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SHADOWS OF THE GLOBAL PANDEMIC: A STUDY OF PERCEIVED CHILD RISK FACTORS PREDISPOSING CHILD ABUSE DURING THE COVID-19 IN LUSAKA, ZAMBIA

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Abstract:
The study sought to examine the perceived risk factors contributing to child abuse during the COVID-19 pandemic in Zambia. A mixed-method approach supported by a concurrent triangulation research design was used in the study. The sample was 107; involving 92 service providers and 15 parents/caregivers. The participants were selected using expert and homogeneous purposive sampling approaches. A questionnaire involving closed and open-ended questions was employed in the collection of data. In quantitative analysis, the study used Statistical Package for Social Sciences (SPSS) to arrive at primary descriptive statistics and inferential test results. Qualitative data was analysed using a thematic approach. Documentary data analysis was used to arrive at secondary data to supplement primary data. The study revealed that despite a decrease in reported child abuse cases during the pandemic, various risk factors persisted such as: age of the child, gender of the child, lack of parent-child attachment, physical or developmental disabilities, gender disparities, and increasing child vulnerability. It was evident from the study that, pandemic-related child protection services needed targeted strategies that addressed individual, familial, and societal factors, with a focus on prevention, intervention, and support measures to safeguard children. The study, therefore, emphasizes the need for comprehensive child protection interventions, including the creation of safe spaces, community awareness programmes, food security, mental health support, and fast-track court services.

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1. Introduction

The outbreak of the Novel COVID-19 pandemic has harmed the environments in which children grow and develop. COVID-19 was first reported in Wuhan China in November 2019 and World Health Organisation declared COVID-19 as a global threat and health emergency in February 2020. In Zambia, the first two cases of COVID-19 were reported on the 17th March 2020. On the 18th of March 2020, the government of the Republic of Zambia announced the closure of all educational institutions as some of the measures to mitigate the spread of the disease (Mwiinga et al., 2020; UNESCO (2020) and Mphahlele, Seeletso, Muleya & Simui, 2021). It was estimated that 107 countries had implemented the closure of schools affecting 802 million children in the context of access to education.

During the period of the COVID-19 pandemic, restriction measures were put in place to contain the spread of the virus. This action forged a backdrop conducive to heightened vulnerability towards child maltreatment and called for a sober reflection of the interconnectedness and impact on human plight. As families grapple with amplified psychosocial and financial burdens during the pandemic, and as their lives intertwine within the confines of home, the fragility of human dynamics is unveiled. This development challenged our understanding of societal foundations and familial sanctuaries with children being the most affected. The COVID-19 pandemic, created an atmosphere conducive to heightened susceptibility to child maltreatment (CM), that is it was cultivated.

Undoubtedly, COVID-19 negatively impacted on the socio-ecological system including disruptions in service delivery aimed at protecting the children (Liu et al., 2020; Chakraborty & Mity, 2020; WHO, 2020). Studies of past epidemics and crises as reported by UNICEF (2020) show devastating impacts on child protection and the delivery of related services. During the Ebola outbreak in West Africa, child welfare structures and community mechanisms were weakened, and child protection responses were delayed or otherwise adversely affected amplifying risks for child abuse. It was against this background the present study sought to examine the perceived child risk factors that predisposed child abuse during the COVID-19 in Lusaka district in Zambia.

2. Review of Related Literature

According to UNICEF (2020), child abuse encompasses various forms, such as emotional abuse, sexual abuse, physical abuse, child neglect, and abandonment. Emotional abuse involves verbal harm or mistreatment that negatively impacts a child's psychological well-being, even though it may not always be easily noticeable. Child sexual abuse is a prevalent issue, particularly affecting girls, with millions of girls experiencing forced sexual contact. Physical abuse leads to physical injuries and long-term negative effects on a child's mental and physical health (Mwiinga et al 2020), a situation, children, in Zambia

might have gone through during the pandemic. Child neglect is characterized by the failure to meet a child's basic needs. These became more pronounced during the COVID-19 lockdowns in most countries (Navne & Jakobsen, 2021). The WHO (2022) report on COVID-19 sees child abandonment, as another form of abuse in that it often affects children in impoverished situations and is linked to various social factors. Additionally, UNICEF (2022) reports child trafficking and child labour as critical concerns which tended, to increase during a pandemic, particularly in developing continents like Africa. It is believed that these abuses have far-reaching consequences on the children, and efforts are needed to address and prevent them in future pandemics.

