SEXUAL VIOLENCE AGAINST FEMALES IN DAR ES ESALAAM: MAGNITUDE, ASSOCIATED FACTORS AND DISCLOSURE OF EVENTS.

A community based cross-sectional study

By

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The undersigned certifies that has read and hereby recommend for acceptance by the University of Dar es Salaam a dissertation entitled: *Sexual violence against females in Dar es Salaam: magnitude, associated factors and reporting of events,* in partial fulfillment of the requirements for the degree of Master of Medicine (Obstetrics & gynecology).

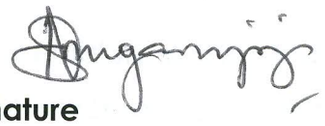
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DEDICATION

This dissertation is dedicated to my family

ABSTRACT

Objectives: This study sought to determine the magnitude of sexual violence, circumstances, associated factors, and disclosure of the events among females in Dar es Salaam.

Design: A Community based Cross-sectional study.

Setting: Dar es Salaam region, Tanzania.

Population: Females aged 12 years or above.

Methods: Eligible females were identified through house-to-house visits. Three female nurses conducted interviews using structured interview questionnaire.

Results: One thousand and four females completed their interviews. Out of those, 198 (19.7%) were raped at least once in lifetime. One hundred and forty- two victims (71.7%) were raped at least once within the past 2 years. In 92.4% of rape events, the victims knew the perpetrator— the majority of whom were very close to them. Only 10.1% of the events were ever reported to the police. Events committed by strangers were reported in 46.7% of cases compared to only 7.1% for those committed by the known perpetrators ($p<0.0001$). The disclosure of rape events to other people close to the victims was 43.8%, and 46.7% for events committed by the known and strangers respectively

(p=0.832). Nevertheless, events committed by the sexual partners were neither disclosed to the police nor to anybody else. No significant association was found between rape and victim's educational level, marital status, religion or the one she lived with.

Conclusions: Rape is a major public health problem in Dar es Salaam. The disclosure of the events to the police is very low and highly influenced by the victim- perpetrator relationship.

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A. INTRODUCTION

1. General information and literature review

Sexual violence against women is a worldwide problem. Rape is estimated to affect over 12 million women worldwide[1]. The United Nations Development Program (UNDP) in 1996 reported that 130,000 women were being raped every year in the industrialized countries alone[1].

The magnitude of sexual violence in most of the developing countries is not known. Studies from developed countries, and the little information available from the developing countries indicate some variations in the magnitude of the problem. Even in the same community the prevalence of rape tends to increase in some situations such as social disharmony and war. In a community based study, Weiss and colleagues found a rape prevalence of 11.6% in Czech Republic[2]. Mulugeta and co-workers found a completed rape prevalence of 5%, and attempted rape in 10% of high school students in Ethiopia[3]. Elsewhere in Canada, Korea, New Zealand, United Kingdom and USA, studies have indicated prevalence of completed or attempted rape among college-aged females ranging between 19% and 27.5%([4-7]). Some well-designed studies in USA

indicated that between one out of three and one out of seven women was raped during her lifetime[8-11]. Sexual violence is very common following social disharmony and war. Swiss *et al.* reported rape prevalence of 24% during Liberian civil war of 1998[12]. Mass rape during war was also documented in Uganda, Somalia, Peru, Cambodia, and Bosnia[7].

In Tanzania, reports on sexual violence have indicated the possibility of a serious problem in the community. Statistics from the headquarters, ministry of home affairs, indicated that 756 incidents of defilement were reported throughout the country between 1990 and 1995. [Defilement was defined under section 136 of the Penal Code as having or attempting to have carnal knowledge of a girl who was under 14 years of age, regardless of the consent]. In a hospital-based study conducted in Dar es Salaam in 1996, Hizza and others revealed that 102 cases of sexual violence were reported at Muhimbili hospital between June 1993 and January 1996[13]. Van den Berg reported a focus group discussion study among young girls and boys in Rombo district, Kilimanjaro region, which indicated that rape was common among the young in that area[14]. Similar results were reported elsewhere in Sub-Sahara Africa[15].

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Sexual violence has no age limit. Although some studies have found case reports from ages less than one year to over 90 years, the majority of the victims seem to be the adolescents and young females. Studies in USA indicated the mean age of 20 years at rape, while in Czech the mean age was 21.2 years[2,16-19]. A study among high-school aged females in Ethiopia indicated that 85% of the rape victims were aged less than 18 years, ranging from 12 to 23 years[3]. In a preliminary report of an ongoing hospital based study in Dar es Salaam by Hizza, over 60% of the reported cases were aged less than 15 years.

Repeated rape is also very common. A population survey in Miami, USA by Teets and others showed repeated rape in 45% of the victims [8]. In some situations where mass rape was reported, repeated rape was also likely to be very high. A study done by Swiss and others in Monrovia, Liberia following the 1998 civil war, revealed a repeated rape prevalence of 67%[7]. Somewhat lower rates of repeated rape have also been documented in some other communities such as Czech Republic where Weiss et al reported a repeated rape prevalence of 3.4%[2]. No such data is available for Tanzania.

There is a large number of complications known to be associated with rape. Most of the complications have more impact on the young girls

than older females. Frequently victims sustain serious body injuries from the act itself or from excessive force or weapon use[20-22]. The psychological impact of rape can lead to serious mental health disorders such as major depression, obsessive-compulsive disorder, suicidal ideas, anxiety, alcohol abuse, drug dependence or Post Traumatic Stress Disorder (PTSD) [3,23-26]. Rape predisposes the victims to sexually transmitted infections including the most feared HIV infection. Data from Ethiopia, Mexican rape crisis centers, Thailand and Korea, reported pregnancy rates ranging from 15% to 18%[3,5, 27-29]. Where abortion is not legal and females have no access to safe abortions, victims often resort to illegal abortions, which may compromise their chance for future fertility or even result into death. These complications clearly indicate the impact that can rape have on the individual, the family, community and the nation as a whole.

