EXPLORATION OF PARENTS' PERCEPTION AND PRACTICES ON CHILD PROTECTION AGAINST SEXUAL ABUSE IN KISARAWE, PWANI.

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EXPLORATION OF PARENTS' PERCEPTION AND PRACTICES ON PROTECTION OF CHILDREN AGAINST SEXUAL ABUSE IN KISARAWE, PWANI.

By

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A Dissertation Submitted in (partial) Fulfillment of the Requirement for the Degree of Master of Public Health

Muhimbili University of Health and Allied Sciences

October, 2019

CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by Muhimbili University of Health and Allied Sciences a dissertation entitled: ***"Exploration of parents' perception and practices on children protection against Sexual abuse in Kisarawe, Pwani."*** *in* (partial) fulfillment of the requirements for the degree of Master of Public Health of Muhimbili University of Health and Allied Sciences.

_____

Dr. Tumaini Nyamhanga

(Supervisor)

_____

Date

DECLARATION AND COPYRIGHT

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

Signature _____ Date _____

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Third, I would like to thank Kisarawe District Council for giving me permission to conduct my research in their district. My study participants; parents in Masaki Ward, who spared their precious time and take part during data collection.

Finally, I would like to thank my family, classmates and all friends for their understanding, flexibility and support during this educational journey.

DEDICATION

This dissertation is dedicated to my young sister Gloria Rugakila, my young Brother Arnold Rugakila and to all my family members. All were together with me provide the support which has made me to accomplish this work.

ABSTRACT

Background: Parents are vital to the successful protection of child sexual abuse (CSA). A better understanding of parent's perception and practice is essential for developing and implementing effective parent-involved protection programs. There is shortage of empirical research revealing parent perception and practices on protection of children against sexual abuse in Tanzania. Therefore the purpose of this study was to explore what parents in Kisarawe do or do not do with respect to protection of children against sexual abuse.

Aim of the study: The study aimed to explore parents' perceptions and practices on protection of children against sexual abuse in Kisarawe, Pwani.

Methodology: The study used qualitative exploratory design, data were collected through In-depth interviews with a sample of 20 parents from Kisarawe which were selected purposively. Data collection was done in July 2019. The information from the interviews was about parents' practices that are protective against CSA and that which increases children vulnerability to sexual abuse in Kisarawe. FGDs were conducted using (6-10) people to assess parents' perception against child sexual abuse. Seven groups of different ages were formulated; two groups of young female parents aged 18 – 39, two groups of male parents aged 18 -39, two groups of older female parents aged 40 and above, and one group of older male parents aged 40 and above. Thematic analysis approach was used on analyzing the study findings.

Results: Majority of Parents perceive that CSA is mostly done to female children and perpetrators are often males of different age groups. Proper sleeping arrangements, sufficient provision of basic needs to children, regular monitoring of children and communication are reported to be protective practices against CSA while improper sleeping arrangements, inadequate monitoring of children and the use modern devices/TV, insufficient provision of basic needs and lack of parental education to parents increase the vulnerability to CSA.

Conclusion: This study has provided a comprehensive description of parents' perceptions and practices regarding CSA, which may provide guidance towards development of parental education programs in Tanzania.

TABLE OF CONTENTS

CERTIFICATION i
DECLARATION AND COPYRIGHT ii
AKNOWLEDGEMENT iii
DEDICATION iv
ABSTRACT v
LIST OF TABLES ix
LIST OF FIGURES ix
ABBREVIATION x
CHAPTER ONE: INTRODUCTION 1
1.1 BACKGROUND 1
1.1 STATEMENT OF PROBLEM 4
1.2 CONCEPTUAL FRAMEWORK 5
1.3 RATIONALE OF THE STUDY 6
1.4 RESEARCH QUESTIONS 6
1.5 STUDY OBJECTIVES 7
CHAPTER TWO:LITERATURE REVIEW 8
2.1 General Overview 8
2.2 Parents Perception on Protection of Children Against Sexual Abuse 9
2.3. Parental Protective Practices against Child Sexual Abuse 10
2.4 Parents Practices That Increase Vulnerability to Child Sexual Abuse. 12
2.5 Summary of Literature Review: Knowledge gap. 13
CHAPTER THREE: METHODOLOGY 14
3.1 Study Design 14
3.2 Study Area 14
3.3 Study Unit 14
3.4 Study Population 14
3.5 Sample Size Determination 14
3.6 Sampling Technique 14
3.7 Data Collection Techniques 15
3.8 Data analysis 16
3.9 Ethical consideration 16
3.10. Trustworthiness of the study 17

3.11 Study limitation 18
3.12 Dissemination/publication plans..... 18
CHAPTER FOUR: RESULTS..... 19
4.1 Introduction 19
4.2 Socio-demographic Characteristics of the respondents..... 20
4.2.1 Focused Group Discussion Respondents..... 20
4.2.2 Summary of socio- demographic characteristics of participants who took part in In-depth Interviews..... 21
4.3 Parents Perception on child sexual abuse. 22
4.3.1 Perpetrators Characteristics 22
4.3.1.2 Perpetrators are usually adults..... 23
4.3.1.3 Poor men are more likely to be the perpetrators..... 23
4.3.1.4 Perpetrator is likely to be a close relative. 24
4.3.2 Victims Characteristics..... 25
4.4 Parents Protective practices on child sexual abuse..... 25
4.4.1 Parents' regular communication with children on sexual abuse 25
4.4.2 Reporting of child sexual abuse cases/practices..... 26
4.4.3 Parents monitoring of children away from home. 26
4.4.4 Sufficient provision of basic needs to children 27
4.4.5 Proper sleeping arrangement 27
4.5 Parents practices increasing child sexual abuse vulnerability. 28
4.5.1 Improper sleeping arrangements 28
4.5.2 Inadequate provision of basic needs to children..... 29
4.5.3 Inadequate provision of parental care education to children..... 29
4.5.4 Parents avoiding communication with children on CSA 30
4.5.5 Family conflict and separation 30
4.5.6 Provision of advanced technological devices/TV shows to children. 31
4.5.7 Inability to stop children from participating in Traditional dances..... 31
CHAPTER FIVE: DISCUSSION 32
5.0 Discussion..... 32
5.1. Parents Perception on child sexual abuse. 32
5.1.1 Parents perception on perpetrator's sex..... 32
5.1.2 Perpetrator victim relationships. 32

5.2 Parents Protective practices on child sexual abuse. 33
5.3 Parents practices increasing child sexual abuse vulnerability. 34
5.3.1 Family conflict and separation 34
5.3.2 Provision of modern devices to children 34
5.3.3 Inability to stop children from participating in traditional dances. 34
5.3.4 Inadequate provision of basic needs by parents 35
5.3.5 Parents avoiding communication with children on CSA. 35
5.3.6 Improper sleeping Arrangement. 35
CHAPTER SIX: CONCLUSION AND RECOMMENDATION 36
6.0 Conclusion: 36
6.1 Recommendations 36
REFERENCE 37
APPENDICES 46
Appendix 1: Consent form English Version 46
Appendix 2: Informed consent- Swahili version 48
Appendix3: In- depth Interview guide (English Vision) 50
Appendix 4: In- depth Interview guide (Swahili Vision) 53
Appendix 5: Group discussion leading questions (English Vision) 56
Appendix 6: Maswali ya majadiliano katika makundi (Swahili vision). 58

LIST OF TABLES

Table 1: Illustrative Themes and Sub themes of the Study 19

Table 2: Summary of participant characteristics for focused Group discussion. 20

Table 3: Socio demographic characteristics of study participants for In Depth Interviews.: 21

LIST OF FIGURES

Figure 1: Conceptual Framework on parents practice and perception on protection of children against sexual abuse adapted from socio ecological model. **5**

ABBREVIATION

AIDS	-	Acquired Immunodeficiency Syndrome
CD	-	Compound Disc
CSA	-	Child Sexual Abuse
FGD	-	Focused Group Disscussion
HIV	-	Human Immunodeficiency Virus
IDI	-	Indepth Interview
MUHAS	-	Muhimbili University of Health Allied Sciences.
NGO	-	Non Government Organization
STD	-	Standard
STIs	-	Sexually Transmitted Disease
TSH	-	Tanzanian Shilling
TV	-	Television
U.S	-	United States
U.S.A	-	United States of America
UNICEF	-	United Nations Children's Fund
VAC	-	Violence Against Children
WHO	-	World Health Organization

DEFINITION OF TERMS

Child refers as any person who is under eighteen years (1).

Child sexual abuse refers to all range of behaviors from obvious contact offences which lead to a child experiencing both contact and non-contact abuse such as touching a child genitalia, exposing child to sexually matters like pornography, oral sex with child, virginal or anal intercourse, encouraging or forcing child to masturbate or watch others masturbate, and exposing genital to a child (2).

Child protection refers as the way of addressing violence against children by ensuring children are safe from all forms of physical, psychological, emotional, neglect or negligent treatment and child maltreatment or exploitation including sexual abuse which all of this violence is unacceptable by child law Act number 21 of 2009 (3) .

Parent is a care taker of a child who can be mother, father, step- parents, grandparents or any related variations such as parent- child relationship, caregivers, and sometime parent may be adoptive whose nature is raising a child but not biologically related

Parent perception refers as parents' views or opinions regarding the ability to raise their children successfully and to have control over their child's behavior against sexual abuse (4).

Parent practices refers to specific things that parents do while raising their children, this goes on the use of schedules rules, expectations, punishments, rewards or sometime parenting basically make a parents to have regular interaction with their children (5).

Vulnerable child is the one whose safety, well-being and development are threatened, with major dangers including lack of care and affection, adequate shelter, education, nutrition, psychological support (6).

CHAPTER ONE: INTRODUCTION

1.1 BACKGROUND

1.1.1 Global Perspective:

Violence against Children especially child sexual abuse is a global problem and not a new concept to the world (7). According to WHO, Violence against Children includes all forms of violence against children under 18 years old, weather it is committed by parents, caregivers, peers, romantic partners or strangers (8).Violence against children has several forms that is physical abuse, psychological abuse, emotional and sexual abuse (9). Child Sexual Abuse can be due to inadequate care of parent, poverty, poor household sleeping, cultural practices and poor parents perception (10). It has long term impact and short term impact, where by the long term effects are body issue problems and eating disorder, survivor may also experiences distress (11). A study found that the women survivor who were reported to have experienced sexual abuse during their childhood they complained about pelvic pain, gastrointestinal problem, headaches and difficult in swallowing (12). Some survivors sometime may be experiencing difficulties in establishing relationship with others due to lack of trust, fear of intimacy, fear of being different or weird, difficult in establishing interpersonal boundary, passive behaviors and getting involved in abuse relationship (12)

Globally, It is estimated that up to 1 billion children aged 2-17 years, have experienced physical, sexual, emotional violence or neglect in the past years (13). CSA increased Public attention in the past decades and has become a greatest prominent notorious crimes (14). In 1980 it was difficult to get information about incidents of child sexual abuse for there was limited research on the problem (15).

It is estimated from fifty-five studies from 24 countries, prevalence of CSA estimation ranged from 8 to 31% for girls and 3 to 17 % for boys, nine girls and 3 boys out of 100 are the victims of forced intercourse (16). In India main findings shows that, 52% of boys and 47% of girls children were reported of having faced sexual abuse and abusers are known and children did not reported the matter to anyone (17). In United States reported that, CSA increased due to more willingness to report, were a literature review of 23 studies found out 37% of males and 71% of female were sexually abused (18).

1.1.2 Sub-Saharan Africa Perspective

In sub Saharan Africa child under 18 years are victims of violence and abuse, children faces many forms of abuse including physical, social cultural and religious, boundaries and about 40 million children in Sub-Saharan Africa, under the age of 15 years, are victims of violence and abuse (19). The presence of CSA in Africa is correlated to beliefs that when a man sleeps with a virgin woman can be cured HIV/AIDS **(**20). Also in South Africa, Zimbabwe, Zambia and Nigeria had high rate of Child Sexual Abuse (21). Furthermore; higher rate of CSA have been found in some countries like in Kenya, Ethiopia and Uganda and It has been reported on sexual exploitation, 7% of girls and 6% for boys in Kenya (22), 5% and 7% of girls in Ethiopia and Uganda respectively and 6% for boys in Sri Lanka (23). Higher rates (overall) of abuse have been found in some countries in Africa (12% to 44% of boys, 15% to 53% of girls) (23,24) which shows that, factors which contribute to higher rate of sexual abuse may include poor parenting , lack of family support, homeless children or being an orphan, family separation, neglectful or abusive relationship with parents/caregivers (21).

1.1.3 Tanzania Perspective

A report on Violence against children in Tanzania (25) showed that in every ten females, three were reported to have experienced sexual abuse before they were 18 years while among every twenty boys, three reported a similar experience before they were 18 as well (26). Also the same report, stated perpetrators of such violence are very close to the children and known to both children and the general society but there is high level of silence into such act of violence (26). In Tanzania sex and sexuality are traditional or taboos practices in many societies and it's considered a secret and domain to adults (27). The secretiveness and taboos idea of sex and sexuality explained the silence that is maintained when a child is sexually abused since sex must be secret, the outside information about this activity will remain unknown (28). Matter of sexual abuse increases and get complicated when it comes to cases where the perpetrators are the family members. Another media in Tanzania reported an incident of sexual abuse of a nine years old boy who was raped in a mosque toilet by a cleaner of mosque in Dodoma who promised to give him 500 TSH, occurrence of this action are enough to tell that children abuse exits and its secret was never disclosed to anyone (29).

