Declining adolescent pregnancies in South Africa: Insights from public sector data, 2021 - 2025

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Background. In South Africa (SA), adolescent pregnancy, particularly in very young girls, is an issue of keen public and political concern given its social and health implications.
Objective. To provide a quantitative baseline that SA can use for targeting its efforts to address adolescent pregnancy and for measuring progress over time.
Methods. Using public sector service data for deliveries and terminations of pregnancies, we estimated adolescent pregnancy rates among adolescent girls aged 10 - 14 and 15 - 19 years for the financial years 2021/22 - 2024/25.
Results. In 2025, the adolescent pregnancy rate (including births and terminations) for 15 - 19-year-olds was 48.9 per 1 000. For 10 - 14-year-olds, it was 1.2 per 1 000. Both the total number of births and the adolescent pregnancy rates dropped annually over the 4-year period of review, and reversed the previous trend of increases from 2017/18 through to 2020/21. Although there were decreases in births and adolescent pregnancy rates in all provinces, there were greater decreases in the more rural provinces compared with the more urban provinces (e.g. Western Cape and Gauteng). Termination of pregnancy rates were also higher in more urban provinces.
Conclusion. While SA already has a strong policy framework for addressing adolescent pregnancy, there is a need for a national strategy and improved co-ordination of efforts. Indeed, the updated 2025 World Health Organization guidelines on preventing adolescent pregnancy and mitigating its adverse impacts highlight the need for a broad, multisectoral approach.

Keywords: adolescent pregnancy, births in public sector, termination of pregnancy in public sector

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Adolescent pregnancy is a significant social and public health issue globally, with severe implications for the health, wellbeing and future prospects of adolescent mothers and their children. In low- and middle-income countries in 2019, 21 million adolescent girls aged 15 -19 years became pregnant, and 12 million gave birth. More than half of these pregnancies were unintended.[1]

The consequences of adolescent pregnancy extend well beyond childbirth, affecting nearly every aspect of a young woman's life. Adolescent mothers are at increased risk of complications such as obstructed labour and maternal mortality, and their babies are more likely to be born prematurely or with low birthweight.[2] Early pregnancy is associated with the early discontinuation of schooling, which limits future learning and employment opportunities and can perpetuate intergenerational cycles of poverty.[3,4] The long-term impacts of adolescent pregnancy extend beyond individuals and households; it can also strain public health systems and impede broader social and economic progress.

In South Africa (SA), adolescent pregnancy, particularly in very young girls, is a matter of significant public and political concern, given its social and health implications.[5,6] World Bank data from 2023 show that the 15 -19-year-old adolescent pregnancy rate was much lower in SA (51.6 per 1 000) than the average in sub-Saharan Africa (93.4 per 1 000) and the east and southern African region (92.3 per 1 000). Yet SA's rate is higher than the average for other upper-middle-income countries (23.4 per 1 000) and high-income countries globally (9.0 per 1 000).[7]

Research has shown that a range of individual, peer, family and societal factors all contribute to early and unintended pregnancy.[8] Fortunately, much is known about what works to curb risky sexual behaviours among adolescents, and to address the larger societal norms that contribute. Protective factors include preventing early sexual debut and unprotected sex, coercion and violence; early, age-appropriate sexuality education; and increased access to and uptake of contraception.[9,10]

In SA, a successful national effort to reduce adolescent pregnancy will require a co-ordinated response. The country has adopted numerous national policies and strategies that address the determinants and consequences of adolescent pregnancy. However, gaps remain. In the context of the country's commitment to achieving the Sustainable Development Goals and universal health coverage by 2030,[11] and indicator 3.7.2 specifically, which monitors the adolescent pregnancy rate, more needs to be done, including implementation of existing policies and strategies with greater fidelity and co-ordination.

