DEPUTY MINISTER IN THE PRESIDENCY FOR WOMEN, YOUTH AND PERSONS WITH DISABILITIES

REPUBLIC OF SOUTH AFRICA

KEYNOTE ADDRESS BY

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AT THE

TEENAGE PREGNANCY BREAKFAST ENGAGEMENT

9 JULY 2025 | HATFIELD, PRETORIA | 09:00

Programme Director, Ms Coceka Nogoduka;
Deputy Minister's joining us this morning, including those who have sent representatives and have spoken virtually;
All officials from across the length and breadth of government;
Stakeholders from across various social formations;
Members of the Media;
Fellow South Africans,

I must express appreciation that you have taken the time to join this urgent breakfast working engagement, where we will discuss our concerted intervention to the teenage pregnancy scourge that is not only a health concern but a threat to our nation's social and moral fibre and future prosperity.

We have in this room representatives from government departments, the private sector, civil society, multilateral institutions, faith-based organisations, traditional leadership, and the media – a true all-of-society gathering. We meet at a critical juncture to confront the alarming rise of teenage pregnancy in South Africa, which must be regarded as a national crisis.

I stand before you charged with urgency and a sense of activism, because the facts demand nothing less, as we cannot continue with business as usual. We are here to sound the alarm, to reflect on the convoluted reality behind the statistics, to acknowledge efforts made so far, and to chart a coordinated path forward together. Teenage pregnancy is robbing too many of our girls of their childhood and their future, and it will take all of us working together to turn the tide.

THE URGENCY OF THE TEENAGE PREGNANCY CRISIS

Recent statistics paint a dire picture. In 2024 alone, over 90,000 pregnancies were recorded among girls aged 10 to 19, and 2,328 of those pregnancies were in girls between 10 and 14 years old. To call this alarming would be an understatement. These are children – some barely in their teens, some not even teenagers – now forced into motherhood. A child as young as 10 becoming pregnant is not just a statistic but evidence of a profound societal failure and, in most cases, a horrific crime since a girl that young cannot legally give consent.

This crisis threatens the very foundation of our social and economic development as teenage pregnancy poses a serious threat to the health, rights, education, and socio-economic well-being of girls.

When a young girl becomes a mother, her chances of finishing school plummet, her job prospects diminish, and she often becomes trapped in a cycle of poverty. Minister Chikunga recently highlighted that teenage pregnancies perpetuate the poverty cycle, especially among disadvantaged young girls, creating long-term challenges for families and society at large. In other words, today's teen pregnancy is tomorrow's poverty and inequality.

We must recognise this as not only a public health issue but a social justice emergency. The high incidence of adolescent pregnancy in our country is interlinked with other scourges – HIV and other STI infection rates, child sexual abuse, statutory rape, gender-based violence and femicide (GBVF), poverty, educational exclusion, substance abuse, and even toxic elements of popular culture.

Each teenage pregnancy is a symptom of one or more of these underlying issues. It therefore follows that in addressing the teenage pregnancy crisis, our efforts must prioritise protecting girls' rights and futures on multiple fronts at once. The urgency is real and we are here because we cannot and will not allow the futures of our daughters to be derailed.

UNDERSTANDING THE CAUSES: HOW YOUNG TEENAGERS GET PREGNANT

To craft effective solutions, we must honestly confront how and why so many young girls are getting pregnant. The causes are multi-faceted, and often heartbreaking:

- ***Sexual Abuse and Exploitation***: A significant number of pregnancies in under-15 girls are the result of rape or incest – sexual abuse within families or by trusted community members. We have minors who have been preyed upon by uncles, stepfathers, even biological fathers in some horrific cases. The abuse is sometimes *"normalised"* in certain family environments – fathers exploit their authority, convincing daughters such acts are acceptable, while mothers or relatives stay silent out of shame or dependency. These girls often conceal pregnancies and avoid healthcare facilities out of fear of revealing the perpetrator, missing vital antenatal care. This hidden abuse is one driver of the "concealed" pregnancies that end in tragedy or late discovery.
  Persons with disabilities often face systemic barriers in accessing inclusive, non-discriminatory, and accessible sexual and reproductive health (SRH) services. These barriers violate their

dignity and rights and lead to poor health outcomes, abuse, and marginalisation as they are often overlooked in teenage pregnancy prevention strategies. Yet, they face unique risks and barriers that require urgent attention.