In studies conducted by Stoltenborgh et al. (2012) and Kumari (2020), it has been revealed that risk factors during the COVID-19 pandemic emerged and often became as a matter of paramount concern in most countries. These studies, shed light on the intricate the youngest members of our society. In the light of the COVID, 2019, the pandemic, ushered in an era of unprecedented global upheaval, brought about multifaceted challenges that extend far beyond its primary health implications and negatively impacted children especially in developing countries and in high-density areas. In Norway, Sætren & Hafstad (2021), reported that out of the 16 publications retrieved, eight of them indicated an uptick in the occurrence of child physical abuse during the COVID-19 outbreak, a situation might have been similar in developing countries like Zambia. Similarly, seven articles published amid the crisis reported a heightened incidence of psychological maltreatment. For example, 8.2% reported psychological abuse during the lockdown, 2.4% had experienced physical abuse, and 1.4% sexual abuse. Concurrently perceived family affluence and family risk factors were most strongly associated with physical abuse during lockdown and more so children with physical and developmental disabilities. This aligns with a study by Seddighi et al., (2021). Chalwe, Mandyata & Kasonde-ngandu (2022) reported that violence such as physical violence, language abuse, and neglect as contributing factors increased child abuse in society following many emergencies and disasters, which are much more common than usual.

As a result, the COVID-19 restriction measures implemented globally to contain the spread of the virus actually heightened the risks of child abuse. As communities worldwide grappled with lockdowns, social distancing measures, and the economic repercussions of the pandemic, children, found themselves navigating an altered reality, fraught with unique vulnerabilities. Numerous mental health threats became associated with the pandemic and the situation worsened by the subsequent restrictions that were put in place (Fegert et al., 2020). Throughout the COVID-19 pandemic, a crisis unfolded in the shape of a surge in child maltreatment, as the broad-ranging restrictions implemented to curb the virus inadvertently heightened risks for children. A multitude of factors, including stress for example, the pandemic as confirmed by various studies heightened stress levels in many families and among children due to factors such as economic uncertainty, limited social interactions, job loss, and health concerns creating a

precipitating ground for child maltreatment (Lawson et al., 2020; Chalwe, Mandyata & Kasonde-ngandu, 2022).

Calvano, et al. (2021) indicated other factors, that impacted negatively on children and put them at risk, such as economic hardship, school closures, and reduced access to support services. These played a role in increasing the distressing trend. It is imperative that during this critical period, every child in need receives the essential social intervention and support they are entitled to (UNICEF, 2020 & WHO, 2021). The pandemic had a significant impact on the economic well-being of many households which affected how children were taken care of during the pandemic. Globally this precipitated the occurrence of child abuse. The major economic implications posed by the pandemic and put financial pressure on many families (Frasquilho, et al., 2015 & Haw, et al., 2012).

WHO (2021) reported that socio-economic factors that prevailed during the pandemic, exacerbated by the pandemic played a significant role in this unfortunate phenomenon. Limited access to child protection services appears to have characterised the care for children during the pandemic significantly exacerbated child abuse. Studies, such as Campbel (2020), Larkins, (2020), Evans et al. (2020), Witte et al. (2022), have pointed out the constrained access to support services as a consequence of lockdowns and overwhelmed healthcare systems. This has made it, challenging for families to seek help and for service providers to intervene effectively in child risk-related factors and indeed child abuse. The inability to access timely support not only left abused children without immediate relief but also increased the likelihood of prolonged abuse situations during the pandemic.

It is worth noting that, the study on child risks during the pandemic in Lusaka District, warrants ongoing study due to its vital implications for child welfare and future protection in Zambia. The evolving and complex nature of crises accompanying pandemics such as COVID-19, calls for continuous investigation to clearly understand the implications on child life and development and adequately prepare for future disasters and pandemics. With sufficient knowledge and understanding arising from studies such as the present study and many others, stakeholders have sufficient tools to respond effectively to the changing risk factors affecting children during such disasters and pandemics. Improving the welfare and safety of vulnerable children must depend on an evidence-based approach to inform policies, interventions, and support systems. It is against this background, that the present study, so it necessary to assess child risks associated with the COVID-19 pandemic and provide a vehicle for adapting child protection strategies to address the emerging challenges.

2. Problem of the Study

The outbreak of COVID-19 had a significant impact on the well-being and safety of children globally, Zambia inclusive. The pandemic disrupted child protection services,

straining agencies, and amplified risks for children (UNICEF, 2020; WHO, 2020; Ferguson, Kelly, & Pink, 2022).

The COVID-19 pandemic dramatically elevated the risk of child abuse especially in developing countries. It significantly disrupted child protection mechanisms. The enforced lockdowns and social restrictions meant that families were confined to their homes for extended periods, exacerbating existing stressors and increasing the pressure on already strained family dynamics. Children too were negatively affected in the context of social and emotional interactions necessary for their social and psychological development. Less, however, is known about how service providers and parents /caregivers of the children perceived child risk factors that might have contributed to child abuse during an agile circumstance such as COVID-19 in Zambia. It is, in light of this understanding, the present study sought to examine the prevalence of child abuse and how service providers and parents perceived child risk factors during COVID-19 in Lusaka, Zambia. Undoubtedly, the comprehension of risk factors during agile circumstances instigated the present scholarly study in the quest to furnish empirical evidence to support preparedness for similar circumstances in the future.

The study was guided by the following objectives:

1) To establish the prevalence of child abuse cases before and during the pandemic.
2) To assess the perceived risk factors that might have led to child abuse during the pandemic in the study site.

