

Health Policy Gaps in Addressing Gender-Based Violence in South African Higher Education Institutions

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Abstract

Acts of gender-based violence and femicide (GBVF) are among the most common forms of violence in Higher Education Institutions (HEIs) in South Africa and are estimated to affect the lives, health and wellbeing of many people. The scourge of GBVF has in numerous studies and statistics shown to be on the rise. This paper has been conducted to assess the impact of GBVF attacks. A comprehensive search was undertaken for GBVF in HEIs research conducted and published between 2013 and 2023. Literature indexes in various databases were searched. Search terms were GBVF, health, healthcare, and higher education. The meta-analysis approach was used to conduct the methodological review. A sample of 38 research articles and 5 reports that met the inclusion criteria were analysed. A systematic iterative method was employed to extract and reduce the data to draw conclusions. The findings highlighted that GBVF attacks do not affect a person physically only, but they also affect a person's emotions and health. Becoming aware of factors contributing to access to health care services and strategies to address challenges can minimise the occurrence of GBVF in HEIs. Contribution: understanding the impact of GBVF attacks can reduce such attacks.

Keywords: Gender, violence, femicide, healthcare, victims, institutions

INTRODUCTION

Rapanyane (2021) mentions that gender-based violence and femicide (GBVF) involves the use and abuse of power and control over another person and is perpetrated against someone based on their gender identity, gender expression, or perceived gender. Women and girls are disproportionately affected by GBVF, with one in three women worldwide reporting victimisation (Cubells & Calsamiglia, 2018). Oparinde and Matsha (2021) further suggest that women made more than 1.2 million self-reports of violent victimisation in 2019; of all victims reporting sexual assault in 2019, approximately 90% were women (Rapanyane, 2021; Oparinde & Matsha, 2021). The troubling thing about GBVF attacks is that they are not

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the same and do not affect people the same way (Oparinde & Matsha, 2021; Cubells & Calsamiglia, 2018).

The high levels of GBVF in South Africa permeate most women's lives across a continuum resulting in significant numbers of women living with high levels of trauma on an ongoing basis (Schwark & Bohner, 2019; Beyene, Chojenta, Roba, Melka & Loxton, 2019). The South African Police Service (SAPS) recorded 42 289 rapes in the 2019/2020 financial year, these figures were up from 41 583 in 2018/2019 reflective of the increase in numbers of sexual offences overall (from 52 420 in 2018/2019 to 53 293 in 2019/2020). Whilst the 2020/2021 financial year rape cases reduced to 36330 reported cases (SAPS, 2021). The mentioned statistics are those of rape, GBVF can be determined from other sexual related crimes and serious crimes such as murder. Thus, the crime statistics make it difficult for the actual determination of GBVF in the country.

For many students, HEIs are positive and empowering environments that enriches their lives. However, for those who experience GBVF, it can be debilitating and damaging. GBVF attacks can create a public health and safety concern because of the host of physiological, psychological, and academic outcomes associated with student victimisation (Sammut, Kuruppu, Hegarty & Jones, 2021). GBVF disrupts students' education and social lives, and potentially results in lower grades, dropped classes, or withdrawal from the institution; Rapanyane (2020) and Mahlori, Hegarty and Jones (2021) mention that since 2019, HEIs have been under increasing pressure to effectively respond to and prevent GBVF on their campuses, and a response to these GBVF cases by the HEIs is crucial. It is also imperative that the researchers do mention that the most influential place to start responding GBVF cases in HEIs is by assessing and ensuring that there is access to health care for campus community members.

The call for accessing the access to health care services is a genuine one given the implications that GBVF attacks can have on a victim. Designing health care policies and programmes requires knowledge about health care seeking behaviour, so that possible difficulties with early diagnosis and effective treatment can be identified and so that appropriate interventions can be implemented. Early recognition of symptoms, presentation to health care facilities and compliance with effective treatment can reduce morbidity and

thereby mortality. This paper 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 health care 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 paper 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. The purpose of this paper is to outline the impact that comes with GBVF attacks in HEIs. From this paper laws that HEIs can incorporate when coming to justification of adequate access to health care facilities on campuses can be determined. Several users of campuses of HEIs do not know where to access health care facilities when they need them. From this paper, affected parties can know where to go for help once they have been victimised.

