

Caregivers' Experiences of Discussing Body Safety and Child Sexual Violence Prevention Messages with Their Children Living with HIV

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Abstract

Zoë-life, a South African organisation that focuses on bringing wholeness to children, youths and families, designed and distributed a pamphlet titled “Teaching Children Body Safety”. This pamphlet helps parents and primary caregivers to teach their children about body safety and the prevention of sexual violence. In the current study, we sought to explore parents and primary caregivers’ experiences of discussing body safety and sexual violence prevention messages with their children living with HIV in South Africa. In the study, which was conducted in Durban among a Black African population in a township setting, we adopted a qualitative approach. The data were collected using the focus group method. Two focus groups were conducted with 24 purposively selected female parents and primary caregivers who had received the pamphlet during the COVID-19 lockdown period. The data were then analysed using Ritchie and Spencer’s analysis framework. All the standard ethical protocols were observed, including anonymity, confidentiality, informed consent, and voluntary participation. The findings highlighted the challenges encountered by parents and primary caregivers when teaching children about body safety and the prevention of sexual violence. The challenges include limited opportunities to promote privacy and prompts regarding talking to

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children, such as the cultural norms preventing adults from talking to children about genitalia using their actual names; little knowledge about the appropriate words, language and approaches to use when engaging children in discussions on body safety; and the fear of traumatising children. We recommend using the “Teaching Children Body Safety” pamphlet as a low-cost intervention to mitigate child sexual violence.

Keywords: COVID-19; KidzAlive; child sexual violence; child sexual abuse; body safety pamphlet

Introduction

Child sexual violence (CSV) denotes sexual contact between a child (an individual aged below 18 years) and a person who is at least five years older than the child (Murray, Nguyen, and Cohen 2014). The umbrella phrase, “sexual violence” encompasses sexual and non-sexual acts (Schnittker 2022). CSV encompasses non-physical acts that exclude the actual sexual contact, physical compulsion or threat. However, CSV is frequently perpetrated using flattery, bribes, loyalty, and status authority, or the falsification of social norms (American Psychological Association 2001). At times, the victim may be unaware of their own victimisation or that sexual violence has been perpetrated against them. These forms of CSV constitute serious crimes and have detrimental effects on the victimised child’s growth, health and well-being.

The dominant characteristics of any abuse are embedded in the skewed power dynamics, with the adult occupying a privileged position that allows them to coerce the child into engaging in a sexual activity (American Psychological Association 2001). CSV may include groping a child’s genitals, masturbation, oral–genital contact, digital penetration, and vaginal and anal intercourse (Kenny and Wurtele 2013). However, CSV is not restricted to physical contact; rather, such abuse often includes non-contact abuse such as exposure, voyeurism and child pornography (Kenny and Wurtele 2013). Violence against children is a silent pandemic, with limited awareness of its definition, scope, scale and consequences or little understanding of the potential solutions to curb it (Mendelson and Letourneau 2015). Knowledge about body safety is critical, and children who are not knowledgeable about CSV are at an elevated risk of being abused, and they may fail to report the abuse.

Parents and primary caregivers (PPCs) have the ultimate responsibility of protecting their children from sexual violence (Kurtça 2022). However, several studies have suggested that PPCs found it difficult to discuss sexual abuse matters with their children, family, and community members owing to embarrassment, denial by the community, social stigma, and a communication gap between parents and children (Mendelson and Letourneau 2015; Murray, Nguyen, and Cohen 2014; Rudolph et al. 2018). For most South African communities, the reluctance to broach the subject has resulted in widespread underreporting, particularly in disadvantaged contexts where poverty has

remained a severe societal concern (Childline Gauteng 2020; Murray, Nguyen, and Cohen 2014).

In this study, we aimed to explore the experiences of PPCs in using the KidzAlive “Teaching Children Body Safety” pamphlet. In the study, we sought in particular to explore PPCs’ experiences of using the “Teaching Children Body Safety” pamphlet when discussing body safety and sexual violence prevention messages with their children living with HIV (CLWHIV). In doing so, we further sought to identify the challenges associated with discussing body safety and sexual violence with CLWHIV. We evaluated the effectiveness of the “Teaching Children Body Safety” pamphlet in facilitating conversations about enhancing body safety and preventing CSV.

