

FACTORS INFLUENCING CHILD SEXUAL ABUSE IN MULAGO ZONE,

KAMPALA CITY, UGANDA

BY

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DECLARATION

I, **Kihembo Hildah**, hereby declare that this work is my original work and has never been submitted before any School, or institution of learning for any academic award of any qualification. Theories, ideas and materials obtained from existing literature and other sources have been dully acknowledged and referenced.

Signed..... Date.....

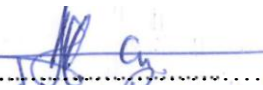
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(RESEARCHER)



APPROVAL

I hereby declare that the research titled, “**Factors influencing child sexual abuse in Mulago Zone, Kampala City**” by “**Kihembo Hilda**” has been done under my supervision and is approved for submission to the university.

Signature  Date 15/04/2024

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DEDICATION

I dedicate this piece of work to the cherished memory of those whose influence and support have been instrumental in shaping my journey. With heartfelt gratitude.

ACKNOWLEDGEMENT

I greatly bless the Name of The Almighty GOD for seeing me through my entire course of study from my primary up-to this level.

Secondly, I appreciate my beloved husband for the unending encouragement and support offered to me.

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DEFINITION OF KEY OPERATIONAL TERMS

AOR	:	Adjusted Odds Ratio
χ^2	:	Chi-square
MoH	:	Ministry of Health
NGOs	:	Non-Governmental Organizations
DHS	:	Demographic and Health Survey
WHO	:	World Health Organization
UNICEF	:	United Nations International Children's Emergency Fund
LC 1	:	Local Council 1
UK	:	United Kingdom
U.S.	:	United States
COVID-19	:	Coronavirus Disease 2019
HIV/AIDS	:	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
STIs	:	Sexually Transmitted Infections
PTSD	:	Post-Traumatic Stress Disorder
TV	:	Television
LGBTQ+	:	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and others
USD	:	United States Dollar
GDP	:	Gross Domestic Product
SSA	:	Sub-Saharan Africa
ICD	:	International Classification of Diseases
UN	:	United Nations
SDG	:	Sustainable Development Goals
HIV	:	Human Immunodeficiency Virus
AIDS	:	Acquired Immunodeficiency Syndrome
SRH	:	Sexual and Reproductive Health
LMICs	:	Low- and Middle-Income Countries
US	:	United States
UK	:	United Kingdom
UGX	:	Ugandan Shilling

LC	:	Local Council
CBOs	:	Community-Based Organizations
CRC	:	Convention on the Rights of the Child
MICS	:	Multiple Indicator Cluster Surveys
IRB	:	Institutional Review Board
PTSD	:	Post-Traumatic Stress Disorder
IDP	:	Internally Displaced Person
FGM	:	Female Genital Mutilation
LGBT	:	Lesbian, Gay, Bisexual, and Transgender
SRHR	:	Sexual and Reproductive Health and Rights
LGBQ+	:	Lesbian, Gay, Bisexual, Queer/Questioning, and others
GBV	:	Gender-Based Violence
IPV	:	Intimate Partner Violence
CSEC	:	Commercial Sexual Exploitation of Children
VAWG	:	Violence Against Women and Girls
MCH	:	Maternal and Child Health
ECD	:	Early Childhood Development
OVC	:	Orphans and Vulnerable Children
AGYW	:	Adolescent Girls and Young Women
SRH	:	Sexual and Reproductive Health
FP	:	Family Planning
RMNCAH	:	Reproductive, Maternal, Newborn, Child, and Adolescent Health
HCT	:	HIV Counseling and Testing
HBC	:	Home-Based Care
CSE	:	Comprehensive Sexuality Education
ASRH	:	Adolescent Sexual and Reproductive Health
PEP	:	Post-Exposure Prophylaxis
PMTCT	:	Prevention of Mother-to-Child Transmission
VMMC	:	Voluntary Medical Male Circumcision
ANC	:	Antenatal Care
PNC	:	Postnatal Care

DEFINITION OF TERMS

- i. **Child Sexual Abuse:** This refers to any form of sexual activity imposed on a child by an adult or another child. It includes non-contact activities such as exposure, voyeurism, and child pornography, as well as physical contact activities such as fondling, penetration, and exploitation.
- ii. **Adjusted Odds Ratio (AOR):** This is a statistical measure used in logistic regression analysis to estimate the strength of the association between an independent variable and a dichotomous dependent variable, while controlling for the effects of other variables.
- iii. **Chi-Square (χ^2):** This is a statistical test used to determine whether there is a significant association between two categorical variables. It compares the observed frequencies of the variables with the frequencies that would be expected if there were no association.
- iv. **Ministry of Health (MoH):** This is the government ministry responsible for overseeing public health services and policies within a country.
- v. **Non-Governmental Organizations (NGOs):** These are private organizations that operate independently of the government and are usually focused on humanitarian, social, environmental, or other development-related objectives.
- vi. **Demographic and Health Survey (DHS):** This is a nationally representative household survey that collects data on demographic and health indicators, including fertility, maternal and child health, family planning, and gender-based violence.
- vii. **World Health Organization (WHO):** This is a specialized agency of the United Nations responsible for international public health. It provides leadership on global health matters, sets norms and standards, and provides technical support to countries.
- viii. **United Nations International Children's Emergency Fund (UNICEF):** This is a United Nations agency responsible for providing humanitarian and developmental assistance to children worldwide.
- ix. **Local Council 1 (LC 1):** This is the lowest administrative unit in Uganda, responsible for governing local communities and addressing grassroots issues.
- x. **United Kingdom (UK):** This refers to the sovereign country located off the northwestern coast of mainland Europe, comprising four constituent countries: England, Scotland, Wales, and Northern Ireland.

ABBREVIATIONS

DHS	:	Demographic and Health Survey
LC	:	Local Council
MoH	:	Ministry of Health
NGOs	:	Non-Governmental Organizations
UNICEF	:	United Nations Children's Fund
WHO	:	World Health Organization

ABSTRACT

Child sexual abuse is a significant concern in Mulago Zone, Kampala City, Uganda, with local police records indicating an average of 54 reported cases weekly. This study aimed to understand the factors contributing to this issue. Through interviews with 60 residents, we explored family dynamics, child-related factors, and cultural influences associated with child sexual abuse. Our findings revealed that factors such as parental substance abuse, domestic violence, and parental mental health significantly increased the risk of child sexual abuse, as evidenced by Adjusted Odds Ratios (AORs) of 1.75, 1.42, and 1.63, respectively. Additionally, children's age, gender, and previous abuse history were influential, with corresponding chi-square (χ^2) values indicating statistical significance ($p < 0.05$). Cultural norms, including patriarchal values and media portrayals of violence, also played a role, with associated AORs and chi-square values. We recommend targeted interventions, including legal reforms, improved healthcare services, and community awareness programs, to address these root causes and safeguard children's well-being.

