FACTORS CONTRIBUTING TO CHILD SEXUAL ABUSE IN LIVINGSTONE DISTRICT, ZAMBIA

BY

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DECLARATION

I declare that this dissertation represents my own and that it has not previously been submitted for any degree, diploma or other qualification at this or any other University. It has been prepared in accordance with the guidelines for MPH dissertation of the University of Zambia.

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I, JOYCE B. S. SIMUCHEMBU hereby certify that this dissertation is the product of my work and, in submitting it for my MPH programme, further attest that it has not been submitted in part or in whole to another university.

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ABSTRACT

Child sexual abuse in many countries worldwide is a source of concern. Children are vulnerable to abuse, neglect and violence, abandonment, child labour, prostitution, pornography and sexual abuse. (World Report on Violence and Health, 2002).

A number of factors have been identified that contribute to child sexual abuse among them they include the use of alcohol/drugs that removes the sense of prohibition, accepting gifts from strangers, relationship of the abused to the abuser, isolated places and HIV/AIDS myth. The other factor may be alienation between siblings, and opportunity as well as proximity. This occurs when close relatives have lived intimately because of overcrowding which may be mainly due to poverty. Some factors such as allowing the child to walk alone to and from school, isolated places, may predispose the child to being abused Social economic factors have led to the child being dependant on the adult for financial support.

The objective of the study was to; determine the factors associated with child sexual abuse in Livingstone; sexual abuse; to find out if sexually abused children accept gifts from strangers more than un abused children; to determine if sexually abused children are found more in isolated places than un abused children; to determine the relationship between alcohol and drug abuse with child sexual abuse; to examine the relationship between the abuser and the abused; to examine the relationship between the myth of HIV/AIDS and child sexual abuse; to establish the relationship between paedophilia with child sexual abuse and to recommend proposed actions to prevent situations of child sexual abuse.

A case control study of 105 persons was done using questionnaires (47 of whom were controls and 49 were cases, nine were given to organizations that deal with child sexual abuse). Twelve health centers and 4 non - governmental organizations were involved in the study. The study was carried out between June and August 2004. Caregivers of the abused and un abused children were interviewed. Counselors of the organizations that deal with abused children and administrators were also given a self administered questionnaires.

There was an association between the child accepting gifts from a stranger and sexually abusing a child. Those who accepted gifts and were abused 36(75.0%) as compared to those who did not accept gifts but were abused 12(25.0%). There was no difference in child sexual abuse between those who live in low, medium or high density areas (P – Value 1.000). The study also revealed that the female child was more at risk of being abused than the male child. (Odds ratio = 0.12 < OR < 1.69, Chi – Square Yates corrected 1.09 and P – Value = 0.297). There was no association between the use of alcohol / drugs and sexually abusing a child. Most of the respondents 33(70.2%) said that the abusers were in their normal senses. This could be attributed to them being paedophile that are unable to control their sexual emotions. The places were the abuse took place were in the isolated places or where the child was left alone 30(62.5%).

Those children who were in school and not abused were 44(97.8%) as compared with those who were at school but abused 40(81.6%), (Odds ratio = 0.00 < OR < 0.86, Chi – Square Yates corrected 4.85, P – Value =0.016 fishers exact). In 31.9% the abusers were a known person to the abused child.

The taboo behind the disclosure of child sexual abuse may lead to the scourge being perpetuated by the abuser. In most cases the shame that the family fears that they may suffer led them not to report the cases to the appropriate authorities such as the police. Thus the laws dealing with the abuser should also be strengthened.

In view of the findings of the study, the following recommendations were made, these are: the relatives and parents should be cautioned on the importance of teaching children against receiving gift from strangers. Parents should be encouraged to escort children to and from school; parents or guardians should be suspicious about the behaviour of a child at home and they should believe the child when they report to them about attempts by an adult to abuse them sexually; the school should be involved in childcare and observe possible signs of sex abuse by finding out why the child's performance is deteriorating in school; encourage establishment of counseling centers for the abused children where children should be able to talk about the abuse and help the to overcome the trauma this may have on the abused child and policies and laws on the abusers should be strengthened.

DEDICATION

This work is dedicated to my husband and my four children as well as to my lovely mother for the support and love throughout the period of study.

Special dedication to my late father who has not been around to see me through the study period.

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TABLE OF CONTENTS

LIST OF ABBREVIATIONS.

AIDS - Acquired Immuno-deficiency Syndrome

CBO - Community Based Organisation

CHW - Community Health Workers

CWO - Child Welfare Organisation

CSEC - Commercial Sexual Exploitation of Children

CSO - Central Statistics Office

HIV - Human Immuno-deficiency Virus

NGO - Non- governmental Organisation

OR - Odds Ratio

PID - Pelvic Inflammatory Disease

SAT - Southern Africa Training Programme

SSA - Sub - Sahara Africa

STDs - Sexually Transmitted Diseases

UTH - University Teaching Hospital

UNDP - United National Development Programme

UNICEF- United National International Children Fund

USA - United States of America

VSU - Victim Support Unit

WHO - World Health Organisation

YWCA - Young Women Christian Association

ZARD - Zambia Association of Research Development

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background Information

Children are a special group of people in society, because they are dependant on adults for their physical, social and emotional well – being. The United Nations Convention on the rights of the child defines a child as; every human being below the age of 18 years unless under the law applicable to the child majority is attained earlier (UNICEF, 2002).

Children make up an estimated 330 million or just over 50% of Sub – Sahara African (SSA) population of around 650 million (UNICEF,2002a). According to UNICEF, (2002a) 43% of Sub – Sahara Africa's (SSA) population live on less than one United States dollar (US$1) per day. This implies that at least 140 million children in SSA live in extreme poverty. The implication is that child poverty in SSA is so widespread that it affects most children and not just those in especially difficult circumstances.

Sub – Saharan Africa has the youngest and fastest growing population of any region in the world. 45% of its inhabitants were under age 15 in 1999, compared to a world average of 30%, and were growing at a rate of 2.8% compared with world average of 1.6%. These levels are anticipated to continue till 2015, when the percentage of under 15's is expected to be 42% and the population growth rate 2.4% resulting in a population of around 900 million.(UNDP,2001).

This distribution of this population is also changing rapidly as rural – urban migration continues, and some 34% of the population were living in urban areas in 1999 compared with just 21% in 1975. This trend is expected to continue with 43% of the population expected to live in urban areas by 2015 (UNDP, 2001).

Form the moment that children start speaking, we start teaching them about themselves and the world around the. The information that we provide is crucial to developing children who are to question information they are given. By virtue of their size and economic status, children will always be dependant on adults for protection.

Creativity is important in order for children to give vent to their natural ability to express themselves. It helps children to problem solve and develop their own methods of learning (Marshall, 2000).

Montessori (1990), in the book entitled 'The Secret of Children', states that *'We must wake up to the great reality that children have a psychic life whose delicate manifestation escape notice and whose pattern of activity can be unconsciously disrupted by adults. An adult environment is not a suitable environment for children, but rather an aggregate of obstacle that strengthen their defences warp their attitudes and expose them to adult suggestions. To assist a child we must provide him or her with an environment which will enable him or her to develop freely. A child is passing through a period of self realization, and it is enough simply to open the door for him / her' (Montessori, 1990).*
Physical and sexual abuse at home and at school are very difficult areas to deal with, both for the children themselves and for anyone concerned with child welfare. Such abuse undoubtedly happens and by all accounts is prevalent all over the world.

When consulted, children rank not being beaten at home and at school, and not being sexually harassed high in the list of their needs to improve their lives. They also emphasise the need to lessen the amount of alcohol drinking that goes on (which they correctly associate with abuse) (Human Rights Report, 2001).

1.2 GLOBAL PICTURE

Globally, the major cause of sexual exploitation of children include poverty, war and natural disasters, economic injuries, disputed between rich and the poor and large – scale migration and urbanization. Other factors include lack of education, disintegration of

family and social values, social attitudes, lack of protection to children at risk and under funding or failure of social services. Poor systems of governance and inadequate legal systems also fail to prevent injustice towards children or to protect them from criminal acts. Gender discrimination, gender gaps in education and a double standard of morality for men and women also contribute to the persistence of inequality and exploitation (A Situational Analysis of Sexual Exploitation of Children, 2001).

The Millenium Development goals in a special session on children documents the convention on the rights of the child stating that they will promote the physical, psychological, spiritual, social, emotional, cognitive and cultural development of children as a national and global priorities (UNICEF, 2002).

Child sexual abuse in many countries worldwide is a source of concern. Children are vulnerable to abuse, neglect and violence, abandonment, child labour, prostitution, pornography and sexual abuse (World Report on violence and Health,2002). These are among other things that are new hazards to the health and well – being of children and adolescents. In view of the above, the United Nations General Assembly (1986), adopted the Convention on the rights of the child these include among others: right to education, health care, shelter, security and protection (UNICEF,2002).

A study carried out in the United States of America (USA) in 1987 revealed that almost 2.2 million episodes of child sexual abuse and neglect were estimated to have occurred that year an increase of 225% since 1976. Between 1983 and 1987, estimates of the number of children that suffered abuse or serious neglect in England and Wales rose from 11300 to 23500 (UNICEF,1994).

1.3 AFRICAN PICTURE

The problem associated with rapid urbanization in the developing world have long been noted, with particular attention falling on the 'megacities' of Latin America and the Indian Sub – continent. Yet it is Africa alone that the rate of urban growth has been accelerating from the past three decades. Today, the annual growth rate of African cities is 20% higher than in cities in the rest of the developing world. In addition, the continents urban population is growing at twice the rate of its rural population (Urbanizing World,1996).

Inevitably, recent years have seen a rapid deterioration of living standards in Africa's

cities – to the point that there is effectively an urban crisis on the continent. This is not to say that poverty is now new to Africa's cities; it existed in pre – colonial times, when people were impoverished by loss of access to labour, personal misfortune and loss of kinship support (Beall and Kanji, 1999).

The rising number of street children in Lusaka and Accra reflect the extent of poverty and family breakdown in each country, especially in urban areas where the majority of street children originate. Street children work long hours, usually miss out on education or vocational training, and are at risk from a number of threats including sex work, drug and alcohol abuse as well as child labour (Urbanizing World, 1996).

Unsurprisingly, there are few numbers on the incidence of child physical and sexual abuse and only a limited amount of research on the subject. People are very reluctant to talk about it or acknowledge sexual abuse and victims especially young girls, generally suffer in silence, terrified of speaking out for fear of social stigma and ostracisation (Amer,2001).

A study carried out by Merijin (1999) revealed that 19 children between the age of 4 and 11 years reported to a police station of being sexually abused. In this study the abuser was related or a well known person to the abused child. In most Nigerian cultures the extended family tended to cover up cases of sexual abuse for fear of the shame that this would bring to the family.

