

# **A baseline study to determine levels of knowledge, attitudes and practices in relation to reproductive health among male and female refugees aged between 10 and 24 years, living in Gauteng Province, South Africa**



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Our sincere thanks go to the young refugee males and females who, through the interviews, allowed us into a very intimate part of their lives. We appreciate the time and effort they took to discuss with us issues that are sometimes difficult.

## **Executive Summary**

In 1999, the UNHCR received funding from the Ted Turner/UN Foundation to address the reproductive health needs of young refugees. As part of a regional project, a number of pilot initiatives in Namibia, Botswana, Mozambique and South Africa were started in May 2000. The project's overall goal is to increase knowledge of reproductive health issues among adolescent refugees, and to raise refugees' awareness of, and access to, reproductive health programmes available in their country of asylum.

In South Africa, education and awareness raising initiatives have been undertaken to address the reproductive health needs of a predominantly urban-based refugee population. As part of this national strategy, the Centre for the Study of Violence and Reconciliation (CSVR) conducted a study to obtain baseline information about knowledge, attitudes and practices in respect of reproductive health among young refugees, aged 10 to 24 years, living in Gauteng province, South Africa.

The report below presents a summary of the main findings of the baseline study. It is divided into four main sections. The first section focuses on participants' knowledge about their own bodies and the changes that occur during adolescence, recognising that in negotiating the transition from childhood into adolescence, relations with the opposite sex and the initiation of sexual activity take centre stage.

The second section looks at awareness of, and attitudes towards, contraceptives, pregnancy and the risks associated with unprotected sex. Attitudes towards females requesting condom use are explored to get an indication of social, cultural and traditional value systems.

Following through on male–female relations, section three examines the incidence of, and attitudes towards violence against women, violence in the home and violence against children. Rape – in and out of marital relationships - and female genital mutilation are also explored. The last section focuses on knowledge of sexually transmitted infections and

HIV/Aids and the practices employed to prevent these.

Given the mass and richness of information gathered during this baseline study, this summary report must be seen as a first step in highlighting some of the reproductive health issues confronting refugees. To enhance our understanding of the multitude of factors that impact on the reproductive health of refugees, there is clearly a need to strengthen further research in this area, particularly focusing on factors that facilitate or hamper access to essential services. And most importantly, the challenge now is to move from fact to action. This study will have achieved its objective if its findings can be used to ensure that refugees have greater access to appropriate information and reproductive health programmes and services.

## **Introduction and Background**

People flee because they are afraid of arbitrary arrest and torture. They flee because friends or family have 'disappeared'. Above all – and increasingly – they flee because in wars across Africa civilians have become a prime target of military action.<sup>1</sup>

In September 1993, the South African government and the United Nations High Commissioner for Refugees (UNHCR) signed a Memorandum of Understanding (MOU) providing for the right to asylum in South Africa. Since then approximately 60,000 refugees and asylum seekers have sought sanctuary in South Africa. Most of the refugees (approximately 73,9%) originate from conflict-ridden countries on the African continent.

The refugee population in South Africa is predominantly one of males under the age of 45 years. Most are urban based, settling around the main industrial and commercial centres in Gauteng, Western Cape, Eastern Cape and Kwazulu-Natal. The right to asylum, fundamental human rights and a range of other socio-economic rights are set out in the Refugee Act of 1998. In practice, however, refugees continue to be confronted by a host of challenges. Approximately twenty-five percent of those seeking asylum have, to date, been given full refugee status.<sup>2</sup> As a result, the vast majority live in a state of constant uncertainty about their future – a situation that has considerable impact on their ability to settle in South Africa. Many are forced to eke out a living in the informal sector through activities such as hawking, dressmaking or hairdressing, as employment and educational opportunities are limited, even for those with higher or tertiary qualifications. A steady but alarming rise in xenophobia and other violent crimes conspire in the creation of an environment where refugees often live in fear, where they are the subject of arbitrary police harassment, or are denied access to basic essential services such as health care.

The conclusion of this baseline study, therefore, is timely in more ways than one. It is anticipated that through the information now available, a clearer understanding of the reproductive health needs specific to refugees, and particularly vulnerable 'sub-groups' such as adolescent women and young males, will emerge, and that this will better enable the development of an integrated strategy to meet these needs. Simultaneously, capacity can be developed within the refugee community as well as in key service sectors, such as health, social welfare, education, and criminal justice, so that the rights of refugees become a reality.

## Methodology

### Aims and rationale

The aim of this project is to determine baseline information about the levels of knowledge, attitudes and practices in relation to reproductive health among male and female refugees aged between 10 and 24 years, living in Gauteng Province, South Africa. To achieve this, 163 females and 214 males from eight countries, namely, Angola, Burundi, Rwanda, Somalia, Sudan, Congo Brazzaville, Democratic Republic of Congo, and Ethiopia were interviewed on five critical reproductive health topics:

- Sexual health and education;
- Family planning and safe motherhood;
- Sexually transmitted infections, including HIV/Aids;
- Sexual and gender based violence; and
- Other adolescent sexual health issues.

To accommodate the reproductive health and developmental issues specific to the different age groups, the sample was split into three age categories: 10 to 14 years; 15 to 19 years; and 20 to 24 years. Three surveys were developed for use with males and females in the three age groups.

The questionnaires, designed to capture quantitative and qualitative information, were translated from English into Portuguese, French, Amharic, Somali and Kinyarwanda to cover the most common languages spoken by potential participants. Facilitators, recruited from among the targeted refugee populations and trained in basic reproductive health matters and survey administration, carried out the field survey.

Purposive sampling was used to get a fair measure of representation according to community, gender and age. The randomness of the sample was affected by access to communities and their location. As a result, target populations were drawn largely from Johannesburg and Pretoria. Criteria for selecting participants for the research, was based on those who:

- Have refugee status as defined by South Africa's legal system. Participants had to possess a Section 22, 28 or 41 permit;<sup>3</sup>
- Fell within the World Health Organisation's definition of youth, that is, had to be in the age range 10 to 24 years old;
- Are nationals of one of the following countries: Angola, Burundi, Rwanda, Congo (Democratic Republic of Congo), Congo Brazzaville, Somalia, Sudan, or Ethiopia, the rationale being that these countries are generally considered to be in 'continuous conflict' and therefore generate the largest numbers of refugees into South Africa.

Information from the surveys was inputted into a database designed to accommodate the three different survey tools. Close-ended questions were analysed using simple statistics (frequency counts, cross tabulations of age, gender, community); open-ended questions were analysed thematically.

## Identifying and demographic data of participants

A total of 377 surveys were administered. Table 1 details who participated in the survey according to community, gender and age.

**Table 1: Demographic data of participants (by age, gender and nationality)**

| Age                           |        | 10 - 14 years | 15 - 19 years | 20 -24 years |
|-------------------------------|--------|---------------|---------------|--------------|
| Community                     | Gender | N = 82        | N = 128       | N = 167      |
| Angolan                       | F      | 2             | 14            | 11           |
| Angolan                       | M      | 3             | 22            | 22           |
| Burundian                     | F      | 2             | 3             | 6            |
| Burundian                     | M      | 1             | 8             | 16           |
| Rwandan                       | F      | 9             | 7             | 6            |
| Rwandan                       | M      | 9             | 8             | 16           |
| Congolese (DRC)               | F      | 17            | 3             | 13           |
| Congolese (DRC)               | M      | 9             | 8             | 5            |
| Congolese (Congo Brazzaville) | F      | 1             | 1             | 0            |
| Congolese (Congo Brazzaville) | M      | 0             | 2             | 3            |
| Somali                        | F      | 13            | 12            | 11           |
| Somali                        | M      | 9             | 22            | 9            |
| Sudanese                      | F      | 2             | 0             | 1            |
| Sudanese                      | M      | 3             | 5             | 9            |
| Ethiopian                     | F      | 2             | 9             | 18           |
| Ethiopian                     | M      | 0             | 4             | 21           |

### *Marital status*

Most respondents interviewed are single (89%, 336/377). Four are divorced, two widowed, 17 married, and seven are in a long-term relationship.

### *Household size*

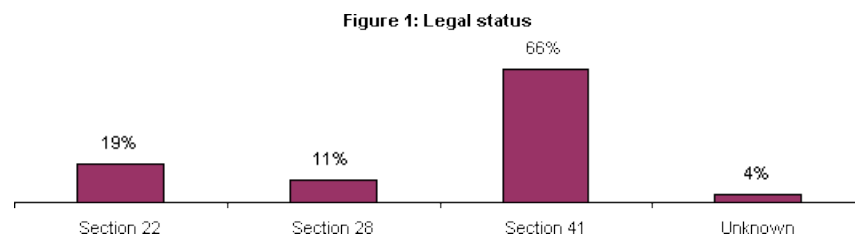
Table 3 outlines the number of people living in each household calculated as an average for each community for the different age groups. Household size decreases considerably with the increase in age. This difference can be understood as most 20 to 24 year olds are living on their own, with partners or with friends, whereas the younger groups are living with immediate and extended family members.

**Table 3: Average household size**

| Community               | 10 to 14 | 15 to 19 | 20 to 24 |
|-------------------------|----------|----------|----------|
| Angolan                 | 7.8      | 4.0      | 4.4      |
| Burundian               | 7.3      | 3.4      | 3.1      |
| Rwandan                 | 5.4      | 6.2      | 3.5      |
| Congolese (DRC)         | 5.3      | 4.7      | 4.8      |
| Congolese (Brazzaville) | 4.0      | 3.7      | 3.7      |
| Somali                  | 2.9      | 2.9      | 2.3      |
| Sudanese                | 4.0      | 2.5      | 3.1      |
| Ethiopian               | 3.5      | 2.5      | 2.2      |

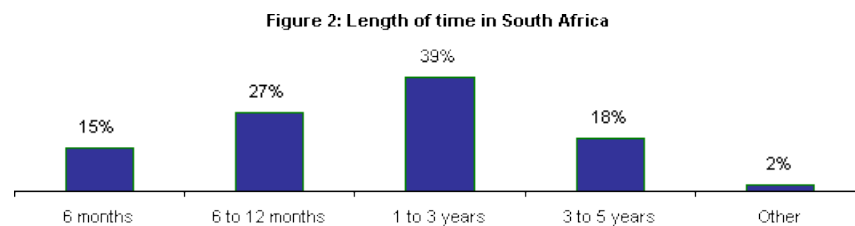
#### **Legal status**

Figure 1 details the legal status of participants. It indicates that the majority of participants, 66% (249/377) hold a Section 41 permit.



