THE ASSOCIATION BETWEEN ADVERSE CHILDHOOD EXPERIENCES (ACEs) WITH CHALLENGING BEHAVIORS AMONG PUBLIC ORDINARY LEVEL SECONDARY SCHOOL STUDENTS IN KINONDONI MUNICIPAL, DAR ES SALAAM

Theresia Aloyce Mwaijala, BSc

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THE ASSOCIATION BETWEEN ADVERSE CHILDHOOD EXPERIENCES (ACEs) WITH CHALLENGING BEHAVIORS AMONG PUBLIC RDINARY LEVEL SECONDARY SCHOOL STUDENTS IN KINONDONI MUNICIPAL, DAR ES SALAAM

By

Theresia Aloyce Mwaijala, BSc

A Dissertation Submitted in (Partial) Fulfillment of the Requirements for the Degree of Master of Science (Clinical Psychology) at

Muhimbili University of Health and Allied Sciences

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CERTIFICATION

The undersigned certifies that they have read and hereby recommends for acceptance by Muhimbili University of Health and Allied Science a dissertation entitled; **‘‘The association between adverse childhood experiences (ACEs) with challenging behaviors among public ordinary level secondary school students in Kinondoni Municipal, Dar es Salaam”** in (partial) fulfillment of the requirements for the degree of Masters of Science (Clinical Psychology) of Muhimbili University of Health and Allied Sciences.

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Dr. Jessie Mbwambo(Principal Mental Health Specialist and Researcher)

(Supervisor)

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Date

DECLARATION AND COPYRIGHT

I, **Theresia Aloyce Mwaijala**, declare that this dissertation is my own original work and that it has not been presented and will not be presented at any other University for a similar or any other degree award.

Signature …… **Date** ……

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DEDICATION

This work is dedicated to my son, Prince Itsile Mwihomeke for he endured it all throughout my absence.

ABSTRACT

Background: Adverse Childhood experiences (ACEs) are wide varieties of distressing events during a child's life. These events are such as physical and emotional abuse and neglect as well as living in a dysfunctional household. Cultural and financial circumstances have left many children in Tanzania unattended by their parents or caregivers and therefore are put into risk of adversities. Untill now, there is limited or no known published data in this area, especially on the behavioral consequences of ACEs. A better understanding of the association of ACEs and students' challenging behaviors will set useful insights for informing educational stake holders on the right interventions and support for students with challenging behaviors.

Aim of the study: To determine the association between ACEs with challenging behaviors among public secondary school students in Kinondoni Municipal, Dar es Salaam.

Materials and methods: Quantitative, cross-sectional survey design was used. A total of 422 students of Form I to Form IV from public secondary schools in Kinondoni Municipal were recruited. Simple random sampling technique was used to select 105 students in each of the four schools selected to meet the required number of study participants. The International Adverse Childhood Experiences (ACE – IQ) questionnaire was used to measure abuse (physical, emotional or sexual), neglect (physical, emotional) and household dysfunction (mental illness, substance abuse, physical violence, separation, divorce and incarceration in the family). The Strengths and Difficulties Questionnaire (SDQ) – a brief behavioral screening tool was used to measure conduct problems and hyperactivity. Collected data was analyzed by using SPSS version 23. The bivariate analysis model was used to establish the association between ACEs and challenging behaviors, whereas the p value of less than 0.05 was considered statistically significant. Variables which were statistically significant on bivariate analysis were entered into the multivariate model in order to control for confounders.

Results: Of the consented 418 participants, majority belonged to 16 – 19 age group 252 (60.3%) whereas female participants were 253 (60.5%). More than half of the participants 220(52.6%) lived with both parents. The prevalence of challenging behavior was found to be

284(67.93%) for aggression, 248(59.3%) for delinquency, 248(45.7%) for disruptive behavior and 270(64.6%) for attention deficiencies, aggression being the highest. The association was found between ACEs with challenging behaviors. Participants who reported to have had family dysfunction had 1.11 times the prevalence of challenging behavior compared to those who did not (cPR= 1.11, 95% CI 1.01 – 1.22, p = 0.034). Likewise, participants who reported to have had sexual abuse had 1.09 times the prevalence of challenging behavior compared to those who did not report sexual abuse (cPR = 1.09, 95% CI 1.04 – 1.14, p < 0.001). On multivariate analysis, students who experienced sexual abuse were more likely to develop challenging behaviors compared to students who did not (aPR= 1.06, 95% CI 1.02 – 1.11, p = 0.006).

Conclusion: Challenging behaviors are high among the study participants. Family dysfunctions and sexual abuse was statistically significant independent risk factors highly associated with challenging behaviors among study participants.

Recommendation: Parenting skills development addressing ACEs may result in reduction of challenging behaviours. Activists addressing childhood interventions need to be sensitized on the results of this study so as to address strategies that would address family dysfunctions and also reduce sexual abuse. Further research which will incorporate private schools is needed.

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LIST OF ABBREVIATIONS

ACE	Adverse Childhood Experience
WHO	World Health Organization
ACE – IQ	International Adverse Childhood Experiences
SDQ	Strengths and Difficulties Questionnaire
SPSS	Statistical Package for Social Sciences
MUHAS	Muhimbili University of Health and Allied Sciences
FFCWS	Fragile Families and Child Welbeing Study
cPR	Crude Prevalence Ratio
aPR	Adjusted Prevalence Ratio
CI	Confidence Interval

DEFINITIONS OF TERMS

For the purposes of this study, the following operation definitions are used as a guideline for terms used in the text;

Adverse Childhood Experiences (ACEs): These are expression used to describe all types of abuse, neglect and other traumatic experiences that occur to individuals under the age of 18 (Gilgoff & Singh, 2020). ACEs are defined further by Sacks and colleagues as potentially traumatic events that can have negative, lasting effects on health and well-being (Sacks et al., 2014) such as difficulties in learning, emotional disturbances and risky behaviors like substance abuse.

Child Maltreatment: **Is** defined as any physical or emotional mistreatment, sexual abuse or neglect that harms the child's health, survival, dignity or development (David-ferdon et al., 2021; Hecker et al., 2019). Elsewhere in this study, it is referred to all types of abuse or neglect experienced by individuals before age 18.

Challenging Behavior: Challenging behavior is defined as behavior that (a) interferes with the student's learning or the learning of other individuals, (b) hinders social-emotional development and positive social interactions and relationships, or (c) harms the student, peers, adults, or family members (Carranza, 2012; Koritsas & Iacono, 2012).

Indiscipline: **Is** lack of control in the behavior of a group of people. It implies that the individual behavior is out of tune, abnormal and different in a negative sense. It is framed as negative attributes, undesirable and therefore is frowned upon and known to characterize unruly behavior or bad conduct (The Oxford Advanced Learners Dictionary, **2001** (6th edition)).

Moreover, according to some literatures, indiscipline is behavior that:

1. Disturbs teaching/learning, and/or violates the right of other students to learn,
2. Is mentally and physically unsafe, and/or Damages property" (Levin and Nolan, 2004: (Kompirović et al., 2018)

Public Secondary School: **The study was done in** Ordinary Level secondary schools that are maintained, administered and controlled by the government.

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background

In most schools and for most teachers, challenging behavior can generally be understood as something that either interferes with the safety or learning of the student or other students, or interferes with the safety of school staff (Carter et al., 2006a; Ngwokabuenui, 2015; Nicholls et al., 2019). Challenging behaviors explained herein are grouped to include various types of students' problem behaviors. These are such as aggression, delinquency, disruptive attitudes, hyperactivity, and attention deficiencies.

Severe challenging behavior begins early in life and in most children, reaches a peak at about 4 years of age, and it declines there after. Most often during school entry age aggressive behavior patterns become noticeable or obvious (Campbell et al., 2000). Records show that violent behaviors attract most of attention, especially media's attention, however classroom teachers, students and parents argue that behaviors which need immediate concern are such as swearing (use of offensive language) confronting behavior, disobedience and inattention (Carter et al., 2006b).

The prevalence figures for students with emotional or behavioral disorders ranges from 3%–6% of the school population (Vinson, 2002; Westwood & Graham, 2000). However, Graham & Bailey note that these estimates can vary depending on the criteria used to define emotional and behavioral disorders; i.e. if children with mild and short-term behavior problems are counted, prevalence figures for students with challenging behavior may be as high as 40%. On the other hand, if only students with the most serious problems are included, prevalence figures may be as low as 0.18% (Graham & Bailey, 2007).

In Europe alone, studies done between 2007 and 2011 reports high prevalence of challenging behavior; Romanian students had prevalence of 35.87% compared with the European average of 31.5% in aggressive behaviors, specifically in physical fighting. The physical fighting however, was associated with other challenging behaviors such as alcohol drinking (binge drinking), using of drugs, truancy, and poor relationship with their peers (Bucur et al., 2020; Slee in Smith, 2003).

In developing countries, prevalence of challenging behaviors among students varies depending on the type of behavior. Aggression is found to be one of the major challenges facing school administrations; in Nigeria for instance, the magnitude of challenging behavior ranges from 10% to 59.9% for both verbal and physical aggression and delinquent behavior (Fenny, 2020; Onukwufor, 2013). Studies done in Egypt between 2014 and 2015 reported high prevalence of challenging behaviors for children and adolescents of 13 – 18 years old ranging from 0.7% to 51.7% of the total population studied (Elmasry et al., 2016)

In Kenya, it is reported that disruptive behaviors are the most common form of indiscipline which is at 40.8%, followed by drug abuse or missing classes at 31.6%, sneaking, not doing assignments and bullying were found to be at 25.5% while rudeness was at 22.4%. This is explained further that students who abuse drugs do not often stay in class, or in school, as they may be elsewhere seeking drugs or money to purchase the drugs (Ndaita, 2016; Tieku et al., 2015).

In Tanzania, the study which was done in Temeke Municipal, acknowledged that disruptive behaviors like truancy, destruction of school properties, refusal to follow school rules and drug abuse is a constant struggle for school management and classroom teachers. This study found destructive behavior to be at 55.6%. Another study done by Ngalya, Semali and Vumilia, reported the magnitude of challenging behaviors on a range of 0.167% to 50% of major to moderate students' disruptive behaviors (Ngallya, 2017; Semali & Vumilia, 2016). These findings show high magnitude of challenging behavior and it is alarming in Tanzania, just like in most other parts of the world.

Several authors found ACEs to be a significant direct predictor of children's and adolescents' behavioral problems. Prolonged stress can cause impairment of cognition and the child may develop highly maladaptive behaviors such as delinquency, aggression, bullying, inattention, etc. These challenges resulting from ACEs are affecting schools administrations globally (Kabiru, 2014; Perez et al., 2017; Nkuba et al., 2019).

Socio-demographic variables have also been reported to play a predictive role of challenging behaviors among children. Authors have investigated the association of students' challenging behavior with the gender of students, their age and their living arrangement, (Evans & Miguel, 2007; Kompirović et al., 2018; Tieku et al., 2015). The impacts these characteristics have on challenging behaviors among students have been acknowledged (Kabiru, 2014). However, Tieku et al. warns that not all children who live in disadvantaged home environment i.e. who are psychologically or socially and emotionally deprived will engage in challenging behavior. (Carranza, 2012; Tieku et al., 2015; Koda & Kayombo, 2019; Gilgoff & Singh, 2020; Bensinger, 2021; David-ferdon et al., 2021;).

1.2 Problem Statement

Students' challenging behaviors have been ranked a major problem among students of primary and secondary schools in Tanzania (MOEC, 2005). Much has been done by the government through the ministry and schools in order to curb challenging behaviors in schools. Among many solutions are the establishment of school rules and regulations that a particular school adopts in order to ensure proper students' behavior (MANTEP, 1995; Mosha, 2006). Among many suggested and adopted solutions is unfortunately the use of corporal punishment which was introduced as a tool to curb students' behavioral problems (Yaghambe, 2013).

Despite the efforts, there is still challenging behavior in schools. Measures taken on a daily basis are expulsion, suspension and exclusion. These are mentioned to be ineffective and that they contribute to the increased disorder in schools. Furthermore, they lead to even more challenging behaviors like increased dropout rates, underperformances and delinquencies (Maag, 2014; Semali & Vumilia, 2016). This study seeks to examine the prevalence and

predictors of challenging behaviors among public secondary school students. Consequently, it will open doors to finding right measures to curb challenging behaviors among students.

