**UNREVISED HANSARD**

**NATIONAL COUNCIL OF PROVINCES**

**WEDNESDAY, 17 NOVEMBER 2021**

***PROCEEDINGS OF THE NATIONAL COUNCIL OF PROVINCES***

The Council met at 14:04.

The Deputy Chairperson took the Chair and requested members to observe a moment of silence for prayers or meditation.

The Deputy Chairperson announced that the hybrid sitting constituted a Sitting of the National Council of Provinces.

**ANNOUNCEMENTS**

The DEPUTY CHAIRPERSON OF THE NCOP: Delegates who are physically in the Chamber must connect to the virtual platform as well as insert their cards to register in the system of the Chamber, and switch off the sound of their gadgets totally.

Ensure that microphones on your systems are muted and remain muted at all times, and use the microphones on the floor.

You are also requested to wear face masks at all times and occupy the seats as marked for the purpose, so that we, at all times, maintain social distancing. Can I also request that all delegates that are participating in the debate must switch on their video if they speak or address the Chair, and any delegate that wants to speak must use the ‘raise your hand’ function. Participation through the chatroom are allowed.

Let me also announce that there will be no notices of motion or motions without notice today. Before we proceed to the subject for discussion, let me take this opportunity to welcome the Ministers, Deputy Ministers, MECs and all special and permanent delegates to the House.

Also, before I continue, I think it is just befitting since yesterday we have been having debates that are actually related to our children, that we also just acknowledge the fact that we are quite elated that the four Moti children were found without any loss of life or injuries, besides psychological damage possibly.

Let us then proceed to the subject for discussion as printed in the Order Paper.

**DEBATE ON TEENAGE PREGNANCY – TAKING DECISIVE MEASURES TO DEAL WITH TEENAGE PREGNANCY AND THE RAPE OF YOUNG GIRLS IN OUR COMMUNITIES.**

(Subject for Discussion)

The MINISTER OF HEALTH: Honourable Deputy Chairperson of the NCOP, greetings to all the members of the NCOP, the Chief Whip, hon Mohai, colleagues from the executive of government who are also attending, the MECs present, our chair of the Social Services Committee, hon Gillion and all the hon members and members of the public.

We are indeed honoured today to have been invited by the hon House of the NCOP to participate in this very important debate. We thank the office bearers and the Chief Whip for seeing it fit that as a Ministry of Health we should be participating in this very important debate.

Hon Chair, I am aware that in part, this debate has been prompted by a report by Statistics SA which was released last Monday on 11 November titled *Recorded life birth occurrences and registration 2020.*

The DEPUTY CHAIRPERSON OF THE NCOP: Just a moment, hon Minister. Advocate, can the people in the Chamber assist us with the feedback, please? There is a lot of feedback here; the Minister is not very clear. Thank you, Minister, you may continue.

The MINISTER OF HEALTH: Thank you, hon Chair, I was also worried about that feedback. Hon members, while there are some problematic and erroneous elaboration on this report, the gist of the findings do confirm worrying trends in teenage pregnancy, and especially underage pregnancy of girls below the age of 16. Which means that this is underage sexual activity, which as we know in our law constitute statutory rape. The question which then arises is whether these underage sexual activities happened between minors – that is girls who are under 16 and boys who are under 16, or some of it was with older men.

The most likely occurrence we would assume, knowing the situation in our society, is that the sexual activities most likely happened with older men. Which raises a lot of responsibility for us as public representatives and also as a society and also as law enforcement agencies and justice system.

There was some erroneous elaboration which was published in the media and I am aware that other role players, including amongst ourselves, have referred to some of this which has been confirmed by Statistics SA that it was a wrong inference. There is an elaboration in some media which was saying that more than 600 out of the 33 000 or so of under 17 year pregnancies. That about 600 and plus of these were girls below the age of 10 and even attributed to between nine and 10 years.

Statistics SA has confirmed that it is not reflected like that in the report. The report says that there are more than 600 girls between the age of 10 and 13 who are within the underage which is being reported. So, there is some confusion by some elaboration by media which gave wrong figures.

Nevertheless, the fact of the matter is that this is just a detail but the gist of the matter, as I said, is the worrying factor. This does not detract from the fact that as a country we have high levels of teenage and underage pregnancies which have a long term health, social and even economic implications for these young people, and that is what we should be worrying about.

We know that teenage pregnancy is not a new phenomenon in our society. With the South African demographic and health survey 2016 finding that 16% of adolescent girls, that is between 15 and 19 years of age, had begun having children. However, we need to restate that unwanted and unplanned pregnancies are not acceptable, and that we need to work tirelessly to prevent these pregnancies so that girls can complete their schooling and avoid having teen moms and teen dads who cannot take care of a child because they themselves are still children. An educated girl gives rise to an educated family, an educated community and also an educated nation. As they say, you educate a woman you educate a nation.

Whilst we acknowledge that our department has an important role to play in reducing teenage pregnancies, we also know that teen pregnancy is not exclusively or mainly a health problem but a social ill that needs all of society to address. It starts at the family, community and society.

We are very aware of the need to work across all sectors in an effort to reduce teenage pregnancies. Education and more education can lead to the reduction of this problem.

Capacitating girl children and not excluding the boy child to know their worth and understand that everything in life should

happen at the right time and at the right place is very important.

The Department of Health aims to address teenage pregnancy through the provision of adolescent and youth health services at all primary health facilities as well as through the Integrated School Health Programme. These efforts are supplemented by partner funded and partner initiatives which provide additional services and opportunities to adolescent young persons.

Provision of health services to adolescents is guided by the National Adolescent and Youth Health Policy which was adopted in 2017. The goal of this policy is to provide guidance to departments and organisations working with the Department of Health on how to respond to health needs of young people — that is youngsters between the age of 10 and 24 years — thereby improving the health status of the young people through promoting healthy lifestyles, prevention of illness and improving health care delivery systems by focusing on accessibility, efficiency, quality and sustainability of adolescent and youth health services.

The policy describes a package of interventions that operate within and across four domains. First, at an individual empowering an individual, empowering households, empowering community and empowering society broadly. The main strategy for implementation of the National Adolescent and Youth Health Policy within routine healthcare services is to create youth zones at all primary health care facilities. Youth zones dedicate specific times to provide a package of health services to young people.

Sexual and reproductive health, that is contraceptives, HIV testing and pregnancy support as well as screen and treating injuries and minor ailments and screening for nutrition, mental health and psychosocial wellbeing also dealing with matters of violence and sexual assault. These are what some of the package of services provident at the youth zones.

The youth zones service provision is not limited to biomedical interventions, but includes extramural activities and other social support initiatives. Young people are encouraged to be involved and lead in these non-biomedical interventions that can be accessed in and out of health care facilities.

Monitoring of youth friendly services has been integrated into our programme of the Ideal Clinic Monitoring System with all primary health care facilities being expected to meet the adolescents and youth friendly services standards. The national department has also developed the Integrated National Sexual and Reproductive Health and Rights Policy and related guidelines aimed at addressing unmet needs for contraceptive services which focus on key population groups especially youth and adolescents.

A comprehensive sexual and reproductive and rights training course aimed at strengthening standardisation of these services throughout the country, including the modules which target the needs of youth and adolescents. Also, as I have alluded to the Integrated School Health Programme which works with the Department of Basic Education to improve knowledge of issues related to sexual and reproductive health and to improve access to sexual and reproductive health services for secondary school learners.

The comprehensive sexuality education is taught through scripted lessons and health care providers are trained on comprehensive sexuality education to ensure that they provide age appropriate health education and health services aligned

with what learners are taught in school. Scholl health nurses provide some of the sexual and reproductive health services to learners on request and refer them for other services such as pregnancy termination or access to contraceptives that are not available at school premises level.

In addition, the Department of Basic Education, in partnership with UNAIDS and co-sponsors such as United Nations Population Fund, UNFPA, United Nations Educational, Scientific and Cultural Organization, UNESCO, United Nations Children’s Fund, UNICEF, and UN Women will launch the education plus initiative that further seeks to accelerate the agenda of the girl child.

Understanding that education has a protective factor against vulnerabilities and the longer the adolescent girl and young woman stay in school, the better her chances for realising her potential and be protected from other vulnerabilities. The Department of Health also works closely with other partner supported interventions in an effort to address teenage pregnancy. The She Conquers campaign and programme is co- ordinated by the SA National Aids Council, SANAC, and the provincial aids councils together with other government and nongovernmental organisations.

The campaign aims to address health and related social ills affecting adolescents and youth in communities to restore social norms and values. The current spotlight on teenage pregnancies speak to the need for multi-sectoral approaches that not only focus on biomedical services but also the need to intensify implementation of the social and structural barriers that prevent young people from accessing services they need.

Systematically addressing the social and structural drivers is of essence to interrupting and breaking the cycle of HIV, TB, sexually transmitted infections amongst adolescent girls and young women. We need to create and expand safe and youth friendly spaces in communities for adolescent girls and young women to access integrated HIV and sexual reproductive health services, including contraceptives and condoms.

The Department of Health also works with other organisations such as LoveLife and Soul City with support implementation of youth prevention interventions, including prevention of HIV and teenage pregnancies. The LoveLife ground breakers are allocated in selected clinics throughout the country to implement activities such as mobilising young people to access health services, marketing the Department of Health

communication systems, giving sexuality education and life skills programmes in a modular approach covering developmental stages, contraceptives, teenage pregnancy, sexually transmitted infections, relationships, abuse, risk behaviours, condom usage and supporting communities to organise outreach activities to provide information and comprehensive service provision participating in clinical and facility committees as voices of young people. These are some of the roles of the LoveLife ground breakers.

In partnership with the US President’s Emergency Plan for AIDS Relief called, PEPFAR, the Department of Health also implements their Determined, Resilient, Empowered Aids-Free Mentored and Safe Programme for short called, DREAMS, that aims to reduce HIV incidents and teenage pregnancy amongst adolescent girls and young women by addressing multiple causes of vulnerabilities and lack of economic empowerment.

In addition to PEPFAR, SANAC also co-ordinates implementation of the global fund adolescent girls and young women programme which is in line with the national She Conquers campaign. This combination intervention programmes provide comprehensive package of health, education and support services to adolescent girls and young women in and out of school between

the ages of 15 and 24 which are aiming at retention of girls in school, decrease HIV, decrease teenage pregnancy, decrease gender-based violence and increase economic opportunities.

Lessons learned from current economic strengthening projects indicate the need to scale-up and expand economic strengthening initiatives with a focus in skills, income generation, livelihood and support and mentorship. In partnership with a UNFPA our department has developed a condom communication strategy with the aim of promoting condom usage. Male and female condoms have been repackaged to be more appealing to young women and young men.

Young people are also encouraged to access factual health information through the Be Wise mobi site which is also a strategy to reach out to the young people also including information about COVID-19. As noted earlier, we are also aware of the need to work across all sectors in an effort to reduce teenage pregnancy. I have outlined how we work with the Department of Basic Education, Social Development in implementing the integrated school health programmes. Through the Department of Women, Youth and People Living with Disabilities, we are also establishing closer links with other departments such as Justice and sections of the Social

Development that works with mandatory reporting of child abuse and child protection in order to ensure that the correct laws, regulations and policies are implemented in cases of teenage pregnancies, especially with regards to very young girls and underage girls.

Acknowledging the interlinking nature of gender-based violence and HIV, SANAC and the Department of Women, Youth and People with Disabilities have partnered and translated the National Strategic Plan of SANAC partners into a developed and interlinkages and implementation framework. The framework serves as multi-sectoral coherent implementation and programming framework to ensure a co-ordinated national response to HIV and gender-based violence and femicide, GBVF. It aligns and synergises programmes and services for an effective response to GBVF in context of HIV and deal with intersecting inequalities.

In conclusion, we therefore like to commit ourselves to working with stakeholders to reduce a number of teenage pregnancies and to allow young women to complete their schooling and to give them the best chance of reaching their full potential, living fulfilling lives and becoming productive members and leaders of society. I thank you.

Ms M N GILLION: Hon Deputy Chairperson of the NCOP, Ministers, Deputy Ministers, MECs, delegates of the NCOP and fellow south Africans, allow me to painfully remind this august House today, about 32 years ago, of how apartheid killed a fearless young revolutionary, an uMkhonto weSizwe commander, MK commander, at the age of 20 years - Anton Fransch - whose life was taken through a hand grenade in what is remembered today as a battle of Athlone, whereby more than 7 hours’ gun battle between Anton Fransch and the apartheid security forces ensued. To the family and comrades of Anton, we say: Aluta continua!

Our struggle will be less than powerful and our national and social emancipation can never be complete if we continue to treat the women of our country as dependent minors and objects of one form of exploitation or another. Certainly, no longer should it be that a woman’s place is in the kitchen. In our beleaguered country, the woman’s place is in the battlefront of struggle. [Applause.]

This is the position of the ANC, which was articulated by the 9th President of the ANC, the late Comrade Oliver Tambo, in

the January 8 statement of 1984, which was under the theme,

“The year of women”.

The struggle against apartheid was raging on and intensifying as the UDF and other sections under the guidance of the liberation movement were pushing for the birth of a nonracial, nonsexist, and a democratic and prosperous South Africa. The ANC has always understood that the liberation of South Africa will be incomplete without the liberation of women from the shackles of patriarchy and class super exploitation.

Embedded within the psyche of apartheid, colonialism and its continuing legacy is a notion that relegates women into noneconomic entities and insists in diminishing their role and contribution to the social and economic value. This is a notion that the liberation movement has always sought to challenge, both theoretically and in practice. The ANC and its women league has always advocated for women to be given more meaningful roles in the governance and the economic decision- making structures. This is one of the achievements of the past

27 years in democracy – for, there are few countries in the world who have made advances in this areas, as we have in such a small space of time.

However, despite this progress, women continue to bear the brunt of the exploitation that continues under the post- apartheid society and every contradiction we can discuss in whatever context. We can never shy away from the reality that women are the most affected. For example, when talking employment, women are the most affected. According to Stats SA, over the period between 2016 and 2020, the unemployment rate in South Africa had increased, dropping only in the second quarter of 2020.

It was continuously higher among women than it was among men, reaching approximately 34,3% of the total labour force during the fourth quarter of 2020. If we are to discuss rape and gender-based violence, we find that most victims are women.

