

South African policy on adolescents' rights to access condoms is causing confusion

January 21 2009

In 2007, South Africa's new Children's Act came into effect, granting children 12 years and older a host of rights relating to reproductive health, including the right to access condoms. But current policies allow individual schools to decide whether or not to give out condoms -- policies that two researchers, writing in this week's *PLoS Medicine*, say could damage the health of the country's youth.

Juliana Han (Harvard Law School, Cambridge, USA) and Michael Bennish (Johns Hopkins Bloomberg School of Public Health, Baltimore, USA), both affiliated with the South African nongovernmental health organization Mpilonhle (www.mpilonhle.org), say that the rights afforded by the act reflect growing concern over the need to prevent HIV in the country's youth. South Africa has the highest number of people living with HIV in the world. Those aged 15 years account for 34% of all new HIV infections and have an HIV prevalence of 10.3%.

"Despite the high incidence of HIV in adolescents," say Han and Bennish, "and the efficacy of condoms in preventing HIV transmission, condom use rates among adolescents remain low, due at least in part to limited access." One way to increase condom access for this group would be to make condoms available in schools.

The Children's Act, together with South African government policies, allows individual schools to decide whether to distribute condoms. Most school staff, say the authors, are unaware of South African policy and regulations governing condom provision in schools. "Because of

confusing and contradictory government policies and public pronouncements regarding provision of condoms in public schools, few schools have undertaken to provide condoms, leaving students, especially in rural areas, with few options for obtaining them."

The authors acknowledge that making condoms available in schools is a socially divisive issue. Critics believe that making contraception available encourages sexual activity. But proponents cite the early age of sexual debut and the futility of HIV prevention education that encourages condom use but fails to actually provide condoms.

The researchers' own work with Mpilonhle, in which they interviewed teachers, parents, and students in rural northern KwaZulu-Natal, the province with the highest HIV prevalence, suggests there is generally support for the distribution of condoms in schools but confusion about governmental policy.

Condom access for adolescents in South Africa is also restricted by some of the funding agencies that support HIV prevention efforts. The US President's Emergency Plan for AIDS (PEPFAR), for example, which allocated US\$398 million to South African HIV/AIDS programs in 2007, prohibits use of these funds for distributing condoms in schools or for providing condom information to youth aged 14 years and under. PEPFAR's policy conflicts with South African law.

Citation: Han J, Bennish ML (2009) Condom access in South African schools: Law, policy, and practice. PLoS Med 6(1): e1000006.

doi:10.1371/journal.pmed.1000006

medicine.plosjournals.org/perl...journal.pmed.1000006

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Citation: South African policy on adolescents' rights to access condoms is causing confusion (2009, January 21) retrieved 24 April 2024 from <https://medicalxpress.com/news/2009-01-south-african-policy-adolescents-rights.html>

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