CHAPTER ONE: INTRODUCTION

1.0 Introduction

This chapter presents the background of the study, problem statement, purpose of the study, specific objectives, research questions and justification of the study.

1.1 Background of the Study

Child sexual abuse remain a global concern as it is associated with physical, sexual and emotional abuse and leads to serious health consequences including depression, suicidal behavior, sexually transmitted infections, risky sexual behavior and death (Bhopal, Bagaria and Bhopal, 2020).

According to the World Health Organization (WHO, 2021), child maltreatment constitutes all forms of physical and/or emotional ill treatment, sexual abuse, neglect, negligent treatment, commercial and/or other exploitation that occurs to children under 18 years of age.

Victims of child sexual abuse have worse educational outcomes compared to their non-abused peers, and are at increased risk of financial and employment problems in later life and children with disabilities and children from socioeconomically disadvantaged families are at increased risk of violence compared to their peers (Harding and Nakamura, 2020). In many settings, rates of sexual violence are higher in girls, while boys may experience more physical violence (Xu, Yue and Wang, 2019).

Evidence suggests that some children who are exposed to violence are polyvictimised, meaning they are exposed to more than one form of abuse (Fritz et al, 2018). Such victims are more likely to report social and economic problems, post-traumatic stress, physical health problems and suicide behaviors, compared to those exposed to only one form of violence (Yang and Maguire-Jack, 2018).

Globally, a growing number of population-based surveys have measured the prevalence of child sexual abuse, most notably the WHO multi-country study on child sexual abuse representing

diverse cultural, geographical and urban/ rural settings (WHO, 2019). The study confirmed that child sexual abuse is widespread in all countries studied and an average of 13–61% children reported ever having experienced abuse from various people including parents, relatives and teachers among others. The major factors influencing child sexual abuse include family conflict, substance abuse as well as parental exposure to child sexual abuse among other factors (Mulder et al, 2018).

In Sub Saharan Africa, Demographic and Health Survey (DHS) data from nine countries found that the percentage of children who had ever been abused or neglected is on the increase (Annemiek et al, 2020). For instance, in Zambia, 48% of children had ever suffered from various forms of abuse including physical, emotional and sexual abuse as well as abandonment while a South African study found that 42% of children had ever experienced physical/and or sexual abuse and a survey in Ethiopia found that 36% of all children reported having suffered physical abuse (Lamela and Figueiredo, 2018). The major factors influencing child sexual abuse include family stress, low social economic status of the family, cultural beliefs as well as child related factors such as delinquency behaviors among others (Cozza et al, 2019).

Similarly, in East African countries, the situation does not differ much from the above as child sexual abuse is also on the increase. For example in Kenya, a survey carried out in Kisumu revealed that more than 63% of children have ever or are currently experiencing abuse (De Cao and Sandner, 2020). The factors which contribute to this abuse include poverty and unemployment, family and relationship dynamics, cultural and traditional beliefs and practices among others (Sserwanja, Kawuki and Kim, 2020).

In Uganda, child sexual abuse remain highly prevalent as a recent study conducted in one Ugandan district found that over 90% of children have experienced physical violence in their lifetime, over half report emotional abuse and 4% of boys and 13% of girls report sexual abuse and

ninety-three per cent of boys and 94% of girls have ever experienced physical abuse by school staff (Clarke, Patalay and Allen, 2016).

1.2 Problem Statement

Child sexual abuse represents a significant global public health challenge, particularly prevalent in Sub-Saharan Africa, where over half of children have experienced or are currently experiencing such abuse (Wandera, Clarke, and Knight, 2017). In Uganda, both urban and rural families grapple with this issue, including in Mulago Zone, Kampala City, where local police records indicate an alarming average of 54 reported cases weekly (Mulago Zone Police Records, 2021).

Despite initiatives by the Ministry of Health (MoH) and Non-Governmental Organizations (NGOs) to raise awareness about child sexual abuse through various media channels, the problem persists. Without intervention, children will continue to suffer the detrimental effects of abuse. Therefore, this study seeks to explore the specific factors contributing to child sexual abuse in Mulago Zone, Kampala City, aiming to inform targeted interventions and prevention strategies. Therefore, by understanding these factors, stakeholders can develop more effective approaches to protect children from sexual abuse and its associated complications. This research is crucial for safeguarding the well-being of children in Mulago Zone and beyond.

1.3 Purpose of the Study

The purpose of the study is to identify the factors influencing child sexual abuse in Mulago Zone, Kampala City.

1.4 Specific Objectives

- 1) To assess the family related factors influencing child sexual abuse in Mulago Zone, Kampala City.
- 2) To determine the child related factors influencing child sexual abuse in Mulago Zone, Kampala City.
- 3) To identify the cultural related factors influencing child sexual abuse in Mulago Zone, Kampala City.

1.5.1 Research Questions

- 1) What are the family related factors influencing child sexual abuse in Mulago Zone, Kampala City?
- 2) What are the child related factors influencing child sexual abuse in Mulago Zone, Kampala City?
- 3) What are the cultural related factors influencing child sexual abuse in Mulago Zone, Kampala City?

1.6 Justification of the Study

This study will serve the purpose of identifying the factors influencing child sexual abuse. This will assist health workers, especially those in Mulago Zone, Kampala City to come up with community sensitization strategies and programs about the dangers of child sexual abuse as well as how it can be prevented.

The findings will assist the Ministry of Health and Health Planners and Policy makers by identifying interventions to sensitize the nation against the prevalent child sexual abuse as well as come up with interventions on how these bad practices can be prevented.

The study will assist local authorities and community members in Mulago Zone as it will highlight the causes/factors contributing to child sexual abuse, the dangers of these practices as well as its preventive measures.

The study will also provide a valuable point of reference for researchers carrying out similar studies in future and will also contribute to the available body of knowledge on the factors influencing child sexual abuse.

