CHILD PHYSICAL ABUSE: PREVALENCE, RISK FACTORS AND RISK TAKING BEHAVIOR AMONG SECONDARY SCHOOL STUDENTS AGED 12 - 17 YEARS IN DAR ES SALAAM, TANZANIA

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CHILD PHYSICAL ABUSE: PREVALENCE, RISK FACTORS AND RISK TAKING BEHAVIOR AMONG SECONDARY SCHOOL STUDENTS AGED 12 - 17 YEARS IN DAR ES SALAAM, TANZANIA

By

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A Dissertation Submitted in Partial Fulfillment of the Requirement for the Degree of Master of Medicine (Paediatrics and Child Health) of the Muhimbili University of Health and Allied Sciences.

Muhimbili University of Health and Allied Sciences
November, 2013

CERTIFICATION

The undersigned certify that they have read and hereby recommend for acceptance by Muhimbili University of Health and Allied Sciences a dissertation entitled ***Child Physical Abuse: Prevalence, Risk Factors and Risk Taking Behavior Among Secondary School Students Aged 12-17years in Dar es Salaam, Tanzania,*** in (partial) fulfillment of the requirements for the degree of masters of medicine (Paediatrics and Child Health) of the Muhimbili University of Health and Allied Sciences (MUHAS), Dar es Salaam.

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Date

DECLARATION AND COPYRIGHT

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

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DEDICATION

This work is dedicated to victims of physical abuse in the world. God bless you.

ABSTRACT

Background

Child abuse, especially its definition, incidence and management, is difficult to comprehend. Perceptions of what constitutes child abuse have differed with time and culture. Practices that are now considered abusive have been accepted in the past as the normal exercise of parental rights, as economic necessity or as appropriate disciplinary measures.

The 2009 Tanzania Violence against Children Study (VAC) is the first national survey of violence against children which showed almost three quarters of both male and female children have experienced physical violence before the age of 18 by an adult or intimate partner. However, information regarding child physical abuse among children in Tanzania is limited and thus this study will provide more informative knowledge that will help in covering the gap.

Broad Objective To determine the prevalence of Child Physical Abuse (CPA) and risk factors among secondary school children between 12-17 years of age in Dar es Salaam Region, Tanzania.

Methodology This is a descriptive cross sectional study that involved randomly selected children aged 12 to 17 years attending secondary schools from June –December, 2012. Self administered questionnaires were used for data collection. Data was cleaned and analysis was done using SPSS version 16. Frequency distribution and two way tables were used to summarize the data and X^2 and Fisher's exact test were used to determine the association between independent and dependent categorical variables. Univariate and multivariate logistic regression were further used to examine the factors associated with CPA

Results The study enrolled 340 secondary students out of which 167 (49.11%) were male students. Out of these 191 (56.18%) experienced an incident of CPA the commonest being slapped or pushed (51.80%) and least common being threatened or use of weapon against

them 30 (9.15%). Having older age,caretaker who supports corporal punishment and a parent who has history of being abused was significantly associated with occurrence of CPA. Among those who experienced CPA it was only 25.65% who reported the incidence to anyone about it. Alcohol use was less frequent among students who had not experienced CPA than the ones who experienced abuse.

Conclusion CPA is common accounting 56.18% among secondary school students in Dar es Salaam and has negative impacts among those subject to violence.

Recommendation Civic education with regards to children's rights to be given to the community so that it increases the awareness on CPA and prevents its complications. Further studies are needed to address all the factors affecting CPA in order to formulate interventions and thus prevent its occurrences.

KEY TERMS AND DEFINITIONS

Child - A person younger than 18 years.

Caretaker - A person, who has the responsibility of the child at the time of abuse.

Child physical violence- physical acts of violence against a child such as being slapped, pushed, hit with a fist (punched), kicked, or whipped or threatened with a weapon such as a knife or gun.

TABLE OF CONTENTS

CERTIFICATION ii

DECLARATION AND COPYRIGHT iii

ACKNOWLEDGEMENT iv

DEDICATION v

ABSTRACT vi

1.0. INTRODUCTION AND LITERATURE REVIEW 1

1.1 INTRODUCTION 1

1.2 BACKGROUND 3

1.3 CHILD ABUSE 5

1.3.1 Definition of Child Abuse 5

1.3.2 Physical Child Abuse 6

1.4 RISK FACTORS FOR CHILD PHYSICAL ABUSE 9

1.4.1 Factors associated with the perpetrators 9

1.4.2 Factors associated with the child 11

1.5 Associations between physical abuse and health problems/risk-taking behavior 12

2.0 PROBLEM STATEMENT 13

3.0 RATIONALE OF THE STUDY 14

3.1 STUDY HYPOTHESIS 14

4.0 OBJECTIVES OF THE STUDY 15

4.1 Broad Objective 15

4.2 Specific Objectives 15

5.0 METHODOLOGY....16
5.1 Study design....16
5.2 Study duration....16
5.3 Study area....16
5.4 Study Population....16
5.5 Inclusion criteria....17
5.6 Exclusion criteria....17
5.7 Sample Size Estimation....17
5.8 Sampling technique....18
5.9 Data Collection and Procedures....19
5.10 Recruiting and Training of Research Assistants....19
5.11 Pre-testing of Study Instrument....19
5.12 Quality control of data collection....19
5.13Variables....20
6.0 DATA MANAGEMENT....21
6.1 Data entry and analysis....21
7.0 ETHICAL CONSIDERATION....22
8.0 RESULTS....23
8.1 Participants Flow Chart....23
8.2 Demographic Characteristics....24
8.3 Proportion of Child Physical Abuse....26
8.4 Frequency distribution of CPA by risk factors and sex....27
8.5 Risk factors for Child Physical Abuse....29
8.6 Distribution of Child Physical Abuse self reporting....31

8.7 Risk Taking behaviors of the abused secondary students 32

9.0 DISCUSSION.....33

10.0 STUDY STRENGTHS AND LIMITATIONS.....36

11.0 CONCLUSION.....38

12.0 RECOMMENDATIONS.....38

REFERENCES 39

APPENDIXES.....44

APPENDIX I: CONSENT FORM (ENGLISH VERSION).....44

APPENDIX II: CONSENT FORM (SWAHILI VERSION).....48

APPENDIX III: CONSENT FORM (ENGLISHVERSION). 51

APPENDIX IV: CONSENT FORM (SWAHILI VERSION) 52

APPENDIX V: QUESTIONAIRE (ENGLISHVERSION).....55

APPENDIX VI: QUESTIONAIRE (SWAHILI VERSION)……..67

ACRONYMS

CDC	United States Centers for Disease Control and Prevention
CPA	Child Physical Abuse
CRC	Convention on the Rights of the Child
CAPTA	Child Abuse Prevention and Treatment Act
GSHS	Global School-Based Student Healthy Survey
HDI	Human Development Index
HIV	Human Immunodefiency Virus
ISPCAN	International Society for the Prevention of Child Abuse and Neglect
ICAST	ISPCAN Child Abuse Screening Tool
MUHAS	Muhimbili University of Health and Allied Sciences
UNICEF	The United Nations Children's Funds
VAC	Violence Against Children
WHO	World Health Organization

1.0. INTRODUCTION AND LITERATURE REVIEW

1.1 INTRODUCTION

Violence against children is a global human rights and public health issue, with significant negative health and social impact on child's development. The Convention on the Rights of the Child (CRC) states that all children have the right to be protected against all forms of violence, exploitation and abuse, including sexual abuse and sexual exploitation.[1] The short- and long-term consequences of such violence are severe, not only for those who experience the violence, but also for families and communities, and constitute a critical societal concern.[1, 2, 3]

According to the World Report on Violence and Health, child abuse or maltreatment "…constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power."[3] This definition encompasses physical, emotional and sexual forms of violence. There is little accurate data on the prevalence of violence against children worldwide. Available information, however, including the United Nations Secretary-General's (UNSG) *World Report on Violence against Children* (VAC, 2006), indicates that violence against children is a major problem that exists across countries.

In 2002, almost 53,000 children up to the age of 17 died as a result of homicide worldwide.[4] A study on child disciplinary practices at home, with data from 35 low- and middle income countries, indicates that on average, three in four children between the ages of 2 and 14 were subjected to some kind of violent discipline, more often psychological than physical. While almost three fourths of children experience psychological aggression about one-half experience physical punishment.[5]

Violence against children can have a profound impact on core aspects of emotional, behavioural, and physical health as well as social development throughout life. These consequences may vary depending on a child's age when abused, the duration and severity of the abuse or neglect, the child's innate resiliency, and co-occurrence with other maltreatment or adverse exposures such as the mental health of the parents, substance abuse by the parents, or violence between parents.[6,7] Short-term impacts include physical injury and emotional trauma (e.g. post traumatic stress syndrome, depression).[1,8,9]

Experiencing violence by parents, caregivers, and others is associated with a number of emotional and behavioural problems in adolescence and adulthood, including aggression, delinquency, conduct disorder, substance abuse, poor academic performance, post traumatic stress disorder, anxiety, depression, reduced self-esteem and suicidal behaviour.[6,10] Exposure to violence has also been associated with a variety of behavioural health risks such as smoking and obesity and specific health problems such as diabetes and ischemic heart disease.[7,11] In addition, exposure can have negative repercussions for cognitive development, including language deficits and reduced cognitive functioning.[11] Despite the scientific evidence showing an unacceptably high prevalence of violence against children, this critical human rights, health, and social problem has not received adequate attention in many countries.

1.2 BACKGROUND

The United Republic of Tanzania, a developing East African nation, has a population of almost 45 million, and approximately 50% of the population is under the age of 18 years.[12, 13] Tanzania consists of Mainland Tanzania and the archipelago of Zanzibar.[12, 14] The nation ranks low on the Human Development Index (HDI), ranking 151 out of 182.[20] Poverty and inequalities in access to basic social services are widespread.[16] Although improving for several years, the average life expectancy declined from 52 to just over 50 years between 2006 and 2008.[12,17]

Violence against young men, women and children is increasingly recognized as an important human rights, health, and social challenge in Tanzania. The unprecedented numbers of orphans and vulnerable children resulting from the AIDS pandemic, combined with the weakening of family and community care structures increase the risks of violence and exploitation faced by children.[18] The Parliament of Tanzania passed the Law of the Child Act in 2009, signaling increased political commitment to upholding children's rights, including freedom from violence, abuse and exploitation. A nationally representative study of the magnitude of violence against children can enhance these efforts by supporting advocacy, informing national planning and budget processes, and monitoring the impact of violence against children.

