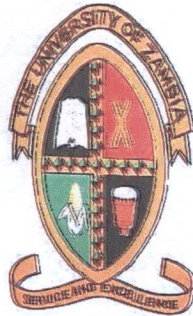


**UNIVERSITY OF ZAMBIA**

**SCHOOL OF MEDICINE**

**DEPARTMENT OF POST BASIC NURSING**



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**PERCEPTIONS ABOUT CHILD SEXUAL ABUSE IN  
RELATION TO VIRGIN CURE AMONG CONVICTED  
PRISONERS IN LUSAKA**

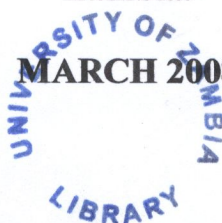
**BY**

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**A Dissertation submitted in partial fulfillment of the requirement for  
the Degree of Master of Science in Nursing (MscN) at the University of  
Zambia.**

**MARCH 2008**



## DECLARATION

I hereby declare that the work presented in this study for the Masters in Nursing Degree is my own independent investigation. No part of this work in this Dissertation has been submitted either wholly or in part for any other Degree and is not currently submitted in support of any other Degree or qualification at this or another University.

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SUPERVISOR: MRS CATHERINE M. NGOMA

SIGNED: C Ngoma ..... DATE: 15/02/08



0273287

**CERTIFICATE OF APPROVAL**

I Chaze Kamuwanga, certify that this study is entirely the result of my own independent investigation. Various sources to which I am indebted are clearly indicated in the context and in the references.

Signature:.....Date.....

Examiner I.....

Signature:.....Date.....

Examiner II.....

Signature.....Date.....

## **ABSTRACT**

Sexual abuse of children of all ages, including infants, happen everyday all over the world (Faulkner, 2006). Despite stiff measures taken by Zambian government to reduce sexual abuse cases, incidences of defilement are not reducing but are higher than rape cases (UTH, 2006). The literature reviewed showed that child sexual abuse is a national, regional and indeed global problem especially in view of the HIV/AIDS pandemic which has made the situation complicated. This was the reason why this study on perpetrators was important since much is known from the abused but the abusers have rarely been studied.

The purpose of the study was to explore convicted prisoners' perceptions about child sexual abuse in relation to virgin cure. It was hoped that the findings of this study would provide policy makers and programme administrators with a better understanding of why child sexual abuse is on the increase. The information from this study could be used to develop educational strategies and modify existing messages so that child sexual abuse could be reduced.

This was a qualitative study that was carried out among the inmates in Lusaka Central Prison. Eighty nine males aged between 17 and 80 consented and participated in the study. Data were collected using a Focus Group Discussion (FGD) guide and the discussions were tape recorded. A total of twelve Focus Group Discussions (FGDs) were conducted with the inmates. Each group comprised 6-12 respondents with similar characteristics. An in-depth interview was held with the only female sexual abuser convict at the time of the study. Prior to the main study a pilot study was conducted in the Lusaka Central Prison.

The data were collected from 21<sup>st</sup> to 24<sup>th</sup> January 2007. Data were analyzed by performing content analysis. Content analysis involved an analysis of the content narrative data to identify prominent themes and patterns among the themes. The analysis of data was done as an ongoing process, integrated with data collection and coding. The



audio-taped FGDs were fully transcribed and translated into English and compared with the field notes. Open coding was done line by line and paragraph by paragraph. Similar responses were grouped together into categories and regrouped into subcategories. Data were constantly compared through out the process of coding.

The findings revealed that children who were vulnerable to sexual abuse were orphans and street children who lacked basic needs including food and shelter. The age group that was identified to have more health problems was five years and below. The health problems included tearing of the private part, STIs and HIV/AIDS, and mental health problems. The study showed that the main factor that made the children vulnerable to sexual abuse was poverty.

According to the findings of this study child sexual abuse had some benefits for the sexual abuser like sexual relief and “virgin cure” therefore, any man could be a sexual abuser. The study findings revealed that sexual abuse of girls aged ten and below was ritual sex for “virgin cure”. Virgin cure included supernatural powers for *Nyau*, cure of diseases like STI, HIV/AIDS, to get rich fast and to be sexually cleansed after a loss of a spouse or after a miscarriage.

The study revealed that the nation has adequate laws and policies that protect the child and therefore, the existence of child sexual abuse was attributed to the laxity in the law enforcement agents. Therefore, the study recommended that law enforcement officers ensure that the laws are observed.

**DEDICATION**

I dedicate this work to my caring and supportive parents.

## **ACKNOWLEDGEMENT**

This study would not have been possible without the support of many people. I wish to thank the Institutional Collaboration, through the General Nursing Council of Zambia and the Sweden International Development Aid (SIDA), for sponsoring me to undertake the Masters of Science in Nursing Degree at the University of Zambia.

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**LIST OF ABBREVIATIONS**

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
CSA	Child Sexual Abuse
CSO	Central Statistics Office
CPS	Child Protective Services
DWNRO	Disabled Women’s Network and Resource Organisation
FGD	Focus Group Discussion
GIDD	Gender in Development Division
IEC	Information Education Communication
HBM	Health Belief Model
HIV	Human Immunodeficiency Virus
HSV	Herpes Simplex Virus
MTCT	Mother to Child Transmission
NAC	National AIDS Council
NGO	Non Governmental Organisation
PMTCT	Prevention of Mother to Child Transmission
PLWHA	People Living with HIV and AIDS
S GBV	Sexual and Gender Based Violence
STI	Sexually Transmitted Disease
THPAZ	Traditional Health Practitioners Association of Zambia
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	United States Agency for International Development
UTH	University Teaching Hospital
VSU	Victim Support Unit
WHO	World Health Organisation
WILDAF	Women in Law and Development in Africa
YWCA	Young Women Christian Association
ZDHS	Zambia Demographic Health Survey
ZNCN	Zambia National Council of Nga’ngas

## **CHAPTER 1**

### **1.0 INTRODUCTION**

#### **1.1 BACKGROUND INFORMATION**

Sexual abuse of children of all ages, including infants, happen everyday all over the world (Faulkner, 2006). Hence, millions of minors are effectively sexually subjugated, forced into unprotected sex which is risky. The problem is further exacerbated by the misplaced beliefs, primarily by men, that engaging in sexual intercourse with a child will not only ensure that he is not infected by HIV/AIDS, but also that if he is HIV positive, the act may cure him (Pitcher, Graem, Bowley, and Douglas, 2002).

Child sexual abuse occurs when an older person uses a vulnerable person for his/her sexual gratification. A child is a person below the age of sixteen years (Penal Code). The offender is older and more powerful, though not necessarily an adult. It has been observed that some sex offenders start committing the offence in their adolescence.

Sexual abuse of children is usually carried out by males in the family, often the father or step father, uncle, grand father or older brother and it may be by a family friend or a stranger (Minnet, 1994). Girls are much more likely to be sexually abused than boys but boys are often victims of sodomists.

According to Minnet (1994), the abuse can be in the form of fondling, sexual intercourse or involvement in pornography. Vlok (1996) classifies types of sexual abuse of children into three categories:

- The first classification is sexual exploitation of children: sex syndicates use children for production of erotic materials for pornographic magazines and films. Children both males and females may be bribed or abducted to join prostitution rings which supply children for paedophilic clients.
- The second type of sexual abuse of children is sexual interference (erotic touching) such as fondling, digital penetration of vagina or anus, oro-genital stimulation, all without actual intercourse. It also includes indecent curiosity gazing at or observing

any woman or girl who is in a state of undress or semi undress (Penal Code, Section 138). This is usually an incestuous practice.

- The third classification is the adult type heterosexual or homosexual relationship with full intercourse, either vaginal or anal. This is the one, which is mostly dealt with by the courts of law since it produces easy evidence to convict a sexual abuser.

Whatever form the abuse takes, the child is often pressurized to keep quiet. The adult may say, it is our secret, and if you tell anyone, I will get in trouble or may threaten the child. The child may feel very guilty and although anxious for the abuse to stop, is often afraid to tell anyone. She may fear that the family will break up and the abuser will be sent to prison. She may also fear that she will be sent to prison, blamed and chased from the family by family members.

The government in collaboration with civil society organizations and other stakeholders has for some time now been implementing various measures aimed at counteracting sexual violence against women and children. Specifically, the measures aim at among others, changing traditional or customary attitudes and practices that perpetuate the lower status accorded to women, reforming existing laws, and promoting awareness of and enforcement of existing laws (GIDD, 2000, i).

In order to intensify the efforts aimed at counteracting Sexual and Gender Based Violence (SGBV) the government established the Victim Support Unit (VSU) in 1994. The VSU became operational in 1996 as part of the Zambia Police Reform Program to specifically deal with victims of SGBV crime especially women, children and the aged. Cases dealt with include femicide, property grabbing, spouse battering and sexual abuse.

In addition to Government efforts, interventions such as the introduction of the drop in centers and shelters for battered women and abused children that offer counseling service to victims and perpetrators of violence have been undertaken by various Non Governmental Organizations (NGOs). For instance, Young Women Christian Association (YWCA) has drop in centers in all the provincial headquarters where the abused women and children who need to be protected from the abuser, family and/or community are counseled and placed in

shelters. Women in Law and Development in Africa (WILDAF) has drop a in centre in Lusaka where the sexually abused are counseled and offered free legal services. However, GIDD (2000, i) states that one of the major drawbacks in these efforts has been the poor coordination and undefined linkages between the various implementing institutions.

Despite the government measures to reduce sexual abuse cases, the number of cases of defilement is not reducing. The President of Zambia, in April 2006 personally went through the Human Rights documented cases of widespread occurrence of sexual abuse. Owing to the review of documented cases, an inter-ministerial programme was set up on 30<sup>th</sup> April 2006 to deal with sexual abuse of girls.

There are two sides to sexual abuse; the abuser and the abused. The kind of messages that the abuser has been getting from society and how they have been reacting to the messages may be influencing the trend. Much is known from the abused side but the abusers have rarely been studied. Hence, the study intended to look at the sexual abusers' (that is the convicted sexual abusers in Lusaka Central Prison) perceptions as to why they abused children.

## **1.2 STATEMENT OF THE PROBLEM**

Sexual abuse of children remains a significant problem for females particularly girl child throughout the world (UNAIDS, 2001). In Zambia, there is a national and multidisciplinary approach to tackle issues of child sexual abuse. The constitution of Zambia, penal code and the Juvenile Act prohibit sexual exploitation and sexual abuse of children. According to the Amended Penal Code (2005), any person who commits the crime of rape shall upon conviction be liable to imprisonment for a period of ten years. Moreover, where the rape was committed against a child, or an insane person, the Minister should cause the names of such perpetrators to be published in the government gazette (Amended Penal Code, 2005).

Despite government measures and Non-Governmental Organizations' Coordinating Council (NGOCC)'s calls for male organ castration to reduce sexual abuse incidences the number of cases of defilement is not reducing. According to the University Teaching Hospital (UTH) records defilement cases were higher than rape cases. The UTH database showed that the

numbers of reported sexually abused cases in Lusaka was increasing. For instance, the cases increased from 406 in 2001 to 1012 in 2004, although there was a slight decrease in the number of reported cases (830) in 2005. In 2004, there were 1012 cases of defilement and 290 cases of rape while in 2005 there were 830 cases of defilement and 335 cases of rape. The number may be under estimated owing to under reporting of cases (UTH, 2006).

Anecdotal evidence suggests that the increase in sexual abuse of minors could be driven by the belief in “virgin cure” (Fleischman, 2002). This belief is wrong and not supported by scientific evidence but it is most likely that some people firmly believe the myth. The belief, could pose a serious threat to the fight against HIV and AIDS. Hence, the purpose of the study was to explore perceptions of child sexual abuse convicts in Lusaka Central Prison with regard to the underlying reasons for committing the offence.

It was observed by Human Rights (2002) that sexual abusers target young girls from all walks of life, such as children in extended families (orphans). Girls who are orphans may be abused by men who are their guardians, or by others, who are charged to assist or look after them, and including teachers. By 2002, 1.1 million children had been orphaned and nineteen percent had lost both parents. As many as 150,000 children may be living without adult care (Ministry of Community Development and Social Services and Ministry of Sport, Youth and Child Development, 2006) It is alarming to imagine that such a large number of young girls may be at risk of sexual abuse.

Children who live on the street especially girls are likely to be abused. There is a growing problem of street children in Zambia, with numbers estimated at 35,000 (Ministry of Youth and Child Development, 2007). The number of street children is likely to increase even more because of the growing numbers of children being orphaned due to parents dying of AIDS. As the number of orphaned children swells, a severe strain is being put on the extended family that has traditionally taken care of orphans. Counselors who work with street children reported that girls go to the streets at ages four or five and these girls are continuously exposed to sexual abuse (Musonda, 2002). It is also likely that disabled children, that is the physically (blind and crippled) and mentally handicapped may be easy prey for abusers (GIDD, 2000, ii).

Statistics indicate that members of their own families, who are fathers, brothers and servants, are also increasingly abusing children in nuclear families.

According to Human Rights Watch (2002) an increased proportion of the sexual abusers are HIV positive. Therefore, even a few reported cases of sexual abuse are of concern because of the link between sexual abuse and HIV epidemic. No wonder Human Rights Watch (2002) reported that sexual abuse in Zambia fuels the HIV/AIDS epidemic and the strikingly higher HIV prevalence among girls and boys.

HIV/AIDS in Zambia has become a major public health problem or concern with an estimated adult HIV prevalence of 16 percent (NAC, 2005; ZDHS, 2003). Lusaka urban has a prevalence of 27 percent (NAC, 2005; ZDHS, 2003). Owing to the high prevalence of HIV/AIDS in the country, sexual abuse of minors could be detrimental to the achievements that have already been underscored in reduction of HIV incidence in the country. Although, recent studies have indicated a reduction in HIV prevalence among young adults in Zambia, attributed to sexual behavior change, including increased condom use (USAID, 2002), the emerging picture of girl child sexual abuse poses a clear challenge to the fight against HIV/AIDS. Apparently, it is a threat to the existence of the safe group upon which the future of the country lies because it may lead to HIV/AIDS epidemic among the young girls. In addition, progress in reducing new HIV/AIDS cases will be stalled if this scourge is not addressed.

### **1.3 FACTORS INFLUENCING CONVICTED PRISONERS' PERCEPTIONS ABOUT CHILD SEXUAL ABUSE IN RELATION TO VIRGIN CURE.**

There are various factors that influence sexual abuse of minors and these include cultural, disease and socio-economic factors. These factors are discussed below.

#### **1.3.1 Cultural Factors**

- **Traditional Medical Practice**

There are 40,000 traditional healers in Zambia, who comprise faith/spiritualists, herbalists, traditional birth attendants and diviners (Lukwesa, 2006; Vongo, 2002). Traditional healers are generally respected health care providers and opinion leaders in their communities. Traditional

healers interpret traditional beliefs for their communities. Thus, large numbers of adult males from different walks of life with different needs and diseases (HIV/AIDS) inclusive visit traditional healers who are not only healers but also custodians of tradition (UNAIDS, 2000).

Unfortunately, some of the traditional healers encourage and prescribe harmful practices such as “Virgin cure” which involves sexual abuse of young and virgin girl to provide a *chizimba* (i.e. magical formula) to the herbal treatment. As a result there is a wide spread belief in “virgin cure” even among those who do not visit traditional healers. Owing to traditional beliefs there may be misplaced beliefs, primarily by men, with the intention of engaging in sexual intercourse with children for cure (Smith i, 2003). Therefore, it was important to find out from the convicted sexual abusers whether they acted on advice from traditional healers.

- **Gender Discrimination**

In the Zambian society, it is generally felt that women hold a lower position than men. For instance men lead, women follow, and men make decisions, women go along with those decisions (Mhlanga, 2006). According to Traditional Health Practitioners Association of Zambia (THPAZ) the woman has no place among men but remains to the confines of domestic chores. Men have cultural attitudes to think they are supreme and better beings and that they can impose themselves on women (THPAZ, 2006). Sometimes males sexually abuse females to just prove that they are sexually virile (i.e. macho identity). Rape and defilement is increasingly used as a weapon of war, political repression or ethnic cleansing (United Nations, 1999).

- **Religious Beliefs**

According to the study by Mbiti (1989) and Smith ii (1980), Bantu people have animistic beliefs (i.e. belief that human beings, animals and inanimate objects all possess “souls” and “spirits” or “anima” in Latin) which have been divided into three main categories, belief in a high God, Spiritualism and dynamism. The first is concerned with the conception of a creator which is similar to biblical belief.

The second belief category represents man's spiritual connection with forerunners and ancestors. There are elderly men who are priests and are responsible for ancestral worship and ceremonies to appease supernatural powers. However, girl children sexual abuse is included in ceremonies when supernatural powers are appeased. For instance, Fetish slaves or *trokosi* in Ghana are victims of a tradition in which young virgins are offered as slaves to appease the gods and ensure success in war (Bavender-Coyle, 1996; Young and Chernikoff, 1996).

The third belief category neither seems to be derived from god or man, but it is vague pervasive power. The later is described as the belief in all pervading impersonal power which manifests itself through omens and signs, which invariably predict disaster and death, a power with which it is dangerous to tamper but which nevertheless can be used for good or evil, for social and personal benefits or hostile and criminal ends. The pervasive power uses *chizimba* which is a magical belief used for good and evil (Drake, 1976).

- **Rejuvenated Manhood**

Impotence and sterility is very embarrassing for an African man whose role is to continue the family tree. In fact, a man's primary duty as a husband is to ensure conception of a child. A wife is questioned the morning after marriage about her husband's potency and if he is impotent the marriage is annulled. Sterility may also cause a marriage to be dissolved but the sterile man (*ngomwa*) may pay a substitute called a *fisi* (hyena) to secretly impregnate his wife (Drake, 1976).

### 1.3.2 Disease Factors

- **Sexually Transmitted Infections (STIs)**

Many African traditional healers have treated Sexually Transmitted Infections (STIs) for generations, though their explanations vary considerably across ethnic backgrounds with regard to the nature, causes and modes of transmission of these infections (UNAIDS, 2000). Since STIs are very embarrassing and attract or bring stigma, friends and relatives may advise the patient to try traditional medicine. Though traditional healers claim in the media to cure STI we are not sure if some of them include sexual abuse of a young virgin girl as part of



treatment. Amended Penal Code (2005) states that “without prejudice to any other law the fact that the rapist is a carrier of sexually transmitted diseases shall increase the penalty for the crime of rape”. However, despite this perceived threat to the practice, Victim Support Unit (2007) data base showed that in recent past sexual abuse cases reported have risen. The general public attributes the increase to traditional belief that sleeping with a young virgin can cure a man who has an STI (Mugala, Ncheema and Mulendema, 2006). However, no studies exist on sexual abusers to find out their reasons for abuse.

- **HIV/AIDS**

Most people see traditional healers when they have chronic illnesses. Since, AIDS is a chronic disease the patients may see a traditional healer. However, some study findings show that some traditional healers advise men who have HIV/AIDS to sleep with young virgin girls and female infants as part of treatment (Rogowska-Szadkowska, 2005). Rogowska-Szadkowska (2005) revealed that if a single sexual contact with a virgin is insufficient to cure HIV/AIDS the man should try again. This could be part of the reasons why men are increasingly targeting younger sexual partners whom they assume to be HIV negative and the “virgin cure” (i.e. sex with a virgin can cure AIDS) despite the calls to end the trend.

A study by Gregson, Nyamukapa, Garnett, Mason, and Zhuwau (2002) reported that having an older sexual partner was associated with increased risk of HIV infection. Therefore, the adult sexual abusers may expose the young virgins to HIV infection. Coerced sex that is a form of violent rape either due to cultural or economical obligations increases risk of micro lesions and of STI/HIV (WHO, 2000). Hence, if trauma to the genital tract is sustained at coital debut due to rape, it may increase the risk of HIV transmission (Pettifor, Straten, Dunbar, Shiboski and Padian, 2004). In fact, the young girls being targeted may be especially prone to HIV infection in comparison to older women due to larger areas of cervical ectopy and trauma to the immature genital tract during sex (Pettifor et al, 2004).

- **Paedophiliac**

Paedophilia is classified into types namely primary and secondary paedophilia. Primary paedophilia is present when someone's sexual orientation is exclusively directed towards children. It has been shown that there is often a history of abuse in the perpetrator. Secondary paedophilia on the other hand is a consequence of some pathology such as mental illness or other cerebral diseases or genetic disorder (Wright, Stern, Phelan, 2005).

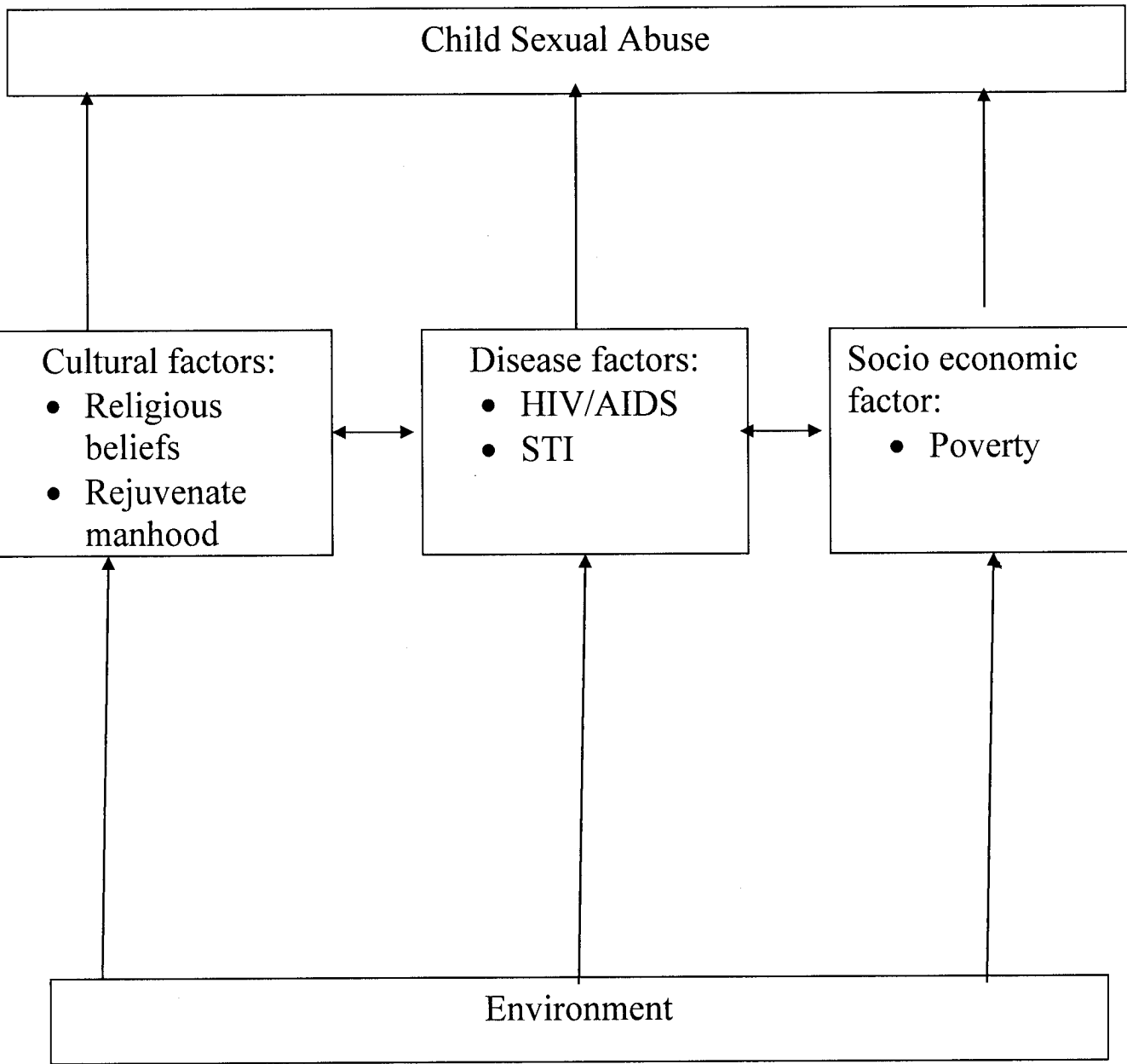
### **1.3.3 Socio-Economic Factors**

- **Poverty**

The Living Conditions Monitoring Survey Report 2002-2003 by CSO revealed that 72.9 percent of the Zambian population is living below the poverty line, with exceptionally high levels among the rural population. Poverty is embarrassing and difficult to overcome for males heading homes, since they have no access to small scale loans because they no have assets to use as surety. The food for work projects are also biased towards females. (Baden, Masika, Milward, Oxaal, Colclough, Cook, De Haan and Joeke, 1998).

Study findings show that reported sexual abuse cases have risen due to a traditional belief that sleeping with a young virgin will bring wealth to a family that is struggling financially (Shinkanga, 1995). When traditional healers prescribe sex with a young virgin girl as part of treatment for poverty, a lot of people may be attracted to this type of cure.

**Figure 1: Factors Influencing Convicted Prisoners about Child Sexual Abuse in Relation to Virgin Cure**



Adapted from Green L. W. and Kreuter M. W. (1999)

## 1.4 THEORETICAL FRAMEWORK

In this study the PRECEDE-PROCEDE Model has been used (Green and Kreuter, 1999) to explain the exact nature of the role that beliefs play in child sexual abuse. The study only used the PRECEDE part of the model as it did not focus on designing and implementing appropriate interventions to address the problem. The model was used to learn about the sexual abusers' perceptions of virgin cure.

The PRECEDE component has four steps that include: social assessment, epidemiological assessment, behavioral and environmental assessment, educational and ecological assessment and administrative and policy assessment (Green and Kreuter, 1999 and Brindis, Sattley and Mamo, 2005). The model begins by assessing the environment in which the group lives by carrying out a social and epidemiological assessment. Social assessment is identifying the social concerns of the community. For instance, the Zambian community is concerned with the age of the girls and the increase in sexual abuse. Epidemiological assessment is using epidemiological data to suggest health problems. For instance, data shows that Zambia is at the epicentre of HIV/AIDS therefore the study assesses the perceptions of the child abusers on the consequences of child sexual abuse. The model considers the social factors that influence the behaviors by carrying out a behavioral and environmental assessment. The assessment involves identifying behavioral and environmental risk factors that seem to affect health.

The PRECEDE model examines both the internal and environmental factors of the group that predispose it to certain behaviors or health problems. That is, educational and organizational assessment which involves identifying the factors that are represented in the PRECEDE acronym which stands for Predisposing, Reinforcing, Enabling Constructs in Educational/Environmental Diagnosis and Evaluation. Predisposing, reinforcing and enabling factors increase the likelihood that behavioral and environmental changes will occur.

The model then calls for the identification of factors that will help the group to adopt health actions. This is the administrative and policy assessment which involves planning related to health education and policy regulation. Priorities are also set (Stanhope and Lancaster, 2000).

Drawing from the model the increase in child sexual abuse in relation to virgin cure can be explained by the constructs. The four steps of the PRECEDE model are discussed in the following section and how they were applied to this particular study.

1.4.1 PRECEDE MODEL STEPS

1.4.1.1 Social Assessment

The objective for social assessment was to understand the sexual abusers’ perceived needs as they articulate them. The practitioner may use multiple data collection activities to understand the community’s perceived needs. In this regard, the concern of the community is the increase in the number of children who are sexually abused because of the belief in virgin cure. This study however used one source of data, which is focus group discussions to describe the problem from the perpetrators’ view. The researcher reviewed documents on reported cases from Zambia Police’s Victim Support Unit (VSU) to obtain information on sexual offences in Zambia as shown in table 1.

Table 1 Reported Crimes against Women and Children in the Period 1998-2005 <sup>a</sup>

Types of Offences	Year							
	1998	1999	2000	2001	2002	2003	2004	2005
Rape (females above 16)	47	84		198	198	308	290	216
Defilement (females below 16)	0	263	306	366	865	1233	1375	1511
Indecent assault on boys (14)	0	0	0	3	20	8	2	3
Incest	0	0	0	16	21	36	22	67
Sodomy	0	0	0	5	8	26	12	9
Total (children only)	0	263	306	390	914	1303	1411	1590
Total number of crimes/yr	473	1745	2720	5753	6878	7192	7718	8347

VSU (2007)

According to Table 1 above, children particularly girls are more vulnerable to sexual offences than adult females. The table also shows that cases of sexual abuse of girl children (i.e. defilement) are not only high but increasing faster than other cases. However, the situation could be totally different from reported cases and this is one of the limitations of this source of information.

The study carried out the social assessment by finding out the mostly abused child and the types of children who were mostly abused from the sexual abusers. This was to find out if the community's concern is similar to the sexual abusers' view.

#### **1.4.1.2 Epidemiological Assessment**

The objective of this step was to identify the health problems caused by child sexual abuse which could be attributed to the virgin cure belief by offenders. This study identified the health problems by finding out from the child sexual abusers the consequences of their offences on children according to age. Secondary data from the Ministry of Health was also used to obtain information on the health problems resulting from child sexual abuse such as STDs and HIV/AIDS. According to Ministry of Health statistics for 2005, a total of 51,764 patients were on Antiretroviral Therapy (ART) with Lusaka province recording the highest number of patients representing nearly half of the total patients (47 %) followed by Copperbelt province (18.0%). The statistics are of concern because if the virgin cure belief exists then that could be the reason for high numbers of sexually abused children in Lusaka and Copperbelt provinces.

#### **1.4.1.3 Behavioral and Environmental Assessment**

The objective of this step was to identify the behavioral and environmental correlates of child sexual abuse. This step was divided into two parts that is behavioral and environmental correlates. The behavior correlates are behaviors or life styles that contribute to the increase in the sexual abuse of minors. The study assessed behavioral factors by finding out from the respondents the type of children who were more vulnerable to sexual abuse and also the persons who are predisposed to the virgin cure belief and consequently engaged in sexual abuse. Environmental correlates are social and physical factors that support child sexual abuse. The researcher reviewed literature to identify the behaviors. The study identified the social and

physical factors that support child sexual abuse by finding out why particular children are vulnerable to sexual abuse.

#### **1.4.1.4 Educational and Ecological Assessment**

The objective of this step was to identify predisposing, reinforcing and enabling factors that influence behavioral and environmental correlates. The study identified the predisposing, reinforcing and enabling factors that shape the child sexual abuser's behavior.

##### **1.4.1.4.1 Predisposing Factors**

Predisposing factors are factors that exert their effects prior to a behavior occurring by increasing or decreasing a person's motivation to undertake that particular behavior (i.e. provide a reason for behavior). Predisposing factors to the virgin cure belief include knowledge, attitudes, beliefs, personal preferences, existing skills and self efficacy.

###### **1.4.1.4.1.1 Personal preferences**

The study sought to find out whom the child sexual abusers preferred to have sex with and whom they consulted when they had problems. Literature suggests that child abusers preferred girls below 17 years as shown in table one. On whom they consulted, most individuals including sexual offenders preferred seeing a traditional healer to seeing a health worker when they are ill.

###### **1.4.1.4.1.2 Beliefs**

Traditional belief in "virgin cure" has been suggested as the main reason for child sexual abuse. Men believe that sex with young girls will protect them from HIV/AIDS, some believe it will cure AIDS (Ahmed, 2005), and STI (Groce and Trass, 2004). Others believe that sex with a virgin renews youthfulness, increase virility, and brings good health, longevity, luck and success in business (Ahmed, 2005).

Since the interpretations of the increase in child sexual abuse lean more on beliefs, the study narrowed down the many factors that influence child sexual abuse indicated or discussed above to only those factors that are related to "virgin cure". It also borrowed from the

perceived benefit component of the Health Belief Model. The Health Belief Model (HBM) was one of the first theories that attempted to explain and predict health behaviors (Glanz et al, 2002). HBM is used to predict health related behavior in terms of certain belief patterns. The HBM has five key descriptors namely: Perceived susceptibility, perceived seriousness, and perceived benefits of taking action, barriers to taking action and cues to action (University of South Florida, 2006). Perceived or anticipated benefit is one's belief in the efficacy of the advised action to reduce risk or seriousness of impact (Glanz et al, 2002). Drawing from the perceived or anticipated benefits on assessing the circumstances, the sexual abuser believes that benefits stemming from the virginity of young children will reduce the risks of gods or spirits not honoring the sacrifices or the seriousness of HIV/AIDS/STI, poverty and impotence or sterility.