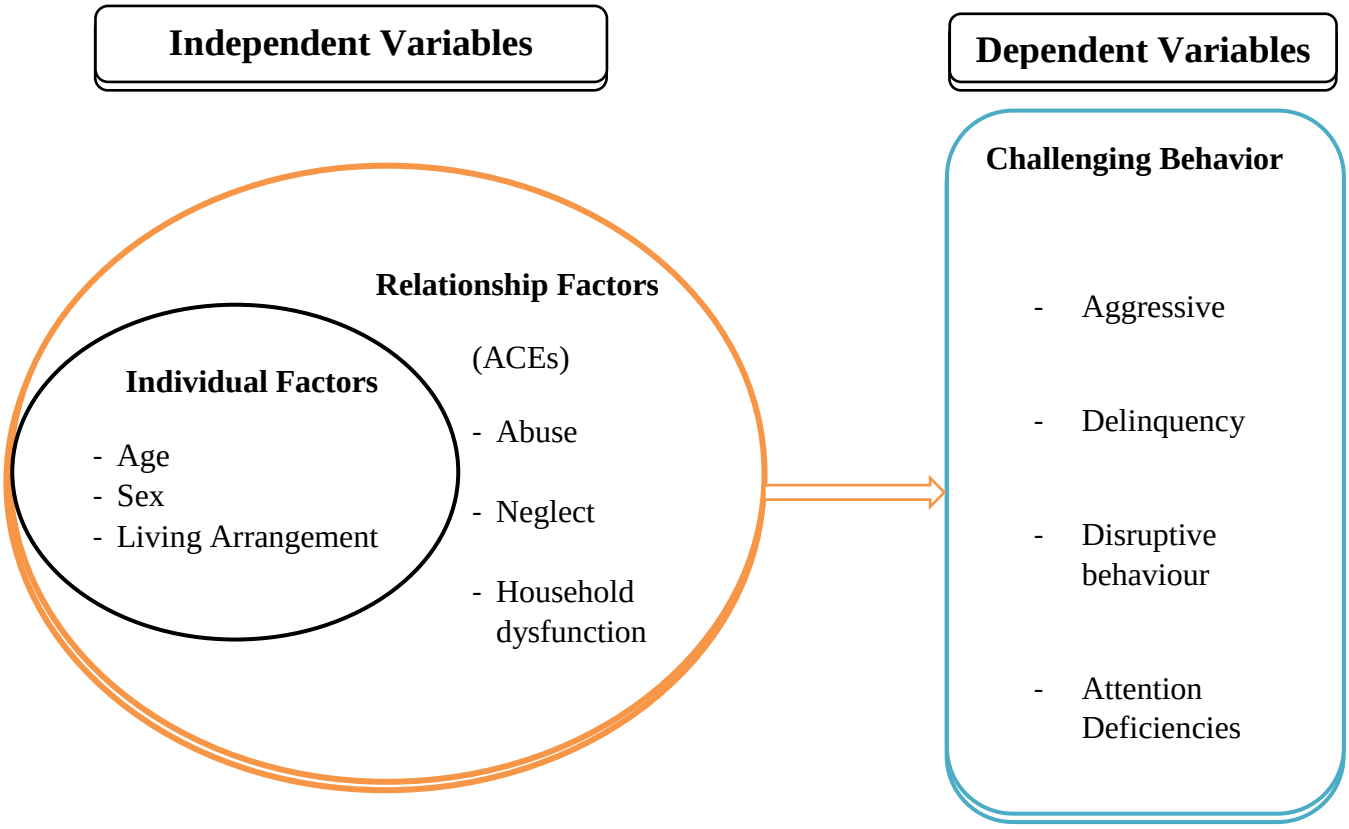
1.3 Conceptual Framework

The Social-ecological Model, which was adapted to this study, explains the interaction between multiple factors such as the individual characteristics of the child and the relationships the child has with his/her family members/community and their influence on challenging behaviors (Bronfenbrenner, 2009). The model was developed by the psychologist Urie Bronfenbrenner (1970s), it addresses that there are multiple aspects of a developing child's life that interact with and affect the child. The theory poses that particular supportive or disruptive factors in the environment can either enhance the well-being and functioning of a child or corrupt development over time. The model looked beyond individual factors to focus on the impact of social interaction on child's development. (CDC, 2017; Sallis & Owen, 2008)

Individual characteristics referred in this study are the socio-demographic characteristics of the child such as the age, sex and living arrangement of the child; these factors may increase or decrease the risk of developing challenging behaviors. Relationship factors refer to how the child relates to other family members or the community he/she lives in. Factors such as abuse, neglect and living in a dysfunctional family, may put the child into a risk of developing challenging behaviors. With frequent and or prolonged adversity during childhood – especially without adequate adult support, children are prone to exhibiting lifelong negative effects and problem behaviors.

For inclusion in this current study, individual and relationship factors are carefully selected. Individual factors selected are age, sex and children's living arrangement (child living with both/single parents, lives at an orphanage/shelter and child's residence location). The relationship factors are such as abuse (sexual, physical or emotional), neglect (physical, emotional) and living in a dysfunctional family (substance abuse, divorce/separation, incarceration, mental illness – in the family).

Figure 1: A Modified Conceptual Framework describing Challenging Behaviors and their Associated Factors, Bronfenbrenner (1970)



1.4 Rationale

It has long been known through studies that considerable and prolonged stresses during childhood results into lifelong consequences for persons' health and wellbeing; it disrupts early brain development and can lead to poorer behavioral outcomes. This study is aimed at determining the interaction between ACEs and indivcidual characteristics of the child and their influence on challenging behaviors. It is anticipated that obtained data will inform schools, educational policy makers, parents and parental care systems and other education stakeholders about prevalence of challenging behaviors and its predictive factors such as ACEs.

1.5 Research Questions

1.5.1 Broad Research Question

What is the association between ACEs with challenging behaviors among public secondary school students?

1.5.2 Specific Research Questions

1. What is the prevalence of challenging behaviors among public secondary school students?
2. What childhood maltreatment influences development of challenging behaviors among public secondary school students?
3. What family stress/dysfunction **(**e.g. member who is mentally or physically ill, incaecerated or substance abusing, absence or loss of parent because of death, divorce or separation and domestic violence**)** influences development of challenging behaviors among secondary school students?
4. What socio-demographic factors influence development of challenging behaviors among public secondary school students?

1.6 Broad Objectives

To determine the prevalence and factors associated with challenging behaviors among Public Secondary School Students in Kinondoni Municipal, Dar es Salaam.

1.7. Specific Objectives

i. To determine prevalence of challenging behaviors among students in public secondary schools in Kinondoni Municipal, Dar es Salaam
ii. To determine factors associated with challenging behaviors among secondary school students in Kinondoni Municipal, Dar es Salaam.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Challenging Behavior

In most schools and for most teachers, challenging behavior can generally be understood as something that either interferes with the safety or learning of the student or other students, or interferes with the safety of school staff (Carter et al., 2006a; Nicholls et al., 2019).

Elsewhere in this study, the term challenging behaviors is used interchangeably with "indiscipline", indicating the same thing. Students' challenging behaviors or students' indiscipline have been the major and continuous administrative problem among secondary schools in both developed and developing countries (Carter et al., 2006b; Ngwokabuenui, 2015).

There is constant concern about challenging behavior in schools, particularly more extreme disruptive and aggressive behavior (Slee in Smith, 2003; Vinson, 2002). Most often during school entry age aggressive behavior patterns become noticeable / obvious (Campbell et al., 2000). Records show that violent behaviors attract most of attention, especially media's attention, however classroom teachers, students and parents argue that behaviors which needs immediate concern are such as swearing **or** use of offensive language, confronting behavior, disobedience and inattention (Carter et al., 2006b).

Challenging behaviors referred herein include various types of students' problem behaviors. These are such as aggression, delinquency, disruptive attitudes, hyperactivity, and attention deficiencies.

2.2 Prevalence of Challenging Behavior

The prevalence figures for students with emotional or behavioral disorders ranges from 3%–6% of the school population (Vinson, 2002); Westwood & Graham, 2000). However, Graham & Bailey note that these estimates can vary depending on the criteria used to define emotional and behavioral disorders**;** i.e. if children with mild and short-term behavior problems are counted, prevalence figures for students with challenging behavior may be as high as 40%. On the other hand, if only students with the most serious problems are included, prevalence figures may be as low as 0.18% (Graham & Bailey, 2007).

Challenging behaviors among students therefore is a worldwide problem, and it is warranting for major attention and interventions. In Europe alone, studies done between 2007 and 2011 reports high prevalence of the problem; Romanian students had prevalence of 35.87% compared with the European average of 31.5% in aggressive behaviors, specifically in physical fighting. The physical fighting however, was associated with other challenging behaviors such as alcohol drinking (binge drinking), using of drugs, truancy, and poor relationship/ misunderstandings with their peers (Bucur et al., 2020; Slee in Smith, 2003).

In developing countries, prevalence of challenging behaviors among students varies depending on the type of behavior. Aggression is found to be one of the major challenges facing school administrations; in Nigeria for instance, the magnitude of the problem ranges from 10% to 59.9% for both verbal and physical aggression and delinquent behavior (Fenny, 2020; Onukwufor, 2013). Studies done in Egypt between 2014 and 2015 reported high prevalence of challenging behaviors for children and adolescents of 13 – 18 years old ranging from 0.7% to 51.7% of the total population studied (Elmasry et al., 2016)

The research findings of the study done in Kenya found out the most common cases of indiscipline to be disruptive behaviors (e.g. noise making), emotional disturbances (e.g**.** bullying, fighting), learning difficulties (e.g. failing to complete assignments**),** risky behaviors (such as drug abuse, sexual behaviors, sneaking out of school, stealing other students' property and general defiance of school authority and rules**).** The observation is that, disruptive

behaviors is the most common form of indiscipline which is at 40.8%, followed by drug abuse or missing classes at 31.6%, sneaking, not doing assignments and bullying was found to be at 25.5% and rudeness is at 22.4%. These findings associate the prevalence of noise making (disruptive behaviors) and low concentration levels. Drug abuse is also associated with missing classes (truancy). This is explained further that students who abuse drugs do not often stay in class, or in school, as they may be seeking drugs or money to purchase the drugs elsewhere (Ndaita, 2016; Tieku et al., 2015).

In Tanzania, the study on management of students' indiscipline cases in public secondary schools which was done in Temeke Municipal, acknowledges that disruptive behaviors like truancy, destruction of school properties, refusal to follow school rules and drug abuse is a constant struggle for school management and classroom teachers. This study found destructive behavior to be at 55.6%. Another similar study done by Ngalya and Semali reported the magnitude of challenging behaviors on a range of 0.167% to 50% of students' disruptive behaviors (Ngallya, 2017; Semali & Vumilia, 2016). These findings show high magnitude of the problem and it is alarming in Tanzania, just like in most parts of the world.

Other findings of a study done in Moshi, which looked into the influence of mobile phone on students' discipline in secondary schools, just like in other preceding studies, found out that truancy was one of the highest disciplinary cases experienced at an average of 79%, followed by sexual behaviors which were observed at 72%, and violence at an average of 53% of all the respondents (Koda & Kayombo, 2019).

Collectively, all the mentioned studies urge for the government and stake holders to look into the factors which lead to students' challenging behaviors and or find the right measures to curb the problem of challenging behaviors in schools.

2.3 Factors Associated with Challenging Behaviors

Several factors have been associated with challenging behaviors among students. This study however, will selectively examine the association between challenging behaviors and socio-demographic characteristics of the students and ACEs among participants.

2.3.1 Socio-demographic Characteristics

Socio-demographics are simply the characteristics of the population. Several studies have associated students with challenging behaviors with characteristics such as age, gender, current class, living arrangements (if a student lives with both or single parents, if he/she lives in orphanages/shelters & the child's residence location), parents' education and employment status. In this study, we will look at the factors such as age, gender, and student's living arrangements.

Additionally, the authors Andrilović and Čudina-Obradović recognizes that factors associated with challenging behaviors in a classroom or school are multiple and varies, however they address that the most commonly identified is the one which relate to psychological characteristics of students, their emotional needs, and socio-emotional atmosphere of school (Komprović et al., 2018).

2.3.2 Adverse Childhood Experiences

Effects of childhood maltreatment and abuse is a well researched area worldwide and for the past years studies have investigated different types of child maltreatment and abuse individually (Manyema & Richter, 2019).