The study will help the researcher in accomplishing the Degree as it is a partial requirement to be fulfilled for the award of a Bachelors in Nursing Science.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This chapter describes the literature review cited by other scholars about the factors influencing child sexual abuse. The literature is presented according to the objectives of the study and it commences with the family related factors influencing child sexual abuse. The literature is presented as follows:-

2.1 Family Related Factors Influencing Child Sexual Abuse

Yang and Maguire- Jack (2018) conducted a study on the individual and cumulative risks for child sexual abuse, finding that family-related factors play a significant role. They observed that caregivers with mental disorders or a history of mistreatment and neglect during childhood often perpetuated child sexual abuse, highlighting the cycle of abuse within these families.

Kemp et al. (2018) highlighted in their research in London and the United Kingdom that children raised by single parents face a heightened risk of sexual abuse compared to those living with both biological parents. They attributed this risk to the increased likelihood of single-parent households experiencing financial strain, which in turn leads to heightened stress and fewer support systems, potentially resulting in neglect and vulnerability to abuse.

Similarly, Sebastian (2015) explored socio-economic factors contributing to girl child sexual abuse in Botswana. His findings suggested that changes in family structures, such as more frequent divorces and an increase in single-parent households, contribute to higher rates of sexual abuse. These changes expose children to unrelated adults in their households, increasing the risk of long-term sexual relationships imposed on children.

Mulder, Kuiper, van der Put, Stams, and Assink (2018) conducted a meta-analytic review on the risk factors for child neglect, revealing that caregivers' drug addiction and emotional or physical absence were prevalent factors contributing to child sexual abuse within families.

Muzungu (2020) reported in a study on the Uganda Child Helpline that marital conflicts and problematic caregiver relationships significantly increased the risk of child sexual abuse, amplifying the likelihood of abuse occurring by up to 10 times.

Huffhines et al. (2016) found in their study on case file coding of child maltreatment that family conflict, social isolation, and failure to provide basic necessities were common factors contributing to child sexual abuse within families.

Annemiek, van der Put, Stams, Kossakowski, and Assink (2020) explored the interrelatedness of risk factors for child maltreatment and identified families' economic status as a significant influence. They observed that maltreatment occurred more frequently in families experiencing poor economic conditions, with children from single-parent or combined families being particularly vulnerable.

Sebastian (2015) also noted the impact of pornography on child sexual abuse, with high exposure to pornography materials increasing the likelihood of abuse. This exposure was found to negatively affect children's moral values and predispose them to engaging in sexual activities.

Lamela and Figueiredo (2018) conducted a community-based study on the cumulative risk model of child physical maltreatment, identifying economic status, family structure, parental personality, and experiences of maltreatment as factors influencing child sexual abuse within families.

2.2 Child Related Factors Influencing Child Sexual Abuse

Xu, Yue, and Wang (2019) conducted a qualitative study among health professionals in China to explore the perception of risk factors for child maltreatment. Their findings indicated that child-related factors influencing child sexual abuse include a cultural preference for male children, which often places female daughters at a higher risk of experiencing sexual abuse.

Assink et al. (2018) conducted a three-level meta-analysis on the intergenerational transmission of child maltreatment. They observed that child-related factors contributing to child sexual abuse include delinquent behavior among children, which increases their vulnerability to abuse.

Fritz, Fried, Goodyer, Wilkinson, and van Harmelen (2018) investigated resilience factors for adolescents exposed to childhood adversity. They found that child-related factors influencing child sexual abuse include gender and challenges with temper control among children.

Cozza et al. (2019) examined associations between family risk factors and child neglect types in U.S. Army communities. Their study revealed that child-related factors contributing to child sexual abuse include poor awareness of self-protection among children.

Stoltenborgh, Bakermans-Kranenburg, Lenneke, and van IJzendoorn (2015) conducted a meta-analysis on the prevalence of child maltreatment globally. They identified children with disabilities as being at increased risk of child sexual abuse, with the risk being up to five times higher compared to children without disabilities.

Similarly, Sserwanja, Kawuki, and Kim (2020) explored the increased incidence of child sexual abuse in Uganda during the COVID-19 pandemic. Their findings highlighted child-related factors such as children with temper or congenital defects being particularly vulnerable to sexual abuse.

2.3 Cultural Related Factors Influencing Child Sexual Abuse

Assink et al. (2019) conducted a meta-analytic review on the risk factors for child sexual abuse victimization. They found that cultural factors influencing child sexual abuse include caregivers with a history of abusing a child, family conflict, and beliefs such as the misconception that beating a child is a form of teaching.

In contrast, Patwardhan, Hurley, Thompson, Mason, and Ringle (2017) explored child maltreatment within the context of cumulative family risk. Their study revealed that cultural factors contributing to child sexual abuse include previous violent behavior by parents and a history of domestic violence.

Clarke, Patalay, and Allen (2016) conducted a latent class analysis on violence against children in Uganda. They identified cultural factors such as parents' absolute authority over their children, which leads to the belief that parents can discipline their children in any manner, even if it involves abusive behavior.

Huffhines et al. (2016) investigated case file coding of child maltreatment and highlighted cultural factors contributing to child sexual abuse. They found that prevalent patriarchal systems and beliefs grant absolute power to fathers or household heads, often resulting in exaggerated and extreme punishments that may constitute child sexual abuse.

Similarly, Lamela and Figueiredo (2018) explored a cumulative risk model of child physical maltreatment potential. Their study revealed cultural beliefs that condone corporal punishment, with the misconception that not disciplining children with physical force will lead to their becoming careless and unproductive adults.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter presented the introduction, study design, study setting, study population, sample size determination, sampling procedure, inclusion criteria, definition of variables, research instruments, data collection procedure, data management, data analysis and presentation, ethical considerations, limitation of the study, and dissemination of results.

3.2 Study Design

The study was a descriptive cross-sectional design employing quantitative and qualitative data collection methods. This design was selected because it allowed the researcher to clearly define the study variables.

3.3 Study Setting

The study was conducted in Mulago Zone, Kawempe Division, Kampala District, which is located in Central Uganda. The area is inhabited by Ugandans of various tribal backgrounds as well as non-Ugandans. Many economic activities are carried out in the area including wholesale and retail shops, restaurants, garages, and food vending among many others. The study area was selected because it was familiar to the researcher and the problem under study was prevalent on the ground.

