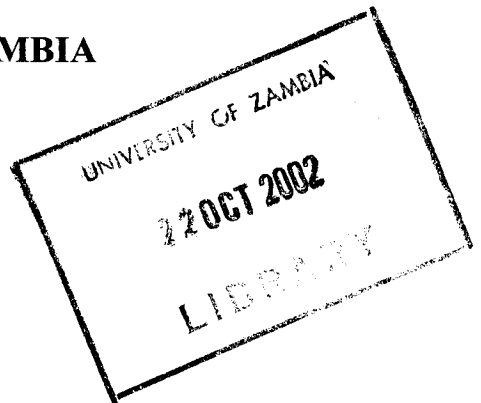


**A STUDY ON ADOLESCENTS' KNOWLEDGE AND
PERCEPTION OF THE CAUSES AND EFFECTS OF SEXUAL
ABUSE IN LUSAKA, ZAMBIA**

BY



MAUREEN NYAMBE MWANZA (RN, BSc)

261731

**A DISSERTATION SUBMITTED TO THE
UNIVERSITY OF ZAMBIA, IN PARTIAL FULFILMENT
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DECLARATION

I, Maureen Nyambe Mwanza, do hereby solemnly declare that this dissertation represents my own work and that, it has not previously been submitted for any degree at this or indeed any other University.

Signed: Maureen Nyambe Mwanza
Maureen Nyambe Mwanza

Date: 15/03/02

We have read this dissertation and have approved it for examination.

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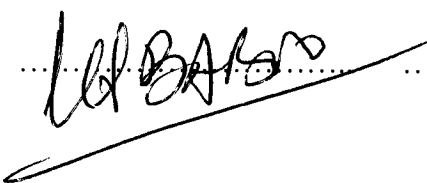
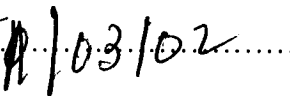
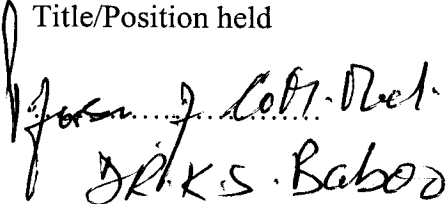
APPROVAL

This dissertation of Maureen Nyambe Mwanza is approved as a fulfilment in part of the requirements for the award of Masters of Public Health (MPH) by the University of Zambia.

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Date

Title/Position held

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DEDICATIONS

This work is dedicated to my husband Stephen, for the support and love, throughout the period of study.

To my parents, Mr and Mrs W. Nyambe, for the encouraging words each time they visited.

Niitumezi sha.

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ABSTRACT

Adolescence is one group which has been identified as a risk group. According to World Health Organisation adolescence is a period from 10 to 20 years of age.

This study focussed on the basic and secondary school-going adolescents, whose ages were from 13 to 20 years. The 10 to 12 years age group has been observed to be still in primary school, hence their not being part of the study group.

The study assessed adolescents' knowledge of the causes and effects of sexual abuse. It also sought to establish their perception of the scourge. The main areas assessed included the definition of sexual abuse, its effects to the victims and their perception—of sexual abuse

A cross-sectional survey was conducted on a sample of 300 people aged 13 to 20 randomly selected from 7 secondary and basic schools in Lusaka using systematic random sampling method. Data was collected using focus group discussion structured questionnaire.

Despite the majority (93 percent) being aware of the problem; only 79.7 percent defined it correctly in relation to unconsented sexual intercourse. There was no association between sex and understanding of sexual abuse definition ($P = 0.920$). More than two thirds (71.7 percent) had low levels of knowledge of the causes of sexual abuse. Only 0.7 percent had high knowledge and 18.7 percent medium knowledge. Location of school was significant in the knowledge of the causes of sexual abuse ($P = 0.020$).

As regards to the effects, only 4 percent possessed high levels of knowledge, of the effects of sexual abuse with the majority 67.3 percent exhibiting low levels of

knowledge. This is a striking finding in that 84.3 percent of the respondents had alluded to the knowledge that victims of sexual abuse suffered from the after-effects of sexual abuse but could not outline the effects. Even those who lived with their parents did not differ from the adolescents who lived with relatives or others in terms of knowledge of the effects of sexual abuse ($P = 0.859$).

The levels of knowledge were interrelated with the school the respondent attended. There was an observed difference in knowledge between the adolescents who attended basic schools and those who went to secondary schools, despite them being in the same grades.

The study showed rather incorrect perception of sexual abuse. Though 79 percent of the respondents gave the right definition, they still did not view forced sexual relations with their peers as being abusive. A good number too, mainly females had a similar view regarding sexual intercourse with older men who paid them in kind. Due to the harsh economy and poverty, selling sex has become an accepted practice among some sectors of society. The HIV/AIDS pandemic has not spared the adolescents. Since the older people go for the young whom they feel are not infected.

However, the adolescents opinions regarding the perpetrators of sexual abuse, generally was that the government should change legislation to increase the penalty levied on them in the form of severe punishment like castration or increasing the number of years to be spend in prison up to life imprisonment. For a few of them, they felt perpetrators were mental misfits who required counselling and education even praying for them.

In conclusion, the lack of knowledge exhibited in the study implies the inadequacy in the component of sexual reproductive health information the young are exposed to. It is imperative that parents and guardians realize the adolescent's increased vulnerability to sexual abuse and implement primary preventive measures, such as education and counselling at family level.

Preventive strategies aimed at reducing the young people's vulnerability to sexual abuse should be commenced at Primary School, Basic and reinforced in secondary schools.

In addition to this, it is strongly recommended that good policies be put in place by way of legislation, if we are to have young people who are health and free from Reproductive health related problem and HIV/AIDS. Indeed the nation needs adolescents with health mental status, for future development.

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ACRONYMS

| | | |
|-------|---|---|
| STI | : | Sexually Transmitted Infections |
| NGOCC | : | Non-Governmental Organization Co-ordinating Committee |
| YWCA | : | Young Women Christian Association |
| HIV | : | Human Immuno-Deficiency Virus |
| AIDS | : | acquired Immune Deficiency Syndrome |
| YWCA | : | Young Women Christian Association |
| CIC | : | Children in Crisis |

CHAPTER ONE

1.0 BACKGROUND INFORMATION

Sexual abuse is any inappropriate advance or involvement of an individual in sexual act, to provide sexual gratification. The common kind of sexual abuse include, rape, incest, child pornography and child prostitution. The victims are often children and adolescents. Until recently, worldwide sexual exploitation of young people was neither reported nor discussed openly, more so, in incestuous crimes. The families involved preferred to remain silent for fear of embarrassment and disruption of family ties. Wood et al (1998), cited an incident where a teenager reported an attempted rape by her uncle which her mother said she must not tell anyone about because of the “big shame” it would bring. The secrecy and silence surrounding such crimes usually lead to the perpetration of the acts.

In Africa the crime of sexual abuse of young people is a serious problem. Nabulonzi et al (1999) states that the extent of child sexual abuse and its degree of contributing to HIV/AIDS in Uganda calls for more attention.

A qualitative study conducted among Xhosa speaking adolescent women in South Africa, also indicated violence as a consistent feature of their sexual relationship and acted with other influences to enforce male control and definition of sexual intercourse (Wood et al 1998).

Similarly in Zambia sexual abuse is so wide spread that both electronic and print media carry reports of school children being sexually abused almost everyday while others are raped and brutally murdered. Statistics from YWCA (1999) Child in Crisis Centre reveal the extent of the problem of sexual abuse of young people. In Lusaka City out of 117 cases of child abuse reported in 1999 January to March more than

half, 88 (75%), were cases of sexual abuse. The table below summarises the reported cases of child abuse.