ACEs, as the expression used to describe all types of abuse, neglect and other traumatic experiences that occur to individuals under the age of 18, were originally studied by the Kiser Permanente's San Diego Health Appraisal Clinic and the CDC. This study gave light to ACEs as a set of specified exposures on ten categories of experiences such as physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect. The other five are related to other family members: a parent who's an alcoholic, a mother who's a victim of domestic

violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment (Bellis et al., 2014; Bensinger, 2021; Hecker et al., 2019; Mwakanyamale et al., 2018).

2.4 The Association between Challenging Behavior and Socio-demographic Characteristics

Several authors have investigated the connection of school indiscipline with the gender of students, their age and their living arrangement, (Evans & Miguel, 2007; Kompirović et al., 2018; Tieku et al., 2015).

The impacts these characteristics have on challenging behaviors among students have been acknowledged (Kabiru, 2014). Tieku et al. warns that not all children who live in disadvantaged home environment, i.e. who are psychologically or socially and emotionally deprived will engage in challenging behavior. The student's socio-demographic characteristics may have the direct and moderating effects on a student's behavior (Bensinger, 2021; "Carranza Clinical Periodontology," 2012; David-ferdon et al., 2021; Gilgoff & Singh, 2020; Koda & Kayombo, 2019; Tieku et al., 2015)**.**

Sex; although different studies have shown low to high prevalence of challenging behaviors among secondary school students, most studies have found out that boys tend to engage more in all types of disruptive behaviors such as aggression and hyperactivity, ranging from mild to severe than girls. Adolescent boys tend to do so as they are aggravated by attention seeking and fighting is opted as the way to resolve conflicts (Bishop et al., 2020; Majani, 2020; Mundia, 2006).

Perez et al., in their study to investigate the mediating processes that may explain the relationship between a child's adverse experiences and serious, violent and chronic delinquency behavior using data from 64,239 Florida Department of Juvenile Justice, found out that demographic characteristics such as being male had a significant effect on a youth engaging in deviant behavior ($b = 0.37$, $p < 0.001$, 95% CI = [0.34, 0.41]) and it also predicted

higher levels of aggression (b = 1.39, p < 0.001, 95% CI = [1.34, 1.34]) and impulsivity (b = 0.92, p < 0.001, 95% CI = [0.90, 0.95]) (Perez et al., 2017).

Age; WHO defines adolescents as individuals in the 10 – 19 years age group and that it is a period characterized by the transition from childhood to adulthood. Development at this stage involves physical, social and emotional, cognitive, and moral domains of growth and change. This transition has implications for behavior of an adolescent; it is known to be characterized with risk-taking behavior, which is often associated with behavioral problems especially in the earlier phase of adolescence (Bucur et al., 2020; Development & Behavior, n.d.; Hasan & Husain, 2017; McAteer, 2018). Notably, the thinking region of the brain is not always functioning fully in teenagers, thus they are not thinking through the consequences of their behaviors. Different studies have shown the association between this age group and challenging behavior (Araban et al., 2020; Bucur et al., 2020; Hasan & Husain, 2017; Onukwufor, 2013; Yaghambe, 2013).

A study was done in the US to examine the link between early ACEs (by age 5) and school suspension or expulsion using the Fragile Families and Child Welbeing Study (1998 – 2021) (FFCWS). This study focused on the relationship between early exposure to ACEs, i.e. before age 5 and subsequent suspension or expulsion of students and inreased challenging behaviors (delinqency, stealing, fighting, truancy, smoking marijuana/ using substances, etc.). The study found out that, youth who reported more ACEs by age 5 were more likely to report experiencing suspension or expulsion than those who reported no ACEs or those who reported ACEs at later age. Additionally, other demographic characteristics such as being female, and being above poverty level were significantly associated with decreased suspension or expulsion, hence decreased challenging behaviors (Pierce et al., 2021)**.**

Student's living arrangement; Family circumstances may have powerful influences over learner's behavior. Students with challenging behaviors have been linked to their residence locations (where they live), single parent families, or orphanages/shelters living arrangement. Indiscipline in students to a large extent is a reflection of attributes, values and practices of

their society. The more the problems with drug abuse, crime and physical abuse increase in society, the more the discipline problems in schools (Lochan, 2010; Sidhu et al., 2019; Tieku et al., 2015).

Kagoia & Kagema writes that students coming from single parent families have shown to be associated with high rates of indiscipline in schools. Other authors add that these students are mostly attracted to join gangs where they will enjoy the attention and protection that they lack at home. This is said to associate single parent homes with higher level of emotional, psychological and behavioral problems (Evans & Miguel, 2007; Kagoiya & Kagema, 2018; Tieku et al., 2015).

Furthermore, if students did not live with both (biological) parents, it is seen by several studies to be contributing to challenging behaviors in schools. A study by Evans and Miguel found out that Kenyan students who do not have the guardianship of biological parents had higher rates of indiscipline in schools. On the contrary, another study found out that there were higher rates of challenging behaviors in students who stayed with both parents (Evans & Miguel, 2007; Mundia, 2006).

2.5 The association between Challenging Behaviors and ACEs

Several authors have reported the association between early childhood adversities with behavioral problems in children and adolescents. Highly maladaptive behaviors such as delinquency, aggression, bullying, inattention, etc. are some of the main challenges resulting from ACEs and are affecting schools administrations globally (Perez, Jennings & Baglivio, 2017; Nkuba et al., 2019; Hermenau et al., 2022)

To examine this association, the study done from 2007 to 2012, which used data from 64,329 Florida Department of Juvenile Justice by using a generalized structural equation model found out that ACE score was a significant direct predictor of youth's higher odds of serious, violent and chronic delinquency such as school related difficulties and dropouts, substance abuse problems and deviant behaviors (OR = 1.08, $\rho < 0.001$, 95% CI = [1.06, 1.09]) (Perez, Jennings & Baglivio, 2017).

Similarly, a cross-sectional study was done to examine the extent to which adverse life events was associated with delinquent behavior among adolescents in two slums in Kenya. The study used data from 3,064 males and females aged 12 – 19 years. The study found out that 54% of adolescents reported at least one type of ACEs while 18% reported three or more adverse events, and that adversities were positively and significantly associated with delinquent behaviors such as fighting, theft, bullying, etc. (males $F(3, 1562) = 51.0$, $p < 0.05$; females $F(3, 1494) = 59.8$, $p < 0.05$); implying that adverse life events are associated with an increased likelihood of risk behavior among adolescents (Caroline, w., et al., 2014).

Furthermore, another cross-sectional study was done in a small town, southern Tanzania to examine the relation between child neglect and behavioral problems in 409 school-aged children. 52% of these children were male, ranging from 6 – 15 years of age ($M = 10.49$, $SD = 1.89$). In this study, 18%, n = 75 of children lived in institutional care or in foster families, and 22%, n = 89 reported that at least one parent had died. The results showed that 62%, n = 255 of children have experienced at least one type of physical or emotional neglect. Likewise, 93% n = 379 experienced at least one type of family violence, 78% n = 336 at least one peer violence, and 8.3% n = 34 at least one form of sexual abuse. The study found significant associations between neglect and behavioral/ conduct problems such as hyperactivity, aggressions, etc. ($ß = 0.35$, $p < 0.05$) (Hecker, Tobias et al., 2018).

CHAPTER THREE

3.0 METHODOLOGY

3.1 Introduction

This section explains about the methodology that was used in the study starting with the study design, study population and sampling procedures. Data collection tools, study conduct and data analysis procedures.

3.2 Study Design

A quantitative cross-sectional study was carried out in selected public secondary schools to examine the association between ACEs with challenging behaviors.

3.3 Study population

The study population was comprised of secondary school students aged 13 to 19 year olds in Kinondoni municipality.

3.4. Study Area

This study was conducted in Kinondoni Municipality in Dar es Salaam city, whereas the city has four other administrative municipalities, Temeke, Ubungo, Kigamboni and Ilala. Kinondoni Municipal is located in the northern part of the city, with an area of 531 square kilometers. It is bordered by Indian Ocean to the East and North, Coast Region to the west and Ilala Municipality to the South.

According to the 2012 population Census, the Municipality had a population of 929,681 where male were 451,653 and female 478,028; of the total population, children aged between 10 to 19 years old were 250,530 which is expected to grow with 5.6 annual population growth rate by 2017. The municipal is estimated to have 311,465 households with an average of 4 persons per household.

Kinondoni municipal has more secondary schools located at urban than semi urban locations and representation of children from diversities in terms of socio economical status. The public schools in the municipal are similar in terms of infrastructure and education system. Currently the Municipal Council has a total number of 83 secondary schools, out of which 26 are registered public secondary schools and 57 are privately owned. At the time of the study, all public Secondary Schools had a total number of 25,305 students from form I - IV and 944 teachers. Private schools have the total number 13,990 Students from form I - IV and 2116 teachers (Kinondoni Municipal Council, 2018). Some of the students in most of the secondary schools are reported to engage in truancy, boycotting, use of alcohol, fights with teachers and many other challenging behaviors (Mkumbo, 2011).

3.4 Inclusion Criteria and Exclusion Criteria

3.4.1. Inclusion: Students

- Secondary school students from schools and classes who are present on the day of data collection
- Secondary school students who are between 13 and 19 years old on the day of data collection
- Secondary school students below the age of 18 years whose parents gave consent and those 18 years and above who will themselves consent to the study.

3.4.2 Exclusion: Students

- Students who are not able to complete their own questionnaires without assistance

3.5 Sample Size Estimation

The sample size was calculated by using Cochran Equation (1977) as indicated below:

$$N = Z^2(P)\,[1 - P]/E^2$$

Where;

N is the estimated sample size

Z is a constant value from the standard normal distribution for a particular confidence level to be used; Z = 1.96 for 95% confidence interval

P is a proportion /prevalence of challenging behavior available

E is the margin of error

For this study, I used Z as 1.96, E as 5% which is 0.05 and P as 50% which is 0.5, considering the prevalence of challenging behavior in Dar es Salaam, this prevalence will bring about a reasonable representation of the population (Ngallya, 2017; Semali & Vumilia, 2016).

i.e.

$$N = (1.96)^2\,(0.5)\,[1 - 0.5]/(0.05)^2$$

$$N = 384$$

An adjustment was done, assuming a non-response rate of 10% (38) of the estimated sample size; N = 384 + 38

N = 422

So, the sample size was 422 students from public secondary schools.

3.6 Sampling Procedures

Simple random sampling technique was used to get the required number of study participants. Considering that Kinondoni Municipal is heterogeneous in nature in terms of its geographical and wards allocation, it was divided between urban and peri-urban. Two wards were randomly selected from each respective stratum. Two schools from each ward making a total of four schools were randomly selected from the list of public secondary schools in the respective

ward. From each school, one hundred and six (106) students, form I to IV based on student roster were randomly selected. This was done by picking every third name in the class list. In case of absenteeism, the immediate name of student was picked to take part in the study.

3.7 Data Collection Instruments

Data collection tools were comprised of three different sections, which include a semi-structured sociodemographic questionnaire, Adverse Childhood Experience International Questionnaire (ACE – IQ) & Strength and Difficult Questionnaire (SDQ). The original questionnaires were in English language; this study however utilized and administered to participants the translated Swahili Versions as this is the official medium of information and communication in Tanzania.

3.7.1 Semi Structured Sociodemographic Characteristics Questionnaire

This questionnaire was developed by the researcher in order to facilitate required data collection that is not available in structured tools. It intended to collect socio-demographic characteristics which include age, **sex,** current class and living arrangement (if the participant lives with both or single parents, lived with a guardian, lived in a family house or orphanages/shelters).

3.7.2 Adverse Childhood Experience International Questionnaire (ACE – IQ)

Adverse Childhood Enxperience International Questionnaire (ACE – IQ) is a tool with 10 items which was used to assess exposure to ten types of ACEs. This tool **measured** abuse (physical, emotional or sexual), neglect (physical, emotional) and household challenges (mental illness, substance abuse, physical violence, separation, divorce and incarceration in the family). The ACE-IQ is intended to measure ACEs in all **countries** and it is designed to be integrated within broader health and behavior surveys to allow analysis of associations between ACEs and subsequent risk behaviors in later life (WHO, 2018). The tool has been used in the Tanzanian context, and has a test re-test reliability ranging from Cronbachs alpha of 0.79 to 0.86 and internal consistency reliability ranging from 0.66 to 0.92 (Mwakanyamale

et al., 2018). There is no retrievable information which shows the validation of ACE –I Q scale for use in the Tanzanian context, however similar questions have been used in national survey on maltreatment against children (UNICEF Tanzania, 2011).