Child Sexual Violence in the Context of COVID-19

The COVID-19 pandemic exacerbated the risk of interfamilial and online CSV (Ramaswamy and Seshadri 2020; Tener et al. 2021; Villegas et al. 2021). The closure of schools due to the scourge of COVID-19 resulted in control measures such as national lockdown being implemented, thus creating opportunities for CSV as children lived in isolation and the confinement of the home setup, often with the perpetrators of CSV (Gaggar 2020; Ramaswamy and Seshadri 2020; Tener et al. 2021). South Africa recorded a 61.6 per cent increase in CSV disclosures during the COVID-19 lockdown period compared to the previous year, with emotional abuse being the most frequent one, followed by physical and sexual abuse (Childline Gauteng 2020). It is therefore important to examine the stakeholders’ response to CSV during the COVID-19 crisis to prevent its dire consequences on children’s future.

While most intervention measures have focused on prevention and control of the transmission of coronavirus 2 or SARS-CoV-2, which causes COVID-19, generally very few resources or interventions have been dedicated to the protection of children from sexual violence in South Africa (Kenny and Wurtele 2013). During the COVID-19 pandemic, the focus has mostly been on gender-based violence (GBV) (Mlamla, Dlamini, and Shumba 2021), with limited interventions focusing directly on addressing CSV (Kenny and Wurtele 2013). A South African organisation called Lifeline reported that nationwide cases of GBV rose by 500 per cent during the national lockdown, which started on 26 March 2020 and ended on 20 May 2020 (Metsing 2020; Mlamla, Dlamini, and Shumba 2021).

Data on the incidence and prevalence of CSV are insufficiently reflective of the magnitude of the problem owing to gross underreporting (Sumner et al. 2015). A study found that the few reported cases of CSV were only the tip of the iceberg, as most of them were not reported to authorities, often kept “below the surface” of the “iceberg” (Chandran, Bhargava, and Kishor 2018).

CSV has pernicious, lifelong effects that impinge on the child's development and health. These effects include increased risks of injury, contracting sexually transmitted infections including HIV, experiencing maternal and child-health problems (including teen pregnancy, pregnancy-related complications, and fetal death), involvement in sex trafficking, and many chronic diseases that constitute the leading causes of death, such as cancer, diabetes, heart disease and suicide (Cluver et al. 2015).

CSV remains a serious social and health issue owing to the intricate interplay of individual, familial and social factors (Chandran, Bhargava, and Kishor 2018; Devaney and Spratt 2009). For example, some of the reasons accounting for children's non-disclosure of sexual violence include blackmail and threats meant to silence them, thus preventing them from disclosing their ordeal. Often, this is coupled with the complex nature of paternal African societies, which perpetuates the misconception that children lie about or exaggerate their abuse, the fear of punishment, and parental scepticism (Chandran, Bhargava, and Kishor 2018). Resultantly, most perpetrators of CSV evade prosecution after abused children have withdrawn their statements because of the fear and confusion caused by sceptical PPCs (Chandran, Bhargava, and Kishor 2018).

Research has demonstrated that exposure to sexual assault during adolescence increases the chance of contracting HIV and numerous adverse developmental consequences, including an increased risk of poor mental health and substance dependence (Langwenya et al. 2022). It is against this background that the "Teaching Children Body Safety" pamphlet was considered an important intervention. An estimated 30 per cent of the homes in Umlazi are informal settlements (tin and wooden shacks) and it has the highest HIV prevalence in South Africa (Hlongwa, Tlou, and Hlongwana 2021).

