

# Sexual Assault, Pregnancy and HIV Infection among Young Girls in the Transkei Region of South Africa. Case Reports

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## Abstract

**Background:** Rape continues to be one of the biggest challenges facing South Africa, alongside poverty & joblessness that the government is trying hard to eradicate. Transkei region of the Eastern Cape can best be described as deeply rural with bad roads, unclean water supply, limited electricity, few telephone connections, very limited access to transport and health services. Violence including sexual assaults is a common problem in this region.

**Objective:** To highlight the problem of sexual assault, pregnancy, and HIV infection among young girls in Transkei region of South Africa.

**Case History:** This is a retrospective case report from the register of sexual assault at Sinawe Center of Mthatha General Hospital, Mthatha, South Africa. These are reports of two young girls who were repeatedly raped. Histories and findings of the physical examinations are described. Consequences of teenage pregnancies and HIV transmission are discussed. The issue of consent and teenagers' partners' responsibility is highlighted. Solutions to reduce re-victimisation are suggested.

**Conclusion:** There is problem of sexual assaults, pregnancy, and HIV infection among young girls in the Transkei region of South Africa. There is a need to control this epidemic of sexual assaults to prevent HIV spread, and to prevent unwanted pregnancies.

**Keyword:** *Teenage pregnancies, sexual assault, Human Immune-deficiency Virus (HIV), rape, child abuse*

## Introduction

South Africa is a country with a rapidly escalating HIV/AIDS epidemic. There are also high levels of rape reported from various sources.<sup>1</sup> Here, as elsewhere, statistics capturing the true magnitude of sexual violence are difficult to obtain. Those released by the South African Police Service note that in 2001, 52, 860 rapes and attempted rapes were reported.<sup>1</sup> Only about 15% of women who were forced to have sex against their will reported the incident to the police.<sup>2</sup> Many women do not go to the police because

they do not think that the perpetrator will get punished. The evidence suggests that their concern is justified. Few rape cases go to the courts, and of those that do, only 7-13% results in conviction.<sup>3</sup>

The widespread rape and forced sexual abuse of children is a serious social and health issue. With a teenage pregnancy rate in South Africa of 330 per 1000 women under 19 years, it is of concern that these same women are likely to have illegal and unsafe abortions.<sup>4</sup> Among 13-17-year-old females in the rural Transkei area of South Africa, 28% report

first sex as forced.<sup>5</sup> One of the motives behind this unsocial and unhealthy epidemic is the strong belief in a myth of achieving a cure for a person's HIV/AIDS status through sexual intercourse with a virgin. This is also a contributory factor in the transmission of HIV/AIDS in the Transkei region.<sup>6</sup> The author reports a case of a 13-year-old girl who was raped repeatedly, and as a result of it, she was HIV seroconvert.<sup>7</sup> More than 90% of the victims are HIV negative at the time of the incident in a very high prevalent community- it is clear that the HIV post-exposure prophylaxis coverage is indicated.<sup>8</sup>

The purpose of these case presentations is to highlight the problem of teenage pregnancies, gang rape, and repeated rape of young children. In terms of the Child Care Act 1983 of South Africa (Act No. 74 of 1983), minors of 14 years and older may consent to their own medical examination and treatment without the assistance of parents/guardians.

### **Case History 1**

On 31<sup>st</sup> May, 2005, a 13-year-old pregnant girl who is already the mother of a 2-year old child presented at the Sinawe Centre following sexual assault. She was raped twice by a young man in her location, and then he forced her to go to another location and raped her again. He also attempted to strangle her and had assaulted her with a knife. He did not wear a condom whilst having forced sex. She was allowed to go home the following morning when the matter was reported to the police.

On examination, there were nail marks on the front of the neck, and a cut on her left middle finger. On genital examination, there was a whitish discharge and marked tenderness. Genitalia were congested as in a pregnant woman. Vaginal speculum examination was avoided, and limited medication was given to avoid the adverse effects on the foetus.