2.1 Research Hypothesis

The study was also guided by the following hypotheses:

1) There is no significant difference in the number of reported child abuse cases between the periods before and during the pandemic.
2) There was no significant relationship between perceived child risk factors and child abuse cases before and during the COVID-19 pandemic.

3. Significance of the Study

It is hoped that the results will be significant in that they may have the potential to generate interest and awareness on child risk factors during disasters and pandemics that often lead to child abuse and pave the way for how such abuse can be minimized. The perceptions held by various stakeholders on child risk factors and abuse during an agile circumstance would be generated to inform the stakeholders, parents/caregivers, and the public on how best to care for children during an agile circumstance such as the COVID-19 pandemic. In addition, it was hoped that the outcome of the study would, stimulate further investigations among scholars on child safety and protection during disasters and pandemics. Further, it was believed that the results would help to improve policy on child safety and protection through the shared insights arising from the study.

4. Material and Methods

The study employed a mixed-methods approach combining qualitative and quantitative approaches to comprehensively investigate risk factors leading to child abuse during the COVID-19 pandemic in Lusaka, Zambia. The selected concurrent triangulation research design employed, allowed for triangulation of data and an in-depth study of child risk factors and how they contributed to child abuse during an agile circumstance. A mixture of quantitative and qualitative inquiry, according to Creswell (2014), allows the researcher to enter into a person's perception of the study phenomenon. By doing so, the feelings, opinions, and views of respondents over the phenomenon under study is adequately evaluated from both quantitative and qualitative stance (Holloway & Wheeler, 2013).

The study population was drawn from households (parents/caregivers) from police service, Ministry of Community Development and Social Services (MCDSS), Young Women Christion Association (YWCA), Fountain of Hope (FH), Save the Child (SC) and Home of Safety (HS). Respondents from these organizations and parents/caregivers were actively involved in caring for children during the COVID-19 pandemic. Hence, had sufficient knowledge and experience on child risk factors and how contributed to child abuse during the pandemic. This population was carefully and purposefully chosen because of its direct involvement in caring for the children. Due to logistical challenges, the study opted to base the study on one district in one province instead of 116 of the ten provinces in Zambia (Central Statistics Office, 2018).

In this study, the sample was 107; comprising 92 service providers and 25 parents. Creswell (2014) indicates that sample size refers to the number of respondents selected from the population. The parents and childcare officer respondents were selected using Slovin's Formula (Slovin et al., 2018). The formula is used to calculate the sample where (n) is the sample of given population, population size is (N), and where the margin of error is given as (e).

Slovin's Formula is given as follows:

$$n = N / (1 + Ne^2) \quad (1)$$

The formula was used to compute the sample size which came to 107. This formula allowed researchers to calculate the sample out of a given population in the district. The formula was appropriate because of insufficient information about the target population, distribution, and reported cases of child abuse in the study area.

The study used simple random sampling to select parents supplemented by the snowball sampling technique to identify parents/caregivers with abused children. Further, expert and homogeneous purposive sampling approaches were used to arrive at childcare officers to participate in the study. A questionnaire containing closed and open-ended questions was used as a primary data collection instrument. Documentary analysis was also used to collect secondary data. Further, secondary data was collected

using documentary analysis. Quantitative analysis to generate descriptive statistics and inferential data involved the use of Statistical Package for Social Sciences (SPSS) software version 23. Use of t-test to compare means of groups) and ANOVA (to analyse the differences between the means of more than two groups) as well as the use of multiple regression to identify and understand relationships among multiple variables and strengthen the outcome of the study. It gave a chance for the researchers to understand the insights into the complex phenomena understudy. It facilitated the development of predictive models which were necessary in this kind of study. The inferential tests helped to affirm the results arising from the descriptive statistics. Qualitative data analyses involved the use of a thematic analysis approach. It involved the generation of codes and near codes to arrive at themes and subthemes on child risk factors leading to child abuse.

4.1 Characteristics of Service Providers and Parent-Respondents

The characteristics of participating service providers and parents were as follows:

Table 1: Age Range of Service Providers and Parents/Caregivers

Age Range	**20-29 years**	**30-39 years**	**40-49 years**	**50 and above**	**Frequency**
Service Providers	21	44	25	2	92
Parents/Caregivers	1	6	3	5	15
Total	**22**	**50**	**28**	**7**	**107**

Table 1 above, shows the age range of service providers and parents/caregivers ranging from 20 to 50 years and above. Out of the total number of 107, (92 were service providers and were 15 parents/caregivers). It was evident that the majority of the respondents were aged between 30 and 39 years while a minority of them were aged 50 years and above. In short, respondents had lived long enough with children at risk to positively contribute to the study.

4.2 Marital Status and Gender of Respondents

Table 2: Marital Status and Gender

Nature of Respondents	**Frequency**	**Gender of Respondents**	
		Male	**Female**
Single Fathers	18	0	18
Single Mothers	32	32	0
Couples	57	21	36
Total	**107**	**53**	**54**

Arising from the table above, it was evident that, the majority of respondents were couples (husbands and wives) while the least represented were single fathers. Concerning gender presentation, most of the respondents were females. Few of the respondents were males.