Data on adolescent pregnancy are publicly available in SA, but these data are often found in separate publications and disparate databases. Further, not all data points are reported at the same

intervals; thus year-on-year monitoring is difficult. This article aims to quantify adolescent pregnancy rates in the public sector in SA up to March 2025, and builds on a similar article that quantified adolescent pregnancy up to 2021.[12]

Methods

Defining the indicator

In 2017, SA adopted the World Health Organization (WHO)'s recommended indicator[13] of the number of births per 1 000 adolescent girls aged 15 - 19 years as a proxy for teenage pregnancy. This indicator is available for a broad range of countries globally. In more recent guidance, the WHO has moved to defining 'adolescence' as the period representing 10 - 19 years, and referring to 'adolescent pregnancy' instead of 'teenage pregnancy' in its recommendations for addressing this issue.[10]

SA collects birth data for 15 - 19-year-olds and 10 - 14-year-olds. Thus, in our analysis we present adolescent birth rate estimates for both adolescent age subgroups. In addition, SA collects age-disaggregated data for termination of pregnancy (TOP) in the public sector. We include these data in our calculations for a more accurate representation of adolescent pregnancy overall.

Data sources

The numerator in adolescent pregnancy rate calculations requires data on births and other pregnancy outcomes, to the extent that these data are available. To obtain the number of births among adolescents, we used delivery data captured in the SA District Health Information System (DHIS), which is maintained by the National Department of Health, for 4 financial years (April - March) covering 2021/22 - 2024/25. We subsequently refer to these financial years with the end year only, namely 2022 - 2025.

Similarly, we obtained data on all TOPs performed in the public health sector from the DHIS for the same time. However, TOP data disaggregated by age category (i.e. 10 - 14 and 15 - 19 years old) were only available for the years 2024 and 2025. We estimated the disaggregation in prior years by taking an average of the proportion of TOPs among 10 - 19-year-olds that were performed for 15 - 19-year-olds in 2024 and 2025, and applying this average to the total TOPs among 10 - 19-year-olds in 2022 and 2023.

For the denominator in the rate calculations, we obtained the total numbers of female adolescents aged 10 - 14 years and 15 - 19 years, nationally and by province, from Statistics South Africa (Stats SA) publications of mid-year population estimates for 2022 - 2025.[14-16] These data are provided in Appendix 1.

Adolescent pregnancy rate calculations

We calculated adolescent pregnancy rates in two steps. First, to estimate the total number of adolescent pregnancies, we added the number of deliveries to the number of TOPs that occurred among adolescent girls in the two age categories described above. Then, we divided the estimated total number of pregnancies by the total female population in each age category.

We present results over the 4 years of available data (2022 - 2025) at the national level, provincially, and by age subgroup (i.e. 10 - 14 and 15 - 19 years). Although data were available by district and facility, we do not present these disaggregates. The locations of national, tertiary and secondary hospitals, which have large numbers of deliveries and catchment areas that cut across districts, would have skewed these estimates.

Similar methodology and data sources were used previously to estimate adolescent pregnancy rates for the financial years ending March 2017 - March 2021.[12] In our discussion, we compare the outcomes of our analysis to the prior work and discuss trends over time. However, in this prior analysis, only births, and not TOPs, were used in the calculation of adolescent pregnancy rates. For direct comparison we also calculated adolescent pregnancy using only births. These results are contained in Appendix 2.

Data representativeness

While the DHIS includes deliveries in all public health facilities in SA, it excludes miscarriages and terminations managed outside of the public sector (either illegally or in the private and not-for-profit sectors). Deliveries in the private health sector or at home are also not captured in the DHIS. These factors contribute to an underestimation of the numerator for the calculation of adolescent pregnancy rates.

To contextualise public sector births, we estimate the proportion of all births represented in the public sector data by comparing deliveries captured in the DHIS with total births registered by the Department of Home Affairs in their Civil Registration and Vital Statistics (CRVS) system. These data were drawn from Stats SA reports.[17-23] The data represent women of all ages. We assume that similar results apply to adolescents.

In contrast, the denominators used for this analysis reflect the official estimate of all adolescent girls in the relevant age bands, which includes those who access services in both the public and private sectors. These numbers overestimate the denominator of adolescent girls accessing the public sector only. With the numerator underestimated and the denominator overestimated, there is a potential bias in the data, but given that >90% of all deliveries take place in the public sector, this bias is unlikely to be significant.

