

Eliminating the scourge of illegal termination of pregnancy – a call to action



Information containing warnings on the danger of illegal termination of pregnancy providers and where safe termination of pregnancy services are offered have been distributed during awareness marches held throughout the province. Pictured at one of these events, KZN Health MEC Dr Sibongiseni Dhlomo helps remove posters advertising illegal termination of pregnancy services.

ON November 17, the KwaZulu-Natal Health MEC, Dr Sibongiseni Dhlomo launched the province's Campaign on illegal Termination of Pregnancy. The initiative is an urgent call for action against illegal termination of pregnancy and aims to highlight the dangers of illegal termination of pregnancy while also promoting access to safe, legal services as a women's health and human rights issue. The campaign will therefore also promote women's right to access public health centres and be provided with adequate support. The Department aims to raise the issue of social stigma which, it is believed, forces women to risk dangerous illegal termination of pregnancy for fear of judgement and abuse.

Speaking at the launch event held in the uMgungundlovu District, MEC, Dr Dhlomo outlined the thinking behind and reasons for the campaign: "It is indeed a matter of great concern that despite South Africa having one of the most progressive termination of pregnancy laws in the world, South

***"The product, illegal termination of pregnancy, is skillfully marketed and sold to the woman at the crisis time in her life. She buys the product, finds it defective and wants to return it for a refund. But, it's too late."* – KZN Health MEC, Dr Sibongiseni Dhlomo**

Africa still remains a place where women choose backstreet providers against the widespread available government-sanctioned centres. "It is actually disappointing that 18 years after the promulgation of The Choice of Termination of Pregnancy Act, introduced in 1996, we still have women being maimed and dying as a result of illegal and unsafe termination of pregnancy.

"What is alarming is that we see these illegal termination of pregnancy providers on the street corners, distributing their illegal termination of pregnancy pamphlets. We also see these adverts plastered on nearly all the street walls and lamp posts. "These adverts are professing 'safe', 'pain free', 'quick' and 'cheap' termination of pregnancy.

"The proliferation of this advertising, and the fact that it is posted in public spaces such as taxi

ranks and shopping centres, makes many women believe they are accessing a legitimate service."

The Department's concern about illegal termination of pregnancy – and its determination to drive the campaign forward – are borne out by the following statistics:

Just in the past financial year, KZN had 12 031 patients admitted in various health facilities in the province due to incomplete termination of pregnancy, while 1 455 patients were admitted due to septic termination of pregnancy.

According to the 2012 Saving Mothers report, in South Africa 186 women died of a septic miscarriage in public health facilities; 23 percent of which were caused by unsafe or illegal termination of pregnancy.

A study by the South African Medical Research Council in 2010 reported that 49 percent of termination

of pregnancy are undergone by young people between the ages of 13 and 19 years, and that these take place outside a hospital or clinic

The campaign will call for support of women's autonomy to make their own decisions whether and when to have children and have access to the means of acting on those decisions without risk to their health and lives.

MEC Dhlomo stressed that the choice for an termination of pregnancy "is about freedom – women's personal freedom".

"It is about respect – respect for women's morality. It is about responsibility – responsibility for self and family. And it is also about trust – trusting women's judgement." For women to freely make their own decisions about pregnancy and termination of pregnancy, they must have information about options. Their options must be safe, accessible, and

affordable," continued Dhlomo. "And women must have an emotionally safe space in which to make their decision."

"Unsafe termination of pregnancy have eaten into our society, gradually destroying the lives of young women, as people have closed their eyes to the issue, hoping it would disappear."

EThekweni reported the highest number of incomplete termination of pregnancy (3 577) followed by uMkhanyakude (797) and Ugu (780).

Women find themselves in desperate situations with unwanted pregnancy – and frequently end up turning to unlicensed termination of pregnancy providers in fear of social stigma and unsupportive partners and relatives.

Dhlomo concluded by saying: "This campaign is a call to action to keep fighting for reproductive freedom if we want reproductive health. But it shouldn't be necessary. We should be past this ... (we should) be fighting about how we are going to ensure women's reproductive health, not whether or not women's reproductive health is in trouble."



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KZN Health MEC
Dr Sibongiseni Dhlomo

Frequently asked questions about sexual health

SOMETIMES it's hard to talk about sexual health in the open, so here's a list of frequently asked questions for when you need some quick answers.

I think I might have a sexually transmitted infection (STI) or other sexual health issue, what should I do?

If you're worried you might have an STI or have a specific medical question, we recommend you contact a clinic or your doctor for more information.

Can I get an STI from oral sex?

Yes. Unprotected oral sex can leave you vulnerable to STIs, particularly chlamydia, gonorrhoea and herpes. It's best to use a condom or dam and water-based lube when you're having oral sex.

Can I still get an STI if I don't sleep around?

Yes. If you've ever had unprotected sex with anyone who has an STI, you could get an STI – this includes vaginal, oral and anal sex.

Would I know if I had an STI?

Not necessarily. Many people with an STI don't have symptoms.

Is it true that STIs are pretty rare among young people?

No. Young people account for approximately one in every two of all reported STIs.

Are Vaseline, massage oils or moisturizer ok to use as a lubricant with latex condoms?

No. Oil based products like Vaseline, massage oils or moisturizer can cause latex to disintegrate, so you should use a water based lubricant with condoms, gloves and dams. Some common water-based lubricants and silicone-based lubricants are also safe to use with condoms.