The latest crime statistics reveal that from a sample of 5 439 rape cases, 3 766 of these incidences took place at the home of the victims or the homes of the rapist — so these are domestic cases.

We need to make a proper analysis of the conditions which face women, and we need to respond to the contradictions, not only by promulgating legislation, but we also need to put in the necessary sociopolitical work to respond in a decisive manner. The reality is that our society, which has a history of

violence and oppression, still has elements which continue to reproduce the patriarchal tendencies that were interlinked to the race and class oppression.

We are engaged in the process of transforming society, from a backward colonial and patriarchal system, to a society found in the values of nonracialism, nonsexism and democracy. The resurgence in violence and femicide is also a reaction from the psyche of patriarchy. Sensing that its power to assert systematic domination and privilege over women is challenged through the various interventions, which have been made to empower women, the inclination is to resort to violence.

There is a plethora of factors which drive and sustains gender-based violence, such as economic inequalities to the disadvantage of women, and the lack of education and skilling opportunities for women. These are factors which we are engaged in dealing with. However, the major factor is at a social level, where men are socialised to believe that they have the power and authority to exercise control and objectify the bodies of women.

The women’s movement and the feminists in the ANC and our

country have characterised this as rape culture: Where society

is generally taught that men should have an entitlement to objectify and exercise control over the bodies of women.

The ANC and the women’s league believe that the struggle against patriarchy and its manifestation of rape culture must be intensified at an ideological level in all sites of struggle - whether it is in education syllabus, sports, arts and culture, and other corridors of society, where people are engaged in learning and relearning.

We must continue building the women’s movement that is mobilising across all sections of society, and ensure that young boys and girls grow up understanding the important role that women play in all facets of life - be it the liberation struggle, development and in our own households.

The gender question is very complex. Over the years, as the struggle has been waging on, it has evolved. New concepts which require us to relearn have been added to the discourse. In the gender struggles of today, we also talk of the LGBTQI community. This also links to the gender-based violence, as members of the LGBTQIA+ are also victims of horrendous crimes and victimisation.

We see that they are subjected to hate crimes, corrective rape and other forms of discrimination which belong to the old apartheid colonial era. We must remind each other that liberation will not be complete if there is a section in our society that must live in fear of violence or being discriminated. So, we must rise and stand in solidarity with the Pride Movement and say, “Queer Lives Matter!”.

The Covid-19 global pandemic and its devastating effects have had a serious impact - not only in our economy and social discourse, but it has also been significantly devastating in the lives of the youth and women, as many of them have become socially isolated, anxious and depressed.

The prevalence of gender-based violence and femicide also dramatically increased. Malnutrition became rife as people struggled to access food. There was lack of access to sexual health and reproductive services. Those who were previously actively looking for employment could no longer do so, and youth-owned businesses suffered and some were closed down.

There’s no doubt that the recent July unrests also will contribute to this state of degeneration, and we will be plunged deeper into the pits of unemployment, poverty, and

inequalities. It is positive that government has adopted the National Youth Policy 2020-2030, known as NYP 2030, that must decisively respond to some of these issues.

The overarching goal of the NYP 2030 is to ensure that we harness the energies of young people, so that they become responsible and contributing members of their communities. The purpose of the National Youth Policy is, amongst other things: To integrate youth development into the mainstream of policies, programmes, and the national budget; to facilitate young people’s smooth transition into independence; and to inculcate and strengthen the culture of patriotism amongst young people.

The appointment of the NYDA Board, led by two incredible, dynamic and very talented young women is a welcomed development. The NYDA must be repositioned to play a more strategic role which empowers the youth through implementation of programs that empower youth enterprises, community initiatives and contribute to sharpening policy orientation of government, by bringing new paradigms from their own experience.

Finally, let me conclude with a quote from Mama Winnie Madikizela-Mandela who said, and I quote:

If you are to free yourselves, you must break the chains of oppression yourselves. Only then can we express our dignity. Only when we have liberated ourselves can we co- operate with other groups. Any acceptance of humiliation, indignity or insult is acceptance of inferiority.

The women in the liberation movement and other progressive sections are engaged in a process of social change and we fully understand that midwifing for the birth of a nonracial, nonsexist, and a democratic society will not be a bed of roses or a dinner party. It will be a process of struggle. We will continue to state the case just as generations before us did during the heat of the struggle against colonialism and apartheid: That the struggle for total emancipation would be incomplete without the emancipation of women. Aluta continua! I thank you.

Ms D C CHRISTIANS: Thank you Deputy Chairperson. Hon Deputy Chairperson, hon Minister, hon members, our government continues to crumble under the pressure of its inability to address social problems that hamper the overall sustainability

of resources, particularly root out evils such as teenage pregnancy and gender-based violence that continue to engulf the future of our youth, and ultimately, that of our country.

Teenage pregnancy is an indicator of the social and economic disadvantages - such as poor education and even poorer living conditions, which our youth are currently battling.

The vulnerable are fighting wars against an uncaring government that continues to compromise the ability of future generations to meet their own selfish needs.

They are fighting against a government that prioritises emptying the coffers, before they are voted out of power. They are fighting against a government that does not see them as the leaders of tomorrow, instead trampling on their last hope for a better future.

Yes, the unexpected arrival of the coronavirus in 2019 further stalled progress, but we are nearing the close of the second year, with this disease looming over the country, and it is long overdue for the government to reprioritise its focus and address the social ills of the day.

According to the South African Medical Research Council, our country recorded increased rates of teenage

pregnancies - exacerbated by gender-based violence in some cases - between 2018 and 2019 and during the COVID-19 pandemic.

It became even more difficult to access contraceptives during the lockdown period and even more difficult for South African Police Service, SAPS to get a hold of the devastation

gender-based violence left in their wake. This inaccessibility speaks volumes of the injustices our women and children have to deal with. With figures of teenage pregnancy ranging from 11% in urban areas and 19% in rural areas. A total of 16% of young women aged 15 to 19 became young mothers even before the pandemic.

Deputy Chairperson, earlier this year, the Department of Basic Education told Parliament that:

Nearly 130 000 babies were delivered to girls aged 10 to

19 in South African public health facilities in 2019 and in 2020, this figure increased to 136 386 deliveries for this same age group!

More than 600 girls aged 9 and 10 gave birth in South Africa in 2020, this is concerning and extremely alarming.

While our youth have to deal with an array of alienating factors determining their futures, sexual abuse and violence against children under the age of 18 is one of the main contributors to teenage pregnancies. Another contributor is the lack of support for victims and young girls from the healthcare sector in terms of providing contraceptives, as well as medical advice. The shortfalls in our healthcare system are posing grave risks for the overall wellbeing of women and children. Additionally, of continued concern is the

backlog in deoxyribonucleic acid, DNA, cases, which continues to rise - many of these possibly providing key evidence in

rape cases across the country.

Our youth are struggling to get the necessary emotional, educational and medical support which further isolates them from society. This in turn gives birth to future generations where poverty is rifer and the possibility of being economically active in society is further limited. The

knock-on effect of teenage pregnancy is limitless and damning to the overall functioning of society as we know it.

Deputy Chairperson, we need to take control of this double pandemic and address the gaps in our social, medical and education sector before we completely lose young girls, young women and other vulnerable members of society to the social ills they have to battle on their own.

Prioritise the provision of contraceptives and teach our youth the proper use of each one. Remove the stigma and support young boys and girls in local clinics and hospitals with privacy and the necessary education on contraceptives and the use thereof. Educate our youth in schools and do not shy away from building openness with them. It can only ever create trust with the consortium of society that already feel like they are battling life on their own.

Deputy Chairperson, should we all make supporting and educating a child our priority, we will see fewer school dropouts as a result of teenage pregnancy and the other social ills faced by our young people in this country. Should we all remove the stigma of supporting a victim of gender-based violence, then we will have more empowered survivors and give rise to stronger generations. But the time is now and our youth should not wait any longer.

I thank you.

The DEPUTY MINISTER OF POLICE: Thank you Chair, and good afternoon to Members of the NCOP, Ministers and Deputy Ministers, my apologies to the Ministers, I erroneously thought that I am with my colleagues here, but I should have started by acknowledging you, Ministers, and all members who are present here. Good afternoon to you all. “It takes a village to raise a child.” This is an old African proverb that resonates more with us here today, than it ever did before. As we are to confront head-on the scourge of teenage pregnancy and all its courses and manifestations.

The current high numbers of teenage pregnancy are alarmingly worrying and are a reflection of how society is failing young girls. We have seen over 36 000 children being delivered by girls between ages 10 and 19 years of age, within the first quarter of this year alone. These numbers are incredibly disheartening and troubling, and they cannot be swept under the carpet. The scourge of teenage pregnancy is a serious social and health problem, and hon Minister Phaahla has outlined a serious health, emotional and physical effect this poses to both the young mother and her child.

While this debate will demonstrate the integrated social campaign in prevention of teenage pregnancy, allow me to take this House through some of the legislative and enforcement aspect of it. We should not even be discussing pregnancy of any child under the age of 12 years, as in terms of our common law, girls under this age cannot legally consent to sexual intercourse or would have been always be ready, irrespective of circumstances. The challenge that we have is that, families chose not to report such matters, and opt to sweep them under the carpet, for fear of being judged or shunned by others.

The rest of the community members nearly turn a blind eye, and this has to come to an end. We must all speak up and put an end to this scourge, hon Chairperson. Post 1994, South Africa adopted one of the most progressive Constitution, which sought to protect the human rights of all. It further ensured that we create a conducive legislative framework to give effect to the Constitution. However, as we are progressing to solidify our own freedom and democracy, we have realised with concern the increasing statistics of gender-based violence, GBV, in particular, child rape and child pornography, amongst others. It has thus become vividly clear to us as the Ministry of Police and the ANC-led government as a whole, that more needs

to be done, to consolidate our gains of the past 25 years as informed by both our lessons and mistakes.

One paramount lesson being that, we need to work even closer together as government and civil society, NGOs and the private sector. We must pull all our resources together to put an end to all forms of GBV, including rape against children. We cannot continue to subject our children to such brutality, children should be protected at all costs. As Minister Bheki Cele usually says, “rape is worse than murder, for the victims have to live with the scars their whole lives, and sometimes they have to live with their violators.”

Rape has numerous other consequences that can last a lifetime and spend generations with serious adverse effects on health, education, employment, crime and the economic wellbeing of individuals, families and communities. It can therefore never be okay for families to slaughter a goat or a sheep to cleanse a family name when the child is raped by an uncle, brother or neighbor. Action must be taken. Communities must speak up and call out the predatory criminal behaviour, we must always remember that my child is your child. I repeat, children should be protected at all costs.

The protection has to come from decisive action from all spheres of government and civil society, working together in the interest of our young girls. It is therefore building safer communities, assisting and supporting victims of sexual violence, starting at home that we will achieve this protection. Further, when minor victims are supported and such crimes are reported, the criminal justice systems will not fail them. Chairperson, guided by the National Strategic Plan, NSP, on Gender-Based Violence, we as the SA Police Service, SAPS, are continuing to improve our services to victims of GBV to ensure that perpetrators don’t go unpunished. Yes, we have had numerous challenges, but we are working on them.

The National Strategic Plan, on GBV is aimed on strengthening the fight against the scourge of GBV and protecting those most vulnerable in our society and communities. The NSP on GBV is comprised of six strategic pillars, namely: Accountability, coordination and leadership; prevention and rebuilding social cohesion; justice, safety and protection; response, care, support and healing; economic power; and, research and information management. These six pillars subsequent to the approval of the strategy, SAPS has since established the National GBV Steering Committee and completed a National GBV Action Plan, outlining SAPS priorities.

We have also established different mechanisms and interventions, to give effect to the NSP on GBV and to deal with the challenges that we have encountered in the past months. Hon members, it is during this administration, that the gender-based violence desk has been established to identify police stations across the country, and we are still working on expanding these services. We have launched and implemented a six-point plan, to ensure that victims of these crimes, including minors, are treated with utmost care and professionalism when in the hands of officers in blue.

The plan is to ensure that all police stations across the country have dedicated officers, mainly, in the GBV desks. To date, 137 GBV desks have been established and are functional. Chairperson, as things stands, all police stations have victim friendly rooms, or alternative facilities, to ensure that proper handling of domestic violence, gender-based violence and other sexual crimes cases. In our response to sexual crimes committed against minors, the SAPS Family Violence, Child Protection and Sexual Offences, FCS, Unit, has been allocated a national human resources during the past financial year, to deal with the growing case load. Our officers SAPS stations are being trained to provide minor victims with a victim-centered service.

Victims who are minors are referred to health facilities for medical assistance and to safe care centers. Traumatised victims are further referred for psychosocial services.

Provincial GBV Committees have been put in place to ensure coordination and compliance. Police stations are the first point of contact for the hundreds and thousands victims of crimes. It is also through the work of this Administration that all police stations across the country have access to DNA collection kits, commonly known as rape kits, used to collect DNA evidence from victims of sexual crimes.

The contract to provide this essential kit is in place, and stock at station is being replenished on a continuous basis. In the same breath, allow me to expand on the progress that has been made to deal with the DNA backlog at our forensic laboratory services. We are aware that the backlog at our forensic services laboratory has threatens to hold the criminal justice system at ransom. I am happy to update this House that a turnaround plan has been put in place, and it is in full swing to ensure that our laboratories are stocked with the required consumables. The plan to repair or replace the machines necessary to process the specimen has been done, and it is being implemented.

Most importantly, the personnel to ensure the effectiveness of the whole value chain of the DNA processing system has been augmented in certain areas are at work, putting in the hours to timeframes around. As we speak, Chairperson, the redress and the backlog on DNA is starting to go down because of the plans that we have put in place. It is no longer the case of the backlog going the other direction but not downwards. We are confident that we will overcome the challenges that have been there.

Ladies and gentlemen, we are not out of the woods yet, when it comes to the DNA backlog, but we are certainly no longer lost and walking in circles, hoping to find our way out. The SAPS has a plan, and this plan is working. As a result, that will soon be evident. Hon members, allow me to conclude by emphasizing this call, children should not be having children, they should be protected from sexual predators in all corners of our communities. Children must be protected at all costs by all of us. Every child is your child. I thank you, hon Chairperson.