#### **Length of time in South Africa**

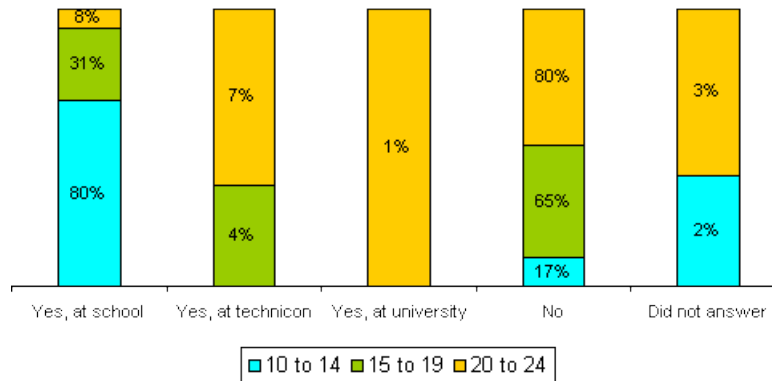
The majority of participants arrived in South Africa one to three years ago. This holds true for participants in all age groups and for the entire sample.



#### **Level of education**

Figure 3 details current educational status. Fourteen respondents aged 10 to 14, and 83 aged 15 to 19 are not attending school.

Figure 3: Are you presently studying / in school?



## Summary of Findings

### Sexual Health and Sex Education

#### *Knowledge about the body and puberty*

##### **What changes in the body does a girl experience at puberty?**

*"She becomes beautiful"*

- Female 10 to 14 years

To get a measure of how much young refugees know about pubertal and other physiological changes and their impact on reproductive and sexual health, respondents in the 10 to 14 and 15 to 19 age groups were asked what changes take place in the body during puberty. Generally, most respondents were able to identify changes that occur in the female body such as the onset of menstruation, widening of the hips; stronger body smell; and breasts becoming bigger.

However, a significant minority (18%, 15/82 of whom 27% are female) among the 10 to 14 year olds, reportedly do not know what changes take place for girls, and only 7% (6/82) identify the onset of menstruation as one of the bodily changes that occurs during puberty. When asked what changes take place during puberty for boys, the majority of respondents point to changes such as 'deepening of the voice'; 'growing of hair on the chin, underarms and below the belly'; and 'increase in height and weight'. Twenty-two percent (18/82) of 10 to 14 year olds, report not knowing about changes that occur in the male body. A significant 33% (16/48) of this total is made up of female respondents, indicating that here too - as in the 15 to 19 year age group - females are generally informed of the changes that happen in their bodies but are less likely to be knowledgeable about changes that occur in their male counterparts.

#### *Knowledge about monthly periods*

Despite the relatively high levels of knowledge in respect of general bodily changes that occur during puberty, when asked specific questions relating to this developmental phase, a different picture emerges. Respondents aged 10 to 14 were asked about their understanding of monthly periods. Thirty-one percent (24/78) of the 10 to 14 year olds (males and females) reportedly do not know what happens during monthly periods. More than half of the female sample, 56% (27/48), do not know what monthly periods are. Some answers

given include, "cannot sleep with a man", "change underwear", and "I am too embarrassed to say".

Although knowledge in the 15 to 19 age group is higher than in their younger counterparts, 22% (16/128) of the females interviewed reportedly do not know what happens during monthly periods. Within this group, responses include, "blood comes out for seven days", "breasts become bigger", "moody, hungry all the time", and "cannot have sex".

#### ***Knowledge about 'wet dreams'***

##### **Are 'wet dreams' natural?**

*"Yes, we have sex during the dream because of our imagination"*

- Male, 15 to 19 years

Males aged 15 to 19 were asked what they understand by a 'wet dream'. The majority gave physical descriptions of what a wet dream is or the physiological implications (for example, can get a girl pregnant; sign of maturity). Five percent (4/79) say they do not know. Asked whether 'wet dreams' are natural, 76% (60/79) say yes. The reasons given in this regard center around: dreaming of having sex with a woman; that it is part of a man's natural physiological development; and that it is a sign of maturing. Some of the comments given were: "Yes, it is, because it is a dream that comes suddenly and when you notice, it is already done"; "Yes, you feel like you are with ladies". One male said that he was unsure if it was a natural phenomenon and that it depends on the person's health status. Another male said that 'wet dreams' are not natural, giving the explanation, "no, that depends on people, others aren't capable of producing that". Nine respondents (11%) say they do not know if 'wet dreams' are natural.

#### ***Knowledge about changes in the menstrual cycle***

##### **What are some of the reasons why a woman's menstrual cycle sometimes changes?**

*"It changes when one does not have sex with a man"*

- Female, 20 to 24 years

*"The weather changes affect it, like summer or winter"*

- Female, 20 to 24 years

Female respondents aged 20 to 24 were asked about factors that influence changes in the menstrual cycle. A fair level of knowledge about the reasons for these changes is evident across the different communities. The most commonly cited reasons are 'because a woman is pregnant', and 'because the woman is under great emotional stress'. Significantly, 21% (14/66) of the females interviewed, reportedly do not know or believe that changes in the menstrual cycle are influenced by factors such as the weather and the absence of sex.

#### ***Knowledge about erectile dysfunction***

##### **What are some of the reasons why a man sometimes cannot have an erection?**

*"That will happen because of God"*

- Male, 20 to 24 years

Males aged 20 to 24 were asked about the reasons why males sometimes cannot have an

erection. Generally, there is a high degree of knowledge about the varied causes of erectile dysfunction. Psychological factors such as 'negative state of mind, anxiety, worry or fear'; 'depression'; 'stress or being under a lot of pressure' were ranked highest, followed by 'low interest in sex'. Ethiopian men rank psychological factors, restricted upbringing and religious pressures far more frequently than any other grouping. Six percent (6/101) reportedly do not know or give answers such as "congenital disorders", "lack of physical training", and "it is hereditary".

### **Knowledge about sex**

**What do you think sex is?**  
*"Sex is Aids"*  
 - Female, 10 to 14 years

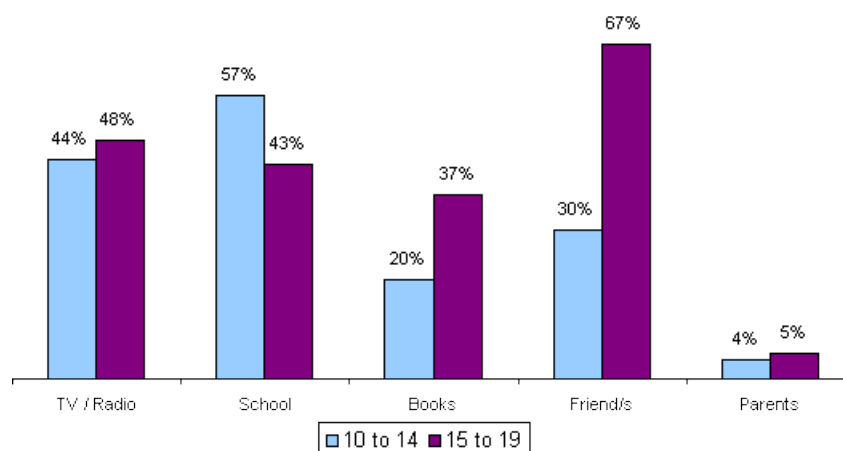
*"Process of female and male enjoyment"*  
 - Male, 10 to 14 years

When asked what sex is, 27% (22/82) of the 10 to 14 year olds, think that sex means kissing; 50% associate sex with vaginal sex; and 10% do not know what sex is. Of the 12% who think that sex is 'touching', 70% are Congolese females.

Comparatively, amongst the 15 to 19 year olds, knowledge about what sex is, is significantly higher, with only one respondent reportedly not knowing. As in the younger age group, sex is most closely associated with vaginal sex (77%, 99/128), though other forms of intimacy such as anal sex (8%, 10/128) and oral sex (9%, 12/128) are also mentioned. Kissing (15%, 19/128) and touching (14%, 18/128) are ranked second and third respectively after vaginal sex.

Figure 4 reflects the most common sources of sexual knowledge. Information about sex is generally gleaned from friends, the media (TV, radio), school, and books. Less than 4% (3/82) of 10 to 14 year olds, and 5% (6/128) of the 15 to 19 year olds, reportedly first learnt about sex from their parents.

**Figure 4: Where did you hear or learn about sex?**



### *Relationships with the opposite sex*

#### **Is it natural for a boy and girl to feel attracted to each other?**

"Yes, it started with Adam and Eve"

- Female, 10 to 14 years

"No, there is temptation and it is a sin"

- Male, 10 to 14 years

Asked whether it is natural for boys and girls to be attracted to each other, almost all respondents aged 10 to 14 view relations with the opposite sex as a natural phenomenon. Responses such as, "because God wants it that way", and "a man and a woman were born for one another" are common. Eleven percent (9/82) of this age group say that it is not natural for boys and girls to feel attracted to each other, with reasons such as, "because the girl leaves and goes to other boys", and "I know that it is not good".

#### **When is it okay for young people to have sex?**

"When they are big, because if they are small and they do it, they will die"

- Female, 10 to 14 years

"Never, it affects your health"

Male, 10 to 14 years

"Never, it affects your health"

Male, 10 to 14 years

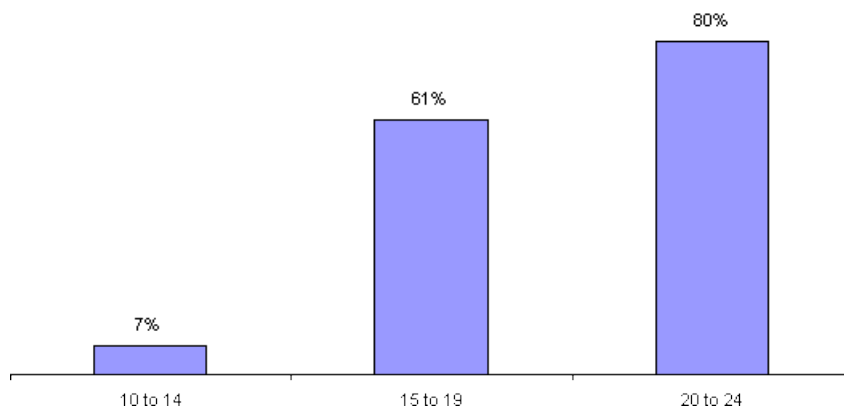
Following through on this theme, respondents aged 15 to 19 were asked the age at which young people form relationships with the opposite sex, and whether sex is part of these relationships. Fifty-three percent (68/128) say they start relations with the opposite sex between 14 and 18 years, with 15 years being the most likely (16%, 21/128). Sixty-six percent of the sample report that sex is a part of these relationships.