According to statistics obtained from the Kisarawe District Gender Desk shows that there were 21 incidents of rape in 2012 of which only nine were prosecuted in courts of law (30). Another study from Kisarawe stated that, children are vulnerable due to sexual exploitation and gender inequality which lead to consequences like early teenage pregnancy, early marriage and sexual transmitted diseases such HVI/AIDS and STIs (31). Another author wrote that, it is important to note household contexts because is among the reasons which make children more vulnerable (32). Due to this predisposed consequences of CSA and vulnerability of children there is need to conduct research on parent perception and practices against sexual abuse in Kisarawe.

1.1 STATEMENT OF PROBLEM

Child Sexual abuse is a serious problem of public health importance in Tanzania. The findings from the first VAC National survey of 2009 indicate that, in Tanzania nearly 3 out 10 females and approximately 1 out 7 males have experienced sexual violence prior to the age of 18. Almost 7% of girls and 3% of boys were physically forced into sexual intercourse before the age of 18 (33). Child sexual abuse causes physical and mental health consequences as well as, the risk of adolescent pregnancy, delinquency, substance abuse, health behaviors, suicide attempts, HIV and effect on child growth (34, 35).

The government of Tanzania in collaboration with other stakeholders such as; UNICEF, Plan International and Save the Children have taken some efforts to address the problem like child protection education to parent and community, provision of parental education to parents, establish of child protection teams to protect children against sexual abuse but still the problem persists. The reasons for CSA include poverty and household sleeping pattern especially inadequate sleeping places, drug use substance and alcoholic problem. Weak by laws and regulations are the factors that contribute to CSA (36).

It is believed that parents are important actors in protecting their children from any kind of violence including sexual abuse and knowledge about child sex abuse in parenting is necessary tool in prevention of child sexual abuse (37). However, few interventions have targeted parents with a view of empowering them to effectively involve in protection of children against sexual abuse (25, 36,37).

Consequently, little is known on parents' perception and what they do or do not do with respect to protection of children against sexual abuse. Therefore, this study aimed to explore parents' perception and practices that are protective as well as those that increase children's vulnerability to sexual abuse in Kisarawe District.

1.2 CONCEPTUAL FRAMEWORK

This study is guided by the socio ecological model. The socio ecological model is the modal of behavior change that have been applied in some of studies on the work of sexual violence prevention (38). This model is used in order to understand relationship of different levels that influences CSA and their relationship to one another. The influences in life that cause sexual abuse is spread throughout different contexts, many things influence perpetration and victimization of sexual violence. The socio ecological model identify five level that is intra personal or Individual level, Inter personal or relationship level, community and society level**.** However this study based into two levels which are intra personal level and inter personal level on how they influence child sexual abuse.

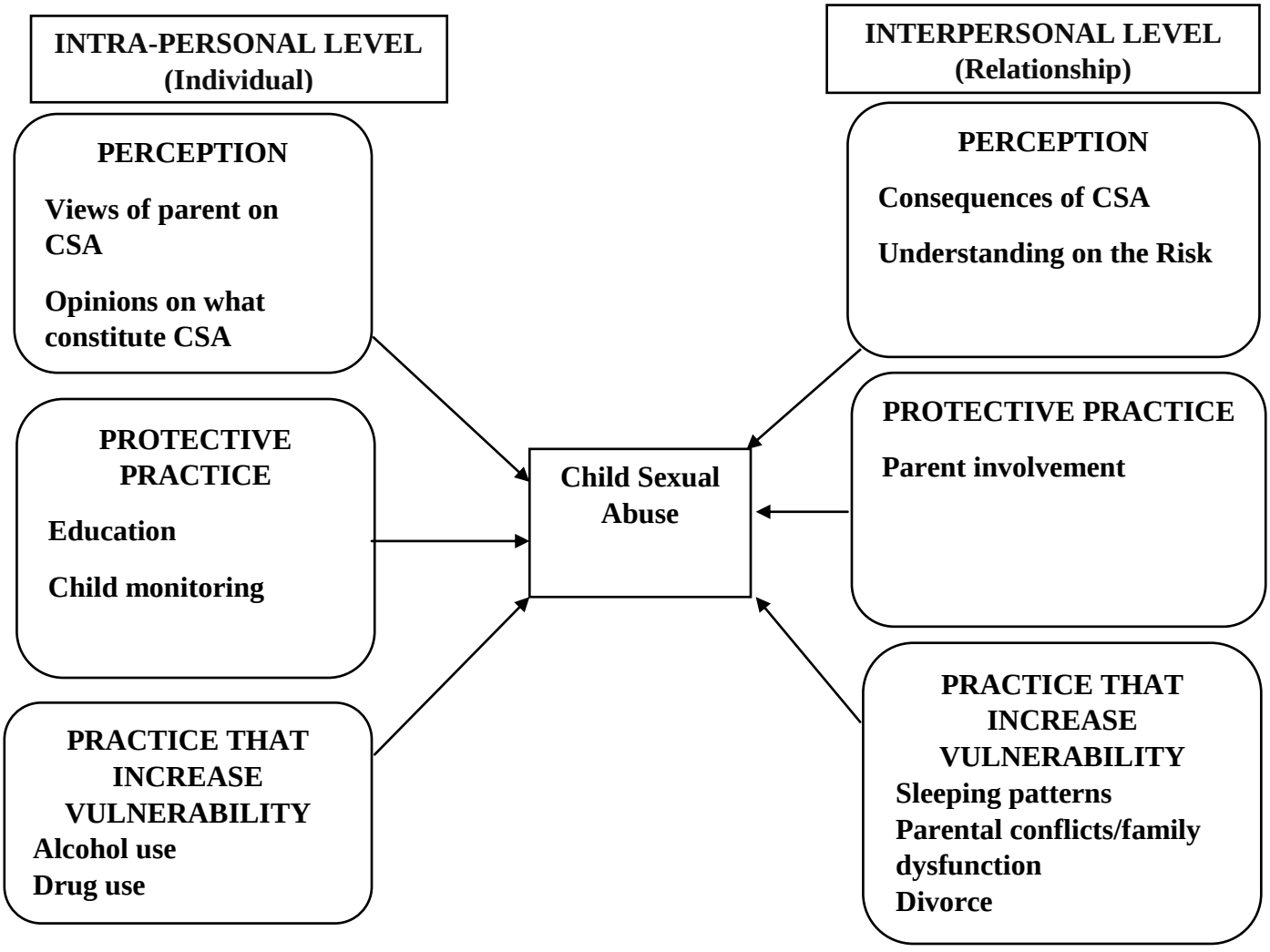


Figure 1: Conceptual Framework on parents practice and perception on protection of children against sexual abuse adapted from socio ecological model.

1.3 RATIONALE OF THE STUDY

This study findings reveal that parent perception and practices on child protection against sexual abuse in Kisarawe District, Pwani region as well as practices which increase child vulnerability to sexual abuse. It identified the effective efforts, their parenting style and views about perception with practices toward their children. The information generated in this study will enable various stakeholders such as Government, NGOs and communities to come up with good plans, formulate policies and necessary measures to address the problem.

The findings of this study will help in the formulation of education programs in the school as well as in the community especially to parents, which can be used to promote child protection and increase the society's awareness regarding the child abuse.

Additionally, it is also expected that the findings of this study can be used by other researchers to add to their literature review concerning the role of parents in protection of children against sexual abuse in Tanzania.

1.4 RESEARCH QUESTIONS

1.4.1 Main Research Question

What are the parents' perception and practices on children protection against sexual abuse in Kisarawe District?

1.4.2 Specific research questions

i. What are the parents' perceptions on child sexual abuse in Kisarawe?
ii. What are the parents' practices that are protective against child sexual abuse in Kisarawe?
iii. What are the parents' practices that are less protective or increase children's vulnerability to sexual abuse in Kisarawe

1.5 STUDY OBJECTIVES

1.5.1 General Objective

To explore parents' perception and practices on children protection against sexual abuse in Kisarawe District.

1.5.2 Specific objectives

i. To assess parents' perception on child sexual abuse in Kisarawe.
ii. To examine parents' practices that are protective against child sexual abuse in Kisarawe.
iii. To examine parents' practices that are less protective or increase children's vulnerability to sexual abuse in Kisarawe.

CHAPTER TWO:LITERATURE REVIEW

2.1 General Overview

Child sexual abuse is a serious public and global health problem in both high income countries and low income countries (21, 39). Child sexual Abuse gained attention in the past years and was presented in France (1857) in the early publishes (40)**.** Wide spread of sexual abuse awareness appeared in 1970s in the West (10,41). In spite of the campaign to encourage parents to inform their children about CSA risk and prevention strategies, researches over 30 years, shows that parents still have low contribution in CSA prevention (42). Child protection scheme is basically about protecting children from harm in practice and how to achieve it is by parents involvement (43). Different countries have the different way of culture on parenting practices and this might deviate on what they practice, however differences in how cultures define what is abuse have more to do with emphasizing particular aspect of parenting behavior (44).

In England child welfare system started growing under pressure after increase of CSA, and it was at this perspective the children act 1989 tried to create a new sense of balances between the state and the family in care and protection of children against sexual abuse. Due to inadequate of social welfare services the act tried to keep to a minimum situations were social workers would work depending on the policy and investigatory approach and the most support to children should come from family by parents were they would work together in partnership (45). Also the report authors declared that, there was a need for progressing initiatives transferring concern about child protection in the much broader context of providing services to children particularly emotional messages about parenting style which was intended to ensure larger incorporation of children's services with a much emphasis being placed on family support (45). In Scotland, CSA was not well developed as a professional or public concept but certainly the first professional course in childcare became existing (46).

In Kenya most of publications about CSA were not published but the problem persist, there were patriarchal societies where by women and men are raised different, this upbringing creates imbalances in the power of relation between them and most young men were raised to be sexually courageous, aggressive as the way to prove masculinity, girls were expected to be faithful, domesticated and obedient (22). In recent years

concern has been done about CSA incidents, were WHO estimates that 62% of violated children was below 15 years (47). In Tanzania many initiatives were done to abandoned child violence, these were through the African charter of welfare and right of children in Tanzania launched in 2014 by the president of Republic of Tanzania whereby the charter initiated child exploitation, aiming to strengthen networking activities among NGO's and to work closely with children, strengthening their capacity and providing support towards children rights (48).

2.2 Parents Perception on Protection of Children Against Sexual Abuse

Establishment of better strategy communication message to parents about child protection against sexual abuse brings positive impact on children about self-protection skills (49). One study conducted in China shows that 65% of parents did not let their children be aware of the causatives of CSA such as going with strangers, letting other people touch their genitals and to refuse if other people tried to touch them (49). Another study findings shows parents thought that if they discussed sexual matters with their children they might increase their interests in sex issues (50). The study from Australian revealed that, the most significant strategy on child protection as parents is to create harmless environment and nature for the positive well- being of children, but the findings discovered that none of the parents gave their children complete and understanding messages about CSA because they thought education may not have positive impact only but also can bring unintentional negative side effects that may not be effective on helping their children in abuse (37, 51).

In sub-Saharan countries parents' awareness on CSA is low. Three early studies in Kenya, South Africa and Nigeria are famous in the cases of CSA, one of the study in Africa described 18 cases of CSA at Cape Town Hospital whose victims ware at the age of 12 years and half of the cases the offenders were relatives, neighbors or friends of the family (52). In Nigeria perception on CSA shows 88% of respondents believed that some children were sexually abused by older children, 72% believed people who sexually abuse did not belong to child's family, 89.7% believed children were sexually abuse when were alone at night and outside of their home (53).A study carried out in Malawi showed that, 93% of majority were aware that sexual abuse is a crime but few could correctly perceive abuse acts as sexual abuse such as touching of private parts by friend and touching of their breast by lover without permission (54). A study done in Tanzania showed that, CSA is caused by

numerous factors such as, poor parental care, bad norms and values, poverty, alcohol/ drug use. Also incidents like rape of children has been seen like hidden phenomenon (55).

2.3. Parental Protective Practices against Child Sexual Abuse

Number of studies have explored parental protective behaviors (56,57). Also the same studies showed that parents used different protective practices like supervision, monitoring and involvement to create the outside barriers that may save the children. A qualitative study done in U.S reported that, parents used variety of strategies to keep their children safe from CSA, Also parent felt without a close relationship with their children they will be at greater risk of being abused thus, decided to develop a strong relationship with their children in order to make them comfortable and prevent them from dropping under influences of others and build confidence to fight against CSA (57). In order to maintain strong supervision as a factor to protect child against sexual abuse, parents watches their children by limiting some of behaviors to children like not walking alone at night, provision of education, monitor children to identify all sign of abuse and also parents investigate and monitoring child who were not at home (42).

