

The South African National Survey on health, life experiences and family relations

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Science and Innovation
REPUBLIC OF SOUTH AFRICA















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Specific objectives 1

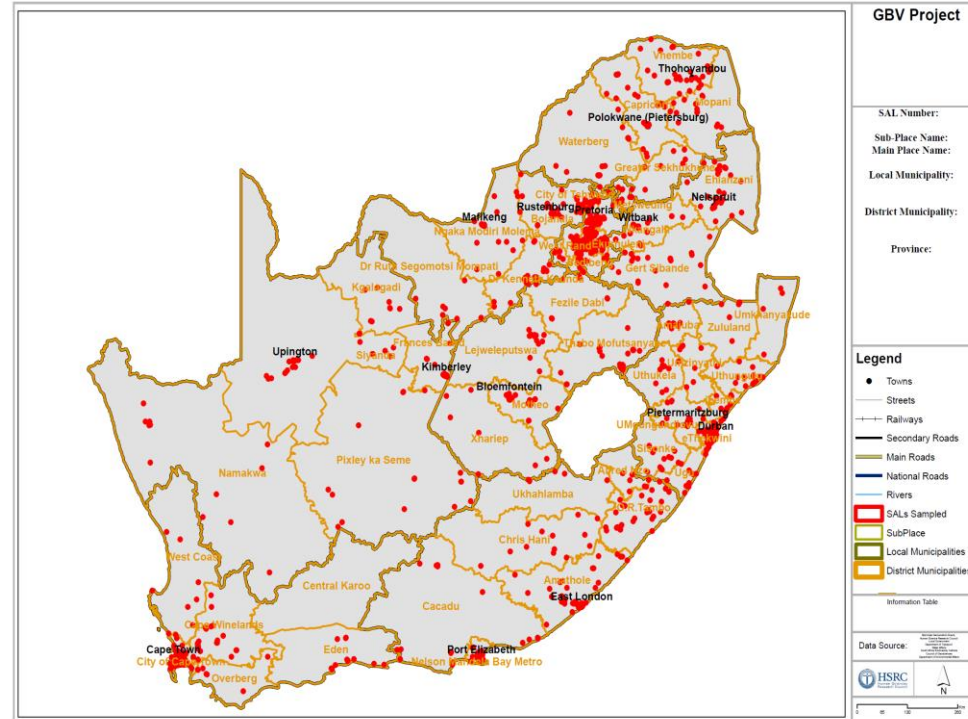
-  To describe the prevalence and patterns of **all forms of GBV among** persons across sexual orientations and gender identities (SOGI) in 9 SA provinces.
-  To describe the prevalence and patterns of victimization and **perpetration (by men) of all forms of GBV nationally.**
-  To determine **factors associated with GBV victimization and perpetration** such as:
 -  Gender norms and attitudes;
 -  **HIV risk factors** including condom use, multiple concurrent sexual partners, number of sexual partners and transactional sex;
 -  **Mental health** including depression and post-traumatic stress disorder among those victimized.

Specific objectives 2

-  To measure the **health and economic impact** of GBV among those who are victimized.
-  **To determine experiences and perpetration of GBV attributed to Covid-19 and the lockdown period:**
 -  extent of GBV experienced and perpetrated during the lockdown period.
 -  determine how Covid-19 influenced exposure to, and perpetration of, GBV within the home and the community.

Survey Design and Sampling

- A random sample of 1 096
- Small area layers (SALs) was sampled from a national sampling frame of 84 907 SALs,
- SALs were stratified by province and locality type,
- Systematic random sample of 20 visiting points sampled in each SAL,
- Only one person will be selected to participate per household.



- To increase participation of marginalized groups (LGBTQI+ persons and persons with disability) – Respondent Driven Sampling (RDS) is used to sample these targeted communities.

Methods: Sample size calculation

Estimated prevalence of GBV used to calculate the sample size:

- The most common form of violence experienced by women in South Africa is physical violence which was estimated at 21%.¹

Sample size proportional to size
n=19 671



Total sample size adjusted for PLWDs and LGBTQI+ population
n=23 318

Sample size proportional LGBTQI+ & PLWDs
n=3 647

LGBTQI+ persons & persons with disabilities

- calculated sample size allocation is proportional to size based on the provincial estimates from the Love Not Hate (LNH) Campaign.

