Trends of rape in the Mthatha area, Eastern Cape, South Africa

Meel BL, MBBS, MD, DHSM(Natal), DOH(Wits), MPhil HIV/AIDS Management (Stellenbosch)

Faculty of Health Sciences, Walter Sisulu University for Technology and Science, Mthatha, South Africa

Correspondence to: Prof Banwari Meel, e-mail: meel@getafix.utr.ac.za

Abstract

Background: The epidemiology of rape is a very complex issue that is difficult to research. The meaning of rape is different for different countries, religions, and socio-economic groups, and it involves both stigma and discrimination. Therefore, rape statistics are either not available or incomplete. This study was an attempt to highlight the problem of rape in the Mthatha area of the Eastern Cape Province in South Africa.

Objectives: To estimate the trend of sexual assault in the Mthatha area of South Africa.

Methods: This is a review of the Sinawe Centre's records of victims of sexual assault. The centre is the only official centre in this region that deals with cases of sexual assault.

Results: A total of 2 378 victims of sexual assault seen at Sinawe Centre over a period of six years (20012006). The average rate of sexual assault was 198 per 100 000 women a year. There was a tenfold increase of sexual assault from 39 per 100 000 women in 2001 to 417 per 100 000 women in 2006. Of the victims, 70.9% were children under the age of 20 years. In total, 46.3% were under the age of 16 years, and 22.9% were younger than 11 years. Children of five or younger represented 9.4% of the sexual assault victims. The least vulnerable age group (1.3%) is those between 46 and 50 years. The minimum cost for a successful conviction of a rape case is between R5 000 and R10 000, and, of course, does not account for the pain and suffering of the family involved.

Conclusion: The rate of sexual abuse is increasing in the Mthatha area of South Africa.

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Introduction

Sexual violence is ubiquitous; it occurs in every culture, in all levels of society and in every country of the world. Data from national and local studies indicate that, in some parts of the world at least, one woman in every five suffers an attempted or completed rape by an intimate partner during her lifetime.[1] Sexual assault is a well-recognised global health problem, yet it has been the subject of very little research.[2]

South Africa has one of the highest rates of sexual assault in the world; with adolescent girls between the ages of 12 and 17 being particularly at risk.[3] Child rape is becoming more common in South Africa. In 2000, 52 550 cases of rape or attempted rape of women were reported to the South African Police Service (SAPS). Of these cases, 21 438 of the victims were minors under the age of 18 years, and 7 898 of these were under the age of 12 years (mostly between 7 and 11 years).[4] The widespread rape and sexual abuse of children is a serious social and health issue in the Transkei sub-region of the Eastern Cape Province in South Africa.[5] Just over 55 000 rape cases were reported to the SAPS in 2004, a rate of 114 per 100 000, which is an increase from 44 750 in 1995.

The reported cases represent the tip of the iceberg; with an estimated eight out of every nine cases remaining unreported.[6] A community-based survey of rape estimated the rate of such incidents at 1 300 per 100 000 women a year, which is likely to be more accurate.[7] Reports of sexual abuse of children as young as three months old had begun to appear in the media in Sub-Saharan Africa and other developing countries. Misconceptions such as that having sex with a virgin cures HIV led to an increase in the abuse of female children.[5] An earlier study carried out in the same region showed that 68% rape victims were below 20 years of age, and 90% were HIV negative at the time of the incident.[8]

Compared to reported rape cases, the number of successful prosecutions and/or convictions is abysmally low. In 1996, 43% of the reported cases in South Africa were referred to court, of which only 18% lead to successful prosecutions, which is only 8% of the total reported rapes.[9] In many countries, sexual violence is perpetrated with relative impunity compared with other crimes, and victims receive little help.[10]

Table I: Prevalence of sexual assaults in the Mthatha region of South Africa (2001–2006)

Year	Number of victims of assault	Victims per 100 000 women
2001	78	39
2002	176	88
2003	263	131.5
2004	362	181
2005	666	333
2006	833	416.5
Mean	396	198

Women who have been raped have specific health needs: the prevention of pregnancy, HIV, and other sexually transmitted infections; psychological support; and the documentation and management of injuries.[1] Many of the studies detailing the costs of violence are from the USA, where child abuse results in US$94 billion in annual costs to the economy, which is 1.0% of the gross domestic product. Direct medical treatment costs per abused child have been calculated by different studies to range from US$13 781 to US$42 518.[11]

The aim of this updated study was to highlight the problem of rape in the Mthatha area

Patients and methods

This is a descriptive study. Between 2001 and 2006 (inclusive), 2,378 victims of sexual assault presented to the Sinawe Centre at Mthatha General Hospital, and of these 84.8% were tested for HIV at the time of incident reporting. Sinawe Centre is the only unit in this area that deals with cases of sexual assault. It renders services to a population of about 400 000.

