FACTORS ASSOCIATED WITH CHILD SEXUAL ABUSE AMONGPUBLIC SECONDARYSCHOOLSTUDENTS IN KINONDONI MUNICIPAL, DAR ES SALAAM

Laura Urasa, (MD)

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FACTORS ASSOCIATED WITH CHILD SEXUAL ABUSE AMONG PUBLIC SECONDARY SCHOOL STUDENTS INKINONDONI MUNICIPAL, DAR ES SALAAM

By

Laura Urasa

A Dissertation Submitted in (Partial) Fulfilment of the Requirements of the Degree of Master of Public Health of

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CERTIFICATION

The undersigned certify that he has read and hereby recommend for acceptance by the Muhimbili University of Health and Allied Sciences (MUHAS), a dissertation entitled ***"Factors associated with child sexual abuse among public secondary school students in Kinondoni municipal Dar es salaam''***in fulfillment of the requirements for the degree of Master of Public Health of Muhimbili University of Health and Allied Sciences

_____

Prof. Melkizedeck Leshabari

(Supervisor)

_____

Date

_____

Dr Emmy Metta

(Co- Supervisor)

_____

Date

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I, Laura Urasadeclare that this **dissertation** is my own original work and it has never been presented and will not be presented to any other University for a similar or any other degree award

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DEDICATION

I dedicate my dissertation work to my beloved parents Mr and Mrs Urasa, husband Anael Kihunrwa and my children (Bisere, Len'nu and Lwaanie) for their support both emotionally and financially.

ABSTRACT

Background

Child sexual abuse is a global public health concern and violates specific children's rights. Literature reports that child sexual abuse has two forms, contact and non-contact. Evidence from research indicates that child sexual abuse is more common among school age children making this group a special focus for intervention. Data on the factors associated with child sexual abuse among school age children is limited. A better understanding of the factors is important in developing child sexual abuse education and prevention programs against the practice.

Objective: To determine factors associated with child sexual abuse among public secondary school students in Kinondoni Municipal, Dar es Salaam.

Material and Methods: This was a descriptive cross sectional study involving adolescent boys and girls from Kinondoni public secondary schools. Data was collected using anonymous self-administered questionnaire. Three hundred and sixty two study participants were selected using stratified random sampling. Data were coded, computerized and cleaned. Analysis was done using SPSS Version 21.0 software and summarized using frequency distribution and charts. Association between variables was tested using the chi-square test at 5% level of significance and 95% confidence level.

Results:A total of 362 participants were recruited for study. About (47.5%) were males and (52.5%) were females. Majority of the respondents were between the age group of 16-17 years with the mean age of 16.6 years. Less than a third (30.4%) were in their last year of secondary school (form IV), and the rest (19.3%) were in their first year (form I).Over (70.6%) of the students reported their mother attained primary school level and about a third (29.4%) reported their mother had post secondary education. More than half (54.1%) of fathers attained primary education and 45.9% had post secondary education. More than half lived with both parents (54.1%) and 19.9%, were living with single parents while the rest lived with other relatives.

Half of respondents (50%) were moderately aware of different forms of child sexual abuse, while more than half (57.5%) of the study participants had experienced different forms of child sexual abuse. Common form of child sexual abuse was looking at pornography (42%)

and home was reported to be a common venue by more than two-thirds (68.3%) of study participants. More than half of study participants (58.6%) shared rooms with siblings.

Conclusion: Half of participants were moderately aware of different forms of child sexual abuse that contributes to child sexual abuse. The most common form was looking at pornography, and followed by forced penetrative sexual intercourse. The most common venue for child sexual abuse was at home, followed by in the school bus.

Recommendations: There is a need to introduce school based prevention programs in schools, these education programs will aim to educate the children about different forms of child sexual abuse and provide help to the affected students by providing psychological support.The government of Tanzania through ministry of health and social welfare should prepare child sexual abuse campaigns by using media to improve awareness and reduce sexual abuse.

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ABBREVIATIONS

CRC	:	Convection on the Rights of the Child
CSA	:	Child sexual abuse
DHS/AIS	:	Demographic and Health Survey/ Aids Indicator Survey
MUHAS	:	Muhimbili University of Health and Allied Science
PHC	:	Population and housing census
SPSS	:	Statistical Package for Social Sciences
TMC	:	Tanzania movement for and with children
UNCRC	:	United Convection on the Rights of the Child
UNICEF	:	United Nation International Children's Emergency Fund
WHO	:	Would heath organization

DEFINITION OF TERMS

Adolescent:a young person in the process of developing from a child into an adult[1]

Child Sexual Abuse: is define as forcing or enticing a child to take part in sexual act, may include physical contact or involving children in looking at or in the production of sexual images, watching sexual acts, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse.[2]

Contact child sexual abuse:is define as sexually touching different areas of the child's body for example breasts and genitals, stripping the child to hit/spank, and making the child to sexually touch an adult.[3] It also involves engaging the child in oral sex, vaginal or anal intercourse, prostitution and sexual acts with animals.[4]

Non-contact child sexual abuse: is another form of child sexual abuse which involves photographing the child for sexual purpose, showing the child pornographic materials, sexualized talk with the child, making fun of or ridiculing the child's sexual development, sexual preferences, or organs, verbal and emotional abuse of a sexual nature, exposing an adult's genital area to a child for sexual gratification and masturbating in front of the child.[3] It also involves making the child to witness others being sexually abuse.[5]

Factors: are defined as a link in a chain of relationship leading to a problem and it comes first before the problem it cause.[6]

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background

Child sexual abuse has attracted the attention of different cadre's clinicians, academicians, politicians and law makers. It is a serious public health concern and violates specific children's rights, a right to be cared for by parents, right to education, right to play and right to leisure and access to culture.[8]Child sexual abuse (CSA) has been defined as any activity with a child before the age of legal consent that is for sexual gratification of an adult or a substantially older child.[9]In Tanzania context child sexual abuse is defined as forcing or enticing a child to take part in sexual act, may include physical contact or involving children in looking at or in the production of sexual images, watching sexual acts, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse.[6]

It has two forms contact and non-contact. Contact sexual abuse involves sexual touching of different areas of the child's body (breast and genitals), stripping the child to hit/spank, making the child to touch an adult, engaging the child in oral sex, vaginal or anal intercourse, prostitution and sexual acts with animals.[10] Non- contact involves photographing the child for sexual purpose, showing the child pornographic materials, sexualized talk with the child, making fun of or ridiculing the child's sexual development, exposing genital area to a child for sexual gratification and masturbating in front of the child.[10]

Worldwide, children are most likely to be sexually abused by a person known to them, usually an adult or older child who is a family member, other relative, family friend, boyfriend/girlfriend or person in a relationship of trust or authority.[19] The family or child's own home is the most frequently mentioned location.[10] For adolescents' intimate partners' boyfriend or girlfriend are the most common perpetrators of rape or contact sexual abuse.[10] High rates of sexual harassments in schools from peers and teachers or sexual assaults from people in the community while on the journey to school have been found in Tanzania.[5]

In other setting child sexual abuse has been associated with other forms of abuse or neglect, family overcrowding, poverty, low parental education, absent or single parenting, parental substance abuse, domestic violence or low caregiver warmth.[20] Children who are impulsive, emotionally needy and who have learning or physical disability, mental health problems or substance use may be at increased risk.[21] The risk of child sexual abuse appears to increase in adolescence. [21] There are three widespread explanations for child sexual abuse in Sub-Saharan Africa HIV cure and avoidance strategy, rapid social change and the patriarchal myth.[22] A study in Nigeria reported that "old men are advised to have sexual contact with virgin girls in order to cure sexually transmitted diseases".[23] Furthermore, studies in South Africa reported the belief that HIV/AIDS is one of the potential factors in the increase of rape among babies and children in South Africa.[24] Studies in Tanzania have indicated that childhood sexual abuse shows strong relationships withpoverty, poor family structure, low parental education, and sexual risk behaviors, including age at first sex, use of alcohol and drug.[25]

The world health organization estimated that 150 million girls and 73 million boys under the age of 18 years experienced different forms of sexual abuse in their life time.[6] Globally, the prevalence of child sexual abuse varies between 2-62% among girls and between 3-16% among boys.[11]According to the United Nations Children's Fund (UNICEF) globally as of 2014, at least 120 million girls under the age of 20, about 1 in 10 have been forced to engage in sex or perform other sexual acts.[12] A meta-analysis in the year 2009, estimated 7.9% of males and 19.7% of females globally faced sexual abuse before the age of 18 years, the highest prevalence rate was seen in Africa (34.4%).[13] Europe, America and Asia had prevalence rate of 9.2%, 10.1% and 23.9% respectively.[13]

Although there are not many studies on child sexual abuse reported in Sub-Saharan Africa, the prevalence seems to be high. From ten Southern African countries 25% of boys and 29% of girls experienced forced or coerced sex.[17] A study from Ethiopia among boys studying in high schools reported, the lifetime burden of sexual abuse was 68.2%.[18] From Kenya 58 children out of 100 have been sexually abused, while 29% boys and 24% girls reported to have been forced into unwanted sex and home to be a common place for abuse.

In Tanzania estimates show that violence against children is so serious that, at the age of 18, more than a quarter of girls (28%) and (13%) of boys have experienced sexual violence.[5] Furthermore, a study conducted in Dar es Salaam among college students reported as many as 28% experience child sexual abuse.[2] The world health organization reported a child sexual abuse prevalence of 4-9% in rural Mbeya district and 5-11% in urban Dar es Salaam, Tanzania.[30] The overall prevalence rate for child sexual abuse was 27.7%, with rates being higher for females than for males.[2]

Sexual abuse has consequences for the development of physical and mental health of children. Child survivors of sexual abuse are at risk for anxiety, inappropriate sexual behavior and preoccupations, anger, guilt, shame, depression, posttraumatic stress disorder (PTSD), and other emotional and behavior problems throughout their life span.[26] Research shows that survivors of child sexual abuse are more likely to experience social and/or health problems in adulthood, such as alcohol problems, use of illicit drugs, sexual victimization, suicide attempts and marriage/family problems.[27]Also are at higher risks ofsexual behaviors like multiple sexual partners and may have a connection with later abuse on others.[28]

International goal towards child sexual abuse is to make sure each national government carry the ultimate responsibility to ensure that the rights of children are met and that resources are provided for this purpose.[1] In Tanzania actions taken include rolling out of gender and children's desk in all police stations, training professionals, improve child friendly procedures in courts, expanding adoption of safe school and teaching practices and setting up a childline.[5] Tanzania movement for and with children (TMC) was officially launchedby the president of the United Republic of Tanzania to underscore the commitment of the Government to the promotion and protection of the right of the child, one of the strategies of the TMC was to strengthen networking activities amongst NGO's and to work closely with children and young people's initiatives providing as much support as possible towards the full realization of children's rights as set out in the CRC and the African charter on the right and welfare of the child.[29]

All children and adolescents must know that child sexual abuse is a crime that often causes severe consequences to them, that there is always help available. Further, a comprehensive

prevention strategy should include children's awareness of different forms of sexual abuse and increasing parents and other care givers knowledge of protective measures they can take on behalf of their children.

