

**PERCEPTION OF THE COMMUNITY TOWARDS CHILD SEXUAL ABUSE IN
CHAWAMA, LUSAKA, ZAMBIA.**

**BY
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Bsc Nursing**

A Dissertation submitted to the University of Zambia, School of Nursing Sciences, in partial fulfillment of the requirements for the award of the Master of Science Degree in Mental Health and Psychiatry Nursing.

**THE UNIVERSITY OF ZAMBIA
LUSAKA**

NOVEMBER, 2017

DECLARATION

I confirm that this dissertation is my own work, and that all published or other sources of material consulted have been acknowledged in notes to the text or the bibliography

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CERTIFICATE OF COMPLETION OF DISSERTATION

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DEDICATION

To my dear husband: Evans Mutambo who has been very supportive and to my son Luswepo. To Dr Lonia Mwape for overwhelming support and encouragements amid all the challenges I went through during the process of writing this research. To you all, I am continually grateful.

ACKNOWLEDGEMENTS

I wish to extend my gratitude to my supervisor Dr Lonia Mwape from the University Of Zambia School of Nursing Science for successfully getting me into this programme. This research could not have been successful without your good advice. Your constructive criticism, flexibility, patience, teachings and encouragement made my work easier to cope with.

I also want to thank Mrs Joyce Ncheka for her continuous support as co- supervisor, your encouragement kept me working hard and never gave up.

I also want to thank the NORHED project for the financial support.

I also want to thank my fellow students Kestone Lyambai and Louisa Lukupa for the support and encouragements

Special thanks go to Mr Malambo Hakapabila and Mr Benson Dimba who helped with data collection and Dr Lonia Mwape who taught me thematic analysis of qualitative data to you am eternally grateful. Lastly but not the least I want to appreciate all the women and men who volunteered to give their information.

ABSTRACT

Child sexual abuse (CSA) is considered an extensive problem and occurs worldwide, including in Zambia. Therefore, in order to understand the vice, exploration of community's perceptions is needed. This study on child sexual abuse was conducted in Chawama compound because despite the government of Zambia's (GRZ) efforts to minimise the scourge, the prevalence of defilement remains high. The study sought to explore the Perception of the Community towards child sexual abuse in Chawama.

A qualitative design was employed using focus groups discussions (FGD) and indepth interviews to collect data from a sample that was selected using purposive sampling technique. Nine focus group discussions and nine (9) indepth interviews were conducted with community members. The focus group discussions and indepth interviews were transcribed verbatim and analyzed using thematic analysis.

The results revealed that participants were aware of the meaning of child sexual abuse. They reported that it is having sexual intercourse with a child who is less than 16 years irrespective of whether the child consents or not to the act. They also reported that a girl child is more vulnerable to sexual abuse than a boy child. They perceived child sexual abuse to be a frequent and hidden phenomenon and attributed it to community beliefs and attitudes such as Human immune virus/ acquire immune deficiency syndrome (HIV/AIDS) cure and children being perceived to be lucky charms. Men's heavy alcohol intake and lack of self-control, poverty and a lack of parental guidance among others were seen to contribute factors to the increase of Child Sexual Abuse cases. Participants also reported that children disclose abuse cases but parents often do not report the cases to the police due to poverty, fear of shame to the family, fear of failure to find a suitor for marriage in future, and fear of marriage breakdown.

The study showed that child sexual abuse is common in Zambia and the cases are still on the increase. The community perceptions towards child sexual abuse such as having sex with a child bringing luck to one's business and cures HIV/AIDS are some of the contributing factors to the increase in the child sexual abuse cases. Addressing the identified factors may promote help-seeking behavior and improve care of survivors of child sexual abuse, while changes in social and

cultural norms are needed for the prevention of child sexual abuse and to strengthen and enforce laws regarding child sexual abuse

Key words: Child sexual abuse, Community perception, Defilement, Focused Group Discussion

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List of Abbreviations

CSA.....	Child Sexual Abuse
CDC.....	.Centre for Disease Control
WHO.....	World Health Organisation
STI.....	Sexually Transmitted Infection
VSU.....	Victim Support Unit
YWCA.....	Young Women Christian Association
PEP.....	Post Exposure Prophylaxis
UTH.....	University Teaching Hospital
HPM.....	Health Promotion Model
FGD.....	Focused Group Discussion
UNZABREC.....	University of Zambia Biomedical Research Ethics committee
HIV.....	Human Immune Virus
AIDS.....	Acquired Immune Deficiency Syndrome
PTSD.....	Post-Traumatic Stress Disorder

CHIN.....Children in Need

USAID.....

UNICEF..... United Nations International Children’s
Funds

NGOs.....Non-Governmental Organization

MOH.....Ministry of Health

GNC.....General Nursing Council

CHAPTER ONE

1.0 Introduction

This chapter introduces the topic under study by giving background information to the topic, stating the problem statement, justification and theoretical framework.

1.1 Background Information

Child Sexual Abuse (CSA) is the involvement of any sexual activities with a child where consent is or is not given by the child (Centre for Diseases Control (CDC), 2007). This includes sexual contact with a child that is undertaken by force or threat of force, regardless of the age of the participant, and any sexual contact or behaviour between an adult and child, even if the child has an understanding of the sexual activity. Further, CSA occurs when a child is engaged in sexual activities that he/she does not comprehend, for which the child is developmentally unprepared and cannot give consent, and/or that violate the law or social customs of society (Pine, 2010).

Up to 80,000 cases of CSA are reported per year, although the number of unreported cases is far greater. This is because children tend to be afraid to tell anyone what happened and the legal process of reporting may be difficult (Fact for family guide, 2014). A child of five years or older who knows and cares for the abuser becomes trapped between affection and loyalty for the person, and the sense that the sexual activities are terribly wrong. If the child tries to break away from the sexual relationship, the abuser may threaten the child with violence or loss of love (Facts for Family guide, 2014).

CSA is also not uniformly defined, as a result, statistics may vary. However, the World Health Organisation (WHO, 2002) estimates that at least 150 million girls and 73 million boys are subjected to forced sexual intercourse and other forms of sexual violence. The highest cases of CSA are reported in Australia, where about 62 percent and 16 percent of females and males respectively, report to have been sexually abused. On the other hand, fewer cases are reported in Japan, with only 15 percent of cases involving females and 5.7 percent involving males (Farlberg and Kershner, 2003; Putnam, 2003; Sapp and Vandeven, 2005).

Among African countries, Cameroon, Tanzania and South Africa reportedly have the highest cases of CSA at 37 percent, 29 percent and 28 percent respectively, whereas Ghana and

Mozambique were at 21 percent and 19 percent respectively (WHO, 2002). In South Africa, cases of CSA are higher in boys at 60 percent compared to 53 percent in girls. Lalor, (2004) reports that between 3.2 percent and 7.1 percent of all respondents in his/her research reported unwanted or forced sexual intercourse before the age of 18 years. In similar vein, Jewkes *et al.*, (2002) also surveyed 11, 735 South African women between the ages of 15 and 49 years on their history of rape during childhood, where it was found that overall, 1.6 percent of the participants reported unwanted sexual intercourse before the age of 15. Additionally, 85 percent of child rape occurred between the ages of 10 and 14 years, and 15 percent between the ages of 5 and 9 years. Further, Collins and Madu, (2002) surveyed a sample of 640 female university students in South Africa, and found that 34.8 percent had experienced contact sexual abuse at least before the age of 18 years. Madu (2002), notably states that almost 20 percent of the sexually abused children were victims of parental or guardian sexual abuse.

According to Birdthistle *et al.*, (2008) 52.2 percent of unmarried, sexually active adolescents had experienced forced intercourse at least once. It was also indicated that a total of 37.4 percent of first sexual intercourse acts were forced. A study of 487 University students in Tanzania revealed that 11.2 percent of women and 8.2 percent of men reported experiences of unwanted sexual intercourse. The average age at the time of abuse was 13.6 years. Additional research suggests that the prevalence of CSA in sub-Saharan Africa is similar to other countries across the world (Lalor, 2004). In the like manner, CSA cases have been on the increase in Zambia, starting from the year 2006 when 800 cases were reported whereas 1000 cases were reported in 2010. The highest cases were in 2008 where about 1100 cases were reported, with the age group 11-15 years being the most affected (Chomba, 2011).

In most of the CSA cases, the perpetrators are usually aged below 35 years, of which 80 percent are of normal intelligence. It is also believed that the perpetrators are from all ethnic and socio-economic backgrounds in the society, and that 90 percent to 94 percent of CSA occurs with someone a child has an established and trusting relationship with, whether known or not by the parent. Approximately 30 percent of that 90 to 94 percent is a relative to the child (Pine, 2010). This implies that CSA can take place in the family either by a parent, step parent, sibling or other relative or outside the home, by such persons as a friend, neighbour, child care person, teacher, or stranger. When sexual abuse occurs within the family, the child

may fear the anger, jealousy or shame of other family members, or be afraid of family disintegration if the secret is let out (Facts for Family 2014)

CSA often takes place on an increasing continuum of abuse from voyeurism and/or exhibitionism, where an adult willingly exposes his/her genitals to the child through undressing in their presence (Pine, 2010). Another form involves using or exposing the child to pornography whether or not the child is later pressured for sex. The other forms include inappropriate touching, rubbing, brushing, and, in extreme instances, oral-genital, genital, or anal contact by/or to the child. A number of factors are associated with increased likelihood of CSA in Africa, and these include; poverty, culture, traditional practices, and illiteracy (Children in Need Network, (CHIN) 2001). Poverty, according to Banwari, (2011) has been cited as the underlying cause of sexual exploitation of young girls in many parts of the world as most girl prostitutes are primarily located in low middle income areas in Africa.

A number of reported CSA cases come to the attention of medical personnel because of symptomatic Sexually Transmitted Infections (STIs). When a child had been sexually or physically abused, the majority of cases are reported either to the Victim Support Unit (VSU) within the Zambia Police Service or, if the child had been physically injured or has a medical symptom, such as a genital discharge, to a local health facility. A few children present to a Non-Governmental Organization such as the Young Women's' Christian Association (YWCA). When the case is reported, the processing goals of a CSA case involves care and protection of the child, investigation of the background to the abuse, and apprehension and prosecution of the offender. The challenge being experienced is that the child is likely to be interviewed (and even examined or "inspected") on more than one occasion, often by people without the requisite skills. This is traumatising to the child and so inconveniencing to the guardian when they are already highly distressed (Chomba *et al.*, 2010).

The need to visit multiple sites for evaluation also leads to critical delays in the administration of Post Exposure Prophylaxis – PEP, as well as increased risk of loss to follow-up. There is also poor to no coordination at all among the various professionals involved in the management of sexually abused children. In a quest to improve care given to the sexually abused children, Government in 2010, established a One-Stop Centre with a multidisciplinary approach at the University Teaching Hospital (UTH) in Lusaka, whose main aim has been to encompass all aspects of care required for sexually abused children and to reduce the strain of reporting on families in order to ensure proper follow-up care (Chomba

et al., 2010). The centre has also been tasked with a responsibility of developing appropriate protocols for the management of Child Sexual Abuse in Zambia in addition to being a training institution for the rest of the country.

However, when a child is sexually abused the pain and tissue injury from Child Sexual Abuse can completely heal in time, but psychological and medical consequences can persist through adulthood (Collins *et al.*, 2004). These consequences include increased risk for mood disorders and substance abuse (Nelson, *et al.*, 2002), problems in sexual development and functioning (Noll, *et al.*, 2003), and disruptions in familial and other adult relationships (Rumstein, *et al.*, 2001). Commonly reported sequelae include sexual dissatisfaction, promiscuity, depression and suicidal ideation, homosexuality, and an increased risk for revictimization. Abuse involving penetration, force, or violence, and a close relationship to the perpetrators appears to be the most harmful in terms of long lasting effects on the child (Beitchman, *et al.*, 2002).

Sexually abused children usually develop low self-esteem, a feeling of worthlessness and an abnormal or distorted view of sex. The child may become withdrawn or mistrustful of adults, and can become suicidal. Some children who have been sexually abused have difficulty relating to others except on sexual terms. Likewise, sexually abused children become child abusers or prostitutes, or have other serious problems when they reach adulthood (Fact for Family, 2014). Often there are no obvious external signs of Child Sexual Abuse. Some signs may be detected on physical exam by a physician (Fact for Family, 2014). Associated Sexually Transmitted Diseases (such as HIV) and suicide attempts can be fatal. Therefore all physicians who treat children should be aware of the manifestations and consequences of child sexual abuse, and should be familiar with normal and abnormal genital and anal anatomy of children (Collins *et al.*, 2004).

However, the perception of the community towards CSA is that most cultural and traditional practices especially in Africa render a girl child vulnerable to CSA, as it leaves the female child with no option but to submit to men's wishes. This is because most traditional systems follow the patriarchal structure where women and girls are culturally considered to have a subordinate status and minimum influence on decision making even in regards to their own health (Abeid *et al.*, 2014). The social norms also reinforce sexual violence against children and hinder them from seeking help from support services. When abuse occurs, most girls do not report due to community reasons such as fear of abandonment, family separation, not

wanting to embarrass the family, being afraid of been beaten, and others do not think people will believe them (Abeid *et al.*, 2014). Children are also afraid of reporting the cases because some feel the community will not accept their statement. The other perception of the community is that CSA cases occur due to abandoning traditional values and modelling western behaviour and sub-optimal child care.

Most communities advise and encourage victims and survivors of Child Sexual Abuse and their families to not report these crimes to the police. This is because they believe allegations of child sexual abuse should be dealt with internally as such brings shame to the victims and puts the victim at a risk of not getting married in future. Another issue is that the community may hold negative views and attitude towards the child victims (Abeid *et al.*, 2014).