Ms S A LUTHULI: Thank you Deputy Chairperson and greetings to everyone ...

*IsiZulu*:

... ikakhulukazi kubabukeli emakhaya.

*English*:

South Africa recorded an increased number of teenage pregnancies between the year 2018-2019, and more recently during the COVID-19 pandemic period. Mothers aged between the ages of 10 and 19 years old account for almost 10% of births in South Africa with children bearing children.

*IsiZulu*:

Sihlalo, nangesikhathi lolu bhubhane lungekafiki iNingizimu Afrika ibihlezi ku-16% wabantwana abathola abantwana futhi lokhu kutholakala kuyinkinga kakhulu njengoba nobaba babantwana bengaziwa ukuthi bangobani.

*English*:

The reasons for the high volume of teenage pregnancy are often a result of rape, child abuse and gender-based violence.

*IsiZulu*:

Isikhathi esiningi lamacala okunukubezwa ngokocansi awabikwa emaphoyisa ngenxa yokuthi lawo mantombazane asaba ukucwaswa emiphakathini aphuma kuyona. Lokho okwenza ukuthi bazithole

sebenezifo zocansi kanye nesandulelangculaza. Lokho okwenza ukuthi bangakwazi nanokuthi baqhubeke nokufunda.

Lokhu kuba nemiphumela engemihle ngokuhamba kwesikhathi ezimpilweni zabantu besifazane abasebancane okwenza babe nokwecwaswa emiphakathini baze bayeke isikole nokubanzima ukuthola imisebenzi ngokuhamba kwesikhathi. Kwezinye izikhathi kutholakala ukuthi lokhu kukhulelwa kwamantombazane asemancane kungenxa yokunukubezwa ngokocansi ngamadoda amadala asuke ebathembise izimali, izipho kanye nokudla ngenxa azi ukuthi aphuma enhluphekweni.

*English*:

However, in many cases, the relationship can be characterised as rape. For it is against the law for anyone to have sex with someone who is under the age of 16. The law further states that no child under the age of 12 years can consent to sex, any sexual act with a child under the age of 12 years is statutory rape or sexual assault.

However, under the watch of the ruling party, such crimes continue to go by unpunished in our society. Poverty also increases the opportunities for sexual abuse where women and

children may suffer sexual abuse and unequal power relations in situations where a man is a breadwinner.

At times teenagers are forced to drop out of school at a young age to help the family with the income because of poverty. To earn an income, they leave their homes to earn a living on the streets as prostitutes which fuel the high rate of teenage pregnancies and STIs.

Teenagers who are born and have grown up into the circle of poverty are forced into such positions as a way of compensating the salaries and social grants of their parents. This ultimately leads to a lack of schooling and a decrease in employment opportunities. The state of our health care system is also contributing to the growing number of teenage pregnancies as contraceptives are often not easily accessible to our youth.

*IsiZulu*:

Abahlengikazi emitholampilo abanaso isineke kulaba bantwana abasebancane. Ubathole bebabuza imibuzo enjengokuthi, “umncane kangaka usuqomile, usuyalala?” Lokho okwenza ukuthi abantwana bangaphinde babuye beze kuleyo mitholampilo ngoba basuke bethole ukuphoxeka.

*English*:

School-based interventions are also needed to prevent sexual violence and raise awareness about teenage sexual and reproductive health and rights, yet the Department of Basic Education lacks a plan for an intense sexual education programme in our schools.

Teenagers who fall pregnant under the age of 18 are unlikely to return to school because they bear the responsibility of having to look after their babies and only return when the child is old.

*IsiZulu*:

Lokho kwenza bangakwazi ukufunda nokubhala ngenxa yokuyeka isikole besebancane.

*English*:

Some teenagers may resort to abortion after finding out they are pregnant. In many cases, teenagers perform illegal abortions which are likely to cause medical problems in the future like infections, breast cancer and infertility.

Illegal abortion often comes with complications leading to complications and death among young people.

For teenagers are more likely than older women to attempt dangerous abortions or suffer damage in the birth process that renders them infertile or endangers their lives. In order to understand why teenagers, become pregnant and what can be done to prevent this, teenage sexuality needs to be explored in more detail. The power imbalances between men and women at both societal and personal levels also need to be looked into. A shift in the attitude of society as a whole is needed. But most importantly a shift in leadership in the governance is needed as the ruling party has demonstrated time and time again that they lack the kind of leadership which is required to deal with society’s numerous challenges. In my closing, it is only through the EFF where solutions to societal ills can be addressed and managed. I thank you. [Applause.]

Ms S MANI-LUSITHI (Eastern Cape MEC – Social Development): hon Chairperson of the NCOP, hon Deputy Chairperson of the NCOP, the Executive, hon members, our social partners, ladies and gentlemen, I greet you all. It is again an honour and a privilege to stand here in this House on behalf of the Eastern Cape government to reflect on this important social issue of Teenage pregnancy and how we can collectively take decisive measures to deal with it and the rape of young girls in our communities.

Globally, it is estimated that 21 million girls aged between

15 and 19 years in developing countries become pregnant and about 12 million of them give birth every year. Moreover, at least 777 000 girls under 15 years give birth every year. The issue of teenage pregnancy and rape is slowly becoming a pandemic in our country. In South Africa, between April 2020 and March 2021, it is estimated that roughly 30% of teenage girls between 10 and 19 years old in South Africa fell pregnant and the province of Eastern Cape reported to the among the top three provinces with high teenage pregnancy prevalence at 17,1%.

Now while it is understood that teenage pregnancy is a global problem and it affects all classes, there is an appreciation that there are key social factors which drive and contribute to this phenomenon. Research points out that teenage pregnancies are more likely to occur in marginalised communities, commonly driven by poverty and lack of education and employment opportunities. Given the deep inequality and unevenness of our country’s socioeconomic structure, it is perhaps essential to ensure that rural and peri-rural communities are prioritised by our interventions.

Moreover, it is important to note that there are other key social factors, which also contribute to the challenge and these include backward social norms, risky sexual behaviours, the scourge of gender-based violence, in particular sexual violence to young women and the impact of Covid-19 to social life. Indeed, there is a general appreciation that while teenage pregnancy rates were already relatively high in the country, the impact of Covid-19 pandemic may have also contributed to the increased numbers owing to temporal closures of schools, the impact of increased gender-based violence and femicide incidents and difficulties of accessing contraceptives.

A specialist scientist Dr Kim Jonas at the SA Medical Research Council has recently shared that 70% of teenage pregnancies during the Covid-19 pandemic were linked to risky behaviours and some as a result of rape. Risky behaviours are actions that potentially expose young people to harm or significant risk of harm which will prevent them from reaching their full potential. Risky sexual behaviour, in particular, can have life-threatening consequences for young people. Some of these risky behaviours include starting to have sexual intercourse at a younger age without the necessary knowledge and guidance. Also, statistically, these people are more likely to have many

and multiple sexual partners and are less likely to use contraceptives the first time they have sexual intercourse. This is linked with the challenge of alcohol and substance abuse, particularly amongst teenagers.

We believe that an evidence-based, systematic and an integrated consideration of these factors and how they influence each other on the ground should set the basis of our interventions as government and our social partners. In this regard, the Department of Social Development insists that basis of our interventions must be family based, because it is empowered families that constitute the basis of support and protection of vulnerable groups, which include young girls.

And if we utilize family units as basis of our interventions this will help to build resilient communities.

Hon members, families constitute a core feature in the understanding of social behaviour in every society. They are a central location where change can be effected, that which influences significant transformations in all parts of society. Through all these interventions cited above, the Department of Social Development thus help to build families that function well and communities that care for, protect and develop children appropriately.

Hon members, as part of our interventions as the Department of Social Development in the Eastern Cape we have recently launched a compendia of Social Behavioural Change programmes that constitute a set of structured, interactive evidence- based interventions that are designed to address risky behaviours and harmful social norms to affect change to the individual, to community and societal level.

These Social Behavioural Change, SBC, interventions are designed to be implemented within community settings, in group settings and also on an individual basis. There are two critical Social Behaviour Change Programmes contained in the SBC compendium include the “*You Only Live Once*” YOLO programme and Chommy programme.

These programmes focus on girls and women, boys and men within their families. It is envisaged that the programmes focusing on men and boys can have a positive impact on the lives on women and girls but also for the lives of men and boys. YOLO targets young people between ages of 15 and 24 under the tagline “*It’s my life, it’s my choice and I choose to behave responsibly*”. The YOLO programme aims at building young people’s self-esteem, confidence, self-efficacy and resilience to deal with adverse situations.

Chommy programme targets children under the tagline “*Invest in my Future, Protect me Today*” and it aims to generate knowledge, develop skills and empower children to make informed choices to reduce HIV infections, substances abuse and to prevent teenage pregnancy through programmes such as indigenous games and other activities.

In partnership with the United Nations Populations Fund, UNFPA and United Nations Children’s Fund, Unicef, government of South Africa and government of Canada, are implementing the programme of Empowering Women and Girls to Realise their Sexual and Reproductive Health and Rights. This programme covers the period from 2019 to 2023 focusing on Nelson Mandela Bay Metropolitan Municipality and Alfred Nzo District Municipality in the Eastern Cape.

This programme focusses on strengthening District-Level Institutions and communities, in enabling adolescent girls and young women to realise their Sexual Reproductive Health and Rights while eradicate gender-based violence. Given that this is likely to exert undue anxiety as a result of the overpowering effect teenage pregnancy may have on the child, leading to their ability to cope and function under the circumstances, as the Department of Social Development we

provide a comprehensive range of psychosocial support services to affected teenagers and their families. These services are aimed and meant to strengthen self-esteem both on the family and that of the teenager in a long run towards building this family’s resilience.

Parenting skills development programmes are also offered to improve and ensure positive parenting skills. These interventions are aimed to support and develop positive parenting by developing the capacity of parents to act in the best interests of the child, strengthening positive relationships within family and improving the care-giving capacity.

Through these programmes, hon Deputy Chairperson, young people are realising their rights to make informed choices about their own bodies, their own lives and the world that they live in is a matter of justice and a driver of lifetime returns.

Hon members, as we have said the Eastern Cape government we acknowledge that several multiparty social ills continue to confront our province and our country in general. In the same vain, scourge of GBV has escalated.

In conclusion hon Chair, the Eastern Cape government will launch the Eastern Cape Provincial GBV Strategy on 25 November 2021 and this strategy constitutes a renewed strategy relating to the prevention of gender-based violence, the care of its victims and survivors and the response to incidences of

gender-based violence. I thank you very much, Chair.

Dr P C RAMATHUBA (Limpopo): Hon Chair, hon Minister of Health, the Deputy Minister of Police, all other Ministers and Deputy Ministers who are here, colleagues from different provinces, hon members of the House, ladies and gentlemen, let me start by expressing appreciation for this opportunity that this august House has given us, as the province of Limpopo, to debate this matter which is very critical and crucial in our society.

President Oliver Tambo once said that a nation that doesn’t look after its children or its youth does not necessarily deserve a future. I believe, as South Africans, we do deserve a future. That is why it is very critical for us to have this particular debate on 17 November, the day on which we commemorate globally World Prematurity Day. This is the day when health activists across the globe look into how we can educate and support mothers to make sure that even a premature

baby is given a chance. One of the major causes of premature babies is teenage pregnancy. We believe that if we are to win this battle against teenage pregnancy, we are also going to win a number of other ... [Inaudible.] [Interjections.] I’m not sure, hon Chair ... There was some disturbance here. Hon Chair, I hope I am audible now.

I must indicate that teenage pregnancy is a societal problem with many contributing factors, necessitating a multisectoral approach. These are pregnancies that are occurring amongst adolescent girls between the ages of 10 and 19 as a result of unprotected sex. The circumstances around the sexual encounter may vary greatly, from experimentation by our teenagers amongst their peers to coercion, with great concern about statutory rape. Teenage pregnancy is only determined by the age of the girl and not that of the man and, unfortunately, it does not matter how old the man is.

Teenage pregnancy globally, as other speakers have already indicated, is estimated at 21 million girls between the ages of 15 and 19 in developing countries – which is a worrying factor – with 12 million of those giving birth every year. The difference is accounted for by the fact that some of these pregnancies end up in miscarriages whether spontaneous or

induced, others end through termination whether legal or illegal and, of course, unbooked rogue deliveries whether hidden or concealed. This is less of a challenge in high- income countries with high levels of education and easy access to information and health care services. That is where the inequality continues to demonstrate itself.

In sub-Saharan Africa, studies show that as high as 35% of these teenage pregnancies are unplanned, unwanted and untimely and that the teenagers’ relationships are unstable. Some are related to cultural influences in terms of proving maturity or womanhood. Only about two thirds of these unintended pregnancies end up in childbirth, whilst a third result mainly in unsafe abortions.

In sub-Saharan Africa, one of the biggest risk factors in early child bearing is increased vulnerability to HIV and Aids and other sexually transmitted diseases. Some of the causes of teenage pregnancy include, amongst other things, poor educational training or attainment; cultural or religious beliefs; barriers, for instance, to accessing contraceptives at our facilities; gender-based violence; early marriages that we see in terms of cultural beliefs where a girl-child is forced into marriage; and, most importantly, poverty.

There are also contributing factors which are societal issues and which have their own social dynamics, for instance access to social network resources. Here you have low self-esteem on an individual level and prior exposure within the family and community being normalised: My mother had me as a teenager; I will have my child as a teenager; my child will have a child as a teenager. We think that it is time that we break that cycle and say: If my mother had me as a teenager, I need to be able to learn and be able to have a child when I am ready ... [Inaudible.] ... can be a mother.

Peer pressure is also another societal factor that is contributing to teenage pregnancy where at family level we find that there is no open communication about sexual and reproductive health amongst us. This is apparent especially among those of us in rural provinces where it is taboo to discuss sexual issues with your girl-child. There is role modelling in the family, as I have already indicated. If a child in a family – the first girl – graduates without having a child, the chances are that all the others coming after will follow suit. But if the first child has a child, then the others – all of them – will also follow suit.

There is also poor active parenting. This is where we need to empower our communities, especially mothers to be there and also for fathers to be there. A girl-child needs a father also. A father must be a father figure to the child. The girl- child must not have to look to an older man – because she is looking for a father figure – which older man ends up impregnating her.

