



TURNING THE TIDE

Advancing Multi-Sectoral Outcomes for Adolescent Mothers in **South Africa**

This evidence brief summarises findings from a longitudinal study with the largest cohort of adolescent mothers and their children in sub-Saharan Africa (n=1,044), conducted in the Eastern Cape, South Africa.

BACKGROUND

Eastern and Southern Africa is home to over 50 million girls aged 15 to 24, with adolescent fertility rates consistently exceeding the global average.¹ Early pregnancy and adolescent motherhood are closely linked to increased rates of school dropout, economic disparity, mental distress, stigma, and early or forced marriage.^{2,3} These challenges are further intertwined with the region's high prevalence of sexual violence and the ongoing HIV epidemic, which disproportionately affects adolescent girls.⁴ Limited access to sexual and reproductive health (SRH) services, education, and employment compounds these risks. Children born to adolescent mothers also face significantly higher risks of low birth weight, stunting, and early mortality, extending the health consequences of early pregnancy into the next generation.

In South Africa, approximately 150,000 adolescent girls aged 10-19 became pregnant in 2023, with as many as 95% of pregnancies to adolescent girls being unintended.^{5,6} Adolescent mothers experience higher levels of mental distress, and have increased risks of repeated pregnancies and HIV acquisition.^{7,8,9} They often face substantial socio-economic burdens or are forced to interrupt schooling, severely limiting their employment opportunities and reinforcing intergenerational cycles of deprivation.^{10,11,12} Many adolescent mothers remain unemployed and rely on the Child Support Grant.¹³ The lack of affordable childcare limits their economic participation, with many mothers often depending on informal family arrangements or community-based care.¹⁴

While the South African government increasingly prioritises policies that support adolescent mothers, including the *National Policy on Learner Pregnancy Prevention and Management in Schools*, there is limited evidence on effective strategies to operationalise policies to ensure the inclusion of young mothers across public services.¹⁵ The implementation of such strategies can be strengthened by evidence identifying which services can yield the greatest benefits, particularly those that impact multiple positive outcomes.¹⁶



Ours is a mandate to advance government's commitment to achieve gender equality and improve the lives of people in South Africa. It is now or never.

DEPUTY MINISTER

MMAPASEKA STEVE LETSIKE

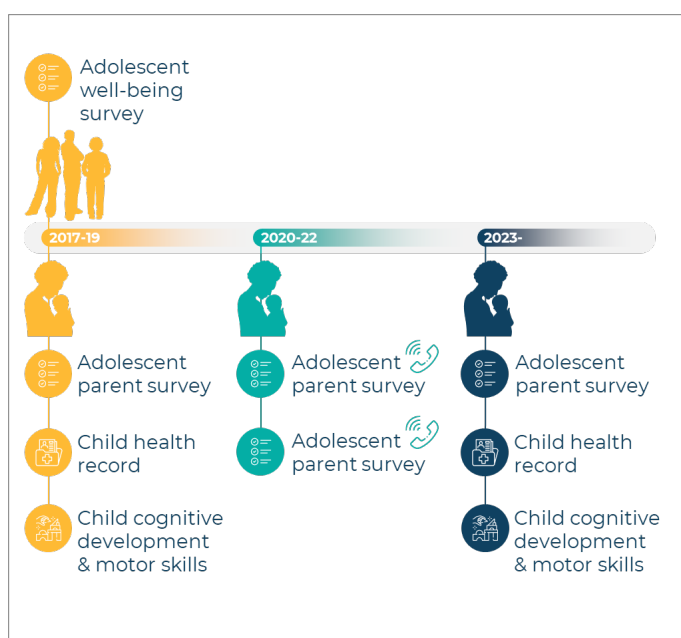
12 JULY 2023

Existing evidence on effective strategies

Intersecting economic, social, and structural barriers faced by adolescent mothers call for multi-sectoral programming that can address multiple risk pathways simultaneously. In South Africa, provision of **childcare support** for adolescent mothers is associated with improved parenting and benefits for mothers' education and children's cognitive skills.^{17,18} Evidence also suggests that **social protection** measures focused on increasing food security can mitigate economically-driven risk factors for HIV infection among adolescent mothers in South Africa, even more than among non-mothers.¹⁹ Promising approaches to support adolescent mothers in the region also include **peer support and home visitation models**, as well as **youth-friendly health services** and **comprehensive sexuality education**.^{20, 21, 22}

This brief contributes to a growing body of evidence on services that cater to the needs of adolescent mothers in South Africa. It highlights provisions that can reduce multiple risk pathways simultaneously, described by the UN Development Programme as 'development accelerators'.