In order to measure exposure to ACEs, the binary version of analysis was adopted, whereas when the participants answered “once”, “a few times” or “many times” then it was counted as a “yes” while “never” was counted as a “no”. Thus if the participant entered ‘yes’ for any of the categories of ACE-IQ, then yes was coded in the response **column** at analysis. This analysis allowed ascertaining the most appropriate approach to determine the exposure to ACEs (WHO, 2018).

3.7.3 Strength and Difficult Questionnaire (SDQ)

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioral screening tool for children and adolescents. SDQ is being used as a research tool throughout the world- in developmental, genetic, social, clinical and educational studies. The SDQ comes with good psychometric properties and has been utilized internationally (Goodman et al., 2000). In Tanzanian settings, the tool has been successfully used (Hermenau et al., 2011, 2015). It has an internal consistency reliability of 0.73 (Escueta et al., 2014). However, there is no retrievable information which shows the validation of SDQ tool for use in the Tanzanian context. The SDQ tool has 25 items divided into five sub-scales; emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship and prosocial behaviors on psychological attributes.

The SDQ tool was to assess challenging behaviors, thus it focused only on the subscales measuring hyperactivity and conduct problems. For the purpose of this study, 10 items from the Conduct Problem Scale and Hyperactivity Scales were used to assess aggression, delinquency, disruptive behavior and attention deficiencies among participants. Subcsales of the tool has been used in similar studies elsewhere in Africa and in the Tanzanian context (Hermenau et al., 2011; 2015; Hoosen et al., 2018). To assess presence or absence of challenging behavior, the participant had to respond with ‘Somewhat True’, ‘Not True’ and

‘Certainly True’. Somewhat True was always coded as ‘Yes’ for the item of challenging behavior while Not True & Certainly True varied with he item, i.e. was coded ‘Yes’ or ‘No’ for the item of challenging behavior.

3.8. Translating and Pre-testing of the Study Data Collection

The tools which were administered in this study are already used in Tanzanian context and yield reliable and valid data. Both the ACE-IQ and SDQ were used in Tanzania after being translated into Swahili language (Escueta et al., 2014; Hermenau et al., 2011, 2015; Mwakanyamale et al., 2018).

3.10. Recruiting and Training Research Assistants

Two teachers were recruited and trained as research assistants in order to achieve a successful data collection process. Sports teachers were preferred due to their closeness with students. These research assistants collected data in all the study sites. Two days training was done to equip them with knowledge and skills in administering the study tools to the participants. The training focused on the study objectives, data collection tools and how they will be administered, data collection process, ethical procedures, identifying and responding to students’ distress and other necessary information during data collection, for example when a study participant needed clarification and keeping a distance from participants’ responses.

3.9 Data Collection Methods

Once permit was granted by the respective office to collect data from Kinondoni Municipal, it took three days to work with the selected schools. On the first day, the study was introduced to all school administrators, i.e. Head Masters, and Class Teachers of the selected classes. On this same day, students were given verbal information and consent letters to be taken home to their parents with clear information on the aim of study and were then asked to return them the next day. If they didn’t return, it was considered as a passive consent where they were asked to assent. However, at any time during the assent process or during the data collection, a student

was allowed to decline to participate or withdraw from the study (Jason et al. 2001; Stein, Bradley D. et al. 2007; Courser MW, Shamblen SR, Lavrakas PJ, et al. 2009).

Data collection was done on the second and third day and it was for those who returned their parents' consent. More girls than boys assented to take the forms home and returned the consents. Participation however, was entirely voluntary, meaning that for those who refused (four participants-both boys refused) were requested to leave the room where data collection was done. Students were arranged in the examination like sitting arrangement with only the research assistant available to distribute and collect the questionnaires. Questionnaires were then checked to ensure no missing data, was anonymously coded and then stored for further data management and analysis.

3.12 Data Analysis

Statistical Package for Social Science (SPSS 23) for window version 23 was used to capture and analyze data. Data was summarized descriptively using frequency for categorical data and mean and median for continuous variables.

The bivariate analysis was done to determine the association between the independent and dependent variables. Factors found to be associated with challenging behavior in the bivariate analysis at $p<0.2$ were entered into the multivariate logistic regression analysis model. Multivariate logistic regression analysis was used to assess factors independently associated with challenging behavior. Adjusted Prevalence Ratios (aPR) with their 95% CI were used to control for confounders. P value < 0.05 was considered statistically significant.

3.13 Ethical Consideration

Ethical clearance was sought from Muhimbili University of Health and Allied Sciences Senate Research and Publication Committee (SRPC). The clearance was used to introduce the researcher to Kinondoni Municipal Council education authorities, where the researcher asked for permission so that she can have access to schools involved in the study. At the schools, the researcher asked for permission from school principals/administrators so that she can conduct the study in the school.

Students below the age of 18 years old were asked to assent in order to take part in the study. Once they assented, they were asked to return written consents from their parents to allow them to participate in the study. In case parents/guardians had concerns regarding the data being collected or the study, principal researcher's contacts, the supervisor's and the chairperson of the research senate and publication committee contacts were provided. For those participants above 18 years old, who voluntarily accepted to participate in the study, they were given written consent forms to sign in before they participated in data collection.

Each recruited participant was given clear information of the study details such as the purpose of the study and anticipated outcomes. Students were asked to note and use the contact details in case they needed psychological help as a result of their participation in the study. The information given was clearly communicated that participation to the study is voluntary and that refusal to participate in the study was not by any means bear any negative consequences to them and that they were free to agree or refuse. It was also explained that participants were free to cancel their participation at any time or refuse to answer some questions if they felt so.

Confidentiality was highly assured; schools were assigned with codes and individuals were given numbers to be used in place of their names as the questionnaires did not bear names but identification numbers that were never linked to any identity of the study participants.

School administrators were also given contacts (telephone numbers and physical address) of the principal researcher, study supervisor and chairperson of ethical committees from MUHAS, if they wished to contact any of them for clarification, complaints or seeking help for mental health issues related with the data collection procedures. Collected data was stored in locked cabinets; only research assistants and the key researcher had access. Electronic data was stored in a password protected laptop.

3.14 Dissemination of the findings

The results obtained will be submitted to Kinondoni Municipal Council education authorities, participating schools as well as to the Department of Psychiatry and Mental Health of Muhimbili University of Health and Allied Sciences (MUHAS); as part of the fulfillment of Masters in Clinical Psychology and a manuscript for publication.

CHAPTER FOUR

4.0 RESULTS

4.1 Socio-demographic Characteristics of Participants

418 participants consented (4 students did not consent) to participate in the study, the majority 252(60.3%), were aged 16–19 years with the median age in years being 16(15.2%). Female participants 253(60.5%) were more than their male colleagues. A little more than half of the participants lived with their parents 220(52.6%), with about a third 130(31.1%) in single parent dwellings. Less than 1% live in an orphanage.

Table 1: Socio-demographic Characteristics of the Study Participants (n = 418)

Variable	Frequency (n)	Percent (%)
Age group (years)		
13 – 15	166	39.7
16 – 19	252	60.3
Median age in years	16 (15.2%)	
Sex		
Male	165	39.5
Female	253	60.5
Living arrangement		
Both parents	220	52.6
Single parent	130	31.1
Guardian	68	16.3
Place		
Family house	417	99.8

4.2 Prevalence of Adverse Childhood Experience

Of the 418 participants, 400 (95%) had experienced neglect and both household dysfunction and physical or emotional abuse 334 (79.9%) and 364 (87.1%) respectively. Sexual abuse was also found to be 64 (15.3%).

Table 2: Prevalence of Adverse Childhood Experience (n = 418)

Adverse childhood experience	Frequency (n)	Percent (%)
Neglect		
Yes	400	95.7
No	18	4.3
Household dysfunction		
Yes	334	79.9
No	84	20.1
Physical or/and emotional abuse		
Yes	364	87.1
No	54	12.9
Sexual abuse		
Yes	64	15.3
No	354	84.7

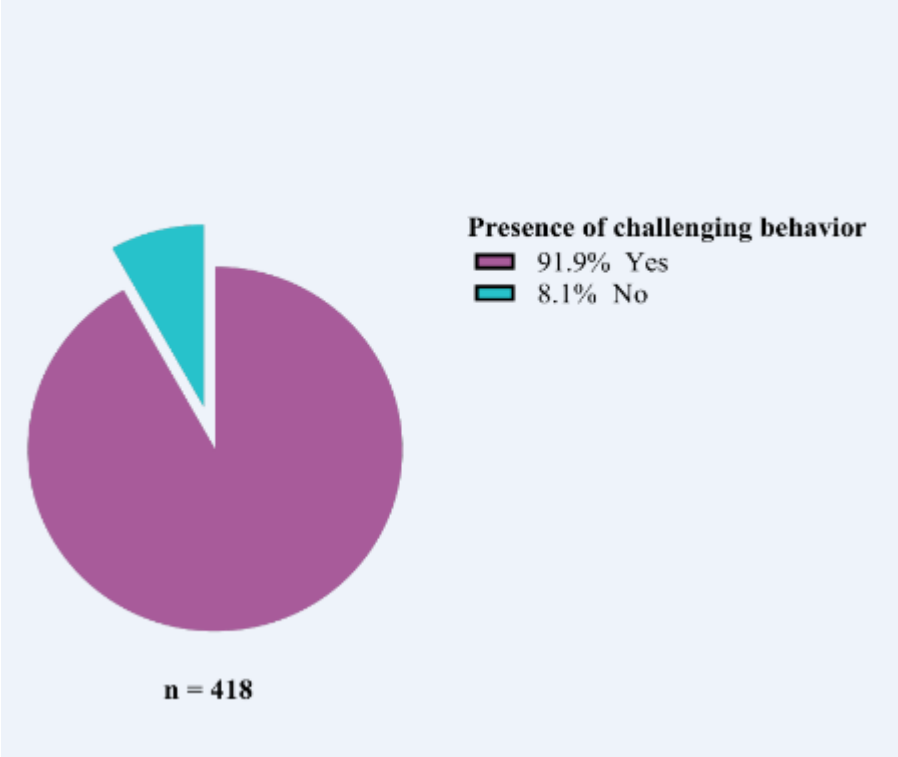
4.3 Prevalence of Challenging Behaviors

The different forms of challenging behavior were found to range from 45.70% to 67.93%. Aggression had the highest prevalence at 67.93% with 95% CI of 63.2–72.4. Delinquency was also found to be at 59.3% (95% CI of 54.4 – 64.1); 45.7% of participants had disruptive behaviors (95% CI of 40.8 – 50.6) and those with attention deficiencies had prevalence of 64.6 (95% CI of 59.8 – 69.2). Refer to Table 3 and Figure 2 below.

Table 3: Prevalence of Challenging Behaviors (n = 418)

Adverse childhood experience	Frequency (n)	Percent (%)
Aggression		
Yes	284	67.93
No	134	32.07
Delinquency		
Yes	248	59.3
No	170	40.7
Disruptive behavior		
Yes	127	45.7
No	291	54.7
Attention Deficiencies		
Yes	270	64.6
No	148	35.4

Figure 2: Overall Prevalence of Challenging Behaviors



4.4 Bivariate Analysis and Multivariate Analysis

4.4.1 Association of sociodemographic characteristics and Adverse Childhood Experience with Challenging Behavior

At bivariate analysis, students who reported to have had family dysfunction had 1.11 times the prevalence of challenging behavior compared to students who did not report family dysfunction, (cPR= 1.11, 95% CI 1.01 – 1.22, p = 0.034).

Likewise, students who reported to have had sexual abuse had 1.09 times the prevalence of challenging behavior compared to those who did not report sexual abuse (cPR = 1.09, 95% CI 1.04 – 1.14, p < 0.001).

The 16 – 19 age group, male students and those who lived with their guardians had slightly higher proportion of challenging behaviors (92.5%, 92.2% and 95.6% respectively) compared to 13 – 15 age group (92.1%) females (91.7%) and students who lived with their both parents (89.5%) or single parents (93.8%). However, there was no statistical significance with any of the sociodemographic characteristic.

Likewise, there was no statistical significance with negligence (94.4% -pvalue at 1.000) or physical and emotional abuse (92.9% -p value at 0.063), however as the later has pvalue less than 0.2 it was included in the multivariate regression analysis model. This is shown on Table 4 below.