There is also the issue of sexual attitudes at community level: the attitude towards teenage pregnancy is that it is acceptable or normal for the neighbour’s child to have a child and is getting a grant. It’s a case of: Why can’t my child have the same? There is also the issue of statutory rape not being seen as a crime amongst some of our communities. If a girl-child of 15 sleeps with a man, then the two families will have to talk. If this means damage must be paid, then damage must be paid. Statutory rape must be treated as a crime. There is nothing to negotiate or discuss. It becomes a police issue.

There is also the issue about accessibility to contraceptives. We see the low access to condoms here, and also to contraceptives, again, during the COVID-19 pandemic at most of our facilities. Globally and even in our country, Noristerat, which was the commonly preferred form of contraceptive among

teenagers – the two-month injectable – was not available. Many of them are reluctant to use the longer acting ... for instance, your implants: Implanon, IUD or Depo-Provera because there is a belief among the community that when you use these long-acting contraceptives the chances are that you might have difficulties when you want to conceive. So we need to make sure that the community or young people have confidence in these contraceptives continuing to be available.

There is also the issue of unemployment where the girl-child is disempowered and cannot negotiate safe sex as an option. Regarding poverty, we see it as a serious challenge wherein there is sex for exchange for goods, food and material things. The girl-child lands up sleeping with a sugar daddy or a blesser and isn’t able to negotiate the utilisation of contraceptives because there is a power struggle there. The old man wants to have sex and he doesn’t care whether there is protection or not.

So we need to work on those issues like alcohol abuse which are risky in terms of sexual behaviour. There is also the lack of information which many speakers have spoken about and societal attitudes towards teenage pregnancy in that we should not accept teenage pregnancy.

The problem that we have is that most of our children spend their lives in the communities and in schools and they, of course, respond to what they are exposed to – whether it is in their homes, in their communities or at school. This demands that there be preparation and empowerment on prevention in terms of there being information sharing, condom availability, contraceptives and early detection. The provision of these needs to be strengthened in the community, in the home and also at school level.

The girls must also be treated with respect, and this affects especially those of us who work within the health care setting. We have to start educating our nurses and all our health care workers in the primary health care setting to begin to treat our girl-children with respect. When a child visits a clinic for sexual and reproductive health care services, let’s not shame them and say, “You’re only 15. Are you already engaging in sexual activity?” Let’s use this as an opportunity to mentor the child so that they can have confidence in us and can trust our system. They no longer trust our system and this cuts across because we become judgemental. This is one of the areas in which we should be teaching our health care workers from medical schools or nursing schools to understand that, indeed, if we do not have

a welcoming attitude, we are going to lose this girl-child to pregnancy.

How do we measure the extent of this problem? Unfortunately, the only recourse that we have will be the rate of deliveries in facilities among the 10- to 19-year-olds. However, we are not able to track other teenagers who would have delivered at home, or had miscarriages or terminations of their pregnancies.

As such, in Limpopo, for instance – because we are here on behalf of the Limpopo government – we can indicate that in the 2020-21 financial year the total number of deliveries for the age group of 15- to 19-year-olds at facilities was 18 893, and the total for the 10- to 14-year-old group at facilities was

512. This excludes those that I have indicated who might have delivered at home and who might have terminated, meaning the number is much higher than the 19 000 that is reflected as the number of teenagers that have had deliveries.

The Vhembe District is leading in this scourge at 5 284, with the number being 164 of those aged between 10 and 14. This is followed by the Mopani District at 4 400, the Capricorn District at 3 600, and then by the Sekhukhune District and the

Waterberg District. Of course, the Waterberg District with

2 279 could be as a result of the population that is very rural.

We are worried about mostly the rural districts in our province, which are Vhembe and Mopani as they account for 51% of the burden of teenage pregnancies in the province. These two districts also account for 61% of all deliveries in the 10- to 14-year-old age group. So there is a strong cultural permissibility factor in these two districts which makes intervention less effective.

The fight against teenage pregnancy, hon Chair, requires a layered approach with multisectoral interventions that are ... [Inaudible.] ... sensitive and responsive to material conditions on the ground. In this regard, you can look at the Capricorn District, because our target was supposed to be below 12,5%. In the Blouberg municipal area, for instance, where parents are often migrant workers and children are left home alone unsupervised, the rate is 14,9%. If you go and look at Polokwane – it is in the cities and towns that it is at 11,3% - the trend continues. If you go to Mopani – to Greater Giyani – where a lot of cultural beliefs ... [Inaudible.] ... of one ... [Inaudible.] ... amongst the villagers, it is

acceptable. If you look at Greater Letaba, it is one of the rural municipalities which is leading at 15,5%. The same would apply if you went to Sekhukhune. You would find that the rate at the Ephraim Mogale Local Municipality is 15,4% - the same cultural beliefs and proof of one’s fertility. The Collins Chabane Local Municipality is one of the most rural municipalities. It is the leading municipality in the province at 20,7%. Here there is also cultural acceptance.

So those are the areas which would require much more intervention. Studies have been done. There is, for instance, the Adolescent Pregnancy and Associated Factors in South African Youth, a study that was done recently in selected provinces like KwaZulu-Natal, Mpumalanga and the Eastern Cape. This showed that the results, which are comparable, tend to favour more males than females. For instance, when it came to the risks, status and behaviour, females bore the brunt but the high-risk behaviour was more common in males. An example is that the man would carry a high risk because of behaviour – can impregnate many of the girls; a man can be a carrier of the virus and then the woman becomes a recipient of that.

So, also, when we looked at social factors – access to social network resources especially strong family support – we found

that there were fairly low levels of strong family support. Peer pressure amongst men leads them to engage in risky sexual behaviour because they want to prove their manhood.

So as a province, especially concerning the health sector, we are more worried about the health risks associated with teenage pregnancy, as I indicated when I started giving my speech. Premature deliveries are more common. I spent the morning with premature babies in two hospitals, and I can tell you that the young teenage mothers are the ones who bear the risk of delivering premature babies. Also, pre-eclampsia or a hypertensive disorder tend to complicate deliveries. There are also conditions like anaemia, contracting sexually transmitted infections including HIV, delivering low birth-weight babies and high rates of caesarean section are all conditions happening among teenagers. That’s why our rate for caesarean sections is very high. The danger here is that once you do a C-section with the first baby – even with the second baby – chances are you will have to do another C-section, which would then limit you to three babies. But the problem here is that as a teenager or if you are 10 years old and about to give birth, chances of your perineum being adequate to accommodate the head of the baby are very, very slim, which is why we always say, “Babies should not be giving birth.”

Hon Chair, it was painful for me and heartening when I visited two of my hospitals at Christmastime. I wanted to kiss the Christmas babies and hand over gifts – this was before we were dealt COVID-19 – only to discover, when I went into the nursery, two babies: one was calling herself the mother and the other one was a baby. So I didn’t know who to give the presents to, because both of them were babies. One was supposed to be in Sunday School, while the other one was not supposed to be sitting in a maternity ward ... denying a grandmother a chance to give birth, because in our culture once your children give birth, you can’t be giving birth.

The intervention strategies that we develop as a province to try to curb this are led by the Department of Social Development, and this department enjoys the support of all of the other social cluster sectors. We have developed jointly with them a collaborative structure with nongovernmental organisations. The roles are clearly indicated for the trends. Social Development co-ordinates the situational analysis; profiles those schools with high teenage pregnancy rates; profiles the relevant communities; reports for stakeholder consultations. Social Development also engages communities in dialogue dealing with statutory rape and issues around contraceptives, whereas the Health department provides data on

deliveries of teenage pregnancies in our facilities. We avail our condoms, contraceptives and HIV-prevention methods. We treat adolescents with dignity and respect in all our health facilities during contraceptive and antenatal care and also during delivery. We also provide information through ... [Inaudible.] ... programme, that is the MEC programme. We are providing education and communication for the young people and are also strengthening integrated school health services to identify and address these barriers.

The department of education also has a major role to play to educate the boy-child on toxic masculinity, on gender-based violence, on peer pressure and on substance abuse. We also train our educators on social ills so that they can identify substance abuse and all forms of abuse of our children. There is also the learner support agency – there are programmes to keep leaners engaged at school.

We also design health education and pregnancy and HIV prevention at schools and we work together with all these sectors. Sports, Arts and Culture also play a major role in that they incorporate health education and health promotion activities into a mass sporting event. Of course, COVID-19 regresses us. That is why we are calling upon everybody to get

vaccinated so that our catch-up plans on all these programmes should be able to find their way ... [Inaudible.]

Ms H S BOSHOFF: House Chair, on a point of order please. [Interjections.] Malibongwe! Where is the House Chair?

The HOUSE CHAIRPERSON (Ms W Ngwenya): I’m here. I’m here.

Ms H S BOSHOFF: Oh, I am happy to see you. How many minutes has this speaker been given?

The HOUSE CHAIRPERSON (Ms W Ngwenya): I think her time is finished now. I was about ...

Ms H S BOSHOFF: No, it was finished five minutes ago.

The HOUSE CHAIRPERSON (Ms W Ngwenya): Thank you, ma’am. The time is over, hon member. Could the Table guide me because I was supposed to call the hon Boshoff, but I was guided to call the hon Minister, and there wasn’t a number for the minutes.

By the time I asked the Table the member had stood up and asked how many minutes ...

Dr P C RAMATHUBA (Limpopo): Hon Chair, let me conclude.

The HOUSE CHAIRPERSON (Ms W Ngwenya): Your time is over with

by five minutes, ma’am.

Dr P C RAMATHUBA (Limpopo): [Inaudible.]

The HOUSE CHAIRPERSON (Ms W Ngwenya): No, I was confused by the people who have guided me in that I must allow you to speak but they didn’t give me your minutes – how many minutes you may speak. When I started to ask the Table how many minutes you could speak, the Table told me that your time was over and that was when the hon member also stood up wanting to know how many minutes you were given. You are over by five minutes, ma’am.

Dr P C RAMATHUBA (Limpopo): I agree, hon Chair. What I wanted to say was ... [Interjections.]

The HOUSE CHAIRPERSON (Ms W Ngwenya): Hon member, your time is over. [Interjections.]

Dr P C RAMATHUBA (Limpopo): All I wanted to say is let me conclude by saying thank you very much, hon Chair. [Interjections.] It is not a sin to say thank you.

The HOUSE CHAIRPERSON (Ms W Ngwenya): Hon member, sorry about that confusion and sorry about speaking when the microphone was open. I didn’t see that it was open. I apologise for that.

Hon members, could we continue? I would like to go back to the

hon Boshoff. You’ve got six minutes.

Ms H S BOSHOFF: Hon Chair, just before I start and my clock start ticking, please, go to sleep again and give me 20 minutes. Hon Chair, hon Minister and hon members, rape is forced and unwanted. It is about power and not sex. A rapist uses actual force or violence or the threat of it. Rape is forced and unwanted. It’s about power, not sex. A rapist uses actual force or violence - or the threat of it - to take control over another human being.

For many girls in South Africa, their critical adolescent years have been shaped by experiences that are both irreversible and irreparable, invariably leaving them, with lifelong consequences.

Young girls are in many instances preyed upon in schools, at church gatherings, “get togethers”, whilst walking home from schools or running errands for their parents and then blamed

as if they are adults, by both the law and in practice. This is in complete violation of international law and the Sustainable Development Goals.

The exploitation of girls who are expected to transact sex for a variety of things such as getting better grades, transportation to schools, etc, has been a bone of contention for many years. And the perpetrators more often than not get off scot free, as the victim is either threatened, excluded from continuing their education when falling pregnant, gets a promise of monetary assistance, or bribed by parents not to make a case. These acts are all in contravention of the human rights of these victims.

In August 2021, we were exposed to the news of the horrendous rape of a six-year-old Grade 1 learner by a general worker in her school’s toilet. The case seems to have died a silent death and the child is left to fight the trauma on her own, as many parents are not in a position to request counselling or assist their children in these instances.

In 2019, President Ramaphosa described the crisis of sexual violence as a brutal war against women and girls, but despite political and financial view to end the crisis, the problem

remains widespread with little to no consequences for the perpetrators. Furthermore, the National Gender-Based Violence, GBV, and Femicide Strategic Plan has been provided a budget of Rl,6 billion to immediately address the five key interventions. However, the additional funding has failed to curb the exponential rise in cases of abuse and rape.

According to a recent study by Amnesty International, there is public outrage about the institutional failures to deliver justice for GBV victims, given that South Africa’s Domestic Violence Act of 1998 explicitly states that victims may lay criminal complaints against offenders. Furthermore, funding intended for refuge centres for victims of GBV has either not been sufficient or not reached the centres who were due to receive them.

One in five children are victims of sexual abuse in South Africa, representing 19,8% compared to a global average of 18% for girls. In the 2019-20 Annual Crime Statistics, it was reported that more than 24 000 children were sexually assaulted.

A matter of grave concern is that, unfortunately, statistics are not readily available for schools and there is a great

deal of underreporting and it is estimated that 22,2% of school children have been victims of violence, but unfortunately the figure could be higher.

Another aspect that exacerbates this issue is that, despite a turnaround plan, which was implemented by SAPS in March of this year - and my colleague, hon Christian, spoke about this backlog - the backlog in DNA cases continues to rise, standing at a whopping 237 631 cases. SAPS is clogging up the criminal justice system and denying justice to the thousands of victims and their loved ones.

Similar to all human beings, children’s rights must always be defended, as enshrined in the Constitution of the country and the Children’s Act.

Every child has the right to be protected from abuse and government is not exempted from this. We therefore call upon them to step up their game to ensure the protection of our young girls and to furthermore give them and their loved ones peace of mind that all cases will be treated fairly and expeditiously. I thank you.

The DEPUTY MINISTER OF BASIC EDUCATION: Chairperson, thank you very much and greetings to you and the Deputy Chair, Ministers and Deputy Ministers, MECs present in this debate and fellow South Africans, we meet today to dialogue on the sensitive subject of the teenage pregnancy, sexual abuse and rape of children that happens to school going youngsters.

From the outset I must stress that the scourge of teenage pregnancies and sexual abuse doesn’t mean that our schools have become crime scenes or suggests that inappropriate conduct happens within school premises. To understand the texture of unintended rampant unintended pregnancies and sexual abuse of school going children, we must remind ourselves of the original meaning of a school.

