

MSF SOUTHERN AFRICA'S YOUTH SURVEY

EDITION 1



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Young People, Speaking Out and Sexual Violence in South Africa



18-35 YEAR OLDS

are actively engaged with social issues and want to take a stand

YOUNG PEOPLE

consider sexual violence a major humanitarian crisis

SEXUAL AND GENDER-BASED VIOLENCE (SGBV)

is a major emergency in South Africa and a medical emergency for survivors

ALMOST HALF

of young people believe that someone who has experienced sexual violence should report the incident to police before receiving medical care

REQUIRING SURVIVORS OF SGBV

to report to police may discourage them from accessing medical and psychological care

MSF CALLS ON YOUNG PEOPLE

to take a stand to change perceptions and put the medical and psychological needs of survivors at the centre of the SGBV response

Background

In August and September 2019, Doctors Without Borders (MSF) Southern Africa and Meraki Research surveyed over 1,000 young people in South Africa between the ages of 18 and 35 on a variety of topics, including SGBV.

The results clearly show that young people in South Africa have strong opinions around healthcare issues and want to take a stand and speak out about these issues. One of the key healthcare issues for young people is SGBV.



I cannot watch someone's rights, or my rights, being neglected or violated. I believe there's a humanitarian in everyone."

LUVUYO TITI, MALE, 26, EASTERN CAPE

Young People in South Africa Actively Engage with Social and Political Issues

3 out of 4 young people surveyed actively follow what is happening in the news and two thirds say they vote in every election. This is higher for 26-35 year-olds, with 80% saying they follow news and 74% saying they vote in every election.

A smaller percentage, said they get involved in protests for a better life for all (1 in 5), participate in student or local government (18%) or hold membership with political parties (17%).

Young people are particularly likely to take a stand when they see the problem as their responsibility, when they are directly affected or when they see others who cannot help themselves or when nothing is being done.

Young People Want to Take a Stand



89%

OR NEARLY 9 IN 10 respondents believed in speaking out against injustice.

86%

AGREED WITH THE STATEMENT

"I cannot stand by and do nothing when someone else is suffering".

3 IN 4

RESPONDENTS BELIEVE it is their responsibility to help others.



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ANONYMOUS, FEMALE, 18-25, NORTHERN CAPE

The biggest problem we are facing is gender-based violence because people are abused all over and it's from children to adults, including the LGBTQI+ community”

What Does Taking a Stand Mean to Youth in SA?

Around 7 out of 10 young people want to take a stand by signing a petition (70%) and/or being a member of a civil society organisation (69%). This suggests most young people want to be actively involved in taking action related to a social issue or cause.

Among the respondents, 60% see taking action as sharing content on social media – informing and mobilising their networks. They're also interested in participating in online or public debates (54%) and participating in protests (48%). A smaller number volunteer with or donate to organisations working on key social and political issues.

Issues Young People in South Africa are Most Concerned About

Poverty and unemployment was identified in the survey as the biggest crisis facing society today, followed closely by SGBV. Their comments suggest that SGBV is a major concern for young people.

Healthcare for survivors of sexual violence was rated as one of the top four most important healthcare services in South Africa by 18-35 year olds, with 96% of respondents indicating that they would support organisations providing medical care to survivors of sexual violence.

SGBV in South Africa

South Africa faces extremely high levels of sexual and gender-based violence (SGBV), including extremely high levels of rape. During 2018-2019 police recorded 41,583 rape cases, an average of 114 cases reported each day.

A study conducted by MSF in the Rustenburg area, North West Province, in 2015 found that 49% of women aged between 18 and 49 had experienced sexual violence and that an estimated 1 in 4 women had been raped in her lifetime. The research also showed that many of the survivors experience violence at the hands of intimate partners. Many women had been raped multiple timesⁱ.

Why is SGBV a Medical Emergency?

Sexual and gender-based violence, and especially rape, can have severe detrimental effects on a person's physical and mental health. Women who have been raped are exposed to mental and physical trauma, unwanted pregnancy, loss of pre-existing pregnancy, or acquisition of sexually transmitted infections, including HIV.

Urgent and Appropriate Medical Action is Essential.

A basic package of health care services can mitigate or prevent the adverse health consequences of rape and sexual violence, if provided timeously. Antiretrovirals (ARVs) given as post-exposure prophylaxis (PEP) can prevent HIV if initiated within 72 hours. Antibiotics and vaccinations can prevent or treat other sexually transmitted infections. Women can avoid potential unwanted pregnancies if given emergency contraception within 120 hours.



We are no longer shocked to the core with especially gender-based violence incidents in our country. Apart from a small group of activists, the average citizen does not actively take part in combatting GBV.”