Key Challenges include inadequate access to disability-friendly sexual reproductive health information and services, vulnerability to sexual abuse and Exploitation, lack of Autonomy and Consent, stigma and social Isolation and limited support systems.

There is limited disaggregated data on how many of these pregnancies involve learners with disabilities, reflecting a gap in surveillance and policy response.

We must drag these crimes into the light.

- ***Abuse of Power by Educators and Other Adults***: Another appalling reality is that some of the very people entrusted with children's well-being have violated that trust. We have heard of teachers impregnating schoolgirls, a gross betrayal of duty. Just recently, a court in Mpumalanga ordered a former teacher – who had been struck off the educators' roll for sexually assaulting and impregnating a learner – to pay R38,000 in maintenance for the child, taken directly from his pension. This case, where the teacher tried to avoid supporting the child after losing his job, underscores both the evil at hand and the importance of enforcement – the educator was dismissed and held financially accountable for the child's support. Let this send a clear message that any teacher or adult who exploits a child will face the full might of the law and the

lasting responsibility for their actions. There is no place in our schools or communities for predators masquerading as caretakers.

- ***Peer Pressure, Inadequate Knowledge, and Contraception Gaps***: Not all teenage pregnancies result from coercion; many occur because adolescents lack the knowledge or means to prevent them. Limited access to sexual and reproductive health services, inadequate sexuality education, and low contraceptive use contribute significantly. Cultural taboos around discussing sex mean many teens are uninformed about contraception and protected sex. In some areas, clinics are not youth-friendly – adolescent girls feel judged or unwelcome, so they avoid seeking contraceptives. Additionally, many girls are in relationships with slightly older boyfriends and become pregnant due to a combination of ignorance, pressure, and insufficient guidance. We also know that prevailing cultural norms and gender dynamics often leave girls powerless to insist on protection, and gender-based violence looms in the background of many relationships.
- ***Poverty and "Transactional" Relationships: Poverty plays a huge role***. In economically distressed communities, a young girl might be lured by an older man offering financial help – the so-called *"blesser"* phenomenon. These transactional relationships often result in pregnancy, as the power imbalance makes it hard for the girl to negotiate safe sex. The girls and their families might tolerate these inappropriate arrangements out of economic desperation, inadvertently exposing the girls to exploitation and early pregnancy. Economic dependency is a thread running through many of these stories, as families sometimes turn a blind eye to abuse or drop statutory rape charges in exchange for financial support. We must break this cruel intersection of poverty and abuse.

- ***School Dropout and Limited Opportunity: Girls who are out of school are at higher risk of early pregnancy***. When a girl drops out – often due to poverty, pregnancy, or poor performance – her time is less structured, she has less access to information and mentors, and she may see motherhood as one of the few paths available. High school dropout rates correlate with higher teen pregnancy rates. Conversely, keeping girls in school is one of the best protective factors. We also saw how external shocks like COVID-19 exacerbated the problem: during pandemic school closures and service disruptions, teen pregnancies spiked as supervision waned and access to contraception and clinics was curtailed.

In summary, teenage pregnancy in South Africa is driven by a toxic mix of sexual violence, exploitation of the vulnerable, inadequate education and services, and socio-economic pressures. It is a multi-dimensional challenge that no single intervention can fix. Understanding these root causes energises our call to action and we must respond on all these fronts simultaneously.