The study borrowed from personalistic theories of illness because virgin cure belief also involves treatment of diseases. According to personalistic theories of illness, illness may be linked to transgressions of a moral and spiritual nature (Olsen, 2007). If one has violated a social norm or breached a religious taboo, he or she may invoke the wrath of a deity, and sickness as a form of divine punishment may result. Possession by evil spirits is also thought to be a cause of illness in many cultures. This may be due to inappropriate behavior on the part of the patient like failure to carry out the proper rituals of respect for a dead ancestor. Recovery from an illness arising from personalistic causes usually involves the use of gongs, rattles, magic animals, dancing rituals, purification ceremonies, physical manipulation, prayer, healing herbs, or removal of something inside a sick person, such as a stone, feather, piece of bone or other material and symbolism, most often by traditional healers or practitioners who are specially trained in these healing arts (Olsen, 2007).

Literature reviewed shows that virgin cure is the magical formula (*chizimba*) to prevent HIV/AIDS and cure diseases like AIDS and sexually transmitted infections (Ahmed, 2005). The belief that a man can lose the infection by having sex with young virgin girls seems to place girls in place of magic animals during purification ceremonies or rituals.



The behavior is associated with traditional beliefs and a potent motivator related to beliefs is fear. Fear combines an element of belief with an element of anxiety. Traditional healers and priest suggest a course of action like sexually abusing a child that can be taken immediately to ease the fear in settings that promote traditional beliefs.

**1.4.1.4.1.3 Knowledge**

The study assessed knowledge about virgin cure by finding out the traditional beliefs and practices that promote child sexual abuse. Since knowledge is required for a person to act, people who believe and uphold cultural beliefs and practices are likely to sexually abuse children. For instance, men and women from families and communities where cultural beliefs are passed on from generation to generation like the village setting. As traditional beliefs are passed down from one generation to the other, it is most likely that one becomes more rooted in them as he or she grows older and this may apply to virgin cure.

**1.4.1.4.1.4 Attitude**

The study assessed behavior intention by finding out the role of significant others (close relations and friends) and traditional healers in promoting the virgin cure belief. Intention is the best predictor of behavior and attitude. Therefore, the study borrowed from behavior intention which is a concept fundamental to the theory of reasoned action. The theory proposes that the performance of a particular behavior is a direct result of whether or not one intends to perform the behavior (Sutton, 2004). There are three conditions in which intention of an individual can accurately predict the behavior. First the intention and behavior measures correspond in specificity of action, target, context and time frame. Second, intention and behavior do not change in the interval between assessment of intention and assessment of behavior. Finally the behavior in question is under the individual's volitional control.

According to the theory of reasoned action an individual may be influenced at emotional or rational level. Though the sexual abuser believes in virgin cure and the traditional healer tells him or her to sexually abuse a minor there has to be behavioral intention for him or her to act. Drawing from the theory when a person receives information he/she systematically compares the benefits of virgin cure to other options. The persuasion from the traditional healer moves

him from attention, to comprehension, to evaluation and to change in virgin cure belief and attitude, forming intention and finally behavior change. Since studies reviewed were on the sexually abused and community the sexual abusers' behavior intention was overlooked.

**1.4.1.4.2 Enabling Factors**

The study assessed enabling factors which would dispose the child sexual abuser to virgin cure. Enabling Factors are mainly societal factors or systems, which enable persons to act on their predispositions. Enabling factors include motivation, perceived talent or self efficacy and perseverance.

**1.4.1.4.2.1 Personal Motivation**

The study assessed motivation by finding out why the particular groups of men are more likely to sexually abuse children.

**1.4.1.4.2.2 Physical Enabling Factors**

The study looked at physical enabling factors including available resources and access to colleagues of abusers.

**1.4.1.4.2.2.1 Personal Resources**

The study assessed personal resources by finding out if the sexual abusers had resources to pay for sex and places where to have sex.

**1.4.1.4.2.2.2 Access to Colleagues**

The study assessed the assistance and services available for sexual abuser by finding out family support and availability of legal aid.

**1.4.1.4.3 Reinforcing Factors**

Reinforcing Factors are factors that come into play after a behavior has been initiated. They encourage repetition or persistence of behaviors by providing continuing rewards or incentives. Therefore this step involved identification of antecedent and reinforcing factors that must be in place to initiate and sustain change in the sexual abusers.

#### **1.4.1.4.3.1 Social Relationships**

Social relationships and affiliations may provide social support, praise and reassurance to sexual abusers. Solid social relationships at community level make individuals and families feel strong bonds and attachment to places (e.g. a neighborhood) and organizations (e.g. religious or cultural organizations). Unfortunately, when family and community bonds are strong it is difficult to report cases of sexual abuse because of the sexual abusers' apprehension about disclosure of their offences and concern of family members and elders regarding the "family image" often leading to an informal communication campaign to silence any discussion on the subject (Boehm and Itzhaky, 2004). Social participation like getting together with friends, attending community meetings or meals, traditional ceremonies and rituals encourage passing on of belief in virgin cure from one generation to another. Therefore, the rewards, incentives and feed back from these social relationships reinforce behavior.

##### **1.4.1.4.3.1.1 Rewards**

The study aimed to establish whether the belief in "virgin cure" relieved any symptoms or it is a fallacy. Praise, reassurance, and symptom relief might all be considered reinforcing factors. Many traditional healers have treated Sexually Transmitted Infections and other illnesses for generations and some of the medicine have been adopted for use by the medical profession (UNAIDS, 2000). However no study has been done on sexual abusers to confirm the symptom relief provided by magical formula of "virgin cure".

##### **1.4.1.4.3.1.2 Punishment**

The study assessed whether imprisonment of sexual abusers as punishment could lead to behavioral change.

#### **1.4.1.5 Administrative and Policy Assessment**

The objective of this step was to identify the strategies to reduce child sexual abuse from the offenders' perspective which could be incorporated in policies and laws to address the problem. This step focuses on administration and organizational concerns which must be addressed prior to the program implementation. The step has two parts which include administration assessment and policy assessment. Administration assessment involved

analyzing policies, resources and circumstances prevailing that could hinder or facilitate child sexual abuse. Therefore the sexual abusers were asked about the actions that should be taken when a child has been sexually abused and the strategies to take in order to prevent child sexual abuse in Zambia. Then the researcher reviewed the policies and laws that were related to the recommendations from the respondents.

## 1.5 JUSTIFICATION

According to the convention on the rights of the child, the Government should protect the child from all forms of sexual exploitation and sexual abuse (UNICEF, 1990). The Zambian government has taken appropriate legislative (i.e. Constitution, Amended Penal Code and Juvenile Act), administrative (i.e. Law enforcement agents and Victim Support Unit inclusive), and educational (i.e. posters and television messages) measures to protect the child from sexual abuse. However, despite all the measures taken by the government the child is still not protected because there is compelling evidence that child sexual abuse is significantly higher than all other crimes (Victim Support Unit, 2006). Recognizing this gap the study intended to investigate perceptions of convicted child sexual abusers on child sexual abuse. The study was necessitated to provide information that may be needed for informational support to assist convicted child sexual abusers change their behavior.

In Zambia most of the existing studies on child sexual abuse are anecdotal reports (GIDD, 2000, i). These studies are qualitative in nature and have mainly focused on the sexually abused not the sexual abusers. For instance, Shinkanga (1995)'s study focused on the sexually abused and community members while the Human Rights Watch concentrated on sexually abused and key people in Non Governmental Organizations dealing with violence against women. Since the study focused on convicted sexual abusers, it has provided an opportunity to assess the perceptions of perpetrators of sexual abuse.

It was envisaged that health care providers, Prison Service, Police Service, Judiciary, Non Governmental Organizations dealing with violence against women and Victim Support Unit will design appropriate Information Education Communication (IEC) messages that will help to minimize child sexual abuse, would use the findings from the study. It was hoped that the findings of the study could provide information to the policy makers and assist in the design of further proposals for combating the problem of child sexual abuse.

**1.6 RESEARCH OBJECTIVES**

**1.6.1 General Objective**

To explore convicted prisoners’ perceptions about child sexual abuse in relation to virgin cure.

**1.6.2 Specific Objectives**

1.6.2.1 To assess convicted prisoners’ experiences on child sexual abuse.

1.6.2.2 To explore factors influencing perceptions of convicted prisoners about child sexual abuse.

1.6.2.3 To assess the extent to which virgin cure contributes to child sexual abuse.

1.6.2.4 To make recommendations to the relevant stakeholders on how to discourage belief in virgin cure and its contribution to child sexual abuse.

**1.7 RESEARCH QUESTION**

- 1. What are the factors contributing to the belief in virgin cure?
- 2. Are traditional healers responsible for the belief in virgin cure?

**1.8 HYPOTHESIS**

Persons who believe in virgin cure are more likely to sexually abuse minors.

**1.9 VARIABLES**

**1.9.1 INDEPENDENT VARIABLES**

Independent variables are the ones influencing other variables, determining the values of these affected variables (Brink, 1996). That is the factors influencing the problem at hand. Therefore, the independent variables for the study were: appeasement of supernatural powers, rejuvenating manhood, disease cure and poverty reduction.

**1.9.2 ANTECEDENT VARIABLE**

The antecedent variable appears before the independent variable and determines it (Bless and Achola, 1990). Therefore the antecedent variable for the study was the environment.

### **1.9.3 DEPENDENT VARIABLE**

Brink (1996) defines dependent variables as factors that are observed and measured to determine the effect of the independent variable. Therefore, the dependent variable for the study was child sexual abuse, which was used to vary the independent variables by looking at the following: girl child's security, age, educational level and employment status.

## 1.10 OPERATIONAL DEFINITION OF TERMS

*1.10.1 Sexual abuse* - Any form of exploitation of a vulnerable person whether consensual or not for the gratification of someone with power over him or her. That is, physical, verbal and emotional components. It includes sexual assault i.e. rape, date rape, statutory rape and indecent assault. Sexual activity between children may constitute sexual abuse if the difference in age between the children is so significant that the older is clearly taking sexual advantage of the younger one.

*1.10.2 Sexual assault* - Rape: Sexual intercourse with a person of either sex involving the penetration of the vagina, the anus or mouth with the penis or any other instrument without consent. Lack of consent is presumed where; the victim is under 16 years of age, the victim is insane, or the victim is unable to resist; physical violence, intimidation or position of seniority used.

*1.10.3 Incest* - Sexual intercourse between relatives who are so closely related. That is grand daughter, daughter, sister or mother for males and grandfather, father, brother or son for females.

*1.10.4 Child sexual abuse* - Sexual exploitation of a child who is under legal age (16 years) hence, developmentally incapable of understanding or resisting the sexual contact.

*1.10.5 Minor*: A minor is a person under the legal age of 16.

*1.10.6 Defilement*: Having carnal knowledge of a minor, with or without his/her consent. Where the sexual offence is with a child under the age of 16 years, partial penetration is deemed sufficient grounds for considering that rape has occurred.

*1.10.7 Defilement of idiots or imbeciles*: Having carnal knowledge of an idiot or imbecile.

*1.10.8 Traditional Beliefs*: Traditional Beliefs are convictions that something is true.

*1.10.9 Convicted Sexual Abuser*: A person in prison because he was found guilty and arrested by the law enforcement agents.

*1.10.10 Virgin Cure*: Sex with a child under the age of 16 years, to get rich or cured of illness.

*1.10.11 Perception*: A person's opinion about something.



## Operational Indicators

**Table 2: Variables and cut off points**

Variable	Indicators	Cut off points
<b>Dependent Perceptions about Child Sexual Abuse</b>		
Security	A child who lacks 24 hour protection from adults and cannot cry for help is vulnerable to sexual abuse	Very high= street child High= orphan Medium=disabled child Low=child in nuclear family
Age	The younger the girl child the more vulnerable she is because of perceived virginity.	Very high=below 1year High=1-5 years Medium= 6-10 Low=11-15 Very low=16-18
Educational level	Education helps a young girl to know when she has been abused and report.	Very high=senior high school High=junior high school Medium=upper primary Low= lower primary school Very low= nursery
Occupation	The exposure of girl children to the work place disposes her to abuse.	High=on the streets Medium=house servant Low=unemployed
<b>Independent Perceptions about Child Sexual Abuse</b>		
Traditional medicine Practice	Culturally rooted man will observe the beliefs and carry out traditional healer's advice	High=advised by traditional healer to have sex with a girl child. Medium=heard about the belief of cure by sexual abuse. Low=do not know or believe in the belief.
Ancient religions	Sex with a young girl will rejuvenate manhood	High= very old to have sex Medium=have sex but no child. Low= have sex and child but not virile.
STI cure	Advised to have sex with a girl child for STI cure	High = he had an STI before sexual abuse Low = he did not have an STI before sexual abuse
HIV/AIDS cure	Advised to have sex with a girl child for HIV/AIDS cure	High= he has AIDS Medium= he was HIV positive before sexual abuse Low= he is not HIV positive
Poverty cure	Advised to have sex with a girl child for poverty cure	High=all basics needs not met Medium=some basic needs met Low=all basic needs met
Gender factor	Sexual abuser justified by social norms due to sex	High=male Low=female
Pedophiliac	The target is a specific age group hence age of sexually abused is the indicator.	Very High= 1-5 years High=6-10 years Medium=11-15 Low=below 1 year Very low= above 15 years
Belief about Virgin Cure	Upholds the belief in if sexual abuser agrees that it works	High= agrees Low=does not agree

## **CHAPTER 2**

### **2.0 LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

This chapter focuses on factors influencing the issue of Child Sexual Abuse (CSA) in order to provide a comprehensive picture and clues to the magnitude of the problem. The literature reviewed is on published articles and accredited books from computerized data base and libraries. In this chapter, literature review is arranged globally, regionally and nationally.

#### **2.2 GLOBAL PERSPECTIVE**

The myth of the Virgin Cure has a rich and culturally diverse history stretching back to 16th century Europe, and more prominently to be found in 19th century Victorian England, where, in spite of the emphasis on morality, rectitude and family values, there existed a widespread belief, that sexual intercourse with a virgin was a cure for syphilis, gonorrhea, and other Sexually Transmitted Infections (STI). Accounts of the belief are reported from Europe, the Americas, Asia, and Sub Saharan Africa (Earl-Taylor, 2002, Groce and Trass, 2004).

Similarly, there is also an old belief that sex with an individual who is disabled can rid one of STI. The brothels in Victorian England were stocked with intellectually disabled ‘virgins’ because it was believed that a syphilitic man could lose the infection after having sex with them. Global Survey on HIV/AIDS and Disability identified virgin rape of individuals with disability (blind, deaf, physically impaired, intellectually and mental health disabilities) by people who believe themselves to be HIV positive (Groce and Trass, 2004).

Encompassed in the current belief system of both prevention/cure of HIV/AIDS is the notion that an intact hymen, and the smaller amount of vaginal secretions in young girls, prevents transmission of the disease through sexual intercourse. As previously posited, experts agree to disagree on the root causes of the shocking incidence of child rape, but all are fairly certain, that it does not meet the clinical diagnostic criteria for the paraphilia (i.e. deviant psychosexual disorder) of paedophilia (Earl-Taylor, 2002).

The “virgin cure” concept has led to an increase in sexual abuse of minors world wide for instance in Germany three in every ten girls are said to be sexually abused according to a report from a doctor in Aachen (Cullen, 2002). Cullen (2002) attributes the increase in sexual abuse to a belief that an exotic encounter with a virgin frees a sexual abuser from AIDS. Moreover, majority of victims remain silent and endure the humiliation and suffer in silence rather than expose their abuser who is frequently a parent or relative.

The myth of the “Virgin Cure” is deeply entrenched in India which has HIV infection rate estimated to be in excess of 3,000,000. This belief can also be found in other Asian countries, Thailand being a good example. According to Seaman (1996) there is a common belief among South East Asian men that they can rejuvenate themselves by sleeping with a young virgin girl. The fact that most of these countries criminalize sexual activities with children seems to have little impact on the numbers of children being raped (Earl-Taylor, 2002).

There is unquestioning belief in ritual sex abuse in the United States of America, Canada and other post industrial countries, where hundred people were charged with ritual sex of children from 1984 to 1989 (Nathan, 2006). Many tourists travel to a developing country to pay for sex with a minor and many of the perpetrators (from United States, Germany, France, Australia, United Kingdom and Japan) believe that they are purchasing sex with a virgin (Dublin and Mabrey, 2006).

In the AIDS era, young girls have proven to be especially vulnerable to violence, or to being trafficked or coerced into sex work, since their youth and perceived virginity are associated with freedom from disease. Therefore, rates of HIV infection among sexually exploited children are high (UNAIDS, 2004, ii). For instance, many locals and tourists in Asia prefer child prostitutes owing to a belief that they will be less likely to carry the AIDS virus. However, 72.4 percent of the child prostitutes carry HIV. Many Asian men also believe that sex with a virgin will not only rejuvenate them but also cure venereal disease (123 help me.com, 2006).

Lindegren et al (1998) revealed that pediatric AIDS was a consequence of child sexual abuse in United States. The large-scale retrospective United States study by Lindegren et al (1998)

reviewed 9136 of children less than 13 years who may have acquired HIV/AIDS infection through sexual abuse (National HIV/AIDS surveillance system through December, 1996). Of these HIV infected children, twenty-six were sexually abused with confirmed (n=17) or suspected (n=9) exposure to HIV infection. Although the number of reported cases of sexual transmission of HIV infection among children was small, the authors thought this was a minimum estimate based on population surveillance and that this represented an important and likely under recognized public health problem.

According to Vittillo (2006), sexual abuse has risen as a specific result of HIV/AIDS. In many parts of the world, men have reduced their reliance on commercial sex workers because of fear of contracting HIV. As a result of this wide spread fear, many men (and some women) have turned to young (and therefore presumably uninfected) girls (boys) for sexual favors. Moreover, religious women particularly nuns have also been targeted by such men, especially by clergy who may have previously frequented prostitutes (Allen and Schaefer, 2006).

Religion can also permit and justify child sexual abuse. The Talmud in the Jewish religion not only permits the defilement of non-Jewish females, but also makes it a duty. According to the Talmud a non-Jewish girl who is three years and a day old may be defiled (Fink, 2006).

### **2.3 REGIONAL PERSPECTIVE**

In Africa, from a very early age, many young women experience rape and forced sex, (UNAIDS, 2004). In Sub Saharan Africa sexual abuse and violence are serious problems that transcend racial, economic, social and regional lines. Violence is frequently directed towards females and youth who lack the economic and social status to resist or avoid it. Adolescents and young females in particular may experience abuses in the form of domestic violence, rape and sexual assault, sexual exploitation and/or genital mutilation. Culture mores against reporting abuse make it difficult to assess accurately (Advocates for Youth, 2000).

According to Id21 insights research findings on sexual abuse of girls in South Africa, Botswana, Kenya, Malawi, Zimbabwe, Uganda and Ghana the myth that AIDS can be cured by having sex with a virgin exposes girls as young as six to rape. This myth is thought to have originated from Central Africa and has moved south along with the HIV pandemic (Pitcher,

Graem, Bowley, and Douglas, 2002). Liebling and Shah (2001) reported that the factors attributed to the high occurrence of sexual abuse of young virgins for cure of Sexually Transmitted Infections (STIs) and HIV virus is linked to the construction of their sexuality and purity. Since STIs are seen as women's diseases therefore it is believed that the cure for STIs and HIV/AIDS can only be found in a virgin girl (Liebling and Shah, 2001).

Cultural practices which include religion may influence the incidence of sexual abuse in Africa. Voodoo is one of the oldest religious systems predating historical times that originate from West and Central Africa. Studies have shown that it is ancient, magical and botanical practice (Wikipedia, 2006). Voodoo religion includes ritual sex with the young and virgins. For instance, in 1996, 35,000 girls as young as eight in Ghana, Benin, Togo, and Nigeria were offered by parents to work as unpaid servants and sex slaves to voodoo priests in order to pay for the sins of their families against traditional gods and spirits (Bavender- Coyle, 1996).

African traditional healers mirror the great variety of cultures and belief systems on the continent. In some cultures they represent the gods as priest. Moreover, in Sub Saharan Africa traditional healers play a major role in providing for the health needs of people, particularly in rural areas where western health care is unavailable. Despite paucity of reliable figures to determine the prevalence of traditional medicine usage, it is estimated that 70 percent of Sub Saharan Africans access traditional healers (Mills, Singh, Wilson, Peters, Onia and Kanfer, 2006). A wide spread belief exists in the region that traditional healers advise men to have sex with young girls as a cure for HIV /AIDS (Lalor, 2004).

It seems that the traditional healers who advise their clients to sexually abuse young and virgin girls practice voodoo. This is because voodoo derives from African occult practices and refers to a belief in or practice of transference of ills and evil to an innocent or deceased (Adrants, 2006). This implies that the practice intends to transfer HIV/AIDS, STI, misfortune and failure to perform sexually from the male abuser to the innocent child.

Therefore, the common explanations for child sexual abuse throughout sub Saharan Africa are perpetrators' efforts to cure themselves of HIV/AIDS, the breakdown of the traditional

communal child care system, the influence of “foreign cultures,” wide spread poverty, and finally, the powerless position of girls and women in society. Moreover, the idea that one may “cleanse” oneself of AIDS and other STDs (or misfortune generally) by having intercourse with a virgin or young girl is frequently referred to as a possible explanation for the apparent increase in the occurrence of child sexual abuse in Tanzania (Lalor, 2004).

According to the Botswana Police Annual Report, there has been a steady increase in sexual offences, particularly the rape and defilement of girls below 16 years of age. The current social, political and economic situation in the country, including the high rates of HIV/AIDS, appear to further aggravate the problem, rendering girl children particularly vulnerable to sexual abuse (Botswana Police Service, 2003). Similarly, in Accra defilement cases are higher than rape cases though they are both rising. Defilement cases rose from 204 in 2001 to 533 in 2002. Rape cases also rose from 53 in 2001 to 134 in 2002 (Gyau, 2003).

Similarly, sexual abuse of children and infants is increasingly typical scenario, played out daily in hundreds of homes throughout South Africa as AIDS carriers target girls under eight years old for sex in the belief that it will cure them of the dreaded disease (Pierce and Bozalek, 2004, Govender, 1999). Owing to the pervasive belief in "Virgin Cure" prevents/cures HIV/AIDS nearly 60 children are raped every day in South Africa (Earl-Taylor, 2002).

Pierce and Bozalek (2004) conducted a study on sexual abuse of young children in the Cape Town area of South Africa and established that parents engaged their children in sexual abuse to obtain money.

Another study conducted in a rural population of South Africa found that 51 percent of children between six months and fifteen years of age receiving treatment for sexual abuse had been abused by a neighbour, an acquaintance, a lodger or a stranger (Larsen, Chapman and Armstrong, 1996). Njovana and Watts (1996) also found that half of the reported rape cases involved girls less than 15 years of age and that girls are more vulnerable to sexual abuse by male relatives, neighbors and many by teachers.

The study conducted by Disabled Women's Network and Resource Organization (DWNRO) in Kampala, Katakwi and Rakai found that many young disabled women were vulnerable to unwanted pregnancies and HIV and AIDS mainly because of their gender and the nature of their disability. This is because the physically disabled women cannot run away from their abusers, the deaf, dumb and blind cannot shout or protect themselves from their abusers. As a result disabled women suffer sexual abuse in silence (Emasu, 2004).

Sexually Transmitted Infections (STIs) are a frequent complication in sexually abused children in Sub-Saharan Africa. A prospective study was conducted in Lome, Togo to document cases of STIs in young children (0-11 years) seen at the dermatovenereology clinic of the Lome Teaching Hospital over a twenty-month period by Pitche (2000 and 2001). Thirty-three cases of STIs were diagnosed including gonorrhea, HIV, anogenital warts, and trichomoniasis during the study. Thirteen of the thirty-three had gonorrhea (mean age  $7.2 \pm 2.7$  years) and twelve of the thirteen gonorrhea cases were due to child sexual abuse. One ten-year-old girl was found to be HIV positive (contaminator identified). In the same study population, sixteen children (all under age twelve) had anogenital warts: eight cases (50%) were determined to be victims of sexual abuse and all were girls (mean age,  $6.1 \pm 1.9$  years).

Minors are also at risk of sexual abuse as many traditional healers prescribe virgin cure as treatment for HIV/AIDS in most traditional societies. For instance, many Ugandans turn to the traditional healing system for help in dealing with the psychological stress associated with HIV infection as well as for herbal treatment (Baguma, 1996). Use of traditional healers for this purpose is encouraged by social cultural beliefs that posit AIDS is a result of witchcraft or a curse from God (Baguma, 1996). Therefore, there is a tendency for PLWHA to travel from one part of the country to another seeking cure from spiritualists, pure herbalists and visionaries. In fact the traditional healers in Uganda prescribe intergroup sex.

## **2.4 ZAMBIAN PERSPECTIVE**

Zambia has the geographical, economic, political and cultural similarities with many sub-Saharan African countries. Therefore, the scenario of femininised sexual abuse in these African countries is likely to be very similar to the Zambian scenario. For instance, the most

common cases of sexual abuses are that of a girl child by an adult man, with few cases of adult women with under age boys. However, most of the existing Zambian studies are anecdotal reports and unpublished rather than well-documented and published studies.

Over the last years, cases of rape and rape murders have gone up (Zambia Police Service Victim Support Unit, 2006). According to the Zambia Police Service, Victim Support Unit in Lusaka, between 2000 and 2004 there were 4,145 cases of defilement reported to the police, and 545 cases of indecent assault of females (Zambia Police Service Victim Support Unit, 2006). Another unfortunate development is that of sexual abuse of female children in and out of the home by men that they know and trust, including relatives. Blind women, dumb and mentally disabled women are becoming more and more vulnerable to being raped, even in their own homes (WILDAF, 2005). Owing to violence and forced vaginal or anal penetration during sexual assault or defilement, the chances of the sexually abused getting HIV are high therefore sexual abuse may be one of the key factors that have led to the epidemic.

According to Zambia National Council of Nga'ngas (ZNCN) and Traditional Health Practitioners Association of Zambia (THPAZ), there are forty thousand registered traditional healers in Zambia. The traditional healers who belong to ZNCN and THPAZ have to observe ethics set by their association, but those who do not belong to the association are not obliged to observe the ethics. Since, voodoo traditions and practices arose from the Bantu language speakers some Zambian traditional healers practice voodoo (Wikipedia, 2006). According to Shinkanga (1995), traditional healers often recommend that their clients sleep with a virgin as a remedy for STIs, HIV, impotence and wealth as a means of "juju". Referred to as "chizimba" is in line with ancient, magical and botanical practice of voodoo (Wikipedia, 2006). The "juju" or "chizimba" is drawn from a belief in or practice of transference of ills (i.e. STI, HIV and impotence) and evil (poverty) to an innocent young and virgin girl (Adrants, 2006).

The government faced a number of problems in dealing with child sexual abuse. One of the biggest problems is the reluctance of the family and general public to acknowledge the existence of the problem. The lack of data and disaggregated data on child sexual abuse in



particular is also a problem (Zambian government, 2002). Some experts believe that for every case published another ten go unheard (Agence France, 2003).

The advent of HIV/AIDS has made sexual offence to be more disabling and life threatening in Zambia because of the patriarchal male dominance system. Some cultural practices increase vulnerability of women and girls to the contraction of HIV/AIDS. For instance, during initiation girls are taught to submit to men, making men feel superior. This has implications for gender based violence and consequently HIV prevention (Mutombo, 2003). The stigma associated with sexual abuse may lead to complacency and under reporting to authorities. For instance, despite many chiefs abolishing ritual cleansing by sexual intercourse, there are pockets where this is still practiced and demanded (Ndonji, 2004). However, widow inheritance is becoming less frequent (Nkunika and Kalipenta, 2004). Nkunika and Kalipeta did not explain why widow inheritance is becoming less frequent.

## **2.5 CONCLUSION OF LITERATURE REVIEW**

The literature review shows that child sexual abuse is a national, regional and indeed global problem especially in view of the HIV/AIDS pandemic, which has made the situation, complicated. Studies reviewed show that one of the reasons for child sexual abuse is the “virgin cure” myth. The myth is not only confined to Zambia nor to the African continent as a whole but is found to exist in most developed countries. The men that sleep with girl children do so without a condom (i.e. have unsafe sex). As a result, young girls have proven to be especially vulnerable to be coerced into engaging into sexual activities worldwide because of their virginity is associated with freedom from HIV/AIDS. The myth seems to be the main reason attracting tourists from developed countries to the developing countries where they hope to sleep with child prostitutes and/or young virgins.

According to the literature reviewed, cultural practices common in the African society including voodoo religion and traditional medicine are linked to the “virgin cure” myth. Both voodoo and traditional medicine uphold a belief in or practice of transference of ills and evil to an innocent or deceased person. Therefore, the increase in child and infant sexual abuse seems to imply that sexual abusers prefer the use of an innocent person who happens to be a young virgin girl or infant.

The literature reviewed shows that few studies have looked at child sexual abuse in Zambia and none of them have looked at the sexual abusers' views. The purpose of the study was to come up with the reasons for sexual abuse by getting the views of the inmates who are in prison because they sexually abused someone.

# **CHAPTER 3**

## **3.0 METHODOLOGY**

### **3.1 INTRODUCTION**

This chapter describes the research methodology by looking at the study design, study setting, study population, sample selection, data collection instruments, data collection techniques, ethical consideration, pre testing, dissemination and utilization of results and limitation of the study.

### **3.1 STUDY DESIGN**

A research design is a programme to guide the research in collecting, analyzing and interpreting observed objects (Polit and Hungler, 1996). It is a specification of the most adequate operations to be performed in order to test a specific hypothesis under a given condition. This is a qualitative research design. Qualitative research is more concerned with individual situations with incidents and phenomena, which either occurs infrequently or which are explored as isolated incidents or phenomena (Cormack, 1987). Qualitative research employs non-numeric data and its aim is to describe in details with a view to explaining the objective of the study (Wilson, 1993).

In a qualitative study the researcher is guided by certain ideas, perspectives or hunches in the overall approach to be investigated, but the aim is to allow participants to provide information in a more spontaneous way (Cormack, 1987). The researcher had chosen this research design because it provides detailed information especially for topic that has not been widely researched. The study used qualitative method because it was dealing with a sensitive topic that has not been widely researched on. Since it was a sensitive topic, the researcher planned to allow the respondents discuss their personal experiences in focus group discussions in terms of proxy. Focus group discussions also encouraged convicted sexual abusers to reveal sensitive information because they felt they were in a safe and comfortable place with people like themselves.

### **3.2 STUDY SETTING**

The study was conducted in Lusaka city, which is the Provincial Headquarters for Lusaka Province and the capital of Zambia. Since Zambia is highly urbanized the population of Lusaka has 81 percent of the province's population (1,496,428). Lusaka Province has three prisons situated in Lusaka, namely Lusaka Central, Kamwala and Mwembeshi prisons. Kamwala prison is a remand, which is for people who have not yet been tried. Lusaka Central Prison is for persons who have been convicted in the courts of law to spend up to seven years in prison. Those with more than seven years imprisonment are sent to Mukobeko Maximum Prison. Mwembeshi prison is a rehabilitation centre for convicted prisoners in Lusaka Central Prison who are being prepared for release.

The researcher applied to carry out the study in the Lusaka prisons and the Prison Service management gave permission for the study to be carried out in Lusaka Central Prison. Therefore, the study was carried out among the sexual abusers in Lusaka Central Prison of Lusaka.

### **3.3 STUDY POPULATION**

A study population is the identified boundary from within which the investigators will select people to take part in the inquiry. Where this boundary is drawn depends primarily on the purpose of the inquiry (Thomas, Chataway and Wuyts, 1998). The target population for the study were convicted child sexual abusers in the Lusaka Central Prison. Lusaka Central Prison was chosen as a study setting because it was assumed that it had a representative sample (i.e. 200 convicted sexual abusers) of sexual abusers from both rural and urban areas in the country, as it is one of the big prisons in the country. Lusaka Central Prison was also conveniently located near the researcher's learning institution and it could be easily accessed. It was hoped that the prisoners would provide first hand information on child sexual abuse because they were the offenders and could be perpetrators of the crime in the community.