Is it ok to use two condoms?

No. Although it might seem extra safe, wearing two condoms or "double-bagging" will increase the friction between them and make them more likely to tear or break.

If I've had a pap smear does that mean I've had a sexual health check?

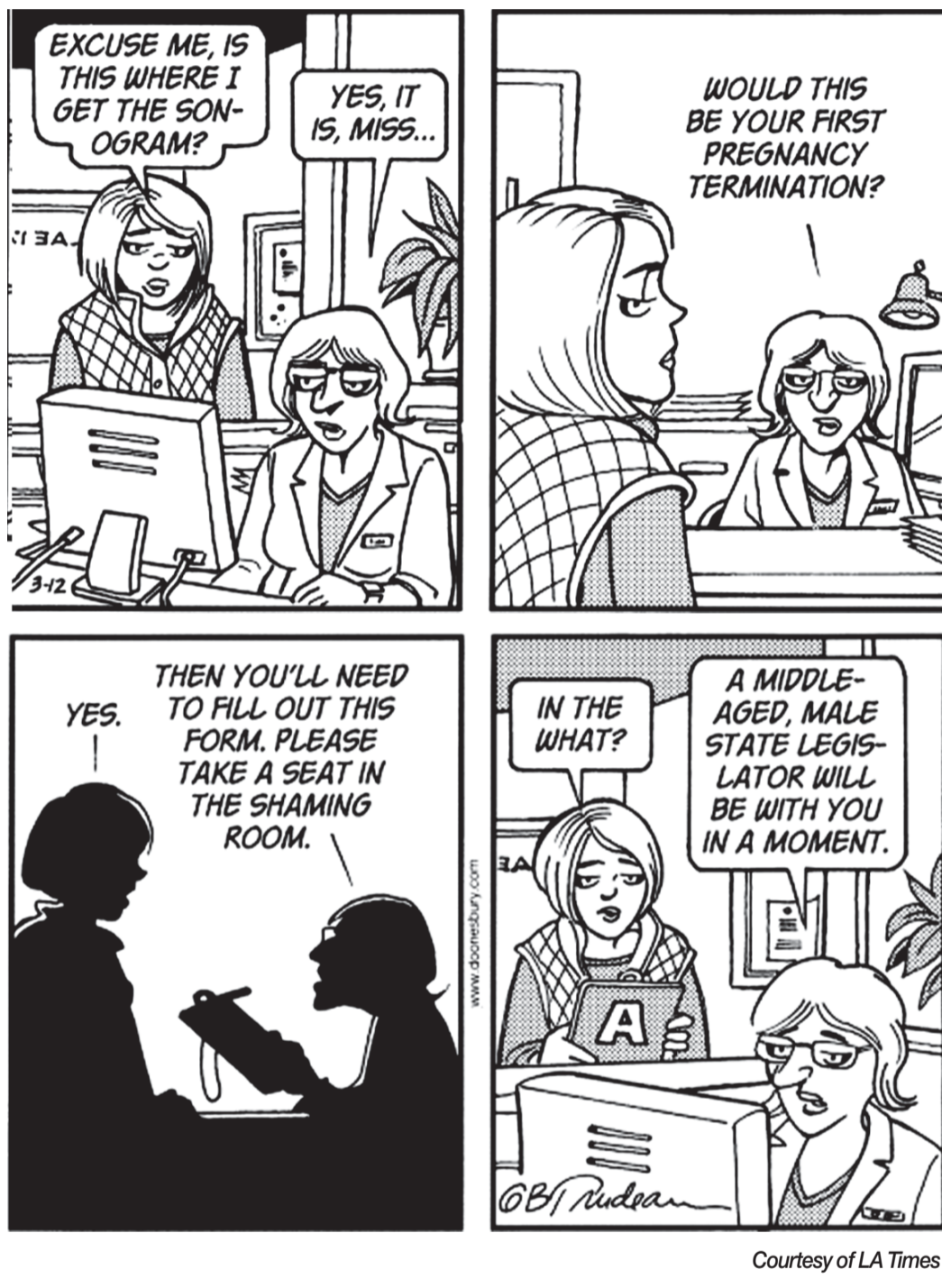
No. Pap smears will only screen for HPV (Human papillomavirus) not for other STIs like chlamydia, gonorrhoea and HIV. It's a good idea to ask for a sexual health test when you go to get a pap smear.

I've heard that only gay people get HIV, is that true?

No. HIV does not discriminate and can affect anyone of any gender, age, race or sexuality.

Source: WHO

Doonesbury BY GARRY TRUDEAU



Courtesy of LA Times

MEC Dhlomo calls for more action from NPA, SAPS on illegal termination of pregnancy

KWAZULU-NATAL Health MEC, Dr Sibongiseni Dhlomo, took the fight against illegal termination of pregnancy to Port Shepstone (Ugu District) on November 30, 2015, where he handed over a memorandum to the South African Police Services (SAPS) and the National Prosecuting Authority (NPA), calling for support and action against the scourge. Speaking outside the Port Shepstone Civic Centre after leading a march through the central business district, Dhlomo implored SAPS and the NPA to ensure that:

1. They fulfil their constitutional mandate by identifying areas where illegal termination of pregnancies are taking place, investigate, arrest and prosecute perpetrators to the full might of the law;
2. The so called "termination of pregnancy clinics" are identified, their owners are prosecuted and the buildings shut down;
3. Posters, pamphlets and materials advertising illegal termination of pregnancies should be removed by their placers as they murky municipal spaces;
4. The police investigate all fraudulent health care practitioners as they are breaking the law and endangering the lives of citizens;
5. All women presenting to health institutions (hospitals and clinics) with complications following illegal termination of pregnancy, should be assisted to open cases against the perpetrator; and
6. The SAPS and Department of Health commit to working together in removing these rogue elements from unsuspecting citizens so as to eradicate the scourge of illegal termination of pregnancies.