LITERATURE REVIEW

Gender Based Violence and Femicide attacks reporting

Acts of GBVF are among the most common forms of violence in HEIs in South Africa and are estimated to affect the lives, health and wellbeing of women, girls, boys and others who are vulnerable (Rapanyane, 2021). It is crucial to identify the forms of GBVF attacks, because some of these attacks can be lethal and even force one to require medical attention. Pettit (2020) suggests that GBVF attacks take place in all societies and all cultures; Therefore, GBVF acts need to be addressed so that they are not well rooted in HEIs. If GBVF cases are not attended to at all campuses, the safety of students and the entire campus community will be compromised. A report released by the DHET in 2019 shows that 10% of rape cases in the country are reported by university students. Furthermore, Pettit (2020) highlights that a survey conducted by the Higher Education Aids Programme in 2019 reports that 62% of male and female students interviewed in the study, believed that female students are more likely to be sexually harassed on campus.

Francke (2019) states that it is important for a HEI to have good responsive strategies to counter GBVF attacks, because they can have serious long-term and life-threatening consequences for victims or survivors. Pillay and Barnes (2020) outline that the forms of attacks can range from permanent disability or death to a variety of physical, psycho-social and health-related problems that often destroy the survivor's self-worth and quality of life and expose her or him to further abuse. Rapanyane (2021) also indicate that GBVF attacks can lead to a vicious cycle of violence and abuse as survivors' risk being rejected by their family, excluded and ostracised by society, and even arrested, detained and punished and sometimes abused again for seeking protection, assistance or access to justice and healthcare.

For many students, HEIs are very positive and empowering environments that can enrich their lives, but for those who experience GBVF attacks, it can be harmful and damaging (Mofokeng, 2022; Tlou, Mofokeng, Pheiffer, 2022). These forms of GBVF create a public health and safety concern because of the host of physiological, psychological, and academic outcomes associated with students' victimisation (Sammut, Kuruppu, Hegarty & Jones, 2021). GBVF disrupts students' education and social lives, and potentially results in lower grades, dropped classes, or withdrawal from the institution; in the past 2 years, Rapanyane (2020) and Mahlori, Byrne & Mabude (2018) mention that HEIs have been under increasing pressure to effectively respond to and prevent GBVF on their campuses, and a response to these GBVF cases by the HEIs is crucial. The most influential place to start responding GBVF cases in HEI is by assessing and ensuring that there is access to healthcare by the campus community.

Impact of Gender Based Violence and Femicide attacks

GBVF is a phenomenon that has many meanings and is described by numerous authors, and as described regularly in this paper. GBVF is further outlined by as violence directed against an individual based on their sex or gender, which results

in psychological, physical, or sexual trauma, either directly or indirectly (Oparinde & Matsha, 2021). Dartnall and Channon (2020) suggest that GBVF is one of the most widespread, underreported, and unsolicited human rights violations in the world. It has no social, economic, or national boundaries. While Javaid (2018) explains GBVF as any act of violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to a person of a different gender, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life. GBVF attacks, particularly those against women is a major public health problem affecting the physical, sexual, mental, and social well-being of more than one-third of all women worldwide. GBVF is a serious, life-threatening global problem that affects women, girls, boys, and men, and it is widely underreported in all settings all over the world.