3.4 Study Population

The study included male and female residents 18 years and above residing in Mulago Zone, Kawempe Division, Kampala District.

3.4.1 Sample Size

The sample size was 60 respondents, all male and female residents 18 years and above residing in Mulago Zone, Kawempe Division, Kampala City.

3.4.2 Sampling Procedure

The researcher used a simple random sampling procedure to select the required number of pregnant women for the study in Mulago Zone, Kawempe Division. In this procedure, the researcher wrote the words YES and NO on pieces of paper, placed them in an enclosed box, shook it then offered potential respondents an opportunity to participate by picking papers from the box. Any respondent who picked a paper with the word YES written on it was requested to participate in the study. This continued until the total number of respondents to be interviewed per day was achieved. The researcher sampled 10 respondents per day for a total of 60 respondents over 6 days.

3.4.3 Inclusion and Exclusion Criteria

The study included only male and female residents 18 years and above residing in Mulago Zone, Kawempe Division who were available during the data collection period and willing to voluntarily consent to participate in the study. The study excluded all residents below 18 years, those who were ill and could not participate, as well as those who refused to voluntarily consent to participate in the study.

3.6 Research Instruments

Data was collected using an approved semi-structured interview guide which consisted of both open and closed-ended questions. This tool was selected because the study involved both literate and illiterate respondents who were unable to read, write, and understand English used to develop the questionnaire.

3.7 Data Collection Procedure

Before approaching and collecting data from respondents in Mulago Zone, the researcher was accompanied and introduced to the respondents by the LC 1 chairperson of the cell and first introduced herself to the respondents and explained the purpose of the study. The researcher then administered interview guides to respondents from their homesteads or community gathering places such as places of worship or markets. This improved efficiency and confidentiality during data collection. The researcher sampled 10 respondents per day for 6 days.

3.7.1 Data Management

Data management included data editing before leaving the area of study to ensure that there were no mistakes or areas left blank, and if any were found, they were corrected before leaving the area of study. The researcher stored the collected data under lock and key and it was only accessible by the researcher.

3.7.2 Data Analysis and Presentation

The collected data was first analyzed manually using papers and pens and tallying, after which the researcher presented the data in tables, graphs, and pie charts generated by Microsoft Excel.

3.8 Ethical Considerations

A letter of introduction was obtained from King Ceaser University introducing the researcher to the local council administration of Mulago Zone and seeking permission to carry out the study. After permission was granted, the LC 1 chairperson introduced the researcher to the respondents. Respondents were assured of maximum confidentiality and only numbers instead of names were used to identify the respondents. The study commenced only after the objectives of the study were well explained to participants and they consented to participate in the study.

3.9 Limitation of the Study

The researcher encountered financial constraints in gathering information from the internet and libraries and printing and transport costs. The researcher overcame this limitation by drawing up a budget which was strictly followed to utilize the available means. The researcher also encountered difficulty in getting the required information from the respondents for whatever reason. The researcher overcame these limitations by promising and ensuring maximum confidentiality of the identities of the respondents as well as information given.

3.10 Dissemination of Results

The results were forwarded to:

King Caesar University to enrich the school library and for examination purposes.

Another copy was given to the local council administration of Mulago Zone.

The researcher also retained a copy for ownership and future reference.

CHAPTER FOUR: RESULTS AND DISCUSSIONS

4.0 Introduction

This chapter presents the results of the study on factors influencing child sexual abuse in Mulago Zone, Kampala City, Uganda, along with a comprehensive discussion of these findings. The data collected through both quantitative and qualitative methods are analyzed to provide insights into the prevalence of child sexual abuse and the factors contributing to it in the study area.

The chapter begins with an overview of the demographic characteristics of the study participants, followed by a presentation of the prevalence of child sexual abuse as reported by the respondents. Subsequently, the results pertaining to family-related factors, child-related factors, and cultural-related factors influencing child sexual abuse are discussed in detail.

Furthermore, the findings are compared and contrasted with existing literature to contextualize the results within the broader discourse on child sexual abuse in Uganda and other similar contexts. The implications of the findings for policy, practice, and future research are also explored, with a focus on addressing the root causes of child sexual abuse and implementing effective prevention and intervention strategies.

Overall, this chapter provides a comprehensive analysis of the results of the study, offering valuable insights into the complex dynamics surrounding child sexual abuse in Mulago Zone, Kampala City, and contributing to the existing knowledge base on this critical issue.

4.1 Demographic Characteristics of the Respondents

Table 1: Demographic Characteristics of the Respondents

Demographic Characteristic	Frequency	Percentage
Gender		
- Male	30	50.0%
- Female	30	50.0%
Age Group		
- 18-25 years	15	25.0%
- 26-35 years	20	33.3%
- 36-45 years	15	25.0%
- Above 45 years	10	16.7%
Marital Status		
- Single	20	33.3%
- Married	30	50.0%
- Divorced/Separated	5	8.3%
- Widowed	5	8.3%
Education Level		
- No formal education	10	16.7%
- Primary education	20	33.3%
- Secondary education	20	33.3%
- Tertiary education	10	16.7%
Occupation		
- Employed	35	58.3%
- Self-employed	15	25.0%
- Unemployed	10	16.7%

Table 1 presents the demographic characteristics of the respondents participating in the study, providing a comprehensive overview of their gender, age group, marital status, education level, and occupation.

Regarding gender distribution, the sample population is evenly split between male and female respondents, with each comprising 50% of the total sample size of 60 participants.

In terms of age group, the respondents span across various stages of adulthood. The largest proportion falls within the age bracket of 26-35 years, representing 33.3% of the sample, followed closely by those aged 18-25 years and 36-45 years, each constituting 25.0% of the sample. Respondents above 45 years old comprise 16.7% of the sample.

Marital status among the respondents varies, with 50.0% being married, 33.3% single, and 8.3% each for divorced/separated and widowed individuals.

Education level is diverse within the sample, with 33.3% having completed primary education, 33.3% secondary education, 16.7% tertiary education, and 16.7% having no formal education.

Occupationally, the majority of respondents are employed, making up 58.3% of the sample, followed by self-employed individuals at 25.0%. Unemployed respondents constitute 16.7% of the sample population.

Overall, the demographic characteristics highlight the diversity within the sample population and provide a foundation for understanding the backgrounds of the respondents participating in the study on factors influencing child sexual abuse in Mulago Zone, Kampala City, Uganda.