ACKNOWLEDGING EFFORTS AND PROGRESS TO DATE

Before we discuss what more must be done, let us acknowledge that many stakeholders have been working tirelessly to address this crisis. We are not starting from zero – there are important efforts and successes we can build upon:

- ***Legal and Policy Frameworks***: South Africa has a strong legislative and policy foundation for protecting children and

supporting young mothers. The Children's Act provides for the care and protection of minors, and the Criminal Law (Sexual Offences and Related Matters) Act criminalizes statutory rape and sexual abuse of minors. The Social Assistance Act allows child support grants for young mothers, and the White Paper for Social Welfare has long recognised the need to support vulnerable children. Our campaign today aligns with existing national strategies such as the National Strategic Plan on Gender-Based Violence and Femicide, the Adolescent Sexual and Reproductive Health (ASRH) Framework Strategy 2017–2022, the Integrated School Health Policy, and our international commitments under instruments like CEDAW and the Convention on the Rights of the Child. We are fortunate to have these frameworks – our task is to implement and integrate them effectively.

- ***Education Sector Initiatives***: The Department of Basic Education, together with partners, has rolled out Comprehensive Sexuality Education (CSE) in schools to equip learners with knowledge and life skills to make informed choices. There are policies to help pregnant learners stay in school or return after giving birth, so their education is not permanently derailed. We have begun to hold educators accountable for misconduct, and many schools are trying to create safer environments. There are also peer education programs and engagements through life orientation classes. These efforts are critical and must be strengthened and consistently implemented.
- ***Health Sector Initiatives***: The Department of Health has established Adolescent- and Youth-Friendly health services policies and the National Adolescent and Youth Health Policy to make clinics more welcoming to young people. In some areas, dedicated youth

clinics and mobile clinics provide contraception, antenatal care, and HIV services tailored for adolescents. There have been awareness campaigns about contraception (like dual protection using condoms and other methods) and efforts to integrate sexual health services into schools through the Integrated School Health Programme. The health sector has also worked on improving data collection on teen pregnancies (e.g., through the District Health Information System and better birth registration outreach). We acknowledge the doctors, nurses, and community health workers who counsel and care for pregnant teens and their babies every day.

- ***Social Development and Community Initiatives***: The Department of Social Development (DSD) and many NGOs provide psychosocial support, parenting programs, and interventions for vulnerable youth. We have drop-in centers, youth clubs, and NGO programs (like those by LoveLife, Soul City, and others) focusing on youth empowerment and sexual health. The government's social protection system, including child grants, helps alleviate some financial burden for young mothers. There are also community dialogues and awareness campaigns driven by civil society and faith-based organisations that challenge harmful norms and support girls. Encouragingly, a 2022 evaluation of the previous national adolescent SRHR strategy noted *some* progress – such as improved stakeholder coordination and the inclusion of sexuality education – even though it also highlighted ongoing gaps.

Despite these efforts, we must candidly admit that our overall response has not yet matched the scale or complexity of the problem. Various initiatives exist, but they often operate in silos. What is missing is a cohesive, well-coordinated national strategy with all sectors marching in

the same direction. The diagnostic evaluation conducted recently found that while we have many policies and programs, there is “no comprehensive strategy specifically targeting teenage pregnancy” – efforts are fragmented, donor-dependent, and uneven across provinces.

Implementation has thus been inconsistent. For example, not all schools are fully implementing CSE, not all clinics truly offer youth-friendly services, and not every pregnant teen gets a social worker’s support. Data systems are weak, which hampers planning and accountability. And crucially, communities are not always engaged as active partners.

So today, as we acknowledge all the groundwork laid by dedicated professionals and activists, we also say we must do better, and we must do it together. The scale of the crisis demands that we up our game. We need to go from pockets of progress to a nationwide movement. Let us applaud the efforts to date – but also recognise that now is the time to unite and coordinate these efforts for maximum impact.

THE NEED FOR BETTER COORDINATION: AN ALL-OF-SOCIETY RESPONSE

It has become abundantly clear that no single government department, no single sector of society, can tackle the teenage pregnancy crisis alone. We need what we call a whole-of-government and whole-of-society response. This means *all* sectors working in concert, with shared goals and synchronised actions. Today’s gathering, which brings together captains of all sectors, is exactly the kind of coalition we need to build and sustain.