### **3.4 SAMPLE SELECTION**

The prison service management team advised the researcher to work with a counselor (i.e. a prison warder who is a trained counselor) for security reasons and to ensure that the prisoners'

rights were respected. The counselor who was also a prison warder used the records to identify the prisoners convicted of sexual abuse. Participants were purposively selected on the basis of their age and sex. The groups of participants included separate groups of males. A group of older men (30+ years), younger men (aged 21-29 years) and youths (17-20 years). An in depth interview was conducted with the only single female sexual abuser in prison at the time of the study. Purposive selection is non-probability sampling method based on the assumption that a researcher's knowledge about the population can be used to handpick the cases to be included in the sample. It may be used to select the widest possible variety of respondents or select subjects who are judged to be typical of the population in question or particularly knowledgeable about the issues under study (Polit and Hungler, 1996).

### **Selection Process**

To further divide the groups of prisoners convicted of child sexual abuse into focus groups, the researcher followed the steps:

- The counselor used records to identify the respondents.
- The counselor used records to set up three homogenous groups in respect to sex and age characteristics (i.e. male-older, male younger and male-juvenile).
- The counselor developed a list of names arranged according to their order in the records for each group.
- The counselor selected the names for each focus group according to their order on the lists (i.e. starting with the first 12 names and going downwards).
- The counselor introduced the researcher to the selected respondents, whom she later met as individuals to explain about the study and the consent form.
- The selected respondents who chose to consent formed a focus group.
- The selection of respondents continued until the Focus Group Discussions reached "saturation point" (i.e. when no new significant ideas or views were expressed).

Homogenous group is a group distinguished by particular characteristics. In this study the relevant variables that made each group homogenous were age, sex and the offence of sexual abuse. Since units in each group were similar to each other, following the order on the list to select respondents could not bring bias.

Inclusion criteria:

- Convicted sexual abuser
- Male or female
- Able to give consent to participate in the interview

Exclusion criteria:

- Males and females who did not consent.
- In mates pending appeal.

### **3.5 DATA COLLECTION INSTRUMENTS**

The data collection instrument that was used in the study was Focus Group Discussion (FGD) guide borrowed from Shinkanga (1995)'s open plenary discussion questions. Data were collected from 21<sup>st</sup> to 24<sup>th</sup> January 2007, after the Ethics Committee at the University of Zambia, School of Medicine, had approved the study.

#### **3.5.1 FOCUS GROUP DISCUSSIONS (FGD)**

FGD was used to explore the factors related to sexual abuse with groups of inmates with shared characteristics. The FGDs were conducted with the inmates until no new ideas or views were forthcoming. However, new practices continued coming even in the last FGD. Each group comprised about 6-12 respondents with similar characteristics such as age, sex and sexual abuse offence. Inmates were divided by gender to facilitate participants' confidence to share their views. Ideas were stimulated to broaden opinion base, trigger discussion and allow the researcher to gain insights into the reasons for child sexual abuse. It was important that within each focus group discussion, participants felt free to speak.

Focus Group Discussion (FGD) was chosen as a data collection tool because it simultaneously solicited for opinions and experiences of respondents. FGD also offered a certain quality control, in that participants provide checks on each other (member checking), excluding extreme or false views (Polit and Hungler, 1996). Hence it allowed the participants to collectively identify the reasons for sexual abuse. Discussions were tape recorded with the consent of the respondents, to ensure no information loss during note taking. However, some

participants shared some information after recording. The sessions lasted one hour thirty minutes to two hours.

To promote a comfortable atmosphere of disclosure in which people could share their ideas, experiences and beliefs, the researcher worked with one literate prisoner as a research assistant. The prison counselor stood outside the room during the FGD to ensure privacy. Using a fellow prisoner encouraged the other prisoners in all the FGDs to reveal sensitive information because they felt that they were in a safe comfortable place with people like themselves. Since, the prison system encourages an open system where offences are discussed openly and the prisoners share their experiences with other prisoners the respondents were free to discuss sensitive information in the focus groups. The role of the literate prisoner was to tape record and take notes. The researcher did the transcribing.

### **3.6 DATA COLLECTION TECHNIQUES**

The plan was to conduct one Focus Group Discussion (FGD) per day but since the discussions were held where male prisoners stayed, the plan changed. This is because the prison authorities had to mobilize their staff to ensure safety of the female researcher and to avoid the prisoners taking advantage of the situation.

Prior to the discussions, the identified convicted sexual abusers were seen individually in privacy by the researcher to explain the purpose of the study and consent form. Those who agreed to participate were requested to sign the consent form and then asked to wait for others in another room. When participants came back the moderator welcomed them and sat them in an informal circle with the note taker/recorder. The research assistant placed the tape recorder where it could easily record the discussion without distracting participants. Then the moderator introduced herself and the note taker and explained their roles. Participants were also asked to introduce themselves. The researcher explained the purpose of the discussion as well as the tape recorder, assured participants that a written report would not include names and tapes would not be shared outside the research team.

The climate was set by starting informal conversations and asking non-threatening questions to put the group at ease and encourage them to speak among themselves. Both the researcher

and participants set ground rules and the researcher encouraged participants to speak freely and continued guiding the discussion using a focus group discussion guide (see Appendix A) comprising of pre-considered issues related to each objective. At the end of the discussion, the moderator summarized the discussion and thanked participants for participating in the discussion.

**3.7 ETHICAL CONSIDERATION**

In order to conform to the ethical and legal standards of a scientific investigation, the researcher obtained written ethical clearance from the Research Ethics Committee at the University of Zambia, School of Medicine. Written permission was also obtained from the Commissioner of prisons (See Appendix H). Before conducting the focus group discussions (FGDs) verbal permission was also sought from the prison administration and respondents. The purpose of the study was explained clearly to all the research participants. Each participant was made aware of the purpose of the study and a written consent was obtained before proceeding (refer to Appendix B). To ensure privacy, focus group discussions (FGDs) were conducted in a quiet room (i.e. prison library) within the prison. The researcher informed participants that they were free to decline to participate in the study at any time.

Participants were assured anonymity by not using participants’ names during discussions, in the transcripts and keeping the consent forms separately from transcripts. Care was taken to minimize disruption to participant’s working schedules. Confidentiality was maintained by the researcher securely storing all filled in transcripts and recorded tapes in a locked cupboard and there was no circulation of the materials.

**3.8 PRE TESTING**

A pilot study is a pretest of the tools in a given study (Brink, 1996). Its purpose is to pretest the data collection instruments/tools and the whole research methodology. The pre test was carried out in Lusaka Central Prison on a group of 6-12 sexual abusers convicts. The sample was selected on the basis of homogeneity. Necessary adjustments were made to the tool (Focus Group Discussion guide) to make it more effective. Some questions were rephrased like question 5, which read: Who is the mostly abused? How come? We found that the question was not definite and added age to the question and it read: What age group is mostly



abused? Why? Question 10 and 17 made the respondents uncomfortable so they were removed. The questions read: Question 10: Who are the abusers in the community? Question 17: What type of punishment should be given to those who sexually abuse a child? How come? Interpreting question 15 in vernacular gave the answer, therefore it was removed. Question 15 read as: What do you understand by the term incest? The rest of the questions were not altered.

### **3.9 DISSEMINATION AND UTILISATION OF FINDINGS**

Study findings and recommendations will be made available and accessible to policy makers and stakeholders, particularly, Ministry of Home Affairs, and Commissioner of prisons, through a dissemination meeting and availing them summary of findings and recommendations. A copy of the dissertation will be in the Department of Post Basic Nursing, Medical library and Special Collection Library at Great East Road Campus for the wider public to access the study findings.

### **3.10 LIMITATION OF THE STUDY**

The focus group discussions with the sexual abusers involved sensitive and confidential information so they may not have fully revealed their views. To overcome this, rapport was established and a trusting relationship with the participants was established. The researcher also promoted a permissive non-threatening environment to promote a comfortable atmosphere of disclosure in which the sexual abusers could share their ideas, experiences and attitudes about the topic.

Another limitation is that the study was to discuss both boy and girl child abuse but the boy child was not discussed. The male sexual abusers discussed girl child abuse which was from their experience point of view. Unfortunately, there were no female FGDs to discuss boy child abuse and the only female sexual abuser in prison decided to discuss sexual abuse of girls.

There was also a limitation of reaching a saturation point (i.e. when no new significant ideas or views are expressed) in all questions because the group members had different backgrounds. The selection of respondents which was supposed to continue until the Focus Group Discussions reached “saturation point” had a new significant view in the last group.

The last group discussed *kana kang'wena kakulila kwitete* traditional practice but the study could not continue to get more information on it because the other prisoners who had not yet participated in the study had refused to consent.

## **CHAPTER FOUR**

### **4.0 DATA ANALYSIS AND PRESENTATION OF FINDINGS**

#### **4.1 INTRODUCTION**

The findings have been presented according to the Precede-Proceed Model which provided a theoretical framework for examining convicted prisoners' perceptions of child sexual abuse in relation to virgin cure.

#### **4.2 DATA ANALYSIS**

After every focus group discussion (FGD) the recorder read the points to the group members to check the information for accuracy and inconsistencies, and the study participants were asked to clarify them. The researcher organized and prepared the data for analysis by optically scanning material, typing up field notes and recorded information. Then the researcher read through all the data to obtain a general sense of the information and to reflect on its overall meaning. The data were coded which involved taking sentences into categories and labeling those categories with a term, often a term based in actual language of participants (called an *in vivo* term).

Data were analysed by performing content analysis. Content analysis involves an analysis of the content narrative data to identify prominent themes and patterns among the themes (Polit and Hungler, 1996). The analysis of data was done as an ongoing process, integrated with data collection and coding. Coding is the process of breaking down data into component parts that are given names so as to separate, compile and organize data (Polit and Hungler, 1996). The coding was used to generate a small number of themes or categories. The audio taped FGDs were translated into English and compared with the field notes. Data (from both audio taped FGDs and field notes) were transcribed verbatim in English. Data were analysed in English but some concepts were not fully translated because they were clearly expressed in a Zambian language.

Open coding was done line-by-line and paragraph-by-paragraph. Similar responses were grouped together into categories and regrouped into subcategories. Data were constantly

compared through out the process of coding to determine the categories or themes that were meaningful in terms of the questions asked and the PRECEDE Model steps.

The meaning of data interpretation was derived from a comparison of the findings with the information gleaned from literature review. That is, if the findings confirmed past information or diverged from it. Finally data were also interpreted by looking at lessons learned from the study.

**4.3 PRESENTATION OF FINDINGS**

The PRECEDE Model steps were used to present the findings in a chronological way. The themes (that included sub themes and specific illustrations from quotations) have been presented in qualitative narrative (story line) passage in the PRECEDE Model steps, to convey the findings of the research. Participants’ words have been used to present unique findings in the narrative. The multiple perspectives from respondents and quotations were supported by specific evidence from literature reviewed, policies and Acts.

**4.3.1 CHARECTERISTICS OF PARTICIPANTS**

The ages of the convicted prisoners ranged from 17-80 years. The sample constituted 89 males and one female convicted sexual abuser. Most of the respondents were from urban area, Lusaka in particular and some came from rural areas such as Sesheke and Petauke.

**4.3.2 PRECEDE STEPS**

**4.3.2.1 SOCIAL ASSESSMENT**

Social assessment includes definition of sexual abuse, identification of the at risk group and physical attributes of the at risk groups.

The respondents described sexual abuse as “*kuononga*” or to damage a child. They related sexual abuse to having sex with a minor. This is indicated in the following responses:

A forty year old respondent in FGD 1 said that; “sometimes the girls agree to have sex with an older person but because they are young it becomes sexual abuse”. Another respondent in the same group said that, “forcing the girl to have sex is sexual abuse”.

A twenty year old respondent in FGD 3 for those aged 17 to 20 and below said:  
“Like if I have sex with a girl who is less than 12 years I have sexually abused her”.

A twenty nine year old man in FGD 2 for those aged 29 and below said:  
“Sexual abuse is sex with a young girl aged 10 and below”.

A seventeen year old boy in FGD 3 reported:

“As youths, I can call what happens to us as sexual abuse. You find an older prisoner starts giving you favours like presents and being protective. It is usually not for free. After some time he will demand that he has sex with you. If you refuse he will beat you up in order for you to agree”.

In this study only two respondents in FGD 4 and 12 for those aged 30 and above mentioned sex with an imbecile as sexual abuse.

The participants were asked to mention the most abused child, and they stated that a girl child aged 16 and below is the most abused person. During the FGDs it was observed that there was distribution of sexual abuse perpetrators in prison through talking to prison warders and the sexual abusers in prison. The girl child seemed to be the most abused child because the main offence committed by the convicted prisoners was defilement. There was only one female person accused of sexual abuse in the prison.

The respondents identified types of children who are at risk of sexual abuse and discussed what makes them vulnerable. The following responses were given by respondents to justify the reasons for the choice:

#### Orphans

- They have no one to meet their needs so they are easily enticed.

- They lack a lot of things and look for them from men who promise to help them but instead sexually abuse them
- They suffer so go begging for money.
- They have no proper care
- They are hungry so they have to look for food
- They may be abused by those helping them
- They may go to bars

#### Street children

- They have to look for money
- Children who sell on streets tend to also look for money
- They have to look for food and shelter
- Children who spend the day with their mothers by the road sides
- Children who live, work or sell items on streets are sexually abused by big boys on the streets and watchmen

#### Those staying with grand parents

- Those staying with grand parents have no support from father so they move around

#### Children who go to clubs or taverns and play.

- Drunken men take advantage of children found in taverns.

#### Those with working parents

- In homes where there are male dependants they sexually abuse the girl children when the owners of the house leave for work.

#### Poor people's children

- Girls are sent by their parents to follow men.

#### Teenagers

- Teenagers have peer influence

- Teenagers want to practice what they see in movies.

#### Children in compounds

- Children are sent by their parents to look for money

#### Children who play with men

#### Children found in circumstances of robberies

- Armed robbers sexually abuse girls as part of their activity

#### Girls who watch pornographic films

- Those who watch pornographic films want to practice what they see.
- They have to pay in kind to men who give them money to watch the movies.
- Those who run the movies have sex with them during the film show.

#### Girls who are physically handicapped

- Physically handicapped sees the man who sexually abuses her as her suitor since few men approach.

#### Undisciplined girls

- The undisciplined girl is uncontrollable and will sleep with men

#### School drop outs

- They look for ways to raise money.
- They have nothing to do so move around
- Non school girls are not restrained by their mothers

#### School girls

- School girls walk very long distances alone so they can be grabbed by men on their way home from school
- School going girl who has been promised marriage

Physically handicapped

- Poor people
- very few men propose them

Mentally disturbed children

- Nobody will take a mentally disturbed child seriously even if she reports

#### 4.3.2.2 EPIDEMIOLOGICAL PHASE

The Epidemiological phase helped the researcher to identify the health problems that could arise as a result of sexual abuse or the consequences of sexual abuse. The respondents in this study were of the view that child sexual abuse had consequences on the girl child as reflected in the following responses:

Girls aged 5 and below

- ***Kuononga***, (will be damaged).
- The girl will not grow well
- Her private part is not a man's size so it will tear
- Her private part will swell
- ***Anga onongeke mu maganizo naka validwe*** (i.e. Her thinking and dressing will be disturbed)
- She will be ***muwelewele*** (a fool).
- She will not be free to associate with friends
- The child will have bad luck
- The child will fail to get marriage because of stigma
- The girl child will fear men
- She will develop syphilis, HIV/AIDS and/or gonorrhea
- She will not have children in future
- She will have a big hole
- She will get sick and will limp if she hides
- She will lose strength because of charms used on her.



- She will develop **kong'ola** (a growth on the private parts which is cut by a witchdoctor).
- **Akula** (she has grown because she will be initiated into adulthood).

Girls aged 6-10

- The girl will not be able to have children because of the damage.
- The child will have bad luck
- The child will fail to get marriage because of stigma
- The girl child will fear men
- Her private part will have tear
- She will cry all the time
- When the girl grows up her vagina will be open and sexual partners will always think she is sleeping around (i.e. has sex with a lot of men)
- The girl will bleed so she will start menstruating from then onwards

Girls aged 11 and above

- Some girls have same “size” with the abuser (i.e. abuser’s phalus fits in the girls’ private part).
- A girl who has same age as the sexual abuser will not be damaged. **Midala nizamene zima ononga** (i.e. the older men are the ones who damage).
- **Aza nkala ochilizaliza** (she will be sexy)
- She will get used to sex
- The girl will get pregnant
- She will get HIV/AIDS if man is infected.
- **Masiku akayena a kwanila a kula** (she is grown up). You (sexual abuser) will just play nicely. A man will penetrate her without any problem.
- If sexual abuse takes place before a girl is mature it will make her make her bleed then she matures before her time.

Girls aged 15 to 18

- Nothing happens even if it is her first time to have sex because she is already old.
- **Aza** supplier (i.e. she will transmit a disease to the sexual abuser)
- She will be disturbed.

- She will shed tears
- She will see blood and when it happen it will make her view every man as a sexual abuser even when a man has good intentions, she will even fear marriage.
- The girl will get pregnant
- She is grown up so you will have normal sex, there will not be any problem
- You (sexual abuser) will just play nicely. A man will penetrate her without any problem.
- If sexual abuse takes place before a girl matures, it will make her bleed then she matures before her time.

With regard to consequences of sexual abuse on the child the respondents emphasized that a girl who is 15 years old and above will transmit sexually transmitted diseases to the abuser but the girls younger than 15 years get sexually transmitted diseases particularly the ones aged 10 and below. This finding is similar to the study by Smith (2003) which showed that the vagina of a pre-pubescent girl was not associated with the vaginal lubrications of the adult woman (which are considered dirty) and was conceptualized as ‘clean,’ ‘dry’ and ‘uncontaminated.’ Being a dry surface was believed that ‘dirty’ (HIV) could not easily attach itself.

The respondents also felt that the girls above the age of five do feel nice though it is sex by force. For instance a fifty year old respondent in FGD1 said that: “*Ako kamwana kazaka 6 kufika pa 10 kanvela bwino. Kaza funa kuchi nvela futi. Ndiye kuti kazankala kawelewele* (a 6 to 10 year old girl will feel good so she will want to feel it again but in the end become addicted to sex)”.

#### **4.3.2.3 BEHAVIOURAL AND ENVIRONMENTAL ASSESSMENT**

The study looked at poverty dimensions in the environment and at stereotypes of masculinity and deviant behavior as the risk factors that seem to affect child sexual abuse problem. The study examined risk factors in the environment that seem to affect or contribute to child sexual abuse and these include poverty, stereotypes of masculinity and deviant behavior.

According to the convicted prisoners, the social and physical factor that supports child sexual abuse was poverty. They stated that poverty had made communities to adopt coping strategies that make the girl child vulnerable to sexual abuse. In the FGDs dimensions of poverty were explored and these included streetism, permissiveness dressing and prostitution which are shown in this section.

**4.3.2.3.1 Streetism**

Streetism refers to children going on the streets to beg and/or live there. The young girls who are found in the street are particularly orphans looking for food, money and shelter. This exposes them to a lot of deviant behaviors and men who may not have mercy on them. In FGD 12, respondents said that, “sexual abuse is common because girls are found on the road”.

**4.3.2.3.2 Permissiveness**

Permissiveness is a term that means the absence of moral and institutional constraints especially with regard to women (Mufune, 1991). Participants discussed the reasons why child sexual abuse was common.

In their discussions participants revealed that children were living free of any rules whether in their own homes or community. For instance, during a discussion on why sexual abuse was common a respondent in FGD 4 said that, “young girls are found in places where they are not supposed to be”. Similarly another respondent in FGD 11 said that “children are naught and go to men's houses.”

The respondents explained that the parents and guardians had failed to control their children because food in their homes was not enough to satisfy people. A respondent in FGD 11 said that “child sexual abuse is common because some mothers go to sell at market and leave children hungry as a result the children are forced to beg for food.”

Participants revealed that there was no age limit on who should patronize a tavern. Since parents look for money through their children some of the girl children are sent by their own

parents to look for money in taverns. This is shown in the following discussion with FGD 2 on why sexual abuse is common:

Respondent 2 said: “Parents allow 14-15 year old girls to get married though one can be charged for sexual abuse”. Respondent 3 said: “The 13 year old girls play in bars and agree with men to have sex but some parents charge the men for sexual abuse”. Respondent 4 said: “In homes where there are male dependants they sexually abuse the girl children when the owners of the house leave for work”. Respondent 5 said: “Young girls are easily cheated you just promise her something”. Respondent 6 said: “*Tupwalala* (the girls are not jacked up)”.

The respondents explained that there were a lot of witchdoctors in the community even in the corridors and streets. They indicated that the witchdoctors should be banned because they strongly felt that advice from witchdoctors to have sex with a young child in order for one to get rich or cured was the main reason for increase in child sexual abuse. It is also the reason why certain age groups are more likely to be sexually abused than others, and why everyone is a potential sexual abuser.

Zambia has societal expectations on how both men and women should dress and conduct themselves in public. However, male sexual abusers felt that the female dressing was a contributing factor to sexual abuse. During a discussion on why sexual abuse is common respondents in FGD 1 gave the following responses:

Respondent 8: “Dressing is not good it makes a weak person to get attracted”. Respondent 1: “Dressing is not good e.g. girls wear skin tight with the pant showing or a mini skirt and sit carelessly makes a weak minded abuse that person”. Respondent 2: *Imifwalile tailolelelemo* (i.e. dressing is not good). Respondent 6 said: “The girls are vulnerable because of the way they dress, walk and behave”.

The male sexual abusers seemed to be unhappy with certain types of clothes particularly short dresses or skirts, tight clothing and trousers. They stressed that females should wear long dresses or skirts and *chitenges* in accordance with Zambian culture. A respondent in FGD 2

said that, “the way girls dress was tempting, *a woneka kuchunika chunika*” (i.e. wearing very tight clothing). Another respondent in FGD 11 said that “*bafakana mumayeso* (they bring temptation) because of dressing in men's clothes i.e. trousers. He stressed that trousers are not for females”.

Child prostitution seems to be prominent in the community. The adults are actually driving the young children into compromised situations where the wanton male members of society could easily take advantage of them. According to the discussions, children are either sent by their parents or hunger to look for money or food from men. The discussants also stressed the use of child sexual abuse to become rich. A respondent in FGD 1 said that “owing to hunger, girls go in taverns looking for money but men who assist the girls cannot let their money go free of charge.” According to the respondents orphans are worse off because they lack parental care so they take to the streets or pursue informal sector activities including prostitution.

The respondents in the study explained that girls turned to prostitution in order to look for money, food and shelter from men. This was reflected in the following responses:

FGD 1 Respondent 4 said: “Girls agree to sleep with men any how in order to raise money for food”. FGD 1 Respondent 5 said: “Some families live on prostitution and go to bars”. FGD 1 Respondent 6 said: “The way girls dress, walk lack morals make them vulnerable”.

Similarly FGD5 respondents said the following:

Respondent 1 said: “Poverty has made children to act like they have no parents”. Respondent 2 said: “Girls look for money”. Respondent 3 said: “Children are found in drinking places i.e. taverns”.

During the discussion it was revealed that adult females in the community enticed the girl children to join prostitution rings especially the 10 years and below who are easily cheated and sexually abused. It was reported that these girls go to clubs, drink beer and agree to have sex with men.

This was confirmed by one respondent in FGD 2 who said: “In the compounds there are some female adults who offer young girls not related to them to men in exchange for money. They take the young girls aged 9-15 at night to Chandwe Musonda road to hook men and before the girl goes with a man, money is prepaid to the adult female. The young girls receive a fraction of that money when they return to their homes. Men who frequent that road know that they will sleep with a young girl”.

Respondents in FGD11 said girls were mostly abused because of the following: Respondent 1 said: “School girls go out with sugar daddies because they want money”. Respondent 2 said: “School drop outs look for ways to raise money”. Respondent 3 said: “Those who watch pornographic films want to practice what they see”.

During discussions on what actions should be taken after a girl had been sexually abused, a 43 year old respondent in FGD 12 said that, “first look at the girl’s character if she is the naughty type or the respectful type. If it is the naughty type *ni kupwalala kwake* (it is her fault for not being jacked up) do not do anything. But if it is the respectful type take her to the hospital”.

In FGD 1 a respondent said that “he had a niece who was naturally ready to sleep with men at any time. Each time they tried to pump sense into her she would say that this is how I am you will just kill me”.

A respondent in FGD 9 said that “teenagers are the type of children who are likely to be sexually abused because of peer influence. They see their friends handling a lot of money and decide to follow them. Then they just find themselves in brothels”. During the same discussion another respondent said that “teenagers want to practice what they see in movies”.

The respondents in FGD 7 who were mostly aged between 20 and 26 said: “Our sizes that we should propose are not available for us. You find big men (sugar daddies) have taken them. So we (boys in the twenties) have to go to the 13 year olds which become defilement. *Midala izi yendako naba kulu* (elderly men should go for adults)”.

According to the sexual abusers the behaviors or life styles (behavioral correlates) that contributed to the increase in child sexual abuse were as follows:

The respondents in all the FGDs were of the view that sleeping with a woman by force was acceptable. In fact, majority of the respondents only regretted that they did not know that one could get arrested for sexually abusing a certain age group (i.e. girls aged 16 and below).

This was evident in the following responses from FGD 6 when participants were asked why sexual abuse was common: Respondent 1 said: "Lack of self control". Respondent 2 said: "Not knowing the right age of a girl". Respondent 3 said: "*Mkazi kuchepa maganizo* (a female is also dull) because she is not the right age but goes to men".

During a discussion on the consequences of sexual abuse on the abused child aged above 12 year old, a 70 year old man said: "*Masiku akayena a kwanila, akula, kulibe chinga chitike* (i.e. she is of age, nothing will happen)".

Child sexual abuse was perceived as normal sex. This was reflected in the responses of the respondents in FGD 11 as they discussed what would happen to a girl aged 13 and above: Respondent 1 said: "She is grown up so you will have normal sex there will not be any problem". Respondent 2 said: "You (sexual abuser) will just play nicely. A man will penetrate her without any problem". Similarly the youths in FGD 9 also said that "a girl who is of the same age as the sexual abuser will not be damaged. *Midala nizamene zima ononga*" (i.e. the older men are the ones who damage).

According to the respondents in all the groups, there are places which are for men and a girl risks being abused if she goes there. That is clubs or taverns and discos. One of the respondents in FGD12 said: "Girls of nowadays are naughty you find a 12 year old girl in a disco. *Nanga mwana wa 12 years afuna chani mudisco?* (What is a 12 year old girl doing in the disco?). She can even 'play' (have sex) with 20 men".



In this study the respondents perceived a child as someone who assists a man who is laden with the urge to have sex. For instance, most of them accepted the idea of shy men who fail to propose fellow adults who just grab children who are their sisters or not related to them. Similarly, in FGD 3 it was mentioned that a married man slept with a child to relieve his sexual desire after a fight with a wife at home.

To justify why sexual abuse is common, a respondent in FGD 7 said that “men’s hearts are easily carried away”. This idea was upheld by all the respondents. A 60 year old man in FGD 1 also said that “in the village where he was before his arrest, toddlers run round the homesteads without clothes and/or pants. Seeing a naked form of a female though in a toddler gives men sexual appetite”.

During the discussions, respondents mentioned that children visited men with their parents’ permission. Some of them said “they were unfairly imprisoned just because they were not the men the parents intended their children to pick”. Therefore, the respondents kept emphasizing that “for girls aged 12 to 16 there is usually an agreement but it is only that when the parents dislike you they report you to the police so that you are charged with defilement”.

Some respondents expressed the view that child sexual abuse was a tradition and they stated that it had always been part of their life. They went on to say that some parents even recommended their sons to sleep with their grandchildren for charms to work.

With regards to the cause of deviant behaviour, one participant said that “*nikusila kwamaganizo*” (it was due to men not thinking properly). Many participants attributed deviant behaviour to drug and alcohol abuse. They said that “people who are normally sexual abusers are: hyper sexual active men, dagga smokers, drunkards who get very drunk and are influenced by beer, drug addicts who are influenced by drugs, men who take sex pills or charms to increase desire for women and virility”. They also stated that there were also some mentally disturbed people who do not reason and are not straight in the brain who are part of the group that abuses girl children. The only female sexual abuser in the study said that “the world has changed and men just grab females when walking to the field alone”.



However, sexual abusers were of the view that anyone could be a potential sexual abuser and it could be a member of parliament, ministers or a *kaponya* (call boy). According to the discussions, the girls aged 11 and below were vulnerable because of their innocence. The respondents gave the following responses when asked to give reasons why a particular age group of girls is mostly sexually abused:

- The sexual abuse of girls aged 14 is because they are grown up and look big so won't know that she is a child.
- The body of a girl aged 12-16 looks big
- The body structure of a girl aged 14 looks big
- The girls aged 15 and above have bodies that look big
- The girls aged 14 and above have body make up that look big
- The girls aged 7 also look big.
- A girl aged 12-15 attracts adult men by the way she looks because her breasts have just developed and her dressing so she looks grown up
- A girl aged 6-5 looks big
- Girls aged 15 and below have bodies that attract men's attention
- The girls aged 17-18 look like big people and are wild
- The young girls who are developing breasts because they are found in public places like taverns

Most of the respondents described a girl aged 13 to 15 as attractive because of her young body which is looking big and the developing breasts.

#### **4.3.2.4 EDUCATIONAL AND ORGANIZATIONAL ASSESSMENT**

The study has identified predisposing factors, reinforcing factors and enabling factors that increase the likelihood that behavioral and environmental changes will occur.

The predisposing factors include knowledge, attitudes, beliefs, personal preferences, existing skill and self efficacy. Sexual abusers have personal preferences of the girls to sleep with. This

was confirmed in the following responses on types of children who were likely to be sexual abused:

- Orphans
- Street children
- Mainly females
- Those staying with grannies
- Single mother's children
- Child staying with uncle and step mother
- Children who are kept by grand parents
- Children who go to clubs or taverns and play.
- Those with working parents
- Teenagers
- Children in compounds
- Children who play with men
- Children found in circumstances of robberies
- Girls who watch pornographic films
- Physically handicapped
- Poor people’s children
- Indiscipline girls
- School drop outs
- School girls
- Mentally disturbed

**4.3.2.4.1 Beliefs and Practices**

In Zambia, there are many different ethnic groups with different beliefs. The respondents in this study were from different ethnic groups and had different perceptions about child sexual abuse.

During discussions one of the respondents in FGD 1 said that: “*Makolo athu ndiye alengesa vogona nababululu. Tenze kukula bati uza ati chite na chite ni mukazi wako* (Our elders cause us to sleep with our relatives. We grew up knowing that we have traditional wives (i.e.

grand daughter, niece and cousins). Since it was normal to treat them as wives we became too familiar and can easily have sex with them”.

In one of the focus group discussion one of the respondents said: “*Akana kang’wena kakulila kwitete* (according to the study participants, this means that as the crocodile hides its young ones in the reeds to grow, a young girl can be married off so that husband cares for her as she grows). A long time ago there was nothing wrong with sex with a young girl of 12 to 15 years. It was allowed to marry a young girl now that there is knowledge it is defilement. That is why it is common”.

In this study most men felt justified for what they did because they just had sex with a girl who had also agreed. During the discussion on traditional beliefs a 40 year old respondent in FGD 12 posed this question: “*Muna onako nfumu baigwila chifukwa ya ononga mwana?* (Have you ever seen a chief arrested for defilement?)” The group answered: “*Iyayi* (no)”. One respondent explained that: “*Muci Bemba tutila, nalya mwisanga lyandi, pantu Bantu bakwe* (chiefs are not charged with sexual abuse because they have rights over their subjects' sexual rights)”.

During a discussion on the same issue with FGD 1 a 40 year old respondent was silent as others were describing the below sixteen girls as the most abused age group. He said that: “Me since I came into prison a lot of things have been going through my mind”. Then he posed this question: “*Nanga moye ni chani?* (What is puberty?)”. The moderator passed on the question to the group and a group member answered: “*Ni kukula chisungu.* (It is puberty).” A young virgin girl who has attained puberty is called *moye* in Tonga, *namwali* in Chewa and *nachisungu* in Bemba. The same respondent asked another question: “*Nanga ni mulandu kugona na moye?* (is it wrong to have sex with a young virgin girl who has attained puberty?)” A sixty year old respondent answered: “*Simulandu iyayi* (it is not wrong). That’s why *moye akachoka munyumba bamu chosa panja kuti bamuna bazibe. Kuti bafuna kuti bamuna basamugone bayenela kumusunga munyumba paka omukwatila apezeke.*” During initiation ceremony a young virgin girl is taken outside so that men should know. If they do

not want men to have sex with her they are supposed to keep her in the house until they find a man to marry her.