In Tanzania, being the first country in Africa to undertake A National Study on Violence Against Children measuring all forms of violence (sexual, physical and emotional) amongst boys and girls indicated that a high percentage of both males and females children aged 13 to 24 years reported that they had experienced physical violence in childhood. Approximately three-quarters of females (73.5%) and males (71.7%) reported experiencing physical violence prior to the age of 18, however half of females and two third of males who experienced abuse did not report it anyone.

Physical violence was measured by asking respondents if they had been slapped, pushed, hit with a fist, referred to as "punched", kicked, beaten up, or attacked or threatened with a weapon such as a gun or knife by a relative, authority figure, or intimate partner. In terms of the types of physical violence experienced in the study, over seven in ten females and males reported that they were punched, whipped, or kicked. Approximately 3% of females and males aged 13 to 24 years reported being threatened with a weapon during childhood.

The study also showed that in the year preceding the survey, 51.1% of females aged 13 to 17 years reported that they had experienced physical violence in the past year by either a relative, authority figure (such as a teacher) or by an intimate partner.[19]

In a cross sectional study in Sweden in 2008, a prevalence of 15 % was found for self reported CPA (n=8 494). There were associations between risk factors in different areas and abuse and there was a dose-response relationship between risks and reported abuse. It was shown that children who reported parental intimate partner violence were at considerably higher risk for CPA than other children and that only 7 % of the children exposed to violence had disclosed this to authorities.[20]

Although past studies have raised awareness about the problems of violence particularly sexual violence in Tanzania and spurred action, there are limitations to these studies which diminish the ability to estimate the magnitude of violence against children. First, most have been conducted with adults or special populations, and have not focused on children or adolescents.[1] Second, the VAC study that was conducted in different regions in Tanzania was before the law of child act of 2009 was adopted thus makes it important to see what changes have taken place since then. Moreover, majority of the studies have not shown the extent of disclosure of the violence to the relevant authority thus this study may enlighten the nation on how much is being reported.

1.3 CHILD ABUSE

1.3.1 Definition of Child Abuse

Many definitions exist to define child abuse and neglect. This is due to how different countries consider what is child abuse and what is not. In some countries it is defined for the purpose of removing a child from his/her family and/or prosecuting a criminal charge against perpetrators. In the United States, the Centers for Disease Control and Prevention (CDC) defines child abuse as any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child. [21, 22]

The Child Abuse Prevention and Treatment Act (CAPTA) which is a legislation addressing child abuse and neglect in the US defines child abuse and neglect as: "at a minimum, any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm." A simple stated definition adapted from the CAPTA states that, "Child abuse is the bad treatment of a child under the age of 18 by a parent, caretaker, someone living in their home or someone who works with or around children. Abuse of a child is anything that causes injury or puts the child in danger of physical injury. Child abuse can be physical (such as burns or broken bones), sexual (such as touching of private parts or incest), or emotional (such as belittling or calling the child names). Neglect happens when a parent or responsible caretaker fails to provide adequate supervision, food, clothing, shelter or other basics for a child. Child abuse is any action (or lack of) which endangers or impairs a child's physical, mental or emotional health and development. Child abuse occurs in different ways. All forms of abuse and neglect are harmful to the child.

The World Health Organization (WHO) defines child abuse or maltreatment as "all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power."

Herrenkohl et al define child abuse as "any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation, an act or failure to act which presents an imminent risk of serious harm."[23]

Definition of child abuse in the African context has been very difficult and this is due to dissimilarity in cultural attitudes. Many perceive abuse as private and are unwilling to discuss it.[24] There are four categories of child abuse, they include; neglect, physical abuse, psychological/emotional abuse, and sexual abuse. [25]

1.3.2 Definition of Child Physical Abuse

Physical abuse is defined as physical injury, such as bruises or fractures that resulted from punching, beating, kicking, shaking, throwing, stabbing, choking, hitting with a hand, stick, strap, or other object and burning**.**

Child physical abuse (CPA) committed by parents or other caregivers is a major public health problem and social welfare problem all around the world. Violence against children is also a serious violation of the rights of children as stated in the convention of children's rights:

> *States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.*[26]

Child physical abuse is defined in this thesis as physical violence against children committed by parents and other caretakers. This includes fatal and non fatal physical violence. The committee on the rights of the child is of the opinion that physical and mental violence includes;

> *All corporal punishment and all other forms of torture, cruel, inhuman or degrading treatment or punishment and physical bullying and hazing by adults and by other children.* [27]

Corporal punishment; In General Comment no.8 the Committee defined "corporal" or physical punishment as any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. Most involves hitting (smacking, slapping, spanking) children with the hand or with an implement- a whip, stick, belt, shoe, wooden spoon etc. But it can also involve for example, kicking, shaking or throwing children, scratching, pinching, biting, pulling hair or boxing ears, caning, forcing children to stay in uncomfortable positions, burning, scalding or forced ingestion (Art 19:22 in the United Nation's Convention on the Rights of the Child, UN 2011).

1.3.3 Effect of Child Physical Abuse

A study conducted in Sweden showed that 15.2 % reported that they had been hit by a parent or a caretaker and 6.4 % of all children reported that they had been hit more than once. [20] A survey conducted in 1997 in Britain estimated that each year at least 1 child per 1000 children under the age of 4 years suffered physical abuse. [28] Another study done in the UK, in 2005 reported the prevalence of child abuse as 16%. Physical abuse was reported as 7%, emotional abuse 6%, absence of care 6%, and 5% absence of supervision. Sexual abuse was reported in 11%. [29]

In a study done in Yuncheng City, China to estimate the prevalence of parents self reporting of child's physical maltreatment; out of 1394 parents of primary school students, there were 595 (42.7%) and 301 (21.6%) of them reported that they had minor/severe child physical maltreatment behaviors toward their children during the past 3 months respectively. [30] Among Chinese adolescents in a study done in Hong Kong, the prevalence rates of corporal punishment, being beaten by parents for no apparent reason, being beaten to injury by family members in the past 3 months and any one of the above three were 4.9% (95% CI, 4.2% to 5.6%), 2.0% (95% CI, 1.5% to 2.5%), 1.1% (95% CI, .98% to 1.2%) and 6.6% (95% CI, 5.7% to 7.5%), respectively. [31] In Taiwan, Yen et al reported the prevalence of physical abuse among adolescents as 22.2% and of sexual abuse 2.5%.[32]

In Sri Lanka Perera et al conducted a study among adolescents. In this study, prevalence of physical abuse was reported as 22.4% among males and 15.7% among females. This had happened few times in the 3 months preceding the survey.[33]

In Egypt, Afifi et al conducted a study among adolescents; he further reported the prevalence of child abuse as 36.6%. Emotional, physical, sexual and combined abuse prevalence was 12.3%, 7.6%, 7.0% and 9.7% respectively.[34]

In a National survey done in Tanzania in 2009 on Violence Against Children by UNICEF it was found that, three-quarters of females (73.5%) reported experiencing physical violence prior to the age of 18 with a similar percentage reported by males (71.1%).[1]

1.4 RISK FACTORS FOR CHILD PHYSICAL ABUSE

Knowledge of risk factors for CPA is important for everyone working in the social child care and child health care fields, since they provide indications of what needs to be investigated and addressed. These risk factors cannot be used, however, except for exceptional cases, as direct predictors of an individual's propensity to commit assault**.**

1.4.1 Factors associated with the perpetrators

Gender

Proportions of male/female perpetrators are often equal in survey studies irrespective of whether children or parents were used as informants.[35, 36] When studies show differences between genders, there is a distinct predominance of women as abusers especially in cases of minor forms of child abuse. [37, 38]

Addiction and mental disorders/mental functional disorders

Parental substance abuse, psychiatric illness, personality disorders, mental retardation and neuropsychiatric disabilities are all conditions that could lead to poor impulse control, increased level of aggression and/or distorted conception of reality and thus increase the risk that a person will commit abuse. The associations between these parental factors and CPA are well known in research in the field of maltreatment. [39, 40] A study conducted in the Great Britain that reviewed cases of child abuse and neglect reported that half of the care takers had some type of mental health problem, including paranoid psychosis, depressive disorder, postnatal depression, and substance abuse. [41]

Another study conducted in Ontario, Canada reported a lifetime prevalence of either parent with a psychiatric disorder as 14.1% for depression, 3.7% for manic depression, 2.4% for schizophrenia, 2.4% for antisocial behavior, and 1.3% for any parental psychiatric disorder was associated with a threefold increase in the rates of abuse; this study did not report association between parental history of depression, mania, or schizophrenia with abuse.[42]

Parental intimate - partner violence

There is strong evidence for an overlap between child physical abuse and intimate-partner violence although research and societal management in the two areas have often followed different tracks. Incidence of violence between the adults constitutes a risk indicator that violence against children also might occur in the family.[43]

Parent's own history of abuse as a child

Many studies show that parents who themselves have been exposed to abuse during their childhood abuse their own children more often than parents who have not been exposed. This implies a social legacy that now seems to be partly broken in Sweden since the prevalence of corporal punishment has declined. [40, 44]

Parental support for corporal punishment

It has been found that parent´s positive attitudes to corporal punishment are a powerful predictor of violence against children and that the degree of approval is related to the degree of severity of how the punishment is administered. [45]

Social and economic conditions

Financial difficulties, parental educational level, unemployment, low socioeconomic status and single-parent households are all well-known conditions that have been reported as risk factors. [36, 46]

1.4.2 Factors associated with the child

Age

Younger children [infants and preschoolers] are more often subjected to abuse than older children .[37,40] In a study done in Croatia, to determine the prevalence of different forms of child abuse among high school pupils in Slavonski Brod, Croatia reported 80% of pupils had been verbally or nonverbally punished for disobedience. Emotional abuse was significantly associated with female sex, younger age, and alcoholism in the family. Physical punishment for disobedience was reported significantly more often by first-grade than fourth-grade pupils (15.6% vs. 12.9%). Physical abuse was significantly associated with younger age, emotional abuse, alcoholism in the family and the lack of parental love. Possible sexual molestation was admitted by 6.0% boys and 3.3% girls.[47]

Behavioral problems

Some children have behaviors that place more strain on the parents than other children do and thus may increase the risk for CPA. Such behaviors may include aggressive outbursts, disobedience, attention deficits and other externalizing problems.[48]

Disability/chronic disease

An important child-related factor is the presence of some kind of disability, and children with disabilities constitute a risk group as do children who suffer from a long-term illness.[40, 49]

1.5 Association between Child Physical Abuse and health problems/risk-taking behavior

Health problems

Research has revealed that experience of CPA is strongly associated with poor health status. Individuals with a history of CPA experience poor mental and/or physical health in adulthood. [50, 51]

Risk taking behaviors

There are also strong associations between CPA and health compromising behaviors such as use of tobacco, alcohol and drugs.[52] Risk-taking behaviors among teenagers such as delinquency and sexual risk-taking are also shown to be associated with having a history of physical abuse as a child.[53]

2.0 PROBLEM STATEMENT

CPA has negative impact on health. Child abuse and neglect causes direct suffering and does long-term damage to physical and emotional well being. Even fatalities due to injuries such as drowning or suffocation can be associated with abuse and neglect. Child abuse and neglect increases the risks of delinquency, substance abuse, adolescent pregnancy, adverse health behaviors, suicide attempts, and HIV risk behaviors as the affected child grows.