Although associated with serious complications, almost all authors who have worked on rape agree that the events were rarely reported to the police. Generally the reporting rates were consistently less than 20%, with most studies quoting reporting rates of less than 10% even in the developed countries[2, 8,30,31]. In South Africa, for example, it was estimated that fewer than one victim of rape out of twenty reported to the police in the urban, while in rural areas reporting was even less[32, 33].

The reasons put forward for not reporting to the police could differ from one community to the other due to differences in educational, cultural and socioeconomic background, but generally the victims seem to avoid embarrassments from the relatives or the public. Fear, avoidance of court bureaucracy and monetary gains are some of the other reasons frequently mentioned by different authors[13-15, 34].

Disclosing the events to other people especially to a close friend could be commoner than reporting to the police. In a well-designed population survey study, which was recently conducted in USA, only 28% of the victims had not disclosed their rape events to any body before the time of interview[35]. There is no data available for Tanzania regarding the disclosure of sexual violence events to other people than the legal authorities.

It is striking to find that people known to victims rather than strangers, more frequently committed rapes. Justice system statistics and data from rape crisis centers in Chile, Peru, Malaysia, Panama, Papua New Guinea, and United States indicated that in 60%-78% of the cases the perpetrators were known.[4] In Czech, Weiss and others found that the perpetrator was a stranger in only one tenth of the cases. In another study done in Mexico, de la Garza-Auigular and others reported that in 62% of the cases the perpetrators were known and 86.7% were relatives

of the victims or near to the family[2, 36]. In the preliminary report of an ongoing hospital based study in Dar es Salaam by Hizza, most of the events (79%) were committed by the known perpetrators.

Rape events, however, do not usually take place in a peaceful situation. Actually violence is characteristic of rape. In a series of reports, 75% of the victims in USA were threatened either with death or bodily harm if they didn't comply with the perpetrator; over 1/3rd were threatened with a weapon[22].

2. Statement of the problem and rationale of the study

Sexual violence is a crime committed against females all over the world. The importance of the problem is reflected by the frequency and seriousness of the complications, which accompany these events. Although the crime is known to occur in Tanzania, little researched information exists regarding its magnitude. Of the little information that is available, its applicability is yet restricted by the design of studies that generated such data — most of it being institution based. Since only less than 20% of rape incidents are generally reported to the police or other authorities, such institution-based studies have no access to the great majority of rape victims in the community. Nevertheless, the

perceived seriousness of the problem in Tanzania prompted the parliament to pass a strict legislation under the Sexual Offences Special Provisions Act of 1998. It remained unclear, however, what impact could such strict Acts have on the incidence of the problem if the reasons for the low reporting rates were not sought from the affected in the community. In addition, the question of the magnitude and characteristics of sexual violence against females in Dar es salaam remained unanswered.

This study, therefore, provided a better alternative in the establishment of the magnitude of sexual violence in Dar es Salaam region. It gave an opportunity to the raped females in the region, including those who did not report their events to the police, to volunteer their personal experiences with rape.

The obtained data is expected to provide baseline information on sexual violence in the region. Such data may be useful to the government and non - governmental organizations interested in laying down intervention programs, as well as in the evaluation of such programs. Future researchers would also find the obtained information useful for their studies on sexual violence. Finally the study will be useful in writing my dissertation in partial fulfillment of the University requirements for the award of master degree in Medicine.

3. Study objectives:

3.1 Broad objective

To determine the magnitude of sexual violence, circumstances, associated socio-demographic factors, and disclosure of the events among females 12 years of age or above in Dar es Salaam region.

3.2 Specific objectives

3.2.1. To determine the lifetime prevalence of rape, and the proportion of females who fell victims within the past two years.

3.2.2. To determine the frequency of repeated rape, among the raped females.

3.2.3. To determine, the proportion of raped females who recognized the perpetrators and the existing perpetrator-victim social/family relationships.

3.2.4. To establish frequencies for place, circumstances, and time of occurrence of rape events.

3.2.5. To determine, the proportion of raped females who disclosed their event(s) to the police or to people other than the police; frequency of reasons for not reporting to the police in those who didn't; and the association between disclosure of events and victim-perpetrator relationship.

3.2.6. To determine the association of sexual violence with individual's marital status, education, religious preferences and the one she lived with (dependant).

B. METHODOLOGY

1.Study design

A cross-section study design was adapted. The study was conducted in the community. This design was considered the most suitable for the study objectives. The design also aimed at providing a different and better approach in obtaining the missed information directly from the affected females in the community; as it was known over 80% of rape

victims were not accessible to the institution based studies, which constituted most of the studies on sexual violence in Tanzania [8,30,31].

2.The study area

Dar es Salaam is the largest commercial city in Tanzania. It is situated on the coast of Indian Ocean, east of the country. The region has a population estimated at three million people according to the official statistics available at the Dar es Salaam City Council headquarters. It is estimated that females of the age 12 years and above make up about 1 million population. The region is divided into urban and rural areas. A mixed population both in terms of races and tribes inhabits the urban area, like in most other cities. It is more densely populated and most commercial activities take place here. The rural area, on the other hand, is comprised of villages. It is sparsely populated with most of the inhabitants coming from the indigenous tribes of Zaramo and Ndengereko. The main activities in rural areas are peasantry and fishing.

The region is administratively under the Dar es Salaam City Council, which operates through three Municipalities namely Kinondoni, Ilala and Temeke. Each Municipality is divided into wards (kata). A ward is

further subdivided into Local Government divisions (Serikali za Mitaa) in urban areas, which comprise of several streets.

In the rural areas a ward is subdivided into Rural Government divisions (Serikali za Vijiji) each made up of several "Vitongoji". One "Kitongoji", like a Street, is made up of a variable number of households. Each "Kitongoji" is under a variable number of "Wajumbe" leaderships. In order to improve access to the police several police posts are operating in each ward within a walking distance. People are not charged for the service.