KZN Health increases number of legal termination of pregnancy facilities

THE KwaZulu-Natal Department of Health has increased the number of public health facilities offering safe and legal termination of pregnancy by nearly 300 percent in just a year.

The number of facilities offering legal termination of pregnancy has gone from 14 to a total of 40 since the beginning of 2015.

During this period, 19 doctors and 57 professional nurses have

received training on medical and surgical termination of pregnancy, as well as value clarification (understanding of the difference between their own personal values versus professional ethos). This training will be ongoing, with the Department focusing more on facilities that are not yet providing termination of pregnancy services.

Health care professionals who

undergo this training are also trained and debriefed on how to deal with social stigma, both in society and in the workplace. The Department is also now contemplating including Choice on Termination of Pregnancy (CTOP) training in the basic four-year nursing curriculum.

KZN Health MEC, Dr Sibongiseni Dhlomo also warned

those health care professionals who pass moral judgement on young people when they seek reproductive health services. This, he said, was a contributing factor to the rate of illegal termination of pregnancy.

He urged all health care workers to adopt a "Youth User-Friendly" approach to health care provision.

"We are trying to remind our health care professionals about the

importance of upholding professional ethics at all times. This includes creating a conducive environment for everyone who seeks health care, regardless of their age.

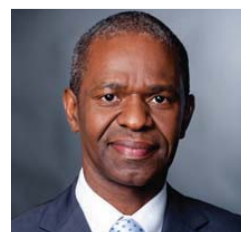
"The Hippocratic Oath and Nightingale Pledge compel doctors and nurses to keep patient information private and confidential at all times. It is very important."



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KZN Health MEC
Dr Sibongiseni Dhlomo

Q: Name three methods of birth control (contraception).

A: Abstinence (no intercourse) – male & female condom – birth control pills – injection – IUD (interuterine device) – implants – contraceptive foam, jelly, and inserts – diaphragm – cervical cap – natural family planning – sterilization – emergency contraception

Empowering youth on their sexual and reproductive rights



Ensuring young people have access to, and are educated about their contraception choices, results in a number of positive, empowering benefits for the youth – and society at large.

OVER half (55 percent) of the world's population is under the age of 25. The largest-ever generation of young people are our future and our present. Yet young people are often unable to make critical choices that impact their futures.

Contraceptive use is low, and one in three women has a child before the age of 18. In South Africa, while 60 percent of women aged 15 and 49 use modern contraceptives – a figure far higher than the regional average – about 99 000 (a rate of about 271 for every day of that year) school-aged girls became pregnant (2013) in South Africa and 26 468 were from KwaZulu-Natal.

For far too long the issues of reproductive health and family planning for adolescents have been taboo. In many parts of the country, the issues have been almost completely ignored. However, the KwaZulu-Natal Health Department has launched a campaign to offer

and promote dual protection.

Pregnancy and childbirth-related complications remain one of the leading killers of young women. For those young women who survive pregnancy, many will drop out of school due to early pregnancies. These women will not learn the skills they need to gain paid employment and contribute to their families, communities and nations.

These facts are not ignored, and the KZN Department of Health will increase public awareness about the contraception choices available to young people.

Some of the empowering benefits of contraception include;

- It is a top economic driver for women; Contraception has been listed as one of the most cost-effective developments in the business sector in the last 85 years.

- Being able to use and have access to contraception before the age of 21 is the most empowering

and influential factor in enabling women already in high school to stay in school.

- Contraception is estimated to account for more than 30 percent of the increase in the proportion of women in skilled careers. Contraception is the major driver in enabling women to pursue advance degrees such as medicine, dentistry and law.

- Today, women form the majority of undergraduate students. The number of women who complete four or more years at university is six times the figure for men. Women achieve the highest percentage of all doctorate, medical, and law degrees.

- Providing easy access to contraception decreases the rates of teenage pregnancy and unwanted, unplanned pregnancy.

The KwaZulu-Natal government's aims to improve access to contraception and strengthen family planning services, including for young men and women. There's a need to

reduce the stigma associated with youth sexuality. Even when girls and young women are informed about family planning and services that are available, many do not access the services due to fear, stigma and criticism.

The department also seeks to reduce cultural and social barriers to reproductive and sexual health care by engaging community leaders – including political and religious leaders – as champions for youth sexual and reproductive health and rights. Health care workers are going to be re-trained to provide services to young people confidentially and without judgement.

Of most importance is encouraging and empowering young people to be their own advocates and agents for change. Young people have the right to the knowledge, tools and services they need to make informed decisions about their bodies and live full, healthy and productive lives. In

many communities, young women and men are working tirelessly – both individually and collectively – to demand access to sexual and reproductive health and rights.

Finally, the KZN Department of Health will involve boys and men in the process. That's why the department is excited about the work being done to increase male involvement in sexual and reproductive health and rights. The "isibaya samadoda" encourages boys and men to be equal partners in their relationships, access sexual and reproductive health services and promote their peers' adoption of positive behaviors and denounce gender-based violence.

