

**AN INVESTIGATION INTO THE LINK BETWEEN
TRADITIONAL MEDICINE AND THE RISE IN CASES OF
DEFILEMENT: THE CASE OF MAZABUKA DISTRICT**

BY
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A research dissertation submitted to the University of Zambia in partial fulfilment of the requirement for the award of the degree of Master of Education in Adult Education.

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CERTIFICATE OF APPROVAL

This dissertation of **Rita M. Kanenga** has been approved as partial fulfilment of requirements for the award of the Degree of Master of Education in Adult Education by the University of Zambia.

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ABSTRACT

The purpose of the study was to investigate the relationship between the use of traditional medicine and the rise in cases of defilement. The objectives of the study were to: investigate if traditional healers were responsible for advising their patients to defile minors for the cure of any disease; ascertain whether or not defilement cures HIV and AIDS; establish whether or not traditional medicine can cure HIV/AIDS; establish if traditional medicine can make one rich; assess community's belief in the virgin cure myth; and suggest possible solutions.

In this study, preference was for the use of a non-experimental design, case study. The population included 100 traditional healers and 200 members of the community. The study also included a group of people who were interviewed using interview guides, these were, 1 officer in charge of the Victim Support Unit (VSU) at Mazabuka Police station, a Traditional Healers Practitioners Association of Zambia (THPAZ) member and a Mazabuka Municipal Council officer.

Hence it was inferred that, traditional healers maybe partly responsible for the escalation in numbers of defilement. The fact that they agreed that there were some traditional healers who gave such advice to their patients, made them vulnerable to the accusations.

In the findings, the myth that sex with a virgin cured HIV/AIDS seemed to be emanating from the traditional healers who advise their patients to commit the offence in order that their medicine would be effective. This was evident from the responses from the community members. However, the traditional healers categorically refuted this claim, but instead they said that they were some traditional healers who advised their patients to defile children. The question of motives was quite a complex one and although many accounts badly ascribed it to a long-lived belief that sex with a virgin would cure HIV/AIDS; there was no strong reason to believe that it was even part of the mix of what impelled the majority of offenders.

In the view of the findings revealed in the investigation of the use of traditional medicine and the rise in cases of defilement, the following were the recommendations the study arrived at. There is need for the Government through the Ministry of Community Education and Social Services to step up community education on defilement. There is also need for massive contribution from law makers in parliament to foster the amendment of laws that would deter would be offenders.

DEDICATION

This dissertation is lovingly dedicated to my father T. D. Kanenga, my mother Christine Kanenga, my husband Frank Mulenga and my children Frank Jr, Felicia and Lubono. Their encouragement has been an inspiration.

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CHAPTER 1

1.0 INTRODUCTION

This chapter highlights and discusses the background of the study, the statement of the problem, the purpose of the study, the objectives of the study, the significance of the study, limitations of the study, definition of terms and the summary of the chapter.

The main aim of this study was to investigate the link between the use of traditional medicine and the rise in cases of defilement in Mazabuka District.

1.1 BACKGROUND OF THE STUDY

The myth of the virgin cure has a deep and culturally diverse history stretching back to the 16th century Europe, and is more prominently found in the 19th century Victorian England. This is 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 and other sexually transmitted diseases. Syphilis like HIV and AIDS was fatal in its terminal stages. Consequently, many people feared the disease and the stigma with which it was associated (Limson, 2002 www.truthofiction.com).

In the Eastern Cape of South Africa, when a significant outbreak of sexually transmitted diseases was spread by troops returning home from overseas after World War II, the virgin cure was widely sought (Limson, 2002 www.truthofiction.com).

However, in most parts of Africa, including large parts of South Africa, people believed that having sex with a virgin, would cleanse a male of HIV and AIDS. The Johannesburg City Council concluded a three year study of about 28,000 men in 2007. They found that 1 out of 5 believed in the virgin-AIDS cure. The fallout from that was a rise in assault of women and children, some of whom contracted AIDS (Limson, 2002 www.truthofiction.com).

Like South Africa, Zambia has recorded an increase in cases of defilement since the era of the scourge in the country. Reports of cases of defilement are common for instance in the media. In 2007, the Lusaka High Court sentenced a 39 year old HIV

positive man to 20 years imprisonment with hard labour for defiling his 8- year old niece in Chirundu (Daily Mail, 2008). Police in Mkushi arrested a 48 year old Head Teacher at Kanyesha Middle Basic School for allegedly defiling a seven year old daughter of the Deputy Head Teacher at the same school (Daily Mail, 2012:1).

For most of the cases of defilement like the ones cited above, from the researcher's interactions with people in the community, two arguments are advanced; the first one being that people who defile minors believe in the virgin cure for HIV and AIDS; and the second being that, people who defile minors believe that the vice would make them rich. In both situations members of the public as will be seen in the findings, put the traditional healer at the centre of defilement. It is said that some traditional healers urge their clients to sleep with a virgin to be cured of HIV/AIDS or to get rich. They are also given medicine which goes with defilement, how it is used or at which point is not known to the researcher. The million dollar question to pose is, are the traditional healers accountable for the defilement of minors?

The point raised above is indeed a strong one and it needs a pillar to balance on. In support, Harti (2001:17) conducted a study which concluded that attacks on children of 9 months, 3 years, 14 months and so on had to do with the myth. That a man would be cured of HIV/AIDS by having sex with a virgin and that a baby provides a sure guarantee of that virginity. Nonetheless, whatever the reasons are for defiling young children, the vice is wrong and it must come to an end.

The Human Rights Commission Report of 2007 reveals that children's rights were still a major challenge in Zambia. According to the Report, every year 700 to 800 cases of child abuse are reported (Post, 2008: 10). According to the Police Report 2007-2011 cases of defilement have risen in the recent past for instance in 2007 about 700 cases of defilement were reported by members of the public, in 2009 about 755 cases were reported and 2011, 811 cases were reported.

In an effort to try and curb violence against children one hundred and eighty-seven states have accepted the Convention on the Rights of the Child, including Zambia. The Convention outlines what basic rights children need in order to live, develop and be protected. In respect to this study, one particular right stands out under the general

right to be protected is the right to protection against sexual exploitation and sexual abuse. The Convention states that, the child may not be raped, used for sex or be sexually abused. The State must make laws that prevent children from taking part in sex, selling their bodies for sex.... United Nations Children's Fund UNICEF (1996: 10).

Although a lot of things have been said about defilement and how much everyone seems to want to eradicate it, regrettably as indicated earlier, a week never goes by without a case of defilement being reported in the media.

According to The Post Newspaper (2008:12) The Mine Workers Union of Zambia President Rayford Mbulu expressed concern over the increase in cases of defilement in the country. He said the incidents of defilement being reported in the country were not only immoral but also satanic. He called on the Government to ensure that perpetrators of such offences were sentenced to death to deter would be offenders. It is not only immoral but satanic for a 70 year old man to have sex with a 2 year old child as was the case in Mazabuka. Mbulu was prompted to make such remarks after delegates from the National Organisation of Trade Unions of Uganda, expressed concern over media reports on sexual abuse regarding under-aged children in Zambia

It is very sad that although reports of child defilement are occurring on almost a daily basis from nearly all parts of the country, very little appears to be put in place to protect children from such abominable abuse.... And available statistics regarding child defilement in this country are not in any way impressive. Clearly, there is a huge battle that has to be fought and won on behalf of our children who are on a daily basis exposed to abuse by men who lack respect for life (Post, 2008:13).

1.2 STATEMENT OF THE PROBLEM

Cases of defilement reported in the media are alarming. The Church, Civil Society and several stakeholders have been pressurising law makers to repeal section 138(1)

of the penal code chapter 87 of the laws of Zambia to provide for stiffer punishment to offenders, as a measure to deter others from committing the offence. The law provides that if found guilty a person faces 15-25years imprisonment with the trial done by the magistrate court but sentence slapped by the High court (Chapter 87 of the Penal Code). In spite of this, cases of defilement have continued to rise. The Police indicated that the number of traditional healers in the Country had increased rising concern that at the same time defilement cases had risen as well. This has instilled fear among mothers, parents and guardians for the safety of their children. This study was undertaken to investigate the link between the use of traditional medicine and the rise in cases of defilement in Mazabuka, Southern Province of Zambia.

1.3 PURPOSE OF STUDY

The purpose of the study was to investigate the link between the use of traditional medicine and the rise in cases of defilement. The welfare of children should be a concern to every Zambian and every individual in general. This is because children are equally human and they deserve the protection and respect like every other human being. In short, children have rights too. On the other hand, the conduct of some traditional healers in the country should be evaluated properly by relevant authorities in order to ascertain their existence. Therefore, an investigation of the relationship between the use of traditional medicine and the rise in cases of defilement is relevant for the purpose of identifying bad vices in traditional medical practises, with the hope of rooting out these practises and ensuring the safety of our children.

Post (2012:11) goes on to say that, men who get up to go and defile young girls to get cured of HIV/AIDS do not do so because they just dreamt it themselves. It is known that those who defile daughters and granddaughters in order to make money or for their business to prosper, do not just decide one day that this is what they will do. "I believe that we must find those that make men believe these things and have the law deal with them". We cannot continue to hope that we can get to zero HIV/AIDS new infections, if our society allows and is blind to people who prescribe this deliberate spread of HIV/AIDS.

The study also hoped to bring out salient features affecting the practise of traditional medicine and the harm children are afflicted with through defilement. The study also sought to ascertain whether or not there is a virgin cure myth and how widespread it was.

1.4 MAIN OBJECTIVE OF THE STUDY

The main objective of the study was to investigate the link between the use of traditional medicine and the rise in cases of defilement.

1.4.1 OBJECTIVES OF THE STUDY

The objectives of the study were to:

- (i) investigate if the traditional healers were responsible for advising their patients to defile minors for the cure of any disease;
- (ii) ascertain whether or not defilement cures HIV and AIDS;
- (iii) establish whether or not traditional medicine can cure HIV/AIDS;
- (iv) establish whether or not traditional medicine can make one rich;
- (v) assess the community's belief in the virgin cure myth; and
- (vi) suggest possible solutions.

1.4.2 RESEARCH QUESTIONS

The main question was; is there any link between the use of traditional medicine and the rise in cases of defilement.

The research attempted to answer the following questions:

- i. are traditional healers responsible for advising patients to defile minors for the cure of any disease?
- ii. does defilement cure HIV/AIDS?
- iii. can traditional medicine cure HIV and AIDS?

- iv. does defilement make people rich?
- v. what is the community's response to the belief in the virgin cure myth?
- vi. what are the solutions to this scourge?

1.5 SIGNIFICANCE

It is hoped that the results of the study may help Non Governmental Organisations (NGOs) with the interest in children's welfare, policy makers, law enforcement agencies, government and all stake-holders. This would ensure the protection of children. This would also provide evidence on which the policy on child protection can be modified and improved.

This study will further add to the existing body of knowledge on defilement. Clearly not much study has been done on defilement, hence the importance of this study whose findings would prove beneficial to the community. This would allow stake holders like parents to make informed decisions about the welfare of their children.

1.6 DELIMITATION OF THE STUDY

Zambia is a landlocked country covering an area of 752,612 square kilometres and is located in South Central Africa. Zambia shares its borders with eight other countries namely; Zimbabwe, Botswana, Namibia, Malawi, Tanzania, Democratic Republic of Congo, Mozambique and. It is divided administratively into ten provinces and 78 districts (CSO, 2007). This study was conducted in Mazabuka District of Southern Province. Southern Province is one of the ten provinces in Zambia. It had 10 Districts at the time of the research namely; Mazabuka, Kalomo, Choma, Livingstone, Gwembe, Kazungula, Monze, Namwala, Itezhi-tezhi, Sinazongwe and Siavonga. The province covers an area of 84,284 square kilometres of which 6,687 square kilometres is Mazabuka District. Mazabuka is one of the 10 districts in Southern Province and is the second largest after Kalomo. Most of the districts consist of plateau land with fertile soils, making it a rich farming area where most of Zambia's sugar is grown, hence the name "Home of Zambia Sugar" (Central Statistical Office, 2012).

Zambia has a population of about 13million people. According to the Central Statistical Office (2011), of the 13million, 1, 606, 793 people are in Southern province. 240,116 people live in Mazabuka District.

Of the 13million people, 14.3% of the adult Zambian population is HIV positive. Sub-Saharan Africa has a prevalence rate of 5%, which makes Zambia one of the African countries with a high prevalence of HIV and AIDS. UNAIDS (2007) estimates show that, 445,000 adult men and 560,000 women in Zambia are living with HIV/AIDS. About 95,000 children are also living with HIV/AIDS. With 100,000 new cases of HIV/AIDS every year, Zambia is ranked with the 7th highest rate of infection in the world. Currently more than 1,000,000 people are living with the virus in Zambia. (Central Statistical Office, 2009:4)

By 2010, the estimated HIV/AIDS prevalence rate for Mazabuka was 24,339 people infected with the virus (Central Statistical Office, 2012).

1.7 LIMITATIONS

Mandumbwa (2011) and Meredith et al (2003) define limitations as factors which the researcher foresees as restrictions, problems and such other elements which might affect the objectivity and validity of the research findings.

The following were some of the limitations of this study; some members of the community as well as some traditional healers did not provide to the researcher the reality of the problems. Some questions seemed sensitive, and it was recognised that a number of respondents may have been reluctant to provide accurate information on questions such as whether they knew someone who had defiled a child in their family. There was also a tendency by most interviewees to ask for money from the researcher. The interviewees said they had been researched for a long time and it was getting tedious. Most traditional healers begun with asking weather something would be given to them for the interview, and when the researcher said no there seemed to be some reservations. Others asked for money and others asked for sexual favours. This proved to be hard for the researcher to be able to freely stay in Mazabuka to get more information on the study. This made the researcher feel that the responses were not

openly given as they could have been some things the interviewees could not have said because they were not paid or attended to sexually as they had requested. This research was conducted in Mazabuka District of the Southern Province of Zambia. Permission to interview in-mates who had committed the offence could not be granted by the Ministry of Home Affairs. In spite of all the limitations, effort was made to ensure that the research gathered valid and reliable information by ensuring that the respondents availed themselves and answered all the questions.

1.8 DEFINITION OF TERMS

A. Defilement

Defilement is defined as having unlawful carnal knowledge with a girl under the age of 16 (Chapter 87 of the Penal Code).

B. Traditional medicine

Traditional medicine is a mixture of herbs and roots accompanied by chants and rituals (Swantz, 1990: 30).

C. Incest

Incest is intercourse or marriage between persons defined as being closely related and is culturally unacceptable (Park, 2003: 128).

D. Legal system

Legal systems are a set of secular rules governing the behaviour of individuals and institutions within society (Park, 2003: 272).

E. Traditional healer

Traditional healers are men or women who practice the art of healing through the use of herbs (Swantz, 1990: 12).

F. Myth

According to Wilson (1960: 1), a myth is an account of past events told as fact, but which can be shown to be partly fictitious, or at least a grave distortion of historical fact.

G. AIDS

Acquired Immune Deficiency Syndrome, caused by a human immunodeficiency virus (HIV) that weakens the immune system. This makes the body susceptible to and unable to recover from other opportunistic diseases that lead to death through secondary infections (Zambia Demographic and Health Survey, 2007).

1.9 ORGANISATION OF THE DISSERTATION

Chapter one has outlined the background of the study in relation to the relationship between the use of traditional medicine and the rise in cases of defilement. The chapter also included the statement of the problem, the purpose of the study, research questions, significance of the study, delimitations, and limitations of the study, definition of terms, and indeed the objectives and research questions of the study.

Chapter two reviews the literature which is relevant to the study. The study had attempted to give an overview of the existing literature on defilement, traditional medicine and traditional healers.

The methods of data collection are discussed in chapter three. These are under the following headings; the Research Design, Target Population, Sample Size, Sampling Procedure, Data Collection and Data Analysis.

The research findings from members of the community in Mazabuka, the traditional healers, the Mazabuka Council and Mazabuka Police are discussed in chapter four. Data is presented by pie charts. Each question for members of the community and traditional healers on the questionnaire had its own pie chart in chapter four. The interview guides used for the Police and Council representative are presented with each question as a theme.

The findings are discussed in chapter five. The findings are discussed by way of the objectives of the study.

Chapter six has the conclusion of the study and makes recommendations based on the findings of the study. For further research, chapter six ends with suggestions. The last pages contain the bibliography and appendices.

1.10 SUMMARY OF CHAPTER ONE

This chapter presented background information on defilement in relation to traditional medicine. The chapter also discussed the research problem, objectives of the study, research questions, and significance of the study, delimitation, limitations and definition of terms.

The next chapter is a review of relevant literature.

CHAPTER 2

2.0 LITERATURE REVIEW

2.1 INTRODUCTION

This chapter focuses on the review of literature. For the purpose of understanding the context of the study, the chapter is divided into sections meant to cover the area of study. The chapter gives the meaning of defilement, traditional medicine, its use and evolution, and HIV/AIDS in relation to traditional medicine and defilement.

In the recent past, a lot of defilement cases have been reported in the media in many areas in Zambia. Many children's lives have been ruined at a tender age. There is need therefore, to study traditional medicine from the perspective of its utilisation in relation to defilement.

2.2 DEFINITION AND HISTORY OF DEFILEMENT

According to the Penal Code Chapter 87, defilement is having carnal knowledge with any person below the age of 16. Defilement then is engaging in unlawful sexual activities with a minor.

According to Kidd (1906: 98) African children grow up with the kind of discipline that does not cause problems, meaning it is the kind where children don't question much about what is happening around them, not that they don't see anything wrong with anything but rather fear is instilled in them from an early age.