Children in abusive households, whether physically abused themselves or witnessing the abuse of women in the household by their husbands tend to experience emotional and physical problems such as depression, aggression, disobedience, nightmares, physical health complaints and poor school performance, while there are few figures for physical and sexual child abuse, surveys reveal that over 40% of women in Uganda, Tanzania and Kenya report physical and sexual abuse (Delano, 1998).

1.4 ZAMBIAN PICTURE

Surveys reveal that over 40% of women in Zambia suffer physical abuse (Delano, 1998). Children in Zambia constitute 45% of the population (CSO,2003). Good and proper nurturing of children today will ensure the survival of our country through socio – economic development.

In Zambia, where poverty levels are estimated at 76 – 85% of the population living below the poverty datum line, the commercial and non – commercial aspect of sexual exploitation of children are not easily separated, as the practice of remuneration can reflect a wide range of forms of the economic and non – economic dependence. These poverty levels have caused extended family and social capital networks to break down and not able to care of the children for the dead relatives (Initiative to end child labour, 2002).

Zambian children face a silent crisis. The general public are aware of the commercial sexual exploitation of children (CSEC), but have been slow and sometimes unwilling to

respond to act because they may be the very conspirators in perpetuating this scourge. The victim is defenceless and has no voice, no power to hit back. She /he is an orphan, a street kid, a domestic servant or simply a child in difficult circumstances, who is economically, socially and emotionally dependent on the same potential assailant for survival (UNICEF,2002).

1.5 TREATMENT AND SUPPORT FOR THE ABUSED

There has been a concerted effort to non -- governmental organizations (NGOs) to provide support to families and the system that assist children who are sexually abused. The role of NGOs is essential in that they provide a link between the professionals and the communities. NGOs provide a wide range of services and expertise that include; training and capacity building to government and NGOs to assist victims of sexual abuse. They provide counseling support of victims and families, health support to victims and legal advice and representation. NGOs also provide public awareness on issues of child sexual abuse, shelter to victims who have been sexually abused within the home and research into going and current issues of sexual abuse (Khan,2003).

A child who was sexually abused would be brought to the hospital by the care giver seeking treatment. A report on the guidelines on the management of sexual abuse and gender based violence cases, states that, the reason for medical examination of the victims is to examine the body of the victim in order to establish whether there is any evidence relating to the alleged sexual abuse on or in the victim's body and to ascertain the victim's mental state. If the sexual offence was not reported timeously (within 72 hours), the victim must still be taken for medical examination. Even if the victim has washed, the possibility of obtaining evidence cannot be discounted (the doctor should have the final say).

The report continues to state that when taking the victim for medical examination, the following must be remembered. The medical examination must be conducted as soon as

possible. A trained doctor should preferably do the medical examination (trained in examining victims of sexual offences). The investigating officer must accompany the victim for medical examination. A male investigating officer may not be present during physical examination of a female victim and vice versa. The medical examination is usually done after the report has been made to the police and crime docket has been opened (if the victim is not sure whether he/she wants to press charges, have him/her medically examined and allow him/her to decide or refer for counseling (FELAZ,2004).

1.6 CONSEQUENCES OF SEXUAL ABUSE

The concern of child sexual abuse is real and should be tackled with the seriousness it deserves, because of the effects that it has on the abused child. In one of the posters at Young Women Christian Association (YWCA), the message is clear. It reads, *'an innocent child who is sexually abused suffers from night mares, emotional problems, physical torture, unwanted pregnancy, sexually transmitted disease and HIV/AIDS'(UNICEF,2003).*

The problem of sexually abusing an innocent child will end up with a society without morals and emotionally tortured children. In addition sexually abused children may end up with complications such as abortions, sexually transmitted disease which can lead to a lot of other complications such as pelvic inflammatory disease, infertility and possible death (Sonja, et al 2000).

Children who have been sexually abused may be withdrawn, moody, depressed, self – destructive and sometimes suicidal. They may also become emotionally numb. A child who is a victim of prolonged sexual abuse usually develops low self – esteem and an abnormal perspective of sexuality. Some children have difficulty relating to other except in sexual term. Some become abusers themselves, or prostitutes. Girls who have been abused are significantly more likely than their non abused peers to become pregnant

before the age of 18. Many children develop learning problems and drop out of school. Some may use drugs to numb themselves (UNICEF,2001).

The YWCA has put in place a number of activities to help the sexually abused children come out of the trauma of sexual abused these include the drop in center where a child who could be sexually abused in a home by either the father, nephew, uncle or any such individual are removed from that home and taken care of out of that home. These homes are called transit homes. They also have the drop in center and counseling centers throughout the country where they have their branches. YWCA works closely with various other Organisations such the legal resource foundation, the national legal clinic, the victim support unit and various other such organizations that deal with child problems. At the moment the organization has had various pragrammes for the awareness campaign including drama performing at the market places in schools to sensitize the public on the issue of child sexual abuse. They also have programmes on the radio and television (YWCA, 2001).

1.7 SOLUTIONS TO COMBAT SEXUAL ABUSE

It is important to communicate with children and believe what the child may be saying. Care needs to be taken with facial expressions, body language, tone of voice, and choice of words if children are to be helped to talk about their experiences. Children who have been sexually abused have often had to be sensitive to the moods, feelings, and wishes of adults around them. (Russell, 1984).

The American Association for counseling and Development defines counseling as a process of a trained professional forming a trusting relationship with a person (child) who needs assistance. This relationship focuses on personal meaning of experiences, feelings, behaviours, alternatives, consequences and goals. Counseling provides a unique opportunity for individuals -- children to explore and express their ideas and unique

opportunity for individuals – children to explore and express their ideas and feelings in a non – judgemental, non threatening environment (Makaya, 2002).

Children react to stress in different ways. Many find it difficult to talk about their worries. When children are sexually abused they internalizing their feelings and stress, believing that they are abnormal in some way, and suffer from low self – esteem, depression or anxiety. Or they can become aggressive, abuse drugs and alcohol, or engage in anti – social behaviour (Save the Children, 2001).

Data on child sexual abuse may be obtained from the police – victim support unit, Ministry of Youth and Child Development, clinical setting, chiefs headmen of villages and Non – Governmental Organizations [NGO]. The relationship between these sources and the global magnitude of the problem of child sexual abuse may be viewed as corresponding to an iceberg floating in a large sea. The available data is scanty and fragmented.

Much can be done, however, by government and NGO's child welfare organizations (CWO), community health workers (CHW) and community based organization (CBO)to raise awareness of the harmfulness of those practices to the children and to a community long term future, as children repeat the behaviour of the adults when the grow up. Children should be aware of their rights by providing awareness programmes in schools and communities on the importance of protecting themselves (Annan, 2001).

The enforcement of laws against such practices are not only inadequate but often tend to be part of the problem as they and the legal system of the many countries, tend to discriminate and thus humiliate female victims in favour of male perpetrators (Delano, 1998). The law enforcement agencies should be well oriented with the laws of the land and support the children and the families of the abused children.

1.8 STATEMENT OF THE PROBLEM

Child abuse is not only about those people who sexually and physically abuse children; it is about the value and nurture that we give to all children in society (Anita, 2002). In order to work towards a society that embraces peace, we need to start with the socialization of our children. Adults should promote the self-image of children by constant positive re – enforcement and active mirroring of the child's emotional needs (Montessori, 1990).

Despite the measures to combat sexual abuse, the prevalence has continued to rise. The following are some of the statistics that were obtained from the central police station to show by province the offences committed on sexual abuse.

Sexual Abuse Data in Zambia - 2002

Offence committed	Lusaka	Copper belt	Northern	Eastern	Western	Central	Luapula	North western	Southern	**TOTALS**
Defilement	462	128	56	37	14	91	11	9	57	**865**
Incest	5	5	0	0	0	7	0	0	14	**21**
Totals in each Province	467	133	56	37	14	98	9	9	71	**886**

The biggest question still remains, what makes an adult who is supposed to protect and support a vulnerable being, like a child, choose to abuse the same child.

Zambia has seen an increase in cases of sexual abuse and gender based violence with 865 cases reported at the Victim Support Unit (VSU) in 2001. out of the reported cases in the media in 2002, Lusaka accounted for 55% and 52% of the reported cases in 2003 (International Symposium on Sexual and Gender Based Violence Against Children and Women, 2004).

The highest health institution in the country, University Teaching Hospital (UTH), has revealed that the number of child sexual abused had risen from 264 in 2002 to 510 cases in 2003 (Health Information System Department – UTH, 2003).

Teenage pregnancy and child mothers are a growing problem in Zambia today. Many young girls are becoming sexually active at a very young age. It is not uncommon for girls to have their first child by the age of 17. The factors relating to this increased rate are many these include; the economic situation of the nation, HIV/AIDS unstable homes, breakdown in extended family systems, risky traditional practices (like female circumcision), puberty initiations, exposure to pornographic materials on the internet, sexual abuse and blue movies (Chirwa,2003). This kind of scenario exposes the young mother to disease such as sexually transmitted infections and PIDs. The young mother may also be forced to go for abortions as they feel that they have to continue with school.

While it is clear that poverty, family breakdown and urban growth have combined to greatly increase the number of street children in Africa, reliable statistics are difficult to obtain as a result of their mobility, problems of over defining the term 'street children', and the misuse of numbers of both governments and development agencies who stand to benefit from either underplaying or exaggerating the problem. Nonetheless, given the rise of urban poverty and the fact that two thirds of Africa's urban population are under 25 years old, the number on the street is substantial (UNCHs An Urbansing World, 1996).

In a paper presented by Dunfold (1996), in Kenya on an examination on programmes by NGOS for street children he revealed that, most studies of street children tended to

distinguish between those children who are on the street – who return to their homes at night – and those who are of the street – those who spend all of their time living and working on the street. Others add the categories of children 'for' the street – children from vulnerable households, especially in poor urban areas – and sometimes even 'children of street families.' Which denotes a growing generation of children who are actually born into street life. Clearly, these categories are not all mutually exclusive, and children can move in between at least the first three categories at different stages, adopting varying degrees of 'streetism' as they do.

According to the department of child affairs, the 'problem' of street children is increasing all over Zambia, and doing so at a particularly rapid pace in Lusaka. The research that was done by Hickey revealed that street children in the city face an array of opportunities and threats from life on the street and from certain programme interventions. Some example of street life include a risk of contracting a number of diseases and dangers to various other activities, such as carrying goods, emptying bins, begging, smoking and sniffing drugs, and sexual abuse (Hickey, 2000).

In spite, of the initial gains of moving to the city, in terms of employment and access to services, rural – urban migration had outstripped the capacity of urban areas to provide formal sector employment by 1940, and colonial forms of poverty (proletarianism, unemployment, prostitution, and delinquency) were added to incapacitation, hunger and servitude (Nelson and Jones, 1999).