Australian parents mentioned the significance of communicating with their children (51). Also the same study reported that, open communication helps children in building love, supportive relationships, creating trust, aiding in the monitoring situations and identifying of solutions in their life time. Parents also worked to prevent CSA by investigating and monitoring social settings such as sporting group, playdates/sleepovers and measuring the comfort levels of children when they are with adults (56). Evidence shows that, children who have support from their family have fewer adverse (58). A parent is expected to be effective on child protection if he spoke about specific abuse behaviors such as touching, perpetrator identities and what to do in abuse situation. Another study by UNICEF stated that, there are some individuals, relationship and family factors that work protectively to prevent the adverse impact of CSA in the bases of the family level, such protective factors are secure attachment to adult family member, warm parent- child relationship, high level of care during childhood, supportive family environment, extended family support and involvement including child care, lack of abuse and related stresses (42).

In Tanzania, although it rightly perceived that responsible parenting is instrumental in prevention of child sexual abuse (36), very few studies, if any, have explored parents'

protective practices (42). Parents Practices That Increase Vulnerability to Child Sexual Abuse.

A number of studies from developed and developing countries suggested that there are some certain characteristics of practices that increase child vulnerability (21,59,60). One study linked on the factors that increases child vulnerability such as age and sex, extended family, lack of family income to meet the family needs, violent relationship in homes, poverty, previous history of abuse, family dysfunction, single parenting and family structure, where by sexual abusers of children are both male and female though in most cases over 90% of perpetrators are men (7,21). The size of the family can increase risk for CSA (61). Other two studies found that, the family with four or more children were three times more likely to be violated than the house hold with fewer member however is not simply that the size of the family matters (21,60). Poor parenting increases risk to child vulnerability, a poor or distance relationship with a child with a low level of supervision and support can increase the risk of exposure to CSA in particular neighborhoods, such that children can be vulnerable to abuse and associating with other crimes or exploitation behaviors (21,62).

A study from America, stated about 53% of working parents with children under 18 years they have difficult to balance the responsibilities between their jobs and family (63). One of study in Pretoria found that, childhood experience of sexual abuse are significant factors of sexual violence perpetration (64). Substance misuse may also be a factor, when someone misuse with alcohol or drugs unknowingly an offender tend to commit an assault (65). Younger children are vulnerable to manipulation, coercion and grooming by adults or older children, the grooming relationship that can exist between perpetrator and victim can mean that the child is not aware or able to name her or his experience abuse or exploitation (21). The study conducted in Nigeria has proved that parents have no time to take care of their children or educate them about sexual abuse, rather it seems that the teachers are the only one who played a great role in educating the children while the parents were found to be the second in child protection (53). In Tanzania rape of children was a hidden phenomenon, number of factors were mentioned as source of increasing child vulnerability such as erosion of social norms, globalization, poverty, alcohol/drugs abuse and poor parental care (66). Also the same study reported that there is a need of educating

the community to raise their knowledge of CSA, its consequences and their roles as preventive agents.

2.4 Parents Practices That Increase Vulnerability to Child Sexual Abuse.

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and poor parental care (68). Also the same study reported that there is a need of educating the community to raise their knowledge of CSA, its consequences and their roles as preventive agents.

2.5 Summary of Literature Review: Knowledge gap.

On the basis of the reviewed literature, it acknowledged that parents have important role to play in prevention of CSA. Most studies on CSA were conducted in developed countries and few in developing countries. There are very few similar empirical studies in Tanzania. Consequently there is limited information on protective practices and those which increase vulnerability to CSA among parents in Tanzania. This study intended to make a contribution towards that direction**.**

CHAPTER THREE: METHODOLOGY

This chapter describes the methodology that was employed to conduct this study. It outlines the study area, study design, study population, sample size and sampling procedure, data collection methods, data management, analysis plan and concluded with ethical considerations related to the study.

3.1 Study Design

This study used qualitative exploratory study design. The aim of exploratory design was to investigate a problem which was not clearly defined.

3.2 Study Area

The study was conducted in Kisarawe District, Pwani Region in Tanzania. Kisarawe District is one of the six district of Pwani Region in Tanzania. It is bordered to North by Kibaha District, to East by Mkuranga District, to the South by Rufiji District and to the West by Morogoro Region. Kisarawe district has many cases of child sexual abuse and due to this children are vulnerable to sexual abuse (31)**.**

3.3 Study Unit

The study selected Masaki ward purposively because it had many incidents of CSA. The study unit was parent.

3.4 Study Population

The study involved all parents both women and men with children of under 18 years of age in Kisarawe District.

3.5 Sample Size Determination

The sample size for FDGs and in- depth interviews was determined in the field after reaching saturation. Tentatively for in depth interview, the researcher intended to recruit 25-30 participants as recommended by Dworkin (67), however in the field the researcher recruited only 20 participants, whereby researcher was not getting any new information. The FGD included 42 participants composing seven FGDs groups.

3.6 Sampling Technique

This study employed purposive sampling technique. The aim of purposive sampling technique was to obtain the real information from the parents with children under 18 years who are the main key actor of child protection. Therefore this used in-depth interview with

20 participant both men and women from Kisarawe district (68). They were obtained by contacting Village Executive Officer (VEO) who helped the researcher in selecting parents with children under eighteen years old around the area. Also seven groups were used in focused group discussion to each group with member of (6-10) that addressed research questions that required depth understanding. Information obtained based on the social economic status of parents with middle income and lower income to show there different perspective in accordance to child sexual abuse prevention. These were also selected by Village Executive Officer who provided the list of parents with children under eighteen years old.

3.7 Data Collection Techniques

Data was collected through interview guideline and focus group leading questions. Primary data was collected through in-depth interviews for (1) to examine the parents' practices that are protective against child sexual abuse, (2) to examine parents' practices that increase child vulnerability. FGDs to assess parents' perceptions on CSA.

3.7.1 In-Depth Interview

In-depth interview was guided by in-depth interview guide which was used to collect primary data, to assess parents' practice that are protective and those that increase child vulnerability. IDI is a qualitative research that involves conducting face to face interviews with small number of respondents to explore their perspectives on a particular idea or situation (69). For ensuring the interviewer collects information that corresponds to objectives of the study, an interview guide was developed and used**.** The guide complies broad questions such as (i) what is your role in the family on protecting children against sexual abuse, (ii) what are the important things you know, as parent you must (iii) what are the important things you know of, which parents do not do and might increase child vulnerability to sexual abuse**.** This interview guide ensured that the same information is collected from all participants, in systematic and comprehensive way, good way, good use of limited time and keeping interactions focused (70). The interview took between 45 minutes to 1 hour for each respondent. During in-depth interview the researcher was taking notes by using tape recorder to capture information.

Focused Group Discussion

Focused Group Discussion (FGD) has been used in various study to assess perceptions of participant toward CSA prevention (71,72). FGD in this study was guided by focused group discussion guide. The guide complies broad questions such as (i) what do you understand and to be the characteristics of child sexual abuse perpetrators, (ii) what do you understand to be the characteristics of child abuse victims**.** FGD is a qualitative research methods that involve two facilitators one being a moderator and other a note taker (recorder) engaging a group of six to ten participants in discussion of research issue (73). FGDs were conducted using (6-10) people to explore parent perception against child sexual abuse. Seven groups of different ages were formulated; including 2 groups of young parents aged 18 – 39, two groups of male parents aged 18 -39, two group of older female parents aged 40 and above, and one group of older male parents aged 40 and above to explore parents perception on child sexual abuse in Kisarawe. Each group took 90 minutes up to 2 hours. Since sexual abuse is a sensitive topic, the members were encouraged to take part in the discussion by first expressing their understanding of sensitivity of the topic and being informed that the questions focused on child experiences of sexual abuse rather than issues happening in the community at large (74).

3.8 Data analysis

The analysis of data obtained were analyzed using thematic analysis approach, whereby it focused on examining themes within data, the process and analysis followed the following steps (75) first, familiarization with the data; second, generating initial codes; third, integration of codes into descriptive themes; forth, synthesis of descriptive themes into analytical themes; fifth, producing the report.

3.9 Ethical consideration

The proposal was submitted for ethical clearance to conduct the study through Muhimbili University of Health and Allied Sciences (MUHAS), research and publications committee and being approved by the reference number **(Ref. DA.287/298/01A).** Then it was taken to Kisarawe District Council for permission to conduct a research in the area. Also the researcher in this study adhered to all principles of ethics of conducting research by ensuring confidentiality and privacy of participants were maintained. The study ensured

this by assigning numbers to all participants hence their identity was not disclosed, also all the discussion was held in the prepared room so that their information was confidential. Moreover, informed consent was sought from respondents after giving them sufficient information and explaining clearly the objectives of the study. Participation to the study was voluntary and no risks were associated with the involvement of participants in this study.

3.10. Trustworthiness of the study

The trustworthiness is the key fact derived from the data to make the findings worth to be paid significant attention. Trustworthiness in this study was ensured by basing on four dimensions, dependability, transferability, credibility and conformability as suggested by (76,77).

Credibility refers to how congruent the findings of this study were with reality. In this study IDI was used because it is an appropriate and well recognized research method for exploring depth information from the study participants. Also Focus Group Discussion was used because it is an appropriate and well recognized research method for exploring information related to perceptions of the study participants on the study topic. Also checking with participants before writing final report to whether the study findings exactly describe their perceptions as well as consulting colleagues and experts.

Dependability refers with stability of data even if the work were to be repeated in the same context, with the same method and the same participants. In this study dependability was ensured through providing clear and thick description of the process.

Conformability, refers how the study findings are the result of the perceptions and practices of the participants, rather than the characteristics and preferences of the researcher, to ensure conformability in this study they was a detailed methodological description and data were allowed to speak for themselves by using quotes from the informants.

Transferability refers to the extent to which the findings of this study can be applied to other situation. For this study to be transferable detailed background data to establish context of study in question was done. This focused on; the information of parents and also was taken care by proper description of the study context.

3.11 Study limitation

The major limitation that this study faced was social desirability bias. Some parents might have attempted to over report protective against CSA in order to portray a positive or favorable image. This was mitigated by explaining clearly the objectives of the study to the respondents and asking them to be honest. Further that, there was no wrong or right answers, and that there would be no punitive measures against any respondent.

3.12 Dissemination/publication plans

The study report will be disseminated and made available in the MUHAS library for use. Moreover, the report will be disseminated and made available to the Kisarawe DC for use in establishing different Interventions for parents. Furthermore, a manuscript on this study will be developed and submitted to a journal for publication.

CHAPTER FOUR: RESULTS

4.1 Introduction

This chapter presents study findings in accordance with the specific objectives. Thus, the findings are structured under the following main sections: socio-demographic characteristics; parents' perception on child sexual abuse; parents' practices that are protective against child sexual abuse; and parents' practices that are less protective or increase children's vulnerability to sexual abuse. Under these main sections results are presented as per the relevant analytical themes that emerged from data analysis.

Table 1: Illustrative Themes and Sub themes of the Study

Sub-themes	**Themes**
Parents perception on child sexual abuse	
- Perpetrators are male - Most case done by male - Perpetrators are often - Perpetrators are usually adults - Poor men are more likely to be the perpetrators of sexual abuse - Perpetrator is likely to be a close relative	Perpetrator characteristics
- Girls are more vulnerable to CSA - Girls are at higher risk of CSA than boys	Victims characteristics
- Communication to increase confidence - Communication to enhance assertiveness - Instructing children to avoid CSA actions	Parent regular communication with children on sexual abuse.

4.2 Socio-demographic Characteristics of the respondents

4.2.1 Focused Group Discussion Respondents

A total of 42 parents participated in the Focused Group Discussions whereby eighteen participants were male and 24 were female. Focused Group Discussions were categorized into seven group of different age; including 2 groups of female young parents aged 18 –39, two groups of male parents aged 18 -39, two group of older female parents aged 40 and above, and one group of older male parents aged 40 and above were conducted to explore parents perception on child sexual abuse in Kisarawe. This made 7 FGDs in total whereby each group included six participants.

Table 2: Summary of participant characteristics for focused Group discussion.

Characteristics	**Participants (N=42)**
Sex	
Male	18
Female	24
Age *(min, max)*	(*min* 20, *max*70)
Education level	
No formal education	4
At least Standard vii	30
Secondary level	7
Diploma	1
Economic status / family income per month	
80,000 - 100,000	29
100,001 - 200,000	10
200,001 - 300,000	2
300001 - 400,000	0
400,001 - 500,000	1

4.2.2 Summary of socio- demographic characteristics of participants who took part in In-depth Interviews.

More than half of the study participants were women (11) and only (9) were men who made a total of 20 respondents. A Half of the respondents had the age of 40 years and above with the total number of (10) and other half of respondents (10) were between the ages of 20 – 39. A large number of (13) respondents were farmers with standard seven education , only (1) farmer had no formal education and nearly a half of them (8) had different education level such as diploma and secondary education. And more than a half (14) of the participants reported being in current marital relationship that means majority living with their partners while (6) reported to be single due to condition of being divorced, single parent, widow or widower. Majority of respondents (16) had more than one children of different sex and only few (4) had (1) child. Those who reported to have a single child (1) said to be working as teacher, nurse, doctor, and village officer.

