

**ASSOCIATION OF CORPORAL PUNISHMENT AND
PSYCHOLOGICAL FACTORS AMONG SECONDARY SCHOOL
STUDENTS IN DAR ES SALAAM**

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**ASSOCIATION OF CORPORAL PUNISHMENT AND PSYCHOLOGICAL
FACTORS AMONG SECONDARY SCHOOL STUDENTS IN DAR ES
SALAAM, TANZANIA**

By

Deborah Luambano

**A dissertation submitted in (Partial)Fulfillment of the Requirements for the Degree
of Master of Science (Clinical Psychology) of**

Muhimbili University of Health and Allied Sciences

October, 2018

CERTIFICATION

The undersigned certifies that they have read and hereby recommend for acceptance by Muhimbili University of Health and Allied Science, a dissertation entitled “*The association of corporal punishment and psychological factors among secondary students in Kinondoni Municipal, Tanzania*” in (partial) fulfillment of the requirements for the degree of Master of Science (Clinical Psychology) of Muhimbili University of Health and Allied Sciences.

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(Co-supervisor)

Date _____

DECLARATION AND COPYRIGHT

I, **Deborah Luambano**, declare that this **dissertation** is my own original work and that it has not been presented and will not be presented to any other university for a similar or any other degree award.

Candidate's signature.....

Date.....

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DEDICATION

This dissertation is dedicated to my parents Mr and Mrs Luambano and my beloved sisters Hawa and Mariam who laid a solid foundation for my success and instilled me with tenacity to see me through tough times.

BACKGROUND

Corporal punishment is the mostly debated topic worldwide especially among parents and education systems. Historically, corporal punishment has been used as a disciplinary method for ensuring the young generation is living and raised within acceptable morals and traditions. The most given forms of corporal punishments given to students in secondary schools in Tanzania are canning, pinching, beating, pulling ears and forcing children to stay in uncomfortable positions.

There is, however, minimal information of the associations between such punishments and the psychological distress among secondary school students. Of particular interest for psychological distress are the syndromes of depression and anxiety, as an internal resource that may buffer against psychological decompensation; these consequences may have negative outcomes on psychological health. Due to these possible consequences of an approach to disciplining, a gap is identified suggesting need to examine corporal punishment and its associations with psychological distress.

Objectives: To determine the associations between experience of corporal punishment and symptoms of anxiety and depression among secondary school students in Kinondoni Municipality Dar-es-Salaam.

Materials and Methods: A cross-sectional study, multi-stage sampling which involved random selection of 406 participants in 10 purposively selected secondary schools in Kinondoni Municipality, Dar -es-Salaam Tanzania. The structured questionnaire adopted from Thomas Ndwiiga (Measure Corporal Punishment) and Standardized tool (Hopkin symptom checklist- Anxiety and depression symptomatology) was used. Analysis done by using SPSS V.20

Results

Data from 406 recruited participants were analyzed. Female adolescents constituted 209 (51.5%) of all participants. The mean age (Standard Deviation) of the participants was 16.0 years (1.38), with the oldest being 19 years and the youngest 13 years. Most 333 (82%) participants in the study reported experiencing corporal punishment. The forms

of corporal punishment reported most by participants was canning 405 (99.8%), kneeling down 396 (97.5%), doing push-ups 378 (93.1%) and being asked to frog-jump 334 (82.3%). Prevalence of psychological distress was 355 (87.4%) Furthermore, there was associations between corporal punishment and psychological distress ($p=0.02$)

Conclusions and recommendations

More than three fourths (82%) of the students included in the study reported experiencing corporal punishment. Furthermore, the result revealed association of corporal punishment and psychological distress in secondary schools.

This emphasizes the need to inform government, caregivers and population at large on the adverse consequences of using corporal punishment at school and therefore advocate for current policy focus to shift from corporal punishment to positive punishment. In addition, there is a need for capacity building concerning psychological distress as the effect of corporal punishment in school support system (school counselor, social welfare officer and teachers) for early detection, minimal intervention and referral for those in need.

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LIST OF ABBREVIATIONS

SPSS	-	Statistical Package for Social Sciences Version 20
WHO	-	World Health Organization
UNICEF	-	United Nation International Children's Emergency Fund
UN	-	United Nations
HSCL 25	-	Hopkins Symptoms Checklist 25
CRC	-	Committee on the Right of the Child

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Definition of terms

Corporal punishment - refers to the deliberate use of physical pain as a method of changing behavior. It includes a wide variety of methods such as pinching, hitting, slapping, spanking, kicking, pinching, shaking, use of various objects (sticks or other objects).

Anxiety symptomatology - it is a fearful feeling accompanied by fainting, dizziness or weakness, heart pounding, feeling restless, trembling, feeling tense and spell of terror or panic.

Depressive symptomatology -it is a state feeling low in energy or slowed down, difficulty falling asleep, loss of sexual pleasure, feeling lonely, thought of ending life, loss of interest or pleasure in normally enjoyable activities, poor appetite, accompanied with severe cases by anorexia and consequent weight loss, feelings of worthlessness and diminished ability to think or concentrate.

Psychological distress-is a state or range of negative symptoms, experience and emotion suffering associated with different factors such as physical, social and psychological problems.

Adolescence -is the period of transition in human growth and development that occurs between childhood and adulthood. Literature defines adolescence as a period of life with specific health and developmental requirements and privileges, it is when knowledge and skills develop, people learn to manage emotions and relationships, and attain attribute and abilities that will be important for enjoying the adolescent years and assuming adult roles(Lloyd, 2005)(Fares J et al., 2006).

“Kipopopo” – Is the kind of punishment where by children squat, puts their heads between their legs then twisted their hands to touch the ears.

“Kibajaji”- is a form of punishment where by students sit on an imaginary chair and look like a bajaji driver when driving a bajaji (hence the term kibajaji) for as long as the teacher instructs them to remain in this position.

CHAPTER ONE

1.0 INTRODUCTION

1.1 BACKGROUND

Corporal punishment has been defined by (UN Committee on the Right of the child(CRC), 2007) as: "any punishment in which physical force is used and intended to cause some degree of pain or discomfort". It can also be defined as any deliberate act against a child that inflicts pain or physical discomfort to punish or contain him or her, it includes but is not limited to spanking, slapping, pinching, paddling or hitting a child with a hand or an object, pushing a child with force and painful body postures (Komba, 2015)

Research has shown extensive use of corporal punishment in schools in resource-poor countries (Hecker, Hermenau, Isele, & Elbert, 2014b). According to UNICEF report which was done in 35 middle- and low-income countries, six out of 10 countries in which corporal punishment was very common are in Sub-Saharan Africa(Children, 2013). In Nigeria, (Ani & Grantham-McGregor, 2013) described high levels of corporal punishment in schools. In Tanzania, the study conducted in secondary schools showed that, 40 % of the teachers reported frequent use (defined as more than ten times a week) of physical discipline where by canning (i.e., being beaten with a stick) was the most frequently used disciplinary method in schools (Feinstein& Mwachombela, 2010).

Use of corporal punishment in schools has been associated with a variety of psychological and behavioral disorders in adolescent, including anxiety and depression (Dawes et al, 2004).

Anxiety is a feeling of worry, nervousness or unease about something with an uncertain outcome. Anxiety disorder is amongst the most common forms of psychopathology in adolescent. It has been reported that overall prevalence estimates range from 12% to 17%. Many anxiety disorders begin in childhood and continue on through adulthood (Marks, 2009). Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behavior, feelings, and sense of well-being. The prevalence of depression among adolescent in developed countries is estimated from 5% to 50% while

in developing countries it stands at 18.9% (Adewuya, Ola, & Aloba, 2007);(Maharajh, Neuro, & Ali, 2004).

The mentioned psychological distress usually measured through psychiatric assessment interview or Clinical administered measurement presented as standardized tool with established scoring rules(Groth-Marnat, 2003).Also, instruments available for measuring psychological factors among adolescent such as kid-KINDL, pope's five scale test, Beck Inventory (Anxiety and Depression), Child depressive inventory, Screen for child anxiety related disorders and Hopkin symptoms checklist scale. This study used Hopkins symptoms checklist for anxiety and depression with the cut-off points of > 1.75 as symptomatic and < 1.75 as asymptomatic(Mollica, McDonald, Massagli, & Silove, 2005).

1.2 PROBLEM STATEMENT

There are over 1.2 billion youth aged 15-24 in the world today and over 280 million of them experience a mental health condition. USA National survey reported that mental health problems usually start early in life, half of all mental health problems begin by age 14.