The secrecy around child sexual abuse is a universal problem as stated by Hargrove (2014). This contributes to underreporting of these cases, especially in Zambia. Africa as a whole has attributes of a collectivist culture which sacrifices the interests of the individual for what is in the best interest of the group because the group (family, tribe or state) is the principal element of reality (Power, Schoenherr & Samson, 2010). In collectivistic cultures, people are considered "good" if they are generous, helpful, dependable and attentive to the needs of others. This may consequently lead to shielding of the perpetrators as they are not reported to the relevant authorities, especially if the perpetrator is the one the child is dependent upon. The child will be considered a bad person if they report the abuser to the police, which makes them opt to keep quiet.

Therefore, this study intended to explore the perception of the community towards CSA with the view of highlighting issues of under reporting of CSA cases and community awareness and sensitization on CSA.

1.2 STATEMENT OF THE PROBLEM

CSA cases are widely believed to be underreported by the victims as well as the community, and most cases are presented only after the child starts to show symptoms or complications (Chomba *et al.*, 2010). In most cases, the sexually abused children are victimized and they exhibit maladaptive symptoms of their abuse and often tend to be labelled and stigmatized for their actions (Hargrove, 2014). Statistics from the Victim Support Unit, one of the wings of the Zambia Police Service mandated to address and deal with perpetrators of GBV, indicates that for the past few years, beginning 2007 to 2014, cases of defilement have been on the rise as the statistics in the table below indicate.

TABLE 1.1

The table below illustrates the number of reported cases of CSA in Lusaka (Adapted from the victim support unit)

Year	Number of Cases Reported
2007	852
2008	1224
2009	1676
2010	8467
2011	11908
2012	9612
2013	9775
2014	12985

The statistics presented show that CSA cases are on the increase. However, these statistics do not reflect the true magnitude of the problem as a number of cases go unreported and experts state that for every reported case there are 10 more unreported cases (Agence France-Press, 2003). None reporting of CSA cases leads to an increase in the cases as the perpetrators go

unpunished and are likely to move to the next victim. According to UNICEF (2001) the true extent of CSA in Zambia is unknown.

1.3 RESEARCH QUESTION

- What is the Perception of the Community towards Child Sexual Abuse in Chawama, Lusaka district?

1.4 RESEARCH GENERAL OBJECTIVE AND SPECIFIC OBJECTIVES

1.4.1 General Objective

The main objective of the study is to explore the Perception of the community on CSA in Chawama, Lusaka district.

1.4.2 Specific Objectives

1. To explore community attitudes and beliefs towards CSA
2. To explore the perceptions among community members that may contribute to perpetuating CSA
3. To explore factors that may hinder the disclosure and reporting of CSA events by the victims

1.5 SIGNIFICANCE OF THE STUDY

The study has highlighted the perceptions of the community on CSA in Chawama Lusaka district. Perceptions that may contribute to perpetuating and/or hindering the disclosure and reporting of sexual abuse incidences have also been highlighted. Addressing the identified factors and challenges could promote help seeking behaviours and improve care to survivors of sexual violence, while changes in social and cultural norms are needed for the prevention of CSA. Increasing community awareness on child abuse may also increase understanding of CSA.

These findings could also influence the formulation of policies across health, psychosocial and legal factors and thus re-evaluate the strengths and gaps in existing support services, as well as community needs and potential barriers to care in urban settings. Findings could also

increase accurate awareness of the perceptions and attitudes of the community towards CSA that is necessary to promoting early reporting of cases. The research outcomes will also be of value to the One-Stop Centre at UTH, the Zambia police, health institutions, medical curriculum developers, primary and secondary curriculum developers, and other stakeholders interested in the welfare of children.

1.6 THEORETICAL FRAMEWORK

The study was be guided by the Health Promotion Model. This model describes the multidimensional nature of persons as they interact within their environment to pursue health. Pender's model focuses on three areas, namely, individual characteristics, behaviour specific cognitions and affect, and behavioural outcomes. Health Promotion Model (HPM) by Nola Pender (1996) is directed at increasing a client's level of well-being. The model applies to perception of the community towards CSA because the model notes that each person has unique personal characteristics and experiences that affect subsequent actions. Therefore depending on an individual's experience or characteristics they will be able to perceive CSA differently and consequently treat the children different. In cases of CSA, health promoting behaviour is the desired outcome which makes it the end point in health promotion model. Therefore, when the perception of the Community towards CSA is that of not blaming the children for the abuse, children will be more willing to come out and explain when they are faced with abuse cases.

The model also fits into the study because it states that health promotion behaviours should result in improved health, enhanced functional ability and better quality of life at all stages of development. This, therefore, indicates that the health promoting behaviours shown by the community such as reporting of cases and taking the children to the hospital for medical attention will help the children to develop well at all stages (Nursing Theories, 2016).

Application of HPM to this study

The Factors that may be considered in the perception of the community towards CSA include; perceived self-efficacy, perceived benefits and barriers, situational and interpersonal factors.

➤ **Perceived Self-Efficacy**

When the perception of the community towards CSA is that it is the fault of the children when they are abused, and that reporting the offenders will lead to children not getting

married in future because of the discrimination from the community, children will not be motivated to report the offenders because they know they will not be treated well.

➤ **Perceived Benefits**

When the perception of the community towards CSA is that it is not the child's fault that it happened to them and the community does not discriminate, children will be able to tell anyone in the community once abused and the people they report to should be able to help children and help them recover. In turn, the community will know the offenders and these will be dealt with, hence reducing the numbers of CSA cases as the offenders will be afraid of exposure and subsequent punishment.

The model will apply to perception of the community towards CSA because once the community has been sensitised about CSA and taught how to treat the sexually abused cases, the children will be able to report the abuse cases and the community will be more welcoming and ready to help the children without stigmatising them. Once the children have knowledge on CSA, they will be able to promptly report the abuse cases.

➤ **Perceived Barriers**

The perceived benefit and perceived self-efficacy will result in a reduction of the perceived barriers. However, the barriers will be due to the fear of getting it wrong, impact on the child and patriarchal and collectivist culture that we have in Zambia, hence the child would rather protect the abuser.

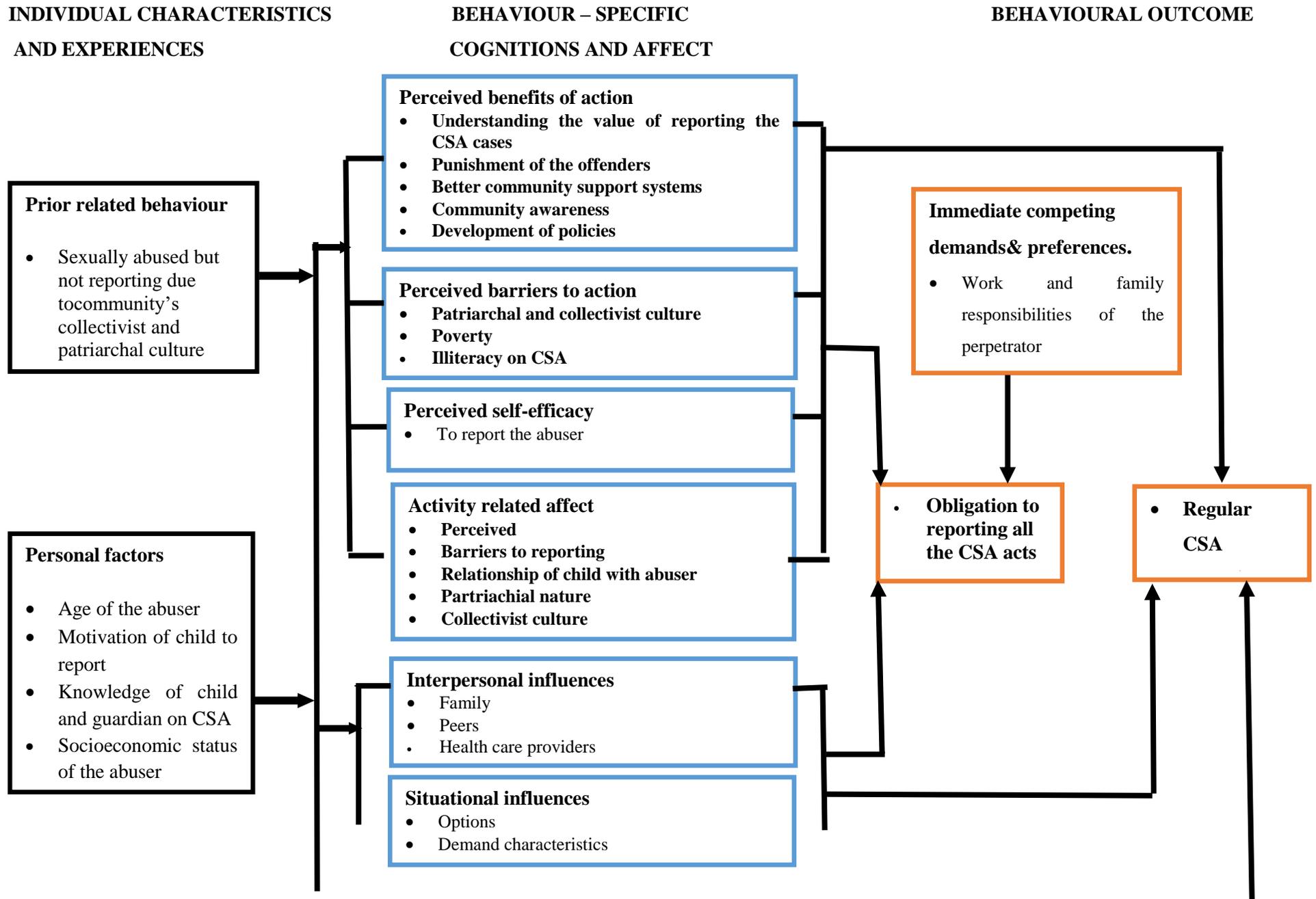
➤ **Interpersonal and situational factors**

From the interactions with the Health professionals, the child will learn about the risks of not reporting the abuse cases and the effects on their mental health. The instrumental and emotional encouragement, to the sexually abused child by the family, peers and health care providers can influence the children's commitment to the reporting of child sexual abuse and its effects on their mental health. Children are more likely to report the CSA cases if they know they will receive support from the family and loved ones and if they believe the people they tell will do something to help prevent the act from happening again. Additionally, the home environment and socioeconomic factors can also increase or decrease CSA cases.

In conclusion, according to the HPM, the child's prior behaviour and inherited and acquired characteristics can be modified to influence their beliefs, feelings and enactment of a health-

promoting behaviour. The Child's understanding and feelings towards sexual abuse will be influenced by interpersonal and situational factors. The perceived benefits of the new behaviour and the individuals' ability to competently execute the new behaviour will result in a commitment to action and consequently, enactment of the health promotion behaviour.

Figure 2: Modified Health Promotion Model (HPM) showing relationship between constructs.



1.7 SCOPE OF THE STUDY

1. There is, locally, scarce literature on the research topic done and hence the researcher has used literature from researches done in other places which are related to the local situation
2. The study will be conducted in Chawama, Lusaka district, which limits generation of findings to other settings.

1.9 ETHICAL CONSIDERATION

Ethical approval was sought from the University of Zambia Biomedical Research Ethics Committee (UNZABREC). Written consent was also obtained from each respondent. For instance, the respondents were requested to sign a consent form after the purpose of the study was explained to them. Those that would not consent to participate in the study were reassured that they will suffer no consequences as a result of not participating. Those who consented were asked to sign the consent form, which was explained fully to them.

The respondents were made aware of the fact that they were free to withdraw from the study at any time without suffering any consequences. Focused group discussions and indepth interviews were conducted under a tree near Chawama Primary school, whereas privacy was offered by the respondents and researchers respectively. After data collection, the tapes used for recording purposes were kept under lock and key for security and confidentiality. Respondents were not subjected to any physical harm as the study did not involve invasive procedures.

Anonymity and confidentiality was observed during the interviews by strictly ensuring that codes were used instead of names and that each respondent from the indepth interview was interviewed individually on separate days and time. The names used in the analysis part were all fictitious. The compiled information were kept under strict safety to prevent unauthorised access to the information gathered.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

This chapter discusses the literature on perception of the community towards CSA. The literature review provides the researcher with a background for understanding perceptions of the community towards CSA. The selection of articles to be included in the literature review was based on research results information and critique, information from the results and conclusions and, lastly, information on the abstract and introduction section. The sources of literature were online search engines such as Cochrane library, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), international agency websites (WHO, UNICEF, USAID), PubMed, PSYC INFO, and Google scholar because of the authenticity of the data bases enlisted and also relevant masters and PhD theses. Literature included will be from 2010 to 2016 unless in instances where subject matter has no recent literature backing. The search strategy was not limited to Zambia and Africa alone, instead it was broadened globally. The literature gave information on perception of the community towards CSA and concluded by summarising the gaps in the literature.

2.2 Child Sexual Abuse

A meta-analysis based on 65 cross – sectional community and school surveys from 22 countries estimates the worldwide prevalence of exposure to sexual abuse before the age of 18 years as 7.4% among men 19% among women (Pereda *et al.*, 2009). The highest prevalence rates reported are among men (61%) and women (44%) in South Africa. Among men, high prevalence rates are also reported from Jordan (27%) and Tanzania (25%) and rates ranging between 10-20% are reported from Israel (16%), Spain (16%), Australia (13%) and Costa Rica (13%). Among women, prevalence rates above 20% are reported from Australia (38%), Costa Rica (32%), Tanzania (31%), Israel (31%), Sweden (28%), the United States (26%) and Switzerland (24%). However, these prevalence estimates may have a limitation of respondents being above 18 years as recall bias could be expected which can lead to underestimation of the true figures expected. Furthermore, the true estimate of children who are sexually abused are unlikely to be known. Comparisons are further complicated by differences in definitions and data collection methods (Johnson, 2004; Finkelhor *et al.*, 2011).

A study by Finkelhor *et al.*, (2002) compared prevalence rates obtained from 19 countries in addition to the United States and Canada, including 10 national probability samples and concluded that CSA still remained an international problem. The lifetime impact of CSA accounted for approximately 6% of depression cases, 6% of alcohol and drug abuse dependency, 8% of suicidal attempts, 10% of panic disorders and 27% of post-traumatic stress disorder (PTSD) WHO (2002). In Zambia past sexual abuse is a key factor predicting participation in high risk behaviours associated with HIV infection (Mukuka *et al.*, 2007).