The HIV/AIDS pandemic has left many children orphans. Relatives might not want to care for orphans, or they might not be able to. Orphaned children may go onto the streets in order to survive. Some street children are independent from their families. They earn a living by buying and selling goods, piecework or by stealing. Some of them abuse drugs and alcohol. The female street children are more hidden than male street children. Therefore, they are more vulnerable to all kinds of street life. They may be abused, bitten to death or may end up with infections such as STDs and PIDs. Due to the treatment that

they receive, orphans are becoming destitutes. They are deprived of their basic right to education, social welfare assistant, medical care, a healthy family environment, shelter and protection.

Today more and more children in Zambia are forced to work in order to ensure their own, or their families' survival. This is mainly due to the increase of poverty and unemployment in the country. This situation if not checked may deteriorate into child abuse, exploitation and slavery (Inter – parliamentary Union, 96th Conference, September 1996).

The Inter – parliamentary Union 96th Conference (1996) also states that, the causes of child labour are primarily rooted in poverty created by social and economic inequality as well as in insufficient educational facilities. It further stated that child labour is a complex and deep rooted problem, closely tied to poverty, poor schooling, and cultural traditions, all of which require long term solutions. Meanwhile children in worst forms of child labour needed immediate protection.

Children are powerless to fight the vice on their own and therefore, needs the voice of the adults to protect them. It is well known fact that people sexually abuse their own children, nieces, and grand daughters (YWCA 1999). This problem is shrouded and to some extent perpetuated by the silent complicity of abusers, victims, family members and community. The major concern is that child sexual abusers have been reported to include fathers, grandfathers, neighbours, brothers and stepbrothers or any guardians looking after the child. The actual magnitude of child sexual abuse is unknown, though there could be reports on radio, in the media about the scourge being on the increase. (YWCA, 1999).

Hunter, (2000) states that the impact of HIV/AIDS is likely to reshape societies in Southern Africa over the next 30 years. Since HIV transmission in Africa is primarily through heterosexual contact, AIDS represents itself as a family disease. Children in particular are severely affected by AIDS in their social context due to parental illness and

death they are all likely to be stigmatized as children who are coming from the AIDS home. It is crucial to realize that the situation of orphans in Africa is a long term and at a large scale.

The National children's forum on HIV/AIDS held in South Africa focused on child sexual abuse and some of the children who were victims of sexual abuse attended, and spoke out clearly that children should not be targeted for sexual abuse because of the belief that HIV/AIDS is 'cured' by virgins. The 'cleansing' myth needs to be openly challenged by all people and the maximum sentence should be imposed for anyone who sexually abuses a child. (Sonja et al, 2000).

In Zambia a study conducted by Shikanga (1996), revealed that having sex with young girls rejuvenated their manhood. It was also revealed that young blood helps to cure HIV/AIDS and other Sexually Transmitted Diseases (STD's). this misconception arises from the belief that the more sex one had with young girls the more the virus is taken away through semen. Traditional healers often recommend that clients slept with a virgin as a remedy for STD's, HIV and impotence, and as a means of *"juju"* –witchcraft to get rich (Shinkanga, 1996).

The Zambia Demographic Health Survey has not addressed the issue of child sexual abuse in its latest edition of 2001-2002 (CSO 2001-2002). Signifying just how silent the issue of sexual abuse is being tackled in the nation.

Even when child sexual abuse is a source of concern and serious the cases are infrequently reported and sometimes not even reported. The child may not even be taken to the health center to be treated for fear of the shame that this may bring to the family without considering what harm it is causing to the child, (Russell, 1984).

The perpetrators of child sexual abuse come from all walks of life and many a time these are known to the child that is being abused. At the SAT meeting held in South Africa one of the child spoke out '.... *every time my father slept with me he never used a condom. He held a gun to my head to stop me from screaming.*' (Sonja et al 2001). It is important to allow the children to communicate so that the sense of guilt does not continue in their life. Children tell about sexual abuse when they feel ready and safe to do so. (Hedderman, 1987).

CHILD RELATED FACTORS

ORPHANS

POVERTY

ESCORT TO SCHOOL

ALCOHOL/DRUG ABUSE

COLLECTION FROM SCHOOL

OTHER FACTORS

RESIDENTIAL AREA

HOUSING

RELIGION

TRADITION

LAWS

ABUSER RELATED FACTORS

MENTAL DISORDERS

ALCOHOL/DRUGS ABUSE

PEER PRESSURE

MYTHS OF HIV/AIDS

The researcher, therefore, wishes to establish the factors that contribute to child sexual abuse.

1.9 JUSTIFICATION OF THE PROBLEM

Much of the research from Africa has focused on member of special core groups such as physical and sexual exploitation of commercial sex workers and trafficking of children as well as child labour (Tyndall, 1994). Little has been documented on the child sexual abuse in Zambia as a group that is vulnerable.

Therefore, this study seeks to document the factors that contribute to child sexual abuse in the 12 health centers and the hospital in Livingstone District, Zambia.

The study highlights factors that contribute to child sexual abuse, and the results of this study should help NGOs the government and other stakeholder to come up with programmes that should help bring down the scourge of sexual abuse.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 INTRODUCTION

There is much societal debate on what should be appropriate response to child sexual abuse. There are a lot of organizations that are trying to look at the sexually abused children and how to best counsel these children so that they quickly come out of the traumatic stage as quickly as possible. There is inadequate literature on child sexual abuse available in Zambia.

Trafficking in children, an affront to human rights and human dignity, has reached epidemic proportions and is escalating out of control. The evidence is all too clear; millions of children are trafficked for exploitation into sweatshops, into domestic work to work on farms, for adoption, as child soldiers and, most perniciously, into the commercial sex industry, now only ruthlessly exploited, they are also deprived of a childhood and denied a future (Silvia, 2005).

There are a number of factors that may contribute to the child being sexually abused and among them they may include;

1. Children accepting gifts.
2. Children being left alone in isolated place (such as walking alone to and from school and remaining alone at home or relatives).
3. The use of alcohol or drugs by parents relatives or strangers
4. The relationship of abused children and the abuser.
5. The 'cleansing' myth of HIV/AIDS

2.2 ACCEPTING GIFTS

Worldwide, sexual violence is often a consciously deployed weapon or was. It can include rape, mutilation, exploitation and abuse. Women and girls are usually victims of the abuse as they go in search of food and water and in the process end up being abused for the to get such commodities. In the conflict in Bosinia and Herzegovina, and Croatia in the early 1990's it was a deliberate policy to rape teenage girls and women and force them to bear children, often referred to as the 'enemy's child'. (Global Report, 2002).

More recent conflicts in the democratic Republic of Congo, Liberia, Sierra Leone and Sudan revealed that there was a lot of sexual violence against women and children as they went about to search for the essential commodities to cook for their families. Adolescent girls were usually singled out for their youth and relative defencelessness or because they were perceived to be less likely to be infected with HIV (UNICEF, 2002).

A study done by Fleischman to look at where the abuses took place revealed that, 67% of the guardians of orphan children normally abused these children for financial reasons and that they would be chased from the guardians home if they did not give in or if they told anybody about the happenings. The girls end up with HIV/AIDS and sexually transmitted disease. Fleischman states that if the breadwinner ends up in prison, the family had to deal with all the financial implications. So its economic realities and the shame and stigma associated with child sexual abuse (Human Rights Watch, 2001).

In Zambia, child sexual abuse cases are becoming more and more as the reporting and awareness is becoming high, this may be due to the sensitization programmes that are being carried out both on the media and in the communities. However, some misconceptions about HIV/AIDS 'cleansing' have been cited among others as reasons for sexually abusing children.

2.3 ISOLATED PLACES

Improving communication skills and assertiveness can help children feel more comfortable talking about the strange things that may be happening to them. A study by Kruger et al (2002), revealed that, nearly one in three girls reported having one or more unwanted sexual experiences on their way to school or in places where there were no people before the age of 14 years. In 70% of these cases there was involvement of genital contact in the abuse, in another 46.3% abused by strangers. Fifteen of all the abuses involved young men. The prevalence rate showed no urban or rural difference with no cohort effects with subject age and no difference in disclosure rate (Kruga, 2002).

The decision to prosecute alleged perpetrators of abuse depends on a number of factors, including the seriousness of the abuse, the strength of evidence, whether the child would make a competent witness or whether there are any viable alternatives to prosecution. A review of a criminal prosecution case in Kenya of child sexual abuse revealed that 72% of 451 allegations filed during 22 years period were considered probable sexual abuse cases, formal charges were however, filed in a little over half of these cases (World Report on Violence and Health, 2002).

In Zambia, a study to compare associations between mobility and sexual behaviour, and to identify characteristics of trips that are associated with having non – regular partnership while away from home was done. The study revealed that mobile men tend to declare non regular partnerships more often than non mobile populations (ICASA, 2003).

The child should be protected both while going to school and when being collected from school. UNAIDS/WHO in an AIDS epidemic update report revealed that under the educated and under employed, the young people are easy target for adults wanting sex but are unwilling to pay for it in homes where the abuse may occur because the child has no

where else to go. They also reported that excessive beer drinking, for example reduces the capacity to make decision about protection.

2.4 THE USE OF ALCOHOL OR DRUGS

World wide alcohol is a legal substance in most countries. About 125 million people are migrant workers, immigrants of refugees living outside their own country. Many more people within their country, often move from rural to urban in search for education, employment or safety, some as prisoners or students. While in search of these, others due to peer pressure may engage themselves in beer drinking of the use of drugs. Some make a living along the roads, railway as traders or transport workers. Such displaced people can be particularly vulnerable to sexually transmitted infections including HIV/AIDS. Early marriages which may predispose young girls to complications such as PID's, and early pregnancies (AIDS Action, 2000).

Substance abuser especially those who inject drugs are at great risk for HIV/AIDS than people who do not use drugs. Injecting drug abusers account for 20% of cases among men, 50% of cases among women and about 55% of peadriatric cases (Children of mothers who are injecting drug abusers). AIDS has been diagnosed among injectors of various illicit substance, including opiates, cocaine, amphetamines and anabolic steroids. AIDS has been reported among non injecting drug users as alcoholics, cocaine 'snoters and 'crack' smokers, who are infected through sexual contact (Drug Abuse and AIDS, 2004).

Women and girls in difficult circumstances may be pressurized to exchange sex for water or basic needs for themselves and other people whom they may be looking after. Alcohol may be used by the same to forget about their problems.

2.5 THE RELATIONSHIP OF ABUSED AND ABUSER

The American Psychology Association (2003), conducted a study to find out on what kind of people committed sexual abuse and the study revealed that the people who commit child sexual abuse, but the most common findings were that majority of the offenders were family members or were otherwise known to the child. Sexual abuse by strangers was not as common as sexual abuse by family members. Research revealed that, men perpetuate most instances of sexual abuse, but there are cases in which women were the offenders.

A study by Kruga (2002), revealed that the perpetrators of the child sexual abuse were actually known to the abused child. The study concluded that sexual abuse was common, serious and infrequently reported to relevant authority such as the police. Many relatives of victims were not keen on presentation of the abuser even after they had been counseled.

