

UNIVERSITY OF KWAZULU-NATAL

THE EXPERIENCES OF RAPE SURVIVORS CONCERNING POST
EXPOSURE PROPHYLAXIS AT A REGIONAL HOSPITAL
ETHEKWINI DISTRICT

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BY

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DECLARATION

I DECLARE THAT THIS IS MY OWN, UNAIDED WORK. IT IS BEING
SUBMITTED FOR DEGREE OF: COURSEWORK MASTER’S IN MATERNAL AND
CHILD HEALTH NURSING AT THE UNIVERSITY OF KWA-ZULU NATAL,
HOWARD COLLEGE, DURBAN, SOUTH AFRICA. IT HAS NEVER BEEN
SUBMITTED FOR ANY OTHER PURPOSE. ALL REFERENCES USED OR QUOTED
HAVE BEEN ACKNOWLEDGED BY MEANS OF REFERENCING.

THULISILE NDLOVU

SIGNATURE *AMalema*

DATE *24-03-2005*

DEDICATION

This thesis is dedicated to all the female rape survivors who suffered severe trauma due to rape incident.

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My supervisor, Mrs Sisana Majeke for her valuable guidance, support and being a wonderful mentor.

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ABSTRACT

Aim: The aim of the study was to explore and describe the perceptions and experiences of rape survivors who were receiving Post Exposure Prophylaxis at a regional hospital.

Methodology: A phenomenological approach was used to explore the phenomena, of rape survivors' perception and experiences concerning the Post Exposure Prophylaxis (PEP) they received. The study was conducted in R.K.Khan Hospital, in an Outpatient Department in a gynaecology clinic. This is the regional hospital located in Chatsworth, in the Inner Outer West of Ethekewini District. The sample comprised of ten female rape survivors who were receiving Post Exposure Prophylaxis.

Data was collected by means of face-to-face interviews using an interview guide. Interviews were lasting thirty to forty minutes long per participant. The researcher applied the principle of theoretical saturation of data and a total of ten participants were included in the study. All interviews were tape recorded and transcribed verbatim. Data was analysed manually using the Editing Analysis Style.

Findings: The results of this study indicated that PEP is the new service to rape survivors and this evoked that when you are being raped you face a risk of range of immediate, medium, and long term health problems; physical, and psychological problems. The rape survivors described a number of emotions and physical reactions that they experienced when they were receiving PEP after rape, which were negative and positive reactions. Most experiences they faced indicated that they benefited from the PEP program, because they gained knowledge, got support from care providers and major diseases and complications were prevented by offering the Post Exposure Prophylaxis

A number of recommendations were suggested for the provision of PEP program to the community that is for nursing practice, management and education, the policy makers and for future research in an attempt to prevent major complications and health problems that occur in rape survivors.

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARVs.....	Antiretroviral drugs
AZT.....	Zidavudine
ECM.....	Emergency Contraception Method
ECP.....	Emergency Contraceptive Pill
HIV.....	Human Immuno-Deficiency Syndrome
IUCD.....	Intra-uterine Contraceptive Device
NRTIs.....	Nucleoside Reverse Transcriptase Inhibitors
NNRTIs.....	Non- Nucleoside Reverse Transcriptase Inhibitors
PEP.....	Post Exposure Prophylaxis
PMTCT.....	Prevention of Mother-to- Child Transmission
STIs.....	Sexually transmitted Infections
3TC.....	Lamuvudine
WHO.....	World Health Organization
VCT.....	Voluntary Testing and Counselling

CHAPTER ONE

1. 1 The Background

Gender based violence is the worlds most widespread form of human rights violations. It is found in all societies, social classes, races, ages and ethnic groups. It is a threat to and fear of almost every woman in the world. Women in developing countries are more vulnerable to sexual abuse because of social and cultural factors which are beyond their control, factors such as inequitable gender status afforded to women, socio-economic reasons, lack of formal education, unemployment and lack of power to negotiate the terms of sex with their partners (Greenslade, Gringle and Radhakrishna, 2001:1). Research conducted by (Heise, Pitanguy and Germain, 1999:30) showed that in the 50 countries surveyed between 10 % and 50% of women were involved in sexual violence with 12 deaths for every 1000 rapes reported. Most studies found the incidence of females suffering from sexual violence to be 1.5 to 3 times higher than the rate of males (<http://www.doh.gov.za/docs/misc/workshop/june01.html> accessed 23/09/2003).

Analysis of the rape statistics of the United States of America indicated that rape had a devastating impact on mental health of the rape victims, 31% of rape survivors developed Rape Related Post Traumatic Disorder (RR-PTSD) in their lifetimes. (<http://www.thehelpline.net/abused.html> accessed on the 06/11/2003).

In March 2001, the World Health Organization developed a protocol for the management of rape survivors in response to the World Conference on sexual and gender-based violence on women, which was held in Beijing, in September 1998 (Kitsner, 2003:5). The United Kingdom and European study found that 15% of the rape survivors acquired sexually transmitted infections including human immuno-deficiency virus, and unwanted pregnancy. This finding highlights the need for the provision of Post Exposure Prophylaxis (PEP) in emergency and Primary Health Care settings, to remediate multiple traumas as part of a rights based-approach to gender-based violence (<http://www.health.groups.yahoo.com/gruop/AIDS-INDIA/messages/2050>) Accessed on the 20/11/2003.

Policies for management of rape survivors exist in more than 35 countries. Examples of countries that offer Post Exposure Prophylaxis (PEP) are United States, Canada, England, Italy, Spain, Australia, and South Africa among other countries. PEP after rape has been

available since 1997 in the above-mentioned countries in private clinics, Non Governmental Organization (NGOs) and health facilities (Denny, 2002:18).

In France it was announced that as from August 2003 Post Exposure Prophylaxis (PEP) would be available for rape survivors. Burundi started a program in February 2000, in Ruying Hospital and it treats an average number of 10 to 15 patients per month (Denny, 2002:18).

Studies in California, France and Canada have confirmed the efficacy of PEP. In San Francisco, USA, Katz, discussed in web (<http://www.health.groups.yahoo.com/gruop/AIDS-INDIA/messages/2050>), collected data on 401 rape survivors who received PEP. Treatment was started within 33hrs after exposure, 78% completed one month of therapy and some returned within six months with repeated exposure (<http://www.health.groups.yahoo.com/gruop/AIDS-INDIA/messages/2050>). Accessed on the 20/11/2003

In a European study conducted by (Soussy, 2001: 228) in France from 1999-2000, 103 people were treated with PEP, 5 people refused, 98 people were treated within an average of 7.5 hours. 50% returned after one month for follow up, 59% interrupted PEP and 32% returned at 3 months. None had sero-converted to human immuno-deficiency virus (<http://www.health.groups.yahoo.com/gruop/AIDS-INDIA/messages/2050>). Accessed on the 20/11/2003

The South African Department of Health responded to the World Health Organization (WHO) by appointing a Parliamentary Task Group to look at the problems that are faced by rape survivors when reporting a rape incident. On the 12th June 2002, the Report of the Parliamentary Task Group pointed out there were gaps in the response by police and medical personnel with regard to the immediate needs of sexually abused victims, leading to situations where the health risk of survivors was further compromised. In some cases the rape survivors were simply refused medical attention. Based on the WHO recommendations and the report from the Task Group, the South African Department of Health responded by formulating a policy and procedure concerning the management of rape survivors (Sexual Assault Policy and Procedure, 2002:1). PEP after rape has been available in South Africa as from 1997, through NGOs, private insurance companies, private hospitals and some hospitals in the Western Cape Province (Kitsner, 2003:6).

In April 2002, the South African Government announced that all rape survivors would be eligible to access PEP free of charge, as part of a comprehensive approach to supporting survivors of sexual violence, in prevention and eradication of violence against women and children (Sexual Assault Policy and Procedure, 2002:01). Women from the ages of 14 to 49yrs who have been sexually abused may approach a health facility and receive Post Exposure Prophylactic care as indicated in the National Health policy No G47/2002, dated 25/9/2002, which was issued in April 2003 (Sexual Assault Policy and Procedure, 2002:1). The main goal of the Sexual Assault Policy and Procedure was; to establish designated, specialized, accessible 24 hours free health care services for the holistic management of sexually abused individuals. The Service for the management of rape survivors should not form part of Primary Health Care Services but be provided by specialist doctors and nurses who have completed the relevant training (Sexual Assault Policy and Procedure, 2002:13). This service should include counselling, detailed data collection, provision of a safe and comforting environment, examination, the completion of registers for clinical and forensic evidence, treatment of co-existing injuries, prevention of pregnancy, STIs including HIV and referrals to relevant services (<http://www.health.groups.yahoo.com/group/AIDS-INDIA/messages/2050>).

Accessed on the 20/11/2003

There are variations in implementing patterns among the provinces and even within provinces. The Western Cape led the PEP initiatives long before the decision by National Department of Health. In Gauteng implementation commenced in April 2002, and by October 2002, 16 out of 26 sites had implemented the PEP programme (Kitsner, 2003:6).

In the Orange Free State, a protocol was implemented in July 2002, and there are now 28 institutions on record that are administering PEP (Kitsner, 2003:6).

Kwa-Zulu Natal announced the provision of PEP at all hospitals, crisis centres and community health centres at the end of September 2002 (Kitsner, 2003:13).

In R.K.Khan Hospital, preliminary statistics collected from April 2003 to March 2004 showed that, 106 cases of rape survivors were treated. An analysis of statistics according to age showed the following breakdown: Those between 12 and 18 years constituted 60%, those in the 19 to 25 years range made up to 14%, those aged 26 to 29 constituted 12%, while 7%

were in the 30 to 35 year age range and 7 % were over 36 years. An average 9 rape survivors are treated monthly (R.K.Khan hospital: 2004).

AGE	NUMBER	PERCENTAGE
12-18yrs	64	60%
19-25yrs	15	14%
26-29yrs	13	12%
30-35yrs	7	7
36yrs and above	7	7
TOTAL	106	100%

Table 1.1 The rape survivors treated in R.K.Khan from April 2003 to March 2004 (n=106)

In the study conducted by Wulfsohn 2003, in Gauteng Province, in Sunning hill Hospital from 1999-2001, PEP was taken by 644 rape survivors of the 500 who returned for testing, only one sero-converted. This study looked at HIV transmission following rape, but did not look at experiences of the rape survivors who were receiving Post Exposure Prophylaxis.

(<http://www.aidsmap.com/treatments/ixdata/english/082ab2cb-5bcc-4ddd-ac7c-8e56c5702>)

1.2 Motivation

The researcher is a trained psychiatric nurse and a midwife and she is working in maternity where she has delivered some cases of unplanned pregnancy as a result of rape. She has also worked in a paediatric ward where she was exposed to children who had been raped and had developed sexually transmitted diseases, urinary tract infections and fistulas. She is also concerned about rape as gender based violence; psychosocial and medical problem that could cause unwanted pregnancies, transmission of STIs (including HIV/AIDS). These experiences motivated the researcher to conduct a study about the experiences of the rape survivors who are receiving Post Exposure Prophylaxis in a hospital at Ethekwini District.

1.3 Statement of the Problem

Post Exposure Prophylaxis is the new intervention strategy for rape survivors, which was announced by the Department of Health in April 2002, and became effective as from April 2003. A study conducted by the law centre at the University of Cape Town looked at accessibility of Post Exposure Prophylaxis in case the women were raped over weekends. It

found that PEP was inaccessible and recommended that the emotional difficulties faced by rape survivors when accessing the health service after sexual abuse needed to be assessed and addressed (Department of Health, 2002: 15).

The experiences faced by rape survivors receiving Post Exposure Prophylaxis are not known, and appear never to have been researched. These experiences are important because they are going to describe, highlight and interpret what the rape survivors go through when receiving Post Exposure Prophylaxis. This study will investigate the experiences encountered by female rape survivors who are treated according to the New Policy and Procedure number for prophylactic care following rape (Sexual Assault Policy and Procedure 2002: 1).

1.4 The Purpose of the Study

To explore the experiences of rape survivors aged 12-49 years who are receiving Post Exposure Prophylaxis at a Regional Hospital in the Ethekwini District. (For selected group refer to inclusion criteria in the methodology section).

1.5 The Objectives of the study

- 1 To explore and describe how rape survivors perceive and experience the immediate care received, including administration of PEP.
- 2 To determine the knowledge of the rape survivors with regard to their rights and decision - making in the choice of treatment related to Post Exposure Prophylactic care.

1.6 Research questions

- 1 How do rape survivors describe their experiences concerning the Post Exposure Prophylactic Care?
- 2 How were the rape survivors involved in decision-making concerning the Post Exposure Prophylactic care they received?

1.7 Significance of the Study

As Post Exposure Prophylaxis is a fairly new intervention strategy in the public sector, the experiences of the health recipients who are taking it are not known. Information gained from this study will better equip health providers, in planning and implementing strategies of the rape protocol following sexual abuse. This information will also help in acknowledging the needs and requirements of the rape survivors who are recipients of PEP, which in turn will

ensure provision of a good quality service to them based on their suggestions and recommendations. This study will also be of assistance to health planners in the field of Maternal Health and Human rights in the evaluation of sexual assault policy and procedure.

1.8 Definition of Terms

Experience means to undergo, through a surprising or painful occurrence, results from direct participation in events or activities (www.cogsci.princeton.edu/cgi-bin/webwn) accessed On the 09/03/2004. In this study it means to have the experience of perceiving, feeling, and direct participation in PEP programme.

Post Exposure Prophylaxis (PEP) is a group of medicines and care given to rape survivors to prevent unwanted pregnancy, HIV and STIs (Sexual Assault Policy and Procedure, 2002: 15). In this study it means the comprehensive management of rape survivors, following a rape incident.

Rape is traumatic and violent sexual assault and intercourse with a woman without her consent (Lewis, 1994: 4). In this study it means unlawful sexual intercourse and penetration to the vagina without her consent.

A Rape survivor is a person, who has been raped, but has overcome the damaging effects of the experience and can continue to lead and build a constructive life (Gosselin, 2000:8). In this study it includes all female rape survivors' ages between 12 -49 years old and excludes male rape survivors.