Information on the numbers of children who die each year as a result of abuse comes primarily from death registries or mortality data. According to the World Health Organization, there were an estimated 57 000 deaths attributed to homicide among children under 15 years of age in 2000. However, many child deaths are not routinely investigated and postmortem examinations are not carried out, which makes it difficult to establish the precise number of fatalities from child abuse in any given country. Even in wealthy countries there are problems in properly recognizing cases of infanticide and measuring their incidence. Significant levels of misclassification in the cause of death as reported on death certificates have been found.

Little has been explored in Tanzania regarding the concept of child physical abuse and disclosure rate thus still making children vulnerable to the problem and ultimately developing risk taking behaviors. Thus this study aims in providing information so as to narrow down the existing gaps and decrease the disease burden in the community.

3.0 RATIONALE OF THE STUDY

As discussed previously, there is a large population in Tanzania and a half of this population is under 18, the group that is vulnerable to abuse, exploitation and neglect. There is also inadequate information about the extent of child abuse in the country. Barring a few sporadic studies, with limited scope, the attempt to understand the different forms and magnitude of child abuse across the country has been inadequate**.**

The current information available is the Violence against Children in Tanzania Report 2011 by UNICEF from the survey done in 2009; this was before the Law of Child Act. This study has the main interest of exploring the changes in child physical abuse concept since the adoption of the child act in 2009 in this case the focus group being secondary school students who will give a reflection of children in the community and how much is being reported to the appropriate or relevant authority. Moreover this study aims at looking on reporting of violence amongst children and their association with risk taking behaviours.

3.1 STUDY HYPOTHESIS

There is under disclosure among children who have been physically abused in Dar-es-Salaam,Tanzania.

4.0 OBJECTIVES OF THE STUDY

4.1 Broad Objective

To determine the prevalence of Child Physical Abuse (CPA) and risk factors among secondary school students in Dar es Salaam, Tanzania.

4.2 Specific Objectives

1. To determine the proportion of CPA among secondary school students in Dar-es-Salaam.
2. To determine the risk factor (s) for CPA among secondary school students in Dar-es-Salaam.
3. To determine proportion of self-reported CPA among those who have been physically abused.
4. To assess the risk taking behaviors among secondary school students who have been subject to CPA in Dar es Salaam.

5.0 METHODOLOGY

5.1 Study design

This was a descriptive cross-sectional study conducted among secondary school students in Dar es Salaam, Tanzania.

5.2 Study duration

The study was conducted in a period of six months, from June 2012-December, 2012.

5.3 Study area

The study was conducted in Dar es Salaam, Tanzania. According to National Bureau of Statistics 2012, Dar es Salaam had a population of 4,364,541. It has 3 municipalities i.e. Kinondoni, Ilala and Temeke. This study was conducted in each of the municipals. The population of this city is reported to increase rapidly due to increased number of migrants mainly internal migrants.

Dar es Salaam Region was chosen because of the convenience and close proximity to the University were the investigator is undertaking her studies.

5.4 Study Population

All secondary school students between 12 to 17 years formed the eligible study participants. This age group was selected in order to accurately measure violence against children, it is important to select a population that most closely approximates the age at which the violence is occurring. Since interviewing very young children would be both practically and ethically inappropriate, respondents 12 to 17 years of age were asked about their last two years as we wanted to see what has been the practice since the law of the child act was introduced. There is precedence in both Tanzania and other parts of the world for interviewing children on this topic. For example, the Global School-Based Student Health Survey (GSHS), a well-established and broadly used school-based health survey, has been conducted in Tanzania and

asked questions regarding sexual risk taking behaviours among school aged children between 13 and 15 years old.[27]

Elsewere in the world, there have also been studies in which children as young as 10 years of age have been interviewed about sexual violence.[27] Finally, the International Society for the Child Abuse and Neglect (ISPCAN) Child Abuse Screening Tool (ICAST) has been used in multiple countries to collect data on the extent and nature of child abuse between 12 and 17 year olds.[27]

5.5 Inclusion criteria

Students between 12-17 years of age who were available during data collection and only those whom the parent/guardian gave a written informed consent for participating in the study were enrolled into the study.

5.6 Exclusion criteria

- Age below 12 and above 17 years.
- Students who did not obtain consent from parent/guardian to participate.
- Students who did not give assent/consent to participate in the study.
- Absentees on the day of data collection.
- Boarding schools students.

5.7 Sample Size Estimation

Sample size was determined using

$N= Z^2 P (100- P)/ E^2$

Where Z = Critical value 1.96 corresponding to 5% significance level

N = Estimated minimum sample size

E = Margin of error (5%)

P = Prevalence of child physical abuse in Tanzania is 72% (Violence Against Children Survey, 2009)

N= 309

The minimum sample size would be 309.This was raised by 10% to allow for non response, incomplete filling, and other factors that would decrease the yield of response; therefore sample size was 340 participants.

5.8 Sampling technique

The sampling procedure was multistage cluster random sampling. The importance of having multistage cluster sampling was to enhance representativeness from all areas.

The available 244 secondary schools both public and private schools that are present in Dar es-Salaam, were grouped into the respective municipal. Kinondoni had 99, Ilala had 84 and Temeke had 61 secondary schools. Second stage was classifying of schools into either public or private in each district. Kinondoni had 29 public and 70 private, Ilala had 48 public and 36 private and Temeke had 34 public and 27 private schools. All boarding schools were then excluded from the study. This is because consent from parents/guardians of boarding students to participate in this study was not easily available. Out of the remaining 89 day schools in Kinondoni, 78 day schools in Ilala and 59 day schools in Temeke, those to participate in the study were selected from their respective municipals using proportionality random sampling method. This is important in order to ensure a geographical diverse population thus reducing sampling error. 12 schools were selected in Kinondoni of which 7 were public and 5 were private, in Ilala 10 schools were selected in which 5 were public and 5 were private and Temeke 8 schools were selected in which 5 were public and 3 were private.

This was done so as to ensure adequate representation of all the schools. Random selection of students from each form was done and students who met the inclusion criteria were invited to participate in the study.

5.9 Data Collection and Procedures

Data was collected using a structured self administered questionnaire. The questionnaire was categorized into 3 main sections, namely; socio demographic characteristics, risk factors associated with child physical abuse, characteristics, disclosure status and risk behaviours associated with child physical abuse. Prevalence rate was ascertained using questions that were adopted from standardized questionnaire that was previously used by Violence against Children (VAC) survey in Tanzania which was conducted in 2009. In this survey they studied all forms of violence against children aiming at researching, and making recommendations on violence in multiple settings where children live and survive.

5.10 Recruiting and Training of Research Assistants

Four research assistants, medical students, were recruited to assist in data collection. They were trained on adaptation to the instrument and procedures for data collection. Training was done for two days prior to initiation of the study.

5.11 Pre-testing of Study Instrument

A pilot study was conducted in one of the secondary schools in the coastal region prior to initiation of the study so as to check the data collection tool, approximate time use and field procedure for the purpose of tool improvement

5.12 Quality control of data collection

After interview the questionnaire were collected from the research assistants and were checked by the principal investigator for completeness and consistency. Feedback of the problems encountered were reworked and further improvement was done accordingly**.**

5.13 Variables

The dependent variable was child physical abuse and independent variables were age, gender, physical disability of the child, class level of the child, socio economic status, caretaker level of education, support of corporal punishments by the care takers and history of abuse among care takers in the family.

6.0 DATA MANAGEMENT

6.1 Data entry and analysis

All filled questionnaires were checked for consistency before double entry into the Epi Info Version 6 computer database. Data cleaning was done by using consistency checks for outliers and missing data. Data analysis was done using SPSS version 16. Frequency distribution and two way tables were used to summarize the data and X^2 and Fisher's exact test were used to determine the association between independent and dependent categorical variables. Univariate and multivariate logistic regression were further used to examine the factors associated with CPA; setting the CPA as the dependent variable other factors were considered independent variables. P values of 0.05 or less were considered statistically significant.

7.0 ETHICAL CONSIDERATION

Before conducting the study ethical clearance was sought and granted by Muhimbili University of Health and Allied Sciences (MUHAS)'s Senate Research and Publication Committee. Permission to conduct the study within the schools was sought from Ministry of Education and Vocational Training, Department of Secondary Education. Letter of introduction to the Municipal Education Officer and to Headmaster/Headmistress of respective schools was obtained from the Ministry of Education and Vocational Training.

In every child an informed written consent was sought from the parent or guardian after a full explanation of the purpose and nature of the study done through the consent paper that their children were given to take home. Assent from children was also sought and documented on the form. Participants were guaranteed of confidentiality and identification numbers were used to ensure that participant name is not revealed. This assured that information provided will be confidential.