The centre has a staff of 15, which include medical consultants, professional nurses, social workers and police officers on duty. The centre was open 24 hours a day in 2005, but only during office hours during rest of the study period (i.e. 2001–2004, inclusive). In the latter period the Gynaecology Outpatients Department (GOPD) provided a place for forensic and medical attendance of the victims after hours, on weekends and on public holidays.

The victims were from different age groups and from different magisterial districts around Mthatha, such as Mquanduli, Ngcobo, Tsolo, Qumbu, Maclear, Mt Fere and Ngqeleni. Therefore, it can be fairly presumed that the victims who visited is a generalisable sample, representing the general population. In general, people experience difficulty in reaching the Sinawe Centre due to a lack of transport.

Therefore, not all the inhabitants of these areas have equal access to the centre for self-referral in rape cases. Those living closer to the centre might be more likely to make use of this facility.

Results

There were 2 378 victims of sexual assaults reported over a period of six years (2001–2006) (see Table 1). The reference population, which is the number of women in the area, amounts to 200 000 (National Population Census, 2002). In 2001, 78 rape cases (39/100 000 women a year) were reported. This is the year that the Sinawe Centre was launched. The rape victims increased more than twice (88/100 000) in 2002, and reached the highest level (417/100 000) in 2006. The mean rate of sexual assault is therefore 198 per 100 000 women a year.

The most vulnerable group was those between 16 and 20 years of age (24.6%), followed by victims between the age of 11 and 15 years (23.4%). The fact that 9.4% were children of five years or younger

Table II: Victims of sexual assault at different age groups in the Mthatha region of South Africa (2001–2006)

Age groups	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2006 (%)	Total (%)
1–5	6 (0.3)	13 (0.5)	17 (0.7)	31 (1.3)	76 (3.2)	80 (3.36)	223 (9.4)
6–10	19 (0.8)	28 (1.2)	36 (1.5)	60 (2.5)	90 (3.8)	89 (3.74)	322 (13.5)
11–15	12 (0.5)	49 (2.0)	68 (2.9)	98 (4.1)	166 (7.0)	163 (6.85)	556 (23.4)
16–20	15 (0.6)	43 (1.8)	70 (2.94)	85 (3.6)	138 (5.8)	233 (9.8)	584 (24.6)
21–25	10 (0.4)	15 (0.6)	28 (1.2)	23 (0.96)	81 (3.4)	103 (4.33)	260 (11)
26–30	6 (0.3)	11 (0.5)	15 (0.6)	26 (1.0)	41 (1.7)	37 (1.55)	136 (5.7)
31–35	2 (0.08)	5 (0.2)	10 (0.4)	9 (0.4)	16 (0.67)	29 (1.21)	71 (3)
36–40	2 (0.08)	4 (0.16)	1 (0.04)	7 (0.3)	11 (0.5)	16 (0.67)	41 (1.7)
41–45	1 (0.04)	2 (0.08)	2 (0.08)	6 (0.25)	14 (0.58)	19 (0.79)	44 (1.9)
46–50	1 (0.04)	3 (0.12)	3 (0.12)	4 (0.16)	9 (0.37)	12 (0.5)	32 (1.3)
>50	4 (0.16)	3 (0.12)	13 (0.54)	13 (0.54)	24 (1.0)	52 (2.18)	109 (4.6)
Total	78 (3.3)	176 (7.4)	263 (11)	362 (15.2)	666 (28)	833 (35)	2 378 (100)

is very surprising. The least vulnerable age group (1.3%) is those between 46 and 50 years of age (see Table II). About half (48%) of the victims were between the age group of 11 and 20 years, and a little more than two-thirds (61.5%) were between 6 and 20 years of age. Elderly women accounted for 4.6% in this study.

Discussion

The Transkei region, in which Mthatha is situated, is one of the former 'independent' homelands in which the majority of the population is African. The previous apartheid regime broke the fabric of family systems and the cultural value of life in this region. Poverty in this region is extreme, and amenities are poor. People live in crowded homes. Rape in South Africa, and particularly in the Mthatha region, occurs in the context of fractured families and communities.[12] Women and children are very vulnerable, as they are the weakest members of a society in which violence is rife.

