Feasibility of a Community Youth-Led Sexual and Reproductive Health Service Delivery Model for Adolescents and Young People in Gauteng and Eastern Cape, South Africa

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General

Category: E7: Health systems, health systems strengthening and partnerships
Country of research: South Africa
Please use the drop down list to indicate if your abstract relates to any of the below Adolescents (10-19), Young women and girls (15-24)

Abstract Text (max 350 words)

Background: South Africa bears a disproportionate HIV burden among adolescents and young people (15–24 years), who account for over a quarter of new infections. Low HIV testing, inconsistent condom use, and limited contraception highlight gaps in service access. High rates of HIV, STIs, teenage pregnancy, and GBV, especially in rural areas, underscore the need for tailored, youth-friendly, community-based SRHS models to improve HIV prevention outcomes. This study assessed the feasibility and acceptability of a community-based, youth-led SRHS model by examining service use, barriers, and enabling factors to inform HIV prevention delivery.

Methods: A mixed-methods, cross-sectional study was conducted in 2024 across five districts in Gauteng and Eastern Cape provinces, South Africa. A total of 146 AYP aged 15–24 years participated. Quantitative data captured demographic characteristics, sexual behaviour and SRHS utilisation, disaggregated by age group and geographic setting. Mixed-effects logistic regression was used to examine associations between individual and contextual factors influencing SRHS uptake. Qualitative data explored youth perceptions of accessibility, acceptability, confidentiality and feasibility of youth-led service delivery models.

Results: Participants were from rural (43.8%), urban (34.2%), and peri-urban (21.9%) areas; 23% were 15–17 years and 77% were 18–24 years. Sixty percent of participants reported being in sexually active relationships. Most accessed SRHS were HIV testing (25%), contraceptives (23%), family planning (15%), and pregnancy testing (14%), while PrEP, STI services, and cervical cancer screening were minimally used. Although 46% accessed SRHS through health facilities, 34% did not due to stigma, discrimination, lack of confidentiality, limited hours, poor accessibility, and inadequate information barriers especially pronounced in rural areas. Notably, 72% preferred mobile clinics, and 70% supported online or tech-enabled services, indicating strong demand for flexible, youth-friendly SRHS delivery. 84% of youth who participated indicated preference for a youth-led, friendly delivery model.

Conclusions: Persistent structural and social barriers continue to limit SRHS uptake among adolescents and young people in SA. Findings support the feasibility of easily accessible, non-stigmatised approaches that are youth-led as a strategy to improve accessibility, reduce stigma and enhance confidentiality, particularly in rural settings.

Additional questions

Ethical research declaration: Yes

IAS digital learning platform

IAS+: Youth leadership, Sexual and reproductive health and rights
HIV Prevention Pre-conference: No

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Introduction

HIVSA commissioned a feasibility study to assess the factors surrounding the uptake of Sexual Reproductive Health Services (SRHS) among young people aged 15-24 and of its proposed SRHS service delivery model to ensure that the expected outcomes of the redesigned model are yielded to the rightful target group. HIVSA is a not-for-profit company that was established in 2002 and operates in South Africa

Background & Objectives

South Africa bears a disproportionate HIV burden among adolescents and young people (15–24 years), who account for over a quarter of new infections. High rates of HIV, STIs, teenage pregnancy, and GBV, especially in rural areas, highlight gaps in SRH service uptake by the youth.

The study aimed to:

- Identify barriers and facilitators influencing SRHS utilisation among youth.
- Test the assumptions of HIVSA's proposed SRHS delivery model.
- Explore opportunities to address implementation challenges.
- Identify gaps, good practices, and recommendations for strengthening the model.

Methodology

01 **Study Design:** Mixed-methods feasibility study

02 **Study Areas:** Gauteng Province- (City of Johannesburg, City of Tshwane, Sedibeng) Eastern Cape Province - (Joe Gqabi and Amathole)

