# An Assessment into the Importance of Access to Healthcare Facilities by Victims of Gender-Based Violence and Femicide in Higher Education Institutions, South Africa

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## Abstract

Gender-based violence and femicide (GBVF) is a significant public health issue that affects one in three students globally and a similarly large number of students in Higher Education Institutions (HEIs). Healthcare facilities are important to provide continuous and comprehensive care to all victims of crime. Although important policy and programmatic steps have been taken to address violence against students in South Africa (SA) over the past decade, there is still a gap on GBVF research in SA, particularly with regard to social norms. This article therefore aims to promulgate the importance of healthcare facilities in the Tshwane University of Technology (TUT), a HEIs in SA. The research methodology that was employed in this paper was an exploratory qualitative method design in six campuses of the TUT. These campuses are based in the following Provinces: Gauteng (GP), Limpopo (L), Kwazulu-Natal (KZN), Western Cape (WP) as well as Mpumalanga (MP). The data was complemented by twelve semi-structured in-depth interviews with participants which comprised of campus residential administrators; Directorate of Health and Wellness (DHW) and Student Development Services (SDS). Non-probability sampling was used for its convenient strength. Data was obtained using semi-structured face-to-face interviews for this paper. The main findings from the results show that the majority of campus community members are not aware of the services that are rendered for victims of GBVF in healthcare facilities, the results also show a concerning practice of not having healthcare facilities in all campuses, this then highlights the lack of access into healthcare facilities by victims of GBVF.

*Keywords: Gender-Based Violence and Femicide; Higher Education Institutions; Healthcare; Access; Violence*

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*Introduction*

Gender-based violence and femicide (GBVF) in South Africa (SA) is increasing at an alarming rate. Gouws (2021) asserts that there are constant reported and unreported cases of women, children and other vulnerable people being victims of sexual violence, assaults and at time even murder, that are perpetuated by men. Higher Education Institutions (HEIs) are not immune to GBVF attacks, Moylan and Javorka (2020) mention that HEI have seen a high rate of cases of sexual coercion, sexual violence, intimate partner violence, and murders of students, particularly of women and gender diverse students.

The call for access to healthcare services is a genuine one given the implications that GBVF attacks can have on a victim. The researchers acquired the ethical clearance letter from TUT and also a permission letter to be able to interview the staff. Ethical clearance was affirmed genuinely, and this study acted as per the ethical benchmarks of scholastic research, which incorporate, in addition to other things, by protecting the participants' identities and guaranteeing secrecy of data given by them.

This study has found that GBVF comes in different forms and the most implications from those forms are on the physical and mental state of an individual. The assessment of healthcare services in the country highlights a worrisome strait of having a public health service sector that is not ready to adequately respond to GBVF attacks, this then reflects on the health service response in the HEIs. It can be noted from this research that there is a number of laws that protect people's right to receive medical attention. However, there is not enough implementation on granting victims of GBVF adequate medical attention, due to lack of ample personnel or enough equipment. This study has identified laws that the HEIs can incorporate when coming to justification of adequate access to healthcare facilities in HEIs. Ramaano (2020) stipulates that many HEIs lack the necessary support structures to address and respond to cases of GBVF, and/or lack clear reporting mechanisms for survivors. The lack of clear stipulation of where different healthcare related services can be accessed by victims of GBVF in the campuses, makes it difficult for victims of GBVF to get the medical services that they need.

*Literature Review*

Literature study was done to determine if GBVF victims have access to healthcare facilities at TUT and the significance of access to such structures and resources. Various primary and secondary sources on this paper's topic were scrutinised, as discussed below.

➢**Gender-Based Violence and Femicide Attacks at Universities**

Although there may still be a lot of denial and ignorance about the existence of GBVF in universities, Finchilescu and Dugard (2021) and Oparinde and Matsha (2021) express that there has been a growing awareness of the problem of GBVF cases that occur at HEI over the past decade or so. Finchilescu and Dugard (2021) further explains that over the past 5 years the government has begun to help tackle GBVF cases at HEI as to ensure that HEI campuses are free from GBVF attacks. However, Mahlori, Byrne and Mabude (2018:89) assert that in any specific context, it is hard to verify (or to second-guess) the precise figures for a range of understandable reasons that lead to cases of GBVF to occur in teaching and learning environments. Even though the government tries to work hand in hand with the HEI, the cause cannot have much effect if many victims do not report their experiences to the authorities in their institution (Speed, Thomson & Richardson, 2020). The lack in reporting is understood by Goldhill (2015) to exist around the inclusion of socialised acceptance of rape myths and self-blaming, absence and lack of trust in systems of redress, and fearing the educational consequences that may result.