Table 3: Socio demographic characteristics of study participants for In Depth Interviews.:

Characteristics	**Number (n= 20)**
Sex	
Male	11
Female	9
Marital status	
Married	14
Single	1
Widow/widower	2
Divorced/ separated	3
Age	
18-27	3
28-37	7
38-47	4
48-57	1
58-67	5

Level of education	
None	1
Primary	12
Secondary	3
College/ university	4
Occupation	
Employed	5
Business	1
Farmer	13
Others specify	1

Parity	
1-2	6
3-4	7
5 and above	7

4.3 Parents Perception on child sexual abuse.

The analysis of qualitative findings on the parents' perception on child sexual abuse generated two overarching themes: perpetrators characteristics and characteristics of the victims**.** These main themes were derived from analytical themes which serve as sub-headings in the sections that follow.

4.3.1 Perpetrators Characteristics

The respondents pointed characteristics of the perpetrators of CSA as reflected in the following analytical themes: perpetrators are often males; perpetrators are usually adults aged 18 or above; intention of this sub section was to explore the parent's perception on CSA perpetrator's characteristics. The analyzed data from interviewed respondents generated the following four sub themes: - First are perceived perpetrator's characteristics in terms of sex, second are perceived perpetrator's characteristics in terms of age, third is perceived perpetrators economic status and fourth is perceived perpetrator victim relationship.

4.3.1.1 Perpetrators are often male

Most interviewed respondents perceived that Child Sexual Abuse (CSA) perpetrators are male and not females. It is said this is because most of cases conducted in the area are of males. As one of respondents said,

> *"... For what I know, most child sexual abusers are male and not females".* **(FGD, Female parent aged 25).**

Another respondent insisted that,

> *"...female are not capable of abusing a child sexually, the most perpetrators are male"* **(FGD, Female parent aged 30).**

4.3.1.2 Perpetrators are usually adults

The respondents were asked on how they perceive the perpetrators characteristics in terms of age. Most of respondents pointed out that perpetrators are usually adults aged 18 years or above. It is said that, this is because most of the reported cases on Child Sexual Abuse in Kisarawe are done by adults above 18 and not below 18. As one respondent said,

> *"...Those who are conducting sexual abuse practices are those with age from 18 and above (elders) because the young children do not know these things at all that is why they cannot perpetuate them"* **(FGD, Male respondent aged 27).**

Moreover not only that, some interviewed respondents mentioned that CSA can be perpetuated by people of any age so it is not only done by certain age only. As one had the following to say,

> *"....not only elders are capable of doing such things but also children abuse themselves, a child can also abuse another child so in terms of age an abuser can be anyone of any age"***(FGD, Male respondents aged 40**).

4.3.1.3 Poor men are more likely to be the perpetrators

Most the interviewed respondents acknowledged that the parents perceive the economic status of the perpetrators to be low economic status and not high economic status**.** For example in most of the reported cases of sexual abuse are done by the people of low economic status as one respondent said,

"According to the nature of our environment here we see that more perpetuators of Child sexual abuse are people of low economic status than the people with high economic status **(FGD, Female respondent aged 42).**

Moreover some respondents reported that the reason for low economic people to engage more on child sexual abuse is due to lack of money to pay for commercial sex hence they turn to children which seems to be cheap. As one respondent insisted that**,**

"The people of low economic status are the most perpetrators of child abuse as they cannot afford to pay for sex hence they use children as alternative for accomplishing their sexual needs. For those people with high economic status they may just go to commercial sex workers and finish their sexual needs there" **(FGD, Male respondent aged 45 years).**

4.3.1.4 Perpetrator is likely to be a close relative.

Majority of the respondents reported to perceive that the perpetrators are familiar and close people to the victims other than strangers. For example some mentioned uncles and aunts to be close relatives who perpetuate sexual abuse to the children. As one respondent said,

"Most of the time the perpetrators of child sexual abuse are among the family members and close relatives like uncles. So our close relatives who come to visit us do these actions. I have real example which has happened to my family. I live with my child of ten years old and we have a relative of 50 years who visited us home and I trusted him to the extent of leaving him to sleep one room with my child but later on it came to be known that he was sexually abusing my child" **(FGD, Female respondent aged 28).**

Another respondent insisted that,

".....I have heard that a child of about 5 years old has been abused by a young man aged more than 18 years who is just a close neighbor to child's home and after, that young man run away. So in my opinion these are the people living close to us and know us well" **(FGD, Female respondent aged 28 years).**

4.3.2 Victims Characteristics

The respondents pointed characteristics of the victims of CSA as reflected in the following analytical themes: victims are often females than males

4.3.2.1 Girls are more vulnerable to CSA

Majority of respondents perceived that girls are more vulnerable to sexual abuse than boys. For example most of men mentioned the reasons are fast growing of nowadays girls such as attractive reproductive organs such as breasts and the way they dress and wear the clothes as adults. As one of respondent said**,**

> *"…… Most victims of sexual abuse are girls….. I can say that high percentage of the sexually abused children are girls who are more victims and mostly are school girls who are being deceived with things like free transportation to school, money and small gifts***" (FGD**, **Male respondent aged 62)**.

4.4 Parents Protective practices on child sexual abuse.

The analysis of data related to this section revealed five protective practices which are presented here as analytical themes: parents' regular communication with children; reporting of sexual abuse to respective authorities; parents' monitoring of children, sufficient provision of basics needs to children by parents; and proper sleeping arrangements to children.

4.4.1 Parents' regular communication with children on sexual abuse

Most of the interviewed respondents said that they do communicate regularly with their children on child sexual as way of protecting against CSA. They mentioned main communication to be increasing confident and reduce anxiety when CSA wants to occur. One of the respondents thus said,

> *"I as a parent I communicate with my child on sexual abuse issues so that they can be able to protect themselves against sexual abuse. As they will have more confidence"* **(IDI, Female respondent aged 35**)

Moreover majority of parents said that they communicate by restricting their children to avoid some actions related to sexual abuse such as telling them to avoid genital touches, not removing clothes to strangers in their absence. Another respondent had the following to add,

"*So to me, I like talking to my children especially girls on sexual abuse practices. I tell them, my child, if someone in my absence touches you here or tells you to remove your clothes please refuse. Even if we have gone to the hospital then the doctor wants to remove your clothes and touches you, you must refuse too till I am present. In reality even if you come here and tell my child remove your clothes I want to see the swelling or anything. She will tell you that my mother restricts me do that and it is not good"* **(IDI, Male participant aged 39)**.

4.4.2 Reporting of child sexual abuse cases/practices

Some of the respondents said that they do report to the Village Executive Officer incidents of sexual abuse involving their children even of their neighbors. This was admitted by parents to be used as the way to reduce the chance CSA occurrence to the same child as well as other children. *As one of the respondents said,*

"When I see the sexual abuse practice somewhere I report and the perpetuator will be caught hence he cannot continue with those actions to the same child or other children" **(IDI, Male participant aged 32).**

4.4.3 Parents monitoring of children away from home.

Most of interviewed parents said that they do monitor their children when they go away from home. For instance, some parents with under five years children said that when their children go to play with fellow children in the neighborhood they follow up to see exactly where are they, with whom are they playing with and what kind of play they are engaged in. One of the respondents said that,

"...as for me I have a child who is below five years and other four children as well and I don't like when my children play far from home, because they can play together till they are satisfied, so I always protect my children like that and if they go out to play with neighbors; I need to know whom my children are playing with and if the child has bad habits I don't let that child play with my children because the children with bad habit we know them as they like playing unaccepted games" **(IDI, Female respondents aged 46).**

Moreover, some parents of adolescents said they do follow up security of their children by closely communicating with school teachers. That when a child leaves for school early in the morning, after 2 – 3 hours the parent calls the Class Teacher to establish his/ her

daughter/son was at school. Similarly, such parents have set time like 6.30 in evening during which they expect the child to have come back from school. So if the child has not come back home after 6.30pm, they get worried and start following up including calling the school teacher. This was well explained by one of the respondent who said,

> *"…to be close with my child in such way that, when my child leaves home I must know whom she/he has left with not going with strangers and if the child leave for school I must know at what time she/he comes back, in case it is time to be home from school and the child has not returned I must be close with teachers through calling to ask them and where the child is"* **(IDI, Female respondents aged 45)**.

4.4.4 Sufficient provision of basic needs to children

Majority of the interviewed respondents reported that they do try hard to provide their children especially daughters -with basic needs. They argued that provision of basic needs is protective as it enables children to escape traps of the potential perpetrators of sexual violence who use money and/or small gifts to attract needy children. As one of respondents said,

> "*….when I provide all basic needs to a child, I you reduce the risk or chances of being seduced mainly by men using drinks, money, peanuts and other small things that's why to prevent my child from having desires when I return home I always cook for my child and I try to my level best to give her small things like money to use when at school so that she cannot be jealous of his or her fellow children***" (IDI, Female respondent aged 45).**

4.4.5 Proper sleeping arrangement

Most of the interviewed respondents mentioned that they do ensure protective sleeping arrangement. They said that they do not allow their children to sleep in other households which might result to CSA as a child may go to sleep in other household where children are mixed, those with different origins and behaviours. As one respondents said,

> *"....Boys sleep in their own room with their own sleeping arrangements as well as girls and they have no such interactions this reduces the chances for child sexual abuse. Moreover I do not allow my children to go and sleep in neighbors'*

households to avoid them to sleep with children who have different behaviours" **(IDI, Female respondent aged 35).**

Moreover some interviewed parents mentioned to provide proper sleeping arrangements to their children when guests visit, as they let guest go to other households but not the children as said by one of the respondent,

"I have an extended family but I am not entertaining guests to come and sleep in children's room and send my children to neighbors' room. I believe that this ensures my children's safety against sexual abuse practices" **(IDI, Female respondent aged 40).**

4.5 Parents practices increasing child sexual abuse vulnerability.

The intention of this sub section was to explore the parent's practices which increase vulnerability of a child to sexual abuse. The analyzed data from interviewed respondents generated the following seven themes which increase child vulnerability to sexual abuse. First is improper sleeping arrangement, second is inadequate provision of basic needs, third is on inadequate provision of parental care education to children, fourth is Parents avoiding communication with children on CSA, fifth is family conflict and separation, sixth is Provision of advanced technological devices/TV shows to children and Inability to stop children from participating in Traditional dances.

4.5.1 Improper sleeping arrangements

Some of the respondents said that sleeping arrangements of parents and children increases the vulnerability of child sexual abuse. For instance when parents have limited space in the house and at the time children from neighbors or relatives come to sleep in the house without any limitation this may lead to all children (grown up children and young ones) sleeping in the same room which may result to sexual abuse**.** As one of respondents said,

"I am living with my husband and we have only two rooms and I have 10 children of different ages including my own children and other children of my sister who passed away. It is difficult to arrange ourselves on how to sleep; we find that all children have sleep in the same room due limited space. Sometimes this situation may lead to child sexual abuse" **(IDI, Female respondent aged 45)**.

4.5.2 Inadequate provision of basic needs to children

Some of the interviewed respondents acknowledged that they are unable to provide some of basic need to their children due to their low economic status which may increase the vulnerability of children to sexual abuse**.** As one of respondent said,

> *"..lack of all necessary basic needs sometimes lead a child to agree in doing sexual intercourse, a child may beg for money to other people and you find that in order for that person to give a child money he will have to force a child to participate in sexual intercourse, once it becomes a habit a child won't stop and will always agree to be abused sexually in order to get money*" **(IDI, Female respondent aged 25)**.

4.5.3 Inadequate provision of parental care education to children

Some of the interviewed respondents admitted that they don't provide enough parental care education to their children which increase the vulnerability of a child to sexual abuse practices. For instance, some parents said that they take child upbringing as habitual thing. Hence they just compare their past life experience with the current life and not worry with current globalized World circumstances. As one respondent said,

> *"First of all I as a parent I still bring up my children as I was brought up in those years so I use the same traditional ways to direct my children, I feel shy as father to talk with my daughter or son on what to do and not to do related to sexual abuse issues because in our traditions this seems like an insult and shameful thing"* **(IDI, Male respondent aged 63).**

Moreover some of the interviewed parents mentioned that they do not provide some important things like pads and pocket money as a way of making sure their children live and experience the same way as parents lived in the past.

> *"I was not given pads and some pocket money for meals in schools by my parents. I also need my children to grow up in the same way and understand that life is difficult. I do not want my children to be lazy and spoiled with things like money because it will reach a time I don't have money to give them and they will complain."* **(IDI, Female respondent aged 65).**

4.5.4 *Parents avoiding communication with children on CSA*

Although majority of the interviewed respondents agreed that it was necessary to educate their children about the risks and effects of sexual abuse, some of the respondents admitted that they do not discuss with their children on CSA issues. Such parents argued that their children are not grown up enough to tell them about sex issues and that they may not understand the message. Indeed they worried that talking with children about CSA may encourage them to start practicing sexual matters. As one of the respondents said:

> *"…. the way I understand and know most of the parents even me, we do not talk to children about sexual abuse issues because talking to them is like teaching them to do that"* **(IDI, Female respondents aged 45).**

Moreover some of the parents reported that they do not talk to their children due to age which they think that, they are not ready to participate in sexual related activities and even if they talk about sexual issues they will not understand. Another respondent reported that,

> *"…….no I have not talked to my child as she is still young and I do not think if I can talk with her on effects of sexual intercourse I think she cannot understand… as you know the children of these days if you start talking to them about sexual issues first of all to me it is a shame and then when she will enters into puberty, she will think of practicing those things by saying that lets do it this way as mother was telling us*" **(IDI, Female respondent aged 33)**.