Child Sexual Abuse was perceived to only occur in the streets, rather than in the homes and the perpetrator was mainly thought to be a male stranger (Miller-Perin 1993). According to American Psychiatry Association, (2012) most children are sexually abused by someone they know and trust. An estimated 60% of perpetrators of sexual abuse are known to the child. Despite them not being family members, they maybe family friends, babysitters, childcare providers, or neighbours. Family members including fathers, brothers, uncles and cousins make up 30% of perpetrators. It is estimated that just about 10% of perpetrators are strangers to the child. However other literature reviewed shows that CSA occurs everywhere including homes and females, males, family members and relatives can all be perpetrators (Finkelhor *et al.*, (2002),

A study in the United States found that from the years 1950- 2002, 4392 priests and deacons had CSA allegations against 10667 children (Terry & Tallon, 2004). Some of the abuse occurred in orphanages run by the priests and also in the church grounds. Boys are much more at risk of abuse in church communities than girls because boys are more often given assignments with priest for example altar boys (Terry & Tallon, 2004). However, the study should be interpreted conscious as the respondents are children and sometimes children can be unreliable in the information they give.

A study done by Mathoma *et al.*, (2006) in Swaziland and Botswana on knowledge and parents perception stated that CSA was a devastating problem that posed a serious threat to the emotional and mental well-being of the victims. In addition, CSA has been linked with the development of various problems affecting the physical and mental health of a victim. The study also found that CSA was a cause of family disruptions, especially when the perpetrator was a family member (Mathoma *et al.*, 2006). In New Zealand, women with a history of being abused were significantly more likely to have raised scores on the measures of psychopathology and to be identified as having psychiatric disorders, predominantly

depressive in type. These findings indicate that the deleterious effects of abuse can continue to contribute to psychiatric morbidity for many years, (Mullen *et al.*, (2003).

2.3. Attitudes and Beliefs towards Child Sexual Abuse (CSA)

A study by Maynard and Weideman (1997) showed that understanding public attitudes regarding CSA is important, as attitudes can affect reporting child sexual abuse, prosecution of perpetrators, and provision of clinical services. Female respondents usually believe that the sexually abused child is not to blame and view adult-child interactions as representative of CSA. However, men tend to blame the child, and rate adult sexual interactions as less abusive (Broussard & Wagner, 1988; Finkelhor & Redfield, 1984; Jackson & Ferguson, 1983; Waterman & Foss-Goodman, 1984). Other studies have also found evident correlation between the views of women and attitudes towards rape and child sexual abuse. A conservative and patriarchal view of women as opposed to a modern view of women, is positively correlate with accepting attitudes towards adult child sex and rape myths (Johnson *et al.*, 1997). This is particularly true for men, and researcher believes that men are socialized into these attitudes.

A study done by Collins (1997) showed that commonly known myths in CSA are that it is not actually abuse and it does not bring harm to the sexually abused child. In addition, Tarmarack (1986) stated that the victims of incest are often placed in myths that put positive spins on CSA such as the children experience love, pleasure, and physical affection. Despite much research that provides evidence indicating that CSA is harmful, there are some scholars who support the myths of harmlessness (Cromer, 2006). A study done by (Collings, 1997; Olafson, 2002), showed that women and children lie about sexual abuses cases. Rape myths often claim since women tend to lie about rape, therefore, children tend to lie about child abuse. In many cases. Media reports and newspaper coverage on child sexual abuse are always intensified in society in divorce and custody cases (Brown, Frederick. Hewitt, & Sheehan, 2001).

A study by (Carmody *et al.*, 2001) showed that rape myths commonly accepted included, “girls deserved to be raped, she asked for it through her provocative behaviour or dressing, and there was not much physical damage so it was not really rape”. However, rape myths and stereotypes are still accepted, believed and propagated by communities. In Tanzania, a study by Abeid *et al.*, 2015 showed that people still have accepting behaviours towards sexual violence and participants with increased knowledge had less accepting attitudes towards

sexual violence. However, these studies must be interpreted with caution as they were done in rural Tanzania, hence there is need to conduct studies in urban setups.

2.4 Perceptions of the community that contribute to Perpetuation of CSA

A study conducted in Pakistan in 1997 showed that social norms had a large influence on the behaviour and it was reported that one third of respondents did not consider CSA to be bad, a crime or sin; keeping young boys for sexual services by adults was tolerated and accepted by this society; and many people viewed CSA as a matter of pride, a symbol of power and status. In addition there was a belief in this society that if people did not see what you were doing then your behaviour was accepted. The finding correlates with the feminist theories that state that sexual assault is as a result of societal norms (O'Hagan 1998).

A widely held African belief that an infected male can be “cleansed” of HIV through sexual intercourse with a virgin puts younger girls at particular risk in communities with a high prevalence of HIV (Coombe, 2002; Murray & Burnha, 2009). This myth is also firmly held by most men who believe that children are safe and HIV free sexual partners. This belief may be cumulative as a result of adults with AIDS trying to cleanse themselves from infection (Lalor, 2004; Meel, 2003).

A systematic review done by Hatton & Duff, (2015) on factors which influence English and Welsh perceptions towards victims of CSA concluded that, regarding respondent gender, males perceived CSA victims as more to blame, more culpable, less reliable and less credible. These findings show that perpetrators are protected rather than the victims being protected. This can lead to increase in CSA cases as perpetrators know that no action will be taken against them.

A study conducted by Kamuwanga and Ngoma (2015) showed that in Zambia, CSA cases are still on the increase. Some perceptions that the communities have which contribute to the increase of CSA cases include the trust in traditional healer when they prescribe that people should have sexual intercourse with children in order for their diseases to be healed or for them get rich.

2.5 Perception of the Community towards Reporting CSA Cases

To accomplish effective reporting, individuals and communities require accurate and practical information on CSA and the behaviours which may contribute to risk to children

and young people. They also require confidence to act proportionately when they have concerns that a child may be at risk. A qualitative study from Zimbabwe, based on focus group discussions with adult men and women, illustrates how within a family men are considered “providers” and wives are “dependents”. Women are not expected to discuss sexual abuse matters with outsiders or to report problems to the police (Mugweni *et al.*, 2012). A woman who reports CSA to the police is often sent back to settle the matter with her family (Mugweni *et al.*, 2012). Similar gendered expectations are described in Namibia and South Africa (Jewkes *et al.*, 2005). Such social norms affect women and make them feel inferior and have less desire to go and report the abuse cases.

A study using indepth interviews, and focus group discussions of child rape cases from Zimbabwe, described that a majority 60% of the cases had to be brought to the attention of police, hospitals and the justice system since the prevailing cultures had no provisions for discussing or solving sexual matters (Mauring *et al.*, 1995). Some families opt not to report the cases to the police and settle the matter within the community. It is not known on whether this is as a result of the sensitive nature of the issue, due to fear of stigmatization within the community, witchcraft activities, taboos or monetary statements. Therefore, the true extent of CSA in Zambia is unknown, where fear of bringing dishonour to the family and shame at what has occurred to prevent parents, especially fathers, from pursuing reported cases (UNICEF, 2001)

A study done in Tanzania by Abeid *et al.*, (2014) showed that when a child has been sexually abused and the perpetrator comes from another village he will be imprisoned. But if he is a relative the community must hide the case. Fear of being blamed for both reporting rape and the stigmatization of children for the rape they experienced was perceived as a powerful hindrance for disclosure of CSA. Children reporting rape are not always perceived as telling the truth because sometimes the society expresses views that it was not truly CSA but the result of negotiations and agreements between the two. In Zambia another issue that contributes to lack of disclosure is fear that young men would not make them as their brides (Mukuka *et al.*, 2010). Changing the mindset of whole families and communities and building their trust takes time and requires specialist skills to bring out (Oak Foundation, 2008). However, this study had limitation such as the variation of experience in the participants and also culturally, it was a taboo to speak about sexual abuse which would have led to social desirability from the respondents.

A study done by Russell, (2002) in the United States of America, showed that women were to blame for abuse cases as they contributed to the CSA cases. This is because women sometimes turned a blind eye when their partners had sex with children in their families. Others believed that mothers complied with the men's requests on for monetary compensation, shame, fear, distrust n the legal and justice systems and love for the perpetrators. Furthermore, most mothers shunned away from reporting abuse cases because the community perception was that they had little empathy on mothers of abused children because they were seen as having failed to protect their children. In the Dominican Republic mothers whose children were sexually abused were to be punished severely as they are believed to have contributed to the abuse.

A study by Michael *et al.*, (2015) Showed that in the Jewish community the view expressed by the vast majority of the Rabbis interviewed revealed that the rabbis advise and encourage victims and survivors of CSA and their families to not report these crimes to the police. Alternatively, they believe that allegations of CSA should be addressed internally, led by the Rabbi because the perpetrator has a family he needs to take care of and the victim will be bringing shame on the family and community and will ruin their marriage prospects. However, this study should be interpreted cautiously because it underscores the importance of prompt identification and treatment of victims before they enter the victim to abuser cycle.

Paulo Sergio Pinheiro (2006) in his study in Switzerland, highlighted that challenges were faced by parents and or guardians face in reporting defilement cases such as fear of being blamed by the community. In many cases parents who should protect their children are silent when the abuse is perpetrated by a spouse or other family members, or a more powerful member of society such as employer, a police officer or community leader. Fear is closely related to the stigma frequently attached to reporting CSA.

Childline Botswana (2005), reported that protection of the abuser by the victim's family and other is another reason that prevented effective reporting of defilement cases. Majority of the FGD participants in the Botswana study identified step fathers and their biological fathers, surrogates as being over represented among child sexual abusers. They reported that parents turned a blind eye to sexual abuse of their children, sometimes for mere economic gain.

Nansasi Grace (2010), states that the respondents said that people lost confidence in the police, alleging that the police officers were corrupt and others said the defilement cases

took long in the courts of laws as a result they lost interest in the cases. The study further revealed that people avoided embarrassing their children (victims) and relatives in the cases in which family members were the perpetrators of the vice. Other reasons were ignorance of the law. The people do not even know where to go to report the matters of CSA and how they could be helped. Sad to note the findings of the study revealed that some parents of the victims saw the vice as an opportunity to get riches from the perpetrators family hence seeing no need to report to the relevant authorities but preferring to deal with matters themselves and similarly, Assimwe (2001) in Uganda also found out that people did not report defilement cases because they were ignorant and they did not know where to go as they were ignorant of the law.

2.6 Conclusion

The literature reviewed has shown that several studies have been conducted on perception of the community towards CSA. However, most studies have been conducted in other countries other than Zambia. Evidence shows that none reporting of CSA lack of confidence in the police, fear of marriage breakdown and stigma and isolation to the child and the community also have a collectivist culture in which they consider the interest of the greater majority of people.

The results of Russell showed that women were to blame for abuse cases as they contributed to the CSA cases. This is because women sometimes turned a blind eye when their partners had sex with children in their families. Others believed that mothers complied with the men's requests on for monetary compensation, shame, fear, distrust n the legal and justice systems and love for the perpetrators.

Literature showed that not much sensitisation about the importance of reporting abuse cases has been done. Finally these studies show that in-service training is needed for the nurses to enhance their knowledge on CSA so as to improve awareness in the community and consequently improve the lives of the abuse children. It is against the background that the researcher wishes to explore the perception of the community towards CSA that hinder the disclosure and reporting of cases so that appropriate strategies can be implemented.

CHAPTER THREE

3.0 METHODOLOGY OR MATERIALS AND METHODS

3.1 Introduction

Research methodology refers to the steps, procedures and strategies for gathering and analysing the data in research investigations (Polit & Beck, 2008). This chapter outlined the design of the research and the methods used to explore the perceptions of the community towards CSA. The purpose of the study was to explore the Perception of community towards CSA in Chawama, Lusaka district. The use of purposive sampling to select the study sample from the target population, inclusion criteria and the process of data collection are discussed in details. Moreover, how the data was processed, analysed including ethical issues and limitations of the study are also discussed.

3.2 Study Design

A research design is a plan, structure, and strategy of investigations of answering a research question. It's the overall plan the researcher selects to carry out the study (Lobiondo-Wood and Haber, 2006). The researcher used a qualitative method because it gave a clear overview of the experiences of people on CSA. This led to comprehensive description of factors contributing to the increase of CSA cases and reasons for unreporting of cases. The study method helped to reveal patterns of feelings and emotions that underlie community perceptions of CSA through discussions and responses to certain situations. This resulted in new perceptions that are health promoting.

3.3 Study Area

Research setting is a place or area where the research study will be conducted (Basavanthappa, 2014). This study was conducted in Chawama in Lusaka urban district of Zambia. Chawama community is home to people of diverse cultures, norms, beliefs, tribes, races, religion and nationalists. However, Chawama was not be representative of Lusaka district. The study was conducted in Chawama because it was easily accessible to the researcher

3.4 Study Population

The study population is the total group of individual people or things meeting the designated interest to the researcher. The study population was all the men and women aged 18 years and above living in Chawama. The study population included the target population and accessible population.

3.4.1 Study Sample

The target populations were all the men and women aged 18 years and above in Chawama Lusaka district. This population was the target population because they were the people living in the community.

3.4.2 Accessible Population

The accessible population consisted of all men and women aged 18 years and above and CSA victims' relatives who consented to participate in the in-depth interview.

3.5 Sampling Technique

3.5.1 Selection of the Respondent

Purposive sampling technique was used for both the focused group discussions and the in-depth interviews. The community entry was through sensitisation of the study to the faith based organisations, schools, market places, community groups and local authorities. These were engaged to help with community sensitisation to would be participants of the study. The participants were mainly found on Shantumbu market day which is a day when the vegetables are cheap and a lot of people go to buy from the market and this day happens on Monday and Friday. Those that were willing to participate were scheduled for consenting at a nearby community hall near Chawama School and a bit distant from where the selling was taking place to avoid noise and participated in the focused group discussion. Further, participants who verbalised having a victim who's a relative and consented to participate were later scheduled for an indepth interview which was done one on one with the researcher

3.5.2 Selection of the Study Site

Chawama community was conveniently selected because it was easily accessed by the researcher as it is only about 200 metres away from where the researcher was residing during the period of the study.