Kidd (1906: 98), goes on to say that children are inherently submissive to constituted authority. The researcher is of the view that it is that submission, fear, discipline or respect for the elderly people that makes them vulnerable and susceptible to defilement. As Kidd (1906: 98) points out, respect for old men, and especially for a father, is most marked and parents seem to have the knack of keeping children in order. As a result, every child knows quite well what it may and may not do. Note

also that these parents and relations are not demonstratively affectionate-a thing which makes most children restless and difficult to manage.

Kidd (1906: 98) further points out that, children learn to imitate their elders in everything when they play at the river, they try to wash themselves as they have seen their elders do. When they are defiled and told not to say anything to anyone it becomes confusing, because they feel something is wrong but the person who has done this is someone they trust, respect or even fear. According to Kidd (1906: 98) a child believes instinctively whatever an elder says, for the child places unbounded faith in older people.

Reports about defilement date back to the 18th Century in Europe when sex with a child was thought to provide a cure for syphilis. Quack doctors kept special brothels in Liverpool to provide this cure. Most girls used in the brothels were imbeciles (Govender, 1999 www.TruthoFiction.com).

Defilement became a public issue in the 1970s and 1980s under the general issue of child sexual abuse. Prior to this point in time, defilement remained rather secretive and socially unspeakable. Studies on child molestation were nonexistent until the 1920s and the first national estimate of the number of child sexual abuse cases was published in 1948. By 1968, 44 out of 50 U.S states had enacted laws that required physicians to report cases of suspicious child abuse. But legal action began to become more sensitive in the 1970s with the enactment of the Child Abuse Prevention and Treatment Act in 1974 (Cling, 2004 www.TruthoFiction.com).

In Africa however, defilement is believed to have existed but was kept under wraps by families. Because it happened in families, women were terrified to talk about it or report for fear that their marriages would end. In Africa, divorce was/is viewed as an embarrassment to the woman's family. So, women stayed in the marriage and ensured their defiled children kept quiet about what had happened to them especially if the father was responsible (Govender, 1999 www.TruthoFiction.com).

Defilement, however, gained public attention in the past few decades and became one of the most high-profile crimes. Since the 1970s, defilement has been recognised as

deeply damaging to children and thus unacceptable to society as a whole. While defilement has been present throughout history, it has only become the subject of significant public attention in recent times (Cling, 2004:177 www.TruthoFiction.com).

Because of the prevalence of HIV/AIDS in Africa the belief took a new twist. The 19th century belief that sex with a virgin is a cure for HIV/AIDS had spread to many parts of Africa. Researches from Zambia, Zimbabwe and Nigeria indicate that the myth that sex with a virgin will cure HIV/AIDS is responsible for the increase in cases of defilement (Govender, 1999 www.TruthoFiction.com).

2.3 HISTORY OF TRADITIONAL MEDICINE

Traditional healing practices existed in Africa long before conventional medicine. Attempts by colonial governments to suppress traditional healing practices back then and now, did not succeed. As an untapped reservoir of knowledge, philosophy and history, traditional medicine not only offered the possibilities of cures, but it also provided a national heritage and a means of linking the land to its people.

According to Twaumasi (1983), in Zambia, like elsewhere in African and other Countries, before the colonial experience and contact with other people, traditional medicine was there and it was the only medicine being practiced by indigenous people. This practice was mostly done by people called Ng'angas (traditional healers in most of the ethnic languages). But during the colonial period, as part of a campaign to discredit the work of traditional healers, a degrading name was coined, 'the witch doctors' which associated the traditional healer with negativity. This name still sends a negative message and feeling when one hears it. The practice did not perish however, as the traditional healer was viewed as a reputable leader.

According to Kapla (1979), the institution of traditional medicine is a cultural one, thus it existed in every society. In Zambia as elsewhere in Africa, before colonial contact traditional medicine was the only medical institution which was available. However, in the late 19th Century Zambia, formally known as Northern Rhodesia, was colonised by Britain and cosmopolitan medicine or modern medicine was

introduced. The introduction of modern medicine was accompanied by a campaign to eradicate traditional medicine (Mulungushi Report, 1977).

After independence in 1964, the nationalist government encouraged the growth and development of indigenous institutions. It was within this frame of reference that traditional medicine received encouragement from government, resulting in the amendment of the Witchcraft Act in 1967 which was passed by the Colonial Government. The amended Act made it illegal for traditional healers to practice witchcraft but it made it legal to practice traditional healing. The Act was seen as an attempt to clean up the institution of traditional medicine to meet modern standards (Mulungushi Report, 1977).

In 1977, a workshop for traditional healers and practitioners of modern medicine was held at Mulungushi Hall in Lusaka. The Report that came out of the workshop recommended that a national association of traditional healers be formed to regulate the practice of traditional medicine. It also recommended that a National Council be formed by an Act of parliament to direct the affairs of traditional healers (Mulungushi Report, (1977).

This would also stop the portrayal of traditional medicine as merely a mixture of herbs and roots accompanied by chanting of words and rituals like killing of a black chicken and so on (Swantz, 1990: 30).

Traditional medicine would also, According to Cawte (1974: 30), have a reputation for special powers and authority which seemed essential to the field. The people who administered herbs and roots had to gain reputation by undergoing training and rituals. Some traditional healers recount a journey to a sacred place where they received their wisdom and power, perhaps in a symbolic form of a healer's charm that they now possess. Special visual powers, ability to see spirits, or inside a person's body were claimed.

Swantz (1990) goes on to say that, the medicine alone would be powerless to cure, unless through psychosomatic processes, a healing eventually would take place. But even when traditional healers knew that certain plants had properties that help fevers

or stomach pains they still considered other factors which were just as important to them in the making of the medicine and its use. For example, the colour of the garment worn when the traditional healer is cutting the herbs or digging the roots, the time of the day and the position of the moon must be taken into account.

The traditional healer would have a set of emblems from string bags to ironwood blades which he/she used in diagnosis or divination, and through which he/she made contact with the spirits. These were typical feats that built the healer's mystique, reputation for magic, aura of power and public image. The researcher would not pause here to rationalise these miracles, except to comment that, if omitted, this would result in confusion for a person having a mental image of the healer. It concerns the questions: How are these feats and magical claims compatible with the healer's role as altruistic healer and guide of the community? Do they suggest trance states and dissociate behaviours? In answering these questions, Cawte (1974, p. 31) points out that a healer with a solid reputation does not need to exploit magic, and does not need to do so in the events of everyday practice. Hesitant to agree with Cawte (1974: 31) here, the researcher prefers the findings expressed by Swantz (1990) that for traditional medicine to be effective, it must be accompanied by rituals like preparing the medicine while naked or placing the medicine in contact with male or female sexual organs, or else it's not traditional medicine. In some cases, traditional medicine is only traditional medicine if it is accompanied by rituals. It is believed that some of it cannot work if a ritual is not performed. It is these rituals that the UNAIDS (2002) say give the traditional medicine practise a bad name and cause the field to be surrounded by scepticism. Scepticism about the traditional medicine practice in light of the increase in defilement cases is one of the issues this research intended to investigate.

2.4 THE TRADITIONAL HEALER

Twumasi (1983: 2) goes on to define a traditional healer as a person, man or woman, who has a recognised practice in his/her community to deal with health and illness issues. He/she must have a formal licence to practice traditional medicine. However, the researcher would rather not narrow the definition to licensed practitioners only as the reality of things on the ground is that there are people who are not licensed but

practicing traditional medicine. People who occasionally treat or advise others on their health, recognised by their community or not, may have well established clinics or operate in undefined structures, because they all fall in the group of people who by the end of the day may give treatment or advice which is life saving.

According to the UNAIDS Report (2002:7), traditional medicine encompasses a diverse range of practices. Traditional healers represent a range of individuals who call themselves spiritualists, herbalists, diviners, priests, faith healers or bone-setters, among others. The term traditional healer used in this research, though an oversimplification of a complex range of practices, includes all the above.

The traditional healer is a key person to understanding traditional medicine and all the issues the researcher is concerned with.

In countries where modern and traditional medicine coexist, modern medicine usually ignores the older medical stream. As a result, people only call upon a traditional healer in situations which modern medicine cannot manage, as is the case with HIV/AIDS.

Cawte (1974: 31) has added that the healer is not called for minor ailments, for which first-aid procedures are generally known, but is found at the hub of matters in poorly understood illnesses where a malign influence is suspected. Most importantly, the healer is involved in crises and social disturbances which are accompanied by claims of sorcery. Thus, he/she is involved in the control of antisocial behaviour.

According to the UNAIDS (2002:7), traditional healers provide client centred, personalised health care that is tailored to meet the needs and expectations of their patients. This makes them strong communication agents for health and social issues. On the part of licensing, the actual number of traditional healers is not known. In most countries, such healers constitute a significant large group of practitioners who are recognised, trusted and respected by their respective communities.

However, there is a tendency to idealise the traditional healer as if to compensate for the ethnocentric attitudes of former years. According to Lebra (1969: 13),

considerable sympathy is displayed for the folk healer and no small amount of disdain is vented for the modern medical practitioner. Over idealising the traditional healer at the expense of the modern one is a distortion which glosses over the ignorance and devastation wrought by the former.

The researcher presupposes that modern medicine practitioners or doctors have for the most part overlooked native or traditional healers, when the improved training of modern science might have brought them together. The traditional healer reflects a great variety of cultures.

2.5 HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNE DEFICIENCY SYNDROME

As earlier stated, AIDS is an Acquired Immune Deficiency Syndrome, caused by a Human Immunodeficiency Virus that weakens the immune system. This makes the body susceptible to and unable to recover from other opportunistic diseases that lead to death through these secondary infections. In Zambia, the predominant mode of HIV transmission is through heterosexual contact (Zambia Demographic Health Survey, 2007).

According to the UNAIDS Report (2002: 6), in the 20 years that HIV/AIDS has been in existence, it has continued its relentless spread across the world. By the end of 2000, 36.1 million men, women and children were living with HIV/AIDS around the world and 21.8 million had already died of the disease.

At the close of 2001, an estimated 40 million people worldwide -37.2 million adults and 2.7 million children younger than 15 years -were living with HIV/Aids, and more than 70 percent of these people (28.1 million) lived in sub-Saharan Africa; another 15 percent (6.1 million) lived in South and Southeast Asia. South Africa, a country with the highest incidence of rape and child rape in the world, had 19.94%, or approximately one in nine of its 41 million population infected with HIV/Aids, as opposed to one in five for Botswana (35.8 percent), and 25.25%, 25.06% for Swaziland and Zimbabwe, respectively and 14.3% for Zambia (Limson, 2002 www.richterm.com).

It is cardinal to note that, though HIV/AIDS is found in every country, it has most seriously affected Africa and specifically Sub-Saharan Africa, home to 70% of all adults and 80% children living with HIV/AIDS, and not forgetting the continent with the fewest medical resources in the world (UNAIDS 2002: 6).

In Zambia, the first case of HIV was reported in 1984. As stated earlier, Zambia records 100,000 new cases of HIV every year. It is estimated that 1million people are infected with HIV in Zambia. It is ranked the 7th highest AIDS infection rate and the 6th death rate from HIV/AIDS in the world (World Health Organisation, www.zamstats.gov.zm).

2.6 TRADITIONAL MEDICINE, RITUALS AND HIV/AIDS

A walk in the residential streets of Mazabuka is evidence of the existence of full time practitioners of traditional medicine. Most of the homes in which the traditional healers conduct their practice appear very dirty and untidy. They are mostly found in shanty compounds where majority of the low income population is based. People slip in practically unnoticed through the door ways of such inconspicuous looking homes to seek help from the healer located there.

Consequently, healer-patient relationships develop and perhaps because of that, the traditional healers are popular and are of high profile. The healer is looked upon with respect, if not awe and wonders or fears because of the belief that he or she has ability to divine and to know the secret things in life. Therefore, a patient goes to a recommended healer with considerable confidence that this woman or man can help (Swantz, 1990).

Swantz (1990) goes on to say that the traditional healer in pursuit to help, use one of several methods to discern the causes of a particular disease if not already known and a method of cure. It is the methods of cure for diseases like HIV/AIDS that has raised a lot of concern in the communities in most parts of Zambia. Many people felt that the cure issue which resulted in defilement was the problem and it was resulting from the traditional healer-patient relationship. Statistical revelations by institutions like Police,

Ministry of Health and Non Governmental Organisations (NGOs) indicate that defilement is on the rise (Phiri, 2011 www.reflectionaids.com).

With the reputation traditional medicine practice has gained since its existence, a lot of issues surrounding the practice have emerged, especially those that are aimed at discrediting traditional medicine. People suffering from different ailments including HIV/AIDS and those wanting to get rich have flocked to traditional healers for assistance. This flocking of people to traditional healers has created a lot of speculations, that traditional medicine has given rise to defilement cases. All concerned are calling on government to find a lasting solution to this scourge before the morals of our society are completely eroded.

In relation to traditional medicine, Swantz (1990) points out that the rituals that the healers recommend and practices give rise to suspicion. This is because traditional healing rarely ends at the administering stage of herbs and roots, but must be followed by words and rituals. After this has been done, only then do they become what are called traditional medicine.

Since these rituals are usually secretive, a consequent myth has developed that people who visit traditional healers for the cure of HIV/AIDS and those wanting to get rich defile minors. This is supported by the view that traditional medicine alone is powerless to cure unless psychometric processes are applied for healing to take place. According to the traditional healers interviewed by the researcher, psychometric processes are more like rituals, for instance, killing a black chicken or bathing naked with cold water mixed with herbs at a crossing of two paths in the night.

Swantz (1990) further states that, even when traditional healers know that certain plants have properties that help fevers or stomach pains, they still consider other factors which are just as important to them in the making of medicine and use thereof. For instance, the colour of the garment worn when cutting the herbs or roots, the time of the day and the position of the moon must also be taken into account.

These are indeed serious issues that have been raised in considering the relationship between medicine and the rise in cases of defilement. Nothing can stop anyone from

assuming that defilement is one of the recommended cures for HIV/AIDS because of the things surrounding traditional medicine like bathing naked in the middle of the road at night are quiet outrageous.

For instance, Swantz (1990) states that, when some traditional medicine is given, it is recommended that for it to be effective it must be prepared while the healer is naked. Furthermore, it must be placed in contact with male or female sexual organs; this is because some medicine receives special power this way.

Having mentioned the factors recently highlighted; it has come to the knowledge of the researcher that it is vital for the use of traditional medicine and the rise in cases of defilement to be addressed with the urgency it requires.

2.7 MYTHS

According to Wilson (1960: 1), a myth is an account of past events told as fact, but which can be shown to be partly fictitious, or at least a grave distortion of historical fact.

Myths purport to explain existing relations in terms of history. Wilson (1960:1) says that they also provide a moral basis for a social system. They imply, if they do not state specifically, that a given system is right and just. Friedland (1960:102) also notes;

In all societies however, stories are told which justify the existence of phenomenon. The Tongas of Southern Province in Zambia validate their own stratified society by saying women should not eat eggs when they are pregnant as they would have babies with bold heads. Among the Nyakyusa in Tanganyika, modern day Tanzania, the ancestors introduced fire to men who had hitherto eaten their food raw. According to them, their first chiefs came 10 or 12 generations ago and brought cattle, iron, and the seeds of certain plants. It was because they brought all these gifts that the Nyakyusa say that they and their descendants became chiefs. The gift of fire was recalled every generation when the heirs to the chieftdom are installed. Then all fires throughout the country are extinguished and

new fire taken from that kindled for the young chief. The myth is cited as the reason for the ritual.

These are typical mixtures of fact and fiction. It has come to be known that the men in Tonga land feared that chickens would become extinct because some pregnant women had cravings for eggs. As for the Nyakyusa, no one supposes that inhabitants of the valley were without fire 10 or 12 generations ago. According to Wilson (1960:2), in the 16th century, iron was already smelted at Kalambo, within 300miles of the valley before 1000 A.D. It was just a way for chiefs to establish a wider system of authority among a people who had lived in very isolated groups knowing no chieftainship. It is known that law and order commonly lead to increased productivity. So a belief that the chiefs increased fertility is hardly surprising. The Nyakyusa picture their chiefs as having a vitality in their bodies which communicates itself to the whole country and increases fertility in field, beast and man (Wilson, 1960: 2).

In this regard, it may not be wise to conclude that sleeping with a virgin may cure HIV/AIDS because myths are just that, myths.

The myth that sex with a virgin can cure sexually transmitted diseases has a long history in Europe and elsewhere. Since the emergence of the AIDS epidemic, there has been much concern that this belief might encourage the rape of children, especially in Africa where HIV is widespread. A number of horrific reports in the popular press have fuelled such anxiety.



A bill board in Zambia confronting the "virgin AIDS cure myth"

Belief in the virgin cleansing myth has been reported from Africa, Asia, Europe and the Americas. There is no doubt that it has led to abuse of not only children but also the disabled (who are often assumed to be virgins). Nevertheless, the scale of the myth's impact is disputed because it is not the only motivation behind child rape. In many cases the goal is more likely to be prevention than cure: men are seeking partners who are less likely to have HIV.

2.8 SUMMARY OF CHAPTER TWO

In this chapter, it was highlighted in more detail what other authors have said about defilement, traditional medicine, traditional healers, rituals, HIV/AIDS and myths. The review of literature has given the views of other people, which are relevant to understanding the topic at hand.

In looking at defilement, the chapter reviewed literature on when the vice is supposed to have started. The chapter also looked at traditional medicine, its history and how it is used. The traditional healer comes out as a licensed person who administers herbs and rituals to cure ailments by use of divine spirits. It is the rituals and divinity nature of the healer that puts him/her at the centre of the research's argument. With the advent of HIV/AIDS, the need has arisen to look at these issues in order to understand the goings-on in our society and begin to do something about the scourge. The myth that there is a virgin cure did not just emerge out of nowhere; therefore the chapter took us on a roller coaster of subjects to give a knowledge base for the argument.