**4.3.2.4.1.1 Virgin Cure**

Most of the participants perceived traditional medicine as one of the contributing factors to child sexual abuse. All the male respondents in this study explained that a man could not have any sexual satisfaction with the girls aged 10 and below. In fact when asked what will happen to a girl aged 10 and below after sexual abuse they all said “*mwaononga mwana*.” According to the respondents sexual abuse of very young children is done with the sexual abuser’s intention to get some benefits.

When asked about traditional beliefs and practices that contribute to child sexual abuse, respondents in all the groups stated that people’s desire to get rich quickly and virgin cure for HIV/AIDS were the main traditional beliefs and practices that contributed to child sexual abuse. During the discussions it was revealed that traditional healers had treatment strategies which include having sex with a young girl below the age of 12 as shown in the following responses:

A 35 five year old participant in FGD 1 narrated the following experience:  
“When you consult a witchdoctor for medicine to get a job, promoted, or rich he will advise you to sleep with a girl aged below 10. The witchdoctor will tell you the age for your situation. He will give you medicine to take a bath before the act and a cloth to collect blood from the child. After you have collected the blood you take the cloth which is stained with the child’s blood to the same witchdoctor to complete the treatment.”

As he was narrating the participants were all quiet and agreeing to what he was saying. After the experience was narrated another respondent said that: “Child sexual abuse is done for *bwanga* (i.e. magical formula). During sex with a virgin she bleeds and that blood is used in magic to get rich or cured of illness.” The group referred to the blood stained cloth as *bwanga* or *chizimba* (magical formula).

During the discussion with group 7 (for those aged 29 and below), the respondents talked about the “*chizimba*” in detail. The respondents explained that when one visits a traditional healer he goes through the first treatment. By the time he leaves the traditional healer the man is already charged to have sex with a young girl.

Most of the respondents indicated that something was taken from a girl when a *chizimba* is involved. For instance, a respondent in FGD 6 for those aged 30 and above said that: Sex with a girl aged below 10 is for *vizimba* or *minyama* taken from the child to use for magic formula.

The *chizimba* or *bwanga* was used for different ailments and problems.

#### **4.3.2.4.1.1.1 Socio Economic Problems**

During the focus group discussions it was established that traditional healer prescribe different treatments and different age groups of girls to sexually abuse for their clients. It was evident in the following responses from respondents:

One respondent in FGD 3 (for those aged 17 to 20), said that “for those who need charms to get employed they are advised by traditional healers to sleep with 4 to 5 years old girls.”

A respondent in FGD 2 said that “traditional healers advise those who want to get promoted to sleep with a young girl aged three and below.”

A respondent in FGD 1 said that: “I have seen a young girl aged 2 years old being sexually abused. This was done because the man wanted to get rich so he went see a witchdoctor who told him to sleep with a two year old girl.”

Another respondent in FGD 2 said that: “People are cheated by witchdoctors who advise them to sleep with young girls in order to get rich. For example those in charcoal business are told that after sleeping with a young girl they will then have more charcoal.”

Another respondent in FGD1 also said that: “One man who was a fisher man went to consult a traditional healer to help him catch more fish from the river. The traditional healer told him to sleep with a young girl for the treatment to work.”

#### **4.3.2.4.1.1.2 Rejuvenate Manhood**

Participants perceived sexual virility as one of the factors contributing to child sexual abuse by men. This was reflected in this response by a respondent in FGD 6 who stated that: “*Vokomakoma ndiye vilengesa* (tattoos done to give a man sexual strength i.e. sexual virility).”

In FGD 7 a respondent said that: “Traditional healers advise some men to sleep with young girls to increase strength (virility) and increase sperm content.”

#### **4.3.2.4.1.1.3 Religion**

Participants were of the view that traditionally *Nyau* dancers were allowed to sleep with young virgin girls for them to get some supernatural powers. This was confirmed by a respondent in FGD 2 who said that “it is allowed for *Nyau* to sleep with young girls. This gives the *Nyau* some powers.” But as he was explaining about the magic in the practice Ngoni and Chewa respondents ordered him to keep quiet and just talk about his Nsenga culture. The respondents who got annoyed with their friend who explained to the moderator that *Nyau* practice is not openly discussed and even some Ngoni and Chewa people did not know it properly.

#### **4.3.2.4.1.1.4 Diseases**

Participants reported that traditional healers advised their clients with different illness to sleep with certain age groups of young girls. One of the respondents in FGD 3 said that “for those with illnesses like STI and mental illness the traditional healers advise them to sleep with 4 year old girls.”

HIV/AIDS was mentioned by all the groups as the reason why men were sleeping with girls aged below 10 or 5. But they kept on saying that traditional healers just cheat their clients.

When the researcher asked them to explain what they meant by cheating. Some of the respondents said that “the treatment did not take care of getting caught after the act.”

In the fourth focus group discussion one respondent said: “Most people are told lies by traditional healers that they will be cured of HIV/AIDS that is why they sleep with young girls below 5 years old”. Another respondent said that “Those who sleep with toddlers *ni bwanga* (i.e. magic formula) for cure of any chronic illness.”

In FGD 6 one respondent said that: “Men with a chronic illness are advised by witchdoctors to sleep with sister for cure.”

#### **4.3.2.4.1.1.5 Sexual cleansing**

Respondents expressed that sexual cleansing contributed to child sexual abuse. In FGD 2 it was revealed that traditional healers also encouraged their clients to abuse children when their spouses died. This was confirmed in the following responses from respondents:

Respondent 1: “Sometimes you find that one has a ghost because he lost a spouse and it is giving him problems so he will decide to consult a witchdoctor. The witchdoctor will advise him to sleep with a young girl. The young girl will cause the ghost to go for good.”

Respondent 2: “When a husband/wife dies he/she will be advised by a traditional healer to sleep with a young boy/girl to be cleansed, so that he/she will not be troubled by the late spouse’s ghost because the innocence of the young boy/girl will provide *chizimba* (magical formula).” Respondent 3: “Traditional healers advise elderly women who have miscarried to sleep with young boys aged 3 and below in order for them to be clean”.

They also explained that traditional healers advised clients who are mentally confused either due to loss of pregnancy or loss of spouse due to death to abuse children sexually as a way of sexually cleansing them. This was indicated by one respondent in FGD 11 who said that “there are some who have lost a pregnancy (i.e. abortion, or miscarriage) or have lost a spouse and you find them acting confused in streets.”

One 45 year old respondent in FGD 4 said that “during sexual abuse with a girl aged 11 to 16 there is exchange of ages between the two because the man’s blood will be cleansed. This is done by old men so that they live longer by getting the girl’s age through the act. But the girl’s life will be shortened by the exchange in age (This belief is similar to *cisamfya mulopa*).”

#### **4.3.2.4.1.1.6 Incest**

Respondents confirmed that incest exists and is committed in the community. For instance, during a discussion with FGD6 for those aged 30 and above, one of the respondents said: “Sometimes when you visit a traditional doctor, he will start by treating you before you go to the next step. Then after treatment he will tell you to sleep with a person very close to you like your mother or child. He will strongly advise you that: *kulibe kudabwa u kadabwa uza funta* (i.e. if you act contrary and lose courage you will get mad). Those who lose courage are the ones whom you hear that he got mad after incest.”

In FGD 10 a respondent reported that: “One man decided to sleep with his mother. He had got drunk before he had sex with her. He got mad just after the act.”

The respondents in all the groups except for Group 10 felt that incest occurred due to *bwanga* or *chizimba* (i.e. magical formula) because it is when the charms work well. For instance, a twenty nine year old respondent in FGD 8 said that: “Incest is mainly done for charms. When it is not a relative the defilement may be for other things but when it is one's own blood it is directly charms to get rich.”

During the discussion on incest, one respondent in FGD 2 said that “incest is a very powerful *chizimba* since it is same blood because that is when the charms work properly. Defiling another person with foreign blood type *munkwala upwalala* (medicine will fail to work).”

One respondent in FGD 4 for those aged 30 and above said that: “A certain man was advised to have sex with his daughter by a traditional healer for him to make more money. He failed to do it in his home so he took her to a guest house. He booked a room and had sex with her.”



Respondents also told the moderator that charms (traditional medicine) that require incest are not a one time act, sex has to continue taking place for the magic to also continue working. This is evident in the following past experiences:

During the discussion on traditional beliefs respondents in FGD 3 for those aged 18 to 20, mentioned that robbers were among groups of people that visited traditional healers for help. When the moderator inquired about the robbers, one of the respondents in the group said: “Our friends who were convicted tell us how they used to survive. One of them told me that each time before going to rob a house or place he used to sleep with a close kin so that he did not get caught or shot. His friends would get caught or shot but he always escaped.” The moderator asked this respondent why his friend was imprisoned and he shook his head and said “**Mulungu** (God). **Muziba** (you know), he took things for granted and did not bother to sleep with a young girl because it was an easy job but that was when he got caught.”

A twenty eight year old respondent in FGD 1 narrated the following experience: “I was a footballer before I came to prison. I had a friend who was a very good footballer and was very skillful on the field. However, he always had to have sex with his young sister a night before the football match. We all knew his secret and the authorities allowed him to break the rules of the camp. That is no sex during preparation for a match but his case was unique because the team benefited.”

Another respondent in FGD 11 also said that: “I know a certain boxer who consulted a traditional healer and was advised to sleep with his sister or at the grave yard before every match. Each time he had sex with his sister before he entered the ring he would win the match.”

#### **4.3.2.4.2 Knowledge**

The respondents in FGD 2 stated that the virgin cure belief was upheld by most men. They explained that it was not only traditional healers who advised their clients to sexually abuse children for virgin cure but also one’s own parents and elders in the village. Another respondent in the same group said that “there is sharing of information among friends.”

#### 4.3.2.4.3 Attitude

The respondents explained that the sexual abusers love the young pubertal girls. During the discussions it was evident that males love to have sex with young girls. This was also observed in their facial expressions as they mentioned girls' bodies particularly the developing breasts and hips. The respondents expressed that when a child innocently shows happiness to see an adult she is welcoming them sexually. This is illustrated in a response from a respondent in FGD 7 for those aged 29 who stated that: “*Uza peza kasekela a kulu. Uza peza chabe kwa aka tenga* (they get so excited when they see adults so an adult will just snatch a child)”.

#### 4.3.2.4.4 Enabling Factors

The enabling factors discussed by the respondents were perceived talent, self efficacy and physical enabling factors.

#### 4.3.2.4.5 Personal Motivation

During the FGDs, the respondents identified a number of factors that explain why men confidently sexually abuse children. The factors identified include:

- Beer makes men sexually active.
- Some shy men fail to propose women but only able to force girls into sex
- When robbers enter a house sexual abuse may be part of their activity.
- Elderly women take young girls to guest houses where men expect to sleep with young girls and young girls dress as adults
- For relief
- Drugs and dagga simplify things.
- Mentally disturbed do not reason
- Those who go to traditional healers who practice black magic are told to sleep with young girls
- Adults get charms from girls for business or to be cured of HIV/AIDS.
- Men who want to get rich or sexual power by using charms have to sleep with a young girl.

- Traditional healers promise men that they will get rich or cured if they sleep with a girl.
- When those with HIV/AIDS go to traditional healers they are advised to sleep with a child for cure
- Our parents love money
- Beer and drugs influence a man to sleep with a young girl.
- Children beg for money from married,
- Mad people are not straight in the brain
- some men want to get rich
- Chiefs may sexually abuse a child because they can benefit from their fields.
- Shy men: fail to propose fellow adults.
- Charms: it is part of package
- Kaponya moves a lot

Failure to provide food, shelter and clothing for a child by the parents/guardians has increased vulnerability to sexual abuse. Unfortunately instead of adults protecting a child, the male members of society fail to self regulate their sexual appetites and abuse a child because they are “shy” to propose an adult, have taken sex pills or it is part of their traditional medicine package. Elderly women who take girls to guest rooms know that the men who want to sleep with young girls will pay them well. There seems to be behaviour intention to sexually abuse the children since there is no external social control to moral and the outcome is beneficial to men.

Participants expressed the view that anyone who believes in virgin cure can sexually abuse a child regardless of their status and age as reflected in the following responses:

- Sexual abuse can start from Members of Parliament and Ministers
- The 7 year olds and below are sexually abused by men over 40 years
- It is mainly grandparents
- Security personnel sexually abuse young girls to get promoted.
- Armed robbers sexually abuse girls as part of their activity
- Hyper sexual active men

- Those with money
- Men who take sex pills
- Men who watch movies do it after watching pornographic movies
- A married man sleeps with a child to relieve his sexual desire after a fight with a wife at home.
- Everyone i.e. every male is a potential sexual abuser.
- Drug addicts and dagga smokers because drugs and dagga simplify things
- Men become very sexy after getting tattoos for strength (virility)
- Drunkards who get very drunk (*Kachasu* drinkers inclusive)
- Parents because they love money
- Some men who go to witchdoctors.
- Neighbour because children are left with the neighbour
- Mad people are not straight in the brain
- Some men are advised by traditional healer in order to get rich.
- Chiefs benefit from their fields.
- Shy men fail to propose fellow adults but can just grab children.

These responses also identify dagga and alcohol abuse as another factor contributing to child sexual abuse.

#### **4.3.2.4.6 Physical Enabling Factors**

According to the respondents in this study, a girl who looks for money from men pays in kind by being sexually abused. This is evident from the following responses: The respondents showed that it was very cheap to entice a girl child as evident in the following report:

A 70 year old man in FGD10 said: “Children are careless and love money. You find she asks for K100 (one hundred kwacha) to watch video. They are not afraid whether one is old or young. After you give her she will get used to begging. Those who give them the K100 will sleep with them”. The respondent was asked to explain why those who give them money slept with them and he said: “*Ungalekelele ndalama zako ziyenda che. Ziyenela kusebenza* (i.e. can you let your money go free, the money should achieve something)”. The 70 year old man

was referring to four year old girls who innocently ask for money from relatives, neighbors or passers by.

During the discussions the respondents described different places where child sexual abuse occurred as follows.

FGD1: Respondent 1 said: "Hidden place". Respondent 2 said: "Home of abuser or abused." Respondent 3 said: "In tavern." Respondent 4 said: "Guest room." Respondent 5 said: "Bush or isolated place."

The youths in FGD3 had slightly different responses as shown in this paragraph: Respondent 1 said: "Home (if it is by step father)." Respondent 2 said: "Tavern (behind the building)". Respondent 3: "Bush." Respondent 4 said: "Any where when it is dark." Respondent 5 said: "In the toilet." Respondent 6 said: "Bathroom." Respondent 7 said: "Anywhere where it is hidden."

The discussion with FGD 2 for those aged 29 and below was elaborate as reported in this paragraph: The second respondent said that "in the compounds where we come from, there are guest rooms. The guest rooms are not even registered. They charge K10, 000 per room and when you go there you expect to find a young girl who is brought by adult women in the compounds. The payment is shared between the older women and the young girls. Some girls are invited by their friends and without knowing go there and just find themselves with elderly men."

Another respondent during the same discussion said that "when men hook young girls in the bars they just book rooms within the bars called "short time". The men go there and pay to have sex but the maximum period allowed in them is 10 minutes. After 10 minutes someone will knock so that another man accesses the room."

The respondents in FGD11 also mentioned rooms in video show homes which are used for sex with young girls. The movies are used to attract young girls to go to those homes. The video homes are actually people's homes so they have bedrooms. Therefore, as the girls are watching the movies the owners organize with men in the compounds to wait for them in the

bedrooms. The girls are taken to the rooms by force where they end up sleeping with older men.

The other places mentioned by the groups were: a neighbour's house, streets, on the road during night or day, work place, unfinished buildings, and in a neighbour's house who is a bachelor.

The respondents also revealed that child sexual abusers had money to entice the young girls according to their age groups. A respondent in FGD 1 said that "young girls are easily convinced." Another respondent in FGD 4 said that "toddlers are targeted for *bwanga* or *chizimba* for any chronic illness and easily cheated (enticed) with sweets."

Similarly, a respondent in FGD8 said that "a girl aged 10 and below is easily deceived." In the same vein a respondent in FGD 12 said that "sex with girls aged 13-15 is on agreement." One of the respondents in FGD 1 said that the family of the child he abused in Lusaka asked him to pay an amount of twenty million kwacha but his in-laws in the village were not in agreement with the amount charged by those in Lusaka. Because of the disagreement within the family he just gave them five million so they decided to report the incidence to Victim Support Unit.

During the discussions the respondents stated that lawyers who handled their cases told them about the major weakness in their cases. One of the weaknesses identified was that the laboratory may prove that they have found sperms on the private parts of the abused child but the medical personnel cannot prove the owners of sperms without checking the abusers. The participants stated that they had money they had to pay the lawyers but some of them were reluctant to appeal because the Judiciary and Victim Support Unit are very careful and years increase according to the court of law.

#### **4.3.2.4.7 Reinforcing Factors**

The reinforcing factors that were identified by the groups were the social relationships, rewards and punishment.

During the discussions it was expressed that friends' had a role to play in influencing child sexual abuse. The respondents in this study said that when someone's business was not doing well friends would advise him on what to do and sometimes they even shared charms. This is evident in the following responses:

FGD11 respondent stated that "charms for sexual virility as the reason for becoming a sexual abuser." When the moderator enquired about the charms one of them reported that: "Sometimes as a man is drinking beer with friends, he sees them taking some charms so he joins them. When he gets home he finds that the wife is away so he will grab anyone around him, particularly a young girl."

Most of the respondents narrated that when men observed their friends' business doing well they enquire and they are referred to a particular traditional healer. However they also are cheated because the friends cheat them by not saying how they avoided getting caught. During the discussions majority of the respondents also said that traditional healers cheat. But being cheated by a friend was regarded as a betrayal by the respondents.

A respondent in FGD 2 said that: "People with small shops visit each other to find out how other people are doing in business. When one sees the other person doing well he will ask him. The friend will say that I saw such a person but will not explain in detail what really happened and when he consults the recommended person he will be advised to have sex with a young girl. He may first hold on to the medicine but when sees how well the friend's shop is doing or how the other has been promoted he will do it fast."

Majority of the respondents expressed that most of the people convicted of defilement were cheated by their friends. When asked what they meant by getting "cheated" they said that friends referred them to a particular traditional healer but were not told how they avoided getting caught themselves. However, they feel cheated because the friends do not tell them how they avoided getting caught.

The respondents in the study explained that incest was a family affair in some ethnic groups which was not only recommended by a traditional healer but also family members. The family may even provide the charms as evident in the following past experience narration:

“Sometimes it happens that you go to the village to visit parents. They will enquire about work and how you are doing at work, and then you tell them. During the discussions they will ask for the age of your youngest daughter. When you are leaving they will advise you to have sex with your own young child in order to be promoted and give you something to wash. Then immediately you reach, you will send your wife to buy something while you have sex with your child in order to get promoted.”

#### **4.3.2.4.7.1 Rewards**

Child sexual abuse seems to have some perceived reward for the abuser. The following responses illustrate the rewards:

- Sexual arousal relief
- Cure for mental illness
- Cure of a chronic illness
- Become rich
- Cure of HIV/AIDS
- Sexual cleansing when one has lost a pregnancy or a spouse
- Sexual cleansing when one has lost a spouse
- Not get caught or shot when robbing people or places
- Increase strength (virility).
- Increase sperm content

The rewards for the sexual abusers encourage them to continue sexually abusing young children whom they are supposed to protect. For instance, one of the respondents in group 2 said that “Sometimes a friend introduces you to a traditional healer who assisted him to get rich or promoted. After analyzing and seeing the difference in the friend’s life one will sexually abuse a girl to also change.”



#### **4.3.2.4.7.2 Punishment**

With regards to punishment for child sexual abuse offense, the main punishment befitting the crime suggested by all respondents was imprisonment. Although the respondents suggested this form of punishment for child sexual abuse, they expressed unfairness for their incarceration.

#### **4.3.2.5 ADMINISTRATIVE AND POLICY ASSESSMENT**

This step was based on the respondents' ability to identify regulations and circumstances in the community that could reduce or hinder child sexual abuse. The focus group discussions looked at what action should be taken after abuse has occurred and strategies to prevent the incident from taking place.

The respondents discussed the action to take from their personal experiences and gave the following responses:

A respondent in FGD 6 said that "take the child to its parents if they are present."

The respondents in FGD1 summarized the steps as follows:

Respondent 1 said: "Get the truth if it really happened and if there was an agreement."

Respondent 2 said: "Find out who is the culprit." Respondent 3 said: "Report to the police."

Respondent 4 said: "Then take her to the hospital for examination."

All the FGDs felt that there is no need to attend to a naughty girl for she deserves it. The doctor at the hospital should compare the sperms in girl's vagina with a man's sperms or blood.

The respondents reported that they did not trust the hospital personnel and most of them complained that the clinical officers were paid off to write false medical reports. They also stressed that a girl's consent to have sex should be taken into consideration before reporting the incidence to police.

#### **4.3.2.5.1 Strategies**

The respondents identified circumstances within the environment that facilitated child sexual abuse and suggested the following strategies to prevent sexual abuse of children:

- The mothers should be responsible and not send young girls to the street to look for money
- When there is proper evidence of defilement the abuser should be convicted and given life imprisonment sentence.
- A real doctor should examine the child because sometimes they just get a paper and give it to a clinical officer who signs without seeing the child.
- Those with money when approached give the parents a lot of money to silence them.
- Currently only one person is examined but you should examine both sexually abused and abuser so that others are not wrongly convicted.
- We should also find out what type of home they are coming from.
- Young girls move a lot even at night so parents should talk to their children to discourage them from moving a lot.
- Parents should protect their children
- A woman (wife) should report her husband when he sexually abuses her daughter so that others can learn from it.
- Teach people so that they understand about HIV/AIDS transmission. For example, perform drama on HIV/AIDS.
- Discourage people from listening to witchdoctors.
- Men should be advised to have self control.
- The public has to be sensitized on the issues of sexual abuse using the media.
- The government should do something for young people entering bars by putting stiff punishment, ban movies and also ban pornographic exposures (return the old rules).
- Girls should be told to dress properly so that they don't attract the attention of men i.e. minis should end, ban skin tights and stop wearing trousers.
- Teach them (young girls) to stop moving with men.
- Time for drinking should change from 0600 hours to 1800 hours.
- Adults should go to fellow adults to leave our size for us (juveniles).
- Stop drinking beer.
- Pray for God's intervention.

- The unmarried women should stay at home and not leave their children and when they leave they should make sure they leave some food for their children. This is because those who stay next to homes where there are children eat from outside and children left without food watch with envy.
- Orphans move around because they have no one to care for them so they need to be cared for.
- The government should take good care of unmarried women/girls.
- All traditional healers on the streets should be banned and not given licenses.
- Stiffer punishment of life imprisonment for those who abuse 5year olds.
- Do not allow children to leave home.
- Females should be home by 16 hours.
- Stay close together particularly with 5 and below.

The participants were of the view that the laws that were in the First and Second Republics were not being followed. The respondents revealed that people break the laws and statutes to earn money as shown in the following responses from FGD2: Respondent 2: “In the compounds where we stay there are some unregistered guest houses. You pick young girls and buy them some things then book a room at K10, 000 (ten thousand kwacha).” Respondent 3: They have built rooms at bars called “short time” where men go there and pay to have sex for a maximum of ten minutes, after ten minutes there will be a knock, for another person to access the room.

## CHAPTER 5

### 5.0 DISCUSSION OF FINDINGS

#### 5.1 INTRODUCTION

This study explored the perceptions of sexual abuse perpetrators in Lusaka Central Prison about sexual abuse. This chapter discusses the results by firstly looking at the social assessment of the problem, secondly the epidemiological assessment, thirdly behavioural and environmental assessment, fourthly educational and ecological assessment and finally policy and administrative assessment.

#### 5.2 DEMOGRAPHIC CHARECTERISTICS OF THE RESPONDENTS

The respondents were convicts on sexual abuse charges and were in the age range of seventeen to eighty. The sample constituted 89 males and one female convicted sexual abuser. Most of the respondents were from urban area, Lusaka in particular and some came from rural areas such as Sesheke and Petauke.

#### 5.3 SOCIAL ASSESSMENT

##### 5.3.1 PERCEPTIONS OF CONVICTED PRISONERS

In this study all the respondents described abuse as *kuononga* (i.e. to damage). When asked what they understood by the term sexual abuse almost everyone said it is sex with an under-age (i.e. 16 years and below). Only two people in all the groups mentioned an imbecile and a woman. Similarly, when asked to define a child, almost every one mentioned a person aged below 16 years. The same two people who gave different definition for sexual abuse also mentioned someone who cannot care for himself and a person aged 25.

The respondents reported that the most vulnerable person to sexual abuse is a girl child. Defilement was the common crime committed by all the male respondents. According to the respondents, the type of a child who was mostly sexually abused was an orphan and a street child. The orphan is at risk because she lacks a lot of things like food and there is no one to meet her needs or care for her. Since she has to look for money from men she pays in kind by

being sexually abused. This response is consistent with other findings which showed that orphans lacked food, clothing and blankets (Ministry of Sport, Youth and Child Development, 2004).

The other types of girls at risk of sexual abuse identified by the respondents were those staying with grand parents, those who go to taverns, those with working parents, poor people's children and teenagers in general. According to the respondents, the girls who had no support from their fathers went to taverns to look for money from men which resulted in drunken men taking advantage of them. Male dependants also sexually abused the girl children when the owners of the houses left for work. The respondents explained that teenagers were sexually abused because they wanted to practice what they saw in pornographic movies. The respondents explained that help from the opposite sex made a child vulnerable because he or she has to pay in kind and that was why those who looked for help from men became the at risk group.

According to the respondents a physically handicapped girl sees the man who sexually abuses her as her suitor since few men approach her. When a man sexually abuses a mentally disturbed child, nobody will take her seriously even if she reports. The sexual abusers are cunning as they go for those girls who have no parental protection or whose integrity is questionable. This is consistent with the findings of Children in Need (2001) which also showed that children without parental protection were vulnerable to sexual abuse. The respondents reported that child sexual abuse was common among females and the most vulnerable children were orphans and disabled children.

The respondents suggested that the child is not protected from sexual abuse even in their homes. Fathers, brothers, grandparents, male dependants and neighbours sexually abuse the young children in the home. When left with the neighbour a child is sexually abused. The female respondent said that a mother should never leave her five year old behind because the child will be sexually abused. According to the respondents incest was happening in the community but there was only one incest respondent and the rest of the respondents in this study were defilers which shows that there is a lot of silence. This finding is consistent with

studies by Al-Mahroos et al (2004) and Minnet (1994) which also revealed that child sexual abusers were people known and trusted by the child such as parents, siblings, relatives, friends and those working for the family.

It was reported that a girl above the age of five felt good having sex with an adult man. For instance a fifty year old respondent in FGD1 said that: “*Ako kamwana kazaka 6 kufika pa 10 kanvela bwino. Kaza funa kuchi nvela futi. Ndiye kuti kazankala kawelewele* (a 6 to 10 year old girl will feel good so she will want to feel it again but in the end become addicted to sex)”.

#### 5.4 EPIDEMIOLOGICAL PHASE

The respondents in this study expressed that sexual abuse resulted in serious consequences especially on the girl child. The respondents were of the view that a young girl aged 5 and below suffered a lot of health problems because her body was not yet ready for sex especially with an adult man. In summarizing what would happen to the girl aged five and below after sexual abuse they all said *mwaononga* (you have damaged) that is her private parts will tear and be roomy for sex, her mind will be disturbed her dressing will change. An old man in the study said that *akula* meaning her private part is now roomy for any man and she will be ready to have sex with any man. Indeed that is what child sexual abuse does, it destroys the child's future as recognized by the sexual abusers.

Moreover, sexual abuse is an unsafe sex practice which can transmit diseases such as HIV/AIDS and STI to the abused child. The sexual abusers perceived a child as someone who was clean and free from any disease. They also admitted that the sexually abused child could contract syphilis, HIV/AIDS and/or gonorrhea and *kong'ola* (a growth on the private parts which is cut by a witchdoctor).

The sexual abusers differentiated the consequences of child sexual abuse according to the developmental stage because for girls aged 6-10 nobody said *mwaononga* the list of consequences was shorter. However, a few respondents said that her private part will tear, private part will be roomy and she will fail to have children. Participants reported that once the girl sees blood on her private parts she will view every man as a sexual abuser and fail to get

married. The bleeding will be her first menstrual period; that is why sexual abuse makes a girl mature fast.

The respondents perceived that the girls aged 11 and above as old enough to have sex with a man. The young sexual abusers felt that those will be their age mates and nothing will happen as evidenced in the following statement, “*Midala nizamene zima ononga* (i.e. the older men are the ones who damage).” The elderly men also felt that they were physically ready for elderly men. For instance a 70 year old man said, “*Masiku akayena a kwanila a kula* (she is grown up). You (sexual abuser) will just play nicely. A man will penetrate her without any problem.” The other comment was that *aza nkala ochilizaliza* (she will be sexy), the girl will get pregnant, or HIV/AIDS if man is infected.

The respondents perceived sexual abuse of girls aged fifteen and above as having normal sex, but a girl may get pregnant. However, a girl in this age group was said to be a potential transmitter of HIV/AIDS, syphilis and bola bola to the sexual abuser. Most of the respondents stated that culture allowed a man to have sex with a young girl particularly the one who had attained puberty therefore a girl in this age group was believed to have experience in sex.

The result is consistent with studies by Pettifor, Straten, Dunbar, Shiboski and Padian, (2004) and Pettifor et al, (2004) which indicated that young girls may be especially prone to HIV infection in comparison to older women due to larger areas of cervical ectopy and trauma to the immature genital tract during sex (Pettifor et al, 2004). This also shows that the child sexual abusers understand the damage they have done to the young children. Therefore, it was irresponsible for them to sexually abuse girls because of shyness to go to older women or influence by dagga, drugs and alcohol.

## 5.5 BEHAVIOURAL AND ENVIRONMENTAL ASSESSMENT

During the focus group discussions, the dimensions of poverty that includes streetism, permissiveness dressing and prostitution were discussed at length.

The respondents explained that there were three types of street children: those who live on the streets and are sexually abused because they have to look for food, money and shelter and those children who go on the streets to work and sell merchandise. These become enticed by men who promise to give them more money than they are earning. The man may conveniently take advantage of the child by giving her more money and then sexually abuse her. The last group is the children who accompany their mothers who sell merchandise by the road sides. The respondents reported that the street is a risky place for a child to be alone because what makes a child who is with the mother by the road side to be at risk is if she wanders away from her mother. According to the respondents, the children who live on the streets were more vulnerable because during the day men gave them food and money sexually abused them and during night time the watchmen and big boys on the street gave them shelter also sexually abused them.

The respondents indicated that streetism was not a sign of a lack of social services because even if children had play parks and social activities like sports to keep them busy parents would still send them to trade on the streets. This applies to the older children who are supposed to be in school instead of being on the streets because they are there for survival not recreation.

The respondents stated that there was permissiveness in the home and community. The sexual abusers believed that children had no constraints starting from their own homes. It was revealed that poverty influences parents and guardians to send their children particularly orphans to look for money from men. A survey on street children also found that parents send their children to earn money from the street (Ministry of Community Development and Social Services and Ministry of Sport, Youth and Child Development, 2006).

Majority of the convicted prisoners said that orphans are the type of children likely to be sexually abused because they have to look for food, money and shelter. It is like children have assumed a huge responsibility of not only looking for money and food for personal satisfaction but to also provide for their families. The respondents said that poverty has made children to act like they have no parents. Majority of the respondents explained that hunger was driving



the young girls to look for money from men. This is consistent with the findings from the survey on situation of street children which also revealed that 75 percent of the girls were on the street to earn money to supplement personal and household income (Ministry of Community Development and Social Services and Ministry of Sport, Youth and Child Development, 2006).

The girls who are sent to look for money have to go in places where men are found which include drinking places and men's homes. One of the respondents also stressed that girls were found in places where they were not supposed to be. This shows that parents have relaxed and allowed girl children below the age of 16 to enter drinking places so that they can make money from men. The people running bars and taverns also allow children below the age of 16 to enter the drinking places and drink beer. When men demand to have sex the young girls who go to bars or men's homes cannot refuse because they have been instructed by their parents to look for money from men.