CHAPTER TWO

2 LITERATURE REVIEW

2.1 Meaning of Rape

According to the South African law, rape is an intentional unlawful sexual intercourse with a woman without her consent. The law only applies to sexual intercourse between men and women and there must be penetration of the vagina by a penis (Gilbert, 1996: 873). Women organizations are not happy about this definition of rape because there are other types of sexual assault rather than penetration by a penis which may be more serious like insertion of any object into any orifice for sexual gratification and techniques to achieve the objective of sexual gratification. It can also involve manipulation of the victims, psychological isolation by force, restraining threats, informing that if she tells no one will love her (Reid, 1994:29).

Incest: - if a blood relative perpetrates and sexually abuses his relative, if it is between parents and the child, the power position of the parent identifies perpetrator. Parental / child incest is the type that is commonly reported (Gosselin, 2000: 276).

Philosopher Harrison thinks that rape is a normal activity minus consent, glorifying rape, women really want it and that is the reason why police do not believe it. Sexual assault victimises not only those women who are directly attacked but all women (French, Teasy & Purdy, 1998:23).

2.2 Incidence of Rape

The preliminary findings of a rape project which was conducted in 1997 by the Unisa Health Psychology unit in Soweto indicated that the majority of rape victims were women between the ages of 20-30 years. The reason being social mobility. Young women are moving away from home for studies and for employment. Analysis of the first 544 cases the majority were aged between 14-30 years old. In support of a socio-biological explanation for rape, the most vulnerable group are those women in fertile yrs, which are 14- 49 years (<http://www.und.ac.za/und/indc/archives/crime/issue11/gilchris:htm>).

2.3 Consequences of Rape

2.3.1 Physical Problems

Physical symptoms and problems may result from injuries, sexually transmitted diseases, and pregnancy. These physical reactions interact with psychological symptoms and may complicate recovery from trauma. Women who have been victims of rape and other crimes report more symptoms of illness and view their health as worse. They also visit physicians more frequently, twice as often as non-victimized (Davis, Lutigio & Skogan, 1997:28).

Infections

Cross-cultural data from rape centres reveal that a large percentage of rape and sex abuse incidents are perpetrators against girls that are young as from 15 years. Many HIV positive men rape young women in the belief that raping a virgin will cure AIDS. Force is almost, always physical rough, which facilitates HIV transmission (Greenslade, Gringle & Radhakrishna, 2001:2). Young women having relationship with their boyfriends they are threatened with rape if they are not willing to have sex. Half of all the infections (40-50%) affect individuals between ages 15-25 years. Many girls are raped or forced into sex by older men in developing world. Older men seek out young girls with little sexual experience and are less likely to have STIs/HIV from them when they have sex and they are unlikely to wear condoms, then increasing the risk of transmitting STIs/ HIV and impregnate these little girls (Greenslade, Gringle & Radhakrishna, 2001:3).

Unwanted pregnancies

Sexual abuse puts young women at risk of unwanted pregnancy and they are in the position of unsafe abortions. According to WHO 36-53 million induced abortions that take place world wide every year, 2 of every 5 are performed unsafely. A Nigerian study found that 72% patients hospitalized for complications from unsafe abortions were under the age of 20 years old. A data reported at 1996 International Conference on AIDS and results from survey of 1997 by African Forum on Adolescent Reproductive Health reveal that health professionals, researchers, policy makers and educators need to examine seriously the implications of the connections between unwanted pregnancy, HIV/STIs and unsafe abortions amongst adolescents (Greenslade, Gringle & Radhakrishna, 2001:6).

2.3.2 Gynaecological problems

Sexual abuse has been associated with vaginal bleeding, vaginal discharge, painful menstruation, sexual dysfunction, pelvic inflammatory diseases, painful intercourse and chronic pelvic pains and fistulas. (<http://www.doh.gov.docs/misc.workshop/june01.html>).

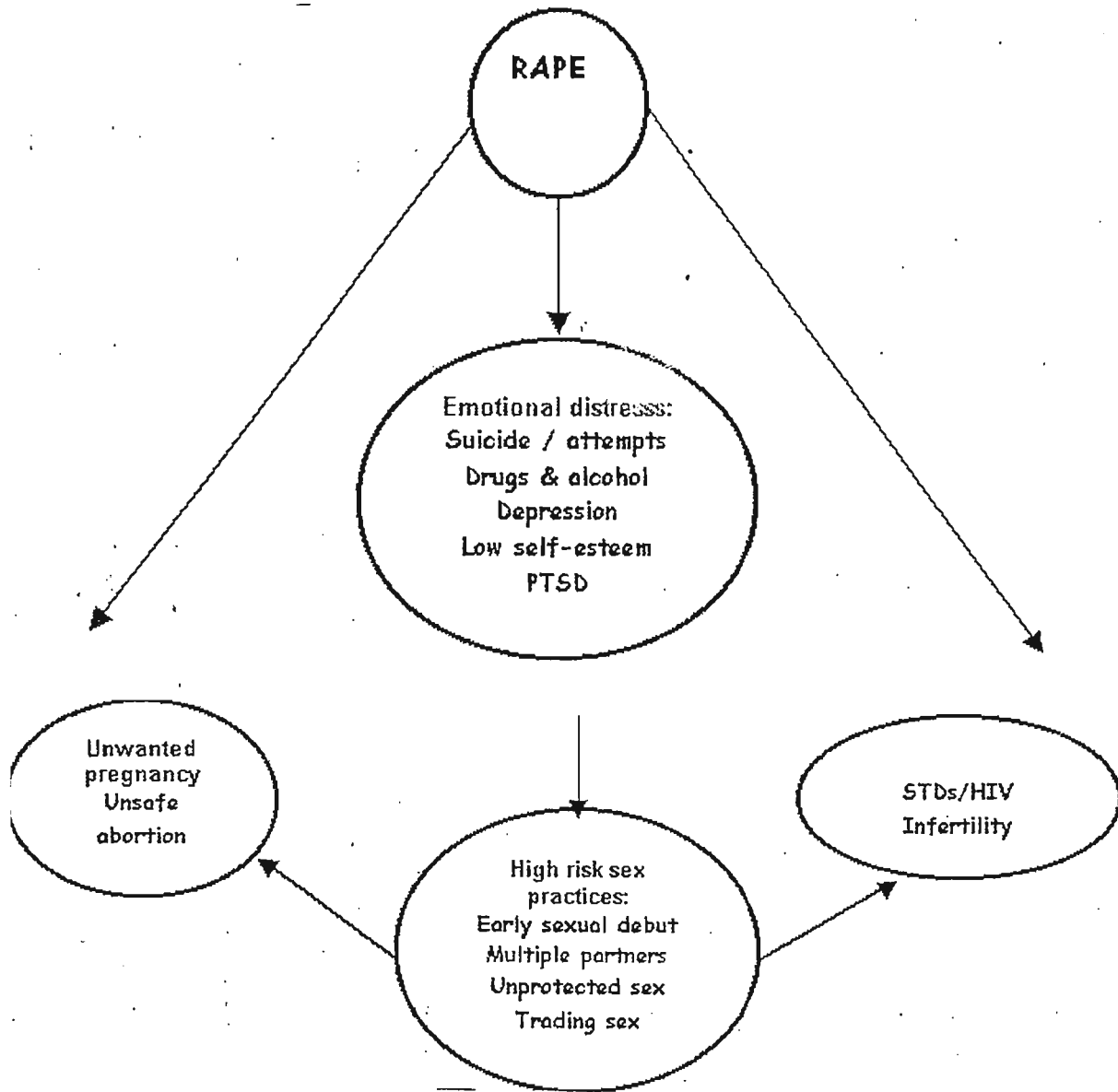
Accessed on the 23/09/2003.

2.3.3 Psychological problems

Post Traumatic Stress Disorder

In a longitudinal study conducted by Calhoun in 1982 discussed in (Davis et al, 1997:31) found that majority of victims 'experienced fear, depression and mood states. They reported problems with adjustment, sexual functioning and self-esteem. 75% of rape victims reported at least depressive symptoms at two weeks session. By three months after sexual assault there is stabilization in the initial symptoms. Some victims continue to experience chronic problems for an indefinite time (Davis et al, 1997:31).

2.3 Consequences of Rape



(<http://www.thehelpline.net/abused.html>.accessed 06/11/2003)

2.4 Overview of previous Research Studies pertaining PEP

To date there are no published studies that looked at the experiences of rape survivors who are receiving Post Exposure Prophylaxis after sexual exposure. It is suggested that while waiting for more definitive clinical studies, PEP after rape should be considered on a case to case basis (http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids)

According to Silbermann, (2001:227) a retrospective study on PEP after rape from 111 people who commenced PEP, 60% returned for at least one visit and only 18 completed one month of PEP no sero-conversion occurred to Human Immuno-deficiency virus

(http://www.ncbi.nlm.nih.gov/entrez.query.fcgi?cmd=Retrieve&db=PubMed&list_uids).

A study conducted by Jean-Pierre Bernais and a team in France , from 1000 rape survivors who were given antiretroviral drugs (ARVs) since June 1999 not a single one had sero-converted to Human Immuno Deficiency Virus

(http://www.speakout.org.za/medical/rape/pep_who.htm) accessed on the 20/11/2003.

A study conducted by community law centre in the University of Cape Town about violence against young women and HIV/AIDS, it looked at accessibility to PEP in tertiary institutions in cases the woman is raped over the weekend. It was found that access to Post Exposure Prophylaxis after rape was a problem that contributes to increased incidence of HIV in South Africa. Women who were raped over the weekend experienced a wide range of difficulties when trying to access health services and support, this negatively impacts on their awareness of other health risks associated with rape, factors like the unwanted pregnancy, STIs including HIV/AIDS (Western Cape Dept of Health, 2001: 5).

A study further indicated that there is lack of monitoring and evaluation system for PEP service and it is noted that research is urgently required. An analysis of treatment effectiveness is important for health system development and monitoring and prevention of drug resistance (Kitsner, 2003: 24). Research is required on the condition of drug administration, counselling, the double trauma of HIV infection, adherence to drug regime. Operational is also needed on optional models for delivery of PEP care particularly in rural areas (Kitsner, 2003: 24).

Although PEP is available to women on the policy level, its absence may complicate the lives of women hence the need for measures to ensure its availability and accessibility to women needs to be attended to. Women cannot exercise the choice to PEP if they are not informed of this option and their rights to access (Western Cape Dept of Health 2001: 5). A study by Wulfsohn in 1999 noted that if the perpetrator is someone known to the rape survivor she is less likely to follow through with treatment (Kitsner, 2003: 10).

Article 16 of African Charter on Human and People's Rights, Social and Cultural Rights have an obligation to ensure access of health facilities for vulnerable groups, essential drugs, equitable distribution of health facilities and services (Western Cape Dept of Health, 2001: 2).

2.5 The meaning of Post Exposure Prophylaxis (PEP)

Post exposure prophylaxis is the management of rape survivors which includes the administration of PEP which contains antiretroviral medication for those patients who present to the health facility within 72 hours of exposure and have tested HIV negative at the time of the assessment and examination, in order to reduce risk of transmission of HIV and STI and prevention of unwanted pregnancy. Those who are HIV positive at the time of assessment are not given antiretroviral drugs, but are counselled, given contraceptives and antibiotics and referred to relevant support services. Girls from the age of 14 yrs may be prescribed any form of contraceptives without assistance of their parents or guardian. (Sexual Assault Policy and Procedure, 2002: 2).

The South African Department of Health provided the policy and procedure in (The National Health policy Circular number G47/2002; dated 25/9/2002 was issued in April 2003) (Sexual Assault Policy and Procedure, 2002: 2). According to Kitsner, (2003:5) PEP relates to the reduction of HIV infection risk after potential exposure to HIV-infected blood or sexual contact with an HIV positive person, by means of antiretroviral (ARV) drugs. Provision of drug therapy is one aspect of PEP in case of rape. In addition, trauma and HIV counselling should be provided as well as referral to support services and ongoing clinical monitoring (Kitsner 2003: 5).

2.6 Components of Post Exposure Prophylaxis (PEP)

Counselling and promoting informed consent: - regarding the potential risk of HIV transmission and pregnancy post rape. Informed consent then it is up to the survivor's choice to have immediate HIV testing. Counselling concerning the common side effects of drugs such as nausea, tiredness and flu like symptoms. The importance of immediate, short and long term counselling of close relatives and friends of the rape survivor is offered. (Sexual Assault Policy and Policy, 2002:2).

Provision of accessible/safe/private and comforting environments: - Women who seek medical attendance post rape are provided with a safe environment and measures are taken to prevent the perpetrator from further harming them (Sexual Assault Policy and Procedure, 2002:2).

Detailed data collection:- The completion of registers such as clinical and forensic evidence is carried out, in order to enable proper evidence to be presented in the court of law (Sexual Assault Policy and Procedure, 2002:3).

The Physical examination: - The examination should be performed by an appropriately trained professional in caring and management of rape survivors following rape incident (Sexual Assault Policy and Procedure, 2002:3).

Treatment for co-existing injuries: - If the rape survivors are having life threatening co-existing injuries such as bleeding, haemorrhage is arrested first before rape related procedures are carried out (Sexual Assault Policy and Procedure, 2002:3).

Pregnancy prevention of unwanted pregnancy: - The rape survivor is counselled and informed about available services such as provision on emergency contraception which is the ovral tablets or insertion of intra-uterine device depending on the survivor's rape and previous medical history. Information is given regarding the Choice on Termination of Pregnancy for those women who become pregnant as a result of rape (<http://www.aidsconsortium.org.za/pep/pep/2guidelines.html>). Accessed on the 20/11/2003.

Prevention of common STIs: - Sexually transmitted diseases such as gonorrhoea, syphilis and Chlamydia are treated (<http://www.aidsconsortium.org.za/pep/pep/2guidelines.html>). Accessed on the 20/11/2003.

Post Exposure Prophylaxis to prevent HIV transmission, The rape survivor is pre-test counselled for HIV, Blood test and post test counselling is done. The antiretroviral drugs, (ARVs) zidavudine (AZT) and lamuvidine (3TC) regime are given (Sexual Assault Policy and Procedure, 2002:3).

Awareness of Post Exposure Traumatic Syndrome:- Patient is counselled about and informed about the possibilities of Post Traumatic Stress Syndrome and taught the coping skills. Appropriate management of this problem is further managed by support system social workers, psychologist and survivors support systems, the family and close relatives are encouraged to offer support (<http://www.aidsconsortium.org.za/pep/pep/2guidelines.html>). Accessed on the 20/11/2003.