RESEARCH METHODS



This evidence brief highlights findings from a recent study using data from the [HEY BABY](#) cohort – the world's largest prospective quantitative cohort study focusing on adolescent mothers (10-19 years) and their children. A cohort of 1,044 adolescent mothers living in South Africa's Eastern Cape participated in this study from 2017-2019 (baseline wave), with repeated interviews conducted between 2022-2023 and 2023-2025 (Figure 1). Using a multivariable random effects regression model, this analysis assessed relationships between HIV risks, violence victimisation, mental health distress, education access, and potential protective provisions measured at two timepoints, using a range of Sustainable Development Goals as measures of impact. Provisions were considered accelerators when they showed associations with three or more adolescent mother outcomes.

Figure 1: HEY BABY survey timeline

KEY FINDINGS

This research identified three promising provisions that have the potential to improve multi-sectoral outcomes for adolescent mothers: food security, non-violent parenting support, and respectful clinics.

- **Food security**¹ was found to reduce the odds of age-disparate or transactional sex by 44%, unprotected sex by 58%, no school enrolment or work engagement by 54% and low self-efficacy to solve problems or achieve goals by 38%.
- **Non-violent parenting**² was associated with reductions in sexual violence by 79%, transactional or age-disparate sex by 38%, and intimate partner violence by 63%. It also notably improved mental health outcomes for adolescent mothers.

¹ Food security was defined as sufficient food for all days of the previous week.

² Non-violent parenting was assessed using UNICEF Measures for National-level Monitoring of Orphans and Other Vulnerable Children, where neither emotional nor physical abuse by a parent or caregiver over the past year was considered.

- **Access to respectful clinics**³ is notably associated with reductions in low self-efficacy by 57%, mental health distress by 35%, and condomless sex by 54%. (Figure 2)
- **Receipt of all three provisions together** (compared to none) was linked to significantly better outcomes in violence and HIV prevention, sexual and reproductive health, mental health, and education. Age-disparate or transactional sex fell from 59% to 30%, sexual violence from 11% to 1%, and intimate partner violence from 22% to 5%. Rates of condomless sex dropped from 62% to 42%, and sex under the influence from 19% to 9%. Similarly, evidence demonstrates notable reductions in rates of mental health distress, suicidal thoughts, unemployment and school non-enrolment, with receipt of all three accelerators. (Figure 3)

Figure 2: Adolescent mother outcomes associated with the receipt of individual provisions