4.5.5 Family conflict and separation

Some of the interviewed respondents acknowledged that, family misunderstandings and separation they had experienced increased the risk of their children's vulnerability to sexual abuse practices. They elaborated that parents' separation made the children to be raised by one parent or grandparents where they live with other relatives such as aunts and uncles which leads to sexual abuse actions. One of respondents reported that,

> *"….I am single parent for about five years now; I cannot forget that after separating with my partner, children were taken to their grandparents where they lived with other relatives that are uncles and aunts. Due to that situationI.my last born was abused by one of our relative whom I cannot mention"* **(IDI, Female respondent aged 35)**.

4.5.6 Provision of advanced technological devices/TV shows to children.

Some of the interviewed respondents admitted that they have tendency of providing a child with modern devices like mobile phone, TV shows at night and uncontrolled access to television which puts children at risk of sexual abuses. This concern was well stated by one respondent:

> *"I always leave my children to be free to access TV and mobile phone. It is possible that children can watch unacceptable things through phones or television because I do not know what children watch but I know there are some programs which are not good to be watched by the children"* **(AID, Male respondent aged 45).**

4.5.7 Inability to stop children from participating in Traditional dances

Majority of the interviewed parents reported the presence of the traditional dances as an important cultural practice among the people in Kisarawe. They argued that since they belong to the same culture they are unable to stop their children from attending such dances. As one respondent who is a primary school teacher reported:

> *"… It's true that traditional dances may result to sexual abuse actions because I have a child of my brother who was sexually abused when she went to these traditional ceremonies. She heard these dances and escaped from home and went to the dance where she met a man who seduced her and forced her into sexual intercourse"* (IDI, Female respondent aged 28).

CHAPTER FIVE: DISCUSSION

5.0 Discussion

This chapter presents discussion of key findings as per the specific objectives that the study responded to.

5.1. Parents Perception on child sexual abuse.

5.1.1 Parents perception on perpetrator's sex

This study found that parents perceive child sexual abuse is perpetuated more by male than female and the victims to be mostly females than male. These findings from Kisarawe parents further confirm the fact that CSA is gender driven. That masculine gender norms influence men to the extent of sexually abusing female children. These results are similar to those reported in a study done in USA (78) whereby men were found to make up large majority of perpetrators of sexual abuse in the country and internationally. Different results are reported in a study done Ireland (79) whereby females were also found to be perpetrators of CSA. The study also found that victims of CSA are mostly females than males. These findings are similarly reported in a study (80). Also parents seems to perceive perpetrators to be of close relationship with victims than are strangers to victims. This is similar to the findings reported by (49) whereby close relatives and familiar people entrusted in caring of children were reported to be the perpetrators of these sexual abuse actions.

5.1.2 Perpetrator victim relationships.

5.1.2.1Close relationship with victims

This study found that most of the respondents seem to perceive that the perpetrators are familiar and close people to the victims rather than strangers. This implies perpetrators of CSA do take advantage of familiarity with the environment where the child lives. This is important in a Tanzanian society where the nuclear family lives with several other male and/or female relatives. Under such circumstances, parents need to be really keen to be able to protect their children against CSA. Similar results have been reported by a study done in London whereby known and trusted people were perceived to be the most perpetrators of CSA and not strangers (81). The children are suspicious of strangers than the familiar people hence they can report sexual abuse done by strangers more easily than familiar people. This was similarly reported in other studies done in USA (78) which reported that birth parents and those serving parental roles to be most of the CSA

perpetrators. Various studies have reported the same findings however with slightly difference by recognizing the existence of strangers as perpetrators of child sexual abuse (7,10,82)

5.2 Parents Protective practices on child sexual abuse.

This study found that regular communication with children on sexual abuse to be protective method of reducing the risk of sexual abuse to children as the majority of respondents agreed they are talking with their children about the risk of CSA though talking about sex is very awkward. This suggests that parents understand a long established fact that parent-child communication enables uncovering of risky trends in the child's life and in the neighborhood. However, the concern about awkwardness of talking about sex is cultural and requires a specific intervention to overcome it. This is similar to the findings reported by a study done in China whereby expressed significant concerns talking about the risk of CSA to their own children however they felt unconfident about discussing the risk (49). The same study reported that, parents worried on how to talk about sex with their children as it is a shameful thing. Another study reported similar results that is parent communication with their children is incomplete, they do not provide their children with the comprehensive prevention messages regarding child sexual abuse prevention while they most concentrate on abduction dangers (51). Another study done in USA and internationally reported that cultural norms and beliefs affecting reporting of CSA in terms of the family and the victims (83). This nondisclosure has a contribution to the increase of the cases.

These results are different from study findings done in China whereby the Chinese parents were not discussing the sexual related issues openly hence limited communication with the children (49). Another study done in Shinyanga Tanzania reported that parents practices for prevention of child sexual abuse were reported to be unsatisfactory implemented (37). The study also found that parents reporting of sexual abuse cases to be protective practices. The same results are reported in the study (25) whereby disclosure of Child Sexual Abuse Cases was associated with stigma and discrimination hence reduced the number of cases in the area.

5.3 Parents practices increasing child sexual abuse vulnerability.

This study found that, the following themes increases child vulnerability to sexual abuse. Family conflict and separation, improper sleeping arrangement whereby senior male relatives/ strangers share a room with children, provision of modern devices to children without limiting their uses, inadequate provision of parental care education to children and inadequate provision of basic needs by parents, parents avoiding communication with children on CSA and inability to stop children from participating in traditional dances.

5.3.1 Family conflict and separation

This study found that family misunderstanding and parents separation increased risk of children vulnerability. This finding confirms that when parents separate children are left with less protection against sexual abuse. This is because such children have to be taken care by a single parent, and some even are taken by their grandparents, aunts, or uncles who may not be very keen due biological distance. Similar results from a study done in Sudan which reported that family separation greatly reduce the capacity of parent to care for their children hence any act of abuse may happen (84)**.**

5.3.2 Provision of modern devices to children

Provision of modern devices to children without limiting their use. This study found that the practices of parents giving modern devices to children without limiting them increases vulnerability of CSA. This suggests that when modern devices such as smart phones and TV are easily accessible to children particularly adolescents they may get spoiled by watching dirty sources like pornography. Similar results in a study done in New York (66) reported that globalization and modern technology may increase the risk of CSA harmful acts such as sexual images, pornography videos which are easily accessible via phones were children watch them.

5.3.3 Inability to stop children from participating in traditional dances.

This study found that traditional dances is an important cultural practices in Kisarawe people but it leads to vulnerability of children to sexual abuse because parents fail to stop their children from attending such ceremonies. Actually, children escape from home at night when they hear such dances being performed in their neighborhoods. A similar study done in Tanzania reported that traditional practices like “unyago” which involves teachings on sexuality and celebration of passage from childhood to adolescence increases child vulnerability to sexual abuse. The practice is organized and facilitated by parent(s) (85)

5.3.4 Inadequate provision of basic needs by parents

The study found out that parents were unable to provide some of basic needs to their children due to poor economic status, thereby increasing vulnerability of their children to sexual abuse. This suggest that when children's basic needs are not met, they can easily be trapped by adult men who may just offer a token for food or transport in order to attain his sexual objective. Similar results were reported in a studies done in Zambia and Kenya whereby many people in these countries are so poor that they cannot afford to feed their children who in turn opt to selling items on the streets and consequently become vulnerable to sexual abuse (86).

5.3.5 Parents avoiding communication with children on CSA.

The study found that parents' limited communication with children on sexual matters increases vulnerability to sexual abuse. This limitation is attributable to strong cultural beliefs including taboos which are against discussing matters related to sexuality between a parent and a child. It is considered a shameful thing for a parent to talk to his/ her child on matters related to sexuality. about sex issues to children (87). These results are similar to the study findings reported in Thailand and Vietnam (88) whereby the parents were not discussing about CSA issues hence spreading of protective information and education was limited.

5.3.6 Improper sleeping Arrangement.

This study found out that when senior male relatives/ strangers share a room with children, the risk of a child being sexually abused increases. This is because most children are brought up in extended families where they live with senior relatives with limited spaces for accommodation. The bad thing is that because parents tend to trust non-nuclear senior family members they never imagine that they would turn out to be sexual abusers of their own children. Consequently, many times precautions are not taken until a sexual abuse incident happens. This calls for special interventions to make parents aware of the practices which increase child vulnerability to sexual abuse. A similar study done in Eastern Caribbean reported inadequate sleeping arrangements, sometimes as a result of household poverty, which led to overcrowding and sharing of beds, was seen as a factor which led to inappropriate sexual behaviours and this type of sleeping predisposed children to sexual exploration (4,33,90).

CHAPTER SIX: CONCLUSION AND RECOMMENDATION

6.0 Conclusion:

This study has provided a comprehensive description of parents' perceptions and practices regarding CSA, which may provide important evidence and new insights to inform the development of parental education programs in Tanzanian society. Protective practices against CSA include: parents regular communication with children on sexual abuse; reporting of sexual abuse to respective authorities; parents' monitoring of children; sufficient provision of basics needs to children by parents and proper sleeping arrangements to children.

Nevertheless, practices that increase vulnerability to CSA include: Family conflict and separation; improper sleeping arrangement whereby senior male relatives/ strangers share a room with nuclear children; inadequate provision of basic needs by parents, improper sleeping arrangement, inadequate provision of basic needs, inadequate provision of parental care education to children, Parents avoiding communication with children on CSA, family conflict and separation, Provision of advanced technological devices/TV shows to children and Inability to stop children from participating in Traditional dances.

6.1 Recommendations

1. Researchers and police makers must continue to focus on protecting children and assisting parents by encouraging them to make regular communication with children on sexual abuse. This will increase confidence, reduce anxiety and mechanism of avoiding sexual abuse actions.
2. The local government and other lower authorities dealing with child protection like ward/village officers should ensure good sleeping arrangement by educating and raising awareness to parents, making sure that children are not left to sleep with elders and when guests visit the household children should not sleep with guests or be moved to neighbors in order to avoid the risk of sexual abuse**.**
3. The Ministry of Health, Community Development, Gender, Elderly and Children in collaboration with other stakeholders should design and develop special prevention programs for increasing education of parents on child sexual abuse.
4. Further research is needed on the same field related to the topic to determine the effects of CSA on Kisarawe society.

REFERENCE

1. Tanzania Child Law Act No 21. Law Of The Child Act. 2009;1–79. Available from: http://polis.parliament.go.tz/PAMS/docs/21-2009.pdf
2. Canadian Centre for Child Protection. Child Sexual Abuse: It Is Your Business. 2014;16.
3. Internation Feeration of Red Cross. Child protection action plan 2015-2020. 2016;(Red, Red Crescent Societies Geneva, Switzerland):9.
4. Baldwin CN. School Readiness : Parent Perceptions , Behaviors , and Child Ability Related to Ethnicity and Socioeconomic Status. Ethnicity. 2011;(Western Kentucky University, courtney.baldwin).
5. Raya AF, Ruiz-Olivares R, Pino MJ, Herruzo J. A Review about Parenting Style and Parenting Practices and Their Consequences in Disabled and Non Disabled Children. Int J High Educ. 2013;2(4):205–13.
6. Terway A, Dooley B, Smiley A. Most vulnerable children in Tanzania: Access to education and patterns of non-attendance. 2013;(EDUCATION POLICY AND DATA CENTER | FHI 360). Available from: http://www.epdc.org/sites/default/files/documents/Tanzania_Vulnerability.pdf
7. UNICEF. Sexual Violence against Children in the Caribbean Report 2012. 2013;302.
8. Abbasi MA, Saeidi M, Khademi G, Hoseini BL, Moghadam ZE. Child Maltreatment in the Worldwide: A Review Article. Int J Pediatr [Internet]. 2015;3(1.1):353–65. Available from: http://
9. Loveleen K PK. Study on Child Abuse 2007, Ministry of Women and Child Development, Government of India. Contemp Educ Dialogue. 2015;5(1):117–20.
10. Jones AD, Jemmott ET. Child Sexual Abuse in the Eastern Caribbean. October. 2009;(June).
11. Briere JN, Elliott DM. Immediate and long-term impacts of child sexual abuse. Future Child. 1994;4(2):54–69.
12. Hall M, Hall J. The Long-Term Effects of Childhood Sexual Abuse: Counseling Implications. VISTAS Online [Internet]. 2011;199(2):1–7. Available from: http://counslingoutfitters.com/vistas/vistas11/Article_19.pdf