Respondents from the Somali community, account for all those who say that relationships between members of the opposite sex are only formed during marriage.

### *Sexual Experience*

To ascertain levels of sexual experience, respondents from all age groups were asked a series of direct questions about their own sexual practices. In the 10 to 14 year sample, two females and four male respondents (7%, 6/82) report being sexually experienced, having started sexual activity at the ages of 11 and 14 respectively. Sixty-one percent (78/128) of 15 to 19 year-olds, and 80% (134/167) of 20 to 24 year-olds report that they have had sex.

Figure 5: Percentage who have had sex



From the data available, it emerges that first sexual intercourse occurs predominantly between the ages of 14 and 16, and that males tend to become sexually active at an earlier age than females. In the 15 to 19 sample, for example, the average age for males is 14,9 years and 15,9 years for females. Six males (6/180) reportedly experienced sex before the age of 10 (ages 5, 7, 9 and 10). Angolan males emerge as the group accounting for the largest percentage of those who are sexually active before the age of 14.

When asked if they are currently sexually active, 38% (48/128) of 15 to 19 year olds, and 49% (81/167) of the 20 to 24 year olds say 'Yes'. In the 15 to 19 age group, 60% (29/48) of the males and 40% (19/48) of the females are reportedly currently sexually active, and in the older group 64% (52/81) of the males and 36% (29/81) of the females are reportedly in sexual relationships at the moment.

Asked about the number of current sexual partners, 80% (60/75) of the 20 to 24 year age group say that they have one sexual partner. Eight respondents (11%) state that they currently have two sexual partners, four say they have three partners and one male reportedly has 30 partners.

#### *Circumstances under which sex could take place*

Respondents aged 15 to 19 and 20 to 24 were asked under which circumstances they would consider having sex. Table 4 and Table 5 detail responses.

**Table 4: Under which circumstances would you consider having sex? 15-19 age group**

| Circumstances           | Male n=79 | Female n=49 | Total n=128 |
|-------------------------|-----------|-------------|-------------|
| In love with the person | 49% (39)  | 49% (24)    | 49% (63)    |
| Marriage                | 46% (36)  | 51% (25)    | 48% (61)    |
| Experimenting           | 24% (19)  | 2% (1)      | 16% (20)    |
| Casual dating           | 23% (18)  | 2% (1)      | 15% (19)    |
| Curiosity               | 16% (13)  | 10% (5)     | 14% (18)    |

|                           |         |        |         |
|---------------------------|---------|--------|---------|
| When using alcohol        | 10% (8) | 4% (2) | 8% (10) |
| To get money/other things | 6% (5)  | 2% (2) | 5% (7)  |
| Peer pressure             | 9% (7)  | 0      | 5% (7)  |
| When using drugs          | 6% (5)  | 2% (1) | 5% (6)  |

**Table 5: Under which circumstances would you consider having sex? 20-24 age group**

| Circumstances             | Male n=101 | Female n=66 | Total n=167 |
|---------------------------|------------|-------------|-------------|
| In love with the person   | 65% (65)   | 50% (33)    | 59% (98)    |
| Marriage                  | 36% (36)   | 55% (36)    | 43% (72)    |
| Casual dating             | 17% (17)   | 6% (4)      | 13% (21)    |
| Peer pressure             | 12% (12)   | 11% (7)     | 11% (19)    |
| Experimenting             | 14% (14)   | 5% (3)      | 10% (17)    |
| When using alcohol        | 12% (12)   | 5% (3)      | 9% (15)     |
| Curiosity                 | 12% (12)   | 3% (2)      | 8% (14)     |
| To get money/other things | 4% (4)     | 9% (6)      | 6% (10)     |
| When using drugs          | 4% (4)     | 2% (1)      | 3% (5)      |

In both age groups, males are more likely to engage in sex under risky circumstances such as experimenting, curiosity, casual dating, peer pressure or when using alcohol or drugs. The only exception is women in the older age group who are more likely to have sex to get money or other things.

All Somali females interviewed state that they would agree to sex during marriage only. This is consistent with other findings in this study that Somali youth are reportedly not sexually active, and that they view marriage as the onset of relations between males and females.

#### ***Attitudes about virginity***

##### **What is a virgin?**

*"Somebody who has never had or never talks about sex"*

Male, 10 to 14 years

*"It is Jesus' mother"*

- Male, 10 to 14 years

*"A girl who has never given birth"*

- Female, 15 to 19 years

*"Is a blind person in sexual life who does not know the warmth of a man"*

- Female, 15 to 19 years

Most respondents describe a virgin as someone who has never had sexual intercourse. In the 10 to 14 and 15 to 19 sample, 18% (15/82) and 3% (4/128) respectively, do not know what a virgin is. Among those who do not know, responses include, "a person who is not an adult", "anyone whose private parts are too large", "it is 'imaginary'", and "it is ladies' nature but I don't know it practically".

#### *Attitudes about virginity*

##### **How can you tell if somebody is a virgin?**

*"If someone is a virgin we can say the person has kept the culture well (well brought up). She/he will have a nice future life"*

- Male, 15 to 19 years

*"In your body there is a part when you sleep with a man that part becomes big"*

- Female, 15 to 19 years

*"She is a woman who has not been circumcised"*

- Female, 15 to 19 years

*"When a girl screams if she is having sex"*

- Male, 15 to 19 years

Although almost 89% of the combined sample answered correctly, responses to the subsequent question "how can you tell if somebody is a virgin?" vary greatly.

Responses tend to centre on external appearances, behaviour, and speech. For example, "it is by their behaviour, their character and habits", "when she walks nicely and her shape is nice", "when the doctor inserts in the vagina three fingers and they go right inside", "when one fears God" and "when they sleep around and don't get pregnant". All the Somali respondents were either unable or unwilling to answer.

#### **Family Planning and Safe Motherhood**

##### *Knowledge about safe motherhood*

##### **How can you tell when a girl is pregnant?**

*"She is rude and unfriendly to men"*

- Male, 20 to 24 years

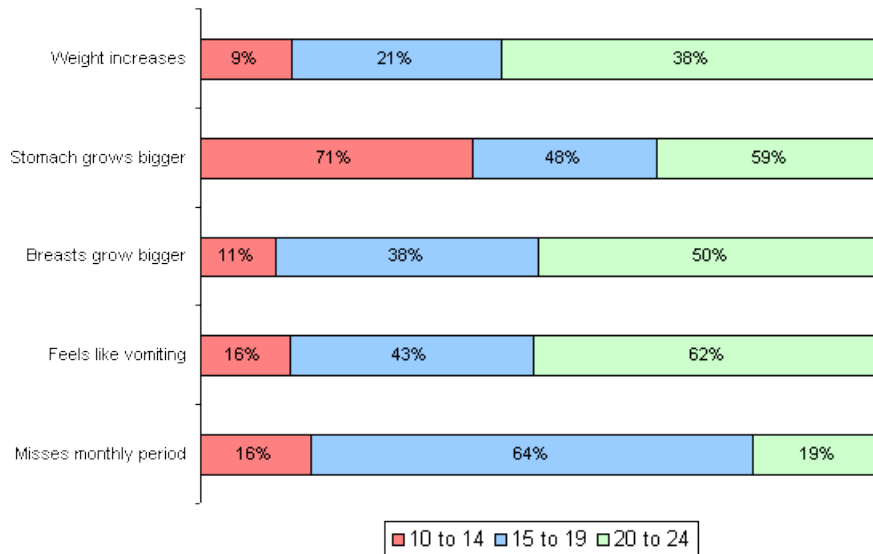
*"She spits all the time"*

- Female 15 to 19 years

*"She has the need or desire to have sex every moment"*  
- Male, 20 to 24 years

Knowledge of the signs of pregnancy is average across all age groups. The answers most commonly given as ways of telling when a woman is pregnant differ across the age groups, as listed below.

Figure 6: How can you tell when a woman is pregnant?



In general, women tend to have higher levels of knowledge about the signs of pregnancy than men. Of note is the difference in ranking order of the signs of pregnancy between the age groups, and particularly the low priority given to 'missing of monthly periods' as a possible sign of pregnancy, in the 20 to 24 age group.

Interestingly too, is the difference in perceptions or responses between males and females to pregnancy. There is a tendency amongst males to focus on perceived emotional and behavioural changes, such as, "she gets irritated easily", and "she becomes affectionate to the man". In contrast, women tend to focus on physical symptoms and changes such as, "dizziness", "her eyes change and she looks tired", and "she is feverish all the time and her behaviour changes".

***What can you do to avoid pregnancy?***

**What can you do to avoid getting pregnant?**

*"Take good care to control menstrual cycle"*

- Female, 20 to 24 years

*"God knows"*

- Female, 20 to 24 years

**What can you do not to make a girl pregnant?**

*"Sleep with her twice a day"*

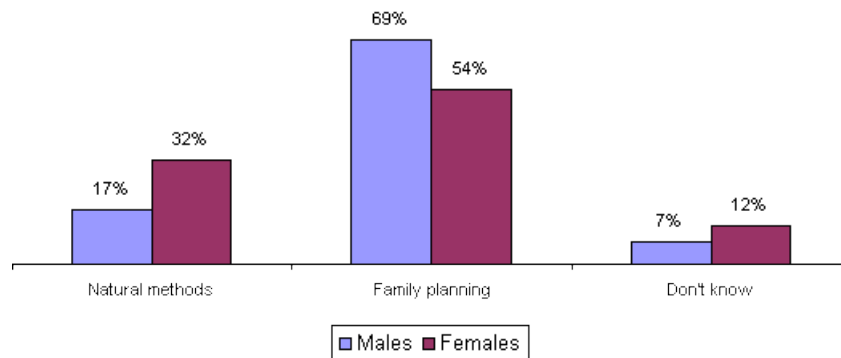
- Male 15 to 19 years

*"If she is my wife she must give birth"*

- Male, 20 to 24 years

Respondents in the 15 to 19 and 20 to 24 age groups were asked how to prevent pregnancy. Condom use is the most widely reported method of preventing pregnancy. However, there is a marked gender difference: 59% and 54% males compared to 27% and 22% females respectively, identify this as an option. Among female respondents, there is a preference for the use of natural methods (rhythm or calendar method, withdrawal method, abstaining from sex) as opposed to the use of family planning (contraceptives). This is especially the case among 20 to 24 year old females, where 39% (26/66) of the women in this age group report a reliance on natural methods to prevent pregnancy.

