

# The impact of child defilement on society essay sample

[Psychology](#), [Abuse](#)



IF the rate at which defilement cases are soaring in Zambia continues unabated, very little, if anything, positive would be said of the moral fibre of this Christian nation. Or else, who would like to exalt a nation where in every given week, not less than five children are reportedly defiled by close relatives or some other known people within the community? And the perpetrators mostly get away with mocking jail sentences as short as three months of simple imprisonment. Such is the prevailing situation that has continued laughing loudly in the face of every concerned Zambian parent and civic organisation fighting for the welfare of children. Even so, the amount of trauma and pain inflicted on the innocent children has not sneaked out unnoticed. Only a few months ago, a 12-year-old girl in Kitwe was diagnosed with severe syphilis after she was defiled by her 30-year-old uncle. In a few weeks that followed, some two sisters in Lusaka's George township aged eight and nine were lying in agony at the local clinic, nursing serious wounds on their private parts after being sexually abused by their own 36-year-old father.

And all Lusaka residents and civic organisations are still mourning the death of an 11-year-old girl who was defiled by her 32-year-old step-brother for a period of over three years until she died of medical complications recently. "Just what has become of this nation?" is a question that remains begging as statistics of defilement cases keep swelling every other day. Between January and June this year, a total of 470 cases of child defilement were reported to the police through the Victim Support Unit (VSU). VSU national co-ordinator Peter Kanunka says the record represents a rapid increase in the number of cases handled by the Unit since its inception in 1996. In the

year 2000, only 366 cases were recorded while in 2001 the number doubled to 715.

Whether the increase is due to improved awareness is a question of debate but the general impression being created is that defilement cases have become more rampant and complicated today, leading to many deaths and permanent deformity of victims. “ Some children have contracted STDs and tested HIV positive after being defiled which is tantamount to murder since there is no known cure for the virus at the moment,” says Lusaka-based epidemiologist Mwaba Kasese. A medical superintendent for sub-division four under the Lusaka District Health Management Team, Dr Kasese has undertaken a number of studies on the various aspects of child defilement since 1999. Adolescents

According to her, defilement is not restricted to an actual sexual act with a minor. It includes the involvement of dependent, developmentally immature children and adolescents in any sexual activity which they (children) do not fully comprehend and are thus unable to give informed consent. This refers to the use of a child by adults for sexual gratification through exhibitionism, pornography, verbal, touching of private parts, oral-genital contact or actual vaginal sex. Defilement, however, does not exist in isolation but is usually accompanied by force which leaves painful lacerations on the child’s private parts. If not checked on time, these may lead to long-term psycho-somatic problems like extreme fear and anxiety, nightmares and bed-wetting since a child would be too scared to get up at night, even when fully awake. For those going to school, the immediate symptom would be a sudden attention

deficit disorder while the majority just take to the streets for prostitution or resort to drugs and substance abuse. A recent global study undertaken by the Women's World Summit Foundation indicates that 95 per cent of the total number of defiled children stand high chances of becoming abusers in the future.

“ Ninety-five per cent of prostitutes and 80 per cent of substance abusers were abused as children, 80 per cent of the children who run away from homes cite abuse-related reasons and 78 per cent of the total prison population in the world were abused as little children,” states the brochure released recently by the global civic organisation. But is defilement a mere social problem with psychological effects? “ No! Not at all,” argues Ndola Central Hospital psychologist Ethel Chongo. “ Defilement cuts across the tripartite being of a person. It is a problem of the malfunctioning of the soul, spirit and body. There is no inhibition process in the people who defile young girls and boys as they relate to themselves as dynamic beings.” For such people, their inhibition (self control) is struck as a balance between the logical part of the brain and the emotional part which only desires self-fulfillment. This would call for self-examination of one's feelings against logic if one was to become rational. “ Sex-drive can be as pressurising as hunger depending on how a person lives, the priorities one sets in life and the decisions made.

People who defile children fail to cross-examine themselves against their own integrity, that of other persons, the socio-environment and consequences outlined by moral philosophy, says Ms Chongo.” This is a view

highly esteemed among the psychologists on the probable causes of child defilement. Lusaka-based consultant psychiatrist Alan Haworth cites watching pornographic movies and explicit films as a major motivation behind the spate of defilement cases. Other factors, he says, may include the use of mind-altering drugs like alcohol and failure to settle disputes amicably, say between an employer and a domestic worker which may motivate the worker to inflict pain on the employer by defiling their child. While others resort to the practice due to the absence of an appropriate partner, there are also people that are just born with a natural interest in having sex with children – psychologically referred to as paedophiles. The New Oxford Textbook of Psychiatry (Volume one) defines paedophiles as people who prefer having sex with young children than older women for reasons they may not even comprehend.