Finally, changes in adolescent fertility and its measurement over time may be impacted by many factors, including some that may impact fertility estimates for women of all ages. For help in interpreting trends over time, we used SA's total fertility rate (TFR) for 2002 to 2025. The TFR is the average number of children a hypothetical woman is expected to have over her lifetime. These data are drawn from Stats SA publications.[16]

Results

Total fertility rate

The TFR in SA has been declining gradually over time (Fig. 1).[16]

Proportion of births in the public sector

Table 1 compares births reported into the CRVS system at the Department of Home Affairs with those reported in public health facilities via the DHIS from 2018 to 2025. The downward trend in the number of births aligns with the TFR pattern illustrated in Fig. 1. Table 1 shows remarkable declines both in the number of births in public sector facilities and birth registrations from 2021 up to 2025. The number of public sector births declined by one-fifth (20%) over this period. However, the proportion of births occurring in the public sector among all births registered in the CRVS system has been consistently high. From 2021 to 2024, the proportions have been >100%, probably due to a combination of foreigners giving birth in the public sector as well as delays with registrations into the CRVS. Unfortunately, CRVS data for 2025 were not available in time for this analysis, so we rely on data from 2018 - 2024.

Births, TOPs and adolescent pregnancy rates in older adolescents aged 15 - 19 years

Table 2 provides details of births for 2022 - 2025 for adolescent girls aged 15 - 19 years. The data show a decrease in the total number of births in this age group year-on-year. The decline was 15.2% over this period. Every province had year-on-year decreases

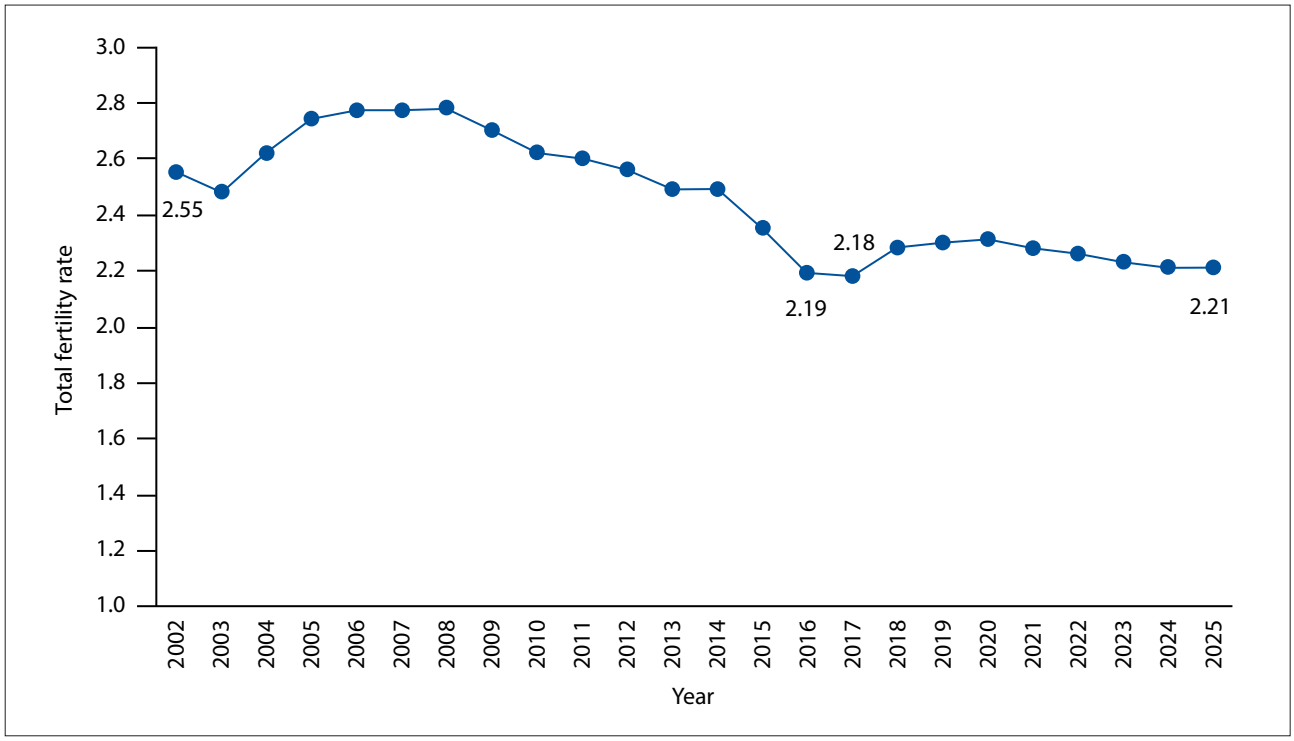

Fig. 1. Total fertility rate (all women aged 15 - 49 years) over time, 2002 - 2025. Source: Statistics South Africa mid-year population estimates 2025.[16]