Figure 7: What can you do to avoid pregnancy?

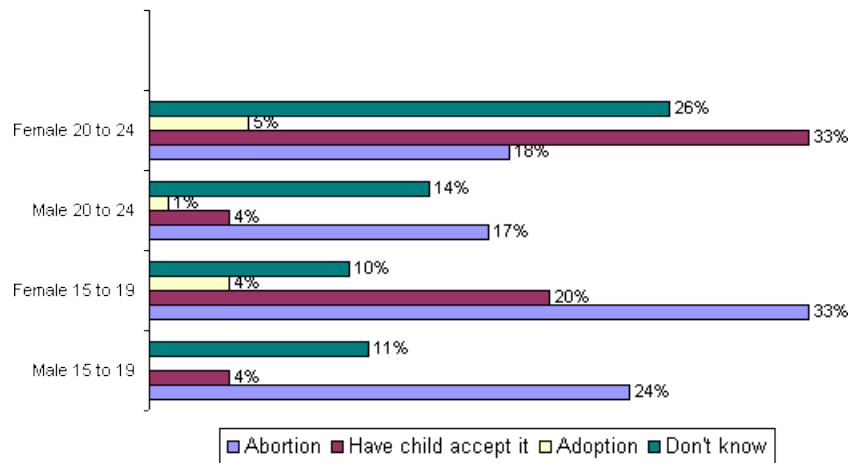


When asked "what can you do immediately after having unprotected sex to prevent pregnancy?" an alarmingly low 16% of females report usage of the emergency pill. A further 17% either do not know or preferred not to answer the question. Disconcerting too is the belief amongst both male and female respondents (5%) that drinking water, cold drinks or quinine or "washing the private parts well" will act as a deterrent.

### Unwanted pregnancy

Those in the 15 to 24 age group were asked the question "If you were pregnant but did not want the baby, what would you do?" 28% of the female sample report that they would keep the child, whereas only 4% of the males consider this an option. This response seems to resonate in the finding that 13% of males either say that they do not know, are unsure or would run away, suggesting that men are less likely to think through the possible consequences of having unprotected sex.

Figure 8: If you were pregnant but did not want the baby, what would you do?



### Attitudes towards child bearing

#### Do you think it is important for a woman to have children?

*"Yes, God says, 'go and multiply'"*

- Male, 15 to 19 years

*"Yes, a woman without children is nothing"*

- Female, 20 to 24 years

*"Yes, in my culture that is the only thing that honours a woman"*

- Male, 20 to 24 years

Within both the 15 to 19 and 20 to 24 age groups, there is a strong belief that it is very important for a woman to have children. This is supported by the attitudes held by males and females about what happens to a woman who cannot have, or does not want children. Typical responses are, "it is a curse", "she can be easily divorced", "it is her problem if she does not respect God's word", "I would leave her because if it was me she would leave me too", "she is not normal", and "beat her". The findings also seem to indicate that a woman's status in the family and society is determined by her willingness or ability to have children. The possible repercussions for women who cannot have, or do not want, children are severe, and include rejection by family and society, violence, economic and emotional abandonment, and ridicule.

#### What happens if a woman does not want to have a child or cannot have children?

*"If she doesn't want, you divorce her. If she is not able to have children, you ask her to allow you to marry another"*

- Male, 15 to 19 years

*"She needs a child so that she may not feel lonely and that she can inherit her property"*

- Female, 15 to 19 years

*"She will be accused of being a witch"*

- Male, 20 to 24 years

*"She can't choose if she wants to or not because no man will ever want her"*

- Female, 20 to 24 years

### ***Knowledge about contraceptive methods***

Table 6 illustrates the types of contraceptives known about and types used.

**Table 6: Knowledge and reported usage of contraceptives Method**

| <b>Method</b>           | <b>15-19 (n=128)</b> |             | <b>20-24 (n=167)</b> |             |
|-------------------------|----------------------|-------------|----------------------|-------------|
|                         | <b>Known</b>         | <b>Used</b> | <b>Known</b>         | <b>Used</b> |
| Pill                    | 48% (61)             | 7% (9)      | 60% (101)            | 11% (19)    |
| Injection               | 33% (42)             | 2% (1)      | 37% (62)             | 11% (18)    |
| Diaphragm               | 14% (18)             | 3% (4)      | 13% (21)             | 2% (3)      |
| Male condom             | 56% (72)             | 37% (47)    | 72% (121)            | 44% (73)    |
| Female condom           | 18% (23)             | 3% (4)      | 20% (34)             | 4% (7)      |
| Voluntary Sterilization | 15% (19)             | 0           | 13% (22)             | 2% (4)      |
| Withdrawal method       | 13% (17)             | 6% (8)      | 21% (35)             | 8% (14)     |
| Sex between the thighs  | 10% (13)             | 0           | 13% (22)             | 4% (6)      |
| Rhythm/calendar method  | 32% (41)             | 13% (17)    | 41% (68)             | 17% (29)    |
| Breast feeding          | 10% (13)             | 0.7% (1)    | 10% (17)             | 0           |
| Morning after pill      | 11% (14)             | 3% (4)      | 14% (24)             | 4% (6)      |
| Loop/cooper T           | 6% (8)               | 0           | 8% (14)              | 2% (3)      |

Knowledge about types of contraceptives is generally low and tends to be centered on four types, namely the male condom, the pill, the injection and the rhythm or calendar method. Males have slightly greater knowledge about contraceptives than females, as well as more knowledge about the different types of contraceptives available.

There is a marked difference between known methods and usage. For example, the male condom is the best-known method (56% and 72%) and yet has only a 37% and 47% reported usage among the 15 to 19 and 20 to 24 age groups respectively.

From the data, clear patterns about preferred contraceptive methods and usage within communities can be discerned. For example, 64% (16/25) of Angolan females reportedly rely on the rhythm or calendar method as their contraceptive method of choice. The Ethiopian group, on the other hand, appears to be the most knowledgeable about the different types of contraceptives, and also report the greatest usage, whereas among Somali

females there is a marked absence of contraceptive use, with only 9% (2/23) reportedly using any form of contraceptive.

### *Reasons for not using contraceptives*

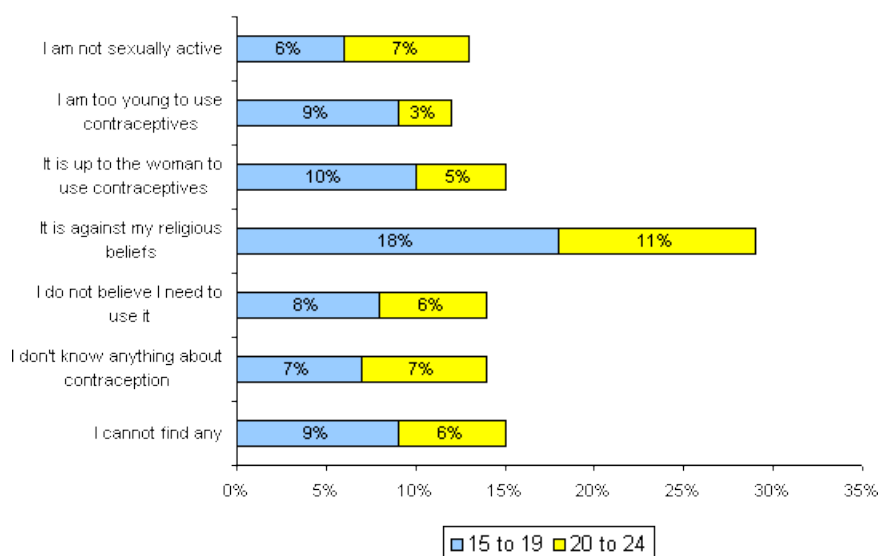
**If you do not use any contraception, tell me the main reason why not**

*"You cannot run from what God has written"*

- Male, 20 to 24 years

Participants not using any contraception were asked to state the main reason why. The most commonly stated reason in both the 15 to 19 and 20 to 24 age groups, is that 'it is against religious beliefs'. See Figure 9.

**Figure 9: Reasons for not using contraceptives**



### *Knowledge and use of condoms*

**What is a condom?**

*"A rubber that a man and woman wear on their private parts to protect them from getting Aids"*

- Female, 10 to 14 years

Almost the entire male sample knows what a condom is and how to use it. However, reported condom usage in the 15 to 19 and 20 to 24 age groups is alarmingly low (41% and 50%).

**How are condoms used?**

*"You open the plastic and wear it in your manhood"*

Male, 10 to 14 years

*"They wear it on the penis, but before that, they must see the date"*

- Female, 10 to 14 years

*"To be dress on penis"*

- Male, 15 to 19 years

*"Like gloves for hand, condoms for penis"*

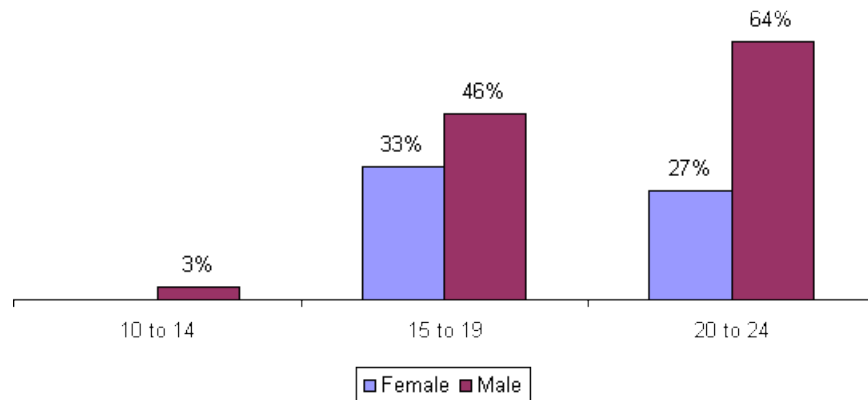
Male, 15 to 19 years

*"First you must warm up the penis so that it can be erect and then put it on"*

- Male, 20 to 24 years

Thirty-eight percent (49/128) in the 15 to 19 sample and 27% (45/167) in the 20 to 24 sample, report that neither they nor their partners use condoms when having sex. See Figure 10 for percentage that report that they or their partners use a condom when having sex.