What would an all-of-society campaign entail? Simply put, everyone has a role:

- ***Government Departments in Unison***: Education, Health, Social Development, Justice, Police, Home Affairs, Treasury, Cooperative Governance – to name a few – all have specific responsibilities in preventing and managing teenage pregnancies. We must break down departmental silos. For example, when a pregnant 13-year-old is identified, the health sector must not only provide care but also trigger a child protection and justice response – linking with social workers and police. Similarly, education officials should coordinate with health to keep young mothers in school or help them re-enrol. A national framework for intersectoral coordination, as recommended by experts, should be established immediately to bind these efforts together. We envision regular inter-departmental meetings, joint budgeting for this crisis, and performance tracking shared across ministries. In short, a unified government front where each department is accountable for its part and for supporting others.
- ***Community and Civil Society Mobilisation***: Our NGOs, community-based organisations, and civil society activists are the lifeblood of grassroots change. We need to support and amplify their work. Civil society brings innovation, on-the-ground presence, and can often reach people government programs do not. We must coordinate with them, not duplicate or work at cross-purposes. Many NGOs (some of whom are here today) run successful programs on youth empowerment, sexual health education, and survivor support. We intend to integrate these into a broader national campaign. Every community should have an action plan to address

teenage pregnancy, led by local stakeholders – be it a local NPO, a faith leader, a clinic or ward committee, or a school governing body. Government can provide the data and resources, but communities are crucial for implementation and norm change.

- ***Faith-Based and Traditional Leaders***: In many of our communities, faith leaders and traditional leaders hold great influence. We must partner with them as champions of this cause. Already, some are doing commendable work – for instance, pastors preaching about the importance of protecting children, or traditional leaders speaking out against child marriage and ukuthwala. We call on these leaders to help shift the cultural norms that often underlie teenage pregnancy. Their voices can powerfully affirm that our culture and faith do not condone the abuse or neglect of children. By engaging these leaders in dialogues and campaigns, we can reach households that might otherwise not listen to government officials. This inclusive approach recognises that moral authority and community trust are key to changing behaviour.
- ***Private Sector and Media***: We also welcome the private sector's involvement – as employers, they can support young mothers with skills development and job opportunities; as corporate citizens, they can fund and sponsor community programs. The media, on the other hand, has a dual role: investigative, to uncover abuses and hold authorities accountable, and educational, to spread awareness and positive messages. We need media to continue highlighting the teenage pregnancy crisis – not to shame girls, but to galvanize action and keep us accountable. Campaigns on radio, TV dramas with informative storylines, social media influencers promoting the hashtag #GirlsNotMothers – these can all help reshape the narrative and inform young people.

In essence, an all-of-society approach means everyone in their lane, but moving forward together. We have to synchronise our efforts like an orchestra – different instruments, one symphony. This breakfast meeting itself must be a springboard for such coordination. We have gathered insight from multiple sectors and after today, we should establish mechanisms to keep working together, sharing information, and measuring progress collectively.

One immediate step we will take is to develop a comprehensive National Teenage Pregnancy Strategy that draws on the input of all sectors. This strategy will clearly delineate roles and responsibilities, set common targets, and establish accountability mechanisms (so we can track who is doing what). It will ensure that, for example, the Department of Health's efforts in clinics are complemented by the Department of Basic Education's efforts in schools and the Department of Social Development's efforts in communities, all under one umbrella plan.

We must all remember, we have done this before on other challenges. Our fight against HIV and AIDS, especially the prevention of mother-to-child transmission, taught us that when government, civil society, and communities collaborate, we can achieve what once seemed impossible. The same all-hands-on-deck approach was used for COVID-19 through joint structures and a unified response. We must summon that spirit again. It is time for an emergency response – a Whole-of-Government and Whole-of-Society Call to Action, truly waging a war on teenage pregnancy.