4.3 Education Levels of Parent and Service Provider-Respondents

Table 3: Level of Education of Parent and Service Provider-Respondents

Level	Frequency	Percentage
Never Been to School	2	1.9
Primary Education	6	5.6
Secondary Education	7	6.5
Tertiary Education Certificate	64	59.8
Diploma	6	5.6
Bachelor's Degree	13	12.2
Higher Degree (Masters & PhD)	9	8.4
Total	**107**	**100**

Based on the content of Table 3 above, it was evident that most of the respondents (64) had a tertiary education certificate. The least represented were those who had never been to school (2). It is clear from the distribution of the respondents that, the majority of them had sufficient education and experience to contribute to our understanding of child risk factors leading to child abuse during the pandemic.

4.4 Work Experience of the Service Providers

Figure 1: Work Experiences of the Service Providers

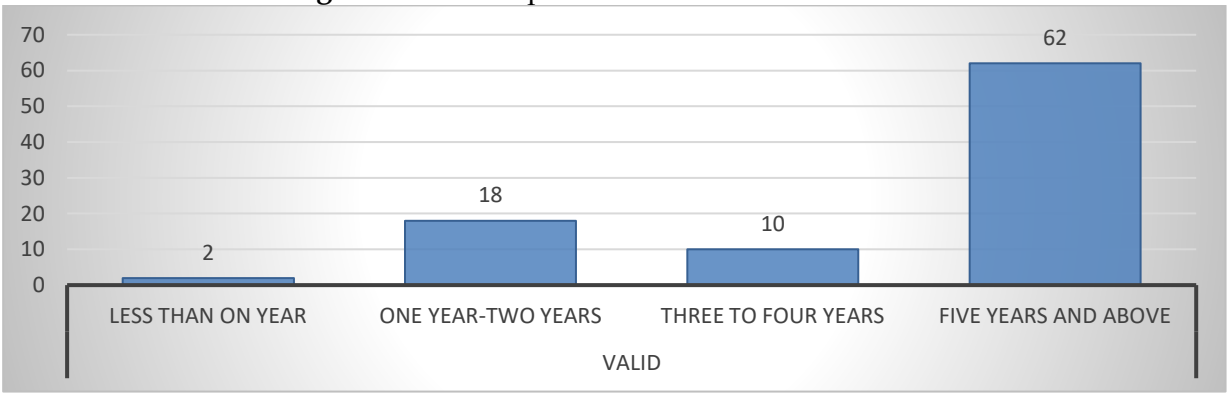


Figure 1 above indicates that the majority of the service providers who participated in the study (62) had long work experiences in child protection. Those who had not had the experience of less than one year. In short, it was clear that the majority of the service providers who took part in the study had sufficient experience to positively contribute to understanding child risk and abuse during the COVID-19 pandemic in the study site.

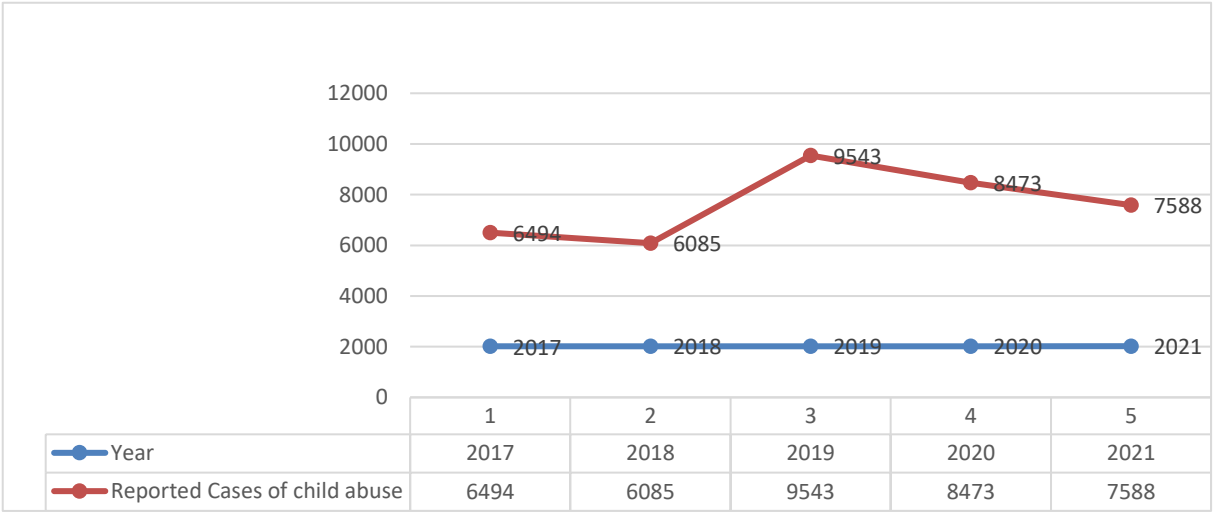
5. Results

We now present the results of the study conducted from 2010 to 2023 on perceived child risk factors predisposing to child abuse during COVID-19 in Lusaka, Zambia. The results are ranged according to set study objectives.