Figure 10: Percentage who report using a condom when having sex



A possible explanation for these low usage rates may be that there is a fairly widespread perception among male and female respondents, (38% of those aged 15 to 24), that using a condom affects sexual pleasure.

**Do you think using a condom affects sexual pleasure?**

*"Yes, but how, it is difficult to explain, but imagine sucking sugar which is in a plastic bag"*

- Male, 20 to 24 years

*"Yes, it restrains the pleasure of being literally one with your partner and raises some issue of trust in the relationship"*

- Male, 20 to 24 years

*"Yes, you can't eat a sweet with its cover"*

- Male, 15 to 19 years

**Attitudes towards females requesting condom use**

**How would a young man in his community feel if his girlfriend asked him to use a condom?**

*"Bad, because he will think that she does not trust him"*

Male, 15 to 19 years

*"It is disgusting"*

Female, 15 to 19 years

*"He would be cross because he is the one who takes decisions"*

Female, 15 to 19 years

*"He will think she cheats"*

Female, 15 to 19 years

*"He will think I have Aids"*

- Female, 15 to 19 years

*"I will refuse to use it"*

Male, 15 to 19 years

*"They will call her ill-mannered"*

- Male, 20 to 24 years

By and large refugee females do not feel comfortable asking their male partners to use condoms, despite the known risks of being exposed to sexually transmitted infections. In most instances, female respondents feel that by making such a request, males will think that their 'power' is being challenged, or that the woman is unfaithful or suspects him of being unfaithful. Forty percent of participants (males and females) in the 15 to 24 age-bracket think that it will not be acceptable for a woman to ask her partner to use a condom.

#### *Access to family planning services*

**Would you feel comfortable going to a clinic to get family planning?**

*"No, because of xenophobia South Africans will not welcome you"*

- Female, 15 to 19 years

*"No, the nurse can fool me and give me wrong medicine"*

- Female, 20 to 24 years

*"No, it is for the man to decide the number of children"*

- Male, 20 to 24 years

*"No, I am not interested"*

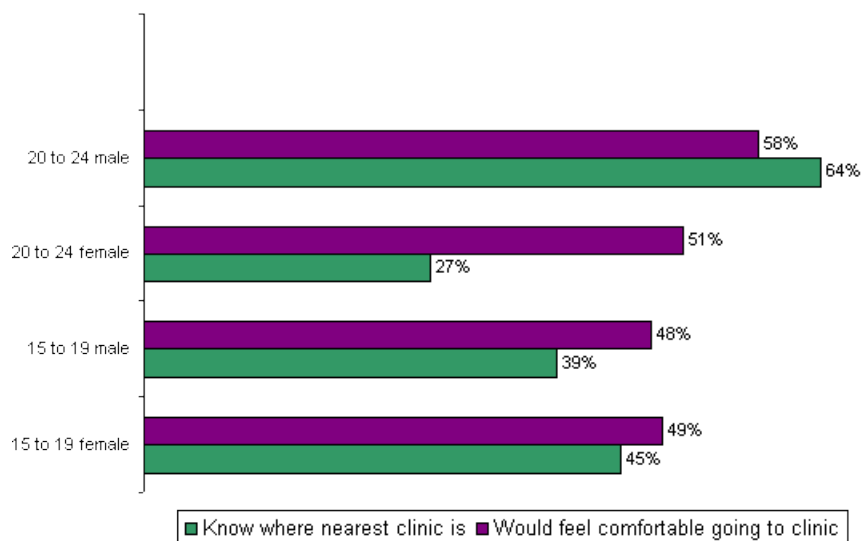
- Female, 20 to 24 years

Respondents were asked two related questions in order to get an indication of the accessibility of family planning services. In both age groups less than half the respondents say they know where the nearest clinic is, and about 50% say they would feel comfortable attending family planning services. In the 20 to 24 age group especially, there is a marked difference between males and females: only 27% (18/66) of all the females interviewed report knowing, as opposed to 64% (65/101) of the male sample.

There is a substantive gap, particularly among the 20 to 24 year old females, between those who know where the nearest clinic is and those who say they will feel comfortable going to a clinic. Fifty-one percent say they would feel comfortable, yet only 27% reportedly know

where to access such services, suggesting that if more information on location and type of services is readily available, attendance of family planning services would improve. Few people give reasons why they would not feel comfortable to attend a clinic. Of those who do, reasons such as shame, mistrust of clinic staff, and a mix of social and cultural factors are given.

Figure 11: Access to family planning clinics - knowledge and degree of comfort



## Sexual and gender based violence

### *Knowledge about and incidence of sexual violence*

#### **What do you think rape is?**

*"When a woman doesn't want and the man takes her clothes off"*

- Male, 10 to 14 years

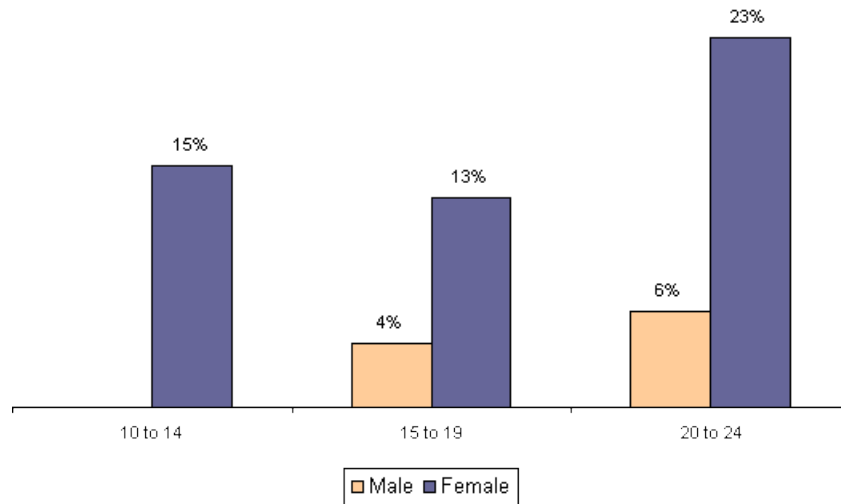
*"When a man is horny and he has no money for prostitutes, he will force a girl"*

- Female, 15 to 19 years

All participants in the study were asked if they have ever been forced to have sex against their will. One in ten (10%) of the refugees interviewed report that they have been raped. The gender breakdown of this figure is 17% of the female sample and 4% of the male sample. Among the 10 to 14; 15 to 19; and 20 to 24 age groups, 7; 9; and 21 participants respectively reported being forced to have sex against their will. Although the incidence of rape is higher in the older age groups, it is alarming that 15% of girls aged 10 to 14; 13% of females aged 15 to 19; and 23% of females aged 20 to 24, have been raped.

As in the female sample, male rape also seems to occur more frequently in the older age group. Of the 4% of males who have reportedly been raped, 4% (3/79) are in the 15 to 19 age bracket and 6% (6/101) in the 20 to 24 year age group. Yet, despite the relatively high numbers of reported incidence of male rape, more than half the sample (55%; 207/377) either says that they do not know about men being raped or they do not believe that it is possible.

Figure 12: Percentage who have been raped



### *Attitudes and beliefs about rape*

#### **Is rape something that should be kept secret and not spoken about?**

*"No, they have to catch the person who rapes so that he may not continue to rape others"*

- Female, 10 to 14 years

*"No, justice will be denied to whoever is involved and the perpetrator will hurt somewhere else"*

- Male, 20 to 24 years

*"No, your life is violated and keeping it to yourself will kill you emotionally"*

- Female, 20 to 24 years

*"Yes, for my reputation will be destroyed"*

Female, 15 to 19 years

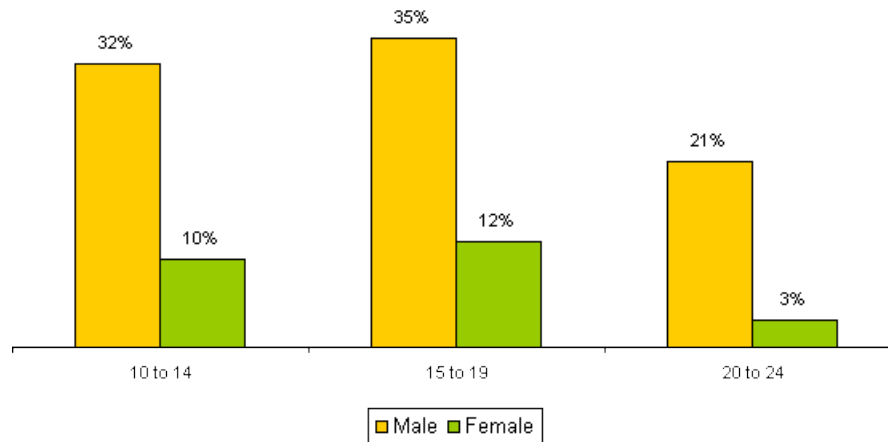
*"Yes, it is not acceptable to tell in my culture, you become an outcast"*

- Female, 20 to 24 years

In answer to the question "is rape something that should be kept secret and not spoken about?" two thirds (66%, 247/377) say 'no'. The risk of contracting sexually transmitted infections and the desire for justice and punishment, are the most common reasons given for speaking out against rape. Some responses include, "it should be revealed so that the culprit is punished before the law and the family", and "because the rapist might have been infected and transmit it to me".