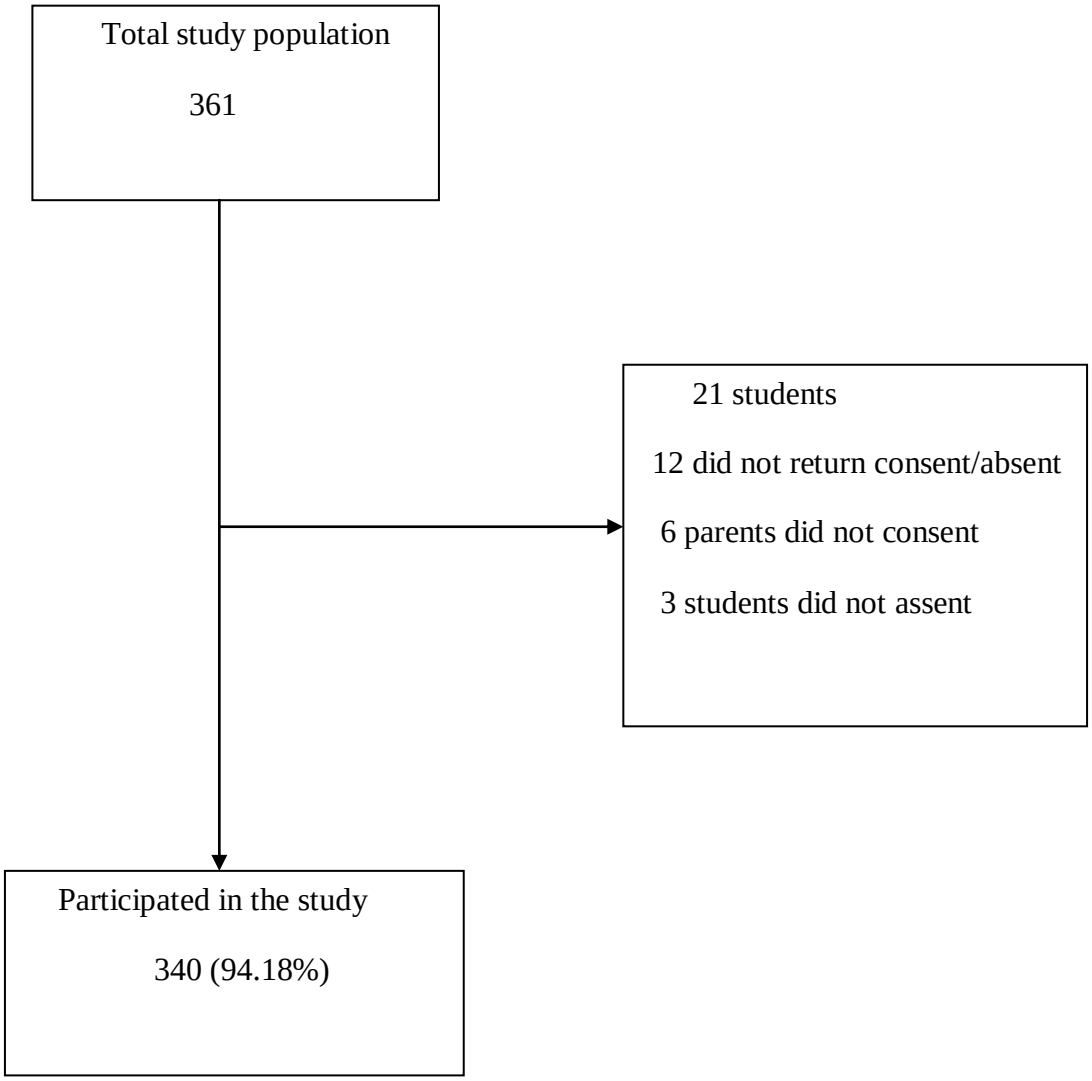
The benefits and risks of participations were stated in the consent form, though risks were not expected in this study. Clients were informed that, they would have no financial gain by participating in this study. General information about CPA and where to go when faced with such a situation was provided to all participants. For those students who needed further communication or help were told to write their contacts in the questionnaire. Contact(s) of the principal investigator and of the Director for Research and Publication committee at MUHAS were given to the participants in case of need. Students were contacted and helped accordingly.

8.0 RESULTS

8.1 Participants Flow Chart

A total of 361 students were provided with consent forms to take to their parents/guardians, out of these 21 students were excluded from the study reason being 12 did not return the forms or appear during the day of data collection, 6 parents/guardians did not consent for their children to participate in the study and 3 students did not consent. (Figure 1)

Figure 1



8.2 Demographic Characteristics

Table 1 shows that during the study period, out of the 340 recruited students 167 (49.11%) were males and 173 (50.89%) were females. Most participants were between 16-17 years of age 181(53.24%). 141 (41.47%) of the students were in form IV. Most of the students i.e. 40% lived with both parents. Majority of them rated their socio-economic status as being average 286 (84.12%).

Table 1: Frequency distribution table of socio demographic characteristics of the study participants

Variable	N (%)
Sex	
Male	167 (49.11)
Female	173 (50.89)
Age	
12-15	159 (46.76)
16-17	181 (53.24)
Level of education	
Form I	50 (14.71)
Form II	95 (27.94)
Form III	54 (15.88)
Form IV	141 (41.47)
Person living with	
Both parents	136 (40.00)
Father alone	48 (14.12)
Mother alone	73 (21.47)
Other persons*	83 (24.41)
Self Reported Socio Economic Status	
Poor	26 (7.65)
Average	286 (84.12)
Rich	28 (8.24)

*Others include-aunt, uncle, brother, sister, grandparents

8.3 Proportion of Child Physical Abuse

Of the 340 participants, 191(56.18%) experienced one form or other of physical abuse in the last two years. Among them 55.69% were males and 56.65% were female students. The most common form of CPA reported is being slapped or pushed contributing 51.80%. Being threatened by the use or actual use of a gun, knife or other weapon against a child was significantly higher in males 12.35% than females 6.02% students.(Table 2A&2B)

Table 2A Proportion of Child Physical Abuse by sex (n=340)

Child Physical Abuse	**Total**	**Male**	**Female**	**P value**
	n (%)	**n (%)**	**n (%)**	
Yes	191 (56.18)	93 (55.69)	98 (56.65)	0.859
No	149 (43.82)	74 (44.31)	75 (43.35)	
Total	340 (100)	167 (100)	173 (100)	

Table 2B Proportion of types of Child Physical Abuse

Type of CPA	**Total**	**Male**	**Female**	**P-value**
	n (%)	**n (%)**	**n (%)**	
Slapped or being pushed	173 (51.80)	79(48.17)	94 (55.29)	0.193
Hit with a fist, kicked or beaten	92 (27.71)	45 (27.78)	47 (27.65)	0.979
Threat/use weapons vs you	30 (9.15)	20 (12.35)	10 (6.02)	**0.047**

8.4 Frequency distribution of CPA by risk factors.

Table 3A describes the distribution of the CPA risk factors among student. Students who were aged between16-17 were more likely to be abused compared to the other group but this was not statistically significant.

Also among students it is shown that having parents/guardians who had history of being abused are more likely to be physically abused in comparison to the other group and this was statistically significant with p=0.05.

Table 3A Frequency Distribution of Child Physical Abuse by risk factors.

Variable	Abused N (%)	Not Abused N (%)	P value
Students Age			
12-15	79 (49.68)	80 (50.32)	
16-17	112 (61.87)	69 (38.13)	0.051
Sex			
Male	93 (55.69)	74 (44.31)	
Female	98 (56.65)	75 (43.35)	0.860
Physical Disability			
Yes	3 (60.00)	2 (40.00)	
No	188 (56.12)	147 (43.88)	0.613*
Father education			
No/Primary education	36 (54.55)	30 (45.45)	
Secondary education	45 (56.25)	35 (43.75)	
College/University	38 (48.10)	41 (51.90)	0.501
Mother education			
No/Primary education	69 (56.56)	53 (43.44)	
Secondary education	55 (59.14)	38 (40.86)	
College/University	25 (46.30)	29 (53.70)	0.341
Guardian education			
No/Primary education	18 (58.07)	13 (41.93)	
Secondary education	22 (46.81)	25 (53.19)	
College/University	14 (46.67)	16 (53.33)	0.169
Self rated socioeconomic			
Poor	17 (62.96)	10 (37.04)	
Average	166 (58.25)	119 (41.75)	
Rich	8 (28.57)	20 (71.43)	0.095*
Person living with has; Substance abuse			
Yes	4 (50.00)	4 (50.00)	
No	187 (56.33)	145 (43.67)	0.413*
Personality disorder			
Yes	2 (50.00)	2 (50.00)	
No	189 (56.25)	147 (43.75)	0.919*
Psychiatric disorder			
Yes	***	***	
No	191 (56.18)	149 (43.82)	
Support corporal punishment			
Yes	65 (63.11)	38 (36.89)	
No	101 (55.49)	81 (44.51)	0.041
History of being abused			
Yes	26 (76.47)	8 (23.53)	
No	81 (50.63)	79 (49.37)	0.050*

* Fisher"s exact test used

8.5 Risk factors for Child Physical Abuse

Five variables had p value of < 0.25 from the X^2 and Fisher's test and were subjected to logistic regression model. These factors included student age, guardian education, socio-economic status, care taker support on corporal punishment and parent/guardian history of being abused. The analysis revealed that among students (Table 3B) it was observed that older students were 4 times likely to be physically abused as compared to younger age students.
(OR 4.0, 95% CI 1.501-8.079 p=0.04).

Having a parent who supports corporal punishment was significantly associated with occurrence of CPA. (OR 0.1, 95% CI 0.090-1.431 p=0.041).

And also having a parent/guardian who had not experienced any form of physical abuse was protective from abusive events and this was statistically significant. (OR 0.3, 95% CI 0.018-0.890 p=0.040).