Dar es Salaam is among the regions considered to have the highest incidents of sexual violence in the country. From the statistics at the Ministry of Home Affairs Headquarters, 756 cases of defilement were reported from all over the country between 1990 and 1995. During that period, 365 (48.3%) cases were reported from Dar es Salaam alone — that made it the leading region. The region is one of the most populated in Tanzania. It is also considered to have the best police station network in the country. All these factors made it the most suitable region to conduct this study.

3.Study population, sample size, and generalisability of the results

Females aged 12 years and above were eligible for this study, as some studies done elsewhere[2, 3,16-19,40] had found the majority of victims of sexual violence to be adolescents and young females. It was also in the interest of this study to have an overview of the situation regarding sexual violence since 1998, when the strict legislation under the Sexual Offences Special Provisions Act of 1998 was passed. For this matter, by selecting a lower age limit of 12 years at the time of study (2000), it would be possible to get information on sexual violence of the young girls since the onset of adolescence (i.e. 10 years as per WHO definition).

One thousand and five females were enrolled for the study. This figure was larger than the minimum acceptable sample size of 960 females, (calculated using Epi Info Version 6 computer program for Public Health at the confidence level of 95% assuming the population of 1 million, a prevalence of 10%, worst acceptable results of 12%, and 10% non-response). The 1005 figure was entertained, for convenience, as a result of the sampling strategy to be explained later in the text.

In view of the study design, and the sampling procedures mentioned bellow, the results could be fairly generalized to all females in Dar es Salaam region, aged 12 years or above.

4.Sampling procedures

Multi-stage cluster sampling technique was used to obtain an estimated number of 320 households, from a randomly selected municipality out of three municipalities of Dar es Salaam region. To obtain that number of households, an assumption was made from experience that each household had 3 eligible females.

TEMEKE Municipal was randomly selected among the 3 Municipalities of the region using a Lottery technique. Three plain pieces of (ballot) paper of roughly similar size and color each bearing a name of one municipality were folded with the name inside, mixed up using a hand and thrown on the table. Another person was called in, and asked to pick one out of the three. The randomly picked piece of paper was written TEMEKE in this case.

All 16 wards of TEMEKE were stratified into urban (6), and rural or peri-urban wards (10). A similar lottery technique as explained above

was then applied to each group to obtain 2 wards from each. In this case, after one piece of paper was picked and the name obtained it was folded and returned back to the pool, mixed up before a second piece was drawn. The randomly selected study wards were, KEKO and MIBURANI for urban areas; CHAMAZI and CHARAMBE for the rural/peri-urban areas.

Accordingly, one SERIKALI YA MTAA namely KICHANGANI, was randomly selected for study among 12 such divisions of MIBURANI ward.

For KEKO ward, two such divisions namely BORA and TROLI were randomly selected after clustering the 9 divisions of this ward into two groups of low socioeconomic status and high socioeconomic status residence areas found in the ward. Bora represented high socioeconomic status areas, whereas Troli represented the low socioeconomic residence areas. In any case, a lottery procedure as indicated above was followed. For each case one or several streets were randomly selected for study depending on the total number of households per street as pre-determined by the calculated desirable number in each ward.

In case of rural wards one village was randomly selected for study among the 5 and 11 villages of Chamazi and Charambe wards

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respectively. Further random selection was done to obtain one 'Kitongoji' for each village namely Msufini and Nzasa for Chamazi and Charambe respectively. Finally one or more "Mjumbe" administrative areas were randomly selected for the study depending on the number of households.

At a street level in the urban and 'Mjumbe' level in the rural, all households were included in the study.

For every household visited a list of all females in that household was drawn and their ages and residence status determined. From this list it was possible to document the total number of eligible females per household.

5.Data collection, entry, analysis and study variables

Interviewers made house-to-house visits. They consisted of three female nurses who had prior basic training in medical counseling. Interviews were conducted using an anonymous structured interview questionnaire, in the most private manner achievable. One interviewee was interviewed at a time. Older females were interviewed first before the young ones so as to build confidence among the young girls. During

interviewing, less sensitive issues (e.g., religious and public recreation activities) were asked first before the more sensitive ones (e.g., engagement in sexual intercourse), in order to establish rapport.

Where eligible females were not immediately available, but expected to be back, it was documented in a separate notebook so that the household could be revisited later in the same day by the same interviewer. Since all females in the selected "mjumbe" or street participated in the study, this possibly attracted female's compliance.

After coding and before entering the data into the computer, individual forms were scrutinized thoroughly for accuracy and consistency on the day of the interview. The data was entered in the computer by the author using Epi Info version 6 software package. Data was then cleaned and analyzed. All interview questionnaire forms were essentially completed correctly except for minor errors in the coding, which were easily cleaned. Where it was necessary to compare categorical data, the χ^2 test was used. The χ^2 test for trend was applied when the data were ordinal.

The significance of the observed association of rape with various social, educational and religious factors was tested. The risk variables which were tested include, marital status (single, married, cohabiting, others); Education level (Adult or no formal education, Primary school education, secondary school or post secondary school education); A person whom the victim lived with (parents/guardian, Marital partner, Relative, Other); and Religion (Muslim, Christian, Other).

In addition to the above variables, the prevalence of rape was compared among different age groups, among urban and rural females and the time of occurrence (that is, if rape took place within the past 2 years or more than 2 years from the time of interviewing). Association was also tested for disclosure of rape events and victim-perpetrator relationships, which included sexual intimacy, other known perpetrators and strangers. In testing the above associations, there was no intention to establish any causal relationship between the variables and rape.

C. ETHICAL CLEARANCE

The Muhimbili University College Research and Publication Committee approved and issued ethical clearance for the study. Permission to

conduct the study was granted by the Temeke Municipal Authorities. Authorities at the local government and rural government levels introduced us to the members of households.

At the household level, the study was introduced to all eligible females, clearly indicating its research nature and confidentiality. They were requested to give verbal consent. Only those who gave consent were interviewed. All interviewees were informed about their freedom to withdraw from the study at any time during the interview. For the young girls bellow 18 years, verbal consent was sought from their parents or guardians as well. The questionnaire form carried no names of the respondents so as to ensure anonymity.