We have long repurposed our schools as centres of health, social and hygiene education. We provide social support nutrition and feeding programmes, psycho social intervention, sexual reproductive and health services. Thus, for the most vulnerable young people, basic education remains lifestyle and lifesaving. Our schools offer a protective layer against rampant social ills. South Africa is one of the few countries in the African continent including Rwanda and Zambia that

offers comprehensive sexuality education, CSE, as alluded to by the Minister of Health, Joe Phaahla.

The CSE has been part of the public school curriculum since the year 2000. The CSE and its scripted lesson plans aim to help learners build an understanding of concepts, content, values, and attitudes related to sexuality. It also addresses the issue of sexual behavioural change and strategies for leading safe and healthy lives. We reject with the contempt it deserves the notion that CSE sexualises our children.

The reality of the situation is that our children are under attack. We offer these critical life skills to our learners because we understand that schools are the microcosm of society. Unfortunately, we live in a violent society that embraces rape culture and is defined by disproportionally high levels of violence that affects fairer sex, such as gender- based violence and femicide, GBVF.

Chairperson, within this context, we participate in the whole child development for all children in our care as the Basic Education sector. One of the insidious after effects of our society’s rape and violence ... [Interjections.] ...

The HOUSE CHAIRPERSON (Mr A J Nyambi): Sorry hon Deputy Minister, can the staff in the background assist you with the noise that is coming from the back.

The DEPUTY MINISTER OF BASIC EDUCATION: ... I was saying as a

country, we should be relishing this as a vital indicator of the future demographic dividend, yet this cohort faces complex challenges during their young lives. In fact, they have become the most vulnerable cohort in the country. In this regard, majority of the adolescent girls and young women are trapped in the cycle of poverty and are susceptible to higher levels of HIV-positive and sexually transmitted infections, STI, rates. In this cohort of women between the ages of 10-19 years, HIV-positive prevalence is reported to be four times higher than that of young men, with a reported 1300 new HIV- positive infections weekly.

To say nothing of the rising incidences of GBVF, including sexual abuse and rape that directly leads to proportionally higher early and unintended pregnancies levels. Sadly, about 46% of sexual abuse complaints are reported by children in our country, while 15,1% of adolescent girls’ experience rape, sexual harassment, verbal or bullying in our schools.

Ms S E LUCAS: On a point of order. Someone’s TV is switched on somewhere.

The DEPUTY MINISTER OF BASIC EDUCATION: Exactly, and I’m being

disturbed.

Ms M O MOKAUSE: You are being set up.

The DEPUTY MINISTER OF BASIC EDUCATION: I don’t know why you

are doing this to me ...

The HOUSE CHAIRPERSON (Mr A J Nyambi): Can the staff sort out the mic that is next to the TV because it is causing an echo. I thought it’s one of the people connected but when I check all the mics they are off except for the one of the NCOP Chamber co-host and the one for the Deputy Minister. Apologies for the inconvenience, hon Deputy Minister. Hopefully it will now be properly attended to so that we don’t have the echo after you had said something. You may proceed.

The DEPUTY MINISTER OF BASIC EDUCATION: I hope you have

counted my minutes?

The HOUSE CHAIRPERSON (Mr A J Nyambi): Rest assured, you are fine.

The DEPUTY MINISTER OF BASIC EDUCATION: ... Okay. To say

nothing with the rising incidences of GBVF including sexual abuse and rape that directly leads to proportionally higher early and unintended pregnancies level. Sadly, about 46% of sexually abused complaints are reported by children in our country while 15,1% of adolescent girls experience rape, sexual harassment, verbal and bullying in our schools.

Hon members, as I said earlier, these heightened levels of sexual violence lead to higher than normal early and unintended pregnancies. Nearly 130,000 babies were delivered to girls aged 10 to 19 in the South African public health facilities in 2019. This figure increased to 136,386 deliveries for girls in the same age cohort in 2020.

The figures for the first quarter of 2021 from the Department of Health remains unacceptably high, with more than 36,000 babies delivered to girls aged 10 to 19. Of significant concern from these deliveries are the pregnancies that have occurred in the group of girl children aged 10 to 14-years, as these result from sexual abuse and rape.

According to the Sexual Offences Act, the age of consent for sexual activity is 16 years, therefore, if anyone engages in sexual activity with a child less than 16-years, it is considered statutory rape. Only one-third of girls stay in school during their pregnancy and return following childbirth. This spectre of early and unintended pregnancies creates poverty traps in affected families and negatively impacts the country’s future fortunes. To say nothing of the impact it has on individuals and their families is a travesty of justice.

Although our mandate remains to ensure that all learners, including adolescent girls and young women, complete their secondary education in a safe and nurturing environment, we appeal to all hands on deck mantra. We thus call upon the members of this august House to put aside their political differences and ideologies and pull together to solve this problem of teenage pregnancies and its twin evils of sexual abuse and rape. Our society must consider the complexity of sexual abuse and rape of children, thus, it calls for a multi- sectoral response.

We again implore state departments such as, the Department of Basic Education, health, social development, women, justice

and the police to tighten their working relationships to deal with this scourge of sexual abuse against our children.

Chairperson, schools are a microcosm of society therefore, there is a need to strengthen collaboration with civil society, communities, parents, and religious and traditional leaders to protect children from this sexual brutality. We remain convinced that our schools offer a bulwark against the rampant of social ills, including sexual abuse and GBVF.

For example, during the hard lockdown in 2020, a 37% spike in GBVF complaints was reported in South Africa, of major concern to us is that most victims of GBVF were children of school- going age. Clearly, the school closures led to the loss of curriculum time and the social protection that school provides for our children. We observed a similar spike in the statistics for early and unintended pregnancies in teenagers during the same period in 2020.

In other words, being out of school increases the vulnerabilities of adolescent girls and young women, resulting in increased sexual violence and unintended pregnancies. We firmly believe that safe and secure schools offer our learners an opportunity to develop to their full potential while

mitigating against social ills. Whereas the sexual exploitation and sexual abuse of girl children, which in some cases lead to unintended pregnancy, remains a primary societal concern as it negatively impacts their lives.

Hon members, as a lead department in the government’s response to the challenges outlined, there’s the handbook for learners on preventing sexual abuse in public schools, titled “Speak Out Youth Report Sexual Abuse.” The handbook’s purpose is to equip learners with knowledge and understanding of sexual harassment and sexual violence, its implications, ways to protect themselves from perpetrators, and where to report. It also provides beneficial contact details of national and provincial organisations that can assist in mitigating the incidences of sexual violence.

We have also published the protocol on the management and reporting of sexual abuse and harassment in public schools. Therefore, we are committed to making sure that all our young people learn under such nurturing school environments - so that they too can become active citizens of a thriving nation at peace with itself.

In September 2021, we gazetted the revised Learner Pregnancy Policy after Cabinet approval. This Policy primarily commits the Department of Basic Education to endeavour to prevent early and unintended pregnancy in learners through providing CSE in the curriculum.

Through CSE content in the curriculum, the department empowers learners to understand what sexual abuse is and what to do and when and where to cases of sexual abuse. In addition, the Learner Pregnancy Policy provides that where a pregnancy has occurred, a learner should be provided with care, counselling and support.

In this regard, should a learner disclose the pregnancy and its nature, either rape or sexual abuse, the policy mandates the department to refer such learner to relevant authorities for further intervention. This ensures that the learner receives the necessary medical care, counselling, and support to address the trauma of sexual abuse and warrants that the perpetrators of abuse and rape are brought to book.

We are participating in the Teenage Pregnancy Programme of Action, an Inter-Departmental Task Team that adopts a multi- sectoral approach, promoting collaboration between relevant

stakeholders. These stakeholders include government departments, development partners, non-governmental organisations, civil society organisations and young people themselves.

The programme of action is aligned to the National Strategic Plan on GBVF under the stewardship of the Department of Women, Youth and Persons with Disabilities. While we correctly focus on the girl child, we are mindful of the hidden vulnerabilities of boy children. They, too, suffer various types of sexual abuse, including boys who are homosexual or transgender and others who are silent about other forms of neglect and abuse experienced at home.

Our intervention programmes must provide boys with safe spaces to express themselves and talk openly about their social challenges. To protect our sector as a whole, we have since strengthened the implementation of the National School Safety Framework.

This framework serves as a management tool for provincial and district officials responsible for school safety. It delineates the roles for principals, senior management teams, school governing bodies, teachers, and learners so that all

can identify and manage risk and threats of violence in and around schools.

In conclusion, we have a moral and constitutional obligation to protect our children from harm. Our duty as parents is to offer them an environment that is safe and secure for them to grow into responsible adults. I again appeal for collaboration as we tackle the scourge of teenage pregnancies, sexual abuse and rape of our vulnerable children. I thank you, Chair.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Thank you, hon Deputy Minister and apologies for the sound glitches nevertheless, it was corrected. The next speaker is the KwaZulu-Natal MEC.

Ms N KHOZA (KwaZulu-Natal MEC – Social Development): Greetings to yourself hon Chairperson and greetings to the hon members, and all the members who are present here, we meet virtually to engage on the very painful and thorny issue that affects all of us as a society. Today’s debate on teenage pregnancy is aligned with the theme: *“Taking decisive measures to deal with rape, abuse of young girls”.*

Firstly, we should start by asking ourselves as parents, brothers, sisters, different sectors and government, whether

we have done enough to curtail rape, abuse, teenage pregnancy in our families, communities and the society at large. We have a lot of people that often get away after violating the rights of a girl child in our communities. Some families protect rapists in their households because they are breadwinners. For me, hon Chairperson, I believe that the withdrawal of rape cases should be taken as a serious crime. Because that reverse the gains made by and work done by our police.

The cases that we are often exposed to as the Department of Social Development are hard to swallow where stepfathers, uncles and even biological fathers are involved in statutory rape. Some of these cases do not even get prosecuted because families, including mothers of the victims, conceal these incidents as they are regarded as a disgrace. For me, hon Chairperson, there is a serious moral decay among communities. We need to strengthen those family values. This government has done a lot. The government has introduced a number of programmes to prevent rape, abuse and teenage pregnancies in our schools and the society. But I still believe, hon Chairperson, for us to be able to detect the abusers at an early age, we need to put measures in place, especially to all the schools. They should have at least a social worker which will make it easy for a school-going-age child to go to a

social worker and have someone to talk to. As of now, parents have left their work of parenting to government. However, by the look of things, we cannot do and win this alone as the government.

We need more hands to ensure that we win this battle, especially our kids who are being raped by known people. They bear children at an early age and those children are unwanted children. They don’t love these children and their children are unplanned for. So, the cycle of abuse is going on, and will carry on because definitely that mother who get that child through rape will not love that child. We need to stand up and stand up now. We don’t need to politicise this. It is unfortunate that if given this platform, we tend to abuse the platform and see this as an ANC government something who should do this and do that alone. We should all join hands to ensure that we beat the scourge of gender-based violence and teenage pregnancy.

However, these programmes we have to curb abuse, rapes and teenage pregnancy would never yield positive results if we don’t put more emphasis on strong family foundation. That is why I say we need to stand up. We need to revive the ADC as the Minister has said. The ADC message abortion should not be

taken as another means of family planning and the use of contraceptives should be encouraged. So, joining hands we will win this battle.

We must all take decisive measures to deal with rape and abuse of young girls and women. As the founder of our nation, the late President Nelson Mandela often reminded us:

Our children are our greatest treasure. They are our future. Those who abuse them tear at the fabric of our society and weaken our nation.

President Mandela understood that when parents have work pressures, they tend to neglect their responsibilities to nurture children. As this government, it is something that we should be discouraging parents from doing. There should be a time for work, but parents must limit the amount of work they take at home as they need to dedicate time for their families and get to know what concerns their girl children.

Disconnecting with the children’s daily life exposed them to a number of social ills. We have seen children getting involved in social ills because they surround themselves with wrong individuals.

We are expected to find a real solution to these complex issues, leading to early pregnancies of our children. Talking about sex with children is still a taboo and as this government, we are working very hard to ensure that our society overcomes these challenges. A child gets exposed to danger due to a number of aspects, including being unable to share her life frustrations or challenges encountered at school. We need to play our roles as individuals in our society and in our own communities. Each and everyone has a responsibility.

A total of 500 young people in KwaZulu-Natal through sexual reproductive health and rights workshops conducted at UMkhanyakude alone, under King Cetshwayo, Amajuba and UMzinyathi Districts you could see that have been reached during these two months. Our desktop analysis conducted for eThekwini only and the District Integrated Implementation Plan which was developed on reduction of adolescence pregnancies.

This was done in partnership with UNFPA. A number of programmes are being done. But after all these, a total of

6 425 children were reached through awareness programmes on teenage pregnancy. It is one of the embarrassing things to see. We have seen statistics showing that 21651 teenage children have given birth between the month of July and

October this year. This means, we need to triple our efforts and involve all stakeholders in our campaign to fight teenage pregnancy.

It is high time that the fathers of these babies are traced. Cases should be opened and DNA should be taken so as to build strong cases against the fathers. The Justice system should be of support and of assistance to women. The hon Minister has alluded on children from nine to 10 years of age who are giving birth to babies. This one shows that someone needs to be arrested. This is statutory rape. We have engaged in a number of programmes, your ChommY as Social Development which talks to 10 to 14 years of age and the Yolo programme which takes 15 to 24 years of age.

Hon Chairperson, as I conclude, I believe that the serial rapist should be traced and put into books, especially the school teachers themselves. They should be put into the records as we go forward. We need to act and act now. That is what our government is doing as of now. A number of programmes have been introduced. Let us join hands and pull those who ... [Interjections and expired.]

Mr I NTSUBE: House Chairperson of the Council, it has been quite some time not seeing you - welcome back - the Chief Whip of the Council, Ntate Mohai. Chief Whip, we have just a concern here that because it is level one, you should give an instruction that 90% of the permanent delegates must be in the House because we have witnessed the contestation of noise from those that are connected virtually.

Ms M O MOKAUSE: Where were you ...

Mr I NTSUBE: Thank you very much hon permanent delegates.

Ms M O MOKAUSE: You couldn’t even participate but you come

here pumped up today. What is your ... [Laughter.]

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Mokause, order! Order, please. Continue, hon Ntsube.