ADDRESSING THE MULTI-DIMENSIONAL NATURE OF THE CRISIS

As discussed, teenage pregnancy is not a single-issue problem – it spans legal, cultural, health, social, and economic dimensions. Our response must therefore be multi-pronged. Allow me to outline key focus areas we must tackle, simultaneously and decisively, to cover all dimensions of this crisis:

1. ***Legal and Enforcement Response***: We must enforce the law and end impunity for those who impregnate minors. This starts with strengthening the investigation and prosecution of statutory rape and sexual abuse cases. Too many perpetrators – whether they are predatory relatives, teachers, or strangers – escape justice today. We will work closely with the South African Police Service (SAPS), the National Prosecuting Authority (NPA), and the courts to ensure every case of a girl under age 16 who becomes pregnant is treated as a potential crime scene. No more can families sweep these cases under the rug. Statutory rape is a state crime that cannot be withdrawn by parents or "resolved" with damages – any attempt to do so is obstruction of justice.

   We must send a clear message: if you rape or sexually abuse a child, you will be prosecuted and punished. We also need to monitor enforcement of relevant laws – for example, the Sexual Offences Amendment Act – to identify gaps. A suggestion has been made to institute a prosecution tracking system for statutory rape cases, so that we follow through every case from report to verdict. I fully endorse this. Furthermore, educators or officials who impregnate learners must be swiftly dismissed and blacklisted. As noted earlier, there are precedents now – an offender's name should go to the National Child Protection Register, and professional councils like

SACE must strike them off. We will also push for maintenance orders to support the children born from these crimes, even if it means garnishing the perpetrator's wages or pension. Let the prospect of financial liability and public disgrace deter those who would prey on minors. In summary, on the legal front, we intend to turn the tide from a culture of silence and impunity to a culture of accountability and justice.

2. ***Normative and Cultural Change***: Laws alone will not solve this as we need to change hearts, minds, and social norms. In many communities, entrenched patriarchal attitudes and harmful cultural practices contribute to teenage pregnancy. We have to engage with and transform these norms. I call on our traditional leaders and faith-based communities to be vocal allies in this cause. Cultural rites or interpretations that once might have condoned child marriage or adolescent childbearing must be openly challenged – our cultures are dynamic and must evolve to prioritise children's rights. Sexual violence and incest can no longer be "family secrets"; community members should be encouraged and empowered to speak out and report abuse, even when it implicates relatives or respected figures.

   We will support dialogues at the community level – Community Dialogues led by faith and traditional leaders have been proposed – to discuss the harms of teenage pregnancy and collectively pledge to protect our girls. Another aspect of normative change is targeting male behaviour and responsibility. We must instil in our boys and men that real manhood means respecting women and girls, and that impregnating and abandoning a young girl is shameful, not macho. Campaigns promoting responsible male behaviour and fatherhood will be crucial. The media and

entertainment industry also play a role as we need more public messaging that empowers girls to say no, and that makes it clear that the community will not tolerate the exploitation of its daughters. By shifting societal norms around sexuality, consent, and gender power dynamics, we address the root causes that laws alone cannot reach.

3. ***Health and Social Support Services***: We must enhance the support and services available to adolescents to prevent pregnancy and to care for those who do become pregnant. A key intervention is to improve access to youth-friendly sexual and reproductive health services (SRHR). Every clinic, hospital, and mobile health unit should be a friendly space for a teenager. This means training healthcare workers to be non-judgmental, ensuring privacy and confidentiality, and extending service hours or outreach so that youth can access care without barriers. Contraceptives (including long-acting methods) must be readily available and explained to adolescents in a way they understand. We also will strengthen Comprehensive Sexuality Education in schools – not just as curriculum content, but as a practical skill set for life. This includes teaching about consent, healthy relationships, and how to get help in case of abuse. Importantly, the health system and social services must work hand-in-hand: when a minor girl comes for antenatal care, health professionals have a legal obligation to report the case for investigation. I want to ensure that every pregnant girl under 16 is automatically connected with a social worker for support and that the case is assessed for possible sexual abuse. DSD should deploy more social workers, as recommended, and prioritise such cases. These young mothers need counselling, they need guidance, and often intervention to remove them from abusive

environments. Furthermore, we should increase the number of “safe spaces” and youth clinics linked to schools in hotspot districts – places where teens can drop in for advice, pregnancy tests, or just talk about their problems. If our youth know there is a supportive adult and service available, they are more likely to seek help early – either to prevent pregnancy or to get early antenatal care and assistance if pregnant. Let us also not forget mental health: adolescent pregnancy can be traumatic, especially when it is due to abuse. Counselling and peer support groups for teen mothers can make a huge difference in coping and future planning.