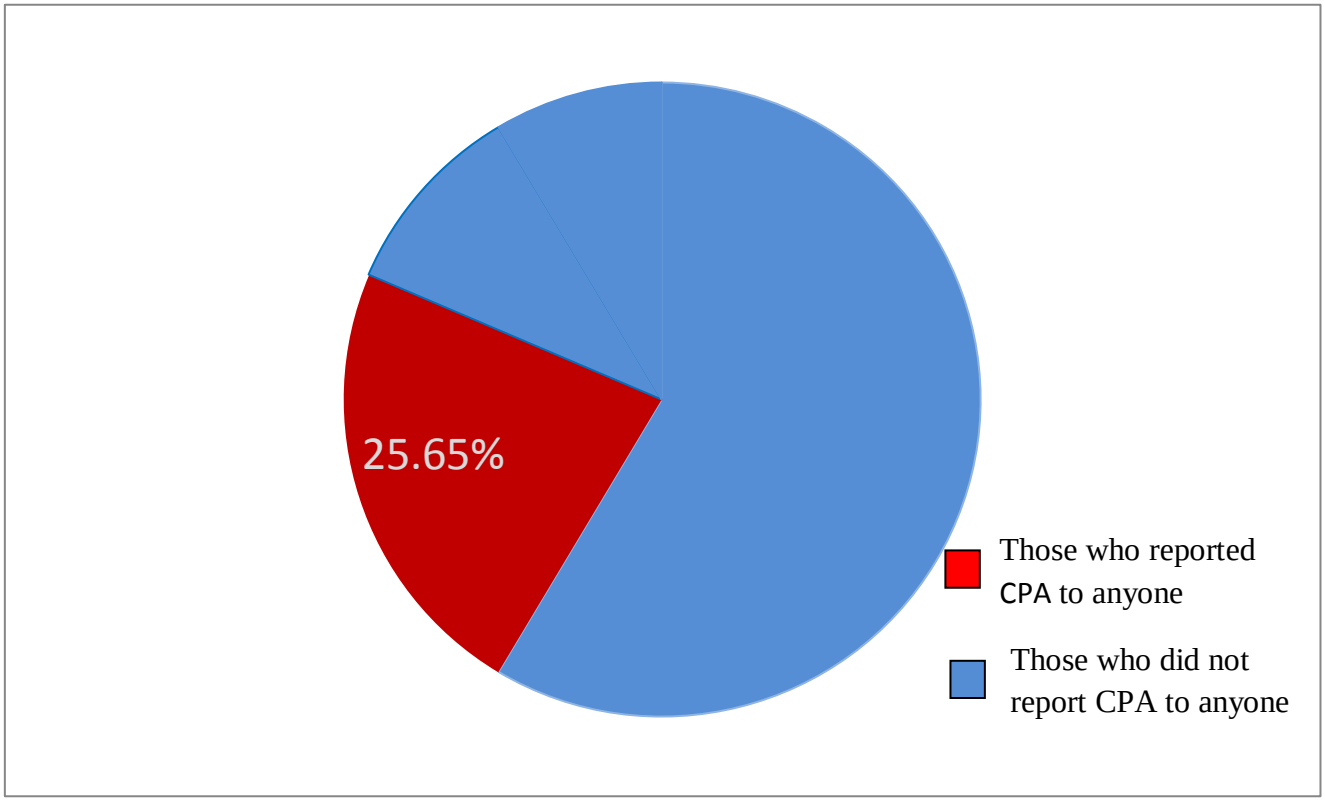
Table 3B Logistic regression model for risk factors associated with occurrence of CPA among secondary students

Variable	Univariate Analysis		Multivariate Analysis	
	Unadjusted OR (95% CI)	**P value**	**Adjusted OR (95% CI)**	**P value**
Age				
12-15	1		1	
16-17	1.8(0.890-4.117)	0.050	4(1.501-8.079)	**0.040**
Guardian education				
No/Primary education	1		1	
Secondary education	0.3(0.01-2.391)	0.241	0.4(0.03-1.129)	0.207
College/University	1.5(0.06-19.213)	0.924	1.5(0.142-17.124)	0.721
Self rated socioeconomic status				
Poor	1		1	
Average	0.8(0.341-2.614)	0.812	1.2(0.319-7.874)	0.415
Rich	0.3(0.041-1.213)	0.043	1.4(0.109-10.413)	0.801
Support corporal punishment				
Yes	1		1	
No	0.4(0.109-1.023)	0.030	0.1(0.090-1.431)	**0.041**
Parent/Guardian history of being abused				
Yes	1		1	
No	0.2(0.06-0.785)	0.047	0.3(0.018-0.890)	**0.040**

8.6 Distribution of Child Physical Abuse self reporting

Figure 2 shown below describes the self reporting of CPA among those who were abused. It shows that out of 191 students who experienced CPA it is only 25.65% students that reported the incidence and the remaining did not.

Figure 2: Pie chart showing Distribution of Self Reporting among those who were physically abused



8.7 Risk Taking behaviors of the abused secondary students

Table 4 shows the relationship between occurrences of risk taking behavior to experiences of CPA.

In Univariate analysis, alcohol use was less frequent among students who had not experienced CPA than those who had experienced CPA (p=0.047, OR of 0.3, 95% CI of 0.127-0.987) and this was statistically significant even in multivariate analysis.

Table 4: Relationship of various risk taking behaviors and experiences of Child Physical Abuse among secondary school students aged 12-17 years.

Variable	**Total**	**CPA**		**Univariate analysis**		**Multivariate analysis**	
		Yes	**No**	**Unadjusted OR (95%CI)**	**P value**	**Adjusted OR (95%CI)**	**P value**
Alcohol use among students							
	340	17(77.30)	5(22.7)	0.3(0.127-0.987)	0.047	0.2(0.059-0.738)	0.015
Tobacco use among students							
	340	3(50.00)	3(50.00)	1.28(0.256-6.473)	0.759		
Nervousness, worry or tense							
Sometimes/never	316	177(56.01)	139(43.99)	1		1	
Most times/always	13	11(84.62)	2(15.38)	4.3(0.941-19.806)	0.06	4(0.714-22.721)	0.114
Sadness, unhappy							
Sometimes/never	307	171(55.70)	136(44.30)	1		1	
Most times/always	24	17(70.83)	7(29.17)	1.9(0.771-4.791)	0.156	1.1(0.388-3.361)	0.811
Suicidal ideation							
Yes	26	18(69.23)	8(30.77)	1			
No	308	170(55.19)	138(44.81)	0.5(0.232-1.293)	0.171	0.9(0.343-2.319)	0.815
Suicidal attempt							
Yes		5(62.50)	3(37.50)	1			
No	327	184(56.27)	143(43.73)	0.85(0.142-5.201)	0.868		

9.0 DISCUSSION

This study was conducted to evaluate the magnitude of CPA amongst secondary school students in Dar es Salaam Region in Tanzania. Among the 340 study participants 191(56.18%) experienced some form of physical abuse.

This prevalence is relatively high as compared to other settings. Study done in Egypt, Afifi et al showed the prevalence rate for Child Physical Abuse to be as low as 7.6%.[34]

Similarly, lower prevalence rates are also reported in a study conducted in Taiwan, by Yen et al which reported a prevalence rate of 22.2% .[32]This lower prevalence rate could be explained by the introduction of the Law of Child Act in 2009 which banned all types of Child Physical Abuse including corporal punishment. The difference could also be explained by the recall bias among children in VAC survey whose age was higher than the students who participated in this study.

Also could be because of technological advancement and difference in geographical localities that could contribute to lower CPA incidence.

Similar findings of low prevalence rates were seen to be contributed by research and advocacy against CPA as shown in studies done in Sweden and United Kingdom where by the prevalence rates of CPA were 15.2% and 16% respectively[20, 29]

In addition, these developed countries have higher socio economic status compared to Tanzania and low socio economic status have been associated with increase in CPA incidence as compared to high socio economic status.[36,46]

There was no significant sex predilection to CPA with both female students (56.65%) and male students (55.69%).These findings are similar to Violence Against Children Survey results where 73.5% of females and 71.1% of males reported experiencing at least one type of abusive event. It is commonly expected that females would experience more CPA compared to males due to the gender vulnerability but the findings show equal distribution. It may also

mean that both male and female students felt free or were more open in reporting their childhood experiences.

Various types of CPA found to occur amongst subjects showed that being slapped or pushed is the most common type of physical abuse (48.17%) in male students and (55.29%) in female students while being threatened by using a gun, knife or other weapon is the least common contributing to (12.35%) in male students and (6.02%) in female students. These results are a bit different compared to the results of the VAC survey in which being hit with a fist, kicked or whipped was the most common contributing (71.4%) in males and (72.3%) in females. The lessening of nature of CPA could be due to the introduction of the Law of Childs Act of 2009 whereby we could see the decrease of more severe forms of physical abuse. This magnitude of physical violence shown by the study provides important clues as to how to target and organize multi-sector national prevention and response strategies and policies.

Older age seemed to be one of the risk factor for CPA in this study compared to younger age group and it was statistically significant. These findings are not in keeping with previous findings which suggested that most CPA occurs during younger age. A study done in Croatia by Aberle et al showed that Physical Abuse was significantly associated with younger age, emotional abuse, alcoholism in the family and lack of parental love.[47] A possible reason for these could be children at older age tends to have more notorious behaviors thus placing more strain to the parents/guardians and thus increasing the risk of CPA.

Among the students who lived with parents/guardians who supports corporal punishment are more likely to be physically abused as compared to the other students. These findings are similar to a study done in Sweden and Canada where parents positive attitude to corporal punishment was a predictor of violence among their children.[45]

In this study, it was found that participants whose parents/guardians have been hit, kicked whipped or threatened with a weapon at anytime in their life was found to be significantly associated with the occurrence of CPA in respective participants. In multivariate logistic regression model showed that, not having a parent/guardian who has history of being abused was found to be protective for Child Physical Abuse among them. This is similar to what has been reported in other studies, Pinheiro[40] and Straus et al. [44] A possible assumptive reason for

that is, parents/guardians tend to express their post traumatic events by doing what has been done to them to their children. At the same time they may feel that doing so is the most correct way of disciplining because similar disciplinary measures were done to him/her.

Reporting of CPA and subsequent access to Social services is poor in Tanzania. Those who experienced physical violence sometimes told someone about their experience, but rarely received services. The study found that, 73.35% of those who experienced childhood physical abuse did not report their experiences to anyone. These finding are similar to that of VAC survey which showed that almost half of females and two thirds of males did not report their experiences to anyone.[19]

The mostly common cited reasons in our study were being not knowing where to report and thinking their punishments were justified by their own wrong doings. Barriers to seeking services to children with experiences of physical abuse need to be identified and reduced.

In this study, as it has been shown in other studies worldwide, exposure to childhood physical violence was associated with health consequences in both male and female students.