"Teaching Children Body Safety": An Intervention

To reduce the incidence of CSV in South Africa, particularly during the COVID-19 crisis, Zoë-life, a South African non-governmental organisation (NGO), created the "Teaching Children Body Safety" pamphlet (www.kidzalive.ac.za). Its goal was to provide PPCs of CLWHIV the requisite information and pointers to promote CSV prevention messages. The high prevalence of CSV and its negative health implications have necessitated the need to adopt effective prevention (Rudolph and Zimmer-Gembeck 2018). Against this backdrop, the pamphlet was preferred to other modes of communication, given that it was not only cost-effective, which made it ideal for resource-constrained settings, but also illustrative, combining words with images to vividly convey messages. The use of pamphlets in health education is considered effective because of advantages such as "summarizing content, fast replication, simple design, reusability, and multi-threading ability" (Ramezaninia et al. 2018, 6).

The pamphlet is a part of Zoë-life's drive to empower PPCs of CLWHIV with the tools to model and reinforce protective behaviours, promote resilience, and reduce the incidence of CSV. Furthermore, the pamphlet is an intervention that was designed after

a thorough review of extant literature on CSV. In South Africa, there are no optimal reporting systems for abused children (Rasool 2022). Research-based evidence further demonstrates that many children hardly disclose their sexual abuse and suffer the after-effects of adverse childhood experiences, including child sexual abuse, which have been described in literature as potentially traumatic events occurring in childhood (0–17 years) (Cluver et al. 2015; Manyema and Richter 2019). Zoë-life seeks to prevent CSV, promote body safety, and raise awareness of sexual abuse using interventions that are tailor-made to suit resource-constrained settings, thereby giving children a chance to thrive upon reaching adulthood.

Components of the Pamphlet

The “Teaching Children Body Safety” pamphlet comprises the following four main components:

- The “hand of safety”;
- “Feeling faces”;
- “The human body”; and
- “CSV reporting systems”.

The first component represents a network of individuals that children can trust and confide in, thereby creating opportunities for reporting CSV incidences. The second one, “Feeling faces”, constitutes a tool for observing if the child is “telling a story through behaviour and emotions”. Third, “The human body” teaches children about their body parts from an early age and the importance of naming body parts, reiterating the need to take ownership of their bodies. The fourth component helps PPCs to report CSV cases to the relevant authorities.

Although anecdotal feedback from the beneficiaries of the “Teaching Children Body Safety” pamphlet has proved to be positive, no formal evaluation has been conducted. Zoë-life therefore recognised the need to develop formal evidence on the impact of the body safety resource and the ways in which PPCs went about sharing its content or advice with their children and families. The findings of this study will enhance the current prevention agenda against GBV and sexual violence perpetrated against women and children. The pamphlet will also provide the Government of South Africa and other stakeholders with a low-cost intervention for dealing with one of society’s most pertinent issues. Illustrations from the “Teaching Children Body Safety” pamphlet are shown in Figure 1.



Figure 1: “Teaching Children Body Safety” pamphlet
 Source: <https://www.kidzalive.co.za>

Methods

Approach

In this study, we adopted an inductive qualitative approach in exploring the experiences of PPCs in using the KidzAlive “Teaching Children Body Safety” pamphlet during the COVID-19 pandemic.

Setting

The study was conducted in Umlazi, 17 kilometres south-west of the Durban Metropolitan in South Africa. Umlazi is a Black African residential area. It has the highest HIV prevalence in South Africa (Hlongwa, Tlou, and Hlongwana 2021).

Sampling

The participants were drawn from Siza, a member of a consortium of community-based organisations (CBOs) implementing a health promotion project called KidzAlive@Home in partnership with Zoë-life. Siza received copies of the pamphlet from Zoë-life and distributed them to their beneficiaries in households with CLWHIV. The participants were purposively sampled (Carter and Little 2007) based on the criterion that they were using the pamphlet to educate the children they were caring for.

Recruitment of Participants

The researchers were aided by the Siza CBO to identify the beneficiaries of the pamphlet. The recipients of these pamphlets were already working with the Siza CBO in the provision of HIV treatment, care and support to CLWHIV. The researchers selected the first 24 participants who indicated their willingness to participate in the study through a WhatsApp group for PPCs of CLWHIV under Siza. Coincidentally, all the participants were female, perhaps because they dominate care work (Martínez-Santos et al. 2021).