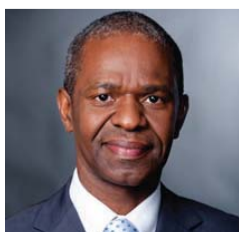
Bringing new voices into the conversation, and implementing effective age and culturally-appropriate family planning programmes, can make a real and lasting impact on the lives of young people everywhere – and help ignite a virtuous cycle of development.



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Q: TRUE or FALSE? Just because you have reached puberty, that means you are ready for sexual intercourse.

A: FALSE. Sexual intercourse is best for emotionally ready people who know how to respect each other, and protect against pregnancy, infection and related issues.

Launch of Adolescent and Youth User-Friendly health initiative

PRIMARY health care centres (clinics) provide a comprehensive health service package to young people closer to where they reside. However, the KwaZulu-Natal Department of Health is concerned that the manner in which these services are rendered, sometimes does not attract young people to visit local clinics for screening and reproductive health services, among others.

In a bid to encourage youth to adopt a health-seeking attitude and visit health facilities to request such services, the Department recently launched the Adolescent and Youth User-Friendly health initiative. The aim of this effort is to change the attitudes of certain health workers who tend to judge young people visiting health care facilities to seek reproductive health services.

"Health workers need to understand that if the youth is not treated in a manner that makes them feel welcome to seek health services, they then rely on uninformed advice or the help of their peers – usually with disastrous consequences," explained KZN Health MEC, Dr Sibongiseni Dhlomo at the launch of these services at the Swart Mfolozi Clinic in Vryheid.

"Therefore, the solution to curbing the rising rate of teenage pregnancy, the spread of sexually transmitted diseases and illegal termination of pregnancy lies, to a considerable extent, with the establishment of youth and adolescent friendly health institutions."

In launching the youth-friendly initiative, Dr Dhlomo echoed the sentiments of Deputy President, Cyril Ramaphosa during the commemoration of the 2015 World Aids Day, when he said:

"The number of new HIV infections is still extremely high, particularly among young women and girls. We are told that more than 2 300 girls and young women between the ages of 15 and 24 become infected with HIV each week."

Tailor-made services

Dhlomo says the Department of Health would now tailor-make most of its programmes to respond to the needs of the youth, especially young girls.

"A case in point is when a 16-year-old girl presents herself at the clinic asking for contraceptives. It is not a duty of the nurse to rebuke her, but to duly assist. Failure to help can result in this girl coming back later with a sexually transmitted infection or being HIV positive or suffer complications from an illegal termination of pregnancy attempt."



The recently launched Adolescent and Youth User-Friendly health initiative aims to ensure young people have access health services, including reproductive health services, that are tailored to meet their specific needs.

Dhlomo also set out what health workers need to adhere to, in making their facilities youth friendly, including answers to the following questions:

- Are young people welcomed at health care facilities by a friendly face?
- Are services available at hours that are convenient to a young person (eg outside of school hours)?
- Can a young person be confident that the sensitive issues they discuss will be kept confidential and that their privacy will not be violated?
- Can they access a wide range of services without parental permission?
- Do they have the option to see the same provider in subsequent visits so that he/she will be familiar with their personal history?
- Are information, educational sessions and communication materials available to promote healthy behaviours for young people?

Comprehensive health service package

He emphasised that health workers at all levels, whether in

district, hospital or clinic settings, have a duty to provide a comprehensive health service package to young people closer to where they reside.

- "When we talk about a comprehensive service package for adolescent and youth friendly clinics, we mean the provision of:
- Education and counselling on sexuality, safer sex and reproductive health;
 - Sexually transmitted infections education; diagnosis and management;
 - HIV education, diagnosis and testing as well as treatment, care and support;
 - Contraceptive education and provision, with an emphasis on dual-protection method;
 - Pregnancy testing, antenatal and postnatal care;
 - Mental health education and counselling.

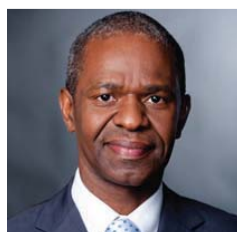
Dr Dhlomo concluded by committing himself to doing "everything possible to ensure that all clinics, especially in rural settings, have a youth friendly champion nurse who the youth can trust for their health related issues."



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Q: NAME three signs of pregnancy.

A: No menstrual period, breast tenderness and/or enlargement, weight gain, expanding abdomen, nausea, tiredness.

Ayanda's story – the human tragedy behind illegal termination of pregnancy

THE country was shocked to hear the story of Ayanda Masondo, who passed away on March 19, 2012. She was only 20 years old. A student at the University of Johannesburg, her body was found leaning against the door of her room at the Benjamin Hostel. The cause of her death was complications from an illegal termination of pregnancy.

Sadly, her fate is all too common as illegal termination of pregnancy kill dozens of South African women every year.

Unintended pregnancy among adolescents (ages 10-19) and young women (20-24) is a global public health problem with dire consequences.

According to the study by SA Medical Research Council in 2010; 49 percent of reported termination of pregnancy were undergone by young women between ages of 13-19 years.

Unsafe termination of pregnancy around the world

The World Health Organization (WHO) estimates that unsafe termination of pregnancy cause the deaths of at least 200 women each day, more than 70 000 women each year. Yet, it is "one of the most easily preventable and treatable causes of maternal mortality". (WHO Safe Motherhood Conference, 1998.)