Alcohol use was found to be less common in non abused students than abused students and the difference was statistically significant. These findings are similar to different studies where abused individuals have been found to have increased use of alcohol and some of them end up with alcohol addiction in adulthood. Simantov et al showed the association between Child Physical Abuse and alcohol and tobacco use among the victims of CPA.[52] The use of alcohol acts as a coping mechanism thus gaining control of the experiences of physical abuse.

The assumption is most abused individual's feel shameful and helpless and thus indulge themselves in alcohol consumption more than non abused individuals in trying to comfort themselves.

The victims of CPA were four times more likely to experience episodes of nervousness, being tense or being worried as compared to non abused students though the difference was not statistical significant.

Similar findings have also been reported by Mason W et al where CPA was shown to be associated with risk taking behavior such as drugs, alcohol use and nervousness.[53]

CPA results in stressful situation, this adversely affects the brain development and stress response throughout the body and predisposes the abused child to ill health and chronic health problems.

In this study it was found that victims of physical abuse were more likely to have suicidal ideas or attempts compared to the none abused but this was not statistically significant. These findings are similar to findings of study done by Simantov E et al where suicidal ideation and attempts were more common among CPA victims.[52]

It is imperative that future prevention work with children in communities also address the social dynamics and risk behaviors that underpin the problem of physical violence.

It has been shown that CPA is a common problem among children. It is also seen that the morbidity associated with CPA is of significant public health importance therefore it is important that the issue to be addressed from the family level.

10.0 STUDY STRENGTHS AND LIMITATIONS

The following are the strength of the study;

- The sampling technique was multistage random sampling thus ensuring unbiased representativeness of all schools in Dar es salaam.
- The study population included both sexes hence providing useful data for both groups.

The following are the study limitations;

- Since it was a cross sectional study and information being gathered in a retrospective manner, there was a possibility of recall bias. A recall time of two years was used to ask for any action that signifies physical abuse. Recall time of thirty days was used to ascertain health risk taking behaviors.
- Being a cross sectional study it was not possible to determine the direct causal effect of CPA, rather it determined the risk factors for CPA
- The sample size was obtained only from secondary schools therefore results might not be representative of the general population particularly younger age group who may be more vulnerable or those out of school. However these findings can be generalized to adolescents of similar settings.
- The study was conducted only in Dar es Salaam,it might not represent the general trend for the country.

11.0 CONCLUSION

- The prevalence of Child Physical Abuse among secondary school students in Dar es Salaam region in Tanzania is 56.18%. This was determined two years after the introduction of the Law of Child Act which banned violence against children.
- There is a lot of under reporting among students who have been physically abused.
- Abused students however were significantly more prone to alcohol use and more nervous, worried and tense when compared to those who had not experienced physical abuse.

12.0 RECOMMENDATIONS

- Civic education with regards to children's rights to be given to the community so that it increases the awareness on CPA and prevents its complications.
- Further studies are needed to address all the factors affecting CPA in order to formulate interventions and thus prevent its occurrences.

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APPENDIXES

APPENDIX I: WRITTEN INFORMED CONSENT FOR THE PARENT/GUARDIAN

CONSENT FORM (ENGLISH VERSION)

ID No……

Consent to participate in a study about health and life experiences of adolescents in Dar es salaam, Tanzania

To the Parents/ Guardians

Foreword

Greetings! I am Dr Furaha P Kyesi from Muhimbili University of Health and Allied Sciences, department of Paediatrics and Child Health conducting a study aiming at exploring health and life experiences among secondary students

Purpose of the Study

The study has the aim of strengthening health programs among youth in Tanzania.

How to participate

If you agree to this study, the interviewer will give your child a questionnaire to complete some of the questions related to the study which will take approximately 20-30minutes

Risks

We do not expect him/her to be subjected to any harm or discomfort during the course of participation in this study.

Confidentiality

We would like to assure you that all the information that your child will provide will remain confidential and will be used for research purpose only. No one will be allowed to see or go through your child answers except the principle investigator only.

Rights to withdrawal and Alternatives

Participartion in the study is completely voluntary. Refusal to participate or withdrawal from the study will not involve any penalty or loss of any benefit to which he/she is otherwise entitled.

Your child can stop participarting in this study at any time even if you have already given consent.

Benefits

If your agree to take part in this study your child may benefit from knoweldege on adolescents health and information on where to go when confronted with health challenges

Who to contact

If you have any questions about this study you should contact the Principal Investigator, Dr Furaha P Kyesi,P.O.Box 65001, +255658131442,email; furahakyesi@hotmail.com

If you have any question about rights of your child as a participant you may contact Prof E.F Lyamuya, chairman of the college research publication comitee, P.O.Box 65001, Dar es salaam. Tel 2150302-6

Consent

Do you agree? YES □ NO □

I have read and understood the explanation of the study. I accept for my child to participate in the study.

Signature of the Parent/Guardian .....

Relationship to the child .....

Date of signed conset .....

APPENDIX II: CONSENT FORM (SWAHILI VERSION).

FOMU YA TAARIFA YA IDHINI (KWA MZAZI/MLEZI)

Namba ya fomu……

Idhini ya kushiriki katika tafiti kuhusu afya ya vijana na uzoefu wao katika maisha,Dar es salaam,Tanzania

Kwa Mzazi/Mlezi

Utangulizi

Habari! Jina langu ni Dk Furaha P Kyesi kutoka Chuo Kikuu cha Afya na Sayansi Shirikishi Muhimbili Idara ya watoto.Ninafanya tafiti kuangalia afya ya vijana na uzoefu wao katika maisha kwa wanafunzi wa sekondari.

Malengo ya utafiti

Utafiti huu una lengo kuu la kuboresha programu za afya kwa vijana wa Tanzania.

Jinsi ya kushiriki

Ukikubali mtoto wako kushiriki katika utafiti huu,atapatiwa dodoso lenye maswali yanayohusiana na tafiti na kupaswa kuyajibu.Inakadiriwa kumchukua dakika 20-30 kumaliza kujaza dodoso.

Madhara

Hatutegemei utafiti huu kumsababishia madhara yoyote mtoto wako.

Utunzaji wa Siri

Tunapenda kukuhakikishia kwamba, maelezo yote yatakayotolewa yatakuwa siri na

yatatumika kwa utafiti tu. Hakuna mtu yoyote atakaye ruhusiwa kusoma majibu yako isipokuwa mtafiti mkuu na wasaidizi wake tu.

Haki ya kushiriki na mengineyo

Kushiriki kwenye tafiti hii ni hiari. Kukataa au kujitoa kwenye kushiriki katika tafiti hii hakutasababisha kumpotezea faida yeyote ambayo ni haki yake. Mtoto wako anaweza kuacha kushiriki wakati wowote ule katika tafiti hii hata kama tayari umeshatoa idhini ya yeye kushiriki.

Faida

Kama utakubali mtoto wako ashiriki katika tafiti hii atafaidika na elimu kuhusu afya ya vijana na wapi anaweza kupata msaada kama anamatatizo au maswali ya kiafya.

Mawasiliano

Kama unamaswali juu ya tafiti hii unaweza kuwasiliana na mtafiti mkuu Dk Furaha P. Kyesi,S.L.P 65001,simu +255658131442,barua pepe;furahakyesi@hotmail.com

Kama unaswali juu ya haki za mtoto wako kama mshiriki unaweza kuwasiliana na Prof E.F Lyamuya, mwenyekiti wa kamati ya tafiti ya chuo, S.L.P 65001 Dar es salaam, Simu 2150302-6

Kukubali

Unakubali? Ndiyo □ Hapana□

Nimesoma na kuelewa madhumuni ya utafiti huu na nimekubali mtoto wangu kushiriki katika utafiti huu.

Sahihi ya Mzazi/Mlezi.....

Uhusiano na Mtoto.....

Tarehe.....

APPENDIX III: ASSENT FORM (ENGLISH VERSION)

ID No……

Consent to participate in a study about health and life experiences of adolescents in Dar es salaam, Tanzania

To the student

Foreword

Greetings! I am Dr Furaha P Kyesi from Muhimbili University of Health and Allied Sciences, department of Paediatrics and Child Health conducting a study aiming at exploring health and life experiences among secondary students

Purpose of the Study

The study has the aim of strengthening health programs among youth in Tanzania.

How to participate

If you agree to this study, the interviewer will give you a questionnaire to complete some of the questions related to the study which will take approximately 20-30minutes

Risks

We do not expect you to be subjected to any harm or discomfort during the course of participation in this study.

Confidentiality

We would like to assure you that all the information that you will provide will remainconfidential and will be used for research purpose only.No one will be allowed to see or go through your answers except the principle investigator only.

Rights to withdrawal and Alternatives

Participartion in the study is completely voluntary.Refusal to participate or withdrawal from the study will not involve any penalty or loss of any benefit to which you are otherwise entitled. Your can stop participarting in this study at any time even if you have already given consent.

Benefits

If you agree to take part in this study you may benefit from knoweldege on adolescents health and information on where to go when confronted with health challenges.There will be no gain by participarting in this study.

Who to contact

If you have any questions about this study you should contact the Principal Investigator, Dr Furaha P Kyesi, P.O.Box 65001, +255658131442, email; furahakyesi@hotmail.com
If you have any question about your rights as a participant you may contact Prof E.F Lyamuya, chairman of the college research publication comitee, P.O.Box 65001,Dar es salaam.Tel 2150302-6

Consent

Do you agree? YES □ NO □

I have read and understood the explanation of the study. I agree to participate in this study.

Signature of the Student .....

Date of signed conset .....

APPENDIX IV: ASSENT FORM (SWAHILI VERSION).

Namba ya fomu……

Idhini ya kushiriki katika tafiti kuhusu afya ya vijana na uzoefu wao katika maisha,Dar es salaam,Tanzania

Kwa Mwanafunzi

Utangulizi

Habari! Jina langu ni Dk Furaha P Kyesi kutoka Chuo Kikuu cha Afya na Sayansi Shirikishi Muhimbili Idara ya watoto.Ninafanya tafiti kuangalia afya ya vijana na uzoefu wao katika maisha kwa wanafunzi wa sekondari.

Malengo ya utafiti

Utafiti huu una lengo kuu la kuboresha programu za afya kwa vijana wa Tanzania.