Mr I NTSUBE: The girl child remains to be the most vulnerable and exploited in our society. Patriarchy is a system that exploits the weak and most powerless amongst us in society. It is a system, and if not uprooted, we will continue to experience its consequences like the matter that we are gathered here in this House for, which is the abuse and raping

of our girls. We need not to deal with the consequences of the raping of women and girls, however, with the very system that condones such acts to perpetuate in our society.

Patriarchy is a system that disempowers women. It takes away their freedom of choice and their right to gender equality. It sustains the triple oppression of inequality, poverty and unemployment that women are faced with, including the feminisation of poverty. Patriarchy undermines women and girls and impedes them in reaching their full potential, and by also limiting them to the resources that would unlock their potential. We have to rectify our language when dealing with teenage pregnancy. It is wrong and immoral of us to think that a child as young as nine years old can consent to sex.

Instead, the recent statistics indicate the number of girls that were raped. We need not to sugar-coat the truth. As a society, we would entirely fail those young girls if we allow them to continue to be mothers at such an extreme age.

Children cannot be having children. We would have failed them dismally if we do not support these girls and continue to empower them in order to prevent continuations of the triple challenges that so many of them face. If we do not, we would be failing in our mandate as leaders to achieve gender

equality and in fighting this oppressive system. We must resume in the promotion of campaigns and programmes that provide for effective protection of the girl child emphasising on the rights of children to education.

It is therefore significant to continue to implement legislation and gender mainstreaming programmes that aim to empower women and young girls and to intensify the fight against patriarchy in all its manifestations. In order to dismantle this vile system, we have to take into cognisance that patriarchy is embedded in the economic, social, religious, cultural, family and other relations in our communities. It is in the very fibre of our society. Our response to patriarchy requires us to change how we think, how we do things and how we socialise ourselves and children.

Gender stereotypes are reaping havoc in our society. We have to pay attention into how we socialise our girl and boy children. It has now become often to hear that young boys sexually assault young girls. It begs the question as to what we teach our children. What is going on in our homes? If we want to realise the idea of a gender equal society, we have to raise our children differently. And what is taught in schools must be parallel to the teachings in the home.

Gender stereotypes shape self-perception attitudes to relationships and how children and adults see themselves in society and the world in general. This is all due to how we socialise ourselves starting with our children. These gender stereotypes must be addressed if we are to realise a gender equal society. We must interrogate our cultural, traditional and religious practices. Although progress has been made, this is where the very system that we so badly want to dismantle perpetuates.

Most cultures and religions supress women and the vulnerable. The dominance of one by another has detrimental consequences like the one that we are dealing with today. Some traditions and religions allow for criminal and immoral acts to persist. Rape is a crime and raping a child is a crime. A child can never consent to any kind of sexual acts. We have to address traditions that protect perpetrators of violence and sexual offence.

Our approach to dealing with matters of sexual violence in families should never be in a traditional or religious manner. We must educate our children that statutory rape is criminal offence even if it’s minors raping each other, and as members of society we must be stringent towards it and not allow

perpetrators to manipulate culture by using cultural practices such as paying for damages toward the victim to avoid the consequences of rape.

We have to intensify our fight against toxic masculinity cultural and religious beliefs by advocating for women’s rights through the Commission for Gender Equality and the Department of Women, Youth and Persons with Disabilities. We must remain resolute in engaging traditional communities to educate them about toxic cultures such as ukuthwala [bride kidnapping] and others that continue to be the surge of child marriages.

The multisectoral approach and co-ordination structures inclusive of all key ...

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Mahlangu! Sorry, hon Ntsube. Hon Mahlangu, please ...

Mr I NTSUBE: I hope it is not eating up on my time, hon House Chairperson.

The HOUSE CHAIRPERSON (Mr A J Nyambi): No, I will consider your time. Hon Mahlangu, please switch off your microphone.

Hon Mahlangu from Mpumalanga, please. [Interjections.] Thank you. Apologies for that inconvenience, hon Ntsube. You can continue.

Mr I NTSUBE: The multisectoral approach and co-ordination structures inclusive of all key stakeholders that has been created to deal with the plague of toxic cultures and gender- based violence in our society must be strengthened if we are committed to deal with the root cause of disempowering women in all sectors of our society. As the ANC we will remain resolute in being vocal in the advancement of children’s rights and by empowering the girl child and women to stop the cycle of poverty in families. We understand the significance of supporting and promoting the struggle for the rights of children. We have a responsibility to stop the exploitation of the girl child by putting empowering programmes and measures in place that are going to make them reach their full potential. It is up to us, including all sectors of society to build an enabling environment and safer communities.

The sexual violence that is meted out on the girl child can only be fully addressed by building a society that does not condone sexual violence in anyway. By instilling the culture that no person, no matter how powerful or important they may

think that they have a level of impunity in terms of raping. We have to protect children by all means necessary and never allow ourselves to be so low that we utilise children to settle political and social grievances.

The responsibility rests upon us all to protect these innocent souls at all time. We must make all spaces, including our homes, schools, playgrounds and public spaces safe for children and women. I call upon all of us to never turn a blind eye to the abuse of children including the child-headed households. Because if we do, we will be completely failing the future of our country and ruin the society that we wish to build.

Yesterday we were debating about the number of school learners’ dropouts. It is just that I could not participate as I had network issues. When we were leading the Congress of SA Students, Cosas, we made a call that the South African education system must change. The South African education system is not attractive to the young people, that is why you see them dropping out. It is not particularly because ... We acknowledge all these issues that exist, but the education system is not appealing to the youth. That is why we do not even care to be educated because even if we can have a PhD

degree in economics, but still you cannot solve the economics problems of the day. You can have a doctorate in sociology but you cannot solve the problems of the society. I am saying that because the Deputy Minister of Basic Education is here. You must not revisit South African education system and draft a new education paradigm that will be able to speak to the issues that we are confronted with, not to be taught about the locust – that is completely different. We must be taught things that are related to the issues of today and tomorrow.

In conclusion, I am asking what is really the problem because from the beginning we have not dealt with the problem. We have dealt with what makes us to be where we are. What is the real problem? What is it that we are doing as a society? Why are we having a sick society? I can tell you that it is simple. Oh, I still have one minute.

There are four institutions that controls and shape human behaviour. It is the streets, church, family and the school. In actual fact, it is in the streets where the black child receives his basic orientation and where he gives his reference point. And we know that the majority of the learners’ time is spend in school. Why is it that in school learners are not taught what they should be taught as less of

their time is spent at home, church and our families? So, we are saying to the Deputy Minister present here that the curriculum must be changed so that it become attractive to all the young people.

In conclusion I would like to quote President Mandela when he says:

Our children are our greatest treasure. They are our future. Those who abuse them tear at the fabric of our society and weaken our nation.

Thank you very much.

Mr M A P DE BRUYN: Hon House Chairperson, we have all heard the statistics and the figures repeatedly today. So, I am not going to repeat them all again, but I think the most shocking of these figures and statistics are more than the 1 000 girls under the age of 14 that fell pregnant between April 2020 and March 2021. And the biggest question that come to mind is, Why were not all these cases investigated by the police as it is statutory rape according to the law of South Africa. Surely this is something that needs urgent attention and we as adults and parents must insist and demand on strict law enforcement

and harsher punishment for those who make themselves guilty by perpetrating gender-based violence.

*Afrikaans:*

Aan die ander kant, moet ons ook die ongemaklike waarheid erken, wat die Sassa-toelaes betref, as dit by tienerswangerskappe kom. Ek het in die laaste week met verskeie individue in verskeie areas gekommunikeer en baie is dit eens dat die kindertoelae ’n gemaklike en allerdaagse manier geword het om ’n mate van inkomste te genereer.

Met die toelae van R440 per kind en R1 050 per pleegsorgkind is dit vandag heeltemal te maklik om die sisteem in Suid- Afrika te misbruik, sonder om die langtermyn negatiewe te besef, wat tienders in die toekoms gaan kniehalter vir sukses.

Dan moet ons die vraag vra: Wie is die skuldiges? Is dit die regering se skuld, wat nie genoegsame wetstoepassing verseker om kinderverkragting te bekamp of te voorkom nie, of is dit die onderwysstelsel wat te eksplisiete seksvoorligting op te jong ouderdom op ons kinders afdwing en ons kinders vroeg ryp en vroeg vrot groot maak, of is dit die regering, wat in sy onvermoë sosio-ekonomiese chaos veroorsaak, wat kinders en gesinne na ekstreme dryf, om ’n mate van inkomste te verseker?

Die antwoord is eenvoudig. Dit is nie die een of die ander nie; al die bogenomede is skuldig aan die morele verval van ons land, wat hierdie skokkende syfers van tienerswangerskap veroorsaak.

*English:*

Proper nonexplicit sex education for teenage and parents as well as proper law enforcement with real consequences for those who perpetrate gender-based violence and a favourable socioeconomic status in South Africa are the first steps to address this crisis. I sincerely hope that this would be prioritised by government for the sake of our youth. Thank you.

The MINISTER IN THE PRESIDENCY FOR WOMEN, YOUTH AND PERSONS

WITH DISABILITIES: Thank you very much Chair for this opportunity and greetings to all the participants. Today and towards the end of the year is supposed to be the time when we are all supposed to be celebrating that which President pronounced at the beginning of this year but we are celebrating Charlotte Mannya Maxeke as the first African female scientist from the University of Ohayo in the North Free State of America.

We are unable to do so because almost everything that she fought for and thought Africans would be much ahead today has been reversed. Yes, one can never ever say we have defeated apartheid but the next big enemy that we really have to fight and win against is patriarchy. But, for us to win against patriarchy, we need both men and women.

Women do not rape women, women do not kill women, women do not do wrong things to women, women don’t provide support for their children so it will and it always has taken a village to raise a child. It is not the responsibility of women alone who are also oppressed ... [Inaudible.] ... triply before they deal with other challenges of society.

So, if men can join in and we can see, from where I’m sitting women, youth and people with disabilities, there are groups of same men who have started groupings to help and support but we are saying …

*Xitsonga*:

… indlopfu ya hina leyi.

*English:*

It is not a problem of men or women but it hurts women.

Yesterday I attended a court hearing in Seshego where a man managed to kill ten women, seven bodies have been found, ten are still being hunted and he thinks that the solution was just to hang him and that’s all that will be. However, the magistrate insisted that they won’t know what happened to the rest.

What did all those women who were killed do? They were looking for jobs to be able to take care of their children. Is government not doing anything about all these challenges facing women? Government alone without the entire society including civil society would not have had NSP, National Strategic Plan, which was a joint effort between government and businesses. The President would not have formed this committee of the security cluster and the Department of Women, Youth and people with Disabilities to ensure that we do away with these evils against women.

Yes, women particularly children so said the UNFP, United Nations Population Fund, if they are not educated from home, school, from the streets or wherever they go that evil is evil. They cannot on their own experiment on these things.

We cannot say we are okay if men are carriers and others would after they are raped become pregnant or die of early pregnancy or HIV/AIDS as long as it’s women. For this society to get it right, yes, the education system has to change. The special development in our country should no longer continue to be what it is at the moment while we know who lives where and who must be in the shack and be doomed into that forever. There’s a lot that we have to change and a lot that we have to do working together so that the horror movie we saw yesterday at the Seshego court comes to an end overnight.

It is almost sad that we have to remind hon members here Chair that yes, we’ve always known that there’s sexual violence and exploitation but that 2020 and 2021 we had more children impregnated because of Covid-19 even though we didn’t want.

So, women face covid as the whole ... [Inaudible.] ... of South Africa faced covid as it was faced by the entire world but even more when there is lockdown, these ... [Inaudible.]

... go home and all they do is to add more pain by leaving children, raping and punishing the law abiding citizens which are women of this country.

The challenges of this country will come to an end in particular this one of gender based violence and femicide when

all men decide that it is not a problem of women but society, that we hold hands and say enough is enough.

Everywhere else you read you read about women being killed in their numbers for nothing but just by being women. Yesterday an angry woman asked, why do you do this to women? He said no, he also felt like he wanted to drink blood and taste it. As I was driving back to Pretoria, I wondered where as to how many women’s blood would he want to taste if that’s what he says.

Chair, I am appealing that it is about time that the South African society, we have defeated apartheid and so we should defeat this. Otherwise, we are becoming a home of ... [Inaudible.] ... and all other people who look down upon women.

Everybody is now beginning to say three weeks ago we hosted CIDO, Citizens and Diaspora Directorate, in South Africa and they are saying we are doing very well in taking care of women in South Africa. Safe for they do not have jobs, women are terrorized much more by people they know. There is gender based violence all over the world but more in South Africa is because of femicide.

Even people who are supposed to be uncles and so on change and become something else and that’s why we should always link what Dr Phaahla has been talking about this calamity that we have been faced with in 2020 and 2021 as well as the number of child pregnancies with the fact that it found the ground ripe because men feel it is the problem of women. It is South Africans problem as whole. We need to ensure that from all our walks of life that children in South Africa are the future.

If you talk of generation equality, there will be no future, there will be no woman who is marriageable because they will all be wasted by your good selves because you deflowered them at a time when they were not supposed to. You failed them and did not protect them.

The Statistics South Africa and the UN, United Nations, there’s no disagreement about how South Africa is turning a blind eye on this issue of gender based violence and femicide.

We are just about to go into the 16 days of activism against violence of women. Please show that we can do the 16 days for

365 days. Don’t look the other way, let us continue fighting and protecting all women because the Constitution of South Africa protects women of South Africa. They also fought for

freedom. They are very peaceful, they take care of all those who need help and they are never on the forefront of wanting to take anybody’s life. So, please stop impregnating children as women, stop raping them, stop maiming let’s do what we said we will do when we become a free country.

Unicef and other United Nations organisations are also trying models in countries like Kenya to ensure that we don’t just talk but also look at how we could put a stop to these anomalies.

As for children being mothers, this is really something that we should appal. What I’ve heard from the President is that after adopting the NSP, we should now be looking at how we empower women so that they do not stay in toxic relationships because they are desperate and not succumb to subjugation.

Chairperson, a call is being made. Let’s all come together and

defeat this enemy. I thank you.

