were undergone by young women between ages of 13-19 years.

Unsafe termination of pregnancy around the world

The World Health Organization (WHO) estimates that unsafe termination of pregnancy cause the deaths of at least 200 women each day, more than 70 000 women each year. Yet, it is “one of the most easily preventable and treatable causes of maternal mortality”. (WHO Safe Motherhood Conference, 1998.)

Every year, about 50 million unwanted pregnancies end in termination of pregnancy. Of these, some 55 000 termination of pregnancy a day, over 20 million a year, are unsafe.

Between two million and seven million women each year survive unsafe termination of pregnancy, but sustain long-term damage or disease. The most frequent complications are incomplete termination of pregnancy, infection (sepsis), haemorrhage and injury to the internal organs, such as puncturing or tearing of the uterus.

Long-term health problems include chronic pain, pelvic inflammatory disease and infertility. About 95 percent of unsafe termination of pregnancy take place in developing countries.

In many African countries, up to 70 percent of women treated for termination of pregnancy complications are under 20 years old.

Unsafe termination of pregnancy is responsible for one in eight maternal deaths.

Advice for a young woman facing a difficult dilemma

The following question and answer report between a young woman and a health care provider provides some useful advice to young people dealing with the decision to have a termination of pregnancy.

The question:

I am pregnant. My boyfriend and I have been together for three years. I recently graduated from high school and moved into a new city to be with him while he also finishes his degree. We both moved into an apartment, we adopted a cat, and at this point I’m unemployed looking for a job. I love my boyfriend more than anything, and I wish under different circumstances I didn’t feel this way. How do I tell him I want a termination of pregnancy?

Sister PM responds: This is almost always a tough conversation. A lot of people have such intense feelings and judgements around termination of pregnancy that can stir up a lot when it becomes personal.

The first thing I can suggest is that you might want to get advice for the two of you. You might also want to consider whether you want to ask your boyfriend for his input or whether you’ve decided what you want to do and you’re telling him. That’s affect what you tell him and how. While the decision to terminate the pregnancy is ultimately yours, some women do ask for their partners’ opinions. I’m also wondering whether you have a sense of your boyfriend’s attitudes towards termination of pregnancy, since you’ve been together a while. It could also be worth thinking about whether the issue is that you don’t want to have a baby with your boyfriend right now or that you don’t want to have a baby with him at all. Whether you tell him about that or not is up to you, but having some clarity around that will help you figure out what you want to tell him and how.

Wherever you fall on that, odds are the best way to tell him is to do it in as calm and relaxed way as possible. You may feel some tension or anxiety, either about having a termination of pregnancy or telling him, but the calmer you are when you bring it up, the easier it’ll be for him to hear. I’d also suggest telling him straight up. The more indirect you are, the more likely it is that he’ll have a harder time with it. Fortunately, it sounds like you too have a really solid relationship, which will make a big difference.

Lastly, he might say that he’s fine with it and still have difficult feelings about it. You both need the space to deal with your emotions, positive or negative. It’s really common for men to depend on their girlfriends or wives for emotional support and you just moved to a new city, so you might not have much of a network yet. If the two of you are each other’s main support, that’s probably going to put a strain on your relationship, especially if you’re having conflicting feelings. My best wishes to you both.

Options for surgical and medical termination of pregnancy

What is medical termination of pregnancy?

Medical termination of pregnancy (or termination of pregnancy pill) is also known as early termination of pregnancy and involves taking two sets of pills to end a pregnancy. It does not need instruments, or a vacuum aspirator machine. It does not require admission, an alternative to surgical termination of pregnancy and available before nine weeks of pregnancy.

What is a surgical termination of pregnancy?

Early surgical termination of pregnancy up to 12 weeks of pregnancy involves the pregnancy being removed surgically by trained and experienced professional nurse using Manual Vacuum Aspiration (MVA). Surgical termination of pregnancy (13-19 weeks of pregnancy) is performed by a trained medical doctor if the health of the woman or foetus is at risk or if the pregnancy is the result of rape or incest. After 20 weeks, women may be able to have termination of pregnancy but only in the event that the pregnancy would endanger the woman’s life or if the pregnancy would result in a severely malformed foetus. This type of termination of pregnancy can only be performed at a designated government hospital.

Know the facts

What are the circumstances that lead to termination of pregnancy?