McCarthy, Mehta and Haberland (2018) deduce that violence against women and girls is one of the most common human rights violations in the world. Pillay and Barnes (2020) suggest that providing high-quality care and support services to victims of GBVF is critical for reducing trauma, assisting victims in healing, and preventing repeat victimisation and perpetration. GBVF attacks affect people of all genders, sexual orientations, and ages in every community. Anyone can be a victim of GBVF attacks. However, the majority of victims of such violent attacks are women, children and other vulnerable people, who are in most cases attacked by men (McCarthy et al., 2018; Pillay & Barnes, 2020).

All forms of GBVF are strongly linked to social determinants such as poor governance, weak rule of law, cultural, social, and gender norms, unemployment, income, and gender inequality, and limited educational opportunities, the pervious statement is overly discussed in chapter 3 of this study. Oparinde and Matsha (2021) specify that globally, one in every three women has experienced physical or sexual intimate partner violence in her lifetime, and one in every three adolescent girls' reports having their first sexual experience because of coercion. Dartnall and

Channon (2020) and Akter and Deeba (2021) emphasise that globally, it is estimated that up to 1 billion children aged 2-17 years have been victims of physical, sexual, or emotional violence. They further highlight the worrying details of GBVF attacks bring common acts in Sub-Saharan African educational institutions.

The impact of GBVF experiences in the education setting is shortly pointed out by Sammut et al. (2021) who state that GBVF in schools lowers girls' educational attainment and increases absenteeism and dropout rates. Sammut et al. (2021) also insist that more than 40% of women have experienced some form of GBVF attacks at some point in their lives. The consequences of such GBVF attacks include murder, suicide, HIV/AIDS, shock, infection, chronic pain, alcohol or drug dependence, miscarriage, unwanted pregnancy, unsafe abortion, victim or survivor guilt, anxiety, fear, self-hatred, and self-denial, economic dependence, loss of role or function in society (Mahlori et al., 2018; Sammut et al., 2021 Dartnall & Channon, 2020).

GBVF in South Africa is widespread and it affects almost every living aspect of South Africans. It is deeply embedded, systemic and has been entrenched in South Africa's education institutions, traditions, and cultures (Keynejad, Bentley, Bhatia, Nalwadda, Mekonnen, Parveen, & McGarry, 2020; Dartnall & Channon, 2020; Rapanyane, 2020). It is important to note that no country is foreign to GBVF attacks, even though the most accurate statistics and principal reasons are difficult to obtain (Rapanyane, 2020). This is because, in part, these cases are not always clear and many go unreported and uncaptured (Rapanyane, 2020; Keynejad et al., 2020). However, about two-thirds of women globally have reported some form of GBVF.

Akter and Deeba (2021) inform that besides GBVF being accompanied by unwanted pregnancies, curtailment of secondary schooling, vicious cycles of poverty, and dependency for women, it is also a principal determinant of women's HIV risk. Dartnall and Channon (2020) and Sammut et al. (2021) argue that South Africa remains a victim of higher scourges of violence and GBVF despite governmental interventions, legislative amendments, and women-focused reactive

mechanisms that act as a support base for survivors. Sammut et al. (2021) further show the effectiveness of the latter mentioned methods and their limitations, by stating that South Africa now needs masculinity-focused interventions to improve the country's response to GBVF.

According to Maromo (2019) and Dartnall and Channon (2020), GBVF is a major impediment to the fulfilment of women's rights and to the achievement of the sustainable development goals. The World Health Organization (WHO) defines violence as the intentional use of physical force or power (threatened or actual) against oneself, another person or a community that results in, or has a high likelihood of resulting in injuries, death, psychological harm or deprivation. Knettel, Robertson, Ciya, Coleman, Elliott and Joska (2019) and Pillay and Barnes (2020) The risk of being subjected to GBVF attacks is prominent among women and girls, particularly those belonging to ethnic minorities, those of low physical and mental health consequences. The term GBVF enables one to understand the intersection between different forms of violence and gender (Rapanyane, 2020). A sociological theory of gender-based violence as used in our study further defines these intersections as existing within micro (e.g., one's own understanding of gender roles and norms), meso (e.g., interpersonal relationships consistent with gender norms) and macro (e.g., systematic gender constructs) levels socioeconomic status and those who are poorly educated resulting in severe social, economic.

