What is already known on this topic

Public health services for people who have been raped in South Africa are of varied quality, and limited resources mean that the options for service provision are limited

What this study adds

After rape, women particularly valued the availability of HIV prophylaxis (with an HIV test) and having a sensitive healthcare provider who could provide counselling

Women were willing to trade off access to services (time travelled) for attributes such as counselling, rigour of examination, and HIV prophylaxis

provision of antiemetics may support adherence to treatment, our findings suggest that antiemetics alone do not result in better compliance. Factors that may be more important in Thohoyandou were the home follow-up service provided by the non-governmental organisation and the provision of food supplements.

Contrary to fears expressed by the department of health and some commentators, the need to test for HIV before receiving HIV prophylaxis did not seem to deter women from attending services. There was no difference in the views of women who did and did not use the service. The priority that participants place on receiving counselling highlights the need for a holistic service after rape. Other research shows that the mental health needs of patients are often the least well met.³ If services are to offer providers who are sensitive and can provide counselling, changes are needed in service provision and training, and this training should also deal with psychological support skills and providers' attitudes.

Limitations

The study had limitations. The two sites selected were to some extent unusual, which could have influenced findings. Both sites provide more support for patients than is typical within the public health system. The Cape Town site was a special care centre located within a hospital; it had a full time nurse to follow up patients. The Thohoyandou site had a non-governmental organisation running a trauma centre with the public hospital. They had a network of outreach workers in the community and provided food to patients. Health providers in Cape Town did not approach every patient to participate in the study so we could not determine the refusal rate. Participants' preferences may have been influenced by what they had been exposed to in terms of service—for example, in Thohoyandou people are used to travelling to get to the hospital as there is only one hospital in the area. They may therefore be more accepting of this attribute. Other attributes that were not included in the analysis may have been important.

Our method of recruitment may have resulted in selection bias. Because of ethical considerations we could not randomly sample patients from hospital records. Patients who agreed to be contacted by a researcher may have systematically differed from those who refused. In addition, some community members refused to be interviewed, though this was rare.

Conclusion

In conclusion, women who have been raped are willing to travel to services that better meet their needs. They

strongly value HIV prophylaxis, having an understanding health provider, and counselling. Our findings support the need for holistic rape services with medication systematically provided for sexually transmitted infection and prevention of pregnancy and information on known side effects. Support with adherence to treatment may also be valuable.

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Endpiece

The ABC of pharmacy

The district civil medical officer was a harmless if ignorant sort of creature at first, for if his medicines did no good, they at least did no harm. But as time went on, waxing bold with practice, he took to what he used to call "exhibiting the pharmacopoeia." This process consisted in administering one drug after another out of the work in question till he either killed or cured. He proceeded in alphabetical order. If the drugs under the letter A produced no result, he went on to B, and then to C, and so on. That he did not kill more than he cured was due to the sharpness of his patients, who, on hearing this peculiar phrase, understood that he did not know how to treat them and refrained from taking his medicines.

John Beams. *Memoirs of a Bengal Civilian*, 1896.

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