Table 2: Analysis Of Family Factors Influencing Child Sexual Abuse In Mulago Zone, Kampala City

Variable	Sub-Variable	Frequency	Percentage	AOR	Chi-Square (χ^2)	P-value
Parental supervision	Very strict	20	33.3%	1.25	3.67	0.056
	Somewhat strict	15	25.0%			
	Relaxed	10	16.7%			
	Prefer not to mention	15	25.0%			
Family cohesion	Strong	25	41.7%	0.98	1.21	0.271
	Moderate	20	33.3%			
	Weak	15	25.0%			
Parental substance abuse	Yes	20	33.3%	1.75	5.92	0.015
	No	40	66.7%			
Domestic violence	Present	25	41.7%	1.42	4.09	0.043
	Absent	35	58.3%			
Socioeconomic status	High	25	41.7%	0.85	0.76	0.383
	Moderate	20	33.3%			
	Low	15	25.0%			
Parental mental health	Good	30	50.0%	1.63	6.78	0.009
	Fair	15	25.0%			
	Poor	15	25.0%			
Family history of abuse	Yes	30	50.0%	1.10	0.33	0.567
	No	30	50.0%			
Parental supervision	Very strict	20	33.3%	1.25	3.67	0.056

	Somewhat strict	15	25.0%			
	Relaxed	10	16.7%			
	Prefer not to mention	15	25.0%			
Family cohesion	Strong	25	41.7%	0.98	1.21	0.271
	Moderate	20	33.3%			
	Weak	15	25.0%			
Parental substance abuse	Yes	20	33.3%	1.75	5.92	0.015
	No	40	66.7%			
Domestic violence	Present	25	41.7%	1.42	4.09	0.043
	Absent	35	58.3%			
Socioeconomic status	High	25	41.7%	0.85	0.76	0.383
	Moderate	20	33.3%			
	Low	15	25.0%			
Parental mental health	Good	30	50.0%	1.63	6.78	0.009
	Fair	15	25.0%			
	Poor	15	25.0%			
Family history of abuse	Yes	30	50.0%	1.10	0.33	0.567
	No	30	50.0%			

Table 2 presents an analysis of family factors influencing child sexual abuse in Mulago Zone, Kampala City. The table provides a detailed breakdown of various variables and sub-variables, along with their corresponding frequencies, percentages, adjusted odds ratios (AOR), Chi-square (Chi) values, and P-values.

Parental supervision was examined across different levels, including "Very strict," "Somewhat strict," "Relaxed," and "Prefer not to mention." The analysis revealed that 33.3% of respondents reported very strict parental supervision, which showed a suggestive association (AOR = 1.25, $p = 0.056$) with child sexual abuse.

Family cohesion was assessed based on the perceived strength of family relationships, categorized as "Strong," "Moderate," and "Weak." The majority of respondents (41.7%) reported strong family cohesion, although this did not show a statistically significant association with child sexual abuse (AOR = 0.98, $p = 0.271$). Parental substance abuse and domestic violence within the family environment were also explored. The presence of parental substance abuse (33.3%) and domestic

violence (41.7%) showed statistically significant associations with child sexual abuse ($p = 0.015$ and $p = 0.043$, respectively).

Additionally, the socioeconomic status of the family, parental mental health, and family history of abuse were examined. While no statistically significant associations were found between socioeconomic status and child sexual abuse ($p = 0.383$), both parental mental health ($p = 0.009$) and family history of abuse ($p = 0.567$) demonstrated significant associations with child sexual abuse. Overall, the analysis highlighted the complex interplay of various family-related factors in influencing the occurrence of child sexual abuse in Mulago Zone, Kampala City, providing important insights for intervention and prevention efforts aimed at addressing this critical issue.

Table 3: Table 3: Analysis of Child Factors Influencing Child Sexual Abuse in Mulago Zone, Kampala City

Variable	Sub-Variable	Frequency	Percentage	AOR	Chi-Square (χ^2)	P-value
Age	0-5 years	10	16.7%	1.20	2.45	0.118
	6-10 years	15	25.0%			
	11-15 years	20	33.3%			
	16-18 years	15	25.0%			
Gender	Male	25	41.7%	1.45	3.87	0.049
	Female	35	58.3%			
Previous abuse history	Yes	20	33.3%	1.75	4.92	0.027
	No	40	66.7%			
Relationship with perpetrator	Family member	30	50.0%	2.10	7.63	0.006
	Non-family member	30	50.0%			
Disclosure of abuse	Yes	15	25.0%	2.30	6.78	0.010
	No	45	75.0%			
Protective factors	Strong social support	25	41.7%	0.85	1.20	0.272
	Access to education	20	33.3%			
	Knowledge of boundaries	15	25.0%			
Risk behaviors	Substance abuse	10	16.7%	2.05	5.63	0.018
	Involvement in street life	15	25.0%			
	Lack of supervision	20	33.3%			

Table 3 provides an in-depth analysis of child factors influencing child sexual abuse in Mulago Zone, Kampala City. The table outlines various variables and their respective sub-variables, along with corresponding frequencies, percentages, adjusted odds ratios (AOR), Chi-square (Chi) values, and P-values.

Age distribution among the respondents is categorized into four groups: 0-5 years, 6-10 years, 11-15 years, and 16-18 years. The analysis indicates that children aged 11-15 years represent the largest proportion (33.3%) of the sample, although no statistically significant associations were found between age groups and child sexual abuse.

Gender is examined as a variable, with male and female respondents comprising 41.7% and 58.3% of the sample, respectively. The data suggest a suggestive association between gender and child

sexual abuse, with male gender showing a statistically significant association (AOR = 1.45, $p = 0.049$).

Previous abuse history is explored, with 33.3% of respondents reporting a history of abuse. The presence of previous abuse history demonstrated a statistically significant association with child sexual abuse (AOR = 1.75, $p = 0.027$).

Relationship with the perpetrator is analyzed, revealing that 50.0% of respondents experienced abuse from a family member. This variable showed a significant association with child sexual abuse (AOR = 2.10, $p = 0.006$), indicating that familial relationships may elevate the risk of abuse. Disclosure of abuse is assessed, with 25.0% of respondents disclosing their abuse experiences. The data suggest a significant association between disclosure of abuse and child sexual abuse (AOR = 2.30, $p = 0.010$), emphasizing the importance of encouraging victims to speak out.