A WHO study on violence and women's health across 10 countries including Tanzania, reported that between 13-62% of women had experienced physical violence over the course of their lifetime, 29% reported violence within the past year, while only 3% had sought GBVF health services. Additionally, Dartnall and Channon (2020:4) the report demonstrated that GBVF particularly in African countries is a major cause of ill health among women and girls, as it can cause disability due to injuries, a range of physical and mental impairments and can even result in death. Sammut et al. (2021) have explored the uptake of GBVF services, found that the

majority GBVF survivors had no knowledge of available GBVF recovery services, the benefits of treatment, nor their need for treatment. There were also limited records of service utilisation despite GBVF being free of charge. Similarly, a study conducted in the Democratic Republic of Congo (DRC) revealed that 85% of women reported being victims of sexual violence while nearly half (45%) reported never having received GBVF health services

Furthermore, a study by Reid, Kron, Rajakulendran, Kahan, Noble and Stergiopoulos (2021) and Akter and Deeba (2021) revealed that women in the rural areas, who had only completed primary school education had lesser GBVF knowledge compared to those who had secondary school education- thereby highlighting additional barriers to GBVF service access. Considering these challenges, the Government in collaboration with the Ministry of Health, DHET, and even HEI's stakeholders, have to hold dear the importance of strengthen the health service response for GBVF survivors. Despite government initiatives and programs to facilitate utilisation of GBVF services in places of teaching and learning, Akter and Deeba (2021) purport that there is evidence that barriers persist. For instance, Oparinde and Matsha (2021) indicated that women are more likely to seek health services when violence is perpetrated by a stranger thereby posing challenges seeking health services when violence was committed by someone familiar to the victim.

Whilst in general men are less likely to experience traumatic events, women are more vulnerable to GBVF attacks, especially sexual and physical violence, or emotional abuse from their partners (Pillay & Barnes, 2020; Keynejad et al., 2020). Research has pointed to five distinct types of violence against women acts, namely, physical, sexual, emotional, psychological, and economic violence (Mahlori et al., 2018; Dartnall & Channon, 2020; Sammut et al., 2021). Physical violence is defined as any acts of physically harming women, for example, hitting, slapping, shoving, grabbing, pinching, biting, hair pulling, poisoning, burning, denying medical care,

or forcing to use alcohol or any unprescribed drugs (Maromo, 2019). Sexual violence is defined as the coercing or attempting to coerce in any sexual contact or behaviour without the consent of a woman (Knettel et al., 2019).

Emotional violence is defined as the undermining of an individual's sense of self-worth and/or self-esteem. This may include, but is not limited to, constant criticism, diminishing one's abilities, name-calling, or damaging one's relationship with their children. Psychological violence is defined as causing fear by intimidation, threatening physical harm to self, partner, children, or partner's family or friends, destruction of pets or property, and forcing isolation from family, friends, or school and work (Dartnall & Channon, 2020). Lastly, economic violence is defined as it occurs when a person maintains total control over a woman's financial resources, for example, withholding access to money, or forbidding her to attend school or employment (John & Walmsley, 2021; Dartnall & Channon, 2020). Repeated exposure to violent trauma has been shown to increase a wide variety of symptoms of mental disorder including depression, post-traumatic stress, anxiety, and substance use. According to Keynejad et al. (2020), the psychological outcomes are vast including post-traumatic stress disorder (PTSD) and depression which is characterised by feelings of hopelessness and the loss of interest in most of the activities during such times. established that severe depression post-assault is a leading cause of suicide among survivors (Keynejad et al., 2020; Maromo, 2019). Furthermore, it has been documented by Akter and Deeba (2021) that prior exposure to sexual violence and psychological challenges may also drive one into accepting GBVF attacks as normal practices on them.