Zambia has societal expectations on how girls should dress and conduct themselves in public. However, the findings revealed that the girls have a task to attract men so that they are given money and it is difficult without appropriate dressing for the places where men are found. As a result majority of the respondents said that the young girls' dressing was not good or was not proper as it attracted and tempted men to sexually abuse the young girls. One of the respondents in the study said that, the way girls dress is tempting, *a woneka kuchunika chunika* (i.e. wearing very tight clothing). The study could not pursue the dress issue further but may be another study needs to explore this issue of dress.

According to the Penal Code, one cannot enter a business transaction with a person below the age of 21 years but the parents expect their girl children to trade with men. The trade is also questionable because the girl children have nothing to offer and the men they are sent to are not charitable organizations. In fact, one of the respondents said that young girls were easily attracted if you just promise her something. The permissiveness in the families and community could be the reason the majority of sexual abusers felt that it was on agreement and they have

been unjustly treated by society. Therefore, it is very naïve for parents or guardians to send a child to look for money from men who are not even their relatives.

Since the community members are aware that parents want their girl children to earn money from men, adult female pimps have come on the scene to earn a living by using the young girls. Pimps have taken advantage of the permissiveness and arrange with men in the compounds to have sex with young girls. Unfortunately, the young girls are not only used by the women and men (pimps) to earn a living but they get exposed to Sexually Transmitted Infections and HIV/AIDS.

### 5.5.1 Behavioural Correlates

According to the sexual abusers the behaviours or life styles (behavioural correlates) that contributed to the increase in child sexual abuse were as follows:

The respondents stated that it was acceptable for men to have sex with women by force since, tradition allows a man to lose control of his sexual urge at any time. Therefore, if a man does not know the right age of a girl he will have sex with a minor. For instance one respondent said: “*Mkazi kuchepa maganizo* (a female is also dull) because she is not the right age but goes to men”. Another respondent said: “Girls of nowadays are naught you find a 12 year old girl in a disco. *Nanga mwana wa 12 years afuna chani mudisco?* (What is a 12 year old girl doing in the disco?). She can even ‘play’ (have sex) with 20 men.” According to the respondents it is normal to sexually abuse a girl who goes in places where she is not supposed to go (i.e. disco and/or tavern).

When asked on who is likely to sexually abuse a child, some respondents mentioned dagga smokers and drug addicts because drugs and dagga simplify things. They also said that some men take sex pills or sex herbs to become aroused and have sexual strength. A certain youth said that “sometimes a boy takes sex pills before going to see a girl friend. But he finds she has gone somewhere, since he is already aroused he will just find a nearest child and sleep with her.” These findings show that drug abuse could influence child sexual abuse. The respondents also indicated that drunkenness was one of the reasons for abusing a child because

beer made men to be sexually active. There seems to be lawlessness with regard to the use of drugs/herbs and alcohol in the country as males could misuse these substances with the aim of sexually abusing the innocent children.

Participants also revealed that men love to sexually abuse young girls who look big. This was also observed in their facial expressions as they mentioned girls' bodies particularly the newly developed breasts. For instance, a respondent aged between 20 and 26 said:

“Our sizes that we should propose are not available for us. You find big men (sugar daddies) have taken them. So we (boys in the twenties) have to go to the 13 year olds which becomes defilement. *Midala izi yendako naba kulu* (elderly men should go for adults)”. He felt justified for sleeping with a 13 year old girl and called the teenagers his size not the 20- 26 year old girls.

The study findings that there are some shy men who fail to propose fellow adults but can just grab children particularly sisters may be a justification of men's love for children. Similarly, Taylor (1982) described pedophiliac as adult males who demonstrate a pathological interest in children. This situation occurs when the male feels inadequate sexually and is afraid to approach an adult female for fear of being rejected or of being sexually inadequate. Following this definition it would mean that the shy men described in this study were pedophilias.

**5.6 EDUCATIONAL AND ORGANIZATIONAL ASSESSMENT**

This phase discusses the predisposing, reinforcing and enabling factors identified in the study. Predisposing factors include knowledge, attitudes, beliefs, personal preferences, existing skill and self efficacy. It was revealed that the sexual abusers preferred to abuse a street child and or an orphan. The respondents reported that the abuse of such children were done out of malice because men took advantage of the children's situation. Since no one can hold them responsible for their action because street children and orphans do not have parents to protect them.

### 5.6.1 Beliefs and Practices

The participants revealed that men used herbs to increase sexual virility. It is not clear why an adult would take herbs when he knew that he had no wife or female friend to go to.

According to the convicted prisoners, the Zambian tradition allows a girl to get married after initiation ceremony. In fact, some traditions may marry of a girl at a tender age that is *Akana kang'wena kakulila kwitete* (according to the study participants, this means that as the crocodile hides its young ones in the reeds to grow, a young girl can be married off so that a husband cares for her as she grows). Some respondents from the rural set up where such a tradition is upheld complained for being incarcerated for sleeping with teenage girls, because according to their culture the girls were ready to have sex with them.

Participants revealed that there was a belief in the Eastern province of Zambia where cousins were encouraged to marry each other in order to prevent them from marrying men from far away places. This is consistent with Drakes (1976)'s anthropological study findings that among the Chewa people, ideally a man's first marriage ought to be with his cross cousin. For instance his father's sister's daughter so that the spouses remain in their own village of birth.

Participants also revealed that there was a belief that "traditional wives" within the extended family system (not real wives but traditional way of playing with one's cousins, aunties, uncles and grand parents) brought familiarity with the opposite sex as one was growing up and may lead to sex among relatives. It seems that the practice of "traditional wives" creates a ripe atmosphere for sexual abuse because of the familiarity. For instance Helitzer-Allen (1994) showed that on the last night of initiation a girl who was not married before the last rite had to be ritually deflowered by a temporary substitute for a husband, a *fisi* ( the girl's elderly cousin).

Initiation ceremony of a girl child who has reached puberty is believed to be an announcement for men to know that she is ready for sex. Some males felt very strongly that the pubertal girls were ready for sex and if parents do not want men to have sex with their children they should keep them away.

### 5.6.1.1 Virgin Cure

Child sexual abuse for virgin cure is ritual sex abuse which was also reported in the United States of America, Canada and other post industrial countries from 1984 to 1989 (Nathan, 2006). This could be one of the reasons many tourists (from United States, Germany, France, Australia, United Kingdom and Japan) travel to developing countries like Zambia (Dublin and Mabrey, 2006). Similarly the respondents in this study revealed that virgin cure (ritual sex) was embedded in traditional beliefs and practices in Zambia but it is not openly discussed particularly with someone who is from another ethnic group. For instance, the respondents preferred to speak for their ethnic groups and one Nsenga respondent got in trouble with the *Ngoni and Chewa respondents for sharing about Nyau when it was not part of his culture*. This shows that these findings may not have covered other traditional beliefs and practices that may lead to child sexual abuse for virgin cure.

The respondents said that there were many traditional healers in the country some were found on the streets. This is consistent with report by Lukwesa (2006) and Vongo (2002) that there are a lot of traditional healers who were not registered with them. It was reported that traditional healers were consulted for cure from diseases, misfortune and financial problems. The traditional healers are seen as the custodians of Zambian culture and they provide primary health care. This is consistent with UNAIDS (2000) report that traditional healers are respected health care providers and opinion leaders in their communities. Therefore, large numbers of adult males from different walks of life with different needs and diseases (HIV/AIDS) inclusive visit traditional healers.

Participants were of the view that the traditional healers advised their clients to sleep with young girls aged ten and below as part of their treatment (i.e. *chizimba* or *bwanga*). This is consistent with the anthropological finding by Maxwell (1983) that *bwanga* is the medicinal apparatus used by a witchdoctor (that is his/her paraphernalia).

According to the respondents, the reasons why men sexually abused young girls were that some men were shy to propose fellow adults, others were under the influence of drugs, dagga

and alcohol, some wanted to relieve their sexual urge on young girls and majority of men wanted to use them as magical formula (i.e. virgin cure). All of the male respondents agreed that there was no sexual satisfaction when a man sleeps with a girl aged six and below and referred to it as just *chizimba* or *bwanga*. Most of them said that sex with the young girls below the age of ten is for *chizimba* or *bwanga* but for those aged eleven and above it is just natural attraction. This is because the respondents felt that during sex with those aged ten and below the private part will tear and bleed then that blood is used in magic (*bwanga* or *chizimba*) to get rich or cured of illness. Whilst for those above eleven years there will not be any tear but the men penetrate nicely.

The respondents stressed that the main reason for abusing this age group was to use their innocence in the *chizimba* or *bwanga* (magical formula). It was obvious from the discussions that the younger the age of innocence the more powerful the magical formula. The *chizimba* or *bwanga* is used to treat those who need luck for promotions or who want their business to prosper. The convicted sexual abusers in the study understood that the practice will transfer a disease or misfortune from the child sexual abuser to the child as he also receives good luck from her innocence. This finding is consistent with Adrants (2006) report which indicated that voodoo was a belief in or practice of transference of ills and evil to an innocent person. This also shows that they believe in the anticipated benefits of child sexual abuse for virgin cure.

In the literature review it was found that socio economic factor of poverty also contributes to child sexual abuse. That is child sexual abuse due to a traditional belief that sleeping with a young virgin will bring wealth to a family that is struggling financially (Zulu, 2007). In this study, respondents also indicated that witchdoctors advised people to sleep with young girls in order to get rich. For example those in charcoal business would then have more charcoal if they abused a child sexually.

The studies by Shinkanga, 1996) in Zambia and Seaman (1996) in South East Asia identified that men were sexually abusing young girls to get cured of impotence and sterility. This study also found that a girl child was sexually abused for the purpose of increasing strength (virility) and sperm content of the abuser.

The participants explained that young girls were sexually abused by chiefs because they were their subjects. The Old Testament in the bible also records the use of young and virgin girls to provide warmth to elderly males. For instance, a young virgin was provided to King David when he was old and well advanced in years to attend, care for him and lie beside him to keep him warm (I Kings 1:1-4).

The findings of this study revealed that young girls were sexually abused by *Nyau* for supernatural powers. *Nyau* is a secret society with special vocabulary and rigid restriction to initiates only (Lindgren, 1978). A study by Yoshida (1991) revealed that in the Chewa culture it was customary for *Nyau* to take the *namwali* to her husband's house immediately after initiation ceremony but the practice was banned by the colonial government and the missionaries. According to Guhrs (1999), the practice was immoral in the priests' minds because of the sexual content of the songs, the appearance of naked dancers in the presence of women and they had reason to believe that there were instances of adultery taking place after the ceremony. Could it be true that the involvement of *Nyau* in initiation ceremonies was because of their belief in virgin cure and the resultant sexual abuse as this study revealed?

Sexual abusers also stated that traditional healers in Zambia recommend girls of four years to be sexually abused as a cure from Sexually Transmitted Infections. This finding is consistent with other studies by Earl-Taylor (2002) and Groce and Trass (2004) that traced the belief, that sexual intercourse with a virgin was a cure for syphilis, gonorrhea, and other Sexually Transmitted Infections (STI) to the 16<sup>th</sup> century.

It was reported that traditional healers advised those with HIV/AIDS to sleep with toddlers for cure. Sometimes traditional healers advise men to sleep with their daughters to become cured of HIV/AIDS. Report by Swindels (2006) also indicated that some traditional healers advised men who had HIV/AIDS to sleep with young girls and female infants as part of treatment. According to Swindels (2006)'s findings, the younger the age the more potent the cure. This finding is of great concern because a study by Lowe, Sankatsing, Repping, Van der Veen,

Reiss, Lange and Prins (2004) revealed that in the advanced stage of HIV infection there is transmission of HIV and drug resistant variants via the semen.

It was also revealed that traditional healers advised patients with mental illness to sleep with 4 year old girls as cure for mental illness and those suffering from any chronic illness to have sex with toddlers.

In this study participants also reported that young girls were offered to the person who had lost a spouse. It was also revealed that this practice was only found among the most ethnic groups. The participants also reported that when a husband/wife dies the surviving spouse will be advised by a traditional healer to sleep with a young boy/girl to be cleansed. So that he/she will not be troubled by the late spouse's ghost because the innocence of the young boy/girl will provide *chizimba* (magical formula).

According to Mbozi, sexual cleansing is known and acceptable among most of Zambia's big ethnic groups. These include, the Tonga and allied groups of the Southern, Central and Copperbelt Provinces, the Lunda and Luvala of North Western Province and some tribes in the Eastern Province. Mbozi also found that the belief in sexual cleansing dictates that "blood should meet" for the ritual to be complete.

This study finding showed the use of traditional healers, which according to Mbozi's findings, is a deviation from the norm that is the family coordinating the ritual. The traditional healers may be used in circumstances when the late spouse's family does not recognize the marriage, inherit the wife and/or is disappointed with the sharing of their late relative's property.

In this study, the respondents revealed that traditional healers advised elderly women who had miscarried to sleep with young boys aged 3 and below in order for the women to be cleansed. The finding is only consistent with archive studies.

Literature review showed that incest was common in Zambia but it was not openly discussed



only among immediate family members as “deep” secret (Shinkanga, 1995). This study also found that incest with a young child was recommended by traditional healers as a more powerful magical formula than sexual abuse of a non relative. A respondent said that “sexual abuse of a child may be due to other reasons but when it is incest it is directly for *chizimba* or *bwanga* (magical formula).” Another respondent said that “incest is very powerful since it is same blood, that is when the charms work properly because defiling another person with foreign blood type *munkwala upwalala* (medicine will fail to work).” The respondents described incest like they do not only believe in it but have witnessed its benefits. No wonder the family can agree to keep it a secret because according to them incest is beneficial.

Incest is recommended by the traditional healers for getting rich quickly, if one wants business to do well, sexual virility, and in cases of armed robbers who do not want to be caught or shot. Incest has to continue for someone to continue experiencing luck or business to continue being successful. This finding is similar to the study by Ahmed (2005) which showed that sex with a virgin renews youthfulness, increase virility, and brings good health, longevity, luck and success in business. However, Ahmed (2005)’s magical formula finding was not linked to incest.

### 5.6.2 Knowledge

The respondents stated that the information on virgin cure belief which contributed to child sexual abuse was not only obtained from traditional healers but also from parents, elders and friends. This shows that sexual abusers were aware of virgin cure benefits and what was required to act.

### 5.6.3 Attitude

The respondents reported that the sexual abusers love the young pubertal girls. During the discussions it was evident that males loved to have sex with young girls. This was also observed in their facial expressions as they mentioned girls’ bodies particularly the developing breasts and hips. The respondents also showed that when a child innocently shows happiness to see an adult she is welcoming them sexually. This is illustrated in a response from a respondent in FGD 7 for those aged 29 who stated that: “*Uza peza kasekela a kulu. Uza peza*

*chabe kwa aka tenga* (they get so excited when they see adults so an adult will just snatch a child).” Since men already love young girls and feel sexually welcomed by a child’s excitement to see them it would be difficult for them to resist a virgin cure suggestion.

#### **5.6.4 Enabling Factors**

This section discusses perceived talent, personal skills and physical enabling factors that were discussed by the respondents.

According to the study findings every male was a potential child sexual abuser because it had some reward for the abuser. The assessment of sexual abuser’s perceived talent was to find out if they were of low status and required skill or talent empowerment so that they would change their behavior but most of the suggested potential sexual abusers were skilled people with good education and prestigious jobs like Honorable Ministers and service men.

The characteristics of sexual abusers included the following: Hyper sexual active men, drunkards, drug addicts and those who take sex pills and sex charms to increase desire for sex and virility, mentally disturbed who cannot reason and men who want to get *chizimba* from the child.

The study revealed that when men wanted to sexually abuse a girl child they could confidently do it because children are easy to find. For instance a sexually aroused man who has fought with his wife will just find a relief from any child within his reach.

#### **5.6.5 Physical Enabling Factors**

The physical enabling factors include access to places and access to colleagues.

The results of the study showed that sexual abusers could afford to entice young girls and the younger the age the cheaper they are. For instance, one respondent said that “toddlers are targeted for *bwanga* or *chizimba* for any chronic illness and are easily cheated (enticed) with sweets.”

A 70 year old man also said that “Children are careless and love money. You find she asks for K100 (one hundred kwacha) to watch a video. They are not afraid whether one is old or young. After you give her she will get used to begging. Those who give them the K100 will sleep with them”. The respondent was asked to explain why those who give them money slept with them and he said: “*Ungalekelele ndalama zako ziyenda che. Ziyenela kusebenza* (i.e. can you let your money go free? The money should achieve something)”. The 70 year old man was referring to four year old girls who innocently ask for money from relatives, neighbors or passers by. This shows that girl children who have a tendency of begging and receiving things from men are at risk of sexual abuse.

The results showed that it was not difficult for the sexual abuser to find where to have sex with a young girl because he has different places at his disposal. The free places are anywhere where it is hidden or isolated like a bush, unfinished building, behind the tavern, toilet, bathroom and the deserted road. The free places are used by anyone particularly those who have no money like the youths and males aged below 29 years of age. Some men like step fathers and neighbors used their own homes to sexually abuse young girls. The men who have money particularly those aged 30 and above, mostly go to unregistered guest rooms (at K5,000 per room), video homes and Chandwe Musonda road where they expect to have sex with young girls.

The men who go to taverns do not have to worry about where to take a females whom they have picked because there are rooms that they can use at a fee as evident in the following story: “when men hook young girls in the bars they just book rooms within the bars called “short time”. The men go there and pay to have sex but the maximum period allowed in them is 10 minutes. After 10 minutes someone will knock so that another man accesses the room.”

Most of the sexual abusers in the study could afford legal aid. They had appealed and tried to challenge the abused but failed because the Victim Support Unit (VSU) had done their work thoroughly so they ended up having more years added to their sentences.

### 5.6.6 Reinforcing Factors

The reinforcing factors identified in the study were rewards, social relationships and punishment.

All of the respondents perceived the virgin cure as a belief and they knew what it involved. This shows that their parents, families and family friends could have told them about the practice because beliefs and practices are passed on from one generation to the next generation. It was also revealed that when a person visited his parents they advised him to sexually abuse his daughter aged five and below for him to get promoted or successful. The parents will even give him herbal medicine for the ritual and tell him how to use them. One respondent also narrated how parents will encourage one to sexually abuse his youngest daughter in order to get promotion.

There is also sharing of information and charms among friends. A friend will explain the ritual behind his success and introduce his friend to a traditional healer who had helped him reach his position. The respondents also talked about the sex herbs which they shared as they drunk beer. The discussions revealed that peer pressure in the group may motivate even those without wives or female friends to take the sex herbs. As a result friends will reinforce lessons first taught by parents and other relatives or introduce the practice to someone who has never hailed it.

The support systems' (i.e. parents, relatives and friends) preferences about whether a man should or should not sexually abuse a young girl are very important to him. According to the finding, the support systems of a man are not just passing information but the herbal medicine as well which shows that it is not only traditional healers who are promoting the virgin cure. This suggests that virgin cure is inherent in the culture so there are so many people involved. It could be the reason why sexual cleansing is still being practiced despite the chiefs banning it. This shows how significant others (i.e. parents, relatives and friends) an individual consults because of his belief in virgin cure may influence a person to sexually abuse a child who may be his own daughter. However, the person has to weigh the benefits of sexually abusing the child against the risks of getting caught before he decides to act as evident in the following past experience report:

“Sometimes a friend introduces you to a traditional healer who assisted him to get rich or promoted. After analyzing and seeing the difference in the friend’s life one will sexually abuse a girl to also change.” This implies that persons who sexually abuse the young children perceive the benefits and intend to use the child’s innocence for their benefit. Therefore, the behaviour in question is under the sexual abuser’s volitional control (i.e. he/she can decide at will to sexually abuse a child).

However, the study results also showed that the persons who consulted traditional healers for illnesses and/or other problems are put under pressure to complete the virgin cure treatment. The respondents explained that after the initial treatment a man leaves the traditional healer’s place already “charged” to sleep with a girl child.

This also applies to those who are advised to commit incest as the findings also revealed that the traditional healers planted some fear in their clients in order to persuade them to carry out sexual abuse as part of treatment. For instance, one of the respondents in group 6 said: “Sometimes when you visit a traditional doctor he will start by treating you before you go to the next step. Then after treatment he will tell you to sleep with a person very close like your mother or child. He will strongly advise you that: *kulibe kudabwa u kadabwa uza funta* (i.e. if you act contrary and lose courage you will get mad). Those who lose courage are the ones whom you hear that they got mad after incest.”

This implies that a person anticipates benefits from the herbal treatment but after the first decision to see a traditional healer and starting the initial treatment he/she no longer has control of his next decisions. As alluded to in the literature review, a potent motivator related to beliefs is fear. Therefore, since the advice to sexually abuse a young girl or boy for virgin cure is associated with traditional beliefs the action will be controlled by fear.

Since the sexual abusers are charged to sleep with a young girl or become fearful after seeing a traditional healer, from the finding the research deduces that the hypothesis is valid. That is

the persons who believe in virgin cure are more likely to sexually abuse minors particularly persons who received treatment and advice from traditional healers for various ailments.

The feed back most sexual abusers received from their families and the sexually abused children's families appears to be negative on quitting the behaviour. During the discussions some of the sexual abusers revealed that the family of abused persons supported them but only one person within the family insisted on reporting the incidence. For instance, a man who had defiled his wife's niece said that his in laws in the village were not happy with what his brother in marriage (husband to wife's elder sister) had done (that is reporting him to police) without first consulting them. Most of them felt that they were unfairly treated because someone hated them to have them sent to such a place. The person who reports the abuser does not receive the family's blessings because community has not yet accepted the change.

The study findings showed that child sexual abuse had some rewards for the abuser. Respondents in this study indicated that any man can display abusive behaviour because of the rewards. The respondents confirmed that the rewards in virgin cure were tangible and include: sexual arousal relief, cure for mental illness, cure for chronic illness, cure for HIV/AIDS, and the abuser can become rich, sexually cleansed, or have increased strength (virility) and sperm content. The rewards identified in the study indicated that gender discrimination of females is still prominent in the community despite the fight against gender based violence which is spearheaded by cabinet. The finding is consistent with Mhlanga (2006) who indicated that women (children inclusive) hold a lower position in Zambian society.

In this study the respondents did not perceive themselves as wrong doers but portrayed themselves as victims of circumstances. Throughout the discussions they complained about being wrongly treated by those who had reported them. All the respondents displayed a tendency of blaming their victims for what had happened.

There is a contradiction between the traditional way of life and the laws of the land. The men who thought they could still sexually abuse young girls because of their beliefs ended up in the prison. For instance, the respondents who had grown in family set up were they believe in

“traditional wives” (not real wives but way of playing with one’s cousins, aunties, uncles and grand parents) were not happy with the way their relatives had them incarcerated. They felt isolated and hated by their families which had made them believe they had wives within their families.

One respondent had defiled the niece (his late sister’s daughter) he was keeping and was bitter because it was his mother who reported him. So he said that he would rather commit suicide than go to reunite with his family after serving his sentence. This is a positive sign that the family may give a feed back to the abuser to show him that child sexual abuse is wrong.

### **5.6.7 Lessons Learned**

The study revealed some cultural changes in sexual practices, child rearing, dressing, girls’ attitude towards sex (rebellion), cultural exchange and cultural practice rejection.

#### **5.6.7.1 Sexual Practices**

The responses revealed that people who had migrated from their tribal areas adapted lifestyles that are contrary to their culture but they retained others and used them in ways that were not originally intended. For the “*kana kang’wena kakulila kwitete*” the two families (i.e. man and girl’s families) agreed, bride price was paid and girls were married by agreement not defiled.

The respondents referred to culture from Eastern Province which allowed cousins to marry as a practice that may lead to child sexual abuse. However, the family allowed the blood cousins to get married and not the reported practice among shy men to defile their young blood sisters and cousins because their culture allows cousins to marry.

The sexual cleansing practiced among the most ethnic groups in Zambia is done with the late spouse’s relative. Whilst the sexual cleansing revealed in the findings used a young girl who was not related to the late spouse. With the sexual cleansing identified in the study the sexual abuser has no mutual understanding with the girl’s family. The practice was also coordinated by family members not traditional healers as reported in the study.

The respondents felt that initiation ceremonies in many cultures announced to men that they can have sex with the girls. The respondents strongly felt that having sex with a girl who has reached puberty was not a crime because tradition allows it. But the intentions for the announcement is for men to marry her not sexually abuse her. This was confirmed by the same respondents who said that the girl who was sexually abused is stigmatized so parents would not go into all the trouble of having their daughter initiated just to end up as an outcast.

The results indicated that there were a lot of herbal medicine (tattoos and sex herbs) used to increase sexual virility. Traditionally, these were meant to be used in marriage not to increase virility so that when a man is sexually aroused he just grabs or entices a young girl and has sex with her.

#### **5.6.7.2 Child Rearing**

The only female respondent in the study stated that there were things parents were not doing which made the young girl/boy vulnerable. According to the elderly female respondent immediately a child is left alone anyone can do anything to her or him. Therefore, she said that a mother should be with her child all the time. The male respondents also mentioned homes where there are male dependants that they sexually abuse the girl children when the owners of the house leave for work. This indicates that there was a traditional round the clock watch by the mother over her children particularly girls which protected them from sexual abuse. Since, this is not practiced by most people who have migrated from their tribal areas the children are vulnerable to sexual abuse particularly girls.

The female respondent said that a woman should ensure that her child had food to eat. The male respondents said that some working women particularly marketeers left their children without food. The children ate from the neighbours or went out to beg for money which made them vulnerable. The elderly woman in the study did not only see the role of a mother as protector but as provider for her children. One of the respondents said that food in homes was not enough to satisfy people so the girls move around. Therefore, the results indicated that when mothers or guardians take up their traditional role of providing for their children the children will not beg or look for food from men and they will not be sexually abused.



According to the elderly female respondent children must not be allowed to leave home and the family must stay close together to prevent child sexual abuse. This indicates that the sending of children by parents/guardians to look for money is a new culture. According to the real culture a woman should be with her children and the man or father goes to look for money. Therefore, the new culture of sending young girls to look for money puts a young child in an older man's position without any protection or guidance. This makes her vulnerable because the male domain she enters is merciless.

#### **5.6.7.4 Rebellion**

The discussions revealed that some girls were ready to sleep with men no matter what the guardians do or say. For instance, a respondent said that "he had a niece who was naturally ready to sleep with men at any time. Each time they tried to pump sense into her she would say that this is how I am you will just kill me". This shows that there is an element of rebelling among some of the sexually abused girls which could be due to other factors.

#### **5.6.7.5 Cultural Exchange**

The study revealed that sexual abusers knew and practiced traditional beliefs and practices from other ethnic groups. The men share sex herbs and information about virgin cure to get rich. This indicates that virgin cure could have originated from some ethnic groups but because of sharing of information the other ethnic groups adapted the belief and practice. Since, traditional healers are also not limited to clients from their ethnic groups of origin they may have helped spread the belief and practice in virgin cure to other ethnic groups so that virgin cure is now generally accepted by all ethnic groups.

#### **5.6.7.6 Cultural Practice Rejection**

The anthropological study by Mwenda (2007) showed that there are alternatives to sexual cleansing. However, widows and local community felt that sexual cleansing was an indispensable custom and believed in upholding tradition. Similarly, the study findings do not mention the alternative not even from the traditional healers' recommendations.

One of the respondents mentioned an alternative for incest as sleeping at the grave yard. However, the beliefs and practices to get rich or successful known by the respondents was virgin cure. The results also showed that traditional healers and family members also recommended virgin cure. This shows that sex with a young virgin girl is more appealing than the alternatives.

These findings place a girl and a boy child in a position of an object which is sexually abused by adult females and males to get cure, rich or cleansed. The girl and boy child is not safe because selfish adults want to use her or his innocence. No wonder the female adult in the study insisted on protecting a girl child because men will sexually abuse her.

## **5.7 ADMINISTRATIVE AND POLICY ASSESSMENT**

The assessment of this variable was dependent on the respondents' ability to identify actions and strategies that could reduce or hinder child sexual abuse in the community. The participants were of the view that girl child was vulnerable to sexual abuse because the laws that were in the First and Second Republic were not being followed. The respondents indicated that people break the laws and statutes to earn money, therefore there is need to implement the first Republican President's rule of law. Therefore, the recommended actions and strategies are addressed by relating them to the existing policies and Acts.

The action to be taken as identified by the respondents included taking the child to its parents if they are present. This means that a child must have a parent who will support him/her after the incidence. The child who has no parent like an orphan on the street is more vulnerable because there is no one to support and protect him/her. In fact, the study revealed that orphans move around because they have no one to care for them so they need to be cared for. Unfortunately, Zambia currently does not have a specific policy on street children.

One of the proposed actions was to establish the truth if sexual abuse really happened and if there was an agreement between the abuser and abused. According to the Juvenile Act and Amended Penal Code in defilement cases consent is immaterial. In fact the respondents felt that if the girl is respectful then force was used report to the police but if it is a naughty girl do not report she deserves it. However, whether a girl is respectful or not, the law on defilement

considers girls less than sixteen years incapable of making sound decisions on sexual intercourse. Hence, the law is set to protect these girls from being sexually abused as well as disallowing them from engaging in any unlawful sexual activities (Daka, 2005).

The sexual abusers were of the view that the alleged sexual abuser should go with the abused to the hospital for examination. That is for the doctor at the hospital to compare the sperms in girl's vagina with a man's sperms or blood. Unfortunately, the current guidelines do not include confirmation of sperms in the laboratory. There is a possibility that though the sperm analysis laboratory results may be positive the alleged sexual offender is not the owner of the sperms. This possibility is a loop hole in the law where a parent who sends his or her daughter to earn money through prostitution may take any of her customers even when they have not slept with her to jail. Since the parents are in money making business they can use every opportunity to make money. For instance, one of the respondents was asked by the girl's relatives to give them money (twenty million kwacha) and when he gave them a lesser amount (i.e. five million) they accepted the money but still sent him to jail.

### **5.7.1 Strategies**

The respondents suggested that a woman (wife) should report her husband when he sexually abuses her daughter so that others can learn from it. The Gender Policy also encourages victims to report cases of all forms of violence and sexual abuse to the relevant law enforcement agencies. Though the policy addresses victims (women and adolescents) who can report the mothers can still report on behalf of their children. Similarly, the National Reproductive Health Policy only recognizes the adolescents as the group at high risk of sexual abuse within families and outside family circles. But unlike the Gender Policy the objectives and measures in the National Reproductive Policy do not address sexual abuse.

According to the study findings those with money when approached give the parents a lot of money to silence them. This shows that there is corruption in the community which is interfering with the reporting of cases to enable the law enforcement agents do their work.

The respondents also suggested that a real doctor should examine both sexually abused and abuser so that others are not wrongly convicted. This verges on the ethics which guide the health worker to always do the right thing. It was suggested that when there is proper evidence of defilement the abuser should be convicted and given life imprisonment sentence. This is consistent with one of the National AIDS Council policy measure to create a supportive environment. The measure states that the penalties for child defilers must be stiffened.

The respondents had suggested that people should be taught so that they understand about HIV/AIDS transmission. The respondents were counseled by the social worker in prison so they realized the risk involved in unsafe sex practice. In fact, the National AIDS Council policy has a measure to ensure that the rights of the abused person are observed, that is legalize mandatory HIV testing of persons charged with sexual offences that could involve the transmission of HIV. Surprisingly, the mandatory HIV testing of sexual abusers is not yet in practice. The names of sexual abusers are also supposed to be published in the Government Gazette according to the Penal Code but no name has ever been published.

The respondents explained that young girls were at risk of sexual abuse because they had to look for money and or food from men. Therefore, the respondents recommended that unmarried women should stay at home and not leave their children and when they leave they should make sure they leave some food for their children. According to the Penal Code, it is an offence for a parent or guardian of any child of tender years to fail to provide sufficient food, clothes, bedding and other necessities. However, the trend can only be avoided if the government introduces sustainable poverty reduction measures.

The respondents in this study also revealed that there were unregistered guest rooms and video homes where men go with the intention of sleeping with young girls. The places are illegal because they are not registered and the keepers are not licensed by the local authority (Public Health Act). According to the Penal Code and Amended Penal Code the owners or occupiers of the premises are guilty and liable to imprisonment for permitting defilement of girl children on their premises.