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Roure (2020) asserts that considering the widely accepted severe impact of GBVF on victim well-being (both physical and psychological), educational and professional performance not to mention the moral, as well as legal obligations to tackle GBVF. It is critical for HEIs to overcome the challenges to design and implement effective responses. Goldhill (2015) and Rapanyane (2021) The under-reporting of GBVF on campus (as elsewhere) suggests that it is hard for the HEIs that are willing to tackle GBVF, to fully understand the scale and nature of the problem and, concomitantly, to move from reactive to proactive interventions. GBVF attacks include sexual violence that comprises of rape or attempted rape, and sexual harassment or threats that involves forceful sexual contact or behaviour without consent from the survivors. Research on GBVF attacks in HEIs is therefore critical as it can help universities to meaningfully respond to these attacks on campuses, especially when it comes to addressing the health-related challenges.

➢**Department Higher Education and Training on GBVF at Higher Education Institutions**

Information obtained from the Department of Higher Education and Training (DHET) states that, through higher health, the department has been involved in several initiatives relating to preventing GBVF. According to Rasool (2020) and Roure (2020). this included developing a fully-fledged reporting programme across all universities and technical and vocational education and training (TVET) colleges. It also published the final 'Policy Framework to Address Gender-Based Violence in the Post School System' (policy framework) in July 2020 and established a ministerial task team on GBVF and sexual harassment at universities. The information also states that higher health provides health and wellness programmes and services to students including those relating to gender equality and GBVF. The seven key priorities of higher health are GBVF; sexual and reproductive health rights (SRHR); HIV, tuberculosis (TB) and sexually transmitted infections (STI); mental health services; disability services; alcohol and drug use prevention; as well as LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, intersex, asexual and other) health and de-stigmatisation.

It is reported that higher health implemented the Curriculum' which integrates higher health and key priorities within the formal curriculum (Sabri, & Young, 2021). It also implemented the Curriculum' which is an education programme outside the formal academic programme. It did this through campus activities such as student clubs with a political, cultural, social, philanthropic, religious or sports focus and included a system of student volunteers to drive the higher health agenda. The Curriculum' programme exists in all 400 campuses of universities and TVET Colleges with 1,000 mentors and 4,000 peer educators. Information from the DHET also shows that in 2019 over 595,000 people had been reached through this programme. higher health reported on the 'Future Beats Campaign' a radio-centred health promotion and social awareness campaign implemented by student journalists. The stations create programmes that deal with student health, wellness, GBVF and other social issues. higher health stated that the 'Future Beats Campaign' involved 13 campus and community radio stations with a combined audience of 800,000. Moreover, higher health has a signature programme 'First Things First' which includes GBVF screenings and early risk assessments as a core package of services across campuses. The key purpose of the programme is to increase awareness campaigns and drive mass health screening through activations as well as to increase the psycho-social support services on the doorsteps of all young students as part of campus routine services.

➢**The Importance of Healthcare Facilities at Higher Education Institutions**

According to the Nasional Development Plan of 2030, the South African government aim to improve health care, by ensuring that healthcare teams have adequate resources for the services they need to deliver (South Africa, 2011). This plan highlights some challenges, such as resources have been inequitably distributed and crises and curative services are responded to rather than prevented. According to Luxon (2015), infrastructure is a key pillar supporting the fundamental aim of promoting improved

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standards of care and wellbeing for all patients, together with a good experience of the healthcare system. Health is usually understood as an individual right and a right pertaining to the entire community.

The term 'access' refers to patient access to all healthcare services. Access to information should be recognised as an effective way in which to promote both patient and staff wellbeing. There should be equity of access irrespective of age (eg. published age cohort statistics for interventions/procedures to ensure equity), gender, ethnicity, sexual orientation and disability. Regular review and flexibility of all aspects of access are required to ensure continual development and optimal provision. Health facilities are places that provide health care. They include hospitals, clinics, outpatient care centers, and specialised care centres. The healthcare facilities are regarded to render a significant contribution in promoting health and well-being. When the individuals are suffering from a health problem, illness or diseases, they obtain medical treatment. In urban areas, these facilities are in a well-developed stated, but in rural communities, still there is a need to formulate programs, which would lead to development of healthcare facilities (Kapur, 2020). A report on Education and Health (2012), notes that the SA government prioritise education and health at universities. A policy on affirmative measures for HDIs with specific emphasis on infrastructure, access and staff provisioning are evident.