5.1 Trend Analysis of Prevalence of Reported Cases of Child Abuse Before and During Pandemic

Through a trend analysis of reported abuse cases before and during the pandemic spanning the year 2017, the study focused on risk factors that might have led to abuse before and during the pandemic. The analysis was aimed at revealing patterns in the prevalence of child abuse cases over time. This information was directed at helping in identifying whether child abuse increased, decreased, or remained consistent during the pandemic. This was seen to be essential in understanding child risk factors and their dynamics and how they influenced child protection services before and during the pandemic.

Figure 7.1.1: Trend Analysis of Reported Cases of Child Abuse from 2017



	1	2	3	4	5
Year	2017	2018	2019	2020	2021
Reported Cases of child abuse	6494	6085	9543	8473	7588

The trend analysis of reported child abuse, cases between 2017 before and during the COVID-19 period, is depicted in Figure 7.1.1 above. It provides statistics revealing significant shifts in the pattern of cases over these years. From 2017 to 2018, the reported instances of child abuse exhibited a reversal, with a slight decline from 6,494 to 6,085 cases, translating to a decrease of 3.2%. This was followed by a pronounced upswing from 2018 to 2019, as cases surged from 6,085 to 9,543, indicating a notable increase of 22.1% during the period into COVID-19. Continuing into 2020, there was a minor reduction in reported cases, dropping from 9,545 to 8,473 cases, reflecting a decline of 6%. Notably, from 2020 to 2021, a striking decrease occurred in reported child abuse cases, plummeting from 8,473 to 7,588 cases, marking a substantial drop of 6%. The decline in reported child abuse cases between 2020 and 2021 underscores evident alterations in the prevalence of such incidents. This observation raises the possibility of underreported cases or the influence of various factors affecting the reporting of child abuse incidents, prompting further analysis into the underlying dynamics of these changes. A paired sampling test in line with hypotheses therefore became necessary.

5.2 Paired Samples T-Test

To test research hypothesis one, a paired samples t-test was performed to establish whether there was a significant difference or not in the number of reported child abuse cases between the periods that is, before and during the pandemic in Lusaka district.

The results are shown in Table 7.1.1:

Table 7.1.1: Whether there was a Significant Difference in the Number of Reported Child Abuse Cases between the Periods -Before and During the Pandemic

Variables	N	Mean	Std.D	t	df	Sig.
Year 2017-2019	2	8030.5000	625.78950	-7.315	1	.006
Year 2020-2021	2	6289.500	289.20667			

Source: Fieldwork (2023).

The table shows the paired sample t-test for post-test scores for the number of reported child abuse cases between the periods before and during COVID-19. The t-value was -7.315 for 1 degree of freedom and the p-value was .006. This p-value is less than the level of significance $\alpha = 0.05$ ($p < 0.05$). Therefore, this means that there was a statistically significant difference in the number of reported child abuse cases between the periods before and during COVID-19. This means that there were, more child abuse, cases in the year between 2017 and 2019 as compared to the years 2020 and 2021, a period of COVID-19 in the study district. The respondents attributed the decline to some factors, such as increased parental supervision due to lockdowns and the closure of schools. These factors may have contributed to a reduction in the visibility and reporting of child abuse cases and not necessarily that abuse cases were at the lowest.

5.3 Perceived Child Risk Factors to Abuse During the Pandemic

Table 7.2.1: Perceived Child Risks for Abuse (n=107)

Perceived Risk Factor	Location of Respondents		Total
	Service Providers	Parents	
High Family Poverty Levels	15	3	18
Increased Domestic Violence	16	4	20
Lack of Attachment between Parent and Child	20	7	27
Gender of the Child	9	2	11
Increased Substance Abuse	8	2	10
Age of the Child	14	2	16
Movement Restrictions	6	4	10
Physical and Developmental Disabilities	4	1	5
Total	**92**	**25**	**107**

To establish the perceived child risk factors that might have led to child abuse during the pandemic, the above characteristics indicated some of the risk factors that prevailed and led to having children at risk. The most significant of these factors were lack of attachment between parents and child, increased domestic violence, and high family poverty levels

The least of the identified child risk factors revealed by the study included physical and developmental disabilities, age of the child, and increased abuse of substances in the study community. It was evident that the lack of strong attachment or relationship between parents and children significantly contributed to child abuse during the period despite the underreporting of such cases in the study area.