Data Collection

The data were collected using focus group discussions (FGDs). Two FGDs were conducted with 24 PPCs of CLWHIV. Each focus group comprised 12 participants. Both FGDs were conducted in isiZulu, and were facilitated by experienced moderators (the first and last author of this article) with expertise in qualitative research. The moderators facilitated the discussions, observed non-verbal cues and took field notes. The participants had varying levels of education, hence isiZulu, the locally spoken language, constituted the best choice to allow all the participants to engage without experiencing language limitations. The moderator reread the pamphlet, thus marking the beginning of the FGD.

Each participant was given a copy of the pamphlet to refresh their memory. In the second part of the FGDs, the moderators read the pamphlet to the group. Thereafter, the

participants were asked questions regarding their perception of the pamphlet, their understanding of its contents, their perceptions of the importance of its contents and its utility during the COVID-19 period, how they had used the contents therein, and the challenges they encountered. Data saturation was reached after the second FGD, because no additional information was forthcoming. Both FGDs were audio-recorded with the consent of the participants. The FGDs lasted between 90 and 120 minutes.

Data Analysis

The researchers thematically analysed the data as described by Ritchie and Spencer¹ (1994). We coded the data and generated two themes, each with relevant subthemes. To harmonise the analysis and mitigate researcher bias, it was critical for the researchers to ensure inter-coder reliability, thus all the themes were also revised, and consensus was established after extensive discussions had been conducted (Nyambuya et al. 2021).

Ethical Considerations

Ethical clearance was obtained from the Biomedical Research Ethics Committee (approval: BE 298/18) of the University of KwaZulu-Natal and the Directorate for Health Research and Knowledge Management (KZ_201809_011). The Siza Community Centre provided gatekeeper permission. To ensure that participation was informed and voluntary, the researchers orally furnished the participants with the objectives of the study and the procedures to be followed in observing ethics in practice. The participants signed an informed consent form to ensure that participation was voluntary and that they could withdraw from the study without being concerned about experiencing negative consequences. The topic was considered sensitive, therefore the FGDs were held at the Siza offices, which enhanced privacy and confidentiality. Using an office designated for FGDs minimised interruptions. All the COVID-19 protocols were observed. Counselling services were organised for those participants who may have required them. No participants requested counselling, perhaps because the study was a low-risk one.

Findings

This section presents the findings that emanated from the analysis of the focus group data. It is through the participants' experiences that two major themes and several subthemes were generated and these are captured in Table 1.

1 (a) Familiarisation with data, (b) identifying a thematic framework, (c) indexing, (d) charting, and (e) mapping and interpretation.

Table 1: Emergent themes

Theme	Subtheme
Experiences of using the “Teaching Children Body Safety” pamphlet	(i) Child–PPC interactions on body safety and sexual violence
	(ii) Child-friendly terminologies and approaches to enhance communication with children
	(iii) Creating a safety system for children using the “Teaching Children Body Safety” pamphlet intervention
Challenges faced by PPCs when teaching children body safety	(i) Privacy and opportunities to discuss body safety and sexual violence with children
	(ii) Cultural barriers inhibiting conversations with children
	(iii) Lack of knowledge about the appropriate language and approaches to discussing body safety and sexual violence with children
	(iv) Fear of traumatising the child

Theme 1: Experiences of Using the “Teaching Children Body Safety” Pamphlet

The findings indicated that PPCs had various experiences of using the KidzAlive “Teaching Children Body Safety” pamphlet. Given the period when this pamphlet was distributed, children found ways of interacting with their PPCs, which helped to increase their knowledge about CSV, body safety, and developing self-protective skills. The subthemes below are reflective of the importance of parental involvement in CSV interventions.

Child–PPC Interactions on Body Safety and Sexual Violence

It was observed that the “Teaching Children Body Safety” pamphlet as a child sexual prevention intervention tool enabled children to differentiate between touches that constitute abuse and those that do not amount to sexual violence. Importantly, the strategy helped to improve safety skills and how this knowledge can be applied in practical terms.

I realised that the pamphlet is useful in that; my child learnt a lot about sexual violence and the types of touching suggestive or otherwise. (FGD 2)

The findings suggest that children developed ways of interacting with their PPCs, which was previously not the case. Some participants indicated that children were not open to talk about body safety and the pamphlet created a platform to discuss more about the subject with their PPCs.