## ➢ Diffusion of Innovation Theory

According to Burgers, Brugman and Boeynaems (2019), Diffusion of Innovation (DoI) Theory offers a framework for widespread change. Within the DoI framework, changes can occur as key individuals move outward into the different settings where they have influence and in turn help other individuals to share information widely, as well as change attitudes and behaviours so that a critical mass of individuals supports the change. Through this process the community norms of a campus shift and change from ones that may implicitly support violence to ones that are based on meeting the needs of all survivors and on working comprehensively to prevent GBVF on campuses. Every person on a university campus needs to know about the healthcare facilities and the services rendered in such facilities. A key aspect of creating awareness is identifying the individuals on campus who influence others. TUT has GBVF stakeholders on campuses to address GBVF related cases, they work closely together to offer informed responses for survivors and establishes prevention efforts that are reinforcing, inclusive, and successful in promoting and sustaining change on their campuses – as explained below.

### ✓ Innovators

Those who are at the front lines of bringing new ideas and behaviours to the campus. Innovators are often in formal leadership roles and have the power, resources and ability to utilise top-down authority to leverage change (Burgers, Brugman & Boeynaems, 2019). In practice on campuses this includes the university stakeholders.

### ✓ Early Adopters

Those individuals on campus who carry the most social influence. These are students, administrators and staff who are often well liked and respected and whom others reference for cues on social norms. This group of individuals will serve as the bridge between innovators and the campus-at large and will play the critical role of accruing mass acceptance of the new knowledge and behaviours that a campus seeks to establish (Burgers, Brugman & Boeynaems, 2019). The majority are those who accept and adapt a new behaviour after the early adopters. The early adopters play a critical role in engaging the majority and lending credibility to the desired change. When innovators introduce the knowledge, skills and behaviours to the early adopters on campus, and the campus majority is influenced to engage, the campus will reach a critical mass of individuals committed to effective prevention and intervention resulting in permanent and self-sustaining changes.

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✓**Intersectionality**

Interventions on campuses must account for the causes and subsequent impact of GBVF as being multivalent and contingent upon identity formation and lived experiences of inequality and inequity. Thompson-Coon, Gwernan-Jones, Garside, Nunns, Shaw, Melendez-Torres and Moore (2019) indicate that intersectionality calls for the pursuit of culturally relevant programs and practices that name and meaningfully consider how various identities such as race, gender, class, sexual orientation, ability, among others, interact with each other and within the lives of individual survivors. Experiences of interlocking forms of oppression constitute the basis of how survivors who come from historically marginalised communities move through experiencing, witnessing, and moving beyond an assault.

*Research Methodology*

Research methodology is the specific procedures or techniques used to identify, select, process, and analyse information about a topic. It refers to the systematic and scientific approach employed to collect, analyse, and interpret data for the purpose of answering research questions (Mehta, 2023).

➤**Research Approach and Design**

The researchers embraced an exploratory qualitative approach. The rationale for implementing qualitative methodology emanates from the need to gain an understanding into the importance of GBVF victims accessing healthcare facilities for services. De Vos, Strydom, Fouché and Roestenburg (2021) assert that the researcher builds a dynamic, realistic image through a qualitative analysis paradigm; analyses words; presents accurate opinions of the participants; and performs the research in a natural setting. Additionally, De Vos et al. (2021) explain that the method of qualitative research is appropriate when the researcher attempts to understand a new phenomenon in a particular situation rather than attempting to establish a relationship between two or more variables. The qualitative interview aims to explain the environment from the interviewee's viewpoint; the participants should recite their tale in their own terms and gain sense and understanding through their experience (Johnson & Rasulova, 2020). Qualitative research has a characteristic of exploration where knowledge is generated to some extent. Therefore, an exploratory research design was followed in this study.