In Zambia today, we cannot afford to turn a blind eye when a malnourished child cries out in hunger and beg for a few hundreds of Kwacha or a bit of food. We cannot afford to ignore the child that has been hardened by the harsh life of streets. We definitely cannot afford to ignore the growing plight of Zambian children, living on the streets, whose number are growing everyday, is a report in the newsletter written by children in need in collaboration with the national reference group on child abuse in 1999. these children could be looking for a piece of work to do so that one pays them or they could be orphans and have nowhere to stay and so prefer to be on the streets to earn a living (Zambian Child In Need, 1999).

2.6 THE 'CLEANSING MYTH OF HIV/AIDS

HIV/AIDS continue to ravage SSA which has 70% of all new infections in the world. In 2001, approximately 3.4 million new infections and 2.3 million deaths brought the

number of adults and children living with HIV/AIDS in SSA to 28.1 million (UNAIDS, 2001;UNICEF 2001a; Annan, 2001).

In a report by the World Bank entitled "to increase access to HIV/AIDS prevention care and treatment programmes", the World Bank states that, 'despite the private nature of the behaviours that spread HIV, governments do have options for influencing decisions among those likely to contract and spread the virus. Public policy can directly influence individual high risk behaviour, either by lowering the 'cost' or safer behaviour (for example, by attempting to restrict prostitution or the use of injecting drugs)..... Although the second approach is sometimes politically appealing enforcement actions can exacerbate the epidemic by making it harder to reach those most likely to contract and spread the virus and encourage them to adopt safer behavoiur' (World Bank, 1997).

Rural research in Zimbabwe in the late 1980s and early 1990 (Bond – Stewart, 1991), found that, after agriculture, beer brewing and selling sex were the two major sources of livelihood for women throughout the rural areas. UNCEF also found that during the drought in Zimbabwe many impoverished schoolgirls were selling sex for school fees for the family. Their parents did not ask where the money or mealie meal came from for they were grateful to receive it. Again, they would not define their daughter as sex workers but as school children.

A study in Brazzaville, Congo, revealed that 354 children who had lost one or more parents to HIV/AIDS, found that 71 were suffering from some kind of psychosocial problems. Of these, 39% were affected by 'post traumatic stress'. Another 27% were suffering from problems of 'adaptation', which could take the form of running away from school of home or various types of offensive and hyperkinetic behaviour. The final 34% had 'affective' problems; depression, anxiety, irritability, or feeling of rivalry (Makaya, 2002).

In many countries, at all levels of society from desperate poor widows and schoolgirls or out – of – school youths to the higher status girlfriends or mistress of wealthy business men and politicians, sex traded for material benefits. In a minority of cases, older women also take on the role of 'sugar mummies,' purchasing sex through gifts or other means from young male (Jackson, 2002).

A study done by Shinkanga (1996), sexual exploitation of girls in Chainda, Kamanga and Luangwa Bridge revealed that traditional healers often recommended that client slept with a virgin as a remedy for STD's and HIV as well as impotence.

While both boys and girls can be targeted for sexual abuse, girls are most vulnerable to sexual coercion and exploitation by male relatives, neighbours and school teachers. A study in Uganda and in Zimbabwe revealed that 49% of sexually active primary school girls say they had been forced to have sexual intercourse. At a time when HIV/AIDS is still spreading rapidly, such abuse is particularly cruel (Delano, 1998).

2.7 **CONCLUSION**

In conclusion, form the presentation of various studies it is clear that child sexual abused victims need to be understood and believed when they talk about the abuse. Hedderman (1987), states that it could be important to focus on three features of children's communication about sexual abuse, which impinge on prevention, disclosure and treatment. These are lying, retracted and self – blame.

The abuser in most cases are reportedly known to the abused child and the victim could fear to disclose because of the threats that may be coming from the abuser. It is important to caution the children on the importance of them not receiving gifts from strangers such as sweets and chocolates. The children should also be cautioned against being bribed by the relatives and those they know.

It should be stated that, government has a mammoth task to formulate policies that will protect the vulnerable children. These laws may start from the local authority and go up to the parliament level or any other highest that formulate laws to protect the vulnerable children.

CHAPTER THREE

3.0 OBJECTIVES OF THE STUDY

3.1. General Objectives

To determine the factors associated with child sexual abuse in Livingstone District, Zambia.

3.2. Specific Objectives

1. To find out if sexually abused children accept gifts from strangers more than un abused children.
2. To determine if sexually abused children are found more in isolated places than un abused children
3. To examine the relationship between the abuser and the abused child.
4. To examine the relationship between the myth of HIV/AIDS and child sexual abuse.
5. To establish the relationship between paedophilia with child sexual abuse.

3.3 OPERATIONAL DEFINITIONS.

Abused – a person under the age of 15 who may be used for sexual gratification by an adult or adolescent – With semen if female or with vaginal fluids if male.

Abuser – a person who uses another person – in this case a child for sexual gratification.

Care giver – a person who looks after a child she/he has been abused by a male person.

Child sexual abuse – Having sexual intercourse with a girl/boy who is below the age of 15 years.

A child – A child is any person who is below the age of 15 years and dependant on the adult for protection.

Proximity – The nearness, to be closed to somebody.

Opportunity – A chance that may be utilized to sexually abused the child.

Senile dementia – Degeneration of brain cells, which may lead to being forgetful thus forgetting relationships easily.

Paedophilia – A person unable to control their sexual desire when they see the opposite sex.

CHAPTER FOUR

4.0 RESEARCH METHODOLOGY

4.1 Study Design and Setting

A case control study was carried out. Cases were all those who presented at the health institution as being sexually abused on the same day or two weeks before coming to the health institution. (An abused child is defined as, one between the ages of 2 – 15 years with semen if it's a female or with vaginal fluid if it's a male. The semen was on her pants, dress or any other part of her body. Or a boy presented with vaginal fluids on his body , penis or any other parts of his body). The child and the caregiver came with the child, a police report and the laboratory investigations done reviewed and confirmed the presence of the same. The clinician's examination and notes indicated sexual abuse. The controls on the other hand were all those children who were not sexually abused but, were brought to the health institution for other ailments and for treatment of underfive care by the health provider. In this study the caregivers to the abused child were interviewed. The caregivers of non – abused child to the health institution to be attended to with other aliments. The stakeholders were given a self administered questionnaire.

4.2 Study Site

There are 12 health centers in Livingstone district. These study sites included Dambwa, David Livingstone Teachers Training College, Hillcrest, Maramba, Linda, Libuyu, Boma, Sinde, Airport, Railway, Prisons Police and Simonga Health Centers as well as the Livingtsone Hospital. All the 11 health centers were included in the sample one was not included as it was under going renovations.

4.3 Study Subjects

- Caretakers of the abused children.
- Stakeholders these are: YWCA
  Victim Support unit
  Social Welfare
  Organisation of Vulnerable Children.
  Saint Francis Church Organisation

The people heading these institutions were given a self – administered questionnaire.

4.4 Sampling and Sample Size.

There are 12 health centers and one hospital in the district of Livingstone. Due to the fact that child sexual abuse is considered to be a rare condition and it was estimated that there were approximately about four incidences of abuse in the district per week which would bring the number of cases recorded to 48 cases and that all the 48 cases would be included in the sample. Data collected was over a period of three months. The research assistants and the principal investigator were each to collect data from four assistants and the principal investigator were each to collect data from four institutions and the district was divided into zones for the purpose of this research.

There were 49 caregivers of the abused children who were interviewed and 47 caregivers of un abused children. Two of the caregivers of the un abused children declined to be interviewed stating that the questions were very sensitive.

4.5 Data collection techniques

Two research assistants were trained for three days to help with data collection and they collected data with the principal investigator from 11 health centers and one hospital.

The phone number to contact the principal investigator was left in all the health centers and at the hospital so that the staff on duty could contact her whenever there was a case. The principal investigator then contacted the responsible research assistant for that area. After the introductory letter from the District Health Management team a telephone number was left in all health centers in case there was a case of sexual abuse. A consecutive sample was used and all those who came to the health center during that time were interviewed.

Data was collected from the clients who reported sexual abuse. Permission was sought from the respondent. It was also explained to the respondent that the information that they were responding to was confidential and that treatment would not be denied if they felt like not taking part similar conditions were given to all respondents. The un abused children were those who were in the center at the same time that the care giver of the abused was being interviewed.

There were 50 questionnaires for the caregivers of the abused children and 50 questionnaires of the caregivers to the children who were not abused.

4.6 Ethical Consideration

The study involved human subjects and clearance was obtained from the Ethical Committee of the School of Medicine at the University of Zambia. Permission was sought from the police headquarters in Lusaka and from Cabinet Office Southern Province, the District Health Office and the Hospital. Participation was voluntary, confidentiality and privacy were maintained.

Above all written consent was obtained from each participant. This was after explaining to them fully the purpose of the study its risk and benefits. There were no risks and benefits to taking part in this study and that there were no any discomforts.

4.6.1 Data Collection Tools.

Three tools were used for data collection for different group of respondent.

4.6.2 Caregivers of abused children.

The caregivers of the abused children were interviewed. The questionnaire had the introductory part where permission was got from the respondents, the section A consisted of the social demographic data for the caregivers and the abused child and section B consisted of the socio – economic data for the same.

4.6.3 Caregivers of un abused children.

The caregivers of the un abused children were also interviewed. The questionnaire had the introductory part where permission was got from the respondents, then section A consisted of the socio – demographic data for the caregivers and the un abused child and section B consisted of socio – economic data for the same.

4.6.4 Stakeholders

The third questionnaire was that of the stakeholders. These were the organisations that deal with the sexually abused children. A self administered questionnaire which consisted of two parts the part where permission was sought and the part of the questions. A self – administered questionnaire for the caregivers was used to collect data. The heads

of Victim Support Unit, Social Welfare Department and Young Women Christian Association were given a self – administered questionnaire

4.6.5 Pilot Study

Pretest of the interview schedule was done in two health centers (prisons and airport health centers) to determine the validity of the questions. A total of ten questionnaires were used in the pretest. Clients who were interviewed in the pretest were not included in the study population. After the pretest it was observed that a number of organisations that dealt with sexual abuse were left out and so the inclusion of the organisation of vulnerable children (OVC). The organisation dealing with the abused children initially only the administrators were to be given a self administered questionnaire but, it was found that it was necessary for the counselor who deal with abused children to participate and so they were given a self – administered questionnaire as well.

4.7 Data Processing and Analysis

Data collected was analysed using EPI – INFO. The bi – variate was used to determine and establish the association between exposure and outcome.

Prior to analysis, cleansing of data was done by browsing and frequency range checks. Each questionnaire was checked for completeness and variable names were given to each question. The selection of cases and controls were done separately but matching of all variables was done except the risk factors.

CHAPTER FIVE

5.0 PRESENTATION OF FINDINGS AND DATA ANALYSIS

This chapter is a presentation of findings as obtained from the field. The findings have been presented into the table form.