1.2 Problem Statement

The problem addressed in this research is based on the growing prevalence of child sexual abuse in Tanzania. Child sexual abuse is responsible for unwanted pregnancies, acute injuries and sexually transmitted infections (STIs) including HIV. Emotionally the problem is associated with chronic somatic disorders, anxiety, depression, high risk sexual behavior, chronic illness and socio-economic consequences that generally impact negatively on the victim's quality of life.

Studies in Tanzania have demonstrated high prevalence of child sexual abuse. The findings from a national survey reported nearly 1 in 3 females and approximately 1 in 7 males have experienced sexual violence prior to the age of 18.[5] The most common reported type of childhood sexual abuse was unwanted touching (16% and 8.7% of females and males, respectively) followed by attempted unwanted intercourse (14.6% and 6.3% of females and males, respectively) and almost 6.9% of girls and 2.9% of boys were physically forced into sexual intercourse before the age of 18.[5]A study by Kisanga reported 26% of boys and 19% of girls aged 13-25 years were forced to look at pornographic movies, while 9.8% of boys and 8.7% of girls experienced forced sexual intercourse.[31]

It was reported children's lack of knowledge of sexual abuse contributed to child sexual abuse.[32]Additionally, it was found that children who were exposed to child sexual abuse education programs were more likely to disclose victimization and feel that they protected themselves rather than blame themselves.[13]In Tanzania a study showed that communities have poor knowledge on sexual abuse and have accepting attitude towards sexual abuse.[31]

Socioeconomic status has been also associated with the perpetration of child sexual abuse.[13] Because of poor socioeconomic status, households in Tanzania are known for overcrowding, one house with parents, children and relatives, children sharing rooms with adults is a common practice in many households. A study by UNICEF reported poor housing or overcrowding which require children to share sleeping arrangements with adults

contribute to child sexual abuse.[33] Another study in South Africa highlighted one of the causes of child sexual abuse is overcrowding and poor household sleeping patterns.[34]

Tanzania might not be very unusual from other countries where the problem of child sexual abuse has been effectively investigated and characterized. Generally, the reports from other studies brought tolight the extent, nature and risks of child sexual abuse in Tanzania. Children are vulnerable anddo not know how to recognize unacceptable behaviors. Looking into relationship of children's awareness of sexual abuse and their sleeping arrangement towards child sexual abuse is of the utmost importance to enable the development of interventions relevant to the entire country. Currentlyno study has assessed the relationship between children's awareness on sexual abuse and their sleeping arrangements with child sexual abuse. Therefore, this study intended to fill in this knowledge gap by assessing the relationship between student's awareness and their sleeping patterns with child sexual abuse, also describing common forms and common venues of child sexual abuse.

1.3 Research Questions

1.3.1 Broad Research Question

What are the factors associated with child sexual abuse among public secondary school students in Kinondoni Municipal, Dar es Salaam?

1.3.2 Specific Research Questions

1. To what extent are school youth aware of sexual abuse.
2. What are the common forms of child sexual abuse among public secondary school students in Kinondoni Municipal, Dar es Salaam?
3. What are the common venues for child sexual abuse among public secondary school students in Kinondoni Municipal Dar es Salaam?
4. What are household sleeping pattern among secondary school students in the study area.

1.4 Research Objectives

1.4.1 Broad Objective

To determine factors associated with child sexual abuse among public secondary school students in Kinondoni Municipal, Dar es Salaam.

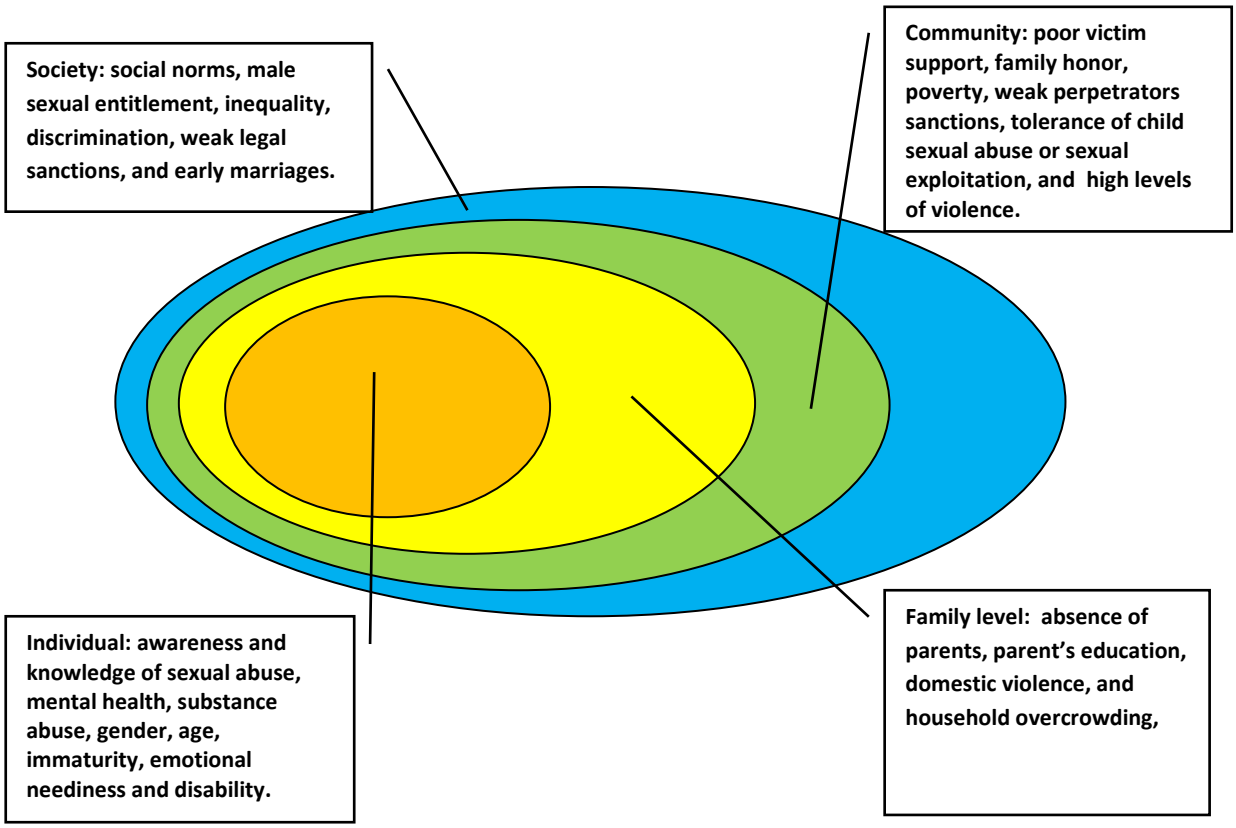
1.4.2 Specific Objectives

1. To determine thelevel of awareness of sexual abuse among secondary school students in the study area.
2. To determine the common forms of child sexual abuse among public secondary school students.
3. To determine the common venues of child sexual abuse among public secondary school students in Kinondoni Municipal Dar es salaam.
4. To determine thehousehold sleeping pattern of the secondary school students.

1.5 Conceptual Framework

The study used a socio-ecological framework that recognizes individuals are not separated from the environment in which they live and this environment has major influence on them. Multiple level approaches conceptualize abuse as a complex relationship between individual, family, community and society. It is widely acknowledged that there is no one single factor that causes the problem of child sexual abuse. Key risks are described at the inter-related levels of the individual victim or perpetrator, the victim or perpetrator's family context and relationships, his/her interaction with the community and the influence of broader factors in society.Common risks to children increasing the likelihood of victimization or perpetration, these are shown in figure 1.

Figure 1: Socio-ecological framework of child sexual abuse



Source: Adapted from UNICEF office of research 2017

The individual level involves children as a victim or perpetrators. Factors like lack of awareness of forms of sexual abuse, some gestures and behaviors are non-contact sexual abuse but children do not see it as sexual abuse, factors like loneliness, quietness, trustiness emotional immaturity, and emotional neediness, makes children easily manipulated and vulnerable for sexual abuse. Previous history of child maltreatment (sexual, physical, psychological, neglect), witness violence, poor parent-child communication, early sexual experiences and substance abuse, these factors may influence a child later in life become perpetrator of sexual abuse.

Presence of both parents, parent's level of education, parental history of abuse, domestic violence and family size are factors causing child sexual abuse at family level. Family size and household composition where there is household overcrowding, household frequently changes as family members and others come in and out increases the risk of child sexual abuse.

Poor victim support, weak perpetrators sanctions, poverty, high level of tolerance and family honor contribute to child sexual abuse. Social norms and beliefs that condone or support gender based violence are very common in our society, and double standards of sexual behavior for female and males are widespread. Male sexual entitlement and early marriages contribute to child sexual abuse at society level.

The individual characteristics of the child (age, disability, gender, homelessness, drug or alcohol misuse,etc.) and her/his experiences in the family, close relationships and community will have control on vulnerabilities. Factors in a community, such as the level of violence and criminality in general, and within a child's family or close relationships are equally relevant. A poor or distant relationship with a parent, living with domestic violence, abuse or neglect or in a chaotic household with a low level of parental supervision and support can increase the risk of exposure to abuse. In neighborhoods where abuse is more prevalent, children and adolescents will be more vulnerable and more likely to associate with others involved in criminal, abusive or exploitative behavior.[35]The impact of abuse may be mitigated by encouraging awareness of different forms of abuse,having a secure relationship orattachment with an adult care and practical emotional support from the wider family, from friendships or in the wider community.

1.6 Justification of the study

One of the most important times in human development is childhood, it is during this time that most of the foundation for one's personality develops, childhood experiences and relationships shapes how you will relate with others, child sexual abuse brings painful experience and destroys that innocence and sweetness of a child, brings about both physical and psychological trauma like depression, post traumatic disorder, anxiety, and behavior problems. The purpose of the present study was to investigate the relationship between level of awareness by the students regarding sexual abuse and child sexual abuse,

common forms of sexual abuse, common venues and relationship between household sleeping pattern of the students and child sexual abuse. Although it is known that a number of factors are associated with the perpetration of sexual abuse, no study has investigated awareness and household sleeping pattern as factors for sexual abuse among urban secondary school students in Tanzania, despite the report from Medias suggesting urban environment predisposes children to sexual abuse.

The study contributed in the board of knowledge regarding causes of child sexual abuse and be used as a reference for future studies in the area of child sexual abuse.

The study results can be used to generate interventions programs in assisting to bring more awareness and reduce the problem, programs like child sexual abuse seminars for both students and teachers in schools and open exhibitions about different forms of child sexual abuse for all parents, children, policy makers and child protection bodies.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

This chapter involved literature on factors associated with child sexual abuse among public secondary school students in kinondoni municipal. It was arranged following specific objectives which were children's awareness of child sexual abuse, common forms of child sexual abuse, common venues of child sexual abuse and household sleeping pattern and child sexual abuse.