D. LIMITATIONS OF THE STUDY

It was generally believed that females with rural background and African females in particular, did not feel free to talk about sexual matters. However, this has been observed to be not always so in well-conducted interviews. Actually with improved interview techniques, the participation rate had approached 100% in some studies[37]. In order to minimize such a problem in this study, interviews were conducted

under privacy, after explaining the research nature of the interviews, and with assured anonymity.

The questionnaire was designed such that enough time would be spent for less sensitive issues first, before the more sensitive sexual matters in order to establish rapport. Medical counselors tried to handle guilt and emotional reactions that could occasionally arise from reminding the victims about their sexual violence experiences.

Another potential setback for the study was about the definition of rape. This usually needs to be viewed in the light of the victim's interpretation, and local community norms and customs. The law on the other hand has its own interpretation of rape, which may differ significantly from one country to the other. Nevertheless, the law depends much on the interpretation and evidence produced by the victim.

The design of this study also took into consideration the female's interpretation of the past sexual experiences as to whether they were really consented or not. An adult female who voluntarily specified one or so past sexual events as being not consented was most likely to have been raped. Likewise a female who voluntarily interpreted a sexual

event, as being consented was more likely to be right than an observant who could erroneously interpret it as rape.

The law in Tanzania did not recognize consent given by the woman bellow the age of 18 years unless if she was married to the man, and 15 years of age or older. In this study, for the purpose of comparability with other international study results "consent" before 18 years was recognized. The study, however, was designed such that cases of rape could also be identified to suit the legal definition in Tanzania.

As many adolescents were likely to be in schools, the study was conducted between July and August when most schools were closed. Interviews were conducted from early morning (8.00am)to evenings(6.00pm) throughout a week, so as to include most students and workers. A second house visit was made later on the same day, by same interviewer to include the eligible females who could not be found in the first visit.

This study was likely to be affected by the recall bias, especially in the determination of lifetime events. Most studies, however, indicate that rape events are most committed from the adolescent age onwards. Since rape is a traumatic event, it may not be easily forgotten if it occurs at

that age. Moreover, because of this limitation, some of the events were asked for their occurrence in a short period of two years.

E. DEFINITIONS AND CLARIFICATION OF TERMS:

Rape (general) - refers to any sexual relation with another person obtained through physical force, threat or intimidation including attempts at vaginal penetration, oral and anal sex[1, 38,39].

Rape can also be defined under Section 130 of The Tanzania Penal Code, as sexual intercourse by a man with a girl or woman, under circumstances falling under any of the following descriptions:

(i) Not being his wife, or being his wife who is lawfully separated from him without her consenting to it at the time of the sexual intercourse;

(ii) With her consent where the consent has been obtained by the use of force, threats or intimidation or by putting her in fear of death or of hurt or while she is in unlawful detention;

(iii) With her consent when her consent has been obtained at a time when she was of unsound mind or was in a state of intoxication induced by alcohol or any drugs, matter or thing, administered to her by the man or by some other person;

(iv) With her consent when the man knows that he is not her husband, and that her consent is given because she has been made to believe that he is another man to whom she is, or believes herself to be, lawfully married;

(v) With or without her consent when she is under 18 years of age, unless the woman is his wife who is 15 or more years of age and is not lawfully separated from the man.

Defilement was defined under section 136 penal code cap. 16, as to have carnal knowledge (sexual intercourse) of a girl who is under the age of 14 years regardless of the consent.

Sexual Violence Was used to cover all events that could be included under rape and defilement as defined above.

Rape (Working definition) as was applied in this study included all sexual relation events mentioned under the general definition above, obtained without the female's consent. We restricted our study to events, which were most likely completed rapes, whereby a male sexual organ had come into contact with a female organ.

Consent given by the females bellow the age of 18 years was regarded as valid in this study to permit for international comparability of the results. The questionnaire, however, permitted for the detection of all cases, which were defined as defilement under section 136 of the Tanzania Penal code.

The Questionnaire

The interview schedule form had 31 items (See APPENDIX). Most of the questions were closed. Structured interviews were conducted to obtain the required information from the respondents. The questionnaire was first pre-tested in one street of Ilala municipality using the same interviewers and important corrections made.

The Age (Item 3) was given in completed years. The interviewee mentioned her age in most cases. When this was not known, other members of the family were asked to help. The interviewers were

instructed to estimate ages of the few in which the above methods could not help. Estimation was based on biological, natural or political events. This estimation needed not to be exact, but sufficient to assign the interviewee into a specific age group (i.e. 12-17; 18-23; 24-29; 30-35; 36+years). The age at the time of interview was also referred to as the "current age".

Item No.10 had 4 categories labeled (a)-(d). Each category includes recreational/social activities. Females were asked direct questions regarding their participation to the listed activities. In answering the following key applied: 0 = Don't participate; 1 = Occasional; 2 = Regularly/Frequently.

The mean of the total score for each category above was calculated and taken as a SCORE for comparison among the sexual violence victims and non-victimized females to study the association of sexual violence and the mentioned social/recreational behaviors.

Semi-restricted social/recreation activities meant those activities restricted to adults 18 years old or above.

Non-restricted activity meant activity permitted to both adults and children bellow 18 years.

Item No.14, also has a scoring system like item number 10 above, with the following key: 0 = Not a problem; 1 = To a little extent; 2 = To a large extent.

For Item 15, the interviewers were specifically given additional instructions, to ensure that any female, whose response was YES, really meant completed rape as defined above.

For item No.31, a female was considered aware if she could mention at least one correct response matching with any of the listed categories.

F. RESULTS

A total number of 1005 females aged 12 years or above were enrolled in the study. One was too shy to continue with the interview, hence was dropped. So in total 1004 females equivalent to 99.9% completed their interviews.

Out of the 1004 females, 659(65.6%) were from the urban and the rest 345 (34.4%) were rural dwellers. This distribution was very similar to a population ratio of 2:1, urban to rural, which exists for Dar Es Salaam.

The age range of the study sample was 12 to 80 years, with a mean age of 22.5 years. The sociodemographic characteristics of the study sample are summarized in **Table 1**.