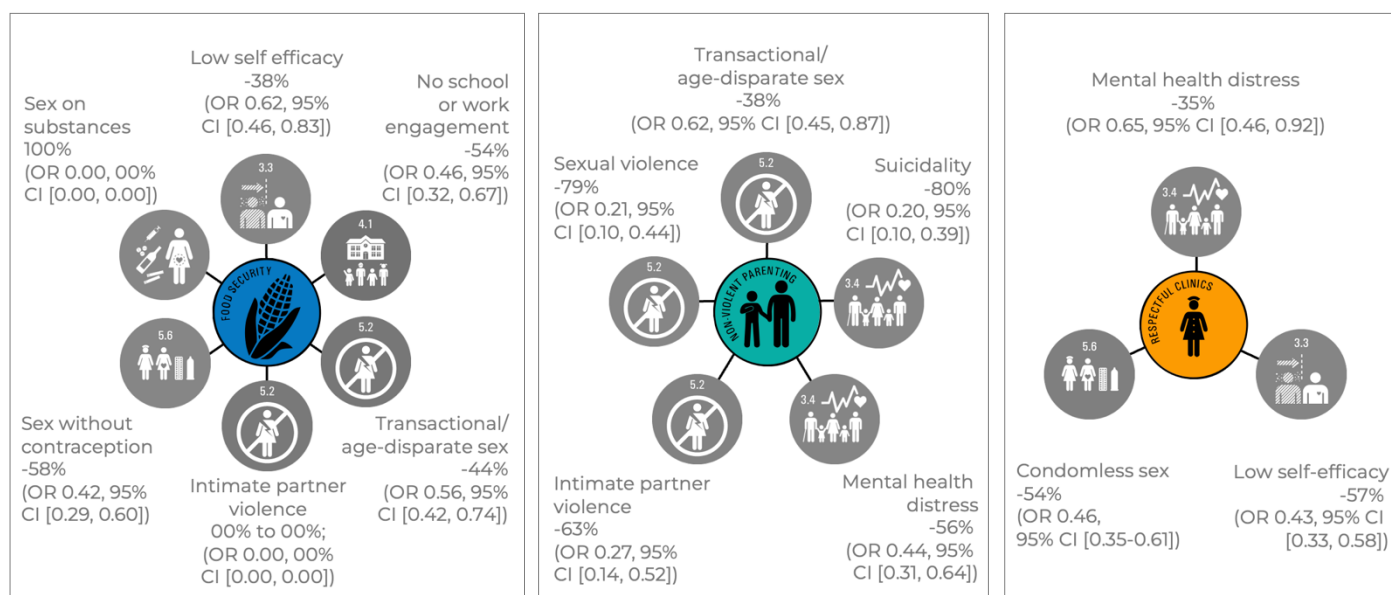
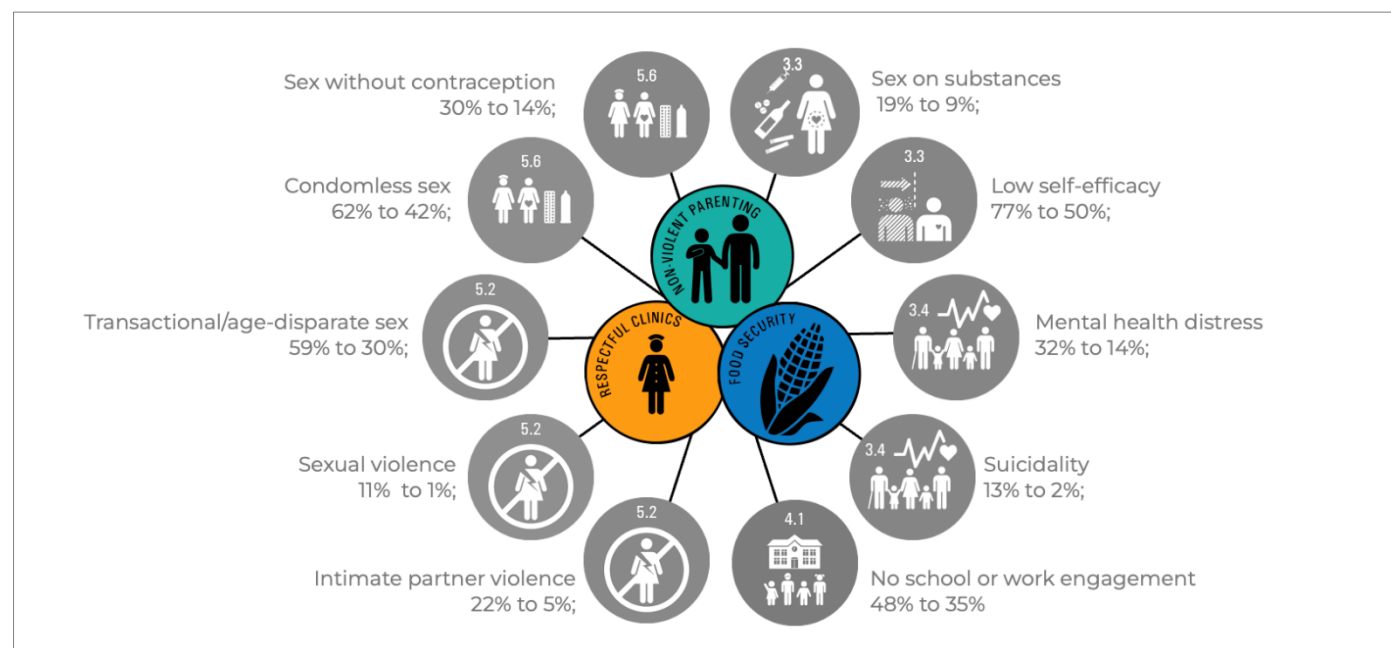


Figure 3: Adolescent mother outcomes associated with the receipt of three provisions



³ Access to respectful clinics was assessed based on consultative adolescent advisory groups, who recommended indicators such as confidentiality, no shouting at participants, and ability to see a healthcare provider when needed.