13. Hillis S, Mercy J, Amobi A, Kress H. Global Prevalence of Past-year Violence Against Children: A Systematic Review and Minimum Estimates. Pediatrics. 2016;137(3):e20154079–e20154079.
14. Davies, P., Francis, P. and Greer CSE. Victims Crime and Society.An Introduction. 2017; Available from: https://uk.sagepub.com/sites/default/files/upm-binaries/81699_Davies_Victims%2C_Crime_and_Society.pdf
15. Shaw T. Historical abuse systemic review : residential schools and children's homes in Scotland 1950 to 1995. [Internet]. 2007. 279 p. Available from: https://www.gov.scot/Publications/2007/11/20104729/0
16. Barth J, Bermetz L, Heim E, Trelle S, Tonia T. The current prevalence of child sexual abuse worldwide: A systematic review and meta-analysis. Vol. 58, International Journal of Public Health. 2013. p. 469–83.
17. Subramaniyan VKS, Reddy P, Chandra G, Rao C, Rao TSS. Silence of male child sexual abuse in India: Qualitative analysis of barriers for seeking psychiatric help in a multidisciplinary unit in a general hospital. Vol. 59, Indian journal of psychiatry. 2017. p. 202–7.
18. Rind, Bruce; Tromovitch, Philip; Bauserman R. A Meta-Analytic Examination of Assumed Properties of Child Sexual Abuse Using College Samples. America: American Psychological Association, Inc.; 1998. p. 22–53.
19. Bakari A. Mohamed. Child Abuse In Zanzibar West District Tanzania: Assessment Of Knowledge, Attitude And Practice (KAP). Tanzania: A Dissertaion for Open university; 2015.
20. Susan . F ZN and UK. Gender-Based Violence and HIV/AIDS in South Africa: A Bibliography. Cent AIDS Dev Res Eval. 2003;1–101.
21. Radford L, Allnock D, Hynes P. Preventing and Responding to Child Sexual Abuse and Exploitation : Evidence review. 2015;(University of Bedfordshine United Kingdom):1–167.
22. VAC-kenya. Violence Against Children in Kenya, finding from National Survey; Gov Kenya [Internet]. 2010;(Ministry of Gender, Children and Social Development). Available from: https://www.unicef.org/esaro/VAC_in_Kenya.pdf
23. Lalor K. Child sexual abuse in sub-Saharan Africa: A literature review. Child Abus Negl. 2004;28(4):439–60.

24. Meinck, Franziska; Cluver, Lucie D; Boyes ME. Risk and Protective Factors for Physical and Sexual Abuse of Children and Adolescents in Africa: A Review and Implications for Practice. United State: SAGE Publications; 2014.
25. Kisanga F. Child sexual abuse in urban Tanzania : Possibilities and barriers for prevention. 2012. 1-69 p.
26. Kahemele J. The Sanctioned Emotional, Physical and Sexual Abuse of Children in Tanzania - Part 2 - Papers & Essays. 2014.
27. Okechi OS. The Indigenous Concept of Sexuality in African Tradition and Globalization. Glob J Reprod Med. 2018;6(1).
28. Karlsson L, Feinstein C, Gezelius H, Heiberg T, Jareg E, Kapell A, et al. Listen and Speak out against Sexual Abuse of Girls and Boys. 2005.
29. Kahemele J. The Sanctioned Emotional, Physical and Sexual Abuse of Children in Tanzania - Part 2 - Papers & Essays. Tanzania: Children's Rights & Well-being; 2004.
30. TAMWA. Tanzania Media Women ' s Association (TAMWA). Journalistic Survey on Gender-based Violence. 2013;(July).
31. Lerisse F, Mmari D, Baruani M. Vulnerability and Social Protection Programmes in Tanzania. A study Soc Prot Program … [Internet]. 2003;(September). Available from: http://scholar.google.com/scholar?hl=en&btnG=Search&q=intitle:Vulnerability+and+Social+Protection+Programmes+in+Tanzania#0
32. Mascarenhas BO, Sigalla H. Poverty and the Rights of Children at Household Level: Findings from Same and Kisarawe Districts, Tanzania. 2010.
33. VAC-National Survey. Violence Against Children in Tanzania Findings from a National Survey 2009. 2011.
34. Marfatia Y, Naswa S. Adolescent HIV/AIDS: Issues and challenges. Indian J Sex Transm Dis AIDS. 2010;31(1):1.
35. Bakarman M. Preventing Child Sexual Abuse , What Parents Know ? Artic Ann King Edward Med Univ Lahore Pakistan. 2017;
36. Ezekiel M, Idda M, Felix K, Rose M, Amani A, Switbert K, et al. Factors associated with child sexual abuse in Tanzania: A qualitative study. Tanzan J Health Res [Internet]. 2017;19(2):no pagination. Available from:

https://www.ajol.info/index.php/thrb/article/download/149066/144530%5Cnhttp://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=emex&NEWS=N&AN=615584704

37. Mlekwa FM, Nyamhanga T, Chalya PL, Urassa D. Knowledge, attitudes and practices of parents on child sexual abuse and its prevention in Shinyanga District, Tanzania. Tanzan J Health Res. 2016;18(4):1–9.
38. Winch P. Ecological models and multilevel interventions Peter Winch Health Behavior Change at the Individual ,. 2012;
39. Swearer SM, Espelage DL. Introduction: A social-ecological framework of bullying among youth. Bullying Am Sch A Soc Perspect Prev Interv. 2003;(July 2016):1–12.
40. Lagocque P-E. Assault on Truth: Freud's Suppression of the Seduction Theory. Am J Psychother. 2018;41(1):144–5.
41. Lalor K. Child Sexual Abuse in Ireland: An Historical and Anthropological Note. Irish J Appl Soc Stud. 1998;1(1):37–54.
42. Rudolph J, Zimmer-gembeck MJ, Shanley DC, Hawkins R. Child Sexual Abuse Prevention Opportunities : Parenting , Programs , and the Reduction of Risk. 2018;23(1):96–106.
43. Fleming J, Mullen P, Bammer G. A study of potential risk factors for sexual abuse in childhood. Vol. 21, Child Abuse and Neglect. 1997. p. 49–58.
44. Greenwood B. Child-rearing practices in different cultures [Internet]. Global Post. 2015. Available from: http://everydaylife.globalpost.com/childrearing-practices-different-cultures-3410.html
45. Parton N, Williams S. The contemporary refocusing of children's services in England. J Child Serv. 2017;12(2–3):85–96.
46. Robinson A. Children in Good Order ' A Study of Constructions of Child Protection in the Work. 2002;(9329083):1960–89.
47. Ruto S. Sexual abuse of school age children: Evidence from Kenya. J Int Coop Educ [Internet]. 2009;12(1):177–92. Available from: http://home.hiroshima-u.ac.jp/cice/wp-content/uploads/publications/Journal12-1/12-1-12.pdf
48. URT. Initial Tanzania Report to the African Committee of Experts on the African Charter on the Rights and Welfare of the Child. Popul (English Ed. 2006;(December).

49. Xie QW, Qiao DP, Wang XL. Parent-Involved Prevention of Child Sexual Abuse: A Qualitative Exploration of Parents' Perceptions and Practices in Beijing. J Child Fam Stud. 2016;25(3):999–1010.
50. Chen JQ, Dunne MP, Han P. Prevention of child sexual abuse in China: Knowledge, attitudes, and communication practices of parents of elementary school children. Vol. 31, Child Abuse and Neglect. 2007. p. 747–55.
51. Rudolph J, Zimmer-gembeck MJ. Child Abuse & Neglect Parents as protectors : A qualitative study of parents ' views on child sexual abuse prevention ☆. Child Abuse Negl [Internet]. 2018;(March):0–1. Available from: https://doi.org/10.1016/j.chiabu.2018.08.016
52. Lalor K. Child Sexual Abuse in Sub-Saharan Africa : Child Protection Implications for Development Policy Makers and Practitioners. 2005;(3):0–25.
53. Nlewem C, Amodu OK. Knowledge and Perception on Sexual Abuse Amongst Female Secondary School Students in Abia State Nigeria. Reseacrh Humanit Socieal Sci [Internet]. 2016;6(17):2225–484. Available from: https://pdfs.semanticscholar.org/b5b7/cb9719fc4e468c09bcd7d367cc77b565d251.pdf
54. Dzimadzi R. Knowledge of sexual abuse amongst female students in Malawi. Curationis [Internet]. 2007;30(3):23–30 8p. Available from: http://search.ebscohost.com/login.aspx?direct=true&db=cin20&AN=105706620&site=ehost-live&scope=site
55. Abeid M, Muganyizi P, Olsson P, Darj E, Axemo P. Community perceptions of rape and child sexual abuse: A qualitative study in rural Tanzania. BMC Int Health Hum Rights. 2014;14(1).
56. Babatsikos G, Miles D. How parents manage the risk of child sexual abuse: A grounded theory. J Child Sex Abus. 2015;24(1):55–76.
57. Collins ME. Parents' perceptions of the risk of child sexual abuse and their protective behaviors: Findings from a qualitative study. Child Maltreat. 1996;1(1):53–64.
58. Rudolph J, Zimmer-Gembeck MJ, Shanley DC, Hawkins R. Child Sexual Abuse Prevention Opportunities: Parenting, Programs, and the Reduction of Risk. Child Maltreat. 2018;23(1):96–106.

59. DeMarco, J. Sharrock, S. Crowther, T. Barnard M. Behaviour and Characteristics of Perpetrators of Online-facilitated Child Sexual Abuse and Exploitation: A Rapid Evidence Assessment. 2018;(January).
60. Chu AT, Pineda AS, DePrince AP, Freyd JJ. Vulnerability and protective factors for child abuse and maltreatment. Violence against women Child Vol 1 Mapp terrain. 2010;55–75.
61. UNICEF. Protecting Children from Online Sexual Exploitation. A Guide to Action for Religious Leaders and Communities. 2016;(Religions for Peace, United States of America). Available from: www.rfp.org
62. Berelowitz S, Firmin C, Edwards G, Gulyurtlu S. I thought I was the only one, the only one in the world: The Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation In Gangs and Groups Interim Report. Off Chidren's Comm [Internet]. 2012;(November). Available from: https://dera.ioe.ac.uk/Final_Report_for_Website16067/1/_Child_Sexual_Exploitation_in_Gangs_and_Groups_Inquiry_Interim_Report__21_11_12.pdf
63. Wendy Wandy. Parents' Time with Kids More Rewarding Than Paid Work — and More Exhausting. Pew Res Center's Soc Demogr Trends Proj [Internet]. 2013;(Pew Research Center 1615 L St., N.W., Suite 700 Washington, D.C.). Available from: http://www.pewsocialtrends.org/2013/10/08/parents-time-with-kids-more-rewarding-than-paid-work-and-more-exhausting/
64. Jewkes. R. Rape Perpetration : A Review. 2012;(Oak Foundation, Pretoria,).
65. Benoit C, Shumka L, Phillips R, Kennedy MC, Belle-Isle L. Issue Brief_ Sexual Violence Against Women in Canada - Status of Women Canada. Canada: Federal-Provincial-Territorial Senior Officials for the Status of Women; 2015.
66. Abeid, Muganyizi ;P, P. O, E. D, P. A. Community perceptions of rape and child sexual abuse: A qualitative study in rural Tanzania [Internet]. Vol. 14, BMC International Health and Human Rights. 2014. Available from: http://www.embase.com/search/results?subaction=viewrecord&from=export&id=L612264357%0Ahttp://dx.doi.org/10.1186/1472-698X-14-23
67. Dworkin SL. Sample Size Policy for Qualitative Studies Using In-Depth Interviews. Arch Sex Behav [Internet]. 2012;41(6):1319–20. Available from: http://link.springer.com/10.1007/s10508-012-0016-6

68. Saunders B, Sim J, Kingstone T, Baker S, Waterfield J, Bartlam B, et al. Saturation in qualitative research: exploring its conceptualization and operationalization. Qual Quant. 2018;52(4):1893–907.
69. Boyce Caroly and Palena Neale. Conducting In-Depth Interviews: A Guide for Designing and Conducting In-Depth Interviews. 2006;(May).
70. Hoepfl MC. HOEPFL_Choosing_qualitative_research. J Technol Educ. 1997;9(1):47–63.
71. Muganyizi P, Olsson P, Darj E AP. Community perceptions of rape and child sexual abuse_ a qualitative study in rural Tanzania. US National Library of Medicine National Institutes of Health. Tanzania: BMC Int Health Hum Rights.; 2014.
72. Cynthia W JS& RP. Communities' perceptions of factors contributing to child sexual abuse vulnerability in Kenya_ a qualitative study [Internet]. An International Journal for Research, Intervention and Care. Kenya; 2018. Available from: https://doi.org/10.1080/13691058.2018.1438666
73. Mishra L. Focus Group Discussion in Qualitative Research. TechnoLearn An Int J Educ Technol. 2016;6(1):1.
74. Nyamhanga TM, Frumence G. Gender context of sexual violence and HIV sexual risk behaviors among married women in Iringa Region, Tanzania. Glob Health Action. 2014;7(1):1–9.
75. Ibrahim M. Thematic Analysis: A critical review of its its processes and evaluation. West East J Soc Sci [Internet]. 2012;1(1):39–47. Available from: http://www.westeastinstitute.com/journals/wp-content/uploads/2013/02/4-Mohammed-Ibrahim-Alhojailan-Full-Paper-Thematic-Analysis-A-Critical-Review-Of-Its-Process-And-Evaluation.pdf
76. Egon G, Guba EG, Re- S, Clark D, Havlicek L, Mclaughlin J, et al. ERIC / ECTJ Annual Review Paper Criteria for Assessing the Trustworthiness of Naturalistic Inquiries. 1981;29(2):75–91.
77. Shenton AK. Strategies for ensuring trustworthiness in qualitative research projects. 2004;22:63–75.
78. Andrea R. Perry DKD. (PDF) Child Sexual Abuse. The Encyclopedia of Domestic Violence. New York; 2007.