Every year, about 50 million unwanted pregnancies end in termination of pregnancy. Of these,



Dealing with an unintended pregnancy is particularly difficult for adolescent and young women, many of whom face personal, socio-economic and cultural pressures in dealing with the issue.

* The woman pictured is a model and not Ayanda Masondo.

some 55 000 termination of pregnancy a day, over 20 million a year, are unsafe.

Between two million and seven million women each year survive unsafe termination of pregnancy, but sustain long-term damage or disease.

The most frequent complications

are incomplete termination of pregnancy, infection (sepsis), haemorrhage and injury to the internal organs, such as puncturing or tearing of the uterus.

Long-term health problems include chronic pain, pelvic inflammatory disease and infertility. About 95 percent of unsafe

termination of pregnancy take place in developing countries.

In many African countries, up to 70 percent of women treated for termination of pregnancy complications are under 20 years old.

Unsafe termination of pregnancy is responsible for one in eight maternal deaths.

OPTIONS FOR SURGICAL AND MEDICAL TERMINATION OF PREGNANCY

What is medical termination of pregnancy?

Medical termination of pregnancy (or termination of pregnancy pill) is also known as early termination of pregnancy and involves taking two sets of pills to end a pregnancy. It does not need instruments, or a vacuum aspirator machine. It does not require admission. It's an alternative to surgical termination of pregnancy and available before nine weeks of pregnancy.

What is a surgical termination of pregnancy?

Early surgical termination of pregnancy up to 12 weeks of pregnancy involves the pregnancy being removed vaginally by a trained and experienced professional nurse using Manual Vacuum Aspiration (MVA). Surgical termination of pregnancy (13-19 weeks of pregnancy) is performed by a trained medical doctor if the health of the women or foetus is at risk or if the pregnancy is the result of rape or incest. After 20 weeks, women may be able to have termination of pregnancy but only in the event that the pregnancy would endanger the woman's life, or if the pregnancy would result in a severely malformed foetus. This type of termination of pregnancy can only be performed at a designated government hospital.

Advice for a young woman facing a difficult dilemma

THE following question and answer report between a young woman and a health care provider provides some useful advice to young people dealing with the decision to have an termination of pregnancy.

The question:

I am pregnant. My boyfriend and I have been together for three years. I recently graduated from high school and moved into a new city to be with him while he also finishes his degree. We both moved into an apartment, we adopted a cat, and at this point I'm unemployed looking for a job. I love my boyfriend more than anything, and I wish under different circumstances I didn't feel this way. How do I tell him I want a termination of pregnancy?

Sister PM responds:

This is almost always a tough conversation. A lot of people have such intense feelings and judgements around termination of

pregnancy that can stir up a lot when it becomes personal.

The first thing I can suggest is that you might want to get advice for the two of you. You might also want to consider whether you want to ask your boyfriend for his input or whether you've decided what you want to do and you're telling him. That'll affect what you tell him and how. While the decision to terminate the pregnancy is ultimately yours, some women do ask for their partners' opinions. I'm also wondering whether you have a sense of your boyfriend's attitudes towards termination of pregnancy, since you've been together for a while. It could also be worth thinking about whether the issue is that you don't want to have a baby with your boyfriend right now or that you don't want to have a baby with him at all. Whether you tell him about that or not is up to you, but having some clarity around that will help you figure out what you want to tell him and how.

Wherever you fall on that, odds are that the best way to tell him is to

do it in as calm and relaxed way as possible. You may feel some tension or anxiety, either about having a termination of pregnancy or telling him, but the calmer you are when you bring it up, the easier it'll be for him to hear. I'd also suggest telling him straight up. The more indirect you are, the more likely it is that he'll have a harder time with it. Fortunately, it sounds like you two have a really solid relationship, which will make a big difference.

Lastly, he might say that he's fine with it and still have difficult feelings about it. You both need the space to deal with your emotions, positive or negative. It's really common for men to depend on their girlfriends or wives for emotional support and you just moved to a new city, so you might not have much of a network yet. If the two of you are each other's main support, that's probably going to put a strain on your relationship, especially if you're having conflicting feelings. My best wishes to you both.

KNOW THE FACTS

What are the circumstances that lead to termination of pregnancy?

- Rape or coerced intercourse.
- Pregnancy that may not be supported by the partner or family.
- Pregnancy that may threaten the woman's health or survival.
- A foetus that may have abnormalities.
- There may also be personal reasons, socio-economic reasons or cultural reasons for the unwanted pregnancy.

What are obstacles faced by those needing access to safe termination of pregnancy?

- Despite legislation legalising termination of pregnancy, obstacles to accessing safe legal termination of pregnancy remain. These include:
- The stigma of termination of pregnancy is as much an obstacle to women accessing the services as it is to the doctors and nurses who provide the services. Many

health care workers that should be providing the services do not always fully support the ethos. They often impose their own beliefs on the clients, thus limiting the access to appropriate health services.