3.5.3 Inclusion Criteria

Inclusion criteria for the Focused group discussions involved the women and men aged 18 years and above in Chawama, Lusaka district.

Participants for the in-depth interviews were relatives to victims of CSA and consented to participate in the study.

3.5.4 Exclusion Criteria

CSA victims were not allowed to participant if they were known cases or they verbalise being abused and were not comfortable to go on with discussion, and mentally disturbed people were not allowed to participate in the study as they could not give sound information due to their cognitive impairment

3.6 Sample Size

The sample size was determined by data saturation. This means that data continued to be collected until no new themes were emerging. All consenting participants were included to participate in the focused group discussions, then for the in-depth interview the sample size was dependent on the participants from the focused group discussion who were relatives to the victims and further consented to participate in the in-depth interview based on the inclusion criteria. The final sample size was:-

- ✓ Focused group discussion interview = 60 (9 groups)
- ✓ In-depth interview = 9
- ✓ Total sample size = 69

Therefore the sample size was 69

3.7 Instruments for Data Collection

Data collection tools that were used for this study is a focused group discussion guide and indepth interview guide.

3.7.1 Focused Group Discussion Guide

A focused group discussion guide was used to collect data from the community members. The tool had both closed and open ended questions. The guide had questions exploring the perceptions of the community towards CSA.

3.7.2 Indepth Interview Guide

The researcher used an indepth interview guide to collect data from the respondents who were relatives to the CSA victims in order to get their lived experiences. This was easy to use because most major aspects of information needed was already covered in the focused group discussion guide.

3.8 Procedure for Data Collection

In this study, data was collected from Chawama community. Before starting the focused group discussions the researcher obtained consent from the respondents. The researchers introduced herself to the respondents and explained the reasons, risks, and the benefits for conducting the research study. The respondents were assured of confidentiality and informed that participation was voluntary and were free to withdraw during the interview if so they wished. Subsequent to all the explanations, the respondents were asked to voice out any questions and whether or not they would consent to participate. Respondents were then asked to sign the consent form if they agreed to take part in the study. Interviews were conducted which lasted between 45 minutes to 60 minutes. In qualitative design, longer interviews are preferable, to obtain rich data. Considerations of participants' need to rest were made and refreshments were provided to the participants. Skills such as reflection, nodding, questioning, clarification and maintaining eye contact in order to facilitate and encourage participants to talk until there were no more themes emerging from the participants were communicated (Polit & Beck, 2008). Observations and expressions that were noted were also reported.

3.9 Data Analysis

Analysis of the data from the focus group discussions and indepth interviews took the form of thematic analysis developed by Braun and Clarke (2006). Data from the tapes were transcribed verbatim. The verbatim were then compared with the data contained in the notes. Transcripts were checked for any mistakes that could have been made during the

transcriptions as advised by Creswell (2009). The responses were coded by colouring responses from the various groups of participants differently. The data was repeatedly compared with the codes to prevent a shift in the meaning of codes during the process of coding. Long table's analysis as a low-technology option (Krueger and Casey, 2000) was then done where responses to the questions from various groups of participants, in different colour codes were pasted onto the flip charts. Each question was on a different flip chart followed by responses from the different groups of participants identifiable by the colour code. Long identification was then done by searching across the entire data set as recommended by Braun and Clark (2006). This was followed by showing explicit meanings of the data.

Finally, interpretation was undertaken with an attempt made to theorise the significance of the patterns in relation to the respective research objective. Five major themes were drawn with each having sub-themes.

3.10 Measures for Trustworthiness

Measures to enhance the credibility of the study were taken. The information collected from the first FGD was used to guide the subsequent FGDs questions. Peer debriefing sessions were held in which preliminary coding was done and revised regularly. A flexible guide emergent design, verbatim transcription and following a structured analytical procedure all aimed to promote the confirmability of the study results. The study is context-based and cannot be directly transferred to other settings. Hence, efforts were made to present rich quotes, provide detailed descriptions of participants and context to facilitate the reader's judgement of the interpretations and thus the transferability of the results. The qualitative approach involved the researcher as an instrument which has implications in the data collection and analysis Abeid *et al.*, (2015).

CHAPTER FOUR

4.0 ANALYSIS AND FINDINGS

4.1 Introduction

This chapter attempted to reveal the complexities of CSA from both men and women's perspectives. Various representations such as beliefs and attitudes towards CSA and reasons for non-reporting of cases to the police that negatively influence and contribute to the increase in CSA incidences were discussed. Some of the representations deployed by women participants are contradictory to men's, therefore highlighting the difference in the way behaviour can be represented differently based on gender. The findings materialised from analysis of data from FGDs and indepth interviews. The findings are presented in line with the objectives of the study under themes generated from the focused group discussions and indepth interviews. Six major themes were identified from the transcripts and each of them had related sub-themes.

4.2 Analysis of data

Analysis of the data from the focus group discussions took the form of thematic analysis informed by Braun and Clarke (2006). Data from the tapes were transcribed verbatim. The verbatim were then compared with the data contained in the notes. Transcripts were checked for any mistakes that could have been made during the transcriptions as advised by Creswell (2009). The responses were coded by colouring responses from the various groups of participants differently. The data was repeatedly compared with the codes to prevent a shift in the meaning of codes during the process of coding. Long table's analysis as a low-technology option (Krueger and Casey, 2000) was then done where responses to the questions from various groups of participants, in different colour codes were pasted onto the flip charts. Each question was on a different flip chart followed by responses from the different groups of participants identifiable by the colour code. Long identification was then done by searching across the entire data set as recommended by Braun and Clark (2006). This was followed by showing explicit meanings of the data.

Finally, interpretation was undertaken with an attempt made to theorise the significance of the patterns in relation to the respective research objective. Five major themes were drawn with each having sub-themes.

4.3 Presentation of Findings

Table 2

The table below illustrates the major themes, sub-themes and key statements from the participants.

Major Theme	Sub-theme	Key statement
Defilement as a common, severe and hidden occurrence	Gender of the child	<ul style="list-style-type: none"> • <i>Boy child rape... it is difficult to report..... in the first place the penis is small and there will be no bruises so what evidence will one present to the police and hospital</i> • <i>It was unimaginable to see my 3 year old daughter defiled by my husband's young brother and I kept thinking what was really going on in his mind. Honestly this is pure evil and an act of Satanism</i> • <i>Hmmmmmm. It is really tricky to report without any form of evidence. I think you only report if the child is bleeding because you have evidence. Otherwise without bleeding no one will believe you the police can even chase you from the centre</i>
	Age of child	
	Trauma subjected to the child	
Parental negligence contributing to CSA	Parents lack of control	<ul style="list-style-type: none"> • <i>CSA cases are really sad to even start talking about, my elder sister's child was being abused by her step father when she was out drinking with her friends, because most of the times she would be too drunk to even notice that her child was being abused</i> • <i>My sister's daughter was defiled by her husband's young brother because of her indescant dressing as parents could not control her because they were never home. She would wear bum shorts and revealing tops which made her appear attractive in her uncle's eyes and consequently predisposed her to sexual abuse</i> • <i>Some women even say leave my child alone because am a prostitute and am earning</i>
	Parents heavy alcohol intake	
	Prostitution	

		<p><i>money to take her to school. Look at you who's not a prostitute are you even able to feed your children. And by the way most prostitutes make a lot of money and are able to eat well and take children to school so it is difficult to convince them to stop</i></p>
<p>Fear of family and community breakdown as a barrier to reporting</p>	<p>Fear of losing their marriages</p> <p>Fear that their daughters would not get married</p> <p>Fear of shame to the child</p> <p>Fear of stigma and</p>	<ul style="list-style-type: none"> • <i>Ubuchindami bwa mwanakashi mulume (a woman's respect is determined by having a husband). Mostly women are more respected in society when they are married even if the husband does not provide anything at home</i> • <i>It is difficult to report to the police that your child has been sexually abused because everyone in the community will know that she has been exposed to sexual acts and worse off if it's a case of incest. The community members will narrate the abuse story to any suitor who comes to marry the girl in future and after hearing most men are not likely to make them future brides because very few men want to marry someone with a history of sexual abuse. Some community members even tell suitors that can you marry someone who was having intercourse with her father that's a no</i> • <i>When a child has been abused, it is very difficult for the mother to disclose such an incident, it is a shame on her part because it's like exposing herself naked in front of society. Sometimes the society expresses views that it was not truly defilement but the result of negligence on the mother's part</i> • <i>I cannot allow my child to play with a sexually abused child because they start teaching bad manners to other kids and some kids start enjoying the abuse so I would rather my kid is at a distance with such a child</i>

	isolation to the child	
Relationship between perpetrator and victim as barrier to reporting	Stranger as a perpetrator Perpetrator as the main family provider	<ul style="list-style-type: none"> • <i>Twenty years is really not realistic sentence behind bars. As you have seen we live in the community. Maybe when you look at the people here you will find that they come from the same family or same tribe. And if they find out that their relative is guilty and will be jailed for 20 years or for life, they cannot accept it, so as a community we are used defending ourselves</i> • <i>Reporting of cases depends on the relationship of the perpetrator to the victim. When the perpetrator is a stranger it is a punishable offence and they will be jailed nomater what but when it is a relative it is sorted within the family and the woman parent should keep it as a secret and instruct child never to talk about it</i>
Inadequate service provision by the police	Costly and corrupt police services Lack of confidentiality by police	<ul style="list-style-type: none"> • <i>The police encourage people to just get money from the perpetrator instead of taking them to the police. Ahhhh.... And these people are clever while they are negotiating with family to accept monetary compensation they are also negotiating for their own amount from the perpetrator. So they make money out of CSA cases.</i> • <i>The police ask uncomfortable questions in presence of other people such as bana kuchita kangati (how many times were you abused). And honestly no one would want others to know how many times they have been abused and how the abuse was done</i>
Team work as crucial for improving reporting	Partnership with key stakeholders is needed	<ul style="list-style-type: none"> • <i>The police, religious leaders and community leaders to work together and denounce child sexual abuse offences and be trained on how to handle CSA cases and informed that it should be treated with utmost confidentiality.</i>

4.3.1 Theme 1: Defilement as a severe, common and hidden occurrence

This theme emerged from the information that defilement cases were a common occurrence, yet it was only reported when it was regarded to be serious in the reporters view. The theme was informed by three subthemes namely; a) severity of cases b) age of the child, and c) Trauma subjected to the child.

4.3.1.1 Gender of the Child

This subtheme which informed the major theme: “Defilement as a severe, common and hidden occurrence”, explained the phenomenon by reflecting the behaviour the community had towards reporting regarding abuse of girls and boys. They stated that defilement of either boy or girl child was only reported if the parents regarded it as serious. The experiences lived at individual level though community also had a role to play. Most of the participants who had heard of boy child defilement reported that it was often not reported due to lack of physical injury. Participants spoke of the expected reaction to shock upon hearing that a boy child had been defiled. This is how 25 years old Mr BM expressed his reflection on boy child defilement.

“boy child rape... it is difficult to report..... in the first place the penis is small and there will be no bruises so what evidence will one present to the police and hospital. (BM, P1)

MR PT who had his son defiled by his sister inlaw also narrated similar feelings. Unlike Mr BM who did not have close experience of boy child abuse. MR PT also expressed the same thoughts about non reporting of boy abuse due to lack of evidence.

“When I discovered my son was being abused by my sister inlaw at first I had no evidence and thought my son was just lying until I caught them red handed that’s when I believed what my son was saying” (PT, P1)

Most participants reported that boy child rape is often not reported because men by tradition are expected to be strong and not express their weaknesses in public, hence most children hide the abuse in trying to show they are strong. Mr. PT who had experienced abuse of his son stated that his son managed to tell him because he was only 4 years old and probably at a stage where children talk too much. However Mr. AN reported that it is not easy to report because one wants to be seen as a man. He said:

“Mwamuna afunika kunkala olimba osati kulilalila mubantu (a man is expected to be strong and not cry anyhow in public)....” (MR. AN, P1)

Similar thoughts of not wanting community to see a boy as being weak were also expressed by most married men who stated that it is the training that we give to our boy children not to report everything so that they become strong men in future. Twenty five year old MR. PL reported:

“A man should be strong and if a boy is reporting everything even irrelevant things that one is not likely to make a good husband in future because they can’t make decisions on their own. It simply shows his a weak man” (MR PL, P1)

Additionally, the community perception was that girls of puberty age were ready for marriage, therefore it was not relevant to report such a case to the police. Thus, in such a case the two were allowed to get married and the man charged for damage and later on dowery. A thirty one year old, Mrs HN, expressed her thoughts this way:

It does not make sense to report that a girl who is of age has been defiled because she is ready to be a mother (MRS HN, FGD 3).

The participants accepted that defilement acts are sometimes condoned by community members because people believe in the saying *“adya kake alibe mulandu”* translated as he who eats from his own has no problem. For MR EM his thoughts were that there is no harm in defiling your relative. He said:

Adya kake alibe mulandu (he who eats from his own has no problem) why should one be punished for eating from his own. People can complain if it was a stranger. (MR EM, P2).

However most females were not in agreement and really condemned the defilement act and further stated that, it is a bad practice regardless of who has committed it. They reported that defilement by a stranger was regarded as serious and parents would make sure the perpetrator receives severe punishment.

4.3.1.2 Age of the Child

In relation to gender, as mentioned in the preceding theme, age categorised the abuse as severe if the child was below five years. Most participants felt that abuse of children below five years ought to be treated with seriousness and reported to the police as soon as possible.