The results show that lack of attachment between parents and children was identified as the highest risk factor for child abuse according to both service providers (n=20) and parents/caregivers (n=7), more so during the pandemic period. This suggests a consensus that younger children may be at a higher risk of abuse during the pandemic, possibly due to their vulnerability and dependency on parents/caregivers where the attachment may be quite weak. Additionally, increasing domestic violence was rated as the second-highest child risk factor by all categories of respondents (n=20). This suggests that the lack of attachment between parents and children was seen as a significant factor influencing the risk of child abuse, with (n=27) of respondents considering it a major concern, followed by domestic violence, (n=20) of respondents identified it as a factor contributing to the risk of abuse. The gender of the child was also considered a significant concern in assessing abuse risk that is, (n=11) while the most significant, was lack of attachment (n=27), ranked as the first child-risk factor. A total of 27 of the respondents, recognized lack of attachment as a factor contributing more to the risk of abuse. Parents/caregivers were not committed to the plight of the child during an agile circumstance such as COVID-19 in the study area. This suggests that the emotional bond and attachment between the child and their parents/caregivers play a notable role in determining abuse risk in the study area while the least was the physical or developmental disability of the child (n=5).

One-way ANOVA test results illustrate within the group scores for service providers n=92 (85.9%), parents n=15 (14.02%), the mean between groups is 0.989 indicating the simple variation in responses between child protection service providers and parents regarding child risk factors significantly leading to abuse during the pandemic. This suggests that there are differences in the responses between these two groups. The mean within groups is 0.974, representing the variation in responses within each group (i.e., service providers and parents). This reflects the variability in responses within each group regarding the specified child risk factors. The ANOVA test statistic (F-value) in this case, $F = 0.989 / 0.974 \approx 1.016$, the degrees of freedom for the between-groups (denoted as df1) is 1, and for the within-groups (denoted as df2) is 140. The ANOVA test using a significance level (alpha) of 0.05 ($\alpha = 0.05$) indicated a p-value greater than 0.315 ($p > 0.315$). This means that the obtained p-value is not statistically significant at the 0.05 significance level. Based on the one-way ANOVA test results, the differences in responses between child protection service providers and parents regarding child risk factors for abuse during the pandemic are not statistically significant at the 0.05 significance level.

5.4 The Influence of Child Risk Factors on Child Abuse During the COVID-19 Pandemic

To establish the influence of selected Child Risk Factors (CRF) such as age of the child (AC), gender of the child (GC), physical appearance/disability (PA), lack of attachment between the parent-child (LAPC), high family poverty (HFP) and increasing domestic violence (IDV) on Child Abuse (CA) during the COVID-19 pandemic in Lusaka District, a multiple regression analysis was also performed as shown in Table 7.2.2 below:

Table 7.2.2: Multiple Regression Analysis between CRF and Child Abuse

Variables	CRF and Child Abuse				
	Unstandardized Coefficient	**Std. Error**	**t-Statistic**	**Standardized Coefficients**	**Sig.**
(Constant)	3.871	.510	7.589		.000
Age of the Child	.055	.084	.654	.610	.001
Gender of the Child	-.334	.121	-2.760	.461	.007
PA	-.447	.080	-5.613	.388	.000
LAPC	.047	.102	.460	.242	.006
R	.591	R Square		.349	
Adjusted R Square	.319	R Square Change		.042	
F-Statistics	11.671	Prob(F-statistic)		.000	
Df1, Df2	4, 87	Std. Error of Estimate		1.01569	
a. Dependent Variable: Child Abuse					
b. Predictors: (Constant), AC, GC, PA, & LAPC					
Significant at the 0.05 level (2-tailed)					

Source: Field work (2023).

Table 7.2.2 shows a multiple regression analysis between the independent variable (CRF) and the dependent variable (CA). The overall regression model is statistically significant ($F(4, 87) = 11.671,\ p - value = .004 < 0.05, t = 7.589$). Since the p-value is less than 0.05, this indicates that CRF affects CA. This further implies that Child Risk Factors had an influence on Child Abuse during the COVID-19 pandemic in Lusaka, Zambia.

Results from Table 7.2.2 show a correlation coefficient value between CRF and CA of .591. The value of R indicates a strong positive correlation between the independent variables CRF and CA. This implies that when Child Risk Factors increase, Child Abuse also increases when Child risk factors decrease, the Child Abuse would equally decrease. This might have happened in Lusaka, Zambia before and during the pandemic period. In other words, Child Risk Factors influence Child Abuse cases.

The results also in Table 7.2.2 show that the adjusted R^2 for CRF to influence CA was .319. The value of adjusted R^2 meant that 31.9% of the variation in CA was influenced by CRF included in this regression model. This further means that the regression model was significant in predicting the effect of CRF on CA. In other words, Child Risk Factors influenced Child Abuse by 31.9% in the study area.

Also, results from Table 7.2.2 show, that R squared for CRF to influence CA was .349. The value of R^2 mean that 34.9% of the variance in CA was influenced by CRF

included in this regression model. This further meant that the regression model is significant in predicting the effect of CRF on CA. In other words, Child Risk Factors influence Child Abuse by 34.9%.

Additionally, results in Table 7.2.2 reveal a positive and statistically significant relationship between AC and CA ($p - value = .001 < 0.05, t = .654, \beta = .610$). This further indicates that AC has an influence on CA. However, the coefficient from the regression model tells that a one-unit increase in AC is associated with a .610 unit increase, on average, assuming GC, PA, and LAPC are held constant. This further indicates that an average change in CA is associated with a one unit, increase in AC, a situation that might have happened in the study site.