CHAPTER 3

3.0 METHODOLOGY

3.1 INTRODUCTION

This chapter discusses the methods which were used to collect data. It is referred to as methodology because the term implies how the study is carried out. This chapter therefore, looks at the research design or the structure of the research, the population, the sample population and sampling procedures, instruments for data collection and data analysis techniques.

3.2 RESEARCH DESIGN

A research design is a plan for achieving valid results of testing a hypothesis. It addresses the issue of internal and external validity of research findings (Nkata, 1997: 42). According to Merriam (1995: 99), a research design can also be the belief of the researcher about the nature of reality and about how knowledge is constructed. In addition to the problem, the researcher has identified the questions one seeks to answer; there is the selection of a research design.

A research design also can have two meanings. It can be understood as the planning of any research from the beginning to the end. In this sense, it is a programme to guide in collecting, analysing and interpreting of observed facts (Achola and Bless, 1998)

In this study, preference was for the use of a case study design. A case study is simply a form of descriptive research. It is an in-depth investigation of a given social unit, an individual, group or community. It may involve the studying of an entire life cycle or a selected segment. It may concentrate on specific factors all taken into account the totality of elements and events. A case study examines a smaller number of units across a large number of variables and conditions (Ng'andwe, 1998). In this case, among the 10 provinces of Zambia, the researcher picked Mazabuka District of Southern Province.

This study adopted the quantitative approach in the collection of data from members of the community and traditional healers and the analysis of the same data. A quantitative approach is based on rigorous techniques of analysis, statistical or mathematical tools are employed to find out the relationship among variables through measurement (Ghosh, 1992: 196).

On the other hand, the study also utilised the qualitative approach in the collection of data from police officers, the council officer and Traditional Health Practitioners Association of Zambia (THPAZ) members and its analysis. A qualitative approach involves understanding a phenomenon, uncovering the meaning a situation has for those involved or a delineating process of how things happen (Merriam et al, 1995).

3.3 POPULATION

According to Burg and Gall (1979), population refers to all the members of a hypothetical set of people, events or objects to which one wishes to generalise the results of the findings. In this study, the target population refers to people of Mazabuka District as a whole. These included traditional healers who were 100 and members of the community who were 200. The study also included a group of people who were interviewed using interview guides these are; officers at the Victim Support Unit (VSU) Mazabuka Police, Traditional Health Practitioners Association of Zambia (THPAZ) members and Mazabuka Municipal Council officers.

3.4 SAMPLE AND SAMPLING PROCEDURE

A sample is a subset of the whole population which is actually investigated by a researcher and whose characteristics are generalised to the entire population (Ngoma, 2006: 35).

A sample is also any part of the full scope of data making up the population. If properly carried out, investigations based upon the sample are expected to provide useful and adequate information about the population as a whole (Armour, 1960). In this study, the sample consisted of 50 traditional healers, 100 members of the

community, 1 police officer, a Traditional Health Practitioners Association of Zambia (THAPAZ) member, and a council officer. Altogether, they were 155 people.

Sampling however, is the selection of a specified number of items from the population under study using one of the selection procedures like random sampling. Let us suppose that it is desired to estimate the salary or the average salary paid to college teachers in a large University. The population is of size 800 and a researcher wishes to select using a simple random sample of size 50 teachers without replacement. A simple random sample may be obtained by writing each of the 800 names on a marble. Place the 800 marbles in an urn and then have a blind folded person pick 50 marbles one at a time from the thoroughly mixed marbles. The 50 names so selected represent a random sample from the population (Armour, 1966: 221).

Therefore, in this study a sample of 100 members of the community and traditional healers was used by selecting house numbers on pieces of paper. The Police, Traditional Health Practitioners Association of Zambia (THPAZ), and Council Official were purposefully selected. This is a sampling Procedure where the target is selected by virtue of their position to represent.

Note that, only where the population to be studied is reasonably small and required data is easily obtainable at moderate cost should the collection and study of the full set of the population be considered.

Ethically, the study does not at any point mention names and or discloses information on individuals captured in the study.

3.5 DATA COLLECTION

A distinction is often made between qualitative and quantitative approaches to research. According to Nkhata (1997: 55) qualitatively data can be collected through, Focused Group Discussions, mapping, observation, interviews and Participatory Rural Appraisals among others. This study adopted the interview type of qualitative data collection using interview guides for the police officer, THPAZ member, and council officer. Quantitative data can be collected through, structured questionnaires. In this

case the questionnaire was used for the traditional healers and members of the community. In short, quantitative methods are aimed at collecting numerical information while qualitative methods are aimed at collecting information expressed for instance in words and gestures.

According to Ngoma (2006: 65), a questionnaire is a self-report instrument where the respondent writes answers in response to printed questions on a document. A well designed questionnaire is easy for the researcher to administer and score. In this study the researcher administered the questionnaires to community members and the traditional healers for easy understanding. This action was also necessitated by the fact that some respondents lacked the ability to read the English language. As a result the researcher had to interpret the questionnaires from English to Tonga. According to Hyman (1962:1), interviewing as a method of inquiry is universal in social sciences. It also involves talking a great deal about general topics, partly to show that the researcher understands the conditions in the region and that he/she is interested in acquiring new knowledge.

The interview list contained some precise questions and their alternatives or sub-questions, depending on the answer to the main questions. It is non-scheduled in the sense that the interviewer is free to formulate other questions as judged appropriate for the given situation. Respondents are not confronted with already stated definitions or possible answers, but are free to choose, describe a situation or to express their particular views and answers (Ngoma, 2006:59).

The interviews done using the interview guides were recorded by writing every word that came out of the respondent. The interviews were done mostly in Tonga and then recorded in writing in English.

3.7 DATA ANALYSIS

Data analysis is a method of organising the raw data, displaying it in a way that provides answers to the research questions (Ngoma, 2006: 81).

Gohagan (1980) further states that, the purpose of analysing data is to provide insights into complex situations by elucidating issues, exposing points of sensitivity to balance risks and benefits.

It therefore entails categorising, ordering, manipulation and summarising the data and describing it in meaningful terms. Since this study is both qualitative and quantitative, data collected, produced information of considerable depth. It also produced information that needed statistical strategies. This led to compiling responses from the questionnaires quantitatively using descriptive statistics presented by pie-charts and percentages because of the nature of the topic. Data is also analysed qualitatively using data from interviews, whose responses were coded as presented by respondents through their explanations and descriptions.

The data analysis in this study was based on two null hypotheses. Null hypothesis one, states that, there is a relationship between the use of traditional medicine and the rise in cases of defilement. The null hypothesis two states that, there is no relationship between the use of traditional medicine and the rise in cases of defilement.

3.8 SUMMARY OF CHAPTER THREE

This chapter discussed the methodology used in the study. A case study research design was used in this study because it involved asking the respondents for information using the questionnaire and the interview guide. Both qualitative and quantitative approaches were used in order to allow the researcher to triangulate the data that was collected.

A sample of 155 respondents was selected. The sample included 100 respondents of communities around Mazabuka town. There were 50 traditional healers from the same surrounding communities of Mazabuka town, 1 Officer at the VSU Mazabuka Police Station, 1 Officer at the Mazabuka Municipal council and 1 THPAZ representative in Lusaka.

Simple random technique was used to select the sample for the respondents in the community of the surrounding residential areas of Mazabuka town. Simple random

sampling is a technique in which the probability of including each element of the population so as to allow for an accurate generalisation of results (Ngoma, 2006: 38). This provided each element the same chance to be chosen for the sample, using the lottery system where each element had a serial number.

Purposeful sampling technique was used for the rest of the respondents. Purposeful sampling is a technique which enables the researcher to use his or her judgement to select cases that will best answer the research questions and meet the objectives. For instance, the best person to talk to about traditional medicine is a traditional healer (Feuerstein, 1986: 4).

Questionnaires and interview guides were the instruments applied to collect data. Quantitative data was analysed using pie-charts. While the qualitative data was analysed using themes and patterns to be established so that appropriate conclusions could be made.

CHAPTER FOUR

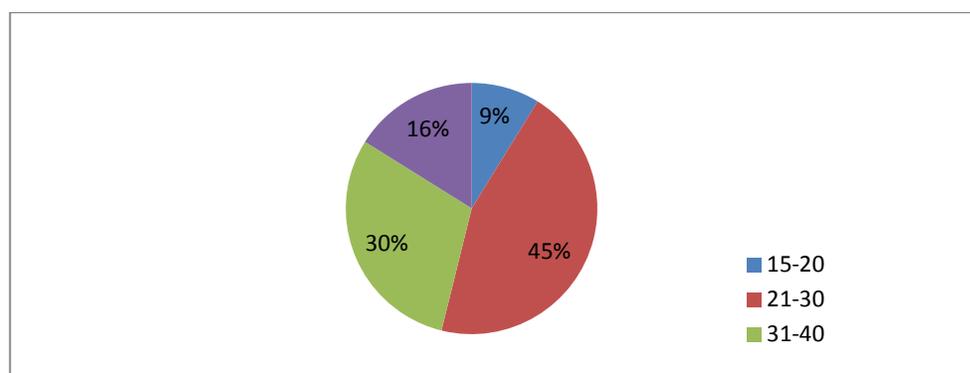
4.0 FINDINGS OF THE STUDY

4.1 INTRODUCTION

This chapter presents the findings in the investigation of the relationship between the use of traditional medicine and the rise in cases of defilement in Mazabuka District. The chapter includes the following; results from questionnaires administered to members of the community, the second section presents data obtained from the questionnaires administered to the traditional healers, while the third section presents data from interviews with the Victim Support Unit of Mazabuka Police Station. The fourth part contains data from the Mazabuka Municipal Council Records Officer. Finally, the last part of the chapter presents data obtained from the representative of the Traditional Healers Practitioners Association Zambia.

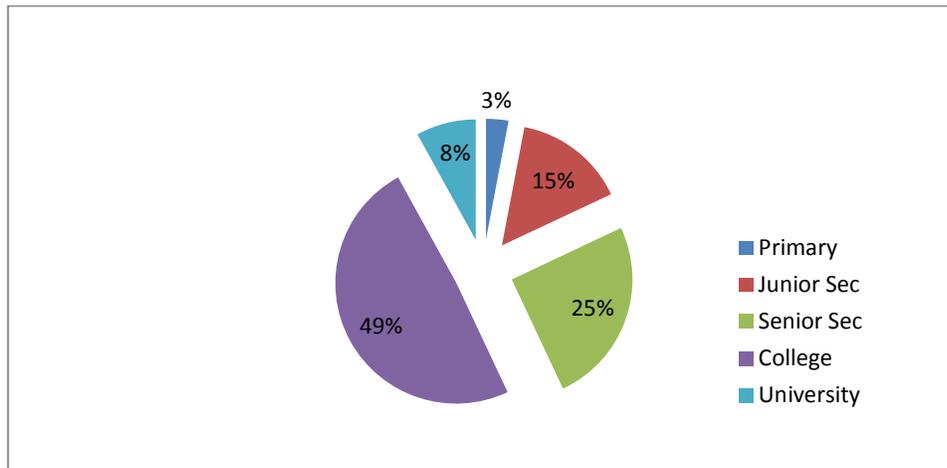
4.2 FINDINGS FROM COMMUNITY MEMBERS

Figure 4.2.1: Age of the respondents



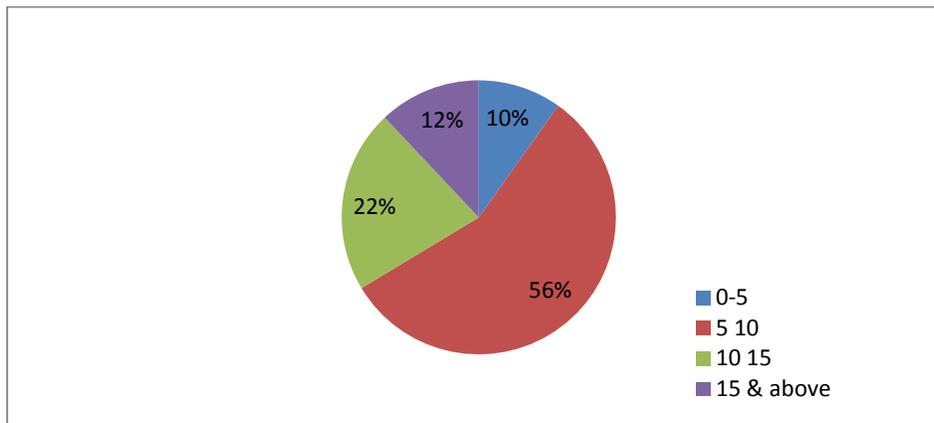
The ages of the respondents ranged from 15-60 years. The highest number of respondents was from the age group 21-30. The results indicated that out of 100 respondents, 42 (i.e. 45%) were in the 21-30 age group, 28 (i.e. 30%) were in the 31-40 age group, 15 (i.e. 16%) were in the age group 15-20 and 15 (i.e. 9%) were aged 41-60.

Figure 4.2.2: Educational Level of the respondents



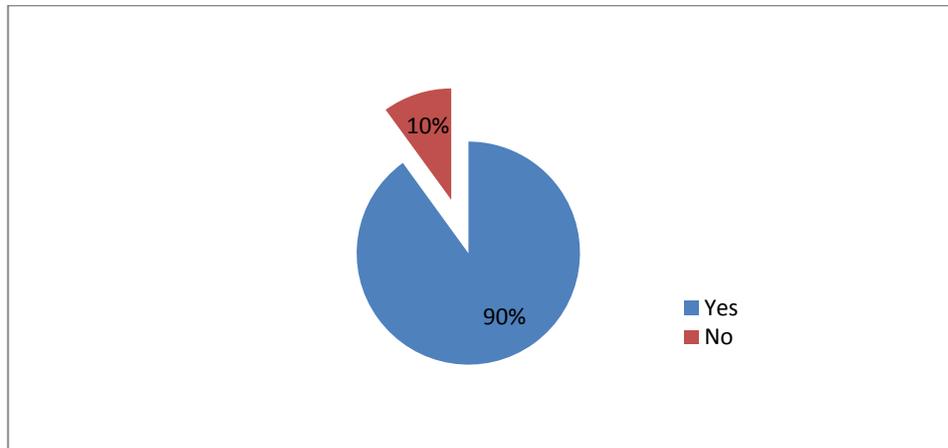
The educational levels of the respondents were as follows, 49 (i.e. 49%) with the highest number was for those that had attained college education, 25 (i.e. 24%) reached senior secondary school, 15 (i.e. 14%) up to junior secondary school, 8 (i.e. 8%) were university graduates and 3 (i.e. 3%) had gone up to primary level.

Figure 4.2.3: Respondents' number of years lived in the community



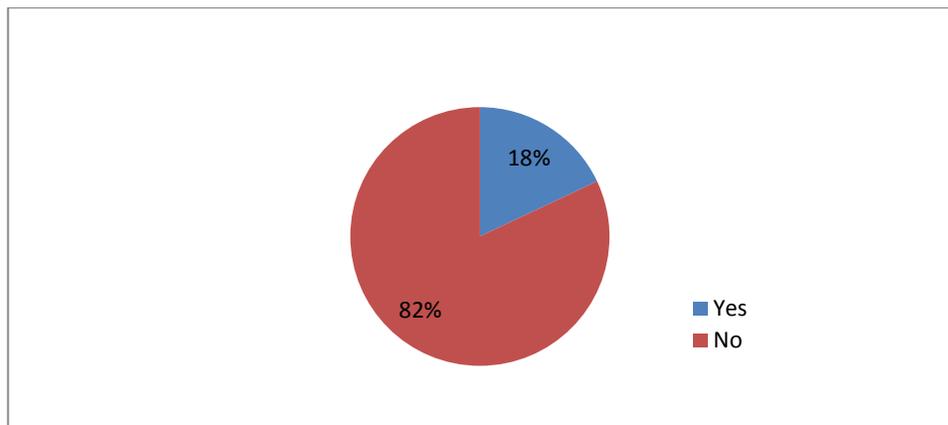
The study showed that 47 (i.e. 56%) had lived in Mazabuka community between 5-10 years, 25 (i.e. 22%) of the community members had lived in the Mazabuka community for years between 0-5 years, 18 (i.e. 12%) had been there for the years between 10-15, while 10 (i.e. 10%) had been in the community for 15 or more years.

Figure 4.2.4: Distribution of respondents who had witnessed any defilement case close to them



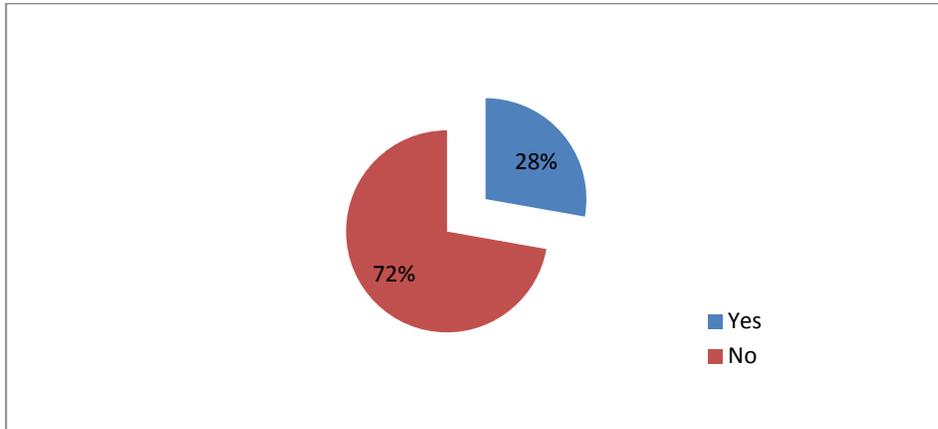
The responses show that 90 (i.e. 90%) of the respondents had witnessed an incident of defilement close to them, while 10 (i.e. 10%) had not.