For most participants, a perpetrator who abused a child below five years was a threat to society. This is how Mrs. ER expressed herself:

It is unimaginable that a normal person can have sexual intercourse with a child below five years because what satisfaction can such a person get from a child. (MRS ER, FGD 4)

Furthermore, most participants attributed sexual abuse of children to the selfish nature of people, for instance most people wanting to get rich, cured of HIV, STIs and Mental illnesses. They reported that most people desire to get rich hence they go to seek help from traditional healers who then instruct them to have sexual intercourse with children usually below the age of 12 because it is believed they are innocent. The perception is that blood that comes out after intercourse with children brings luck to their business and the perception was that these rituals do not work well when done on the adults hence the repeated use of children. This is how MR LP expressed himself:

Child sexual abuse is perceived as cure for STI, mental illness and HIV and also considered as a lucky charm for business people. A traditional healer will tell you to have sex with a young girl if you want to prosper in your business or to get treated of sexually transmitted disease, mental illness or HIV/AIDS. (MR LP, P1)

Further, it was reported that the perception of people is that a person who abused a child below five years was considered evil and wanting to use the child for bad purposes. Similar sentiments about abuse of children below five years were expressed by MRS MK who further stated that is evil and satanic to have sexual intercourse with a child. This is how she expressed herself

“It was unimaginable to see my 3 year old daughter defiled by my husband’s young brother and I kept thinking what was really going on in his mind. Honestly this is pure evil and an act of Satanism”. (MRS MK P9)

Additionally, Some participants also reported that the perception of men is that girl children are warmer and have tighter vaginas as compared to elderly ladies who have given birth before thus by implication these men do not enjoy sexual intercourse with their wives. A twenty seven year old MR KP expressed himself like this?

“Sex with child ohooo... u know I haven’t done it before but am sure child is much tighter than a person who has given birth before. And it becomes worse when a woman has more

than 3 children the vaginas really becomes big. So am very sure children have tighter vagina.” (MR KP, FGD 3).

4.3.1.3 Physical Trauma Subjected to the Child

In relation to gender and age physical trauma subjected to the child categorized the abuse as severe. The subtheme “physical trauma subjected to the child” explained the feature that confirm abuse which leads to reporting of cases. Most participants reported that when a child presented with severe physical injuries such as inability to walk, severe bleeding from the private parts, and injuries to the genitalia, bruises and development of a fistula this was regarded as severe and were to be reported to the police. This is how MRS MK expressed herself.

Hmmmmmm. It is really tricky to report without any form of evidence. I think you only report if the child is bleeding because you have evidence. Otherwise without bleeding no one will believe you the police can even chase you from the centre. (MRS MK P9).

Some participants further reported that their perception was that health care was reserved for severe injuries or when survivors required forensic evidence to pursue legal actions. Thus if children had no evidence of physical injuries parents failed to report the cases or seek for medical help. This is how MRS MM expressed herself:

Hmmmmmm it is really sad because if a child has been abused for a long time the parents have no evidence and cannot even go to the hospital because no one will attend to them as some nurses will think they are lying. (MRS MM P6).

Participants also spoke of behavior of a child as an aspect that can lead to reporting. They started that if a child has been abused and they do not seem affected it could mean it has been going on for a long period and the child is likely to have started enjoying and people felt there was no need to report. However, when child seemed affected the case was to be reported to the police. This is how MRS MK expressed herself:

If a child is bleeding or failing to walk it shows that it is happening for the first time but when the child acts normal it is possible that they would have started enjoying the sexual acts especially if they have become of age. (MRS MK FGD 4).

Most participants reported that young children nowadays are sexually active by the age of 12. Thus it is difficult to know whether one was forced or not especially if their no signs of

physical injuries hence making it difficult for parents to report the case. They explained that sometimes a child is abused but she would have already lost her virginity thus if there is no physical evidence of semen the perpetrator can win the case. This is how MRS DK expressed herself:

Ala am telling you it is really sad. My daughter was abused when she was 13 years old but she had already lost her virginity by then. And to make matters worse she came home straight and bathed after she was defiled so we had no evidence to prove she had been defiled and we ended up not reporting and sadly the perpetrator died a year after. (MRS DK P5)

4.3.2 Theme 2: Parental Negligence Contributing to (CSA)

The second theme: “Parental negligence contributing to CSA” defined the way parents care for their children which predispose them to sexual abuse. The theme was constituted by three sub-themes namely; i) Parents heavy alcohol intake ii) Parents lack of control iii) Prostitution.

4.3.2.1 Parents Heavy Alcohol Intake

The subtheme: “Parents heavy alcohol intake” was defined as the way parents are engaging themselves in alcohol intake which has a negative influence on the care given to their children. Participants reported that alcohol intake was a major concern in their community and it puts children especially girls at risk of abuse. They reported that most parents have made it a habit and routine to be drinking every day. They further, reported that this has become worse because women have also joined in the act and it gets worse when they attend kitchen parties. Thus, there is no one to protect the children from abuse at home. This is how MRS LN expressed herself:

CSA cases are really sad to even start talking about, my elder sister’s child was being abused by her step father when she was out drinking with her friends, because most of the times she would be too drunk to even notice that her child was being abused. (MRS LN, P1)

Mrs MK a twenty eight year old woman explained that most women are being initiated in the habit of beer drinking as they start attending kitchen parties. She reported that you would be surprised to see how women attend kitchen parties every weekend. This means that there is no one to take care of the children while this woman is out drinking thus putting the children at risk of abuse.

There is too much alcohol intake when women go for kitchen parties as a result no one takes care of children and they can easily be sexually abused. (MRS LK, P2)

Azimai ba manje bakumwa maningi balibe na ntawi yonkala panyumba (women of nowadays drink too much and have no time to be at home). They are always looking for where there is a kitchen party so they can go and drink. (MR MK FGD 4)

Participants also reported that alcohol makes one to lose self-control as a results when men and women take alcohol they lose control and at the worst are even capable of grabbing children and defiling them. This is how Mr. KP expressed himself:

My sister's child was being abused by her step father when the mother had gone out drinking or when the mother was asleep after drinking. (MR KP FGD 4)

Further, participants reported that due to alcoholism most women have now become absentee parents as they are never there to monitor and mentor their children hence putting them at risk of abuse. Due to them being absentee parents, most perpetrators even know the time they can go and abuse the children as they are sure the parents are not home.

4.3.2.2 Parents lack of control

In relation to heavy alcohol intake in preceding subtheme, parent's lack of control was categorized as contributing to the increase in CSA. The subtheme "parent's lack of control" was defined as the control ways parents are failing to care for their that is putting the children at risk of sexual abuse. Participants reported that the lack of control from parents is really worrying, for instance because of the absentee parents children are now involving themselves in indescant dressing which puts them at risk of abuse. They acknowledged that indescant dressing by the children has become rampart and if you see the body morphology of the children you cannot differentiate a 13 year old to a 23 year old. Thus they are attracting the men and putting themselves at risk. This is how MRS RN expressed herself:

My sister's daughter was defiled by her husband's young brother because of her indescant dressing as parents could not control her because they were never home. She would wear bum shorts and revealing tops which made her appear attractive in her uncle's eyes and consequently predisposed her to sexual abuse. (MRS RN P6)

It was intriguing to learn that irrespective of one's educational level or social status, participants still expressed deep concern about indescant dressing. Puzzling, although

participants tried by all means to adhere to traditional practices at times they did not comprehend the reasoning behind. Some participants reported that they use to put on vitenges (wrapper in the Zambian context) every time they are at home. This is how MR LP expressed himself:

When we were growing up girls always used to wear vitenges when home to cover their bodies and as a sign of respect and dignity to herself and her family but nowadays most of the girls have abandoned the old descent ways of dressing and want to model what they see on social media which is unacceptable in our African culture (MR LP, P1)

Although the majority of the participants criticized some of the old traditions and considered them outdated, some traditional practices were still considered valuable such as putting on descent clothing's such as vitenges (wrapper) to cover a girl's body.

Participants also reported that children nowadays are too free with their parents which makes it difficult for parents to exercise control over them. They reported that in their time when their parents were watching TV in the sitting room children were supposed to go and sleep but this is not the practice now and due to over familiarization with parents it is easy for them to be abused. This is how MRS MK expressed herself:

In our time it was not right to be in the sitting room watching TV with your parents and we always ensured that we left the place when they come to show respect and not what we are doing today. Children even hold the remote control and want to watch what they want and not what the parents want. (MRS MK, FGD 4)

4.3.2.2 Prostitution

This subtheme: "prostitution" reflected women's ability to engage themselves in illicit sexual behaviors in order to provide their children's basic needs. Most participants expressed concern that in relation to beer drinking most of the women also involve themselves into prostitution as a way of livelihood. Most participants reporting that some female parents are prostitutes themselves and they send their children into prostitution as a way of earning a living. This is how MRS ND expressed herself.

Parents send their children in the streets to go and sell food stuffs like fruits or bread and this makes them at risk of being abused. (MRS NP, FGD 9)

Most Participants also expressed concern that some of the girls who are sexually abused have mothers who are prostitutes so the mothers see nothing wrong with the act but regard it as a way of preparing the child to become better in bed so that she can handle any man and they perceived the act as a training so that the child can start bringing money to help at home. This is how MR KP expressed himself

Some women even say leave my child alone because am a prostitute and am earning money to take her to school. Look at you who's not a prostitute are you even able to feed your children. And by the way most prostitutes make a lot of money and are able to eat well and take children to school so it is difficult to convince them to stop. (MR KP, FGD)

Most participants attributed prostitution to the poor economic status. They reported that due to poor economic status parents leave the children to provide for themselves. Thus children now start soliciting for help from elderly men who can provide them with all their needs.

MWENYA: *Very often we see parents and guardians especially grandparents sent their daughters into prostitution so as to earn a living and contribute to the family and sometimes girls want a life the parents cannot afford so they resort to prostitution at an early age.*

Some participants reported that parents also send children in the streets to sell food stuff as a way of contributing to the house hold income and this makes children vulnerable to abuse. MRS IN expressed herself like this:

Parents should stop sending children on the streets to sell food stuffs because some men have no self-control due to alcohol intake and are likely to abuse the children. (MRS IN FGD 5)

4.2.1 Theme 3: Fear of family and community breakdown as a barrier to reporting.

The third theme: “Fear of family and community breakdown as a barrier to reporting” reflected the collectivist culture of people in the community and how the influence society has on decision making. Further probing revealed that people care more about what the society will think about them than what will really benefit them. This theme was constituted by four subtheme; a) fear of losing their marriage b) fear that children will not be married in future, c) fear of shame to the child d) fear of isolation and stigma to the child and e) relationship between the perpetrator and the victim’s family.

4.2.1.1 Fear of Losing their Marriage

This subtheme: “fear of losing their marriage)” reflected the importance society placed on marriage. Most Participants reported that the community perception is that a woman who is not married was not to be respected. Therefore when a child had been abused by her step father the woman was in a dilemma on whether to report to the police or save her marriage. In most cases women would not report for fear that the community would laugh and not respect her at all because she will not have a husband.

ubuchindami bwa mwanakashi mulume (a woman’s respect is determined by having a husband). Mostly women are more respected in society when they are married even if the husband does not provide anything at home.

Participants also reported that the traditional teachings that women go through before marriage also requires a married woman to keep home secrets. Therefore, if the abuse case is committed by a step father, brother or uncle or any close relative women will ignore the issue and sort it from home without reporting to the police.

When woman are getting married they are taught to keep home secrets and not expose whatever is happening home to outsiders. So when child abuse occurs the mother will keep it a secret and instruct the child to do the same.

Additionally it was reported that people in this community are interrelated and so when an abuse case has been committed by a relative women failed to report due to fear of breaking the good relationship both families have had. As such, participant spoke of women protecting their marriages and their families as an aspect that contributes to bad attitudes towards reporting of cases. They reported that their perception was that a woman’s ability to report was affected by her marital status and the perpetrator involved..

4.2.1.2 Fear of not getting Married in Future

In relation to fear of losing their marriages, fear of not getting married in the future was also categorised as contributing to non-reporting of cases. This subtheme: “Fear of not getting married in the future” reflected the worries women have that once community is aware that a child was abused that child is not likely to find a suitor for marriage. Participants reported that in our society a woman is more respected if she is married. For most women, the Mrs Title was an achievement as it came with respect from the community members thus for an

abused child she was likely have challenges to find a suitor. This is how MRS KP expressed herself:

It is difficult to report to the police that your child has been sexually abused because everyone in the community will know that she has been exposed to sexual acts and worse off if it's a case of incest. The community members will narrate the abuse story to any suitor who comes to marry the girl in future and after hearing most men are not likely to make them future brides because very few men want to marry someone with a history of sexual abuse. Some community members even tell suitors that can you marry someone who was having intercourse with her father that's a no... (MRS KP, FGD 5)

Two participants reported that when people know your child has been defiled before they will tell any suitor that comes to seek her hand in marriage that she is not pure and carrying bad luck due to the sexual abuse experience. Due to this most suitors would not want to make such a girl their wife as a result most parents opt to hide the abuse incidence so as to allow their daughter get married in future. Parents fear that their child would not be respected in the community if not married so they do anything to hide the case and increase chances of getting married. This is how MRS MK expressed herself:

What you don't know doesn't hurt so if the man does not know that the girl was defiled it will not hurt at all and the two will live in peace. But once he knows she was abused before even the love he had for her will fade away. (MRS MK FGD 5).

4.2.1.3 Shame to the child and family

This sub-theme: “shame to the child and family” reflected the embarrassment that will befall a family and community once abuse has been reported. Most participants reported that CSA brought shame and loss of dignity to the family when the community was aware that their child was sexually abuse. This is how MR KP expressed themselves:

When a child has been abused, it is very difficult for the mother to disclose such an incident, it is a shame on her part because it's like exposing herself naked in front of society. Sometimes the society expresses views that it was not truly defilement but the result of negligence on the mother's part. (MR KP, FGD 3)

Participants also reported that there is great fear that once abuse is reported the family name would be ridiculed and the mother would become the centre of gossip in the community.

Therefore, most families would opt to keep it a secret to maintain the family name and respect than report to the police. This is how MRS BY expressed herself:

It is very shameful and no child or mother can come out in the open to say they were abused. And most women fear that the respected that the family has enjoyed will all be lost in a few minutes. (MRS BY FGD 7).