4. ***Economic Empowerment and Opportunities***: A profound driver of this crisis is the lack of economic opportunity which particularly affects young women. Therefore, part of our solution must be to empower young girls and their families economically. When girls and their households are less vulnerable financially, they are less likely to fall prey to exploitative relationships. The Department of Social Development, together with local government and agencies like SEDA, are urged to enhance social protection and economic empowerment programs in the next 12–24 months. This includes ensuring that adolescent mothers can access child support grants easily, but it goes beyond grants. We need to provide skills training for young mothers – for example, parenting teens could be linked to vocational training or small business support so they can earn income. Also, investing in keeping girls in school or helping them return to school after giving birth is non-negotiable – every extra year of schooling dramatically improves a girl’s future earnings and reduces the chance of a second pregnancy. We will also look at programs like cash transfers or bursaries for at-risk girls to incentivise them to stay in school. Additionally, we should consider

community-based childcare options (perhaps through the Extended Public Works Programme or community child care centers) so that young mothers have a safe place to leave their babies while they continue education or start working.

Breaking the cycle of economic dependency is key – many mothers and families hesitate to prosecute abusers because the abuser provides financial help. If that financial grip is loosened through alternative support, justice can proceed and the girl can be freed from ongoing abuse. Lastly, sustainable livelihoods projects in hotspot areas – such as supporting cooperatives for women or providing microfinance for young female entrepreneurs – can help provide long-term economic stability. We will tap into private sector partnerships for mentorship and training opportunities for young women. When teenage mothers and vulnerable girls see a hopeful economic future for themselves, early pregnancy and abusive relationships become far less likely options.

5. ***Data, Monitoring and Accountability***: To drive and measure progress, we need much better data and analytical tools. Strengthening data collection and developing a real-time dashboard is a priority. We will improve how different data systems talk to each other – linking health data (like the District Health Information System and birth registration data) with education data (school dropout and readmission figures) and with DSD's social service data. Stats SA, DSD, and DoH are already tasked to improve sub-district data collection within a year. By next year, we should be able to pinpoint exactly which communities have the highest rates of teenage pregnancy, what the trends are, and which interventions are reaching those areas. A national data

dashboard will enable a bird's-eye view for decision-makers, but also be accessible to the public to foster transparency. This will help us identify hotspots and respond quickly. For instance, we know from recent analyses that provinces like KwaZulu-Natal and Limpopo have teenage pregnancy rates as high as 17–18% – the highest in the country. Within those provinces, specific districts – *for example, Vhembe and Mopani in Limpopo, or Ugu in KZN, or OR Tambo in the Eastern Cape* – are notorious hotspots. With a dashboard, we can localise responses: if one district's numbers start climbing, the relevant departments can surge support there (be it more contraception supply, more social workers, or community campaigns). Data will also allow us to prioritise interventions and track what's working. We will establish a monitoring and evaluation task team (within the War Room, which I'll speak about next) to produce regular progress reports from all sectors. These reports will be our scorecard – showing areas of improvement and flagging where we are falling behind. By holding ourselves accountable to data, we ensure that this initiative stays on track and adapts as needed. The culture of evidence-based intervention must permeate our campaign; we owe it to our girls to use every tool and insight available.

By addressing all these dimensions – enforcement, cultural norms, health services, economic factors, and data-driven action – we can mount a truly effective response. It is like building a house: if any pillar is weak, the whole structure falters. So we must reinforce each pillar of the response concurrently. I have outlined these areas separately, but in practice they are interdependent and must reinforce one another. For example, stronger legal action (pillar 1) deters perpetrators and signals new norms

(pillar 2); better health services (pillar 3) feed data into our systems (pillar 5) and also provide contraception which can ease economic strain (pillar 4 by preventing unplanned births). Our approach will be holistic.