A study done by (Cristea, Benga, & Opre, 2008)in Romania revealed approximately 8-12% of adolescent meet some criteria for an anxiety. Furthermore (Adewuya et al., 2007)study estimated that prevalence of depression among adolescent in developed countries is 5% to 50% while in developing countries it stands at 18.9%

Research done by (Menesini & Salmivalli, 2017), (Pankhurst, Negussie, & Mulugeta, 2016)revealed that different factors ranging from biological familial social age gender and peer-related violence contribute to mental health problems. Furthermore (Saputra, Yunibhand, & Sukratul, 2017)revealed risks of mental health problems to be exacerbated when children are exposed to maltreatment in addition to the aforementioned factors.

Study done in Sub-Saharan African by (Semali & Vumilia, 2016) and (Hecker, Hermenau, Isele, & Elbert, 2014a) revealed a high prevalence of child maltreatment such as neglect, physical violence including corporal punishment and emotional violence these were highly correlated with mental health complications such as anxiety and depression among adolescent.

Research by Hecker et al., 2014 has shown extensive use of corporal punishment in schools in resource-poor countries. A study done in South Africa by (Dawes, 2004) indicate that the use of corporal punishment in schools is associated with a variety of psychological and behavioral disorders in children including anxiety, depression, impulsiveness, delinquency and substance abuse.

Another study done in Tanzania by (Hecker, Hermenau, Salmen, Teicher, & Elbert, 2016) on the association of harsh discipline (corporal punishment) and cognition among primary school students, reported strong relationship between harsh discipline and lower working memory capacity and school performance.

Little is known about the association between corporal punishment and psychological distress among secondary school student in Tanzania Therefore, the current study is going to investigate the association of corporal punishment and psychological distress (anxiety and depression) among secondary schools.

1.3 RATIONALE OF THE STUDY

The findings from this study will provide an insight on the magnitude of corporal punishment, psychological distress and their association in Tanzania it will also emphasize the need to inform government, caregivers and population at large on the adverse consequences of using corporal punishment in schools and therefore advocate for current policy focus to shift from corporal punishment to positive punishment. In addition, improvement of education and training policy for teachers in order to create environment to learn long life psychological distress caused by corporal punishment and alternative ways to minimize the effects.

1.4 RESEARCH QUESTION

The research was guided by the following questions:

Does Corporal punishment have impact on psychological distress among secondary school students?

Specifically;

- (i) What are the various forms of corporal punishment given to students in secondary schools?
- (ii) What are the factors associated with corporal punishment among secondary school students?
- (iii) What is the prevalence of psychological distress among secondary school students?
- (iv) What are the factors associated with psychological distress among secondary school students?
- (v) Is there an association between corporal punishment and psychological distress among secondary school students?

1.5 OBJECTIVES

1.5.1 Broad objective

To determine association of corporal punishment and psychological factors among secondary school students in Kinondoni, Dar es Salaam.

1.5.2 Specific Objectives

- (i) To determine the prevalence of various forms of corporal punishment given in secondary schools.
- (ii) To determine factors associated with corporal punishment among secondary school students
- (iii) To determine the prevalence of psychological distress among secondary school students.
- (iv) To determine factors associated with psychological distress among secondary school students.
- (v) To determine the association between corporal punishment and psychological distress among secondary school students.

1.6 CONCEPTUAL FRAMEWORK

The conceptual framework of this study is based on literature review;

There are many problems when punishment used, such as punished behaviour is not forgotten, it is suppressed - behaviour returns when punishment is no longer present. Causes increased aggression - shows that aggression is a way to cope with problems. Creates excessive fear that, can generalize to undesirable behaviours, e.g., fear of school, failure to complete exams.

The inputs of this study are independent variables which include socio-demographic such as age, sex, class level, intermediate variable include corporal punishment and psychological distress (includes anxiety and depression as outcome variables). From the above related literature, the variables conceived are shown in figure 1.

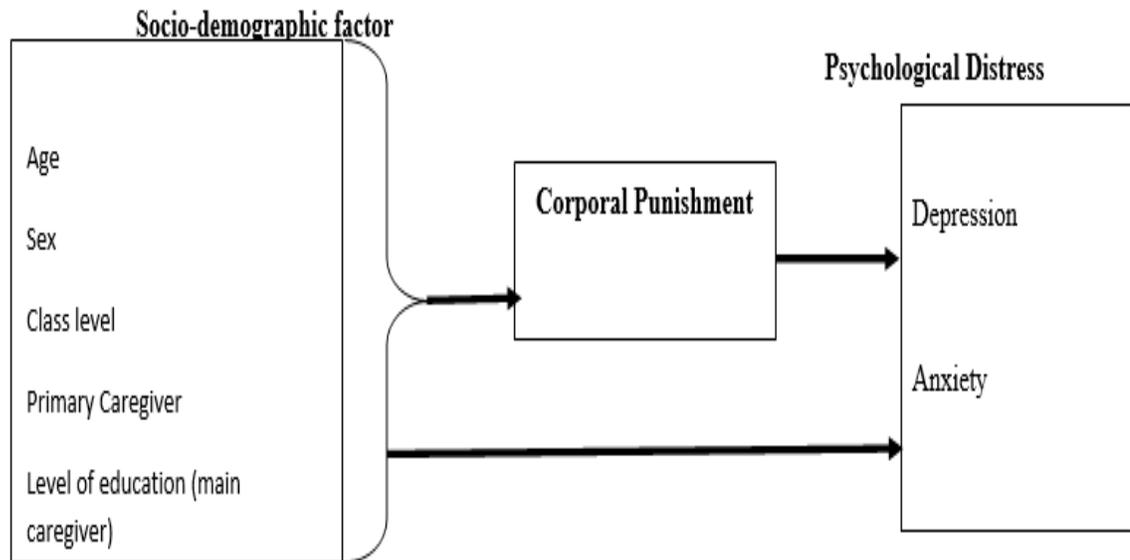


Figure 1: Conceptual Framework Showing effects on the use of forms of corporal Punishment which adopted and modified from Mugambi Mutuma Julius who did research(2013) on assessment of the extent of use of corporal punishment in secondary schools in Muthambi division in Maara district, Tharaka Nithi county, Kenya(Julius, 2013).

1.7 LITERATURE REVIEW

Introduction

This chapter reviews literature related to prevalence of psychological health status to forms and punishments meted among adolescent in secondary schools.

1.7.1 Magnitude of psychological health status in secondary school adolescent

As per the study outcome of interest magnitude of three psychological health status namely self-esteem, anxiety and depression were shown here.

Often, anxiety is seen and diagnosed in school aged children and adolescents. Approximately 8-12% of children meet some criteria for an anxiety disorder (Thompson, Curtis, & Frick, 2000), (Cristea, Benga, & Opre, 2008) and (Miller et al., 2011). Furthermore it is estimated that prevalence of depression among adolescent in developed countries is 5% to 50% while in underdeveloped countries it stands at 18.9% (Adewuya et al., 2007) and (Maharajh et al., 2004).

1.7.2 Factors associated with psychological health status among adolescent in secondary schools

Research findings revealed that different factors ranging from biological, familial, social, age, gender and peer-related violence contribute to mental health problems (Menesini & Salmivalli, 2017; Wareham & Boots, 2012; Pankhurst et al., 2016; Wu Ling & Mofrad, 2016). However, the risks of mental health problems are exacerbated when children are exposed to maltreatment in addition to the aforementioned factors (Tearne et al., 2016; Neece, Green, & Baker, 2012; Saputra et al., 2017).

Child maltreatment has been shown to be associated with a wide range of emotional and behavioral problems as well as psychiatric disorders (Norman et al., 2012). Child maltreatment was also associated with earlier disorder onset, higher comorbidity and increased risk for depression in young adulthood compared to controls in a longitudinal design (Widom, DuMont, & Czaja, 2007).

Literature from different income countries, indicated maltreatment by parents or caregivers including teachers to be a major predictor of mental health problems in adolescent (Gould et al., 2012; Herrenkohl, Hong, & Klika, 2013; Norman et al., 2012). Other factors contributed to the development of mental health problems in adolescent including biological factors (genetic), familial factors (e.g., attachment style) or social factors. (Menesini & Salmivalli, 2017; Pankhurst et al., 2016)

However, children's age and gender seems also to contribute to the degree of mental health problems in minors (Pankhurst et al., 2016; Wu Ling & Mofrad, 2016). Furthermore, other studies reported strong associations between parental stress, household income, and other familial factors to mental health problems of an adolescent (Neece et al., 2012; Saputra et al., 2017).