2.2 Children's awareness of child sexual abuse

Child sexual abuse is a global problem with serious lifelong consequences. International studies reveal that 1 in 5 women and 1 in 13 men report having been sexually abused as a child.[4]The world health organization has estimated that 150 million girls and 73 million boys under the age of 18 have experienced sexual abuse involving physical contact.[14] The multi-country study on women's health and domestic violence against women found that between 1% and 21% of women surveyed experienced sexual abuse before the age of 15.[14]

Fewer studies exist on sexual abuse against boys. International studies suggest that between 3% and 29% of men have experienced some form of sexual abuse during childhood. In Tanzania a report from a national survey revealed nearly 3 out of every 10 females and 1 out of every 7 males reported at least one experience of sexual violence prior to the age of 18.

Different literature revealed that sexual abuse is one of the sensitive and growing problemof children especially of adolescents. There is very little awareness about sexual abuse among children, those who are aware many know about the harassment only after they have been into those situations. Children get information about sexual abuse from school, mass media, friends and parents. Children are the ones affected the most regarding sexual abuse therefore, it is necessary to assess awareness on sexual abuse among children.

2.3 Common Forms of Child Sexual Abuse

From the literature its reported contact form of child sexual abuse to be more common than non-contact form of child sexual abuse.[40, 34]

A study from Egypt 20.9% reported hugging and kissing as the most common type of child sexual abuse.[40] Another study among south African youth reported 47.5% experienced contact sexual abuse (the most common being unwanted touching), the reminder being non-contact (the most common being followed by men and exposure to an exhibitionist).[41]

A study in Ethiopia among high school adolescent reported, majority of children had experienced vaginal or anal intercourse.[42]Another survey by UNICEF reported 28.9% of the sample experienced child sexual abuse, two thirds of these incidents non-contact and one third a contact form.[43]

Another study among university students regarding their experiences of childhood sexual abuse, reported a prevalence for contact sexual abuse of 21.7% for males and 23.7% for females.[44]

In Tanzania mainland national survey reported the most common form of sexual violence experienced by both females and males before the age of 18 was sexual touching, followed by attempted sexual intercourse.[5]

For case of Zanzibar national survey reported the most common form of childhood sexual violence reported by female was unwanted attempted sex, followed by unwanted sexual touching, while for male reported unwanted sexual touching, followed by unwanted attempted sex and unwanted forced sex.[5]

A study by Kisanga reported more boys than girls are exposed to most forms of abuse like forced to look at pornography or adults genitalia, however 1 in 10 students experience more severe forms of child sexual abuse such as forced penetrative sex or fondling of an adult.[31]A recent study by Ezekiel reported major forms of child sexual abuse were anal and virginal penetration and the most affected were girls.[25] Understanding common forms will be useful in developing child sexual abuse prevention programs.

Regarding common form of sexual abuse literature shows it varies with time and gender but still child sexual abuse is a global problem and it does not appear to be decreasing over time. Therefore, finding out the common forms yield useful insights in developing child sexual abuse education programs.

2.4 Venues, As Where Do Child Abuse Occur?

Study in UCL London report sexual teasing and initiations happens with alarming frequency in schools bathrooms, on school playgrounds and in the back of school buses, it's happening to every level in school.[38] A study also reportedchild sexual abusemore likely to occur in places where risk of detection is low, however an actual abuse incident can occur quickly (commonly 5 to 15 minutes) so does not always require a remote out of the way place, in many cases other people maybe nearby.[4]

In Kenya a study about sexual abuse of school age children report the most unsafe venue home (27%), followed by the school (24%), on the way home from school (15%), and other people's homes (12%).[45]

From Tanzania National survey incidence of childhood sexual violence against both females and males most commonly took place in someone's house and at school or going to and from school,[5] it also report females who experienced physically forced or coerced sex in someone's house most often reported that it took place in the perpetrator's house.[5]The national survey also reported 16.7% of females had unwanted touch on school grounds, while 25.5% of females incident occurred going to or from school.[5]

From Tanzania national survey report of 2011incidents of childhood sexual abuse for both females and males most commonly took place in someone's house and at school or going to and from school.[5] From the same study one –quarter of students both boys and girls report at least one incident occurred in a field, bush, river or roadway.[5] Therefore looking at the common venue helped in developing child sexual abuse prevention programs

2.5 Family household sleeping pattern

Overcrowding in Tanzania context implies number of people (children, teenagers, and adults) live together in single room in a house which has many rooms facing each other, with toilet and bathroom outside the house.[46] Lack of adequate sleeping space within the

household causing sharing of room with adults cited as a risk factor that could drive adults into sexually exploiting children.[25]

Data from a range of countries indicate that household overcrowding increases the risk of child sexual abuse, children sharing room with another child or sibling who report being sexually abused are at increased risk of being sexually and abused themselves.[4] Furthermore several studies showed that adolescents who lived in crowded homes, measured in terms of number of bedrooms scored significantly higher than others on being victimized from both adults and sibling aggression, also on witnessing of domestic violence between family members and having antisocial behavior problems which makes them vulnerable to child sexual abuse.[27,26]

A study by Ngiloi reported families in Tanzania are living in extended family system, where by parents are living with brothers and sisters from both sides which contribute to child maltreatment including physical, emotional, neglect and sexual abuses.[47]

Despite few studies reporting on household sleeping pattern as a factor for child sexual abuse in Tanzania, the literature emphasizes poor housing which requires children and adults to share sleeping arrangements increases a child's vulnerability to sexual abuse.

CHAPTER THREE

3.0 METHODOLOGY

3.1 Study Area

The study was conducted in Kinondoni Municipal of Dar es Salaam City. Dar es Salaam is the largest city in Tanzania with three administrative municipalities Kinondoni, Temeke, and Ilala. According to the Tanzania population census 2012, the city had a total population of 4,364,541 million, accounting for 10% of the total Tanzania mainland population of which 2,125,786 are male and 2,238,755 are females. Kinondoni is one of three municipalities of Dar es Salaam with the largest number of habitants around 1,775,049.

The municipal is estimated to have an average of 4 persons per household.[46] Consultation conducted in Kinondoni with around 120 children, parents, and other community members as well as local government officials and social service providers, revealed that; the majority of children live in rented homes that are poorly built, overcrowded, and lack access to clean water. Some of households share just one room, with no separation of children from adults.[48] consulted participants said poverty forces many children to work or live on the streets and drop out schools, begging and doing odd jobs increasing their vulnerability to child traffickers and sexual predators, as well as consigning them to a life of social exclusion.[48]

Currently the municipal council has a total number of 82 secondary schools, out of which 25 are registered public secondary schools and 57 are privately owned.[46]Reported 17 out of 20 wards in the municipal have public secondary schools, all 25 public secondary schools had a total number of 22,265 students from form I-IV and 859 teachers.[46]

3.2 Study Design

A descriptive cross-sectional study design was adopted to determine factors associated with child sexual abuse among public secondary school students in Kinondoni Municipal, Dar es Salaam.

3.3 Study Population

The study population comprise of junior secondary school adolescent boys and girls form I to IV from Kinondoni public secondary school.

3.4 Sample Size Estimation and Sampling Technique

3.4.1 Sample Size Estimation

The number of students that was included in the study was sampled using the following formula.

$$n = \frac{z^2 p (1-p)}{E^2}$$

Where:

n= the minimum required sample size

z= standard normal deviate corresponding to 95% confidence interval, which equals to1.96

p= proportion of sexual abused children taken to be 27.7%[2]

E= the margin of error on P estimated to be at 5%

Therefore, $n = \frac{1.96^2 \times 27.7 (100-27.7)}{5^2}$

$$n = 307.7$$

Hence the required minimum sample size was 308 secondary students.

With estimated non-response rate of 10%

n = 338.8 so approximately sample size will be 339 students.

3.4.2 Sampling Technique.

Six public schools were picked from the sampling frame consisting of all government secondary schools in the study area, then from each school a sampling frame consisting of all students from form I to form IV was constructed and one class was randomly picked for the study, finally all students in selected class were involved in the study.

3.5 Study Duration

The research was conducted in a period of two month from July to September 2019 at public secondary schools in Kinondoni Municipal, Dar es Salaam region.

3.5.1 Inclusion Criteria

All secondary school adolescent student boys and girls from the selected classes, who are present in the school on the day of data collection students who are willing, no visual impairment and can complete the questionnaire without assistance.

3.5.2 Exclusion Criteria

Adolescent Student boys and girls not present in the school on the day of data collection, unwilling to give consent to participate in the study and students who are not able to complete the questionnaire without assistance.

3.6 Data Collection

3.6.1 Data Collection Instrument

The study usedanonymous self- administered questionnaire for generating da. The questionnaire had 20questions categorized into 4 main sections demographic characteristic, level of awareness, forms of sexual abuse, and venue of sexual abuse.

Initial questionnaire was prepared in English and translated in Swahili, then back to English in order to ensure consistency and validity.

3.6.2 Study Variables

3.6.2.1 Dependent Variables

Experience of child sexual abuse was dependent variable.

3.6.2.2 Independent Variables

Children’s awareness of child sexual abuse, venue as where child sexual abuse occur and household sleeping pattern were independent variables.

3.6.3 Data Collection Procedure

An introduction letter was sought from MUHAS to introduce the exercise to the Municipal. Permission letter was obtained from the Kinondoni Municipal office, this was used as introduction letter to the selected secondary schools. Before data collection training was given for research assistants on the objectives of the study, the contents of the questionnaire, issues related to the confidentiality of the responses and rights of respondents.

The data collection exercise went for a period of 12 working days, two days for each secondary school. The first day was used to introduce the study to the school administration and ask for permission to conduct it in the selected classes. A random selection of the classes was done in the headmasters/headmistress's office. The teachers responsible for the selected classes were introduced to the research team by the headmistress/headmaster. Class teachers introduce the research team in the class.

All participants, before responding to the questionnaire were informed about the aim of the study and requested to participate in the study. Students were also informed that it was voluntary to participate. It was made clear that acceptance or refusal to participate in the study had no consequences and that they were free not to participate in the study at that time and that they were free not to answer any question if they felt they would be emotionally affected. Students were also assured of confidentiality as the questionnaire was anonymous.

It was also indicated that there were no specific benefits to the individual's participants; however the study results would have contributed to the present knowledge about factors associated with child sexual abuse among secondary students. The student then filled in written informed assent.

3.6.4 Reliability

The questionnaire was being pre-tested in non-participating secondary school on 40 students (26 girls and 14 boys) to assess the reliability of data collection instrument. Findings were being discussed among research team so that, the tool was being modified before actual data collection and the final data collection was being conducted at convenient time by using of the modified questionnaire.

The collected data was being checked by principal investigator every day at the end of each data collection day and required corrections were done to ensure that all the important information required from the field were captured.

3.6.5 Validity

It was ensured through the use of an adapted standard validated questionnaire which has been used in a survey on child sexual abuse in urban Tanzania: possibilities and barriers for prevention. Also efforts made to make sure the questions are understandable and concise in line with the objectives of the study.

3.6.6 Piloting of the Tool

Before the main study, a pilot study was done to 40 students (26 girls and 14 boys) from non-participating secondary schools in order to assess the applicability of the items and time used to fill in the questionnaire.