TABLE 1. Distribution of socio-demographic characteristics of the study sample by area of residence.

Variable	Urban (N=659)		Rural (N=345)		x^2 test
	n.	(%)	n.	(%)	p-value
Age group(yrs)					
12-17	308	(46.7)	140	(40.6)	
18-23	135	(20.5)	77	(22.3)	
24-29	75	(11.4)	55	(15.9)	
30-35	62	(9.4)	30	(8.7)	
36-41	32	(4.9)	17	(4.9)	
42+	47	(7.1)	26	(7.5)	
Range	12 - 80		12 - 72		
Mean Age (yrs)	22.3		22.9		
Median	18		20		
Education Level					
Adult/No formal	73	(11.1)	65	(18.8)	0.0006
Primary	472	(71.6)	270	(78.3)	0.02
Sec/Post sec	114	(17.3)	10	(2.9)	0.0001
Religion					
Muslim	352	(53.4)	294	(85.2)	0.0000
Christian	306	(46.4)	50	(14.5)	0.0000
Pagan	1	(0.2)	1	(0.3)	
Marital status					
Single	449	(68.1)	201	(58.3)	0.002
Married	158	(23.9)	103	(29.8)	0.043
Cohabiting	20	(3.0)	10	(2.9)	
Divorced	10	(1.5)	10	(2.9)	
Widow	13	(2.0)	12	(3.5)	
Separated	9	(1.4)	9	(2.6)	

The urban and rural populations were not significantly different in terms of age distribution. While 78.6% of the urban population was aged less than 30 years, the proportion for the rural population was 78.8% (p- value 0.30). The mean age and age range were also very close

for the two populations. The populations, however, were significantly different in terms of education level, marital status and religion distribution. The rural was by far Muslim relative to Christianity; unlike in the urban where the prevalence of the two religions was comparable **(Table 1).**

A total number of 198 females out of 1004 who were interviewed were raped at least once in their lifetime. This gave a 19.7% overall lifetime prevalence of rape. The distribution of lifetime rape among rural and urban populations is summarized bellow.

TABLE 2. The distribution of lifetime prevalence of rape by current age of the victim and place of residence.

	Urban			Rural		
Age group (yrs)	**N.studied**	**N. Raped (%)**		**N.studied**	**N. Raped (%)**	
12 – 17	308	64	(20.8)	140	25	(17.9)
18 – 23	135	30	(22.2)	77	16	(20.8)
24 – 29	75	17	(22.7)	55	12	(21.8)
30 – 35	62	15	(24.2)	30	5	(16.7)
36+	79	9	(11.4)	43	5	(11.6)
TOTAL	**659**	**135**	**(20.5)**	**345**	**63**	**(18.3)**

From **Table 2**, the difference in lifetime prevalence of rape in the urban (135/659 or 20.5%) and rural (63/345 or18.3%) was not statistically significant (p = 0.40).

In Tanzania, sexual intercourse before the age of 18 years is not legally allowed except in a situation whereby a girl aged 15 years or above is married to the man. In this study, four girls aged less than 18 years had lived a marital life including 3 in the urban and 1 in the rural. **Table 3** concentrates on sexual experiences of the young girls aged less than 18 years (i.e. age group 12 – 17).

TABLE 3. The distribution of lifetime sexual experiences of females bellow the age of 18 years by place of residence. Values are given as n (%).

	Residence					
	Urban (N=308)		**Rural (N=140)**		**Total (N=448)**	
Sexual relation						
Yes (consented)	10	(3.2)	23	(16.4)	33	(7.4)
Yes (raped)	64	(20.8)	25	(17.9)	89	(19.9)
TOTAL	**74**	**(24.0)**	**48**	**(34.3)**	**122**	**(27.3)**

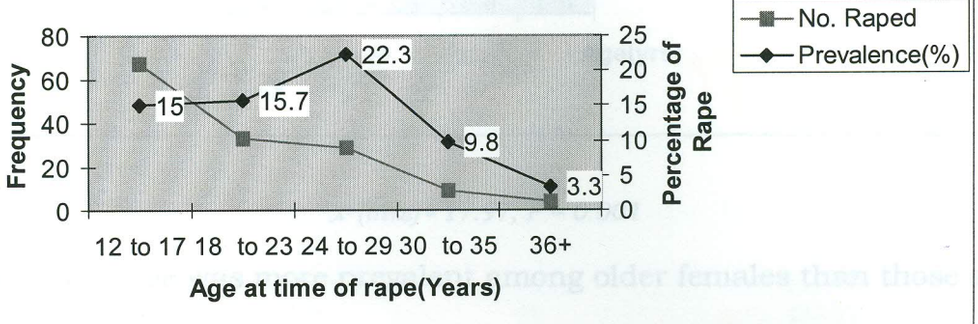
The young girls (aged12-17years) in rural areas were significantly more engaged in sexual intercourse (34.3%Vs 24.0%) than their urban peers (p value= 0.02). Likewise, girls in the rural were significantly more likely to give consent to sexual intercourse (16.4%Vs3.2%) than their urban counterparts ($p<0.0001$) as indicated in **Table 3**.

Considering the legal definition of rape in Tanzania, the lifetime prevalence of rape among this age group was between 26.3% and 27.3% depending on the legal circumstances that surrounded sexual intercourse among the four young females who had lived marital life. By general definition, however, the lifetime prevalence of rape was 19.9%.

Rape events in the past two years were also more closely studied. Among the 198 females who had been raped in lifetime, 142 (71.7%) were lastly raped within the past two years. The age range was 12 – 50 years with a mean age of 20.4 years. Young females were the most affected. One hundred and twenty nine females, which is approximately 90.8%of all the victims were aged less than 30 years.

Fig.1 bellow demonstrates the association of rape with victim's age at the time of the event.