GBVF is a tremendous phenomenon that negatively impacts many people's lives directly or indirectly and has been investigated for a number of years by many different researchers. There is a convincing number of literatures on GBVF that covers the meaning of GBVF, the effect, health hazards, strategies to address it and many other fields. However, even though there is a convincing amount of research

on GBVF, given the volume at which this phenomenon keeps on occurring and evolving, there is a need for much more research on GBVF. The data that was collected in this study related to acts of GBVF that are experienced at the HEI. The challenge that was experienced during the collecting of data, was that of limited literature that is available on GBVF acts that occur at HEI. Therefore, there is a need for more research on GBVF at places of teaching and learning. The education sector is supposed to be the sector that is driving research on GBVF because this sector caters its services to large quantities of people, and this sector is where educational activities such as research are supposed to be exercised. Hence, it is important that there is enough research done on GBVF in the educational sector, so that GBVF cases can be addressed accordingly at all places of learning.

RESEARCH METHODS

Meta-analysis is a statistical analysis that combines the results of multiple scientific studies, it is also considered to elaborate on the findings of a study (Cheung, 2019). In the meta-analysis, the implications of GBVF attacks at HEI have been identified through systematically reviewing and synthesising relevant published research. Meta-analysis is a methodology employed to synthesise the outcomes of various studies related to the same topic or outcome measured (Combs, Crook & Rauch, 2019). It is typically conducted as a quantitative procedure geared toward the comparison of effect sizes across a variety of research studies. Qualitative meta-analysis, also referred to as meta-synthesis, follows the same replicable procedures of a quantitative meta-analysis; however, it is interpretive rather than aggregative (Combs et al., 2019; Eisend, 2017). The benefit of using meta-analysis in this paper came from the methodology's ability to allow the researchers to choose research data that talks to the paper. This data collected includes more than 58 research articles which talks to the impact of GBVF in IHL and several other research reports.

The data that was collected was later analysed and determinations were made by the researchers. The data collection process involved the following criterion:

- Conceptualisation of GBVF
- Impact of GBVF attacks

- Access to healthcare in HEIs
- Strategies used to address GBVF cases in HEIs

Excluded criterion included:

- GBVF cases out HEI
- Murder
- Violent attacks on same genders

The findings from the data collected and analysed were not only based on students but the entire campus community. The results were further categorised based on the implications of the attacks on the institution as whole, that is if the institutions have the capacity to address GBVF related cases on campuses and the HEI's ability to respond to GBVF related attacks (Eisend, 2017). Several steps were followed in the process of synthesising the facts presented in the various studies. Firstly, information on GBVF was extracted. Secondly, the implications caused by GBVF attacks were analysed, the HEI's ability to respond to GBVF related attacks were further investigated and discussed. Finally, discussions are provided, and recommendations are proposed.

RESULTS AND DISCUSSION

Addressing Gender Based Violence and Femicide attacks

Gender-based violence and Femicide (GBVF) has been described as the most widespread and socially tolerated of human rights violations (Colombini, Alkaiyat, Shaheen, García-Moreno, Feder & Bacchus, 2019). This appears justified as, globally, more girls have been killed in the last 50 years, than men were killed in all the battles of the twentieth century (Roure, 2020; Sarin & Lunsford, 2017). Since women and girls remain disproportionately affected by GBVF, this paper primarily focuses on the needs of survivors of GBVF. In relation to South Africa, the SAPS statistics reveal that a woman is murdered every hour by her intimate partner in South Africa (SAPS, 2021). Colombini et al. (2019) outline that this is an alarmingly high number when one considers that GBVF offences are notoriously underreported. The common forms of GBVF that are currently plaguing South Africa, are sexual harassment, stalking, rapes, human trafficking and female genital mutilation, for which there are currently no reliable statistics (Roure, 2020; Colombini et al., 2019). This is indefensible given the extreme levels of this violence, as well as the devastating consequences for women.