1.7.3 Prevalence of corporal punishment

Research has shown extensive use of corporal punishment in schools in resource-poor countries (Hecker et al., 2014b). According to UNICEF report which was done in 35 middle- and low-income countries, six out of 10 countries in which corporal punishment was very common are in Sub-Saharan Africa (Children, 2013). In Tanzania, a national survey with a sample of more than 3,700 youths between the ages of 13 and 24 revealed that almost three quarters had experienced physical punishment (being punched, whipped, or kicked) prior to the age of 18 (UNICEF, 2011).

1.7.4 Forms of corporal punishment given in Schools

Tanzania education (Corporal Punishment) Regulations 1979 pursuant to article 60 of the National Education Act 1978, which authorizes the minister to make regulations "to provide for and control the administration of corporal punishment in schools". Corporal punishment according to these regulations means "punishment by striking a pupil on his hand or on his normally clothed buttocks with a light, flexible stick but excludes striking a child with any other instrument or on any other part of the body" where by headmasters or headmistress had mandate to administer four sticks to students and in case of their absence discipline master will have mandate to do so.

Also, there are various research carried in Tanzania that focused on corporal punishment such as (Feinstein & Mwachombela, 2010) revealed that mostly used form of corporal punishment by teachers in schools are, frog jumps, pushups, kneeling down, standing in bright sun shine, lying on sands and lifting stones. In various parts of Tanzania, corporal punishment is highly used by almost all teachers in all schools. In Mtwara for example, pupils mentioned that, they are being beaten or punished when they are at schools by using sticks and other punishment like hard and complex exercises, slapping over the ears, pushups, kneeling and kneeling with arms up, to punish the children. In the schools, teachers were seen walking around with sticks in their hands. This makes children to develop fear and negative attitudes against the school and hence affecting the learning process (Research & Analysis Work Group, 2008).

In another study the student reported canning (96%), slapping (91.2%), kneeling down (90%), pinching (78%), pulling hair/ears (71.6%) and forced manual work (70.8%) as the most prevalent forms of corporal punishment used at school. Kicking (36.8%), being shaken or being thrown around (39.6%) and standing in the sun for long periods (42%) were the least used (Gerald, Kimani, Narok, Kara, & Ogetange, 2012).

On the other Teachers punish adolescent by forcing them to stand in painful positions, to stand in the sun for long periods, to sit in an 'invisible chair' for long periods, to hold or carry heavy objects, to dig holes, to kneel on small objects such as stones or rice and to exercise excessively without rest or water (Beazley, Bessell, Ennew, & Waterson, 2006; Hattab, 2013).

1.7.5 Psychological effects of physical punishment among secondary school adolescent.

Many children who have been subjected to hitting, paddling or other harsh disciplinary practices have reported subsequent problems with depression, fear and anger. In sub-Saharan African countries, a high prevalence of different types of child maltreatment has been reported including physical violence, emotional violence and neglect, these were highly correlated with different mental health complications, including anxiety disorders

and depressive disorders among children (Semali & Vumilia, 2016; Hecker et al., 2014a).

Mental health problems in children are significantly associated with different types of maltreatment (Mulvaney & Mebert, 2007; United Nations, 2014). Studies done in sub-Saharan African countries, reported a prevalence of depressive disorders to be 9% of adolescent studied in Uganda (Kinyanda, Kizza, Ndyabangi, & Levin, 2013). Moreover, (Ndeti et al., 2009) found a 13% prevalence of anxiety disorders and 44% of depression symptoms among student of public secondary schools in Kenya. Research findings from countries such as Ethiopia, the Democratic Republic of Congo, Uganda, and Cameroon provide evidence that child maltreatment by parents and caregivers including teachers is associated with mental health problems among adolescent (UNICEF, 2014).

Studies show that elements of child maltreatment, such as physical violence, emotional violence, and neglect, are associated with aggression, delinquent behavior, conduct disorder, anxiety disorders, depression and suicidal ideation (Holden, Hawk, Smith, Singh, & Ashraf, 2017; Young & Widom, 2014; Durrant & Ensom, 2012). Another problem surrounding the use of corporal punishment within schools is the fact that, it can cause severe mental distress that, may stick with the student for a long time. It can also cause a long-lasting problem with authority, and an extreme dislike of schools and the education systems. Furthermore it can causes mental suffering to the person who is responsible for punishing, because they may not feel comfortable administering such a violent punishment (Gershoff, 2017).

Another research examining the effects of corporal punishment has suggested that a harsh punitive environment can have adverse effects on children's cognitive development (Talwar, 2011). Also, (Straus & Paschall, 2009) reported a 4-year longitudinal study showing that corporal punishment in the home was associated with decreases in children's general cognitive ability scores over time. Thus, it has been suggested that exposure to harsh disciplinary punishment may affect children's self-regulation and cognitive development.

Moreover other study indicates that, the use of corporal punishment in schools has been associated with a variety of psychological and behavioral disorders in children and adults, including anxiety, depression, withdrawal, impulsiveness, delinquent and substance abuse (Dawes et al, 2004).

CHAPTER TWO

2. RESEARCH METHODOLOGY

2.1 Study design

This was a cross-sectional study design using a quantitative technique the advantage of using this design influenced by its nature of being able to study variables of interest in a sample of subjects, examine once and the relationships between them could be determined. This technique was suitable for my study it is all about quantifying relationships between variables and my study looks on the association or relationship between variable.

2.2 Study area

The study was conducted in Kinondoni Municipality Dares Salaam region, involving 10 government secondary schools.

Dar es Salaam is one of the 27 regions in Tanzania located between latitudes 6.36 degrees and 7.0 degrees to the south of Equator and longitudes 39.0 and 33.33 to the east of Greenwich. The city is bounded by the Indian Ocean on the East and by Coast Region on the other sides. It comprises of five municipalities, Ilala, Kinondoni, Ubungo, Kigamboni and Temeke based on the Tanzania 2012 Population and Housing Census, the city is a commercial region with a rapid growing population of about 4,364,541 million people having 2,238,755 million composed of males and 2,125,786 million composed of females.

2.3 Study duration

The study was conducted from April 2017 – March, 2018.

2.4 Study population

The study population involved O-level students (form I-IV) from 10 selected public secondary schools in Kinondoni municipality Dar es Salaam.

Inclusion criteria

The study included full time registered students for the academic year of 2017

(i)The consents for under 18 participants to participate in this study was given by parents but for those above 18 it was assent by authorities

Exclusion criteria

(ii)Those who were sick during the day of an interview.

2.5 Sample Size Estimation

Estimated sample size of the study was calculated by using the following formula:

$$N = \frac{Z^2 P(1-P)}{d^2}$$

Where by:

N= estimated sample size

Z= confidence level at 95% (standard value of 1.96)

P= Prevalence of reporting feeling sad or hopeless for more than two weeks in the last year of 34.6% (Fleming & Jacobsen, 2010)

d= Margin of error 5%

$$N = \frac{(1.96)^2 * 0.346 (1 - 0.346)}{(0.05)^2} = 348$$

$$N = 348$$

Adjusting for non-response, 16.7% of the estimated sample size n= 58 was added.

Therefore, the minimum estimated sample size was 406 students

2.6 Sampling Technique

The study used multistage sampling procedure as follows: -

It involved 30 public secondary schools found in Kinondoni Municipality.

1. 10 secondary schools out of 30 were selected purposively due to convenience. Because of the short time available for data collections and financial resources that limited travel to study school sites to only those that were close to the university.

2. At the school level, simplerandom selection was used to select 40 students per school who participated in the study.The students from each class level, I mean from form I to IV separately was picked up randomly from each form by picking folded papers where those who picked papers denoted participant was automatically noted as participant in the study.

The study involved,40 students fromform Iup to IVper each school (schools) so as to meet required sample size of 406 which is $406/10= 40$ for each school ever since the average distribution of students were 300 per school.

2.7 Data collection tools

2.7.1 Demographic data collection sheetwith the variable of interest such as sex, age, class, and grade.Was prepared in line with the study objective and used for data extraction. All standardized questionnaire and Standard Social Demographic was combined to form one questionnaire (see appendix I).

