

To: Ms Nomantu Nkomo-Ralehoko  
**MEC OF GAUTENG DEPARTMENT OF HEALTH**  
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**OPEN LETTER**

28 January 2025

Dear MEC Nomantu Nkomo-Ralehoko,

**GAUTENG MEC THREATENS SCHOOLGIRLS' BODILY AUTONOMY WITH COMPULSORY IMPLANT**


1. We refer to your comments made on Thursday, 16 January 2025, as reported in the IOL article titled: "Gauteng Health to ask permission for Implanon implants to prevent teen pregnancy".
2. We are concerned that your intended approach to curb teenage pregnancy is misguided and unlawful. What is particularly concerning and would amount to an egregious violation of constitutional rights, reminiscent of coerced and forced sterilisation, is your decision to make the contraceptive Implanon, an implant, compulsory for learners based only on parental consent.
3. Any attempt to forcefully administer contraceptives to young women and girls undermines their constitutional rights to bodily integrity and autonomy, and concurrently constitutes gender-based violence and common law assault. SECTION27 and the undersigned civil society groups, fully appreciate the societal issue of teenage pregnancy and supports initiatives aimed at addressing this challenge. However, such initiatives must accord with and respect the Constitution and other laws aimed at protecting young women and girls.
4. The law is clear: the department cannot make any form of contraception compulsory to learners, even with parental consent.
5. The State has a constitutional duty to respect, protect, promote and fulfil the rights in the Bill of Rights, including individual's right to make decisions regarding reproduction and the right to reproductive healthcare.

6. Senior policy-makers and their staff ought to be aware that the Children's Act is explicit on this topic. For instance, Section 134(2)(a) of the Act states that children aged 12 and above have the freedom to make reproductive choices and practice autonomy over their bodies. Further permitting children aged 12 and older to consent to contraceptives and related health care guidance without requiring parental consent. Parental consent cannot substitute or override the consent of children aged 12 and older. In other words, the child's consent is the only consent that matters. Section 134(3) goes further to state that, a child who obtains contraceptives or contraceptive advice in terms of the Act is entitled to confidentiality in that respect. This means that, if a minor seeks contraceptives or contraceptive advice without parental consent, his/her confidentiality should be respected.
7. MEC, your approach on this issue is regressive and unlawful as it unjustifiably interferes with young women and girls' rights guaranteed in the Constitution and the Children's Act.
8. Moreover, another fact that you seemingly ignore is that the right to reproductive choice incorporates the right to choose the type of contraceptive one uses and that this choice and variety may be medically necessary in certain instances. Women and girls should be able to access their preferred contraceptive within the variety of methods offered by the national reproductive health programme.
9. We are well aware that the State has consistently failed to offer a variety of contraceptives through the national programme. In our [2022 report](#) on contraceptive stockouts, we – along with partner organisations – record that contraceptive stockouts made up 40% of all medicine stockouts in the country and that 76.3% of those stockouts were injectable contraceptives.
10. We applaud you for wanting to address the high rate of adolescent pregnancy in Gauteng. But, to address teenage pregnancy effectively, a comprehensive socio-economic plan developed by the departments of Health and Education, along with other stakeholders, is necessary. The provision of Comprehensive Sexuality Education, investment in employment schemes, small businesses, parental education and training, expanding access to abortion services, along with ensuring adolescent friendly clinics and access to a variety of contraceptive options for learners including in schools, can significantly reduce teenage pregnancies. Such a plan must be developed and implemented in a manner that upholds constitutional rights and promotes the principles of autonomy, dignity, and equality enshrined in the Constitution.
11. Contraception alone is insufficient especially since there are other underlying socio-economic factors related to, and contributing to teenage pregnancy, such as poverty, gender-based violence and HIV.
12. Lastly, your statement quoted in the IOL article that some teenage pregnancies are a result of children being “raped” and “that is why we [the health department] are coming with the Implanon that we [the health department] are inserting on the left arm of a child so that the

child doesn't have to take pills" is dangerous and very worrying. To assert that the solution to the rape of minors is forcibly inserting a long-acting hormonal contraceptive into them is both irrational and illogical. Furthermore, it is illogical to compare the oral contraceptive pill to implanon in this way. They are both effective and acceptable contraceptive medicines approved and administered by the national programme.

13. We agree that teenage pregnancies can be a result of rape whether statutory or otherwise, however we do not agree that the solution to this problem is for the State to perpetrate the child a second time by forcibly administering a contraceptive.
14. As an organisation that deals in health access and access to basic education, including safe educational spaces, having represented a number of girl learners against educators who have sexually assaulted and even impregnated them, we have made numerous recommendations to government on how to curb this crisis. These solutions include harsher punishments for offenders, the effective use of the [National Child Protection Register](#) and thorough [sexual and reproductive health education in schools](#). It is time your office and department work with us to implement these recommendations.
15. SECTION27 advocates for access to contraception while ensuring the State's obligation to provide services that respect individuals' decisions about their bodies. Young women and girls face numerous challenges, including increased vulnerability to sexually transmitted infections, HIV, gender-based violence, and exploitation. It is clear from the above that a strong link exists between teenage pregnancy and socio-economic factors, highlighting the need for a comprehensive approach that addresses these underlying issues. To address teenage pregnancy effectively, we propose that the MEC work together with stakeholders:
  - a) To develop a comprehensive plan that prioritises access to information, education, and healthcare services that respect the autonomy and confidentiality of young women and girls.
  - b) To ensure access to comprehensive sexuality education and information about sexual reproductive health rights.
  - c) To determine the best approach for introducing contraceptives in schools in a manner that upholds constitutional rights and promotes the principles of autonomy, dignity, and equality enshrined in the Constitution.
  - d) To work with other departments to address underlying socio-economic factors contributing to teenage pregnancy, such as child-headed households, poverty, gender-based violence and HIV.
16. We look forward to receiving your feedback on our letter.

Yours faithfully,



**SECTION27**

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**ENDORSED BY:**

1. **Cancer Alliance**
2. **Sexual Reproductive Justice Coalition (SRJC)**
3. **Soul City Institute**
4. **We Mattah**
5. **The Critical Studies in Sexualities and Reproduction - Rhodes University**