- Women needing the service feel ostracised, isolated and stigmatised

Dangers of illegal termination of pregnancy

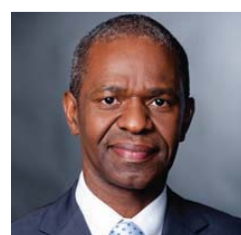
- Immediate complications from unsafe termination of pregnancy may include severe bleeding, uterine perforation, tearing of the cervix, damage to the genitals and abdomen, internal infection of the abdomen and blood poisoning.
- Medium-term complications may range from reproductive tract infections and pelvic inflammatory disease to chronic pains.
- Late complications may include a slightly increased risk of infertility and ectopic pregnancy, miscarriage or premature delivery in subsequent pregnancies – and even death.



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Dr Sibongiseni Dhlomo

Q: Why should women examine their breast and vulvas regularly? Why should men examine their testicles?

A: In case there are ever any changes that will be symptoms of illness or tumors.

Dual Protection – the best way to prevent pregnancy, HIV and STIs

INCONSISTENT contraceptive behaviour and unsafe sex remains a pertinent public health challenge in the prevention of teenage and unwanted pregnancies and the transmission of STIs including HIV.

With this in mind, KZN Health MEC, Dr Sibongiseni Dhlomo launched the Dual Protection campaign at the beginning of last year to encourage young people to take up a combination of preventive methods.

“Doubling up” is twice as safe

The Dual Protection approach promotes medical male circumcision and the use of female contraceptive methods such as Implanon, injections or the loop while using condoms during every episode of sexual contact. This ensures protection against both sexually transmitted infections – including HIV – and unwanted pregnancies.

Data indicates that contraceptive

use is relatively high, with an estimated 65 percent of sexually active women between the ages of 15 and 49 using a modern contraceptive method.

According to the second national youth risk behaviour survey in 2008 (South African Medical Research Council), a survey of learners in Grades 8 to 11 in public sector schools across the nine provinces found that 37.5 percent of learners had already had sex, of which 17.9 percent indicated that they used no contraception.

Overall, 45.1 percent of learners who had already had sex indicated that the method of contraception that they most commonly used was a condom. Only 7 percent used injectable contraceptives and 4.2 percent used oral contraceptives.

With this campaign, the KZN Health Department is doubling its efforts to delivery a highly effective social marketing campaign



designed to improve uptake and use of contraceptive services across all identified “at-risk” groups and ensure high levels of awareness and availability of contraceptive services, so as to increase consistent and correct use of contraception for these groups.

“By preventing teen and unplanned pregnancy, we can

significantly improve other serious social problems including poverty (especially child poverty), child abuse and neglect, father-absence, low birth weight, school failure, and poor preparation for the workforce,” says MEC Dhlomo.

Targeting KZN’s youth
Statistics point to an urgent

need for additional education on the benefits of using the dual protection and why is “always safest to double up”.

The stats illustrate why the KZN Department of Health is targeting the dual protection message at the youth of KZN.

- About 20 000 South African schoolgirls fell pregnant last year, of whom some 3 000 lived in KwaZulu-Natal.
- In South Africa, one million babies are born each year. About 8 percent of these (about 80 000) are delivered by teen moms, most being unwanted and unplanned.
- KZN is the second most populous province in South Africa - accounting for 21.4 percent of the country’s population;
- More than 50 percent of the population in KwaZulu-Natal is made of young people between the ages of 15 and 35 years;
- South Africa has 6.4 million people living with HIV, according to the 2014 Human Science Research Council, which also says 17 percent of those infected are in KwaZulu-Natal.
- 1 in 2 young people will have an STI before the age of 25.



Five things you really should know about female condoms

YOU may or may not realize that the female condom, a.k.a. internal condom, has been revamped in recent years to be more affordable and less, erm, squeaky.

1) Female condoms are fun for foreplay.

Putting in a female condom can be a sensual way to set the mood. Rubbing the inner ring around your vulva and clitoris during the insertion process can add some extra pleasure - which can be a big turn on for your partner too. And because female condoms are made of non-latex nitrile (synthetic rubber), they warm up with your body temperature. (Plus, they’re safe to use for people with latex allergies!)

2) Female condoms increase pleasure for both partners during sex.

During vaginal sex, the female condom’s outer ring rubs against the

clitoris while the inner ring stimulates the head of the penis. The female condom is extremely wide and pre-lubricated, which some guys say feels better. If you’re looking for a wet and wild time, you’ll be happy to know that the female condom is safe to use with both water and silicone-based lubes.

3) Female condoms provide dual protection from STIs and pregnancy.

Female condoms prevent both pregnancy and STIs and allow women to be in the driver’s seat when it comes to their sexual health. Some women report boosted self-esteem when they use female condoms, which can increase comfort and enhance sex. You can insert the female condom up to eight hours before getting it on, so there’s no need to ask a partner to put on a condom in the heat of the moment. Being proactive about your own condom use ensures that there’s protection -

no matter where your sexual adventures take you.

4) Female condoms aren’t just for vaginal sex.

In addition to vaginal sex, you can use the female condom during anal sex as a great option for STI prevention. Some people recommend removing the inner ring before insertion. Don’t forget that both water- and silicone-based lubes are safe to use with it!

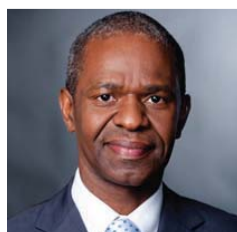
5) Insertion doesn’t have to be awkward.

Standing up, lying down, bending, sitting... no, we’re not talking about sex positions. These are just some of the ways that you can insert the female condom. You can put it in by yourself or with a partner as part of foreplay, or insert it before things heat up so you don’t have to interrupt the moment.