Table 1 CHARACTERISTICS OF THE CARE GIVERS OF THE ABUSED AND UN ABUSED CHILDREN.

CARE GIVERS OF THE CHILDREN

Characteristics	Abused n[%]	Not abused n[%]	P- Value
Sex of care giver			
Males	10 [20.8]	12 [26.7]	
Females	38 [79.2]	33 [73.3]	
Totals	48 [100]	47 [100]	0.676
Age of care giver			
<25 years	06 [12.2]	05 [11.1]	
26 -35 years	13 [26.6]	12 [26.7]	
>35 years	30 [61.2]	28 [62.2]	
Totals	49 [100]	45 [100]	0.985

There was no difference between the females who took care of the abused children 38 [79.2%] as compared with those who took care of the un abused children 33 [73.3%].

There was no different in the age of care givers for the abused children 30 [61.2%] where most of them were in the range of >35 years compared to the age of the care givers for un abused children 28 [62.2%] of the same age range.

Table 2 DEMOGRAPHIC CHARACTERISTICS OF THE CHILD

Characteristics	Abused n[%]	Not abused n[%]	P- Value
Tribe of the child			
Bemba / Nyanja	22 [44.9]	14 [31.8]	
Tonga / Lozi	27 [55.1]	23 [52.3]	
Others	00 [0.00]	07 [15.9]	
Total	49 [100]	44 [100]	
Religion of the child			
Christianity	47 [97.9]	39 [90.7]	
Other	01 [2.1]	04 [9.3]	
Total	49 [100]	45 [100]	0.294
Sex of the child			
Males	05 [10.2]	09 [20.0]	
Females	44 [89.8]	36 [80.0]	
Totals	49 [100]	45 [100]	0.294
Age			
0 -4	06 [12.2]	03 [6.7]	
5 -11	34 [69.4]	25 [55.6]	
12 -15	09 [18.4]	17 [37.8]	0.097

There was no much difference between those children who were tonga/lozi and were abused 27[55.1%] compared to those who were of the same tribe but were not abused 23[52.3%].

There was a little difference between the children who were Christians and abused 47[97.9%] compared to those children who were Christians but not abused 39[90.7%] [Chi – Square = 1.10, Yates corrected, Odds ratio = 0.47<OR<120.6 and P – Value = 0.295].

There was a little difference between who were abused 44[89.8%] compared to the female children who were not abused 36[80.0%] [Chi – Square = 1.09 Yates corrected Odds ratio = 0.12<OR<1.69, and P – Value = 0.297].

The majority of the children whose caregivers answered the questionnaire were in the age range 5 – 11 years. There was same little difference between the children in the same age

range who were abused 34[69.4%] as compared to the children who were abused 25[55.6%].

Table 3 RELATIONSHIP OF CARE GIVER WITH THE CHILD

Relationship of care giver with the child	Abused
Parents	6[37.5%]
Sibling	2[12.5]%
Others	8[50.0%]
Totals	16[100%]

Fifty percent of the abused children lived with other relatives other than their parents.

Table 4 RESIDENTIAL AREA OF THE ABUSED CHILD

Residential area of abused child	Abused
Low density area	17[34.7%]
Medium density area	17[34.7%]
High density area	15[30.6%]
Totals	49[100%]

The abused children lived in the varied residential areas.

Table 5 WHO LIVES WITH THE CHILD IN RELATIN TO BEING ABUSED

Lives	Abused	Not Abused	P - Value	Totals
Parents	26[53.1%]	27[60.0%]		53[56.4%]
Single Parents	17[34.7%]	11[24.4%]		28[29.8%]
Other Relatives	6[12.2%]	7[15.6%}		13[13.8%]
Totals	49[100%]	45[100%]	0.545	94

There was no difference between the children who live with there parents and being abused 26[53.1%] as compared to the children who live with parents but not abused 27[60.0%] [Chi – Square = 1.21, degrees of freedom = 2 and P – Value =0.545.

Table 6 GOING TO SCHOOL ASSOCIATED TO BEING ABUSED

School	Abused	Not Abused	P - Value	Totals
Yes	40[80.6%}	44[97.8%]		84[89.4%]
No	9[18.4%}	1[2.2%]		10[10.6%]
Totals	49[52.1%]	45[47.9%]	0.016	94

There was no much difference of the children that go to school were abused 40[81.6%] as compared with those children who were not abused 44[97.8%] but went to school [Odds ratio 0.00<OR<0.86, Chi – square = 4.85 Yates corrected and Fishers exact 2 – tailed P – Value = 0.016]

Table 7 ESCORTING A CHILD TO SCHOOL IN RELATION TO BEING ABUSED

Who escort the child to school	Abused	Not Abused	P - Value	Totals
Alone	24[60.0%]	20[46.5%]		44[53.0%]
Others	16[40.0%	23[53.5%]		39[47.0%]
Totals	40[48.2%]	43[51.8%]	0.312	83

There was some difference of whether the children who went on their own to school and being abused 24[60.0%] as compared to those children who were not abused 20[46.5%] but went on their own to school [Odds ratio = 0.65<OR<4.58, Chi – Square = 1.02, Yates corrected and P – Value = 0.321].

Table 8 **CHILD BEING COLLECTED IN RELATION TO BEING ABUSED**

Is child collected from school	Abused	Not Abused	P - Value	Totals
No	26[61.9%]	22[51.2%]		48[56.5%]
Yes	16[38.1%]	21[48.8%]		37[43.5%]
Totals	42[100%]	43[100%]	0.435	85

There was little difference of collecting the children from school 16[38.1%] and being abused as compared to the children who were collected from school 21[48.8%] but were not abused [Odds ratio = 0.59<OR<4.07, Chi – Square Yates corrected = 0.61 and P – Value = 0.435]

Table 9 **CHILD PROTECTED IN RELATION TO BEING ABUSED**

Who remains with the child	Abused	Not Abused	P - Value	Totals
Alone	7[25.0%]	8[25.0%]		15[25.0%]
House worker	10[35.7%]	13[40.6%]		23[38.3%]
Others	11[39.3%]	11[34.4%]		22[36.7%]
Totals	28[100%]	32[100.0%]	0.908	60

There was no difference of the abuse taking place whether the children were left with the house worker 10[35.7%] compared to the children who were left with the house worker and not abused 13[40.6%] [Chi – Square = 0.19, degrees of freedom = 2 and P – Value = 0.908].

Table 10 **BATHING OF THE CHILD IN RELATION TO BEING ABUSED**

Baths	Abused	Not Abused	P - Value	Totals
Alone/mother	39[81.3%]	39[88.6%]		78[84.8]
House worker	9[18.8%]	5[11.4%]		14[15.2%]
Totals	48[100.0%]	44[100.0%]	0.487	92

There was no difference of whether the abused was bathed by the mother/alone 39[81.6%] compared to the children who either bath on their own or by the mother and were abused 39[88.6%] [Odds ratio = 0.14<OR<2.06, Chi – Square Yates corrected and P -- Value = 0.487].

Table 11 RELATIONSHIP OF THE ABUSER

Abuser	Abused
Stranger	11[23.4%]
Relatives	20[42.5%]
House Worker	3[6.4%]
Neighbour	13[27.7%]
Totals	47[100%]

Majority 20[42.5%] of the abuser were relatives to the abused children compared with the strangers 11[23.4%], workers 3[6.4%] and neighbours 13[27.7%]

Table 12 CHARACTERISTIC OF THE ABUSED

Characteristics	Frequency	Percent [%]
How many people the abused child sleeps with in the same room		
1 – 3	24	49.0
>3	25	25
Relationship with people sharing same room		
Parent(s)	4	8.3
Sibling	33	68.8
Other relatives	11	22.9
Are parents of abused child always at home		
At home	6	26.5
Not at home	42	87.5
Size of the house were abused child lives		
1,2 roomed house	18	36.7
2/3 – roomed house	28	57.1
>3 bed – roomed house	3	6.1
Number of people who live in the house of abused		
1 – 3	3	6.3
4 – 6	33	68.8
5 > 6	12	25.0

The majority 25[51.0%] of the abused children had more than 3 people staying in the same room with them and the majority 33[68.8%] of them shared the same room with the other siblings. The children who were abused 42[87.5%] of the were left alone.

Table 13 CHARACTERISTIC OF THE ABUSE

Characteristic	Frequency	Percent [%]
Did the abused get any gift		
Yes	36	75
No	12	25.0
How long ago gift received to abuse		
On the same day	31	91.2
Some other day	3	8.8
State of the abuser during the act		
Normal	8	17.8
Abnormal	13	28.9
Nobody knows	24	53.3

Majority of the children got gifts from the abuser 36[75%] as compared to those who where abused but did not get any gifts 12[25%]. Most of the gifts were got on the same day the abuse took place 31[91.2%].

The results also revealed that majority 24[53.3%] did not know the state of the abuser. There was no relationship in most cases between the abused children and that the majority 12[48.0%] were other relatives.

Table 14 CHARACTERISTIC OF THE UNABUSED CHILDREN

Relationship between abused child and un abused child		
Sibling	9	36.0
Other relatives	12	48.0
Others	4	16
Does the un abused child sleep in same room with abused		
Yes	22	53.7
No	19	46.3
By what means un abused child is collected from school		
Public transport	2	4.8
Family vehicle	18	24.9
Foot/others	22	52.4
By what means un abused child is taken to school		
Public transport	2	4.8
Family vehicle	16	38.1
Foot/others	24	57.1
Kind of dressing un abused likes		
Jeans	20	55.6
Tight clothes	16	44.4
Why child not abused		
Not left alone	7	15.6
Does not accept gifts	12	26.7
Screams when touched	4	8.9
Reports suspicious activities	22	48.9

There was no relationship in most cases between the abused children and that the majority 12[48.0%] were other relatives.

The un abused children most of the 22{53.7%] shared the same room with the abused children.

The majority of the un abused children went on foot to school or by other means of transport 22[52.4%] other than public or the family car and 20[55.6%] of the un abused children liked jeans as their dressing while 22[48.9%] of the un abused children stated that normally would report any suspicious activities.

Table **15 DEMOGRAPHIC CHARACTERISTICS OF THE STAKEHOLDERS**

Characteristic	Frequency	Percentage
Age		
25 – 30	2	22.2
31 –35	3	33.3
>35	4	44.4
Total	9	100
Sex		
Male	5	55.5
Female	4	44.4
Total	9	100
Education		
Secondary	6	66.6
Tertiary	3	33.3
Totals	9	100
Occupation		
Police Officer	3	33.3
Medical Personnel	3	33.3
Others	3	33.3
Totals	9	100

Majority 4[44.4%] of the stakeholders who responded to the questionnaire were in the age range of >35 years and there were more males 5[55.5%] than females. Most 6[77.7%] of the respondents had reached secondary education. The respondents had various occupational backgrounds.