Table 1. Births in public health sector compared with total recorded births in South Africa, all women, 2018 - 2024

Year*	Births registered with DHA CRVS, *n*	Public sector births recorded in DHIS, *n*	Proportion of total births in public sector, %	Change in public sector births year-on-year, %
2018	974 995	874 785	89.7	-
2019	997 486	948 887	95.1	8.5
2020	1 021 664	991 375	97.0	4.5
2021	1 017 807	1 018 876	100.1	2.8
2022	953 951	1 015 821	106.5	–0.3
2023	872 792	952 209	109.1	–6.3
2024	798 581	866 582	108.5	–9.0
2025	Not available	815 264	Not available	–5.9

DHA = Department of Home Affairs; CRVS = Civil Registration and Vital Statistics; DHIS = District Health Information System.
*Data represent South African financial years ending in the year noted here.
Sources: Statistics South Africa recorded live births[17-23] and DHIS.

Table 2. Births in public health sector: Adolescent girls aged 15 - 19 years, 2022 - 2025,* by province

Province	Births 2022, *n*	Births 2023, *n*	Births 2024, *n*	Births 2025, *n*	Decrease in births 2022 - 2025, *n* (%)
Eastern Cape	18 333	17 064	15 827	14 903	3 430 (18.7)
Free State	6 500	5 974	5 395	5 007	1 493 (23.0)
Gauteng	20 328	20 264	19 406	18 417	1 911 (9.4)
KwaZulu-Natal	34 827	34 029	30 478	29 264	5 563 (16.0)
Limpopo	17 552	16 726	16 262	15 731	1 821 (10.4)
Mpumalanga	14 006	12 469	11 534	10 933	3 073 (21.9)
Northern Cape	33 875	3 674	3 538	3 439	436 (11.3)
North West	9 208	8 463	7 525	6 962	2 246 (24.4)
Western Cape	10 769	10 123	9 621	10 152	617 (5.7)
SA total	135 398	128 786	119 586	114 808	20 590 (15.2)

SA = South Africa.
*Data represent SA financial years ending in the year noted here.
Source: District Health Information System.

in births. Decreases in the more urban provinces of Gauteng and Western Cape were <10%, while in the more rural provinces of Eastern Cape, Mpumalanga and North West the decreases were around 20%.

Table 3 shows that from 2022 to 2025, the overall number of TOPs performed for adolescents aged 15 - 19 increased by 2 799 (17.6%) at the national level. However, there were wide provincial differences. The Eastern Cape, Gauteng, Mpumalanga and Western Cape provinces saw increases in the number of TOPs for this age group that exceeded 30%. KwaZulu-Natal had an increase of <10%, while the remaining provinces either had increases of <1% or actual decreases.

Adolescent pregnancy rates per 1 000 adolescent girls aged 15 - 19 years are provided in Table 4. During the period 2022 - 2025, the annual decreases in deliveries in public facilities exceeded the annual increases in recorded TOPs. As a result, the total number of births plus TOPs steadily decreased year-on-year nationally, as well as in all provinces (except for the Western Cape in the outer year). At the same time, the mid-year population estimates for adolescent girls in SA increased from 2 534 955 in 2022 to 2 732 803 in 2025. This combination of an increasing population and decreasing number of total deliveries plus TOPs resulted in a declining national adolescent pregnancy rate (based on deliveries and TOPs in the public health sector) from 59.7 per 1 000 in 2022 to 48.9 per 1 000 in 2025.

Results similar to the national picture were observed in the nine provinces. However, during this period, there continued to be a wide differential between more urban and rural provinces. Gauteng, Free State and Westen Cape had adolescent pregnancy rates (aged 15 - 19 years) ranging from 38.2 to 43.1 per 1 000 adolescents in 2025. In contrast, the more rural provinces of Eastern Cape, KwaZulu-Natal, Limpopo, Mpumalanga and Northern Cape had adolescent pregnancy rates ranging from 49.8 to 61.4 per 1 000 adolescents (aged 15 - 19 years).