Fear of social stigma and rejection, ridicule, and a lack of understanding or empathy from the community are some of the main reasons given for wanting to keep a rape secret. This view is held by 17% (64/377) of the total sample. Asked whether it is a woman's fault if she is raped, one in five respondents believe that it is. One in three males (29%, 63/214) believe that women are to blame, and some of the most common reasons given are, "the short clothes they wear" or "because when they go and drink they make guys like them and at the end they get raped".

Figure 13: Percentage of those who believe it is a woman's fault if she is raped



### Who gets raped?

#### Is it a woman's fault if she gets raped? If yes, why or how?

*"Yes, sometimes women should try to be rescued"*

- Male, 10 to 14 years

*"She is guilty if she asks for it"*

- Male, 15 to 19 years

*"Yes, sometimes girls seek guys' attention on that level"*

- Female, 20 to 24 years

*"They want it"*

- Male, 15 to 19 years

Almost a quarter of the entire sample, believe that there are certain 'types' of people who get raped. Across the different age groups the figures for those who hold this view are: 10 to 14 years, 29%, 15 to 19 years, 24%; and 20 to 24 years, 22%. Interestingly, in the 20 to 24 age group, more females (29%, 19/66) than males (18%, 18/101) hold this view. These so-called different 'types' include "those who walk at night", "prostitutes", "street girls" and "loose women and women with boyfriends", or "girls who run behind men for money".

### Marital rape

#### Does a woman have a right to say "No" to her husband when he wants sex?

*"No, she must not hurt his feelings"*

- Female, 20 to 24 years

*"No, why does she marry him then"*

- Male, 20 to 24 years

*"No, because man is man always"*

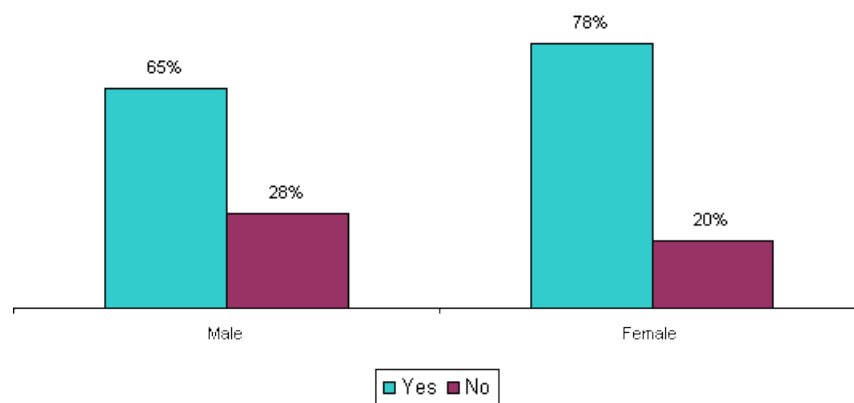
- Male, 20 to 24 years

*"No, it is his right to have sex with his wife any time"*

- Female, 20 to 24 years

Asked of 20 to 24 year olds whether a woman has a right to say no to her husband when he wants sex, 24% (41/167) of the sample say that a woman does not have a right. Nearly a third (20/66) of this figure is made up of women. This confirms the earlier finding that women's lack of power and acceptance of male dominance and decision-making extends into the marital relationship.

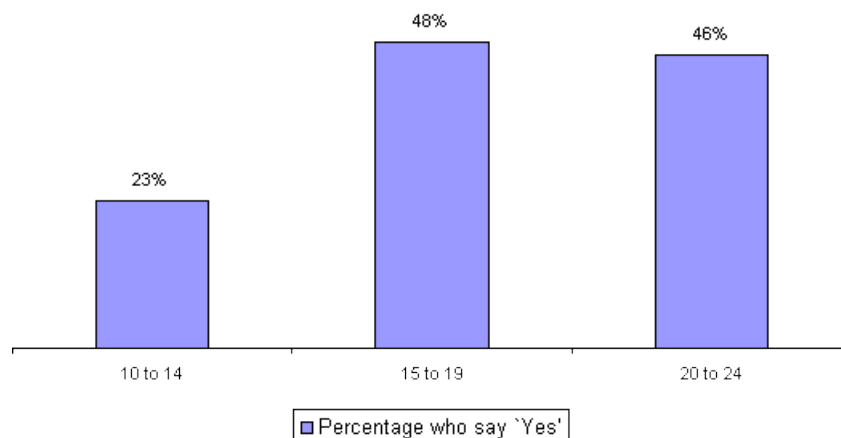
Figure 14: Does a woman have a right to say 'No' to her husband when he wants sex?



### ***Violence in the home***

Domestic and family violence appear to be widespread within the different refugee communities. Almost a quarter of 10 to 14 year olds, (23%, 19/82) know of families or households where domestic violence takes place. Similarly, 47% and 46% respectively, in the older age groups (15 to 19 and 20 to 24), report that violence in the family is a problem in their community.

Figure 15: Is violence in the family a problem in your community?



## Violence against women

### When is it okay for a man to hit a woman?

*"When she makes a mistake"*

- Male, 10 to 14 years

*"When she goes to a disco"*

- Male, 10 to 14 years

*"In my culture you can strike a woman any time"*

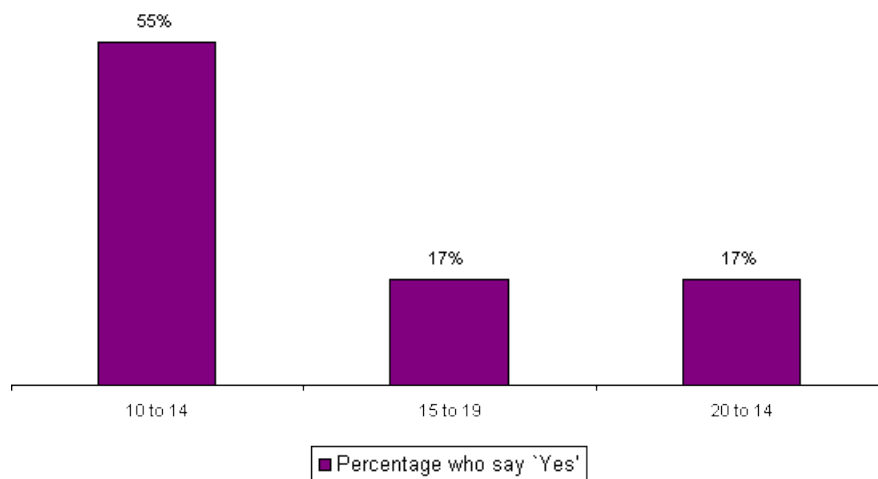
- Male, 20 to 24 years

*"Sometimes there is a bit which shows love. If your husband is beating you due to jealousy you can see how much he loves you"*

- Female, 20 to 24 years

Violence against women is widely accepted across the different communities, and even though respondents generally say that it is not acceptable for a man to hit a woman, many are able to justify violence against women under 'certain circumstances'. Alarming, 55% of (45/82) of 10 to 14 year olds, think it is acceptable for a man to hit a woman. In both the 15 to 19 and 20 to 24 age groups, 17% think it is acceptable for a man to hit a woman, with more men holding this view. See Figure 16.

Figure 16: Is it acceptable for a man to hit a woman?



When asked 'when is it okay to hit your partner', even those who had said that it is not acceptable, gave reasons for when they would hit their partner. Some of the reasons given are: "when she double crosses me", "if necessary to correct her", "if she insults me", "if she exaggerates", "if she insults my brother or my family", or "I believe it shows how much you love her". This last view is significant in that it appears to capture the opinion of several women in the study who accept violence against women, and who see it as an expression of a man's love for her.

## Female genital mutilation

**Do you know of any traditions or rituals practised in your culture that can cause problems during pregnancy or labour?**

"Our women are circumcised inhumanely and it is difficult for them to give birth"

- Female, 15 to 19 years

"Sometimes the time of labour is long"

- Female, 15 to 19 years

Respondents from six out of the eight countries surveyed (Angola, Rwanda, Ethiopia, Sudan, Somalia, Congo DRC) report that female genital mutilation is practiced in their countries. One in four women (40/163) of the total female sample have reportedly undergone female genital mutilation, with the greatest concentration in those from Somalia, Sudan and Ethiopia. Among the 10 to 14, 15 to 19, and 20 to 24 year olds, 8, 12, and 20 females have been circumcised. Figure 17 illustrates the percentage of women circumcised from each country.

**Why do you think girls are circumcised or what is the purpose of circumcision?**

"To prevent them from being sexy"

- Male, 15 to 19 years

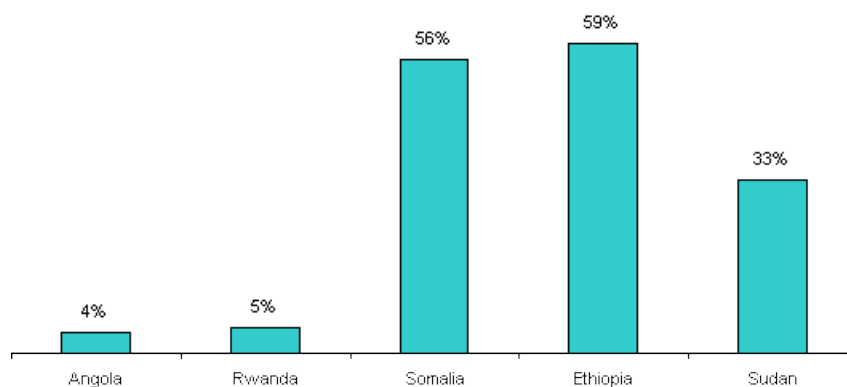
"To lessen their sexual feelings"

- Female, 15 to 19 years

"I can see only the bad side of circumcision"

- 20 to 24 years

Figure 17: Incidence of female genital mutilation



Respondents from Somalia (males), Sudan, and Ethiopia appear to have the most knowledge about reasons why females are circumcised. In contrast, respondents in the other communities reportedly do not know. Half the Somali women say they do not know why women are circumcised, while others cite health and traditional reasons. Somali men cite reasons of morality and tradition, with comments such as, "it is tradition and Islamic obligation", and "so that she is morally upright". The Sudanese respondents cite religion,

culture and curbing female sexual desire as the predominant reasons, with one male stating, "females are circumcised in order to avoid sex every day. Also, female circumcision makes girls not to feel like having sex" and another saying, "in our community, some females are circumcised because of religious beliefs, like Muslims in the northern part of the country". Similarly, Ethiopian females cite reducing women's sexual desire and culture, as the rationale for circumcision, with comments such as, "it is culture, besides, it makes the girl cool", "it's culture and it also reduces girls' sexual feelings", "so that they do not cause any trouble when they are big", and "I don't know the necessity but families think that the girl becomes cool". In contrast to the females, half the Ethiopian men who answered the question said they do not know and one male saying, "to kill their sexual interest".