Support and preparation for identity parades: - court appearances and other judicial and police procedures. (<http://www.aidsconsortium.org.za/pep/pep/2guidelines.html>). Accessed on the 20/11/2003.

2.7 Facilities for PEP in the Republic of South Africa

The implementation of Post Exposure Prophylaxis (PEP) care after rape has remained uneven, partly due to funding, staffing, training, research, monitoring and other infrastructure and lack of clearly disseminated directives (Kitsner 2003:13).

Western Cape Province

Groote Schuur Hospital – tertiary centre has a crises centre called Thuthuzela has been offering PEP free of charge to rape survivors since 1998, is open 24 hrs. It has a doctor in attendance of medical examination, collection of forensic evidence and treatment under one roof (Kitsner 2003: 19). A facility includes a shower to enable the rape survivor to wash after examination, clean clothes and comfort pack is provided (Kitsner 2003: 19).

When the rape survivor comes in a health facility a police is contacted to take a statement from her. Test results are available within 24 hrs, an average of 10 rape survivors are seen per month (Kitsner 2003: 20). According to Denny of 100 rape survivors who presented themselves at Groote Schuur in 2000, 68 % had received Post Exposure Prophylaxis (PEP). Formal monitoring and evaluation mechanisms are in the process of being developed by the hospital. Problems are experienced with the supply of crime kits which are not always available at Thuthuzela Rape Crises Centre (Denny, 2002: 19).

Gauteng Province

Gauteng province started offering PEP as from 1998 at Sunning hill Hospital in Albertina Sisulu Crises Centre and Sinakekelwe Crises Centre – Natalspruit Hospital in Katlehong started the programme in July 2002 (Denny, 2002: 19).

Kwa-Zulu Natal

Although the National Sexual Assault Policy makes provision from 14 to 49 years, but in R.K.Khan Hospital, health workers treat women from age 12 yrs. Counselling and screening is done by medical officer and the professional nurse, Zidavudine (AZT), and Lamuvudine (3TC), Ciporbay and Flagyl, Iron supplements, Ovral or Intra uterine contraceptive device (IUCD) is prescribed if the survivor presented herself to the health facility after 72hrs or contra-indicated to oestrogen. Ciporbay 500mg 1 tablet immediately, metronidazole 400mg one tablet three times a day for 5 days, Doxycycline 100mg 1 tablet twice a day for 7 days, Ibuprofen 200mg one tablet three times a day for 5 days, blood test for HIV, Wasserman's

test (WR), Hepatitis and pregnancy test. Patients are referred to police services to report the incident, follow up at 6 wks, 3 months and 6months (Sr Naidoo: 2004).

2.8 Criteria for Administration of PEP

In the United States, the Centre for Diseases Control guidelines suggest that PEP is administered only in cases in which all the following criteria are met (Kitsner 2003:7).

A person has had a known high risk exposure to HIV. The person was exposed to another person, who is known to have HIV or the other person to be high risk for HIV. The exposure is an isolated incident and future exposures are unlikely. The person is compliant with taking her medications. Antiretroviral (ARVs) medications are not contra-indicated in her case. Treatment begins within several hours after high risk exposure or if necessary, up to 24-36 hrs after the high risk exposure and is sustained approximately four weeks (Kitsner 2003:7).

2.9 Contra-indications of PEP

Relative contra-indications to the use of AZT and 3TC include severe renal and liver impairment (Kitsner 2003:7).

2.10 The Steps of Post Exposure Prophylactic Care

There about a number of steps to be followed when offering PEP to sexually abused clients

Step I- Preparation- Making preparations to offer medical care to rape survivors.

Responding thoroughly and compassionately to people who have been raped, and informing the community about availability of PEP, why rape survivors need treatment, where to get services, service offers 24 hrs accesses to services. Rape survivors should come immediately after the incident, without bathing or changing clothes (Inter Agency lesson learned Conference, 2001: 3 (<http://www.health.groups.yahoo.com/group/AIDS-INDIA/messages/2050>)).

Step II- Preparation of the survivor for examination

The person may often feel guilt, shame and anger. Prepare her for examination in the most compassionate, systematic and complete fashion. Explanation of what is going to happen; same sex health worker should accompany the survivor throughout the examination to prevent negative feeling s and fears of opposite sex. Obtaining informed consent and make sure that she understands everything in it (Inter Agency lesson learned Conference, 2001: 7).

Step III – Taking History

Interviews are conducted in the treatment room, while conducting the interview with the rape survivor the medical instrument should be covered until used. Let the survivor tell you her story, give sufficient time to collect data and create climate of trust (Inter Agency lesson learned Conference, 2001: 10).

Step IV- Collecting forensic evidence

The collection of evidence should be made as soon as possible preferably within 72 hours, to confirm recent sexual contact. Documentation of the case, injuries, collecting samples, such as blood, hair, saliva and sperm should be carried out which may help to support the survivor's story and might help identify the aggressor. Screening for STIs should be done and reporting the medical findings in a court of law (Inter Agency lesson learned Conference, 2001: 10).

Step V – Performing the physical examination and genital examination

Physical examination depends on how soon the survivor presents to the health service. Follow the steps in Part A if she presents within 72 hours of the incident, part B is applicable to survivors who present more than 72 hours after the incident. Obtain voluntary informed consent for examination and to obtain the required samples for forensic examination (Inter Agency lesson learned Conference, 2001: 14).

Step VI - Prescribing the treatment

Treatment will depend on how soon after the incident the survivor presents to the health service. Follow the steps in Part A if she presents within 72 hours; Part B if she presents more than 72 hrs of the incident. Part A – prevent HIV transmission by offering Voluntary Counselling and Testing (VCT) and Antiretroviral drugs (ARVs) for 28 days. Prevent pregnancy – Taking emergency contraceptive pills (ECP) within 72 hours of unprotected intercourse. Provide wound care; prevent tetanus by giving tetanus toxoid. Prevent hepatitis B and provide mental health care by offering social support and psychological counselling. Part B – Survivor presents more than 72 hrs after the incident- Prevent pregnancy, by inserting intra-uterine device (IUCD), the other management is the same as Part A. (Inter Agency lesson learned Conference, 2001: 17).

Step VII – Counselling the Survivor

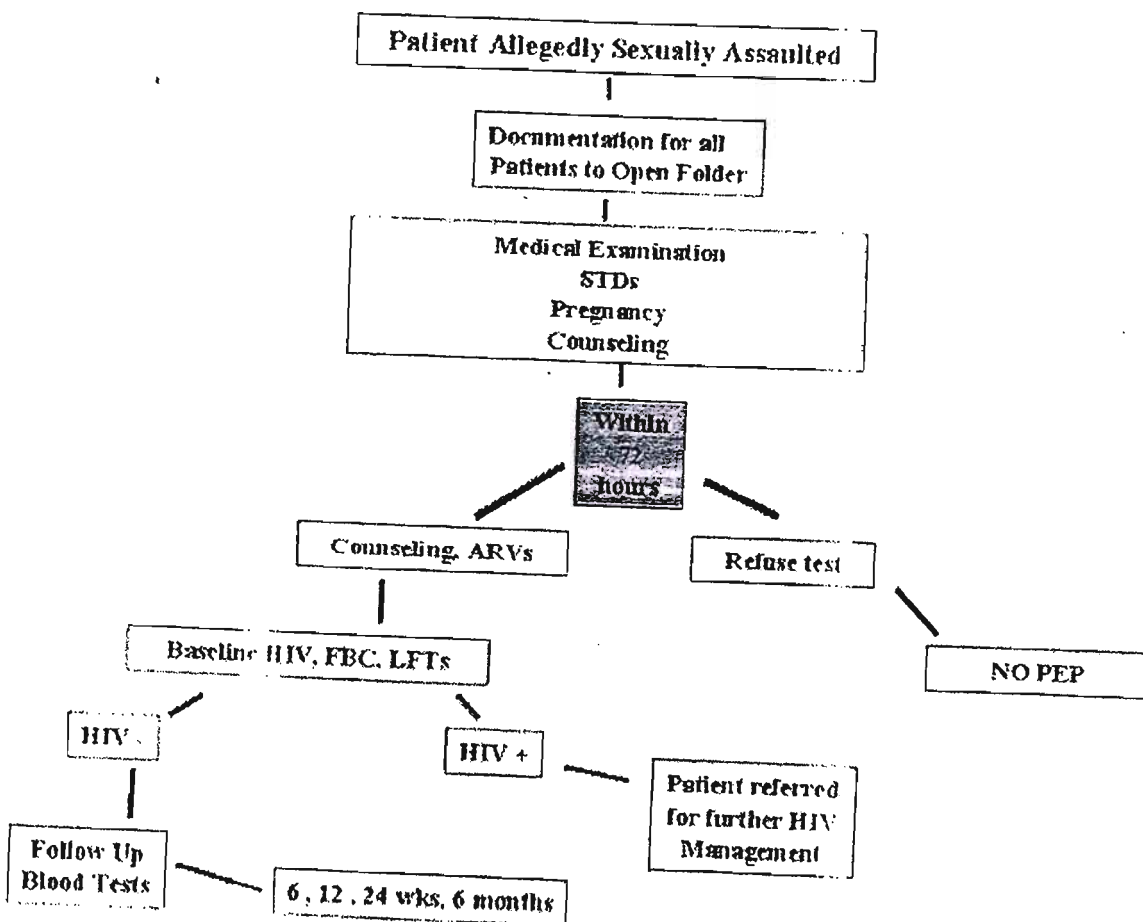
Survivors seen at the health facility may be most likely experiencing psychological trauma and may show signs of anxiety and depression. It is therefore important to repeat the counselling during follow-ups visits. Give the survivor the opportunity to ask questions and to voice her concerns (Inter Agency lesson learned Conference, 2001: 22).

Step- VIII Follow up Care

Two week follow up visit, evaluate for pregnancy, STIs and mental and emotional status.

At six months and one year (Inter Agency lesson learned Conference, 2000: 24).

Diagrammatic Representation of Management of Allegedly Sexually Assaulted Patient



(<http://www.aidsconsortium.org.za/images/rape-p2a.gif>) accessed on the 20/11/2003.

2.11 Theoretical Framework

Theoretical framework is not included in this study because according to phenomenologist such as Bruyn, (1996) cited in Burns & Grove, (2001: 678), the data are distorted during development of the theoretical framework and the theoretical schema fails to yield a meaningful picture of the phenomenon being studied. The theoretical framework and the proposed relationships between concepts are not validated by data (Burns & Grove, 2001:678). This applies to this study because it is a phenomenological study, looking at the experiences of rape survivors whose meaning can be distorted by the application of theoretical schema hence the theoretical framework was not included in this study.

CHAPTER THREE

METHODOLOGY

3.1 Research Design

This study used a qualitative approach, using a phenomenological study design. A qualitative approach is inductive. It requires the researcher to get to know a social context and to share feelings and interpretations through the eyes and ears of the subjects and attach purpose to the behaviour or social action. Qualitative methods assist the researcher in identifying the concerns, opinions and beliefs which help in the provision of details for important topics (Rifkin and Priedmore, 2001: 31). A particular advantage of using this approach is that it provides the researcher with another's social reality and the researcher gains an in depth understanding of localities, activities and constraints experienced in particular daily lives (Neuman, 2000:73).

The phenomenological study design is concerned with the live experiences of humans. The lived experience gives meaning to each individual's perception of a particular phenomenon and it is influenced by everything internal and external to the individual (Polit & Hungler, 2001:212). This study explored the experiences of rape survivors concerning PEP.

3.2 The Setting of the Study

The study was conducted in R.K.Khan Hospital which is a Regional hospital, situated in Chatsworth, Durban. It is about 20 km from the city of Durban, located in the Inner Outer West of Ethekewini District, Kwa-Zulu Natal. It is a 472 bedded hospital, and serves the local community and it is a level II, Secondary or Regional hospital as cited by the Department of Health, for example St. Mary's Hospital utilizes R.K.Khan Hospital for referrals. It is also an academic institution utilized for training of nurses, clinical practices and practical examinations for medical and nursing personnel. Addington hospital was not utilized for the study because there were enough participants obtained in R.K.Khan hospital.

3.3 The Population

The population for the study were rape survivors aged between 12 and 49yrs who were treated according to the new rape protocol which includes administration of Post Exposure Prophylaxis. The study population was characterised by age, sex, attendance at rape follow up clinics in R.K.Khan Hospital.

3.4 Sampling Method

A purposive sampling method was used to select participants for the study. According to Burns and Grove, (1997:309), purposive sampling includes the selection of subjects with particular characteristics in order to increase theoretical understanding of some facet of the phenomenon being studied (Burns & Grove, 1997:309). Purposive sampling means that representative units of the population are selected by the investigator. Babbie and Mouton (2001:166) maintain that 'sometimes it is appropriate for an individual to select his/her sample based on the knowledge of the population, its element and the nature of your research aims' (Babbie and Mouton, 2001:166). The researcher decided to choose the subjects that are typical of the population in question or particularly knowledgeable about the issues under study. This method can be used to advantage certain instances like newly developed instruments, can be effectively pre-tested and evaluated with the use of a purposive sample (Polit and Hungler, 2001: 239).

3.5 Sample Size

In qualitative research, a sample size should be determined on the basis of informational needs. The phenomenological studies involve a small number of study participants, often fewer than ten (Polit & Hungler, 2001: 240). The researcher intended to interview 8 participants, because there was new information that was given, sampling continued until data saturated at ten participants. In R.K.Khan Hospital an average of 9 rape survivors are treated monthly.

3.6 Inclusion Criteria

The women that were interviewed were all female rape survivors, who were treated according to the new National Health policy No G47/2002; they were attending R.K.Khan Hospital. Ten women, aged 12- 49years who had been started on Post Exposure Prophylactic Care were be selected for the study, When the figures for the feasibility of the study were collected it was noted that rape survivors between the ages of 12-49 years were treated in R.K.Khan Hospital, although the National Policy for the management of rape survivors makes provision for females aged 14 - 49years (Sexual Assault Policy and Procedure, 2002:1). Participants were recruited were those attending their first follow up following PEP, and included all those who were coming for follow up in December 2004 and January 2005.