This study found that the annual incidence rate of rape was 198 per 100 000 women. This is probably far less than the actual figures, as many of the rapes remain unreported. The incidence of rapes and attempted rapes reported by the *Cape Times* (1999) in South Africa was approximately 300 per 100 000 women, which is very high.[13] It is a common belief in the rural area of Transkei that rape is underreported. It is, for example, estimated that for every 36 rapes only one is reported.[9] If this estimate is valid, then the Mthatha region probably has the highest burden of rape in the world.

The prevalence of rape has increased more than tenfold between 2001 and 2006 (see Table I). The media and gender groups are very active in the Mthatha area, which could lead to an increased awareness of rape. The increase in reporting may be because of the increased awareness, the total increase in the number of rapes, or both. The centre for reporting sexual offences has also become more accessible due to longer business hours. The centre is now also open on weekends and public holidays.

In this region, women are not in a position to control their sexual lives because of their poor socio-economic status. There is a general agreement that sexual violence against women is rooted in gender power inequalities prevalent in society and in hierarchical gender relations. Most cases of sexual violence take place within families. In African communities, it is considered a legitimate right of male sexual entitlement.[10]

In 2001, the prevalence of rape was 39 per 100 000 women a year. This figure increased to 208 in 2006. A dedicated centre (Sinawe Centre) for the examination and management of sexual assault was opened in 2001. The most common age group that reported to the Sinawe Centre is victims between 11 and 20 years of age (see Table II). However, this is the age group that is the most sexually active and therefore more vulnerable.[3] About half (48%) were between 11 and 20 years old, and more than two-thirds (61.5%) were between 6 and 20 years of age. Alarmingly, about one in ten rapes (9.4%) was a child aged five years or less (see Table II). The myth that sex with a child is the cure for HIV infection is a motivating factor for child rape. This belief has led to innocent children being subjected to sexual abuse, which otherwise would not have happened.[5] The high number of rapes in this community is a major cause for concern. Rape, including child molestation, is increasing at shocking rates in South Africa. Sexual violence against children, including the raping of infants, has increased by 400% over the past decade.[14]

Rape increased in all age groups from 2001 to 2006 in the Mthatha region of South Africa. It has increased from 0.3% to 3.3% among children five years or less; 0.8% to 3.7% between six and ten years of age; 0.5% to 6.8% in those between 11 and 15 years old; 0.6% to 9.8% in the group between 16 and 20 years of age during the study period of six years.

study conducted by the author in 2005 showed that HIV infection is increasing and that rape is also proportionately increasing in this region.[15] HIV/Aids is a double-edged sword. On the one hand rape victims are more vulnerable to HIV infection[16] and, on the other hand, some HIV-infected persons are looking for the mythical cure by raping children. There is an increasing trend of HIV infection among victims of sexual assault in the Transkei region.[15] The use of post-exposure prophylaxis (PEP) is an important step in the control of the transmission of HIV infection, but, unfortunately, adherence is low (3%) in this region.[17]

The draft National Strategic Plan on HIV/Aids aims to reduce the rate of HIV infections by 50% in the next five years. It is a very ambitious plan,[18] which would be difficult to achieve without reducing the number of rapes. It is difficult to estimate how many victims are seroconvert. Most infections occur during consensual heterosexual intercourse. Steps must be taken to screen the rapists for HIV.

All raped women should have immediate access to counselling and antiretroviral drugs.[19] Examination of victims of sexual assault is however stressful and is a time consuming process. Clinical forensic service also appears to be one of the least attractive employment options to attract full time medical practitioners. Community attitudes towards victims of sexual assaults are also not encouraging.[20] There is also a cost implication in providing such a specialised service. Adding post-exposure prophylaxis to prevent HIV after rape has the potential to further increase service costs.[21] The cost to medical, judiciary and police services could be substantial. The pain and suffering of victims and their families also need to be taken into account.

The study has several limitations. Reliance was placed on recorded data, and information in the registers is often incomplete. Sexual assault on males has been excluded from the study, as the law has not yet been amended to include male rape. It was merely estimated that women form half of the total population – the annual change in population dynamics is difficult to estimate in this rural area.

Conclusion

There is an increase of sexual assault reported at the Sinawe Centre in the Mthatha area of South Africa. This may be due to an increase in sexual offence awareness campaigns in the area and/or to the centre being open 24 hours throughout the week. It could, however, also be that there is an actual increase in the incidence of rape.

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