Further, results in Table 7.2.2 indicate that there was a positive and statistically significant relationship between GC and CA ($p - value = .007 < 0.05, t = -2.760, \beta = .461$). This further indicates that when GC has an influence on CA. However, the coefficient from the regression model tells that a one-unit increase in GC was associated with a .461 unit increase, on average, assuming AC, PA, and LAPC were held constant. This further indicates that an average change in CA is associated with a one unit increase in GC.

Besides, results from Table 7.2 2 further, indicated that there was a positive and statistically significant relationship between PA and CA ($p - value = .000 < 0.05, t = -5.613, \beta = .388$). These results indicated that PA of the child has an influence on CA. However, the coefficient from the regression model tells that a one unit increase in PA is associated with a .388-unit increase, on average, assuming AC, GC, and LAPC are held constant. This further indicates that an average change in CA is associated with a one unit increase in PA.

Results also in Table 7.2.2 indicate that there was a positive and statistically significant relationship between LAPC and CA ($p - value = .006 < 0.05, t = .460, \beta = .242$). These results indicate that when LAPC increases, CA also increases. However, the coefficient from the regression model tells that a one unit increase in LAPC is associated with a .242-unit increase, on average, assuming AC, GC, and PA were held constant. This further indicates that an average change in CA is associated with a one unit increase in LAPC.

In summary, the results of the regression model showed that the overall model was significant ($F(4,87) = 11.671, p - value = .004 < 0.05, t = 7.589 \quad Adjusted\ R^2 = .319, R = .349$). The model explains 34.9 % of variance accounted for by the predictor variable (CRF). Results indicate that CA ($p - value = .001 < 0.05, t = .654, \beta = .610$), GC ($p - value = .007 < 0.05, t = -2.760, \beta = .461$), PA ($p - value = .000 < 0.05, t = -5.613, \beta = .388$) and LAPC ($p - value = .006 < 0.05, t = .460, \beta = .242$) have an effect on CA.

Specifically, the results suggest, that there is a strong positive correlation between the independent variables (CRF) and the dependent variable (CA). In other words, Child Risk Factors (CRF) such as the age of the child (AC), gender of the child (GC), physical appearance/disability (PA), and lack of attachment between the parent and child (LAPC)

affect Child Abuse. Therefore, the result shows satisfactory goodness of fit between the independent variables (CRF) and the dependent variable (CA) as presented in the multiple regression equation below:

$$Y = a + ACX + GCX_2 + PAX_3 + LAPCX_4 \quad (2)$$
$$Y = 3.871 + (.610)X_1 + (.461)X_2 + (.388)X_3 + (.242)X_4$$

5.5 Relative Contribution of Age of the Child (AC), Gender of the child (GC), Physical Appearance/disability (PA), and Lack of Attachment between the Parent-Child (LAPC) on the Child Abuse (CA)

The study also sought to establish the relative contribution of Child Risk Factors (CRF) such as Age of the Child (AC), Gender of the Child (GC), Physical Appearance/disability (PA), and lack of Attachment between the Parent-Child (LAPC) on Child Abuse (CA). The aim was to establish which among the independent variables i.e., age of the child (AC), gender of the child (GC), physical appearance/disability (PA), and lack of attachment between the parent and child (LAPC) influenced Child Abuse the most during the COVID-19 pandemic in Lusaka District. To achieve this, standardized coefficients from a multiple regression analysis output were used and the ranking of the standardized coefficients was performed as shown in Table 7.3.1 below:

Table 7.3.1: Relative Contribution of CRF on the Child Abuse (CA)

Variables	CRF and Child Abuse					Ranking
	Unstandardized Coefficient	Std. Error	t-Statistic	Standardized Coefficients	Sig.	
(Constant)	3.871	.510	7.589		.000	
AC	.055	.084	.654	.610	.001	1
GC	-.334	.121	-2.760	.461	.007	2
PA	-.447	.080	-5.613	.388	.000	3
LAPC	.047	.102	.460	.242	.006	4
a. Dependent Variable: Child Abuse						
b. Predictors: (Constant), AC, GC, PA, & LAPC						
Significant at the 0.05 level (2-tailed).						

Source: Fieldwork (2023).

Results in Table 7.3.1 show that AC (β= .610) contributed to Child Abuse the most during the COVID-19 pandemic in Lusaka, Zambia, followed by GC (β=.461), PA (β= .388), and LAPC (β= 242). Therefore, the results of the study indicate that age of the child contributed to Child Abuse the most during the COVID-19 pandemic in the study district.

6. Discussion

Child abuse is a pressing issue with far-reaching consequences for individuals and society at large. Understanding the risk factors associated with child abuse is crucial for developing effective prevention and intervention strategies. This discussion focuses on

recent research results regarding risk factors for child abuse during agile circumstances such COVID-19 pandemic.