Before we were introduced to this pamphlet, my child never talked to me about sexual violence, but the introduction of the pamphlet has significantly helped by creating a platform for open discussion with my child. (FGD 1)

The findings further indicate that PPCs also learnt from the interactions they had with their children. Some participants explained how the pamphlet helped to increase their knowledge about CSV.

I didn't know that my daughter was previously abused. The pamphlet helped her to divulge something that had happened to her that involved some trusted family members. This has helped me in being more cautious around my daughter. (FGD 2)

My child opened up about something that shocked me to date, but I am glad because without this pamphlet, I wouldn't have known of this predicament. (FGD 1)

Child-Friendly Terminologies and Approaches to Enhance Communication with Children

During the FGDs, the participants indicated that the pamphlet helped them to identify words and phrases that they could use to initiate conversations with their children regarding CSV as a topic.

The word 'sex' was too heavy before we were introduced to the pamphlet. This intervention was helpful in introducing and promoting child-friendly terminologies around the subject of CSV. (FGD 1)

The findings also suggested that the pamphlet enabled PPCs to be at ease when discussing issues to do with CSV with their children. This helped to create a PPC-child friendly environment where an exchange of ideas was made to resonate with the times.

Previously, I could not utter a word about 'sex' or abuse to my child for the fear of what they would think about me as a parent. The pamphlet helped by making it easy to talk about 'this sacred topic' and now I am at ease talking to my child about anything related to sex. (FGD 2)

Creating a Safety System for Children Using the "Teaching Children Body Safety" Pamphlet

The findings demonstrated that the hand-of-safety component of the pamphlet was an innovative approach to exploring CSV as a phenomenon. Most participants indicated that the pamphlet aided in tackling issues related to CSV that were hardly talked about previously. The following was noted:

The pamphlet was immensely helpful because as a family, we were able to discuss these issues, which were previously considered taboo because of our cultural mores, but we are now able to share ideas and discuss sexual issues openly. (FGD 1)

The findings indicated that the pamphlet provided a safe environment for children to converse about their experiences with their PPCs. Use of the pamphlet was considered an alternative way to communicate, especially for children who were previously open to either their teachers or their friends at school. The COVID-19 pandemic, therefore, prompted an exchange of ideas between parents and their children.

I want to thank Zoë-life for this pamphlet because my child indicated that they were previously scared to talk to me their mother. The pamphlet provided an important ground for communication about issues deeply entrenched in their status and vulnerability as CLWHIV. (FGD 2)

Theme 2 : Challenges Faced by PPCs when Teaching Children Body Safety

It emerged that PPCs faced various challenges when teaching children about body safety. They indicated that a lack of privacy and opportunities to interact with their children was the major problem coupled with cultural barriers inhibiting discussions on sex, sexuality and issues related to the body between children and adults. The subthemes below are reflective of the challenges faced by PPCs in this study.

Privacy and Opportunities to Discuss Body Safety and Sexual Violence with Children

The participants stated that they had insufficient privacy to address body safety issues with their children during the lockdown period. Privacy was a major problem since parents thought that they needed to safeguard their children by speaking to them privately in case the perpetrator would be present. One participant said:

I live in a shack with my child and extended family members. This makes it difficult to engage in a meaningful or private conversation with my child. (FGD 1)

Several participants reportedly noted that, during the lockdown period, the best approach to discuss problems of bodily safety and sexual violence was to ask their children questions, listen to their children's views, and share stories with the entire family. One caregiver reported that she initiated a conversation in the household through a made-up narrative featuring a sexual violence victim, which sparked a family discussion. She said:

We had a conversation that resulted in the family developing a home-safety plan to safeguard our children from sexual violence. (FGD 1)

The findings indicated that parental conversations were important in families as they stimulated the child to open up and learn more about body safety and sexual violence. A participant said:

A home safety plan is important in families. This creates a platform to discuss and learn from adults and adults learning from children. (FGD 2)