The study also revealed that the young girls who go to the unregistered places to sleep with men are enticed by elderly women and owners of video homes. According to the Penal Code and Amended Penal Code these elderly women and men were guilty of living on aiding, abetting or compelling the young girls into prostitution. Though the respondents recommended that women who take children to men should be arrested they are guilty of conspiracy to defile the young girls because they used fraudulent means to permit elderly men have to sex with the girls.

The respondents explained that young girls watched pornographic films in the video homes. Pornographic material is not allowed in Zambia and the Amended Penal Code states that it is an offence to sell pornographic material to a child or compel a child to watch a pornographic film.

The respondents recommended that time for drinking should change from 0600 hours to 1800 hours. According to Liquor Licensing Act a bar should open at 1000 hours and close at 2230 hours so the opening time for the bars mentioned in the research is earlier than stipulated. According to one of their recommendation the government should do something for young people entering bars by putting stiff punishment, ban movies and also ban pornographic exposures (return the old rules). Their recommendation is consistent with the Zambian law because the Liquor and Licensing Act does not allow a person below eighteen years (child) to enter a bar. All places that sell beer fall under the same license therefore the law applies to a disco. The results showed that law enforcement agents have relaxed, as a result the business men who run the taverns and discos allow the young girls to enter and even drink beer.

The respondents suggested that people should be discouraged from listening to traditional healers. The respondents strongly recommended that all traditional healers on the streets should be banned and not given licenses. The respondents were emotional when giving the recommendation, so were traditional healers when they met to counter act the virgin cure accusations from the general public. The traditional healers recommended that any traditional health practitioner found to be in breach of this section of the code will be expelled from the association and must be reported to law enforcement agents and the disciplinary authorities for

appropriate action. Section five of the Code of Conduct for THPAZ on child defilement states as follows: Under no account should a traditional healer:

- Prescribe or administer sexual activity as a form of treatment of any ailment whatsoever, physical or spiritual. They shall not in the course of treatment request or require a client to undress or expose them in a manner deemed to be indecent.
- Administer *Ngozi* compensation (i.e. the traditional healer has sex with a client who fails to pay after treatment) by a young girl or young boy. The compensation must be in cash or in kind.

Traditional healers are not only respected but also custodians of our traditions so it is not wise to fight them. Though the members of general public know the consequences of getting caught because they believe in the virgin cure formula they still see traditional healers so punitive measures may lead to secrecy. Besides, traditional medicine is passed on from one generation to the next and virgin cure may be the only formula that certain traditional healers know hence putting a ban on the practice may not stop them.

The respondents recognized that parents were not protecting their children. The child has a right to be protected. The parents send their children to look for money from men but the Zambian constitution does not allow exploitation of young persons.

## **5.8 IMPLICATIONS OF THE STUDY FINDINGS ON NURSING**

### **5.8.1 Nursing practice**

There are negative child rearing practices in the community that impinge on the safety of children. The nurse should learn both the negative and positive practices in the community he/she works. The positive practices are the round-the-clock watch by a mother, father working and providing adequate food for his children. The negative practices are sending children to look for money, leaving children unattended to and without food which makes vulnerable to sexual abuse for virgin cure. The nurse should promote the positive practices and try to discourage the negative ones.

The maternal and child health programmes emphasize parental baby bonding that is encouraged during antenatal, intra-partum and postnatal care. This should be strengthened and male parents should be involved in this process. Perhaps this could minimize child sexual abuse. In addition, nurses and midwives providing maternal child health services should give information, education and communication on child sexual abuse and its dangers to the parents and guardians.

The results revealed that sexually abused girls below the age of ten may contract Sexually Transmitted Infections and HIV/AIDS. The nurse has an obligation to protect and preserve life so she/he has to assist the vulnerable child and victim of sexual abuse. This indicates that there may be some children who are HIV positive because they were sexually abused. The nurse may help those who are getting exposed to HIV through sexual abuse so that they do not get infected by providing Voluntary Counseling and Testing (VCT) services and helping them access Post Exposure Prophylaxis (PEP). Zambia PEP protocol recommends that if the HIV status of the perpetrator is unknown, decisions are to be made as if the perpetrator were HIV positive.

However, the targeted age group for virgin cure is at high risk of contracting disease if they report after 72 hours of exposure because they will not be eligible for PEP. Therefore, the nurse should teach mothers and girls and the entire community about HIV transmission

through sexual abuse and availability of PEP as part of sexual abuse post exposure care for children and bigger girls to benefit from the programme.

During under five clinics, outreach services and school health services, the nurse should teach the mothers, fathers, teachers and older children about the benefits of Voluntary Counseling and Testing and Post Exposure Prophylaxis. Since there are those cases like incest that may not be reported, the nurse should observe the children for signs of sexual abuse and refer those with suspected sexual abuse to the hospital for further management. The teachers and child care providers are the ones who work with the children so the nurse should teach them about signs of sexual abuse so that they observe the children to identify those who are sexually abused and refer them to the hospital for further management.

The nurses have a fundamental ethical obligation to provide health care to everyone regardless of their offence. Therefore, from medical point of view both the sexually abused and sexual abusers should benefit from the Post Exposure Prophylaxis (PEP) and Anti retroviral therapy may also be started for persons with AIDS. The nurse should extend the Voluntary Counseling and Testing services to the sexual abuser. There might be sexual abusers who are HIV negative and sexually abused children who are positive so the sexual abuser can benefit from PEP programme.

The results revealed that there was an alternative for virgin cure. The traditional healers are part of primary health care so the nurse should work closely with them and find ways to discourage virgin cure. For instance, traditional healers can prescribe other forms of treatment instead of child sexual abuse.

The nurse can advocate for the rights of children and stop the sexual abuse of young girls by working with custodians of culture like chiefs, traditional healers (i.e. faith/spiritualists, herbalists, traditional birth attendants and diviners), traditional counselors and elders or general public.



### **5.8.2 Nursing Education**

Findings from the study revealed that nurses were not usually involved in the examination of sexual abuse cases. There is need to include the role of a nurse in the management course so that the nurses can also effectively participate in child sexual abuse cases. This includes coordinating with other departments like the police and collaborating with other categories of health workers. In addition child sexual abuse should be covered as a topic on its on in nursing education. In nursing education, ethics and the code of conduct should be emphasized to enable nurses handle the sensitive legal issues involved in child sexual abuse.

### **5.8.3 Nursing Research**

The information from this study can be utilized by nurses to improve their practice and carry out further research in order to learn more about the community in which they are operating.

## 5.9 CONCLUSION

The purpose of the study was to explore perceptions of child sexual abuse convicts in Lusaka Central Prison with regard to the underlying reasons for committing the offence. The study relied on the child sexual abuse convicts' experiences with the practice. Eighty nine males aged between 17 and 80 and one female aged consented and participated in the study.

The study used the PRECEDE model to analyze the problem in order to identify the areas that may need intervention and to achieve the study objectives. The PRECEDE four steps that were followed include: social assessment, epidemiological assessment, behavioural and environmental assessment and educational and ecological assessment.

In the first phase of the model, that is social assessment, the study sought to understand the perceived needs of the abused children as the sexual abusers articulated them. The most vulnerable children identified were the orphans and street children who lacked basic needs including food and shelter.

The second phase of the model, the epidemiological assessment, identified the health problems caused by child sexual abuse according to the age of the child. The age group that was identified to have more health problems was five and below. The health problems included tearing of the private part, STIs and HIV/AIDS, and mental health problems.

The behavioural and environmental assessment identified the behavioural and environmental correlates of child sexual abuse. This explored factors influencing perceptions of the convicts. The assessment linked environmental and behavioural factors to the basic needs and the health problems of the abused children. The environmental factor identified in the study was poverty and its dimensions that included streetism, permissiveness, dressing and prostitution.

The results showed that poverty does not only influence men to look for virgin cure but it also influences parents and guardians to send their children particularly orphans to look for money from men. In addition, young girls particularly orphans look for food and shelter from men on

the streets and taverns for which they pay with sex. There are also some adult females and men who earn a living by taking young children to men.

According to the findings of the study, the behavioral factors of the sexual abusers were stereotype masculinity, that is, they considered sex with a child as normal for a man and deviant behavior. The deviant behaviors such as drug abuse and alcohol abuse and shyness to propose an adult woman contributed to child sexual abuse.

The educational and ecological assessment identified the predisposing, reinforcing and enabling factors that influenced behavioural and environmental correlates. The predisposing factors included beliefs which revealed that Zambian culture had elements that encouraged sexual abuse. For instance some traditional healers and parents/guardians prescribed virgin cure for various social and economic problems.

The study showed that the personal preferences for sexual abuse were disadvantaged children particularly orphans and street children. The child sexual abusers understood the consequences of their actions on the young children but they still went ahead because of the anticipated benefits of virgin cure. For instance, the tearing of the child's private part is what is needed to enable the sexual abuser to collect blood to use in *chizimba* or *bwanga* although this is painful to the child and may damage her reproductive organs.

The study found that young girls are sexually abused by *Nyau* for supernatural powers. However, this practice is sensitive and a secret which is not easily discussed with some one who is not part of the culture. Hence, even literature review on *Nyau* is limited and not conclusive.

The study also looked at disease factors that influence child sexual abuse, paying particular attention to HIV/AIDS/STI. The study found out that the traditional healers did not only recommend sex with a young child but the specific age for the disease to be cured. The findings revealed that traditional healers advised those with STI and mental illness to have sex with 4 year old girls for cure. The findings also revealed that toddlers were recommended for

those with any chronic illness, HIV/AIDS inclusive. On sexual cleansing, the results revealed that for those who have lost a spouse, troubled by the late spouse's ghost or elderly women who have miscarried are advised to have sex with young girls/boys aged 3 and below in order for them to be clean. Incest was also revealed as the most powerful *chizimba* or *bwanga* to get rich fast, do well in business and get cured of HIV/AIDS.

The extent to which social economic factors such poverty influences child sexual abuse was also examined. This study revealed that traditional healers (witchdoctors) advise people to sleep with young girls in order to get rich fast. The prescription was specific for the client's type of business, for instance those in charcoal business will then have more charcoal if they abused a child sexually. The findings were consistent with the reviewed literature (Zulu, 2007).

The study findings also revealed that a girl child was sexually abused for the purpose of increasing strength (virility) and sperm content of the abuser. However, sex with a child for cure of mental illness and chronic illness which the study revealed were not found in the literature reviewed. The study also revealed that the both the girl and boy is used for sexual cleansing by those who have lost a spouse. The boy child is also used to sexually cleanse a woman who has miscarried or aborted.

The study found that the sexual abusers only needed knowledge about virgin cure because the predisposing, enabling and reinforcing factors were already in place. The child sexual abusers did not show remorse but blamed their victims and culture. However, those who had practiced virgin cure did not expect to get caught. Therefore, they were bitter and called the traditional healers liars because their magic formula failed to protect them. This shows the extent to which virgin cure influences child sexual abuse. Though the convicted sexual abusers regretted it is not possible to conclusively say that they have repented because the test will come when they finally live the prison walls.

The administrative and policy assessment of the study identified the policies, resources and circumstances that could facilitate a reduction in child sexual abuse. The study revealed that

there were adequate laws and policies that protect the child and therefore, the existence of child sexual abuse was attributed to the laxity in the law enforcement officers.

## 5.6 RECOMMENDATIONS

The primary purpose of this study was to provide information that may be needed for informational support to assist convicted child sexual abusers change their behavior. Based on the study findings the following recommendations were made:

1. There is need to sensitize family and health personnel on child sexual abuse so that they avoid concealing evidence or fabricating evidence. Sexual abuse is a crime therefore the family and health workers should assist the law enforcement officers to identify the sexual abusers and have them punished by the courts of law.
2. The study also recommends that parents should be taught the dangers of sending their children to look for money from men. Parents should instead provide food and offer round clock protection of their children to prevent them from sexual abuse.
3. There is need to teach the general public about defilement so that they understand the provisions in the law. That is, the law will protect both a respectful and a naughty girl. The study revealed that the naughty girl is viewed as deserving to be sexually abused.
4. There is also need to intensify Information, Education and Communication (IEC) to the general public especially men so that they practice self control and desist from abusing children.
5. Child sexual abuse should be part of the teachers' curriculum because they are the ones who guide and protect the school going children. This will enable school teachers and nursery school teachers to identify sexually abused children and refer them to Victim Support Unit.
6. The Government should recognize child sexual abuse as a major problem in Zambia and give it the attention it deserves by giving stiff punishment to offenders.

7. The existing policy on HIV testing of sexual abusers should be put in to effect by the Government. If this policy is effected, it would deter them from sexually abusing children.
8. The study recommends that the leisure, recreation and sport mentioned in the child policy should be addressed. The non school going age children should have play parks and recreation to keep them from just playing around.
9. There is need for the Drug Enforcement Commission (DEC) to investigate and curb the dagga smoking, narcotic drugs, and the sex pills and herbs on the market.
10. The study recommends that the law enforcement officers should ensure that the Liquor and Licensing Act is observed. The law enforcement agents should ensure that these places operate according to the Council laws to reduce child sexual abuse.
11. The study recommends that the law enforcement agents should investigate, the unregistered guest rooms, fast rooms at taverns and video home in the community particularly the compounds. Regulation of these practices could reduce child sexual abuse.
12. The study recommends that the law enforcement officers investigate the accessories of child sexual abuse. If these were to be arrested numbers of children who are sexual abused could reduce.
13. The study recommends that the years of sentence for sexual abuse should be increased in the local and subordinate courts. There is need to increase the years of sentence in the local and subordinate courts so that there is some uniformity in sentences.
14. There is need for all relevant authorities and stakeholders to address the issue of poverty in the Zambian community. The favourable atmosphere for child sexual abuse

in relation to virgin cure is created by poverty. Since poverty is the core of child sexual abuse, addressing it may result in a reduction of the problem.

15. The study recommends that the Government, Non Governmental Organizations, churches, chiefs, traditional healers, and all stakeholders should recognise the existence of the virgin cure and discourage such practices.
16. Further research is needed in areas that were not well understood. These include the relationship between dressing and child sexual abuse, use of sex herbs for virility, coordinating of sexual cleansing by a traditional healer and rebellion among the sexually abused girls.
17. There is need to replicate this study on a larger scale (nation wide) in order to yield more information and enable generalization of the findings.



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5. The Constitution of the Republic of Zambia
6. The Liquor and Licensing Act, Chapter 167 of the Laws of Zambia.

## APPENDICES

### APPENDIX A

#### FOCUS GROUP DISCUSSION GUIDE

Date of meeting:.....

Name of Institution:.....

Size of audience:.....

Time started.....Time ended.....

Moderator.....Recorder.....

#### Introductions

- Facilitator welcomes the group.
- Facilitator and note taker to introduce themselves.
- Participants to introduce themselves and say a little more about themselves.

#### Statement of Purpose and Confidentiality

Thank you for agreeing to participate in this focus group. This is an opportunity for you to share your opinions and perceptions about abuse and I encourage you to speak up. Your comments are completely confidential. Your name will not be associated with any comments you make during this discussion. Please feel free to speak about your past experience because your candid responses will have no negative consequence on your status.

During the discussions we should avoid private conversation so that we only have one person talking at a time. We should accept and respect everyone's views because there are no right or wrong answers. Please I am asking you to keep whatever you hear in the discussion completely confidential.

The format of our discussion is informal. So and so will be recording all the ideas and comments we discuss today and I will be combining this information with ideas collected from the other focus groups. As you can see there is a tape recorder in the middle of the circle that will ensure that we record all information correctly. We want everyone to have an opportunity to share their ideas, so as a facilitator I will sometimes call upon you to share your ideas, or if you are speaking more than others I may have to interrupt you in order to give other people an opportunity to comment. Please do not be offended. It is not that we do not want to hear what you have to say, it is just that we have only two hours to cover a large topic and want everyone to have equal opportunities to comment. Are there any questions or concerns?

**Objectives**

The objectives of our discussion are:

- To identify the types of abuse in the community.
- To explore factors that influence child sexual abuse in the community.
- To come up with potential strategies for minimizing child sexual abuse.



## Discussion Questions

1. What do you understand by the term abuse?
2. What do you understand by the term sexual abuse?
3. Why is sexual abuse common?
4. Where does sexual abuse occur?
5. What age group is mostly abused? How come?
6. Who is a child?
7. What types of children are likely to be sexually abused? How come?
8. What do you do after discovering that the child has been sexually abused?
9. What do you think will happen to the child after the sexual abuse?
10. Who is likely to sexually abuse a child? How come?
11. What beliefs/practices exist which may lead to child sexual abuse?
12. Why does incest exist?
13. Who can share past experience of a child who was sexually abused in his or her community?
14. What can be done to prevent sexual abuse in our community?

## **APPENDIX B: INFORMED CONSENT FORM**

**Study Title:** Perceptions of convicted sexual abusers on Child Sexual Abuse.

**Introduction:** You are being asked to participate in the research study that has been mentioned above. Before you decide whether you would like to take part in this study, I would like you to be conversant of any risks, possible benefits and what is expected of you. The informed consent document gives you information about your possible participation in the research. Once you understand the study and if you consent to take part, you will be asked to sign this consent where indicated in the presence of a witness.

Please note that:

- Your participation in this research is entirely voluntary.
- You may decide not to take part or to withdraw from the study at any time.

### ***Purpose of Study***

Sexual abuse of children of all ages including infants take place everyday in Lusaka urban. Whether this increase in child sexual abuse is as a result of “virgin cure” is the question that has not been answered conclusively by researchers up to now. The answer to this question and subsequent detailed knowledge of the relationship of child sexual abuse and virgin cure can help stakeholders effectively formulate knowledge-based interventions to reduce the trend. The purpose of the study is to explore perceptions of inmates who are convicted of sexual abuse regarding reasons for child sexual abuse.

### ***Study Procedures***

If you are interested in volunteering to be in this study, you will need to meet the requirements of enrolment. If you meet these study requirements and you agree to participate you will be asked to sign the consent form. After recruitment you will join a group of 6-12 prisoners (i.e. a focus group) and some time will be taken to discuss pre-generated topics concerning child sexual abuse. Your focus group will discuss some questions in a private place. The Focus Group Discussion (FGD) will take one hour to two hours. You are free to choose to answer the questions and your responses will be written down and tape-recorded.

***Discomfort/Risks***

There are no risks or discomforts involved in this study. Signing consent does not mean loss of rights therefore if you are not comfortable with any of the questions you are free to tell the researcher so that the question is skipped. The moderator will be careful of not encouraging you to discuss any topic against your will. This is because care will be taken to respect your rights throughout the period of study.

***Possible Benefits***

There are no direct benefits to you but your responses will contribute to the study findings. By providing a possible explanation to the factors contributing to the increase in child sexual abuse the information obtained may be used for informational support to assist the convicted sexual abusers to change their behavior.

***Alternatives to Participation***

If you choose to participate in this study, you are free to quit the study at any time you wish without any prejudice to your normal life in prison. Your participation or non participation or refusal to answer questions will not be used against you.

***Confidentiality***

Your contributions will not be released to anyone else other than the research team. Data will be stored in a secret place. Your names will not be recorded so that your identity will not be revealed when the study is reported or published.

**Signature Page**

If you have read the informed consent and the study explained to you and you understand the information, voluntarily accept to participate in the study, sign your name.

Participant’s Name:.....

Participant’s Signature:.....

Date:.....

Investigators’ Name:.....

Investigators’ Signature:.....

Date:.....

***Persons to Contact***

In case you would like to have more information about this study or the researcher, at any time feel free to contact the Chairman Research and Ethics Committee, University of Zambia, School of Medicine telephone number 256067 or Mrs. Catherine Ngoma, the supervisor for the study at telephone number: 096652879 or directly at University of Zambia, School of Medicine, Post Basic Nursing, P.O. Box 50110, Lusaka or Student Kamuwanga Chaze’s (the one collecting data) telephone number is 099702505.

## **APPENDIX C: REPORTING SYSTEM FOR SEXUALLY ABUSED**

Owing to pressure by gender activists the Victim Support Units (VSU) were formed to handle sexual offences in the CID office. The units provide legal protection to victims of violence or injustice, the majority of who are women and children.

Sexually abused have to report to VSU for the sexual abusers to be prosecuted. However, VSU has to have proof to process any prosecution. The following points are looked for to prove sexual abuse (rape or defilement):

### **1. Children (under 16):**

- Hymen should be present if not the she was sexually abused.
- Bruises in private parts.
- Medical officer searches for spermatozoa.

Therefore, proof of defilement among the under sixteen is dependant on internal examination of private parts.

### **2. Adults (above 16)**

- Check condition of the clothes.
- Condition of hair.
- Any scratch marks on face or body.
- Torn inner garments.
- Condition of shoes.
- Medical officer gets high vagina swab to confirm spermatozoa.

Hence, the above sixteen is expected to have struggled for rape to have occurred.

The observations by police and doctor's examination report are combined to conclude if it is rape case or not. If it is proven to be rape a statement from the complainant is recorded and a criminal docket of case is opened with the subject rape. The case is only processed if all parts are there, which is sexually abused, sexually abuser and the docket.

## **APPENDIX D TRANSCRIPTS**

### **INTRODUCTION**

The main objective of the study was to get perceptions of child sexual abuse perpetrators. This was a qualitative study which employed the use of Focus Group Discussions (FGDs) to collect perceptions of child sexual abuse perpetrators. Transcripts of each group were recorded. Comments were easily identified. Answers with similar characteristics were also identified. This made it possible to identify findings and patterns which were used in the report.

### **PRE TESTING OF FGD GUIDE**

Pre testing of FGD was done on male sexual abuser in Lusaka Central Prison. At first there was little participation. Participants were encouraged to participate. Some questions were rephrased like question 5, which reads: Who is the mostly abused? Why? We found that the question was not definite and added age to the question and it read: What age group is mostly abused? Why? Question 10 and 17 made the respondents uncomfortable so they were removed. The questions read: Question 10: Who are the abusers in the community? Question 17: What type of punishment should be given to those who sexually abuse child? Why? Interpreting question 15 in vernacular gave the answer therefore it was removed. Question 15 read as: What do you understand by the term incest? The rest of the questions were not altered.

**APPENDIX D I**  
**LUSAKA CENTRAL PRISON**

## PRE TESTING OF THE FGD GUIDE

Date: 21/01/2007  
 Moderator: Kamuwanga Chaze  
 Note taker: Mr Salimu Mwale  
 Venue: Prison School Library  
 Time began: 08:30 hours  
 Age range: 30 years and above  
 Time ended: 10:30 hours  
 No. of participants: 8 (eight)

Moderator: What do you understand by the term abuse?

Respondent 1: To destroy

Moderator: What do you mean?

Respondent 1: Failing to look after something.

Respondent 2: To destroy something that has no use. You pick it after throwing it.

Respondent 3: Misuse something

#### Respondent 4: Keeping something carelessly

Moderator: What do you understand by the term sexual abuse?

Respondent 5: Sex with a girl without an agreement.

### Respondent 6: Forcing the girl to have sex

Respondent 7: Sometimes the girls agree to have sex with an older person but because they are young it becomes sexual abuse

Respondent 8: To have sex with some one who is not yet 16 years old.

Respondent 1: To destroy a girl by force.

Respondent 2: Doing what the child doesn't know. A child is below age but you show her a way that he/she does not know.

Moderator: What about when an older person is abused?

Respondent 3: It means you have not done things in the right way.

Moderator: What is the right way?

Respondent 3: You propose and then agree to have sex.

Moderator: Why is sexual abuse common?

Respondent 4: When a girl reaches puberty she is of age.

Respondent 5: It is because when a child is drunk she does not think properly she can even go for adult men.

Respondent 6: Lack of education because men should have knowledge about HIV/AIDS

Respondent 7: Same as my friend.

Respondent 8: Dressing is not good it makes a weak person to get attracted.

Respondent 1: Dressing is not good e.g. girls wear skin tight with the pant showing or a mini skirt and sit carelessly makes a weak minded abuse that person

Respondent 2: *Imifwalile tailolelemo* (i.e. dressing is not good)

Respondent 3: It is hunger girls go in a bottle store to beg for money but *mwamuna siungalekelele ndalama zako kuyenda chabe* ( as a man you cannot just let your money go free of charge).

Respondent 3: Girls agree to sleep with men any how.

Respondent 4: Girls do not look after themselves, they dress in minis because of money.

Respondent 5: Some families live on prostitution and go to taverns to earn money.

Respondent 6: The girls are at the fore front. The way girls live, dress, move, lack morals they learn to propose men.

Moderator: Where does sexual abuse occur?

Respondent 1: Hidden place

Respondent 2: Home of abuser or abused

Respondent 3: In tavern

Respondent 4: Guest room

Respondent 5: Bush or isolated place

Moderator: Who is mostly abused? Why?

Respondent 6: Do you mean the age group?

Moderator: What is the age group mostly abused? Why?



Respondent 7: Young girls aged 13 and below

Respondent 8: Girls aged above 16 and 18.

Respondent 5: In the village where I was before my arrest, toddlers run round the homesteads without clothes and/or pants. Seeing a naked form of a female though in a toddler gives men sexual appetite.

Moderator: Who is a child?

Respondent 1: Young girl aged 13 and below

Moderator: What types of children are likely to be sexually abused? Why?

Respondent 1: Orphans

Respondent 2: Street children

Respondent 3: School girls

Moderator: Why are orphans likely to be sexual abused?

Respondent 4: Orphans have no one to meet their needs so they are easily enticed.

Moderator: Why are street children likely to be sexually abused?

Respondent 5: Children who live, work or sell items on streets are sexually abused by big boys on the streets and watchmen

Moderator: Why are school girls likely to be sexually abused?

Respondent 6: School girls walk very long distances alone

Respondent 5: Some girls just want to sleep with men not because they are sexually abused. I have a niece who is naturally ready to sleep with men at any time. Each time we have tried to pump sense into her she will say that this is how I am you will just kill me.

Moderator: What do you do after discovering that the child has been sexually abused?

Respondent 7: Get the truth if it really happened and if there was an agreement

Respondent 8: Find out who is the culprit

Respondent 1: Report to the police

Respondent 2: Then take her to the hospital for examination

Moderator: What do you think will happen to the child after the sexual abuse?

Girl aged below 10

Respondent 3: She will develop syphilis, HIV/AIDS and/or gonorrhea

Respondent 4: She will not have children in future

Respondent 5: She will have a big hole

Respondent 6: She will not grow health

Respondent 7: She will be mentally disturbed

Respondent 8: She will have *kong'ola* (a growth on the private parts which is cut by traditional healers).

Respondent 3: *Ako kamwana kazaka 6 kufika pa 10 kanvela bwino. Kaza funa kuchi nvela futi. Ndiye kuti kazankala kawelewele* (a 6 to 10 year old girl will feel good so she will want to feel it again but in the end become addicted to sex)".

Girl aged 11 and above

Respondent 1: She will have unwanted pregnancy

Respondent 2: She will become a prostitute

Respondent 3: She will get HIV/AIDS if man is infected

Girls aged 15 and above

Respondent 4: Abused female will transmit leaking and bola bola to the abuser

Moderator: Who is likely to sexually abuse a child? Why?

Respondent 5: Every one can defile a girl as long as he has sexual feelings.

Respondent 6: Drunkards

Respondent 7: Shy men

Why do you think the ones you have mentioned are likely to abuse a child?

Respondent 1: Beer makes men sexually active

Respondent 2: Shy men fail to propose women but only able to force girls into sex

Moderator: What beliefs/practices exist which may lead to child sexual abuse?

Respondent 3: *Bwanga* during sexual intercourse

Respondent 4: Traditionally after initiation ceremony men can go after the girl

Respondent 5: Men grow up knowing they have traditional wives (i.e. grand daughter, niece and cousins) so lose they fear and can easily have sex

Respondent 6: Witchdoctors advise those who seek medicine to get rich to have sex with mother or sister.

Respondent 4: *Makolo athu ndiye alengesa vogona nababululu. Tenze kukula bati uza ati chite na chite ni mukazi wako* (Our elders cause us to sleep with our relatives. We grew up knowing that we have traditional wives (i.e. grand daughter, niece and cousins). Since it was normal to treat them as wives we became too familiar and can easily have sex with them.

Respondent 1: Me since I came into prison a lot of things have been going through my mind. “*Nanga moye ni chani?* (What is puberty?)”.

Moderator: Anyone can answer the question.

Respondent 2: “*Ni kukula chisungu.* (It is puberty).”

A young virgin girl who has attained puberty is called *moye* in Tonga, *namwali* in Chewa and *chisungu* in Bemba.

Respondent 1: “*Nanga ni mulandu kugona na moye?* (is it wrong to have sex with a young virgin girl who has attained puberty?)”

A sixty year old respondent: “*Simulandu iyayi* (it is not wrong). That’s why *moye akachoka munyumba bamu chosa panja kuti bamuna bazibe. Kuti bafuna kuti bamuna basamugone bayenela kumusunga munyumba paka omukwatila apezeke*. During initiation ceremony a young virgin girl is taken outside so that men should know. If they do not want men to have sex with her they are supposed to keep her in the house until they find a man to marry her.”

Moderator: Why does incest exist?

Respondent 1: Weakness of the man's brain but it is magic

Respondent 2: Defilement is a family affair and done to get rich.

Moderator: Who can share past experience of a child who was sexually abused in his or her community?

### ***Chizimba/bwanga***

A 35 five year old participant in FGD 1 narrated the following experience:

“When you consult a witchdoctor for medicine to get a job, promoted, or rich he will advise you to sleep with a girl aged below 10. The witchdoctor will tell you the age for your situation. He will give you medicine to take a bath before the act and a cloth to collect blood from the child. After you have collected the blood you take the cloth which is stained with the child’s blood to the same witchdoctor to complete the treatment.”

As he was narrating the participants were all quiet and agreeing to what he was saying.

After the experience was narrated another respondent said that: “Child sexual abuse is done for *bwanga* (i.e. magical formula). During sex with a virgin she bleeds and that blood is used in magic to get rich or cured of illness.” The group referred to the blood stained cloth as *bwanga* or *chizimba* (magical formula).

I have seen a young girl aged 2 years old being sexually abused. This was done because the man wanted to get rich so he went see a witchdoctor who told him to sleep with a two year old girl.

One man who was a fisher man went to consult a traditional healer to help him catch more fish from the river. The traditional healer told him to sleep with a young girl for the treatment to work.

### **Incest**

I was a footballer before I came to prison. I had a friend who was a very good footballer and was very skillful on the field. However, he always had to have sex with his young sister a night before the football match. We all knew his secret and the authorities allowed him to break the rules of the camp. That is no sex during preparation for a match but his case was unique because the team benefited.

### **Corruption**

My in laws in Lusaka asked me to pay them an amount of twenty million kwacha so that my case would not reach the Victim Support Unit. Since it was my wife’s niece I had sexually abused my in laws in the village were not in agreement with the amount charged by those in Lusaka. Owing to the disagreement within the family I just gave them five million so they decided to report the incidence to Victim Support Unit and I was arrested.

**APPENDIX D II**  
**LUSAKA CENTRAL PRISON**

**FOCUS GROUP DISCUSSION 2**

Date: 21/01/2007

Type of participants: Male Sexual Abusers

Moderator: Kamuwanga Chaze

Note taker: Mr Salimu Mwale

Venue: Prison School Library

Time began: 13:30 hours

Age range: 29 – 24 years

Time ended: 15:30 hours

No. of participants: 7 (seven)

Moderator: What do you understand by the term abuse?

Respondent 1: To do bad things.

Respondent 2: Not knowing how to use something

Respondent 3: Sex with someone not of age that is 21 years.

Respondent 4: sex with someone who is not the right size

Moderator: What do you mean by some one not the right size?

Respondent 5: Sex with someone aged below 16.

Moderator: What do you understand by the term sexual abuse?

Respondent 1: Sex with a girl who has not yet reached the age.

Moderator: What is the right age to have sex?

Respondent 1: A young child is not the right age.

Respondent 2: Sex with a young girl aged 10 and below.

Respondent 3: To have sex with a child.

Respondent 4: Forcing someone to do something she/he does not want.

Respondent 5: To agree with a girl to have sex.

Respondent 6: Sex with a young girl before her time to have sex.

Respondent 7: Sex with a girl aged ten and below.

Moderator: What can be done to prevent sexual abuse in our community?