**Why do you think girls are circumcised or what is the purpose of circumcision?**

*"To teach them a lesson"*

- Male, 10 to 14 years

*"To make them pure"*

Male, 10 to 14 years

*"To keep themselves away from sicknesses, to keep clean with no disease"*

- Female, 15 to 19 years

*"So I must not have sex"*

- Female, 15 to 19 years

*"Not to be naughty"*

- Female, 15 to 19 years

*"Just because they have to be"*

- Female, 15 to 19 years

*"Victory over immorality"*

- Male, 15 to 19 years

*"It's a good thing so as to prevent immorality and prostitution"*

- Male, 15 to 19 years

*"I don't know but it's not nice"*

- Female, 20 to 24 years

**Violence against children**

**How are you disciplined or punished at home if you have been naughty or done something wrong?**

*"They hit me, they don't give me food and they burn me with hot water"*

- Female, 10 to 14 years

*"I am beaten, sent out of the house and deprived of food"*

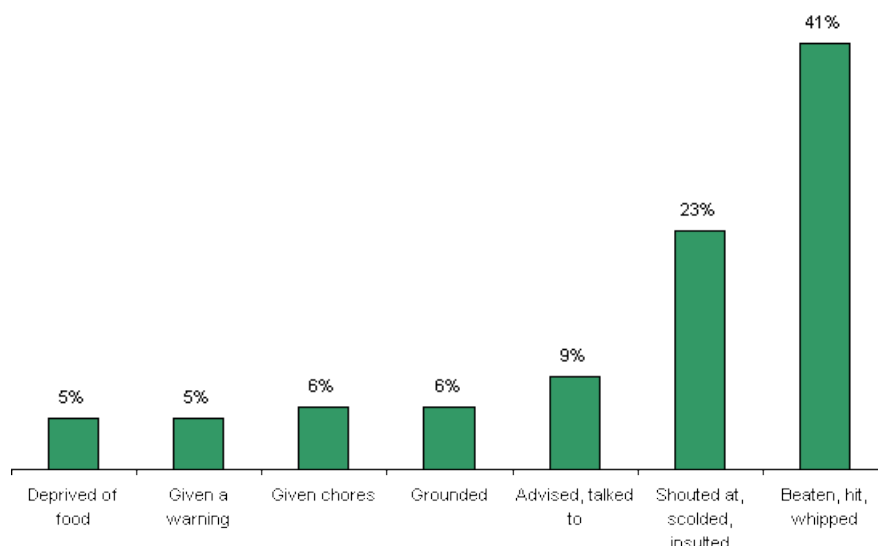
- Male, 10 to 14 years

Respondents aged 10 to 14 were asked how they are disciplined or punished at home when

they have done something wrong. An alarming number report the use of physical force as the method of punishment. Almost half the respondents, 41% (34/82), describe the way they are punished as: "I am beaten", "they hit me with a belt", and "I am whipped". One female describes what appears to be an abusive situation (burnt with hot water), and one little boy became visibly upset when telling the interviewer how his mother beats him with a belt.

Those who are beaten or hit, report that their punishment also includes being deprived of food and being shouted at or insulted. Only seven participants report non-physically-based forms of discipline, where they are talked to or advised, with four others describing that they are given warnings.

Figure 18: Methods of punishment and discipline



The acceptance of physical punishment as a means of disciplining a child, resonate with the responses given by the 20 to 24-year age group. When asked if they think it is okay for parents to hit their children, almost half the sample indicates that beating a child is necessary to instill discipline, education and respect.

## Sexually transmitted infections and HIV/Aids

### *Knowledge about sexually transmitted infections*

Across the different age groups, the majority of respondents are aware that sicknesses or diseases can be contracted from having sex. Reported levels of awareness among the different age groups are: 10 to 14 years, 67% (55/82); 15 to 19 years, 85% (109/128), and 20 to 24 years, 91% (152/167). Knowledge among the males is slightly higher than the females.

### *Main causes for getting sexually transmitted infections*

**What is the main cause of people getting sexually transmitted infections?**  
*"It is Allah's punishment"*

- Female, 20 to 24 years

*"Sex before marriage"*

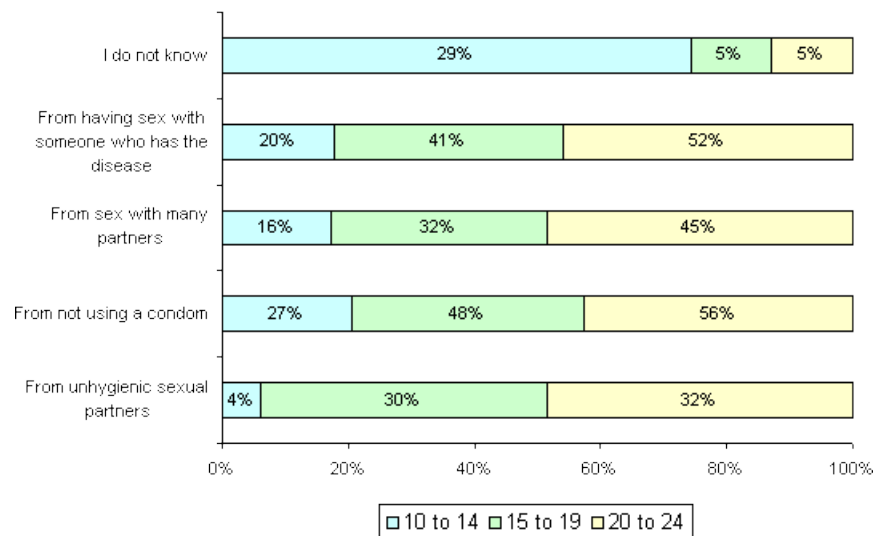
- Male, 20 to 24 years

*"The absence of religion"*

- Male, 20 to 24 years

Knowledge about the main causes of sexually transmitted infections is low. Generally, males have greater knowledge about the causes of sexually transmitted diseases than females. Not using a condom - the most frequently cited reason - is identified by less than half the sample across the age groups, with males constituting the majority. Varying levels of knowledge are evident within different communities. For example, 50% (38/76) of the Somalis either do not know or ascribe sexually transmitted infections to witchcraft or misfortune.

Figure 19: Causes of sexually transmitted infections



#### ***Recognising signs and symptoms of sexually transmitted infections***

The question 'how can you tell if you have a sexually transmitted infection?' was put to 15 to 19 and 20 to 24 year olds. The symptom best known is 'pain or burning feeling while passing urine' (40% and 60%), followed by 'pus coming out of the penis' (32% and 46%), and 'a sore on or near the private parts' (31% and 43% respectively). Other symptoms mentioned include 'becoming thin', 'itching on the private parts', 'urine in the blood', and 'losing weight'. A significant 30% (39/128) of those aged 15 to 19 and 16% (27/167) of 20 to 24 year olds reportedly do not know how to tell if someone has a sexually transmitted disease.

#### ***Prevention of sexually transmitted infections***

**How can you protect yourself from getting sexually transmitted infections?**

*"Avoid sharp things"*

- Female, 15 to 19 years

*"I will go according to Allah's lesson"*

- Male, 20 to 24 years

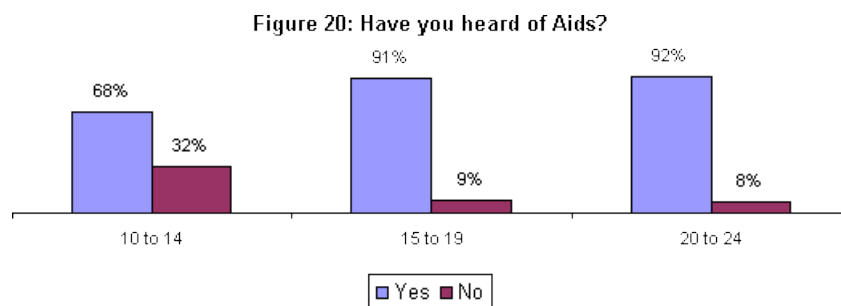
*"Not to be envious"*

- Male, 20 to 24 years

In the 15 to 19 and 20 to 24 age groups, condom use is identified as the main means of preventing sexually transmitted infections (44% and 62%), followed by being 'faithful to your partner' (41% and 53%), and 'avoid sexual intercourse' (33% and 46%). Females aged 20 to 24 rank abstinence as the main means of protection (64%, 42/66) whereas males rank condom usage more than any other method (64%, 64/101).

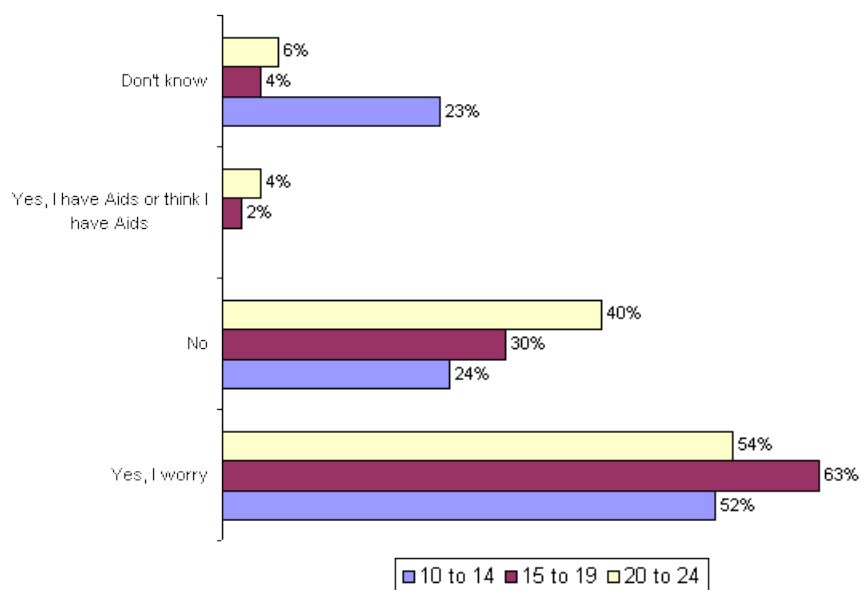
#### ***Knowledge about HIV/Aids and transmission routes***

There is a general awareness about HIV / Aids, with 89% (336/377) of the total sample reportedly having heard of Aids. A breakdown of levels of awareness per age group is as follows: 10 to 14 years (68%); 15 to 19 years (91%) and 20 to 24 years (92%). Of concern is the number of respondents aged 10 to 14 who reportedly have not heard of Aids (32%). Figures for those who have not heard of Aids in the older groups are relatively low at 9% (for 15 to 19 year olds) and 8% for 20 to 24 year olds. Significantly, 48% (34/76) of all Somalis reportedly have not heard of Aids.