Cultural Barriers Inhibiting Conversations with Children

There was a comprehensive discussion on ways of addressing bodily parts with children. The pamphlet encourages PPCs to teach their children the proper names for their private or sexual parts. Most of the PPCs thought it was culturally improper and taboo to discuss sexual matters with their children. They said that naming sexual bodily parts with their children was improper because their culture forbade it and it might jeopardise the PPC–child relationship, thus limiting children’s boundaries. One participant reported:

Our culture prohibits referring to genitals using their actual names because it is considered vulgar, particularly for children. If my child blurts out those obscene words in front of respected family members, I will be blamed for failing to teach them to avoid using such words. (FGD 1)

The participants explained that they would rather euphemistically refer to sexual organs, as it is socially acceptable in the Zulu culture and it helps to maintain their dignity. For example, one would refer to the vagina as a “cake”. An interesting disclosure by one parent stirred up the conversation, citing concerns after a personal experience involving her child who had tried to disclose to them that a family member had groped her vagina. The participant said:

My daughter reported that an uncle had touched her “cake”. Her narrative was initially confusing since the children had eaten some cake earlier that day. It took us time and effort to understand her concern that a family member had touched her vagina. (FGD 2)

The narrative cited above demonstrates that using erroneous or unusual terminology may be a barrier, preventing children from successfully disclosing sexual violence perpetrated against them.

It also emerged that the generational gap existing between children and their parents or PCGs was a major barrier to discussions on body safety and CSV. Apt to note is that most of the PCGs who participated in the study were elderly grandmothers of children with strong cultural opinions of what is considered taboo to be discussed with children, young boys in particular. A participant reported the following:

There are two things here; when it comes to discussing body safety issues, the first issue is age. It is difficult to talk about privates parts with a young boy. It seems you are actually introducing or inviting him to know more than what is expected. Secondly, it is easier for male adults to talk to boys about these topics. Similarly, grandmothers can easily talk to girls about such matters. (FGD 2)

However, it emerged that communication between the younger parents or PCGs and their children was easier than that between older parents or PCGs and their children. A participant said:

I would rather teach my child than allow her to be caught unprepared if she faces an uncomfortable or dangerous situation, as she may not know what to do or say with regard to what may have happened to them. I teach her because I don't want to regret in future. (FGD 2)

Another participant stated that the pamphlet was a welcome innovation because cases of CSV are being underreported, or children are unaware that some of the things that are happening to them may be abusive. The participant added:

It is important to build relationships with children so that they do not feel embarrassed or afraid to report when something has gone wrong. Parents should encourage their children to disclose and report any suspicious actions. (FGD 2)

The participants in another FGD complained that the children's vulnerability to CSV is aggravated by inadequate parenting skills. They blamed PPCs for failing to foster open and trustful interactions with their children. A participant said:

We still need to acquire more parenting skills. Our children are too afraid of us. They fear being punished for wrongdoing, which may contribute to their reluctance to disclose abuse to us. (FGD 1)

Lack of Knowledge about the Appropriate Language and Approaches to Discussing Body Safety and Sexual Violence with Children

Owing to a lack of knowledge about the right words and phrases to use and the right attitude to exhibit when talking to children in their care, most PPCs lacked the confidence to discuss concerns about body safety and sexual violence. A participant reported the following:

I was at a loss of words to explain body safety issues to my child. Basically, I lacked understanding because my parents and teachers hardly taught me this information when I was a child. Hence, I feared 'corrupting' my child or traumatising them, thus making them wary of people. (FGD 2)

In another FGD, a participant mentioned that she was relieved after the Zoë-life team provided her with the words and a strategy to bring up the subject with her child. She said:

I used storytelling to teach my five-year old son about body safety and the difference between safe and harmful touches. This method helped me to choose the appropriate words when talking about body safety issues. (FGD 2)

Other PPCs indicated that they instilled body protection awareness in their children through games, songs and rhymes.

However, some PPCs reported that they still required additional information or training on communication and parenting skills to nurture trustworthy relationships with their

children. They reiterated the need to open several communication channels particularly regarding topics that are traditionally considered difficult and embarrassing.