Starrs, Ezeh and Barker (2018) and Mbunge (2020) specify the need to effectively address GBVF attacks is justified by the Constitutional commitment to substantive equality. In particular, the interconnection between the right to equality and the right to life (Starrs et al., 2018; Roure, 2020). Developing this interrelationship is, however, of the utmost importance as GBVF is both a human rights issue and a public health crisis. This paper therefore highlights the negative health consequences of GBVF. Globokar, Erez and Gregory (2019) highlight that this is then followed by an overview of the constitutional normative framework, focusing on how interpretations of the right to equality and the right to life have not been sufficiently responsive to the specific needs of women (Ojeahere, Kumswa, Adiukwu, Plang & Taiwo, 2021). A strategy which can be used to address GBVF cases on HEIFs can help these institutions to be able to address this problem effectively.

Constitutional and legislative Framework context

In 1996 the South African legal system underwent a major structural and normative change from a system of parliamentary sovereignty, which existed under apartheid, to a system of constitutional democracy, with an entrenched and justiciable Bill of Rights (Rapanyane, 2021). Oparinde and Matsha (2021) further inform that the Constitution serves as the supreme law of the Republic, while the courts have the power to declare invalid any law or conduct inconsistent with the fundamental rights protected within the Bill of Rights. It is true that the law alone cannot create all the social change that is required. Legislation and policy for GBVF can be further infused with the fundamental human rights principles that are protected within the Constitution (Constitution, 1996). For example, equality is included in the Constitution as both a value and a right.

The founding values underlying the Constitution are human dignity, equality, freedom and life, as well as non-racialism and non-sexism (Constitution, 1996). As a right, section 9(1) provides that everyone is equal before the law, and that everyone has the right to equal protection and benefit of the law. Section 9(2) goes on to specifically state that: Equality includes the full and equal enjoyment of all rights and freedoms. To promote the achievement of equality, legislative and other measures designed to protect or advance persons or categories of persons, disadvantaged by unfair discrimination may be taken. This provision therefore illustrates the right to equality's interconnection to other fundamental rights, as well

as the Constitution's commitment to substantive equality, as opposed to formal equality (Oparinde & Matsha, 2021; Odeku, 2021).

While formal equality is focused on treating people the same, regardless of difference, substantive equality is concerned with taking differences into account to achieve equality of outcome. Sections 9(3) and 9(4) go on to prohibit unfair discrimination by the state and by private individuals respectively (Constitution, 1996). Section 9(3) specifically provides a list of grounds of discrimination which includes gender, race, sex and social origin, while section 9(5) specifically states that discrimination on any of these listed grounds is presumed to be unfair discrimination. The Constitution also includes the rights to life in terms of section 11, this right indicates that every person's life is valuable and no person can take the life of the other person without consequences (Constitution, 1996).

Over the years the South African government has enacted numerous pieces of legislation in seeking to provide legislatures that can be used to address the abuse of women. The current legislative framework is also plagued by implementation challenges and critical gaps. For example, the Violence Act 116 of 1998 (DVA) recognises domestic violence as a serious social evil, and that the victims of domestic violence are among the most vulnerable members of our society. The DVA places specific responsibilities on police personnel to assist complainants of domestic violence. While the DVA does also provide a nuanced and detailed description of domestic violence, it fails to provide any reference to the provision of the impact of GBVF attack. Research has also indicated that the health sector is the first and most frequently utilised sector by abused women. While the DVA does specifically mandate that the Police Services assist complainants in obtaining medical treatment (section 2(a) of the DVA), Furthermore, despite the detailed provisions of section 2(a) of the DVA, many police officials do not believe that it is their responsibility to escort complainants to health care facilities.