¹ NDoH, Stats SA, SAMRC, & ICF. South Africa demographic and health survey 2016. Pretoria, South Africa, and Rockville, Maryland, USA: National Department of Health, Statistics South Africa, South African Medical Research Council, & ICF, 2019

Project timeline

Activity	Timeline/duration	Deliverables/progress
Preparation of survey work plan and team formation	Aug 2020	Subgroups (data, questionnaire, manuals, GBV in SADC, QC, Comms & logistics)
Planning meetings and logistics	Aug 2020 – Dec 2023	On-going for duration of project
Appointment of advisory committee and meeting	Sept – Oct 2020	1 st meeting – 1 March 2021
Protocol development, methodology and sampling	Sept – Dec 2020	Protocol shared with team and Advisory board
Development of consent forms, study SOPs	Sep 2020 - March 2021	Material finalized for REC submission
Review and revise questionnaires used in previous GBV surveys	Sep 2020 – March 2021	3 workshops to refine instruments
Questionnaire translations	June – Aug 2021	Translations of both instruments
Development GBV referral pathways document	July – Aug 2021	Referral list to be used by DCs

Activity	Timeline/duration	Deliverables/progress
Development of training manuals	Oct 2020 – April 2021	DC and facilitator training manuals
Revisions and finalization of protocol	Jan - May 2021	Finalized for REC submission
Submission of Protocol to REC Resubmission Final submission	May 2021 June 2021 13 July 2021	Comments received Comments received 9 July Clearance – 21 July 2021
Recruitment of data collectors	July – Aug 2021	80+ Shortlisted
Training of data collectors	23 Aug - 4 Sep 2021	40 field staff trained
Piloting of tools and study processes	6-10 Sep 2021	Pilot in 10 SALs
Update study tools and procedures	Sep – Oct 2021	Revised quest, scripts, consent, field manual
Community mobilization- comm entry	Oct 21 -	On-going for duration of study

Activity	Timeline/duration	Deliverables/progress
2 nd training	18-30 Oct 2021	113 Additional staff trained
Refresher training	March 2022	Brief training provided
3 rd training	25-30 April 2022	Focus on men, white DC and small teams (82)
Study implementation	Staggered 3 provinces - Feb 2022, followed by other provinces in March 2022	Commencement of data collection in GP, KZN, WC, followed by all other provinces
Quality Control	Aug-Nov 2022	All provinces
Data collection in areas that could not be accessed (farms, high wall areas)	Nov 2023 – Jan 2024	Assigned specific DC staff to certain areas (considered race, familiarity with farms). lessons from SABSSM

Implications for Programming, Policy & Advocacy

- The research will provide information on victimization and the most prevalent forms of gender-based violence in South Africa, across all genders.
- It will assist the country to understand what parts of the population is mostly affected by GBV (past and current) – by sex, gender, age, locality and province.
- It will provide additional data on what the drivers of GBV in our context are and inform interventions and policies.
- It will increase our understanding of the economic impact of GBV on women and those who identify as women, their families and their communities – this will assist in the development of effective policies and programmatic implementation.

Implications for Programming, Policy & Advocacy Policy Implications....

- It will increase our understanding of perpetration of, and experiences of GBV by men and those who identify as men.
- The data serves as a critical building block towards establishing a national GBV surveillance system (integrated data sources).
- The data will allow comparisons of GBV prevalence and uptake for use across the African region and elsewhere.
- The data will also facilitate reporting to UN agencies on progress made towards addressing GBV (SDGs).
- The data can be used to address the needs and challenges of GBV survivors of all ages, sexual orientations, sexual and gender identities, and those with disabilities.

How will Departments and Civil Society Use the Data?

The data generated by the survey will support work-streams focused on the following (within and outside government):

- Monitoring, evaluation and NSP on GBVF implementation - Support the monitoring and implementation of the NSP on GBVF.
- Coordination of stakeholders – Strengthen the existing multi-sectoral approaches for responding to the crisis of gender-based violence and femicide.
- GBV Research – Epidemiology, drivers and how GBV intersects with key demographic indicators, impact on health, mental health, substance use, risky sexual behaviour, social norms, childhood-trauma, economic impact of GBV.
- Formulation and analysis of policy.
- Development and design of GBV interventions.
- Knowledge management – knowledge hub, integrating and synthesizing data (policy briefs, GBV dashboards, fact sheets and easy to use sources of GBV).
- Monitoring & evaluation.
- Generation of new knowledge – reports, data mining, journal articles, knowledge and policy briefs.
- Capacity building of the next generation of research and data analysts.
- Data preservation and curation