Concerns were raised that PPCs were unaware of the strategies to report CSV. Some of them claimed that such matters were reported and handled within families, without the involvement of child-protection authorities. One participant argued that this explains why CSV continues to be a silent epidemic in South Africa:

I believe that underreporting the sexual violation of children explains why the problem remains a silent epidemic in South Africa. We must launch a battle against the epidemic through collaborative efforts involving all the stakeholders on the prevention agenda. (FGD 1)

Fear of Traumatizing the Child

Another important finding relates to children's developmental maturity. The PPCs were concerned about their children not being mature enough to understand some important cultural mores.

I am especially concerned because my six-year-old son frequently refers to bodily or sexual parts using their exact names in the presence of respectable family members, which unwittingly portrays me as an uncultured parent raising bad-mannered children. (FGD 1)

Another intriguing problem arose from the unanticipated consequences of alerting children that the perpetrators of CSV may be known and trusted individuals or even family members. One participant said:

Some parents believe that warning or sensitising children about this issue would instil dread, worry, and bewilderment with regard to being touched by adults; this also relates to mistrusting those who are supposed to protect them. (FGD 2)

However, most participants, about two-thirds of the study sample, expressed their enthusiasm towards other aspects of the pamphlet, particularly the "hand of safety" component, which the participants applauded for being an important child-protection tool. They highlighted that the "hand of safety" may serve as a bastion even during their absence. A participant noted the following:

Establishing the 'hand of safety' was calming and instructive because it affords children the opportunity to comprehend their circle of trust, which is an important support structure in fostering child-safe environments. However, it may also cause unnecessary worries. (FGD 2)

However, the participants stated that as carers of a vulnerable group comprising CLWHIV, the benefits of teaching children body safety and sensitising them about the subject exceeded the disadvantages thereof. They also emphasised that parents must be

tactful when discussing sexual issues with children as this may trigger anxiety in the children, thus traumatising them.

Discussion

The “Teaching Children Body Safety” pamphlet proved effective in accomplishing its goal, which was to boost the capacity and confidence of PPCs to convey CSV prevention messages to the children in their care. The pamphlet empowered adults to train children to recognise, avoid and disclose abuse, which was not the case before the distribution of the pamphlet. Similarly, Kurtça (2022) found that parents demonstrated limited knowledge about the subject, which made parental education on CSV imperative. The intervention successfully demonstrated the importance of PPCs in preventing CSV (Katz and Field 2020).

Further, as an intervention, the “Teaching Children Body Safety” pamphlet was a child-centred CSV prevention initiative. Research has indicated that children who participate in prevention programmes on child-centred sexual abuse have increased self-protection skills; they can distinguish between touching that constitutes abuse and touching that is harmless, learn more about sexual abuse, develop relevant safety skills, and can equally apply the knowledge obtained (Kurtça 2022). Research indicates that prevention programmes on child-centred sexual abuse are mostly effective (Kemer and İşler Dalgıç 2022). The findings from the “Teaching Children Body Safety” pamphlet suggested that the intervention effectively deals with many challenges encountered by PPCs when teaching their children about body safety. More importantly, the intervention reiterates the notion that children are critical agents of change in the CSV prevention matrix. Extant literature indicates that children are not passive recipients in such interventions, but they are agentic beings (Weldemariam and Wals 2020).

The pamphlet focused on the various challenges by educating parents about creating opportunities for discussing body safety and sexual violence prevention with their children. A clarion call was made to improve child–PC relationships to facilitate open communication and disclosure of abuse (Kemer and İşler Dalgıç 2022). It is important to increase family communication on CSV prevention and providing PPCs with the appropriate terminology and effective approaches to use when communicating with their children (Rudolph et al. 2018). Further, creating safety systems for children through the “Teaching Children Body Safety” pamphlet, particularly the “hand-of-safety” component emerged as an innovative way of tackling CSV. The need for intrafamilial safety plans emerged in extant literature as an important strategy to curb CSV (Kemer and İşler Dalgıç 2022; Kurtça 2022).