REPORTED CASES OF CHILD ABUSE AT YWCA CIC 1999

| CASE | NUMBER |
|--|--------|
| Defilement | 74 |
| Child sexual abuse | 8 |
| Request for Counselling for past abuse | 3 |
| Forced in Prostitution | 2 |
| Neglect | 1 |
| Physical Abuse | 16 |
| Emotional Abuse | 5 |
| Child Labour | 8 |
| TOTAL | 117 |

Source: YWCA CIC 1999

The perpetrators of this crime mostly are people who are known and trusted by the victims such as uncle, neighbours, father and servant, etc. This makes it difficult for the victims and their families to report. The failure to report, leads to repeated abuse as the young victims can not defend themselves. Special concerns are raised in this era of HIV/AIDS. Already in Zambia, out of 1.02 million people infected with HIV, 70,000 are children. Adolescents also make up about 40 percent of sexually transmitted infections (STI) clients, who present to Out-patient department in Lusaka. STI rates are especially high for Zambian adolescents (Feldman et al, 1997). Given the above, it is important to assess the adolescents' knowledge and perception of sexual abuse.

STI rates are especially high for Zambian adolescents. A study by Feldman et al (1997) shows about 40 percent of STIs who present to Out Patient Departments in Lusaka are adolescents.

1.1 STATEMENT OF THE PROBLEM

Sexual abuse is a hidden but very serious problem in Zambia. Though it affects all age groups, the young are the most affected (5-16 years). The most pervasive forms of sexual abuse of children occur in homes, schools and streets (YWCA, 1998).

Zambia is one of the countries adversely affected by HIV/AIDS and poverty, with a lot of adolescents orphaned and left alone to look after their siblings. Due to economic hardships, a lot of these adolescents have turned to selling sex for survival. They are sexually abused by adult men and women who seek young blood for sexual adventure, either in the belief that they are free from HIV or for cleansing purposes from STIs. These practices are influenced by certain traditional beliefs such as having sex with a virgin cures STIs and HIV/AIDS. On the other hand, adolescents who are either orphaned or too poor, engage themselves in forced relationships with older men and women for money, for school requirements.

Due to poverty, children are either left alone at home or sent out in the streets to sell things for income. This predisposes them to being sexually abused (CBoH, 1997).

Adolescents are still psychologically and socially immature, hence, susceptible to risk behaviours associated with sexual abuse. The risk behaviours include risk of premature sexual activity, unintended pregnancy and emotional disorder. Findings from a US national Sample, support those of clinical studies and suggest that women's experience of sexual abuse in childhood, may be an important risk factor for later substance abuse, psychopathology and sexual dysfunction (Wilsnack et al, 1999).

A particular attention in sexual abuse is the risk of acquiring HIV infection. Already in Zambia, statistics indicate 70 percent of young people (10-19 years) are living in poverty, and unless things change, more than 25 percent of young people living in Lusaka, will become HIV positive (Care Zambia, 1999).

Literature reviewed, showed that little research has been done particularly in Zambia to explore knowledge and practices adolescence's have, regarding sexual health. It is imperative that their knowledge and perception of sexual abuse, be assessed. The question raised, therefore, is, Do adolescents know what makes them vulnerable to sexual abuse? Do they realise it when they engage themselves in risk behaviour? Do they know the effects of sexual abuse? And what are their views regarding sexual abuse?

1.2 JUSTIFICATION OF THE STUDY

The study seeks to identify the gaps in knowledge the adolescents have, regarding cause and effects of sexual abuse. The adolescents are the most vulnerable age group to sexual abuse. Knowledge about the subject would assist in recognition of abusive situations.

The results will assist in providing baseline data to appropriate organisations, to develop interventional strategies that will help reduce some of the reproductive health problems faced by adolescents.

1.3 OPERATIONAL DEFINITION OF CONCEPTS

1. Sexual Abuse

Sexual abuse is any touching, caressing, coercive sexual harassment, genital contact and actual penetration involving the under age and forceful sexual intercourse implying resistance on the part of the victim.

2. Rape:

The act of sexual intercourse with a female person without her lawful consent. It also includes females who did not resist but were so young or so mentally intellectually impaired that they were incapable of giving consent.

3. Adolescent:

A person who is between childhood and adulthood. According to this study, an adolescent is one who is between 13 and 20 years.

4. Guardian:

Person living with or looking after the adolescents at the time of the study.

5. Perpetrator:

A person involved in sexually abusing the victim.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

More than half a million people world-wide, are between the ages 10 and 24, 85 percent of them live in developing countries, making up nearly 30 percent of their total population (SAIFAIDS, 1999). Although adolescents live in different cultures, they all go through the same physical changes in becoming adults. For many, this is also a time of emotional change as they are in transition from dependency of childhood to relative independence of adulthood.

During this growth and developmental stage, adolescents are susceptible to risk behaviour like premature sexual activity, which makes them more vulnerable to sexual abuse.

2.2 Incidence of Sexual Abuse

Until fairly recently, reports of sexual abuse of adolescents and children have been rare. In sub-Sahara Africa, while this may have been due to a genuine rarity of such offences, it is also true that even when and where they occurred, there have been no reliable official medical or legal records (Lema, 1997). However, there has been an escalating wave of sexual abuse often with serious sequelae though the magnitude of the problem is unknown.

Studies from various countries suggest that sexual abuse is indeed an international problem. Studies done in Sweden, Norway and the United

States, reveal sexual abuse histories of 6 to 7 percent of the females and at least 3 percent of the males, ranging up to 36 percent of women in Australia and 29 percent of men in South Africa. Similarly, in Uganda, results from a media analysis of child abuse (ANPAN 1986-1996), revealed high cases of sexual abuse. Out of 486 reported cases, 207 (42.3%) were sexual abuse. Of these, defilement cases were highest: 178 (36.6%) cases (Nabulozi et al 1996).

The *Zambian situation is not different. A rapid assessment on child sexual abuse* conducted by Shinkanga (1996) in Lusaka and Chongwe revealed its existence in the communities. Out of 155 people that were interviewed, 95% had heard of child sexual abuse and agreed it happened in their communities. While 88% of children and Youth knew a child who had been sexually abused before. Some of the respondents (24% females and 13.5% males) had actually experienced some one undressing them and touching their genitals in a sexual way (Shinkanga 1996).

The occurrence of sexual abuse in Zambia is also reported in the local newspapers and electronic media, for instance the mail (1999) published the results of an ILO study carried out globally Zambia included where 41 percent of the total number of children interviewed in this study, 95 percent acknowledge the occurrence of sexual abuse in their communities and further agreed to having known a child who has been abused.

A study by YWCA and other Non-Governmental organisations in Zambia, points to escalating problem of incest, child prostitution for nominal payments (often food or clothes) and sexual abuse of young people by those who they traditionally could expect to trust, such as teachers and relatives, (YWCA, 1997).

2.3 Sex Difference in Adolescent Sexual Abuse

Though sexual abuse affects both boys and girls, the later are more often victims.

According to Council Report (1993), adolescent girls are reported as victims of sexual abuse more often than boys. However, some researchers have questioned whether this also reflects to a greater reluctance of self-report by boys who have been sexually abused. *Most abuse of boys involves perpetrators of the same sex, especially during adolescence.* Male sexual abuse victims may be reluctant to report, due to fears that they will be seen as weak or homosexual. Mejuini states that the International studies are generally consistent with the North American literature in the profile of the sexual abuse problem they provide from the epidemiological samples. For example, in the apparent ratio of female to male victims, they mostly show rates for females to be 1.5 to 3 times of males. They also show intrafamily abuse to be consistently more common for girls than boys (Mejuin). Constituting about one third to one half of girls experiences. All studies reporting such information showed offenders against girls to be disproportionately male (Mejuin). In Zambia too sexual abuse occurs more to girls than boys (YWCA 1996).