3.7 Data Collection

The data was collected by means of face-to-face interviews, using an interview guide which was modified in the light of in depth interviews to allow maximum collection of data. An interview guide consisted of Section A, for collection of demographic data and Section B, with open ended questions was used for the in-depth interviews dealing with the perceptions and the experiences of rape survivors who were receiving Post Exposure Prophylaxis (PEP). The purpose of an interview and confidentiality of data collection was explained to the participants. A written informed consent for interview and the permission to use a tape recorder was obtained. The tape recorder was transcribed to a verbatim record. As the researcher is a trained psychiatric nurse and experienced in counselling HIV/AIDS in the Prevention of Mother-to-Child Transmission (PMTCT) Program, the emotions of the rape survivors were catered for, by:

- Conducting interviews in a clinic, in a private closed room, on an individual basis, to ensure that women were free and safe to open up and express their feelings and experiences without fear of stigmatization and recrimination. The participants were encouraged to talk openly; the researcher used various communication techniques and skills such as, nodding, exploring, probing and clarification. Reassurance and encouragement was promoted. When participants raised unexpected problems they were reassured and referred to other counsellors for counselling and support. Semi-structured interviews were beneficial in the case of rape survivors because the responses were dependant on them. Probe follow ups were used to increase detailed exploration. Probes enhanced rapport because they indicated to the participant that the researcher was truly interested in understanding the participant's perceptions and experiences (Polit & Hungler, 2001: 264).

3.8 Data Analysis

In this study, data was analysed manually using Editing analysis style whereby the researcher acted as an interpreter. The researcher read through the data in search for meaningful segments (Polit and Hungler, 2001:383). Segments were identified and reviewed from the data, read and sorted several times using the following steps;

Organization of data

The raw data was audio taped, transcribed from African language such as IsiZulu and IsiXhosa into English language, transferred into clearly readable form for data analysis. Field

notes were typed and photocopied. The original copies were kept aside for references and photocopied data was used for analysis (Polit & Hungler, 2001:382).

Coding the data

The data was coded by giving numbers, according to the type of data, source and it was indicated where the data was taken from. Each data was labelled on the blank side with additional information that indicates importance as analysis proceeded such as age, occupation, marital status of the interviewee (Mykut and Morehose, 1999:128).

Example Z/Z-1 (interview with Zodwa from page 1).

Development of categories

The selection of data was done by pulling out statements or phrases that were essential to the experiences of rape survivors receiving Post Exposure Prophylactic care. The selected data that was cut and pasted into a developed conceptual file, which was arranged and grouped into subthemes (Polit and Hungler 2001:392).

Determination of connections and verification of data

Discovery process was conducted manually by discovering important experiences, ideas, concepts, followed by formation of themes

(<http://www.ebn.bmjournals.com/cgi/contentfill/3/3/68>). Accessed 20/08/2004.

If the data did not fit on any of the provisional categories, a new category was formed.

The data was compared with all others that were similar or different in order to develop conceptualization of possible relations between the various pieces of data (Polit and Hungler 2001: 388). The exploration of relationship and patterns across categories was done, followed by integration of data to form themes and writing up of research findings (Crabtree and Miller, 1992:18).

2.9 Trustworthiness of Qualitative Data

Bracketing refers to the process of identifying and holding in abeyance preconceived beliefs and opinions about the phenomenon under study (Polit & Hungler, 2001:215). The bracketing principle was observed by the researcher during the process of data collection, whereby the researcher excluded any presuppositions or preconceived ideas by putting such aside in an effort to accept the information given by the client in its pure form. Being a trained psychiatric nurse and experienced in counselling for HIV/AIDS in PMTCT Program, the researcher used various communication techniques and skills such as body language and questions eliciting further information. Misunderstanding and misinterpretation of words was be minimized.

Credibility The researcher tried to establish a relationship of trust before conducting in-depth interviews. Two aspects as suggested by Lincoln and Guba (1985) as described in Polit and Hungler, (2001:313) which are prolonged engagement and persistent observations (Polit & Hungler, 2001:313).

Prolonged engagement: - The researcher spent two full months in the field collecting data. An in-depth interview was conducted and sufficient time was invested. The minimum of 30-40 minutes with each participant was spent in order to have an in-depth understanding of the culture, language or view of the group under study, and to test misinformation. The data was planned to be collected from eight participants, data saturation was reached at ten participants. Prolonged engagement is also essential for building trust and rapport with informants (Polit & Hungler, 2001:313).

Persistent Observation: - The researcher observed the emotional condition of the participant, which included facial expression, their mood, non-verbal communication and the manner in which they responded to questions (Polit & Hungler, 2001:313).

Referential adequacy The data was collected using audio tape recording with the respondents.

Transferability According to (Mouton, 2001) transferability refers to the extent to which findings can be applied in other contexts or with other respondents. In a qualitative study the obligation for demonstrating transferability rests on those who wish to apply the study to other settings, they should consider research methods, procedures, sample size to check if it will be applicable to other situation (Mouton, 2001:68). Transferability was facilitated by the researcher, by being logical, comprehensive and following phenomenological research processes. Target groups were used to ensure quality of data and findings. These actions would help the reader to understand the research path chosen for checking and referencing. These actions will assist the reader to determine whether the study and its findings might be transferable in or applicable to other settings.

Dependability The data was scrutinized by an external reviewer, using an enquiry audit. Dependability is a strategy in which the researcher attempts to account for changing conditions in the phenomenon chosen for research (Babbie & Mouton, 2001:43).

Confirmability The data was confirmed by peers, colleagues and people with the same exposure or with similar experience to ensure objectivity or neutrality of the data.

2.10 Ethical Issues

The proposal required approval by the Faculty Ethics Committee of the University of Kwa-Zulu Natal to conduct the study. Permission to conduct the study was requested in writing from Kwa-Zulu Natal, Department of Health and from the head of the R.K.Khan hospital. Informed consent was obtained in writing from participants prior to data collection, however for those who were 18 yrs and younger a written, consent was obtained from their parents or guardians. The researcher explained the purpose of the study and the fact that their participation was voluntary. The researcher encouraged the respondents to respond as honestly as possible; not merely stating what they think would please the researcher. Participants were informed about the principle of confidentiality throughout the interviews.

Interviews were conducted in a private room and the participant's name was not entered on the interview schedule, instead pseudo names chosen by participants were used and entered in the interview guide. Language that was used was understood by the participants. Creation of rapport with prospective participants was established in an attempt to elicit their cooperation. Assurance was given that information collected was used for the research project only. Their responses were not going to affect their intervention program. In cases where emotions were not controlled and/or participants raised unexpected problems the rape survivors were referred to psychologists and social workers in the hospital where the study was being conducted for continuous counselling and support.

3.11 Limitations

The results of this study cannot be generalized due to the limited number of subjects, because it covered only one hospital that provided PEP. The use of the phenomenological study, conducting in-depth interviews with sexually abused individuals was not easy since rape is a sensitive issue. Some of the participants were not free to talk about rape, which resulted in obtaining scanty data from some of the participants. Some of the participants could not remember all their experiences concerning PEP care that they received.

3.12 Strengths

This research was seeking solutions to problems that were experienced by rape survivors when accessing Post Exposure Prophylactic care. The study will allowed rape survivors to ventilate their feelings. Paludi (1998:321) supports the idea of talking to rape survivors because it might provide hope, boost their self esteem, elevate their status and eventually increase acceptability of abuse directed to women (Paludi 1998:321).

CHAPTER 4

DATA ANALYSIS

4.1 Introduction

The purpose of this chapter is to present the analysis and findings of the study in respect of the study aim and objectives.

The aim of the study was to; to explore the experiences of rape survivors aged 12-49 years who are receiving Post Exposure Prophylaxis at a Regional Hospital in the Ethekekwini District. The objectives of the study were to:

To explore and describe how rape survivors perceive and experience the immediate care received, including administration of PEP and

To determine the knowledge of the rape survivors with regard to their rights and decision-making in the choice of treatment.

This chapter provides an analysis and discussion of data collected through the use of an interview guide. The researcher interviewed eight participants who had received post exposure prophylaxis after rape. The researcher felt the saturation of data had been reached after interviewing ten participants. The researcher through communication and interaction during the interview process with the participants obtained the demographic data and it was entered in the interview guide.

The analysis of data was done using editing analysis style, explained in the methodology will be followed during the analysis of the data. The analysis of interviews collected during interviews was done which provided a narration of the perceptions and experiences of the rape survivors concerning Post Exposure Prophylaxis that they were receiving after the rape incident.

4.2 Description of the participants and interview process

4.2.1 The Participants

4.2.1.1 The Residents of the Participants

Residence	Number
Chatsworth	4
Hillcrest	4
Clermont	1
Kwa-Ndengezi	1
TOTAL	10

Table 4.1 Residents of the participants (n =10)

The participants that were interviewed were those treated according to the new South African rape protocol for Post Exposure Prophylaxis for rape survivors, which is a National Policy Circular number G47/2002 dated 25/09/2002. The participants were from four areas of Outer Inner West of Ethekwini District, which is Chatsworth, Kwa-Ndengezi, Kwa-Ngcolosi in Hillcrest and Clermont, since R.K.Khan serves the community of Outer Inner West of Ethekwini District. Two of the participants that were interviewed were Indians and eight were Africans and they were participants were all females.

4.2.2.2 The ages of the Participants

Years	Number
13 yrs	1
14yrs	2
15yrs	1
16yrs	2
18yrs	1
25yrs	1
26yrs	1
41yrs	1
TOTAL	10

Table 4.2 Ages of the participants (n =10)

The ages of the participants that were interviewed ranged from 13 to 41 years, there were nine participants that were between age 13 and 26 years which seem to prove that young women in developing countries are vulnerable to sexual abuse because of the social and cultural factors which are beyond their control, factors like inequitable gender status afforded to women, socio-economic reasons, lack of formal education, unemployment and lack of power to negotiate the terms of sex with their partners (Greenslade, Gringle & Radhakrishna, 2001:1).

In 2000, in South Africa there were 52 cases of rape that were reported by the South African Police, 21,438 were minors less than 18 years, 3,898 were also minors less than 12 years old, this seems to indicate that the highest groups of sexual assault in South Africa are teenagers and young women (Sexual Assault Policy and Procedure, 2002:03).

In Kwa-Zulu Natal there is also marked increase in the number of young women who have been infected with HIV as a result of having been raped and because they are unable to reach medical help early in order to benefit from antiretroviral drugs.
(<http://www.101.co.za/index.php?sf=13&artid=id=ct20011128210353207> (431)).

From the participants that were interviewed in R.K.Khan Hospital it was found that seven of them were teenagers' ages from 13- 18yrs and only two could not benefit from antiretroviral drugs, because they reported after 72 hours of a rape incident. Out of ten participants eight reported within 72 hrs of rape incident and two participants reported after 72 hours. Those who reported very late they told the researcher that there were scared to disclose the rape incident to the family members, friends and close relatives. This indicates that rape survivors of the Inner Outer West municipality are informed about the importance of reporting rape incident immediately within 72 hours.

Out of ten there were two participants whose age were 25 and 26 years old, both of them reported within 72 hours of rape incident. There was only one adult participant among those interviewed, mentioned that she was raped by her husband whom she has separated with, for two years because of extramarital involvements with other girls.

4.2.2.3 The level of education of the participants

Residence	Number
Grade 1-7	2
Grade 8-12	8
TOTAL	10

Table 4.3 Level of Education of the participants (n =10)

From the interviews conducted in R.K.Khan hospital only two participants have had received primary school, and eight participants were in high school or they had received high school education.

In 1997 a study conducted in Uganda from 400 primary school students averaging 13.9 years, it was found that 190 of teenagers have been forced to have sexual intercourse (Greens lade, Gringle & Radhakrishna, 2001:1).

4.2.2.4 The remarks about the participants

Participant's name and the number	Perpetrator	Remarks concerning the Participants
No 1 (Zama)	Gangsters	16 yrs old, single, has no children. Zama was raped in October 2004, afternoon, no condom used, reported incident after 72 hrs (1 week), no emergency contraception Method (ECM), antiretroviral drugs (ARVs) and sexually transmitted infections STIs) drugs were given. Pregnancy test-negative and HIV-negative (for two occasions). Reason for reporting late she said she was scarred to disclose the rape incident to parents.
No 2 (Thando)	Stranger	14 yrs old, single has no children. Thando was raped in October 2004, afternoon no condom used during rape incident. She reported the rape incident within 72 hrs, Pregnancy and HIV tests were

		negative, emergency contraceptive method (ECM), antiretroviral drugs (ARVs) and sexually transmitted infections (STIs) medicines were given. No pregnancy and sero-conversion occurred after three months.
No 3 (Angel)	Cousin	14 yrs old, single has no children. Angel was raped in September 2004 at night. She reported incident within 72 hrs, received. Pregnancy and HIV tests were negative; ECM, ARVs and STIs medicines were given. No pregnancy and sero-conversion occurred after three months.
No 4 (Zodwa)	Husband	41yrs old married with four children, but on separation. She was raped in November 2004 during the day. Her initial HIV test was positive. Pregnancy test was not done because she had tubal ligation for more than 5 yrs ago. She reported the rape incident within 72 hrs. She did not receive ARVs because she was already HIV positive but given Prophylaxis for STIs.
No 5 (Ntsiki)	Stranger	15 yrs old, single has no children. She was raped in November 2004 at night. She reported incident after 72 hrs; Her pregnancy and HIV test were negative. No ECM, ARVs were given but STIs medication was given. No pregnancy and sero-conversion occurred after three months.
No 6 (Nonhlanhla)	Stranger	25 yrs old, single has no children. She was raped in November 2004. She reported the rape incident within 72 hrs, Pregnancy and HIV test were negative emergency contraception method (ECM), antiretroviral drugs ARVs and STIs medicines were given. No pregnancy and sero-conversion

		after three months.
No 7 (Lungi)	Stranger	26 yrs old, single has only one child. She was raped on the 31 st December 2004. She reported the rape incident within 72 hours. Her pregnancy test was negative given emergency contraception (ECM), and STIs Prophylaxis. Her HIV test was positive, antiretroviral drugs (ARVs) were not given because she was already HIV positive. She was referred to the VCT clinic for continuous care of HIV positive client, monitoring of CD4 count and eligibility for National ARVs roll out program
No 8 (Nomonde)	Stranger	13 yrs old, single has no children. She was raped in December 2004 at night. She reported the rape incident within 72 hrs, Pregnancy and HIV test were negative emergency contraceptive method (ECM), ARVs and STIs medicines were given.
No 9 (Queen)	Stranger	18 yrs old, single has no children. She was raped on 01/01/2005 December 2004 at night. She reported the rape incident within 72 hrs. Pregnancy and HIV test were negative. The ECM, ARVs and STIs medicines were given.
No 10 (Nozipho)	Friend	16 yrs old, single has no children. She was raped on the 31 st December 2004 at 23h00. She reported the rape incident within 72 hrs, Pregnancy and HIV test were negative ECP, ARVs and STIs medicines were given.