3.7 Data Management and Analysis

Data from the school survey were analyzed using SPSS. Socio-demographic characteristics of participants were obtained using frequency distribution tables. Forms of CSA and common venues for sexual abuse were obtained using frequency distribution tables. Cross tabulations were made to analyze the association between child sexual abuse and level of awareness and child sexual abuse and household sleeping pattern. Chi –square test was used to test for significant association between the dependent and independent variables, P-value < 0.05 were considered significant. Variables that showed statistical significance in the bivariate analysis were added to a multiple logistic regression model while controlling for confounding. Adjusted odds ratios were reported and the variables were considered significant risk factors of sexual abuse if the 95% CI did not include 1.

3.8 Ethical Consideration

Ethical clearance to carry out this research was obtained from Institutional Review Board of Muhimbili University of Health and Allied Sciences (MUHAS), while permission to conduct the research was requested from Kinondoni Municipal Council and from the secondary schools which participated in the study.

Participants were well informed of the study objectives and the modalities for capturing information. Free participation was encouraged to participants and well informed that the obtained information would be kept confidential and used only for research purposes.

A written informed assent was given to the student boys and girls prior to data collection, since participants were minors informed assent was given to them because at this age they are able to make decision on their own. Moral and psychological support by medically trained personnel was organized and offered to participants in need. This recommended by the WHO for studies that may evoke emotional reactions.[49]

3.9 Variable of interest will be defined as follows:

Demographic characteristics

Age in years grouped into categories, 13-15, 16-17, 18+ and sex was grouped as male and female, religion grouped into two Christian and Muslim, level of education was grouped into grade I, II, III, IV, father and mother education grouped into two categories pre-secondary education and post-secondary education and lastly who student lives with was grouped into three both parents, single parents, and family relative.

Level of Awareness

There were twelve responses assessing the awareness of the students regarding child sexual abuse, a student who answered I don't know was considered as low level awareness and given 0 score, for the purpose of the study and considering the way these students received their information and become aware, students who were able to provide up to 60% of the correct response were considered moderate awareness and score 1 and those who provide above 60% were considered high level of awareness and score 2.

Sleeping Arrangement

The question asks with whom do you share your sleeping room, its open ended question then the answers were listed.

Forms of Child Sexual Abuse

The question has several letters but respondents should answer yes, no or I don't know. Then grouped into victim labeled 1and non victim labeled 0

Common Venue

The question asks to tick the common venue and then the answers were listed.

CHAPTER FOUR

4.0 RESULTS

4.1 Characteristics of Respondents

4.1.1 Socio-demographic characteristics

A total of 373 respondents participated in the study. Eleven respondents handed in their questionnaires with many missing items and were therefore excluded from analysis. About 362 questionnaires were available for statistical analysis. Out of these 47.5% were males and 52.5%were females, majority of the respondents were between the age group of 16-17 years with the mean age of 16.6±1.1 SD years. Less than a third (30.4%) were in their last year of secondary school (form IV), and the rest 19.3% were in their first year (form I).

Over (70.6%) of the students reported their mother attained primary school level and about a third (29.4%) reported their mother had post-secondary education. More than half (54.1%) of fathers attained primary education and 45.9% had post-secondary education. More than half lived with both parents (54.1%) and 19.9%, were living with single parents while the rest lived with other relatives as summarized in table1.

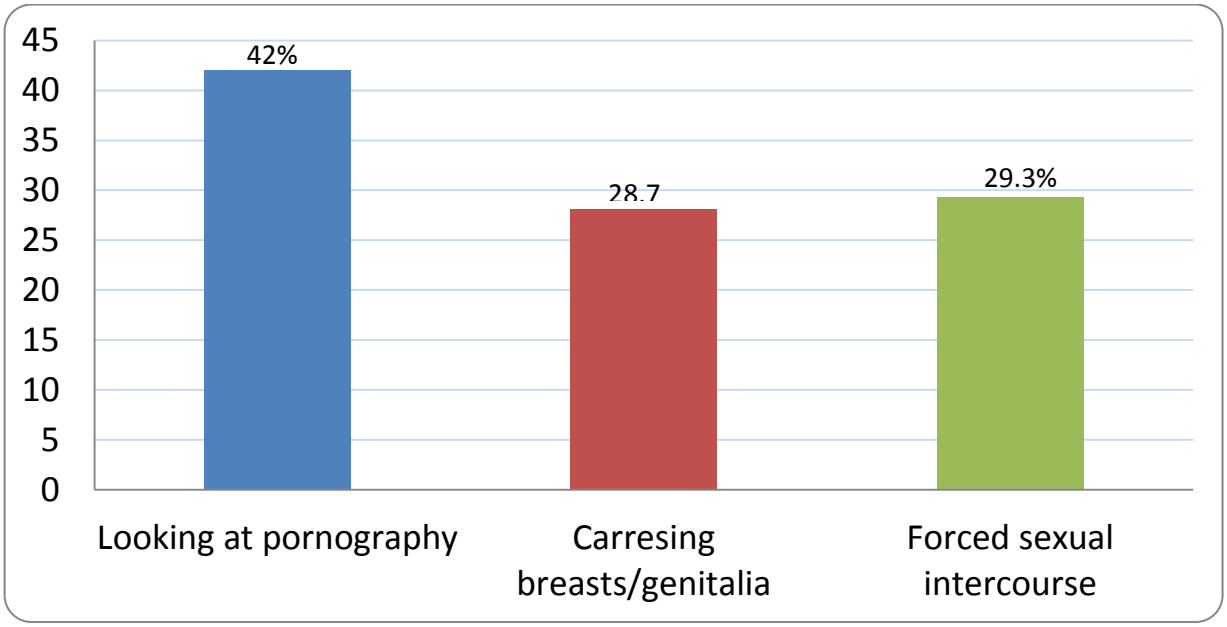
Table 1: Socio-demographic characteristics of respondents (n=362)

Sociodemographic characteristics	Totals N=362	Percentage %
Age		
13-15years	86	23.7
16-17years	220	60.8
18+years	56	15.5
Gender		
Male	172	47.5
Female	190	52.5
Religion		
Christian	218	60.2
Muslim	144	39.8
Grade level		
Form I	70	19.3
FormII	88	24.3
FormIII	94	26.0
FormIV	110	30.4
Fathers education		
Pre-secondary education	196	54.1
Post-secondary education	166	45.9
Mothers education		
Pre-secondary education	254	70.6
Post-secondary education	108	29.4
Who student lives with		
Both parents	196	54.1
Single parents	72	19.9
Family relatives	94	26.0

4.2 Common forms of child sexual abuse

More than half (57.5%) of the study participants hadexperienced different forms of child sexual abuse, including look at pornographic pictures, films and magazines, forced sexual intercourse, and caressing breasts/genitaliaas summarized in figure 1.

Figure 1: common forms of child sexual abuse.



Among 61 who experience penetrative sex 29.3% reported age of the first such experience was between 8and 10 years.

4.3: Awareness of types of child sexual abuse

Among 362 respondents, about a third (32%) had high level of awareness of different forms of child sexual abuse, while (50%) were moderately aware and the rest 18% had low level of awareness as summarized in table 3 below.

Table 2: level of awareness regarding child sexual abuse

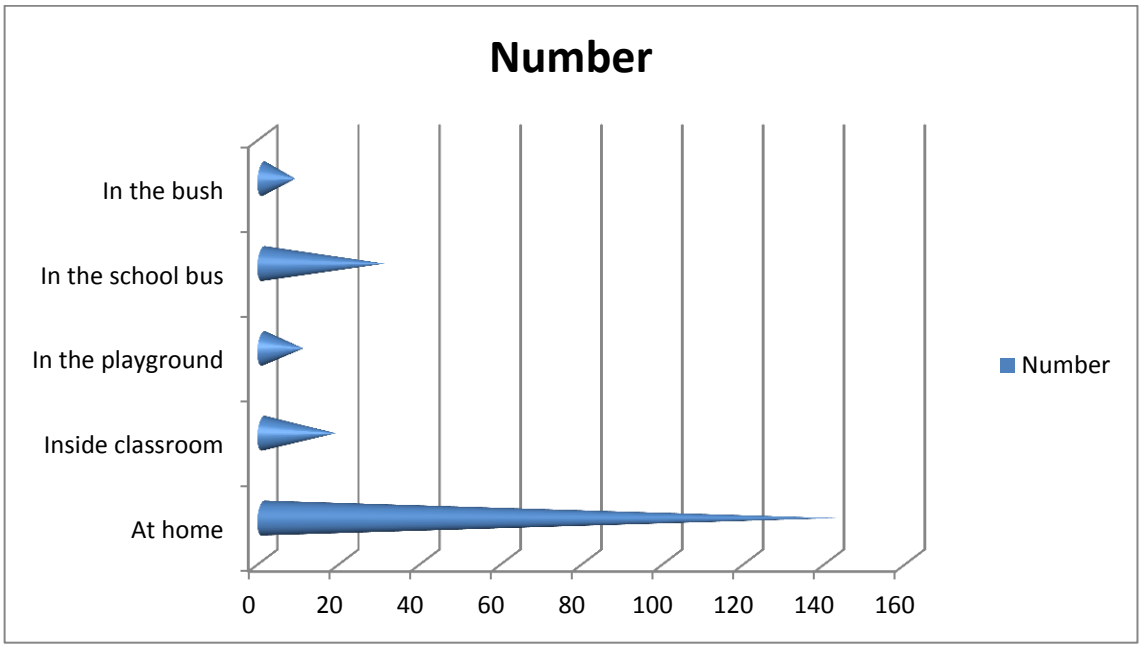
(N=362)

Level of awareness	Number	Percentage
Low level	65	18.0
Moderate level	181	50.0
High level	116	32.0

4.4: Common venues

There were five responses to assess the context of childhood sexual abuse. More than two-thirds142 (68.3%) reported their homes to be most common place where abuse occurred, followed by in the school bus 30(14.4%), then in the classroom 18(8.7%) as summarized in table 4.

Figure 3: common venues for child sexual abuse



4.5: Household sleeping pattern

Among 362 respondents more than half 58.6% shared rooms with siblings, followed by with cousins 26.5% in a rented house. A few reported sleeping with single parents 1.7%, 2.8%. The rest were sleeping with other relatives or friends.

Table 3: percentage distribution of household sleeping pattern (N=362)

Variable	number	percentage
Cousins	96	26.5
Siblings	212	58.6
Father	6	1.7
Mother	10	2.8
Others	38	10.5

4.6: Bivariate analysis of the factors associated withchild sexual abuse

4.6.1 Association between socio demographic characteristic and child sexual abuse

Table 6 below summarized the result of the Bivariate analysis model using chi squared statistical test examining association between socio demographic characteristics and child sexual abuse. Level of education of respondents shows to have association with child sexual abuse, the younger students (95.7%) reported more abuse than the upper grade, (p-value <0.001). Father's education shows to have an impact towards child sexual abuse, pre secondary level fathers reported to have (78.6%) abused children compared topost secondary fathers (32.5%), (p-value<0.01). Another association was seen in whom student lives with variable where by those lived with single parent reported (91.7%) being abused compared to others, (p-value <0.001) Although there was no association but female students reported more abuse than male and the younger age students were being more abused than the older students.