Fig.1 : The frequency and prevalence of rape in the past two years

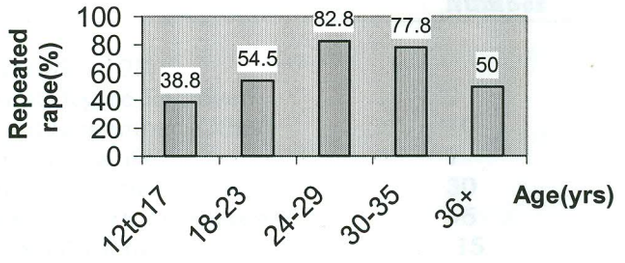


X^2 (trend) = 21.03; P = 0.003

The absolute numbers of rape victims, was rising steadily with decreasing age, reaching a maximum figure at the age group 12-17years. Females aged 24-29 years were at the greatest danger of being raped. It was assumed that proportions of the age groups (denominator) in the study population did not change significantly in the past 2 years.

One hundred females out of 198, equivalent to 50.5%, who had ever been involved in rape, had the event repeated at least once in lifetime. Eighty-one of these were lastly raped within 2 years. The association of repeated rape with the victim's age is detailed in the following figure.

Fig.2:Age specific prevalencies of repeated rapes within past two years



X^2 (trend) = 17.97; P = 0.001

Repeated rape was more prevalent among older females than those aged less than 18 years. The peak prevalence of repeated rape was encountered in the same age group (24-29 years) as for rape in the past 2 years (**Fig 2**).

The study, also aimed at establishing the people who committed rapes, places where rape events occurred, the circumstances that led to successful rape events, and the time of the day when rapes were most frequently done. The results are summarized in the table bellow.

TABLE 4. Distribution of rape by the perpetrator-victim relationship, place, circumstances and time of events.

Variable	Number	%	Cum.%
Perpetrator (N = 198)			
First degree Relative	2	(1.0)	(1.0)
Family member (Other)	10	(5.1)	(6.1)
Other relative	7	(3.5)	(9.6)
Family friend	30	(15.2)	(24.8)
Sexual partner/Husband	46	(23.2)	(48.0)
Casual friend	15	(7.6)	(55.6)
Neighbor	66	(33.3)	(88.9)
Other(Known)	7	(3.5)	(92.4)
Stranger	15	(7.6)	(100.0)
Place of events(N=198)			
Perpetrator's home/premises	101	(51.0)	
Dark corners/bushes	44	(22.2)	
Victim's home	36	(18.2)	
Guest /Hotel/Bar	9	(4.5)	
Open place	6	(3.0)	
Other	2	(1.0)	
Circumstances of events (N=312*)			
Excess force	140	(44.9)	
Cheated	70	(22.4)	
Fear/Threats	65	(20.8)	
Substance use	36	(11.6)	
Other	1	(0.3)	
Time of rape events(N=198)			
After 6.00am to 12.00noon	20	(10.1)	
After 12.oo Noon to 6.00pm	69	(34.8)	
After 6.00pm to 12MN	74	(37.4)	
After 12MN to 6.00am	35	(17.7)	

* *More than one response occasionally given*

From **Table 4**, people known to the victims were responsible for about 92.4% of the last rape events. In 55.6% of the events, the perpetrator was a person in a close relationship with the victim namely, a relative, a family member, a sexual partner, a family friend or a casual friend.

In 69.2% of rapes, the events were committed either in the perpetrator's premises or victim's home and regarding the time of rape, the majority of events (72.2%), took place between 12 midday and 12 midnight. About the circumstances of rape, excess force was the single most important reason for failure to escape the events.

TABLE 5. Association of repeated rape with the perpetrator-victim relationship in the last rape event.

Perpetrator of last rape event	**N. of victims**	**N. Repeated Rape**	**(%)**
Husband/sexual partner	46	40	87.0
Other Known	137	58	42.3
Stranger	15	2	13.3
Total	**198**	**100**	**50.5**

X^2(trend) =36.40; p=0.000000

From **Table 5**, repeated rapes were much more mentioned by the females whose last events were committed by the known perpetrators,

especially when the perpetrator was a sexual intimacy. The rate was lowest among females whose last events were committed by strangers. The more closer to the victim was the perpetrator in the last rape, socially or by family, the higher was the prevalence of repeated rape.

Police reporting of rape events is summarized in **Tables 6a** and **6b** by considering the period of time when the events occurred, and the association with perpetrator.

TABLE 6a. Frequency of police reporting of the last rape events by the period when they took place.

Police reporting of last event	Period when last events occurred: Over two years n (%)	Within two years n (%)	Total N (%)
Reported	7(12.5)	13(9.2)	20(10.1)
Not reported	49(87.5)	129(90.8)	178(89.9)
Total	**56(100)**	**142(100)**	**198 (100)**

From **Table 6a**, the overall lifetime prevalence of police reporting of rape events was 10.1%. There was no statistically significant difference in reporting rape events that occurred before or after the past two years (p=0.48).

TABLE 6b. Association of police reporting of rape events with the type of perpetrator. Values given as n (%).

Police reporting	Perpetrator		Total
	Known	Stranger	
Reported	13(7.1)	7 (46.7)	20 (10.1)
Not reported	170(92.9)	8 (53.3)	178(89.9)
Total	**183(100.0)**	**15 (100.0)**	**198(100.0)**

Yates' corrected $\chi 2=19.74$; P =0.000009

Events committed by known perpetrators were significantly less reported to the police than those committed by strangers **(Table 6b).**

The frequencies of disclosure of rape events to people other than the police are shown in **Table 7a**.

TABLE 7a. Frequencies of disclosure of rapes and the persons to whom they disclosed.

Variable	Frequency	Percentage
Disclosure status (N=198)		
Disclosed	67	33.8
Not disclosed	131	66.2
Persons to whom they disclosed (N=67)		
Parent /guardian	25	37.3
Relative/family member	21	31.3
Friend	16	23.9
Other	5	7.5

Generally there was improved disclosure of rape events to people other than the police. More details on the disclosure of rape events are shown in **Table 7b**.

TABLE 7b. Association of disclosure of rape events to people other than the police with the type of perpetrator.