The findings of this study highlighted the complex nature of CSV, particularly the limited PPC capacity to help address the silent CSV epidemic (Kurtça 2022). However, the study also emphasised the participants’ desire to adapt to new circumstances and thus contribute to the development of solutions to the problem of CSV. Such solutions

include overcoming cultural barriers and discussing sensitive matters such as children's genitalia and teaching them about body safety and sexual violence (Rudolph et al. 2018).

Cultural barriers and the generational gap are important factors to consider when developing complex interventions centred on PPC-child communication (Kenny and Wurtele 2013). Although parents are closest to their children and are entrusted with the responsibility of discussing and teaching them about the manifestation of sexual violence, their position and influence are also limited (Kurtça 2022). For example, the impact of their teachings is dependent on the child's ability and willingness to understand and implement prevention strategies or advice provided. Resultantly, PPC-focused programmes are inadequate in protecting children from sexual abuse. Rather, studies have recommended a more diversified approach to the phenomenon, with a focus on developing positive parenting and creating safe environments for children, even within the home setup (Kemer and İşler Dalgıç 2022; Kenny and Wurtele 2013). Furthermore, prevention measures targeting the multiple levels of a child's ecology, namely, potential offenders and protectors (parents, educators, medical personnel, faith leaders, and community members) may complement PPC-focused interventions (Rudolph et al. 2018).

Several studies support the use of developmentally appropriate language and terminology when discussing sexual violence and teaching children about their bodies and also appropriate and/or inappropriate behaviours exhibited by other people (Kemer and İşler Dalgıç 2022; Kenny and Wurtele 2013). Extant literature suggests that prevention initiatives targeting parents must deal with cultural barriers that impede sexual discussions (Kenny and Wurtele 2013). Some prevention experts have suggested the need to work with culturally diverse populations within the concept of respecting diversity when implementing CSV prevention programmes. These programmes should include translating the materials, using examples and role plays that are reflective of the dominant cultural mores, and hiring diverse staff to deliver them (Kenny and Wurtele 2013; Rudolph et al. 2018).

Teaching children anatomical language that describes genitalia is especially important so that adults understand what the children say when reporting sexual violence (Kemer and İşler Dalgıç 2022). This strategy will improve communication if the child uses the correct terms. However, this explanation alone did not dispel the fears of PPCs regarding the perceived emotional harm or the corruption of their children by teaching them about genitalia and sexual violence (Rudolph et al. 2018). One study reported that some children experienced fear, anxiety and confusion about touches after exposure to a prevention programme (Rudolph et al. 2018). Other studies reported a 13 to 25 per cent increase in fear of strangers and adverse reactions such as bed-wetting, nightmares, crying, and refusal to attend school (Rudolph et al. 2018). Another study reported that after participating in a CSV education programme, 50 per cent of the children were concerned about being violated (Mendelson and Letourneau 2015; Rudolph et al. 2018).

Conclusion

This study contributes to the limited body of evidence on teaching children body protection from sexual violence in South Africa. The findings from this study can also enhance the current and broad agenda on the prevention of GBV and sexual violence perpetrated against women and children in South Africa. It will also provide the Government of South Africa and other stakeholders with low-cost interventions tailor-made to deal with one of society's complex challenges. However, prospective research should explore children's perceptions of the "Teaching Children Body Safety" pamphlet to elicit their perspectives on the benefits of engaging in these discussions, if any. The study has also brought to the fore the notion that PPC-centred interventions have the potential to reduce CSV, owing to their capacity to mitigate this social menace. However, merely discussing body safety with children is inadequate; hence, there is a need to create safer environments for children by adopting positive parenting skills and developing approaches such as active and involved parenting programmes.

Recommendations

We make the following recommendations:

- Zoë-life should consider conducting more research on naming body parts to identify more acceptable terminology to enrich the "Teaching Children Body Safety" pamphlet.
- The idea of an intrafamilial safety plan is an important lesson that Zoë-life can incorporate when creating content on strategies meant to initiate difficult and sensitive conversations in families.
- The "Teaching Children Body Safety" pamphlet must be scaled up in other resource-constrained settings to promote CSV prevention efforts.

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