LAUNCHING A WAR ROOM FOR IMPLEMENTATION

Having spoken about *what* we need to do, I want to turn to *how* we will get it done. Good plans require strong implementation mechanisms. To ensure we move from talk to action, I am pleased to announce that we will establish a dedicated "War Room" to tackle the teenage pregnancy crisis. Consider this War Room the nerve center of our whole-of-society campaign – a high-level task team that will meet regularly, drive coordination, and hold all of us accountable for results.

Why a War Room? The term signifies urgency and unity of purpose. In South Africa, we have used "war room" models effectively before – for example, in the HIV/AIDS crisis and through the Operation Sukuma Sakhe in some provinces, where multiple stakeholders gather frequently to solve problems in real-time. Our Teenage Pregnancy War Room will similarly break down bureaucratic delays and silos. It will be chaired by the Department of Women, Youth and Persons with Disabilities (DWYPD), given our mandate to advocate for women and youth, and we will ensure participation from all key departments (Health, Basic Education, Social Development, Justice, Police, Home Affairs, etc.) as well as key partners from civil society and international agencies. Many of you in this room will likely be part of this structure.

The War Room will have several concrete functions:

- ***Coordinating Implementation of Agreed Actions***: All the recommendations and ideas from today's meeting – and from the concept note and reports that informed it – will be consolidated into an action plan. The War Room's job is to make sure those actions are assigned to the right entities and carried out. For instance, if one action is "Recruit X additional social workers for teenage pregnancy hotspots," the War Room will assign that to DSD and monitor it. If another action is "Develop a school re-entry policy for young mothers," that goes to Basic Education to report back. This body essentially ensures the beautiful plans don't gather dust.
- ***Developing the National Strategy and Monitoring Dashboard***: Earlier I mentioned the need for a comprehensive National Teenage Pregnancy Strategy and a data dashboard. The War Room will oversee the fast-tracking of these tools. We will set tight deadlines – for example, a draft strategy within a few months, and an initial version of the dashboard by the end of the year – so that we are not waiting long to get clarity and data. Because the War Room convenes all stakeholders, the strategy will be truly multi-sectoral and owned by everyone. The DWYPD-led task team for monitoring will essentially be this War Room's secretariat, tracking impact and reporting on progress across sectors.
- ***Identifying and Responding to Hotspots***: With real-time data in hand, the War Room can serve as an early warning system. If a particular locality sees a spike in teen pregnancies or a cluster of very young girls falling pregnant, the War Room can alert the relevant province or department to intervene. We will liaise with provincial and district forums (leveraging the District Development Model, for example) to carry out local rapid responses. Think of it as

a kind of emergency operations center for this issue, where information flows in and direction flows out.

- ***Ensuring Accountability and Maintaining Momentum***: Crucially, the War Room will be an accountability mechanism. Each sector represented will need to report on its commitments. If progress is slow or obstacles are encountered, the War Room will elevate the issue to the highest levels – even up to Cabinet if needed – to get it unblocked. We will not allow the usual slow pace of bureaucracy to hinder this emergency response. The presence of civil society and media representatives in or around the War Room will also help maintain pressure and transparency. Regular communiqués can be released to inform the public of what is being done. I want communities to know that this is not just a talk shop, but a high-powered implementation team is on the job, and they can hold us to our promises.

In summary, the War Room is about coordination, speed, and accountability. It embodies the "all-of-government, all-of-society" principle by bringing everyone to the table and focusing on problem-solving. As Deputy Minister, I commit to championing this War Room approach and to personally reporting on its progress. We will align this initiative with other national campaigns – for example, our National Strategic Plan on GBVF, because preventing the sexual exploitation of girls is a pillar of the GBVF effort as well. We will avoid reinventing the wheel by linking with existing structures, for instance, the SANAC (South African National AIDS Council) Civil Society Forum has women's and youth sectors that are keen to support; the GBVF Council can lend its expertise on survivor support, etc., so they will be looped into the War Room's work.