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GIVING HOPE**



KZN Health MEC
Dr Sibongiseni Dhlomo

CAMPAIGN ON ILLEGAL TERMINATION OF PREGNANCY #StopIllegalAbortionDeaths



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MEC FOR HEALTH KWAZULU-NATAL
Dr SM Dhlomo

condom sense
is
common sense

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Young people are encouraged to visit the following clinics for healthcare services:

FACILITIES IMPLEMENTING HAPPY HOUR

DISTRICT	FACILITY	HAPPY HOUR TIMES
Zululand	Thembumusa	14h00 - 15h30
	Swart Mfolozi	15h00 - 16h00
	Mondlo 2	14h00 - 15h00
	Khambi	13h30 - 14h30
	Hartland	14h00 - 15h00
	Ulundi A	15h00 - 16h00
	Mdumezulu	14h00 - 15h00
	Idlebe	16h30 - 17h30
	Magagadolo	14h30 - 16h30
	Hlengimpilo	16h00 - 17h00
	Dlozana	15h00 - 16h00
uGu	Belgrade	14h30 - 15h30
	Assisi	14h30 - 16h00
	St. Faiths	14h30 - 16h00
	Phungashe	14h30 - 16h00
	Ezingolweni	15h00 - 16h00
	Philani	14h00 - 16h00
	Pennington	14h00 - 16h00
Harry Gwala	Clydesdale	14h00 - 16h00
	Mvubukazi	10h00 - 15h00
uMgungundlovu	Mpumuzi	14h00 - 16h00
	Caluza	14h00 - 16h00
uThungulu	Nsingweni	14h00 - 16h00
	Gingindlovu	14h00 - 16h00
	Mbonambi	14h00 - 16h00
	Mpandleni	15h00 - 16h00
eThekwini	Magabheni	14h00 - 16h00
	Mnini	14h00 - 16h00
Amajuba	Osizweni	15h00 - 16h00
uThukela	Dukuza	07h00 - 16h00
	Injisuthi	14h00 - 16h00
	Watersmeet	14h30 - 16h00
	Ezakheni No.2	14h00 - 16h00
	St. Chads CHC	16h00 - 17h00
AE Havilland	14h00 - 16h00	



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Do you know of an illegal abortion clinic
in your area around KZN?

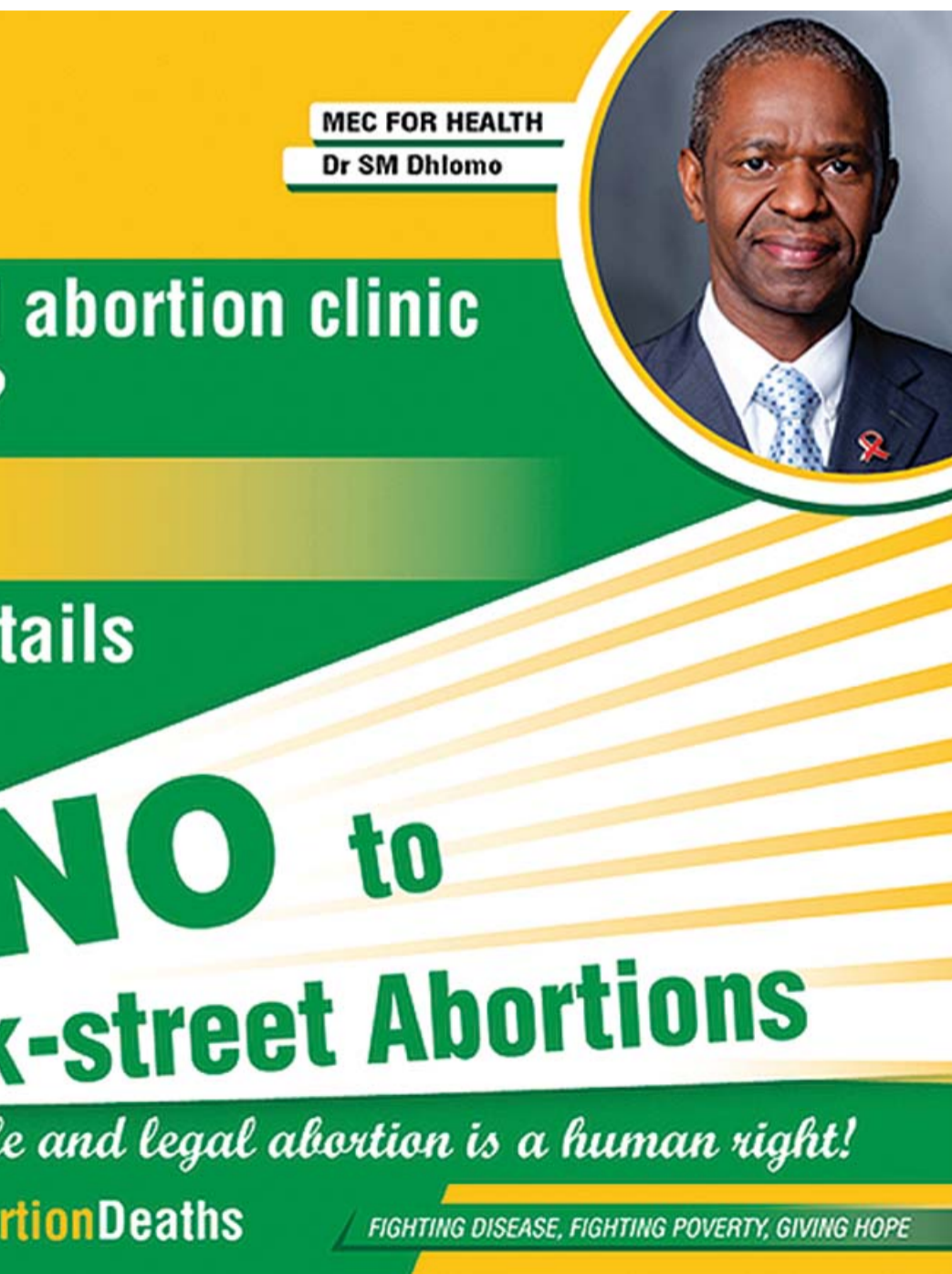
SPEAK OUT...
shout the address and details
@kznhealth