The discussion of the results from the current study reveals a captivating trend in the prevalence of reported child abuse cases before and during the pandemic. Our results indicate a consistent decline of 6% in reported child abuse cases during the peak of the pandemic in 2020 and 2021, mirroring the results reported by Whaling et al. (2020), whose study also highlighted a decrease in child abuse cases during the restricted periods such as pandemic period. This decline suggests that some factors, such as increased parental supervision due to lockdowns and the closure of schools, may have contributed to a reduction in the visibility and reporting of child abuse cases. However, it is crucial to note that not all studies reached the same conclusion. Several reports, such as Quraish, Joseph & Jean (2020), Smith and Johnson (2021), and Huang et al. (2022) instead, found an increase in reported cases of child abuse during the pandemic era as compared to the period before. These contrasting results might be indicative of the complex and multifaceted nature of child abuse that emerges during a pandemic and the diverse impacts of such a pandemic on different individual children, families, communities, and general populations.

The study's results reveal a concerning increase in child risk factors for abuse during the pandemic, with several notable findings. Child neglect emerged as a prominent issue, driven by overwhelmed parents grappling with pandemic-related stressors (Smith et al., 2021). The results further highlight the perceived risk factors for child well-being as assessed by service providers and parents. Notably, the age of the child and gender of the child, have been identified as the most significant risk factors, with 44% of respondents considering them as high-risk elements. These results align with previous research on the age of the child (n=16) as the highest risk factor projected by McKillop et al. (2015) study which revealed that victim ages ranged from middle childhood to adolescence, with a mean age of 10.45 years old at the time of the first abuse incident. Such children are bound to experience abuse within family or community circles even during the pandemic period.

Another significant child risk factor was lack of attachment to the child (n=27). Third was high family poverty (n=18). This implies that respondents perceive children with such disabilities to be at risk, which may lead to additional care or support requirements for these children and the gender of the child was among the risk factors. The results were similar to what other researchers have reported on the characteristics of the child as risk factors to Child abuse (Conroy, et al., 2009; Widom, et al. 2001; Schumacher, et al., 2001; Whitake, et al., 2008; Hibbard and Desch, 2007).

Further, the current study also reveals gender disparities (n=11) in the occurrence of child abuse. Gender disparities in child abuse persist, with girls experiencing more maltreatment than boys, as reported by the trend analysis on reported cases of child abuse showing an increase from 80% in 2017 to 83% in 2021, particularly linked to child neglect and sexual abuse. This aligns with prior research by Lalor (2004) and Edoh-Torgah & Matafwali (2022), Musonda et al. (2020), UNICEF (2020) & Save the Children

(2021) on the vulnerability of girls to abuse. These results underscore the multifaceted nature of child abuse risk factors during the pandemic and highlight the urgency of tailored interventions to protect children from these adverse effects, especially during the pandemic period.

The results from the multiple regression analysis underscore the importance of both the overall model's significance and the unique contributions of distinct Child Risk Factors (CRF) to the incidence of Child Abuse (CA). This study revealed a robust positive correlation between CRF and CA, highlighting the influence of factors such as the child's age, gender, physical appearance/disability, and parent-child attachment on the occurrence of Child Abuse. These results align with previous research on the relationship between Child Risk Factors and Child Abuse (Rodriguez, et al., 2021; Augusti, et al., 2021).

The disruptions in service delivery, including the closure of schools and limited access to support services during a pandemic, exacerbated the challenges faced by children (Brown, et al., 2020; Bakrania et al., 2020; Fogarty et al., 2022). This situation was further compounded by rising levels of hunger among families, increasing domestic violence tended to push children to the streets, and escalated child labour as a means to address financial strain (Anderson & Johnson, 2020).

7. Conclusion and Recommendations

7.1 Conclusion

The present study on child risk factors has contributed to an understanding of child abuse during the pandemic. It, however, reveals several significant results. Despite a decline in reported cases of child abuse during the pandemic, attributed in part to increased parental supervision due to lockdowns, certain risk factors persist. Notably, the age of the child emerged as a significant child risk factor, with younger children at greater vulnerability, alongside factors like lack of attachment between parents and children, family poverty, physical or developmental disabilities, and gender disparities. Arising from the study, child safety and protection during agile circumstances such as pandemics, call for targeted strategies, aimed at safeguarding children and these must consider the interplay of individual, familial, and societal factors as works towards prevention, intervention, and support measures to children during pandemics.

7.2 Recommendations

1) There is a need for comprehensive child protection interventions, including the provision of safe spaces, community awareness programs, food security, mental health support, and fast-track court services, emphasizing the multifaceted approach to address child abuse during the pandemic.
2) There should be a deliberate move to conduct targeted public awareness campaigns and educational programmes to educate communities about specific

child risk factors that have the potential to lead to child abuse during the pandemic,

3) Service providers, show enhanced support services for children, parents, and families by strengthening multi-sectoral child safety and protection interventions, through enabling interaction with various professionals during pandemic,
4) Stakeholders should work in collaboration to identify and report child abuse cases, even in situations of limited access to integrated technology and in the midst limited access to child protection services.

Conflict of Interest Statement

The authors declare no conflicts of interests.

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