Table 4.4 The remarks about the participants (n=10)

4.2.2The interview process

The interviews were conducted at R.K.Khan hospital, which is the regional hospital, located in the Outer Inner West of Ethekwini District, Kwa-Zulu Natal. Permission to

conduct the study was requested and obtained in writing from Kwa-Zulu Natal, Department of Health and from the head of R.K.Khan hospital.

The interviews were conducted by the researcher in an Outpatient department, a gynecology clinic where the rape survivors were seen and treated according to the National Policy and Procedure after rape incident. It is also the unit where the rape survivors continue with their follow up care after receiving Post Exposure Prophylaxis.

The participants initially reported to the assessment table, for their follow up. They were asked to pass urine for pregnancy testing to be done and after the pregnancy test has been done, they would be asked to join other patients who were in the waiting area, awaiting the arrival of the doctors. The participants were taken from the waiting area with the assistant of the nursing staff who helped me to identify them whilst they were still waiting consultation with the doctors. The researcher took her file in order to obtain her name then, researcher went to the waiting area and called the participant by her name and asked her to follow her to the private room.

The interviews were conducted in a private room in one of the doctor's consultation rooms. In the private room the researcher introduced herself to the rape survivors and asked the permission to interview the rape survivor. The researcher explained to them the purpose of the interviews and the fact that their participation was voluntary. If the participant consents for an interview she was asked if she had an escort or if she had an escort was called to the room with the permission of the rape survivor. The minors were called to the private rooms with their parents or guardians in order to obtain permission and written informed consent from both.

Prior the interviews the permission to interview them was obtained. The attempts were made to prevent interruptions and disturbance of the clinic procedures by informing the staff members that research interviews were being conducted. The interruptions of staff members were prevented by taking all items that would be needed by staff out of the

consultation room. The interviews were conducted with the average of thirty to forty minutes per participant.

Before interviews were commenced the researcher explained again the purpose of research study to the individuals before interviewing them; the fact that their participation was voluntary and their names were not to be entered in the interview schedule instead the pseudo names which they chose themselves were be entered to ensure confidentiality. The written informed consent was obtained from each participants through reading, explanation and clarification of the contents of the consent form with them, however those who were below 18 years old consent was obtained from both the participants and the parents or guardians.

Some of the participants preferred to be interviewed with their parents or guardians present in the room because they were emotionally supported by them throughout the crises period and they could remind them about the information which they could not remember. The escorts were mainly parents, guardians, and close relatives, and they were observing them during post rape period and they were helping and reminding them about taking of medicines. The escorts showed much interest in interviews because they kept on reminding the rape survivor about the important issues which they were missing during the interview. The researcher established rapport with prospective participants and their escorts in order to gain their cooperation. Assurance was also given that the information collected will be used for research project and their responses will not affect their intervention program.

During the interviews two participants that had no escorts could not control their emotions; the researcher provided emotional support and reassurance. They were referred to the HIV counselors in the Voluntary Counseling and Testing clinic and to the social workers in the hospital for continuous counseling and support. During the interview the demographic data was obtained and filled in by the researcher in the research tool.

The interviews were conducted to explore and describe the perception and experiences of rape survivors concerning the Post Exposure Prophylaxis they received after rape incident.

4.2.3 Difficulties experienced in carrying out the research in Outpatient department

The researcher experienced problems during the data collection process, as the participants were few at some days the researcher would go back without having interviewed even one participant. The researcher started collecting data from the beginning of December 2004 to the end of January 2005.

The Department was very busy at times finding that there were no private rooms available to conduct interviews. Some interviews were conducted in the morning before the doctors came, and sometimes during tea and lunch breaks when the doctors were out, in order to get a very quiet environment, which was vital for participants to be in a relaxed state during interviews.

The researcher initially had difficulties in carrying out interviews with rape survivors since rape is a very sensitive issue, but after the first interview she became confident to carry on with more interviews. Two of the participants became emotional when they disclosed their HIV positive status, they verbalized that they were not ready to be tested but because of rape incident they had to take drastic decisions to be tested for HIV, and they were also concerned about time frame, that is within 72 hrs they were expected to make their minds whether they want to or not to receive drugs that would prevent transmission of HIV. They further expressed that it added more trauma to them, because they had to deal with major dual problems, which is rape incident and HIV positive status.

4.2.4 Discussion of the findings

The researcher transcribed the audiotaped interviews into from African language such as IsiZulu and IsiXhosa to English language. The text was gathered and typing of the contents was done which was time consuming. The researcher had the opportunity to be

involved with the responses of the participants. The data was gathered, analyzed manually using the Editing analysis style following steps discussed in chapter three, page 22. The data collected from participants was grouped into sub themes then, combined into broad themes. The comparisons of data among the themes were done in order to identify the variations. The broad themes and subthemes are displayed in the table 4.4.

4.3 THE EXPERIENTIAL THEMES

Experiential Themes	Subthemes
4.3.1. THE PERCEPTIONS OF RAPE SURVIVORS CONCERNING THE POST EXPOSURE PROPHYLACTIC CARE (PEP) (immediate management)	Attitude Accessibility Availability of PEP Approach by health care providers Support
4.3.2 INFORMATION AND COUNSELLING	PEP knowledge Trauma counseling
4.3.3 DECISION MAKING	Rights of rape survivors
4.3.4 THE EXPERIENCES OF RAPE SURVIVORS WITH POST EXPOSURE PROPHYLACTIC CARE (continuous management)	Behavioral changes Physical reactions Psychological reactions- Personal conflict - guilt
4.3.5 BENEFITS OF PEP CARE	Empowerment Prevention

Table 4.5 The experiential themes and their sub themes

4.3.1 Experiential Theme: How rape survivors perceived and experienced the immediate PEP care

In this experiential theme the researcher explored how rape survivors perceived and experienced the immediate Post Exposure Prophylactic care they received from the involved institutions and relevant care providers. The institutions involved are Police station, District surgeon consultation rooms and health care workers in the hospital. The stakeholders involved it looked at the approach that was displayed by the relevant stakeholders to the rape survivors. The sub themes for this experiential theme are the, attitudes of stakeholders, the accessibility of the relevant institutions that offer PEP, the availability of the relevant staff, the approached that was displayed by the stakeholders.

4.3.1.1 Attitudes

Nine participants who reported their rape incident to the police station, it was noted that police displayed a good positive attitude which was observed by rape survivors when they approached them. The health care workers starting from the district surgeon, the hospital doctors and the nurses approached them very well when they reported the rape incident.

“I was approached very well by police officers; they took me to the private room after telling them my problem. They organized a female police who came to me and took all the details of what happened” (Zodwa).

Only one participant out of ten reported her problem to the Child Welfare and she was not happy about the initial attendance, because on the first day when she reported the incident no action was taken. They never explained to her why they did nothing on the first day. When she returned to the Child Welfare, the following day they responded by writing a letter, referring her to the district doctor. This finding seems to support the study that was conducted in Canada in 1998, which was conducted from college girls who were abused by their dating partners. When they reported their experiences to someone in authority of their school they were not taken seriously by college officials, police and other agents of social control

(Dekesredy and Schwartz, 1998:132).

The district surgeon displayed good and positive attitude to the rape survivors that was indicated by six out of ten participants interviewed. The attitude of the medical and nursing staff was viewed by the rape survivors as being very good, and they were attended immediately. Nine out of ten expressed that they were treated very well by the medical and nursing staff in the hospital.

4.3.1.2 Accessibility

Nine out of ten participants expressed that the PEP program is accessibly because even if you report to your nearest institution which is the police station, they advice to open the case against the perpetrator and they also take you with their transport to the doctor and you are treated free of charge. When you report the rape incident even if they were busy they with something they would leave what they doing and attend you as the first priority before other clients who came earlier.

“I was not told the same day that I should go to the district doctor for examination and treatment” (Ntsiki).

All participants that were interviewed voiced that they felt afraid to report the rape incident or to disclose it to the family members, hence three out of ten participants disclosed the rape incident late to their close relatives. They arrived at the clinic after 72 hours. Three participants could not benefit from the antiretroviral drugs (ARVs). They expressed that whenever they thought about the incident they felt anxious and hesitant to talk about it because they thought that if they talk about it they would be blamed.

Six participants felt that the PEP program was not accessible to them, because even if you report early it took most of the time being taken from one area to the other. The participants that felt unhappy about access were from the Kwa-Nyuswa, Kwa- Ngcolosi (classified under Hillcrest in the table), Kwa- Ndengezi and Clermont.

“It is very time consuming to report rape incident, before you get PEP you have had reported to the police, something that is not easy to approach police about rape” (Thando).

The community of Outer Inner West use R.K.Khan hospital in order to receive Post Exposure Prophylaxis (PEP) which is too far from their homes, especially people from Kwa- Nyuswa which is more than 30 kilometers away from their residents. When they reported rape to the clinics they were told that PEP is not available and they should go to the nearest police station for help. In line with Government Policy, PEP service is worrying because these facilities that rape survivors are most likely to have immediate access to like clinics PEP is not available (Report on the PEP talk Campaign, 2003:6).

From the participants' point of view nine participants initially reported their rape incident to the police station. They expressed that if you do not report to the police station you may not get PEP. These findings seem to agree with the remarks from PEP talk Campaign of (2003:6), which state that the police docket should not be the pre-requisite for administration of the PEP treatment (Report on the PEP talk Campaign, 2003:6).

Many rape survivors experienced the forensic medical examination as traumatic because of fragmentation of the PEP service. This meant that they had to be seen in many institutions that provide PEP care in Outer Inner West of Ethekwini District. According to Jewkes and Abrahams, (2002:7). "The Government was motivated to establish 'one stop' rape crises canthers that can meet all the needs of rape survivors under one roof rather than in a separate procedure with long waiting times and limited accessibility" (Jewkes and Abrahams, 2002:7).

4.3.1.3 Approachability

Out of ten participants interviewed, nine initially reported the rape incident to the police. Six out of ten participants who reported to the police they were very happy about the approach that was displayed by police to them.

"I firstly reported the case to the police station in Hillcrest and they approached me in a very good manner, they advised me and my mother to open a case against the perpetrator and they took me and my mother to the district surgeon in Pinetown for medical evidence and completion of registers for forensic evidence" (Zama).

According to Kim, (2000: 6) “ Many women do not go to police because they anticipate that ultimately their action will not lead to the perpetrator being punished, fear of the police, not being believed and that they lie about rape.

Three participants gave information that they waited more than two hours in the police station because there were many clients with rape problems that were attended by police that day (Nomonde).

According to Kim, (2000: 6), very few rape cases go to court. Only about 7-13 % that results in conviction and custodial sentence. There is corruption in the form of perpetrators paying police to loose dockets and it is acknowledged as a problem in the system, whereby police officers, prosecutors and other court officials are being paid by perpetrators to destroy dockets of the rape cases (Kim, 2000:6).

“Reporting the rape incident to the police did not help me because my husband was released and he is back at home we are living in the same house now. It means that law or police does not respect my rights because I do not understand how they can release him back to my house because it means that I am not protected from that rapist. I am no longer trusting police they are not taking the rape issue seriously, and it means that my husband will continue raping me repeatedly. My rights are not important in the eyes of the law” (Zodwa).

According to (Pretoria News dated 25 November 2004), states that women are more likely to be sexually assaulted by their intimate partner than by somebody they do not know. <http://www.pretorianews.co.za/index.php?ffectioned Id=67& F Article Id= 2312884> Accessed 31/01/2005.

Of the three out of ten participants interviewed, one was raped by her husband, second one was raped by her cousin and the third one was raped by a family friend. The abuse that is taking place in these intimate relationship make women more vulnerable to HIV infection because they are not in the position to negotiate safe sex, while disclosing their HIV- status might lead to even more violent acts of retributions

<http://www.pretorianews.co.za/index.php?ffectioned Id=67& F Article Id= 2312884> Accessed 31/01/2005.

The responsibility of the state, in terms of the constitution, is to protect the rights of women that are threatened not just by high rates of sexual assault but by accompanying threat of HIV/AIDS that goes with rape incident.

<http://www.pretorianews.co.za/index.php?fctioned Id=67& F Article Id= 2312884>
Accessed 31/01/2005).

"I separated with my husband two years ago. He raped me because I refused to have sex with him. I refused because he has extra-marital affairs with other girls and he was not using a condom. I am already HIV-Positive and as he had been released he may continue raping me and adding more viruses to me" (Zodwa).

Nine of the ten participants interviewed expressed that the hospital staff treated them very well. *"During my initial reporting to the hospital, nurses treated me very well. We were taken as the first priority, taken immediately to the private room. They explained to me that they do not want to delay because there are medicines that need to be given before 72 hours elapses. The nurses took us straight to the private room which helped me to tell the nurse and doctors about my rape incident"* (Nonhlanhla).

The health care providers must prepare the survivor for examinations in a most compassionate, sympathetic and complete fashion (Inter-Agency Lesson Learned Conference, 2001:7).

4.3.1.4 Support

Five of the ten participants interviewed perceived that PEP care was very helpful to them especially the emotional support by the Police, health care providers and social workers.

"I think it was helping because I managed to talk to the social workers and they gave me advices that are helping like, stop thinking about rape incident most of the times" (Queen).

Giving adequate counseling and support to a woman after rape she may be motivated to complete treatment. This indicates that a client's self-perceived risk of HIV infection due to their exposure may play key role in influencing the completion of treatment.

This statement was supported by Nonhlanhla, who mentioned that she got support from police, doctors, nurses and social workers. They showed her concern and treated her warmly. The social workers were wonderful to her with their advices, which helped her developing a good attitude and hope.

4.3.2 Experiential theme: Information/ Counseling

This experiential theme looked at the experiences and perceptions of the rape survivors with the information and counseling they received from the stakeholders involved.