“ Paedophiles usually lead children into doing something they (children) do not fully understand such as fondling their private parts before having sex with them,” reads the book. Other paedophiles may even have steady relationships with older women or even be married but would still hold exclusive interest in children. These maybe a rare gem in Zambia but Professor Harworth says their existence in the country cannot be ruled out. They cut across all nations, religions and races. The church on the other hand feels the problem has further been compounded by the extreme lack of fear for God on the face of the earth today. They say this has given rise to a number of sorcerers and witchdoctors who are deceiving people into believing they would be cleansed of their sins and incurable diseases like

HIV/AIDS upon having sex with minors. “ Witchdoctors are wrongfully advising HIV/AIDS patients to sleep with minors in order to be cured and this is the worst form of immorality and cruelty against children,” says Ndola Bethel Church Pastor Loveness Bwalya.

Her concern is a problem that has of late gained recognition even by the World Health Organisation though there is no documented evidence on the exact places where such a belief is most esteemed. But is it medically justified or has there been any person that was HIV positive but later tested negative after defiling a minor? “ No! A person can never be cured of HIV by sleeping with a minor. It will just be another sexual act leading to further spread of the disease,” argues Dr Kasese while contending that there has not been any test conducted on the offenders because of the unfriendly Judicial system in Zambia. Even where a child has in the process tested HIV positive, efforts to link the perpetrator to the infection have always crumbled to nothing. A more precise reason why some civic organisations like the Young Women’s Christian Association (YWCA) are advocating the reformation of the laws on child sexual abuse.

“ Government should introduce stiffer punishment for defilers to deter others from committing the same offence. “ It should also re-train all judicial personnel and police if we are to combat the scourge,” YWCA youth co-ordinator Cecilia Chomba recently told a workshop held for journalists on child sexual abuse at Lusaka Hotel. Legal Affairs Minister George Kunda last month disclosed that Government had commenced the process of reforming laws on child sexual abuse to provide stiff punishment for offenders. Mr

Kunda, who is Attorney General, said his ministry was collaborating with the ministry of Youth, Sport and Child Development in coming up with suitable penalties. “ The Government has taken note of all concerns raised by various organisations on the need to stiffen penalties for child sexual abusers,” he said. Indeed, the sooner the exercise is completed, the more effective the fight against child sexual abuse will become. But do all people think so?

“ Meting stiffer punishment for offenders is not a solution but getting to provide safety for the victim and support to the affected families,” says Ms Moonga, a Lusaka housewife of Chawama township. “ I would personally not be happy to see my defiler husband jailed for 25 years when I know there would be no one to provide for my children.” And such is the controversy that is confronting the well-meant campaign against child sexual abuse.

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DEFILEMENT

It is common knowledge that almost each and every person now knows about it. Culprits are are being sentenced for it but the trend still continues.

What could be some of the causes? One of the causes for child defilement is the belief of getting cured from HIV/AIDS, a prescription which is being prescribed to the people living with the Virus by the traditional healers which is not something true. Regardless of the stiffer punishments given to them it still does not set an example to would be culprits, simply because they want to get rich, satisfy their sexual desires and so on. Monday, February 11, 2013

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Child Defilement in Times of HIV and AIDS

By Monica Gwitira, Project Officer Child Protection, UNICEF Zimbabwe

Introduction

Fr. Stephen Buckland SJ

Mrs. Dadirai Chikwekwete

Invited Guests

Ladies and Gentlemen

UNICEF is honoured by the invitation to hold this public lecture for the African Forum for Catholic Social Teachings and Arrupe College on this important topic. This invitation not only shows your interest in the issue of child abuse, but also your commitment to address it. As you all know the Southern African region is in the midst of a humanitarian crisis unlike any other. As many as 14 million people, half of them children, are at risk of starvation in six affected countries: Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe. This crisis has been aggravated by the HIV/AIDS pandemic, which in turn has reduced agricultural productivity and food security. Let us for the moment just look at Zimbabwe. Zimbabwe is currently facing what may be termed a triple crisis: •Firstly, an HIV/AIDS epidemic with an estimated HIV infection rate of 24.6% amongst the age group of 15-49 years in 2003 (MoHCW, UNAIDS, CDC, 2003);