Perpetrator	Frequency	N.Disclosed	%.Disclosure
Sexual partner/husband	46	_	(0.0)
Other Known	137	60	(43.8)
Stranger	15	7	(46.7)
Total	**198**	**67**	**(33.8)**

From **Table 7b**, there was no disclosure of the events, which were committed by the sexual partners or husbands. When this special category was excluded from the known perpetrators, the difference between disclosure of events committed by the known and strangers was not statistically significant (p=0.832).

TABLE 8. Frequency of reasons for not reporting the last rape events to the police.

Reason given	Frequency	Percentage
Avoided publicity/Shame	99	49.3
Fear of parents/guardian	53	26.3
Settled outside legal system	34	16.9
Avoided police bureaucracy	4	2.0
Religious/moral reasons	2	1.0
Threatened	2	1.0
Other	7	3.5
Total	***201**	**100.0**

**The total is greater than 178 as some victims gave more than one reason.*

The study also sought to know from those victims who did not report their rape events to the police, the reasons as to why they did not do so.

Avoidance of publicity or shame was the most frequent reason given for not reporting the last rape event to the police (**Table 8**).

TABLE 9. Association of rape with social and demographic factors for the events, which occurred within two years of interview.

Risk factor	Raped (N=142)		Not Raped(N=806)		Statistical values
	n.	(%)	n.	(%)	
Education level					
Adult/No formal	15	(10.6)	114	(14.2)	
Primary	113	(79.6)	588	(72.9)	
Sec/Post sec	14	(9.9)	104	(12.9)	$\chi 2=2.78$ d.o.f=2 p=0.25
Marital status					
Single	90	(63.4]	523	(64.8)	
Married	38	(26.8)	210	(26.1)	
Cohabiting	7	(4.9)	22	(2.7)	
Others	7	(4.9)	51	(6.3)	$\chi 2=2.35$ d.o.f=3 p=0.50
Whom they live with					
Parents	68	(47.9)	375	(46.6)	
Marital partner	46	(32.4)	234	(29.1)	
Relative	18	(12.7)	118	(14.5)	
Others	10	(7.0)	79	(9.8)	$\chi 2=1.77$ d.o.f=3 p=0.62
Religion					
Muslim	97	(68.3)	518	(64.2)	
Christian	45	(31:7)	286	(35.5)	
Other	-	(0.0)	2	(0.3)	$\chi 2=0.82$ d.o.f=1 p=0.36

Educational level of the victims, their marital status, whom they lived with and religion, were not significantly associated with rape (**Table 9**).

G. DISCUSSION

This study was conducted in Dar es Salaam region between July and August 2000. Both urban and rural or peri-urban areas were represented. Although the two populations (Rural and Urban) were similar in age distribution, they were significantly different in terms of education level, distribution of marital status and religion.

The rural population was less educated — for example, only 2.9% of the study population had secondary school education or higher, compared to 17.3% of the urban ($p < 0.0001$). Similarly, while 18.9% of the rural population had adult education or no formal education at all, the figure was 11.1% for the urban ($p<0.0001$).

The urban and rural populations were also different regarding religion distribution. While Muslim dominated in both rural and urban, in the urban this was closer to Christian (53.4% versus 46.4%). In the rural, however, the population was by far Muslim (85.2%) as compared to Christianity (14.5%).

The above differences can influence social, cultural and economic status of the two populations.

Out of 1005 females who were enrolled in the study, only one could not complete the interview. This gave a response of 99.9% to this study.

Other investigators dealing with sexual matters in females with a rural background have observed a similar response [37]. This suggests that, it is the approach rather than the nature of the people under study per se, that determines the response.

The results of the current study, indicated that approximately one out of five (19.7%) Dar es Salaam females aged 12years or older, was a victim of completed rape at least once in her lifetime. Further, the prevalence of rape in the past two years was 14.1%. These results are comparable with other studies in USA [8-11], which has the highest rape record among countries that publish such data in the world[11]. The finding that 142 (71.7%) of 198 lifetime rape victims had their last rapes committed within the past two years, was consistent with previous observations that sexual violence crimes in Dar es Salaam could be on the increase in more recent years[13].

The law in Tanzania prohibits sexual intercourse before the age of 18 years, except when married to the man, at or after the age of 15 years. These results, however, indicated a lifetime violation of the law in 26.3% to 27.2% among girls between 12 and 17 years old (4 had lived a marital life). The impact was significantly more in the rural (34.3%) than urban areas (24.0%). Furthermore, 33 out of 122 who had had sexual intercourse at that young age had given 'consent' to the events. Again,

the majority (69.7%) of these were from the rural, indicating that young girls in Dar es Salaam rural, were not only more significantly involved in sexual intercourse, but also more likely to give consent to such events than their urban peers. The observed social, educational and cultural differences between urban and rural communities of Dar es Salaam could at least partly account for these differences.

In this study 19.9% of the girls under the age of 18 years did not give consent to their sexual intercourse events. These were raped according to the general definition. This lifetime prevalence was higher, than what was observed in other studies among females of similar age category in Ethiopia (5.0%) and Czech Republic (8.5%) [2,40]. The figure was comparable with the combined lifetime prevalence of attempted and completed rape among college – aged females in Canada, Korea, New Zealand, United Kingdom and USA, that ranged between 19% and 27.5% [4-7].

Rape in Dar es Salaam affected the young females much more than older ones. About 90.8% of the raped females were less than 30 years old, and 47.2% were aged between 12 and 17 years at the time of rape. The lowest rape prevalence (3.3%) was encountered among females 36 years of age or above. These results were comparable with other studies elsewhere in the developed world[2, 11,16-19] but possibly with different consequences.

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The public health and economical impact would be much more felt in Dar es Salaam, than in communities from developed countries with a comparable population size. This is not only due to the poverty that prevails in the former, but also due to the expansive population pyramid whereby the very young population constitutes a bigger percentage of the total population in Dar es salaam than in many developed countries. Therefore, the absolute number of the very young, rape victims was likely to be greater in Dar es Salaam.