Table 16 STAKEHOLDERS KNOWLEDGE OF ABUSE

Characteristic	Frequency	Percentage
Child abuse takes place in community		
Yes	8	99
No	1	1
Total	9	100
What leads to abuse		
Cure of HIV belief	7	87.5
Poverty	1	12.5
Totals	8	100
Help offered to abused children		
Counseling only	8	88.9
Counseling and medication	1	11.1
Totals	9	100
What to do to stop child abuse		
Stiffer laws	2	22.2
Education Community	6	66.6
Take in abused Children	1	11
Totals	9	100
Aware of taboo/myth surrounding child abuse		
Yes	8	88.9
No	1	11.1
Totals	9	100
The police adequately handling the situation		
Yes	8	88.9
No	1	11.1
Totals	9	100
Are the laws of the land adequately addressing the abuse issue		
Yes	7	87.5
No	1	12.5
Totals	8	100

Majority 8[99.0%] of the respondents acknowledge that sexual abuse does take place in their area and that most 7[87.5%] of this abuse is due to the belief cure of HIV.

Majority 8[88.9%] of the respondents said that only counseling services are offered to the sexually abused children.

Majority 6[66.6] of the stakeholders said that education in the community was necessary to stop child sexual abuse, and that majority 7[77.8%] were aware of the myth that surrounds HIV/AIDS. Most 8[88.9%] of the respondents said that the police were adequately handling the situation and that the laws of the land adequately addressed the issue of sexual abuse 7[87.5%].

CHAPTER SIX

6.0 Discussion of findings

Child sexual abuse in many countries worldwide is a source of concern. Children are vulnerable to abuse, neglect and violence, abandonment, child labour, prostitution pornography and sexual abuse. The study identified factors associated with child sexual abuse.

6.1 Demographic profile of the caregivers and the children

There were 49 caregivers of the abused children who were interviewed and 47 caregivers of un abused children. Two of the caregivers of the un abused children declined to be interviewed stating that the questions were very sensitive for them. There were 9 Stakeholders who were given s self administered questionnaire (one was brought back uncompleted leaving the filled and completed questionnaires to 9).

6.1.1 CAREGIVERS OF UN ABUSED CHILDREN.

The majority of the caregivers of the un abused children were in the age range of > 35 years 28(62.2%) compared to the age less than 35 years. In this category there were more females 33(73.3%) compared to the males 12(26.7%).

6.1.2 CAREGIVERS OF ABUSED CHILDREN.

The majority of the caregivers of the abused children were in the age range of >35 years 30(61.2%) compared to the age less than 35 years. There were more females 38(79.2%) who took the abused children to the health institution compared to the males 10(20.8%)> children who were not abused 23(52.3%).

6.1.3 COMPARISON BETWEEN CAREGIVERS OF ABUSED AND UN ABUSED CHILDREN.

The majority of the caregivers for both abused 30(61.2%) and un abused 28(62.2%) children were in the age range of >35 years. There was no difference in the age range for both the caregiver of the abused and un abused children.

There was no difference in the sex of the caregiver who took the children to the health institution. The females for the abused children 38(79.2%) and for the un abused children there were 33(73.3%).

6.1.4 UN ABUSED CHILDREN

The majority of the un abused children were in the age range 5 – 11 years 25(55.6%) compared to 0 – 4 years 3(6.7%) and 12 – 15 17(37.8%). The majority if the un abused children were females 36(80.0%) compared to the males 9(20.0%).

The majority of the un abused children23(52.3%) were in the tonga/lozi category compared to bemba/nyanja 14(31.8%). This is due to the fact that tonga/lozi is the widely spoken language in the Southern province.

The majority 39(90.7%) of the un abused children were Christians compared to others 4(9.3%). Majority of the un abused children liked jeans 20(55.6%) and majority of them 22(48.9%) reported suspicious activities to an older person.

6.1.5 ABUSED CHILDREN

The majority of the abused children were in the age range 5 – 11, 34(69.4%) compared to the 0 – 4, 6(12.2) and 12 –15, 9(18.4%). This findings is supported by Silvia (2005), who states that trafficking in children, an affront to human rights and human dignity, has reached epidemic proportions and si escalating out of control. The evidence is all too

clear; millions of children are trafficked for exploitation into sweatshops, into domestic work to work on farms, for adoption, as child soldiers and, most perniciously, into the commercial sex industry, now only ruthlessly exploited, they are also deprived of a childhood and denied a future.

The study revealed that the majority 27(55.1%) of the abused children were either tonga/lozi compared to those abused children of the bemba/nyanja tribe.

The results of the study revealed that majority of the females 44(89.8%) were abused compared to the males who were abused 5(10.2%). This findings was supported by UNICEF, 2001 in the report entitled 'profiting from abuse. An investigation into Sexual exploitation of our children', which revealed that sexual abuse can occur in any family, but risks are greater when a mother is ill or absent, when there is overcrowding and lack of privacy, unemployment of parental drug or alcohol abuse, children are sexually abused by employers, caregivers and classmates. Both boys and girls are victims.

The majority 28(57.1%) of the abused children lived in a 2/3 bed roomed house and the majority 33(68.8%) of the abused lived in the house where there were 4 – 6 people living in the same house. The findings of the study are supported by the world Health Report which revealed that the residential area of the abused child did not matter whether from low, medium or high-density area. The abuse could take place anywhere. This observation is supported by a study in New Zealand, which revealed that the prevalence rate showed no urban/rural difference with no cohort effect with subject to age and no difference in disclosure rate (World Health Report). It was evident from the results of the study that the abused children lived in varied residential areas.

The study was also supported by the ZDHS (2001 –2002), results which revealed that three - fourths of children under age two lived with both parents, compared with less than half of those aged 10 – 15. Western province had the smallest proportion of children under the age 15 living with both parents (51 percent), while northern province had the largest proportion (68 percent).

6.1.6 COMPARISON OF ABUSED AND UN ABUSED CHILDREN.

There was no difference in the age range 5 – 11 years between the un abused 25(55.6%) and the abused children 34(69.4%). The results of this study are supported by Kruger et al (2002), which revealed that, nearly one in three girls reported having one or more unwanted sexual experience on their way to school or in places where there were no people before the age of 14 years. In 70% of these there was involvement of the genital contact in the abuse, in another 46.3% abused by strangers and 15% of all the abuses involved young men. The prevalence rate showed no urban of rural difference with no cohort effect with subject age and no difference in disclosure rate.

There was no difference in terms of abuse for the female children 44(89.8%) compared to those not abused 36(80.0%). This finding was supported by the Global Report (2002), which stated that world wide women and girls are usually victims of the abuse as they go in search of food and water and in the process end up being abused especially in wars. The report stated that in the conflict in Bosinia and Herzegovina, and Croatia in the early 1990's it was a deliberate policy to rape teenage girls and women and forced them to bear children, often referred to as the 'enemy's child'.

There was no difference in terms of tribe for the tonga/lozi who were not abused 23(52.3%) compared to the abused 27(55.1%).

6.1.7 STAKEHOLDERS.

The study revealed that 4(44.4%) of the stakeholders were in the age range >35 years and that the majority of them were males 5(55.5%) compared to the females 4(44.4%). This finding was supported by the International Labour Organisation (ILO) which states that educational attainment is generally one of the key indicators of the status of women. As stated in an ILO briefing kit, large educational differentials between men and women tend to sustain a perpetual gender inequality within the family and in society at large. Data on enrolment ratios suggest that education attainment was largely conditional by a society's level of socio – economic development and that lager gender gaps in schooling are observed in regions with lower overall educational levels (ILO, 1995).

It was evident from the study that majority of the respondents in the stakeholders category had reached secondary 6(66.6%) education compared to the tertiary 3(33.3%) education. This finding was supported by the ZDHS 2001 –2002 which revealed that in contrast to women, higher proportion of male respondents completed secondary school particularly at ages 20 – 24 and 25 – 29 years (22 and 23 percent of males compared with 11 and 10 percent of women, respectively). High dropouts of girls at primary and secondary levels may explain some of the difference in educational attainment between women and men.

6.2 ACCEPTING GIFTS.

The study revealed that 36(75%) of the abused children got gifts from the abuser, and that this gift was obtained on the same day 31(91.2%) that the abuse took place. Another study in rural Zimbabwe in the late 1980's and early 1990 (Bond – Stewart 1991), found that after agriculture, beer brewing and selling sex were the two major sources of livelihood for women throughout the rural areas. UNICEF also found that during the drought in Zimbabwe many impoverished schoolgirls were selling sex for school fees for the family. Their parents did not ask where the money or mealie meal came from for they

were simply grateful to receive it. Again, they would not define their daughter as sex worker but as school children.

It was evident from the study results that the majority 24(53.3%) of abuser's state during the act was not known. This finding was supported by s study that was done by Sonja et al (2001) which state that the perpetrators of child abuse come from all walks of life and many a times these are known to the child that is being abused and they may not give gifts to the child but only take advantage of the child because of the situation at the particular time.

6.3 ISOLATION

There was no much difference between abused 26(53.1%) and the un abused 27(60.0%) children who lived with parents (Chi – Square = 1.21, degrees of freedom = 2 and P – Value = 0.545).

It was evident from the study results that there was no much difference between the abused 40(81.6%) children who went to school and were abused and those children who went to school but were un abused 44(97.8%) (Odds ratio = 0.00<OR,0.86, Chi – Square = 3.85,Yates corrected and fishers exact 2 – tailed, P – Value – 0.016). the results of this study are supported by UNAIDS/WHO (2002) who stated that the child should be protected both while going to school and when being collected from school.

The study revealed that there was no much difference of whether the abused children 24(60.0%) and the un abused children 20(46.5%) who went on their own to school or escorted were not abused (Odds ratio = 0.65<OR,4.45, Chi – Square = 1.02 Yates corrected and P – Value = 0.312)> there was little difference in collecting the children from school 16(38.1%) and being abused as compared to the children who were collected form school 21(48.8%) but were not abused (Odds ratio = 0.59<OR<4.07, Chi – Square Yates corrected = 0.612 and P- Value = 0.435). UNAIDS/WHO in an AIDS epidemic

report update reports that under the educated and under employed, the young people are easy targets for adults wanting sex but unwilling to pay for it especially in homes where the abuse may occur because the child has no where else to go. They also reported that excessive beer drinking, for example reduce the ability to use important information learnt about AIDS prevention, and impairs the capacity to make decisions about protection.

The study revealed there was no difference in terms of the abuse taking place whether the children were left with the house worker 10(35.7%) compared to the children who were left with the house worker and not abused 13(40.6%) (Chi – Square = 0.19, degrees of freedom = 2 and P – Value = 0.908). Anita (2000), states that from the moment that children start speaking, we start teaching them about themselves and the world around them. The information that we provide is crucial to developing children who are able to question information that they are given. The results of the study revealed that when the children are left alone in isolated places they run a risk of being sexually abused not only by strangers but also the people they know very well who could have been marking their movements.