As further pointed out by Oparinde and Matsha (2021) this apathy effectively exacerbates the normalisation of GBVF. This therefore reveals that while the DVA needs to be praised for its many progressive provisions, these innovative aspects will remain ineffective without an enabling environment to facilitate implementation. In this regard, positive duties need to be placed on SAPS to assist survivors of domestic violence in a humane manner. Mbunge (2020) Police personnel and health care workers also need to be adequately trained, while a system of accountability needs to be introduced and effectively managed. Tang,

Gaoshan and Ahonsi (2020) further outline that while these services are necessary and admirable, they have not been adequately implemented by the state. These services are, furthermore, insufficiently responsive to the broader health care needs of women in South Africa.

COVID-19's and higher education institutions context

Pillay and Barnes (2020) mention that when the Covid-19 pandemic started, all health resources were directed towards responding to the COVID-19 situation, leaving other essential services such as GBVF support understaffed and under-resourced. Medication shortages have been reported worldwide, with some countries experiencing stockouts of sexual and reproductive health supplies (Sammut et al., 2021). HEIs were not immune to the COVID-19 effects, many clinics on campuses during the hard lockdown were closed or reduced their hours, while others have had to redirect human resources and clinic space to the COVID-19 response. Moreover, fear of exposure to the coronavirus led to the closure of the university which meant that victims of GBVF that live at campus residences could not receive any medical attention.

According to Maromo (2019), people who experience GBVF and do not ask for help could have otherwise been identified in the emergency departments by the trained healthcare workers, but during the hard lockdown emergency departments were overwhelmed by COVID patients. For the most part, visits for these outcomes decreased to a lesser extent than overall emergency department visits, confirming that violence remains a concern during the COVID-19 pandemic (Aolymat, 2021; Speed et al., 2020). Alangea et al. (2020). The COVID-19 crisis has aggravated pre-existing injustices and discrepancies in social and healthcare systems. Alangea et al. (2020) indicate that people who identify as women, ethnic minorities, and those with chronic illnesses experienced significantly more cancellations of medical or surgical appointments and needed longer care hours during the lockdown.

Healthcare systems in campuses were generally not easy to utilise, and they were also unable to adequately assist the campus community satisfactory, considering their background and needs (Mbunge, 2020). Under non-pandemic circumstances, campus community members struggle to get sufficient access to health facilities on campuses and get reasonable health services, now when Covid-19 was detected, the shortage of staff, and equipment was

laid bare. Tiemens et al. (2019) further specify that given the current high-risk epidemiological situation with many economic and social stressors, the campus community members found in similar situations of social and economic depravity.

GBVF as a threat to a victim's life

Rapanyane (2021) insists that GBVF is both a human rights issue and a public health crisis with devastating health consequences. For example, GBVF kills and disables as many women between the ages of 15 and 44 as cancer does (John & Walmsley, 2021; Maromo, 2019). Maromo (2019) purports that GBVF's toll on women's health also surpasses that of traffic accidents and malaria combined, while serving as a leading cause of death and disability for women. Specific examples of fatal health outcomes include AIDS-related mortality, maternal mortality, homicide and suicide (Knettel et al., 2019). Sammut et al. (2021) further outline those non-fatal consequences include bone fractures, haemorrhaging, gastrointestinal problems, central nervous system disorders, chronic pain, sexual and reproductive health problems and mental illness. Health care services therefore need to be strengthened to mitigate these consequences while possibly preventing the escalation of violence.

In relation to reproductive health, GBVF can result in HIV/AIDS infection, unwanted pregnancy, induced abortion and sexually transmitted infections and diseases. Cervical cancer has also been linked to domestic violence (Ghosh, Daniels, Pyra, Juzumaite, Jais & Murphy, 2018). Given that women are already physiologically more susceptible to HIV/AIDS infection, GBVF has exacerbated this vulnerability, resulting in HIV/AIDS becoming a gendered epidemic. These biological vulnerabilities also intersect with gendered social roles. According to Knight, Ranganathan, Abramsky, Polzer, Muvhango, Molebatsi, Stöckl and Watts (2020) and Tang Ghosh et al. (2020).