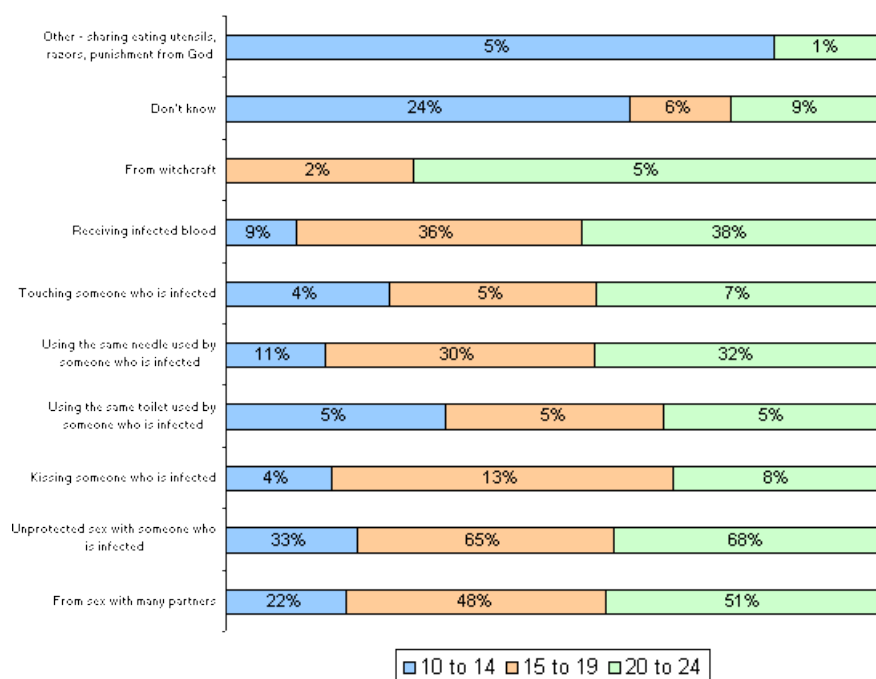
In response to the question, "do you worry that you could get Aids?" 40% (66/167) of 20 to 24 year olds, and 30% (39/128) of 15 to 19 year olds say they do not worry about getting Aids. Six people aged 20 to 24 and two aged 15 to 19 reportedly have Aids or think that they have Aids. Also significant, are the answers given in the 'other' (don't know) option, which account for 5% (8/167) of the answers in the 20 to 24 age group. There is a pattern among Ethiopian females where there is a questioning of the legitimacy or existence of Aids, with comments such as: "I don't believe there is Aids"; "doctors don't know everything"; "let Allah protect us"; and "it is not clear about Aids".

Figure 21: Do you worry that you could get Aids?



Knowledge about the main transmission routes for HIV/Aids is average across the different age groups. Most people cite 'unprotected sex' (33%; 65%; and 68% respectively) or 'sex with many partners' (22%; 48%; and 51% respectively) as the principal causes. A quarter (24%) of the 10 to 14 year old sample does not know how HIV/Aids is transmitted. Misperceptions about HIV/Aids transmission vary from "using the same cup and spoon", "touching someone who is infected" to "sucking the other person's blood". Eight 20 to 24 year olds believe Aids is transmitted from witchcraft. See figure 22 for a graphic representation of knowledge about the main transmission routes for HIV/Aids.

Figure 22: How does someone get Aids?



## **Conclusion**

### **Major Findings**

#### ***Sexual Health and Sex Education***

- The levels of knowledge about changes that occur during adolescence are limited and incomplete among both males and females. Generally, males are more informed of physiological changes and related factors that impact on both their own, and women's, sexual and reproductive health.
- Parental involvement in adolescents' education about sexual health matters and sex is minimal. Less than 4% of the 10 to 14 year olds, and 5% of the 15 to 19 age group, learn about sex from their parents.
- Respondents' first experience of sexual intercourse is concentrated between the ages of 14 to 16 years. Males tend to become sexually active earlier than females, and are reportedly more likely to have multiple sexual partners.
- Males are more likely to engage in sex under risky circumstances such as experimenting, casual dating, alcohol and drug use, and peer pressure, although women in the older age group are more likely to have sex to get money or other things.

#### ***Family Planning and Safe Motherhood***

- There is a marked discrepancy between known contraceptive methods and actual usage. The male condom is the best-known method (55% and 72%) and yet has a 37% and 44% reported usage among the 15 to 19 and 20 to 24 age groups respectively.
- Condom use is the most widely reported method of preventing pregnancy. The ratio of males to female who identify this option is 2:1.
- Forty percent of respondents (males and females) aged 15 to 24 years say that it is not acceptable for a woman to ask her partner to use a condom. Women express discomfort at requesting condom use, as this is reportedly seen as a challenge to 'male power or authority', or an indication of infidelity in the relationship.
- One in three women rely on natural or traditional methods, such as the rhythm/calendar or withdrawal methods, to prevent pregnancy.
- Usage of the emergency pill, as a means of preventing pregnancy after unprotected sex, is very low (16%). A significant percentage of both males and females believe that drinking water, cold drinks, quinine or aspirin can prevent pregnancy after unprotected sex.
- Knowledge about existing family planning services is low. Less than half the respondents reportedly know where the nearest family planning clinic is.

- Half the sample says they would feel comfortable attending a family planning clinic. Among females aged 20 to 24 years, 51% say they would feel comfortable, yet only 27% reportedly know where or how to access family planning services.

#### ***Sexual and gender-based violence***

- One in ten (10%) of those interviewed, report that they have been raped.
- Fifty-five percent of the sample says they either do not know about or do not believe that men can be raped or sexually abused, despite a 4% reported incidence of male rape.
- Seventeen percent of the female sample, have reportedly been raped. One in five respondents (male and female) believe that it is a woman's fault if she is raped. Fear of social stigma, rejection, and ridicule contribute to the creation of a context in which a significant minority (17%) of refugees believes that rape should be kept quiet.
- One in three women aged 20 to 24 years are of the view that a woman does not have a right to say "No" to her husband when he wants sex. One in five men hold the same view.
- Violence against women is widely accepted by both male and female refugees, and is often seen as an expression of love, or as a necessary means of disciplining a woman.
- One in four women in the sample have undergone female circumcision, with the largest reported incidence among women from Somalia, Ethiopia and Sudan. Explanations are largely tied to cultural, traditional or religious beliefs, and there appears to be an acceptance among both males and females that female genital mutilation is a practice that cannot be challenged.

#### ***Sexually transmitted infections and HIV/Aids***

- Knowledge about transmission routes, and the signs and symptoms of sexually transmitted infections is low, with males generally more informed than females.
- General awareness about HIV/Aids in particular is slightly higher but specific knowledge about transmission routes and preventive strategies is alarmingly low.
- Forty percent of 20 to 24 year olds, and 30% of respondents aged 15 to 19 years say they do not worry about contracting HIV/AIDS, whilst others question the existence of the disease.

#### **Recommendations**

In keeping with the project's emphasis on refugee participation, a series of workshops were held with those from the target populations, in order to feedback the findings of this preliminary study. Participants were invited to contribute to 'the way forward'. The

following recommendations reflect the outcome of this process.

- There is a need for accurate, culturally appropriate educational programmes and informational materials about all aspects of adolescent sexual and reproductive health.
- Strategies addressed specifically at parents, and persons above the age of 24, must be developed to impart them with the skills and information to educate their children about these issues, as well as themselves.
- Women and men need to receive accurate information about contraceptive methods, especially those methods that are most readily accessible, for example, pills, condoms, and injections.
- Sexual and reproductive health educational programmes must focus on important skills such as negotiating condom use, assertiveness, and other skills that will enable women to play a more active role in their reproductive health.
- Educational and advocacy interventions should be targeted at both males and females, since men are often the decision-makers regarding contraceptive use and child bearing.
- More information should be given about existing reproductive health services and what they offer. Further information is needed regarding the barriers to accessing existing services. The influence of xenophobic attitudes towards refugees warrants special attention.
- Identify and utilize existing skills and resources within the refugee communities in essential functions such as translations and lay counseling in existing education, health, welfare and social services. A process for accrediting refugees' professional qualifications can contribute to alleviating current staff shortages within these sectors.
- There is a great need for accurate, culturally appropriate educational and information programmes about all aspects of sexually transmitted infections, including HIV/Aids. Emphasis should be on transmission and prevention, as well as the importance of seeking timely medical attention.
- A better understanding of family dynamics and the cycle of violence are needed, focusing particularly on violence against children and violence against women. The involvement of males and boy children, refugee leaders (formal and informal), religious leaders and refugee women's leaders, at all stages of the programme/project planning and implementation phases, is strongly recommended.
- More information is needed about female circumcision, its practice in South Africa, and the implications on women's sexual and reproductive functioning.
- A better understanding of informal/family/community/formal support mechanisms

for victims of rape or other forms of sexual abuse is needed. It may also be important to establish where along the person's journey the rape occurred, for example, in the home country or whilst in South Africa, and how the matter was dealt with, if at all.

- Skills development and income-generating activities must be prioritised, to promote greater self-sufficiency and independence among refugees.

**Notes:**

<sup>1</sup> Africa: In search of safety. The forcibly displaced and human rights in Africa

<sup>2</sup> Department of Home Affairs

<sup>3</sup> In terms of the Aliens Control Act, a Section 28 permit confers refugee status and a Section 41 registers asylum-seeking status. In terms of the Refugee Act of 1998, refugees and asylum seekers are issued with Section 22 permits.