Jinsi ya kushiriki

Ukikubali kushiriki katika utafiti huu,utapatiwa dodoso lenye maswali yanayohusiana na tafiti na kupaswa kuyajibu.Inakadiriwa kukuchukua dakika 20-30 kumaliza kujaza dodoso.

Madhara

Hatutegemei utafiti huu kukusababishia madhara yoyote kwako.

Utunzaji wa Siri

Tunapenda kukuhakikishia kwamba,maelezo yote utakayoyatoa yatakuwa siri na yatatumika kwa utafiti tu.Hakuna mtu yoyote atakaye ruhusiwa kusoma majibu yako isipokuwa mtafiti mkuu na wasaidizi wake tu.

Haki ya kushiriki na mengineyo

Kushiriki kwenye tafiti hii ni hiari.Kukataa au kujitoa kwenye kushiriki katika tafiti hii hakutasababisha kupoteza faida yeyote ambayo ni haki yako.Unaweza kuacha kushiriki wakati wowote ule katika tafiti hii hata kama tayari umeshatoa idhini ya kushiriki.

Faida

Kama utakubali kushiriki katika tafiti hii utafaidika na elimu kuhusu afya ya vijana na wapi unaweza kupata msaada kama unamatatizo au maswali ya kiafya.

Mawasiliano

Kama unamaswali juu ya tafiti hii unaweza kuwasiliana na mtafiti mkuu Dk Furaha P.

Kyesi, S.L.P 65001, simu +255658131442, barua pepe;furahakyesi@hotmail.com

Kama unaswali juu ya haki zako kama mshiriki unaweza kuwasiliana na Prof E.F

Lyamuya, mwenyekiti wa kamati ya tafiti ya chuo, S.L.P 65001 Dar es salaam, Simu 2150302-6

Kukubali

Unakubali? Ndiyo □ Hapana □

Nimesoma na kuelewa madhumuni ya utafiti huu na nimekubali kushiriki katika utafiti huu.

Sahihi ya Mwanafunzi .....

Tarehe .....

APPENDIX V: QUESTIONAIRE (ENGLISH VERSION)

CHILD PHYSICAL ABUSE;PREVALANCE, RISK FACTORS AND RISK TAKING BEHAVIOR AMONG SECONDARY SCHOOL STUDENTS AGED 12-17 YEARS IN DAR ES SALAAM, TANZANIA

I would like you to fill some of the few questions about yourself and your health. The information you will provide will remain confidential and well help to reduce the CPA and strengthens the reporting awareness of CPA to the community

. To be administered by an interviewer

(A) SOCIO-DEMOGRAPHIC CHARACTERISTICS

01	School-Child code number	……..
02	Child gender	a) Boy□ b) Girl□
03	Child age	……(years)
04	Child class	……..
05	Any disability	a)Yes□ b)No□
06	Whom do you live with currently?	a) Father□ b) Mother□ c) Stepfather□ d) Stepmother□ e) Guardian□ f) Alone□ ……. go to Q 8 g) g) Other, specify……

07	How old is the person you are living with?	……
08	For how long have you been living with him/her/alone?	……(month)
09	Level of education of father;	a) No formal education□ b) Primary education□ c) Secondary education□ d) College/University□ e) I don't have a father□ f) Don't know□ g) Other, specify…….
10	Level of education of mother;	a) No formal education□ b) Primary education□ c) Secondary education□ d) College/University□ e) I don't have a father□ f) Don't know□ g) Other, specify…….
11	Level of education of person you are living with;	a) No formal education□ b) Primary education□ c) Secondary education□ d) College/University□ e) I don't have a father□ f) Don't know□ g) g) Other, specify…….

12	What type of household do you live in?	a) Rented house with my parents□ b) I live with my parents in our own house□ c) I live in a rented room…….go to Q 15□ d) I live with relatives in their own house□
13	How many rooms does your house have?	Number……
14	How many sleeping rooms does your house have?	Number……
15	How many people do you share your sleeping room?	Number……
16	What type of toilet facility do you have in the house you live in?	a) Own flush toilet□ b) Ventilated pit latrine□ c) Covered pit latrine□ d) Uncovered pit latrine□ e) We don't have a toilet□ Others specify……..
17	What is the source of water where you live?	a) Tap water inside the house□ b) Tap water outside the house□ c) Tap water from the community□ d) Covered well□ e) Uncovered well□ f) Bottled water□ g) Other, specify…….

18	Does your household have?	a) Electricity□ b) Radio□ c) Television□ d) Telephone□ e) Fridge□ f) Iron□ g) Bicycle□ h) Motorcycle□ i) Car□
19	How would you describe your family in terms of wealth?	a) Very poor□ b) Poor□ c) Average□ d) Rich□ e) Very rich□

B); PHYSICAL ABUSE ACTIVITIES SECTION

20	Have you ever been slapped or pushed in the last two years?	a) Yes □ b) No □ …….. go to Q 23 c) Don't know□ d) Refused□
21	How many times were you slapped or pushed in the last two years?	a) Once or twice□ b) 3 to 5 times□ c) More than 5 times□ d) Don't know□ e) Refused□

22	Who did that to you?	a) Father□ b) Mother□ c) Brother□ d) Sister□ e) Uncle□ f) Auntie□ g) Guardian, □ h) Stranger□ i) Teacher, □ j) Policemen□ k) Religious leader □ l) Romantic partner □ m) Other, specify……
23	Have you ever been hit with a fist, kicked, or beaten in the last two years?	a) Yes □ b) No □ ……. go to Q 26 c) Don't know□ d) Refused□
24	How many times were you hit with a fist, kicked, or beaten in the last two years?	a) Once or twice□ b) 3 to 5 times□ c) More than 5 times□ d) Don't know□ e) Refused□

25	Who did that to you?	a) Father□ b) Mother□ c) Brother□ d) Sister□ e) Uncle□ f) Auntie□ g) Guardian, □ h) Stranger□ i) Teacher, □ j) Policemen□ k) Religious leader □ l) Romantic partner □ m) Other, specify……
26	Have you ever been threatened to use or actually used a gun, knife, or other weapon against you in the last two years?	a) Yes □ b) No □ …….. go to Q 29 c) Don't know□ d) Refused□
27	How many times were you threatened to use or actually used a gun, knife, or other weapon against you in the last two years?	a) Once or twice□ b) 3 to 5 times□ c) More than 5 times□ d) Don't know□ e) Refused□

28	Who did that to you?	a)Father□ b)Mother□ c)Brother□ d)Sister□ e)Uncle□ f)Auntie□ g)Guardian□ h)Stranger□ i)Teacher, □ j)Policemen□ k)Religious leader □ l)Romantic partner □ m) Other, specify……

If your answer is NO to questions 20, 23 and 26 then skip to question 34

29	Have you ever been so seriously hurt during one of these incidents that you needed medical attention?	a) Yes □ b) No □ c) Don't know □ d) Refused□
30	Did you ever report about those incidences to anyone?	a) Yes□ b) …….go to Q 32
31	Whom did you report the incidence to?	a) Mother□ b) Father□ c) Boyfriend/Intimate partner□ d) Other relative□ e) Teacher/Principle□ f) Religious leader□ g) Health care provider (Doctor/Nurse□ f) Social worker□ g) Police□ h) Community leader□ i) Other, specify ……..
32	If NO, why didn't you report?	a) Scared I would be abandoned□ b) thought it was my fault□ c) I would be excluded in the family□ d) I didn't want to embarrass my family□ e) I am financially dependent on the person who hurt me□

		f) The person threatened to hurt me or my family□ g) I didn't want to get the abuser in trouble□ h) I did not know who to tell i) People in my community would not care□ j) I don't know□ k) N/A□
33	What was their reaction?	a) Supportive/listened□ b) Helped me get services□ c) Contacted police□ d) Did not want to talk about it□ e) Did not believe me□ f) I was beaten/punished□ g) Got angry at me□ h) Blamed me□ i) Others ……..

C; RISK FACTORS FOR PHYSICAL ABUSE AND RISK TAKING BEHAVIOUR

34	Does the person you live with have any of the following problems?	a) On substance abuse□ b) Has psychiatric illness□ c) Personality disorders □ d) Mentally retarded□ . e) Perfectly normal□ f) Don't know□ g) Others specify…….
35	Does the person who lives with you support corporal punishment?	a) Yes□ b) No□ c) Don't know□
36	The people who lives with you, have they been hit with a fist, kicked, whipped, threatened with a gun, knife or other weapon at any point in time?	a) Yes□ b) No□ c) Don't know□

HEALTH STATUS

37	During the past 30 days, how many days did you have at least one drink containing alcohol?	a)Sometimes□ b)Everyday c) Never used□
38	During the past 30 days, on the days you drank alcohol, how many drinks did you usually drink per day?	Number……
39	Concerning cigarette smoking, during the past 30 days has you;	a)Sometimes□ b)Everyday□ c)Never used□
40	Have you ever used drugs such as cocaine, bangi, heroine, morphine etc orally or by injecting with needles?	a) Yes□ b) No□ c) Don't know□
41	In general, what would you say about your health	a) Excellent □ b) Very Good□ c) Good□ d) Fair□ e) Poor□ f) Don't know□

42	About how often during the past 30 days did you feel nervous, tense or worried- would you say none of the time, some of the time, most of the time or all of the time?	a) None of the time□ b) Some of the time□ c) Most of the time□ d) All the time□
43	In the past one month, how often did you feel sad or unhappy?	a) None of the time□ b) Some of the time□ c) Most of the time□ d) All the time□
44	Have you ever had thoughts of ending your life?	a) Yes□ b) No
45	Have you ever made an attempt to ending your life?	a) Yes□ b) No□
46	In the past two years how many sexual partners have you had?	a) One□ b) Two□ c) Three□ d) More than three□
47	Have you had sexual intercourse with those partners?	a) Yes□ b) No□
48	How often did you use condoms with these partners?	a) All the time□ b) Often□ c) Rarely□ d) Never used□

APPENDIX VI: QUESTIONAIRE (SWAHILI VERSION)