➤**Population and Sample Size**

The targeted population as profiled can help the university to respond much better to reported GBVF cases on campuses. A total of twelve participants took part in this research, the were available and willing to participate and had the required knowledge to provide information on the research topic. The samples consisted of the following TUT portfolios: campus residential administrators because they are the first respondents to any acts of violence that get committed at campus residences; the Directorate of Health and Wellness (DHW) because that is where victims go to get treatment, the Student Judicial Directorate (SJD) because they are responsible for helping students that need extra assistance to complete their qualifications. The participants were sourced from six TUT campuses in five provinces which are Gauteng (GP), Mpumalanga (MP), Limpopo, Kwazulu-Natal (KZN) and Western Cape (WC). It should be noted that Western Cape and Durban are service centres and as such the senior administrator there were part of the samples.

According to Saunders, Lewis, Thornhill and Bristow (2017), a sampling frame is a complete list of all the eligible sampling elements from which a sample can be drawn. A sampling frame could be identified for this research established list of the entire population of employees. Purposive sampling was used and participants were chosen based on the researchers' personal judgment and were selected on the basis that they would supply the necessary information needed for the research. Also, a qualitative study

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of an exploratory nature requires that the participants have a clue on the concept of GBVF to create meaning of the phenomenon under study. Therefore, it is essential for participants to be able to articulate their thoughts and in doing so illuminate useful insights about the phenomenon under study. Qualitative researchers argue that the logic and power of purposive sampling lie in the fact that it selects information-rich cases for in-depth study (Babbie, 2021). These are cases from which one can learn a great deal about issues that are of central importance to the research purpose.

➤ **Data Collection**

Data in this study was collected through interviews and collected literature on the phenomenon in question. The interviews with the twelve participants were semi-structured in nature. According to Babbie (2021), semi-structured interviews ensure the quality of the data obtained and increase the response rate. English was used as the medium language during the interviews. The interviews took place at the campuses where the interviewees work, and was mostly online. With Covid-19 protocols adhered to, that means marks were worn, there was social distancing. Given the challenges that came with Covid-19, the majority of interviews were virtual. The questions in the semi-structured interviews were open-ended in nature and covered data that is related to this study.

Babbie (2021) believes that the advantage of using open-ended questions in an interview is that they allow the participants to give meaningful and in-depth reflections to the questions without being pushed into a predictable paradigm. By using open-ended questions in the semi-structured interview, the researcher was able to increase the chances of obtaining rich and detailed responses that can be used for qualitative responses. This research undertook the route of conducting focus group discussions with the participants in order to gain a better understanding about the topic and to help the researchers to formulate the research questionnaires and interview schedules in order to answer the broader research questions. A digital recording system (with the permission of the participants) was used to record the interviews and later transcribed the interviews.

➤ **Data Analysis**

Noruzi (2020) deduces that data analysis as a process of inspecting, transforming and modelling data with the intention of highlighting useful information, suggesting conclusions and using that data to support decision making. Thompson-Coon *et al*. (2019) suggest that data analysis is a process which involves making sense out of text and image data by digging deeper and deeper to understand that data and abstracting sensible meaning from it. In qualitative data analysis, in-depth semi-structured individual interviews, as well as content analysis of electronic data and personal documents, mass media, open-ended questions in interviews are used to analyse research data. The strategy can involve, among others, calculating the percentage of those in favour, against those who oppose, to formulate a good picture of participants' opinions on the issue. De Vos *et al*. (2021) believe that the chosen method can simplify and reduce large amounts of data into organised segments. The collected data was analysed using Nvivo 10, a useful data analysis and management software package for dealing with masses of text, audio and video data. Hence, the data analysis procedures used in this research were based on three levels of meaning-making, which are as follow:

Level 1: Deals with developing a good understanding of the development experience of each story. This was done by rereading each interview and listening to audio recordings. Such a process allowed for the identification of markers of the stories and answering the question about each interview;

Level 2: This was achieved through classifying responses from participants into meaningful categories; and

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Level 3: The researcher analysed the content of the gathered narrative accounts and themes; and identified themes using quotes based on consistencies across participant stories (Paley, 2020).

### *Research Findings and Discussion*

This section outlines the key findings from the qualitative data analysed and investigates the response to GBVF cases on TUT campuses, from the perspectives of TUT's GBVF stakeholders who were interviewed in this research. Three themes were utilised to formulate the research findings.