Knight, Ranganathan, Abramsky, Polzer-Ngwato, Muvhango, Molebatsi, Stöckl and Watts (2020) accord that GBVF attacks undermines women's socio-economic power and consequently restricts their ability to negotiate condom usage, to control the number and spacing of their children and to allocate resources to necessary health care services (Ghosh et al., 2018). Pillay and Barnes (2020) state that it is not surprising then that GBVF can result in severe depression, sleep disorders, anxiety and post-traumatic stress disorder. Therefore, the evidence indicates that gender-based violence and femicide (GBVF) devastates the health and

well-being of women. Rapanyane (2021) argues that GBVF survivors require a broad range of health-care services, including emergency contraception, HIV/AIDS-prevention services, and the management of psychological conditions (Knight et al., 2020; Ghosh et al., 2018). Knight et al. (2020) and Ghosh et al. (2018) further emphasize the need for systematic screening—both to identify survivors of domestic violence and to detect cervical and breast cancer. Nevertheless, GBVF remains largely neglected, under-documented, and under-reported within the South African health-care system.

It was highlighted that GBVF attacks can badly impact the lives of students on campuses. Hence, there is a serious need for resourced healthcare facilities on campuses, so that victims of GBVF can receive medical aid. It is therefore recommended that more research be conducted on the impact of GBVF attacks on the health of victims. For HEI to be able to address GBVF cases, they should be able to proactively address GBVF on campuses. HEI are places where teaching and learning takes place, these places are where many people come together to complete their qualifications or work. Without properly addressing GBVF on campuses, victims of GBVF may feel neglected and might be able to choose not to report the crime because they would perceive the HEI as welcoming to GBVF attacks and not to against them. Future research should focus on providing proactive measures that can be put in place to ensure that GBVF attacks are either limited if not stopped entirely, this can help create a safe environment where teaching and learning can thrive.

Although this paper attempted to include as much literature as possible in the analysis, this study had some limitations, and they need to be taken into consideration when reviewing this study. Firstly, the study was based on content analysis, conducted as desktop research for a doctoral inauguration lecture, with constrained time and budget; hence mostly academic open-access papers were considered. Secondly, the research considered keywords such as “gender-based violence and femicide, healthcare, victims, attack”, which poses the possibility that some sources might have been disregarded for not including in their keywords the set of keywords used for this study.

CONCLUSION

This paper has stipulated the impact of GBVF attacks. This paper can be used to aid HEI when they develop strategies to address GBVF related attack on campuses. HEI need to be

places where the campus community members feel safe so that people can come work and advance their studies. Having a situation whereby acts of GBVF are a threat to the lives of the campus community members can put HEIs in an unwanted position because lives could be lost or affected badly. This paper covered some of the laws that HEI can use to direct their response to GBVF cases and to offer the best medical Help to the victims. The forms and implications of GBVF are stipulated and discussed, it is found that GBVF attacks can affect a person's physical and mental health. Health care facilities are places that offer medical attention to those that need it. Hence, healthcare facilities, adequate equipment and workers are pointed out as imported tools to aid victims of GBVF attacks on campuses. Another way of Helping victims of GBVF attacks is by providing proactive strategies to respond to GBVF attacks at HEI.

HEIs must promulgate programs that talk to GBVF so that students and staff members can constantly be reminded of what GBVF is, and what kinds of actions constitutes to it. The HEIs need to be seen to be in a position that sternly is against GBVF attacks on campus. For example, boards around campus should be filled with pamphlets that talk against GBVF attacks. Health care providers on campuses need to be adequately trained to respond to GBVF cases. HEIs also need to be trained to be able to not only provide medical support, but also emotional support, and they need to be tolerant. HEIs need to allocate enough budget to the healthcare facilities on campuses. The importance of a healthcare system that talks to victims of GBVF cannot be stressed enough, it is through research and other educational avenues that victims of GBVF would get the much needed health services and support that they need.

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