Table 4: association between socio demographic characteristics and child sexual abuse

Sociodemographic characteristics	Totals N=362	victim	Non-victim	p-value
Age				
13-15years	86	57(66.3%)	29(33.7%)	
16-17years	220	135(61.4%)	85(38.6%)	
18+years	56	16(28.6%)	40(71.4%)	
Gender				
Male	172	96(55.8%)	76(41.2%)	
Female	190	112(58.9%)	78(41.1%)	
Grade level				
Form I	70	67(95.7%)	3 (4.3%)	<0.001
FormII	88	46(52.3%)	42(47.7%)	
FormIII	94	43 (45.7%)	51(54.3%)	
FormIV	110	52 (47.3%)	58(52.7%)	
Fathers education				
Pre-secondary education	196	154(78.6%)	42(21.4%)	<0.01
Post-secondary education	166	54(32.5%)	112(67.5%)	
Mother education				
Pre-secondary education	254	140(55.1%)	114 (44.9%)	
Post-secondary education	108	68(63.0%)	40(37.0%)	
Who student lives with				
Both parents	196	79(40.3%)	117 (59.7%)	
Single parents	72	66(91.7%)	6(8.3%)	<0.001
Family relatives	94	63(67.0%)	31(33.0%)	

4.6.2 Association between level of awareness and child sexual abuse

Table7 summarizes the effects of the level of awareness on child sexual abuse. Level of awareness was grouped into two high and low level. Those respondents who had low level of awareness were more likely to report sexual abuse (90.8%) than those of high level awareness (50.2%), (p-value<0.01).

Table 5 association between level of awareness and child sexual abuse

Sociodemographic characteristics	Totals N=362	victim	Non-victim	p-value
Age				
13-15years	86	57(66.3%)	29(33.7%)	
16-17years	220	135(61.4%)	85(38.6%)	
18+years	56	16(28.6%)	40(71.4%)	
Gender				
Male	172	96(55.8%)	76(41.2%)	
Female	190	112(58.9%)	78(41.1%)	
Grade level				
Form I	70	67(95.7%)	3 (4.3%)	<0.001
FormII	88	46(52.3%)	42(47.7%)	
FormIII	94	43 (45.7%)	51(54.3%)	
FormIV	110	52 (47.3%)	58(52.7%)	
Fathers education				
Pre-secondary education	196	154(78.6%)	42(21.4%)	<0.01
Post-secondary education	166	54(32.5%)	112(67.5%)	
Mother education				
Pre-secondary education	254	140(55.1%)	114 (44.9%)	
Post-secondary education	108	68(63.0%)	40(37.0%)	
Who student lives with				
Both parents	196	79(40.3%)	117 (59.7%)	
Single parents	72	66(91.7%)	6(8.3%)	<0.001
Family relatives	94	63(67.0%)	31(33.0%)	
Level of awareness				
Low level	65	59(90.2%)	6(9.2%)	<0.01
High level	297	149(50.2%)	148(49.8%)	

4.6.3 Association between household sleeping pattern and child sexual abuse

Majority of respondent share rooms with siblings and cousins. Those sleeping with cousins show high percentage (89.6%) of being victim of child sexual abuse than those by father with (83.3%) and was marginally significantly associated with child sexual abuse (p-value =0.05). Summarized in table 8 below.

Table 6: association between household sleeping pattern and child sexual abuse

Sociodemographic characteristics	Totals N=362	victim	Non-victim	p-value
Age				
13-15years	86	57(66.3%)	29(33.7%)	
16-17years	220	135(61.4%)	85(38.6%)	
18+years	56	16(28.6%)	40(71.4%)	
Gender				
Male	172	96(55.8%)	76(41.2%)	
Female	190	112(58.9%)	78(41.1%)	
Grade level				
Form I	70	67(95.7%)	3 (4.3%)	<0.001
FormII	88	46(52.3%)	42(47.7%)	
FormIII	94	43 (45.7%)	51(54.3%)	
FormIV	110	52 (47.3%)	58(52.7%)	
Fathers education				
Pre-secondary education	196	154(78.6%)	42(21.4%)	<0.01
Post-secondary education	166	54(32.5%)	112(67.5%)	
Mother education				
Pre-secondary education	254	140(55.1%)	114 (44.9%)	
Post-secondary education	108	68(63.0%)	40(37.0%)	
Who student lives with				
Both parents	196	79(40.3%)	117 (59.7%)	
Single parents	72	66(91.7%)	6(8.3%)	<0.001
Family relatives	94	63(67.0%)	31(33.0%)	
Household sleeping pattern				
Cousins	96	86(89.6%)	10(10.4%)	P = 0.05
Siblings	212	87(40.0%)	125(59.0%)	
Father	6	5(83.3%)	1(16.7%)	
Mother	10	4(40%)	6(60%)	
Others	38	26(68.4)	12(31.6%)	

4.7 Multivariate analysis of the factors associated with child sexual abuse

From the bivariate analysis results, all the risk factors of interest were included in a multivariate logistic regression model. The main outcome variable was child sexual abuse. Student's level of education, father's education, who student lives with, awareness level and household sleeping pattern that were significantly associated with the outcome variable at P value < 0.05 were entered for the regression analysis. Odds ratio derived from the regression coefficients of >1 were interpreted to suggest the respective covariate being a risk factor while odds ratio of <1 suggested a covariate to have a protective factor.

Table 9 summarizes the results of multivariate logistic regression model for the child sexual abuse outcome variable with the predictor variables of interest. The influence of risk factors of interest on child sexual abuse remained the same as observed in bivariate analysis. Low education level of student increased the risk of child sexual abuse (OR 3.29, 95% CI: 1.87-5.81); P<0.001). For father's education variable, low education level of fathers increased risk of child sexual abuse (OR 1.44, 95% CI: 1.11-1.86); P<0.01). Living with single parent increased the risk of child sexual abuse (OR 6.40 95% CI: 3.83-10.64); P<0.001. With regard to awareness level, low level awareness on child sexual abuse increased the risk of child sexual abuse (OR 3.03 95% CI: 1.18-7.53); P<0.01). Sleeping arrangement found to be marginally significantly associated with child sexual abuse (OR 2.7 95% CI: 1.01-7.18); P=0.05). The finding of the sleeping arrangement being marginally significant may be due to a few students sleeping with cousins, majority sleeping with siblings.

Table 7: Multivariate analysis table showing factors associated with sexual abuse

Sociodemographic characteristics	Totals N=362	victim	non-victim	P value OR(95%CI)
Age				
13-15years	86	57(66.3%)	29(33.7%)	
16-17years	220	135(61.4%)	85(38.6%)	+
18+years	56	16(28.6%)	40(71.4%)	
Gender				
Male	172	96(55.8%)	76(41.2%)	+
Female	190	112(58.9%)	78(41.1%)	
Grade level				
Form I	70	67(95.7%)	3 (4.3%)	3.29(1.87-5.81) 0.001
FormII	88	46(52.3%)	42(47.7%)	2.033(1.241-3.332)0.08
FormIII	94	43 (45.7%)	51(54.3%)	1.913(1.241-3.332) 0.10
FormIV	110	52 (47.3%)	58(52.7%)	1.00
Fathers education				
Pre-secondary education	196	154(78.6%)	42(21.4%)	1.44(1.11-1.86)0.01
Post-secondary education	166	54(32.5%)	112(67.5%)	1.00
Mother education				
Pre-secondary education	254	140(55.1%)	11(44.9%)	
Post-secondary education	108	68(63.0%)	40(37.0%)	+
Who student lives with				
Both parents	196	79(40.3)	117(59.7%)	1.00
Single parents	72	66(91.7%)	6(8.3%)	6.40(3.83-10.67) 0.001
Family relatives	94	63(67.0%)	31(33.0%)	1.31(0.76-2.23)0.32
Awareness level				
Low level	65	59(90.8%)	6(9.2%)	3.03(1.18-7.53) 0.02
High level	297	149(50.2%)	148(49.8%)	1.00
Household sleeping pattern				
Cousins	96	86(89.6%)	10(10.4%)	2.7(1.01-7.18)p=0.05
Siblings	212	87(40.0%)	125(59.0%)	1.89(0.96-3.76)P>0.05
Father	6	5(83.3%)	1(16.7%)	1.6(1.05-2.4)P>0.05
Mother	10	4(40%)	6(60%)	1.00
Others	38	26(68.4)	12(31.6%	2.96(2.11-4.15)P>0.05

CHAPTER FIVE

5.0 DISCUSSION

5.1: Discussion

The study findings shows child sexual abuse is still significant public health problem, especially the non-contact form which currently affects more children than contact form. The findings of the study shall be discussed in five parts socio-demographic profile, forms of sexual abuse, level of awareness, household sleeping pattern and common venue for sexual abuse.

5.1.1 Socio-demographic profile

The demographic characteristics of the study sample revealed that there were more females than males with a mean age of 16.6. This is a true reflection of Kinondoni age and sex distribution in the adolescent age range, where females between ages 10-24 appears to be more than male.[46]

In terms of religion, majority reported to be Christians. Mainland Tanzania is dominated (60%) by Christians.[46]This has also been evident in many of the school based studies reporting Christianity as the dominant religion.[50]With regard to education level of parents, more father attained post secondary education than mothers. This is in agreement with the findings from Tanzania demographic and health survey 2015/2016, showing more fathers than mothers had attained secondary and post secondary education.[51]

More than half of the sample reported to be living with both parents, representing the more nuclear family structure. It was found that a small proportion of student lived with single parent. The findings are not surprising because according to the TDHS, about 61% of children less than 18 years live with both parents, 19% live with their mother, 5% live with their fathers alone and 15% do live with relatives.[51]

5.1.2 Awareness on Child Sexual Abuse

Objective one of the study was to determine the association between levels of awareness regards to sexual abuse and child sexual abuse. The study reported half of students 50% moderately aware of different forms of child sexual abuse, and only a few 18% were not aware of forms of child sexual abuse. This finding come close with the findings from

United Republic of Tanzania sexual abuse report, showing 50% of the adolescents interviewed both in and out of school found to have correct knowledge about sexual abuse although the knowledge of sexual abuse was poorer among out of school than in school adolescents.[52]

The study is dissimilar with a study in Nepal on awareness on sexual abuse among adolescent students which revealed,51% had low level of awareness on sexual abuse.[53]

In the present study, low level of awareness was associated with increased likelihood of child sexual abuse, the finding is similar to the findings of a previous study in El Salvador reported poor knowledge on sexual abuse contributes to sexual violence.[32]The study further reported the higher the level of education, the more likely the participants have good knowledge on sexual violence.[32]Improvement in the education programs can be used as a primary strategy to stop or at least decrease, the amount of sexual violence.[36]

5.1.3 Forms of Sexual Abuse

The present study showed common form of child sexual abuse was looking at pornographic movies and magazines 42%. This response is similar to the study by kisanga (2012) in Temeke Municipal which reported common form was being forced to look at pornography.[31]This report is dissimilar to the findings of the previous studies where common forms reported were sexual touching and attempted sexual intercourse.[5]and study by Ezekiel which reported common forms were anal and vaginal penetration.[25]

5.1.4 Venue for Child sexual abuse

In this study the common venue was home 68.3%, this is consistent to another study sexual abuse report by United Republic of Tanzania which found majority of abuse happened at home by friends and close relatives.[52]The findings are also similar with another study by UNICEF reported that sexual abuse occur commonly at home and while travelling to or from school.[5] Another study in Kenya had similar findings that common venue was home, followed by school and on the way home from school.[54]

5.1.5 Household Sleeping Pattern

Present study revealed that more than half 58.6% shared room with siblings in a rented house. However, there was marginally association of household sleeping pattern with child sexual abuse, this finding is dissimilar with a study by UNICEF which reported adolescent

who lived in crowded homes measured in terms of number of bed rooms scored higher than others on being victimized from both adult and sibling abuse.[55]The study showed household sleeping pattern a risk factor for sexual abuse and this finding collaborate with another study in Dar es Salaam by Ezekiel and colleagues who reported lack of adequate sleeping space within the household causing sharing of room with adults cited as a risk factor to drive adults into sexually exploiting children.[25]

5.2 Study Limitations

Some of respondents may not have remembered some information and so fail to respond to some questions in the questionnaire.