The sub themes for this experiential theme are the Post Exposure Prophylactic knowledge and the trauma counseling.

4.3.2.1 PEP Knowledge

According to the PEP talk Campaign (December, 2003), it was found that there is low level of information about Post Exposure Prophylaxis (PEP) among the public and health workers, as well as the secretive attitude of health facilities towards PEP that does not auger well for public awareness on this issue (Report on the PEP talk Campaign, 2003). All ten participants that were interviewed and their escorts expressed that they had no knowledge about PEP before they reported the rape incident. Only two out of ten participants said that they had very scanty knowledge concerning PEP before they reported the rape incident and they stated that they learned it from school. All participants that were interviewed demonstrated that with the interaction that they had with the health care providers (especially the doctors and nurses) they had gained a lot of knowledge.

“I was told that treatment that I was going to get would be free of charge. The sister further told me that they would request me and my mother’s permission to take bloods for HIV, STIs and I should also pass urine to check if I was not pregnant” (Zama).

Zama added that that they were told that if her blood showed no HIV, she was going to get medicines that would prevent the transmission of HIV from the rapist to her. She even added that she got information that virus from the rapist cannot show that time. If her blood showed that she was HIV positive it would mean that she had been HIV positive long before that current rape incident and it would not be necessary to give medicines that prevent the transmission of HIV. Even if her HIV tested positive she would get other medicines that would prevent pregnancy and STIs and continue with ongoing counseling. Zandile’s mother was impressed with the Post Exposure Prophylaxis (PEP) program but she asked why Government is not advertising such good service to the public because she

has never had about Post Exposure Prophylaxis (PEP) before. She recommended that it should be advertised in television, and radio programs. From the participants' point of view it seems that they gained a lot of information about PEP, which was given by the health care providers.

High proportions of those who report to the hospital do so after 72 hours within which they should have taken the first dosage of PEP (Report on the PEP talk Campaign, 2003). The findings from ten participants expressed that there is a need for Department of Health to make people aware of Post Exposure Prophylaxis (PEP) after rape through advertising and the use of posters and pamphlets.

The findings from this study seem to be supported by the PEP talk campaign (2003) that Department of Health should promote the PEP awareness campaign. Results from same talk campaign indicate that there is a low awareness about PEP, not only among the general public but also amongst senior health officials, media and communications (Report on the PEP talk Campaign, 2003).

At present the knowledge about the availability and methods of PEP treatment is not widespread (Kitsner, 2003: 9). Ten participants and seven escorts had no knowledge of PEP before they reported the rape incident. This seems to indicate that the PEP information is not only required by people who are directly affected by rape, but also by the people to whom they turn for their medical, psychological and social support needs. Seven participants together with their escorts demonstrated that they were well informed and they were knowledgeable about PEP since they were engaged in that program following rape incident.

Angel a 14 year old rape survivor remembered most of the information about PEP program.

“As a rape survivor, you should report immediately to the health facility in order to take PEP package within 72 hours of rape incident” (Angel).

She further added that a person should be tested for pregnancy, HIV & STIs before you are given medicines to prevent diseases. The medicines should be taken as you were told

by the health care provider because if you don't take as directed diseases would not be prevented. There is also a need to return to the hospital for your check up at one week, six weeks, and three months, six months and after one year. This is done to check if you did not contract diseases from the perpetrator. This information demonstrated that the rape survivors of Outer Inner West of Ethekewini district were well counseled and informed about PEP program which indicate that they could help their community around them concerning PEP. The provision of counseling, support, drug compliance and follow up care and testing are closely related with the experiences that rape survivors experienced while they were on PEP Program (Kitsner, 2003:9).

4.3.2.2 Trauma Counseling

Eight participants interviewed told the researcher that doctors and nurses showed support to them and they were concerned about what had happened to them. Ntsiki recalled that staff were very friendly, influenced her to do the right thing by undergoing an HIV test.

"There was a lot of support from the health care workers; they explained everything that they were doing to me. The nurse reassured me during the examination procedures. They even sent me to the social workers to talk to about my concerns and worries that I was experiencing during the rape incident (Nomonde).

The rape survivors expressed their concerns that when they came to the clinic for the first time they had experienced severe trauma and denial. However with the more information and support they received from the health care workers they were able to sleep at night without having nightmares. They managed to complete all the medication that was given to them. The reason for poor compliance and adherence to treatment program by the rape survivors would be severe trauma and inability to assimilate information on treatment and the drug regime because denial and trauma they might interfere with compliance (Smith, 2000:6).

Giving adequate counseling and support, a woman who seeks treatment after being gang raped in South Africa may be much more inclined to complete treatment (Kim, 2000:4).

“Information about HIV made me anxious and much scarred to receive HIV results. Pregnancy test was also embarrassing, I became relieved that it was negative” (Zama).

Compliance rates can be improved by providing counseling, accessible and friendly health service that undertakes the holistic post rape counseling and support (Kitsner, 2003:10).

4.3.3 Experiential theme: Decision making

The subtheme discussed under this theme is the rights of the rape survivors and the choice of treatment. In this experiential theme, the researcher explored if decision making and the rights of the rape survivors were observed and exercised by the stakeholders involved during the delivery of Post Exposure Prophylaxis following rape incident.

4.3.3.1 Rights and choice of treatment

Seven participants were teenagers who were aged 13-18 yrs old they reported that they took decision with the help of their parents and escorts, because they were with them during the information giving and counseling session.

“My mother took decision and she negotiated with me before taking decision of undergoing an HIV testing” (Zama).

This seems to indicate that teenagers were involved in decision making meaning that their rights were being respected by their parents and health care workers

“I decided that I should be tested for HIV in order to know my HIV status. It was clearly indicated that I was free to refuse the test if I did not like it to be tested” (Zama)

According to national guidelines of PEP management, the woman who comes to the service after she has been raped has a right to be treated with kindness and sensitivity, counseling and be referred for emotional support and be offered quality PEP care. The women should be actively involved in decision making about her care and be allowed to

choose the care that she prefers (<http://www.doh.gov.za/docs/misc/workshop/june01> accessed on the 23/09/2003).

“My mother and I decided that I should take PEP service after the nurse has explained to us” (Zama).

Zama further added that, they took the decision jointly and both agreed that she should receive the PEP care package. Thando’s statement seems to agree with the guidelines laid in the Clinical Management of rape survivors, which states that the health care provider should review and explain the consent form with the rape survivor and make sure that she understands everything in it. The health care provider should inform the rape survivor, the parent or the guardian that she has a right to delete anything written in the consent if they do not wish to consent it. The rape survivors should not be forced or pressurized to accept anything against their will (Inter Agency lesson Learned Conference, 2001:7).

4.3.4 Experiential theme: Experiences of rape survivors during PEP care

In this theme the researcher explored the experiences of the rape survivors after the rape period with regard to the Post Exposure Prophylaxis they were receiving. Their behavioral experiences were compared with some findings from other studies that looked at the experiences of rape survivors who never received PEP care post rape incident.

4. 3.4.1 Behavioral changes

Zama expressed that physical examinations that were done post the rape incident were very painful and uncomfortable but she tolerated them because she hoped that it would help her.

“Examinations were hurting and very much uncomfortable but I had to tolerate them. Talking about rape especially with the police gave me embarrassment” (Thando).

Angel said that when she reported the incidence to the police she was afraid and felt, guilty for what had happened to her.

“Taking clothes off for examination by the doctors was very embarrassing and it was a difficult thing do” (Angel).

Only two participants mentioned that their experiences during PEP care were tolerable because the health care workers explained everything to them. A study conducted to acute reactions to sexual assault was conducted, by Vernon, Kilpatrick and Kersick (1997 page14) reported that immediately after rape 96% of the victims were scarred and worried, shaking and trembling, severely terrified and confused. These reactions were accompanied by depression exhaustion and restlessness in two to three hours following sexual assault (Davis, Lutgio and Skogan 1997:29).

Eight out of ten participants reported that their behavior has changed since they have engaged in the PEP care. Those who used to go out at night learned to be more careful about going out at night and they started taking care of themselves. They stressed that they learned the lesson, which they share with their friends by keeping on informing friends and family about the PEP care in order to fight rape prevention, kidnapping and sexual assault.

Queen believed that the medicines given to her helped her to cope very well with the rape incident because her HIV status was negative and she was hoping that the medicines would prevent the transmission of HIV. The positive attitude displayed by all stakeholders involved helped her to cope with the PEP care.

It is pointed out that taking antiretroviral drugs after rape incident gives that rape survivor a sense of control over her own health in a situation often marked by sense of powerlessness (Beresford, 2001: 24).

4.3.4.2 The physical reactions

The participants described a number of physical reactions experienced whilst they were taking PEP. Four out of seven who received the whole package of PEP had physical reactions.

"I felt like losing appetite, sick and I was vomiting all the tablets after taking them. My mother took me to the doctor who gave me other tablets to prevent vomiting and I became much better and I managed to take all my tablets"
(Thando).

Taking contraceptives and antibiotics in conjunction with other drugs prescribed for PEP might compound side effects of PEP (Kitsner, 2000:9).

Nozipho described PEP that it caused her to feel sick. She added that she experienced severe headaches, stomach pains, menstruated for the first time in her life after two to three days of initiating the treatment. These experiences subsided after a week when she grew accustomed to her medicines. This information about physical changes seem to agree with the study that was conducted by Wulfsohn in 1999, he found that the clients that he gave PEP experienced or reported no severe side effects from drugs or life threatening side effects (<http://www.news.hst.org.za/news/indx/.php/>. Accessed on the 18/02/2003).

In South Africa antiretroviral drugs for PEP care after rape recommended by the Department of Health consists of Nucleoside reverse transcriptase inhibitors (NRTIs), which is Stavudine (AZT) and Lamuvidine (3TC) or Combivir (Combination of both AZT and 3TC in one drug), may be prescribed daily. The R.K.Khan hospital was prescribing drugs according to the Kwa- Zulu Natal Department of Health (KZN DOH). No non-nucleoside reverse transcriptase (NNRTIs) and Protease (PI) inhibitors were given. These support the physical changes or experiences of rape survivors that out of seven participants who received the complete package no one had toxicity. It is also supported by the study conducted by Puro in Italy, the rape survivors that were given triple combination of NRTIs and NNRTIs, therapy was discontinued because of severe side effects and toxicity (Puro et al, 2002:340).

Four out of seven participants, who received the complete package of PEP, had no sero-conversions and pregnancy occurred to them; the other three who received the whole PEP package are still waiting for their results. The findings from these participants seem to support Wulfsohn (2003:67) findings on his study that was conducted in the Gauteng Province. There were 644 sexually abused females who were given PEP within 72 hours, of whom 500 returned for the follow up, only one sero-converted occurred to an intellectually disabled girl of 14 years who was thought to be repeatedly exposed to HIV (Wulfsohn, et al 2003 :67).

4.3.4.3 Psychological reactions

Personal conflict and emotional trauma

Four teenage participants interviewed were raped before and during their final annual examinations, three of them passed their final year examinations. They mentioned that the support received from the social workers was wonderful, and helped them to cope with inner conflicts about rape. During the subsequent visits in the hospital, rape survivors were monitored for stress and participated in discussions as part of support group program.

"I had no bad experiences after receiving the counseling from the social workers. I had good appetite and sleep except talking about rape which is still embarrassing me" (Angel).

Ntsiki reported that she had guilt feelings, and became confused especially because her father was accusing her of going out at night. She developed guilty feelings and doubts about herself. She added:

"Everything was new to me; I had never been exposed to the rape trauma before, talking about rape made me cry most of the times" (Ntsiki).

In Mpumalanga Province, in South Africa a study was conducted in 1999, it was found that 50% of women rape survivors had experienced some form of psychological problems. Those problems were depression, anxiety disorders, social dysfunction, eating disorders, and post traumatic stress disorder and alcohol abuse.

(<http://www.doh.gov.za/docs/misc/workshop/june01> accessed on the 23/09/2003).

This study was conducted to rape survivors who did not receive PEP. In this study there were no participants that reported similar problems.

Only one participant (Lungi) verbalized that, it was not easy to cope or to come to terms with what had happened to her. She became frustrated, depressed and withdrawn.

"I nearly quit my job because I had no energy to work" (Ntsiki).

This participant reported the rape incident within 72 hours of rape incident, her HIV test was positive which might have contributed to occurrence of psychological problems that she reported.

Some of the common psychological problems associated with rape could be depression, anxiety, low self-esteem, sleep and eating disorders, suicidal behavior and Post Traumatic Disorder (PTSD) (<http://www.doh.gov.za/docs/misc/workshop/june01> accessed on the 23/09/2003).

4.3.4.4 Guilt

Both Zodwa and Lungi spoke about situations where they felt guilty about reporting the rape incident as they felt very bad about rape that contributed them to know their HIV status. If they had never been sexually abused and did not report the rape incident they would not know about their HIV positive status. They further expressed that there was nothing they could do about their HIV positive status. They said that they became emotional about blood testing as part of PEP care. They mentioned that undergoing HIV test caused another trauma to them.

Zodwa demonstrated that the language that was spoken by nurse that attended her as she said she was speaking English only also frustrated her.

“The nurses in this hospital speak English only; it was difficult for me to understand all what they were saying” (Zodwa).

This participant further complained that she was also blaming herself for coming to that hospital because nurses were not bothered to get somebody to translate for her. It seemed to appear that pre-test and post test counseling concerning HIV, was conducted in language that the client did not speak or understand.

Zodwa mentioned that her husband repeatedly raped her. According to the Medical Research Council found that forced sex is the major problem. Women who find themselves in this situation are less likely to negotiate condom use. Rape has severe health consequences such as guilty feelings, disability, disfigurement and sometimes-fatal

outcomes like suicidal as result of HIV positive status

(<http://www.doh.gov.za/docs/misc/workshop/june01> accessed on the 23/09/2003).

The incident that happened to Zodwa seems to prove the association of rape and HIV. In South Africa there is high incidence of HIV infection, which has added a new dimension to gender violence. Women have very little power in sexual relationships and men often use violence or threats of violence and other coercive tactics to dictate when and how sex should be done. Women are often beaten if they refuse to have sex or if they want to end a relationship (<http://www.doh.gov.za/docs/misc/workshop/june01> accessed on the 23/09/2003).