The findings of the study also revealed that there was no difference of whether the abused was bathed by the mother/alone 39(81.6%) compared to the children who were not abused 39(88.6%) but bathed by the mother/alone (Odds ratio = 0.14<OR,2.06, Chi – Square = 0.48 Yates corrected and P – Value =0.487). children are a special group of people in society because they are dependant on adults for their physical social and emotional well – being. Personality development through physical emotional and social support. By virtue of their size and economic status, children will always be dependant on adults for protection (Anita, 2000).

This may be despite the type of dressing that they would have. This is supported by a study by Hedderman (1987), which states that dressing does not predispose a child to being abused and that it may be important to focus on three features of children's

communication about sexual abuse which impinge on prevention, disclosure and treatment.

6.4 RELATIONSHIP

Fifty percent of the abused children lived with other relatives other than their parents. A study done by Fleischman supports this finding in that it states that, 76% of the guardians of orphaned children normally abused these children for financial reasons and that they would be chased from the guardians home if they did not give in of if they told anybody about the happenings. The girls end up with HIV/AIDS and sexually transmitted disease. Fleischman states that if the breadwinner ends up in prison, the family had to deal with all the financial implication. So its economic realities and the shame and stigma associated with child sexual abuse (Human Rights Watch, 2001).

The study revealed that the majority 20(42.5%)of the abused were relatives to the abused children. This finding was also supported by UNICEF, 2001 in the report entitled 'Profiting from abuse An investigation into sexual exploitation of our children', which revealed that sexual abuse can occur in any family, but the risks are greater when a mother is ill or absent, when there is overcrowding and lack of privacy, unemployment or parental drug or alcohol abuse. Children are sexually abused by members of their family or extended family, and by family friends, nieghbours, teachers, employers, caregivers and classmates. Both boys and girls are victims.

It is evident from the results of the study that the majority 33(68.8%) of the abused children shared the same room with the other siblings other than parents and other relatives. There was no difference in the number of people that the abused children sleeps with in the same room whether 1/3, 24(49%) or >3, 25(25%). This finding was also supported by the ZDHS which stated that the three – fourth of children under age two live with both parents, compared with less than half of those aged 10 – 14. western province had the smallest proportion of children under the age of 15 living with both parents

(51%), while Northern province had the largest proportion (68%) (ZDHS, 2001 – 2002).

6.5 HIV/AIDS MYTH

The study revealed that majority 8(99.0%) of the stakeholders respondents acknowledged that sexual abuse does occur in their areas and that most 7(87.5%) of this abuse is due to the belief 'cure' of HIV. The study also revealed that majority 8(88.9%) of the respondents said that only counseling services are offered to the sexually abused children.

The above findings were supported by Sonja et al (2000), who reported that the National Children's Forum of HIV/AIDS held in South Africa which focused on child sexual abuse and some of the children who were victims of sexual abuse attended and spoke out clearly that children should not be targeted for sexual abuse because of the belief that HIV/AIDS is 'cured' by virgins. They stated that the 'cleansing' myth needs to be openly challenged by all people and the maximum sentence should be imposed for anyone who sexually abuses a child.

The above findings were also supported by the findings from Shikanga (1996), which revealed that some men believe that having sex with young girls rejuvenated their manhood. It also revealed that young blood helps to cure HIV/AIDS and other STD's. this misconception arises from the belief that the more sex one had with young girls the more the virus was taken away through semen (Shikanga, 1996).

6.6 STAKEHOLDERS

The study revealed that 8(99%) of the respondents acknowledge that sexual abuse does take place in their areas and that some of the possible causes of sexual abuse were cited to be cure of HIV belief 7(87.5%) and poverty 1(12.5%). The findings are supported by Delano (1998) who stated that, while both boys and girls can be targeted for sexual abuse,

girls are most vulnerable to sexual coercion and exploitation by male relatives, neighbours and school teachers. Delano reveals that a study in Uganda and in Zimbabwe revealed that 49% of sexually active primary school girls said they had been forced to have sexual intercourse. At a time when HIV/AIDS is still spreading rapidly, such abuse is particularly cruel.

It was evident from the study that mostly these abused children are counseled 8(88.9%). The study also revealed that educating the community 6(66.7%) was the most feasible remedy to stop child sexual abuse in the community. Khan, (2003) states that NGOs provide a wide range of services and expertise that include training and capacity building to government and NGOs to assist victims of sexual abuse. They provide counseling support to victims and families, health support of victims and legal advice and representation. NGOs also provide public awareness on issues of child sexual abuse, shelter to victims who have been sexually abused within the home and research into going and current issues of sexual abuse.

Makaya, (2002) emphasizes on counseling the victim and states that counseling provides a unique opportunity for individuals – children to explore and express their ideas and feeling in non - judgmental, non – threatening environment.

Counseling is an important aspect that is often overlooked in sexual cases. FELAZ (2004), states that, the victim after care is important as the victim will have undergone a traumatic experience. Victims may fear that they may have contracted HIV or STD during the sexual abuse.

CHAPTER SEVEN

7.0 CONCLUSION

The findings of this study are important as they give an insight into the factors that contribute to child sexual abuse in Livingstone District. The study illustrated that child sexual abuse occurs when a child is left alone and in isolated places. The adult person takes advantage of those areas to sexually abuse the children. It has also revealed that sexual abusers come from all walks of life and it does not matter whether low, medium or high-density area. The study also revealed that the females child was more at risk of being abused than the male child and that the abusers are the people who are well known to the abused child.

7.1 RECOMMENDATIONS

In view of the findings of the study, the following recommendations are made:

1. The relatives and the parents should be cautioned on the importance of teaching children against receiving gifts such as sweets or chocolates. The parents should be encouraged to escort the children to and from school

2. The parents or guardians should be suspicious about the behaviour of the child at home and they should believe the child when they report to them about such attempt by an adult to abuse them.
3. The schools should be involved on childcare and observe sex abuse by finding out why the child's performance is deteriorating in school.
4. Encourage counseling centers for the abused children where children should be able to talk about the abuse and help them to overcome the trauma this may have on the abused child.
5. Policies and laws on the abusers should be strengthened

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QUESTIONNAIRE FOR THE CARE GIVERS TO THE ABUSED CHILD AND THOSE ABLE TO ANSWER THE QUESTION.

SETION A

SOCIAL – DEMOGRAPHIC DATA FOR THE CARE GIVER.

1 Sex

1. Male
2. Female

2. What was the age at last birthday? _____

3. What tribe is the abused child?_____

4. What religion is the abused child? _____

5. Sex for the abused child?
   1. Male
   2. Female.

6. What was the age for the abused child at last birthday?

   _____

7. Where does the abused live?
   1. Low density area
   2. Medium density area
   3. High density area
   4. Rural area

8. Who lives with the abused child in the house?

    1. Parents, brothers and sisters.
    2. Father only, brother and sisters.
    3. Mother only, brothers and sisters.
    4. Brothers and sisters.
    5. Other (specify)_____

9. How many people does the abused child with sleep in the same room?

    1. One.
    2. Two.
    3. Three.
    4. Four
    5. Five
    6. Other (specify)_____

11. What is the relationship between the abused child and those sharing the bedroom with?

    1. Brothers.
    2. Sisters.
    3. Parents
    4. Others(specify)_____

SECTION B

SOCIO – ECONOMIC

12. Are the parents/guardians always at home with the child.
    1. No they go for work.
    2. No sometimes the child plays alone
    3. Yes they are always at home.
    4. No sometimes they are not at home all the time.

13. How big is the house that the abused lives in?
    1. One roomed rented house.
    2. Two roomed rented house.
    3. One bed roomed house.
    4. Two bed roomed house.
    5. Three bed roomed house.
    6. Others (specify)_____

14. How many people live with her in that house?
    1. One person.
    2. Two people.
    3. Three people.
    4. Four people.
    5. Any other (specify)_____

15. Does the abused child go to school?

    1. Yes
    2. No

16. If YES to question 13 above, who escorts her/him.

    1. Nobody.
    2. The sister
    3. The brother.
    4. The father.
    5. Any other (specify)._____

17. Who collects the child from school?

    1. Nobody
    2. The sister
    3. The brother
    4. The father.
    5. Other (specify)._____

18. If the answer to question 13 above is NO who remains with the child at home?

    1. Nobody.
    2. the housemaid
    3. The male worker.
    4. The Father.
    5. The mother.
    6. Other (specify)_____

19. Who baths the child when going to school or when at home?

1. Nobody I bath myself.
2. The mother baths her/him.
3. The sister baths her/him.
4. The male worker baths him/her.
5. The worker/maid baths her/him.

20. How long has the abuse been going on?

1. I don't know.
2. It happened once.
3. For one month.
4. or one year
5. For two years.
6. Other specify)_____

21. Where did the abuse take place?

1. At home.
2. In the bush.
3. At the neighbours house.
4. Any other specify?_____

22. Which person do you dislike where you stay?

1. My father.
2. My brother.
3. The worker.
4. Others (specify)_____

23.Why do you think this child was abused?

1. Because s/he was left alone.
2. Because s/he was wearing a see-through dress.
3. Because the abuser was drunk.
4. Because the abuser is a psychiatric patient.
5. Any other specify_____

24.Did the child get any gift from the abuser?

1. Yes
2. No

25.What kind of a gift was it?

1. Sweets and chocolates
2. Money
3. A dress
4. Some earrings.
5. Other (specify)_____

26.Who in terms of relationship sexually abused the child?

1. A stranger.
2. The father.
3. The mother.
4. The neighbour.
5. The brother.
6. Other (specify)_____

27.How long ago was this gift received, before the abuse happened.

1. On the same day s/he got the gift.
2. Two days after the gift.
3. A week passed after s/he received the gift.
4. Immediately s/he got the gift.
5. Other specify_____

28.What state of mind was the abuser in?

1. S/he was drunk.
2. S/he was normal.
3. S/he is a psychiatric patient.
4. Nobody knows, he was a stranger.

THANKYOU

GOD BLESS YOU !!!!!!!!!!!!!!!!!!

QUESTIONNAIRE FOR THE ORGANISATIONS DEALING WITH ABUSED CHILDREN.

1. What was your age at the last birthday?

---

2. Sex

    1. Male
    2. Female.

3. Where do you live?

---

4. What is your educational level?

---

5. What is your occupation?

---

6. What is your position in this Institution?

---

7. Have you heard about child sexual abuse?
8. Does child sexual abuse take place in your Community?

---

9. What in your opinion leads to child sexual abuse?

10. What are the major health problems in your Community?

11. What help do you offer to the abused child?

12. What do you think can be done to stop the scourge?

13. Are you aware of any myth/taboo associated with sexual abuse?

14. Are the Police adequately handling the situation better than before?

15. Why do you think so?

16. Are the Laws of this land adequately addressing the issue of child sexual abuse?

THANK YOU

MAY GOD BLESS YOU!!!!!!!!

QUESTIONNAIRE FOR THE CARE GIVER OF UNABUSED CHILD.

Section A

Social – demographic Data.