Another limitation was time constraint. Because I had to conduct the study after working hours. However I worked hard so as to accomplish the task within the required time.

CHAPTER SIX

6.0 CONCLUSION

The majority of participants were moderately aware of different forms of child sexual abuse and that contributes to child sexual abuse. The most common form was looking at pornography movies and magazines, and followed by forced sexual intercourse. The most common venue for child sexual abuse was at home, and followed by in the school bus.

7.0 RECOMMENDATIONS

Based on the study findings, the following recommendations are proposed.

1. There is a need to introduce school based prevention programs in schools, these education programs will aim to educate the children about different forms of child sexual abuse and provide help to the affected students by providing psychological support.
2. The government of Tanzania through ministry of health and social welfare should prepare child sexual abuse campaigns by using media to improve awareness and reduce sexual abuse.

REFERENCE

1. Priebe G, Svedin CG. (2008).Child sexual abuse is largely hidden from the adult society:an epidemiological study of adolescents disclosure. Child Abuse Negl 2008;32:1095-108.
2. Mccrann, D. & Crann, D. M. (2017). An Exploratory Study of Child Sexual Abuse in Tanzania. Child Abus&Neglect.
3. Issue, T. & Abuse, C. S. (2006). child sexual abuse statistics. The Issue of Child Sexual Abuse.
4. Esposito, C. & Field, E.(2016). child sexual abuse What does the research tell us ? A literature review . Office of the Senior Practitioner.
5. UNICEF. (2009). Violence Against Children in Tanzania: Findings from a National Survey. Dar-es-Salaam, Tanzania: UNICEF Tanzania(2011). doi:IBSN: 9987-443-11-7
6. WHO. (2015) Child maltreatment (‘child abuse’). *World Heal. Organ.* 1–8 .
7. Save the Children Denmark.(2008). A Study on Violence against Girls in Primary Schools and Its Impacts on Girls ’ Education in Ethiopia. 1–90 .
8. U.S. Department of Health and Human Services. (2010). Child maltreatment .Child. Bur. doi:10.1177/1077559504269536
9. Lalor K. child sexual abuse in Sub-saharan Africa: a literature review , Child Abuse Negl 28:439-60
10. Unicef. (2008). Violence Against Children in Tanzania : From Research to Violence Against. 1–32 .
11. Butler AC. (2013). Child sexual assault: risk factors for girls. Child abuse Negl.2013; 37 (9):643-52.
12. Unite Nations. General Assembly. Human Rights Council. General Assembly. **53**, 1–4 (2008).
13. Finkelhor, D. The international epidemiology of child sexual abuse. [Review] [55 refs]. Child Abuse Negl.**18**, 409–417 (1994).

14. World Health Organization. (2006). Background paper to the UN secretary-general's study on violence against children. World Health Organization; Geneva (Switzerland): Global estimates of health consequences due to violence against children.

15. Krug, EG; Dahlberg, LL; Mercy, JA.,et al., (2002). editors. sexual violence: world report on violence and health. World Health Oraganization ; Geneva (Switzerland).

16. Song Y, Ji CY, Agardh A. (2014). Sexual coercion and health-risk behaviours among urban chinese high school students. Glob Health Action. 2014 7:24418.

17. Milne, D., Omer, K., Andersson, N. & Paredes-solı, S. (2012).Prevalence and risk factors for forced or coerced sex among school-going youth : national cross-sectional studies in 10 southern African countries in 2003 and 2007. doi:10.1136/bmjopen-2011-000754

18. Watkinson, A. M. & Rock, L.(2016). Child physical punishment and international human rights: Implications for social work education. *Int. Soc. Work***59**, 86–98 .

19. Fry,D.A., and Elliott, S.P. (2017). Understanding the linkages between violence against women and violence against children. The Lancent Global Health, 5(6), e472-e473.

20. Guedes, A., Bott, S., Garcia- Moreno, C., and Colombini, M. (2016). Bridging the gaps: A global review of intersections of violence against women and violence against children. Global Health Action, 9.

21. Jewkes R, Levin J, Mbananga N, et al. 9 (2002). Rape of girls in South Africa. Lancet 2002; 359: 319-20.

22. Lalor, K. (2004a) Child sexual abuse in sub-saharan Africa: a literature review. Child Abuse and Neglect 28: 439-460.

23. Asiyanbola, A. R. Patriarchy ,(2005). male dominance , the role and women empowerment in Nigeria. 18–23 .

24. Jewkes, R. & Abrahams, N. (2000) Violence Against Women in South Africa: Rape and Sexual Coercion. Review Study for the Crime Prevention Research Resources Centre . Johannesburg, Medical Research Council.

25. Ezekiel, M. J. *et al.*(2017). Factors associated with child sexual abuse in Tanzania: A qualitative study.Tanzan. J. Health Res.**19**, 1–10 .

26. Soleimanpour, S., Geierstanger, S. & Brindis, C. D. (2017). Adverse Childhood Experiences and Resilience: Addressing the Unique Needs of Adolescents. Acad. Pediatr.**17**, S108–S114 .

27. Brown, D. W., Riley, L., Butchart, A., Meddings, D. R. & Phinney, (2009). A. Exposure to physical and sexual violence and adverse health behaviours in African children : results from the Global School- based Student Health Survey. 447–455. doi:10.2471/BLT.07.047423

28. Leeb, RT: Paulozzi,L. Melanson, C,.et al. (2008). Child maltreatment surveillance: uniform definitions for public health and recommended data elements, version1.0. Centers for Disease Control and Prevention. National Center for Injury Prevention and Control: Atlanta(GA):

29. United Republic of Tanzania, the Country Second Periodic Report on the Implementation of the Convention on the Rights of the Child (CRC) 1998-2003.

30. Tanzania National Health Research Priorities. (2010).

31. Kisanga, F. (2012). *Child sexual abuse in urban Tanzania : Possibilities and barriers for prevention*.

32. Hurtado, A., Katz, C. L., Ciro, D., Guttfreund, D. & Nosike, D. Children ' s (2008). Knowledge of Sexual Abuse Prevention in El Salvador. *Ann. Glob. Heal.***80**, 103–107.

33. UNICEF CEE/CIS. (2010). At home or in a home. Formal care and adoption of children in Eastern Europe and Central Asia.

34. UNICEF. (2012). Violence Against Children in South Africa. UNICEF 75 .

35. Regional Office Annual Report UNICEF, (2016). Latin America & the Caribbean Regional Office (LACRO). 1–25.

36. City, F., Chen, J. Q. & Chen, D. G. (2005). Awareness of child sexual abuse prevention education among parents of Grade 3 elementary school pupils in. **20**, 540–547 .

37. Wamoyi, J., Fenwick, A., Urassa, M., Zaba, B. & Stones, W. (2011). Parental control and monitoring of young people ' s sexual behaviour in rural North-Western Tanzania : Implications for sexual and reproductive health interventions. Reprod Health 7(6):1–12.

38. Briggs, F., Hawkins, R.,(1997). Child Protection; A guide for teachers and child care professionals.

39. Wamoyi, J., Wight, D., Plummer, M., Mshana, G. H. & Ross, D. (2010).Transactional sex amongst young people in rural northern Tanzania : an ethnography of young women ' s motivations and negotiation.Reprod Health 7(2): 1–18.

40. Yahaya, I. (2014). childhood sexual abuse against girls in sub- saharan africa : individual and contextual risk factors.

41. Mosavel, M., Ahmed, R. & Simon, C. (2011). Perceptions of gender-based violence among South African youth : implications for health promotion interventions. **27**, 323–330 .

42. Bekele, I., Zewde, W. & Neme, A. (2017). iMedPub Journals Assessment of Prevalence , Types and Factors Associated with Adolescent Sexual Abuse in High School in Limmu Gnet High School. 1–7. doi:10.21767/1791-809X.1000506

43. UNICEF.(2010). Child disciplinary practices at home: Evidence from a range of low- and middle-income countries. 1–63 . doi:ISBN: 978-92-806-4547-7

44. UNICEF.(2011).Reflections on Children in Botswana.

45. Ruto, S. J. (2009). Sexual Abuse of School Age Children : Evidence from Kenya. **12**, 177–192 .

46. Council, K. M. (2017). MUNICIPAL PROFILE.

47. Ngiloi PJ, Carneiro PM. (1999) Sexual abuse in children. East Cent Afr J Surgery 4(2): 39-43.

48. Pereda N, Guilera G, Forns M, Gomez-Benito J.(2009). The international epidermiology of child sexual abuse: a continuation of Finkelhor (1994). Child Abus Negl 33(6):331-42.

49. Helweg-larsen, K., Sundaram, V., Curtis, T. & Larsen, H. B. (2004). The Danish Youth Survey 2002 : asking young people about sensitive issues**.**

50. Namy, S. et al.(2017). Gender, violence and resilience among Ugandan adolescents. *Child Abus. Negl.***70**..

51. National Bureau of statistics.(2015). Republic of Tanzania Demographic and health survey; Chapter 2: 12-15

52. TACAIDS for the united republic of tanzania. (2010). Sexual Abuse Report.

53. Abeid, M., Muganyizi, P.,Olsson, P., Darj, E. & Axemo, P. (2014) Community perceptions of rape and child sexual abuse: a qualitative study in rural Tanzania. BMC International Health and Human Rights 14:13.

54. UNICEF. (2010). Violence Against Children in Kenya:Findings from National Survey. 1–178.

55. Maternowska, M. C. & Fry, D.(2018). The Multi-Country Study on the Drivers of Violence Affecting Children: An overview. *Vulnerable Child. Youth Stud.***13**.

APPENDICES

Appendix I: Informed Assent ID **NO:** …..……

Introduction

Dear Participant,

Greetings! I want to thank you for taking your time to meet with me today.

My name is Laura Urasa a student of Masters of public health at Muhimbili University of Health and Allied Sciences (MUHAS). On behalf of MUHAS, I am conducting a research on factors associated with child sexual abuse among public secondary students in Kinondoni Municipal.