To assess whether sociodemographic characteristics were confounders to presence of challenging behaviours, correlation coefficient analysis was done. None of the sociodemograhic characterisics were found to be significantly correlate with challenging behaviour.

4.4.2 Multivariate Analysis of the Factors Associated with Challenging Behaviors

At multivariate analysis, sexual abuse was the only adverse childhood experience associated with the presence of challenging behaviors. Participants who experienced sexual abuse therefore, were more likely to report challenging behaviors compared to participants who did not experience sexual abuse (aPR= 1.06, 95% CI 1.02 – 1.11, p = 0.006) see Table 4 below.

Table 4: Bivariate and Multivariate Analysis of the Factors Associated with Challenging Behavior n=418

Characteristics of participants	Bivariate analysis			Multivariate analysis		
	cPR	95% CI	P - value	aPR	95% CI	P - value
Sociodemograhic						
Age group (years)						
13 – 15	0.98	0.93 – 1.04	0.591	0.99	0.93 – 1.06	0.813
16 – 19	Ref					
Sex						
Male	1.01	0.95 – 1.07	0.877	1.02	0.96 – 1.09	0.518
Female	Ref					
Family arrangement						
Guardian	1.07	1.00 – 1.14	0.060	0.94	0.88 – 1.01	0.093
Single	1.05	0.98 – 1.12	0.145	0.97	0.90 – 1.04	0.398
Both	Ref					
Adverse Childhood Experience						
Neglected						
Yes	0.97	0.87 – 1.09	0.624	0.95	0.85 – 1.07	0.421
No	Ref					
Household dysfunction						
Yes	1.11	1.01 – 1.22	**0.034***	1.07	0.97 – 1.19	0.194
No	Ref					
Physical and emotional abuse						
Yes	1.09	0.97 – 1.22	0.141	1.05	0.93 – 1.20	0.424
No	Ref					
Sexual abuse						
Yes	1.09	1.04 – 1.14	**< 0.001***	1.07	1.02 – 1.12	**0.006***
No	Ref					

*Statistical significance at 0.05
cPR: crude Prevalence Ratio,
aPR: adjusted Prevalence ratio,
Ref: Reference group

CHAPTER FIVE

5.0 DISCUSSION

5.1 Socio-demographic Characteristics of Participants

The majority of participants 252 (60.3%), were aged 16–19 years with the median age in years being 16(15.2%). Female participants 253 (60.5%) were more than their male colleagues. Most male participants did not assent to the study, and 4 more males participants refused to continue with data collection. This presentation of male to female ratio is normal in public decondary schools and doesn't seem to interfere with comparability of the study results across similar schools.

Studies report that boys tend to engage more in all types of disruptive behaviors such as aggression and hyperactivity than girls and that being male had a significant effect on a youth engaging in deviant behavior. It also predicted higher levels of aggression (Bishop et al., 2020; Majani, 2020; Mundia, 2006; Perez et al., 2017). Moreover, 13 – 19 age group is associated with challenging behavior both in developed world and in Africa (Onukwufor, 2013; Yaghambe, 2013; Hasan & Husain, 2017; Araban et al., 2020; Bucur et al., 2020). In this study however, none of these individual factors had any statistical significance.

5.2 Prevalence of Challenging Behavior

Prevalence of challenging behaviors was found to be 67.93% for aggression, 59.3% for delinquency, 45.7% for disruptive behavior and 64.6% for attention deficiencies. Similar to this study, aggression was the highest challenging behaviour in a study done in Temeke Municipal, Dar es Salaam where it was reported at 55.6% **(**Ngallya, 2017; Semali & Vumilia, 2016).

The current and Temeke studies show a slightly higher prevalence of aggression than studies done elsewhere in the world where it is found to be at 31.5% - 59.9% in Europe, 30% - 40% in Kenya, and 0.7% - 51.7% in Egypt (Graham & Bailey, 2007).

Criteria used to measure challenging behaviors may account for the difference.

5.3 Association between Adverse Childhood Experiences with Challenging Behavior

This study found significant association between participants who experience family dysfunction and challenging behaviors. Participants who reported having family dysfunction had 1.11 times the prevalence of challenging behavior compared to those with no family dysfunction. Similarly, there was significant association between participants who experienced sexual abuse and challenging behaviors. Student who reported to have had sexual abuse had 1.09 times the prevalence of challenging behavior compared to those who did not report sexual abuse

These findings are similar as in a study done in USA, in slums in Kenya where studies were conducted and southern Tanzania where ACEs were found to be significantly associated with youth's delinquency and deviant behaviors, aggression and inattention (Hermenau et al., 2022; Nkuba et al., 2019; Perez, Jennings & Baglivio, 2017). These patterns of associations in low income study populations are consistent with evidence from middle- and high-income countries.

This may be explained by the fact that frequent and or prolonged/extended adversity during childhood does occur, especially without adequate adult support, children are prone to exhibiting lifelong negative effects and problem behaviors. The child's ability to learn appropriate ways of reacting or responding to different situations becomes distorted, increasing the risk for developing behavioral problems, whereas these behaviors acts as coping mechanisms.

CHAPTER SIX

6.0 CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

6.1 Conclusion

The results reveal that ACEs and challenging behaviors are high among the study participants. It was also found out that ACEs such as family dysfunction as well as sexual abuse were statistically significantly associated with challenging behaviors.

6.2 Recommendation

Challenging behaviours are common and warrant for the primary and secondary interventions targeting the child, family and community at large.

At policy Level: The Ministry of Education and the Ministry of Community Development and Gender in collaboration with other stake holders should create awareness about the prevalence ACEs and challenging behaviors.

Intervention Level: Training on parenting skills is a requisite so as to address family dysfunctions and challenging behaviours. Also, activists working with children to develop strategies aimed at reduction in child sexual abuse within families and communities.

For researchers: Larger studies aimed at randomization so as to incorporate private schools to assess the levels of impact of ACEs to challenging behaviours.

6.3 Limitations

1. Only public secondary schools were studied due to the ease of access and time as well as resources needed for completion of the study. More studied to include private schools are recommended.

2. The study used cross-sectional study design which does not determine the directionality of causative factors.

3. Self administered SDQ- participants maybe more prone to over or under report responses depending on social desirability for example “I take things that are not mine

from home, school or elsewhere" in the community where stealing is undesirable. However, this was well clarified by research assistants before data collection. Confidentiality and provision of honest information was discussed and encouraged.

4. Recall bias – the SDQ tool requires participants to recall events and experiences occurring in the last six months. Participants were encouraged to respond to the questions to the best of their knowledge.

5. The study included only participants who were present during data collection. This could have missed participants with problematic behaviours as they tend to be absent from school more often. However this may have been mitigated by the sampling technique used.

6. Use of sports teachers as data collectors in the same school they taught might have influenced the responses positively or negatively. However, research assistants were trained on various aspects of the tool and data collection including warmth and interaction with participants before, during and after data collection where it indicated.

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APPENDICES

Appendix i: Informed Consent Form – English Version
Financial Source/Donor: Private

WHAT ARE THE GENERAL MAIN THINGS YOU OUGHT TO KNOW ABOUT THE RESEARCH?

You are being asked to take part in this research study because you are a secondary school student aged between 13 and 19 years old. Research studies are voluntary and include only individuals who choose to take part. Please read this consent form carefully and take your time making your decision.

I Theresia Aloyce Mwaijala, pursuing Master's degree in Clinical Psychology at Muhimbili University of Health and Allied Science will discuss this consent form with you, please feel free to ask if you have any words or information that you do not clearly understand explained to you. The nature of the study, risks, inconveniences, discomforts, and other important information about the study are listed below.

This document will inform you of the study details and your potential role in it. You will be given a copy of it. Ask the researchers if you have any questions you have concerning this research any time.

WHY IS THIS STUDY BEING DONE?

The aim of this study is to assess the association of Adverse Childhood Experiences with challenging behavior among public secondary school students as part of my degree award fulfillment. If you agree to be in this study, you will be asked to give your written consent. Only students aged between 13 and 19 years will be included in the study. Children below the age of 18 yesrs will need consent given by their legal guardians of parents.

HOW MANY PEOPLE WILL TAKE PART IN THIS STUDY?

A total of 436 public school students in Kinondoni Municipal will participate in this study.

WHAT IS INVOLVED IN THE STUDY?

If you agree to be in this study, you will be asked to sign this consent form. If you agree to participate, you will be asked to complete a set of questions. I will be available to assist you if you need assistance. The location to answer questions would be in the classes as assigned by your teachers.

Participating in this study is voluntary, and if you decide not to participate or to respond to a certain question, there is no penalty or punishment. We will not link your name with the information that you give us. All information will remain confidential.

HOW LONG WILL I BE IN THIS STUDY?

You will participate in this study one time only for about sixty minutes. You can choose to stop participating at any time.

WHAT ARE THE RISKS OF THE STUDY?

There are no physical risks associated with this study. There is, however, the potential risk of loss of confidentiality. Every effort will be made to keep your information confidential; however, this cannot be guaranteed.

When answering some of the questions, you might feel uncomfortable. You may refuse to answer any of the questions or stop participating at any time.

Once you are finished answering the questions the data from the questionnaires will be input into the study's database, which is on a secured, protected server. Access to the database requires a password. No identifying information, like your name, will be included in this database.

ARE THERE BENEFITS TO TAKING PART IN THE STUDY?

If you agree to take part in this study, there is no direct benefit to you. However, they will be of benefit in providing information that can be used to develop interventions that will help or set forth useful insights for informing educational stake holders on the right interventions and support for students with Adverse Childhood Experiences.

WILL MY INFORMATION BE KEPT CONFIDENTIAL?

Study records that identify you will be kept confidential in accordance with international standards for conducting research on human subjects. Privacy Regulations provide safeguards for privacy, security, and authorized access. Except when required by law, you will not be identified by name, national identification number, address, telephone number, or any other direct personal identifier in study records.

Your information will be given a code number, and this number will be used on all documents so as not to reveal your identity to the data entry personnel. The list linking your name and code number will be kept in a locked file cabinet in a locked office at the Muhimbili University of Health and Applied Sciences. All paper documents that could identify you, as well as all data that just has your code number on it, will be kept in a locked file cabinet in a locked office at the Muhimbili University of Health and Applied Sciences.

All electronic data will be kept in a sensitive electronic data (SED) folder at the Muhimbili University of Health and Allied Science. Your research related records may be reviewed in order to comply with national and international guidelines. Reviewers may include representatives of the Muhimbili University of Health and Allied Science Institutional Review

Board. The study results will be retained in your research record for at least six years after the study is completed. At that time either the research information will be destroyed.

Additionally, you should understand that the researcher is not prevented from taking steps, including reporting to authorities, to prevent serious harm to yourself or others. If we learn in the course of this study that you pose a serious danger to yourself (for example, you are planning on attempting suicide) or to others (for example, you are planning to hurt someone else), we may refer you for an emergency evaluation, or may be required to alert appropriate authorities. If this happens, your participation in the study would no longer be confidential.

WHAT ARE THE COSTS?

There are no financial costs associated with participation.

WHAT ABOUT COMPENSATION?

You chose to participate voluntarily in this study, so there will be no compensation.

WHAT ABOUT MY RIGHTS TO DECLINE PARTICIPATION OR WITHDRAW FROM THE STUDY?

You may choose not to be in the study, or, if you agree to be in this study, you may withdraw from the study at any time. If you withdraw from the study, no new data about you will be collected for study purposes other than data needed to keep track of your withdrawal. Your decision to participate or to withdraw from the study will not involve any penalty or loss of benefits to which you are entitled, and will not affect your access to quality education.

WHOM DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?

If you have any questions related to this study or if you are in need of support, counselling or other Mental health services as a result of participating in this study please contact the principal researcher Theresia Aloyce Mwaijala +255 755444704 or my supervisor Dr. Jessie Mbwambo +255 767339748 or you can also contact the Chairperson of the Research Senate and Publication committee, Dr. Bruno Sunguya- 0685-217272

STATEMENT OF CONSENT

"I have read the written information above. The purpose of this study, procedures to be followed, risks and benefits have been explained to me. I have been allowed to ask questions, and my questions have been answered to my satisfaction. I have been told whom to contact if I have questions, to discuss problems, concerns, or suggestions related to the research, or to obtain information or offer input about the research. I have read this consent form and agree to be in this study, with the understanding that I may withdraw at any time. I have been told that I will be given a signed and dated copy of this consent form."