Additionally, participants revealed that reporting defilement did more harm than good to the child. Often if the perpetrator is a rich person they would escape prosecution and the survivor is left without justice but shame. Thus the perception is that it is better if cases are not reported as the child will not be put to shame.

Women are ashamed to speak up in front of everyone about what has happened for fear that if the perpetrator has a lot of money he will pay the police and run away and the child will be left with no justice. (MR TP, FGD 7)

Further, most women reported that the bible says a woman should be submissive to her husband, so women have to wait for instructions from the husband on whether to report abuse or not since he is the head of the house. Therefore if a woman reported such a case, she was likely to be chased by her husband. So in trying to keep her marriage women kept quiet about abuse cases. This is how Mrs MM expressed herself:

A woman is just a helper to a man so she has to wait for instructions from her husband if the husband says go ahead then she can report but minus his consent a woman has no right to report. (MRS MM, FGD 5)

4.2.1.4 Fear of Isolation and Stigma to the Child

In relation to shame to the child, fear of isolation and stigma to the child was categorised as a reason for non-reporting. Some participants reported that most families do not report abuse cases for fear of stigma and isolation that will befall the child. When the community is aware that a child was defiled other mothers will stop their children from playing with such a child for fear that the abused child might start explaining her experience and consequently start having sexual intercourse at an early stage. This is how MRS T expressed herself.

I cannot allow my child to play with a sexually abused child because they start teaching bad manners to other kids and some kids start enjoying the abuse so I would rather my kid is at a distance with such a child. (MRS T, FGD 5)

One participant Mrs NM narrated that isolation of the abused children can make them develop low self-esteem especially if they do not engage in play activities with other children which keeps them away from thinking about the bad experiences. Further, MRS MM narrates that isolation of abused kids in communities is real. This is how Mrs MM expressed herself:

My elder brother's child was abused and all the neighbours instructed their children not to be friends with her for fear that she may start explaining her experience to the other children. The child become really low and depressed. (MRS MM, FGD 5)

4.2.3.2 Theme 4: Relationship between Perpetrator and Victim as a Barrier to Reporting

The fourth theme: “relationship between perpetrator and victim as a barrier to reporting” reflected how the relationship between victim and perpetrator affects reporting of abuse cases. The theme was informed by two subthemes namely: a) stranger as a perpetrator b) Provider as a perpetrator

4.2.3.2.1. Stranger as a Perpetrator

This subtheme: “stranger as a perpetrator” reflected the family’s ability to report abuse cases basing on the relationship with perpetrator. Most participants reported that they have a collectivist culture. Thus, when a child has been abused they look at everyone involved in the matter such as perpetrator and victims’ family. They reported that when the abuse act was performed by a relative they would look at the best interest of the family and not concentrate on the child meaning the case is going to be resolved from home and the decision made will be in the best interest of everyone in order to maintain the good family relationship that has been there. This is how Mr. KP expressed himself:

Reporting of cases depends on the relationship of the perpetrator to the victim. When the perpetrator is a stranger it is a punishable offence and they will be jailed nomater what but when it is a relative it is sorted within the family and the woman parent should keep it as a secret and instruct child never to talk about it. (MR KP, FGD 8)

Mrs LN further reports that it is very easy to report the case to the police when the perpetrator involved is a stranger because you are very sure you have no family ties with such a person. But on the other hand, it is not easy to report if abuse is done by a close relative because will lead to family break up when perpetrator is jailed for many years. This is how Mrs MM expressed herself:

It is easier to send a stranger to jail because you have no family ties with them. (MRS MM, P6)

Participants further reported that it would be unfair for the other children from the perpetrators family to grow up without a father and not be able to have sound education and a good life all because of a onetime mistake that the man had committed. This is how Mr KP expressed himself:

We all make mistakes in life but that does not mean someone should be sent to jail over issues that can be easily resolved at home. When you look at it a lot of people suffer. It is better if it is a stranger and not someone close to the family. MR KP

4.2.3.2.2 Perpetrator as a Main Family Provider

In relation to stranger as a perpetrator, perpetrator as a main provider emerged as another sub theme. This subtheme: reflected the response on reporting when perpetrator is the main provider where he is coming from. Most participants reported that the number of years spent in jail for the perpetrators is unimaginable and this makes it difficult for the women to report abuse cases. This is how Mrs EM expressed herself:

Twenty years is really not realistic sentence behind bars. As you have seen we live in the community. Maybe when you look at the people here you will find that they come from the same family or same tribe. And if they find out that their relative is guilty and will be jailed for 20 years or for life, they cannot accept it, so as a community we are used defending ourselves. (MRS EM FGD 7).

Participants further reported that it is difficult to report abuse cases when the perpetrator is the one taking care of the child and paying their schools fees and the parents are unable to. Most women fear to report because they know when the perpetrator is sent to jail no one would educate them and that will mean the end of their bright future. This is how MRS NM expressed herself:

I would rather deal with the issue from home than have my other children live in abject poverty and the entire family suffering once my husband is sent to jail for abuse. I wouldn't want to see the abused child lose two things their purity and education so it is better resolved at home. (MRS NM FGD 5)

Participants also reported that most of the women are not financially empowered which leads to them failing to report abuse cases if committed by their spouse for fear that they will be no one to provide for the family if he is sent to jail.

Hmmmmmm honestly one cannot report when they know they are not in any form of employment and the abuser is the bread winner at home that cannot happen. (MRS KP, P6)

In addition, participants reported that the sentence for the offence is unimaginable and if the case were to be reported the perpetrators family can really suffer if that person is a bread winner. This is how MRS PN expressed herself:

Unreasonable sentence makes people not to report because they sympathise with the offender elo Nikufunta chabe ungakale 20 years osa gona namwamuna uyembekeza chabe (that is madness can u stay for 20 years without sex just waiting for him to come back) all because he made a mistake. Even the bible says forgive and forget hahahahaha. (MRS PN, FGD 6).

4.2.3.4 Theme 5: Inadequate Service Provision by Police

The fourth theme: “inadequate service provision by police” was conceptualized by two sub-themes: “Costly and Costly police services and “Lack of privacy by the police”. The theme defined community interpretation of the service delivery in the context of provision of privacy to victims and care and attention given to victims after abuse by the police. Experiencing bad care made women and men have uncertainties with the way police handled CSA cases.

We are provided with inadequate services..... That is why most of the times we do not even bother reporting abuse cases. (MRS MK p5).

4.2.1.4.1 Corrupt and Costly Police Services

The sub theme: “costly and corrupt police services” elucidated the failure by the police to offer adequate care to victims who had no money and pay more attention to rich perpetrators. Most Participants perceived cost and corruption at police stations as barriers to help seeking behavior and reporting of sexual violence by survivors. Participants reported that the financial status of the perpetrator also had an influence on the actions the police took. They reported that if the perpetrator was rich, the police would advise the family to discuss the matter at home and the family compensated.

The police encourage people to just get money from the perpetrator instead of taking them to the police. Ahhhh.... And these people are clever while they are negotiating with family to accept monetary compensation they are also negotiating for their own amount from the perpetrator. So they make money out of CSA cases. (MRS NO FGD, 7)

MRS MK who appeared really touched by the CSA stories reported that the police are a bunch of corrupt people who will only give your case attention if you have money, if you are poor and your child is defiled nothing will happen but if you have money you can push the police to any level until justice is sought.

We hear of cases where children are abused and cases not taken anywhere by the police because perpetrators are very rich. Even if the family refuse the bribe the police get bribes and case keeps on being postponed until the family gives up. (MRS MK, FGD5).

Mrs. NM also reported that the law enforcement officers (police) are a problem as they would ask for money from the survivor’s guardians or parents. This is what she said:

One can really wonder what goes on in the minds of police officers. They ask for money to get on a cab to go and get the perpetrator or air time to call and find out where the perpetrator is? (MRS NM, FGD 8)

Additionally, participants narrated that it becomes costly for the victim’s family to always spend money giving it to the police and in a case where the family decides not to give money

to the police their case would not be given much attention and most times pushed to a later date for hearing until they give up.

Participants reported that the process of reporting abuse cases was very tedious and long which made victims give up on the way. This is how Mrs MK expressed herself:

When one goes to the police they will be interviewed and then sent to the hospital to be seen by the doctors and nurse and if they are not their you need to wait. Ahhh this process is tiring... (MRS MK)

Participants further reported that seeking care was also seen as an additional financial burden as the guardians would be forced to find money to be moving in different places to seek help and for transportation from their homes to the police or hospital to access the services.

I feels reporting cases also puts a financial strain on the families as they now have to use the little they have on accessing services of which that money would have been used to feed the family. (MR KP)

The participants further reported that the reporting process is too tedious and long as the victim's family is expected to give statements and courts and if days keep being pushed it becomes expensive and disturbs their program. Thus in the end they give up on justice.

It is very tiring to be moving from court to home especially if you are not even seeing an improvement. You know the little money we have will be wasted on the transport and food as you go to court so in the end people give up. (MRS NK FGD 7)

showed concern that the police are the custodian of people's rights but in most cases they are only interested in extracting money from the poor victims' family, as a result most families do not report to the police because they do not want to end up spending more money in the quest to seek justice.

.4.2.3.4.2. Lack of Privacy from the Police

The sub-theme: "lack of privacy from the police" reflected the inability of the police to conduct interviews in quiet and private rooms. While confidentiality is a fundamental part of

ethical principles, Participants expressed concern on the lack of confidentiality from the police. They reported that police officers ask victims uncomfortable questions in presence of other people. They reported that most police officers interview victims just on the reception instead of providing a private room where such matters can be discussed as this case requires maximum privacy in order for a child to open up. This is how MRS NK said it:

The police ask uncomfortable questions in presence of other people such as bana kuchita kangati (how many times were you sexually abused). And honestly no one would want others to know how many times they have been abused and how the abuse was done. (MRS NK. FGD 5)

Mr KP also narrates that the lack of confidentiality on the part of the police is even worse because police officers also engage in drinking alcohol with the local people and thus as they are drinking if a child or parent to abused child passes the police would start narrating her abuse story.

Most of the police men are drunkards and like drinking even when they cannot afford to buy alcohol so for them to entertain the people buying when an abused child or her parents pass the police start explaining what they were told in confidence. (MR. KP FGD 7).

4.2.3.5 Theme six: Team Work as Crucial for Improving Reporting

The sixth theme conceptualized from the information that for defilement cases to decrease there is need for partnership with all stakeholders and it was informed by one sub theme namely:

4.2.3.5.1 Partnership of Key Stake Holders is necessary for Reporting

Partnership of key stakeholders emerged as a sub theme. Across all the focused group discussions the participants conveyed the view that people from the community lacked education on where to access help and most were blank about the existence of the one stop centers and this could be another barrier to help seeking and seeking justice. They perceived the need to educate the community across all age and social groups to raise their knowledge on issues pertaining to defilement, the health consequences, and the importance of seeking

care, and the laws that exist to support the survivors or prosecute the perpetrator. This is reflected in the two statements below;

PETER: *The police, religious leaders and community leaders to work together and denounce child sexual abuse offences and be trained on how to handle CSA cases and informed that it should be treated with utmost confidentiality.*

Additionally, Participants also highlighted that the government should educate the community leaders and religious leaders such as (pastors, women group leaders, men's group leaders, and elders of the churches) on prevention of CSA and the reporting process as they are more respected in the community's and it will be easier for people to understand and implement .

CHAPTER FIVE

5.0 DISCUSSION OF FINDINGS, IMPLICATIONS TO NURSING, RECOMMENDATIONS OF FINDINGS AND LIMITATIONS OF THE STUDY.

5.1 Introduction

Child sexual abuse is perceived as a severe and common phenomenon which is on the increase and is enhanced by indecent dressing by the girls, parents' heavy alcohol intake, substance abuse, poor parental guidance and supervision, poverty and myth of HIV/AIDS cure, money rituals among others. The disclosure and reporting of abuse cases was perceived to be slowed down by stigma and isolation of the victims, fear of shame it brought to the families, and poverty among others. This section discussed the results presented in chapter 4 in light of related literature and made conclusions grounded in the data and supported by other research findings where possible. The discussions were on the major and sub-themes, strengths and limitations of the study, and implications to practice.

COMMUNITY ATTITUDES AND BELIEFS TOWARDS CSA

5.2 Defilement as a Severe, Common and Hidden Occurrence

Participants in this study ascribed to the view that child sexual abuse was a common and hidden occurrence in the community. They stated that CSA was common and reported when it was regarded as serious, when the child involved was below 5 years and when they were serious injuries to the child.

Participants reported that cases of CSA were common but only reported if the family regarded it as being a serious issue. The perception of the family regarding reporting of CSA cases was that CSA cases were not considered serious if the perpetrator was a family member but if the perpetrator was a stranger it was regarded as a serious issue and the family made sure that the perpetrator was punished which indicated that the relationship of the perpetrator to the victim was a factor when it came to reporting of the CSA. There was a belief from men that "*adya kake alibe mulandu*" (he who eats from his own has no case), hence some men did not perceive CSA as bad, but most women considered child sexual abuse as a bad

practice and very traumatic to the child and perpetrators were to be severely punished regardless of the relationship with the victim. The findings are similar to a previous study done by Abeid *et al.*, (2015) which demonstrated that when the perpetrator was a family member, CSA cases were dealt with from covertly. As opposed to the “*adya kake alibe mulandu*” belief, a study by Bornster *et al.*, (2007) showed that defilement by a parent was regarded as more severe and traumatic to the child and the relationship between perpetrator and victim did not affect the perception of CSA. The difference in opinion of the men to women shows how people perceive issues based on their gender.

Participants also ascribed to the view that CSA cases were common and often reported when the child was below 5 years while those involving children older than twelve were regarded as not serious and not often reported because children over 12 years were regarded as mature and able to make sound decisions. Therefore, when a child above 12 years old was abused, it was sometimes thought that the abuse was an agreement between the adult and the child. The findings are similar to a study done by Abeid *et al.*, (2015) as well as Maynard and Weiderman (1997), with the latter revealing that scenarios of a 15 years old were rated as less abusive, and less responsibility was attributed to the adult involved, but defilement of a 7 years old was considered really serious and the adult was blamed for the abuse. These findings suggest that age of the child may influence the ratings of abusiveness and attribution of responsibility and blame and also showed that age of the child influenced whether to report the abuse or not.