“I am having guilty feelings why I got married to this man because he keeps on forcing me to have sex with him. At some stage he had sores around the penis and I refused but he raped me” (Zodwa).

Zodwa further added that men have multiple partners and they are the source of HIV transmission.

“I reported the incident very late because I was feeling very guilt and ashamed because I had no idea who raped me” (Lungi).

Lungi reported the rape incident to the local council who helped her by giving advice. She was advised not to feel guilty about rape and that it was not necessary for her to know the perpetrator in order to report the rape incident. She appreciated the emotional help that she got from the local councilor.

4.3.5 Experiential theme: Benefits of PEP as perceived by Rape survivors

In this experiential theme the researcher explored the benefits of Post Exposure Prophylaxis as it was perceived and experienced by the rape survivors concerning the PEP that they were receiving after rape incident. The subthemes discussed are; empowerment, prevention of STIs, HIV and pregnancy.

4.3.5.1 Empowerment

Ten out of ten participants stated that PEP after rape was very much helpful to them, friends, and relatives and to their community because they gained a lot information that they did not know before. Under the subtheme 'knowledge' it was mentioned that only two participants out of ten participants had a very slight knowledge about PEP.

"I think it helped me to come to the hospital because I was given information that I had never heard before, though I heard a little bit of PEP from school, but my mother had no idea about PEP at all"(Zama).

The findings from R.K.Khan hospital seem to support the 2003 talk campaign that there is low information about PEP among the public (Report on talk campaign, 2003:3)

Nine out of ten participants initially reported their rape incident to the police station and they were informed about the availability of Post Exposure Prophylaxis (PEP). This one of the indicators that was found from this study that the police empowered the rape incidents about the availability of PEP. Three participants out of ten reported the rape incident after 72 hours within which they should have taken the first dosage of PEP.

"I had no knowledge of PEP program until I came to this hospital where I was told about availability of PEP. I think Government should inform the whole society about the PEP service because you only know about it when you come across rape incident, what about those who do not report rape, I think they know nothing about this PEP program" (Nozipho).

One of the escorts felt that PEP should be advertised in schools, advertised in TV, radio program and display posters so that the society becomes aware of it.

Findings from this study seem to support the 2003 PEP talk campaign which suggest department of Health to sponsor public awareness because it was found that there is low

levels awareness about PEP to the general public, senior health officials, media and communications (Report on talk campaign, 2003:3).

4.3.5.1 Prevention of STIs, HIV and Pregnancy

Five of the ten participants perceive and believe that Post Exposure Prophylaxis is helping because it prevents the spread of HIV/AIDS, STI and prevents unwanted pregnancy. Thando perceived PEP as very much important to be offered to all rape survivors because it might prevent the unwanted pregnancy, prevention of transmission of AIDS virus and sexually transmitted diseases. Thando also felt that most people who rape women and young girls might be having AIDS. Rape survivors are at risk of a range of immediate, medium and long term health problems which includes unwanted pregnancy, HIV/AIDS, other STIs, urinary tract infections, vesico- vaginal fistulas. Many HIV positive men rape young women in belief that raping a virgin will cure AIDS. (Greenslade, Gringle & Radhakrishna, 2001:1).

CHAPTER 5

DISCUSSION OF THE SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter provides a summary of findings, conclusions and recommendations from the findings drawn from the study. The rationale for conducting this research arose from the clinical practice in maternity where the researcher has delivered some clients who had unplanned pregnancy as a result of rape.

It is important again to consider the aims and objective of this study in order to establish if they have been achieved.

Post exposure prophylaxis is the new intervention strategy for rape survivors which became effective as from April 2003. The purpose of the study as stated in the study was to: explore the experiences of rape survivors aged 12-49 years who are receiving Post Exposure Prophylaxis at a Regional Hospital in the Ethekekwini District. The objectives of the study were to; explore and describe how rape survivors perceive and experience the immediate care received, including administration of PEP and to determine the knowledge of the rape survivors with regard to their rights and decision making in the choice of treatment.

These objectives were achieved by the use of phenomenological approach. The researcher used non- probability samples by means of purposive sampling technique. Data was collected by means of face-face interviews using an interview guide. Ten participants were interviewed. The data was collected; there were no communication barriers between research and participants because the researcher was speaking the language that participants were speaking.

5.2 Discussion of summary of findings and conclusions

The researcher discussed the major findings according to the experiential themes that were explored from the rape survivors that were receiving Post Exposure Prophylaxis in R.K.Khan hospital. The major finding discussed are from the broad themes such as the; perception of PEP as experienced by rape survivors during the immediate care and the counseling and information about PEP; the experiences of rape survivors concerning PEP during continuous care; the involvement the rape survivors in decision making concerning the Post Exposure prophylactic care they received; and the benefits of Post Exposure Prophylactic to rape survivors.

5.2.1 Perception of PEP as experienced by the Rape survivors

In this study it was found all the rape survivors that reported the rape incident to the police station had common feelings after rape except for one who did not report the rape incident to the police station but to the Child Welfare. Some described their state of being confused, unsure, afraid, traumatized and worried. When they approached the police they observed that they were handled respectfully and in a dignified manner. They were taken to the private rooms after reporting their problem. Even if the female police was not available at that moment, she was made available in order to attend their problem.

The findings in this study, clearly indicates that all the providers of PEP; (police, doctors, nurses and social workers) were compassionate. The attitude displayed by all the stakeholders was of high quality care resulting in immediate, medium and long term needs of rape survivors being met. The immediate needs were the legal requirements, opening the cases against perpetrators. Physical examinations are done in order to check for any injuries and for provision of forensic evidence. The prevention of pregnancy by offering pregnancy testing and emergency contraception is ensured. The immediate care to treat injuries and prevent the transmission of HIV and other STIs are offered. It was clearly indicated that the rape survivors trust the Post Exposure Prophylactic service because of the respect, dignified manner that was displayed by all stakeholders involved.

Accessibility and availability of relevant staff

The findings of this study indicated that accessibility and availability of relevant staff for example the female police officers seem to be a problem. The police were found in the relevant stations but it seem that the availability of female police is still a problem because some of the rape survivors had to wait for a female police in order to be attended though it never took long. Rape survivors were transported from the relevant police station to the district surgeon for immediate treatment and forensic evidence and the completion of registers.

Six out of ten participants interviewed were from Hillcrest, Kwa-Ndengezi and Clermont it was found from these participants point of view that the PEP care was not accessible, it is fragmented which contributes to time wastage because they are taken from one place to the other. According to the rape protocol for the management of rape survivors, all care for rape survivors should be provided in one place within a health facility so that the person does not have to move from one place to place. Services should be available 24 hours a day, 7 days a week (Inter-Agency Lesson Learned Conference, 2001: 4).

Accessibility in terms of the PEP service

In this study it was discovered that nine participants initially reported their rape incident to police, some participants waited several hours, as it was indicated in the findings that they were very busy attending other clients who had been sexually abused. In other days that participants were attended within 30-60 minutes which facilitated the commencement of Post Exposure Prophylactic care. The communities of Outer Inner west of Ethekwini District are faced with problems of inaccessibility of the PEP service. It is being offered in R.K.Khan Hospital which is the regional hospital, other areas like Kwa-ngcolosi and Kwa- Nyuswa they travel more than 30 kilometers from their place in order to get medical care. This appears to oppose the Government policy, which states that PEP should be made immediately available at all public health institutions and especially in the clinics (Report on PEP talk campaign, 2003:6).

5.2.2 The counseling and information about PEP

Knowledge gained by Rape Survivors

In this study it was found that nine of the ten participants that were interviewed had no idea about Post Exposure Prophylaxis, they lacked knowledge. These findings demonstrated that there was low awareness about PEP. In the hospital where PEP was offered there were no written and visual materials about PEP. It was also found that the rape survivors were not given written material before they leave the health facility in order to read at home. According to Department of health policy and guidelines for the management of rape survivors, there should be materials for female rape survivors that inform them about their rights and where to access further services. (Department of Health, 2002: 15).

The rape survivors became empowered about PEP only when they had undergone the PEP program following the rape incident. The participants interviewed expressed that the legal and health care providers explained to them what was going to happen during the each step of the examination and the reasons why was it important to receive PEP and how were they going to benefit from it.

The rape survivors were given advice on proper care for themselves, take all prescribed medication and they were warned about possible side effects of drugs. There was also emphasis on the use of condoms with their partners for about six months and they should report signs and symptoms of possible STIs. The rape survivors demonstrated that they were well informed about the importance of follow up visits and where possible, or when they are having problems could come back to the clinic even before the follow up date. The follow up visits that were given to rape survivors were one week, six weeks, three months, six months and at one year in odder to monitor the about their coping behaviors and the outcome of blood results.

Trauma counseling

Rape can be a very traumatic experience to the rape survivors, in this study it is discovered that rape survivors reacted in different ways, Most of the participants interviewed expressed that they were scared, worried and confused about the whole situation. The issue that they feared most was the transmission of HIV because they believed that men rape women with the belief that their AIDS will be cured. It was noted from the participants that the stakeholders involved addressed their concerns and helped survivors to recover from trauma through provision of compassion, knowledge and allaying anxiety.

5.2.3 Decision making

Seven participants interviewed were supported by their parents, guardians and relatives. They mentioned that they were helped by their escorts to make decisions about the acceptance of PEP. They further stated that decisions were taken jointly with their escorts. Decisions were taken after the explanation of the PEP program. From the study it seemed as if participants who were teenagers were not able to take decisions of accepting PEP care on their own but they relied on their parents, guardians and relatives. They were seven teenagers among the participants that were interviewed. All ten participants expressed that counseling and information was given to them and the decision to accept the Post Exposure prophylactic care was solely upon them to come with the final decision.

The findings from R.K.Khan, all participants that were interviewed, they benefited a lot from PEP. It was indicated that they gained more new knowledge and information and they were empowered about PEP, because it was clearly indicated that the most participants had no idea about PEP program before they came across rape incident.

5.2.4 The experiences of the rape survivors concerning PEP

Behavioral change

The participants reacted to a number of events, reporting the incident to the police was embarrassing, as was taking their clothes off for examinations, pregnancy and HIV testing. They were given a lot of medicines to take and most of them suffered from nausea, vomiting, dizziness and severe headaches. According to them some had to go back to doctors who prescribed drugs to overcome vomiting. They had hoped that the medication would assist them in preventing major complications such as unwanted pregnancy, prevention of transmission of HIV and other STIs. This compelled them to complete the course of medication. The participants expressed that all health care providers offered them guidance, explanations that were provided in a compassionate manner, with an understanding and accepting attitude.

Physical reactions

It became evident that participants suffered a number of side effects whilst they were taking Post Exposure Prophylactic care. The side effects that they mentioned were nausea, vomiting, headaches stomach pains and one of them menstruated for the first time in life. The prescription of medication was done for all the participants and it differed according to whether they reported within or after 72 hours of the occurrence of a rape incident. In R.K.Khan hospital, counseling on drug adherence before medications were prescribed or offered. They monitored PEP care through drug compliance and follow up counseling and the testing of bloods for HIV, STIs with each visit.

Psychological reactions

Two participants interviewed stated that they experienced psychological reactions such as personal conflict, trauma, and guilt feelings about reporting rape incident, which was further aggravated by the HIV positive status. These feelings were experienced and perceived by rape survivors as life threatening like depression, anxiety, withdrawal and suicidal behavior. The participants emphasized that the assistance from social workers in the hospital offered an on going counseling and helped them to deal or to come into terms with the situation they were facing. Charlene Smith the rape activist said that she relies

on the African believe that a person is the person because of other people. Drawing on the support of those around her believes that healing would come through healing others (<http://www.vitrysland.nu/u03/csmith.html>) accessed on the 06/11/2003.

From this study it is concluded that social support and psychological counseling were essential components of Post Exposure Prophylactic care for rape survivors to regain their psychological health through the emotional support (Inter- Agency Lesson learned Conference, 2001: 23).

5.3 Recommendations

5.3.1 Recommendations for nursing practice

In R.K.Khan hospital there are many posters concerning HIV/AIDS, VCT, and others for health issues, but there is no information that target the needs of rape survivors or any information on PEP. In the Outpatient department there are no posters, pamphlet that target PEP after rape. This was indicated by the participants and was also observed by the researcher.

Language barrier was reported by some of the participants that could not understand or speak English. They mentioned that they had problems with the understanding the explanations and counseling because they were sometimes not translated. Even those who have a little bit of knowledge about English they became lost during counseling sessions. It is recommended that the use of translators and the pamphlets written in one of the African languages be used to increase their understanding.

5.3.2 Recommendations for nurse educators

The PEP program should be included in the nursing curriculum because it is the new intervention strategy and for the fact that the findings showed that there was a very low knowledge of PEP among participants and some of the health workers. The methods and knowledge of PEP is not widespread, more information is required by those who provide the service to the public in order to ensure provision of quality care.

It was found from this study that two participants could not get immediate services of the district surgeon, which indicates that there is a need for the adequate training of nurses to assist the rape survivors in provision of immediate medical care and completion of registers for forensic evidence. It is recommended that there a need for more nurses, especially professional nurses to be trained in forensic nursing because the availability of district surgeon seem to not to be satisfying according to this study.

5.3.3 Recommendations for the policy makers

The Outer Inner West of Ethekeini district has only one level 1 institution which is receiving referrals from several clinics. According to this study, findings from the community of Kwa- Ngcolosi, Kwa-Nyuswa indicated that they have a problem of accessing the PEP program because it not supplied by their nearest clinics. According to the Department of health policy guidelines for the management of rape survivors; PEP should be made available in the context of comprehensive package of care to rape survivors and be immediately available at all public health institutions. Practically the service of PEP is fragmented which makes it very difficult to offer PEP within 72 hour of occurrence of a rape incident.

It appears that there is little knowledge about the PEP program among the public and some of the health care providers. There are no visual and written information on PEP that the public can read found in the hospital. It is recommended that Department of health should provide public awareness campaign, PEP talk shows to promote awareness of PEP in order to combat the medical, psychological complications that face rape survivors after the rape incident.

5.3.4 Recommendations for future research

In view of the already stated lack of knowledge about PEP among the public, there is a clear need exist for more research to be conducted on this topic.