Figure 4.2.5: Distribution of respondents who had had a case of defilement in the respondent's household



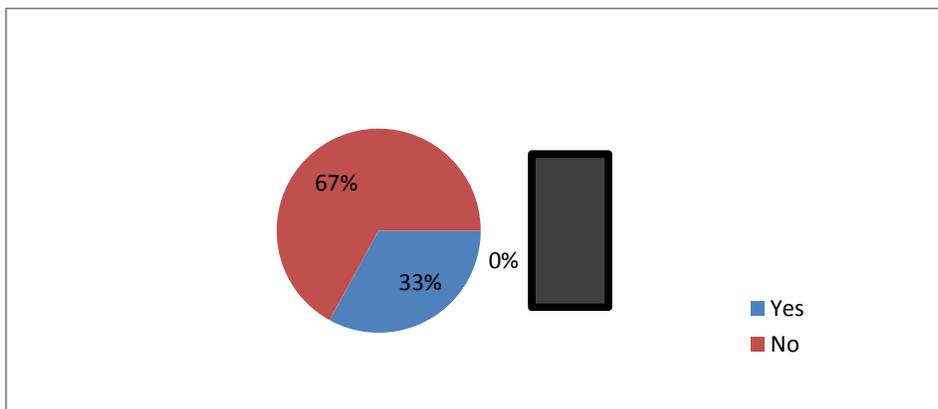
While 82 (i.e. 82%) showed it had never happened in their household, 18 (i.e. 18%) of the respondents indicated that they had had a case of defilement happen in their household.

Figure 4.2.5b: Distribution of Respondents Who Had Had a Case of Defilement in Their Household and Was Reported to the Police



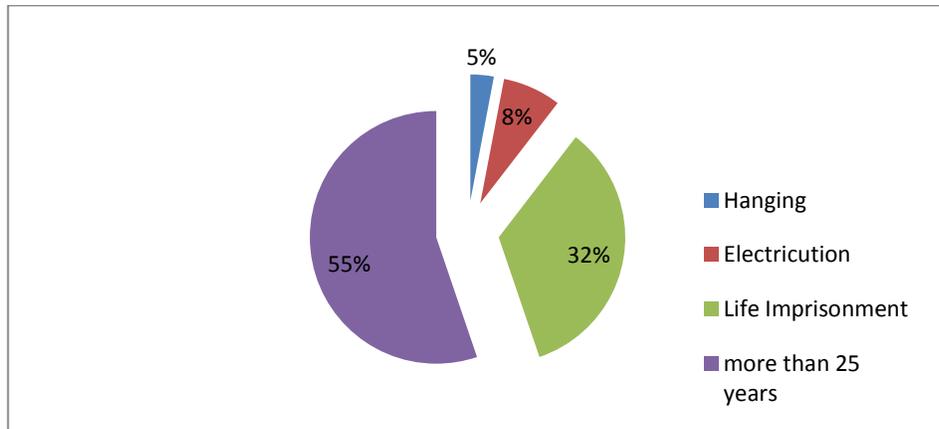
When asked if those who had witnessed an incident of defilement in their house hold reported it to the police, 13 (i.e. 72.22%) said they did not report and 5 (i.e. 27.78%) said they did report the case to the police.

Figure 4.2.6: according to section 138(1) of the penal code chapter 87of the laws of Zambia, if found guilty of defilement, an offender would be sentenced to 15-25 years by the high court. Is this punishment given to offenders satisfactory to the respondents?



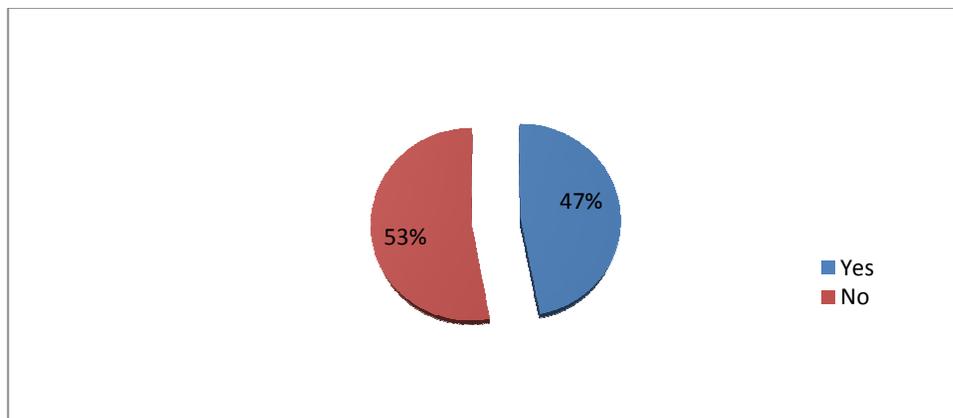
When asked if the punishment given to offenders was enough, 67 (i.e. 67%) said it was not satisfying and 33 (i.e. 33%) of the respondents said it was enough.

Figure 4.2.7: What sentence would you give to a defiler, for those that felt dissatisfied with the current law?



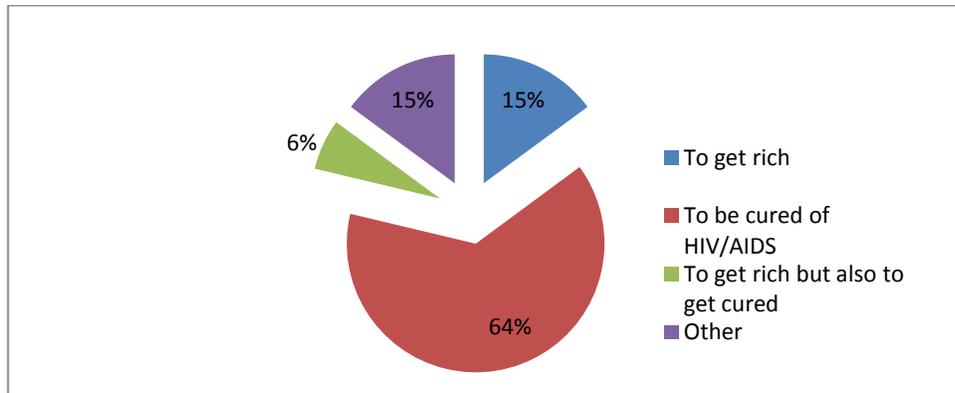
The study showed that most of the respondents preferred a number of years more than 25 as punishment for defilers, these were 37 (i.e. 55%). 23 (i.e. 32%) preferred the life imprisonment punishment, 5 (i.e. 8%) said electrocution would do and 2 (i.e. 5%) said hanging would be a satisfactory punishment for defilers.

Figure 4.2.8: If the respondents' thought the use of traditional medicine contributed to the rise in cases of defilement



Out of 100 respondents, the highest number 53 (i.e. 53%) said that the use of traditional medicine had nothing to do with the rise in the number of defilement cases. 47 (i.e. 47%) said traditional medicine did contribute to the rise in cases of defilement.

Figure 4.2.8b: If yes to the above table 10, reasons respondents thought traditional medicine contributed to the increase in defilement cases



Those that said that the use of traditional medicine had contributed to the rise in cases of defilement gave the following reasons;

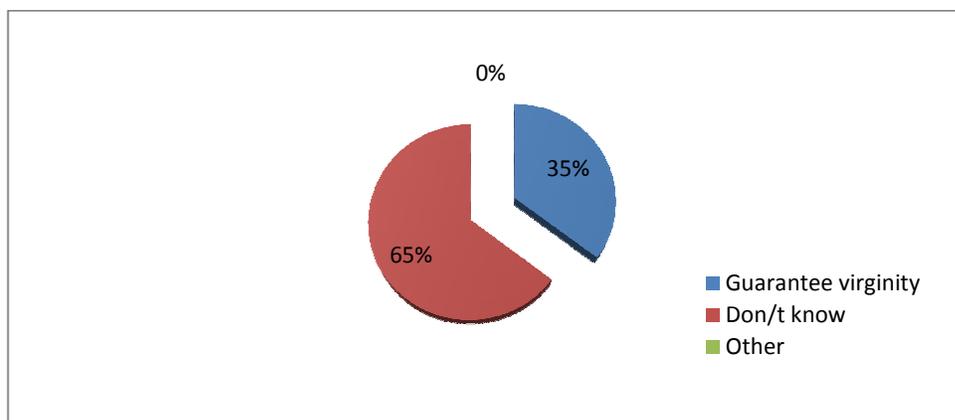
30 (i.e. 64%) said because traditional healers advise people to sleep with children to get cured of HIV/AIDS.

7 (i.e. 15%) respondents said because there have been rumours that sleeping with a minor can make one rich.

7 (i.e. 15%) indicated other factors of which they did not specify the reasons

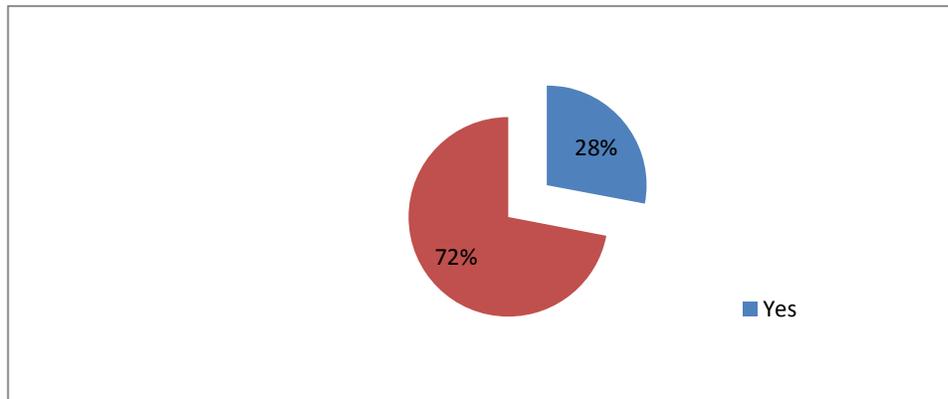
3 (i.e. 6%) said because in order to get rich and also to get cured of HIV/AIDS

Figure 4.2.9: the reasons respondents thought children had been a target for defilement



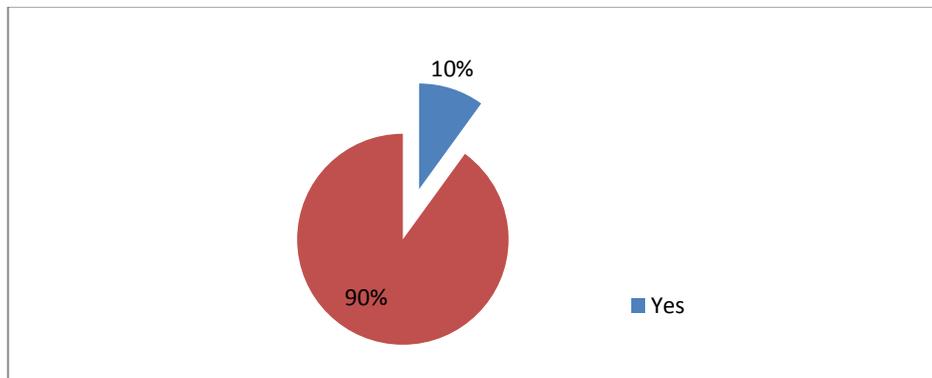
Out of 100 respondents, 85 (i.e. 65%) said that people who defile minors believe that a virgin or virginity will cure them of HIV/AIDS. 15 (i.e. 35%) didn't know why children were targeted by defilers

Figure 4.2.10: if the respondents have ever visited a traditional healer



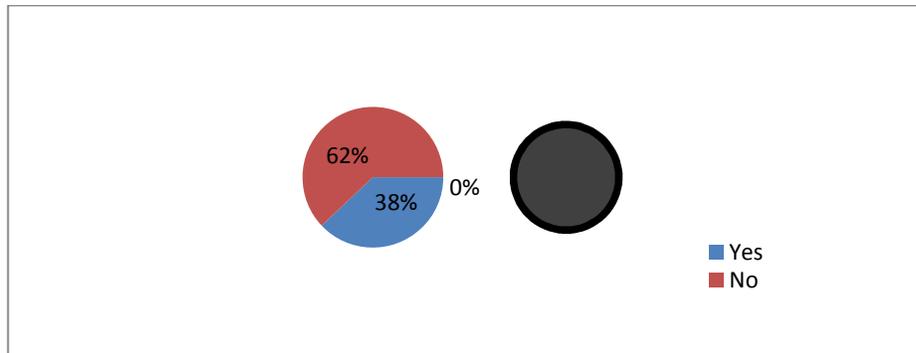
On the issue of visiting the traditional healer, 72 (i.e. 72%) said they had not, while 28 (i.e. 28%) said they had visited a traditional healer.

Figure 4.2.11: On whether or not respondents agree that traditional medicine can cure HIV/AIDS



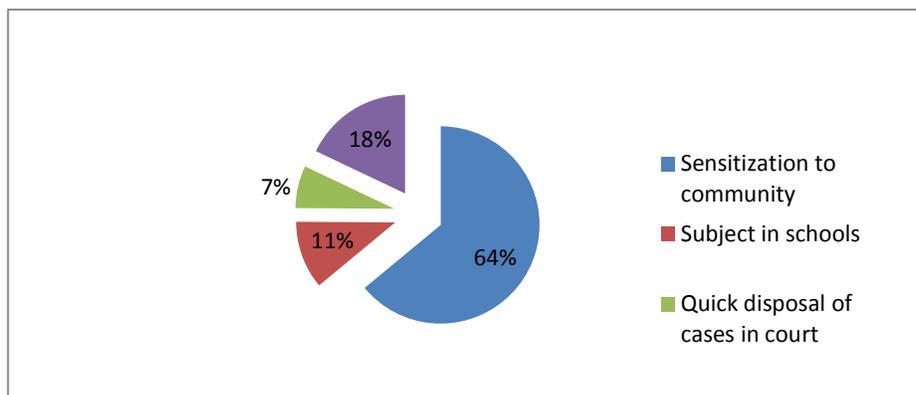
90 (i.e. 90%) respondents indicated that traditional medicine cannot cure HIV/AIDS, 10 (i.e. 10%) said it can cure HIV/AIDS.

Figure 4.2.12: if the respondents had seen enough being done to address the issue of defilement



The responses indicated that 62 (i.e. 62%) thought the issue of defilement was not being addressed adequately. 38 (i.e. 38%) said enough had been done to address the issue.

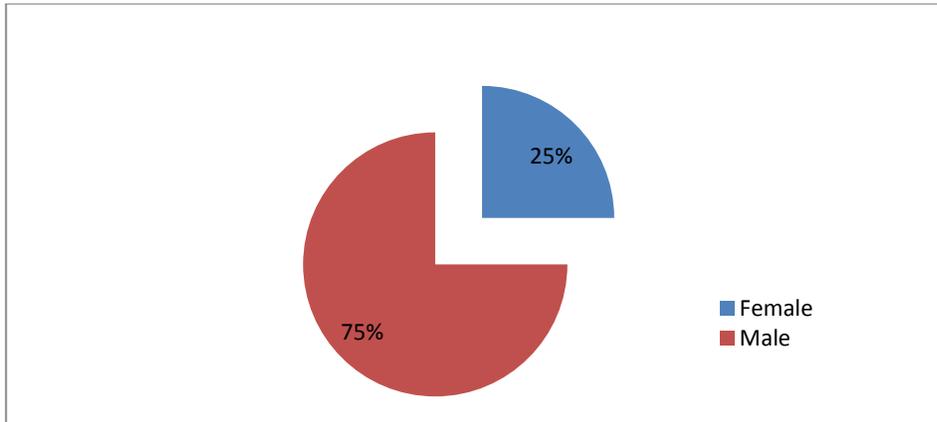
Figure 4.2.12b: the respondents who said that not enough was being done to address the scourge of defilement indicated the following



Responses indicated that 46 (i.e. 64%) stated that there was need for sensitisation of the community on defilement. 8 (i.e. 18%) said that offenders should be given severe punishment to deter would be offenders. 5 (i.e. 11%) indicated that defilement should be introduced as a subject in schools to enhance understanding in children and 3(i.e. 7%) said that cases should be disposed of quickly in order to make the legal system more effective.