ANONYMOUS, FEMALE, 18-25, GAUTENG



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ⁱ Untreated Violence: The Need for Patient Centred Care for Survivors of Sexual Violence in the Platinum Mining Belt (2016), <https://www.msf.org.za/about-us/publications/reports/untreated-violence>

COUNSELLOR

95%

OF RAPE SURVIVORS

had never told a health facility about their rape incident, according to a 2015 MSF study on sexual violence in Rustenburg, on the North West Province's Platinum belt.



Mental Health Care for Survivors of SGBV – Essential to Responding to this Medical Emergency

Young people identify mental health services as the top priority healthcare service in South Africa and 96% of them say mental health is a serious issue facing today's society. This is particularly true for people who have experienced sexual violence.

Psychological suffering from sexual violence and rape is widespread and can be severe. SGBV is associated with a high prevalence psychological distress and disorders, including anxiety, post-traumatic stress disorder, major depression, suicidality, and substance abuse, as well as social consequences such as social exclusion. With

supportive counselling the psychological impacts of sexual violence can be reduced.

Yet, MSF research in 2018 showed that 20% of public health facilities designated for SGBV care that were surveyed did not provide trauma counselling for cases of acute violence – 4% provided no mental health services at all and 45% did not provide counselling for childrenⁱⁱ.

ⁱⁱ Untreated Violence Volume 3: Critical Gaps in Mental Health Care for Survivors of Sexual Violence in South Africa (2018), <https://www.msf.org.za/about-us/publications/reports/untreated-violence-3-critical-gaps-mental-health-care-survivors-sexual>

Framing SGBV as a Criminal Issue Renders Survivors of this Medical Emergency Invisible

Almost half of 18-35 year olds surveyed believed that someone who has experienced sexual violence should have to report the incident to police first before receiving medical care.

This belief was stronger among 18-25 year olds (53%) than older respondents (26-35 year olds, 44%). Male respondents were also more likely (52%) to believe that people who have experienced sexual violence should have to report the incident to police before receiving medical care than female respondents (47%).

It is well-documented that requiring SGBV survivors to report their assault to police first can stop them from accessing care. MSF's 2015 study of sexual violence in the North West Province found that only 8% of people who experienced rape had reported the incident to the policeⁱⁱⁱ. The framing of sexual violence primarily as a legal and judicial challenge, with little focus on the need to provide healthcare can potentially prevent survivors from getting the medical and psychological care they need.

iii Untreated Violence: The Need for Patient Centred Care for Survivors of Sexual Violence in the Platinum Mining Belt (2016), <https://www.msf.org.za/about-us/publications/reports/untreated-violence>



Treatment first! Because [if] such an act is committed against you, your personal care should be more important than anything else. I mean, police procedure can take time and you should be comfortable speaking to the police. I think it is more important to be actually be treated, for your injuries to be treated before."