Ms M MOSUPYOE (Gauteng): Hon House Chairperson, Chairperson and hon Deputy Chairperson of the NCOP, hon Ministers, Phaahla and Nkoana-Mashabane, the Deputy Ministers that are on call, fellow MECs, hon members of the NCOP, ladies and gentlemen,

good afternoon. We the Department of Social Development in Gauteng learnt with all South Africans about the statistics that were released in August that 23 000 teenage pregnancies were recorded and that some of the mothers were as old as 10 years.

This is a very, very disturbing statistic. So, we also look at the possible causes of what that could be. A wide range of factors including economic and social factors have been purported to be the driving forces for teenage pregnancy.

However, the provision of necessary health services preventing the risk of early marriage and ensuring that adolescence remain in school are some of the key elements of inhibiting unplanned adolescence pregnancies.

The level of unintended pregnancies among teenage girls has remained a public health concern. Generally, it is acknowledged that social and behavioral patterns have a greater bearing on HIV prevention as well as teenage pregnancy.

Vulnerability has increased among young people due to several factors such as behavioral issues, like low self-esteem, peer pressure and a sense of wanting to belong, which affect young

people’s decision-making capacity and it compromise their ability to consider long-term consequences.

Many young people tolerate risk by being involved in multiple and concurrent partnerships. While numerous young people engage in early sexual behavior without protection, others become involved in intergenerational relationships. They use intoxicating substances and this is one of the contributing factors to the dire statistics we are faced with today.

Apart from these behavioral and social factors, structural issues also play a role. These include culture, unemployment, unemployability, poverty and poor education. Important to note is that the notion that the child support grant promote adolescent pregnancies in South Africa has been discredited by notable scholars who some of them are based at the University of Witwatersrand in Gauteng.

Their research arrived at the conclusion that no significant association exist between the child support grant and the adolescent fertility in South Africa. Their research continues and we are keeping a keen eye on it. For it is important that we understand some of the contributory factors gives us the situation that we are faced with.

So, I contend that the provenance of teenage pregnancy backs the question: Where are the young men involved? A study again by the same University of Witwatersrand accurately states that teenage pregnancies involve both a girl and her male partner. The characteristics of these young men could be a fundamental underlying factor which should not be ignored.

Often we accept female pregnancy as a female issue. However, we asset that men sexual relationship with a teenage girl is critical with these discussions. Focusing on the girl alone when deliberating will only make out our analyses solution up skewed and we are all aware of that fact. This could the eradication of teenage pregnancies impossible.

In the same study and I want to share these statistics with you, data taken from young men between the ages of 12 to 22 in which the Gauteng province accounted for 19% and the rest taken from other provinces indicates that 25,7% had sex before the age of 15. Twenty point five percent had impregnated at least one girls and 23,7% had at least one biological child living with them. An overwhelming 93,2% indicated that they had two or more or lifetime sexual partners. About one in five, rarely used condoms and 66,1% reported using condoms frequently.

Furthermore 16,5% of them indicated that 15,8% had not done HIV screening. Remember this is for boys between the ages of

12 and 22. An age where it starts that it is not acceptable for children to be engaging in sex yet.

However, anyway, while there are several programmes aimed at ending teenage pregnancy reduction the interplay between young men’s involvement needs heightened attention. Knowledge of the characteristics of young men that engage in sex with teenagers and programmes targeted at educating young men could create lasting solutions to end the crises of teenage pregnancies.

So, as the Department of Social Development, we had numerous interventions aimed at teenage pregnancy reduction. For instance, through our child care and protection services, the department implement’s a variety of services for orphans and vulnerable children in partnership with home community–based centers organisations through our province.

Furthermore, the department’s programme promotes the protection, development and wellbeing of children. The department also manages child and youth care centers that provide programmes that meets the children’s needs. We are painfully aware of the fact that these are not sufficient, but

the reports that we are in getting through our monitoring and evaluation division gives a good indication or and they give us hope that at least the intervention that we are providing is making a difference.

We also have a school social work programme which provides provision of social work services in schools. This programme is aimed at improving academic and behavioral outcomes in schools. The implementation of this programme in schools is critical as children are increasingly becoming victims of many social ills that negatively affect their learning programme.

Families, communities and societies are in a state of change and until it becomes stabilised, in what whatever form children unmystical, social and emotional needs will continue to interfere with their ability to learn and adjust in school.

As the department, we developed a comprehensive strategy on HIV and Aids which seeks to address the social and structural drivers and promote positive behavior change outcomes amongst targeted populations.

Through this strategy, it is expected that there would be decreased risks sexual behavior in targeted populations. There

would increase uptake of HIV and TB testing, there will be treatment and care services in targeted populations, there will be gender-based and intimate partner violence reduction programmes and stigma and discrimination will also be reduced.

Our social and behavior programmes are aimed at responding to young people’s need while building resilience, increasing their autonomy, self-esteem and self-efficacy, as well as minimising risky behavior. With the social behavior programme we seek among other things to create an enabling environment in which young people can safely voice their issues. In this particular sense we host a number of youth dialogues. We also invest positive values in young people and we instill active citizenry in young people and break communication barriers between young people and their parents or guardians.

Our Social Protection Control, SPC, programme including young only live once and the Chomee programme targeting the youth from 14 to 17 years recently succeeded by chomee for a target group of 10 to 14-year-olds. These programmes are acclaimed to as very useful in building confidence and resilience among the youth.

Family Matters is a programme aimed at strengthening the capacity of families to respond to issues requiring psychological intervention.

Is my time up?

The HOUSE CHAIRPERSON (Mr S J Nyambi): Not yet, you still have a few minutes.

Ms M MOSUPYOE (Gauteng): Alright. Thank you, very much. Thank you for the alert. Let me go to the salient points.

We also have the Bana Pele Programme which is a priority programme of our department. It focusses on programmes such as the provision of school uniforms to children in disadvantaged schools and access to early childhood development. The school uniform programme has two main components which are to provide uniforms to learners and to provide an income to women in co- operatives to produce the uniforms. The gist of this programme is to make sure that we empower mother and we make it possible for them to have incomes for their families so that they do not find themselves in dire straits. However, we also support their children who are at school so that they do not have to worry about providing uniforms for their children.

So, in conclusion, House Chair all of these things that we have as the department are aimed at reducing child poverty and providing basic needs for children to prevent relations with older men as a means of survival. Most of the speakers spoke about that and I think we are aware as the country that this is one of the biggest problems that we are facing. So, there is a clarion call from all women in the country that men should help us to fight this problem and come with solutions. Let us look at when departments review the programme. We need substantive inputs from men. For we believe that they have solutions as well. Thank you very much, hon House Chairperson.

Ms L BOTHA (Western Cape Chair of the Standing Committee on Education): House Chair, hon Ministers and hon members, good afternoon. The statistics reveal this year that, the Gauteng Province recorded over 23 000 teenage pregnancies of which over 600 were amongst girls over the age of 10 as this has been quoted by the speakers before me. This was shocking although we knew that, this has been a problem for years in Africa and South Africa.

Chair, a study by University of Cape Town, UCT shows that, there was a slight decline and even levelling of fertility rates between 2008 and 2018. At the same time the study

cautions that the rate is difficult to calculate. This is in

...[Inaudible] ... contrast to the latest numbers which showed a 60% increase for the last year.

Internationally in terms of developing countries, our own rates remain unacceptably high and another research paper confirms that the household determinant of teenage pregnancies in Rwanda for example is limited and casual factors are often under analysed which compromises intervention. In the Western Cape, the numbers stood at 11 000 for the same period and over

300 for girls under the age of 10. In each of these contexts Chair, these numbers call for a critically review of our current measures to deal with teenage pregnancy and sexual assault in communities, but also with greater urgency as we face an integrated developmental problem.

For many, a teenage pregnancy is often the aftermath of first time sexual intercourse. From this, it is clear that our girls lack an in-depth understanding of sexual relationships and the complexities thereof. Life orientation, school counselling and advocacy covers the basic of our health. Mitigating measures such as safe sex and the use of condoms for both girls and boys, the availability of emergency contraceptives, to abstain

and or to delay intercourse and consumption of contraceptives in its various forms.

Chair, the numbers also highlight that, despite of the four main health practises to deal with teenage pregnancies, it still remains a common occurrence. Therefore, we need to advocate on the social factors that inform our problem such as the stigmatisation on teenagers when visiting clinics, where girls share accounts of poor treatment by staff when visiting clinics to take precautionary and responsible health measures, or conditions at home where parents perceive the topic as sex as a taboo or are simply absent as is a common occurrence from many of our girls.

On the other end on this end of the spectrum, there are conditions that offer an incentive to early pregnancy, feeling loved and belonging as quite frankly access to social grants or other economic gains. Though this may perpetuate a cycle of poverty instead, it is so critical that we break these barriers as the first point of call. In the absence of preventative measures, many girls are not adequately prepared for the new life as a young mother and the new lifelong responsibility or nurturing another individual following an array of socioeconomic challenges following this unstable

environment. When we consider those under consensual age, we face some legal obstacles and for those who are also victims of sexual assault.

When dealing with the rape of the young girls, as a country we must adequate and internationally recognised laws and regulations and the gender-based violence in particular has received heightened attention. This fails through clear cracks in the justice system, the consequent erosion of confidence in the system is what we need to rectify in support of our young girls and the victims of crime everywhere. These are only some of the obstacles faced in undertaking measures as to help curb the prevalence of these challenges.

It is important to start at the core of this problem and understand which of our current interventions were not effective, when contraceptives for an example have a 90% effective rate and have comprehensive and appropriate sexual education with the guidance of parents remains a hard topic. We have to move towards a more effective approach which starts with clearly identifying the current obstacles, being critical about what works and what does not work, being sensitive and also responsive to the victims.

As public representatives who are in positions to hold departments to account, we need to ensure that an enabling environment is created to promote measures and create a platform that yields directly but holistically. Departments of Health, Social Development and Education strategies must be integrated and targeted in line with the Children’s Act for impact, using the health and educational sector data to target social interventions at hotspots.

Within communities, parents need to be included in this approach and buy into preventative measures and responsible

... [Inaudible] ... measures by encouraging open and secure discussions with children and teenagers, sharing reliable information, ensuring that we extend education beyond the girl child to boys and men on their roles and responsibilities.

Going a step further and consider the role modelling where success stories and lessons are shared amongst those who have navigated through the challenge before.

This would go a long way to address the stigma and fear when girls find themselves in this position but are unable to respond responsively and prevent a negative cycle of life starting from chastisement at a young age. An example thereon lies in encouraging and ensuring that girl children complete

school. I am pleased that the Western Cape is in a standing strategic priority for the provincial education department, education is a key preventative and remedial measure in dealing with this developmental problem, ensuring that girls have the correct information and can make informed and knowledgeable decisions on their wellbeing and that of their child.

In conclusion Chair, as representatives of our various constituencies, we must acknowledge that, this is not a political problem but one that affects those who are not politically active but that will have major social implications nonetheless. Moreover, we need to set the tone and pace for dealing with teenage pregnancies decisively. That does not only address the rate of teenage pregnancies in our communities or in our country, but in a way that is sensitive to young girls and responsive individuals and a societal development. Thank you Chair.

Ms B MOILOA (North West MEC – Social Development): Hon Chair

...

*Setswana*:

... a ke tseye tŠhono e go go dumedisa.

*English*:

... hon members of the NCOP, special greeting to all esteem speakers to this august House. More than 20 000 women who marched to the Union Buildings on 09 August 1956 in protest against the extension of pass laws to women had a generational mission of ensuring that women are free in all aspects of their lives. Their bravery against the brutal regime of apartheid inspired us to this day. The bravery of women of 1956 must propel us to face head-om this scourge of teenage pregnancy and rape of young women in our society.

The battle against teenage pregnancy and rape of young women must be waged at all levels including at home. We as policy- makers we must make sure that the environment is conducive for our society to successfully defeat this scourge.

This is not the time to lament, but to take radical action in the quest to deal away with the environment that makes this scourge of teenage pregnancy to thrive.

Several studies have argued that young school girls engage in sex with older partners and have transactional sex, whereby gift or money are exchanged for sex. Such relationships result in young women having little or no negotiation power with

their partners to insist on condom usage, a situation which may result in high risk of becoming pregnant and contracting sexual transmitted infections including HIV and Aids. The environment of poverty, inequality and unemployment creates a fertile ground for these transactional relationships.

Early pregnancy and motherhood in South Africa forces many girls to drop out of school, traps many in a cycle of poverty dependant on public assistance, and leaves many stigmatised by society for being teenage mothers or forced into early marriages.

Chairperson, the theme of this debate is calling upon lawmakers and society at large to take a decisive measure to deal with teenage pregnancy and the rate of young girls in our communities. Women have a crucial role to play in the fight against teenage pregnancy and rape culture in our society. As mothers, fathers and lawmakers we hold the key to building a future free of teenage pregnancy and rape culture.

The department of Social Development plays a significance role in the care and support of women and girls especially in rural communities. The following are some of the basket services

through which various programmes respond to the issue of teenage pregnancy and rape of young girls in our province.

On HIV and Aids, as a department we have signed an MoU with Shout it Now to strengthen services to young women. the objectives of Shout it Now are empowering young women to make responsible choices and speak out, it enriches life skills of young women to enable them to build sound relationships. A media launch was conducted to pronounce the partnership and to create awareness of the services provided by Shout it Now.

On social and behavioral change, I will not dwell much on it because my colleagues from other provinces have already spoken about it, the Chommy programme which also in our province we have managed to reach out 6 789 adolescence girls and young women which were on social and behavioral change programmes.

The other things that we have managed to do is that we have also managed to reach out to 407 children through Child Protection Week awareness.

There is the Dream programme in Social Development that ensures that all adolescence girls and young women know their status. Young women that are HIV negative and at high risk are enrolled on pre-exposure prophylaxis, Prep. Young women that

are HIV positive are linked to care to access or start or continue the treatment. Issuing of contraceptive to young women having unprotected sex to minimize the risk of unplanned or unwanted pregnancies. The other thing is that provision of postexposure and emergency contraception to those exposed to HIV usually survivors of the gender-based violence, GBV, within 72 hours of exposure, on this one, we have Healthy Choices programme to empower young women to make healthy choices. The Healthy Choices programme targets school-going children between the ages of 10 to 14 and 13 to 17 with programmes that encage abstinence, delaying sexual deby and safe sex. Through Healthy Choices 6 523 young women were reached. The Stepping Stones programme involving a series of workshops designed to help promote sexual health, improving psychosocial wellbeing and prevent HIV and Aids.