In conclusion, food security, parenting support, and adolescent-friendly clinics are critical enablers of multi-dimensional wellbeing for adolescent mothers. Integrated packages of care can strengthen inclusive, age-sensitive, and gender-transformative services – including through schools, clinics, and social protection systems.

RECOMMENDATIONS

- **Provide integrated food and economic support** to adolescent mothers. Food security is a protective factor against transactional sex, unprotected sex, and school dropout. Expanding access to food security programming, including through government cash transfer programmes such as the Child Support Grants, can significantly improve health and educational outcomes for adolescent mothers.
- **Promote positive and non-violent parenting support.** Household-level support for parents and caregivers considerably improves mental health and safety among adolescent mothers, including by reducing suicidality, violence, and HIV risks.
- **Ensure health systems are adolescent responsive.** Respectful care can improve adolescent mothers' mental health, self-efficacy and condom use. Health systems must strengthen age-sensitive antenatal and postnatal services and support health providers in delivering care for adolescent mothers.
- **Offer combined packages of care.** It is important to identify routes for the integration of protective provisions for adolescent mothers into government services directly or through referral (including for broader health care, education and social protection).



This brief is based on the following publication: Janina Jochim, Lucie Cluver, Lulama Sidloyi, Alice Armstrong, Laurie Gulaid, Bolade Hamed Banounin, Bongile Saliwe, Kathryn Roberts Steventon, Mildred Thabeng, Kristen de Graaf, Elona Toska (2025). *Adolescent mothers in Southern Africa: Accelerators for HIV and violence prevention, sexual reproductive health, mental health and educational success*. *BMJ Global Health* 2025;10:e017614. <https://doi.org/10.1136/bmjgh-2024-017614>