2.4 Socio-cultural Factors

A wide range of discriminatory and violent practices, are institutionalised as cultural traditions, thus, legitimised as social norms (YWCA, 1998). As a result, these norms are so routinely accepted as correct and desirable. Some cultural behaviours that place children, especially girls, at greater risk of sexual abuse are as follows:-

1. Children of adult prostitutes quietly being lured in prostitution for survival.

2. Very young children openly selling their bodies outside taverns for survival.
3. Young pubescent girls forced into early marriages by their parents.
4. Children being employed as house servant and being exploited.
5. The tendency for girls to be less likely to attend school than boys, adding to their vulnerability
6. Visiting relatives or friends who abuse hospitality of their hosts by sexually abusing the children in the household.
7. Perception by adults that older youths are less likely to be innocent victims of sexual abuse.
8. Societal beliefs that adolescence is challenging period for parent, may influence perception of adolescence mal-treatment by adults. Parents of adolescents commonly report feelings of confusion, anger and being unable to control their children's behaviour. On the other hand, adolescent's behaviour may add to stress in family relationships and lead to frequent disagreements.

Apart from the above, Lema (1997) in his study on sexual abuse in Malawi states that other predisposing factors to sexual abuse include the vulnerability of the victims either by being young and/or being alone with their assailants. Familiarity of the assailants to their victims, has been mentioned as another factor.

Lema further states the scare of HIV infection and AIDS, a relatively new phenomenon globally, is thought to be a major contributing factor to the increase in sexual assault of young girls, who are considered to be relatively free of the infection. Lema (1997) and Raikes (1989) also cite the belief in some areas of sub-Saharan Africa that having sex with a young virgin girl, may cure STI's such as Gonorrhoea, Syphilis, HIV/AIDS. This is also a common belief in Zambia, where some traditional healers make men infected with HIV/AIDS believe that the more one has sex with young virgin girls, the more the virus is taken away

through semen (Shinkanga 1996, Diallo 1997). Stories are also told to the effect that, some local medicine men prescribe sexual intercourse with young pre-pubertal or immediate post-puberty daughters, as remedy to men seeking advice on ways to get rich quickly and retain the wealth and also a remedy for impotence (Lema (1997) Raikes (1989) Shinkanga (1996).

2.5 Adolescents' Perception of Sex

Wood et al (1998) revealed male violence and coercive practices to dominate in sexual relationships of adolescents. Use of violence and through circulation of certain constructions of love, intercourse and entitlement to which the teenage girls were expected to submit. The legitimacy of these coercive sexual experiences was reinforced by peers who indicated that, silence and submission, was the appropriate responses.

Teenagers perceived their partners loved them because they gave gifts of clothing and money (Wood, 1998). Violence and assault too, were perceived as love. Similarly, in Zimbabwe focus group discussions with college boys showed that sexual abuse was not perceived as abusive if it occurred with girlfriends. One college boy was quoted "there is no such thing as date rape, because if she is my girlfriend and I want sex, I have got to have it". On the other hand the college girls felt it was a question of physical strength. Boys took advantage of their girlfriends since they are stronger (SAAFIDS 1997)

2.6 Adolescents' Knowledge about Sexual Abuse

Findings in the study conducted among the adolescents of Xhosa speaking reveals that adolescents generally have a propensity to engage in a set of sexual practices characterised as “high risk” and have demonstrated gaps in adolescents’ reproductive knowledge and poor intergenerational communication on sexual matters. Little work seems to have been done in this area.

2.7 Consequences of Sexual Abuse

Sexual abuse not only takes away the victims’ individuality, personal rights, liberty and dignity but it leads to social, psychological and physical trauma. Some of which may be serious and/or fatal (Lema, 1997). Health consequences associated with a history of sexual abuse of adolescents include premature or increased sexual activity; increased risk of unintended pregnancy, depression, increased attempts at suicide, chronic anxiety and feelings of vulnerability. Others associated with sexual abuse are confused sexual identity, alcohol and drug abuse resulting in delinquency (Mullen et al 1999). Literature reviewed further states that adolescents who are incarcerated, homeless or run away, involved in drug abuse or who have had a pregnancy during early adolescence are more likely to have a history of either physical or sexual abuse than other youths (Mejuin).

In Zambia for instance, statistics obtained from Child in Crisis YWCA show that out of the 45 cases of defilement reported:-

- Seven girls had babies or were pregnant as a result of the abuse.
- Fourteen were confirmed as having STDs (many were still awaiting results).
- One child died from an STD

- Apart from these, four others had been killed after rape, three in Avondale and one from the Copperbelt.

The biggest problem that has risen out of the sexuality is the HIV/AIDS pandemic and the adolescents have not been spared world wide over (Hira et al, 1991; Likwa, 1998). There is a definite correlation between HIV/AIDS and other STDs in direct proportion manner.

Literature reviewed showed that most perpetrators of sexual abuse reported at Child Crisis Centre, majority 57 percent, were abused by people they knew; included fathers, brothers, uncles, brothers-in-law and visitors. These are most insidious forms of sexual abuse and the most difficulty to document. Although in recent years, considerable attention has been focused on human rights, the rights of children particularly relating to sexual abuse, had been missing on the agenda. It is, therefore, necessary to strengthen information, education and communication, to be targeted to adolescents, being the most vulnerable so that they are able to recognise the abusive situation and protect themselves from crime of sexual abuse. It is, therefore, important to find out how much knowledge they have and what their views are, regarding sexual abuse, hence this study

CHAPTER THREE

3.0 OBJECTIVES

3.1 General Objectives

To assess the adolescent's knowledge and perception of the predisposing factors and effects of sexual abuse.

3.2 Specific Objectives

1. To determine adolescent's definition of the sexual abuse.
2. To establish adolescent's level of knowledge of the predisposing factors to sexual abuse.
3. To establish adolescent's level of knowledge of the effects of sexual abuse.
4. To explore adolescent's views about sexual abuse.
5. To make recommendations to appropriate authorities for intervention.

CHAPTER FOUR

4.0 METHODOLOGY

4.1 Research Setting

The study was conducted in the Lusaka Urban. Lusaka is the capital City of Zambia, and the Provincial Headquarters of Lusaka Province.

Lusaka has a population of approximately 2 million. It is one of the cities highly affected by rural – urban migration. Due to economic reasons, a lot of people have migrated to Lusaka either to seek employment or conduct business.

The problem is compounded by wars in neighbouring countries which has further increased the population. The city boundaries have rapidly grown from 70 square kilometres to 360 square kilometres. On the northern side is Zani Moune Hotel, Chilanga in the south, Garden House Hotel on the western and the International Airport turn-off on the eastern side (LUDHMT, 1999). Least to say, these boundaries have expanded further whose estimates are yet to be documented, resulting in mushrooming of residential areas, shops, schools and private clinics.

The study was carried out at 10 Schools. At the time of the study, Lusaka District had approximately 200 schools out of which 30 were basic and secondary schools. The list was obtained from the Ministry of Education, Examinations Council. The names of all the 30 basic and secondary schools were put in a box and 10 names were randomly picked. These 10 schools comprised of five Government Secondary Schools, three Basic Schools and two Private Secondary Schools.

The criteria used for selecting was all schools with Grade eight were included up to grade 12. Since secondary school starts from Grade eight.

Location of Schools

Five schools were located in the medium density areas one school in a commercial area, three in low density areas and one in the high density area.

4.2 Research Design

For this descriptive study, a cross-sectional design was used to examine the adolescent's knowledge of the factors contributing to sexual abuse and to assess their level of knowledge of the effects and their perception of sexual abuse. In this way, the predisposing factors to their vulnerability to sexual abuse could be established and be used as baseline data for planning strategies for curbing the scourge of sexual abuse of the young people.

Knowledge of the definition of sexual abuse was measured by the way the respondent understood the term sexual abuse. Good understanding referred to the respondent who defined sexual abuse as either coercive forceful sex, sexual harassment, with or without genital penetration. On the other hand no understanding applied to the responses which did not mean any of the above depicting unwillingful sexual act.

Knowledge of the causes of sexual abuse was measured according to the number of causes the respondent had put down out of the ten causes. Depending on that one was either knowledgeable or not knowledgeable similarly knowledge of the effects of sexual abuse this was finding out if

the respondents knew effects such as trauma or injury; STIs/HIV and pregnancies. This was score out of five.