79. Bourke A, Doherty S, Mcbride O, Morgan K, Mcgee H. Female perpetrators of child sexual abuse : characteristics of the offender and victim. Psychol Crime Law [Internet]. 2013;00(00):1–12. Available from: http://dx.doi.org/10.1080/1068316X.2013.860456

80. Sharon Gil. Male Victims of Childhood Sexual Abuse by a Male or Female Perpetrator. Journal of Traumatic Stress Disorders & Treatment. Australia; 2014.

81. Horvath MAH, Davidson JC, Grove-hills J, Gekoski A, Choak C. "It's a lonely journey" A Rapid Evidence Assessment on Intrafamilial child sexual abuse. London Off Child Comm. 2014;9(12).

82. Mannat Mohanjeet Singh, Shradha S. Parsekar and SNN. An Epidemiological Overview of Child Sexual Abuse [Internet]. Journal of Family Medicine and Primary Care. Bethesda MD, US: J Family Med Prim Care. 2014 Oct-Dec; 3(4): 430–435; 2014. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4311357/

83. Lisa Aronson Fontes CP. Cultural Issues in Disclosures of Child Sexual Abuse [Internet]. Journal of child Sexual Abuse. USA; 2010. Available from: http://dx.doi.org/10.1080/10538712.2010.512520%0D

84. Padraig Quigley and Stephanie Delaney. Working with Community - Based Child Protection Committees and Networks Handbook for facilitators. CPWG Sudan. 2012;

85. Muzdalifat Abeid, Projestine Muganyizi, Pia Olsson ED and PA. Community perceptions of rape and child sexual abuse_ a qualitative study in rural Tanzania. Tanzania: BMC Int Health Hum Rights.; 2014.

86. Kamuwanga C, Ngoma CM. Perceptions of Child Sexual Abuse among Convicted Prisoners in Zambia. Med J Zambia, [Internet]. 2015;42(3):139–43. Available from: https://www.ajol.info/index.php/mjz/article/viewFile/134562/124196

87. Parties S, On C, Elimination THE, All OF, Of F, Against D, et al. Fact Sheet No . 23 , Harmful Traditional Practices Affecting the Health of Women and. 1995;(23).

88. John Vijghen, Ok Amry, Ngo Thi Ngan Binh, Aree Prohmmo and RB. Sex , Abuse and Childhood; A study about knowledge, attitudes and practices relating to child sexual abuse, including in travel and tourism, in Cambodia, [Internet]. Australia: World Vision; 2014. Available from: https://www.wvi.org/sites/default/files/Sex-

Abuse-Childhood-Report.pdf

89. Steevens' Lane. Health Service Executive. Exec Heal Serv [Internet]. 2011; Available from: https://www.tusla.ie/uploads/content/CF_WelfarePracticehandbook.pdf

90. Marcus R. Poverty and violations of children's right to protection in low - and middle - income countries. 2014;1(December). Available from: https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9309.pdf

APPENDICES

Appendix 1: Consent form English Version

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES (MUHAS)

DIRECTORATE OF RESEARCH AND PUBLICATIONS

INFORMED CONSENT

Consent to participate in this study

Greetings! My name is Julieth Rugakila. I am conducting a study on exploration of parent perception and practices on protection of children against child sexual abuse in Kisarawe, Pwani

Purpose of the study

This study aims at collecting information from parents with children under 18 years in Kisarawe Pwani, who are the main care take of children which will help on exploration of perception and practices toward child sexual abuse. You are being asked to participate in this study because you may have particular knowledge and experiences that may be important for this study.

What participation involves

If you agree to participate in this study, the researcher will interview you in depth or discuss with you on your competence toward perception and practices on protection of children against child sexual abuse in Kisarawe. The interview will take 45 minutes to 1 hour and for group discussion will take 2 hours

Confidentiality

I would like to assure you that all the information collected will be confidential. Only people working in this study will have access to the information. We will not use names on the records of the information you provide.

Risks

No harm is anticipated to come upon you by joining this study.

Rights to withdrawal and alternatives

Taking part in this study is completely at your will. If you choose not to participate in this study or if you decide to stop participating in the study you will not get any harm. You can stop participating in this study at any time, even if you have already given your consent. Refusal to participate or withdrawal from the study will not involve penalty or loss of any benefits to which you are otherwise entitled.

Benefits

The information you provide will help in portraying a clear picture on parent perception and practices on protection of children against child sexual abuse performed in Kisarawe. This information will turn into help of development of Child Sexual Abuse Prevention programs that focuses on parents.

Who to contact

If you ever have questions about this study, you may contact the Principal Investigator, Julieth Rugakila, Muhimbili University of Health and Allied Sciences (MUHAS), P.O.Box 6500, Dar es Salaam, tell: 0753738601. If you ever have questions about your rights as a participant, you may contact Chairman of the Senate Research and Publications Committee, P.O.Box 65001, Dar es Salaam. Tel: 2150302-6, 2152489. Or Dr, Tumaini Nyamganga, the study supervisor, Tel: 0713 254000

Agreement

Do you agree to participate in this study?

YES ☐

I have read and understood the contents in this form. I agree to participate in this study.

Signature of Participant_____

Date _____

NO ☐

Appendix 2: Informed consent- Swahili version

CHUO CHA AFYA NA SAYANSI SHIRIKISHI MUHIMBILI (MUHAS)

KURUGENZI YA UTAFITI NA MACHAPISHO

FOMU YA RIDHAA

Ridhaa ya kushiriki katika utafiti huu

Habari! Jina langu naitwa Julieth Rugakila. Ninafanya utafiti juu ya mtazamo na mazoea waliyonayo wazazi katika kumlimda mtoto dhidi ya unyanyasaji wa kingono katika wilaya ya Kisarawe Pwani

Malengo ya utafiti

Utafiti huu una lengo la kukusanya taarifa juu ya mitazamo na mazoea waliyonayo wazazi dhidi ya unyanyasaji wa kingono kwa watoto. Walengwa wakuu ni wazazi wenye watoto chini ya umri wa miaka 18 katika Wilaya ya Kisarawe Pwani. Unaombwa kushiriki katika utafiti huu kwa sababu unauelewa na uzoefu ambao unaweza kuwa muhimu katika utafiti huu.

Ushiriki

Ukikubali kushiriki katika utafiti huu, mtafiti hatakuhoji kwa kina kuhusu kutaja watoto waliofanyiwa ngono. Mtafiti atakuhoji kwa kufanya mahojiano au kwa majadiliano kutaka kujua mtazamo na mazaoea waliyonayo wazazi katika kumlinda mtoto dhidi ya unyanyasaji wa kingono. Majadiliano yatafanyika kwa dakika taklibani dakika (45) hadi dakika (60), kama ni majadiliano yatafanyika kwa masaa (2).

Usiri

Ningependa kukuhakikishia kuwa taarifa zote zitakazokusanywa kutoka kwako zitakuwa ni siri, watu wanaofanya kazi katika utafiti huu tu ndio wanaweza kuziona taarifa hizi. Hatutaweka jina lako au taarifa yoyote ya utambulisho kwenye kumbukumbu za taarifa utakazozitoa.

Madhara

Hakuna madhara yanayotarajiwa kukupata kutokana na kushiriki kwako katika utafiti huu.

Haki ya kujitoa na mbadala wowote

Kushirika katika utafiti huu ni uchaguzi wako, kama utachagua kutoshiriki au utaamua kusitisha kushiriki hutapata madhara yoyote. Unaweza kusitisha kushiriki katika utafiti huu muda wowote hata kama ulisharidhia kushiriki. Kukataa kushiriki au kujitoa katika utafiti huu hakutasababisha adhabu yoyote au upotevu wa faida yoyote unayotakiwa kupata. Lakini, kuzingatia umuhimu wako katika utafiti huu, unaombwa kushiriki kikamilifu katika mahojino tutakayofanya.

Faida

Taarifa utakazotupatia zitatuwezesha kupata ufahamu juu ya mitazamo mbalimbali na mazoea waliyonayo wazazi katika kumlinda mtoto na unyanyasaji wa kingono. Tarifa hizo zitasaidia katika kuandaa mradi wa ukatili kwa watoto juu ya ukatili wa kingono utakaolenga wazazi ili kukomesha vitendo vya unyanyasaji wa kingono kwa watoto.

Mawasiliano

Kama una maswali kuhusu utafiti huu unaweza kuwasiliana na mtafiti, Julieth Rugakila, Chuo Kikuu cha Tiba na Sayansi Shirikisi Muhimbili, S.L.P 65001, Dar es Salaam, (Simu. No. 0753 738601. Na kama una maswali yoyote kuhusu haki zako kama mshiriki unaweza kupiga simu kwa Mwenyekiti wa kamati ya chuo ya utafiti na machapisho, Dar es Salaam. Simu namba: Tel: 2150302-6, 2152489 na Dr.Tumaini Nyamuhanga ambaye ni msimamizi wa utafiti huu, simu namba .

Makubaliano

Unakubali kushiriki katika utafiti huu?

NDIYO ☐

Nimesoma na kuielewa hii fomu. Nakubali kushiriki katika utafiti huu.

Sahihi ya mshiriki_____

Tarehe ya makubaliano _____

Appendix3: In- depth Interview guide (English Vision)

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES (MUHAS)

DIRECTORATE OF RESEARCH AND PUBLICATIONS

EXPLORATION OF PARENT PERCEPTION AND PRACTICES ON PROTECTION OF CHILDREN AGAINST CHILD SEXUAL ABUSE IN KISARAWE, PWANI.

Guide for in-depth interview with parents from Kisarawe, Pwani to explore parents practices that are protective and those increase child vulnerability.

Preliminary questions designed to get background information on the participant:

1. Please tell me your background.
    a) Age, sex, marital status, occupation (job tittle), level of education.
2. Please explain composition of your family (characteristic of your family)

   Probe;
   - Nuclear family
   - Extended family
   - Single family
3. What do you understand things constitute CSA

   Probe;
   - Sexual penetrative/ penetrative touching
   - Exposing sexual organ to a child
   - Touching child genital part
   - Show a child porno movie/ picture (pornography)
   - All sexual touching between adult and a child
   - Meet the adult sexual need

4. What do you understand about the risk factors of child sexual abuse?

   Probe;
   - Extended family (number of family size)
   - Single parenting family
   - Family dysfunction/ family separation
   - Age and sex of a child

- Lack of family income to meet the family needs
- Violent relationship in homes
- Poverty
- Previous history of abuse
- Poor parenting /not educating a child about child sexual abuse

5. Have you ever seen a child who has been sexually abused?
   If yes proceed, if not terminate interview
   Probe;
   - What kind of sexual abuse?
   - penetrative, touching child genital part, exposing sexual organ to a child
6. What will you do when you see a child is being abused?
   Probe;
   - Report to the police
   - First taking to a doctor for medical checkup and then provide report to social welfare office
   - Report to the head of the ward/ head of the village/ chair person
   - Nothing we do, why?
7. What is your role in the family on protecting children against sexual abuse/ what do you do to protect your child against sexual abuse?
   Probe;
   - Providing protection to a child against sexual abuse
   - Monitoring their children when their out of home
   - Limit their child not to go with strangers, not to walk alone at night,
   - Investigate their child whom they play with
   - Communicate with their children on how to protect themselves against sexual abuse
8. What are the important things you know, as parent you must do to protect your child against sexual abuse
   Probe;
   - How do you upbringing your children?

- As a parent do you provide all the basic needs to your children?
- Do you ensure proper sleeping arrangements to your family?
- What about child monitoring when there away from home?
- How many times do you inspect your children at the time of taking bath?
- Do you help your children in taking bath?
- How do you make follow up of other children like of your relatives who live in your home?
- How regularly do you communicate with your children?
- If your child is at school do you make any follow up to know whom are they with?
- What if he/she is playing do you follow to know whom they are playing with?
- When you see your child with stranger, what action will you take?
- What are the other things you do to protect your children?
- How do you communicate with your children who have reached the age of puberty?
- How do you protect other children of your neighbours or relatives?

9. What are the important things you know of, which parents do not do and might increase child vulnerability to sexual abuse?

   Probe; discussing with their child about sexual issues, how often do you communicate with your child about the risk factor of sexual abuse?