Say **NO** to
Back-street Abortions

The right to safe and legal abortion is a human right!

#StopIllegalAbortionDeaths

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KZN HEALTH FACILITIES OFFERING LEGAL TERMINATION OF PREGNANCY

The KwaZulu-Natal Department of Health has increased the number of public health facilities offering safe and legal termination of pregnancy to a total of 40. The list below provides details of all these facilities, grouped according to district.

DISTRICT	FACILITY	DISTRICT	FACILITY
AMAJUBA	Newcastle Hospital: 4 Hospital Street, Newcastle Tel: 034 328 0000 Niemeyer Memorial Hospital: Kantoor Street, Utrecht. Tel: 034 331 3011	UMKHANYAKHUDE	Manguzi Hospital: Kwa-Ngwanase Tel: 035 592 0150 Bethesda Hospital: Umbombo Tel: 035 595 1004
ETHEKWINI	Addington Hospital: 16 Erskine Terrace South Beach, Durban. Tel: 031 327 2000 Prince Mysheni Hospital: Mangosutho Highway, uMlazi. Tel: 031 907 8111 Wentworth Hospital: Sidmouth Avenue, Wentworth Tel: 031 460 5000 / 2000 Phoenix CHC: 30-32 Brookstone Whetstone, Unit 10 Phoenix. Tel: 031 538 0800 King Dinizulu Hospital: Cnr of Dr RD Naidoo Drive & Viola Road, Sydenham. Tel: 031 242 6000	UTHUKELA	Emmaus Hospital: Cathedral Peak Road, Winterton Tel: 036 488 1570 Escourt Hospital: Old Main Road, Estcourt Tel: 036 342 7000 Ladysmith Hospital: Malcolm Road, Ladysmith Tel: 036 637 2111 St Chads CHC: Cnr of Helpmekaar and Ezakheni Roads. Tel: 036 637 9600
ILEMBE	Stanger Hospital: Cnr of King Shaka & Patterson Streets. Tel: 032 437 6000 Sundumbili CHC: A 682/3 Sundumbili Township, Mandeni. Tel: 032 454 7500 Umphumulo Hospital: Maphumulu Tel: 032 481 4100 Untunjambili Hospital: Near Kranskop Tel: 033 444 1808 / 1707	UTHUNGULU	Cathrine Booth Hospital: Amathikulu Tel: 035 474 8407 Eshowe Hospital: Kangela Street Tel: 035 473 4500 Lower Umfolozi War Memorial Hospital: 29 Union Street, Empangeni. Tel: 035 907 7000 Mbongolwane Hospital: Kwapett Tel: 035 476 6242 Nkandla Hospital: Nkandla Village Tel: 035 833 5000 Nseleni CHC: 645 UBhejane road, Nseleni Township Tel: 035 795 1124
HARRY GWALA	Christ The King Hospital: Peter Hauff Drive, Ixopo Tel: 039 834 7500 Rietvlei Hospital: Rietvlei / Emhlangeni Tel: 039 260 5000 St Apollinaris Hospital: Centow Mission, Centocow Tel: 039 833 8000	UMZINYATHI	Greytown Hospital: Bell Street Tel: 033 413 9400 Pomeroy CHC: Shepstone Road, Pomeroy Tel: 034 662 3331 Church of Scotland Hospital: Tugela Ferry Tel: 033 493 1000
UGU	GJ Crooke's Hospital: Hospital Road, Scottburgh Tel: 039 978 7000 Port Shepstone Hospital: Cnr of Connor & Bazley Streets Tel: 039 688 6000 St Andrews Hospital: 14 Moodie Street, Harding Tel: 039 433 1955 Murchison Hospital: Harding Road, Port Shepstone Tel: 039 687 7311	ZULULAND	Benedictine Hospital: Main Road, Nongoma Tel: 035 831 7000 Nkojeni Hospital: Mahlabathini Tel: 035 873 0013 Vryheid Hospital: Coswald Brown Street Tel: 034 982 2111 Ceza Hospital: Ceza Tel: 035 832 5000
UMGUNGUNDLOVU	Edendale Hospital: Main Road, Edendale Tel: 033 395 4911 Northdale Hospital: 1389 Chota Motala Road, Northdale. Tel: 033 387 9007/9009 Appelsbosch Hospital: Appelsbosch Tel: 032 294 8000		

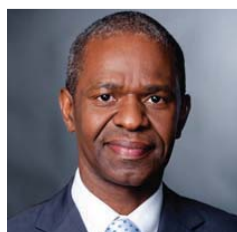


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