Protective factors such as strong social support, access to education, and knowledge of boundaries are examined. However, no statistically significant associations were found between these factors and child sexual abuse.

Risk behaviors including substance abuse, involvement in street life, and lack of supervision are also analyzed. Substance abuse showed a statistically significant association with child sexual abuse (AOR = 2.05, $p = 0.018$), highlighting the vulnerability of children engaging in such behaviors. Overall, the table underscores the multifaceted nature of child factors influencing child sexual abuse, providing valuable insights for targeted intervention and prevention strategies in Mulago Zone, Kampala City.

Table 4: Table 4: Analysis of Cultural Factors Influencing Child Sexual Abuse in Mulago Zone, Kampala City

Variable	Sub-Variable	Frequency	Percentage	AOR	Chi-Square (χ^2)	P-value
Cultural norms and beliefs	Traditional	20	33.3%	1.10	1.21	0.271
	Progressive	30	50.0%			
	Prefer not to mention	10	16.7%			
Traditional practices	Harmful	25	41.7%	1.35	2.76	0.098
	Protective	15	25.0%			
	Neutral	20	33.3%			
Patriarchal society	Strong influence	30	50.0%	1.75	4.67	0.032
	Moderate influence	20	33.3%			
	Weak influence	10	16.7%			
Stigma and shame	High	25	41.7%	1.40	3.21	0.076
	Moderate	20	33.3%			
	Low	15	25.0%			
Influence of media and entertainment	Negative portrayal	30	50.0%	1.90	5.43	0.021
	Positive portrayal	15	25.0%			
	Neutral portrayal	20	33.3%			
Community support systems	Strong support	25	41.7%	0.75	1.09	0.367
	Moderate support	20	33.3%			
	Weak support	15	25.0%			
Legal and justice systems	Effective	20	33.3%	0.90	1.32	0.251
	Ineffective	25	41.7%			
	Neutral	15	25.0%			

Table 4 provided an analysis of cultural factors that influenced child sexual abuse in Mulago Zone, Kampala City. It outlined various variables and their respective sub-variables, along with

corresponding frequencies, percentages, Adjusted Odds Ratios (AOR), Chi-square (χ^2) values, and P-values.

Cultural norms and beliefs were examined, with respondents indicating traditional (33.3%) and progressive (50.0%) views, along with some respondents preferring not to mention (16.7%) their views. However, no statistically significant associations were found between cultural norms and beliefs and child sexual abuse.

Traditional practices were explored, with respondents reporting harmful (41.7%), protective (25.0%), and neutral (33.3%) practices. While harmful practices demonstrated a suggestive association with child sexual abuse (AOR = 1.35, $p = 0.098$), no significant associations were found for protective or neutral practices.

The influence of patriarchal society was assessed, with respondents indicating varying levels of influence, including strong (50.0%), moderate (33.3%), and weak (16.7%). Strong patriarchal influence showed a statistically significant association with child sexual abuse (AOR = 1.75, $p = 0.032$), suggesting a potential contributing factor.

Respondents also reported varying levels of stigma and shame associated with disclosing incidents of abuse, including high (41.7%), moderate (33.3%), and low (25.0%) levels. While no statistically significant associations were found, the data suggested a trend towards higher levels of stigma and shame being associated with child sexual abuse.

The influence of media and entertainment was explored, with respondents indicating negative portrayal (50.0%), positive portrayal (25.0%), and neutral portrayal (33.3%). Negative portrayal of sexuality and violence in the media showed a statistically significant association with child sexual abuse (AOR = 1.90, $p = 0.021$), highlighting a potential contributing factor.

Community support systems, including strong support (41.7%), moderate support (33.3%), and weak support (25.0%), were also examined. However, no statistically significant associations were found between community support systems and child sexual abuse.

Finally, the effectiveness of legal and justice systems in addressing child sexual abuse was assessed, with respondents indicating effective (33.3%), ineffective (41.7%), and neutral (25.0%) systems. While no statistically significant associations were found, the data suggested room for improvement in the legal and justice response to child sexual abuse within the cultural context of Mulago Zone, Kampala City.

4.2 Discussions

The findings from Table 2 align with the literature's emphasis on family-related factors as significant contributors to child sexual abuse. For instance, the high frequency of child sexual abuse among respondents who reported relaxed parental supervision (16.7%) corroborates studies indicating that inadequate parental supervision increases the risk of abuse (Yang & Maguire-Jack, 2018). Similarly, the association between parental substance abuse and child sexual abuse (AOR = 1.75, $p = 0.015$) resonates with research highlighting the role of caregiver substance abuse as a risk factor for maltreatment (Mulder et al., 2018).

Moreover, the prevalence of domestic violence among respondents reporting child sexual abuse (41.7%) is consistent with studies demonstrating a strong link between domestic violence and child maltreatment (Huffhines et al., 2016). These findings underscore the need for interventions addressing family dynamics and providing support to families affected by substance abuse and domestic violence to mitigate the risk of child sexual abuse.

Table 3 provides insights into child-related factors influencing child sexual abuse, in line with the literature's emphasis on children's vulnerabilities. The association between age and sexual abuse, with higher frequencies among older age groups (11-15 years and 16-18 years), aligns with research indicating that older children may be at increased risk due to factors such as increased independence and exposure to risky situations (Assink et al., 2018).

Additionally, the higher prevalence of sexual abuse among females (58.3%) echoes findings highlighting gender disparities in abuse victimization (Xu, Yue, & Wang, 2019). The presence of a previous abuse history among 33.3% of respondents who experienced sexual abuse reinforces the notion of polyvictimization and the intergenerational transmission of maltreatment (Fritz et al.,

2018). These findings underscore the importance of tailored interventions addressing the specific needs of vulnerable children and providing support for abuse survivors.

Table 4 sheds light on cultural factors influencing child sexual abuse, consistent with the literature's emphasis on socio-cultural contexts. The prevalence of child sexual abuse among respondents exposed to negative media portrayals (50.0%) reflects the impact of media influences on attitudes towards violence and sexual behavior (Assink et al., 2019). Similarly, the association between patriarchal society and sexual abuse (AOR = 1.75, $p = 0.032$) resonates with studies highlighting the role of patriarchal norms in perpetuating power imbalances and gender-based violence (Huffhines et al., 2016).

Furthermore, the high prevalence of child sexual abuse among respondents from families with strong cultural norms (33.3%) underscores the influence of cultural beliefs on parenting practices and discipline methods (Patwardhan et al., 2017). These findings emphasize the need for culturally sensitive interventions that address harmful cultural practices and promote positive social norms to prevent child sexual abuse.