2.7.2 Hopkins Symptom Checklist.

The study used HSCL for measuring anxiety and depressive symptoms. The original 25 items Swahili version was used. Each item had four choices of questions that participant to fill one of the options. The Swahili version scale was validated in Dar Es Salaam which showed acceptable good face validity and preliminary reliability in the Tanzania context (Lee et al, 2002). The scale has two subscales, one for anxiety with 10 items and the second for depression with 15 items. Each question presents the frequency of the depressive and anxiety symptoms that one has experienced over the past one month, ranging from 1 (not at all) to 4 (extremely). Item scores were added up and divided by the number of item where for anxiety it was divided by 10 and for depression by 15, individuals with score on anxiety or depression with total average greater than 1.75are considered to be symptomatic.

All standardized questionnaire and Standard Social Demographic was combined to form one questionnaire (see appendix I).

2.8 Recruiting and Training of Research Assistants

Two (2) research assistants were recruited. Training for data collection was conducted for five (5) days before beginning of data collection. Research assistant were recruited by considering their basic knowledge on research methodology which was also assessed via the initial screening interview. During the training research assistants were briefed and trained on how to use tools and how to administer the questionnaires, they were also trained on the ethical issues when administering the questionnaires and responses of the students.

2.9 Pre-testing of study instruments

Pre- testing of questionnaire involved 20 students from Tambaza High School in Dar es Salaam. Students were invited for the pilot study. A pre- test was conducted to determine whether the designed tools was understandable, also to know if it answered the research objective of this study. It was also useful in estimating the appropriate time to allocate for filling the questionnaire.

2.10 Data Management

All data obtained was stored by the principal investigators in a secure environment with limited access. A data entry file was created and data entry was done using SPSS version 20. Data was doubly entered and quality control checks done whereby cross frequency of two entrants files after every 50 entries.

2.11 Data analysis

Collected data was entered and analyzed through SPSS version 20 computer software. Descriptive statistic (crosstab) was used for socio-demographic factors and corporal punishment. Psychological distress was obtained by combining the anxiety and depression cutoff point where by a person who present with one or both symptoms considered to present with psychological distress. Association between corporal punishment and psychological distress (anxiety and depression) among secondary school students, was done by bivariate and Pearson's Chi square (X^2) at p-value 0.05 and 95% confidence interval was run to obtain association between corporal punishment and psychological distress (anxiety and depression) among secondary school students.

In controlling for confounders (e.g. Age, class level, main caregiver and sex) logistic regressions (Multivariate) was used and Crude odds ratio, Adjusted OR and 95% confidence interval were examined. Then findings/results from the study was presented in tables and figures in relation to the research objectives and variables.

2.12 Ethical Issues and Research Clearance

Ethical clearance was acquired from MUHAS Research and Publication committees, and Permission at school level was requested from District /regional director of secondary education and from the various selected head teachers whose schools were involved in the study. After permission was obtained students were selected and informed verbally about the research and invited to participate voluntarily. Interested students were issued with consent forms explaining the objectives of the research, risks and benefits of participating. For students who were less than 18 years, head of schools consented on behalf of parents and above 18 years, they consented themselves.

To promote anonymity participants were required not to write their names on the questionnaires instead the questionnaires were numbered. All used questionnaires were stored in a safe place which identified by the principle researcher as safe and will be destroyed 5 years after the completion of the study.

2.13 Consent

The assent/consent was written where confidentiality is ensured. The information part contained important information such as the purpose of the study, procedures, risks, benefits and an explanation of the voluntary nature of the study (See Appendix).

All participants, before responding to the questionnaire were informed verbally about the purpose of the study and were requested for their willingness to participate in the study informing them that, it is voluntary to participate. It was also made clear that, acceptance or refusal to participate in the study have no consequences and they are free to participate in the study at anytime and that they are free not to answer any question if they feel they will be psychologically traumatized. Participant were also assured of

confidentiality and the questionnaire were not having their name or the name of the school therefore assuring that, information provided was anonymous.

CHAPTER THREE

3.0 RESULTS

Description of the study population

A total of 406 aged 10 to 19 years were recruited to participate in the study. Data from 406 participants who completed the study questionnaires were used in these analyses. Female adolescents constituted 209 (51.5%) of all participants. The mean age (SD) of the participants was 16.0 years (1.37), with the oldest being 19 years and the youngest 13 years; Overall, 15% were aged between 10-14 years (See Table 1).

Table 1: Students were distributed evenly across class levels, about 25.0% in each of Forms 1-4. Females participant reported to be in form 1 and 2 (30.1% and 29.2% respectively) while males were in form 3 and 4 (33.0% and 27.4% respectively). On the other hand, majority of participants both males (67.5%) and female (57.9%) were Muslim. Also, males participant (51.3%) reported their primary caregivers to be both parents, while females (44.0%) adolescent tended to report their primary care giver to be single parent. Furthermore, most males (35.5%) and females (38.8%) participant reported their main caregiver to have completed secondary education. Majority of female adolescents (84.7%) reported experiencing corporal punishment unlike males where only (79.2%) experienced corporal punishment.

Table 1: Socio-demographic characteristics by sex (n=406)

Characteristics	Sex		Total n= 406
	Male n= 197	Female n= 209	
Age (years)			
10-14	24 (12.2)	37 (17.7)	61
15-19	173 (87.8)	172 (82.3)	345
Grades level			
Form I	37 (18.0)	63 (30.1)	100
Form II	41 (20.8)	61 (29.2)	102
Form III	54 (27.4)	48 (23.0)	102
Form IV	65 (33.0)	37 (17.7)	102
Religion			
Christian	64 (32.5)	88 (42.1)	152
Muslim	133 (67.5)	121 (57.9)	254
Primary Caregiver			
Single parent	78 (39.6)	92 (44.0)	170
Both parents	101 (51.3)	83 (39.7)	184
Relative	18 (09.1)	34 (16.3)	52
Level of education (main caregiver)			
No formal education	11 (05.6)	8 (03.8)	19
Primary education	26 (13.2)	51 (24.4)	77
Secondary education	70 (35.5)	81 (38.8)	151
College/University	48 (24.4)	34 (16.3)	82
I don't know	42 (21.3)	56 (16.7)	77
Corporal Punishment			
Yes	156 (79.2)	177 (84.7)	73
No	41 (20.8)	35 (15.3)	333

Prevalence of various forms of corporal punishment administered to students in secondary schools.

As indicated below in Table 2, prevalence of corporal punishment was 82%. Various forms of corporal punishment were reported to be administered to secondary school students. They include; canning (99.8%), kneeling down (97.5%), pushups (93.1%), frog jump (82.3%), slapping (76.4%), pulling ears (68.0%) and kneeling under the sun (55.2%) as the most prevalent forms of corporal punishment used at school. head knocking (31.8%), kneeling down while raising stones (29.6%) and “Kibajaji” (30.3%) and “Kipopopopo” (9.4%) were the least used.