03 **Data Collection Methods:**

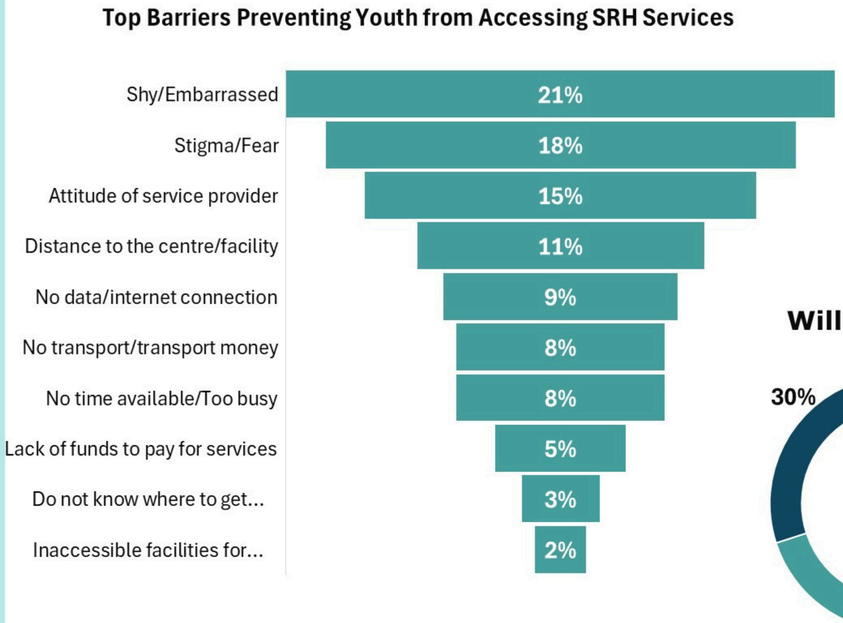
- 146 Survey Respondents
- 8 Focus Group Discussions
- 10 Stakeholder Interviews
- Desk Review

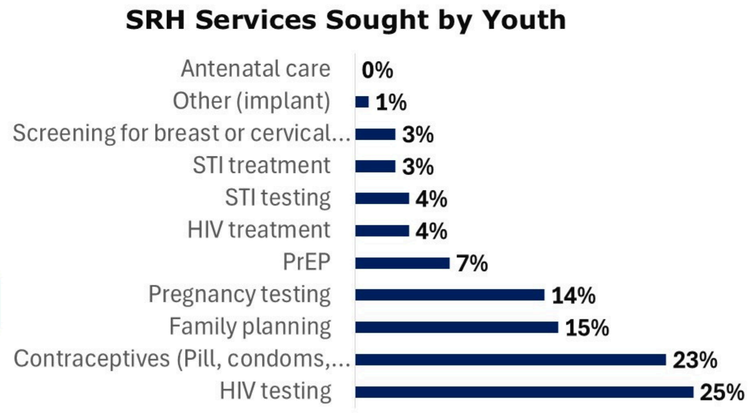
Quantitative Analysis	Qualitative Analysis
✓ 146 survey responses cleaned, coded and analysed in Microsoft Excel ✓ Frequencies and percentages generated for key variables ✓ Open-ended responses coded into analytical categories	✓ Thematic content analysis of 8 FGDs and 10 stakeholder interviews ✓ Identification of recurring themes, perceptions and implementation challenges

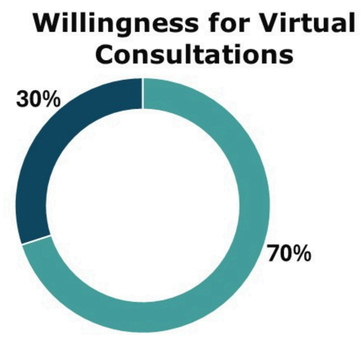
Integration of Findings

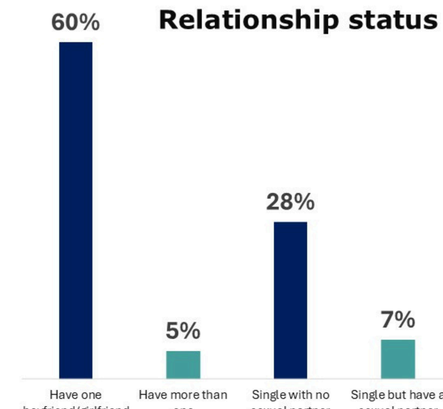
✓ Triangulation of quantitative and qualitative evidence
✓ Cross-validation of findings to strengthen reliability and inform recommendations
✓ Descriptive interpretation used in line with the study's feasibility design

Results









Conclusions & Recommendations

- Prioritise mobile clinics as the primary intervention.
- Strengthen online consultations alongside technology-enabled support.
- Reduce stigma through healthcare worker training and community engagement.
- Improve youth participation in programme design and implementation.
- Expand sexuality education and SRHS awareness campaigns.
- Improve confidentiality, accessibility and youth-friendly service delivery.
- Develop communication strategies aligned with policy and community needs.

Scan code for the full abstract

Key Sources

Sources: Feasibility Study on the Sexual Reproductive Health Service Delivery Model for Youth in South Africa (Draft Report, 22 October 2024); Wafawanaka F, Lubbe MS, Kotzé I, Cockeran M. Changes in the incidence and prevalence of human immunodeficiency virus or acquired immunodeficiency syndrome in the South African medical schemes environment: 2005-2015. South Afr J HIV Med. 2020 Jun 29;21(1):1007. doi: 10.4102/sajhivmed.v21i1.1007. PMID: 32670625; PMCID: PMC7343923.

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