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- Secondly, an orphan epidemic with an estimated total of 761, 000 children aged 1-14 having lost their parents due to AIDS out of a total number of 1, 018, 000 orphans. Out of the latter number of orphans, approximately 318, 000 are living as child-headed households (MoHCW, UNAIDS, CDC, 2003, Children on the Brink, 2002); and lastly •A food shortage crisis that worsens the plight of those living with, and affected by AIDS. The results are severe and deepening economic hardship, widespread destitution and increased vulnerability to food insecurity which is exacerbated by and driving the HIV/AIDS epidemic. The following statistics depict the gravity of the situation:
  - An estimated 1. 8 Million Zimbabweans are infected with HIV out of which 165, 000 are children and 870, 000 are women between 15-49 years (MoHCW, UNAIDS, CDC, 2003);
  - Life expectancy has fallen from 61 years to 39 (US Bureau of Census);
  - The expected number of orphans is likely to increase from 1, 018, 000 to 1, 330, 000 by 2005 (Children on the Brink, 2002); and
  - There are an estimated 3, 290 deaths due to AIDS each week in Zimbabwe (MoHCW, UNAIDS, CDC, 2003). Generally, the prevailing negative impact of HIV/AIDS and the poor macro-economic environment in Zimbabwe have created a child-unfriendly environment that threatens both the development and survival of children. A considerable proportion of children in Zimbabwe live in weakened families and communities, where social support is diminishing, impoverishment is increasing and access to health, education and social services is on the decline. Besides losing their parents, children are also losing those adult relatives who would have taken them into their custody, thereby leaving

them without that safety net from the extended family. International Commitments

United Nations General Assembly Special Session on HIV/AIDS (UNGASS) In an effort to set common targets that effectively respond to HIV/AIDS and alleviate its impact, the international community adopted a Declaration of Commitment at the United Nations General Assembly Special Session on HIV/AIDS, held in June 2001 in New York, USA. Zimbabwe is a signatory to the UNGASS Declaration of Commitment on HIV/AIDS. Goals 65, 66 and 67 directly target children who are orphaned and made vulnerable by HIV/AIDS:

65. By 2003, develop and by 2005 implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans, girls and boys infected and affected by HIV/AIDS, including providing appropriate counselling and psychosocial support, ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; and protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;

66. Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatisation of children orphaned and made vulnerable by HIV/AIDS;

67. Urge the international community, particularly donor countries, civil society, as well as the private sector, to complement effective national

programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions and in countries at high risk and to direct special assistance to sub-Saharan Africa. Convention on the Rights of the Child (CRC)

Zimbabwe is also a signatory to the Convention on the Rights of the Child, the most comprehensive international document pertaining to the rights of children. The Convention defines a child as any person under the age of 18, and sets out a wide range of political, civil, cultural, economic and social rights for children. The Committee on the Rights of the Child has identified the following articles as general principles that are basic to implementation of all rights contained in the CRC:

- Non-discrimination

- Best interests of the child
- Right to life, survival and development
- Respect for the views of the child

The Convention highlights the need for special care for children, including legal and other rights before and after birth and throughout childhood. It places special emphasis on the role of the family in caring for children. The Convention stresses the responsibilities of the family to provide guidance and direction to the child, and sees the responsibility of the state as supporting the family in this role, rather than usurping this role. The Convention on the Rights of the Child (CRC) came into force in September 1990. This was followed by the first World Summit for Children in the same year. The summit was the first major global action for the implementation of

the CRC. On abuse and exploitation the Convention on The Rights of Children states that:

“ The State shall protect the child from all forms of maltreatment by parents or others responsible for child care and establish appropriate social programs for the prevention of child abuse and treatment of victims” (art. 19) and “ The State shall protect children from sexual exploitation, prostitution and involvement in pornography and in particular take all appropriate national, bilateral and multilateral measures to prevent:

a] The inducement or coercion of a child to engage in any unlawful sexual activity; b] The exploitative use of children in prostitution or other unlawful sexual practices; c] The exploitative use of children in pornographic performances and material. Other relevant articles include Article 35, which says that children shall be protected from being abducted, sold, or in other ways treated as merchandise; Article 39 observes that children, who are exploited, or exposed to abuse or cruel or degrading treatment should be helped with rehabilitation. The CRC, has been ratified by every country in the world except the USA and Somalia. 2002 World Summit for Children