Most serious complications with far reaching health, and economical impact are particularly associated with rapes in the very young females bellow 18 years. Such complications include teenage pregnancies and their sequel, physical and psychological trauma, school dropouts and future substance abuse[3, 23-29,41,42]. All these are impacting most negatively on the individual, their families, the community and national economy. Even more worrying is the effect of what is happening now on future generations.

Regarding the perpetrators of rape, it was found that people known to the victims committed 92.4% of rape events. In fact 55.3% of the perpetrators were very close to the victims, while a stranger was involved in only 7.6% of the cases. These results were comparable with statistics from rape crisis centers in Chile, Peru, Malaysia, Papua New Guinea, and

the States where in 60% to 78% of cases, the perpetrator was known[4]. In Czech Republic the perpetrator was known in about 90%[(2)] .It is notable from these figures that Dar es Salaam was among communities with the highest proportion of rapes being committed by the people known to the victims.

Repeated rape was common. The 50.5% lifetime rate, and 57.0% rate within the past two years were unacceptably high when compared to 3.4% lifetime prevalence in Czech Republic[2] for example. These results were comparable with 45.0% in USA[8,] and 67.0% following civil war in Monrovia.[7] Moreover; rape was a violence event with the use of excess force reported in 44.9% of cases in the study. This was comparable with the rate range of 55% to 65% in other studies.[8,13] These results probably point out the imbalance of physical power as one of the important factors for successful rape.

The majority (69.2%) of rapes took place in the perpetrator's residence or victim's home. This could indicate that in the majority, rape was mainly a violation of trust by the well-known people. Previous studies done at Muhimbili hospital and in Mexico also gave comparable results[13, 37.] The most convenient time for rape in this study was between after 12 midday and 12 midnight. That was the time after routine daily activities for both

victims and perpetrators. Most recreational activities also take place during this period of time.

Despite of all the above findings, rape events were much under reported to the police or other authorities in this study. Only 10.1% of the events were ever reported to the police. When considering those events that occurred within 2 years, the reporting rate was 9.2%, as compared to the situation over 2 years back when the reporting rate was 12.5%. Although there was no statistically significant difference between the two rates, these figures could mean a true declining trend in police reporting. This was despite the fact that a strict Sexual Offences Special Provision Act was on effect since 2 years back! Low reporting rates, however, are often quoted almost by all investigators working on this problem. In South Africa for example, fewer than 5% of the events are reported to the police in the urban, and much fewer in the rural, [32,33] while in Czech republic police reporting is as low as 3.4%, [2] and in USA, the reporting rate of 11.9% is quoted [11]. In general reporting rates of less than 20% are common even in the developed countries. [2,8,30,31]

In the current study, events committed by strangers were significantly better reported to the police than those committed by the known people (46.7% Vs 7.1%). Comparable results were reported in other studies.[31, 35]

Nevertheless, rapes committed by the husbands or sexual partners although accounted for 23%, were never reported to the police.

The situation was rather different when it came to disclosure of rapes to other people than the police. Wholly 33.8% of the victims had already disclosed their events to someone else at the time of the interview. Disclosure of the events caused by the known perpetrators other than sexual intimacy was 43.8%, and 46.7% for the stranger. Like in police reporting, however, rapes committed by the sexual intimacy were not disclosed to anyone. The implication is that the disclosure of rape events in Dar es Salaam was systematic and selective, taking into consideration of the existed social relationships.

The disclosure of rape events was mostly made to people close to the victims namely the parent/guardian (37.3%), a relative or family member (31.3%) or a close friend (23.9%). In other words, the events were reported to the people close to the victims just as were the perpetrators.

The rape victims, in connection with their failure to report their events to the police, mentioned a number of reasons. Shame or avoidance of publicity accounted for 49.3% of all the reasons. Other most important reasons, included fear of the parents or guardian (26.3%), and settling

the case outside legal procedures (16.9%). These reasons were simply adding to a long list of reasons often given in different studies.[13-15, 34] These reasons, however, can not fully explain the disclosure pattern which was explained above. It is probable, that the true cause was only implied but not stated by such reasons.

The association was not established between rape and the victim's education level, marital status, religion, and the one she lived with.

It is possible that some of the interviewees in this study were raped at a very young age. Some could have been unaware of what happened. Rape, however, is such a traumatic event that we don't expect many to forget, especially if it had happened at the pre-school age or later. Fortunately, the majority of rapes occur after the pre-school age.[2, 3,16-19,40.] It is acknowledged, that the rape figures given in this study could be slightly lower than the reality due to this recall bias.

Finally, this data was obtained from a randomized sample in the community. We consider this information generalizable to all females in Dar es Salaam region who were aged 12 years or above.

H. Conclusions

The results suggested that rape is a major public health problem in Dar es Salaam; mostly affecting the young females bellow the age of 30 years.

Although the law in Tanzania prohibits sexual intercourse before the age of 18 years except in marriage at 15 years of age or older, the results suggested that the rate of sexual relationship events involving such young girls (statutory rape) is extremely high especially in the rural areas where such events were much more regarded by the young girls as usual affairs.

The disclosure of rape events for legal purposes was very low. Moreover, the reporting was highly influenced by the relation with the perpetrator, whereby events committed by the known perpetrators were much better disclosed to other people than the police, while those committed by the sexual intimacy were not disclosed to anyone. This picture emphasizes the importance of existing social factors in determining the disclosure of rapes in this community.

I. Recommendations

(1) In-depth studies should be conducted to establish the reasons as to why the young girls in the rural areas are much more affected by sexual violence events. Studies should particularly seek to establish the possible role played by traditional values in the rural area.

(2) Ways should be found to involve the elders or other trusted people in the community, and the victims themselves to determine the fate of perpetrators, especially if known or close to the victim. Harsh laws are unlikely to improve identification of the perpetrators in Dar es Salaam, given the social interrelationships that exist between the perpetrators and victims on one hand, and the community on the other. Such laws should apply only to special cases.

(3) Females should be educated on how to avoid rapes targeting at the young females, preferably at early primary school age. The community at large should be educated on how to help the victims to get a perpetrator reported to relevant legal authorities and health facility. [This is more likely to succeed if the community accepts the form of punishment].

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