Signature of the participant ……. Date ……

Signature of the parent/guardian …….. Date ……

Signature of the researcher who Received Consent …… Date…….

Name of the researcher who Received Consent…….....

Appendix ii: Informed Consent Form – Swahili

Chanzo cha Fedha / Mfadhili: Binafsi

VITU GANI VYA MUHIMU UNAHITAJI KUJUA KUHUSU UTAFITI HUU

Umehusishwa katika utafiti huu kwa sababu wewe ni mwanafunzi wa shule ya sekondari mwenye umri kati ya miaka 13 na 18. Ufafiti huu ni wa hiari na unajumuisha wale walio tayari kushiriki tu. Tafadhali soma fomu hii ya idhini kwa umakini na tumia muda wako kufanya maamuzi. (address the 13-18 year olds here)

Mimi Theresia Aloyce Mwaijala, ninaesomea Shahada ya Uzamili ya Saikolojia Tiba katika Chuo Kikuu cha Afya na Sayansi Shirikishi Muhimbili nitaongea na wewe kuhusu fomu ya idhini. Tafadhali kuwa huru kuuliza maneno au taarifa yoyote ambayo hujaelewa ili kuelimishwa zaidi.Taarifa zote kuhusu chimbuko la utafiti, athari, usumbufu na taarifa nyingine zote muhimu kuhusu utafiti zimeorodheshwa chini.

Waraka huu utakupa maelezo yote kuhusu utafiti na nafasi yako katika utafiti huu, na utapewa nakala yako. Tafadhali wakati wowote utakapokuwa na swali kuhusu utafiti huu muulize mtafiti wetu au mtu husika aliyetajwa hapo juu

KWA NINI TUNAFANYA TAFITI HII

Dhumuni la tafiti hii ni kuweza kutathmini athari za matokeo ya matendo mtoto anayoyapitia utotoni kwenye tabia zenye changamoto kati ya wanafunzi wa shule za sekondari za umma kama sehemu ya kutimiza tuzo yangu ya shahada ya uzamili .Ukikubali kushiriki kwenye tafiti hizi utatakiwa kujaza fomu ya idhini. Wanafunzi tu wenye umri kati ya miaka 13 na 19 ndio watajumuishwa kwenye utafiti pale tu wazazi wao watakapo toa idhini ya kwamba wataftiwe

NI WATU WANGAPI WATASHIRIKISHWA KWENYE TAFITI?

Jumla ya wanafunzi wa shule za umma 436 katika Manispaa ya Kinondoni watashirikishwa katika utafiti huu.

MAMBO YALIYOMO KWENYE TAFITI HII

Ukikubali kuwa kwenye tafiti hii utatakiwa kujaza fomu ya idhini na ukikubali kushiriki utaulizwa maswali mbalimbali. Nitakuwa hapo kutoa msaada pale utapohitaji. Eneo litakalotumika kujibia maswali ni katika madarasa kama itakavyopangwa na walimu.

Kushiriki kwenye utafiti huu ni jambo la hiari, ikiwa hutataka kushiriki au kujibu baadhi ya maswali hakutakuwa na adhabu yoyote ile. Hatutaoanisha jina lako na maelezo utakayotoa. Maelezo yote yatabaki kuwa siri na kutunzwa kwa usiri kwenye vyombo vya digitali kama kompyuta mpakato.

NI MUDA GANI UTAFITI UTACHUKUA?

Utashiriki kwenye utafiti huu mara moja tu kwa takribani ya dakika 60. Lakini unaweza kusitisha kushiriki muda wowote ule.

HATARI ZA UTAFITI HUU NI NINI?

Hakuna hatari zozote za kimwili kutokana na tafiti hizi, lakini kuna uwezekano wa kupoteza usiri. Tunafanya kila jitihada kuweza kuweka maelezo yenu kwa usiri mkubwa lakini hili halina dhamana.

Kuna baadhi ya mambo au maswali yanaweza yakakufanya ukose uhuru kidogo, unaweza ukakataa kujibu maswali hayo au kuacha kushiriki muda wowote ule.

Baada ya kumaliza kujibu maswali majibu yako kutoka kwenye dodoso yatahifadhiwa kwenye hifadhi ya data ya utafiti ambayo iko salama. Kuweza kupata takwimu hizi utahitaji kuwa na

neno la siri. Maelezo yoyote yatakayokutambulisha kama jina lako hayatawekwa kwenye takwimu hizo.

KUNA FAIDA GANI KUSHIRIKI KWENYETAFITI HIZI

Ukikubali kushiriki kwenye tafiti hizi hakuna faida ya moja kwa moja kwako ingawa, kutakuwa na faida katika kutoa habari ambayo inaweza kutumika kukuza hatua ambazo zitasaidia au kuweka ufahamu muhimu wa kuwaarifu wadau wa elimu juu ya hatua sahihi na msaada kwa wanafunzi walio athari za matokeo ya matendo mtoto anayoyapitia utotoni kwenye tabia zenye changamoto kati ya wakiwa shuleni.

JE MAELEZO YANGU YATAHIFADHIWA KWA USIRI?

Rekodi zote ambazo zinakutambulisha zitahifadhiwa kwa usiri kwa mujibu wa viwango vya kimataifa vinavyoeleza jinsi ya kufanya tafiti zinazohusu binadamu. Taratibu za usiri zinalinda usiri, usalama na upatikanaji wa mamlaka. Isipokuwa pale inapohitajika na sharia, hautatambulishwa kwa jina, namba yako ya taifa, anwani, namba ya simu au njia yoyote ya moja kwa moja kwenye tafiti hizi

Maelezo yako yatapewa namba ya siri na namba hiyo itatumika kwenye hati zote ili kuto kukutambulisha wewe binafsi kwa mrekodi takwimu. Utambulisho unaooanisha jina lako na namba ya siri zitafungiwa kwenye dawati ndani ya ofisi iliyofungwa hapa Chuo Kikuu cha Afya na Sayansi Shirikishi Muhimbili na zitahifadhiwa sehemu nyeti na salama. Hati zote za karatasi ambazo zina maelezo yako binafsi yakuweza kukutambulisha wewe na maelezo mengine yenye namba yako ya siri yatahifadhiwa na kufungiwa ndani ya kabati kwenye ofisi ambayo nayo itafungwa hapa Chuo Kikuu cha Afya na Sayansi Shirikishi Muhimbili.

Takwimu zote za kielektronic zitahifadhiwa sehemu nyeti na salama Chuo Kikuu cha Afya na Sayansi Shirikishi Muhimbili. Rekodi zote zinazoendana na utafiti huu zitatathminiwa zizingatie muongozo wa kitaifa na kimataifa. Kutakuwa na wawakilishi kutoka bodi ya utathiminishaji Chuo Kikuu cha Afya na Sayansi Shirikishi Muhimbili.

Matokeo ya tafiti hizi yatahifadhiwa kwa miaka sio chini ya sita mpaka pale tafiti zitakapokamilika, baada ya hapo maelezo yote yatafutwa na kuharibiwa.

Kwa kuongezea mkaguzi hazuiwi kuchukua hatua na kuripoti kwa uongozi ili kuzuia madhara yoyote unayoweza kujiletea wewe au wengine. Kwenye tafiti hizi tukigundua kwamba unaweza ukajiletea madhara yoyote (kwa mfano unafikiria kujiua) au kwa wengine (kwa mfano unafikiria kuwaumiza wengine) tutakupeleka kwa uchunguzi zaidi na kufikisha taarifa kwa uongozi husika. Hali hii ikitokea ushiriki wako kwenye tafiti hizi hautakuwa wa siri tena.

NI NINI GHARAMA ZAKE?

Hakuna gharama zozote za kifedha kuhusiana na ushiriki.

VIPI KUHUSU MALIPO?

Ikiwa utachagua kushiriki kwa hiari katika utafiti huu, kwa hivyo hakutakuwa na fidia.

HAKI ZANGU NI ZIPI NIKIKATAA KUSHIRIKI AU KUJITOA KWENYE TAFITI?

Unaweza kukataa kushiriki kwenye tafiti hizi, na pia unaweza kujitoa kushiriki muda wowote ule. Ukiamua kujitoa kwenye tafiti hizi hakuna takwimu mpya kuhusu wewe zitakazokusanywa zaidi ya zile zinazoonyesha kujitoa kwako. Maamuzi yako ya kushiriki au kujitoa kwenye tafiti haitahusisha adhabu yoyote au upotezaji wa faida unayostahili, na haitaathiri ufikiaji wako wa elimu bora.

NANI WA KUWASILIANA NAE KWA MASWALI AU TATIZO?

Ukiwa na swali lolote kuhusiana na utafiti huu au kama unahitaji msaada au mshauri wa magonjwa ya akili au wahudumu wengine wa afya ya akili tafadhali wasiliana na mtafiti mkuu Theresia Aloyce Mwaijala +255 755444704 au msimamizi wangu wa utafiti Dr. Jessie Mbwambo +255 767339748 au unaweza wasiliana na Mwenyekiti wa kamati ya utafiti na machapisho ya chuo Dr. Bruno Sunguya.

IDHINI

“Maelezo kuhusu tafiti, njia za kufuata, hatari na faida zote nimeelezewa. Nimepata nafasi ya kuuliza maswali na nimeridhishwa na majibu. Nimepewa mtu wa kuwasiliana nae pale nitakapokuwa na maswali, matatizo au mapendekezo yanayoendana na tafiti. Nimeisoma fomu hii ya idhini na kukubali kushiriki kwenye tafiti hii kwa uelewa kwamba naweza kujitoa muda wowote. Nimeambiwa nitapewa nakala ya fomu hii iliosainiwa.”

Sahihi au kidole gumba cha mshiriki …… Tarehe …….

Sahihi au kidole gumba cha mzazi/mlezi …… Date ……

Sahihi ya mtafiti aliyepokea Idhini ……..Tarehe……

Jina la mtafiti aliyepokea idhini …….

Appendix iii: Data Collection Instruments – ACE – IQ English

Date: _____ Participant Identification Number: _____

Demographic information

Age:_____ Sex: _____

Name of the school: _____ Education /Class: _____

Resident Location: _____

Living arrangement:

I Live With:

(a) Both Parents ☐ (b) Single Parent: Mother ☐ Father ☐ (c) Guardians ☐

I live at: (a) An orphanage/shelter ☐ (a) At my parent's/ guardian's home ☐

RELATIONSHIP WITH PARENTS/GUARDIANS

When you were growing up, during the first 18 years of your life . . .

1. **Did your parents/guardians understand your problems and worries?**
   a. Always
   b. Most of the time
   c. Sometimes
   d. Never

2. **Did your parents/guardians really know what you were doing with your free time when you were not at school?**
   a. Many times
   b. A few times
   c. Once
   d. Never

3. **How often did your parents/guardians not give you enough food even when they could easily have done so?**
   a. Many times
   b. A few times
   c. Once
   d. Never

4. **Were your parents/guardians too drunk or intoxicated by drugs to take care of you?**
   a. Many time
   b. A few times
   c. Once
   d. Never

5. **How often did your parents/guardians not send you to school even when it was available**?
    a. Many times
    b. A few times
    c. Once
    d. Never

FAMILY ENVIRONMENT

When you were growing up, during the first 18 years of your life . . .

6. **Did you live with a household member who was a problem drinker or alcoholic or misused street or prescription drugs?**
    a. Yes
    b. No

7. **Did you live with a household member who was depressed, mentally ill or suicidal?**
    a. Yes
    b. No

8. **Did you live with a household member who was ever sent to jail or prison?**
    a. Yes
    b. No

9. **Were your parents ever separated or divorced?**
    a. Yes
    b. No

10. **Did your mother, father or guardian die?**
    a. Yes
    b. No

These next questions are about certain things you may actually have heard or seen IN YOUR HOME.

When you were growing up, during the first 18 years of your life . . .

11. Did you see or hear a parent or household member in your home being yelled at, screamed at, and sworn at, insulted or humiliated?

a. Many times
b. A few times
c. Once
d. Never

12. Did you see or hear a parent or household member in your home being slapped, kicked, punched or beaten up?

a. Many times
b. A few times
c. Once
d. Never

13. Did you see or hear a parent or household member in your home being hit or cut with an object, such as a stick (or cane), bottle, club, knife, whip etc.?

a. Many times
b. A few times
c. Once
d. Never

These next questions are about certain things YOU may have experienced.