The UN General Assembly Special Session on Children held in May 2002 was a follow up to the 1990 World Summit for Children. Recommendations of this meeting are documented in ‘ A World Fit for Children’. Together with other world leaders, the Government of Zimbabwe (GoZ) signed this declaration, committing itself to a time-bound (2002-2010) set of specific goals for children and young people and to a basic framework for getting there. It sets

targets for 2010 to measure progress towards reaching the Millennium Development Goals by 2015.[1]

In the World Fit for Children summit, world leaders agreed to address outstanding issues and jointly create a child-friendly environment – a time of play and learning, with love and respect; a place where boys and girls can cherish moments, protect and promote their rights without discrimination; a place in which they feel safe and can grow up healthily, blessed with peace and dignity. National Commitments

An estimated 761, 000 children in Zimbabwe have lost one or both parents to HIV/AIDS. Projections suggest that by the year 2005, there will be approximately 1. 1 million children under the age of 15 who will have been orphaned. In response to this crisis, the government has endorsed the urgent need for coordinated, expanded interventions to strengthen existing work being undertaken by government ministries, non-governmental organisations (NGOs), community-based organisations (CBOs) and faith-based organisations (FBOs). The Working Party of Officials for OVC is tasked by the Cabinet-level Social Services Action Committee (SSAC) to expedite and oversee this process. Zimbabwe National Program of Action for Children (NPAC)

As signatory to the CRC, Zimbabwe pledged at the World Summit for Children to develop a National Program of Action for Children (NPAC) guided by principles established at the World Summit Declaration within a Zimbabwean context. The NPAC was developed in 1992 and aims to

consolidate and strengthen the commitment and mobilization of resources for children as an integral part of Zimbabwe's national plans and policies.

### Zimbabwe Policies and Legislation Supporting Children

Zimbabwe has two key national policies and a legal framework which support children. Legislation pertinent to children includes the Child Protection and Adoption Act; Guardianship of Minors Act; Maintenance Act and Child Abduction Act; many other statutes are also relevant to OVC, such as laws pertaining to birth, death and marriage registration; legal age of consent and majority, and inheritance. The Sexual Offences Act was enacted in 2001 and protects young people from sexual predation and punishes those who commit non-consensual sexual acts that amount to rape or sodomy. The act also provides for compulsory testing of sexual offenders to ascertain their HIV status. National policies include the National Orphan Care Policy and the National AIDS Policy, adopted in 1999. These policies were developed using a broad-based consultative approach, and reflect Zimbabwe's strengths in traditional ways of doing things, and promote collaboration between government and civil society. These policies also establish the government infrastructure to implement and coordinate services and benefits provided in the policies. It is clear that to most organizations involved in the control of HIV and AIDS that partnerships between them and community-based organizations are mutually beneficial. They enable communities to develop community coping mechanisms which are sustainable and appropriate. Defilement of children

Having looked at the current crisis facing the region and both the international and national commitments I would now like to focus our attention on the issue of defilement. Defilement of children is both new and old in that it includes traditional practices and new in that globalization, advances in technology and the HIV/AIDS pandemic are posing a different set of challenges. Globally the major causes of defilement of children include poverty, war and natural disasters, economic injustices, disputes between the rich and the poor and large scale migration and urbanization. Other factors include lack of education, disintegration of the 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 injustices towards children or to protect them from acts. Gender discrimination, gender gaps in education and information and a double standard of morality for men and women also contributes to the persistence of inequality and exploitation. Defilement of children has become one of the most common offences in the courts.