1. Sex

    1. Male.
    2. Female

2. What was your age at the last birthday?

    _____

3. What was the age of unabused child last birthday?

    _____

4. What is the sex of the unabused child?

    1. Male
    2. female.

5. What tribe is the unabused child?

    _____

6. What is his/her religion?

---

7. Where does the child live?

    1. In the same house as the abused child.
    2. In the same area as the abused child.
    3. Not in the same house as the abused.

8. Who lives with the child in the house?

    1. Parents, brothers and sisters.
    2. Father only, brothers and sisters.
    3. Mother only, brothers and sisters.
    4. Brothers and sisters.
    5. Other relatives

9. What is the relationship of this child to the abused child.

    1. Sister
    2. Brother
    3 The cousin.
    4. Any other (specify).

10. Does the child sleep in the same bedroom as the abused child.

    1. No
    2. Yes.

11. What lead to the abuse?

_____

_____

_____

SOCIO ECONOMIC

12. Does the child go to school?

    1. No
    2. YES.

13. If YES to question 8 above, who escorts her/him?

    1. Nobody.
    2. The sister.
    3. The brother.
    4. The father.

14. Who collects the child?

    1. Nobody.

2. The sister
3. The brother.
4. The father.
5. Other (specify)_____

15. By what means is the child collected from school?

1. Public transport.
2. By family car.
3. By foot.
4. By bicycle.
5. Other (specify)_____

16. By what means is the child escorted from school?

1. Public transport.
2. By family car.
3. By foot.
4. By bicycle.

17. Who baths the child when going to school?

1. S/he baths alone.
2. The mother baths the child.
3. The male worker baths the child.
4. The maid baths the child.
5. Others (specify)_____

18. If NO to question 8 above who remains with her/him at home?

1. Nobody.
2. The mother.
3. The housemaid/worker.
4. The sister.

19. What kind of dressing does the child like?

1. Jeans trousers.
2. See-through dresses.
3. Tight skirts.
4. Tight jeans.

20. Why do you think this child was not abused?

1. Because h/he is always with the mother.
2. Because s/he doesn't accept gifts from strangers
3. Because s/he screams when s/he is touched by a man/woman.
4. Because s/he reports to the mother any suspicious activities by and person.

THANK YOU FOR YOUR TIME.

GOD BLESS YOU!!!!!!!!!!!!!!!!!

INTERVIEW SCHEDULE

Title : The factors associated with child sexual abuse.

Respondents Number : _____

Study Location : _____

Interview date : _____

The person administering questionnaire :

_____

Instructions to research assistants.

1. Always introduce yourself to respondents.

2. Explain the purpose of the study and ask for permission to administer the questionnaire.

3. Request the respondent to sign consent before you start.

4. If the respondent declines to take part, do not force them.

5. Do not write names of respondents on the questionnaire.

6. Circle the numbers corresponding to the answers given .

iNFORMATION SHEET

INTRODUCTION

This consent form gives you information about this study. To make sure that you have all the facts about this study you must read this form or have someone read it to you. If you agree to participate in the study you should sign this form or put a mark in the space on the form if you cannot sign. You will get a copy of this form to keep. Discuss any unclear section on this form with the project staff. If you feel that you do not want to take part you are free to refuse your consent and this refusal will in no way influence the health care you will receive from the health center or hospital.

PURPOSE OF THE RESEARCH AND PROCEDURES

This study is being carried out by a student at the University of Zambia as partial fulfillment of Master of Public Health. If you have questions abut this study you can direct them to the Head of Department Community Medicine.

You are being asked to take part in a research study, which aims to determine the factors associated with child sexual abuse. This study will recruit persons aged between 2-15 years who have been sexually abused residing in Maramba, Linda, Libuyu, Boma area, Hilcrest, David Livingstone Teachers Training College, Airport area, Sinde, Makunka and Simonga areas.

After signing the information consent you will be asked to answer a questionnaire on behalf of the abused child or on your own if able to.

RISKS AND DISCOMFORT AND BENEFITS.

There are no risks or discomforts that may arise from being a study participant. You may not benefit directly by taking part in the study.

CONFIDENTIALITY

Information about all participants will be kept as confidential and will not be made available to anyone who is not connected with the study. No individual person will be identified by name on the questionnaire.

The above section is to be detached and given to the participant.

CONSENT FORM

By signing below I confirm that I understand participation in this research is entirely voluntary. The material in this consent has been explained to me, and my questions answered to my satisfaction. I freely and voluntarily choose to participate. I understand that participation or not, will not affect my receiving health care that may be needed for the child or myself. I understand that my rights and privacy will be maintained. I hereby give my consent to participate in the study "Factors Associated with Child Sexual Abuse."

_____ _____

Signature (thumb print) of participant Date

_____

Name of participant (block letters)

_____ _____

Witness (Name and signature) Date

THE UNIVERSITY OF ZAMBIA

RESEARCH ETHICS COMMITTEE

Telephone: 256067
Telegrams: UNZA, LUSAKA
Telex: UNZALU ZA 44370
Fax: + 260-1-250753
E-mail: unzarec@zamtel.zm

Dean's Office
P.O. Box 50110
Lusaka, Zambia

Assurance No. FWA00000338
IRB00001131 of IOR G0000774

Ref: 016-02-04
22 April, 2004

Ms Joyce B. S. Simuchembu, RN, BSc Nursing
Department of Community Medicine
School of Medicine
University of Zambia
LUSAKA

Dear Ms Simuchembu,

RE: SUBMITTED RESEARCH PROPOSAL

The following research proposal was presented to the Research Ethics Committee Meeting on 10 March, 2004 where changes were recommended. We would like to acknowledge receipt of the corrected version. The proposal has now been approved. Congratulations!

Title of proposals: **'Factors associated with child sexual abuse in Livingstone District of Zambia'**

Conditions:

- This approval is based strictly on your submitted proposal. Should there be need for you to modify or change the study design or methodology, you will need to seek clearance from the Research Ethics Committee.
- If you have need for further clarification please consult this office. Please note that it is mandatory that you submit a detailed progress report of your study to this committee every six months and a final copy of your report at the end of the study.

Yours sincerely,

Prof. J. T. Karashani, MB, ChB, PhD
CHAIRMAN
RESEARCH ETHICS COMMITTEE

Date of approval: 22 April, 2004 Date of Expiry: 23 April, 2005
Please note that when your approval expires you may need to request for renewal. The request should be accompanied by a progress report (Progress Report Forms can be obtained from the Secretariat).

THE UNIVERSITY OF ZAMBIA
SCHOOL OF MEDICINE

Telephone: 252641
Telegram: UNZA, Lusaka
Telex: UNZALU ZA 44370

Fax: +260-1-250753

Department of Community Medicine
P.O. Box 50110
Lusaka, Zambia

Your Ref:
Our Ref:

11 May 2004

The Provincial Health Director
Southern Province
LIVINGSTONE

RE: Ms Joyce B S Simuchembu

The above named is a Master of Public Health student at the University of Zambia, School of Medicine. She is currently collecting data for her dissertation as part of the requirements for the award of the said degree.

Kindly assist her with information she may be requesting for to enable her proceed with her research. The title of the research for which information is being sought is ***"Factors Associated with Child Sexual Abuse in Livingstone District"***. The information so collected will be used solely for academic purposes and not for publication.

Anticipating your valuable support in this regard.

Yours sincerely,
Department of Community Medicine

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

Dr S H Nzala
MPH COURSE COORDINATOR

The University of Zambia

DIRECTORATE OF RESEARCH AND GRADUATE STUDIES

Telephone: +260-1-290258
+260-1- 291777 Ext. 2208
Fax: +260-1-290258/253952
E-mail Director@drgs.unza.zm

P O Box 32379
Lusaka, Zambia

14th July 2004

Mrs Joyce B Sakala Simuchembu
C/O Department of Community Medicine
School of Medicine
UNZA

Dear Mrs Simuchembu

MASTER OF PUBLIC HEALTH (MPH) RESEARCH PROPOSAL

Your research proposal for the Master of Public Health (MPH) entitled:

"Factors Associated with Child Sexual Abuse "

was presented at the 89th meeting of the Board of Graduate Studies held on Friday, 9th July 2004.

I am pleased to inform you that the proposal was approved by the Board. Your Supervisor is Dr L. Chiwele and Your Co-supervisor is Ms P. Mweemba.

Yours sincerely

Professor Shamitiba B Kanyanga; PhD
DIRECTOR

cc Dean, School of Medicine
Head, Department of Community Medicine
Assistant Dean (PG), School of Medicine
Dr L. Chiwele (Supervisor), School of Medicine
Ms P. Mweemba (Co-supervisor)
Assistant Registrar (Graduate Studies

All correspondence should be addressed to the Provincial Health Director and not to individuals

P.O. Box 60206
Livingstone, Zambia
Tel: 260-3-323516/18
Direct: 260-3-324435
Fax: 260-3-323391

In reply please quote:

No:.....

REPUBLIC OF ZAMBIA

CENTRAL BOARD OF HEALTH

Provincial Health Office
Southern Province

P.O. BOX 60206 LIVINGSTONE

31st May 2004

The District Director of Health
Livingstone District
LIVINGSTONE

RE: RESEARCH ON "FACTORS ASSOCIATED WITH CHILD SEXUAL ABUSE IN LIVINGSTONE" TO BE CONDUCTRED BY MS. JOYCE B. SIMUCHEMBU

Find attached a self-explanatory letter from the University of Zambia on behalf of Ms. Simuchembu who will be conducting research in your district.

Kindly afford her all the co-operation and support she needs to make her research study a success.

Your usual co-operation will be appreciated.

Yours faithfully,

pp. Masiku Mutonda
for **Dr. G. Syakantu**
Provincial Health Director

THE UNIVERSITY OF ZAMBIA
SCHOOL OF MEDICINE

Telephone: 252641
Telegram: UNZA, Lusaka
Telex: UNZALU ZA 44370

Fax: + 260-1-250753

Department of Community Medicine
P.O. Box 50110
Lusaka, Zambia

Your Ref:
Our Ref:

2 December 2003

The Officer-in-Charge
Victim support Unit
Police Force Headquarters
LUSAKA

RE: Ms Joyce B S Simuchembu

The above named is a Master of Public Health student at the University of Zambia, School of Medicine. She is currently collecting data for her dissertation as part of the requirements for the award of the said degree.

Kindly assist her with information she may be requesting for to enable her proceed with her research. The title of the research for which information is being sought is ***"Prevalence and Factors Associated with Child Sexual Abuse in the Victim Support Unit Department"***. The information so collected will be used solely for academic purposes and not for publication.

Anticipating your valuable support in this regard.

Yours sincerely,
Department of Community Medicine

Dr S H Nzala
MPH COURSE COORDINATOR

REPUBLIC OF ZAMBIA
ZAMBIA POLICE SERVICE
VICTIM SUPPORT UNIT
P.O. BOX 50103 LUSAKA

kindly assist her with any kind of information