The Man2Man programmes specifically targets men who are the main sex partners of the young girls and draws on the methodology and content from the Stepping Stone programme and covers content on HIV testing, voluntary medical male circumcision for HIV prevention, condom use and gender-based violence. Through the Man2Man programmes we have managed to reach out 4 328 men.

The Families Matter programme is a programme that targets parents and care givers of adolescence children to enable them to better prepare their child for safely navigating adolescence and to engage with them on topics such sex, family planning, pregnancy and HIV and Aids because we often talk about it. It is a taboo to talk about it. So we have this programme in Social Development. Through the Families Matters programme 108 families have been reached to change negative sexual behavior.

The intervention uses a girl-centered approach to empower adolescent girls and young women to develop social and protective assets in order to reduce their risk for HIV, gender-based violence and unwanted pregnancy. Through the Safe Spaces Girls Clubs programme we have managed to reach more than 14 000 young girls.

We have another programme which these are the interventions from our province in Social Development. The Sasa programme by Shout it Now. It is developed by raising voices to address the links between violence against women and HIV.

We have the Social crime prevention programmes promotes the idea of taking responsibility for own actions within

communities. The programme intend to reduce the rate of crime sexual offences committed by children. The programme implement national accredited diversion programmes dealing with sexuality and making right decisions among young people are provided. Children are further taught and encouraged to own up to their actions.

We have the Victim Empowerment programme which is to conduct community engagement programmes through dialogues that addresses the gender-based violence and rape. The programme implement activities that intend to reduce incidents of rape as a social ill. Children are included in prevention or advocacy programme provided at schools where topics like rape and teenage pregnancy are presented and discussed. Children are also taught to be assortative, self-love and report sexual act committed against them.

In closing is the Substance Abuse programme because this is one of the things that is terrorizing our communities of making sure that as Social Development we deal with this matter. Substance abuse is also something that makes these things to be done by the young in our province. This programme conducts community engaged programmes that deal with behaviours associated with substance abuse. The programme

implement activities that intend substance abuse among young children. Service points and nonprofit organizations, NPOs, are implementing Ke Moja programme where children are targeted and taught about the negative effects of substance abuse.

Commemoration of the Antidrug Week also promotes making responsible choices by children.

Hon members, we are called upon to make sure that teenage pregnancy and rape of young women is eradicated in our communities because is a sickness in our communities and is a monster.

On a matter of rape of young women, we need to focus on those who are seen to be potential perpetrators of this scourge. The focus must be on men as ambassadors of the battle against the scourge of rape of young women. We must be more preventive than reactive in our approach. This needs unity of purpose of lawmakers, business sector, judiciary and society. It all starts with me; it starts with you and it starts with all of us. Alluta kontinua! Thank you very much, Chair.

Mr M R BARA: Chair and hon members, I want to first acknowledge the fact that the spirit in which this debate is handled is quite encouraging because I think it talks to the

real problems and challenges that we are confronted with. Having said that, hon Chair, hon Ministers, Deputy Ministers and hon members, according to the Statistics SA, 34 587 teenagers gave birth in 2020. Of those 688 were aged nine and

10. Of the 34 587 births, 16 042 were aged 17. Statistics SA indicated that 1 3307 births were registered in South Africa in 2020. New figures from the Gauteng Department of Health show that more than 23 000 girls at the age of 18 gave birth in April 2020 and March 2021, of which 934 were aged under 14 compared to 15 577 aged 19 and having babies in the same period a year earlier.

This not only forces young girls to prematurely take adult roles which they are not emotionally ready for, but indicates that so many girls under the age of 14 are engaging in sexual activities which is very concerning. The fact that 64% of the fathers are not registered for their kids is a greater challenge and disgraceful. The omission of the father’s details could prove that it is not by mistake, but deliberate avoiding accountability.

Teenage pregnancy in South Africa is a multifaceted problem with many contributing factors such as poverty, gender-based violence, substance abuse, challenges of access to health

facilities, poor access to contraceptives and issues with the termination of pregnancy. In some poverty-stricken areas pregnancy is seen as the only way out of it due to the fact that one can access child grant and also that the father might play his part in maintaining the child which is not always the case.

However, the most important consideration of teenage pregnancy is the impact it has on the unplanned child.

In Khensani Primary School in Soshanguve, a Grade 1 learner while going to the toilet was followed by a general worker who allegedly raped her. Instances such as this need to be dealt with by the law enforcement agencies. Those in charge of school safety have to up their game to ensure and see the safety of the learners. Such ills cannot be allowed to happen unabated by the schools who have an overall responsibility of the safety of children during school hours. The issue of child rape offer disguise as teenage pregnancy is one of the telling signs of why we should call ourselves a failed society because the youth is slowly losing hope on us as leaders of society.

Our law is unambiguous about statutory rape and yet a 10-year- old girl fall pregnant and nothing is untoward about it.

However, these are real problems with lives that are left devastated with no consequences for the perpetrators.

Let’s be open and honest in this Chamber these are children now being task with raising children. At what point do we as adult South Africans stand up and do something about it and not wait for someone else, for the government or for another department that should be one that acts? We must acknowledge that if the adults in our communities are happy just to speak publicly about their anger and not demand justice for children, we are not just delirate but killing the souls of our children and destroying the future.

Dr Linda Ncube Nkomo had said, and I quote:

The first place to start to fix our broken system by continuously holding the role-players in the youth ecosystem.

Evidently, there is no lack of legislative instruments in our country to either protect children or to create an environment designed to prevent teenage pregnancy but the pervasive issue is that of unwillingness to act. This unwillingness keeps breaking our values while keeping us in a vicious cycle. Let

the child teenage pregnancy be the thing of the past when we become custodians of children and work with all to of our communities of this ill. Let government, civil societies and communities be partners in ensuring the safety and wellbeing of girls by protecting them and putting their future ahead of everything we do. Thank you, Chairperson.

*IsiXhosa*:

Nksz N NDONGENI: Sihlalo Bhunga laMaphondo leSizwe, Sekela Sihlalo, amalungu ahloniphekileyo, abaPhathiswa bamaPhondo nabameli abatshintsha-tshintshayo abakhoyo namhlanje, bemi boMzantsi Afrika, ndiyanibulisa emva kwemini nje.

*English*:

Hon House Chairperson, building safer communities entails the strengthening of communal safety partnerships with the relevant departments and civil organisations. The importance of the existence and revitalisation of such partnerships and structures is paramount in the building of safer communities indeed. We need to create spaces that are safe for women, children and the most vulnerable to be safe. The building of safer communities cannot be achieved by government alone, it requires an integrated approach involving all sectors of the society, and this includes the mobilization of all citizens.

Safer communities translate to a crime-free South Africa. In order to realise that, we need to implement priorities such as strengthening the criminal justice system. However, although progress has been made in this sector through the passing of legislation to intensify the fight against gender-based violence, femicide, and sexual offenders, more still needs to be done in this regard. Criminals, particularly those of sexual violence and gender-based violence are not deterred enough from committing sexual violence and gender-based ... sorry ...

*IsiXhosa*:

... uxolo nam andiyiva ngoku ndiyithethayo ...

*English*:

... more still needs to be done in this regard. Criminals, particularly those of sexual violence and gender-based violence are not deterred enough from committing such horrific crimes against the vulnerable and children. Demilitarization of the police and making it professional is essential for a professional criminal justice system and to reinforce trust between communities and the police. Progress has been made by the police in professionalization through the training of police personal in attending and dealing with victims of

gender-based violence and sexual violence to avoid secondary victimisation.

As stipulated, government cannot do this alone, the participation of communities is of great importance. Municipalities are to be more involved and engaged in the promotion of safe communities. They should ensure the creation of more community safety centres in partnership with all the relevant stakeholders and improving the existing ones. We must always strengthen community police forums, CPFs, to ensure fluid relations between communities and the police. It is important that members of the public feel free and safe to report crimes, through the protection of whistle-blowers.

Centres and police forums allow for a platform where victims of gender-based violence and sexual violence can be reported, victims assisted and linked to the police. However, this requires a concerted programme of community building and training of representatives on community police forums and other structures. This includes training representatives to deal with matters of rape, particularly of minors, gender- based violence and femicide. Community members must not be afraid to report such crimes, and in cases where neighbours or members of the communities suspect an assault of a minor, to easily report such matters to these structures.

Community safety centres should also, in their programmes, have accessible information regarding rape, teenage pregnancy, substance abuse, etc. Their work must be extended to a point that trained community representatives are able to refer victims to the police and social workers.

There is a strong link between substance abuse and domestic violence. It is undisputable that substance abuse is a contributing factor to domestic violence and sexual assault. Research reveals that when a person is under the influence or substance such as drugs and alcohol, they are more likely to have abusive behaviour. Undertaking initiatives and campaigns, particularly now, taking into account that we are approaching the festive season where people will be indulging in festivities, we have to raise awareness of substance abuse particularly to teenagers and the consequences thereof. The SAPS’ Social Crime Prevention campaign in partnership with Lifeline and the Liquor Board Authority is conducting awareness campaigns in schools sensitising learners about alcohol and substance abuse is a commendable one in engaging and educating our youth about substance and alcohol abuse.

Furthermore, initiatives by the SAPS to visit schools along with nongovernmental organisations, NGOs, to address learners about issues affecting adolescences such as bullying,

gangsterism, drugs and teenage pregnancy are necessary to tackle issues that face young people, as in many cases, if such matters are left unattended, children tend to take such behaviours and patterns to adulthood, whereby even in tertiary institutions, we, young women like me are raped and abused by their peers or partners.

Youth Crime Prevention Desks should always be encouraged and continue to raise awareness through social media and other platforms such as community radio stations and all social networking platforms. We applaud the Safe Schools Programme undertaken by the SAPS to raise awareness amongst the youth.

In South Africa, teenage pregnancy is a multifaceted problem with many contributing factors such as poverty, gender inequality, gender-based violence, substance abuse and poor access to contraceptives. It is undeniable that substance abuse is a contributing factor to teenage pregnancy. We have to go back to the basics, that it takes a village to raise a child and that every child is our social responsibility. We cannot watch the future of our youth being washed down the drain. Our young people need positive role models, role models that they can look up to in society and inspire them in a positive way. Role models that promote positivity, encourage

education and leading a drug-free and alcohol-free lifestyle. It is up to government and the relevant stakeholders to encourage such amongst our youth. We, as leaders, community leaders, parents and neighbours have to lead by example as children tend to imitate what the elders in society are doing

*IsiXhosa*:

Sihlalo, sisonke singamalungu eBhunga lamaPhondo leSizwe sicela ukulwa obu bundlobongela. Sicela ezinkonzweni nasezinkosini, kuba kukho umkhuba nomkhwa wokuthi yinkcubeko yethu. Asiyonyani leyo. Siyacela ukuba nabo basincedise. Mna ke ndakhula umkhuba ombi phaya emakhaya uhewulwa, kutshiwo ukuba, ayikho into enje. Sihlalo ...

*English*:

There is a growing phenomenon in South Africa, thieving of people, literally, from their livelihoods, families and from our country. Human trafficking is growing in our country. It is not less often of a sight that we see missing persons posted all over our media, children and women disappearing. Human trafficking is a practice of kidnapping people to be forced labourers and for sexual exploitation. They are exported and imported to and from South Africa. Human trafficking is caused by instability, inequality and conflict.

It speaks to us as leaders. It is a direct consequence of our socioeconomic challenges that we face as a country. Women and girls are targeted, increasing their risk and levels of safety in our society and the challenges that they already face.

Although legislation is in place to guard against the trafficking of persons, much more still needs to be done. We have to address the root causes of human trafficking, inequality, socioeconomic instability and conflict, if we are to truly deal with this phenomenon.

We must also build awareness, be involved in civic organisations that help fight human trafficking. Report suspicious or any malicious act that may be signs from a victim or perpetrator. We must constantly be aware. We commend the work that is done by civil organisations and the SAPS in partnerships with various organisations. As my comrade has alluded, we must strengthen and capacitate neighbourhood watch and community police forums to continue working with law enforcement agencies, particularly the SAPS to combat human trafficking and sex slavery.

As the ANC, we maintain and reserve our stance in the protection of all vulnerable persons. We call upon all perpetrators of violence including sexual violence and human

trafficking to be brought to book and be served with the rule of law. It is our duty as leaders and all members of the society to protect those that are most vulnerable. Border controls should be reinforced in order to intensify the fight against human trafficking. We should reinforce our staff, infrastructure and funding if we are to combat human trafficking.

Fighting human trafficking is part of building safer communities. If we are to truly achieve social cohesion and a gender-free society, we must all play our part to contribute to our envisioned society. Our Constitution provides for the provision of human dignity and the advancement of human rights and freedom. It recognises the end to human suffrage and the oppression of one by another. We are viewed to have one of the most liberal Constitution in the world. However, not everyone enjoys equal rights and freedom under it. Everyone has the right to life and to be protected. Our Constitution clearly stipulates that no one may be subjected to slavery and forced labour. It is against slavery. Therefore, whenever we are confronted with any form of it, it is our duty to uphold the Constitution and protect those that are oppressed.

*IsiXhosa*:

Sihlalo, nathi singoomama masingathengisi ngabantwana bethu. Masingathi xa sisiva indlala kufika utata omdala oneminyaka engama-53 esithi ufuna ukumtshata lo mntwana uneminyaka eli-12 okanye eli-13 sivume. Ngumkhuba lowo kwaye ufunwa ukukhuzwa ugxothwe.

*English*:

Children deserve to be sheltered and reserve the right to any information that may be of significance to them. We cannot accept the character in which our society treat our children. As Tata Nelson Mandela says: “The true character of a society is revealed in how it treats its children.” How we are treating the most vulnerable cannot be the character that we want. I thank you, Chairperson.

The HOUSE Chairperson (Mr A J Nyambi): Hon members, allow me to take this opportunity to thank the Ministers, Dr Phaahla, hon Nkoana Mashabane, Deputy Minister Mhaule, Deputy Minister Mathale, our hon MECs form our respective provinces, special delegates, and all of you. The House is adjourned.

Debate Concluded

The House adjourned at 17:34