- WOMEN MAIN SAMPLE
- WOMEN RDS SAMPLE
- MEN - MAIN SAMPLE
- MEN - RDS SAMPLE
- TRACK FIELDWORK

Field progress
report

Number of SALs
completed to date

Response rates

Critical SALs
outstanding

Number of SALs completed to date

Province	Small Area Layers (SALs)					RDS** completed
	Targeted SALs	Men SALs Completed	Women SALs Completed	Total Completed SALs	% SALs completed	
Western Cape*	141	50	63	113	80.14	14
Eastern Cape	144	58	72	130	90.27	16
Northern Cape	86	39	43	82	95.3	0
Free State	82	34	41	75	91.5	5
KwaZulu-Natal*	199	85	93	178	89.5	78
North-West	82	41	41	82	100	1
Gauteng*	193	97	91	188	97.4	27
Mpumalanga	82	36	41	77	93.9	28
Limpopo	88	44	44	88	100	6
Total	1096	484	529	1013	92.4	175

* These three provinces started earlier

** Number of LGBTQI+ and people living with disabilities

Critical SALs (WC, EC, GP) to be completed

- Overall, 92.4% of SALs have been completed.
- To achieve representation by geo-locality and race, it is critical that data collection in the following provinces continue:
 - Western Cape – Farm SALs (2 team).
 - Eastern Cape – Farm SALs (1 team)
 - Gauteng – Indian SALs (1 team)
- Duration: 2-4 weeks (differs per province)

Challenges experienced during study implementation

Challenges	Impact
COVID-19 Impact	<ul style="list-style-type: none">• Data collection was delayed- led to extension of time in the field• New cost drivers that were not anticipated- extended use of PPE, multiple training sessions to comply with restrictions on gatherings & use of technology to link venues• COVID-19 impact on the health of staff and their extended families• Resources- reduction on production globally led to delays in accessing the required equipment, including rental cars.
Availability of resources to conduct large-scale studies	<ul style="list-style-type: none">• Budget-not adequate for completing survey• Shortage of male, white and Indian data collectors• Staff turnover- demand of data collector due to 3 other surveys implemented concurrently• Phased implementation due to COVID-19 and availability of resources such as cars in different provinces.

Fake news & misinformation – a challenge to our research

- Fake news and misinformation related to our data collectors and data collection has severely impacted our ability to enter into communities
- Data collectors have been falsely labelled as doing harm to participants (robbers, child traffickers amongst others) – social media has fuelled the spread of misinformation
- WhatsApp has played a particular role as people translate voice notes and spread incorrect information
- HSRC has had to embark on a PSA campaign to mitigate the impacts of fake news via social media as well as mainstream media to spread correct messaging



After a series of false Facebook posts and WhatsApp voice messages have been circulating on social media platforms for the past few weeks, the HSRC has appealed to the members of the public to refrain from sharing fake news. There is no truth to these claims, and they have the potential to do serious damage to the reputation of the HSRC as well as put our data collectors at risk in the communities where they work. We have approached communities where some of these messages have emanated, and working together with stakeholders have dispelled this incorrect information whilst building stronger relationships for the good of our country.

We encourage stakeholders and members of the public to reach out to the HSRC to determine the facts before spreading any information that may be incorrect and harmful to our teams of data collectors working across the country.

For further information please go to: <https://hsrc.ac.za/divisions/human-and-social-capabilities/> or call the Toll-Free HSRC Ethics Hotline on 0800 212 123



WORKING TOGETHER TO DISPEL FAKE NEWS!



HSRC calls on members of the public to refrain from spreading fake news about its data collectors

Legal action will be taken against those who spread fake news about the HSRC



SOME OF THE MAJOR HSRC SURVEYS THAT ARE CURRENTLY BEING CONDUCTED ACROSS THE COUNTRY ARE LISTED BELOW:

The sixth South African HIV Prevalence, Incidence, Behaviour and Communication Survey (SABSSM VI)

First commissioned by former President Nelson Mandela in 2002, the study is a population-based, cross-sectional survey of households throughout South Africa. It is conducted to understand the factors driving the HIV epidemic and its dynamics and to seek to inform policies and strategies to tackle the epidemic. The survey is repeated approximately every five years. This year marks the 20th anniversary of the first round of the survey. One important addition to the study now is that a sub-sample of participants will be re-interviewed to test for SARS-CoV-2 antibodies, letting us better understand the true impact of SARS-CoV-2 on South Africa.