Declaring a “war” on teenage pregnancy is not a mere slogan – we mean to pursue this with the seriousness and resolve that a war room implies. We will marshal resources, make swift decisions, and deploy interventions with urgency. Every quarter, we should see tangible progress – whether it is a drop in new teen pregnancies in a pilot community, or an increase in the number of perpetrators being prosecuted, or more girls returning to school post-pregnancy. And if we do not see progress, we will course-correct quickly. The War Room gives us the mechanism to do so.

CONCLUSION: PROTECT OUR FUTURE – ACT TODAY

Colleagues and partners – we have reached a turning point. South Africa’s teenage pregnancy crisis has sounded an alarm that cannot be ignored. Our children – literal children, some in primary school – are getting pregnant, often through heinous abuse. This is not normal, it is not acceptable, and it cannot continue. The time has come for a bold, united response that matches the gravity of the situation.

In concluding, I want to make a call to action to every segment of society:

- ***To government leaders and officials***: Let us treat this as the emergency it is. Allocate the budgets, enforce the policies, and cut the red tape. When we leave here, each department must double down on its commitments – whether in hiring that additional social worker in a rural area, or ensuring every clinic has contraceptives in stock, or training every prosecutor on handling statutory rape. We will integrate our efforts like never before, because our success depends on our unity.

- ***To civil society and community activists***: Keep pushing us, keep innovating on the ground. You are our eyes, ears, and often the hands that deliver services. We need you to hold community dialogues, to provide safe spaces, and to be the compassionate supporters for young people who have nowhere else to turn. Your role in changing cultural norms and supporting survivors is invaluable. We, as government, will support and listen to you.
- ***To parents and community members***: This starts at home. Talk to your children about the values of respect and the importance of education. Supervise and guide them – know where and with whom they spend time. And critically, protect all children as if they were your own. If you know of a child being abused or exploited, reporting it is not just a legal duty but a moral one. Silence and inaction make you complicit. Our communities must unite in saying: "No more. Our girls are daughters of the nation, and we will not let them be harmed."
- ***To the young people here and across South Africa***: We are doing this for you, but also with you. Your voices must be heard in designing solutions – you know the challenges and pressures first-hand. I urge you to become activists in your own right: look out for your friends, spread accurate information, and help change attitudes among your peers. And to the young men: be allies. Challenge toxic behavior when you see it; treat your female peers with respect and equality. The future will be what you make of it – so help us build a culture where teenage pregnancy is rare because youth have hope, knowledge, and support.

We have talked about *"Protecting our Future. Acting Today."* That is more than a slogan – it is a directive. Our future as a country lies in the dreams

and potential of our youth. We simply cannot afford to have those dreams cut short by teenage pregnancy, especially when it results from preventable circumstances or crimes. By acting today – decisively and together – we protect that future.

I am reminded of one of the campaign hashtags: #GirlsNotMothers. Our mission is precisely that – to let girls be girls, not mothers before their time. Every teenager should be focused on school, friends, and personal growth, not struggling with a baby or recovering from abuse. If we succeed in this campaign, thousands of girls who might have become statistics will instead become graduates, professionals, and leaders. That is the prize we seek.

In closing, I want to echo the sentiment of *Batho Pele* – "People First". We are here to build a better life for all, especially our young people. The measure of our success will be in the lives improved: the girl who finishes high school because we helped her avoid or manage a pregnancy; the survivor of abuse who gets justice and healing; the community that rallies to ensure no perpetrator finds refuge among them.

Let this day mark the beginning of the end of the teenage pregnancy crisis in South Africa. We have a roadmap, we have the will, and now we have the collective platform to act. Protect our future – act today! Together, we will wage and win this war on teenage pregnancy, so that every South African child can enjoy a childhood free of abuse and full of opportunity.

I thank you.