Furthermore, participants ascribed to the view that CSA cases were reported when there was severe physical trauma to the child, with evidence such as bleeding or failing to walk among others and generally that CSA was regarded as a really bad thing. The representation of child sexual abuse as a bad practice is also seen by Abeid *et al.*, (2015) and Bornster *et al.*, (2007) with the latter revealing that defilement by a parent was regarded as more severe and traumatic to the child and the relationship between perpetrator and victim did not affect the perception of CSA. On the other hand, a study conducted in Pakistan in 1997 showed that one third of men did not consider child sexual abuse as bad and there was a belief that if people did not see what you were doing then your behavior was accepted and a study by Collins *et al.*, (1997) showed that child sexual abuse was not actually abuse and that it was not harmful and Freyd *et al.*, 2005 also supports the myth of harmlessness. Support for these myths not

only denies the personal trauma to CSA and the public health problem but also serves to benefit the pedophiles

COMMUNITY PERCEPTIONS THAT CONTRIBUTE TO INCREASE OF CSA

5.3 Parental Negligence contributes to CSA

Participants ascribed to the view that inadequate care from the parents to their children contributed to the increase in the CSA cases. They stated strongly that children who are left alone without supervision of the parents were more likely to be abused. It was reported that parents were involved in heavy alcohol consumption including women and this contributed to their lack of care as their concentration was on alcohol and not taking care of children. The study findings are in line with Abeid *et al.*, (2015) who further explains that the drinking situation is even worse when the women go for the kitchen parties.

Another factor that was perceived as contributing to the increase in CSA was prostitution which was due to poverty in the community. Poverty was a major restraint in not only accessing care and meeting the expenses of care, but also rendered children to be the victims of CSA. Poverty made children more vulnerable to prostitution in order to solicit financial and material support as some parents would send children in the streets to go and sell food which consequently predisposed them to CSA. Further, some parents and guardians send their children to go in the streets and exchange sex for money and this becomes the mode of survivor for young children. The representation of poverty and poor economic status as contributing to the increase in Child Sexual Abuse has also been reported by Kamuwanga & Ngoma, (2015), Mukuka *et al.*, (2014) and Abeid *et al.*, (2015) with the latter revealing how some mothers are prostitutes and consider it a way of earning a living and thus see no wrong in sending children. Participants in the present study believed most mothers were to blame for abuse due to their carelessness and lack of responsibility. Moreover, when a child has been abused and the perpetrator is a rich person the parents because of poverty opt to obtain money from them instead of reporting the case to court. Therefore, to them the concern is on how much money they will get and not the psychological health of this child and its impacts. Our findings are in line with previous researches conducted by Abeid *et al.*, 2015, Mukuka *et al.*, 2015 and Kamuwanga and Ngoma, 2015 that associated poverty with people's vulnerability

to receive money from the perpetrators. Collins et al, further states that poverty drives certain families to use their children as sex workers in order to meet their basic needs.

Inadequate care of the parents to their children is also seen in the indescient dressing by most children and this was seen as a contributing factor to CSA cases. Participants stated that some parents are too busy to stay at home and monitor what clothes their children are putting on. They stated that children put on very tight and revealing clothes which make them attractive to the men and consequently predisposing you them to CSA. Similar findings are reported by Abeid et al 2015 who further states that indescient dressing attracts the men especially if they are drunk, they can lose self-control and abuse the child and Kamuwanga and Ngoma, (2015) also state that girls of nowadays do not dress properly and the clothes they wear attract a lot of men

In the present study, the community blamed the women for abuse cases due to their negligence and element that women sometimes turned a blind eye when their partners had sex with their children in their families. The community viewed such women as having failed to protect the child. The findings are in line with previous research findings from Russell, 2002 in the United States who also stated that the community had little empathy on mothers of abused children because they were seen as having failed to protect their children. On the other hand women found themselves in a predicament were their needed to protect both their marriages and their children. This led to women failing to protect their children in trying to keep their marriages as a way of gaining their respect and pride as the belief in the community is that a woman with no husband was not respected. The implication of child sexual abuse in many parts of the world can be unpleasant for the child affected, but tends to be extended to the family as well. Mothers are as affected as the children because they both carry the shame.

PERCEPTIONS TOWARD CSA THAT HINDER DISCLOSURE AND REPORTING

5.4 Fear of Family and Community Breakdown as a Barrier to Help Seeking

Participants were also of the view that women are afraid of losing their marriages. Marriage breakdown emerged as a serious concern for most of the women and this contributed to poor help seeking. Women were afraid that once they reported the abuse cases their husbands

would send them back to their parents and their marriages ending. Most women were afraid of reporting the abuse cases for fear that the husband will be sent to jail for many years and she will become single. Additionally, the belief that a woman is more respected if she's married makes them fail to report for fear of losing the respect from the community members. The findings are similar to research results by Russell (2002) who stated what women fail to report for fear of marriage breakdown.

Additionally, it was reported that women fail to report abuse cases especially if the perpetrator is a parent, guardian or close relative due to the fear of the shame the abuse will bring to the child, family and community and because the community will laugh at the woman for allowing her child to be having sex with her husband. Most women feared reporting because they knew in the process they would lose their marriages. The fact that their experience would be known to the whole community was very unpleasant and was linked to avoiding their own internal shame as well as avoidance of receiving direct negative reactions from the community. Similar findings were demonstrated in previous studies which shows that it is difficult for survivors to report or disclose abuse cases due to fear loss of their marriage as well as community and family reactions Leisser, (2009), Kisanga (2010) and Abeid *et al.*, (2015)

Another barrier to help seeking is the belief that when girls report abuse cases, most men are not likely to make them future brides. When the community is aware that a girl was defiled most people will ask any suitor who comes to marry the girl to withdraw the marriage proposal because she is not pure and her virginity has been broken. The community also believe that for a woman to be respected she should be married therefore for fear of not getting married they opt to solve the issue at family level to increase the girls chances of getting married in the future. The findings are in line with the research findings by Michael *et al.*, (2015) as well as Abeid *et al.*, (2015) and Mukuka *et al.*, (2010) with the later revealing that women fear to report abuse cases for fear that their girls will not be taken as brides in future. Changing the mindset of whole families and communities can help forget such perceptions and building their trust takes time and requires specialist skills to bring out (oak foundation, 2008).

Protection of the perpetrators especially if he/ she is a close relative was also cited as another barrier to help seeking. This was because defilement by a relative was regarded as bringing

shame to the family and community and the families name would be put to disrepute. The thought of taking the perpetrator to jail for many years was very unpleasant and was linked to avoidance of shame to the individual, family and community. In trying to prevent the parents or guardians from shame most of these cases were not reported because they consider the interest of the greater majority of the people who are going to suffer and not the person defiled. The findings are similar with previous research conducted by ChildLine Botswana, (2005). More education is needed in families to help know the effect of child sexual abuse on the victims and their future and punitive measures taken on the perpetrators to enhance community awareness of the consequences. Acculturation is another aspect that can help by starting to care more about oneself.

The fear of shame to the family was among the barriers to help-seeking as most families would not report for fear that the community would blame them for having inadequately cared for their child. UNICEF (2001) and Abeid *et al.*, (2015) report similar findings with the latter revealing that fear of being blamed for both reporting defilement and the stigmatization of children for the rape they experienced was perceived as a powerful hindrance for disclosure of CSA. The findings imply that the conflict that exists between values derived from religious/culturists (collectivist) cues and individualistic values inherent in the therapeutic process contributes to the under reporting of the abuse cases and consequently underutilization of the mental health services amongst the victims who can really benefit from psychotherapy.

It was further reported that most women failed to report CSA cases because they were expected to be submissive to their husband so they were expected to wait for instructions from the husbands regarding the reporting of the abuse cases. Therefore, if a woman disobeyed her husband and reported without consent, the husband would chase such a wife from home and the marriage dissolved because she was considered as having brought shame to the family. Therefore, most women feared losing their marriages and would not report the CSA cases. On the other hand, Mugweni *et al.*, (2012) showed that a woman who reported to the police was often sent back to settle the matter with her family, and similar gendered expectations are described in Namibia and South Africa (Jewkes *et al.*, 2005). Such social norms affect women and make them feel inferior and have less desire to go and report the abuse cases.

Lastly, it was reported that children feared to report abuse cases because the parents regarded it as a sin and so they felt they had committed a serious mistake. The findings are in line with Collins *et al.*, (2002) who stated that children failed to report abuse for fear that the parents will look down on them for committing a sin.

5.5 Inadequate Service Provision by the Police

Participants indicated that the process of reporting cases is tedious and expensive, as the victims' relatives are expected to be going to the police and courts to give statements, a process that disturbs their programs. They reported that the law enforcement officers keep on asking for money for talk time to call the perpetrator or transport to go and get the perpetrator and most of the people are financially challenged and this discouraged people from reporting the CSA cases because they had no money to give the police. Similarly, Kisanga *et al.*, (2010) also reports that the ability of the police to solicit money from victims' family prevented the children from seeking help as most parents and guardians would give up in the process.

On the other hand, the financial status of the perpetrator also played a role in the reporting process and help-seeking by the families and law enforcement officers. The police would try by all means to defend the perpetrator if he had money to pay them and will keep on postponing the court sessions until the victim's parents or guardians simply give up, with the police at times even encouraging the parents or guardians to receive the money as settlement for the case, which would help in running of the home. If the police managed to convince the family on receiving the money, the perpetrator would then pay both the police and victim's parents or guardians. That the representation of financial status of the perpetrator was a barrier to help-seeking is also reported by Nansasi (2010) , who revealed that cases took long in the courts of laws, resulting in loss of interest in the cases.

Furthermore, it was reported that the law enforcement officer had a lack of confidentiality when it came to dealing with abuse cases, and would ask the victims very unsettling questions about how the abuse happened.

5.6 Partnership of key stakeholders is needed to improve help seeking

The complexity of the abuse and its association with poverty, alcohol and substance abuse, suggest that collaborative efforts and comprehensive efforts are needed. The involvement of the police, religious leaders, and community and civic leaders, legal and medical systems can have profound implications on a survivor's recovery, with emphasis on prevention. It is imperative that the community be educated and empowered so that they are able to defend themselves, through such initiatives as provisions of small loans to families to help start businesses, which has been shown to reduce the violence levels (Vyas, 1998).

The more individuals start internalizing the western concepts of individuality, the more likely and more open they will be to seek professional help and see to it that justice prevails. Similarly, Fung and Wong (2017) found that those subscribing more to a western stress model of illness had a more positive attitude towards seeking professional help while those subscribing to a culturalistic structure had a more negative attitude

These findings suggest that interventions should focus on educating the community, coordinating service systems, and making attitudes be supportive of defilement survivors. Furthermore, strategies that decrease gender inequality, as well as interventions to reduce child sexual abuse may ultimately serve to decrease child sexual abuse prevalence.

5.7 CONCLUSION

The purpose of the study was to explore the perceptions of the community towards Child Sexual Abuse in Chawama, Lusaka district. The study goals were to explore the beliefs and attitudes towards Child Sexual abuse, as well as to explore the perceptions of the community towards child sexual abuse, and to explore the perceptions towards child sexual abuse that hinder disclosure and reporting of abuse cases. To the best of the researcher's knowledge, this was the first research to be conducted on the general perceptions of the community towards Child Sexual Abuse in Zambia.

The main findings suggest that Child Sexual Abuse does exist and is a hidden, but highly prevalent phenomenon. Common community beliefs that perpetuate child sexual abuse, as identified, include myths of children being lucky charms, and cure for Sexually Transmitted

Diseases and HIV/AIDS due to their blood being undefiled by sex. The study also identified socio-cultural barriers that frequently serve as obstacles to both seeking and receiving care for sexual violence survivors. However, further research is needed on its subject on a larger sample size and different provinces in Zambia in comparison with the urban and rural experiences.

5.8 IMPLICATION TO NURSING

The main interest in Mental Health is to have an individual that is able to realise their ability, can cope with the normal stress of life, work productively and fruitfully and is able to make a contribution to his or her community. Most children who are sexually abused have a disturbed mental health state and it is the nurse's role to ensure that they get back to their normal state and are able to function in community. The findings of the study have the following implications:

5.8.1 Nursing Education

The study findings revealed that there is a great need for nurses to be highly trained in mental health as this will enable them to take care of the abused children and manage their mental health state, which will in turn reduce the predisposition to development of mental disorders. General Nursing Council of Zambia and nurses training institutions should consider training more nurses in mental health and more emphasis placed on the counselling and mental health skills which will be helping victims to cope with resultant problems. Counselling should be tailored towards ensuring that the child's self-esteem is improved and he/she is no longer affected by the past experience.

Tutors and clinical instructors should ensure that students are taken to the One-Stop Centers and trained on management of sexually abused children so as to increase awareness of the existence of the one stop centres. The awareness of the one stop centres will enable students and nurses to communicate with the community members about the reporting process for CSA cases.

5.8.2 Nursing Practice

The findings of the current study indicate that there is some secrecy attached to CSA cases as a result the cases are under reported. There is great need for incorporation of the nurses at the centres to give information, education and communication about the importance of reporting the CSA cases so as to enhance treatment of the victims and initiation of counselling to prevent later development of mental disorders. The nurses could incorporate the IECs on CSA in the program for child growth monitoring as most mothers take their children and family planning services.

Inservice training for the nurses attending to CSA cases in the one stop centres should also be intensified, with emphasis on nurses upholding the principle of confidentiality. Community and Public Health Nurses ought to sensitise the community about CSA and the importance of reporting cases to protect the children and consequently, help prevent them from developing mental disorders in future.

5.8.3 Nursing Research

The review of literature clearly shows that limited research has so far been conducted in the area of perception of the community towards Child Sexual Abuse in Zambia. Nurse researchers, therefore, need to investigate more on factors that hinder the reporting of the CSA cases in other provinces or rural areas in order to have comparisons from urban and rural areas and make appropriate recommendations. This will improve, not only the body of knowledge in mental health, but also lead to improvement of the mental health status of the abused children in Zambia.