When you were growing up, during the first 18 years of your life . . .

14. **Did a parent, guardian or other household member yell, scream or swear at you, insult or humiliate you?**
    a. Many times
    b. A few times
    c. Once
    d. Never

15. **Did a parent, guardian or other household member threaten to, or actually, abandon you or throw you out of the house?**
    a. Many times
    b. A few times
    c. Once
    d. Never

16. **Did a parent, guardian or other household member spank, slap, kick, punch or beat you up?**
    a. Many times
    b. A few times
    c. Once
    d. Never

17. **Did a parent, guardian or other household member hit or cut you with an object, such as a stick (or cane), bottle, club, knife, whip etc?**
    a. Many times
    b. A few times
    c. Once
    d. Never

18. Did someone touch or fondle you in a sexual way when you did not want them to?

a. Many times
b. A few times
c. Once
d. Never

19. Did someone make you touch their body in a sexual way when you did not want them to?

a. Many times
b. A few times
c. Once
d. Never

20. Did someone attempt oral, anal, or vaginal intercourse with you when you did not want them to?

a. Many times
b. A few times
c. Once
d. Never

21. Did someone actually have oral, anal, or vaginal intercourse with you when you did not want them to?

a. Many times
b. A few times
c. Once
d. Never

Appendix iv: Data Collection Instruments – ACE – IQ Kiswahili

Tarehe:_____ Utambulisho wa Mshiriki: _____

Taarifa za Kidemografia/Binafsi

Umri: _____ Jinsia:_____

Jina la Shule: _____ Elimu/Darasa: _____

Makazi/Pahala Unapoishi:_____

Mpangilio wa Kuishi:

Naishi Na:

(a) Wazazi wote ☐ (b) Mzazi mmoja: Mama ☐ Baba ☐ (c) Walezi ☐

Ninaishi: (a) Kituo cha Yatima ☐ (a) Nyumba ya wazazi /Walezi wangu ☐

UHUSIANO NA WAZAZI/WALEZI

Ulipokuwa na umri chini ya miaka 18……

1. **Je wazazi au walezi walikuwa na uelewa wa matatizo na mambo yaliyokuwa yanakuzonga?**
   a. Mara nyingi
   b. Mara moja moja
   c. Mara chache sana
   d. Haijawahi kutokea

2. **Wazazi wako walikuwa wanajua shughuli au mambo uliyokuwa unayafanya muda wako wa ziada unapotoka shuleni?**
   a. Mara nyingi
   b. Mara chache
   c. Mara moja
   d. Haijawahi kutokea

3. **Ni mara ngapi wazazi wako hawakuweza kukupa mahitaji yako kama chakula hata pale ulipokuwa unajua walikuwa na uwezo wa kufanya hivyo?**
   a. Mara nyingi
   b. Mara chache
   c. Mara moja
   d. Haijawahi kutokea

4. **Je wazazi wako walikuwa walevi wa kupindukia au waathirika wa madawa ya kulevya kiasi cha kushindwa kukutunza au kukupa mahitaji yako ya msingi?**
   a. Mara nyingi
   b. Mara chache
   c. Mara moja
   d. Haijawahi kutokea

5. **Ni mara ngapi wazazi wako walishindwa kukupeleka shuleni hata pale ambapo shule zilikuwepo zinapatikana karibuni na mazingira yenu**.
   a. Mara nyingi
   b. Mara chache
   c. Mara moja
   d. Haijawahi kutokea

FAMILY ENVIRONMENT (MAZINGIRA YA NYUMBANI)

Katika ukuaji wako ndani ya umri wa miaka 18 ya mwanzo maishani mwako.

6. **Je uliwahi kuishi na mwana familia au ndugu ambaye alikuwa na tatizo la unywaji pombe ulikithiri au matumizi mabaya ya madawa ya kulevya?**
   a. Ndiyo
   b. Hapana

7. **Je uliwahi kuishi na mwanafalia ambaye alikuwa na msongo wa mawazo, matatizo ya akili au anataka kujiua?**
   a. Ndiyo
   b. Hapana

8. **Je uliwahi kuishi na mwanafamilia ambaye alishawahi hukumiwa kwenda jela au kuwekwa rumande?**
   a. Ndiyo
   b. Hapana

9. **Je wazazi wako waliwahi kutengana, kuachana au kupeana talaka?**
   a. Ndiyo
   b. Hapana

10. **Je umefiwa na baba, mama au mlezi?**
    a. Ndiyo
    b. Hapana

Maswali yafuatayo yanahusu vitu ambavyo umevisikia au hata kuviona NYUMBANI KWENU

Ndani ya miaka 18 ya kwanza kataika ukuaji wako…

11. **Je uliwahi kuona au kusikia mtu yoyote katika familia yenu akifokewa, kuapiwa, kukejeliwa au kufanyiwa udhalilishaji wa aina yoyote ile?**
    a. Mara nyingi
    b. Mara chache
    c. Mara moja
    d. Haijawahi kutokea

12. **Umewahi kusikia au kuona mzazi au mwanafamilia nyumbani kwenu akipigwa kibao, teke, ngumi au kupigwa kwa namna yoyote ile?**
    a. Mara nyingi
    b. Mara chache
    c. Mara moja
    d. Haijawahi kutokea

13. **Umewahi kuona au kusikia mzazi au mwanafamilia nyumbani kwenu amekatwa au akipigwa na kitu kama vile fimbo, chupa, rungu, kisu au mjaledi?**
    a. Mara nyingi
    b. Mmara chache
    c. Mara moja
    d. Haijawahi kutokea

Maswali yanahusu baadhi ya mambo ambayo huenda umeshayapitia katika miaka 18 ya mwanzo kwenye ukuaji wako

14. Ulishawahi kufokewa, kukaripiwa au kuapiwa, kukejeliwa au hata kukudhalilishwa na mzazi wako au mlezi?

a. Mara nyingi
b. Mara chache
c. Mara moja
d. Haijawahi kutokea

15. Mzazi wako au mlezi ameshawahi kukutishia kukuondoa au kukufukuza kutoka nyumbani?

a. Mara nyingi
b. Mara chache
c. Mara moja
d. Haijawahi kutokea

16. Je mzazi wako au mlezi alishawahi kukuchapa fimbo, kibao, teke au kupigwa kwa namna yoyote ile?

a. Mara nyingi
b. Mara chache
c. Mara moja
d. Hijawahi kutokea

17. Je mzazi wako, au mlezi wako amewahi kukupiga au kukukata na kifaa chochote kama vile fimbo, chupa rungu kisu au hata mjeledi?

a. Mara nyingi
b. Mara chache
c. Mara moja
d. Haijawahi kutokea

18. **Kuna mtu yoyote aliwahi kukupapasa au kukushika kimapaenzi au kwa namna yoyote ile ambayo hukutaka?**
    a. Mara nyingi
    b. Mara chache
    c. Mara moja
    d. Haijawahi kutokea

19. **Kuna mtu yoyote alishawahi kukushawishi umshikeshike mwili wake kwa namna yoyote ile ya kimapenzi amabayo hukuipenda?**
    a. Mara nyingi
    b. Mara chache
    c. Mara moja
    d. Haijawahi kutokea

20. **Je uliwahi kushawishiwa na mtu yoyote yule kufanya mapenzi kinyume na maumbile au kwa njia ya kawaida au kukushawishi kukunyonya sehemu zako za siri bila ridhaa yako?**
    a. Mara nyingi
    b. Mara chache
    c. Mara moja
    d. Haijawahi kutokea

21. **Kuna mtu yotote ameshawahi kufanya mapenzi na wewe kwa njia ya kawaida, hata kinyume na maumbile au kukunyonya sehemu zako za siri bila ridhaa yako?**
    a. Mara nyingi
    b. Mara chache
    c. Mara moja
    d. Haijawahi kutokea

Appendix v: Strengths and Difficulties Questionnaire (SDQ – English)

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months.

Your Name

..... Male/Female

Date of Birth..... _____/_____

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	□	□	□
I am restless, I cannot stay still for long	□	□	□
I get a lot of headaches, stomach-aches or sickness	□	□	□
I usually share with others (food, games, pens etc.)	□	□	□
I get very angry and often lose my temper	□	□	□
I am usually on my own. I generally play alone or keep to myself	□	□	□
I usually do as I am told	□	□	□
I worry a lot	□	□	□
I am helpful if someone is hurt, upset or feeling ill	□	□	□
I am constantly fidgeting or squirming	□	□	□
I have one good friend or more	□	□	□
I fight a lot. I can make other people do what I want	□	□	□

I am often unhappy, down-hearted or tearful	□	□	□
Other people my age generally like me	□	□	□
I am easily distracted, I find it difficult to concentrate	□	□	□
I am nervous in new situations. I easily lose confidence	□	□	□
I am kind to younger children	□	□	□
I am often accused of lying or cheating	□	□	□
Other children or young people pick on me or bully me	□	□	□
I often volunteer to help others (parents, teachers, children)	□	□	□
I think before I do things	□	□	□
I take things that are not mine from home, school or elsewhere	□	□	□
I get on better with adults than with people my own age	□	□	□
I have many fears, I am easily scared	□	□	□
I finish the work I'm doing. My attention is good	□	□	□

Your signature..... Today's date.....

Thank you very much for your help

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Appendix vi: Maswali ya Ugumu na Uwezo (SDQ – Swahili)

MASWALI YA UGUMU NA UWEZO

Kwa kila swali, tafadhali weka alama ya Siyo Kweli, Kweli Kiasi au Hakika Kweli. Itatusaidia endapo utajibu maswali yote vizuri kadiri uwezavyo hata kama huna uhakika au maswali hayaonyeshi kuwa na maana kwako.Tafadhali jibu kwa kuzingatia hali yako katika kipindi cha miezi sita iliyopita.

Jina lako ..... Mume/Mke

Tarehe ya kuzaliwa ..... _____/_____

	Siyo kweli	Kiasi kweli	Hakika kweli
Najaribu kuwa mwema kwa watu wengine. Najali hisia zao			
Situlii, nashindwa kutulia kwa muda mrefu			
Mara kwa mara huumwa na kichwa, tumbo na kujihishi kutapika			
Kwa kawaida nagawa na wenzangu (kalamu, peremende, vifaa vya michezo, na kadhalika)			
Nina hasira sana, na mara kwa mara nashindwa kujizuia			
Mara nyingi niko peke yangu, hucheza peke yangu			
Kwa kawaida hufanya ninachoambiwa			
Huwa ninakuwa na wasiwasi sana			
Huwa natoa msaada kama mtu ameumizwa amekuwa na huzuni au ni mgonjwa			
Mara nyingi ninapoketi huwa ninajinyongoa mikono yangu haitulii na huwa inashika shika vitu			
Nina rafiki moja au zaidi wa karibu			
Ninapigana sana. Ninaweza kuwafanya watu wengine kufanya yale			