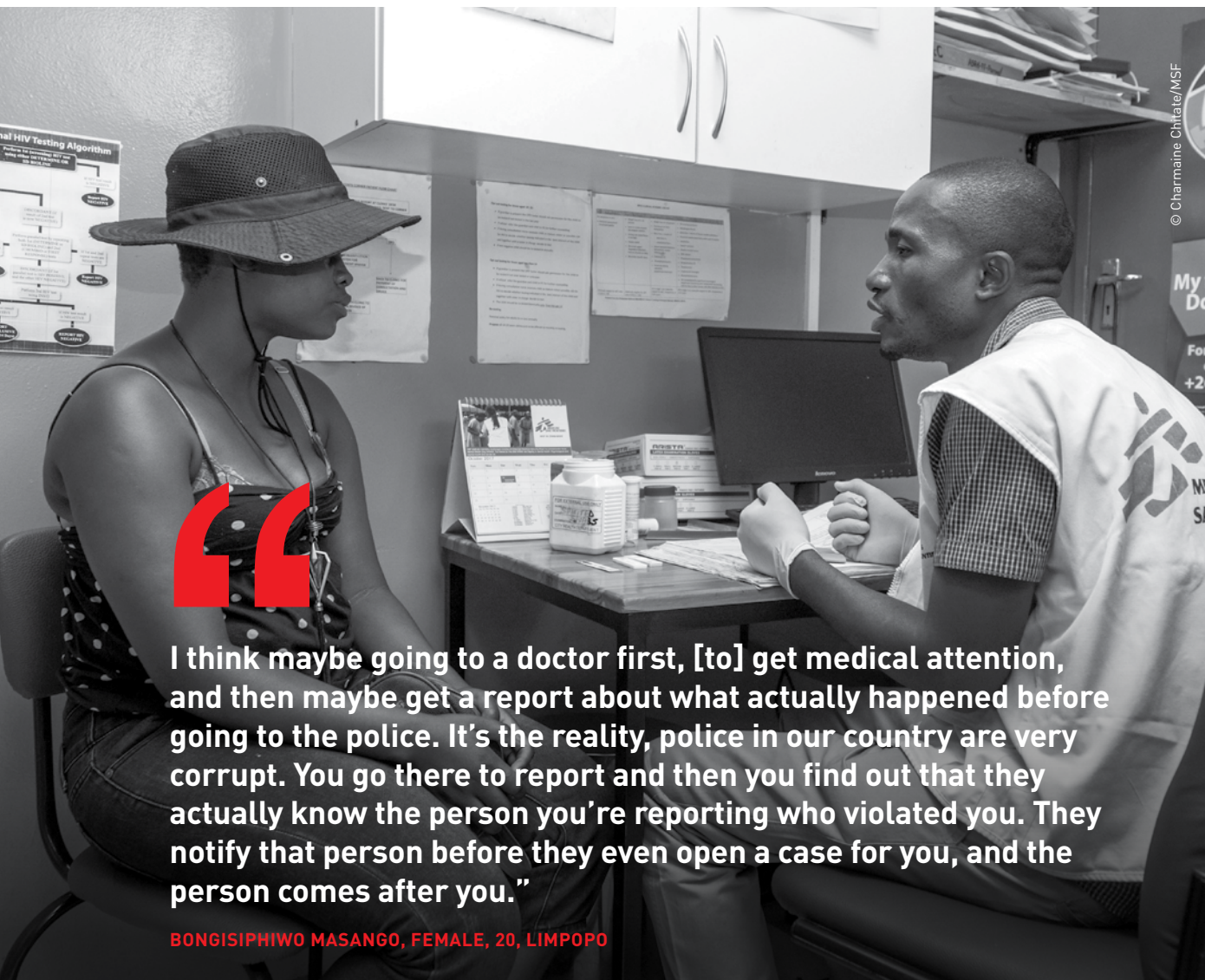
CLAUDINE PILLAY, FEMALE, 24, KWAZULU NATAL

© Charmaine Chitlate



Sexual violence is painted as a shameful secret in many spaces where victim-blaming is a norm. Logically, it makes perfect sense that someone who experienced sexual violence needs to access medical care as a priority. Yet, there are still South African healthcare facilities whose staff will refuse the patient care if they have not yet reported the incident to police. This kind of gatekeeping encourages secondary victimisation and the cycle repeats."

MX TISH LUMOS, 30, GAUTENG



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I think maybe going to a doctor first, [to] get medical attention, and then maybe get a report about what actually happened before going to the police. It's the reality, police in our country are very corrupt. You go there to report and then you find out that they actually know the person you're reporting who violated you. They notify that person before they even open a case for you, and the person comes after you."

BONGISIPHIWO MASANGO, FEMALE, 20, LIMPOPO

49%

18-35 YEAR OLDS

think someone who has experienced sexual violence should report it to the police before receiving medical care

“

This isn't insurance, this is healthcare. You shouldn't need to report it as a crime in order for you to receive the necessary healthcare. While I also believe that everyone should report it to begin with, but I don't think that should be a defining factor in receiving healthcare or not. The two are very important aspects of sexual violence, but I believe they should be kept separate. You should be able to access healthcare without needing to report violence.”

ANONYMOUS, MALE, 26-35, GAUTENG



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SA's Young People Are Taking a Stand – They Can Make the Difference to Ensure Medical and Psychological Needs of Survivors Are at the Centre of the SGBV Response

This survey clearly shows that young people in South Africa share the belief that all people should have access to healthcare – and that healthcare should be provided based on need alone. 9 out of 10 young people in South Africa believe that healthcare should be available to everyone.

Young people have a critical role to play in reframing our understanding of sexual violence to put the medical and psychological needs of survivors at the centre of South Africa's response to SGBV.

Take a Stand with MSF today. Visit msf.org.za to find out more.

“

I think it's good to report to police. However, I think many of us actually keep quiet when such things happen. Often victims go to the police and they seem like they never get help. I think another resort is go to clinics [or] to go to NGOs that are there to support victims.”

KAMOHELO MODIBA, FEMALE, 19, GAUTENG

2 IN 3

18-35 YEAR OLDS would advise a friend to go to the hospital for help if they have experienced sexual violence

About MSF

Doctors Without Borders (MSF) works around the world aims to break down barriers to healthcare access, whether by directly providing healthcare to those excluded from formal systems, bringing medical aid to people in places where healthcare systems have been destroyed by conflict or disaster or overwhelmed by epidemics or advocating alongside patients, activists and other civil society groups for better models of care and greater access to medications and treatment.