Figure 2. Experience of Corporal Punishment by students

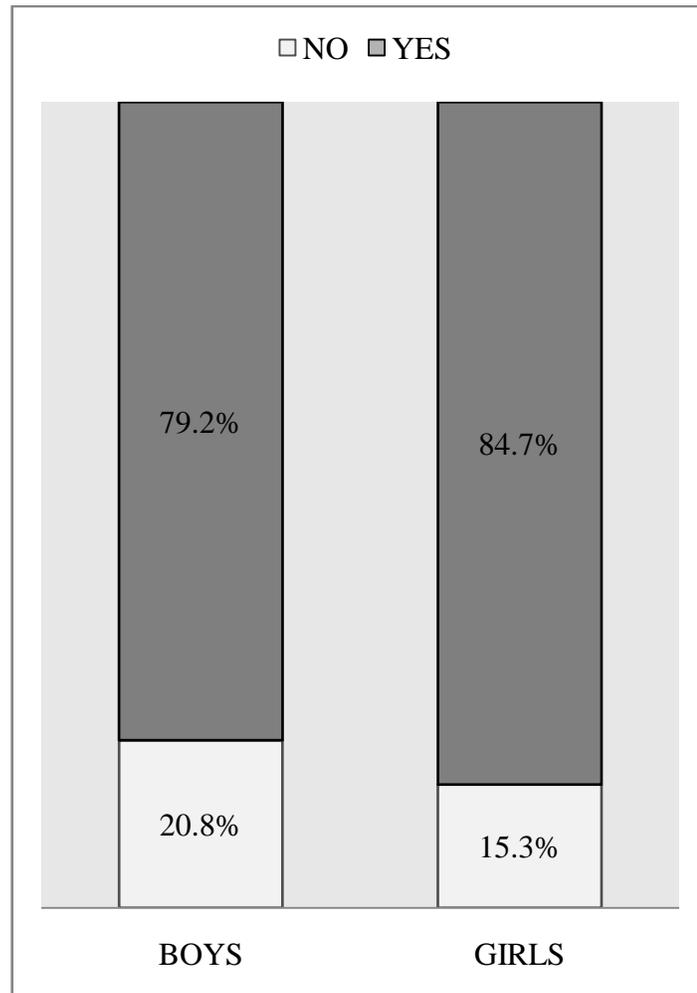
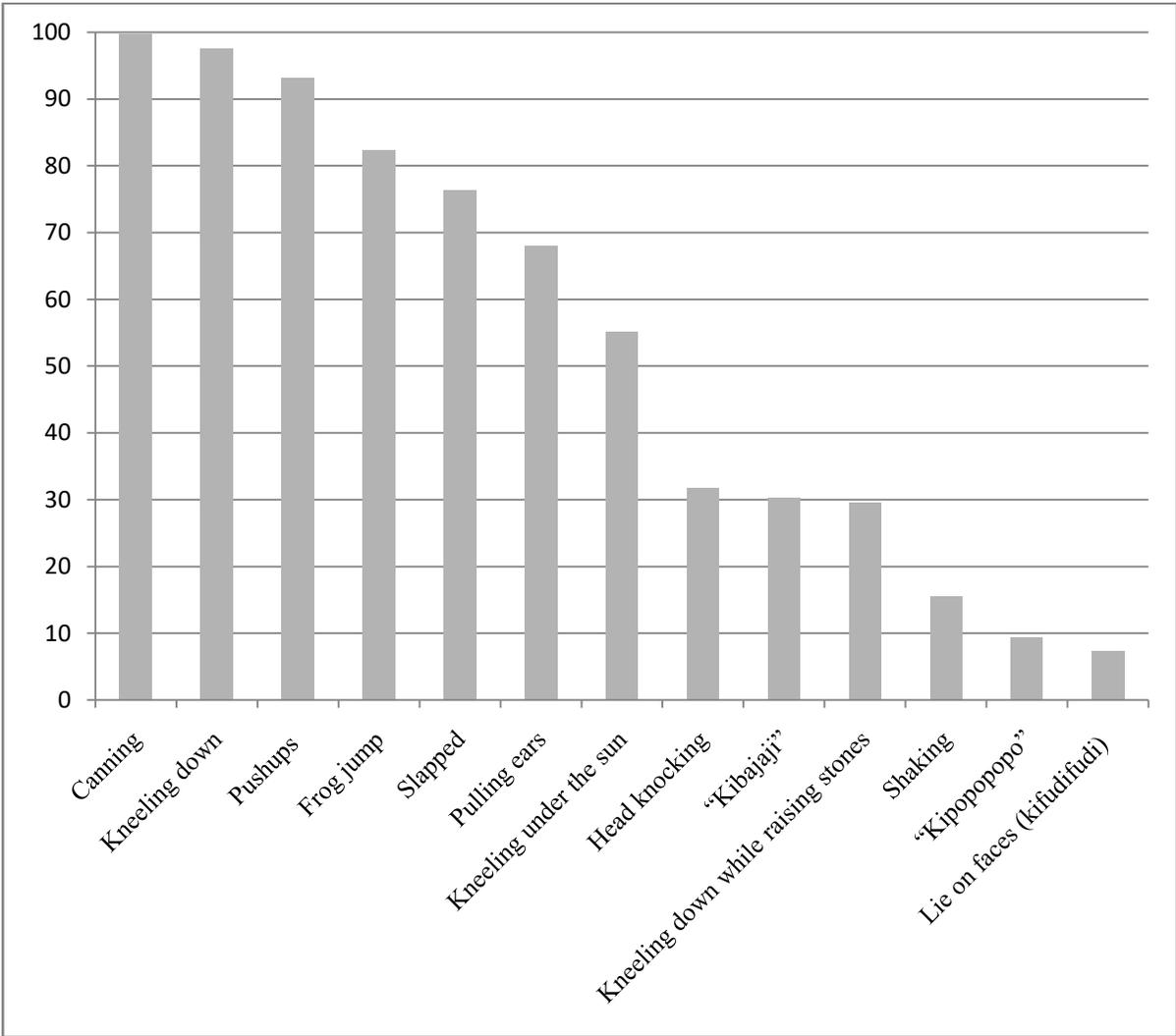


Figure 3: Frequency Distribution of Various forms of Corporal Punishment

Note: Students were allowed to report more than one administered punishment at respective school



Socio-demographic factors associated with corporal punishment

There was significant association between class level of participants and corporal punishment ($p=0.001$); experience of corporal punishment was reported more by students who were in Form I and Form IV (93.0 Vs 07.0%; and 87.3% Vs 12.7%) respectively (Table 3).

Table 2. Bivariate analysis for predictors of corporal punishment among secondary school students in Dar es Salaam

Variable	Corporal punishment		Total N= 406	Chi-square	P-value
	No n= 73	Yes n= 333			
Age(years)				3.23	0.07
10-14	6 (09.8%)	55 (90.2%)	61		
15-19	67 (19.4%)	278 (80.6%)	345		
				2.08	0.15
Sex					
Male	41 (20.8%)	156 (79.2%)	197		
Female	32 (15.3%)	177 (84.7%)	209		
				18.96	0.001
Class level					
Form I	7 (07.0%)	93 (93.0%)	100		
Form II	27 (26.5%)	75 (74.5%)	102		
Form III	26 (25.5%)	76 (74.5%)	102		
Form IV	13 (12.7%)	89 (87.3%)	102		
Total	73 (18.0%)	333 (82.0%)	406		

Independent risk factor for corporal punishment

In these analyses class levels were associated with corporal punishment; Form II and III participants were less likely to experience corporal punishment compared to participant who are in form I (OR, 0.19, 95% CI:0.1-0.5, p= 0.01 and OR,0.20, 95% CI:0.1-0.6) respectively. (See Table 4)

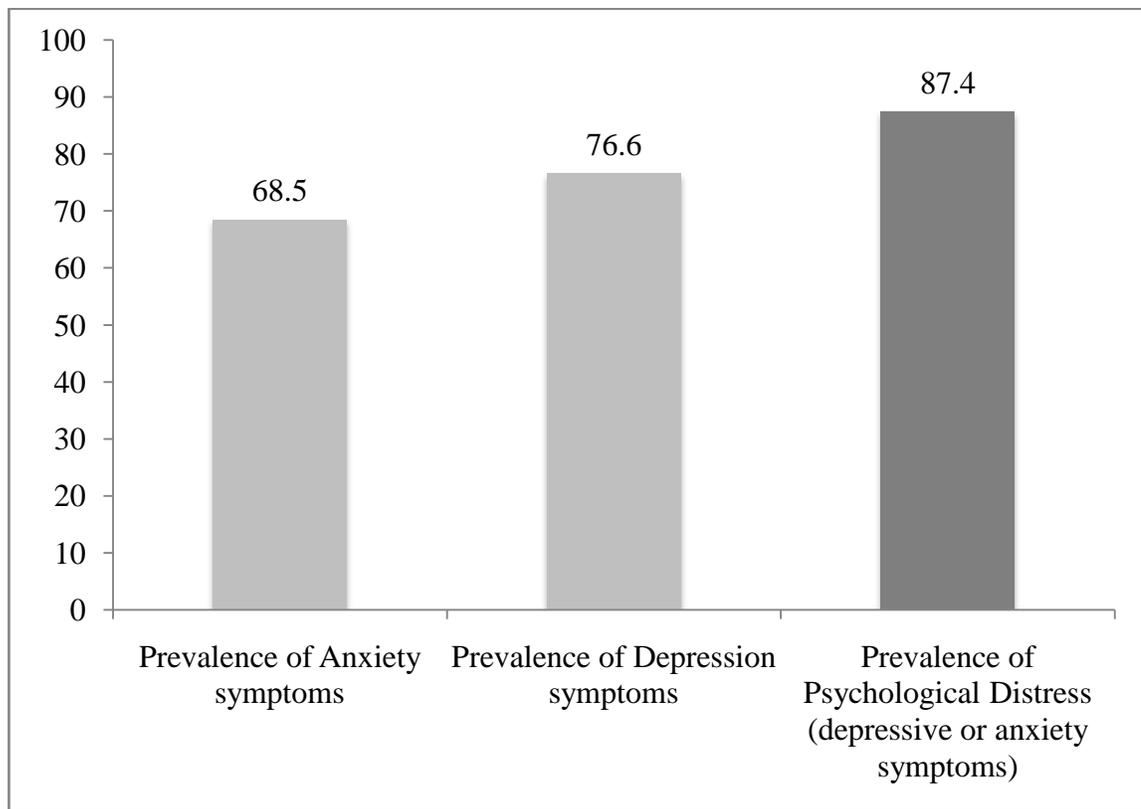
Table 3: Multivariate logistic regression analysis for factors associated with corporal punishment