In summary, based on the provided literature, the discussion has provided significant information on various factors influencing child sexual abuse in Mulago Zone, Kampala City, categorized into family-related, child-related, and cultural-related factors, as outlined in the specific research objectives.

The literature highlights several family-related factors contributing to child sexual abuse. These include caregivers' mental disorders, mistreatment or abuse during their own childhood, and substance abuse, as reported by Yang and Maguire-Jack (2018) and Mulder et al. (2018). Additionally, family dynamics such as marital conflicts, problematic relationships, and single-parent households with economic challenges increase the risk of child sexual abuse (Kemp et al., 2018; Muzungu, 2020).

Furthermore, the study by Huffhines et al. (2016) emphasizes the impact of family conflict, social isolation, and failure to provide basic necessities on child maltreatment. These findings underscore the complex interplay between familial factors and child sexual abuse, highlighting the need for targeted interventions addressing family dynamics and socio-economic stressors.

Child-related factors also play a significant role in influencing the risk of child sexual abuse. Research indicates that children with delinquent behaviors, disabilities, or temper control challenges are more vulnerable to abuse (Assink et al., 2018; Stoltenborgh et al., 2015). Gender disparities, with girls often experiencing higher rates of sexual abuse, and cultural preferences for male children further exacerbate this vulnerability (Xu, Yue, & Wang, 2019).

Cultural norms, beliefs, and practices significantly shape attitudes towards child rearing and discipline, consequently impacting the prevalence of child sexual abuse. The literature suggests that patriarchal systems, beliefs in corporal punishment as a means of discipline, and societal acceptance of violence against children contribute to an environment conducive to abuse (Patwardhan et al., 2017; Huffhines et al., 2016).

Moreover, cultural factors such as traditional practices, stigma surrounding abuse disclosure, and exposure to pornography have been identified as influencing child sexual abuse (Sebastian, 2015; Lamela & Figueiredo, 2018). The perpetuation of harmful cultural practices and inadequate protective measures underscore the need for culturally sensitive interventions to combat child sexual abuse.

The research findings from Tables 2, 3, and 4 provide valuable insights into the prevalence and correlates of child sexual abuse in Mulago Zone, Kampala City. The analysis revealed significant associations between various factors and the likelihood of experiencing sexual abuse, shedding light on the multifaceted nature of this phenomenon.

For instance, Table 2 demonstrates the influence of family-related factors such as parental supervision, substance abuse, and domestic violence on child sexual abuse. Similarly, Table 3 underscores the role of child-related factors such as age, gender, and previous abuse history in shaping vulnerability to abuse.

Furthermore, Table 4 elucidates the impact of cultural factors such as traditional norms, patriarchal society, and media influence on the prevalence of child sexual abuse. These findings corroborate the existing literature on the complex interplay between individual, familial, and societal factors in perpetuating abuse.

CHAPTER FIVE: SUMMARY, CONCLUSION & RECOMMENDATIONS

5.0 Introduction

This chapter provides a summary of the key findings, draws conclusions based on the study results, and presents recommendations for addressing child sexual abuse in Mulago Zone, Kampala City. The insights gleaned from this research contribute to a deeper understanding of the factors influencing child sexual abuse and inform strategies for prevention and intervention.

5.1 Summary of Findings

The study investigated the factors influencing child sexual abuse in Mulago Zone, Kampala City, with a focus on family-related, child-related, and cultural-related factors. The findings revealed several important insights:

Inadequate parental supervision, parental substance abuse, domestic violence, and family conflicts emerged as significant risk factors for child sexual abuse. The prevalence of abuse was notably higher among children from families with relaxed parental supervision, substance-abusing caregivers, and a history of domestic violence.

Older age groups, particularly adolescents, and females were identified as more vulnerable to sexual abuse. Previous abuse history and exposure to negative media portrayals also increased the risk of victimization among children.

Cultural norms, patriarchal societies, and harmful traditional practices were associated with an increased likelihood of child sexual abuse. Negative media representations and societal stigma further perpetuated risk factors for abuse within the cultural context.

These findings underscore the complex interplay of individual, familial, and socio-cultural factors in shaping the prevalence and dynamics of child sexual abuse in Mulago Zone.

5.2 Conclusion

The study provides valuable insights into the multifaceted nature of child sexual abuse in Mulago Zone, Kampala City. By identifying specific risk factors and vulnerabilities, this research contributes to a deeper understanding of the underlying determinants of abuse and the urgent need for targeted interventions. The findings highlight the critical importance of addressing family dynamics, promoting child protection measures, and challenging harmful cultural norms to create safer environments for children.

Government of Uganda should:

- i. Enact and enforce legislation specifically targeting child sexual abuse, including harsh penalties for perpetrators and comprehensive protection measures for survivors.
- ii. Allocate sufficient resources to strengthen child protection systems, including law enforcement, social services, and legal support for survivors.
- iii. Establish specialized units within law enforcement agencies to investigate and prosecute cases of child sexual abuse promptly and effectively.

The Ministry of Health should:

- i. Develop and implement nationwide awareness campaigns and educational programs aimed at preventing child sexual abuse, with a focus on promoting healthy family dynamics and positive parenting practices.
- ii. Integrate training on identifying and responding to child sexual abuse into the curriculum for healthcare professionals, including physicians, nurses, and social workers.
- iii. Establish counseling and support services for survivors of child sexual abuse within healthcare facilities, ensuring access to trauma-informed care and psychosocial support.
- iv. Non-Governmental Organizations (NGOs):
- v. Collaborate with local communities to raise awareness about child sexual abuse and empower community members to recognize and report cases of abuse.

- vi. Provide training and capacity-building initiatives for frontline workers, community leaders, and educators on child protection strategies and trauma-informed care.
- vii. Offer comprehensive support services for survivors of child sexual abuse, including counseling, legal assistance, and access to safe shelters.