Then knowledge of how the abuse are affected was meant to assess if the respondents had knowledge of the emotional or psychological effects the abused suffered from such as depression, low self esteem anxieties; being abuses in future and feelings of guilty. The respondent was considered to have high knowledge if they listed all. Medium knowledge if the respondent listed up to four and low knowledge was assigned to the respondents who listed two or less or did not list any at all.

The table below shows the variables and their cut off points.

| Variable | Cut off point |
|---|---|
| Knowledge of the definition of sexual abuse | Good understanding Not understanding |
| Knowledge of the causes of sexual abuse | Knowledgeable (5 – 10) Not knowledgeable (4 – 0) |
| Knowledge of the effects of sexual abuse | Knowledgeable (3 – 5) Not knowledgeable (2 – 0) |
| Knowledge of how the abused are affected | High knowledge (5 – 6) Medium knowledge (4 – 3) Low knowledge (2 – 0) No knowledge |

4.3 The Population

The study was carried out in the 10 secondary and basic schools. The study population was composed of school-going adolescents in Lusaka Urban, aged between 13 and 20 years. The secondary school adolescents were preferred for the study as opposed to primary school adolescents due

to their level of understanding and ability to comprehend issues. The ages 10-12 years was excluded as they are likely to be in primary school.

4.4 Sampling and Sample Size Determination

The map of learning institution was obtained, which was divided into two zones (urban/rural). The urban zone was selected where the study was conducted. Due to minimal resources that were available and the time required in which to submit the report. Then a list of 30 secondary and basic schools in the zone was drawn with assistance from the Ministry of Education. Thereafter, ten (10) secondary and basic schools were selected by picking from the box randomly. Further sampling of the study units was done at the respective schools, using systematic random sampling. Sample size was three hundred (300) adolescents. The size was determined using the standard formula:

$$N = \frac{P(100-P)}{e^2}$$

where n = sample size

p = proportion of school going adolescents

e = standard error

Assuming that 25% of adolescents in Lusaka are school going

$$n = \frac{25(100-25)}{2.5^2}$$

$$= 25 \times 75$$

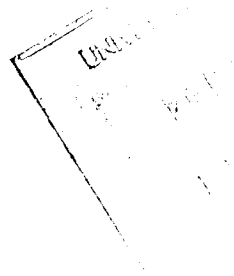
$$6.25$$

$$n = 300$$

The schools selected are as shown below:-

1. Kabulonga Girls High School
2. Matero Girls High School
3. Kwacha Secondary School

4. Munali Senior Secondary School
5. David Kaunda Technical Secondary School
6. Jacaranda Basic School
7. Chilenje Basic School
8. Lusaka High School
9. Kamwala Basic School
10. Libala High School



4.5 Data Collection Technique

Data was collected using a structured questionnaire, which employed both interviews and self-administered techniques. The supplementary information was obtained using qualitative data from focus group discussion with adolescents, conducted in two schools.

4.6 Ethical Consideration

Ethical approval was sought from the University of Zambia, School of Medicine, Research and Ethics Committee and Post-graduate Studies. Permission to conduct the study was obtained from the Permanent Secretary, Ministry of Education, and Headmasters/mistresses of schools, where the study was carried out.

The study units participated out of their own free will, after the aims of the study were explained to them, and confidentiality was assured.

4.7 Data Analysis

Data collected was sorted out, pre-coded for easy computer entry and analysis. The data was analysed by computer using EPI-INFO version 6 Statistical Package. Interview schedules were given identification

numbers serially. The open-ended questions were pre-coded by assigning a number of a category of responses. The analysis consisted mainly of running frequencies and cross tabulations.

4.8 Limitation of the Study

- (a) Due to adjustments made to the school calendar, data could not be collected as early as anticipated. The schools opened in February instead of January.
- (b) Cost: A household survey would have been ideal for this study as it would include even the non-school going adolescents, but would also be extremely costly, time consuming and would require more assistants.
- (c) Study population – representations may not be adequate as only school-going adolescents in the urban area, were included. In view of this peri-urban and rural schools could have been ideal.

CHAPTER FIVE

5.0 PRESENTATION OF FINDINGS

This chapter presents the findings as obtained from the field. The study sought to establish the adolescent's level of knowledge of the causes of sexual abuse; the level of knowledge of the effects of sexual abuse as well as determine adolescent's perception of the scourge.

Data was collected from the 14th February to 24th March, 2000. The total number of students interviewed was 300. There was a hundred percent response rate though in some questionnaires certain questions were not answered and were assigned Code "9" "no response".

The findings are presented below in frequency distribution tables and cross tabulations to evaluate associations

5.1 Demographic Data

Age:- The study population had ages of 13 to 20 years. The age distribution of the sample is shown in table 1a. Most of the respondents (75.3%) were of ages 15-17 years of age as shown in Table 1a..

Location of Schools

Most of the adolescents 144 (48.0%) attended schools located in the medium density areas. These locations were divided using the total municipal classification in Lusaka.

Guardian of Respondents

141 (47.0%) lived with both parents. Those who lived with single parents that is either father or mother accounted for 18 (6.0%) and 74 (24.7%)

respectively. The rest of the respondents were lived with relatives (21.0%) and friends (1.3%).

Sex

The study population was composed of 136 (45.3%) males and 164 (54.7%) females.

RESPONDENTS DEMOGRAPHIC CHARACTERISTICS

Table 1: Respondent’s Age

| AGE | FREQUENCY | PERCENTAGE |
|-------|-----------|------------|
| 13 | 07 | 2.3 |
| 14 | 27 | 9.0 |
| 15 | 70 | 23.3 |
| 16 | 88 | 29.3 |
| 17 | 68 | 22.7 |
| 18 | 28 | 9.3 |
| 19 | 09 | 3.0 |
| 20 | 03 | 1.0 |
| Total | 300 | 100.0 |

ANALYSIS OF SPECIFIC VARIABLES

Table 2 : Adolescent’s Definition of Sexual Abuse

| DEFINITION OF SEXUAL ABUSE | FREQUENCY | PERCENTAGE |
|---|-----------|------------|
| Penetrative sexual intercourse with an under aged person or child | 83 | 27.7 |
| Forcing some-one to indulge in sexual intercourse unwillingly | 135 | 45.0 |
| Coercive sexual harassment with or without penetration | 14 | 4.7 |
| Any sexual relationship between male and female | 26 | 8.7 |
| Sexual intercourse with a parent or guardian | 7 | 2.3 |
| Others | 35 | 11.7 |
| Total | 300 | 100.0 |

Majority of the respondents (45.0%) defined sexual abuse as being forced into sexual intercourse unwillingly (Table 2). Only 11.7% had a definition which was not related to sexual intercourse.

TABLE 3: ADOLESCENT'S DEFINITION OF SEXUAL ABUSE IN RELATION TO AGE

| Definition of Sexual Abuse | Good Understanding | | No Understanding | |
|----------------------------|--------------------|--------------|------------------|--------------|
| | N | % | N | % |
| 13 - 16 | 154 | (80.2) | 85 | (78.7) |
| 17 - 20 | 38 | (19.8) | 23 | (21.3) |
| Total | 192 | (100) | 108 | (100) |

Table 3 shows that there was no association between age and definition of sexual abuse (P = 0.755)

Table 4: DEFINITION OF SEXUAL ABUSE IN RELATION TO LOCATION OF SCHOOL

| LOCATION OF SCHOOL | Good Understanding | | No Understanding | |
|--------------------|--------------------|--------------|------------------|--------------|
| | N | % | N | % |
| Low density | 91 | (38.1) | 9 | (14.8) |
| Medium density | 106 | (44.4) | 38 | (62.3) |
| High density | 18 | (7.5) | 13 | (21,3) |
| Commercial | 24 | (10.0) | 1 | (1.6) |
| Total | 239 | (100) | 61 | (100) |

Majority (44.4%) of respondents with good understanding of the definition of sexual abuse attended schools located in medium density as shown in Table 4.