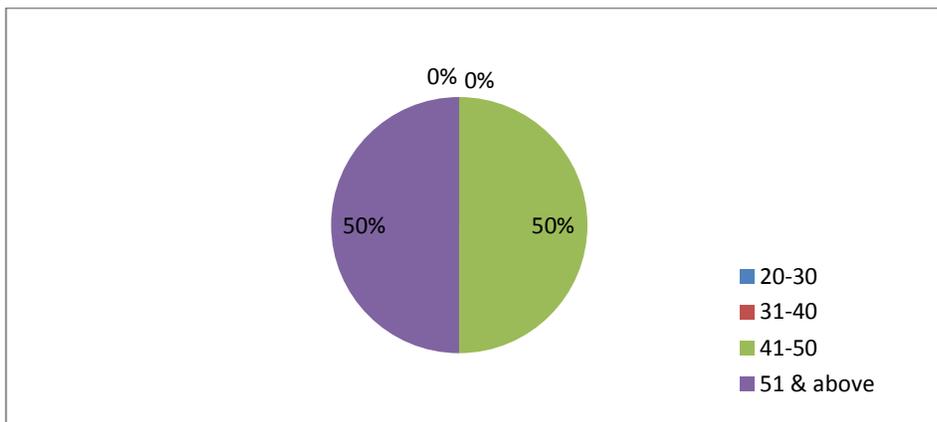
4.3 FINDINGS FROM THE QUESTIONNAIRES ADMINISTERED TO TRADITIONAL HEALERS

Figure 4.3.1: Sex of the respondents



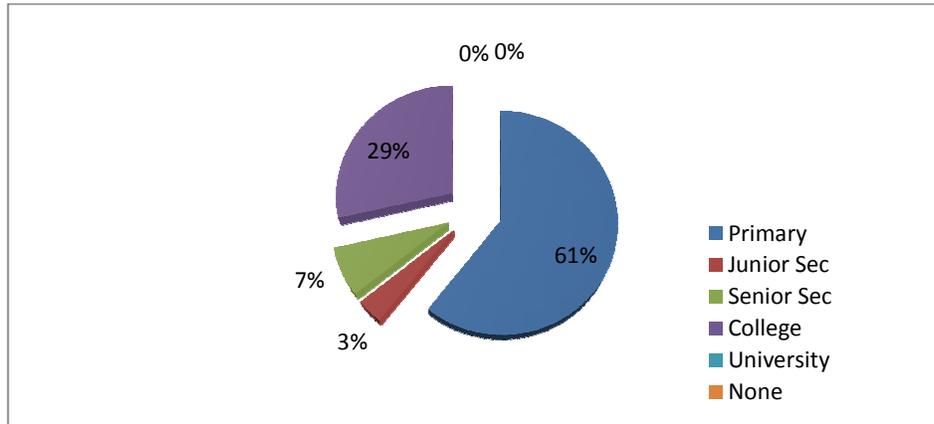
21 (i.e. 75%) of the respondents were male and 7 (i.e. 25%) were female.

Figure 4.3.2: Age of the respondents



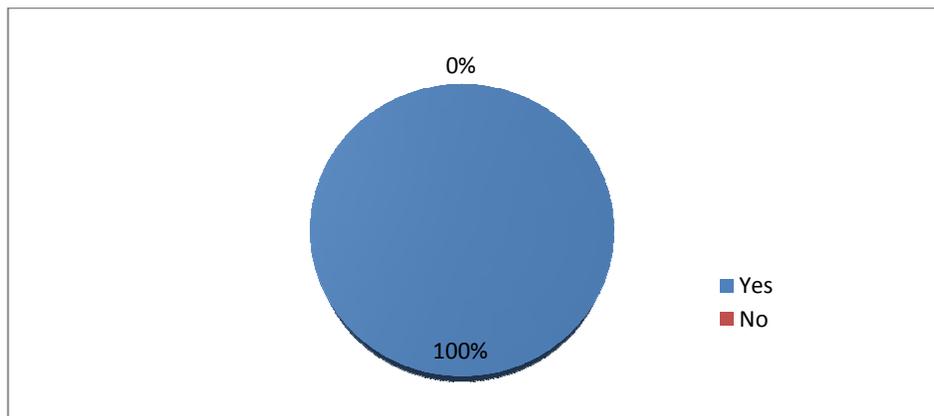
14 (i.e. 50%) of the respondents were in the age range between 41-50 and the other 14 (i.e. 50%) were 51 and above.

Figure 4.3.3: Educational level of respondents



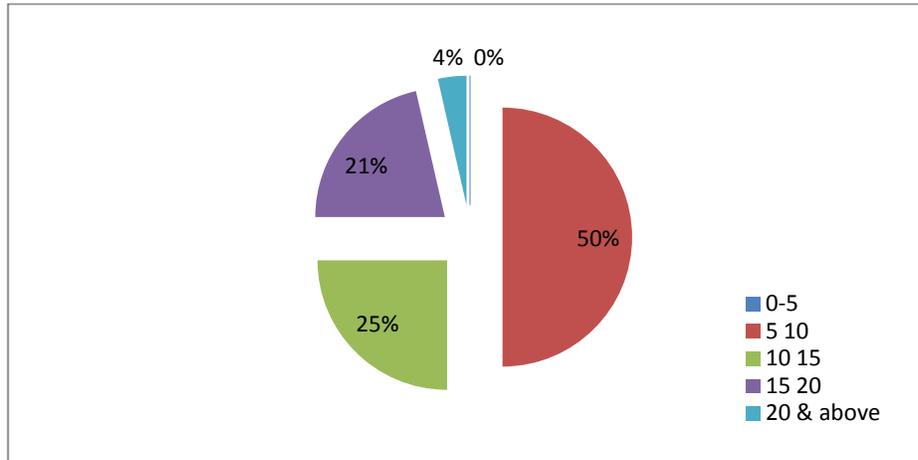
General findings showed that 17 (i.e. 61%) ended at primary school level, 8 (i.e. 29%) had gone up to college level, 2 (i.e. 7%) attained senior secondary school, 1 (3%) completed junior secondary level and none had gone up to university level.

Figure 4.3.4: Are you a Member of the Traditional Healers Practitioners Association of Zambia (THPAZ)



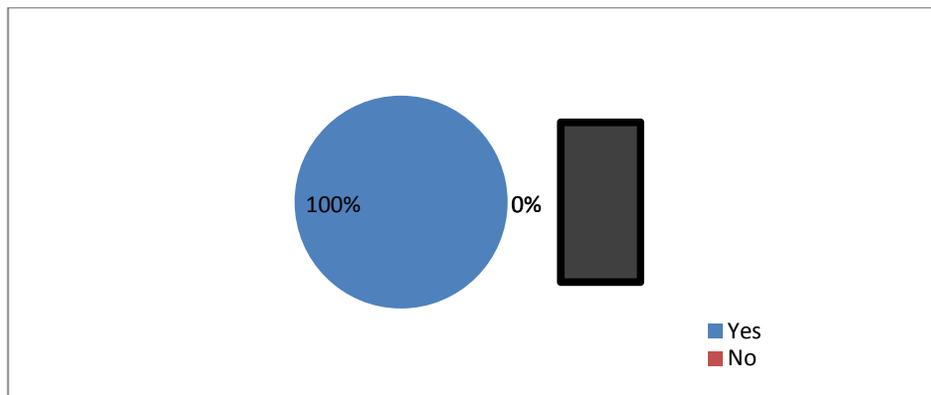
All the respondents 28 of them (i.e. 100%) indicated that they were members of the Traditional Health Practitioners Association of Zambia.

Figure 4.3.5: Respondents years as a member of THPAZ



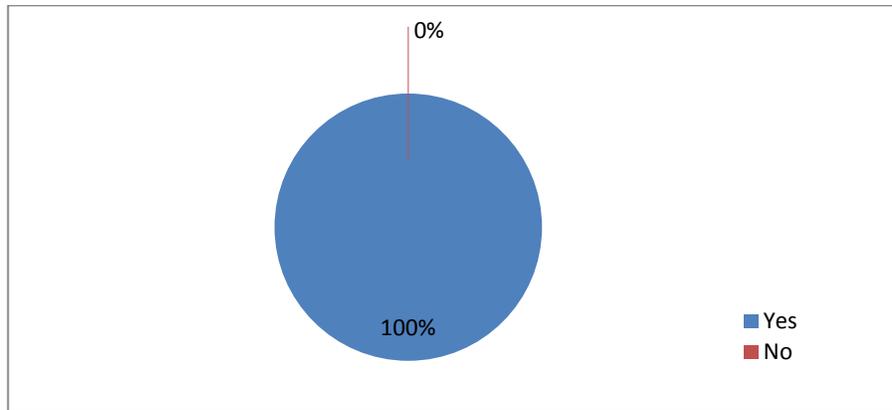
14 (i.e. 50%) of the respondents indicated that they had been members of THPAZ for a period of 5-10 years, 7 (i.e. 25%) between 10-15 years, 6 (i.e. 21%) had been members for between 15-20 years, 1 (i.e. 4%) had been members for 20 or more years.

Figure 4.3.6: Respondents' saw any benefits of belonging to the association



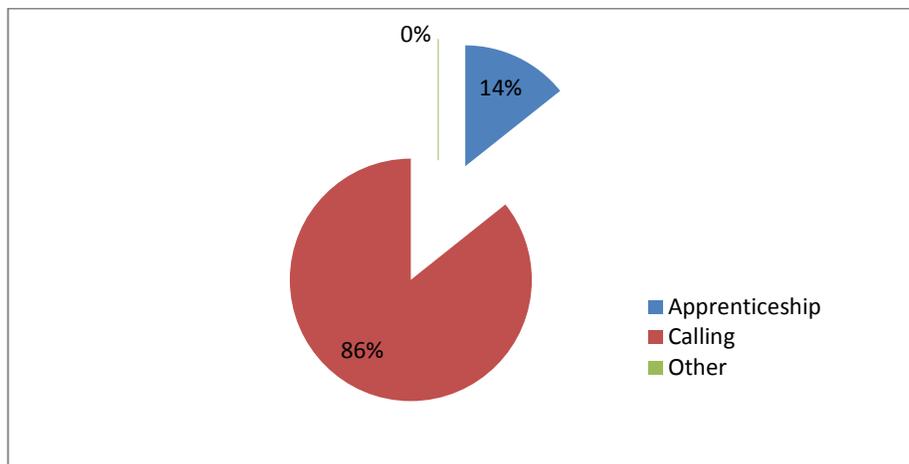
All the respondents indicated that there were benefits of belonging to THPAZ. These were; permission to practice traditional healing in the country and/or outside, protection of the rights of the healer in case of a lawsuit, and easy referencing, easy location.

Figure 4.3.7: If the respondent is registered with the Mazabuka Municipal Council



All the 28 (i.e. 100%) respondents indicated that they were registered with the Mazabuka Municipal Council.

Figure 4.3.8: How the respondent became a traditional healer



When asked how each became a traditional healer, 24 (i.e. 86%) indicated that they had a calling (a calling which could come through a dream or a vision), 4 (i.e. 14%) said they became traditional healers through apprenticeship.

Figure 4.3.9: the respondents' source of knowledge for their healing

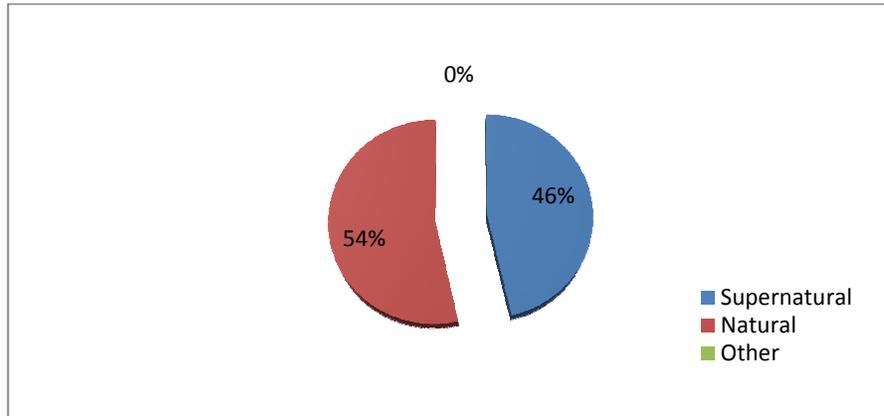
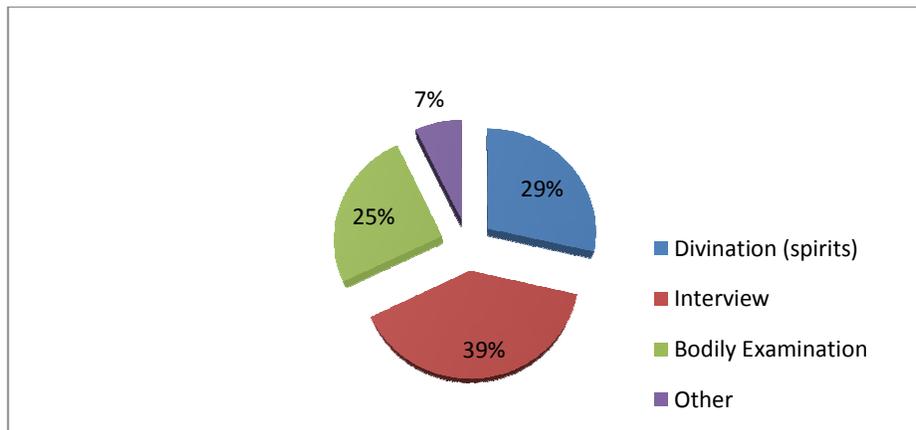


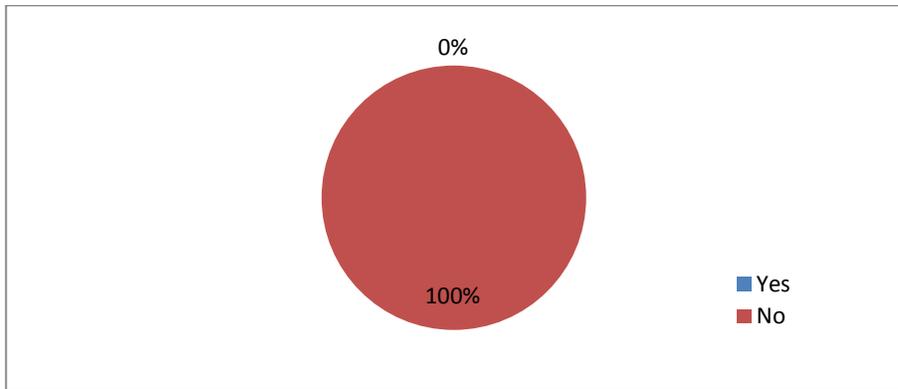
Table 4.3.9 shows that 15 (i.e. 54%) respondents' main source of knowledge was from the natural which includes herbs, and diagnosis like the conventional doctors do, 13 (i.e. 46%) got their knowledge from the super natural (unknown) which include speaking in tongues, visions from the dead or spirits.

Figure 4.3.10: How the respondents diagnose illness



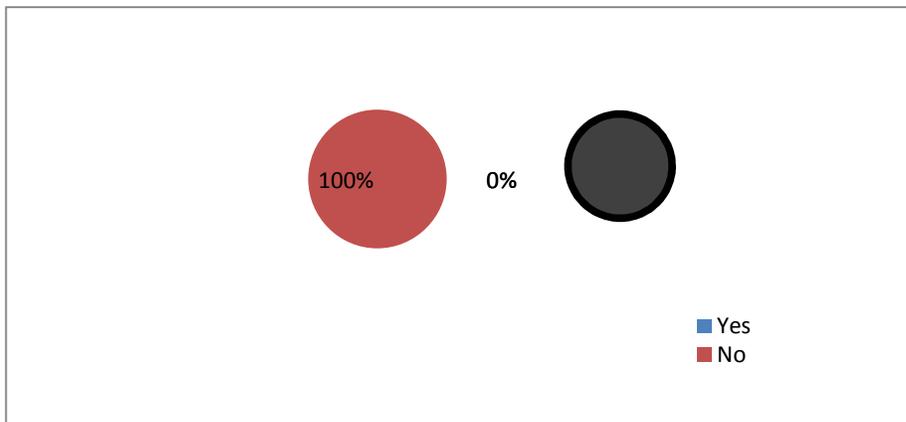
11 (i.e. 39%) of the respondents diagnosed illness through interviewing their clients, 8 (i.e. 29%) through divination which maybe magic or intuition, 7 (i.e. 25%) through physical examination of their clients of the parts of the body that are not well and 2 (i.e. 7%) through other methods which included showing their client what made them sick through a mirror or a television.

Figure 4.3.11: Had the respondents been approached by client who wanted medicine to get rich



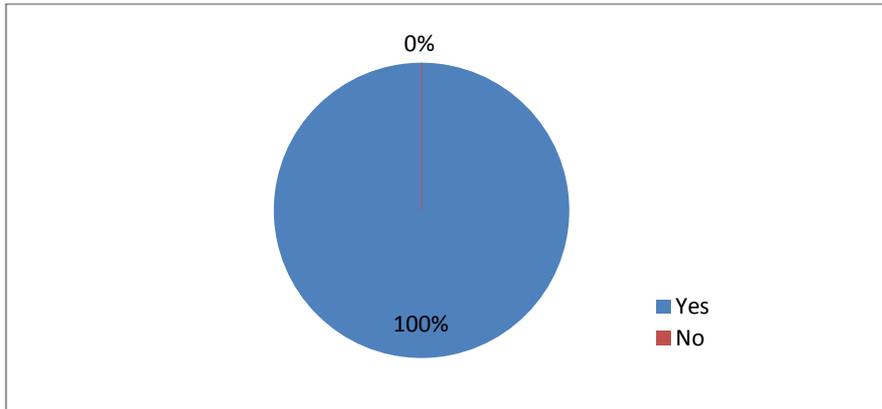
Asked if any of the traditional healers had been asked for medicine for one to get rich, all 28 (i.e. 100%) respondents indicated that they had been.

