

Self-reported experiences of sexual violence among high school learners in KwaZulu-Natal, South Africa

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Introduction

Globally, approximately 35.6% of women have suffered Sexual Violence, with significantly differing prevalence rates across regions (1). In sub-Saharan Africa, the rates of sexual violence among adolescents have been consistently high, with estimates ranging from 20-30% for girls and 10-20% for boys (2). This issue is particularly concerning in South Africa, where high rates of violence against women and children persist, often in the context of high poverty, inequality, and gender-based norms that enable such behaviours (3).

Sexual violence is a public health problem with mental, social and health ramifications, the latter including the risk of being infected with HIV and other sexually transmitted infections (4). It violates a person's rights and has detrimental psychological and social consequences (5). Sexual violence can cause self-shame, self-blame, helplessness, and low self-esteem, and people may turn to inflict the same kind

of violence on someone weaker than themselves to empower themselves (6, 7). It has been estimated that in South Africa, one in every three young people has experienced some sexual violence or abuse in their lives (8). Though females are more likely to be victims of sexual violence (9), men are also victims, with the population incidence of male rape of other men estimated to be between 2 and 8% (10). males are not just victimised by other males; they may also encounter female partner violence, which accounts for 6% of male homicides globally (11). A tendency for females to perpetrate sexual violence against men has also been recorded (12), demonstrating that males are not the only ones who engage in forced sex. There are various risk factors that can influence adolescent girls and boys to become victims or perpetrators of sexual assault. Traditional ideals of masculinity in South Africa and other parts of the world, as well as the normalisation of interpersonal

violence, might encourage sexual violence (13).

4.88 – 17.79, $P < 0.005$) more likely to have been forced

Methods

A cross sectional study was done using descriptive and analytical quantitative methods.

The study population was high school students attending government schools in KZN, one of the 9 provinces. Students from 10 High Schools in KZN were randomly selected in two areas, eThekweni Metro (Urban) and Ugu (Rural). The five schools from each district were selected using random numbers from the KZN Department of Education's list of schools for Ugu and eThekweni. In each of these schools, one class of grade 10 students was randomly selected, grade 10 being half way through the students' high school career.

Because of the variation of reported prevalence of sexual violence in other studies (14, 15), we chose 50% prevalence to provide the maximum sample size. The sample was calculated using the formula: $n = \frac{Z^2pq}{d^2}$, $n = \frac{(1.96)^2(0.5)(0.5)}{(0.05)^2} = 385$. A sample size of 385 was established using the following parameters: Z statistic is 1.96 for the confidence level of 95%; P is 0.5 as the prevalence of the expected evaluation. $Q = 1 - P = 0.5$ and $d =$ precision of 0.05.

A questionnaire that was self-completed by each learner in the classroom was used. The study instrument was based on the I-change conceptual framework (16) and was developed after exploring learners' perceptions through holding focus groups. Focus group discussions were conducted with both male and female learners at six high schools in rural and urban areas, and the themes relevant to GBV were identified for use in developing the questionnaire. These schools did not participate further in the study.

Results

Of the learners, $n=293$ boys (mean age 16.81 years, SD 1.72) and $n=290$ girls, mean age 16.00 years SD 1.37). Most students reported being Christian but there were gender differences in their religious affiliations ($P < 0.005$). Table 2, Significantly more boys than girls reported being forced to have oral sex, 58 (20.8%) vs $n=43$ (15.6%), $P < 0.005$, vaginal sex, $n=34$ (12.1%) vs 19 (6.9%) ($P=0.028$). Students with sexual experience were 9.32 times (95% CI to have vaginal sex. Poverty was associated with forced vaginal sex ($P=0.015$).

Table 1: Comparison of socio-demographic profile of grade 10 KZN students by gender n=583

Variable	n	Boys, n=293	n	Girls, n=290	Total	P value *
Mean Age (years) **	293	16.81 (SD 1.72)	290	16.00 (SD 1.37)	583	<0.005
Religion						
Christian	191	65.6%	236	81.4%	427	<0.005
Muslim	1	0.3%	3	1.0%	4	
Hindu	0	0.0%	1	0.3%	1	
African tradition	92	31.6%	43	14.8%	135	
Other	7	2.4%	7	2.4%	14	
Total	291	100%	290	100%	581	

*Chi square; **t-test

Table 2: Frequency (number, %) of students reporting forced oral sex, n=555

	0	1	2	3	4	5	6	Sub-total 1-6	Total	P value*
No. of times forced to have oral sex, n=555										
Boys	220 (79.1%)	7 (2.5%)	7 (2.5%)	3 (1.1%)	11 (4.0%)	2 (0.7%)	28 (10.1%)	58 (20.8%)	278 (100.0%)	<0.005
Girls	234 (84.5%)	17 (6.1%)	6 (2.2%)	5 (1.8%)	1 (0.4%)	3 (1.1%)	11 (4.0%)	43 (15.6%)	277 (100.0%)	

*Fisher's exact test; Code: 0=Never, 1=Once, 2=twice, 3=thrice, 4=4 times, 5=5 times, 6=6 times

Discussion and conclusion

Boys reported a higher prevalence of vaginal and oral forced sex than girls. Forced oral sex was the most prevalent form of forced sex reported by the students. In this study, the age and gender of the person forcing sex were not investigated,

and this would be important if interventions were developed. There is not much research on this finding, which still needs further exploration. One other study that was done in the same area did report similar findings (17). This may be due to the interpretation of what being forced is (although this was explained thoroughly to the learners) or

it may be that they felt that they were being forced by their partners or peers to engage in sex.

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