The forms of reported sexual abuse cases include:

- Youth (gang) rape e. g. at music concerts and other mass events
- Rape and indecent assault by people of position of trust like teachers and care takers (in 1988 Fay Chung the then Minister of Education indicated that 800 school teachers were convicted of theft, statutory rape and assault every year)
- Rape by family members (incest) e. g. step father, uncles, brothers
- Rape by familiar adults like gardeners, neighbours, parents friends, workmates etc.
- Rape prescribed by traditional healers for luck or to resolve problems
- Rape when



a man wants to claim a child as a bride to stake a claim Most of the information on the extent of sexual abuse is anecdotal at best. Studies undertaken indicate under reporting due to:

- Children not being able to verbalize that abuse has taken place
- Threats by offenders, especially those familiar to the victims
- Difficulties faced by children in reporting to parents

•Cultural factors involving family privacy

•Respect of adults by children

•Barriers in the police and legal systems in accepting child information

•Affected children fear reprisals or investigation like street children

•Children not being able to give adequate evidence in court

•Stigma and social problems after reporting, making people hide the problem

•Lack of time and awareness of professionals in contact with children

•Children learn to accommodate the abuse as a way of surviving the experience

Many families do not report sexual abuse to the system because they fear the unknown, they feel the system does not have an appropriate remedy for them, or the perpetrator is familiar to them and they prefer a local solution. Lastly, HIV/AIDS and defilement of children are linked in a series of very complex relationships. Many defiled children become HIV positive because they are not able to negotiate safe sex and their under developed bodies are susceptible to tearing and damage. But HIV/AIDS is also a factor in the exploitation of children. A decrease in the number of adult prostitutes because of AIDS related deaths has also led to a decrease in the age at which girls enter prostitution. Finally AIDS orphans are amongst the most

vulnerable child populations and that it is justifiable to state that the same children may find themselves in the sex trade. Consequences of abuse

As you may know, the long term consequences of child abuse are many for both the State and the victim. For the victim studies have linked visual and hearing deficits, emotional disturbances and low self esteem, aggressive tendencies and other psychological disorders- Not forgetting mental, physical and health care. There will be need for more financial resources to meet the law enforcement and judicial administration of cases. Steps taken

Children below 14 years of age offer a “ window of hope” to stop the spread of HIV/AIDS. Many of them are still not infected and with proper awareness about preventing disease and behaviour change linked to this awareness, they have a better chance of protecting their own lives and other people. School is the place where children can acquire new knowledge and life skills, and change their own behavior to prevent them from getting affected by HIV/AIDS or being exploited and abused. Keeping children in school, especially during emergencies and crises:

- allows children to be safe from exploitation and abuse;

- allows them access to a range of basic services (such as clean drinking water, personal hygiene and sanitation); and
- allows them to continue to acquire knowledge and skills that will help them escape from the spiral of poverty and HIV/AIDS, and become the future productive workforce for their country. As mentioned at the beginning of my lecture more than 14 million people are tremendously at risk, not just of hunger and deprivation, but of

intergenerational impoverishment. The Southern Africa crisis is complex and chronic and requires a comprehensive response that must focus both on reducing vulnerability and on building communities' capacities to respond to future threats. The six affected countries are addressing the crisis by focusing on a set of key interventions that aim to ensure maximum and fastest impact among the most needy:

**Child-headed households:** Identifying child-headed households (CHHs) and ensuring that orphans and members of CHHs are linked to all other interventions.

**HIV/AIDS:** Expanding HIV/AIDS awareness and education program; accelerated training of school teachers and relevant government and community leaders in HIV/AIDS and prevention of sexual exploitation; prioritizing vulnerable children in distribution programs; developing nutritional guidelines for children and adults living and working with HIV/AIDS.

**Education:** Strengthening mechanisms for school attendance; providing teaching and learning materials to avoid schools becoming just feeding centers; cooperating on school feeding and providing multi-vitamins, school supplies, water and sanitation; developing gardens that are an important source of food; advocating for free primary education; working with governments to address the issue of school fees for orphans and child-headed households.

**Nutrition:** Meeting the food deficits in these countries and preventing deaths from starvation and hunger; conducting national surveys on nutrition in all countries training community health workers on how to perform supplementary and therapeutic feeding to malnourished children; providing supplementary and therapeutic feeding supplies for under-fives.

**Health:** Providing measles immunization as the disease is especially fatal in malnourished children; providing Vitamin A supplements to boost the immune system and reduce the risk of diarrhea; de-worming children in schools so they can utilize whatever food and nutrition is available to them; monitoring disease; control of communicable diseases.

**Water and Sanitation:** Providing safe water; promoting hygiene; providing sanitation facilities, especially at schools; ensuring that adequate quantities of oral rehydration salts are available in areas most prone to Cholera outbreaks, which have been on the increase in five of the six countries; preparing health awareness campaigns and putting in place contingency plans for Cholera outbreaks.

