



Explanations for child sexual abuse given by convicted offenders in Malawi: No evidence for “HIV cleansing”

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ABSTRACT

Objective: A commonly cited, but unproven reason given for the rise in reported cases of child sexual abuse in Sub-Saharan Africa is the “HIV cleansing myth”—the belief that an HIV infected individual can be cured by having sex with a child virgin. The purpose of this study was to explore in Malawi the reasons given by convicted sex offenders for child sexual abuse and to determine if a desire to cure HIV infection motivated their offence.

Methods: Offenders convicted of sexual crimes against victims under the age of 18 were interviewed in confidence in Malawi’s two largest prisons. During the interview the circumstances of the crime were explored and the offenders were asked what had influenced them to commit it. Each participant was asked the closed question “Did you think that having sex with your victim would cure or cleanse you from HIV?”

Results: 58 offenders agreed to participate. The median (range) age of offenders and victims was 30 (16–66) years and 14 (2–17) years, respectively. Twenty one respondents (36.2%) denied that an offence had occurred. Twenty seven (46.6%) admitted that they were motivated by a desire to satisfy their sexual desires. Six (10.3%) stated they committed the crime only because they were under the influence of drugs or alcohol. None of the participants said that a desire to cure or avoid HIV infection motivated the abuse.

Conclusion: This study suggests that offenders convicted of a sexual crime against children in Malawi were not motivated by a desire to be cured or “cleansed” from HIV infection. A need to fulfil their sexual urges or the disinhibiting effect of drugs or alcohol was offered by the majority of participants as excuses for their behaviour.

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Introduction

In keeping with other countries in the region, there is limited Malawian data of the extent of child sexual abuse (CSA). The first published clinical report was in 1997 (Lema). Kakhongwe and Mkandawire (1999) extrapolated data from newspaper stories and small-scale surveys, to estimate that of the total population of 12 million approximately 10 girls or women were raped every month—a figure acknowledged by the authors to underestimate the true incidence. In a large survey of over 4,000 school children of perceptions of safety at school, Burton (2005) reported that 23.8% described having “been forced to have sex against their will” by the age of 16 years. Following the availability of post-exposure prophylaxis against HIV, the largest hospital in Malawi reported treating 8 CSA victims per month in 2006 (Cheshyre & Molyneux, 2009). In 2010, a multi-disciplinary team to assess and treat survivors of CSA was established at this same hospital, consisting of social

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workers, medics, counsellors, and police. Subsequently, this team (of which the corresponding author is a member) assesses over 25 children per month.

Outside of the Republic of South Africa, there is a paucity of published studies providing empirical evidence on why CSA occurs in Sub-Saharan Africa. In a literature review, Lalor (2004) lists 3 commonly cited factors for CSA in the region—rapid social change, the male-dominated nature of African society and HIV cleansing. The latter, the belief that sexual intercourse with a child or virgin may cure or prevent HIV or prevent infection is frequently quoted in literature from Malawi, and other Eastern and Southern African countries, as a widespread motivation for CSA (Meursing et al., 1995; Murray & Burnham, 2009). The extent to which this myth is believed in the community, and how much it contributes to child sexual abuse, is the subject of vigorous debate (Epstein & Jewkes, 2009; Jewkes, Martin, & Penn-Kekana, 2002; Pitcher & Bowley, 2002). Yet much of this debate is based on anecdotal evidence with little scientific data to substantiate or refute the importance of HIV cleansing as a motivation for child sexual abuse. Lalor states that there is a need for “base-line epidemiological data . . . on the nature and incidence of child sexual abuse in SSA to identify target areas for intervention” (Lalor, 2004, p. 457). Obtaining evidence that enables such targeted intervention is particularly important given the extremely limited resources available within Malawi. Total spending on health in Malawi is approximately \$20 per capita per year (WHO, 2008).

The purpose of this study was to explore the reasons for their actions given by convicted offenders for child sexual abuse in Malawi. Specifically, it sought to determine if a desire to cure HIV infection was a motivation in the offence.

Methods

Setting

Malawi is a landlocked country of 13.9 million people in southern-central Africa. 74% exist on less than the international poverty line of \$1.25 per day. The adult HIV prevalence rate in 2007 was 11.9% (UNICEF, 2008).

At the time of the study the Malawi Penal Code defined rape as the unlawful carnal knowledge of a woman or girl without her consent and defilement as unlawful carnal knowledge of any girl under the age of 13 years. The age of consent to marriage was 18 years (Ministry of Health, Malawi, 2005).

Sample and recruitment

Permission was granted by the officers-in-charge of the 2 largest prisons for men in Malawi (Zomba Prison, Zomba and Chichiri Prison, Blantyre) to approach all inmates who were convicted of a sexual offence. A list of potential participants was extracted from the prison records. All offenders whose victims were under the age of 18 were included.

The purpose of the study was explained to each potential participant. All were assured of confidentiality, specifically that any information divulged in interviews would not be shared with the victims or their families, the police or prison authorities. Verbal consent was sought as it was thought that some potential participants would interpret written consent as a written acknowledgement of guilt. All data was anonymised.

Ethical approval was obtained from the College of Medicine Research Ethics Committee, University of Malawi.

Procedure

One researcher (CM) conducted a structured interview in Chichewa (the most commonly spoken language in Malawi) with each consenting participant. Interviews were conducted in private. Data was obtained about the age of the offender and victim, the relationship of the offender to the victim, the location of the crime, any coercion or bribery related to the offence and the use of alcohol or other drugs by the perpetrator at the time of the offence. At the end of the interview, each participant was asked “What influenced you to commit the offence?” Their response was recorded verbatim as free text. Each participant was then asked the closed follow-up question “Did you think that having sex with your victim would cure or cleanse you from HIV?”

The data was collected over a 2 week period in June 2007 as part of a 4th year medical student project.

Data analysis

The transcripts of the free text data were read and re-read, looking for emerging themes which arose from the responses. These themes were discussed and compared to ensure credibility, and codes attached to the main themes. Quantitative data and thematic codes were entered into GenStat (2008). Statistical analysis included simple descriptive statistics, analysis of variance (ANOVA) and Students “*t*” tests for parametric and Mann–Whitney “*U*” tests for non-parametric data.

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