Births, TOPs and adolescent pregnancy rates in younger adolescents aged 10 - 14 years

Table 5 shows that the number of births in adolescents aged 10 - 14 years for 2022 to 2025. There were year-on-year decreases for all provinces except for Western Cape and Eastern Cape, which, despite having large decreases between 2022 and 2025, had a slight increase from 2024 to 2025. At the national level, births in this age group decreased from 3 963 in 2022 to 2 387 in 2025, representing a drop of 39.8%. The proportion of births in young adolescents (aged 10 - 14 years) among all births in adolescents

Table 3. TOPs in public health sector: Adolescent girls aged 15 - 19 years, 2021 - 2025,* by province

Province	TOPs 2022, *n*†	TOPs 2023, *n*†	TOPs 2024, *n*	TOPs 2025, *n*	Change in TOPs 2022 - 2025, *n* (%)
Eastern Cape	1 681	2 296	2 546	2 344	663 (39.5)
Free State	977	1 137	1 060	982	5 (0.5)
Gauteng	3 406	3 996	4 551	4 627	1 221 (35.9)
KwaZulu-Natal	2 515	2 874	2 938	2 711	196 (7.8)
Limpopo	2 651	2 482	2 439	2 203	–448 (–16.9)
Mpumalanga	1 084	1 597	1 681	1 650	566 (52.2)
Northern Cape	247	297	260	247	0 (0.2)
North West	1 410	1 295	1 326	1 365	–45 (–3.2)
Western Cape	1 961	2 220	2 445	2 593	632 (32.3)
SA total	15 923	18 181	19 246	18 722	2 799 (17.6)

TOP = termination of pregnancy; SA = South Africa.
*Data represent SA financial years ending in the years noted here.
†Estimated as described in methodology.
Source: District Health Information System.

Table 4. Adolescent pregnancy rates (15 - 19-year-olds) (births + TOPs), public sector, 2021 - 2025

	2022		2023		2024		2025	
Province	Births + TOPs	Rate per 1 000	Births + TOPs	Rate per 1 000	Births + TOPs	Rate per 1 000	Births + TOPs	Rate per 1 000
Eastern Cape	20 014	64.4	19 360	59.1	18 373	53.4	17 247	49.8
Free State	7 477	57.4	7 111	51.8	6 455	44.7	5 989	41.6
Gauteng	23 734	40.8	24 260	41.4	23 957	40.5	23 044	38.2
KwaZulu-Natal	37 342	70.7	36 903	66.5	33 416	57.3	31 975	56.2
Limpopo	20 203	72.8	19 208	65.4	18 701	60.3	17 934	59.4
Mpumalanga	15 090	74.6	14 066	66.1	13 215	59.1	12 583	55.4
Northern Cape	4 122	73.3	3 971	68.1	3 798	62.9	3 686	61.4
North West	10 618	59.8	9 758	54.4	8 851	48.8	8 327	44.8
Western Cape	12 730	47.0	12 343	43.9	12 066	41.4	12 745	43.1
SA total	151 329	59.7	146 981	55.8	138 832	50.9	133 530	48.9

TOP = termination of pregnancy; SA = South Africa.
*Data represent SA financial years ending in the years noted here.
Source: District Health Information System (births and terminations of pregnancy); Statistics SA mid-year population estimates.[14-16] As a result of Census 2022 no mid-year population figures were released by Statistics SA for 2023. These were estimated by taking an average of the 2022 and 2024 mid-year population figures.

(aged 10 - 19 years) has dropped from 2.8% in 2022 to 2.0% in 2025. Appendix 3 shows the rates for 10 - 19-year-olds.

Table 6 shows the numbers of TOPs in the public sector for adolescents aged 10 - 14 years. The numbers increased nationally by 50% between 2022 and 2024, and then dropped back to 2022 levels in 2025. The provincial picture is varied, with the Eastern Cape and Western Cape having large increases of around 40% between 2022 and 2025, while KwaZulu-Natal, Limpopo, Mpumalanga and North West had decreases of >20%.