**Protection:** to combat the sexual exploitation of children reaching government officials, non-governmental organizations, UN agencies, security forces and transport associations, promoting awareness of rights and entitlements among the vulnerable; monitoring trends in hazardous child labor and sexual exploitation.

**Information Management:** Supporting and actively participating in surveillance and monitoring systems to monitor the nutritional status, school

drop-out rates and the use of humanitarian assistance. In addition, while not a simple undertaking it is important that awareness campaigns link HIV/AIDS and child defilement. Information campaigns linking HIV/AIDS and defilement need to focus on prevention and protection of the children both in terms of supporting them medically and giving them psycho social support for their rehabilitation and reintegration into the fabric of society and this needs a multi dimensional multi disciplinary interventions. UNICEF's activities

To implement some of the efforts cited above, I need to mention three initiatives taken by UNICEF and its partners in the last year:

The Zero Tolerance Campaign Against Child Abuse which started in August 2002. This is part of UNICEF's holistic response to the increased incidences of child abuse during the humanitarian crisis as perpetrated by both humanitarian workers and communities. UNICEF, in collaboration with WFP and its implementing partners specifically supported community and other stakeholders' sensitization on prevention of child abuse and sexual exploitation during food distribution.

Support was also provided to Child Protection Society to complement these efforts by extending training of communities. This initiative by CPS cascaded to district levels by the Ministry of Education through the school system. Several professionals in the country have benefited from this training, including journalists, magistrates, prosecutors and child mediators. The Children's Parliament is also involved.

The establishment of the Child Protection Working Group in mid 2002. The aim is to ensure a coherent and co-ordinated response among the different stakeholders on child protection issues, including activities related to Zero Tolerance Campaign. The CPWG meets once a month and consists of representatives from the City of Harare, Government Ministries, NGOs, FBOs, UN agencies and donors. UNICEF wishes to commend the work of this working group.

The National Plan of Action for OVC. The NPA for OVC seeks to ensure that OVC are able to access education, food and health services, birth registration and are protected from abuse and exploitation through coordinated efforts by government and civil society. The goal is to develop a national institutional capacity to identify all orphans and other vulnerable children and to have reached out with service provision to at least 25% of OVC by December 2005 (this goal is based on the Declaration of Commitment on HIV/AIDS of the UN General Assembly Special Session on HIV/AIDS mentioned earlier). The earlier mentioned legislation, policies and programmes are steps in the right direction and we definitely need to continue with those. But, while the international community has responded positively with funding for food aid and other programmes, challenges still remain with the country requiring more resources, accurate monitoring and evaluation, effective co-ordination and strategic dialogue on policy reforms. Future programming for protection need to focus on the following:

- Strengthening coping capacity of families and communities
- Providing basic

social services especially for orphans and other vulnerable children

- Broadening participation in decision making
- Allocating resources equitably; and
- Breaking the cycle of poverty and AIDS.

More specifically, the relationship between the current humanitarian crisis, particularly drought and food production; poverty, HIV/AIDS and orphaning and child protection generally needs to be analyzed. Short term and immediate action that directly touch the lives of orphans and vulnerable children must be undertaken in tandem with broader poverty alleviation programmes. Perhaps one of the areas we should urgently look into is to ensure that our programming for protection of orphans and other vulnerable children also extend to parents who are infected with HIV, and especially mothers, to ensure that they are kept alive as long as possible, thus not only delaying orphaning, but also enhancing child survival, development, growth and care. Concluding remarks

As I wind up this key note address, there is one thing that we should not forget, and that was successfully applied during the “ Zero Tolerance Campaign” and the “ Children at the Centre” Conference: That is to involve children as much as possible in a meaningful way. Let us remember that ALL CHILDREN have a right to participate in matters affecting them as is stipulated in the Convention on the Rights of the Child and by denying them this right, we could miss crucial information and insight. Children have a right to a voice- to have their thoughts, feelings, hopes and dreams taken seriously and respected. Therefore, we should move away from talking about

planning for children, and move towards listening to and talking about planning, implementing, monitoring and evaluating with children. And as we probably know already, children are their own best advocates.

