Evidence from South Africa indicates that physical distance to a health care facility is important for health care access and outcomes. Specifically, research on adolescent health in South Africa shows that the distance to a care facility influences sexual health and timing of teenage childbearing. Teenage childbearing can have lasting health and economic consequences for both mothers and their children. Furthermore, racial disparities in teenage childbearing may further perpetuate inequalities in health and education.

Findings From the Research

PROXIMITY TO HEALTH CARE MATTERS

Living further from a health care facility may increase the cost of travel and the amount of time spent away from regular activities—barriers that may impede access to care. In South Africa, on average, 14 percent of black, 8 percent of coloured, and 4 percent of white households live more than five kilometers from the nearest health facility. Those who live further from health facilities are less likely to have consulted a health care professional in the past year.

While distance to care is important, travel costs, out-of-pocket costs, perceptions about quality of care, and disrespectful treatment may also serve as barriers. For example, disapproval from providers could prevent young people from seeking necessary health care and sexual health information.

The National Adolescent Friendly Clinic Initiative (NAFCI) was launched in the early 2000s to meet the reproductive and sexual health needs of young people in South Africa and to eliminate barriers to care. NAFCI-accredited clinics provide “youth-friendly” care and sex education without disapproval from health care providers.

Services oriented toward young people are important because only 36 percent of sexually active South African women ages 15 to 19 have ever used modern contraception and 77 percent of teenage mothers report their last birth was unwanted or mistimed.

Preliminary results from a 2014 assessment of NAFCI’s impact on fertility and sexual health suggest that proximity to a NAFCI-accredited health care facility is associated with delayed childbearing and reductions in sexually-transmitted infections among adolescents. Findings indicate that NAFCI clinics increased young people’s access to sexual health information and contraception.

• Young women who lived within one kilometer of a NAFCI clinic were significantly less likely than those who lived further from a clinic to have a child by age 18. Educational attainment for young women living within one kilometer of a NAFCI-accredited clinic increased by an average of half a year. The evidence suggests that young women living near NAFCI clinics may have used contraception to delay childbearing that could have disrupted their schooling.

• Although the number of condoms distributed increased at all clinics included in the study, the number of condoms distributed increased more quickly at NAFCI-accredited clinics than at other clinics.

• The rate of newly diagnosed sexually-transmitted infections declined more quickly at NAFCI-accredited clinics than at other clinics.

While the NAFCI clinic-based intervention shows promise, school-based interventions may also have a positive impact on health. The Siyakha Nentsha program piloted in KwaZulu-Natal, South Africa, targeted both boys and girls to build health, economic, and social skills. Evaluation results showed that program participants were more likely to know where to get a condom than nonparticipants, and that girls were more likely to have greater confidence in their ability to access condoms than the control group. Boys who participated in the program were more likely to have remained abstinent and reported fewer sexual partners than the control group.
TEENAGE CHILDBEARING ADVERSELY AFFECTS HEALTH AND EDUCATIONAL ATTAINMENT

Access to reproductive health care and family planning services helps young women delay pregnancy and continue their education, which can influence their employment opportunities and earnings. Research shows that teenage childbearing has negative health and education consequences for both women and their children.

- Women living in rural KwaZulu-Natal who give birth in their teens (ages 15 to 19) are more likely to drop out of school, less likely to graduate, and have significantly fewer years of education.  

- An analysis of data collected between 2000 and 2007 from KwaZulu-Natal indicated that teenage mothers were more likely to die before age 30 than their peers who did not give birth in their teens.  

- An analysis of data from Cape Town revealed that children born to teenage mothers were more likely to be born underweight, an important indicator of health status and a predictor of future health and well-being. These children were also more likely to be stunted than their peers who were born to older mothers.

- Data from Cape Town also showed that while both coloured and black infants born to teenage mothers were more likely to be born underweight, the adverse outcomes were more pronounced for coloured infants.

- Black and coloured teenagers have much higher rates of childbearing among racial groups in South Africa. Among women ages 15 to 19, about 22 percent of coloured women had given birth compared to almost 15 percent of black women and nearly 4 percent of white women (see figure).  

**FIGURE**

Black and Coloured Women Are More Likely to Have Given Birth in Their Teens Than White Women

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage of Women Ages 15 to 19 Who Have Given Birth by Race, 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coloured</td>
<td>22</td>
</tr>
<tr>
<td>Black</td>
<td>15</td>
</tr>
<tr>
<td>White</td>
<td>4</td>
</tr>
</tbody>
</table>

*Source: Tom Moultrie and Rob Corrington, “Demography: Analysis of the NIDS Wave 1 Dataset,” discussion paper 9 (Cape Town, South Africa: National Income Dynamics Study, Center for Actuarial Research, University of Cape Town, 2009).*

Policy Implications

Pregnancy and childbearing can disrupt young women’s schooling and have an adverse impact on their health and the health of their children. The government of South Africa can take action to increase access to high-quality, youth-friendly health care and information in order to improve the human capital of South Africa’s young people. Because of higher rates of teenage childbearing, black and coloured young women are especially at risk for the adverse health and educational outcomes associated with teenage childbearing. Targeted efforts are needed to help young black and coloured women prevent pregnancy until they are ready to become parents.

- Minimizing the distance to health care facilities, especially in black and coloured neighborhoods, could improve health care utilization and reduce disparities in teenage pregnancy and childbearing.

- To reduce unintended teenage pregnancy and childbearing, reproductive and sexual health information and services should be youth-friendly. Improving sexual health knowledge can empower young people to avoid taking sexual risks and to use condoms and other contraceptives that help young women avoid pregnancy while in school and reduce their risk of adverse outcomes.

References

1. The South African population is primarily divided into four racial categories: African or Black, White, Coloured people of mixed ancestry, and Asian. This fact sheet shares information on Black, White, and Coloured racial groups.