Respondent 3: The mothers should be responsible and not send young girls to the street to look for money

Respondent 4: When there is proper evidence of defilement the abuser should be convicted and given life imprisonment sentence.

Note: Respondent 1 is respondent one in the sitting arrangement.

Moderator: Is sexual abuse common?

Respondents (all): Yes

Moderator: Why is sexual abuse common?

Respondent 1: The girls look big because of clothes.

Respondent 2: The way girls dress is tempting, *a woneka kuchunika chunika* (wearing very tight clothing).

Respondent 3: Parents allow 14-15 year old girls to get married though one can be charged for sexual abuse.

Respondent 4: 13 year old girls play in bars, agree with men to have sex but some parents charge the men for sexual abuse.

Respondent 5: In homes where there are male dependants they sexually abuse the girl children when the owners of the house leave for work.

Respondent 6: *Baja wosunga nikunkala nawo* careful, *kambili basala bagona na kamwana kamozi* (one has to be careful with the dependants because most often they have sex with one of the children).

Respondent 7: Young girls are easily attracted you just promise her something.

Respondent 6: *Tupwalala* (girls are not jacked up)

Moderator: Where does sexual abuse occur?

Respondent 1: In men's homes

Respondent 2: In the compounds where we stay there are some unregistered guest houses. You pick young girls and buy them some things then book a room at K10, 000 (ten thousand kwacha).

Respondent 3: They have built rooms at bars called "short time" where men go there and pay to have sex for a maximum of ten minutes, after ten minutes there will be a knock, for another person to access the room.

Moderator: Children aged 5 and below cannot go to the bars so where are they abused from?

Respondent 4: In their homes, like an uncle keeping the girl will defile her in the home.

Respondent: *Bana banono bamakumbwa vintuvambili* (young children envy a lot of things).

A man tells her that I will give you that then he has sex with her.

Respondent: Mostly it is in the homes.

Respondent 5: *Tupwalala, kakuwona chabe kasekelela* (girls are not jacked up, they get excited when they see adults). Then someone promises to buy something for and then she easily fall prey.

Respondent 6: Street for those leave their homes and move about looking for food.

Moderator: What age group is mostly abused? Why?

Respondent 7: Young girls aged 9-15

Respondent 1: Young girls aged below 9

Moderator: Why?

Respondent 2: For those that are aged 5 and below, it is people who want to get rich. They are promised that they will get rich if they have sex with a young child aged 5 and below. For instance old men aged 70 something may have sex with young girls aged 5 to become well up.

Respondent 3: Female adults make arrangements with men to offer young girls not related to them to men in exchange for money. They take the young girls aged 9-15 at night to Chandwe Musonda road and some unregistered guest houses. Before the girl goes with a man money is prepaid to the adult female. The young girls receive a fraction of that money when they return to their homes. Men who frequent that road know that they will sleep with a young girl.

Moderator: Who is a child?

Respondent 4: A person aged 15 and below

Respondent 5: A person aged 14 and below

Moderator: What types of children are likely to be sexually abused? Why?

Respondent 6: Street children

Respondent 7: School going

Respondent 3: Orphans

Respondent 4: Non school going (who left school because of financial problems)

Moderator: Why?



Respondent 1: Girl child spends the day with her mother by the road sides, and when she wanders away during play and is far from her mother, men will grab her and have sex with her.

Respondent 2: School going girl who has been promised marriage after school.

Respondent 3: Orphans lack a lot of things and look for them from men who promise to help them but instead sexually abuse them.

Respondent 4: The girl is promised a lot of things.

Moderator: What do you do after discovering that the child has been sexually abused?

Go to police and you will be sent to hospital for examination to confirm the incident

Moderator: What do you think will happen to the child after the sexual abuse?

Below 10 years

Respondent 1: *Mwana awonongeka akakula sanga bale* (the will be damaged and may not be able to have children when she grows up).

Respondent 2: The child will have bad luck

Respondent 3: The child will fail to get marriage because of stigma

Respondent 4: Her mind will be disturbed

Respondent 5: The girl child will fear men

Respondent 6: Her private part will be damaged, it will have tears and become roomy so that she manage to have children

Respondent 7: She will cry all the time

Respondent 1: Her private part will become big because she started sex at a tender age.

Respondent 2: When the girl grows up her vagina will be open and sexual partners will think she is sleeping around (i.e. has sex with a lot of men)

Big girls (below 18 years)

Respondent 3: She is grown, even if it is her first time to have sex nothing will happen to her because she is already old.

Respondent 4: *Aza* supplier

Moderator: Who will supply?

Respondent 5: The sexually abused girl will supply Sexually Transmitted Infections to the sexual abuser

Respondent 6: She will be disturbed.

Respondent 7: She will shed tears

Respondent 1: They have forced because there was no agreement and since she is unprepared the private part will tear. When she sees blood it will affect her and make her view every man as a sexual abuser even when a man has good intentions, she will even fear marriage because she will always remember the incidence.

Moderator: Who is likely to sexually abuse a child? Why?

Respondent 1: Sexual abuse most often starts from MPs and ministers

Respondent 2: The 7 year olds and below are sexually abused by men over 40 years and mostly by their grandparents

Respondent 3: ***Bandalama*** (those with money).

Respondent 4: Service men like the police, Zambia army (security personnel) because they want ranks.

Respondent 5: Armed robbers do it as part of their activities.

Respondent 6: Some men fail to propose fellow adults so it is just to get personal gratification.

Respondent 7: ***Nzelu zichepa*** (fail to think properly) because of beer. Drunken men and girls get attracted to each other.

Moderator: What beliefs/practices exist which may lead to child sexual abuse?

Respondent 1: Some people want to get rich.

Respondent 2: People are cheated by witchdoctors who advise them to sleep with young girls in order to get rich. For example those in charcoal business are told that after sleeping with a young girl they will then have more charcoal.

Respondent 3: Security personnel will be advised to have sex with young girls to rise in ranks.

Respondent 4: Wanting to get rich is what puts people in problems because they end up consulting traditional healers.

Respondent 5: Sometimes you find that one has a ghost because he lost a spouse and it is giving him problems so he will decide to consult a witchdoctor. The witchdoctor will advise

the customer troubled by a ghost of a late spouse to sleep with a young girl. The little girl will cause the ghost to get confused and it will go for good.

Respondent 6: Traditional healers advise those who want to get promoted to sleep with a young girl aged 3.

Respondent 7: When a husband/wife dies the surviving spouse will be advised by a traditional healer to sleep with a boy/girl aged to be cleansed. So that he/she will not be troubled by the late spouse's ghost because the innocence of the young boy/girl will provide *chizimba* (magical formula).

Respondent 1: Traditional healers advise elderly women who have miscarried to sleep with young boys aged 3 and below to be clean.

Respondent 2: It is allowed for *Nyau* to sleep with young girls. This gives the *Nyau* some powers.....

Respondent 4: Your names are Nsenga which shows that you do not come from a culture which has *Nyau*. I am Ngoni but have not said anything can you keep quiet.

Respondent 5: *Ni kupusa unga kambe bwanji pamutundu wabanzako* (it is foolishness, why should he speak on other ethnic groups' behalf).

A fight almost broke up because of the revelation on *Nyau* tradition.

Moderator: Does incest exist?

Respondents (all): Yes

Moderator: Why does incest exist?

Respondent 1: Incest is very powerful since it is same blood so that is when the charms work properly because defiling another person with foreign blood type *munkwala upwalala*

Respondent 2: For someone to get rich in life he has to sleep with his sister

Respondent 3: For one's business to do well

Respondent 4: In the eastern province the tradition allows one to marry his first cousin so that children remain in the village even if you divorce. Like in Kaunda's government when he used to encourage retired people to go back to the land, the man would be reunited with his children.

Respondent 5: Most often incest is done because of charms

Moderator: Who can share past experience of a child who was sexually abused in his or her community?

### **Family Involvement in Sexual Abuse**

Sometimes it happens that you go to the village to visit parents. They will enquire about work and how you are doing at work, and then you tell them. During the discussions they will ask for the age of your youngest daughter. When you are leaving they will advise you to have sex with your own young child in order to be promoted and give you something to wash. Then immediately you reach you will send your wife to buy something while you have sex with your child in order to get promoted

### **Friends' role**

People with small shops visit each other and how other people are doing in business. When one sees the other person doing well he will ask him. The friend will say that I saw such a person but will not explain in detail what really happened. When he goes to visit the recommended person he will be advised to have sex with a young girl. He may first hold on to the medicine but when sees how well the friend's shop is doing or how the other has been promoted he will do it fast.

There are some unregistered guest houses in the compounds where men go to have sex with young girls. Girls are taken there by some adult women in the community. Some girls just hear from their friend so they blindly follow them. When they get their girls will be assigned to a man. The men prepay to the owners at the reception before meeting the girls in the rooms. The man finds a girl who is nicely dressed like a big person.

### **Employers' role**

I was a footballer before I came to prison. I had a friend who was a very good footballer and was very skillful on the field. However, he always had to have sex with his young sister a night before the football match. We all knew his secret and the authorities allowed him to break the rules of the camp. That is no sex during preparation for a match but his case was unique because the team benefited.

## **Incest**

When you have a shop or running a business but it is not doing well you will consult a traditional healer. The traditional healer will ask you if you have sisters and how many they are. Then he will advise you to sleep with your first born sister. He will give you medicine to bath.

## **Corruption**

Rich people have money. When the sexually abused family goes there they will ask them to enter their homes. The sexually abused's family will be asked to keep their tone of voice low so that neighbors do not hear. Then the rich person will give them a lot of money to shut them.

Moderator: What can be done to prevent sexual abuse in our community?

Respondent 1: A real doctor should examine the child to confirm the sexual abuse because sometimes they just get a paper and give it to a clinical officer who signs without seeing the child.

Respondent 2: Those with money when approached give the parents a lot of money to silence them.

Respondent 3: Currently only one person is examined but the abuser should also be examined to avoid cheating

Respondent 4: We should also find out what type of home they are coming from.

Respondent 5: Young girls move a lot even at night so parents should talk to their children to discourage them from moving a lot.

Respondent 6: The young children who enter bars though under age should not be allowed in bars.

Respondent 7: Young children are sexually abused because of places they go to.

Respondent 1: Parents should protect their children

Respondent 2: A woman (wife) should report her husband when he sexually abuses her daughter so that others can learn from it.

Respondent 3: Offenders should be arrested.

Moderator: How can we prevent *vizimba* or *bwanga*.

Respondent 4: It is not possible because beliefs/practices are passed on and upheld because it is not only traditional healers who advised their clients but also one's own parents and elders in the village.

Respondent 5: There is also sharing of information among friends.

**APPENDIX D III**  
**LUSAKA CENTRAL PRISON**

**FOCUS GROUP DISCUSSION 3**

Date: 22/01/2007

Type of participants: Male Sexual Abusers

Moderator: Kamuwanga Chaze

Note taker: Mr Salimu Mwale

Venue: Prison School Library

Time began: 08:00 hours

Age range: 17-20 years

Time ended: 0925 hours

No. of participants: 10 (ten)

Moderator: What do you understand by the term abuse?

Respondent 1: Misusing something

Moderator: What do you understand by the term sexual abuse?

Respondent 2: To have sex by force

Respondent 3: Like if I have sex with a girl who is less than 12 years I have sexually abused her

Moderator: Why is sexual abuse common?

Respondent 3: Men shy to propose women

Respondent 4: Some men use of charms

Moderator: Where does sexual abuse occur?

Respondent 1: In the home if the child remains with the step father

Respondent 2: Behind the tavern

Respondent 3: In the bush

Respondent 4: Any where when it is dark

Respondent 5: You just follow a girl to see how she is and then you decide to have sex. It can be anywhere in the toilet or bathroom.

Respondent 6: What determines these places is that it has to be hidden so that you will not be seen.

Moderator: What age group is mostly abused? Why?

Respondent 7: A girl aged 16 and below

Respondent 8: A girl aged 15 and 14

Respondent 9: A girl aged 6-7

Respondent 10: A girl aged 4

Respondent 1: A girl aged 5

Respondent 2: A girl aged 12 years

Moderator: WHY?

Respondent 3: The sexual abuse of young girls aged 4 and 5 is for charms.

Moderator: What type of medicine?

Respondent 3: For one to get rich.

Moderator: That was for the 5 year old children. Why are the older children sexually abused?

Respondent 4: The 13 year old girl looks big that is why she is sexual abuse.

Respondent 5: Peer pressure also exists.

Respondent 6: The sexual abuse of girls aged 14 is because they are grown up and look big so a person will not know that she is a child.

Moderator: Who is a child?

Respondent 1: A young girl aged 6 and below

Respondent 2: A girl aged 14 and below

Respondent 3: A girl aged 10

Respondent 4: A girl aged below 11

Respondent 5: A girl aged below 16

Moderator: What types of children are likely to be sexually abused? Why?

Respondent 6: It is mainly females

Respondent 7: Young girls staying with an uncle and aunt



Respondent 9: Orphans

Respondent 10: Street kids who are boys and girls.

Respondent 1: Those staying with grannies

Respondent 2: A child not sponsored (he meant supported) by her father.

Moderator: Why?

Respondent 3: When there is no father those keeping her will take advantage of her.

Respondent 4: Orphans suffer so look for money

Respondent 5: Street kids will need to eat and sleep in a better place. Now the men who will offer her food and/or shelter will demand for sex.

Respondent 6: Those staying with grand parents have no support from father so move around.

Moderator: What do you do after discovering that the child has been sexually abused?

Respondent 7: Report to VSU

Moderator: What do you think will happen to the child after the sexual abuse?

Girls aged 5 and below

Respondent 1: The girl will get infected

Respondent 2: The girl's mind will be disturbed.

Respondent 3: The girl's future will not be good.

Respondent 4: The girl will not grow well because of illness

Respondent 5: The girl's private part will be damaged so she has wounds.

Girls aged 6-10

Respondent 6: The girl will have wounds.

Respondent 7: It depends on the force and friction applied.

Girls aged 13-16

Respondent 8: The girl will get pregnant

Respondent 9: The girl will infected.

Moderator: Who is likely to sexually abuse a child? Why?

Respondent 10: Hyper sexual active men

Respondent 1: Dagga smokers

Respondent 2: Drunkards

Respondent 3: Those with money

Respondent 4: Those who take sex pills

Respondent 5: After watching pornographic movies or a fight with wife

Moderator: Why?

Respondent 6: A married man sleeps with a child to relieve his sexual desire after a fight with a wife at home.

Moderator: What beliefs/practices exist which may lead to child sexual abuse?

Respondent 7: Those who use of charms to get employed and advised to sleep with 4-5 years old girl

Respondent 8: Treatment by tattoos that makes a man to be virile

Respondent 9: Traditional healers advise those with illness like Sexually Transmitted Infections and mental illness to sleep with 4 year old girls

Moderator: Why does incest exist?

Respondent 1: For magic purposes: to get rich

Respondent 2: Thieves or armed robbers have to sleep with a close kin before going to steal so that they don't get caught or shot.

Moderator: Who can share past experience of a child who was sexually abused in his or her community?

As youths, I can call what happens to us as sexual abuse. You find an older prisoner starts giving you favors like presents and being protective. It is usually not for free. After some time he will demand that he has sex with you. If you refuse he will beat you up in order for you to agree.

Our friends who were convicted tell us how they used to survive. One of them told me that each time before going to rob a house or place he used to sleep with a close kin so that he did

not get caught or shot. His friends would get caught or shot but he always escaped.” The researcher asked this respondent why his friend was imprisoned and he shook his head and said “*Mulungu* (God). *Muziba* (you know), he took things for granted and did not bother to sleep with a young girl because it was an easy job but that was when he got caught.

Moderator: What can be done to prevent sexual abuse in our community?

Respondent 1: Teach HIV/AIDS transmission to community members.

## FOCUS GROUP DISCUSSION 4

Type of participants: Male Sexual Abusers

No. of participants: 8 (eight)

### Respondent 3: Spoiling something

Respondent 7: Sex with an imbecile

Respondent 4: Drunkenness (abuser) because when one is drunk he can do anything.

## FOCUS GROUP DISCUSSION 4

Type of participants: Male Sexual Abusers

No. of participants: 8 (eight)

### Respondent 3: Spoiling something

Respondent 7: Sex with an imbecile

Respondent 4: Drunkenness (abuser) because when one is drunk he can do anything.

Respondent 5: The young girls are found in night clubs and when you are drunk you will not realize anything by the time you realize she is under age you have already had sex.

Respondent 6: Mental illness (abuser)

Respondent 6: Young girls are found in places where they are not supposed to be.

Moderator: Where does sexual abuse occur?

Respondent 1: Night clubs

Respondent 2: In a home

Respondent 3: Neighbor's house

Moderator: What age group is mostly abused? Why?

Respondent 4: Girl aged 12-16

Respondent 5: Girl aged 14

Respondent 6: Girl aged below 5

Respondent 7: Girl aged 7

Moderator: Why?

Respondent 1: The body of a girl aged 12-16 looks big

Respondent 2: The body structure of a girl aged 14 looks big

Respondent 3: A girl aged 5 and below is a target for people who want to get rich.

Respondent 4: Most people are being cheated by traditional healers that they will be cured of HIV/AIDS.

Respondent 5: The toddlers are targeted for *bwanga* or *chizimba* for any chronic illness and easily cheated (enticed) with sweets.

Moderator: Who is a child?

Respondent 6: A girl who is above 12 years of age

Respondent 7: A girl who is 16 years old and below.

Respondent 8: A girl who is 18 years old and below.

Moderator: What types of children are likely to be sexually abused? Why?

Respondent 1: Orphans

Respondent 2: Child on streets

Respondent 3: Mentally disturbed children

Respondent 4: Children found in taverns

Moderator: Why?

Respondent 5: Orphans have no parents to care for the so they have no proper care

Respondent 6: A mentally disturbed child is not straight up their if I sexually abuse her nobody will take her seriously even if she reports

Respondent 7: Drunken men take advantage of children found in taverns.

Respondent 8: Children who sell on streets are exposed to money so they tend to also look for money.

Moderator: What do you do after discovering that the child has been sexually abused?

Respondent 1: Take the child to hospital

Respondent 2: Examine both of them (i.e. sexual abuser and abused)

Moderator: Where will you examine them from?

Respondent 3: The hospital

Respondent 4: Go with the abused and abuser to the hospital to confirm the sexual abuse

Respondent 5: Report the case to police and you will be given a form to take to hospital for examination.

Respondent 6: Take abuser to confirm that he is the one who has done it

Moderator: What do you think will happen to the child after the sexual abuse?

Girls aged 5 and below

Respondent 1: *Azaonongeka*

Moderator: What do you mean?

Respondent 1: The girl will not grow well

Respondent 2: Her private part will tear

Respondent 3: Her private part will swell

Respondent 4: She will be mentally disturbed

Respondent 5: She will get HIV/AIDS and shorten life span

Respondent 6: She will not be free to associate with friends

Respondent 7: She will always be fearful.

Girls aged 6-10

Respondent 8: She is young

Respondent 1: *kuonongeka mujamukati* (the inner parts her womanhood will be destroyed).

Respondent 2: *Aza choka vochokachoka* then *ninshi* period *ya yambilatu* (The girl will bleed so she will start menstruating from then onwards).

Respondent 3: She will feel something so she will become addicted to sex.

Girls aged 11-16

Respondent 4: *Aza onongeka khunkala ochilizaliza* (she will be sexy)

Respondent 5: Blood will follow the man's age i.e. the man has received her age and she has received his age making him younger. There is exchange of ages between the two because the man's blood will be cleansed. This is done by old men so that they live longer by getting the girl's age through the act. But the girl's life will be shortened by the exchange in age

Respondent 6: She will get used to sex

Moderator: Who is likely to sexually abuse a child? Why?

Respondent 1: Everyone i.e. every male is a potential sexual abuser.

Respondent 2: Drug addicts and dagga smokers

Respondent 3: Mentally disturbed

Respondent 4: Those who visit traditional healers

Moderator: Why?

Respondent 5: Drugs and dagga simplify things

Respondent 7: Mentally disturbed people do not reason

Respondent 8: Those who go to traditional healers who practice black magic are told to sleep with young girls.

Moderator: What beliefs/practices exist which may lead to child sexual abuse?



Respondent 1: Sex herbs increase sexual desire.

Respondent 2: Witchdoctors advise men to take herbs and also sleep with a five year old child to become rich or cured of HIV/AIDS. The witchdoctor will cheat you and because of your foolishness you will be cheated.

Respondent 3: Some men become abusive after tattoos done to become sexually virile.

Moderator: Why does incest exist?

Respondent 4: Witchdoctors advise men to sleep with their daughters to become rich and cured of HIV/AIDS

Respondent 5: For one to be virile he has to sleep with his own daughter.

Moderator: Who can share past experience of a child who was sexually abused in his or her community?

Respondent 6: A certain man was advised to have sex with his daughter by a traditional healer. He failed to do it in his home so he took her to a guest house. He booked a room and had sex with her.

Moderator: What can be done to prevent sexual abuse in our community?

Respondent 1: Teach people so that they understand about HIV/AIDS transmission.

Respondent 2: Educate young girls on disadvantages of sexual abuse and teach them to dress properly

Respondent 3: Discourage people from listening to witchdoctors

Respondent 4: Men should be advised to have self control

Respondent 5: The public has to be sensitized on the issues of sexual abuse using the media

Respondent 6: The government should do something for young people entering bars by putting stiff punishment and also ban pornographic exposures.

**APPENDIX D V**  
**LUSAKA CENTRAL PRISON**

## FOCUS GROUP DISCUSSION 5

Date: 22/01/2007      Type of participants: Male Sexual Abusers

Moderator: Kamuwanga Chaze

Note taker: Mr Salimu Mwale

Venue: Prison School Library

Time began: 11:00 hours

Age range: 30 years and above

Time ended: 12:25 hours

No. of participants: 7 (seven)

Moderator: What do you understand by the term abuse?

Respondent 1: Giving hard jobs to young children

Respondent 2: Sex with a young child aged 5

Moderator: What do you understand by the term sexual abuse?

Respondent 3: Sex by force

Respondent 4: Sex with a young child

Moderator: Why is sexual abuse common?

Respondent 5: Poverty has made children to act like they have no parents

Respondent 6: Girls look for money

Respondent 7: Children are found in drinking places i.e. taverns.

Moderator: Where does sexual abuse occur?

Respondent 1: Tavern

Respondent 2: Home

### Respondent 3: Streets

Moderator: What age group is mostly abused? Why?

Respondent 4: A girl aged 15 and above

Respondent 5: A girl aged 5

Respondent 6: A girl aged 14 and above

Respondent 7: A girl aged 7 year olds

Moderator: Why?

Respondent 1: The girls aged 15 and above have bodies that look big

Respondent 2: The girls aged 14 and above have body make up that look big

Respondent 3: The girls aged 7 also look big.

Moderator: What types of children are likely to be sexually abused? Why?

Respondent 4: Single mother's children

Respondent 5: Child staying with uncle and step mother.

Respondent 6: Orphans

Respondent 7: School drop outs

Moderator: Why?

Respondent 1: School drop outs have nothing to do.

Respondent 2: Orphans no parental care

Moderator: What do you do after discovering that the child has been sexually abused?

Respondent 3: Go to police

Respondent 4: Go to the hospital for examination

Respondent 5: Doctor should compare sperms in girl's vagina with a man's sperms.

Moderator: Who is likely to sexually abuse a child? Why?

Respondent 6: Adults taking charms

Moderator: Why?

Respondent 5: Adult taking charms for business and to be cured of HIV/AIDS.

Respondent 6: The age targeted by the adult taking charms is 10 and below.

Moderator: What beliefs/practices exist which may lead to child sexual abuse?

Respondent 1: Those with HIV/AIDS for cure

Respondent 2: Businessmen to get rich or make money

Moderator: Why does incest exist?

Respondent 3: It is *bwanga* (magic formula) to get rich

Respondent 4: Some men feel shy to propose women are forced to sleep with their own sisters.

Moderator: Who can share past experience of a child who was sexually abused in his or her community?

Moderator: What can be done to prevent sexual abuse in our community?

Respondent 5: Young girls should not be allowed to go to taverns

Respondent 6: Perform drama on HIV/AIDS

Respondent 1: Girls should be told to dress properly so that they don't attract the attention of men.

**APPENDIX D VI**  
**LUSAKA CENTRAL PRISON**

**FOCUS GROUP DISCUSSION 6**

Date: 22/01/2007

Type of participants: Male Sexual Abusers

Moderator: Kamuwanga Chaze

Note taker: Mr Salimu Mwale

Venue: Prison School Library

Time began: 12:30 hours

Age range: 30 years above

Time ended: 13:45 hours

No. of participants: 6 (six)

Moderator: What do you understand by the term abuse?

Respondent 1: *kuononga cintu* (to destroy something)

Moderator: What do you understand by the term sexual abuse?

Respondent 2: *kuononga*

Respondent 3: Sleeping with a young child

Moderator: Why is sexual abuse common?

Respondent 4: *Kukana kuzi kontolola* (lack of self control)

Respondent 5: Not knowing the right age of a girl

Respondent 6: *Mkazi kuchepa maganizo* (a female is dull), she is not the right age but goes to men.

Moderator: Where does sexual abuse occur?

Respondent 1: In compounds

Respondent 2: At the tavern you go to drink beer and get drunk then fail to think properly.

Respondent 3: Work place

Respondent 4: In the homes

Respondent 5: Bush

Moderator: What age group is mostly abused? Why?

Respondent 1: A girl aged 16-17

Respondent 2: A girl aged 12-13

Respondent 3: A girl aged 12-14

Respondent 4: A girl aged below 10

Moderator: Why?

Respondent 5: The girl aged 12-17 it is *ni kusila kwa maganizo* (failing to think properly)

Respondent 6: For a girl aged below 10 it is with an intention to get *vizimba* or *minyama* from the child to use for magic formula.

Respondent 1: A girl aged 12-15 attracts adult men by the way she looks because her breasts have just developed and her dressing so she looks grown up

Moderator: Who is a child?

Respondent 1: A girl aged 12

Respondent 2: A girl aged 8 and below

Respondent 3: A girl aged 10 and below

Respondent 4: A girl aged 10 and below

Moderator: What types of children are likely to be sexually abused? Why?

Respondent 5: Street kids

Respondent 6: Children who are kept by grand parents

Respondent 1: Children who go to taverns

Respondent 2: Orphans

Moderator: Why?

Respondent 3: Street kids have to look for money

Respondent 4: Orphans are hungry so they have to look for food.

Respondent 5: Children have no security

Moderator: What do you do after discovering that the child has been sexually abused?

Respondent 1: Tell the mother if she is their

Respondent 2: Take the child to its parents if present

Respondent 3: Take the sexually abused child to the hospital for examination

Respondent 4: Report to the police

Moderator: What do you think will happen to the child after the sexual abuse?

Girls aged 10 and below

Respondent 5: The girl's private part will tear

Respondent 6: The girl will get a disease.

Girls aged above 10

Respondent 1: The girl will get pregnant

Respondent 2: Her private part will tear

Respondent 3: She will get a disease.

Moderator: Who is likely to sexually abuse a child? Why?

Respondent 4: Men who practice charms

Moderator: Why?

Respondent 5: Men practicing charms to get rich

Respondent 6: Wanting to get rich.

Respondent 1: Not just thinking properly

Respondent 2: Charms to get rich

Respondent 3: Men become very sexy after getting tattoos for strength (virility).

Moderator: What beliefs/practices exist which may lead to child sexual abuse?

Respondent 4: Charms to get rich

Respondent 5: *Vokoma koma ndiye vilengesa* (tattoos done to give a man sexual strength i.e. sexual virility).

Moderator: Why does incest exist?

Respondent 6: Some men are mentally disturbed

Respondent 1: Some men are advised by witchdoctors to sleep with sister for cure of a chronic illness

Respondent 2: It is acceptable in some traditions to sleep with a cousin (first cousin inclusive).

Moderator: Who can share past experience of a child who was sexually abused in his or her community?

Incest

Sometimes when you visit a traditional doctor and first he treats you. He will tell you to sleep with close person like your mother or child. He will strongly advise you to be courageous i.e. *kulibe kudabwa u kadabwa uza funta*. If you act contrary and lose courage you will get mad, those are the ones whom you hear that he got mad after incest.

Moderator: What can be done to prevent sexual abuse in our community?

Respondent 1: Teach them (young girls) to stop moving with men

Respondent 2: You should examine both sexually abused and abuser so that others are not wrongly convicted.



**APPENDIX D VII**  
**LUSAKA CENTRAL PRISON**

**FOCUS GROUP DISCUSSION 7**

Date: 22/01/2007                                      Type of participants: Male Sexual Abusers  
Moderator: Kamuwanga Chaze  
Note taker: Mr Salimu Mwale  
Venue: Prison School Library  
Time began: 14:15 hours  
Age range: 25-21 years  
Time ended: 15:45 hours  
No. of participants: 6 (six)

Moderator: What do you understand by the term abuse?

Respondent 1: Making a young child work

Respondent 2: Defilement

Respondent 3: To make a child carry heavy things

Moderator: What do you understand by the term sexual abuse?

Respondent 4: Defilement

Respondent 5: Sex with young children

Moderator: Why is sexual abuse common?

Respondent 6: A girl is young but dressing is not proper. She puts on a mini so men get attracted.

Respondent 1: *Chibeleshi na bamuna* (too familiar with men), she even agrees to have sex with men.

Respondent 2: Men's hearts are easily carried away

Respondent 3: Poverty, young girls have to look for money

Respondent 4: Traditional healers advise some people to have sex with young girls in order to get rich

Moderator: Where does sexual abuse occur?

Respondent 5: Where it is hidden

Respondent 6: In compounds

Respondent 1: Where there are no people

Respondent 2: In the home

Respondent 3: At the taverns

Respondent 4: Work place

Respondent 6: In the bush

Moderator: What age group is mostly abused? Why?

Respondent 1: 15 year old and below

Respondent 2: A girl aged 13-14 and below

Respondent 3: A girl aged 12 and below

Respondent 4: A girl aged 5-10

Moderator: Why?

Respondent 5: A girl aged 14-15 looks big

Respondent 6: Girls aged 12 *chibeshi maningi nabamuna uza peza aka tenga* (too familiar with men so men easily pick them).

Respondent 4: *Uza peza kasekela a kulu. Uza peza chabe kwa aka tenga* (they get so excited when they see adults so an adult will just snatch a child)

Respondent 1: Girls aged get excited when they see men

Respondent 2: For the girls aged 5-10 *ni kufuna funa munkwala* (it is because of looking for charms) by the time comes from traditional healer a man is already charged to sleep with a young girl.

Moderator: Who is a child?

Respondent 3: A girl aged 10-11

Respondent 4: A girl aged 14

Respondent 5: A girl aged 16 and below

Respondent 6: A girl aged 13 and below.

Moderator: What types of children are likely to be sexually abused? Why?

Respondent 1: The girls with working parents

Respondent 2: The girls who go to club and play their.

Respondent 3: Orphans

Respondent 4: Children from poor families who are sent by their parents to look for food.

Moderator: Why?

Respondent 5: Orphan does not have parental care

Moderator: What do you do after discovering that the child has been sexually abused?

Respondent 6: Take the child to the clinic.

Respondent 4: Report to the nearest police station.

Moderator: What do you think will happen to the child after the sexual abuse?

Girls aged 5 and below

Respondent 1: *Anga onongeke mu maganizo naka validwe* (i.e. her thinking and dressing will be disturbed)

Respondent 2: She will be *muwelewele* (a prostitute).

Girls aged 6-11

Respondent 3: *azaonongeka*.

Girls aged 12 and above

Respondent 4: Nothing happens to her because she is nicely big

Respondent 5: She can get pregnant

Moderator: Who is likely to sexually abuse a child? Why?

Respondent 6: Drunkards

Respondent 1: Dagga smokers

Respondent 2: Those who fail to propose women

Respondent 3: Those elderly men because they like to practice charms.

Moderator: Why?

Respondent 4: Drunkards get very drunk

Respondent 5: Traditional healers promise men that they will get rich or cured.

Moderator: What beliefs/practices exist which may lead to child sexual abuse?

Respondent 6: Wanting to get rich so he does it to get rich.

Respondent 3: Traditional healers advise some men to sleep with young girls to increase strength (virility) and increase sperm content.

Moderator: Why does incest exist?