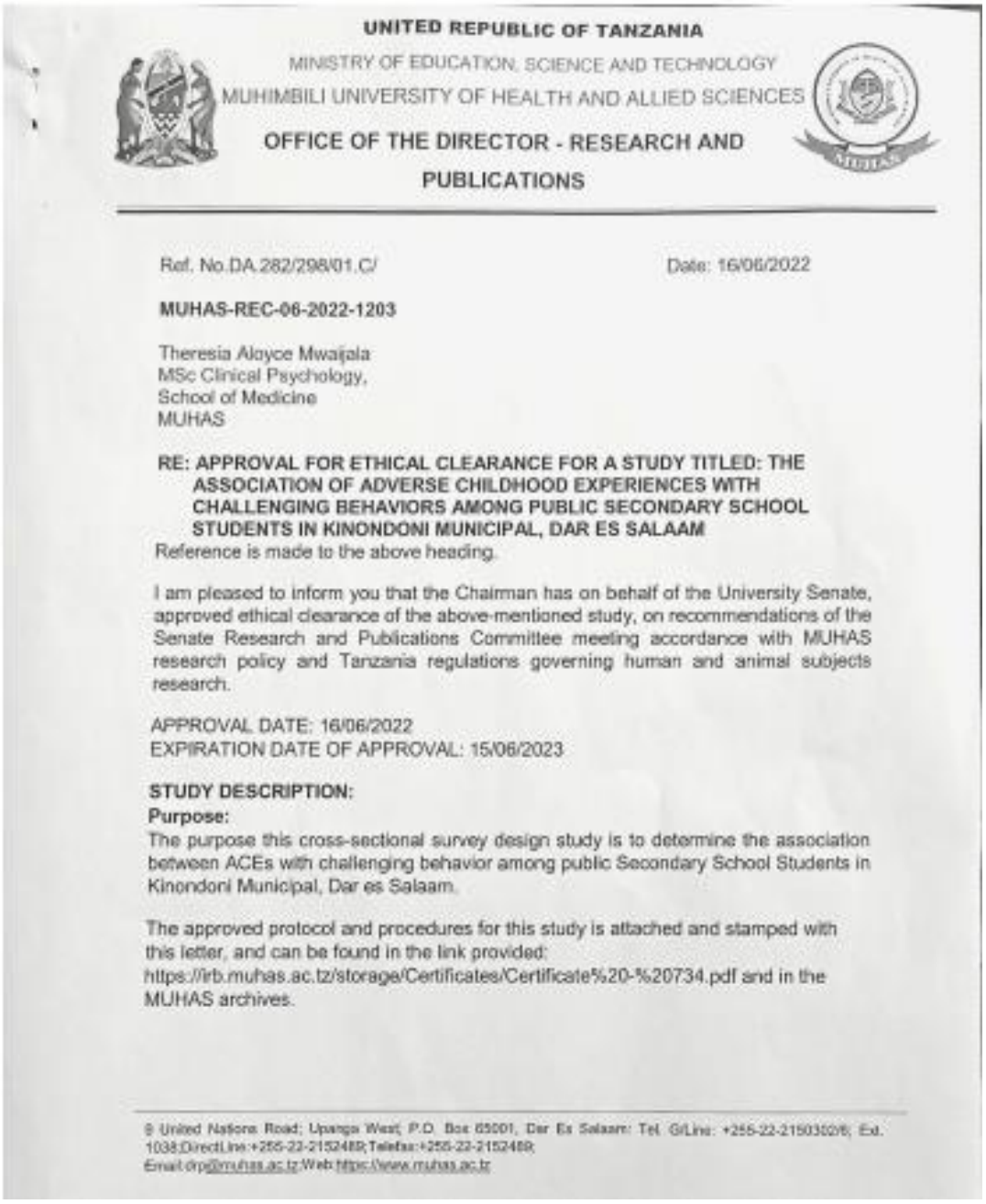
ambayo ninataka wafanye			
Mara kwa mara sina furaha, huwa nina machozi ya karibu			
Watu wengine wa umri wangu kwa ujumla wananipenda			
Mawazo yangu yanavurugika kwa urahisi. Ninaona vigumu kuwa makini			
Huwa nina hofu katika mazingira mapya. Ninapoteza kujiamini kwa urahisi			
Ni mkarimu kwa watoto wadogo			
Mara kwa mara nalaumiwa kwa kusema uongo au kudanganya			
Watoto wengine au vijana wananionea au wananichokoza			
Mara kwa mara huwa ninajitolea kuwasaidia wengine (wazazi, walimu, watoto)			
Ninafikiri kabla ya kufanya vitu			
Ninachukua vitu ambavyo siyo vyangu toka nyumbani, shuleni au kwingine kokote			
Ninaelewena vizuri na watu wazima kuliko watu wa rika langu			
Nina uoga wa vitu vingi, ninaogopa kwa urahisi			
Namaliza kazi ninayofanya. Umakini wangu ni mzuri			

Sahihi..... Tarehe ya Leo.....

Asante kwa msaada wako

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Appendix vii: MUHAS Ethical Clearance



UNITED REPUBLIC OF TANZANIA

MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

OFFICE OF THE DIRECTOR - RESEARCH AND PUBLICATIONS

Ref. No.DA.282/298/01.C/ Date: 16/06/2022

MUHAS-REC-06-2022-1203

Theresia Aloyce Mwaijala
MSc Clinical Psychology,
School of Medicine
MUHAS

RE: APPROVAL FOR ETHICAL CLEARANCE FOR A STUDY TITLED: THE ASSOCIATION OF ADVERSE CHILDHOOD EXPERIENCES WITH CHALLENGING BEHAVIORS AMONG PUBLIC SECONDARY SCHOOL STUDENTS IN KINONDONI MUNICIPAL, DAR ES SALAAM

Reference is made to the above heading.

I am pleased to inform you that the Chairman has on behalf of the University Senate, approved ethical clearance of the above-mentioned study, on recommendations of the Senate Research and Publications Committee meeting accordance with MUHAS research policy and Tanzania regulations governing human and animal subjects research.

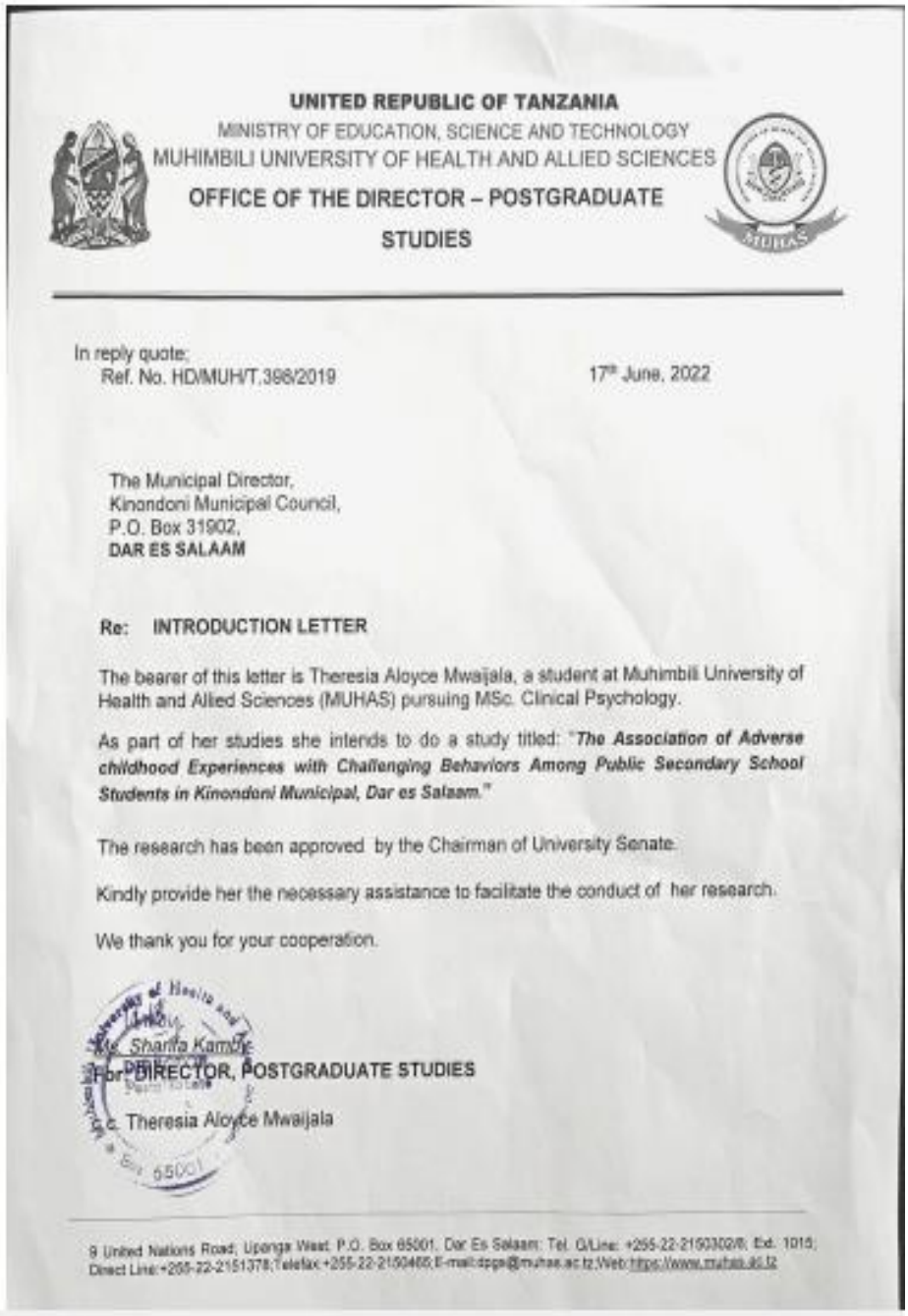
APPROVAL DATE: 16/06/2022
EXPIRATION DATE OF APPROVAL: 15/06/2023

STUDY DESCRIPTION:
Purpose:
The purpose this cross-sectional survey design study is to determine the association between ACEs with challenging behavior among public Secondary School Students in Kinondoni Municipal, Dar es Salaam.

The approved protocol and procedures for this study is attached and stamped with this letter, and can be found in the link provided:
https://irb.muhas.ac.tz/storage/Certificates/Certificate%20-%20734.pdf and in the MUHAS archives.

9 United Nations Road; Upanga West; P.O. Box 65001, Dar Es Salaam: Tel. G/Line: +255-22-2150302/6; Ext. 1038;DirectLine:+255-22-2152469;Telefax:+255-22-2152469;
Email:drp@muhas.ac.tz;Web:https://www.muhas.ac.tz

Appendix viii: MUHAS Introduction Letter



UNITED REPUBLIC OF TANZANIA
MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY
MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
OFFICE OF THE DIRECTOR – POSTGRADUATE STUDIES

In reply quote:
Ref. No. HD/MUH/T.396/2019

17th June, 2022

The Municipal Director,
Kinondoni Municipal Council,
P.O. Box 31902,
DAR ES SALAAM

Re: INTRODUCTION LETTER

The bearer of this letter is Theresia Aloyce Mwaijala, a student at Muhimbili University of Health and Allied Sciences (MUHAS) pursuing MSc. Clinical Psychology.

As part of her studies she intends to do a study titled: "***The Association of Adverse childhood Experiences with Challenging Behaviors Among Public Secondary School Students in Kinondoni Municipal, Dar es Salaam.***"

The research has been approved by the Chairman of University Senate.

Kindly provide her the necessary assistance to facilitate the conduct of her research.

We thank you for your cooperation.

Ms. Sharifa Kambi
For: DIRECTOR, POSTGRADUATE STUDIES

c.c. Theresia Aloyce Mwaijala

9 United Nations Road, Upanga West, P.O. Box 65001, Dar Es Salaam; Tel. G/Line: +255-22-2150302/6; Ext. 1015; Direct Line: +255-22-2151378; Telefax: +255-22-2150465; E-mail: dpgs@muhas.ac.tz; Web: https://www.muhas.ac.tz

Appendix viii: Municial Permission letters



JAMHURI YA MUUNGANO WA TANZANIA

OFISI YA RAIS,
TAWALA ZA MIKOA NA SERIKALI ZA MITAA

HALMASHAURI YA MANISPAA YA KINONDONI

Unapojibu tafadhali taja:

Kumb. Na. HB.345/520/01/

23 Juni, 2022

Mkuu wa Shule
Shule ya Sekondari Salma Kikwete
Shule ya Sekondari Kigogo
Shule ya Sekondari Boko
Shule ya Sekondari Mbweni

YAH: KIBALI CHA KUFANYA UTAFITI KATIKA SHULE ZA MSINGI ZILIZOPO MANISPAA YA KINONDONI

Rejea kichwa cha habari hapo juu

2. Ofisi ya Mganga Mkuu wa Manispaa ya Kinondoni inapenda kumtambulisha kwako Mtafiti **Bi. Theresia Aloyce Mwalijala** ambaye anafanya utafiti Kuhusu **"The Association of Adverse Childhood Experiences with Challenging Behaviors Among Public Secondary School Students in Kinondoni Municipal"** amepewa kibali cha kufanya utafiti katika shule yako.

3. Utafiti huo utafanyika kuanzia tarehe **22/06/2022** hadi tarehe **30/07/2023.**

5. Kwa barua hii unaombwa kutoa ushirikiano kwa timu ya utafiti ili kuiwezesha kukamilisha jukumu hilo kikamilifu na kwa wakati.

Nawasilisha.

Dkt. Ezra Ngereza
Kny: MGANGA MKUU WA MANISPAA

Nakala: Afisa Elimu Sekondari - Kwa Taarifa

Barua zote zitumwe kwa Mkurugenzi wa Manispaa Manispaa ya Kinondoni, S.L.P. 31932, 2 Barabara ya Morogoro, 14883 Dar es Salaam,
Unaweza pia kuwasiliana nasi kwa Simu: +255 2170173 Nakushi: 2172696, Barua pepe – info@kinondonimc.go.tz