➤**Theme 1: TUT's GBVF Health Service Quality**

When asked about the health services that are rendered for victims of GBVF, the majority of the participants concurred that there is some form of health services that are offered to GBVF victims. Most of the participants mentioned a number of healthcare options that are provided for victims of GBVF. It emerged from the findings that there are internal and external health services that can be used by victims of GBVF. The quality of healthcare services that is rendered for victims of GBVF is noted as not that outstanding by a number of participants. These were some answers,

- "A victim will be assessed, remember that GBV can come in many forms. Sometimes it can an emotional trauma, sometimes it can be physical trauma, sometimes it involves sexual trauma. So depending on the type of trauma that the student has experienced. Then we will give intervention accordingly.

If it is an emotional trauma, the student will be referred to the Student Development Support (SDS) for counselling and also to South African Anxiety and Depression Group, for further counselling. If the student has suffered physical trauma, we will treat the injuries that are obvious or evident. We will give treatment for those injuries. If it is severe or major injuries, that will require hospital treatment. We will refer the student to the hospital for further treatment" – the participant 1.

- "My view will be based on the resources that I know. TUT is very big university, and currently, in the staff, psychosocial service and support. We have one psychologist in the whole of TUT. All campuses have on staff psychologist. I believe because of that, I do not think that one psychologist can really offer quality service in terms of the large number of people, she is able to service all clients according" – participant 3.

➤**Theme 2: Campus Community Awareness on the Services Rendered for Victims of GBVF**

When asked how the campus community is made aware of the services rendered for victims of GBVF, the majority of participants referred to campaigns, workshops, webmail, conferences, and other mechanism that they use to inform the campus community members of the services they offer. These different mechanisms are however initiated per department. The following were some of the responses from interviewees,

- "The different stakeholders or practitioner's offices, continuously advertise their services on webmail, broachers, and our cooperate affairs and marketing division. Continuously markets and issue out communique related to GBV and other forms of violence, to indicate to students, where they can go, if they experience GBV or they see someone else experiencing GBV" – participant 3.
- "We create awareness jointly with health and wellness. Usually, they would set a date with either of the ten (10) TUT's student residences. So, they would dedicate a week where they will be doing awareness at one of the residences. Then arrangements will be made between the residence committees to welcome the health and wellness team. Then there will be posters, information

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sharing, so that each and every student knows how to take good care of their health" – participant 10.

➢ **Theme 3: The Campus Healthcare Services Equipment to Assist Victims of GBVF**

When asked about the healthcare services having the necessary equipment to assist victims of GBVF, most of the stakeholders could not answer the question. Some answered the following,

- "I think the campus clinic has the basic equipment that are necessary, we do not have all the equipment. If you come injured, maybe they will put a bandage or stabilise the injury. Then call an ambulance to come fetch the person. As far as capacity, as I said, the counselling office there we have qualified psychologies and counsellors, they will be able to assist if a person comes there looking for advice. But for equipment I think we are like a university, we are not a fully flashed hospital or medical centre, we will only have the bare minimum and we will have to refer to the hospital (participant 6)."
- "Yes, but I have limited knowledge to answer this question. But I believe they should. But honestly, I cannot with full confidence confirm" – participant 5.
- "I would not know because I do not work in that environment. It is a very good question to ask directors who work in those environments" – participant 3.

This paper discussed, interpreted and analysed the views of TUT's GBVF stakeholders perceptions of GBVF reported cases on campuses in order to gain a better understanding of their responses on the access to healthcare facilities at campuses. By applying the research approach as indicated, the access to healthcare facilities at campuses could be assessed and the current state of these spaces were determined.

The findings of this research provided a vivid picture of the state of TUT's healthcare facilities and what needs to be done to ensure that identified challenges are dealt with accordingly and meaningfully.

*Conclusion*

This paper focused on the victims of GBVF's access to the healthcare facilities on campuses. It can be noted that healthcare facilities offer essential services and must be available and accessible at all HEI campuses. GBVF victims experience different attacks that can either be physical or even emotional, and access to healthcare facilities can make it possible for such victims to receive help easily within campuses. This research further provides the following recommendations to the TUT management and other Higher Education Institutions in SA:

- Ensure that all campuses have a healthcare service centre;
- Ensure that healthcare facilities are well resourced;
- To create an awareness campaign to continuously inform the campus community of the services rendered at healthcare facilities; and
- Have clear signs that show directions to the healthcare facilities.

It is of vital importance that all universities have functional healthcare facilities that are accessible 24/7 to victims of crime, since many HEIs have hostels on campuses, including TUT. The South African government should provide the necessary funding and such facilities must be effectively monitored in ensuring proper management to provide direct support to all GBVF victims.

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