UNICEF is a member of the United Nations family and a very important member, because we deal with the very generation that will gradually takeover the leadership of the world. Nothing in development can be more important and more rewarding. But with the enormous amount of challenges that confront it today that generation may be ill prepared to take over the world. Moreover, many among them may never live to see that world unless their rights are protected and promoted today. And for those who will live, their quality of life will very much depend on the protection work we are doing together as partners. The challenge is too big to be tackled by one organisation. Therefore I call on you to also take your responsibility, as parents, as relatives, as community members as Christians to care and protect children. Only if we all take our responsibility can we make this world a better place for our children. Notes

[1] At the Millennium Summit of September 2000, Zimbabwe was among 189 Heads of State and Governments that agreed to the Millennium Declaration, which establishes common development goals, including universal primary education for all girls and boys; eradication of extreme hunger and poverty; and halting and beginning to reverse the spread of HIV/AIDS.



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Growing child defilement a stain on entire society

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Updated Monday, November 19 2012 at 00: 00 GMT+3

Today we run a Special Report in a section of this newspaper on a worrying assault on children right across the country. The crime of defilement, sodomy, incest and rape appears to have no religious, ethnic or racial profile. That is what makes it so deadly and harder still to track and even better, prevent. The town names run down easily such as Nairobi, Kilifi, Embu, Machakos, Laikipia, Nyeri, Taita Taveta, Kakamega, Gucha, Naivasha, Baringo, Kiambu, Mlolongo, Kitale, Kehancha, Tharaka, ad nauseum. One would think we were about to write a commentary on the upcoming devolution of governance to county level, but, alas, it is an indictment on an entire nation, abomination in any religious shade or creed and shadow on the very soul of a society that loudly proclaims its “ religiousness” like a veritable chip on the shoulder. Defilement of children below the age of majority has seen a sharp rise in recent years. In places such as the North Rift, a recent meeting of the Task Force on the Implementation of Sexual Offences Act for instance rated Trans Nzoia County as the leading in Gender-Based Violence in the country.

Kitale Police Station alone registered 35 cases of rape and defilement in May, June and July alone. In the same period, and every year, media reports cases of pre-teenage national exam candidates going into labour and delivering babies, forcing them to sit/write their remaining papers from their hospital

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beds. But that is not the tragedy. Of concern, according to local rights organisations is that majority cases of gender violence are not reported. Defilement is rampant among schoolgoing children and those responsible are people close to the children such as fathers, uncles and neighbours. Estimates show that one out every three female children are sexually violated, but up to 90 per cent of them suffer in silence for fear of “shaming the family”. The ones who report often do so after being abused severally while half of the reported cases are dropped due to lack of evidence or parents being silenced with ‘gifts’. Reasons for the spike in cases of defilement range from nail-biting poverty that has left many families living in cramped, ill-equipped hovels. Also, a growing number of boda boda riders are blamed for enticing children with cheap treats and the promise of a steady stream of gifts in exchange for destroying their futures. Conspiracy of silence

Some adults infected with the Aids-causing virus have long been known to lure children into illicit sexual relations on the mistaken notion that they would be instantly cured. Other reasons range from the break-up of traditional extended family support structures, the rise and rise of the single parent home, obsession with the rat race that has seen guardians staying away from vulnerable children for extended periods leaving them at the mercy and wiles of depraved adults. Also, the stigma associated with the shame of sexual crimes against children has led victims into agreeing to kangaroo court justice where their silence is bought off and greedy “elders” make merry with some of these pay-offs on the pretext of keeping traditional

values alive. A recent trend, especially at the coast is that of is the marrying off of pre-teen girls in exchange for bride price, active hawking of children to older, rich clients feeding off the thriving sex tourism industry and human/child trafficking syndicates moving them to urban centers on the pretext of getting them jobs, but instead literally sell them off to feed a steadily growing paedophile industry. My Opera

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Child Defilement

Monday, August 13, 2007 10: 14: 23 AM

“ A child is anyone below the age of 16 and in some parts below 18”

Defilement is 2 make something dirty or to treat something wholly with di\$respect. To many the concept of difilement is rather repulsive & far-fetched but it happens. In most cases people think that only males defile females but in truth women defile boys. Whether we would like 2 admit or not dèfilement cases are on the increase..

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The contributing factors include; first of all many African native doctors claim that witchcraft is the cause of HIV/Aids and as a result most infected people who seek cures from them end up being told that by sleeping with minors they will get cured. In desperation cure seekers go out and bed innocent children. Sometimes children's selection of clothes foster these inhuman acts that is 2 say tight •StumbleUpon