She was sodomised in December 2004 and a course of anti-retroviral drugs was given as she had tested negative for HIV, RPR negative, but positive for Hepatitis B and pregnancy.

### **Case History 2**

On 8<sup>th</sup> Feb 2005, 14-year-old MT was returning home from church with her friends. A car drove up to them and three men who were in the car abducted her. She was shouting and screaming but they drove her to another location. They put a black cloth over her face and all four-gang raped her without using condoms. She was dropped late in the evening, and she returned home around 8 pm. She confided to her mother of the incident only after two days.

On clinical examination, she had an erythematous vulva, with outpouring of a thick vaginal discharge. She had completed a course of antiretroviral drugs about two years prior to that, following another incident of rape. She was gang raped again on 10<sup>th</sup> May 2005 by four men, three of whom were also involved in the previous incident. She was HIV negative and hence antiretroviral drugs were prescribed to her.

### **Discussion**

Rape continues to be one of the biggest challenges faced by South Africa today. These young rape victims are just the "tip of an iceberg" of a huge problem of rapes in the community. In a previous record review, 68% victims of sexual assaults were found to be less than 20 years of age.<sup>8</sup> Sexual assaults are generally underreported and such assaults on children still less.

A recent study by the author showed that there was an increase in adult rapes from 55.3% in 2000 to 59% in 2004. Although sexual assault of children is down from 44.7% (2000) to 41% (2004), the overall number has increased from 34 (2000) to 97 (2004). The total number of rapes has increased by more than three times among children and adults from 2000 to

2004.<sup>9</sup> The conviction rate of perpetrators is very poor in South Africa. Police data indicates that in 2000, only 45% were referred to courts.<sup>10</sup> The first case was raped for the second time and the other for the third time, in the latter by the same perpetrators. In either case police failed to bring them to courts. It takes long time to get a conviction and often cases are withdrawn. In 2000, 47% of cases referred to courts were withdrawn in courts and only 16.5% resulted in a guilty verdict.<sup>10</sup> Police must do more work to protect the victims from revictimization. The first victim was just a 14-year-old schoolgirl, and already a mother of a child of 2-years. In legal terms, she is still a minor, and not eligible to give consent. She left the school when in grade 5 because of the pregnancy. It was a bitter experience for her to leave the school. She had not planned the pregnancy. Most teenage pregnancies are stressful as they are cases of children having children.

Early sexual activity, early pregnancy, induced abortions, and the increase in HIV infections have become major concerns in Sub-Saharan Africa. Efforts, though, to understand their sexual behaviour and to prevent reproductive health problems are almost non-existent. Adolescent girls are normally seen as victims and easy prey of (often older and married) men's sexual exploitation.<sup>11</sup> Teenage pregnancies are currently one of the major problems facing communities.<sup>12</sup> According to the law, sex with a minor is a criminal offence even with consent. The perpetrator is considered a rapist and must be tried in a court of law for this offence. Unfortunately, the law in South Africa is good enough, but not well implemented.

The risk of HIV transmission is high among victims of sexual assault than to consensual sex. Fortunately, both reported victims are still HIV negative. The first girl had a vulval wart, but this might be a signal of worse things to come. In Black Africans the

consequence of child sexual abuse is a high prevalence of HIV infection.<sup>13</sup> The first victim completed a course of antiretroviral drugs in January 2005, and now needs another course for the second rape. The pregnancy is precluding her from getting PEP. There are no clear guidelines regarding pregnancy and PEP. The second victim had just finished an anti-retroviral course in March 2005 and needs another having being gang raped. There is a need to control this epidemic of sexual assaults to prevent HIV spread, and to prevent unwanted pregnancies. The police should carry out extra-ordinary investigations to apprehend the culprits and offer protection to the victims.

### Conclusion

There is a serious problem of sexual assault of young girls in the Transkei region of South Africa. There is a need to control this epidemic of sexual assaults to prevent HIV spread, and to prevent unwanted pregnancies.

### Ethical Issue

The author has ethical permission for the case report publication (approved project No. 4114/1999) from the Ethical Committee of the University of Transkei, South Africa.

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