Purpose of the Study: The purpose of the study is to collect information about child developmental experiences, you are kindly being asked to participate in this study because we believe that you have particular information that may be important to the study.

Methods of the study: It is voluntary to participate, acceptance or refusal to participate in the study had no consequences and that they are free not to participate in the study at any time and they are free not to answer any question if they feel they would be psychologically affected. Confidentiality assured as the questionnaire is anonymous.

Procedure of the study: information is provided for you to decide whether you wish to participate in the present study. You should be aware that you are free to decide not to participate or to withdraw at any time.

Do not hesitate to ask any questions about the study either before participating or during the time that you are participating. I would be happy to share our findings with you after the research is completed. However, your name will not be associated with the research findings in any way, and your identity as a participant will not be known. This is for assuring your confidentiality as my informant.

The expected benefits: There are no direct benefits for your participation however; the study results would have contributed to the present knowledge about child sexual abuse.

Whom to contact. In case of any question or query concerning this study, please contact the principal investigator Laura Urasa (MPH) from MUHAS,P.O BOX 65001,Dar es salaam mobile number 0713829590 or my supervisor Prof. Melkizedeck Leshabari mobile number 0754287062. If you have any question about your rights as participants you may contact Dr,Bruno Sungunya, Chairperson of Research and Publications Committee, MUHAS. P.O Box 65001,Dar es salaam-Tanzania,Tel +2552150302-6.

I…….have read the contents of this form and understood it, my questions have been adequately answered, I agree to participate in this study.

Please sign your consent with full knowledge of the nature and purpose of the procedures.

A copy of this consent form will be given to you to keep.

Signature of Participant……..Date…….

Researcher's Signature…… Date……

Appendix II: Fomu ya ridhaa Kiswahili version

Namba ya Utambulisho …….

Utambulisho

Habari, naitwa Laura Urasa, ni mwanafunzi wa shahada ya uzamili magonjwa ya afya ya jamii katika chuo kikuu cha afya na sayansi shirikishi Muhimbili. Utafiti huu unangalia sababu zinazopelekea unyanyasaji wa kingono kwa watoto wa shule za sekondari Kinondoni Dar es Salaam

Madhumuni ya Utafiti

Dhumuni la kujaza form hii ya maswali ni kukusanya taarifa kuhusu changamoto katika ukuwahiji wa watoto.

Unaombwa kushiriki katika Utafiti huu kwasababu tunaamini changamoto zako na taarifa zako ni muhimu katika utafiti huu.

MbinuzaUtafiti

Kama sehemu ya utafiti huu utajaza form yenye maswali kuhusu utafiti huu.

Taratibuzautafiti

Ushiriki wako kwenye utafiti huu ni wa hiari hii inamaanisha kuwa hutakiwi kushiriki ikiwa hutaki kufanya hivyo. Waweza kukataa kujibu swali lolote ambalo hujisikii kulijibu. wakati wowote. Taarifa utakazotoa ni siri nasi tutazitumia kwaajili ya utafiti pekee. Jina lako halitaaandikwa kwenye fomu hii na halitahusishwa na taarifa, namba za siri zitatumika kutambulisha taarifa ulizotoa.

Faida: Hakuna faida za moja kwa moja utakazopata kwa ushiriki ila taarifa utakazotoa zitasaiadia kuongeza maarifa zaidi kuhusu unyanyasaji wa kingono kwa watoto

Mawasiliano: Kama utahitaji ufafanuzi zaidi juu ya utafiti huu usisite kuwasiliana na mtafiti mkuu Laura Urasa mwanafunzi wa shahada ya uzamili ya magonjwa ya afya ya jamii katika chuo kikuu cha afya na sayansi shirikishi Muhimbili S.L.P 65001, Dar es salaam au namba ya kiganjani 0713829590. Kama una swali juu ya haki zako unaweza

kuwasiliana na Dk.Bruno Sunguya ambaye nimwenyekiti wa kamati ya utafiti na Machapisho,S.L.P 65001,chuo kikuu cha Afya na Sayansi shirikishi,Muhimbili S.L.P 65001 Dar es salaam au namba +2552150302-6.

Mimi…….Nimesoma/nimesikia nakuelewa madhumuni ya utafiti huu na maswali yangu yamejibiwa ipasavyo.Hivyo nimeridhia kwa hiari yangu kushiriki.

Unaweza ukapewa nakala ya fomu hii kama utapenda.

Saini ya Mshiriki……..tarehe……..

Saini ya Mtafiti…….…tarehe……..…….

Appendix III: Dodoso

USIANDIKE JINA LAKO KATIKA DODOSO HILI

[TAREHE...../...../2019]

DODOSO JUU YA UZOEFU WA MAENDELEO NA AFYA YA MTOTO

Maswali machache yanahitaji ujaze majibu lakini mengi yanahitaji utiki kwenye kiboksi kinachoendana na jibu lako. Angalia mfano [√]

1	Jina la shule	……
2	Una umri gani?	Miaka .....
3	Wewe ni msichana au mvulana?	1. Mvulana ☐ 2. Msichana ☐
4	Wewe ni dini gani?	…….
5	Unasoma kidato cha ngapi?	1. Form I ……. ☐ 2. Form II ☐ 3. Form III ☐ 4. Form IV…… ☐
6	Mama yako mzazi amesoma mpaka ngazi gani?	1. Hajasoma shuleni ☐ 2. Elimu ya msingi ☐ 3. Elimu ya sekondari ☐ 4. Elimu ya chuo Nyingine, Taja ☐
7	Baba yako mzazi amesoma mpaka ngazi gani?	1. Hajasoma shuleni 2. Elimu ya msingi ☐ 3. Elimu ya sekondari ☐ 4. Elimu ya chuo Nyingine, Taja ☐
8	Unaishi na nani? (Jibu laweza kuwa zaidi ya moja)	1. Wazazi wote ☐ 2. Mzazi mmoja ☐ 3. Ndugu ☐ 4. utaratibu mwingine ☐
9	Unaishi kwenye nyumba ya haina gani?	1. Na wazazi kwenye nyumba ya wazazi 2. Na wazazi kwenye nyumba ya kupanga 3. Na ndugu kwenye nyumba ya ndugu 4. Kwenye nyumba ya familia

10	Hiyo nyumba ina vyumba vingapi vya kulala?	……
11	Huwa unashirikiana chumba cha kulala na nani?	1. …….

UTAMBUZI

12: Yafuatayo ni maelezo ya jumla kuhusu ukatili wa kingono kwa watoto.

Unakubaliana nayo au hukubaliani nayo?

		Nakubali	**Sikubali**	**Sijui**
a.	Baadhi ya watoto hukatili wa kingono na watoto wakubwa	☐	☐	☐
b.	Watu wengi hukatiliwa kingono wanapokuwa peke yao, usiku nan je ya nyumbani kwao	☐	☐	☐
c.	Wasichana tu ndiyo waathirika wa ukatili wa kingono	☐	☐	☐
d.	Wavulana wanaokatiliwa kijinsia mara nyingi si mashoga	☐	☐	☐
e.	Watoto wanaotoka kwenye familia zinazoheshimika si waathirika wa ukatili wa kijinsia	☐	☐	☐
f.	Watoto wanaoripoti kukatiliwa kijinsia huwa si lazima wawekwe kwenye vituo vya kulelea watoto kutokana na kuripoti ukatili wa kingono.	☐	☐	☐
g.	Watoto wachache ni waathirika wa ukatili wa kingono.	☐	☐	☐
h.	Watoto wadogo tu ndiyo waathirika wa ukatili wa kingono.	☐	☐	☐
i.	Watoto wa kiume hawakatiliwi kingono	☐	☐	☐
j.	Wengiwao wanaokatili watoto kingono ni wagonjwa wa akili au mataira	☐	☐	☐
K	Watu wengi wanaokatili watoto kingono wana taahira au magonjwa ya akili	☐	☐	☐
l.	Inawezekana kufanya jambo kuhusu ukatili wa kingono hata kama mwaka umeshapita toka ukatili huo ufanyike.	☐	☐	☐
m.	Katika matukio ya ukatili wa kingono mtoto si msababishaji hata kidogo.	☐	☐	☐

13: Wazazi wako wamewahi kuongea na wewe kuhusu ukatili wa kingono kwa watoto?

Hapana ☐

Ndiyo ☐

Kama wamewahi tafadhali jibu maswali 13b na 13c:

13b: Mzazi yupi? ☐ Baba

☐ Mama

☐ Wote

☐ ndiyo

hapana ☐

Sikumbuki ☐

13c: Walikueleza kuwa watoto wanaweza kufanyiwa ukatili wa kingono na marafiki wa familia au wanafamilia?

14: a . Ulishiriki kwenye kipindi cha taarifa kabla ya dodoso la leo? ☐ Hapana ☐ Ndiyo

b. Kabla ya kipindi cha taarifa ulikuwa umeshaambiwa kuhusu ukatili wa kingono shuleni, kwa mfano, wakati wa stadi za kazi au wakati wa michezo au sinema au maonesho? ☐ ndiyo ☐ hapana ☐ sikumbuki

15: Uliambiwa kuhusu ukatili wa kingono mahali pengine tofauti na nyumbani na shuleni?

☐ ndiyo

☐ hapana

☐ sikumbuki

16a: Je, mtu mzima au mtoto mkubwa amewahi kukukosea heshima kwa kukutaka au kukulazimisha:

		Ndiyo	**Hapana**	**Sitaki kujibu**
a.	Uangalie sehemu zake za siri?	☐	☐	☐
b.	Uvue nguo na kumwonyesha sehemu zako za siri?	☐	☐	☐
c.	Umwangalie akichezea sehemu zake za siri?	☐	☐	☐
d.	Uvue nguo pamoja na mtoto mwingine halafu mshikane mbele yake?	☐	☐	☐
e.	Kukushika (kukutomasa, kukugusisha, kukubusu mwili mzima au sehemu zako za siri?)	☐	☐	☐
f.	Kumshika (kumtomasa, kumgusisha, kumbusu mwili mzima au sehemu zake za siri?)	☐	☐	☐
g.	Utazame picha za ngono, michoro, sinema, mikanda ya video au magazeti ya ngono?	☐	☐	☐
h.	Uwe uchi na kuachia sehemu zako sa siri zipigwe picha za mnato au video?	☐	☐	☐
i.	Ufanye nae ngono?	☐	☐	☐
j.	Uache akuingize vidole vyake au kifaa mwilini mwako?	☐	☐	☐

Q16b: Kama ulipitia mambo kadhaa yaliyotajwa katika swali la 22, kuna moja ambalo linaweza kuwa limekuathiri zaidi ya mengine. Kama ndivyo, tafadhali litaje kwa kuandika herufi ya jambo husika kama ilivyo kwenye orodha, "a" mpaka "j". ☐

Q16c: Kama umewahi kujikuta katika jambo moja (au zaidi) katika yale uliyotaja katika swali la 22 kuwa yalitokea kwako: mara moja ☐ Siwezi kukumbuka ☐

☐ Kati ya mara 2 na 5 ☐ Halijawahi kunitokea

☐ Kati ya mara 6 na 10 ☐ Zaidi ya mara 10

Q16d: Ulikuwa na umri gani lilipotokea kwa mara ya kwanza?