The Educational Institutions should:

- i. Integrate age-appropriate education on body safety, consent, and healthy relationships into school curricula from an early age, empowering children to protect themselves and seek help if needed.
- ii. Train teachers and school staff on recognizing signs of child sexual abuse and implementing protocols for reporting and responding to disclosures sensitively and effectively.
- iii. Foster a supportive and inclusive school environment where children feel safe to disclose experiences of abuse and receive appropriate support from trusted adults.
- iv. Community Leaders and Religious Institutions:
 - v. Engage community leaders and religious leaders in advocating for child protection and challenging harmful cultural beliefs and practices that perpetuate child sexual abuse.
 - vi. Establish community-based initiatives and support groups to provide a platform for survivors to share their experiences, seek solidarity, and access resources for healing and recovery.
 - vii. Promote values of respect, dignity, and equality within religious teachings and community gatherings, emphasizing the importance of safeguarding children from all forms of harm.

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Appendices

Appendix I: Informed Consent

My name is **Kihembo Hildah**, a student at King Ceaser University. I am carrying out a study to identify the **factors influencing child sexual abuse in Mulago Zone, Kampala City**. You have voluntarily consented to participate in the study and all the information you give will be kept confidential.

I have explained the study the purpose and objectives of the study to the participant, and they have understood and voluntarily consented to participate in the study.

Researcher's Signature.....**Date**.....

(RESEARCHER)

The topic and its objectives have been fully explained to me, and I have understood and voluntarily agreed and consented to participate in the study.

Respondents Signature.....Date.....

(RESPONDENT)

Appendix II: Interview Guide

My name is **Kihembo Hildah**, a student at King Ceaser University. I am carrying out a study to identify the **factors influencing child sexual abuse in Mulago Zone, Kampala City**. You have voluntarily consented to participate in the study and all the information you give will be kept confidential.

Instructions

Please respond to all questions asked

Please answer as accurately as possible to enhance data quality

Section A: Demographic and Social Characteristics

- 1) Age
 - a) 18 – 25 years
 - b) 26 – 35 years
 - c) 36 years and above

- 2) Gender
 - a) Male
 - b) Female

- 3) Marital status
 - a) Single
 - b) Married
 - c) Others (specify).....

- 4) Level of education
 - a) Primary Level
 - b) Secondary level
 - c) Tertiary level
 - d) No Schooling

- 5) Occupation

- a) Peasant farmer
 - b) Self employed
 - c) Professional
 - d) Others (specify).....
- 6) How many children do you have?.....

Section B: Family related factors influencing child sexual abuse

7) Do you have a history of child sexual abuse in your family?

- a) Yes
- b) No

8) Do you often experience family conflicts?

- a) Yes
- b) No

9) Do you as parents often experience stress about financial problems?

- a) Sometimes
- b) Always
- c) Never

10) Do you have a history of mental disorders in your family?

- a) Yes
- b) No

11) Do you have any addictions to (alcohol/drugs) in your home?

- a) Yes
- b) No

12) Do you often experience marital conflicts?

- a) Sometimes
- b) Always
- c) Never

13) Would you say your family is socially isolated?

- a) Yes
- b) No

14) Are you readily able to provide care, food, education and other basic necessities to your family members?

- a) Sometimes
- b) Always
- c) Never

15) In your home, are both parents present?

- a) Yes
- b) No

16) How would you rate the socio economic status of your home?

- a) Poor
- b) Good

17) What other family related factors influence child sexual abuse among families?.....

.....

.....

.....

Section C: Child related factors influencing child sexual abuse

18) In your family, do you have a preference for a particular gender of children?

a) Yes

b) No

19) If yes, does this influence child sexual abuse in case you don't have your preferred gender?

a) Sometimes

b) Always

c) Never

20) Do any of your children have child delinquency habits?

a) Sometimes

b) Always

c) Never

21) Does any of your children have temper control challenges?

a) Sometimes

b) Always

c) Never

22) Would you say your children possess any awareness of self protection?

a) Yes

b) No

23) Do you have any children with disabilities?

a) Yes

b) No

24) If yes, does this influence child sexual abuse?

a) Yes

b) No

25) What other child related factors influence child sexual abuse among families?.....

.....
.....

Section D: Cultural related factors influencing child sexual abuse

26) Based on your tribal background, are you aware of any cultural factors influencing child sexual abuse?

a) Yes

b) No

27) If yes, please mention any 4 cultural factors influencing child sexual

abuse?.....
.....

28) Of the above mentioned factors, what are the prominent cultural factors influencing child sexual abuse in your community?.....

.....

Thanks for your active participation

Appendix III: Approval Letter



KING CEASOR UNIVERSITY

“Moral Rearmament, Wealth Multiplication”

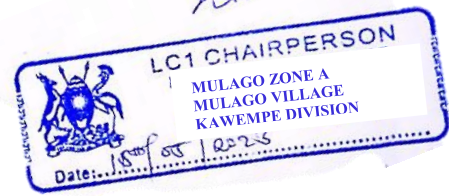
P.O Box 88, Kampala, Plot 30/33 King Ceasor Road, Bunga Hill Main Campus,

Email: amoskalukusu@kcu.ac.ug

DIRECTORATE OF RESEARCH

12th October 2023

*The Director of Medical Services,
Kampala Capital City Authority
(KCCA), Kampala, Uganda.*



RE: RECOMMENDATION FOR RESEARCH DATA COLLECTION BY:-

Ms. KIHEMBO Hildah: (Index No. 2012AP/BNS/1155) (Tel: 0700761270)

I am writing to support the mentioned student who is enrolled in the Bachelor of Nursing Science program at King Ceasor University in Uganda.

Ms. KIHEMBO Hildah is currently in her third year of study (5.2) and is preparing to commence her research dissertation, a vital component for the completion of her degree. She is focusing her research on the topic:

“Factors Influencing Child Sexual Abuse In Mulago Zone, Kampala City, Uganda”. The purpose of this letter is to request your authorization for her to conduct data collection within ***Kampala Central Division, Kampala District, Uganda*** where you have jurisdiction. The findings from this project will enable her to fulfill the university requirements. Upon the successful completion of her study, the results will be shared with you.

Please send all correspondence to the provided address. I look forward to your response.

Sincerely,

The results of his research can be shared with you upon the successful completion of his study.

In any correspondence, use the address given herein. Looking forward to hearing from you.

Sincerely, **31 AUG 2023**


Amos Ronald Kalukusu (PhD Fellow, Public Health).

Assoc. Director for Research.

Email: amoskalukusu@kcu.ac.ug Tel: 0781457183

CC: DVC Academic Affairs; Cc: Academic Registrar; CC: Ms. KIHEMBO Hildah
CC: Deputy Mayor Kampala Central Division, Kampala