For survey inquiries, contact:
Dr Letengiso Mkhomo 021 523 0700
Dr Shandy Malinga 083 647 8153
Dr Ntoko Mafiso 084 071 9007

The South African national survey on health, life experiences, and family relations (SANSHEF)

The survey aims to help us understand how different life events, childhood experiences and family relations influence health and wellbeing. The survey will assist the government, non-governmental and community-based organisations, and other stakeholders to develop more effective and sustainable interventions to improve the health and wellbeing of all South Africans.

For survey inquiries, contact:
Dr Zinto Ndlovu - 021 460 7804
Dr Inah-Mi Parker - 011 466 7926
Dr Ntoko Mafiso - 021 468 7828
Dr Thando Mkhomo - 084 640 7038

The National Food and Nutrition Security Survey (NFNS)

The survey seeks to gather data and information that the government will use to ensure that every household in South Africa has access to adequate food and nutrition through targeted interventions and effective planning and development of measures for food production. It will evaluate the link between food security and nutrition and explore the reasons for people's vulnerability. It will inform the government of the impact of COVID-19 on household food security and nutrition in South Africa.

For survey inquiries, contact:
Dr Rodney Mankwe 086 547 2100
Rafiqo Sechiwa 098 676 8233

For more information about HSRC surveys or if members of the public are in doubt, they can visit www.hsrc.co.za or call 012 302 2000



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Facilitating Access to Data

- Data collection has not been completed – critical SALs still need to be added, pending the release of outstanding funding and securing additional funding.
- Current activities include – cleaning, coding of variables and performing quality checks on the whole dataset.

Can prevalence data be shared before the study is completed?

- The practice in prevalence survey research has been to avoid releasing results prematurely.
- Releasing study results prematurely can have a negative impact on the integrity of the results.
- Once statistics that is not final is released it is likely to be used. This becomes very difficult to recall once it is in the public domain (can lead to a backlash/sectors not trusting the final research product).
- The approach of releasing results before data collection is complete, works in impact studies.

What process will the researchers follow before releasing the results?

- The study results will be released after the overall data collection and analysis is completed.
- An independent panel of experts will review the results when the analysis is complete, and before it is shared with key stakeholders.
- Different stakeholders, including key government departments, will be briefed before the results are released to the public.

Funding: Cost drivers

- **Discrepancy in sample** (concept vs proposal)
- **Additional staff** (105 vs 156- Nov 2021; 89-Apr 2022)
- **Additional equipment** (23 vs >40 laptops- loaned from PYEI, 81 vs >105 tablets; 30 loaned from SABSSM)
- **Extension of data collection** (intra- and inter-provincial movement of teams)
- **Impact of flooding** (high clearance cars)
- **Ability to attract staff located close to SALs** (cost of sleep outs)
- **Community volunteers** (security to enter SALs)
- PPE needed for longer than what was anticipated in 2020
- **Participant vouchers** (for RDS, which required the whole sample to follow the same process)
- **Time billing for HSRC staff**
- **Training (2 vs 5)**, COVID-19 related costs, need for additional training rooms

Implementation Plan

- 👥 **Project Initialization Phase** (Jan - July 2021)
- 👥 **Survey Piloting Phase** (August – October 2021)
- 👥 **Main Study Implementation** (November 2021– November 2022)
- 👥 **Completion of data collection (key SALs)** (November 2023 - January 2024)
- 👥 **Data cleaning** (On-going)
- 👥 **Analysis, report writing** (February – March 2024)
- 👥 **Review of report by expert panel and consultations with key stakeholders** (April 2024)
- 👥 **Study Launch** (May 2024)
- 👥 **Dissemination of results** (May -December 2024)

Funding

- Department of Science & Innovation - European Union
- Ford Foundation
- Bill and Melinda Gates Foundation
- United Nations
- Human Sciences Research Council



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GATES foundation





Thank you

Dankie

Enkosi

Ha khensa

Re a leboga

Ro livhuwa

Siyabonga

Siyathokoza

Thank you