Figure 4.3.12: did the respondents' assist people to get rich with the medicine



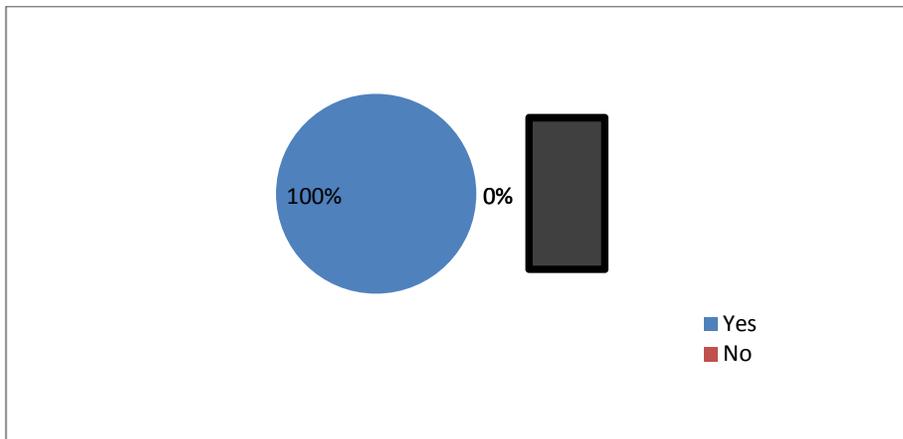
Asked if they actually assisted their clients to get rich; all the 28 (i.e. 100%) respondents responded negatively.

Figure 4.3.13: Do the respondents' assist those infected with HIV/AIDS



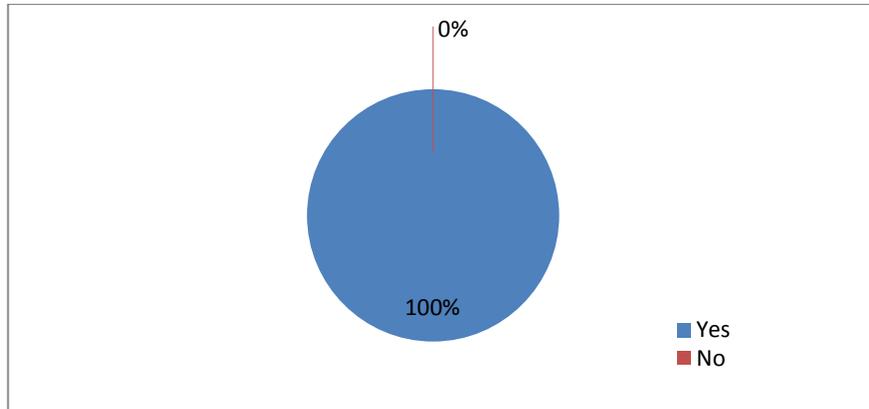
Asked if they assisted those infected with the HIV/AIDS virus, all the 28 (i.e. 100%) respondents responded in the affirmative.

Figure 4.3.14:if the respondents think there are healers who recommend defilement as a cure for HIV/AIDS



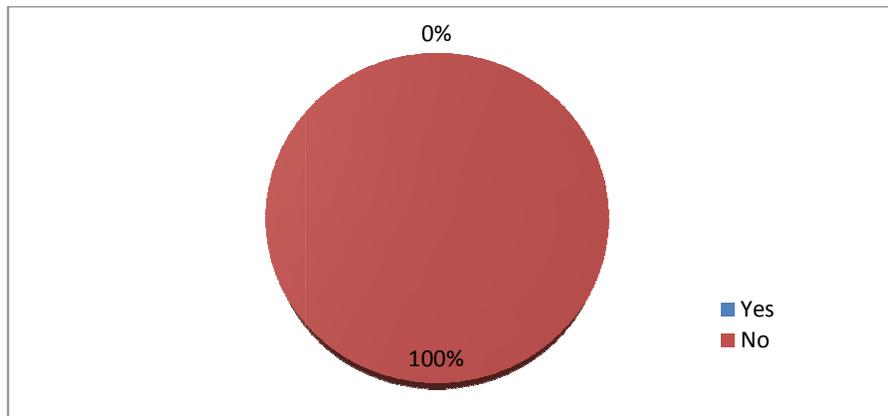
The table shows that all 28 (i.e. 100%) agreed that there are healers who advised their clients to defile minors for curing HIV/AIDS.

Figure 4.3.15: the respondents' way of curing of an illness is usually accompanied by any ritual (this included for instance, bathing water with medicine, visiting the graveyard or a sexual presentation).



All the 28 (i.e. 100%) respondents responded negatively when asked if their healing was accompanied by any ritual.

Figure 4.3.16: The respondents' thought if traditional medicine had played a role in the increase of defilement cases



On whether or not traditional medicine had played a role in the increasing cases of defilement, 28 (i.e. 100%) respondents responded negatively.

4.4 FINDINGS FROM THE POLICE

- 4.4.1** Data from the Police at the Victim Support Unit at Mazabuka Police Station was collected using a semi-structured interview guide. A one to one interview was conducted by the researcher with the Police Officer. The advantage of using a semi-structured interview guide was that the researcher could probe for further information by raising supplementary questions. The Victim Support Unit had been in existence at this police station for over 15 years. The Assistant Officer in the VSU could not confirm the exact number of years.
- 4.4.2** Regarding whether or not the Police had in their custody offenders due to defilement, the respondent indicated that they had some offenders in custody except that the number could not be disclosed for security reasons.
- 4.4.3** On the issue of how often they made arrests on defilement charges, the respondent observed that, arrests were made almost on a daily basis, again the figures could not be availed, reason being that it was not allowed. Not even the officer in charge could avail the figures.
- 4.4.4** Referring to the people who reported these cases to the police, the respondent indicated that generally members of the community reported such cases to the police. This group consisted mostly of relations and neighbours to the victim.
- 4.4.5** Considering whether or not the Police managed to get the suspects every time a case was reported, the respondent revealed that very often the suspects were apprehended but were later handed over to organs of the system like the courts to take charge.
- 4.4.6** When asked whether or not the issue of the use of traditional medicine ever arose upon questioning the suspects, the respondent stated that the use of traditional medicine was never mentioned by the suspects. “They refuse to put forward any reason in that direction even when it is suspected that traditional medicine had something to do with what they did. The suspects would never want to bring the name of the traditional healer to disrepute. They are always protecting the traditional healer. It is almost like the traditional healer had powers over his/her clients to keep silent. As

a result it becomes very difficult to arrest any traditional healer if any is involved”. The respondent also acknowledged that since the suspects don’t mention any use of traditional medicine, traditional healers involved are not included in the investigations.

4.4.7 In terms of the reasons suspects put forward when asked why they defiled a minor, the respondent pointed out that most of them just said that the devil entered them. “This is what creates all the suspicions because the devil is everywhere and he enters all who let him. However as human beings we have the power to act differently from what the devil wants us to do”.

4.4.8 Concerning the issue of defilement having increased or remained the same since it was first reported, the respondent acknowledged that defilement was increasing every day. The reasons could be that the morals of society were decaying.

4.4.9 Regarding the reasons defilement cases were increasing, the respondent acknowledged that the myth that a child could cure an HIV/AIDS patient was very strong. “I don’t know where it is coming from that a virgin will cure an HIV patient, but it is there because one can see it when these suspects are brought in for questioning. We cannot prove it just like that because it is so secretive in the community out there”.

4.5 FINDINGS FROM THE INTERVIEW WITH MAZABUKA CITY COUNCIL OFFICER DEPARTMENT

4.5.1 Regarding how many traditional healers were registered with the council, the respondent said only those that renewed their registration with the council annually were considered to be registered. For 2009 10 traditional healers were registered with the council. They were many traditional healers who were not registered with the council, and it was an offence for anyone to practice traditional medicine without a certificate from the Council.

4.5.2 As to how the council ensured that traditional healers followed laid down regulations regarding their practice, the respondent stated that “The traditional healers are given

papers by the council after verifying what they do, these papers certify them to practice their healing anywhere in Zambia. For foreign traditional healers, they have to pass through immigration first and when they are cleared, they come to the council to register to work for a certain period. The Council has no capacity to follow up traditional healers in the compounds to ensure enforcement of the law. That is where the Association for traditional healers comes in”.

4.5.3 Regarding word on the street that there was an influx of foreign traditional healers in Mazabuka, the respondent said with anger that, “When a traditional healer is not following regulations they are handled by the police, the council only comes in after they’ve been cleared with immigration upon arriving from their country. The council only deals with the committee for traditional healers; they are the ones that know their members”.

4.6 FINDINGS FROM THE TRADITIONAL HEALERS PRACTITIONERS ASSOCIATION OF ZAMBIA REPRESENTATIVE AT THE HEADQUARTERS IN LUSAKA

4.6.1 Data from the representative of the Traditional Healers Practitioners Association of Zambia (THPAZ) was collected using a semi-structured interview guide. It was a one on one interview to allow for further probing in terms of questions.

4.6.2 Regarding the membership of the Association, the respondent stated that they had members from all over the country. But the largest numbers were here in Lusaka. The members included diviners, spiritualists, herbalists, and those that tell the disease by investigating the foot.

4.6.3 Whether the Association had laid down regulations on how members of the Association should conduct their practice, the respondent intimated that the Association had rules and regulations for its members to follow in order to bring sanity to the traditional healers conduct of their operations. As long as one was member, the Association could stand for that person.

- 4.6.4** Whether or not there was an influx of foreign traditional healers in the country, the respondent acknowledged that “there is an influx of healers from other countries; hence more need for traditional healers to register their practice”.
- 4.6.5** As regards threats that the foreign traditional healers posed to the association, the respondent revealed that there was no threat to the Association really, but to the public. This was because at the point of entry into the country if these foreign healers were not strictly scrutinised they could pose a danger to the citizens.
- 4.6.6** Referring to the issue of traditional healers advising their clients to defile or have sex with a virgin in order to be cured of HIV/AIDS, the respondent categorically stated that the Association did not have a member who did such things to the public. “It is out there but I don’t know because in this Association what we do has nothing to do with that”.

4.7 SUMMARY OF CHAPTER FOUR

Chapter four represents data collected from the respondents. The results indicated that there was no relationship between traditional medicine and the rise in cases of defilement. There was however a myth that sex with a virgin could cure one who was HIV/AIDS positive. This came from the 87 respondents from the community who thought that the reason children were being targeted was for defilers to ensure that they had sex with a virgin.

The traditional healers, on the other hand, vociferously refuted the assertion of having anything to do with cases of defilement happening in the country. Yet, they agreed that they assisted those who were infected with HIV/AIDS in getting cured. And they did through their different healing practices. All the traditional healers indicated that they were registered members of THPAZ and they were registered by Mazabuka Municipal Council. Upon a check with the Registry Officer at the Council, it was found that only 10 traditional healers were registered, yet more than 10 were interviewed. This meant that, only 10 traditional healers in the whole of Mazabuka District were eligible to practise traditional medicine. The rest were practising traditional medicine illegally.

The next chapter discusses the findings, and sheds more light on the findings and makes a conclusion on the issues that were brought out in chapter four.

CHAPTER 5

5.0 DISCUSSION OF THE FINDINGS

5.1 INTRODUCTION

The aim of chapter five is to discuss the findings of the study. The study was aimed at investigating the relationship between the use of traditional medicine and the rise in cases of defilement. It should be noted however, that not all findings that were in chapter four have been discussed in this chapter. The reason is that, chapter five seeks to discuss only salient findings. It should also be noted that there are issues that were brought out by the interviewees which the researcher felt were of great significance to the study but did not appear in the questionnaires and in chapter four. They were also notable responses from patients of the traditional healers who initially were not part of the interview but what they had to say added a lot of value to the study.

5.2 DISCUSSION

As seen from the previous chapter, the issue of defilement brings out a number of other concerns that the research did not initially take to be part of the study. However, the concern of the study was to address the relationship between the use of traditional medicine and the rise in cases of defilement. In the same vein, the aim was to see if the set objectives were answered. As a reminder, the objectives were:

- i. investigate if the traditional healers were responsible for advising their patients to defile minors for the cure of any disease;
- ii. ascertain whether or not defilement cures HIV/AIDS
- iii. establish whether or not traditional medicine could cure HIV/AIDS
- iv. establish whether or not traditional medicine could make one rich;
- v. assess the community's belief in the virgin cure myth; and
- vi. suggest possible solutions.

5.3 Investigate if traditional healers were responsible for advising their patients to defile minors

According to the Victim Support Unit of the Police Service Headquarters Report (2001-2007), a child is defiled every day in Zambia. About 30 cases were reported in Mazabuka District each year. Yet an officer from the Victim Support Unit at Mazabuka Police Station said that almost on a daily basis a defilement case was reported and many cases went unreported in the community. This left one to wonder if there was something or someone compelling these culprits to commit such inhuman crimes.

The findings revealed that the traditional healers who answered the questionnaires denied having advised their patients to defile anyone. However, they did agree that there were traditional healers who gave such advice.

In this study, even traditional healers who were interviewed felt that there were other traditional healers who gave such advice. Who are we then not to say that the drivers of this scourge, the ‘virgin myth’, were the traditional healers? Further findings from the Police in Mazabuka established that the traditional healers were being accused because so many cases of defilement appeared to be ritualistic in nature. For instance, bodies of two children aged 14 and 7 were found in one of the deepest canals distributing water to Zambia Sugar Public Limited Company’s cane fields. The bodies were found with private parts missing. One of the children’s father said, his daughter was a victim of defilement and ritual killing because some of her body parts were missing. The missing body parts caused high suspicion in the community (Post, 25 April 2012:13).

In this era of HIV/AIDS, It is easy to see why an HIV positive person might want to believe in a cure for the ailment. Access to antiretroviral treatment is scarce in much of Zambia. When someone has a life-threatening illness they may clutch at anything to stay alive. And even when antiretroviral treatment is available, it is far from an easy solution. Drugs must be taken every day for the rest of a person’s life, often causing unpleasant side effects. A one-off cure to eradicate the virus once and for all is much more appealing (Limson, 2002 www.richterm.com).

The traditional healers responsible may want to make more money and in their desperation their patients do as advised. The traditional healers may not feel responsible for people's actions as each person is empowered with the capability to think for oneself. But when trusted, people like traditional healers, begin to corrupt the morals of society; there is need to approach them and begin to address the issues. However, each person is gifted with this ability to think, some people are not able to use it. This explains why there are prisons, mental hospitals and counselling centres. It is for this reason that the traditional healers should take part of the blame slapped on the offenders.

A correspondent from the Post Newspapers adds that, "... believe that there must be some people convincing them to do this-in the name of 'traditional medicine' practice.... I believe that there must be more concerted efforts to identify practitioners who tell their clients to go out there to find virgin minors (some of them babies just a few months old) and wilfully, knowingly and deliberately infect them with HIV- so that they become free of the virus themselves. Meanwhile, the practitioner is paid for his or her services?" (Post, 2012: 11).

The Newspaper goes on to say that, men who get up to go and defile young girls to get cured of HIV/AIDS do not do so because they just dreamt it themselves. It is known that those who defile daughters and granddaughters in order to make money or for their businesses to prosper, do not just decide one day that this is what they will do. "I believe that we must find those that make men believe these things and have the law deal with them". We cannot continue to hope that we can get to zero HIV/AIDS new infections, if our society allows and is blind to people who prescribe this deliberate spread of HIV/AIDS.

5.4 Ascertain whether or not defilement can cure HIV/AIDS

As stated in subsequent chapters, of the 13million people living in Zambia, 14.3% of the adult population was HIV positive. Sub-Saharan Africa had a prevalence rate of 5%, which made Zambia one of the African countries with a high prevalence of HIV/AIDS. UNAIDS (2007) estimates showed that 445,000 adult men and 560,000 women in Zambia were living with HIV/AIDS. About 95,000 children were also living with HIV/AIDS. With 100,000 new cases of HIV/AIDS every year, Zambia is

ranked 7th highest rate of infection in the world. By 2008 more than 1,000,000 people were living with the virus in Zambia (Central Statistical Office, 2009:4).

By 2010, the estimated HIV/AIDS prevalence rate for Mazabuka was 24,339 people infected with the virus (Central Statistical Office, 2012:6).

The spread of AIDS in Zambia is startling and the debris in the lives of its people is heartbreaking. Is sex with a minor the answer? According to Phiri (Post, 2012:11) a certain man reminded him that men defile girls who are minors in an effort to get cured of HIV infection; and that men take advantage of innocent girls who seek help from them in good faith. “A man in his 80s appeared in court for defiling an 11 year old minor –not once but several times and infecting her with HIV. The report said that the man had “sex” with this little girl on several occasions and would sometimes give her biscuits”.

According to Phiri, sex with a minor had been known to be prescribed as some kind of treatment for HIV infection for a couple of decades. “It is as deplorable and diabolical a practice as it is sickening. Sex with a minor does not remove or cure HIV infection. It does not cure AIDS. There is currently no known cure anywhere in the world for HIV infection” (Post, 2012:11).

In this study, the traditional healers’ responses showed that they refused that defilement was a cure for HIV/AIDS and that they did not recommend it to their clients. They also denied that they advised their clients to defile minors. However, they all agreed as stated earlier, that there were some traditional healers who gave advice to their clients to defile children for many reasons including curing HIV/AIDS.

The responses from members of the community showed that they strongly felt that defilers believed in the virgin cure for HIV AIDS. By the end of the day, although antiretroviral treatment could suppress HIV– the virus that causes AIDS– and could delay illness for many years, it could not clear the virus completely. But neither could have sex with a virgin. There was no confirmed case of a person getting rid of HIV infection. Sadly, this had not stopped countless quacks and con artists touting unproven, often dangerous “AIDS cures” to desperate people.

As to whether defilement could cure HIV/AIDS or not, the study revealed that all the respondents from the community felt that defilement could not cure HIV/AIDS. However, the respondents felt that the virgin cure myth was so deep rooted in the community that a lot needed to be done in order to change people's minds set. Distrust of Western medicine was not uncommon, especially in developing countries. According to a UNAIDS Report (2002) on Sub-Saharan Africa today, the majority of people use traditional medicine. The World Health Organisation (WHO) estimates that 80% of people in low and middle in-come countries in Sub-Saharan Africa rely primarily on traditional medicine for their primary health care needs. In resource-constrained settings, traditional medicine provides access to treatment where expensive imported pharmaceuticals cannot.

