1. HIV prevention

The proportion of adolescent girls aged 15 to 19 years visiting antenatal clinics, who test HIV-negative.



What do these figures mean for children?

The prevalence of HIV in young people provides an indication of the success of our prevention programmes.

Between 2005 and 2007, there was a drop in HIV prevalence among adolescent girls attending public sector antenatal clinics.

In 2005, 84% of adolescent girls who were tested at their antenatal visit were HIV-negative – this means almost 16% tested HIV-positive. Between 2005 and 2007, this figure increased to 87% – this means 13% tested HIV-positive. This change shows a significant reduction in HIV-infection rates among this high-risk population group.

The proportion of adolescent girls who tested HIV-negative in 2007 ranged from almost 96% in the Western Cape to 83% in Kwazulu-Natal. This means that over 17% of 15 to 19 year olds attending antenatal clinics tested HIV-positive in Kwazulu-Natal, compared to less than 5% in the Western Cape.

One of the overarching goals of the NSP is to reduce the number of new infections by 50% between 2006 and 2011. This means that our prevention programmes should aim to bring HIV-infection rates in 15 to 19 year olds down to 7% by 2011 (i.e. 93% of adolescent girls should test HIV-negative).

What other information do we need to monitor HIV prevention?

A better way of understanding the success of HIV prevention programmes would be to measure behaviour such as condom use, the age at which young people start having sex, and multiple partnering. However, these data are not collected each year in South Africa.

Technical notes

Numerator: Number of HIV-negative adolescent girls aged less than 20 years who visited antenatal clinic.

Denominator: Number of adolescent girls aged less than 20 years who visited antenatal clinic.

Data source: Department of Health. (2006, 2007, 2008) National HIV and Syphilis Sero – Prevalence Surveys of Women Attending Public Antenatal Clinics in South Africa

Strengths and limitations of data

These data are based on adolescent girls who visited public sector antenatal clinics. They do not show HIV prevalence among pregnant adolescents who visited antenatal facilities in the private sector and those who did not go for antenatal care at all.

Numerator and denominator figures have not been included on the dial and graph because the data are weighted, and a simple arithmetic division would not produce the prevalence.