Respondent 1: It is done as magic for money making or to run business successfully.

Respondent 2: People want to get.

Respondent 3: *Niya munkwala ni* direct *munkwala a funa kulemela* (incest is for charms and it is directly charms for one who wants to get rich).

Moderator: Who can share past experience of a child who was sexually abused in his or her community?

### ***Chizimba***

When you consult a witchdoctor for medicine to get cure or get rich he will advise you to sleep with a girl aged below 10. The witchdoctor will tell you the age for your situation and he will stress that the child should bleed after sex because the blood is required for treatment to be complete. He will give you some herbal treatment and after that treatment a man is already charged to have sex with a young girl. Then he will give you medicine to take a bath before the act and a cloth to collect blood from the child. After you have collected the blood you take the cloth which is stained with the child's blood to the same witchdoctor to complete the treatment.

## **Innocence**

The girls aged 11 and below are vulnerable because of their innocence. They get so excited when they see adults so they are just snatched by adults. *Uza peza kasekela a kulu. Uza peza chabe kwa aka tenga.*

## **Sugar Daddies**

Our sizes that we should propose are not available for us. You find big men have taken them. So we (twenty year old boys) have to go to the 13 year olds which become defilement. *Midala izi yendako naba kulu* (elderly men should go for adults).

Moderator: What can be done to prevent sexual abuse in our community?

Respondent 1: Young girls should learn to dress properly because dagga smokers can sexually abuse her.

Respondent 2: Parents/guardians do not control the children's dressing

Respondent 3: We should give time for drinking like 18 hours not 6 hours such that in the morning people already drunk.

Respondent 4: We should just pray.

Respondent 5: Those who live children should find safe ways of leaving their children.

Respondent 6: Elderly men should go for their size and leave our size for us. You find they have taken our size and we end up going for the 13 year olds.

Respondent 1: One should learn to control himself.

## FOCUS GROUP DISCUSSION 8

Type of participants: Male Sexual Abusers

No. of participants: 6

### Respondent 2: Giving a young child a lot of work

Respondent 3: It is an issue of sex with a girl who has not yet reached 16 years.

Respondent 5: Advice from traditional healers as magic to get rich

#### Respondent 4: Guest rooms

Moderator: What age group is mostly abused? Why?

Respondent 5: A girl aged 6-5

Respondent 6: A girl aged 10 and below

Moderator: Why?

Respondent 1: A girl aged 6-5 looks big

Respondent 2: A girl aged 10 and below is easily cheated

Moderator: Who is a child?

Respondent 3: A girl aged 16

Respondent 4: A girl aged 13

Respondent 5: A girl aged 5

Respondent 6: A girl aged 14 below

Respondent 1: A girl aged 10 and below

Moderator: What types of children are likely to be sexually abused? Why?

Respondent 2: Children who live in compounds

Respondent 3: School drop outs

Respondent 4: Children sent to look for money from men.

Respondent 5: Orphans

Moderator: Why?

Respondent 6: Orphans look for money

Respondent 1: School drop outs have nothing to do so they just move around.

Moderator: What do you do after discovering that the child has been sexually abused?

Respondent 2: Go to the hospital

Respondent 3: Go to the hospital

Moderator: What do you think will happen to the child after the sexual abuse?

Girls aged 5 and below

Respondent 4: *Kumuononga* (it is destroying her)

Respondent 5: A girl's private part will tear

Respondent 6: She will have wounds

Respondent 1: She can get a disease.

Girls aged 6-11 years

Respondent 2: Same as above

Girls aged 12 and above

Respondent 3: A girl can get pregnant

Moderator: Who is likely to sexually abuse a child? Why?

Respondent 4: Drunkards

Respondent 5: Those who want to do medicine

Moderator: Why?

Respondent 6: It is just to do medicine.

Moderator: What beliefs/practices exist which may lead to child sexual abuse?

Respondent 2: When those with HIV/AIDS go to traditional healers they advised to sleep with a child for cure.

Respondent 3: One knows that he is sick and he goes to consult a traditional healer. The traditional healer will advise him that when you have sex with a young child you will be cured.

Moderator: Why does incest exist?

Respondent 6: Different way of looking at things, you start desiring your own mother or sister.

Respondent 1: You cannot desire your own mother who bore you.

Respondent 3: *Nimankwala* (it is charms)

Respondent 4: Charms for business or get rich.

Respondent 5: The dressing of girls



Respondent 1: Incest is mainly done for charms. When it is not a relative the defilement may be for other things but when it is one's own blood it is directly charms to get rich.

Moderator: Who can share past experience of a child who was sexually abused in his or her community?

***Incest***

Incest is mainly done for charms. You know when it is not a relative the defilement may be for other things but when it is one's own blood it is directly charms.

Moderator: What can be done to prevent sexual abuse in our community?

Respondent 5: Young girls should not be allowed to move any how

Respondent 6: Young girls should not dress any how

**APPENDIX D IX**  
**LUSAKA CENTRAL PRISON**

**FOCUS GROUP DISCUSSION 9**

Date: 23/01/2007

Type of participants: Male Sexual Abusers

Moderator: Kamuwanga Chaze

Note taker: Mr Salimu Mwale

Venue: Prison School Library

Time began: 09:40

Age range: 24-25 years

Time ended: 11:10 hours

No. of participants: 10 (ten)

Moderator: What do you understand by the term abuse?

Respondent 1: Misusing something

Respondent 2: Giving a child heavy load to carry e.g. someone who is 8 years old is given a 20 litre container to carry.

Moderator: What do you understand by the term sexual abuse?

Respondent 4: A woman of 50 years having sex with a 15 year old boy.

Moderator: Why is sexual abuse common?

Respondent 5: *Vocitacita* (using charms to get rich be cured of some illness which is due to witchcraft).

Respondent 6: Children love money

Respondent 7: Children are enticed with money

Respondent 8: A girl child feels good when she sees money

Moderator: Where does sexual abuse occur?

Respondent 9: Hidden places where there are no people

Respondent 10: Home

Respondent 1: Tavern

Respondent 2: Guest rooms

Moderator: What age group is mostly abused? Why?

Respondent 4: A girl aged 15 and below

Respondent 5: A girl aged 18 and below

Moderator: Why?

Respondent 7: Some men use charms to get rich

Respondent 8: Girls watch pornographic films and want to practice what they watch.

Moderator: Who is a child?

Respondent 9: A girl aged 15 and below

Respondent 10: A girl aged 12 and below

Moderator: What types of children are likely to be sexually abused? Why?

Respondent 1: Orphans

Respondent 2: Teenagers

Moderator: Why?

Respondent 3: Orphans may be abused by those helping them.

Respondent 4: Orphans may go to bars.

Respondent 5: Teenagers have peer pressure. They see their friends handling a lot of money and decide to follow them. Then they just find themselves in brothels

Respondent 6: Teenagers want to practice what they see in movies.

Moderator: What do you do after discovering that the child has been sexually abused?

Respondent 7: Go to the police station

Moderator: What do you think will happen to the child after the sexual abuse?

Girls aged 5 and below

Respondent 8: A girl's private parts will have cuts

Respondent 9: She will get HIV/AIDS or disease.

Girls aged 6-10

Respondent 10: A girl will get disease from big men.

Girls aged 11 and above

Respondent 1: Some girls have same “size” with the abuser

Respondent 2: A girl who has same age as the sexual abuser will not be damaged. *Midala nizamene zima ononga* (i.e. the older men are the ones who damage) and infect her.

Moderator: Who is likely to sexually abuse a child? Why?

Respondent 3: Parents

Respondent 4: Those who want to get rich.

Moderator: Why?

Respondent 5: Our parents love money

Respondent 6: Parents marry off a girl child when she is still young.

Moderator: What beliefs/practices exist which may lead to child sexual abuse?

Respondent 7: Charms are used to get rich fast by defiling a young girl.

Moderator: Why does incest exist?

Respondent 8: Incest is done to make the magical formula (*chizimba*) to get rich it is and once it starts it does not end.

Respondent 9: Incest cannot finish because it is a traditional belief.

Moderator: Who can share past experience of a child who was sexually abused in his or her community? No experience was shared by the group members.

Moderator: What can be done to prevent sexual abuse in our community?

Respondent 10: *Simunga kwanise kulesa va vizimba* (you cannot manage to stop the magic formulas).

Respondent 1: Ban movies

**APPENDIX D X**  
**LUSAKA CENTRAL PRISON**

**FOCUS GROUP DISCUSSION 10**

Date: 23/01/2007                                      Type of participants: Male Sexual Abusers

Moderator: Kamuwanga Chaze

Note taker: Mr Salimu Mwale

Venue: Prison School Library

Time began: 11:20 hours

Age range: 29 years and below

Time ended: 12:50 hours

No. of participants: 6 (six)

Moderator: What do you understand by the term abuse?

Respondent 1: Making a child carry heavy things

Respondent 2: Making a child do hard work

Moderator: What do you understand by the term sexual abuse?

Respondent 3: Sleeping with a young girl who has not reached 16 years

Moderator: Why is sexual abuse common?

Respondent 1: Children go to taverns and drink beer

Respondent 2: Young girls look big

Respondent 3: Dressing attract men

Respondent 4: Practice of charms by some men

Moderator: Where does sexual abuse occur?

Respondent 5: Home

Respondent 6: Unfinished buildings

Moderator: What age group is mostly abused? Why?

Respondent 1: A girl aged 15

Respondent 2: A girl aged 15 and below

Respondent 3: A girl aged 10 and below

Moderator: Why?

Respondent 5: Girls aged 15 go to drink beer

Respondent 6: Girls aged 15 and below have bodies that attract men's attention

Respondent 1: Girls aged 10 and below are targeted by men who want to get rich.

Moderator: Who is a child?

Respondent 2: A girl aged 5

Respondent 3: A girl aged 10 and below

Respondent 4: A girl aged 12 and below

Respondent 5: A girl aged 13 and below

Respondent 6: A girl aged 15 and below.

Moderator: What types of children are likely to be sexually abused? Why?

Respondent 1: Children in compounds

Respondent 2: Children who play with men

Respondent 3: Orphans

Respondent 4: Children found in circumstances of robberies

Moderator: Why?

Respondent 5: Children are sent by their parents to look for money.

Respondent 6: Orphans look for money

Respondent 1: Children found in circumstances of robberies are taken advantage off by robbers.

Moderator: What do you do after discovering that the child has been sexually abused?

Respondent 2: Report to the nearest police station

Respondent 3: Go to hospital

Moderator: What do you think will happen to the child after the sexual abuse?

Girls aged 5 and below

Respondent 4: *Mwaononga*

Respondent 5: She can get infected.

Girls aged below 6-11

Respondent 6: She will get diseases like STIs

Respondent 1: She will become a prostitute

Respondent 2: Her private parts will be spoilt.

Girls aged 13 and above

Respondent 3: She can get pregnant

Moderator: Who is likely to sexually abuse a child? Why?

Respondent 4: Drunkards

Respondent 5: Dagga smokers

Moderator: Why?

Respondent 6: Influence of beer and drugs

Moderator: What beliefs/practices exist which may lead to child sexual abuse?

Respondent 1: Charms to get rich and cured of HIV/AIDS

Moderator: Why does incest exist?

Respondent 2: Some men do not know how to propose so they end up sleeping with sisters

Respondent 3: We have different ways of looking at things.

Moderator: Who can share past experience of a child who was sexually abused in his or her community?

### **Sugar Daddies**

Children are careless and love money. You find she asks for K100 to watch video. They are not afraid whether one is old or young. After you give her she will get used to begging. Those who give them the K100 will sleep with them. Why do they sleep with them? *Ungalekelele ndalama zako ziyenda che. Ziyenela kusebenza* (i.e. can you let your money go free, the

money should achieve something). The 70 year old man was referring to four year old girls who innocently ask for money from relatives, neighbors or passers by.

### **Incest**

One man decided to sleep with his mother. He had sex with her when he was drunk. He got mad.

Moderator: What can be done to prevent sexual abuse in our community?

Respondent 2: Stop drinking beer

Respondent 3: Pray for God's intervention

Respondent 4: Young girls should dress properly.



**APPENDIX D XI**  
**LUSAKA CENTRAL PRISON**

**FOCUS GROUP DISCUSSION 11**

Date: 23/01/2007                                      Type of participants: Male Sexual Abusers  
Moderator: Kamuwanga Chaze  
Note taker: Mr Salimu Mwale  
Venue: Prison School Library  
Time began: 14:00  
Age range: 30 years and above  
Time ended: 15:45  
No. of participants: 6 (six)

Moderator: What do you understand by the term abuse?

Respondent 1: Over working children

Respondent 2: Not looking after children well

Moderator: What do you understand by the term sexual abuse?

Respondent 2: Sleeping with under age (child).

Moderator: Why is sexual abuse common?

Respondent 3: *Kusagwila mutima bafakana mumaeso* (they fail to control themselves so they bring temptation).

Respondent 4: Dressing, the way they dress in men's clothes i.e. trousers.

Respondent 4: Children go to men's houses

Respondent 5: Children are careless and love money and the adults are also careless.

Respondent 6: Mothers go to sell at market and leave children hungry so the children go to beg. Then they get used and think they will give me and she starts going round looking for money.

Respondent 2: At the video homes the owners earn their living through sexual abuse of young girls.

Respondent 3: The children have no rules and they go home any time.

Moderator: Where does sexual abuse occur?

Respondent 1: Rooms in video show homes

Respondent 2: Bachelor neighbor's house

Respondent 3: Unfinished houses

Respondent 4: In the bush

Respondent 5: Book rooms in night clubs.

Moderator: What age group is mostly abused? Why?

Respondent 6: A girl aged 16-15

Respondent 1: A girl aged 5-6

Respondent 2: A girl aged 13 and below

Respondent 3: A girl aged 5-6

Respondent 4: Those who go to nursery

Moderator: What types of children are likely to be sexually abused? Why?

Respondent 5: School going girls

Respondent 6: School drop outs (due to financial constraints) girls

Respondent 1: Those who watch pornographic films

Moderator: Why?

Respondent 2: School going girls go out with sugar daddies because they want money

Respondent 3: School drop outs look for ways to raise money.

Respondent 4: Those who watch pornographic films want to practice what they see.

Moderator: What do you do after discovering that the child has been sexually abused?

Respondent 5: Check if she is really sexually abused

Respondent 4: Go to police

Respondent 6: Go to hospital to have her examined

Moderator: What do you think will happen to the child after the sexual abuse?

Girls aged 5 and below

Respondent 1: Just doing charms on child

Respondent 2: She will lose strength because of charms used on her.

Respondent 3: Her private part will tear

Respondent 4: She will be confused.

Girls aged 6-11

Respondent 5: The girl's private part will tear

Respondent 6: She will feel something so she will want to have sex again and can get used

Respondent 1: She will become a prostitute.

Girls aged 13 and above

Respondent 2: She is grown up so you will have normal sex there will not be any problem

Respondent 3: You (sexual abuser) will just play nicely. A man will penetrate her without any problem.

Respondent 4: If sexual abuse takes place before a girl is mature it will make her make her bleed then she matures before her time.

Respondent 5: Her private part will tear

Moderator: Who is likely to sexually abuse a child? Why?

Respondent 1: Married man

Respondent 2: Neighbors

Respondent 3: Mad people

Respondent 4: Kachasu drinkers

Respondent 5: Dagga smokers

Respondent 6: Some men who go to witchdoctors.

Moderator: Why?

Respondent 1: Children beg money from married

Respondent 2: Children left with neighbor

Respondent 3: Mad people are not straight in the brain

Respondent 4: Some men are advised by traditional healer in order want to get rich.

Moderator: What beliefs/practices exist which may lead to child sexual abuse?

Respondent 5: Traditional medicine to increase strength (virility) and increase sperm content

Respondent 6: Sexual cleansing using a very young child is done when one has lost a pregnancy or a spouse and is getting confused.

Moderator: Why does incest exist?

Respondent 1: Magic for charms may be to sleep with a sister or at a grave yard

Respondent 2: In eastern province men are encouraged to marry close relative (uncle or aunt's child) to avoid going to other tribes.

Moderator: Who can share past experience of a child who was sexually abused in his or her community?

### **Incest**

I know a certain boxer who consulted a traditional healer and was advised to sleep with his sister or at the grave yard before every match. Each time he had sex with his sister before he entered the ring he would win the match.

### **Video homes**

In the compounds there are some video show homes which are used for sex with young girls. The movies are used to attract young girls to go to those homes. The video homes are actually people's homes so they have bedrooms. Therefore, as the girls are watching the movies the owners organize with men in the compounds to wait for them in the bedrooms. The girls are taken to the rooms by force where they end up sleeping with older men.

Moderator: What can be done to prevent sexual abuse in our community?

Respondent 1: Sign of end times

Respondent 2: Unmarried women cause children to be sexually abused so they should look after children properly not leaving them

Respondent 3: The unmarried women should stay at home and not leave their children and when they leave they should make sure they leave some food for their children. This is because those who stay next to homes where there are children eat from outside and children left without food watch with envy

Respondent 4: Orphans move around because they have no one to care for them so they need to be cared for.

Respondent 5: The government should take good care of unmarried women/girls.

Respondent 6: All traditional healers on the streets should be banned and not given licenses.

**APPENDIX D XII**  
**LUSAKA CENTRAL PRISON**

**FOCUS GROUP DISCUSSION 12**

Date: 24/01/2007

Type of participants: Male Sexual Abusers

Moderator: Kamuwanga Chaze

Note taker: Mr Salimu Mwale

Venue: Prison School Library

Time began: 09:00 hours

Age range: 30 years and above

Time ended: 11:00 hours

No. of participants: 6 (six)

Moderator: What do you understand by the term abuse?

Respondent 1: Giving hard jobs to a child

Respondent 2: Neglecting a child

Respondent 3: A child selling by roadside

Moderator: What do you understand by the term sexual abuse?

Respondent 4: It happens to those who have no knowledge. The female does not know that he is old and the male does not know that she is a child.

Respondent 3: Having sex with someone who is not yet matured.

Respondent 4: Going for 13 year old girls

Respondent 5: Sleeping with a child who has not reached the right age to have sex (i.e. 15 years and below).

Moderator: Why is sexual abuse common?

Respondent 1: Dressing

Respondent 2: Lack of self control. *Pamene apo tima kangiwa* (that is where we fail). *Kukonkana nakavalidwe* kabana *bamukomboni* (additionally the dressing of children in the compounds).

Respondent 1: Girls move in roads

Respondent 2: Young girls don't dress properly

Respondent 3: Some times we (sexual abusers) fail to control our selves.

Respondent 4: It is tradition. *Akana kanwena kale kulila kwitete*

Respondent 5: Girls of nowadays are naught you find a 12 year old girl in a disco. *Nanga mwana wa 12 years afuna chani mudisco?* (What is a 12 year old girl following in the disco?)

Respondent 6: Parents look for money through their daughters

Respondent 1: Food in homes not enough to satisfy people so the girls move around.

Moderator: Where does sexual abuse occur?

Respondent 1: In the rural areas.

Respondent 2: Any where

Respondent 3: On the road during night or day

Respondent 4: The abuser's home

Moderator: Who is mostly abused? Why?

Respondent 1: Girls aged 5

Respondent 2: Girls aged below 10

Respondent 3: Girls aged 13-15

Moderator: Why?

Respondent 4: If you sleep with a below 10 years you will cleanse your blood and you will live longer because she is young and has many years to live.

Respondent 5: Girls aged 5 years and below provide cure for HIV/AIDS

Respondent 6: For girls aged 13-15 they are found in discos and they plan.

Moderator: Who is a child?

Respondent 1: A girl aged 4-7

Respondent 2: A girl aged 14 below

Respondent 3: A girl aged 10

Respondent 4: A person aged 25

Respondent 5: Anyone being looked after in a home

Moderator: What types of children are likely to be sexually abused? Why?

Respondent 6: Physically handicapped

Respondent 1: Poor people

Respondent 2: Girls from family of prostitutes

Respondent 3: *Ni chamu* blood (it is inborn)

Moderator: Why?

Respondent 4: Physically handicapped *a wona chabe ati niamene aba* (sees the man who sexually abuses her as her suitor) since few men approach.

Respondent 5: If from family of prostitutes that is how they live.

Respondent 6: The undisciplined girl (in born) is uncontrollable and will sleep with men.

Moderator: What do you do after discovering that the child has been sexually abused?

Respondent 5: First see if the child is the naughty type or respectful girl. If she is respectful it means she was just forced.

Respondent 6: Naughty child *ni kupwalala kwake* do not do anything

Respondent 1: For the respectful one she was forced take her to the hospital.

Moderator: What do you think will happen to the child after the sexual abuse?

Girls aged 5 and below

Respondent 1: She has grown because initiated into maturity

Respondent 2: Her private part will tear.

Respondent 3: She will have tear

Girls aged 6-10

Respondent 3: She may hide but the way she walks will change so she will leap if she hides.

Respondent 4: She will be matured.

Girls aged 11 and above

Respondent 5: Nothing will happen to her because she has attained puberty

Respondent 6: She will mature



Respondent 1: *Masiku akayena akwanila akula, kulibe chinga chitike* (the age is alright she is grown)

Moderator: Who is likely to sexually abuse a child? Why?

Respondent 1: It is the elderly people.

Respondent 2: Chiefs

Respondent 3: Shy men

Respondent 4: Those who practice charms

Moderator: Why?

Respondent 5: Chiefs benefit from their fields.

Respondent 6: Shy men fail to propose fellow adults but can just grab children.

Respondent 1: It is part of package for charms

Moderator: What beliefs/practices exist which may lead to child sexual abuse?

Respondent 2: *Muna onako nfumu baigwila chifukwa ya ononga mwana?* (Have you ever seen a chief arrested for defilement?)

Respondents: *Iyayi*

Respondent 6: *Muci Bemba tutila, nalya mwisanga lyandi, pantu Bantu bakwe* (chiefs are not charged with sexual abuse because they have rights over their subjects' sexual rights).

Respondent 3: Marriage with a young girl is fine as long as a man brings gifts. *Ni kana kanwena kale kulila kwitete.*

Respondent 4: Among the Tonga people when some one loses a spouse the family will look for someone in the family even an underage to sexually cleanse him.

Respondent 5: Traditional healers recommend a particular age to sleep with for their subjects.

Moderator: Why does incest exist?

Respondent 1: Some mothers get drunk and start to undress in front of sons. The mother may even join the son in bed. You know a man and a woman are like electricity.

Respondent 2: *Icitika cifukwa co funa ndalama* (it happens because of looking for money).

Respondent 3: It happens because of siblings sleeping in the same room

Respondent 4: *Mabvuto amantenda* (disease burden). Traditional healers advise their clients as part of treatment.

Respondent 5: Girls dress in mini even pant showing.

Moderator: Who can share past experience of a child who was sexually abused in his or her community?

Moderator: What can be done to prevent sexual abuse in our community?

Respondent 1: Return the old rules that don't allow girl children in taverns

Respondent 2: Disco, minis should end

Respondent 3: Ban skin tights

Respondent 4: Females should stop wearing trousers

Respondent 5: Arrest those who abuse 5 year olds

Respondent 6: Stiffer punishment of life imprisonment for those who abuse 5year olds.

**APPENDIX D XIII**  
**LUSAKA CENTRAL PRISON**

**IN DEPTH INTERVIEW**

Date: 24/01/2007

Type of participant: Female Sexual Abuser

Moderator: Kamuwanga Chaze

Note taker: Researcher

Venue: Prison School Library

Time began: 11:10

Age: 60+ years

Time ended: 12:00 hours

Moderator: What do you understand by the term abuse?

Respondent:

- Beating a child
- Sending a child to work

Moderator: What do you understand by the term sexual abuse?

Respondent: Force someone who is going to the field to have sex

Moderator: Why is sexual abuse common?

Respondent:

- The world has changed
- Females are just grabbed when walking to the field alone.

Moderator: Where does sexual abuse occur?

Respondent:

- Bush
- Road

Moderator: What age group is mostly abused? Why?

Respondent:

- All
- Adults
- Children

Moderator: Why?

- Adults who go to tavern till it closes.
- Children who like begging because bad hearted men will turn them to wives.

Moderator: Who is a child?

Respondent: 12-15 years

Moderator: What types of children are likely to be sexually abused? Why?

Respondent: 12-15 years

Moderator: Why?

Respondent:

- School girls
- Non school girls

Moderator: What do you do after discovering that the child has been sexually abused?

Respondent: Go to police for help

Moderator: What do you think will happen to the child after the sexual abuse?

Girls aged 5 and below

Respondent:

- She will get HIV/AIDS.
- Girls aged 6-11
- She will get HIV/AIDS

Girls aged 12-17

Respondent: She will get HIV/AIDS

Moderator: Who is likely to sexually abuse a child? Why?

Respondent:

- Kaponya (call boy)
- Drunkards

Moderator: Why?

Respondent: Kaponya moves a lot

Moderator: What beliefs/practices exist which may lead to child sexual abuse?

Respondent: Traditional healers recommend sex with young girls and marrying young girls is allowed.

Moderator: Why does incest exist?

Respondent: Vocitacita: traditional medicine to get rich

Moderator: Who can share past experience of a child who was sexually abused in his or her community?

Moderator: What can be done to prevent sexual abuse in our community?

Respondent:

- Do not allow children to leave home
- Females should be home by 16 hours
- Stay close together particularly with 5 and below.

**APPENDIX E: WORK SCHEDULE**

**Table 3: Work schedule**

A total of seven consecutive steps which are also distinct but inter-related have been envisaged to enable the full finalization of the study as follows:

Step	Activity description					
		Aug	Sep	Oct	Nov	Dec
1	Problem identification and proposal writing	X	X			
2	Desk top literature review	X	X	X	X	X
3	Pilot study			X		
4	Focus group discussions					X
5	Data analysis, preparation and writing of draft report.					X
6	Finalization of report.					X
7	Dissemination workshop					X

Key: X= Activity that takes place

As can be noted from the above, it is envisaged that the effective time for the study is eight (5) months. This timing takes into account likely delays in study approval, ethical approval and confirming appointments.

## **Appendix F: LETTER TO SEEK PERMISSION FOR STUDY**

UNIVERSITY OF ZAMBIA,

Post Basic Nursing,

School of Medicine,

P.O. Box 50110,

**Lusaka,**

The Commissioner Prison,

Prison Headquarters,

**Kabwe,**

Dear Sir/Madam,

### **RE: PERMISSION TO CARRY OUT A RESEARCH**

I am a student at the above institution pursuing a master in nursing degree. My study title is: Perceptions of convicted sexual abusers on child sexual abuse. The nature of the study involves Focus Group Discussions (FGDs) with inmates in Kamwala, Mwembeshi and Lusaka Central prisons in Lusaka. Owing to the purposive sampling method chosen participants will be selected on the basis of their age and sex. Focus Group Discussions that will comprise about 6-12 respondents will be conducted with the inmates until when no new information on the characteristics of the categories is forthcoming (information saturation). Therefore, a large sample of inmates will be purposively selected to participate in the study.

I am therefore applying to carry out the study in your institutions. The researcher will conduct the study in a professional manner possible and hold results to the strictest confidence that the subject matter deserves.

Your consideration will be highly appreciated.

Yours Faithfully

**KAMUWANGA CHAZE**

## Appendix G: Budget

**Table 4: Budget**

Item	Assumption	Unit cost	Quality	Total cost
Focus group discussion	• Lunch Allowance for prison counselor.	K50,000	4	K200,000
	• Lunch for one person	K20,000	4	K80,000
	• Drinks and snacks for 89 people	K200,000	4	K800,000
Sub total				K1,080,000
Materials and supplies	• Pencils and pens	K2,000	10	K20,000
	• Computer paper	K50,000	6	K300,000
	• Flash diskettes	K600,000	2	K1,200,000
	• Tapes		6	
	• Cartridge for: Proposal printing Draft report printing Final report printing	K500,000	4	K2,000,000
Sub total				K3,520,000
Other	Research Ethics Committee fee	K250,000	1	K250,000
Sub total				K250,000
Dissemination seminar	K1,000,000	1	K1,000,000	K1,000,000
Grand total				K5,600,250



## **Budget Justification**

The budget should clearly reflect the planned activities and costs required. Justify each and every budget the starting how the cost figures were derived in relation to the activities to be undertaken.

**Focus Group Discussions (FGD):** During the study Focus Group Discussions were held with inmates in Lusaka Central Prison the researcher used to there from 09 00 to 16 00 hours for five days. The researcher spent K200, 000, for the prison counselor's (prison warder's) lunch allowance, K80, 000 for notetaker's (i.e. literate convicted sexual abuser who was taking notes and recording during discussions) lunch.

**Materials and supplies:** the researcher will need pens and pencils at a cost of K20, 000 and six reams of computer paper at a cost of K50, 000 per ream. Two flash diskettes will be bought for safe storage of the study and for data collection (especially from internet). Printing costs are dependent on corrections but an average of four cartridges was used.

**Research Ethics Committee:** For the study to be reviewed by the Research Ethics Committee at the University of Zambia, School of Medicine a local fee of K250, 000 was required.

**Dissemination workshop:** The cost of the final seminar is K1, 000,000 which include rental of meeting room at University Teaching Hospital and a tea break for fifty people.

Telephone: 05 - 222121-4  
Fax: 05 - 223916  
E-mail: [prisons@zamnet.zm](mailto:prisons@zamnet.zm)



*In reply please quote*

*No. ....*

REPUBLIC OF ZAMBIA  
**ZAMBIA PRISONS SERVICE**

PHQ/9/7/11

OFFICE OF THE COMMISSIONER  
PRISONS HEADQUARTERS  
P.O. BOX 8092  
KABW

30<sup>th</sup> August, 2006

The Acting Head of Department  
Mrs C.M. Ngoma  
University of Zambia  
Department of Post Basic Nursing  
**LUSAKA**

**RE: REQUEST FOR PERMISSION TO COLLECT DATA**

With reference to the above captioned subject.

I write to acknowledge receipt of the above in respect of your student Mrs Kamuwanga Chaze who wishes to conduct a research on sexual abuse at Lusaka Central Prison as a partial fulfilment of her Masters degree in Nursing programme in the school of Nursing.

I wish to inform you that authority has been granted, however, she is advised to abide by security regulations and rights of the respondents.

I further urge her to submit a copy of her dissertation to this office for record purpose.

A handwritten signature in black ink, appearing to read 'E.B. Kalale'.

**E.B. KALALE**  
**SENIOR ASSISTANT COMMISSIONER**  
**For/COMMISSIONER OF PRISONS.**

c.c. The Regional Commanding Officer  
Lusaka Region  
LUSAKA.

c.c. The Officer in Charge  
Lusaka Central Prison  
LUSAKA.

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# THE UNIVERSITY OF ZAMBIA

## RESEARCH ETHICS COMMITTEE

Telephone: 260-1-256067  
Telegrams: UNZA, LUSAKA  
Telex: UNZALU ZA 44370  
Fax: + 260-1-250753  
E-mail: unzarec@zamtel.zm

Ridgeway Campus  
P.O. Box 50110  
Lusaka, Zambia

**Assurance No. FWA00000338**  
**IRB00001131 of IORG0000774**

17 January, 2007  
Ref.: 004-11-06

Ms Kamuwanga Chaze, BSC N, RN/RM  
Department of Post Basic Nursing  
School of Medicine  
University of Zambia  
LUSAKA

Dear Ms Chaze,

**RE: RESEARCH PROPOSAL ENTITLED: "PERCEPTIONS ABOUT CHILD SEXUAL ABUSE AMONG CONVICTED PRISONERS IN LUSAKA"**

The following research proposal was presented to the Research Ethics Committee meeting held on 29 November, 2007 where changes were recommended. We would like to acknowledge receipt of the corrected version with clarifications. The proposal has now been approved. Congratulations!

### CONDITIONS:

- This approval is based strictly on your submitted proposal. Should there be need for you to modify change the study design or methodology, you will need to seek clearance from the Research Ethics Committee.
- If you have need for further clarification please consult this office. Please note that it is mandatory that you submit a detailed progress report of your study to this Committee every six months and a final copy of your report at the end of the study.
- Any serious adverse events must be reported at once to this Committee.

Yours sincerely,

Prof. J. T. Karashani, MB, ChB, PhD  
**CHAIRMAN**  
**RESEARCH ETHICS COMMITTEE**

**Date of approval:** 17 January, 2007

**Date of expiry:** 16 January, 2008