Table 5: DEFINITION OF SEXUAL ABUSE BY SEX OF RESPONDENTS

| SEX | Good Understanding | | No Understanding | | TOTAL |
|--------|--------------------|--------|------------------|--------|-------|
| | N | % | N | % | |
| Male | 108 | (45.2) | 28 | (45.9) | 136 |
| Female | 131 | (54.8) | 33 | (54.1) | 164 |
| Total | 239 | (100) | 61 | (100) | 300 |

There was no association between sex and understanding of sexual abuse definition. (P = 0.920) as shown in Table 5.

**Table 6: KNOWLEDGE OF CAUSES OF SEXUAL ABUSE IN
RELATION TO LOCATION OF SCHOOL**

| Location of School | Knowledgeable | | Not Knowledgeable | | Total |
|--------------------|---------------|--------|-------------------|--------|-------|
| | N | % | N | % | |
| Low density | 25 | (43.1) | 75 | (31.0) | 100 |
| Medium density | 22 | (37.9) | 122 | (50.4) | 144 |
| High density | 7 | (12.1) | 24 | (9.9) | 31 |
| Commercial Area | 4 | (6.9) | 21 | (8.7) | 25 |
| Total | 58 | (100 | 242 | (100) | 300 |

Location of school did not determine the knowledge of causes of sexual abuse. Though majority (50.4%) who were not knowledgeable were those attending schools in medium density areas. Whilst 43.1% of the knowledgeable attended schools located in low density areas (P = 0.020) as shown in Table 6.

**Table7 : KNOWLEDGE OF CAUSES OF SEXUAL ABUSE IN
RELATION TO AGE GROUP**

| Age Group | Knowledgeable | | Not Knowledgeable | | Total |
|--------------|---------------|--------------|-------------------|--------------|------------|
| | N | % | N | % | |
| 13 - 16 | 34 | (58.6) | 158 | (65.3) | 192 |
| 17 - 20 | 24 | (41.4) | 84 | (34.7) | 108 |
| Total | 58 | (100) | 242 | (100) | 300 |

Table 7 shows that there was no association between age and knowledge of the causes of sexual abuse. (P = 0.342)

**Table 8: KNOWLEDGE OF CAUSES OF SEXUAL ABUSE IN
RELATION TO THE GUARDIAN**

| Guardian | Knowledgeable | | Not Knowledgeable | | Total |
|--------------|---------------|--------------|-------------------|--------------|------------|
| | N | (%) | N | (%) | |
| Mother | 17 | (29.3) | 57 | (23.6) | 74 |
| Father | 1 | (1.7) | 17 | (7.0) | 18 |
| Both Parents | 26 | (44.8) | 115 | (47.5) | 141 |
| Relatives | 14 | (24.1) | 49 | (20.2) | 63 |
| Others | 0 | (0) | 4 | (1.7) | 4 |
| Total | 58 | (100) | 242 | (100) | 300 |

There was no association between the guardian the respondent lived with and the knowledge of the causes of sexual abuse (P = 0.745) as shown in Table 8.

Table 9: RESPONDENT’S KNOWLEDGE OF THE EFFECTS OF SEXUAL ABUSE IN RELATION TO AGE GROUP

| AGE GROUP | Knowledgeable | | Not Knowledgeable | |
|-----------|---------------|--------|-------------------|--------|
| | N | % | N | % |
| 13 - 16 | 53 | (54.6) | 139 | (68.5) |
| 17 - 20 | 44 | (45.4) | 64 | (31.5) |
| Total | 97 | (100) | 203 | (100) |

Table 9 shows that the younger age group were more likely to be knowledgeable about the effects of sexual abuse than the older age-group (P = 0.019)

Table 10: KNOWLEDGE OF THE EFFECTS OF SEXUAL ABUSE IN RELATION TO THE GUARDIAN

| Guardian | Knowledgeable | | Not Knowledgeable | | Total |
|--------------|---------------|--------|-------------------|--------|-------|
| | N | % | N | % | |
| Mother | 24 | (24.7) | 50 | (24.6) | 74 |
| Father | 6 | (6.2) | 12 | (5.9) | 18 |
| Both Parents | 46 | (47.4) | 95 | (46.8) | 141 |
| Relatives | 21 | (21.6) | 42 | (20.7) | 63 |
| Other | 0 | (0) | 4 | (2.0) | 4 |
| Total | 97 | (100) | 203 | (100) | 300 |

The guardian the respondent lived with had no influence on the knowledge of the effects of sexual abuse (P = 0.859) table 11.

**Table 11: ADOLESCENTS' PERCEPTION OF SEXUAL ABUSE
WHETHER IT IS A NORMAL PRACTICE**

| Sexual abuse Normal Practice | Frequency | Percentage |
|---------------------------------|------------|--------------|
| Yes | 24 | 8.0 |
| No | 264 | 88.0 |
| Do not know | 10 | 3.3 |
| No response | 2 | 0.7 |
| TOTAL | 300 | 100.0 |

Majority (88.0%) of the respondents perceived sexual abuse as an abnormal Practice as shown in Table 9.

**TABLE 12: ADOLESCENTS' KNOWLEDGE WHETHER VICTIMS OF
SEXUAL ABUSE ARE AFFECTED**

| Affected | Frequency | Percentage |
|--------------|------------|--------------|
| Yes | 253 | 84.3 |
| No | 17 | 5.7 |
| Do not know | 30 | 10.0 |
| TOTAL | 300 | 100.0 |

Table 10 depicts the majority, (84.3%) knew that the victims of sexual abuse got affected.

TABLE 13: KNOWLEDGE OF HOW THE SEXUALLY ABUSE ARE AFFECTED

| Knowledge | Frequency | Percentage |
|------------------|------------|--------------|
| High knowledge | 13 | 5.1 |
| Medium knowledge | 79 | 31.2 |
| Low knowledge | 143 | 56.5 |
| No knowledge | 18 | 7.2 |
| TOTAL | 300 | 100.0 |

Despite majority knowing that the victims of abuse get affected 56.5% did not know how the victims are affected by the act of sexual abuse as shown in Table 11.

AWARENESS OF THE OCCURRENCE OF SEXUAL ABUSE

Out of the 300 respondents, 19 (6.3%) had been sexually abused before; with 11 of them being males and 8 females.

TABLE 14: ADOLESCENTS' AWARENESS OF SEXUAL ABUSE AS A PROBLEM IN LUSAKA

| AWARE | FREQUENCY | PERCENTAGE |
|--------------|------------|--------------|
| Yes | 279 | 93.0 |
| No | 8 | 2.7 |
| Do not know | 12 | 4.0 |
| No response | 1 | 0.3 |
| TOTAL | 300 | 100.0 |

93.0% of respondents were aware of the problem of sexual abuse in Lusaka as shown in Table 14.

**TABLE 15: TABLE SHOWING ADOLESCENTS WHO HAVE BEEN
SEXUALLY ABUSED BEFORE, IN RELATION TO SEX**

| Sex | Abused | (%) | Not abused | (%) | Total |
|--------------|---------------|------------|-------------------|------------|--------------|
| Males | 11 | (8.1) | 125 | (91.9) | 136 (100) |
| Females | 8 | (4.9) | 156 | (95.1) | 164 (100) |
| TOTAL | 19 | | 281 | | 300 |

Sex does not determine the likelihood of being abused more. Both males and females were abused equally ($P = 0.256$) as shown in Table 15.

CHAPTER SIX

6.0 DISCUSSION OF FINDINGS

This chapter presents the main findings of the study. The study identified the gaps in adolescent's knowledge regarding the causes and effects of sexual abuse. It also revealed the way adolescents perceive sexual abuse.

The discussion of the findings be presented under the following headings; Description of the sample, Adolescent's definition of sexual abuse; knowledge of the predisposing factors to sexual abuse; knowledge of the effects of sexual abuse; and Adolescents' perception of sexual abuse.

6.1 Description of the Sample

The mean age of the study population was 16.0 among respondents aged 13 to 20 years.

The study population consisted of both males (43.3%) and females (54.7%). The females consisted of a slightly higher proportion due to the two single-sex schools selected in the sample. Sex of respondents however, did not have any significant association with the dependent variable under study.