The Internet also abound with rumours of the pharmaceutical industry or the U.S. Government suppressing AIDS cures to protect the market for patented drugs. Many people would prefer a remedy that was "natural" or "traditional", "the virgin cure".

When one looked at the advertisement pages of the popular newspapers they were never short of traditional healers saying they could cure this or that. But since their cures are not scientifically tested or due to legal repercussions and therefore being disputed by most people, instead of saying they could cure HIV/AIDS they are saying they can reduce the viral load or increase the CD4 count.

The traditional healers felt that defilement could not cure HIV/AIDS, however they did respond to people who were infected in the hope of curing their positive status. Outside the interview, the traditional healers felt that for those that recommended defilement, it was just a way of making more money as some people would do anything to get cured. The traditional healers rejected conducting any healing of a sexual nature, yet word from some patients who could not be named in the study, was that the traditional healers themselves had tendencies of sexually abusing their patients. Some people gave account of how conning the traditional healers were. The researcher encountered a situation where some traditional healers asked for a sexual favour in return for the information to be conveyed. This gave the researcher an indication of the worst that some traditional healers were capable of doing. Word also had it that the traditional healers themselves defiled young girls and female patients

who went to seek help from them. Some of the rituals they did, and they mentioned were defamatory according to the patients, involved scenes of nudeness. This was done by making their patients believe that they were being cured. Before the patients realised they had been sexually abused. One person said when asked if she had gone to report the case to the police, that it was difficult for her to start explaining to the Police an account that seemed to be entirely her fault. Because she believed she went to the traditional healer on her own. This was indeed a very difficult situation for the researcher.

5.5 Establish whether or not traditional medicine can cure HIV/AIDS

It has been established that defilement cannot cure HIV/AIDS, but can traditional medicine itself do it? The World Health Organisation in 2007 estimated that up to 80% of the population in Africa makes use of traditional medicine. In Sub-Saharan Africa, the ratio of traditional healers to the population is approximately 1:500, while medical doctors have a 1:40 000 ratio to the rest of the population. It is clear that traditional healers also play an influential role in the lives of African people and have the potential to serve as crucial components of a comprehensive health care strategy (Limson 2002 www.richtermlaw.wits.ac.za).

However, some so-called AIDS cures are meant to stimulate the human immune system. Since HIV makes new copies of itself by infecting active immune cells, there is a real danger that such therapies will hasten the spread of the virus rather than contain it. Davis got his idea for an AIDS cure from a goat that appeared in his dreams. The late Davis never prescribed his goat serum treatment (known as BB7075) to HIV positive Americans due to legal restrictions. In 1998 one young girl, Precious Thomas, was given the serum by her mother, who stole it from Davis' office. Some websites say the girl was cured of HIV infection, based on a viral load test conducted soon afterwards. In a 2006 interview, however, Precious Thomas made clear that she was still infected with HIV. After being denied approval to administer his serum in America, Davis and his associates tried to conduct goat serum trials in Ghana. Again he was stopped because "the supporting evidence for asking for registration and use of the serum was totally inadequate". In late 2006, a few months before Davis' death, the BBC exposed an attempt by a British company to test the substance on dozens of

people in Swaziland, despite the lack of toxicity tests and other necessary preliminary studies (World Health Organisation 2007 www.AVERT.org).

The Antidote – a drug derived from a crocodile protein – has been promoted via spam email and websites with the promise that “It kills all known deadly viruses and bacteria in the body”. Absolutely no scientific evidence has been offered to support this claim (World Health Organisation 2007 www.AVERT.org).

As stated earlier, there is no known cure for HIV/AIDS. The stories above however made believe that there could be an HIV cure except that once it fails a certain scientific test, it was thrown out. Do those people whose remedies are thrown out give up or administer the medicine without the knowledge of the authorities? A man in Lusaka is going underground to administer an HIV/AIDS cure, which he claims does cure HIV. According to this man who was not named in the study deliberately for fear of victimisation, he had clients in many parts of the country. The medicine is a herbal remedy which is taken for a period of twelve months, after every 3 months a patient should go back to the herbalist for another dose to be taken for the next 3 months. The medicine is taken every day, at the same time without stopping the Anti-Retro Viral medicine if one is on it. At the start of the treatment, one pays a KR500 for the three months medication. After that the patient goes back again to get medication for the next three months and pay a KR500 again. The same is done after that three months and finally for the last phase. After the stated period of taking the medicine, a patient goes to test for the virus again to see if the remedy had worked. Whether this medicine works or not, the researcher could not wait to meet a patient who was on treatment at the time of the research as there was not enough time to wait for 12 months which is the period for the treatment.

So, can traditional medicine cure HIV/AIDS? According to the respondents in the community, traditional medicine cannot cure HIV/AIDS. The traditional healers believe traditional medicine does cure HIV/AIDS if instructions are followed to the latter. Some traditional healers said many people had been cured of the disease, but people did not believe. At this point it was safe to say, traditional medicine could not cure HIV/AIDS.

5.6 Establish whether or not traditional medicine can make one rich

When it comes to the issues of getting rich, the respondents in the community of Mazabuka town did ascertain that there had always been stories of business people who had sought medicines from traditional healers for getting rich. The only latest thing about it was that it was accompanied by defilement. According to one respondent, some time back there were reports of people visiting traditional healers seeking for medicine to get rich, but they were told to kill a close member of their family, for instance a mother or father. Those that failed went mad because they had already started the process. The respondent believed that they became insane because the healer feared being revealed. For those that finished the ritual their businesses boomed, they got all they wished except they had killed someone. But because of the benefits, they did not disclose what they had done. Others had to have sex with a relative, for instance, a father would sleep with his daughter for the medicine to work.

The traditional healers interviewed said they did help with medicine to get rich. They also agreed that they did perform some rituals which in most cases involved instances of killing a chicken not a person. Therefore, according to the Traditional healers, medicine to help one get rich is there. It had worked, and is still working.

5.7 Assess the community's believe in the 'virgin cure' myth

In the first instance, it is important to examine the culturally-specific belief system, which is not confined to Southern Africa as is popularly conceived, nor to the African continent as a whole, but is found in most other developing countries with large numbers of HIV/AIDS positive people. India, with an estimated 3 million plus HIV/AIDS sufferers, along with Thailand, both largely patriarchal societies, also had the so-called Virgin Cure Therapy deep-rooted within its belief systems (Limson, 2002 www.richtermlaw.com).

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. 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 paedophilia (Limson, 2002 www.richtermlaw.com).

As mentioned in the literature review of this study, the myth of the Virgin Cure has a rich and culturally diverse history. To be found especially in 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, gonorrhoea, and other sexually transmitted diseases (STDs). Syphilis, like HIV/AIDS, was fatal in its terminal stages. In the Eastern Cape of South Africa, when a significant outbreak of sexually transmitted diseases was spread by troops returning home from overseas after World War II, the Virgin Cure Therapy was widely sought after among the population.

Added to that, however, was the rumour in parts of Africa, that having sex with a virgin will cleanse a male of HIV/AIDS. The Johannesburg city council in South Africa conducted a three-year study of about 28,000 men. They found that 1 in 5 believed in the virgin-AIDS cure. The fallout from that was a rise in assaults on women and children, some of whom contract AIDS themselves.

Of particular alarm had been the rise in infant rapes. Not all researchers blamed that on the virgin-AIDS cure myth, but they believed it had contributed to it. The rape of a nine-month-old infant by six men in Upington at the end of 2001 enraged many South Africans. That was followed by the discovery of a seven-month-old who had been raped and left for dead in a suburb of Cape Town in November, 2001. There had been other high profile cases since (Govender, 1999 www.TruthOrFiction.com).

In Zambia, police in Mkushi arrested a 48 year old Head Teacher at Kanyesha Middle Basic School for allegedly defiling a seven-year-old daughter of the Deputy Head Teacher at the same school (Daily Mail, 2011: 13).

In another case, the Chipata High Court jailed 3 men to 35 years each for defilement. These were matters that were committed to the High Court for sentencing by the Chipata subordinate Court. Judge Albert Wood sentenced Lawrence Ngoma to 35 years with hard labour for defiling his three-year-old half sister. Judge Wood also

jailed David Sakala and Vincent Mshanga to 35 years with hard labour for defiling three-year-old girls (Post, 2012: 12). In Kabwe's Maganda Nyama Compound Police arrested a 50 year-old man for defiling a five-year-old girl (Post, 2012: 7).

Two arguments here advanced for the myth, the first one being that some people felt that a child virgin avoided infection by nature of being closed up. So the child was not at any risk of infection. Unfortunately, the cases where an offender is HIV positive had resulted in a positive test for the victim too. Some respondents to Madlala's research said that most girls by age 12 knew too much already, so only girls aged 8 and below were still virgins. The second argument was that many saw the virginal passage into the body as being sealed off by an intact hymen. The intact hymen was viewed as a barrier which provided 'clean blood' that a man would somehow get an infusion of and through this method gets cleansed of the disease (Govender, 1999 www.TruthOrFiction.com).

In 2007 a Lusaka High Court sentenced a 39 year old HIV positive man to 20 years imprisonment with hard labour for defiling his 8 year old niece in Chirundu the previous year. A doctor confirmed that the offender was HIV positive. The victim tested negative but was advised to take another test after three months (Zambia Daily Mail, 2008: 12).

A 52 year old man in Mazabuka defiled his 12 year old grandchild in broad day light. He was rescued by the police when a mob pounced on him after he was found by his wife in the act. One of his daughters urged the police to take the girl for an HIV test. The wife to the suspect told the Zambia National Information Service (ZANIS) in Mazabuka at the Police Victim Support Unit that she caught her husband in the act with his granddaughter whom he gave a K2000 in order for her not to report to her parents who live in Chibulu area.

In Mazabuka again, a middle aged man was arrested for allegedly defiling a nine year old girl. Police sources in Mazabuka disclosed that some people told the suspect that the sexually transmitted infection he was suffering from could be cured if he slept with a minor. He then attempted to commit suicide when he learnt that the Police were looking for him for the defilement (Post Newspaper, 2012:7).

Hatfield (2001) adds that attacks on children of 9 months, 3years, 14 months had to do with the myth that a man would be cured of HIV/AIDS by having sex with a virgin. And how much more virginal can one get than a baby?

The sentiments expressed above by other researchers were no different from what respondents in this study brought out. Responses indicated that the reason children were targeted was because the defilers were sure that the victim would be a virgin. Judging from the many cases reported every day, there were people and many of them who believed in the virgin cure myth.

5.8 Suggest possible solutions

Efforts are being made to dispel the virgin cleansing myth around the world. But to effectively clamp down on child rape, such campaigns must be accompanied by changes to the cultural and legal environment that enables abuse to take place.

Stiffer Punishment

Respondents called for stiffer punishment for offenders in order to deter would be offenders. They felt that 15-25 years imprisonment was not enough as it had not deterred would be offenders, even with all the efforts, cases were still increasing instead of reducing. Clearly something was wrong somewhere.

Hope for the Future

If the increase in HIV/AIDS means an increase in cases of defilement, then there is need to address these issues simultaneously. Some of the world's top research institutions are today engaged in studies to learn more about the behaviour of HIV. But the truth is that this field does not receive a lot of funding. Some people think the search for a cure is not worth much investment because the task may well be impossible. But if the lives of innocent children are at risk, then something needs to be done. There are still those who remain hopeful, including the research charity amfAR, which in 2006 awarded nearly \$1.5 million to AIDS cure researchers. Activist Martin Delaney is among those calling for an end to defeatism: "Far too many people with HIV, as

well as their doctors, have accepted the notion that a cure is not likely. No one can be certain that a cure will be found. No one can predict the future. But one thing is certain: if we allow pessimism about a cure to dominate our thinking, we surely won't get one... We must restore our belief in a cure and make it one of the central demands of our activism (World Health Organisation, 2007 www.AVERT.org).

Most of the respondents called for more community education to enhance the understanding of the issue of defilement. This should be done with people at all levels of society to fight the scourge. With all efforts, a cure can be found and desperate HIV/AIDS patients who go out there destroying the lives of innocent children would consider other ways to cure their positive status. Clearly even with the introduction of antiviral medicines for the treatment of HIV/AIDS, the campaign against defilement had failed.

5.9 SUMMARY OF CHAPTER FIVE

This research, like Phiri's sentiments on defilement and traditional medicine, established that there was a relationship between the two. Men who defiled minors as earlier stated did not just start this scourge from nowhere. Something compelled them to behave the way they did (Post, 2012: 11).

It was also found that, many people believed in the virgin cure myth, which had put children at even a greater risk of defilement. This perception had cast a dark cloud on the safety of the girl child.

In trying to bring sanity to the field of traditional medicine in Zambia, the local authority had since opened a task force whose aim was to arrest all those traditional healers who failed to pay to the council for registration. The aim was for the council to be able to locate and have data on traditional healers in the country. Currently if these people gave herbal medicine to their patients and they die, it is quite difficult to locate and prosecute them (Sunday Post, 2009: 4).

With the advent of the HIV/AIDS pandemic, popular media on the other hand often carry horror stories of traditional medicine and its practitioners, while

sensationalist articles had escalated with the rise of the AIDS epidemic. Reports of the prescription of mysterious herbal treatments, healers who claim to have found the cure for AIDS or reduce viral load and unethical and unsavoury behaviour relating to treatment of patients could often be found in the pages of newspapers or magazines. A number of traditional healers had thoroughly deserved the negative publicity generated by their disreputable conduct. These stories may have contributed to a negative sentiment held towards all traditional healers and to all traditional healing practices. This has meant that the role that ethical and well-educated traditional healers could play in response to HIV/AIDS and its efforts to build up its health system had largely been ignored (Limson, 2002 www.richtermlaw.wits.ac.za).

CHAPTER 6

6.0 SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

The Zambian Government had through its various Ministries been advocating for a change in behaviour putting measures in place to combat defilement. For instance, an offender could be jailed for 15-25 years if convicted. The Victim Support Units (VSUs) under the Police Service department had been opened, the local Authority had been watching the operations of the traditional healers and the media had intensified open discussions and articles to bring out the issue in hope that the scourge would be reduced. But the cases of defilement had continued to rise. This chapter is meant to conclude, and make recommendations to the study.

6.2 Summary of the study

The study sought to investigate the link between the use of traditional medicine and the rise in cases of defilement. This study was unique from other studies done in the past in the sense that, the researcher focused on bringing out issues concerning the use of traditional medicine in order to ascertain the 'virgin cure' myth in Mazabuka District.

Hence it was inferred that, traditional healers maybe partly responsible for the scourge. The fact that they agreed that there were some traditional healers who gave such advice to their patients, made them vulnerable to the accusation that they advised their patients to defile minors.

But a bizarre belief that sex with a virgin-even a child or a baby, could cure HIV/AIDS was fuelling one of the highest child sexual exploitation rates ever. According to the findings, this scourge was being driven by the use of traditional medicine. In the sense that there were some traditional healers who advised their patients to defile minors in order to be cured of HIV/AIDS. The healing, according to the findings, works with the medicine the patients were given. The defilement was the

final seal. Most members of the community felt that traditional medicine had contributed to the rise in cases of defilement.

In the findings, the myth that sex with a virgin cured HIV/AIDS seemed to be emanating from the traditional healers who advised their patients to commit the offence in order that their medicine would be effective. This was evident from the responses from the community members. However, traditional healers categorically refuted this claim by the members of the community. But instead of just denying, traditional healers said that they were some traditional healers who advised their patients to defile children. The question of motives was quite a complex one and although many accounts badly ascribed it to a long-lived belief sex with a virgin would cure HIV/AIDS; they were not a strong reason to believe that it was even part of the mix of what impelled the majority of offenders. Or that it was the sole cause.

From the medical point of view, it was disputed that defilement could cure HIV/AIDS. According to the findings, there had been no known cure for HIV/AIDS thus far. But according to some herbalist talked to, traditional medicine could cure HIV/AIDS. Many cases of people being cured had been pronounced though the researcher was yet to see a person cured of their HIV status. One reported person was still on the medication at the time of the research. An example was also given of a young lady who came to see the said healer with CD4 count of 1, but upon taking the medication the lady's CD4 count went from 1 to 200 within a week.

However, traditional medicine had been reported to make people rich. The responses from community members revealed that, traditional medicine could make one rich. However, the traditional healers themselves refuted this, but agreed that there had been cases where some people had sex with a relative for instance, a mother or a sister, in order to boost their businesses. There had also been cases of people killing a close relation in the name of getting rich. A story was told by some members of the community of a man in Mazabuka's Lubombo area. He went to seek help from a traditional healer on how he could boost his business. He was advised to be having sex with his own mother. His mother agreed to help her son to boost his business by having sex with him at the grave yard every evening, until the man's wife started suspecting something and decided to follow him one day on his way to the grave yard.

She hid behind some bushes and a few minutes later the man's mother arrived with a piece of linen and laid it on the ground. When they slept the man's wife emerged from the bushes. The man held the wife by the hand and begged her not to tell anyone. She was given cattle and a shop to establish her own business. Business was booming for the family until the wife could not keep the secret anymore.

In the final analysis, there are people who believe in the virgin cure myth as was evident from the many cases of defilement reported every day. The study revealed that community members wanted stiffer punishment for offenders so as to deter would be offenders.

6.2 Conclusion of the study

From the findings of the study and the responses thereof, a number of conclusions were deduced. The findings showed that, there was a relationship between the use of traditional medicine and the rise in cases of defilement.

Findings to the study also showed that this relationship was as a result of a myth that sex with a minor would cure HIV/AIDS. However, as stated in the preceding chapter, there was no known cure for HIV/AIDS. When one got the virus, they just had to live positively with it until death or when a scientifically tested remedy was found.