REFERENCES

- ¹ United Nations, Department of Economic and Social Affairs, Population Division (2024). *World Population Prospects: The 2024 Revision*
- ² Laurenzi, C. A., Toska, E., Tallarico, R., Sherr, L., Steventon Roberts, K. J., Hansen, M., ... Yates, R. (2023). Key normative, legal, and policy considerations for supporting pregnant and postpartum adolescents in high HIV-burden settings: a critical analysis. *Sexual and Reproductive Health Matters*, 31(1). <https://doi.org/10.1080/26410397.2023.2249696>
- ³ United Nations Children's Fund (UNICEF). (2022). *Child marriage in Eastern and Southern Africa: A statistical overview and reflections on ending the practice*. UNICEF.
- ⁴ <https://aidsinfo.unaids.org/>
- ⁵ Department of Women, Youth and Persons with Disabilities. (2024). *Women, Youth and Persons with Disabilities on economic consequences of teenage pregnancy*. South African Government. <https://www.gov.za/news/media-statements/women-youth-and-persons-disabilities-economic-consequences-teenage-pregnancy>
- ⁶ United Nations, Department of Economic and Social Affairs, Population Division (2024). *World Population Prospects 2024: Data Sources*.
- ⁷ Roberts, K. J., Smith, C., Cluver, L., et al. (2022). Adolescent motherhood and HIV in South Africa: Examining prevalence of common mental disorder. *AIDS and Behavior*, 26, 1197–1210. <https://doi.org/10.1007/s10461-021-03474-8>
- ⁸ Toska, E., Cluver, L., Laurenzi, C. A., Wittesaele, C., Sherr, L., Zhou, S., & Langwenya, N. (2020). Reproductive aspirations, contraception use and dual protection among adolescent girls and young women: the effect of motherhood and HIV status. *Journal of the International AIDS Society*, 23 Suppl 5(Suppl 5), e25558. <https://doi.org/10.1002/jia2.25558>
- ⁹ Christofides, N.J., Jewkes, R.K., Dunkle, K.L., Nduna, M., Shai, N.J. and Sterk, C. (2014), Early adolescent pregnancy increases risk of incident HIV infection in the Eastern Cape, South Africa: a longitudinal study. *Journal of the International AIDS Society*, 17: 18585. <https://doi.org/10.7448/IAS.17.1.18585>
- ¹⁰ Mchunu, G., Peltzer, K., Tutshana, B., & Seutlwadi, L. (2012). Adolescent pregnancy and associated factors in South African youth. *African health sciences*, 12(4), 426–434. <https://doi.org/10.4314/ahs.v12i4.5>
- ¹¹ Jochim, J., Meinck, F., Steventon Roberts, K. J., Wittesaele, C., Langwenya, N., Toska, E., & Cluver, L. (2022). Which factors affect postpartum educational enrollment of adolescent mothers in South Africa? A latent class analysis. *Psychology, Health & Medicine*, 27(sup1), 138–154. <https://doi.org/10.1080/13548506.2022.2108085>
- ¹² Branson, N., Ardington, C., & Leibbrandt, M. (2015). Health outcomes for children born to teen mothers in Cape Town, South Africa. *Economic Development and Cultural Change*, 63(3), 589–616. <https://doi.org/10.1086/680012>
- ¹³ Hall, K., Mokomane, Z., & Lake, L. (2023). *A review of the Child Support Grant: Its impact, coverage, and gaps* (Full report). Children's Institute, University of Cape Town. https://ci.uct.ac.za/sites/default/files/media/documents/ci_uct_ac_za/533/CSG%20Review_Full%20report_web.pdf
- ¹⁴ Nzima, D., & Maharaj, P. (2023). Motherhood, Childcare and Work: Exploring the Multilayered Challenges of Finding Paid Work among Young Mothers in South Africa. *South African Review of Sociology*, 53(3), 313–327. <https://doi.org/10.1080/21528586.2023.2266704>
- ¹⁵ Department of Basic Education. (2021). *Policy on the prevention and management of learner pregnancy in schools* (Final gazetted version, December 2021). <https://www.health.gov.za/wp-content/uploads/2023/05/Policy-on-prevention-and-Management-of-Learner-Pregnancy-in-schools-Gazetted-Final-Version-December-2021.pdf>
- ¹⁶ Jochim, J., Cluver, L., Sidloyi, L., Kelly, J., Ornellas, A., Mangqalaza, H., ... Eastern Cape, T. A. G. (2023). Improving educational and reproductive outcomes for adolescent mothers in South Africa: A cross-sectional analysis towards realising policy goals. *Global Public Health*, 18(1). <https://doi.org/10.1080/17441692.2023.2206465>
- ¹⁷ Cluver, L., Jochim, J., Mapukata, Y., Wittesaele, C., Shenderovich, Y., Mafuya, S., Steventon Roberts, K., Banounin, B., Sherr, L., & Toska, E. (2024). Associations of formal childcare use with health and human capital development for adolescent mothers and their children in South Africa: A cross-sectional study. *Child: care, health and development*, 50(1), e13138. <https://doi.org/10.1111/cch.13138>
- ¹⁸ Devercelli, A., & Beaton-Day, F. (2020). *Better jobs and brighter futures: Investing in childcare to build human capital*. World Bank.
- ¹⁹ Cluver, L., Rudgard, W. E., Toska, E., Orkin, M., Ibrahim, M., Langwenya, N., Kuo, C., Xaba, N., Roehm, K., Smith, M., Bernardini, S., Giordana, G., Mumma, M., Kingori, J., Yates, R., & Sherr, L. (2022). Food security reduces multiple HIV infection risks for high-vulnerability adolescent mothers and non-mothers in South Africa: a cross-sectional study. *Journal of the International AIDS Society*, 25(8), e25928. <https://doi.org/10.1002/jia2.25928>
- ²⁰ Levy, M., Duffy, M., Pearson, J., Akuno, J., Oduong, S., Yemaneberhan, A., Coombs, A., Davis, N., Yonga, I., & Kerubo Mokaya, R. (2021). Health and social outcomes of HIV-vulnerable and HIV-positive pregnant and post-partum adolescents and infants enrolled in a home visiting team programme in Kenya. *Tropical medicine & international health : TM & IH*, 26(6), 640–648. <https://doi.org/10.1111/tmi.13568>
- ²¹ Laurenzi, C., Ronan, A., Phillips, L., Nalugo, S., Mupakile, E., Operario, D., & Toska, E. (2023). Enhancing a peer supporter intervention for young mothers living with HIV in Malawi, Tanzania, Uganda, and Zambia: Adaptation and co-development of a psychosocial component. *Global public health*, 18(1), 2081711. <https://doi.org/10.1080/17441692.2022.2081711>
- ²² UNICEF South Africa. (2024, April 12). *Remarks by Ms. Christine Muhigana, Representative of UNICEF South Africa, on behalf of the UN RC, at the AI Expo Africa 2024*. <https://www.unicef.org/southafrica/press-releases/remarks-ms-christine-muhigana-representative-unicef-south-africa-behalf-un-rc-ai>