Most of the respondents 47% were found to be living with both parents. Only 1.3 percent were living with friends, while 30.7 percent were living with single parents (either father or mother) and 21 percent with relatives. It was assumed adolescents living with both parents would be more knowledgeable in matters relating to sexuality than those who lived with either relatives or friends. The findings did not show that. All

respondents regardless of who lived with them had more or less similar ideas regarding sexual abuse.

6.2 Definition of Sexual Abuse

The definition of sexual abuse, for the purposes of this study included any sexual touching, caressing, coercive, sexual harassment, genital contact and actual penetration involving the under age (0-16 years) and forceful sexual intercourse implying resistance on the part of the victim.

The definitions were further categorized in two as those who had good understanding and those who had no understating of sexual abuse.

79.7 percent of the respondents attempted to define sexual abuse correctly. Out of these only 4.7 percent felt sexual abuse include non-penetrative caressing and touching of the genitalia. This is an indication that the school-going adolescents have an idea and actually may have an understanding of sexual abuse. However, only 20 percent of the respondents did not understand the meaning of sexual abuse. These had definitions such as “sexual abuse means over using sex organs; boy and girl not doing the right thing; breaking the law etc”.

Knowledge of the definition of sexual abuse had no association with age ($P = 0.775$). It was observed that adolescents who attended secondary schools located in medium density defined sexual abuse more correctly than those who attended schools in other areas (Table 4). However, there was no observed difference in definitions between adolescents who lived with parents and those who lived with either relatives or friends.

This is a clear indication of inability by guardians to transmit sexual information to the children and this is in agreement with the findings of

Wood et al (1998) that intergenerational transmission of sexual information is widely taboo and consequently teenagers only receive biological information about sperm and egg from nurses, school teachers and aunts.

6.3 Knowledge of the causes of sexual abuse

The study reveals low levels of knowledge in most of the respondents. 71.7 percent of the respondents gave less than three (3) causes of sexual abuse which was mainly conduct of the abused out of the ten causes.

The most cited cause of sexual abuse was indecent exposure, which mainly covered one's conduct like wearing short tight or transparent clothing; sitting carelessly exposing the thighs in presence of the opposite sex. This accounted for 31.0 percent of the respondents, mostly of men. The argument is that in Zambian tradition, women are supposed to dress decently in clothes that are below knee length or wear chitenge material. But this is in conflict with modernity as young persons want to be abreast with fashion. Along with indecent exposure was the issue of 'lack of self control;. Some respondents felt that perpetrators of sexual abuse do so purely to satisfy their sexual desire. They do not have the ability to contain their lust once aroused by the indecently dressed women.

Economic factors, mainly poverty and being orphaned, as a cause of sexual abuse was only mentioned by a few respondents 4.7 percent. These respondents felt when one is orphaned they do not have the means to sustain themselves, especially, if there was property grabbing, so the orphans turn to selling sex for survival purposes. This calls for concern especially with the rate at which the number of orphans is growing due to HIV/AIDS.

Out of the 4.7 percent, others felt lack of parental guidance due to neglected children to engaging in risk behaviours. Some parents were said not to bother about their children's extra-curricular activities like going out to night clubs and going to drinking places. This finding concurs with Widom's (1996) findings that children neglected on the street alone are at risk of being victimised or enticed into prostitution.

Another interesting finding was that 18 students believed sexual abuse was caused by the fact that male outnumber females in general population as a result some men do not have regular sexual partners hence end-up sexually harassing any woman. This is important in that in many situations like social gatherings, some functions and in academic activities, females are represented in lower numbers. This usually places them at more disadvantaged position as the weaker sex, hence men take advantage of them.

Living with male relations was also one of the causes pointed out. This was raised by 5.7 percent of the female respondents, who felt male relatives and visitors usually take advantage of the female dependants. Recent observation by CBoH (1997) have also shown that odd hours at domestic levels when small girls are found to be alone at home often fall prey to sexual abuse to male visitors. Actually worst forms of sexual abuse occur in the home, when school girls depend on the abusers to pay for their school. Observations also indicate for most girls the first sexual intercourse experience occur in the home by relatives and people they know. Though there is little documentation to this effect.

Traditional beliefs also played a role in predisposing adolescents to sexual abuse. Though only 1.3 percent alluded to this. The cleansing rituals following the death of a spouse in some tribes are usually unconsented to sexual activity. Also people afflicted by sexual transmitted infections

traditionally are advised by traditional healers to have *sexual intercourse* with virgins who are either small children or adolescents. It is surprising that such unorthodox means of treating illnesses are still being practised resulting in infecting more and more young people.

The study also revealed that adolescents did not view peer pressure as a factor leading to indulgence in early sex. Only 1.3 percent out of 300 respondents cited peer influence as a predisposing factor to sexual abuse. Due to peer pressure adolescents get involved in the onset of alcohol abuse, drug abuse and consequently sexual abuse. The study also established that knowledge of the causes of sexual abuse had no association with the guardian of the respondent ($P = 0.745$). This shows that regardless of who the guardian is, adolescents are not given the information about sexual abuse. They are neither taught how to protect themselves from being sexually abused, or recognize abusive situations.

From the above figures in the text, it is evident that adolescents have inadequate knowledge of the factors that predispose them to being sexually abused.

6.4 Knowledge of the Effects of Sexual Abuse

Generally the study revealed low levels of knowledge of the effects of sexual abuse among the respondents. Despite the majority (84.4%) acknowledging that victims of sexual abuse suffer effects. Only 32.3 percent knew some of the effects of sexual abuse.

The commonly known effect of sexual abuse was that of acquiring sexually transmitted infections (43.3%) and acquiring HIV/AIDS (37.3%). This could be attributed to the high publicity and awareness campaigns the subject of HIV/AIDS and STIs have received. Though one would have

expected all the adolescents to have known this effect. This points out that even the awareness campaigns on the media do not cover every sector of the society.

Psychological trauma alone was cited as an effect by 39.3 percent of the respondents. These felt that sexually abused individuals suffered emotionally in that most of them blame themselves for having been abused, they feel guilt and this results in loss of self esteem. This concurs with Mullen et al (1995) whose study demonstrates that victims of sexual abuse were more likely to spend time as patients in psychiatric hospital and had greatly enhanced risk of having attempted suicide at some time in their lives than victims of emotional or physical abuse. Sexual abuse was also associated with poor self esteem in adult life and a decreased likelihood of completing school.

Physical injuries were only cited by very few respondents, 14.7 percent who were mostly females. The physical effects were associated with swelling of the genitals and breaking of the hymen. Out of the 300 respondents only 28.5 percent pointed out pregnancy as an effect of sexual abuse. This is a low percentage; as one would expect that almost all respondents would have thought of pregnancy first. It demonstrates the inadequate information the adolescents have regarding reproduction. The study also showed that most adolescents do not believe that pregnancy could result from only one act of coitus. This was yielded from the two focus group discussions with the school going adolescents. This calls for education especially when pregnancy related complications are the major causes of health problems among the 15-19 years old. Most of the patients with abortion related complications admitted to hospitals under the age of 19 are school girls (Feldman et al 1997).

Another minority 2.7 percent of the respondents felt that repeated acts of sexual abuse leads to the abused becoming a prostitute. This appears to be in agreement with widow et al (1997) whose findings stated that early childhood abuse and neglect placed children at risk of being prostitutes. Children who run away from home may come under control of older prostitutes, pimps and pornographers and become susceptible to subsequent physical and sexual victimisation by customers.

Very few (8 percent) adolescents cited death as a possible effect of sexual abuse, and these mainly attributed it to 'rape cases' away from home.

The respondents had inadequate knowledge of the effects of sexual abuse. The levels of knowledge had an association with the school the adolescents attended. For instance, those who were attending secondary schools were observed to have more knowledge than the others who went to basic schools, despite being in the same grades.

6.5 Adolescent's Perception of Sexual Abuse

The respondent's views were obtained from the questionnaires and the focus group discussion. Almost all the respondents (80%) perceived sexual abuse as an abnormal practice which must not be condoned. They were aware of its existence in their residential areas, except for 2.3 percent who felt it was a normal practice.