☐ Chini ya miaka 6	☐ kati ya miaka 12 na 14
☐ Kati ya miaka 6 na 8	☐ kati ya miaka 14 na 16
☐ Kati ya miaka 8 na 10	☐ Siwezi kukumbuka
☐ Kati ya miaka 10 na 12	☐ Halijawahi kunitokea

16e: Bado unalazimishwa kuendelea kufanya jambo lolote miongoni mwa haya?

Ndiyo	Hapana	Halijawahi kunitokea
☐	☐	☐

17: Lilikutokea wapi?

1. Nyumbani ☐
2. Darasani ☐
3. Uwanja wa michezo ☐
4. Kwenye basi la shule ☐
5. Ugenini ☐
6. Porini ☐

18: Unamfahamu mtoto mwingine aliyepitia mambo kama haya na ulimwambia nani?

Ndiyo	Hapana
☐	☐

19: Tafadhali taja njia mbili zinazoweza kuzuia/kupunguza ukatili kwa watoto Tanzania.

A)

B)

20 : Umelionaje dodoso hili?

	Ndiyo	**Hapana**
Lina manufaa	☐	☐
Linachosha	☐	☐
Linaeleweka	☐	☐
Gumu	☐	☐
Linakera	☐	☐
Linafurahisha	☐	☐
Refu sana	☐	☐

Asante kwa kutoa muda wako na kujibu maswali kwa uaminifu. Kuna nafasi ya ziada endapo utapenda kuongeza chochote unachofikiri kinaweza kusaidia.

……

……

……

Endapo jambo lolote tulilozungumzia limekuathiri kwa namna hasi tafadhali wasiliana na mwalimu wa malezi.

Asante kwa mara nyingine tena kwa msaada wako!

Appendix IV: Questionnaire

DO NOT WRITE YOU NAME ON THIS QUESTIONNAIRE **DATE […../…/2010]**

QUESTIONNAIRE ON DEVELOPMENTAL EXPERIENCE AND HEALTH OF A CHILD

Most of questions require you to tick in the box corresponding to your answer and some questions has categories like question 13 has (a-d), question 14 has(a-b), and question 16 has(a-e)

Q1	School name	…….
Q2	How old are you?	……..years
Q3	Kindly tick in the box corresponding to your sex	3. Boy ☐ 4. Girl ☐
Q4	Which religion are you?	…….
Q5	Which form are you?	1. Form…..I ☐ 2. Form…..II ☐ 3. Form…..III ☐ 4. Form…..IV ☐
Q6	Who are you staying with?	5. Both Parents……. ☐ 6. Single parents……. ☐ 7. Family relatives…… ☐ 8. Other arrangements…. ☐
Q7	What is the level of your mother's educations?	1.Primary education ☐ 2. Secondary education…. ☐ 3. University/College education…. ☐ 4. Mother absent……. ☐
Q8	What is the level of your father's education?	1. Primary education… ☐ 2. secondary education ☐ 3. University/collage education….. ☐ 4. father absent ☐
Q9		5. I live with parents in a rented

	Sleeping Arrangements What type of accommodation do you currently live in?	House…….. 6. I live in my parent's house….. 7. I live in a rented room… 8. I live with relative who own a house…
Q10	How many rooms does your family house have?	……..
Q11	With whom do you share your sleeping room?	……..

Awareness

Would like to assess the level of awareness regarding sexual abuse and its different forms, kindly tick in the box corresponding to your answer.

Q12: Here are some statements on child sexual abuse kindly respond Yes or No to the appropriate box provided.

	Yes	**No**	**I Don't Know**
• Some children are sexually abused by older children.	☐	☐	☐
• Most people who sexually abused when they are alone, at night, and outside their home.	☐	☐	☐
• Only girls are victims of sexual abuse.	☐	☐	☐
• Sexually abused boys are usually not homosexual.	☐	☐	☐
• Children from reputable families are not victims of sexual abuse.	☐	☐	☐
• Children who report being victims of sexual abuse are not necessarily placed in foster care following these revelations.	☐	☐	☐
• Few children are victims of sexual abuse.	☐	☐	☐

- Only young children are victims of sexual abuse. ☐ ☐ ☐
- Boys are not sexually abused. ☐ ☐ ☐
- A majority of sexual abuse perpetrators are retarded or mentally ill. ☐ ☐ ☐
- Even if one lets a year go by before talking about a sexual abuse situation, it still possible to do something about it ☐ ☐ ☐
- In sexual abuse cases, the child him/herself is never responsible. ☐ ☐ ☐

Q13a: Have your parents ever talked with you about child sexual abuse?

No ☐

Yes ☐

If they have, please answer questions 13b, 13c to 13d:

Q13b: Which parent?

☐ Father

☐ Mother

☐ Both

Q 13c: Did they explain that children may be Sexually abused by family friends

☐ yes

☐ no

Q13d: Did they explain that children may be sexually Abused by family members?

☐ Yes

☐ No

Q14: a .Did you take part in the information session before today's Questionnaire?

Yes ☐

☐ No

b. Before this questionnaire, were you ever told about

Sexual abuse at school, for example during social studies Yes ☐

Classes, or in a play, a movie or an exhibit? ☐ No

I don't remember ☐

Q15: Were you told about sexual abuse somewhere else (i.e outside of home and school?) ☐ Yes ☐ No ☐ I don't remember

Conducts

Would like to find out about your early sexual experience and common forms, kindly respond to the following questions and tick in the box corresponding to your answer.

Q 16a: Has an adult not respected you by demanding you or forcing you to…

	Yes	**No**	**I don't want to answer**
• Look at his/her genitals?	☐	☐	☐
• Undress and show him/her your genitals?	☐	☐	☐
• Watch him/her masturbate?	☐	☐	☐
• Undress with another child and fondle each other in front of him/her?	☐	☐	☐
• Be fondled (caresses, rubs, kisses on the whole body and/or your genitals).	☐	☐	☐
• Fondle him/her (caresses, rubs, kisses on the whole body and/or his/her genitals).	☐	☐	☐
• Look at pornographic pictures, drawings, films, videotapes or magazines?	☐	☐	☐
• Be naked and to expose your genitals for picture taking or filming?	☐	☐	☐
• Submit to full sexual intercourse with penetration?	☐	☐	☐
• Submit to having his/her fingers or an object introduced in your body?	☐	☐	☐

Q16b: One of the experiences from question (16a) may have affected you far more than the others, please indicate which one stands out by tick on the appropriate box provided:

- -Look at his/her genitals? ☐
- -Undress and show him/her your genitals? ☐
- -Watch him/her masturbate? ☐
- -Undress with another child and fondle each other in front of him/her? ☐
- -Be fondled (caresses, rubs, kisses on the whole body and/or your genitals). ☐
- -Fondle him/her (caresses, rubs, kisses on the whole body and/or his/her genitals). ☐
- -Look at pornographic pictures, drawings, films, videotapes or magazines? ☐
- -Be naked and to expose your genitals for picture taking or filming? ☐
- -Submit to full sexual intercourse with penetration? ☐
- -Submit to having his/her fingers or an object introduced in your body? ☐

Q16c: If you were subjected to one (or more) situation/s described in question (14a), how many times it happened ☐ once ☐ I can't remember

☐ Between 2 and 5 times

☐ It never happened to me

☐ Between 6 and 10 times

☐ Over 10 times

Q16d: How old were you when it happened?

☐ Below 6 years	☐ Between 12 and 14 years
☐ Between 6 and 8 years	☐ Between 14 and 16 years
☐ Between 8 and 10 years	☐ I do not remember
☐ Between 10 and 12 years	☐ Never happened

Q16e: Are you still subjected presently to any of these situations from questionQn 16a?

Yes	no	it never happened to me
☐	☐	☐

Location

Would like to know common venues of these early sexual experiences, kindly tick in the box corresponding to your answer.

Q17: If you were subjected to one or more situation/s described in question (14a), where did it occur?

At home	☐
Inside the classroom	☐
In a play ground	☐
In a school bus	☐
In a stranger's place	☐
In the bush	☐

Q18: Do you know of another youngster who experienced sexual abuse?

Yes	no
☐	☐

Q19: Please list two ways through which child abuse can be prevented /reduced in Tanzania?

A)

B)

Q20: How did you find this questionnaire?

	Yes	**no**
Useful	☐	☐
Boring	☐	☐
Clear	☐	☐
Too difficult	☐	☐
Embarrassing	☐	☐
Interesting	☐	☐
Too long	☐	☐

Thank you for your time and honesty in answering the questions. There is additional space if you wish to add anything. Which you think might help.

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……

If any of the issue dealt with has affected you in any negative way please contact the school matron.

Thank you once again for your help!

Appendix V: Letter of Ethic Clearance

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
OFFICE OF THE DIRECTOR OF POSTGRADUATE STUDIES

P.O. Box 65001
DAR ES SALAAM
TANZANIA
Web: www.muhas.ac.tz

Tel G/Line: +255-22-2150302/6 Ext. 1015
Direct Line: +255-22-2151378
Telefax: +255-22-2150465
E-mail: dpgs@muhas.ac.tz

Ref. No. DA.287/298/01A/ 6th August, 2019

Ms. Laura Urassa
MPH-Distance Learning
MUHAS.

RE: APPROVAL OF ETHICAL CLEARANCE FOR A STUDY TITLED: "FACTORS ASSOCIATED WITH CHILD SEXUAL ABUSE AMONG PUBLIC SECONDARY SCHOOL STUDENTS IN KINONDONI MUNICIPAL DAR ES SALAAM"

Reference is made to the above heading.

I am pleased to inform you that, the Chairman has, on behalf of the 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 **5th August, 2019 to 4th August 2020.** In case you do not complete data analysis and dissertation report writing by **4th August, 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 ~~Medicine~~ SPHSS, **MUHAS**

Appendix VI: Letter of Research Permit

KINONDONI MUNICIPAL COUNCIL

ALL CORRESPONDENCES TO BE ADDRESSED TO THE MUNICIPAL DIRECTOR

Tel: 2170173
Fax: 2172606

In reply please quote:



MUNICIPAL DIRECTOR
KINONDONI MUNICIPAL COUNCIL
P. O. BOX 31902
2 BARABARA YA MOROGORO
14883 DAR ES SALAAM

Ref. KMC/ED/SS/R.18/1/176

Date 07/February 2019

Headmistress/Headmaster/WEO, TSC/CWT/HRO

.....,

REF: RESEARCH PERMIT

Refer the heading above.

Dr. Laura is a student form **Muhimbili University of Health and allied science (MPH)** He requested to conduct a research at your school from **March 2019.**

She has been permitted to undertake a research titled **"FACTORS OF CHILD ABUSE AMONG SECONDARY SCHOOL KINONDONI DISTRICT DAR ES SALAAM"** This letter you are asked to give him the required assistance for the said research.

Wishing you all the best of luck.

MwL: Leonard F. Msigwa

For: THE MUNICIPAL DIRECTOR
KINONDONI MUNICIPAL COUNCIL