- Rape or coerced intercourse.
- Pregnancy that may not be supported by the partner or family.
- Pregnancy that may threaten the woman’s health or survival.
- A foetus that may have abnormalities.
- Women needing the service feel stigmatised.
- Termination of pregnancy as it is to the doctors and nurses that keep the service functioning.
- Immediate complications from abortion.
- Women needing the service feel exposed.
- Termination of pregnancy and available before nine weeks of pregnancy.
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Dual Protection - the best way to prevent pregnancy, HIV and STIs

A CONTRACEPTIVE METHOD OF YOUR CHOICE + A CONDOM + MEDICAL MALE CIRCUMCISION =
the best way to prevent pregnancy, HIV and Sexually Transmitted Infections (STIs)

Dual Protection - the best way to take up a combination of preventive methods.

MEC Dhlomo launched the Dual Protection campaign at the beginning of last year to encourage young people to take up a combination of preventive methods.

“By preventing teen and unplanned pregnancy, we can significantly improve other serious social problems including poverty (especially child poverty), child abuse and neglect, father-absence, low birth weight, school failure, and poor preparation for the workforce,” says MEC Dhlomo.

Targeting KZN’s youth Statistics point to an urgent need for additional education on the benefits of using the dual protection and why is “always safest to double up”.

Dr Sibongiseni Dhlomo

Five things you really should know about female condoms

YOU may or may not realize that the female condom, a.k.a. internal condom, has been revamped in recent years so that it is even better to use for people with latex allergies!

1) Female condoms are fun for foreplay.

Putting in a female condom can be a sensual way to set the mood. Rubbing the inner ring around your vulva and clitoris during the insertion process can add a lot of extra pleasure - which can be a big turn on for your partner too. And because female condoms are made of non-latex nitrile (synthetic rubber), they warm up with your body temperature. (Plus, they’re safe to use for people with latex allergies!)

2) Female condoms increase pleasure for both partners during sex.

During vaginal sex, the female condom’s outer ring rubs against the clitoris while the inner ring stimulates the head of the penis. The female condom is extremely wide and pre-lubricated, which some guys say feels better. If you’re looking for a wet and wild time, you’ll be happy to know that the female condom is safe to use with both water and silicone-based lubes.

3) Female condoms provide dual protection from STIs and pregnancy.

Female condoms protect both pregnancy and STIs and allow women to be in the driver’s seat when it comes to their sexual health. Some women report boosted self-esteem when they use female condoms, which can increase comfort and enhance sex. You can insert the female condom up to eight hours before getting it on, so there’s no need to ask a partner to put on a condom in the heat of the moment. Being proactive about your own condom use ensures that there’s protection - no matter where your sexual adventures take you.

4) Female condoms aren't just for vaginal sex.

In addition to vaginal sex, you can use the female condom during anal sex as a great option for STI prevention. Some people recommend removing the inner ring before insertion. Don’t forget that both water- and silicone-based lubes are safe to use with it!

5) Insertion doesn’t have to be awkward.

Standing up, lying down, bending, sitting... no, we’re not talking about sex positions. These are just some of the ways you can insert the female condom. You can put it in by yourself or with a partner as part of foreplay – or insert it before things heat up so you don’t have to interrupt the moment.

NCONSISTENT contraceptive behaviour and unsafe sex remains a pertinent public health challenge in the prevention of teenage and unwanted pregnancies and the transmission of STIs including HIV.

With this in mind, KZN Health Department is doubling its social marketing campaign efforts to delivery a highly effective contraception message.

According to a recent national youth risk behaviour survey in South Africa, a survey of learners in Grades 8 to 11 in public sector schools across the nine provinces found that 37.5 percent of learners had already had sex, of which 17.9 percent indicated that they used no contraception.

The stats illustrate why the KZN Department of Health is targeting the dual protection message at the youth of KZN.

• About 20 000 South African schoolgirls fell pregnant last year, of whom some 3 000 lived in KwaZulu-Natal.
• In South Africa, one million babies are born each year. About 8 percent of these (about 80 000) are delivered by teen mums, most being unwanted and unplanned.
• KZN is the second most populous province in South Africa - accounting for 21.4 percent of the country’s population;
• More than 50 percent of the population in KwaZulu-Natal is made up of young people between the ages of 15 and 35 years;
• South Africa has 6.4 million people living with HIV, according to the 2014 Human Science Research Council, which also says 17 percent of those infected are in KwaZulu-Natal.

In 2008, the World Health Organization (WHO) acknowledged that the dual protection approach has the potential to significantly improve other serious social problems including poverty (especially child poverty), child abuse and neglect, father-absence, low birth weight, school failure, and poor preparation for the workforce.

In South Africa, one million babies are born each year. About 8 percent of these (about 80 000) are delivered by teen mums, most being unwanted and unplanned.