Variable	Corporal punishment			
	COR (95%)	P-value	AOR (95%)	P-value
Age				
10-14	1.00		1.00	
15-19	0.45 (0.2-1.0)	0.07	0.61 (0.1-2.8)	0.73
Class level				
Form I	1.00		1.00	
Form II	0.21 (0.1-0.5)	0.001	0.19 (0.1-0.5)	0.003
Form III	0.22 (0.1-0.5)	0.001	0.20(0.1-0.6)	0.01
Form IV	0.52(0.2-1.4)	0.18	0.46 (0.14-1.5)	0.20

Prevalence of Psychological Distress

Depression symptoms mean score was 30.90 (SD= 9.14; 15-60), anxiety mean score was 28.85 (SD=6.32;10-40) while the mean score for the combined depression and anxiety symptoms was 1.41 ± 0.2 (SD). Significant depressive symptoms were shown in 76.6% (n=311) and the higher anxiety scores were found in 68.5% of participants (n=278). In the combined symptomatology as psychological distress, the prevalence was found to be 87.4% (n=355)

Figure 4: Prevalence of Psychological distress



Factors associated with psychological distress

As evident in Table 6, there was a significant association between corporal punishment and psychological distress ($p=0.02$); psychological distress was reported to the participants who experienced corporal punishment (87.1% Vs 12.9%). (See Table 6)

Table 4. Bivariate analysis for predictors of psychological distress among secondary school students in Dar es Salaam

Variable	Psychological distress		Total N= 406	Chi- square	P-value
	Absent n= 51	Present n= 355			
Corporal Punishment				5.17	0.02
No	15 (20.5%)	58 (79.5%)	73		
Yes	36(10.8%)	297 (89.2%)	333		
Age(years)				3.30	0.06
10-14	12 (19.7%)	49 (80.3%)	61		
15-19	39 (11.3%)	306 (88.7%)	342		
Sex				2.47	0.12
Male	30 (15.2%)	167 (84.8%)	197		
Female	21 (10.0%)	188 (90.0%)	209		
Primary Caregiver				2.59	0.27
Single parent	24 (14.1%)	146 (85.9%)	170		
Both parents	24 (13.0%)	160 (87.0%)	184		
Relative	03 (05.8%)	49 (94.2%)	52		
Level of education (main caregiver)				2.34	0.67
Informal	1 (05.3%)	18 (94.7%)	19		
Primary education	7 (09.1%)	70 (90.9%)	77		
Secondary education	21 (13.9%)	130 (86.1%)	151		
College/ University education	12 (14.6%)	70 (85.4%)	82		
I don't know	10 (13.0%)	67 (87.0%)	77		

Independent risk factors for Psychological distress

Logistic regression analysis was conducted in examining predictors of psychological distress among secondary school adolescents. Table 7 shows significant association between corporal punishment experience and presence of psychological distress, participants who experienced corporal punishment are two times more likely to express with psychological distress than those who have not experienced such harsh punishments (OR, 2.15, 95% CI: 1.1- 4.1, p= 0.02).

Furthermore, there is significant association between age and the presence of psychological distress where by participant aged 15-19 years had two times more likely to present with psychological distress than those who aged 10-14 years (OR, 2.26, 95% CI: 1.1- 4.52, p= 0.02).

Table 5: Multivariate logistic regression analysis for factors associated with psychological distress

Variable	Psychological distress			
	COR (95%)	P-value	AOR (95%)	P-value
Corporal Punishment				
No	1.00		1.00	
Yes	2.05 (1.1-3.2)	0.03	2.15 (1.1-4.1)	0.02
Age				
10-14	1.00		1.00	
15-19	1.94 (1.0-2.4)	0.05	2.26 (1.1-4.5)	0.02
Sex				
Male	1.00		1.00	
Female	1.59 (1.1-2.8)	0.10	1.62 (0.9-2.8)	0.97

CHAPTER FOUR

4.0 DISCUSSION

The broad objective of this study was to determine associations between corporal punishment and psychological distress among secondary school students. Specifically, the current study determines prevalence of various forms of corporal punishment given to students, predictor of corporal punishment and their association with psychological distress among secondary school students. Further the study assessed the prevalence of psychological distress among secondary school students. The findings emanating from this study are discussed below.

Findings of this study revealed that three fourth (82%) of students experienced corporal punishment which was higher among secondary school students, these findings are in concordance with prior research concerning corporal punishment in Tanzania (Feinstein & Mwachombela, 2010), (Hassan & Bali, 2013) and (UNICEF, 2011) where by about 82% and 95% respectively reported having experience of corporal punishment at school. Also rate were found to be even higher in other parts of India, the states of Andhra Pradesh and Telangana, where 80% of children reported receiving corporal punishment (Portela & Pells, 2015). While other countries (Deb & Holden, 2017) found that the majority (62%) of the students reported that they had experienced corporal punishment in school within the past 12 months. In a similar study in India (Morrow & Singh, 2014) 65% of children had experienced corporal punishment at school, using a much larger sample (12,000 children).

In this population and based on the evidence corporal punishment has been highly used in school context and might be due to educational policy concerning corporal punishment being legally permitted; the use of it at schools in those countries may also be because of the thought that corporal punishment is necessary and harmless.

Based on the research question the prevalence of various forms of corporal punishment given to students in secondary schools as reported by the participant, canning (99.7%) was the most prevalent forms of corporal punishment used at schools followed by

kneeling down (97.4%), push up(93.5%)and frog jump(82.2%), slapping (77%) while shaking (15.1%) kneeling down while raising stone (29.8%) were the least used same as study done in Tanzania(Gerald et al., 2012) revealed canning (96%),slapping (91.2%), kneeling down (90%), pulling hair/ears (71.6%) and forced manual work (70.8%) as the most prevalent forms of corporal punishment used at school. Kicking (36.8%), being shaken or being thrown around (39.6%) and standing in the sun for long periods (42%) were the least used.

On the other hand findings of the current study reported that most of the participants reported experiencing corporal punishment in the school at different times this is concordance with a study by (Hecker et al., 2014b) found 95% of the children reported that they have experienced at least one type of corporal punishment by their teachers during their lifetime (51% within the previous 12 months). The majority of the children have been punished with objects like sticks or belts (82%) or by being slapped, hit or pinched (66%). A study by Kuleana, (1997) in Mara Region schools (Tanzania) revealed that the more often punishment used by teachers in schools are, frog jumps, pushups, kneeling down, standing in bright sun shine, lying on sands and lifting stones.

Based on the research question on the prevalence of psychological distress in the current study revealed high prevalence of psychological distress to be 87.4% for anxiety/and or depression symptoms this result is similar with the study done in India which indicated a high prevalence for symptoms of depression and anxiety with 81.6% of the students reported symptoms of at least one or both of the studied disorders(Kumar & Akoijam, 2017) but also another study done in Saudi Arabia revealed the prevalence of depression and anxiety, to be 53.9% among secondary school girls(Al-Gelban , Al-Amri , 2009) not only that study but also another study done by Bayram (2008) found that the prevalence of anxiety and depression to be 58.7 students. Even though other study presented either prevalence of anxiety or depression only which presented with low prevalence probably because it presented one disorder without combining as is revealed in a study by Nalugya-Sserunjogi et al., 2016 among school going adolescent which revealed 21% prevalence of depressive symptoms and another study done in Kenya by Ndeti et al., 2009 among secondary adolescent which revealed 44% prevalence of anxiety symptoms.

In answering the research question “Is there a relationship between corporal punishment and psychological distress (anxiety/ and or depression symptomatology) among secondary school students?” results of the current study shows significant association between corporal punishment and presence of psychological distress, participants who experienced corporal punishment are two times more likely to present with psychological distress than those who have not experienced such harsh punishments this result is inline with the study done by Marks, 2009 which shows higher anxiety symptoms among adolescent who experienced corporal punishment also, another study done by (Deb & Holden, 2017) revealed higher anxiety symptoms among students who experienced corporal punishment in India.