In this study all participants interviewed were rape survivors who were receiving Post Exposure Prophylaxis. It would be useful to obtain the experiences of stake holders like

police, the district surgeon, the doctors in the hospital, the nursing personnel and the social workers involved with the delivery or implementation of Post Exposure Prophylactic care.

This study was conducted in an urban area; the researcher feels that it could be very useful to obtain the experiences of rural female rape survivors with the regard to the provision and availability of Post Exposure prophylactic care services in the rural communities.

As the sample of this study was very small a quantitative research study in this area would be of great interest in order to explore more about the views of the rape survivors the stakeholders involved in the delivery of Post Exposure prophylactic care and also from the community of Outer Inner West of Ethekewini district.

Conclusion

This study has highlighted the perceptions and experiences of rape survivors who were receiving Post Exposure Prophylactic (PEP) care following rape incident, their involvement in decision making regarding the care they received. The participants seem to have enjoyed the interviews concerning the care they received. All women indicated that counseling, care and medication to rape survivors helped them to allay anxiety related to unwanted pregnancy, transmission of STIs including HIV/AIDS.

The objectives of the study have been achieved, in that the perceptions and experiences of rape survivors have been described. The knowledge of the rape survivors with regard to their rights and decision making the choice of treatment related to Post Exposure prophylactic care were also described. A number of recommendations have been suggested by participants as well as the researcher and hoping that may indeed be attended by policy makers, hospital managers, educators and future researchers.

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11 NOV 2004

Research Supervisor
Lecturer : School of Nursing
University of KwaZulu-Natal
Howard College Campus
King George Avenue
DURBAN
4041

Dear Mrs Majeke

**REQUEST FOR PERMISSION TO UNDERTAKE RESEARCH PROJECT : THULISILE
NDLOVU**

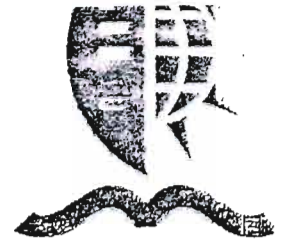
Your letter dated 02 November 2004 refers.

Please be advised that authority is granted for Ms T. Ndlovu to carry out a research study regarding "The experiences of Rape Survivors concerning post exposure prophylaxis" at R.K. Khan and Addington Hospitals, provided that;

- (a) Prior approval is obtained from the Heads of the relevant institutions;
- (b) Confidentiality is maintained;
- (c) The Department is acknowledged
- (d) The Department receives a copy of the report on completion;
- (e) The staff and patients are not inconvenienced and service delivery not affected.

Yours sincerely


SUPERINTENDENT GENERAL
HEAD : DEPARTMENT OF HEALTH
J.K./ndlovu



RESEARCH ETHICS COMMITTEE

UNIVERSITY OF
KWAZULU-NATAL

Student: NDOLOU THUKISILE

Student No: 203504649 Qualification: _____

Research Title: THE EXPERIENCES OF RAPE SURVIVORS
CONCERNING POST EXPOSURE PROPHYLAXIS AT A
REGIONAL HOSPITAL, ETHEKWINI DISTRICT

A. The proposal meets the professional code of ethics of the Researcher:

YES NO

B. The proposal also meets the following ethical requirements:

	YES	NO
1. Provision has been made to obtain informed consent of the participants.	✓	
2. Potential psychological and physical risks have been considered and minimised.	✓	
3. Provision has been made to avoid undue intrusion with regard to participants and community.	✓	
4. Rights of participants will be safe-guarded in relation to:		
4.1 Measures for the protection of anonymity and the maintenance of confidentiality.	✓	
4.2 Access to research information and findings.	✓	
4.3 Termination of involvement without compromise.	✓	
4.4 Misleading promises regarding benefits of the research.	✓	

Signature of Student: [Signature] Date: 26/10/2004

Signature of Supervisor: [Signature] Date: 26/10/2004

Signature of Head of School: [Signature] Date: 26/10/2004

Signature of Chairperson of the Committee: [Signature] Date: 1/11/2004

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ENQUIRIES : DR P S SUBBAN

OUR REFERENCE :

DATE : 23 NOVEMBER 2004



Miss T Ndlovu
School of Nursing
University of KwaZulu-Natal
Private Bag 7
CONGELLA
4013

Dear Madam

PERMISSION TO CONDUCT RESEARCH

Your fax dated 17 November 2004, has reference.

Permission is granted to carry out your research at this Institution as requested, provided:-

- Confidentiality is maintained at all times,
- Your study does not interfere with the smooth running of the hospital,
- Proper consent is obtained from patients participating in your study,
- Research is conducted during normal working hours,
- The hospital and the Department of Kwa-Zulu – Natal is acknowledged.
- The hospital receives a copy of your research on completion.

Kindly liaise with Mrs F Ngidi, Nursing Service Manager, R.K. Khan Hospital.

Yours faithfully

HOSPITAL MANAGER

Cc: Mrs Ngidi – Nursing Service Manager

Annexure D

Informed consent for the parents

School of Nursing
University of KwaZulu Natal
King George Avenue
Durban
4041

Dear Parent and Participant

I am Thulisile Ndlovu a student undertaking a Master's Degree in Maternal and Child Health Nursing at the University of KwaZulu Natal, School of Nursing. One of my requirements of the degree is to conduct a research study. This letter serves to ask permission from you to allow your daughter to take part in this research study. The purpose of the study is to interview those who have been in a situation where they have been forced to have sex against their will, concerning the treatment that they received.

You are assured that the interview will be personally conducted by the researcher in a friendly, and confidential manner that will ensure that your daughter's name and /identity will be not revealed to anyone and the information gathered will not be divulged to anyone other than that of this study and improvement of health care.

Your daughter is requested to voluntarily and willingly respond to the researcher's questions. You and your daughter are free that she does not to participate in the research if you feel unhappy about doing so and there will be no negative consequences. Please your daughter can make the researcher aware if /when interview makes her feel uncomfortable. Your daughter is free to withdraw from the interview at any stage. Please sign in the next page only when you are willing for your daughter to participate and have fully understood the purpose, process and extent of the research.

Yours respectfully

Thulisile Ndlovu

Cell 082-243 2264 / Work 031 240 2478

Consent form

Igive consent to be interviewed by
..... concerning the experiences of care my daughter received
after the situation where she was forced to have sex against her will. The information will
be given voluntarily by her. The purpose of the interview, my rights as well as my
daughter's rights has been fully explained to me by the researcher.

Parent's signature..... Date.....

Participant's signatureDate.....

Witness's signature.....Date.....

Researcher's signature.....Date.....

Annexure E

Informed consent for interview

School of Nursing
University of KwaZulu Natal
King George Avenue
Durban
4041

Dear Participant

I am Thulisile Ndlovu a student undertaking a Master's Degree in Maternal and Child Health Nursing, at the University of KwaZulu Natal, School of Nursing. One of my requirements of the degree is to conduct a research study. This letter serves to ask permission from you to take part in this research study. The purpose of the study is to interview those who have been in a situation where they have been forced to have sex against their will, concerning the treatment that they received.

You are assured that the interview will be personally conducted by the researcher in a friendly, and confidential manner that will ensure that your name and /identity will be not revealed to anyone and the information gathered will not be divulged to anyone other than that of this study and improvement of health care.

You are requested to voluntarily and willingly respond to the researcher's questions. You are free not to participate in the research if you are unhappy about doing so and there will be no negative consequences. Please make the researcher aware if /when interview makes you feel uncomfortable. You are free to withdraw from the interview at any stage. Please sign in the next page only when you are willing to participate and have fully understood the purpose, process and extent of the research.

Yours faithfully

Thulisile Ndlovu

Cell 082-243 2264

Work 031 240 2478

Consent form

Igive consent to be interviewed by
..... concerning my the experiences of care I received after the
situation where I was forced to have sex against my will. The information will be given
voluntarily by me. The purpose of the interview, as well as my rights has been fully
explained to me by the researcher.

Participant’s signatureDate.....

Researcher’s signature.....Date.....

Witness’s signature.....Date.....

Annexure F

Research Tool/Interview Schedule

Case number _____ Date of interview _____

- Demographic data**
- Age
 - Marital status
 - Residence
 - Language
 - Religion
 - Level of education

Could you please tell me how did you experience the care you received?

Prompts

- **Reception** - How were you approached initially?
 - What were you told when you initially reported the incident?
 - How long did you wait before you were attended?
- **Information /Counseling** - What information /advice were you given about PEP care?
 - How was the information given to you?
- **Decision making** - How were you involved in making a decision concerning PEP care that you are receiving?
- **Management (experiences of care received)**
 - How did you cope with PEP procedures?
 - How was the support from staff?
 - Tell me about your experiences encountered whilst you were taking PEP.
 - What was particularly helping about the PEP you receive?
 - What was particularly frustrating about the PEP procedures?
 - What actions did you do regarding frustrations from PEP that you received?
 - Would you recommend PEP to your family members and friends?
 - What suggestions would you make about the care you received as part of Post Exposure Prophylactic Care?

Thank you so much for sharing your experiences with me and I wish you all the luck.

Annexure G

Transcript of an Interview

Document:Angel

3rdinterview

VenueR.K.Khan Hospital

Date of interview10/12/ 2004

Introduction: Good Afternoon, thank you very much for allowing me to speak to you and giving me for signing the written permission. I would like to find out about you as I have explained to you and to your mother when I called for the permission

Before we start could you think of a name that you want me to you because I don't want to use your name.

*Angel

Before we I start asking you questions I just want to make sure that you are clear about the purpose of the research as I said to you when I was asking to you to give me the permission to interview you.

* I still remember everything we discussed.

I would like to know about the following things if you don't mind telling me

* No Sister I don't mind at all

Would you please tell me about the following?

- Age..... 14 yrs
- Marital status.....single
- Residence.....Chatsworth
- Language.....English
- Religion.....Christian
- Level of education.....Std 8

You told me earlier on that you were force by your cousin to have sex with him. Can you please tell me how do you feel now?

*I can say I am coping well sister because after telling my mother I became better.
And my mother is always there to support me for what happened.

Who did you first tell about the rape incident?

*I told my mother.

What actions did your mother take regarding the problem?

*She took me to the police station in Chatsworth

How were you approached when you reported your incident to the police station?

*We firstly reported the incident to the Chatsworth police station where they asked us about our problem.

In the Police station very good approach, we were attended by a female police, and she took me to the private room and she advised us was advised to open the case against the perpetrator. When we finished with the police she took with a car to the Doctor here in Chatsworth centre.

How were you were you treated by the district surgeon?

*The district surgeon had a very good approach, and she explained to us that she will do examination to check if there were no injuries. She mentioned that It would be difficult to check me because it has been quiet sometime the incident happened

How the approach in the hospital?

It was very good approach I was never waited

*We were received by the sister who took us straight to the private room and she sat down with me and my mom explaining what was going to happen

What were you told when you initially reported the incident?

*Police advised me and my mother to go to the district surgeon for medical evidence and the completion of the report. Dr did examination and referred me to R.K.Khan Hospital for treatment and counseling.

How long did you wait before you were attended?

*In the Police station, we never waited, we were attended immediately as well as with The District Surgeon we never waited long explained that she have to check me he did examinations

In the hospital- I never waited, they took me straight to the private room.

What information /advice were you given about PEP care in the hospital?

*In the Hospital I was told that that the treatment that I was going to get will be free of charge when I made the card in the admitting office. After making the card we were told to go to Gynae clinic

What information were you given in this clinic about actions that they would take to prevent spread of diseases?

*Sister told me about blood to check if I have HIV, sexually transmitted diseases and pregnancy tests, because there is a possibility that I may get these diseases from the person who raped me. The bloods will be taken from me to check for such diseases. If my blood was HIV- negative I was going to be given drugs that would prevent me from contracting the HIV and sexually diseases in case the perpetrator had those disease and prevention of pregnancy by giving me tablets because my pregnancy was negative. She informed me that I will be further seen by the doctor for examination and lastly be seen by the social worker for further counseling.

How was the information given to you?

*Information was given verbally by the sister and she gave me some information to read And she let me and my mother sign the form that we were agreeable to blood taking for HIV testing.

How were you involved in making decision concerning Post Exposure Prophylactic (PEP) care that you are receiving?

*My mother took decision, that I should undergo all the examinations because the way it was explained to us it became clear that we were going to benefit from the examinations. My decided that I should go a HIV test in order to know my HIV status, because it might happen again. It was clearly indicated that I was free to refuse some tests if I did not like to be tested.

How did you feel when they were doing all the procedures following forced sex?

* Reporting the incidence to the police was very scary I felt guilty for what had happened to me and talking about rape issue was not easy for me.

Procedures were slightly hurting but I tolerated, taking bloods, it was very painful.

Taking clothes off for examination was difficult and embarrassing.

Tablets were too many and they made me feel nauseous and vomiting, I had to go back to report it to the doctor. She ordered me some tablets then it became better. I managed to complete my medicines.

How was the support from staff?

*I got support from doctors and nurses, they showed concern and they treated us warmly.

I was also sent to the social workers for counseling, she made an appointment to see us, and I have not seen her yet because the appointment date is not due yet.

Tell me about your experiences encountered whilst you were taking PEP.

*I was feeling like vomiting all the time after taking medicines, but with the support from my mother I managed to finish all my medicines

There were no bad experiences except the embarrassment when talking about rape.

Would you mind telling me what was particularly helping about the Post Exposure Prophylaxis) PEP you receive?

*I think it helped me to come to the clinic because we were given information that I had never heard, though I had a little bit of PEP from school, but my mother had no idea.

Tell me was particularly frustrating about the PEP procedures?

*Nothing that was frustrating because everything was explained to us.

If you happened to have frustrations from PEP that you received?

What were you going to about them?

* Well sister I really do not know.

Would you recommend PEP to your family members and friends?

*I will strongly recommend PEP to friends and family members, because it is a good program that Government has introduced especially rape incidents are increasing, and most people that rape young children are having HIV. The society needs to be informed about this program for the management of rape suffers because there are many people out there who do not want to report rape because they do not know about this program.

What suggestions would you make about the care you received as part of Post Exposure Prophylactic Care (PEP)?

*Government needs to tell the whole society about PEP because I had very little idea about it until I came across rape incident. I think PEP should be emphasized in schools. PEP should be advertised in TV, radio programs and display posters so that society becomes aware if it.

Thank you so much for sharing your experiences with me and I wish you all the luck.