Table 7 shows the adolescent pregnancy rates (births plus TOPs) for adolescents aged 10 - 14 years. Nationally, this rate declined year-on-year from 1.7 per 1 000 in 2022 to 1.2 per 1 000 in 2025. At provincial

Table 5. Births in public health sector: Adolescent girls aged 10 - 14 years, 2021 - 2025,* by province

Province	Births 2022, *n*	Births 2023, *n*	Births 2024, *n*	Births 2025, *n*	Decrease in births 2022 - 2025, *n* (%)
Eastern Cape	627	553	395	396	231 (36.8)
Free State	147	139	106	90	57 (38.8)
Gauteng	549	494	430	357	192 (35.0)
KwaZulu-Natal	993	794	610	530	463 (46.6)
Limpopo	518	467	375	315	203 (39.2)
Mpumalanga	419	403	293	237	182 (43.4)
Northern Cape	101	81	70	66	35 (34.7)
North West	216	201	151	100	116 (53.7)
Western Cape	393	365	286	296	97 (24.7)
SA total	3 963	3 497	2 716	2 387	1 576 (39.8)

SA = South Africa.
*Data represent SA financial years ending in the years noted here.
Source: District Health Information System.

Table 6. TOPs in public health sector: Adolescent girls aged 10 - 14 years, 2021 to 2025,* by province

Province	TOPs 2022, *n*†	TOPs 2023, *n*†	TOPs 2024, *n*	TOPs 2025, *n*	Change in TOPs 2022 - 2025, *n* (%)
Eastern Cape	69	95	100	101	32 (45.9)
Free State	48	56	46	54	6 (12.4)
Gauteng	162	190	295	143	–19 (–11.8)
KwaZulu-Natal	89	102	139	64	–25 (–28.0)
Limpopo	120	113	122	90	–30 (–25.2)
Mpumalanga	75	111	180	56	–19 (–25.4)
Northern Cape	3	4	4	3	0 (–11.6)
North West	114	104	127	90	–24 (–20.9)
Western Cape	181	205	213	254	73 (40.0)
SA total	862	980	1 226	855	–7 (–0.8)

SA = South Africa.
*Data represent SA financial years ending in the years noted here.
†Estimated as described in methodology.
Source: District Health Information System.

Table 7. Adolescent pregnancy rates (10 - 14-year-olds, births + TOPs), public sector, 2022 - 2025*

Province	2022		2023		2024		2025	
	Births + TOPs	Rate per 1 000	Births + TOPs	Rate per 1 000	Births + TOPs	Rate per 1 000	Births + TOPs	Rate per 1 000
Eastern Cape	696	1.9	648	1.7	495	1.3	497	1.4
Free State	195	1.4	195	1.4	152	1.0	144	1.0
Gauteng	711	1.2	684	1.1	725	1.2	500	0.8
KwaZulu-Natal	1 082	1.8	896	1.5	749	1.2	594	1.0
Limpopo	638	2.0	580	1.7	497	1.5	405	1.2
Mpumalanga	494	2.1	514	2.2	473	2.0	293	1.3
Northern Cape	104	1.7	85	1.3	74	1.1	69	1.1
North West	330	1.6	305	1.6	278	1.5	190	1.0
Western Cape	574	2.0	570	2.0	499	1.7	550	1.9
SA total	4 825	1.7	4 477	1.6	3 942	1.4	3 242	1.2

SA = South Africa.
*Data represent SA financial years ending in the years noted here.
Source: District Health Information System (births and terminations of pregnancy); Statistics SA mid-year population estimates.[14-16]

level, there were similar declines in all provinces except for Western Cape and Eastern Cape, which had slight increases in 2025.

Discussion

The adolescent pregnancy rates, which include TOPs plus births, declined for adolescents aged 10 - 14 and 15 - 19 years between 2022 and 2025. This was due mainly to declining numbers of births recorded in the country's public health facilities, including among adolescents. Table 1, which illustrates the declining birth trend for all women in SA, also validates the public sector-only data by showing the strong association between the empirical data in the DHIS and births registered in the Department of Home Affairs' CRVS system. This could be augmented by a time series showing the proportion of adolescent births of all births.

From 2022 to 2025 there was an overall 15% decrease in births in adolescents aged 15 - 19 years, and a 40% decrease in births in adolescents aged 10 - 14 years. The reasons for these decreases are not entirely clear, but may be related to the overall decline in births among all women following the COVID-19 pandemic. These decreases have been noted among all age groups and in all provinces. It may also be related to urbanisation, with the overall proportion of people urbanised increasing from 63.8% in 2013 to 68.8% in 2023.[24]

In contrast to the consistent year-on-year declines in adolescent births, the TOP data were somewhat mixed. Although nationally there was an overall increase in TOPs in adolescents from 2022 to 2025, this increase was pronounced in the urban provinces. Regardless, differences in TOP numbers across and within geographies over time should be interpreted as a reflection of changes in either demand for, or access to, services, or both. Access to TOP is generally better in SA's urban centres, therefore one expects higher numbers in these areas. Similarly, access in rural areas can be limited, and the adding or closure of even one service point can greatly impact overall numbers.