Furthermore, there is significant association between age and psychological distress (anxiety and / depression symptomatology) where by participants aged 15-19 years were two times more likely to present with psychological distress, this is contradicted by the study done by Hess, 2014 that revealed females were more likely to present with anxiety compared to males.

CHAPTER FIVE

5.0 CONCLUSION, RECOMMENDATION AND LIMITATIONS

5.1 CONCLUSION

The present study provides evidence for the prevalence of corporal punishment (82%) among secondary school students. Furthermore, prevalence of depressive symptoms was shown in 76.6% (n=311) and the higher anxiety scores was found in 68.5% of participants (n=278). In the combined symptomatology as psychological distress, the prevalence was found to be 87.4% (n=355).

5.2 RECOMMENDATIONS

A school should be one place that all children feel safe and comfortable. Children should learn to behave by understanding the importance of good behavior, not simply because they are terrified of being physically hurt.

This emphasizes the need to inform the government, caregivers and population at large on the adverse consequences of using corporal punishment at school and therefore advocate for current policy focus to shift from corporal punishment to positive punishment.

In addition, improvement of education and training policy for teachers need to put emphasis on the long-life effects that can be brought by the use of corporal punishment because it will help bring awareness on the psychological distress as effect of it and hence make them being motivated to apply alternative ways to minimize the effects.

A need for capacity building concerning psychological distress as effect of corporal punishment in school support system (school counselor, social welfare officer and teachers) for early detection, minimal intervention and referral for those in need.

Future research is needed to examine corporal punishment and psychological distress among secondary schools in private schools also, further research needs to be

done longitudinal studies ever since it will give a chance to look for causal between corporal punishment and psychological distress.

School based intervention such as positive behavioral which proves to work through collaborative problem solving (agreement) that aims at reducing presence of psychological distress among adolescents is needed whereby it can be highly effective in promoting good behavior to students, but also counselling and guidance is important to be available.

6.0 LIMITATIONS AND MITIGATIONS

There are several limitations of the study that should be noted:-

First, short time available for data collections and financial resources limiting travel to study school sites that were close to the university.

Second, the study used cross-sectional design that has inherent weakness in evaluating temporal relationship between exposure and outcomes. Therefore, it is difficult for the results to clearly show the direction of association because no causal statements can be made about corporal as precipitating the students' mental health status.

This study also did not focus on the details of corporal punishment carried out by teachers. While this study provides some insight, further research, particularly in public schools, is needed to investigate that.

Selection bias of schools, schools were selected conveniently, this means they might have unique characteristics which may not be in other schools.

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12. APPENDECES

Appendices I-Questionnaire English Version

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

DATE

--	--	--	--	--	--

dd

mm

yy

NAME OF THE SCHOOL

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Please help us by completing this questionnaire.

This is not a test and there are no rights or wrong answers. PLEASE BE HONEST WHEN YOU ANSWER. Do NOT give us answers that you think we want.

It is voluntary for you to participate in this study. This means that you can decide to participate or not. You can withdraw from the study at any time.

Please do not write your name on this questionnaire. All the information you give us will be kept private; nobody will know who filled in this questionnaire. Your teachers, neighbors, family and other learners will not see your answers.

Please take your time and answer carefully.

In questions where there are boxes, please tick the box next to the answer you want to give.

If you have any questions or are unsure about a question, please raise your hand and ask the project staff present in the classroom.

THANK YOU VERY MUCH FOR YOUR HELP!

Please tell us a little about yourself by answering the following questions.

1. What year were you born in? or	How old are you
<input type="text"/>	<input type="text"/>

2. What is your sex?

Male

Female

3. What form are you in?

Form One

Form Two

Form Three

Form Four

4. What is your religion?

Christian

Muslim

Hindu

African traditional

Other, please specify:

5. Who is your main caregiver?

<input type="checkbox"/> Mother	<input type="checkbox"/> Relatives
<input type="checkbox"/> Father	<input type="checkbox"/> One of my other family members
<input type="checkbox"/> Both parents	<input type="checkbox"/> Someone else (not family member)

6.What is the highest education level of your (main caregiver)?

<input type="checkbox"/> No formal education	<input type="checkbox"/> Secondary school education
<input type="checkbox"/> Less than primary education	<input type="checkbox"/> College/university education
<input type="checkbox"/> Primary school education	<input type="checkbox"/> I do not know

Corporal Punishment Questions

7.Have you ever been punished for past 3 months?

yes

no

Which one among of this punishment it has been administered here at school	Yes	no	Which one among of this punishment have you experienced here at school
8.Frog jump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.Push ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.Kneeling down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.Kneeling under the sun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.Kneeling down while raising stones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.Pulling hears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.Canning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.shaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.head knocking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.slapped whether on face or other part of the body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.others specify			Others specify

Anxiety and Depression scale

Listed below are some symptoms or problems that people sometimes have. Please read each one carefully and decide how much the symptoms bothered or distressed you in the last week, including today. Place a check in the appropriate column.

PART 1 ANXIETY SYMPTOMS					
No		(1) Not at all	(2) A little	(3) Quite a bit	(4) Extremely
1.	Suddenly scared for no reason				
2.	Feeling fearful				
3.	Faintness, dizziness, or weakness				
4.	Nervousness or shakiness inside				
5.	Heart pounding or racing				
6.	Trembling				
7.	Feeling tense or keyed up				
8.	Headache				
9.	Spell of terror or panic				
10.	Feeling restless, can't sit still				
PART II DEPRESSION SYMPTOMS					
No		(1) Not at all	(2) A little	(3) Quite a bit	(4) Extremely
11.	Feeling low in energy, slowed down				
12.	Blaming yourself for things				
13.	Crying easily				
14.	Loss of sexual interest or pleasure				
15.	Poor appetite				
16.	Difficulty falling asleep, staying asleep				

17.	Feeling hopeless about the future				
18.	Feeling blue				
19.	Feeling lonely				
20.	Thoughts of ending your life				
21.	Feeling of being trapped or caught				
22.	Worry too much about things				
23.	Feeling no interest in things				
24.	Feeling everything is an effort				
25.	Feelings of worthlessness				

Appendices II-Questionnaire Kiswahili version

**KICHWA CHA HABARI: UTAFITI JUU YA ADHABU ZA MWILINI NA UHUSIANO WAKE NA MADHARA YA KISAIKOLOJIA KWA WANAFUNZI WA SHULE ZA SEKONDARI DAR-ES-SALAAM
MTAFITI MKUU: Bi. DEBORAH LUAMBANO
MAELEZOKWA WASHIRIKI**

Tafadhali tunakuomba utusaidie katika kujaza dodoso hili.

Tunajaribu kutaka kujua juu ya adhabu za mwilini (corporal punishment) kwa kufahamu aina ya hizo adhabu na kuona kama zinahusiano na matatizo ya kisaikolojia yanayokabili vijana waliopo mashuleni hasa wa elimu ya sekondari Taarifa hizi ni muhimu sana.

Huu simtihani na hakuna majibu sahihi wala yasiyo sahihi. TAFADHALI, UWE MKWELI KATIKA KUJIBU.

Ushiriki wako katika utafiti huu ni wahari. Hii inamaanisha kwamba unaweza ukaamua kushiriki au kutoshiriki. Unaweza acha ushiriki wakati wowote.

Tafadhali usiandike jina lako kwenye dodoso hili. Taarifa zote utakazotupatia zitakuwa ni siri, hakuna atakayemjua mtu aliyejaza dodoso hili. Walimu wako, majirani zako, familia yako na wanafunzi wengine hawataona majibu yako.

Tafadhali chukua muda wakutosha kusoma kisha ujibu Maswali kwa umakini. Tafadhali fuata maelezo husika ya kila sehemu unayotakiwa kujaza jawabu unalolikusidia katika kujibu Maswali. Kama una swali, au hauna uhakika kuhusu swali unalojibu Tafadhali nyoosha mkono na muulizemtumishi wamradihuuataekua ewakati waujazaji wadodoso hili.

Uko huru kuuliza maswali baada yakumaliza kujaza dodoso.

Je, umelewa taarifa zote zilizoko hapa? (kama sivyo Tafadhali omba ufafanuzi zaidi)

Je, unakubali kushiriki?