As regards to sex with older people, the adolescents had different view in that some female respondents felt as long as there existed mutual understanding and they gained either material or monetary support, sex with older men was not abusive. However, others did not support this view. The majority felt older people exploited the young ones as they merely sought sexual gratification which they can not get from their spouses.

Forced sexual intercourse with peers (boyfriend/girlfriend) was misinterpreted as love and submission only consolidated the relationships. When asked about their opinions about the perpetrators of sexual abuse. Most of the adolescent had similar views which included revising the current laws, so that stiffer punishment would be applied. This ranged from fifteen years imprisonment with hard labour to castration. This is in line with some of the NGOs like the Non-Governmental Organisation Coordinating Committee (NGOCC) which condemns Local Court justice who fail to met out stiff punishment against child molesters. However, a few adolescents felt the perpetrators should be availed counselling services and be educated on the dangers of sexual abuse, as one adolescent answered and I quote:

“If they are found, they should try to be talked to on how sexual abuse cause effects on people; they do this may be due to lack of knowledge. Therefore, let them be counselled”.

Out of the 300 respondents, eleven (11) indicated having been sexually abused before. Four (4) of the abused blamed the abuser while two (2) blamed themselves and feel very guilt. The other five accepted it as being normal.

From the above findings, a mixed perceptions of sexual abuse are evident. Indeed this leaves much to be desired.

CHAPTER SEVEN

7.0 CONCLUSION AND RECOMMENDATIONS

7.1 CONCLUSION

The results of this study give an insight into the contributing factors to sexual abuse in Lusaka. The study showed very low levels of knowledge of the causes and effects of sexual abuse among school going adolescents. This raises concern as this have a negative impact on the adolescent's Reproductive Health.

The inadequacy of knowledge of the causes and effects of sexual abuse among the adolescents in a way implies a wide gap in transmission of sexual reproductive health information. Traditionally the role of imparting sexual knowledge to the young people was performed by grand parents, aunties and uncles. These close relatives educated the boys and girls attaining puberty the behavioural aspects, hence initiating them into adult life. However, this is rarely so nowadays. Due to poverty, hard economic situation, compounded by the HIV/AIDS, the old traditional extended families have become almost difficulty to maintain. This entails parents taking up the role of giving their children sex education.

Adolescents are socialised in a society where exposure to sex is high. The increased poverty levels put the young people at risk of being sexually abused in exchange for money for a living. The HIV/AIDS pandemic has further increased adolescent's vulnerability since the older folks go for young blood which they believe to be free from the virus. Low levels of knowledge exist correlate with the adolescent's perceptions of sexual abuse. The study shows incorrect perceptions of sexual abuse by

adolescents such that some forms of sexual relationships are not viewed as sexual abuse. All such efforts must involve all the stakeholders in adolescents reproductive health. Such as the Non Governmental Organisations advocating for children's rights, the church, parents and indeed the adolescents themselves so that the efforts put in place will be sustainable.

7.2 RECOMMENDATIONS

In view of the findings of this study, the following recommendations have been made:

1. Families: Specific health education issues for parents. Parents should be able to teach their children appropriate behaviour patterns as a means of preventing early sexual indulgence. This should include adherence to good moral values. Therefore, it means parents and guardians should set examples of good behaviours and be models for their children.
2. Information Education Communication (IEC) materials about dangers of sexual abuse, the predisposing factors and the effects be made available in primary, basic and secondary schools. In form of posters pamphlets. The teachers must be equipped with the necessary knowledge.
3. Health Education be incorporated in science curricular adolescents need to understand their own physiological emotional development and potential especially in the context of sexual reproduction. This will empower them with the knowledge of avoiding risky behaviour patterns and their consequences. This implies the need

to train teachers in adolescent Reproductive Health. So that the prevention of sexual abuse can be addressed seriously.

4. The Government, NGOs and co-operating partners assist in creating and developing Recreation Clubs for adolescents, such as sport, music drama especially in the schools as viable alternative that can pre-occupy the in during extra curricular and prevention early indulgence in sexual activities.
5. The use of adolescents themselves be encouraged in the development of interventions such as IEC materials, mobilising the community in support of their Reproductive Health Programmes.
6. Finally, Adolescent Reproductive Health be integrated in existing services to allow for counselling, access to health care freely.
7. Further research is necessary to explore misconceptions adolescents have regarding sexual abuse. This also suggests the need for interventional efforts to equip the adolescents with necessary information. This should involve all the stakeholders in adolescents reproductive health such as the NGOs advocating for children's rights, the church, parents and indeed the adolescents themselves so that efforts put in place will be sustainable.

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QUESTIONNAIRE FOR ADOLESCENTS [PRIVATE]

SERIAL NO.

DATE:

STUDY TITLE: Adolescents and Perception of the Causes and Effects of
Sexual Abuse

Instructions:

- (a) Please read through. If you have any questions, feel free to ask.
- (b) answer all questions as truthfully as possible.
- (c) Circle the appropriate answer.

SECTION A

1. Age
2. Sex: (a) Male (b) Female
3. Name of School:
4. Where do you live?
5. Whom do you live with?
 - (a) Mother (b) Father
 - (c) Both parents (d) Other (specify):

SECTION B: Awareness/Knowledge of Causes of Sexual Abuse

6. In your opinion, what is sexual abuse?

7. Does sexual abuse happen in different residential areas of Lusaka?
(a) Yes (b) No (c) Do not know
8. What do you think leads to being sexually abused?

9. Do you know anyone who has been sexually abused?
(a) Yes (b) No (c) Do not know
10. In your opinion, what causes sexual abuse?

SECTION C

11. Do you think sexual abuse is a normal practice?

- (a) Yes (b) No (c) Do not know

12. What do you think are effects (outcome) of sexual abuse?

13. Are people who are abused affected in any way?

- (a) Yes (b) No (c) Do not know

14. If 'yes' to question 13, how are they affected?

15. Are there any traditional beliefs which influence (allow) the practice of sexual abuse?

- (a) Yes (b) No (c) Do not know

16. If 'yes' to question 15, please list them:

17. Is sexual abuse a problem in Lusaka?

- (a) Yes (b) No (c) Do not know

18. What do you think should be done to people who abuse children and adolescents?

19. Have you been sexually abused before?

(a) Yes (b) No

20. If you were, how did you react?

(a) Blamed myself

(b) Blamed the abuser

(c) Blamed your parents/guardian

(d) Felt it was normal

(e) Any other (specify) _____

21. What do you feel generally about sexual abuse?

APPENDIX 2: FOCUS DISCUSSION GUIDE

1. What is sexual abuse?
2. Does it occur in Lusaka?
3. Why do you think it occurs?
4. Who do you think is involved in sexually abusing children and adolescents?
 - (a) Strangers
 - (b) Relatives
 - (c) Friends
 - (d) Neighbours
5. Which sex is abused more?
 - (a) Boys
 - (b) Girls
6. What should be done to perpetrators of sexual abuse?
7. What are your feelings about sexual abuse?

RESEARCH AND ETHICS COMMITTEE,
UNIVERSITY OF ZAMBIA,
P.O. BOX 50110,
LUSAKA.

06TH August, 1999.

Maureen N. Mwanza

Dear madam,

**RE: ETHICAL APPROVAL FOR YOUR PROPOSAL - "Adolescent's
Knowledge and perception of the causes and effects of sexual abuse"**

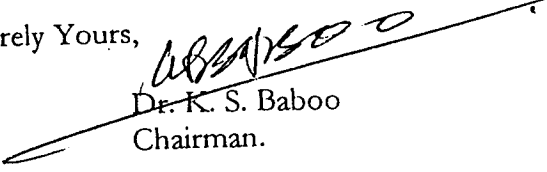
The University of Zambia Research and Ethics Committee, at its sitting on 5th August, 1999, considered your proposal - "Adolescent's Knowledge and perception of the causes and effects of sexual abuse."