5.8.4 Nursing Administration

The nurse administrators should come up with a policy that will enable every child to be screened for possible CSA at every centre on each routine visit as this will help in knowing the unreported cases. They should also extend the assessment training to the primary and secondary school teachers so as to enable them to be able to assess unreported cases of CSA and report. They should also sensitize other nurses on the existence of the one stop centers for easy referral of cases.

5.9 RECOMMENDATIONS

Based on the findings, the followings recommendations are made:

5.9.1 To the Government

The government to intensify the youth funding and spread it evenly to accommodate a lot of youths as this will empower them and help them become financially independent and may reduce dependence of the perpetrators.

5.9.2 The Church

The ministry of religious affairs to be sensitized about CSA and spiritual leaders to be involved in the prevention of CSA and encouraging community members to be reporting abuse cases. This is because most people in the community respect the spiritual leaders and may report cases once information comes from a spiritual leader. The spiritual leaders have more influence in the community therefore involving them may yield positive results

5.9.3 Community Leaders

The community members such as area Member of Parliament, councilor and community chairperson to be sensitized about CSA and to come up with ways of helping victims and their family once the perpetrator has been jailed for the crime through incorporation with NGOs.

5.9.4 Health Care Providers

Health care providers to incorporate role plays to sensitise the community about CSA during their outreach programs and school health services

5.9.5 School Teachers

The government should incorporate CSA teaching in the primary and secondary educational curriculum so that children know what is regarded as CSA, how to prevent it and when it should be reported.

School teachers to be taught how to assess children for CSA as this may yield positive results of hidden cases of CSA because teachers spend a lot of time with the children.

Parents and teachers association meeting to incorporate sensitization of parents about CSA and importance of reporting such cases.

5.9.6 To THPAZ

The leaders of THPAZ to be sensitized about CSA and encouraged to further sensitise the traditional healers about CSA and importance of reporting with emphasis that having sexual intercourse does not cure HIV/AIDs, sexually transmitted diseases and mental health diseases

THPAZ to come up with ways of regulating the traditional healers practices such as having harsh punishment for those that practice otherwise. Some harsh punishments can include revoking the license so that they stop practicing.

5.9.7 To the Police

The head of police to come up with harsh punishments for the police involved in corruption cases concerning CSA and those encouraging victims and their family to accept money from perpetrators.

The head of police to enforce laws regarding CSA to all police officers attending to CSA cases and intensify training of officers on management of CSA cases

5.9.8. The Ministry of Health

The Government through MOH to train all the nurses attending to CSA cases on management of CSA cases at the one stop` centres and counselling. As may yield positive results on improving the victim's mental health status..

5.9.9 For Future Research

Since the current study focused on perception that hinder the disclosure and reporting of CSA in the urban setup, there would be need to conduct a comparative study with those from a

rural setup on factors that hinder the disclosure and reporting of abuse cases. Future studies should be extended to the police so that factors that hinder reporting are identified from the perspective.

5.10 Limitations of the study

Firstly, the sensitive nature of the topic made it difficult to find participants easily because most people felt it was not something they can freely discuss in a focus group discussions.

The difference in age of the participants made it hard for the groupings for the focused group discussions because some elderly people could not agree to be in the same group with younger participants

Resources could not allow the study to be conducted on a large scale because the project was not adequately funded and therefore, the site was conveniently selected. This means that the results may not be representative of the larger population of Lusaka.

5.10 Dissemination and Utilization of Findings

The findings of the study were presented at the postgraduate seminar week 18th august, 2017. The results will also be presented to Chawama Hospital, the General Nursing Council of Zambia, Ministry of Health, Ministry of Home Affairs, and THPAZ for implementation and identification of the gaps identified in the study. In addition the bound copies of the study will be submitted to the school of Nursing Sciences, UNZA-Medical Library and Main Library. The findings will also be published in Medical journal of Zambia.

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APPENDIX 1

ACTIVITIES	2016					2017					
	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept
Literature Review											
Submission to ethics committee			X	X							
Ethical approval						X					
Data Collection							X	X			
Data Analysis									X		
Dissemination of findings									X		

APPENDIX 2

BUDGET JUSTIFICATION

Resources

The following resources in the table below are necessary to facilitate the smooth running and the completion of the project.

S/N	DESCRIPTION	QUANTITY	PRICE (ZMK)	TOTAL
1	STATIONARY			
	Realm Paper	2	60.00	120.00
	Tape Recorder	1	1000.00	300.00
	Tapes	12	180.00	180.00
	Batteries	2PKTs	50.00	100.00
	Scientific calculator	1	170.00	170.00
	Pens	1 PKT (50)	25.00	25.00
	Staples	1	30.00	30.00
	Stapler	1	120.00	120.00
	Writing Pad / Note books	10	20.00	200.00
	Box file	1	15.00	15.00
	Perforator	1	80.00	80.00
	Flash disk for storage of data	1	120.00	120.00

	Desk jet cartilage for printing	1	2,2000	2,200.00
	Spirals	5	25.00	125.00
	Transparent /Manila paper	10	10.00	100.00
	Sub total			3,885.00
2	SECRETARIAL SERVICES			
	Typing research proposal	7.00	20 pages	140.00
	Typing draft report	7.00	100 pages	700.00
	Typing final report	7.00	110 pages	770.00
	Binding final report	200.00	5 copies	1,000.00
	Subtotal			2,610.00
3	PERSONAL			
	DSA (1 researcher)	700.00	2	1,400.00
	DSA (3 research assistants)	600.00	2	1,800.00
	DSA (1 driver)	350.00	2	700.00
	Statistician	700.00	2	1,400.00
	Subtotal			5,300.00
4	OTHERS			
	Participants expenses	50	75.00	3,750.00
	Transport – local		2,000.00	2,000.00
	Contingency Funds 10%			1,754.50

	Grand total			19,299.50
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Budget Justification

To conduct this study effectively and professionally, funds for stationery, secretarial services, and training of research assistants, field expenses and dissemination of results were required. Kwacha rebased (KR) 3,885.00 were required for stationery, KR 2,610.00 for secretarial services and KR 5,300.00 were required for personel such as research assistants, driver and statistician. In addition participant's expenses were required of KR 3,750.00 and transport of KR2000.00. In case of any eventualities, 10% (KR 1,754.50) of the total budget were set aside as contingency funds.

Sources of Funding

An application for research funds to cover the costs of the study was made to the NORHED project.

APPENDIX 3



THE UNIVERSITY OF ZAMBIA SCHOOL OF MEDICINE

DEPARTMENT OF NURSING

INFORMED CONSENT FORM FOR MENTAL HEALTH NURSE

[Name of Principal Investigator]: KABWE CHITUNDU

[Name of Organization]: UNIVERSITY OF ZAMBIA

[Name of Sponsor]: SELF

This Informed Consent Form has two parts:

- **Information Sheet (to share information about the research with you)**
- **Certificate of Consent (for signatures if you agree to take part)**

You will be given a copy of the full Informed Consent Form

APPENDIX 4



INFORMATION SHEET

Introduction.

I am Kabwe Chitundu, a student at the University Of Zambia, School Of Nursing in the department of Mental Health and Psychiatry, persuing a Master’s degree in Mental Health and Psychiatry Nursing. We are doing a research titled “Perception of the Community towards Child Sexual Abuse in Chawama, Lusaka district”. Child Sexual abuse is one of the public health concerns in Zambia.

I am going to give you information and invite you to be part of this research. You do not have to decide today whether or not you will participate in the research, before you decide, you can talk to any one you feel comfortable with about the research.

There may be some words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can ask them of me or any study staff.

Procedures and Protocol

You will be presented with an interview guide and a focused discussion guide which has questions that you will be able to respond to. The researcher will read out the questions then the discussion can start. All you need to do is to listen attentively. You will then be required to answer to question. That is all you have to do to participate in this study.

Confidentiality

You are being assured of confidentiality and anonymity. All the information that you provide will be kept confidential as it will be kept in a locked drawer and no personal (name) detail

will appear on the interview guide and focus group discussion guide. Only serial numbers will be assigned to each of the participants.

Risks

The study has some risks on your emotional and psychological wellbeing. However, if you are asked a question that affects your emotions, you are free to withdraw without any prejudice

Benefits

Your participation to this study will not accrue any direct benefits to you. However, by taking part in this study, you will provide us with information that will assist in understanding the community perceptions on child sexual abuse. There may not be any benefit to the society at this stage of the research, but future generations are likely to benefit.

Voluntary Participation

Your participation in this research is entirely voluntary. You are free to choose not to participate in the study and are also free to withdraw during the discussion if you feel uncomfortable about anything. You may change your mind later and stop participating even if you agreed earlier.

Right to Refuse or Withdraw

You do not have to take part in this research if you do not wish to do so. you may also stop participating in the research at any time you choose, it's your choice and all your rights will be respected.

Sharing the Results

The knowledge that we get from doing this research will be shared with you through hospital clinic meetings and policy planners. Confidential information will not be shared. After the clinical meetings, we will publish the results in order that other interested people may learn from our research.

Who to Contact

1. Contact Details of Principal Investigator

Kabwe Chitundu

The University of Zambia

School of Nursing

Department of Mental Health

P.O. Box 50110

Ridgeway Campus

+260978145152

LUSAKA

2. Contact Details of Ethics Committee

The Chairperson

The University of Zambia

School of Medicine

Biomedical Research Ethics Committee

P. O. Box 50110

Ridgeway Campus

LUSAKA

APPENDIX 5



VOLUNTARY CONSENT FORM

DECLARATION

I have read (or have been explained to) and understood the nature of the research in which I have been requested to participate as explained in the information sheet. I have had the opportunity to ask questions about the research and have been answered to my satisfaction.

I therefore agree to participate.

Participant's name (Print):

.....

Participant's right thumb print if unable to write:

Participant's signature: Consent date:

Researcher conducting voluntary consent (Print):

Signature of researcher: Date:

APPENDIX 6



**THE UNIVERSITY OF ZAMBIA
SCHOOL OF MEDICINE
DEPARTMENT OF NURSING SCIENCES**

FOCUSED GROUP DISCUSSION GUIDE

TOPIC: PERCEPTION OF THE COMMUNITY TOWARDS CHILD SEXUAL ABUSE IN CHAWAMA, LUSAKA, ZAMBIA.

DATE OF INTERVIEW.....

PLACE OF INTERVIEW.....

NAME OF INTERVIEWER.....

SERIAL NUMBER

INSTRUCTIONS TO INTERVIEWER

1. Introduce yourself to the respondent
2. Explain the purpose of the interview
3. Get written consent from the respondent
4. Reassure the respondent that all responses will be held in strict confidence
5. Individual names and addresses should not appear on the interview schedule
6. Ensure that all questions are answered
7. Thank the respondent at the end of each interview.

Part 1

You are welcome to this interview. Thank you for coming to this interview and accepting to share and talk about your COMMUNITY PERCEPTION TOWARDS CHILD SEXUAL ABUSE. As you read from my information sheet, my study aims at exploring the

Community's perception towards Child Sexual Abused with a concern of low reporting of CSA cases. I will ask you some questions as we go on in our discussion, please feel free to share your experiences as I shall keep all the information confidentially.

Part 2

Questions to guide the discussion;

1. What is Child Sexual Abuse?
2. Have you ever heard of any child sexual abuse cases?
3. Do you have a family member or relative who has been sexually abused before?
4. What are the beliefs and attitudes the community has towards CSA?
5. What is your perception of Child Sexual abuse?
6. What are some of the community perceptions that perpetuate Child Sexual Abuse?
7. At what point do most children disclose the abuse?
8. How often are the disclosed cases reported to the police?
9. Do the guardians report CSA cases to the police when children disclose?
10. What are the actions taken by the police when cases are reported?
11. What are some of the factors that hinder parents or guardians from reporting the abuse cases?
12. What are the beliefs and attitudes towards CSA that hinder reporting of CSA cases

END OF INTERVIEW

THANK YOU!

APPENDIX 7



**THE UNIVERSITY OF ZAMBIA
SCHOOL OF MEDICINE
DEPARTMENT OF NURSING SCIENCES**

IN-DEPTH INTERVIEW GUIDE

TOPIC: PERCEPTION OF THE COMMUNITY TOWARDS CHILD SEXUAL ABUSE IN CHAWAMA, LUSAKA, ZAMBIA.

DATE OF INTERVIEW.....

PLACE OF INTERVIEW.....

NAME OF INTERVIEWER.....

SERIAL NUMBER

INSTRUCTIONS TO INTERVIEWER

1. Introduce yourself to the respondent
2. Explain the purpose of the interview
3. Get written consent from the respondent
4. Reassure the respondent that all responses will be held in strict confidence
5. Individual names and addresses should not appear on the interview schedule
6. Ensure that all questions are answered
7. Thank the respondent at the end of each interview.

Part 1

You are welcome to this interview. Thank you for coming to this interview and accepting to share and talk about your PERCEPTION OF THE COMMUNITY TOWARDS CHILD SEXUAL ABUSE. As you read from my information sheet, my study aims at exploring the Perception of the community towards Child Sexual Abused with a concern of low reporting of CSA cases. I will ask you some questions as we go on in our discussion, please feel free to share your experiences as I shall keep all the information confidentially.

Part 2

Questions to guide the discussion;

1. What is your perception of Child Sexual Abuse as a relative?
2. What are your own experiences towards Child Sexual Abuse?
3. Who did the abused child disclose the abuse case to and why?
4. At what point did your victim disclose the abuse?
5. Did you report to the police and why?
6. What action was taken by the police when case was reported?
7. What are some of the community perceptions that perpetuate Child Sexual Abuse?
8. What are your beliefs and attitudes towards CSA?
9. What are some of the attitudes and beliefs towards CSA that hinder disclosure and reporting of attitude?
10. What are some of the factors that hinder parents or guardians from reporting the abuse cases?

END OF INTERVIEW!

THANK YOU