Ndiyo [] Hapana []

Sahihi ya mshiriki.....

Tarehe:

.....

Jina la shule:

SEHEMU A: Taarifa Binafsi

Tafadhali tueleze kwa kifupi kuhusu wewe mwenyewe kwa kujibu Maswali yafuatayo:

1.Ulizaliwa mwaka gani?	au	Una miaka mingapi ?
<input type="text"/>		<input type="text"/>

2.Jinsia yako	
<input type="checkbox"/> Msichana	1
<input type="checkbox"/> Mvulana	2

3.Unasoma kidato cha ngapi?		
<input type="checkbox"/> Kidato	cha	kwanza
1		
<input type="checkbox"/> Kidato	cha	pili
2		
<input type="checkbox"/> Kidato	cha	tatu
3		
<input type="checkbox"/> Kidato	cha	nne
4		

4.Dini yako ni ipi?			
<input type="checkbox"/> Mkristo			
1			
<input type="checkbox"/> Muislamu			
2			
<input type="checkbox"/> Mhindu			
3			
<input type="checkbox"/> Diniza	kienyeji	za	kiafra
4			
Nyingine	taja		_____
5			

5.Nani ni mlezi wako mkuu nyumbani?	
<input type="checkbox"/> Mama	<input type="checkbox"/> Wazazi
1	4

<input type="checkbox"/> Baba 2	<input type="checkbox"/> Mtu mwingine tofauti na wanafamilia 5
<input type="checkbox"/> Ndugu 3	<input type="checkbox"/> Mmoja wa wanafamilia yangu 6

6.Nini kiwango cha elimu cha mlezi wako?

<input type="checkbox"/> Hana elimu rasmi 0	<input type="checkbox"/> Elimu ya Sekondari 3
<input type="checkbox"/> Chini ya elimu ya msingi 1	<input type="checkbox"/> Elimu ya Chuo/ Chuo kikuu 4
<input type="checkbox"/> Elimu ya msingi 2	<input type="checkbox"/> Sijui 5

Maswali kuhusu adhabu za mwilini (Corporal Punishment)

7 Je umeadhibiwa kwa muda wa miezi mitatu iliyopita hadi leo

<input type="checkbox"/> Hapana 0
<input type="checkbox"/> Ndio 1

Ni adhabu zipi kati ya hizi hutolewa hapa shuleni	Hapana 0	Ndio 1	Ni zipi kati ya adhabu zitolewaza hapa shuleni ambazo umeshawahi pata
8.Kuruka kichurachura	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.Push ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.Kupiga magoti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.Kupiga magoti juani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.Kupiga magoti huku umeinua mawe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.Kuvutwa masikio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.Kuchapwa fimbo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.Kutikiswa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.Kugonganishwa vichwa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.Kupigwa makofi usoni au sehemu za mwili	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Nyingine taja_____			Nyingine taja_____

SEHEMU C:

→Ningependa sasa kukuuliza kuhusiana na dalili au matatizo ambayo watu huyapata. Tafadhali sikiliza vizuri naniambieni kwa kiasi gani dalili hizi zilikusumbua katika wiki moja iliyopita, ikiwemo leo. Sema kama dalili hizi hazikukusumbua kabisa, zilikusumbua kidogo, zilikusumbua kidogo zaidi au zilikusumbua sana

KIPIMO KIFUPI CHA WASIWASI ULIOPITILIZA					
No		(1) Hamna hata kidogo	(2) Kidogo	(3) Ipo kiasi	(4) Ipo sana
29.	Wasiwasi wa ghafla bila sababu				
30.	Kuhisi woga				
31.	Kupoteza fahamu, kizunguzungu au kukosa nguvu mwilini				
32.	Hofu au kutetemeka ndani				
33.	Mapigo ya moyo kupiga kwa nguvu au kwenda mbio				
34.	Kutetemeka				
35.	Kujisikia umekakamaa au una chochezi				
36.	Kichwa kuuma				
37.	Vipindi vya hofu kuu au kiwewe/ wasiwasi mkubwa				
38.	Hisia za kutotulia, kukaa sehemu moja				
KIPIMO KIFUPI CHA SONONA					
No		(1) Hamna hata kidogo	(2) Kidogo	(3) Ipo kiasi	(4) Ipo sana
39.	Kujisikia kukosa nguvu au uvivu				
40.	Kujilaumu mwenyewe kuhusiana na mambo fulani				
41.	Mwepesi kulia				
42.	Kukosa hamu ya mapenzi au furaha				
43.	Kukosa hamu ya kula				
44.	Kushindwa kupata usingizi, au kuendelea kuwa usingizini				
45.	Kukosa matumaini kuhusiana na siku zijazo				
46.	Kuhisi huzuni				
47.	Kujihisi mpweke				

48.	Mawazo ya kukatisha uhai wako				
49.	Mawazo ya kuwa umefungiwa au umekamatwa				
50.	Kuwa na wasiwasi sana kuhusiana na mambo				
51.	Kujisikia kutokuwa na hamu na kitu chochote (vitu ambavyo ni muhimu kwako).				
52.	Kujisikia hali ya kujilazimisha ilikuweza kufanya kitu chochote				
53.	Hisia za kutokuwa na thamani				

Thank you for your participation.

Appendices III- Informed Consent

TOPIC: RELATIONSHIP BETWEEN PSYCHOLOGICAL FACTOR AND CORPORAL PUNISHMENT AMONG SECONDARY SCHOOL STUDENTS IN DAR-ES-SALAAM.

PRINCIPLE INVESTIGATOR: Ms. DEBORAH LUAMBANO

INFORMATION TO THE PARTICIPANTS

Hello! My name is....., a research team member who is conducting a study on the relationship between psychological factor and corporal punishment among secondary school students in Dar-es-Salaam. Welcome and thank you for your interest to participate in this study.

The purpose of this study is to assess whether corporal punishment and psychological factor relate to each other specifically in secondary school students in Dar –Es-Salaam.

This is a voluntary participation, you are free to agree or refuse participation. There will be no consequences if you refuse to withdraw from the study.

The study will take approximately half an hour. All information that you provide will be confidential with no identifying clue to expose you to others.

Should there be need for counseling or any Mental Health services arrangements will be made at the end questionnaire filling. At the end of the study obtained results will be relayed to relevant authorities for consideration and actions.

At the end of the questionnaire filling you are free to ask questions.

Do you understand all the information that has been given? (If not please ask for further clarification)

Do you agree to participate? Yes [] No []

Participants signature.....

Appendices IV-Informed consent Kiswahili version

KICHWA CHA HABARI: UTAFITI JUU YA ADHABU ZA MWILINI NA UHUSIANO WAKE NA MADHARA YA KISAIKOLOJIA KWA WANAFUNZI WA SHULE ZA UPILI DAR-ES-SALAAM

MTAFITI MKUU: Bi. DEBORAH LUAMBANO

MAELEZOKWA WASHIRIKI

Habari! Jinalanguni.....,

Miminimmojayawatafitininayeangaliauhusianokatityaadhabuzamwilini

namadharayakisaikolojiakwawanafunziwashulezaupili Dar-es-salaam. Karibu na ahsantekwakushirikikwenyeutafitihuu.

Dhumuni la utafitihuunikupatauelewajuuyaadhabuzamwilinizitolewazomashuleni na kuwezakujuakamaadhabuhizozinauwezowakupelekeakuwepokwamadharayakisaikolojia .Taarifazitakazopatikanazitasaidiakatikauboreshajiwazualazima la utoajiadhabu na nikituganikiwezekufanyikajuuyahilo.

Kushirikikatikautafitihuunisuala la hiyari, hivyounawezakukubali au kukataakushirikikatikautafitihuu. Hakutakuwa na madharayoyoteendapoukiamuakutokushiriki.

Ujazajiwadodosoutachukuatakribannususaa. Taarifazoteutakazotoazitakuwasiri na hakunamtuyeyoteatakaejuakwanijina la muhusikahalitaandikwokatikadodoso. Kama kunahajayaunasihi au

hudumazozotezaAfyayaAkilimipangoitafanyikabaadayakukamilishausaili.

Majibuyautafitiyatapelekwakwawahusikakwaajiliuandalizi na masahihisho.

Ukohurukuulizamaswalibaadayakumalizakujazadodoso.

Je, umelewatatarifazotezilizokohapa? (kamasivyotafadhaliombaufafanuzizaidi)

Je, unakubalikushiriki? Ndiyo [] Hapana []

Sahihiyamshiriki.....