Those that thought they could get rich by defiling innocent children should wake up and be the protectors instead of destroyers. They ought to work hard to earn that wealth and not destroy lives by using short-cuts with myths in their heads because of their laziness.

6.4 Recommendations of the study

In the view of the findings revealed in the investigation of the use of traditional medicine and the rise in cases of defilement, the following were the recommendations the study arrived at;

- i. there is need for the Government to step up community education on defilement and on seeking proper medical attention if one finds out that he/she is HIV/AIDS positive. The media and Non-Governmental Organisation alone cannot win the fight. There is need for massive contribution from law makers as their word usually carries a lot more weight;
- ii. there must be a deliberate effort made to introduce psychological care and support for victims of defilement. A few minutes counselling in a busy hospital were not enough;
- iii. children at a certain level of understanding should have school based programmes to make them alert and aware of defilement and what they can do first of all if any adult is in no position to help;
- iv. there is also need for legal reform on the kind of sentence given to offenders when convicted. The 15-20 years imprisonment does not seem to be deterring many from committing the crime. Destroying an innocent child's life cannot equal 15-20 years in prison. The number of laws created by some countries in the 1980s and 1990s began to create greater prosecution and detentions of child sexual abusers. By the early 21st Century the issue of defilement became a legitimate focus of professional attention. Now it is outlawed in nearly every country in the world, generally with severe criminal penalties, including some jurisdictions, like life imprisonment or capital punishment (CRC 26th Nov 2008).

In Zambia defilement carries a sentence of between 15-25 years in prison. The sentence is slapped by the High Court (Muvi TV News 18th Dec 2009 18:30)
In this study, respondents expressed displeasure with the punishments the offenders got.

As Chipata Catholic Diocese pastoral coordinator Fr Andrew Chenjerani Phiri said, some psychological illnesses are developing in the country because the government was talking about arresting those that were not trusted..... "I would rather minister to them (defilers) in the prisons; they stay there for the

rest of their lives: let them be caged there and then me as a priest I follow them there and preach to them in the prison.... yes we can forgive but let us look at these children, they are innocent” (Post, 2012: 9);

- v. parents, guardians and all stake holders charged with the responsibility of looking after children should ensure the protection of children especially the girl child. A group of Civil Society organisations dealing with the protection of girls had expressed sadness that cases of sexual and gender-based violence had gone beyond defilement. Commenting on the defilement and murder of a 12 year old girl in Chibombo District of Central Province, nine civil society organisations stated that this was not the time for mere condemnation of the vice, but to protect girls (Post, 2012: 8);
- vi. there is need to find the perpetrators or the people that tell these men to defile children because they are as guilty as the offenders themselves. So they too should be punished. Phiri stated, that men who get up to go and defile young girls to get cured of HIV/AIDS or to get rich or boost their businesses, do not do so because they just dreamt about this themselves. “I believe that we must find those that make men believe these things and have the law deal with them...” Our society could not allow and continue to be blind to people who prescribe this deliberate spread of new infections by HIV positive men (Post, 2012: 11); and
- vii. the United Nations Convention on the Rights of the Child is an international treaty that legally obliges states to protect children’s rights. Article 34 and 35 of the Convention on the Rights of a Child (CRC) require states to protect children from all forms of sexual exploitation and abuse. According to the United Nations Treaty defilement is based on the principal that a child is not capable of consent and that any apparent consent by a child is not considered to be legal consent (CRC 26th Nov 2008). Zambia is party to this convention and therefore has the obligation to ensure a safe environment for children.

6.5 SUMMARY OF CHAPTER SIX

Chapter six represents the summary, conclusion and recommendations of the study. In the summary of the study it was indicated that the virgin cure myth was fuelling one of the highest child sexual exploitation rates ever. In the conclusion of the study, it was indicated that this myth was what had created the link between traditional medicine and the increase of defilement cases. However, several recommendations have been made in light of this scourge. It is hoped that something will be done to end this inhuman behaviour in our society.

BIBLIOGRAPHY

Achola, P and Bless, C (1998). **Fundamentals of Social Research Methods: An African Perspective**. Lusaka: Government Printers.

Armour, S. J. (1960). **Introduction to Statistical Analysis and Inference**.
New York: John Wiley and sons.

Apthorpe, R.J. (1960). "Mythical African Political Structures in Northern Rhodesia" in
**Myth in Modern Africa. The Fourteenth Conference Proceedings of
the Rhodes-Livingstone Institute for Social Research**. Lusaka:
Northern Rhodesia

Burg, W. R and Gall, M. D (1979). **Education Research: An Introduction**. London:
Longman.

Cawte, J. (1974). **Medicine is The Law: Studies in Psychiatric Anthropology of
Australian Tribal Societies**. Honolulu: The University of Hawaii.

Chakwe, M. 2012. "CSOs urge protection of girls", **Post February 23rd**, p. 8.

Chaponda, A., 2008. "300 Inmates on ARVs ", **Zambia Daily
Mail. June 4th**, p. 12

Chibulu, H. 2012. "Mazabuka cops retrieve 2 bodies from canals", **Post April 25th**, p. 13.

Cling, R. (2004). **Virgin Cure Myth**. www.TruthoFiction.com. Accessed on 22nd May,
2012

Central Statistical Office (2012). **2011 Census of Population, Housing and Agriculture:
Southern Province Analytical Report, Vol. 94**, Government Printers.
Lusaka, Zambia.

Central Statistical Office (2010). **Zambia Sexual Behaviour Survey 2009**. Lusaka, Zambia.

Central Statistical Office (2009). **Demographic and Health Survey 2007**. Lusaka, Zambia.

Feuerstein, M. T. (1986). **Partners in Evaluation: Evaluating Development Programmes with Participants**. London: MacMillan Ltd.

Gelfand, M (1964). *Medicine and Custom in Africa*: London: Livingstone Ltd.

Gohagan, K. J. (1980). **Quantitative Analysis for Public Policy**. New York: McGraw-Hill Book Company.

Govender, P. (1999). **Virgin Cure Myth**. www.TruthoFiction.com. Accessed on 24th May, 2012

Hyman, H. H. (1962). **Interview in Social Research**. Chicago: The University of Chicago Press.

Hatfield (2001). **Virgin Cure Myth**. www.TruthoFiction.com. Accessed on 24th May, 2012

Hyman, H.H. (1962). **Interview in Social Research**. Chicago: The University of Chicago Press

Katasefa, (2008). **“Increased Cases of Sexual Offences Worries Mbulu”**, Zambia Daily Mail. May 28th, p. 12

Kapla, M. (1979). *Zambia: A Country Study*. PhD Thesis, Washington University.

Kidd, D. (1906). **Savage Childhood: A Study of Kafir Children**. London: Adam And Charles Black.

Lebra, W. P. (1969). **Culture and Mental Health in Asia and the Pacific Newsletter**: December, no. 3. Honolulu: University of Hawaii.

Limson, J. (2002). **Deviant Psychosexual Disorder**. www.richtermlaw.wits.ac.za Accessed on 27th Nov 2010

Merriam, S. B. and Simpson, E. L. (1995). **A Guide to Research for Educators and Trainers of Adults**. Malabor: Kriegar Publishing Company.

Miti, C., 2012. “Defilers **must be Caged for Life**”, says Fr Phiri”, **Post January 9th**, p. 7.

Miti, C. 2012. “**Trio gets 35 years for defilement**”, **Post February 13th**, p. 12.

Mulungushi Report (1977). **National Workshop on Traditional Medicine in Zambia**:
Lusaka: Mulungushi Conference

Mwewa, M. 2011. “**Stiffer penalty for defilement**”, **Post December 27th**, p. 29.

Ngoma, P.S. (2005) Statistics in Adult Education. (Unpublished)

Ng’andwe, A. (1998). Research Methods in Adult Education. (Unpublished)

Ng’uni, C. 2012. “**Mkushi Head Teacher Defiles His Deputy’s Daughter**”, Daily Mail
December 23rd, p. 1.

Nkhata, L. (1997). Methodological Options in Policy Relevant Social Research.
(Unpublished)

Park, A.M. (2003). Introducing Anthropology. New York: McGraw Hill Book.

Penal Code Chapter (87) of the Laws of Zambia. Government Printing Department.
Lusaka

Phiri, M. 2012. “**Sex with Minor Does Not Cure HIV/AIDS**”, **Post February 19th**, p. 11.

Phiri, M. (2011). **Reflecting on Aids**. www.reflectionaids.com. Accessed on 20th February, 2012.

Siame, N. 2012. “**Ndola Man Convicted of Defiling Girl 9**”, **Daily Mail March 23rd**, p. 1.

Sinyangwe, H. 2012. “**Cops Arrest Man for Defilement**”, **Post April 26th**, p. 7.

Swantz, L. (1990). **The Medicine Man**. Dar-esa-alan. University Press.

Twaumasi, P. A. (1983). **Focus for the Medical Sociologist**. IAS. Lusaka

UNAIDS (2002). **Ancient Remedies New Disease: Involving Traditional Healers in Increasing Access to AIDS Care and Prevention in East Africa**. 20 Avenue Appia. Switzerland.

UNICEF (1996). **United Nations Convention on the Rights of The Child**. Alick Nkata Avenue. Zambia.

White M.N. & J.C. Chinjavata. (1960) “Myth and Social Separation” in **Myth in Modern Africa. The Fourteenth Conference Proceedings of the Rhodesia-Livingstone Institute for Social Research**. Lusaka. Northern Rhodesia.

Wilson, M. (1960) “Myth of Precedence” in **Myth in Modern Africa. The Fourteenth Conference Proceedings of the Rhodesia-Livingstone Institute for Social Research**. Lusaka. Northern Rhodesia

World Health Organisation (2007). www.AVERT.org. Accessed on 24th May 2012

APPENDIX A

**THE UNIVERSITY OF ZAMBIA
SCHOOL OF EDUCATION**

DEPARTMENT OF ADULT EDUCATION

INTERVIEW GUIDE FOR TRADITIONAL HEALTH ASSOCIATION OF ZAMBIA (THPAZ)

Introduction

I am a student at the University of Zambia reading for a Masters of Education with Adult Education. I am carrying out a research study which is an investigation into the relationship between the use of traditional medicine and the rise in cases of defilement as part of my academic requirement. Kindly, assist me by answering the questions freely and honestly. Be assured that your responses shall be confidentially handled by the researcher.

Your assistance will be greatly appreciated

Rita Mato Kanenga

1. Do you have members outside Lusaka?
2. How many members do you have as a total?
3. How are they categorised in terms of their practise?
4. Do you have a code of conduct as an association for your members?
5. Are you in corroboration with the local authority?
6. How do you ensure that your members are in line with the law of the land?
7. With the advent of HIV/AIDS, word on the street is that traditional healers are responsible for advising their patients to defile minors in order to get cured of HIV/AIDS, is this true?
8. Have you had such a complaint as an association?
9. Do you think there is an influx of traditional healers from others countries here in Zambia?

End

We have come to the end of the interview. I wish to thank you very much for participating in this interview.

APPENDIX B

THE UNIVERSITY OF ZAMBIA

SCHOOL OF EDUCATION

DEPARTMENT OF ADULT EDUCATION

INTERVIEW GUIDE FOR MAZABUKA MUNICIPAL COUNCIL OFFICER
(REGISTRY DEPARTMENT)

Introduction

I am a student at the University of Zambia reading for a Masters of Education with Adult Education. I am carrying out a research study which is an investigation into the relationship between the use of traditional medicine and the rise in cases of defilement as part of my academic requirement. Kindly, assist me by answering the questions freely and honestly. Be assured that your responses shall be confidentially handled by the researcher.

Your assistance will be greatly appreciated

Rita Mato Kanenga

1. How many traditional healers are registered with the local authority?
2. How does the local authority ensure that the traditional healers are in line with the laws of this land?
3. Word on the street is that there is an influx of traditional healers from outside this country, how do ensure that they are genuine healers upon entering this country?
4. The number of traditional healers practising right now and the number you have registered as a council do not match. There are more than 10 traditional healers doing business out there, why is it the case?

End

We have come to the end of the interview. I wish to thank you very much for participating in this interview.

APPENDIX C

THE UNIVERSITY OF ZAMBIA

SCHOOL OF EDUCATION

DEPARTMENT OF ADULT EDUCATION

QUESTIONNAIRE FOR COMMUNITY MEMBERS IN MAZABUKA TOWN

INTRODUCTION

I am a student at the University of Zambia reading for a Masters of Education with Adult Education. I am carrying out a research study which is an investigation into the relationship between the use of traditional medicine and the rise in cases of defilement as part of my academic requirement. Kindly, assist me by answering the questions freely and honestly. Be assured that your responses shall be confidentially handled by the researcher.

Your assistance will be greatly appreciated

Rita Mato Kanenga

INSTRUCTIONS

1. Do not indicate your name
2. Tick inside a box against a response which you think is the best answer for you among the choices provided.
3. Please proceed.

1. Sex
 - a. Male []
 - b. Female []
2. Age
 - a. 15-20 []
 - b. 21-30 []
 - c. 31-40 []
 - d. 41 & above []
3. Marital status
 - a. Single []
 - b. Married []
 - c. Divorced []
 - d. Widowed []
4. Educational level
 - a. Primary []
 - b. Junior secondary []
 - c. Senior secondary []
 - d. College []
 - e. University []
5. How long have lived in Mazabuka?
 - a. 0-5 years []
 - b. 5-10 []
 - c. 10-15 []
 - d. 15 & above []
6. How many incidents of defilement have happened in your stay in this community?
 [] (indicate number e.g. 1)
7. Has there been a case of defilement in your household?
 - a. Yes []
 - b. No []

If yes, was it reported to the police?

 - a. Yes []
 - b. No []

why?.....

- 8. Is the punishment given to offenders satisfactory?
 - a. Yes []
 - b. No []
- 9. What would be your idea of a punishment for an offender?
 - a. Hanging []
 - b. Electrification []
 - c. Life imprisonment []
 - d. Number of years (indicate number e.g. 1) []
- 10. Do you think traditional medicine has contributed to the rise in cases of defilement?
 - a. Yes []
 - b. No []

If yes, why do say so?

.....

.....

.....
- 11. Is traditional medicine a better solution to curing HIV/AIDS?
 - a. Yes []
 - b. No []
- 12. Have you ever sought a traditional healer for any illness?
 - a. Yes []
 - b. No []
- 13. Do you think traditional medicine can cure HIV/AIDS?
 - a. Yes []
 - b. No []
- 14. Do you think enough is being done to address the issue of defilement?
 - a. Yes []
 - b. No []

If not, what do you think should be done?

.....

.....

End

We have come to the end of the interview. I wish to thank you very much for participating in this interview.

APPENDIX D

THE UNIVERSITY OF ZAMBIA

SCHOOL OF EDUCATION

DEPARTMENT OF ADULT EDUCATION

QUESTIONNAIRE FOR TRADITIONAL HEALERS IN MAZABUKA TOWN

INTRODUCTION

I am a student at the University of Zambia reading for a Masters of Education with Adult Education. I am carrying out a research study which is an investigation into the relationship between the use of traditional medicine and the rise in cases of defilement as part of my academic requirement. Kindly, assist me by answering the questions freely and honestly. Be assured that your responses shall be confidentially handled by the researcher.

Your assistance will be greatly appreciated

Rita Mato Kanenga

INSTRUCTIONS

1. Do not indicate your name
2. Tick inside a box against a response which you think is the best answer for you among the choices provided.
3. Please proceed.

1. Sex
 - a. Male []
 - b. Female []
2. Age
 - a. 20-30
 - b. 31-40
 - c. 41-50
 - d. 50 & above
3. Marital status
 - a. Single []
 - b. Married []
 - c. Divorced []
 - d. Widowed []
4. Educational level
 - a. Primary []
 - b. Junior secondary []
 - c. Senior secondary []
 - d. College []
 - e. University []
5. How many years have you been a traditional healer?
 - a. 0-5 []
 - b. 5-10 []
 - c. 10-15 []
 - d. 15 & above []
6. Are you a member of the Traditional Health Practitioners of Zambia?
 - a. Yes []
 - b. No []

If yes, how long have you been a member? (Indicate number of years e.g. 1 year)

.....
7. Are you also registered with the council?
 - a. Yes []
 - b. No []

If yes when did you register (indicate year e.g. 1984).....

If not, explain

.....
.....
.....

8. How did you become a traditional healer?
 - a. Apprentice []
 - b. Calling []
 - c. Premonition []
9. What is your source of knowledge?
 - a. Supernatural []
 - b. Natural []
10. How do you diagnose illness?
 - a. Divination (spirits) []
 - b. Interviews []
 - c. Bodily exams []
11. Do people come to you for medicine to get rich?
 - a. Yes []
 - b. No []

If yes, are able to help with that request?

 - a. Yes []
 - b. No []
12. Do people come to you for an HIV/AIDS cure?
 - a. Yes []
 - b. No []

If yes, are you able to meet that request?

 - a. Yes []
 - b. No []
13. Do you think there healers who recommend defilement as a cure for HIV/AIDS?
 - a. Yes []
 - b. No []
14. Is the process of curing a person accompanied by any ritual e.g. killing of a chicken?
 - a. Yes []
 - b. No []

If yes, is the ritual of any sexual nature?

a. Yes []

b. No []

15. Do you think traditional medicine has contributed to the rise in cases of defilement?

a. Yes []

b. No []

16. What do you think of the assertion that traditional medicine has contributed to the rise in cases of defilement?

.....
.....
.....

End

We have come to the end of the interview. I wish to thank you very much for participating in this interview.