   - Not investigate when the children are not at home
   - Not often communicate with their children about sexual abuse
   - Not limit their child to go with strangers

Appendix 4: In- depth Interview guide (Swahili Vision)

UTAFITI KUHUSU MITAZAMO NA MAZOEA WALIYONAYO WAZAZI DHIDI YA UNYANYASAJI WA KINGONO KWA WATOTO

Dodoso la mahojiano ya wazazi (wanaume na wanawake) kutoka wilaya ya kisarawe linalohusu uchunguzi wa mazoea waliyo nayo wazazi kuhusu kumlinda mtoto na yale yanayompelekea mtoto katika mazingira hatarishi

Maswali ya awali yanayokusudia kupata taarifa juu ya mshiriki:

1. Tafadhali naomba unielezee kuhusu wewe.
    a) Umri, jinsi, je umeolewa? (ndoa ya mzazi mmoja/ wawili), kazi yako, elimu yako, mda wa kuishi katika makazi yako (mwaka 1, 2, nakuendelea).
    b) Jadili kwa mapana uelewa wao kuhusu unyanyanyasaji wa kingono kwa watoto pamoja na vitu vinavyopelekea unyanyasaji huo.
2. Tafadhali eleza aina ya familia yako ni ya namna gani?
    - Familia ya baba mama na watoto
    - Baba, mama, watoto, shangazi, mjomba, n.k
    - Fanilia ya mzazi mmoja
3. Ni vitu gani mtoto akifanyiwa mnatambua kuwa ni unyanyasaji wa kingono?
    - Kumuingizia mtoto uume sehemu zake za siri
    - Kumuonyesha mtoto sehemu za siri
    - Kumsika mtoto sehemu za siri
    - Kuonyesha mtoto video au picha za ngono
    - Aina zote za ngono kati ya mtoto na mtu mzima
    - Kumtimizia mtu mzima haja zote za kimwili
4. Ni mazingira gani ambayo yanapelekea mtoto kufanyiwa unyanyasaji wa kingono
    - Familia zaidi ya mtu mmoja, baba, mama, watoto, mjomba, shngazi n.k
    - Familia ya mzazi mmoja
    - Utangano wa familia
    - Umri na jinsi ya mtoto
    - Kipato kidogo cha familia
    - Unyanyasaji wa kingono majumbani
    - Umaskini

- Historia ya unyanyasaji
- Malezi mabaya kwa wazazi
- Ukosefu wa elimu ya unyanyasaji wa kingono kwa watoto.

5. Umewahi kuona mtoto amefanyiwa unyanyasaji wa kingono? Je mtoto wako amewahi kufanyiwa au umewahi kuskia maala popote?

   Kama ndio endelea kujibu,

   - Ni aina gaini ya ukatili huo wa kingono?
   - Kushikwa sehemu za siri, kumuonyesha mtoto sehemu za siri, kumuingizia uume mtoto sehemu zake za siri,

6. Ni nini jukumu lako kama mzazi kwenye familia katika suala zima la kumlinda mtoto?
   - Kumlinda mtoto akiwa nje na nyumbani
   - Kuwazuia watoto wasiondoke na watu wasiojulikana, wasitembee peke yao wakati wa usiku
   - Kuchunguza watoto wanacheza na nani wakiwa mbali na nyumbani
   - Kuzungumza na watoto juu ya masuala ya ukatili wa kingono kwa watoto
7. Je mtoto wako akifanyiwa ukatili wa kingono utafanya nini? Vipi kuhusu mtoto wan je/mwenzio
   - Kutoa taarifa polisi
   - Kumpeleka kwa daktari kwanza kufanyiwa uchunguzi wa kiafya na badae kutoa taarifa katika ofisi ya ustawi wa jamii
   - Kutoa taarifa kwa mtendaji wa kata, kijiji, mwenyekiti wa kijiji/mtaa
   - Hamna atua tunayochukua, kwanini?
8. Ni mambo gani ya kuzingatia mzazi anatakiwa kuyafanya ili kumkinga mtoto wake hasifanyiew ukatiili wa kingono kama wajibu wake
   - Ulea vipi watoto wako??
   - Je unatoa mahitaji yote yam sing kwa mtoto wako?
   - Je unaweka mazingira salamma ya kulala kwa watoto nyumbani kwako?
   - Vipi kuhusu ulinzi wa watoto wako wakiwa mbali na nyumbani?
   - Ni mara ngapi unawachunguza watoto wakati wa kuwaogesha?
   - Unawaogesha watoto mwenyewe?
   - Unafuatiliaje mienendo ya watoto ndugu wa karibu waliopo nyumbani

- Unazungumza na mtoto wako mara ngapi
- Je akiwa shuleni au nje ya nyumba unachunguza yupo na akina nani
- Vipi akiwa anacheza?
- Ukiona mtoto yupo karibu na mtu husiyemjua unachukua hatua gani?
- Vipi kuhusu ufuatiliaji watoto kuzuia kuondoka na watu wasiowajua
- Vitu gani vingine unafanya kumkinga na maswala ya unyanyasaji wa kingono?
- Je mtoto aliyefikia hali ya kupvuka (kubalee) unazungumza nae vipi?unamlindaje na unyanyasaji wa kingono
- Mtoto wa mwenzio unamlindaje?

9. Ni mambo gani ya msingi wazazi hawafanyi katika masuala ya kumlinda mtoto dhidi ya unyanyasaji wa kingono yanyompelekea mtoto kuwa katika mazingira hatarishi?
    - Kuzungumza na watoto kuhusu masuala ya unyanyasaji wa kingono kwa watoto? Je ni mara ngapi mnazungumza na watoto wenu kuhusu masula ya kingono?
    - Kutofanya uchunguzi kujua watoto wako na watu gani wakiwa nje na nyumbani
    - Kutozungumza na watoto kuhusu masuala ya unyanyasaji wa kingono kwa watoto mara kwa mara
    - Kutowazuia watoto kuondoka na watu wasiowajua

Appendix 5: Group discussion leading questions (English Vision)

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES (MUHAS)

DIRECTORATE OF RESEARCH AND PUBLICATIONS

EXPLORATION OF PARENT PERCEPTION AND PRACTICE ON PROTECTION OF CHILDREN AGAINST CHILD SEXUAL ABUSE IN KISARAWE, PWANI.

SECTION A

This section contains question about parent's perception against child sexual abuse

1. What do you understand to be the characteristics of Child sexual abuse victims and perpetrators?

   Probe: for perpetrators

   - In terms of sex
   - In terms of age
   - Occupation example male teacher
   - Economic status
   - People who are familiar with rather than strangers
   - Less suspicious who are around them

   For Victims

   Probe:

   - In term of age
   - In term of sex

2. What do you think constitute Child sexual abuse?

   Probe;

   - Sexual penetrative/ penetrative touching
   - Exposing sexual organ to a child
   - Touching child genital part
   - Show a child porno movie/ picture (pornography)
   - All sexual touching between adult and a child
   - Meet the adult sexual need

3. How do you understand the risk of Child sexual abuse for the children?

   Probe;

   - Extended family (number of family size)
   - Single parenting family
   - Family dysfunction/ family separation
   - Age and sex of a child
   - Lack of family income to meet the family needs
   - Violent relationship in homes
   - Poverty
   - Previous history of abuse
   - Poor parenting /not educating a child about child sexual abuse

4. What do you understand about the effects of Sexual abuse on children (victims)?

   Probe;

   - Early pregnancy
   - Diseases HIV/STIs
   - School drop out
   - Long term suffering example psychological, behavioral, or interpersonal
   - Less attention in class
   - Permanent shadow and everlasting scars on a child's heart that would bright his or her entire life
   - Hard to recover from abuse
   - Child become fear

Appendix 6: Maswali ya majadiliano katika makundi (Swahili vision).

CHUO CHA AFYA NA SAYANSI SHIRIKISHI MUHIMBILI (MUHAS)

KURUGENZI YA UTAFITI NA MACHAPISHO

UTAFITI KUHUSU MITAZAMO NA MAZOEA WALIYONAYO WAZAZI DHIDI YA UNYANYASAJI WA KINGONO KWA WATOTO

DODOSO LA MAHOJIANO YA WAZAZI (WANAUME NA WANAWAKE) KUTOKA WILAYA YA KISARAWE.

Sehemu hii inajumuisha maswali juu ya Mtazamo kwa wazazi juu ya masuala ya unyanyasaji wa kingono kwa mtoto.

1. Watu wanofanya unyasaji wa kingono kwa watoto ni watu wa nanamna gani? Je watoto wanaofanyiwa unyanyasaji ni watu wa namna gani?
    - Mna uelewa gani juu ya sifa za waathirika pamoja na wahalifu hususani katika masuala ya unyanyasaji wa kingono?

    Uchunguzi: kwa wahalifu

    - Jinsi (mwanaume, mwanamke)
    - Umri (elders, young, youth)
    - Kipato (kipato cha chini,
    - Sijawahi kuskia kesi za unyanyasaji wa kingono zikiwahusisha wanawake (ni kiwango kidogo)
    - kazi
    - Watoa huduma
    - Watu wa karibu ufanya unyanysaji wa kingono zaidi ya wasiojulikana
    - Watu wasiofikilika

    Uchunguzi; kwa waathirika

    - Jinsi (me na ke)
    - Umri
    - Watoto wa kike ni Zaidi

2. Ni vitu gani mtoto akifanyiwa mnatambua kuwa ni unyanyasaji wa kingono?
   Uchunguzi;
   - Kumuingizia mtoto uume sehemu zake za siri
   - Kumuonyesha mtoto sehemu za siri
   - Kumshika mtoto sehemu za siri
   - Kuonyesha mtoto video au picha za ngono
   - Aina zote za ngono kati ya mtoto na mtu mzima
   - Kumtimizia mtu mzima haja zote za kimwili
3. Ni mazingira gani ambayo yanapelekea mtoto kufanyiwa unyanyasaji wa kingono
   - Familia zaidi ya mtu mmoja, baba, mama, watoto, mjomba, shngazi n.k
   - Familia ya mzazi mmoja
   - Utangano wa familia
   - Umri na jinsi ya mtoto
   - Kipato kidogo cha familia
   - Unyanyasaji wa kingono majumbani
   - Umaskini
   - Historia ya unyanyasaji
   - Malezi mabaya kwa wazazi

   Ukosefu wa elimu ya unyanyasaji wa kingono kwa watoto na wazazi
4. Mna uelewa gani kuhusu madhara wanayopata watoto endapo wamefanyiwa unyanyasaji wa kingono?
   Uchunguzi;
   - Mimba za utotoni
   - Magonjwa mfano ukimwi, na magonjwa mengine yaambukizwayo kwa kwa kufanya ngono
   - Kukatisha masomo yake
   - Madhara ya muda mrefu mfano ya kisaikolojia, kitabia
   - Uzorotaji katika masomo
   - Majeruhi amabayo hayafutiki kwa mtoto yanayochangia kutofanikiwa katika maisha yake
   - Inakuwa vigumu kusahau kitendo alichofanyiwa cha unyanyasaji
   - Mtoto anapata wasiwasi na hofu

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24th June, 2019

Ms. Julieth Rugakila,
Master of Public Health,
MUHAS.

RE: APPROVAL OF ETHICAL CLEARANCE FOR A STUDY TITLED: " EXPLORATION OF PARENTS PERCEPTION AND PRACTICES ON CHILDREN PROTECTION AGAINST SEXUAL ABUSE IN KISARAWE, PWANI"

Reference is made to the above heading.

I am pleased to inform you that, the Chairman has, on behalf of the Senate, approved ethical clearance for the above-mentioned study. Hence you may proceed with the planned study.

The ethical clearance is valid for one year only, from **19th June, 2019 to 18th June 2020.** In case you do not complete data analysis and dissertation report writing by **18th June, 2020,** you will have to apply for renewal of ethical clearance prior to the expiry date.

Dr. Emmanuel Balandya
ACTING: DIRECTOR OF POSTGRADUATE STUDIES

cc: Director of Research and Publications
cc: Dean, School of Public Health, MUHAS

HALMASHAURI YA WILAYA YA KISARAWE

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YAH: KUMTAMBULISHA JULIETH RUGAKILA MWANAFUNZI CHUO KIKUU CHA MUHMBILI DAR ES SALAAM

Rejea somo tajwa hapo juu.

Namtambulisha Bi. Julieth Rugakila ambaye ni Mwanafunzi wa Shahada ya Uzamili ya Afya ya Jamii ili aweze kukusanya ***Mawazo na Mtazamo wa Wazazi juu ya suala la Ujanyasaji wa Kingono kwa Watoto*** katika Kata ya Masaki kuanzia tarehe mwezi Julai 2019 hadi mwezi Agosti 2019.

Hivyo kwa barua hii mpatieni ushirikiano wa kitu atakachohitaji ili kukamilisha utafiti wake.

Nawatakia kazi njema.

Deogratius Nsanzungwanko
KNY: MKURUGENZI MTENDAJI (W)
KISARAWE

Nakala: Mkurugenzi Mtendaji (W) - Aione kwenye jalada
KISARAWE