I am happy to inform you that the reviewers found no ethical problem in carrying out the proposed study. The investigators may therefore proceed with the proposed research.

Should you make any major modifications to the proposal, kindly inform this committee in writing before proceeding further with the research.

Kindly let us know of the progress of the research and the final results and publications.

Sincerely Yours,


Dr. K. S. Baboo
Chairman.



Dr. Godfrey Biemba
Interim Secretary

University of Zambia,
School of Medicine,
Department of Community Medicine,
P.O. Box 50110,
LUSAKA.

HEAD COMMUNITY MEDICINE
SCHOOL OF MEDICINE
UNIVERSITY OF ZAMBIA
P.O. BOX 50110, LUSAKA.

29th January, 2000

The Permanent Secretary,
Ministry of Education,
P.O. Box 50093,
LUSAKA.

Approved
Jhu
2/2/2000

Dear Sir/Madam,

RE: PERMISSION TO CARRY OUT A STUDY IN SCHOOLS - LUSAKA

I am a postgraduate student in Masters of Public Health at the University of Zambia. I wish to seek permission to carry out a study entitled "ADOLESCENTS' KNOWLEDGE AND PERCEPTION OF THE CAUSES AND EFFECTS OF SEXUAL ABUSE", in Lusaka schools, that will be randomly selected, in partial fulfillment of the course.

Confidentiality will be maintained and informed Consent will be obtained from all respondents. If permission is granted, the study will be conducted between February and March, 2000.

Your consideration will be greatly appreciated.

Yours faithfully,



MAUREEN NYAMBE MWANZA

communications should be addressed to
Permanent Secretary, Ministry of Education
to individual Officers by name

ne: 250855/251293/251315
251283/251298/251318
251291/251306/251319



No.

REPUBLIC OF ZAMBIA
MINISTRY OF EDUCATION

P.O. BOX 50093
LUSAKA

4th February, 2000

Ms Maureen Nyambe Mwanza,
University of Zambia,
School of Medicine,
Department of Community Medicine,
P.O. Box 50110,
LUSAKA.

Dear Madam

Re: PERMISSION TO CARRY OUT A STUDY IN SCHOOLS -LUSAKA.

I acknowledge receipt of your letter dated 29th January.
2000 with thanks.

Permission is granted for you to carry out your planned
research activities in our schools.

Thank you.

Yours faithfully,

A.K. Sikazwe
Deputy Chief Inspector of Schools
for/PERMANENT SECRETARY
MINISTRY OF EDUCATION.

/ak.



The University of Zambia

DIRECTORATE OF RESEARCH AND GRADUATE STUDIES

Telephone: 292884/290258
Telegrams: UNZA LUSAKA
Telex: UNZALU ZA 44370
Fax: + 260 - 1 - 253952/290258
E-mail: DirectorPostgrad@postgrad.unza.zm

P O Box 32379
Lusaka, Zambia

Your Ref:
Our Ref:

10 September 1999

Ms Maureen Nyambe Mwanza
C/O Department of Community Medicine
School of Medicine
UNZA

Dear Ms Mwanza

On behalf of the Board of Graduate Studies, I am pleased to inform you that your research proposal entitled *"Adolescents' Knowledge and Perception of Causes and Effects of Sexual Abuse in Lusaka"* was approved by the board.

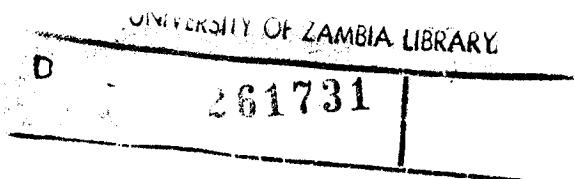
This completes all the requirements for part one of the Masters programme and you can proceed to part two of the programme. Your supervisor is Dr K S Baboo and your co-supervisor is Dr L Chiwele.

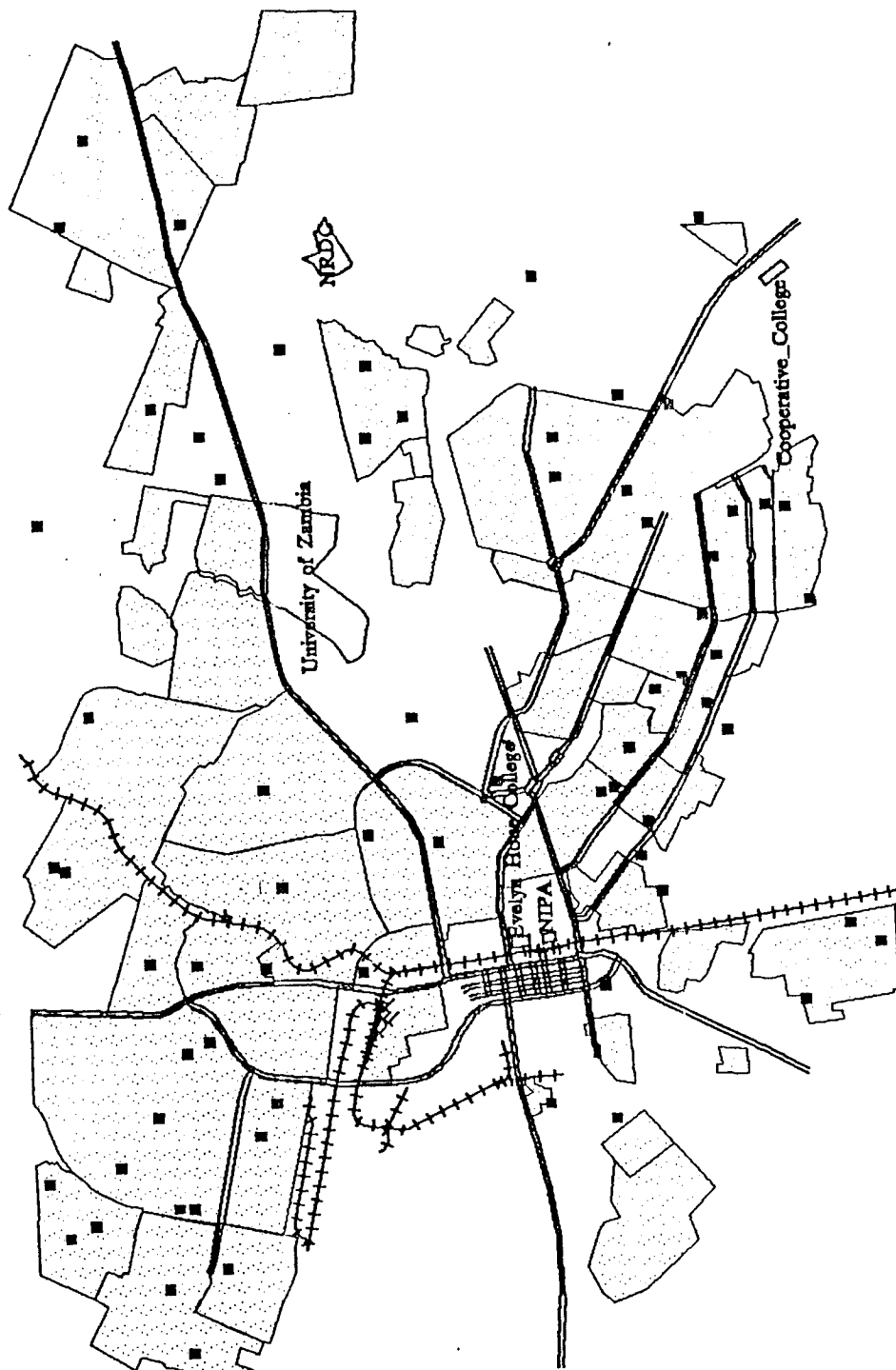
Congratulations!

Yours sincerely

Geoffrey Lungwangwa (PhD)
DIRECTOR

cc Dean, School of Medicine
Assistant Dean (Postgraduate), School of Medicine
Head, Department of Community Medicine
Dr K S Baboo, Community Medicine
Dr L Chiwele, Community Medicine





Legend



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