To be administered by an interview

01	Shule-namba ya mtoto	…….
02	Je wewe ni mvulana au msichana	a)Mvulana□ b)Msichana□
03	Una umri gani?	Miaka……
04	Uko kidato cha ngapi?	…….
05	Una ulemavu wowote?	a)Ndio□ b)Hapana□
06	Je unaisha na nani kwa sasa?(unaweza kutikizaidi ya moja)	a)Baba□ b)Mama□ c)Baba wa kambo□ d)Mama wa kambo□ e)Mlezi□ f)Peke yangu□ ……nenda Q 8 g)Mwingine,taja……..
07	Unayeishi nae ana umri gani?	Taja……
08	Kwa muda gani umeishi nae/peke yako?	Idadi…….(miezi)

09	Je baba mzazi ana kiwango gani cha elimu?	a)Hakusoma □ b) Elimu ya msingi□ c) Elimu ya sekondari□ d)Elimu ya chuo□ e)Sina baba□ f) Sijui□ e) Vinginevyo, taja…….
10	Je mama mzazi ana kiwango gani cha elimu?	a)Hakusoma □ b) Elimu ya msingi□ c) Elimu ya sekondari□ d)Elimu ya chuo□ e)Sina baba□ f) Sijui□ e) Vinginevyo,taja…….
11	Je unayeishi nae ana kiwango gani cha elimu?	a)Hakusoma □ b) Elimu ya msingi□ c) Elimu ya sekondari□

		d)Elimu ya chuo□ e)Sina baba□ f) Sijui□ e) Vinginevyo,taja…….
12	Je unaishi katika makazi ya namna gani?	a) Ya kupanga na wazazi□ b) Na wazazi katika nyumba yetu□ c) Naishi katika chumba cha kupanga□ …nenda Q15 d) Naishi na ndugu katika nyumba yao□
13	Nyumba yenu ina vyumba vingapi?	Idadi……..
14	Nyumba ina vyumba vingapi vya kulala?	Idadi……..
15	Je mko wangapi kwenye chumba chenu cha kulala?	Idadi……...
16	Nyumba unayoishi ina choo cha aina gani?	a)Choo cha kuvuta□ b)Choo cha shimo chenye bomba la kutolea hewa chafu□ c)Choo cha shimo chenye mfuniko□ d)Choo cha shimo kisicho na mfuniko□ e)Hatuna choo□ f)Mengineyo,taja……

17	Hapo unapoishi ni nini chanzo cha maji?	a)Maji ya bomba ndani ya nyumba□ b)Maji ya bomba nje ya nyumba□ c)Maji toka bomba la jumuiya□ d)Kisima kilichofunikwa□ e)Kisima cha wazi□ f)Maji ya chupa□ g)Mengineyo,taja……..
18	Je familia ama yeyote katika familia anamiliki kati ya vifuatavyo?(Tiki vyote mlivyonavyo)	a)Umeme□ b)Radio□ c)Luninga□ d)Simu□ e)Jokofu□ f)Pasi□ g)Baiskeli□ h)Pikipiki□ i)Gari□
19	Je unahisi familia yako ni fukara au tajiri kwa kiasi gani	a)Fukara sana□ b)Fukara□ c)Wastani□ d)Tajiri□ e)Tajiri sana□

B; PHYSICAL ABUSE ACTIVITIES

20	Je umeshawahi kuzabwa kofi au kusukumwa katika miaka miwili Iliyopita?	a)Ndiyo□ b)Hapana□ …....nenda Q23 c)Sijui□ e)Sitaki kujibu□
21	Katika miaka miwili iliyopita ni mara ngapi ulizabwa kofi au kusukumwa?	a) Mara 1-2□ b) Mara 3-5□ c) Zaidi ya mara 5□ d) Sijui□ e) Sitaki kujibu□
22	Nani alikufanyia kitendo hicho?	a)Baba□ b)Mama□ c)Kaka□ d)Dada□ e)Mjomba/Baba mdogo□ f)Shangazi/Mama mdogo□ g)Mlezi□ h)Simjui□ i)Mwalimu□ j)Polisi□ k)Kiongozi wa dini□ l) Mchumba/Mpenzi□ m)Mwingine,taja…….

23	Je umeshawahi kupigwa ngumi,kupigwa teke au kupigwa katika miaka miwili Iliyopita?	a)Ndiyo□ b)Hapana□ ……nenda Q26 c)Sijui□ e)Sitaki kujibu□
24	Katika miaka miwili iliyopita ni mara ngapi ulipigwa ngumi,kupigwa teke au kupigwa?	a) Mara 1-2□ b) Mara 3-5□ c) Zaidi ya mara 5□ d) Sijui□ e) Sitaki kujibu□
25	Nani alikufanyia kitendo hicho?	a)Baba□ b)Mama□ c)Kaka□ d)Dada□ e)Mjomba/Baba mdogo□ f)Shangazi/Mama mdogo□ g)Mlezi□ h)Simjui□ i)Mwalimu□ j)Polisi□ k)Kiongozi wa dini□ l) Mchumba/Mpenzi□ m)Mwingine,taja…….

26	Je umeshawahi kuvamiwa au kutishiwa na silaha kama bunduki au kisu au silaha nyingine yoyote katika miaka miwili iliyopita?	a)Ndiyo□ b)Hapana□ …….nenda Q29 c)Sijui□ e)Sitaki kujibu□
27	Katika miaka miwili iliyopita ni mara ngapi umeshawahi kuvamiwa au kutishiwa na silaha kama bunduki au kisu au silaha nyingine yoyote?	a) Mara 1-2□ b) Mara 3-5□ c) Zaidi ya mara 5□ d) Sijui□ e) Sitaki kujibu□
28	Nani alikufanyia kitendo hicho?	a)Baba b)Mama□ c)Kaka□ d)Dada□ e)Mjomba/Baba mdogo□ f)Shangazi/Mama mdogo□ g)Mlezi□ h)Simjui□ i)Mwalimu□ j)Polisi□ k)Kiongozi wa dini□ l) Mchumba/Mpenzi□ m)Mwingine,taja…….

Kama majibu yako ni hapana kwa swali la 20,23 na 26,ruka kwenda swali la 34

29	Katika matukio hayo yaliyokupata,ulishawahi kuumizwa mpaka kuhitaji huduma ya afya?	a)Ndiyo□ b)Hapana□ c)Sijui□ e)Sitaki kujibu□
30	Je ushawahi kumwambia/kuripoti mtu yoyote kuhusu matukio hayo?	a) Ndiyo□ b) Hapana□ …nenda Q32
31	Je uliripoti kwa nani?	a)Mama□ b)baba□ c)Mchumba/Mpenzi□ d)Ndugu□ e)Mwalimu mkuu/Mwalimu□ f)Kiongozi wa dini□ g)Mtoa huduma ya afya□ h) Mtu wa ustawi wa jamii□ i)Polisi□ j)Kiongozi wa kijiji□ k)Mwingine,taja…….
32	Kama hukuripoti,kwanini?	a)Niliogopa,□

		b)Niliona ni kosa langu□ c)Ntatengwa na familia□ d)Sikutaka kuaibisha familia yangu□ e)Namtegemea kifedha□ f)Alinitisha kuniumiza au familia yangu□ g)Sikutaka kumuweka matatani□ h)Sikujua wa kumwambia□ i)Watu katika jamii yangu hawatojali□ j)Sijui□ k)Sihusiki□
33	Je,uliyemripotia alisemaje?	a)Alinisikiliza□ b)Alinisaidia kupata msaada□ c)Aliripoti polisi□ d)Hakutaka kuliongelea□ e)Hakuniamini□ f)Niliadhibiwa□

		g)Alinikasirikia□ h)Alinilaumu□ i)mengineyo,taja…….

C; RISK FACTORS FOR PHYSICAL ABUSE AND RISK TAKING BEHAVIOR

34	Je,mtu unayeishi nae anatatizo lolote kati ya haya?	a)Anatumia madawa□ b)Ana tatizo la akili□ c) Ana taahira ya akili□ d)Mzima□ d)Sijui□ e)Mengineyo,taja……
35	Je,mtu unayeishi nae anasapoti adhabu za viboko?	a)Ndio□ b)Hapana□ c)Sijui□
36	Je mtu unayeishi nae,ameshawahi,kupigwa ngumi,kupigwa teke,kuvkuzabwa kofi au kutishiwa na silaha kama bunduki ama kisu?	a)Ndio□ b)Hapana□ c)Sijui□

Health Status

37	Katika siku 30 zilizopita,ni mara ngapi umekunywa angalau kinywaji kimoja chenye kilevi ndani yake?	a)Mara mojamoja□ b)Kila siku□ c)Sijawahi□
38	Katika siku 30 zilizopita,katika siku ulizokunywa pombe,ni vinywaji vingapi kwa kawaida ulikunywakwa siku?	Idadi……..
39	Katika siku 30 zilizopita,umevuta sigara kwa kiasi gani?	a)Mara mojamoja□ b)Kila siku□ c)Sijawahi□
40	Je ulishawahi kutumia madawa ya kulevya,bangi,heroin,morphine na mengineyo?	a)Ndio□ b)Hapana□ c)Sijui□
41	Kwa ujumla,utasema afya yako ni…	a)Murua kabisa□ b)Nzuri sana□ c)Nzuri□ d)Nzuri kiasi□ e)Mbaya□ f)sijui□

42	Katika siki 30 zilizopita,ni mara ngapi ulijisikia wasiwasi,kuchanganyikiwa au woga?	a)Hamna hata mara moja□ b)Mara chache□ c)Karibia wakati wote□ d)Wakati wote□
43	Katika siku 30 zilizopita,ni mara ngapi ulijiskia huzuni au kutokuwa na furaha?	a)Hamna hata mara moja□ b)Mara chache□ c)Karibia wakati wote□ d)Wakati wote□
44	Je ulishawahi kuwa na mawazo ya kujiua?	a)Ndio□ b)Hapana□
45	Je ushawahi kujaribu kujiua?	a)Ndio□ b)Hapana□
46	Katika miaka miwili iliyopita,umekuwa na wapenzi wangapi?	a)Mmoja□ b)Wawili□ c)Watatu□ d)Zaidi ya watatu□
47	Umelshawahi kufanya nae/nao mapenzi?	a)Ndio□ b)Hapana□
48	Je mara ngapi ulitumia condom na hao wapenzi?	a)Sijawahi□ b)Mara mojamoja□ c)Mara nyingi□ d)Mara zote□