The decrease in adolescent pregnancy from 2022 to 2025 is a reversal of the trend observed for 2018 to 2021.[12] However, there were differences in the calculations of these rates. The earlier data do not include TOPs, and reflect births in public facilities only. However, adding TOPs to births in the 2022 - 2025 calculations has the effect of increasing the rates. Therefore, it can be assumed that the reversed trend for the later years still holds, and would be even greater if births only were used.

One of the limitations of this study is that it is limited to public sector data only and excludes data from the private sector. However, there have been no dramatic changes in uptake of private medical aid or access to private healthcare services during the study period.[25] There is also no available evidence of a surge in clandestine abortion. We therefore assume that the public sector data reflect national trends.

Required action for further reducing adolescent pregnancy

The declining adolescent pregnancy rates presented here are not reflected in public sentiment, which frames adolescent pregnancy as an ever-increasing scourge.[26] As adolescent pregnancy rates are reported as part of the Sustainable Development Goals report,[27] it would help to prevent misguided media reports if clear, quantitative results were published annually, jointly by Stats SA and the National Department of Health.

That said, while the numbers have been declining, they are still too high given the impact and risks that they represent. While SA's adolescent pregnancy rates are among the lowest in Africa, compared with other middle-income countries such as India, Vietnam and Argentina, they are high.[13]

Adolescent pregnancy is a multifaceted issue that needs an 'empowering social policy agenda that seeks to work with young people, making them aware of their rights and the risks of sexual intercourse'.[28] Interventions must be tailored to the particular needs of adolescents and communities. The data presented here reflect the need to explore drivers particular to rural provinces, where the rates are higher. These drivers include age at first sex, family planning coverage and educational level obtained. This is underscored in recent research on adolescent pregnancy in sub-Saharan Africa more broadly.[29] Further, births and TOPs among 10 - 14-year-olds need to be treated differently from those in older adolescents, as they are most likely to reflect sexual violence and coercion.[30]

The updated WHO guidelines on preventing adolescent pregnancy and mitigating its adverse impacts highlight the need for a broad, multisectoral approach, tailored to the SA context.[10] The 2025 guidelines, which build on guidelines from 2011, provide six key areas for attention: (*i*) the prevention of child marriage through addressing harmful cultural norms and practices; (*ii*) the prevention of the sexual violence and coercion that is often a factor in adolescent pregnancy; (*iii*) the provision of rights-based, stigma-free comprehensive sexuality education to in- and out-of-school youth; (*iv*) ensuring access to adolescent-friendly contraceptive services; (*v*) preventing the adverse effects of unsafe abortion; and (*vi*) ensuring access for pregnant adolescents to maternal health and obstetric services that are aligned with international best practice.

SA's legal and policy environment is already aligned with the WHO's six objectives. Several government departments are involved, and many interventions have been tested over time. However, there are persistent gaps in implementation and challenges with co-ordination. Existing laws preventing child marriage and provision of unsafe abortion must be strictly enforced. Healthcare services must meaningfully address the needs of adolescent girls, and comprehensive sexuality education must accurately and supportively address adolescents' needs. Finally, communities, parents and adolescents themselves must be part of the response to shift gender norms and put an end to violence against girls and young women.

Conclusion

This article describes, analyses and interprets quantitative data on adolescent pregnancy in SA's public sector from 2022 to 2025. Based on these data, it is clear that adolescent pregnancy rates are declining. However, the rates still reflect significant challenges and risks faced by adolescent girls nationally.

To ensure that adolescent pregnancy rates in SA continue to decline annually, a national strategy is needed. The findings provided here can serve as key quantitative evidence to guide development and measure progress for a national adolescent pregnancy strategy. However, more than data will be required. SA needs a well-resourced and co-ordinated national-level response, with strong leadership, if it is to be successful in further reducing adolescent pregnancy. The strategy should also take into account best-practice evidence provided by the WHO, and lessons already learned in the country.

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