The University of Zambia Department of Population Studies (UNZA DPS), the Central Statistical Office (CSO), Ministry of Gender and Child Development (MGCD)**, MYSCD, MCDSS, CDC, UNICEF and SCI worked in partnership to prepare and conduct this study since September 2013. The UNZA DPS and CSO led the survey implementation in collaboration with key ministries, as well as UNICEF. The CDC, both the US-based Headquarters and Zambia Country Office’s collaboration was instrumental throughout the preparation and technical support of the study. A Steering Committee was established to oversee the survey process. The Committee was led by MGCD and included broad governmental representation from key line ministries of the Government of Zambia, UNICEF, and other national partners. Committee members had the mandate to review survey instruments, review survey findings and provide feedback, develop a response plan to the findings of the survey, and leverage resources for the national response.

The Zambia VACS 2014 was a cross-sectional household survey of 13–24-year-old females and males designed to produce national-level estimates of experiences of physical, sexual, and emotional violence in childhood. This group of 13–24-year-olds were selected as the most appropriate population to survey in order to better understand childhood violence for two reasons: 1) children less than 13 years old would not have the maturity to be able to answer survey questions, including the more complicated questions on potential risk and protective factors; and 2) recall bias, or the inability to accurately recall events in the past related to childhood experiences, is minimized among respondents aged 24 and younger. To achieve these purposes, the Zambia VACS assessed the experiences of females and males ages 13-24, via a nationally representative household survey.

The questionnaire covered the following topics: demographics; parental relationships; education; general connectedness to family, friends and community; gender beliefs; safety; witnessing violence in the home or community; sexual history and risk taking behaviour; experiences of physical and emotional violence and sexual abuse and exploitation; violence perpetration; pregnancy; health outcomes and health risk behaviours; and disclosure, service-seeking and utilization of services. Background characteristics of respondents and the head of household survey included questions that assessed age, socio-economic status, marital status, work, education and living situation. The sexual behaviour and HIV/AIDS components utilized questions from the DHS, BSS, and WHO Multi-Country Study. Sexual behaviour, history, and risk taking questions were divided among the following topics: sexual behaviour, including age at first sex and relationship to first sexual partner; whether first sex was wanted, or forced; number of sexual partners ever and in the last 12 months; condom use, and pregnancy history. Following the violence modules, questions were also asked about HIV testing knowledge and utilization. The sexual violence module included questions on the types of sexual violence experienced, including three forms of sexual abuse and sexual exploitation, and important information on the circumstances of these incidents, such as the settings where sexual violence occurred and the relationship between the victim and perpetrator. Questions regarding the negative health and social consequences, as well as disclosure, service seeking and utilization related to these events, were also included.

The VACS use a standardized methodology for measuring physical, emotional, and sexual violence against children. The survey was designed to provide national estimates. The updated list of 25,000 enumeration areas (EAs) for the 2010 Census of Population and Housing provided the sampling frame for the survey. The total population used to draw the sample was based on the 2013 CSO census projected estimates. Primary sampling units (PSUs) were EAs based on geographical subdivisions determined and delimited by CSO. The sample size was determined from a standard cluster sample
formula where an estimated prevalence of 30 per cent for sexual violence in childhood was assumed based on previous VAC surveys conducted in the United Republic of Tanzania, Kenya and Zimbabwe. A three-stage stratified sample survey design was used. In the first stage of selection, a total of 248 EAs were selected using probability proportional to size (PPS), yielding 113 EAs for females and 135 EAs for males. In the second stage, 25 households were selected in every EA using equal probability systematic sampling (EPSS), with a possibility of segmentation where the EA had more than 250 households. In total, 2,770 households for females and 3,324 households for males were selected. In the third stage, a representative sample of 2,016 females and males was selected for the survey (1,008 females and 1,008 males). One eligible respondent (female or male, depending on the selected EA) was randomly selected from the list of all eligible respondents 13–24 years of age in each household and administered the questionnaire upon full consent. Out of the 2,016 representative sample, a total of 1,819 females and males participated (891 females and 928 males). To calculate prevalence separately for females and males for violence victimization, a split sample approach was used. This means that the survey for females and the survey for males were conducted in different EAs. The split sample approach also served to protect the privacy and safety of respondents and eliminated the chance for both a male perpetrator of sexual violence, and the female who was sexually assaulted in the same community to be interviewed.

Due to the complex sample design, clustering, stratification and sample weights should be taken into account in the data analysis in order to obtain proper point estimates and variances. Users of the Zambia VACS 2014 Data Files should use statistical software packages such as SAS, SPSS, SUDAAN, or Stata that have specific analytic procedures for complex survey designs.