About MSF's Response to Sexual Violence in Rustenburg and South Africa

Since July 2015, MSF has worked in Bojanala Platinum District in partnership with the North West Provincial Department of Health supporting four Kgomoetso Care Centres (KCCs) – community health centre-based services that provide an essential package of care for survivors of sexual violence and abuse. MSF forensic nurses, registered counsellors and social workers, plus support staff including MSF drivers, provide a comprehensive package of care to survivors of sexual violence. This includes medical consultations with forensic nurses, counselling, social support and follow up.

From 2017 to 2019, the four MSF-supported KCCs in the Bojanala District have attended to a total of 3,007 patients. This comprises 1,379 sexual violence and 1,623 non-sexual violence cases, which includes domestic violence and intimate partner violence. Survivors under the age of 18 years account for 25% of all cases treated by MSF. An increasing number of survivors are being referred from MSF's community based initiatives in Rustenburg's Freedom Park and Sondela areas. The referral system includes a schools programme that educates learners about sexual and reproductive health and gender-based violence. The programme has reached 25,500 learners across 20 schools in the district since early 2018.

MSF also runs a large-scale health promotion programme, and is currently training community leaders to help identify survivors of sexual violence and link them to the services they need.

In South Africa, MSF is calling for all survivors of sexual violence to have immediate access to comprehensive medical, psychological care and social support.

SEXUAL VIOLENCE IN RUSTENBURG, SOUTH AFRICA

- In 2015, an MSF survey among 800 women between the ages of 18-49 in the Rustenburg local municipality confirmed that **1 in 4 women had been raped in their lifetime**, with an estimated 11,000 rape cases a year. 49% of women had experienced some form of sexual violence in their lifetimes.
- The survey also showed a general lack of awareness about medical care to prevent the serious health consequences. **More than 50% of sexual violence survivors did not know that HIV can be prevented** after rape if Post-Exposure Prophylaxis is taken within 72 hours. 95% of women who reported being raped said they had never told any medical practitioner.
- Further analysis of the findings found that **1 in 5 female HIV cases, and 1 in 3 female cases of major depressive disorder** are likely attributable to rape and intimate partner violence.

Molefe Goodwill Motsitenyane
MSF Driver looks over Sondela, Rustenburg.

© Tadeu Andre/MSF

Gaps in the National Response to Sexual Violence in South Africa

- A 2017 MSF report on South Africa's capacity to respond to sexual violence found that three-quarters of 265 public health facilities in South Africa designated to provide comprehensive services to survivors of sexual violence were unable to provide all the components of medical or clinical forensic care. An additional 7% of designated facilities reported they do not have the capacity to see victims, and would refer them elsewhere.
- Only 27% of facilities provided access to a psychologist, 28% were unable to provide access to a social worker, and 20% did not provide the clinical forensic services that enable survivors to pursue a case in court.
- A 2018 MSF report on gaps in mental health care for survivors of sexual violence found that among the 265 facilities in South Africa designated to provide comprehensive care to survivors, 1 in 5 offered no trauma counselling, 45% said they offer no counselling services for children, and nearly 40% did not provide risk assessment of suicidality.



About MSF's 2019 Youth Survey

In August and September 2019, Meraki Research and MSF conducted an online survey among 18 to 35 year olds in South Africa to learn more about their attitudes towards key issues such as access to healthcare, mental health and termination of pregnancy.

The survey consisted of 31 questions developed by MSF Southern Africa and Meraki Research. A proprietary online data collection model was used to source a total of 1 000 respondents, using social media such as Facebook and Instagram. This approach was chosen because it is more effective in communicating with this demographic than an online panel or database, which can be limited in reach and diversity.

Respondents were immediately screened out if they did not meet the sampling criteria in terms of age. This was the only qualifying question.

The data was cleaned, labelled and anonymised. Data cleaning ensures that there are no errors or inconsistencies in the data.

Demographics such as gender, race and location were monitored throughout the data collection process in order to ensure representativeness and generalisability across South Africa. Larger samples were achieved in Gauteng, Kwa-Zulu Natal and the Western Cape. 43% of respondents were between 18 and 25 years old and 57% between 26 and 35 years old. 66% of respondents identified as female, 34% male. 66% of respondents identified as black, 16% white, 10% coloured and 5% Indian/Asian. 3% preferred not to disclose their race.

Each question and its responses were analysed through cross tabulation, both with other questions and key demographic variables in order to draw conclusions and key insights.



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