With this campaign, the KZN Health Department is doubling its efforts to deliver a highly effective social marketing campaign.
Young people are encouraged to visit the following clinics for healthcare services:

**CAMPAIGN ON ILLEGAL TERMINATION OF PREGNANCY #StopIllegalAbortionDeaths**

**FACILITIES IMPLEMENTING HAPPY HOUR**

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<td>14h00 – 16h00</td>
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<tr>
<td>uMthunzini</td>
<td>Naisingweni</td>
<td>14h00 – 16h00</td>
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<td></td>
<td>Gingindlovou</td>
<td>14h00 – 16h00</td>
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<td>Mbonambi</td>
<td>14h00 – 16h00</td>
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<td>Mpandeni</td>
<td>15h00 – 16h00</td>
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<tr>
<td>uMzinyanya</td>
<td>Magabheni</td>
<td>14h00 – 16h00</td>
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<td>Mnini</td>
<td>14h00 – 16h00</td>
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<tr>
<td>Amajuba</td>
<td>Osizweni</td>
<td>15h00 – 16h00</td>
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<tr>
<td>uMzimkhulu</td>
<td>Dukuza</td>
<td>07h00 – 16h00</td>
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<td>Injusufi</td>
<td>14h00 – 16h00</td>
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<td></td>
<td>Watersmeet</td>
<td>14h30 – 16h00</td>
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<tr>
<td></td>
<td>Ezakheni No.2</td>
<td>14h00 – 16h00</td>
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<tr>
<td></td>
<td>St. Chad’s CHC</td>
<td>16h00 – 17h00</td>
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<tr>
<td></td>
<td>AE Havilland</td>
<td>14h00 – 16h00</td>
</tr>
</tbody>
</table>

Do you know of an illegal abortion clinic in your area around KZN?

**SPEAK OUT...**

shout the address and details

@kznhealth

**Say NO to Back-street Abortions**

The right to safe and legal abortion is a human right!

#StopIllegalAbortionDeaths
### KZN Health Facilities Offering Legal Termination of Pregnancy

The KwaZulu-Natal Department of Health has increased the number of public health facilities offering safe and legal termination of pregnancy to a total of 40. The list below provides details of all these facilities, grouped according to district.

<table>
<thead>
<tr>
<th>District</th>
<th>Facility</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AmaJuba</strong></td>
<td>Newcastle Hospital: 4 Hospital Street, Newcastle Tel: 034 328 0000 Niemeyer Memorial Hospital: Kantoor Street, Utrecht. Tel: 034 331 3011</td>
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<tr>
<td><strong>Ethekwini</strong></td>
<td>Addington Hospital: 16 Erskine Terrace South Beach, Durban. Tel: 031 327 2000 Prince Mysheni Hospital: Mangosutho Highway, uMlazi. Tel: 031 907 8111 Wenworth Hospital: Sidmouth Avenue, Wentworth. Tel: 031 460 5000 / 2000 Phoenix CHC: 30-32 Brookstone Whetstone, Unit 10 Phoenix. Tel: 031 538 0800 King Dinizulu Hospital: Cnr of Dr RD Naidoo Drive &amp; Viola Road, Sydenham. Tel: 031 242 6000</td>
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<tr>
<td><strong>Ilembe</strong></td>
<td>Stanger Hospital: Cnr of King Shaka &amp; Patterson Streets. Tel: 032 437 6000 Sundumbili CHC: A 682/2 Sundumbili Township, Mandeni. Tel: 032 454 7500 Umphumulo Hospital: Maphumulo Tel: 032 481 4100 Untunjambili Hospital: Near Kranskop Tel: 033 444 1808 / 1707</td>
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</tr>
<tr>
<td><strong>Harry Gwala</strong></td>
<td>Christ The King Hospital: Peter Hauff Drive, Ixopo Tel: 039 834 7500 Rietvlei Hospital: Rietvlei / Emhlangeni Tel: 039 260 5000 St Apollinaris Hospital: Centow Mission, Centocow Tel: 039 833 8000</td>
<td></td>
</tr>
<tr>
<td><strong>Ugu</strong></td>
<td>GJ Crooke’s Hospital: Hospital Road, Scottburgh Tel: 039 978 7000 Port Shepstone Hospital: Cnr of Connor &amp; Bazley Streets. Tel: 039 688 6000 St Andrews Hospital: 14 Moodie Street, Harding Tel: 039 433 1955 Murchison Hospital: Harding Road, Port Shepstone Tel: 039 687 7311</td>
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<tr>
<td><strong>Umgungundlovu</strong></td>
<td>Edendale Hospital: Main Road, Edendale Tel: 039 395 4911 Northdale Hospital: 1389 Chota Motala Road, Northdale. Tel: 033 387 9007/9090 Appelsbosch Hospital: Appelsbosch Tel: 032 294 8000</td>
<td></td>
</tr>
</tbody>
</table>