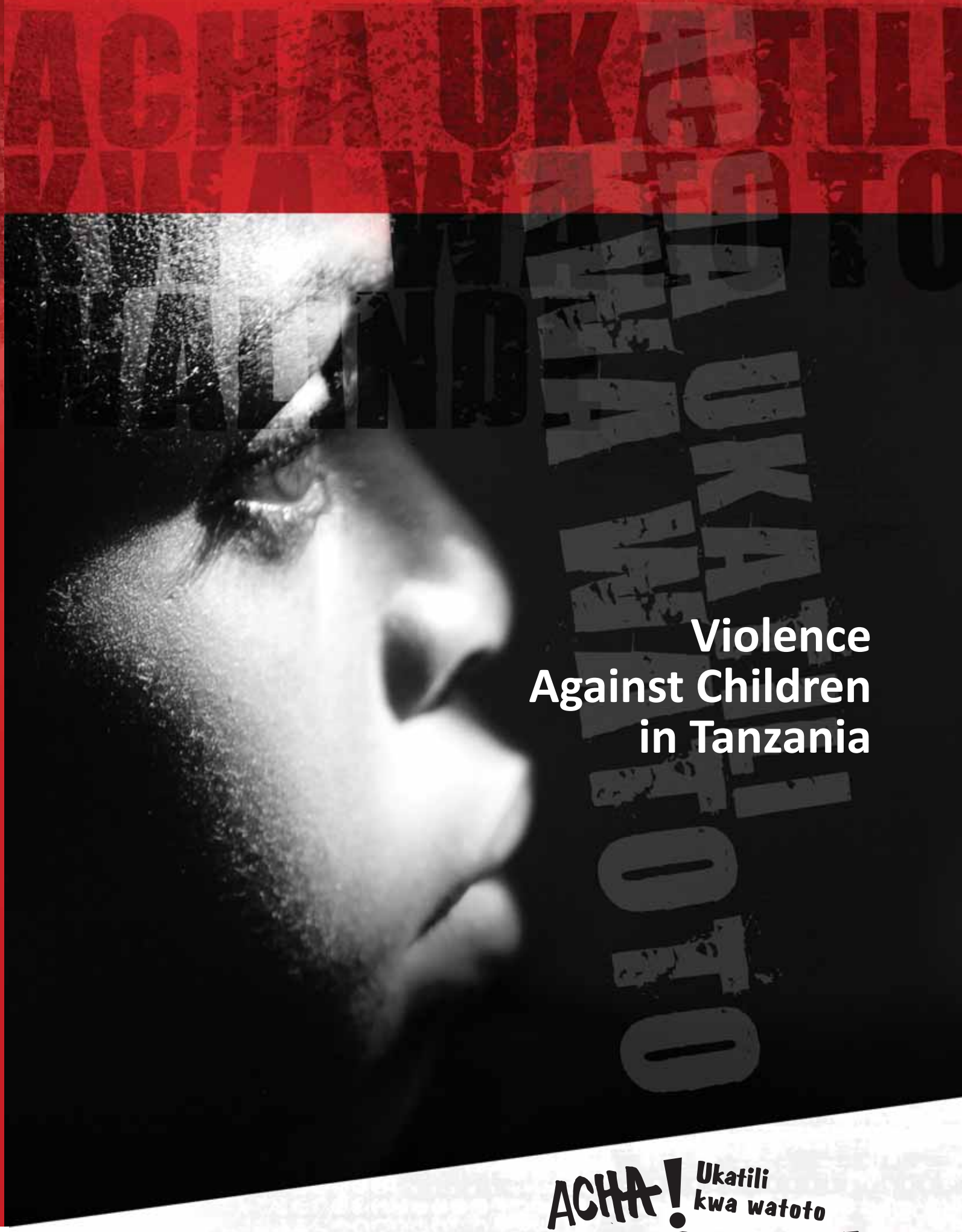

Violence Against Children in Tanzania

ACHA! Ukatili kwa watoto WALINDE

Violence Against Children in Tanzania

Violence Against Children in Tanzania
Findings from a National Survey 2009

United Nations Children's Fund
U.S. Centers for Disease Control and Prevention
Muhimbili University of Health and Allied Sciences

United Republic of Tanzania
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Cover photo: UNICEF/Julie Pudlowski

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Preface

Violence against children is a serious human rights, social and public health issue in many parts of the world and its consequences can be devastating. No country is immune, whether rich or poor. Violence erodes the strong foundation that children need for leading healthy and productive lives, and violates the fundamental right of children to a safe childhood. Violence against children is never justifiable. Nor is it inevitable. If its underlying causes are identified and addressed, violence against children is entirely preventable.

The United Nations Secretary-General's (UNSG) World Report on Violence against Children (2006) was the first and most comprehensive global study on all forms of violence against children. The aim of the study was to research, report, and make recommendations on violence in the multiple settings where children live and survive—including the home and family, in schools, care and justice systems, the workplace and the community. Overarching recommendations from this global study included the need to 'develop and implement systematic national data collection and research' urging States to improve data collection and information systems in order to identify the most vulnerable children, inform policy and programming at all levels and track progress towards the goal of preventing violence against children.

Tanzania is the first country in Africa to undertake A National Study on Violence against Children – for the first time measuring all forms of violence (sexual, physical and emotional) amongst girls and boys and giving national estimates of the prevalence of violence.

The results of this study which you are about to read indicate that sexual, physical and emotional violence are common for children growing up in Tanzania, and the perpetrators of this violence are often near and known to the children. This report provides, for the first time, national estimates which describe the magnitude and nature of violence experienced by both girls and boys in Tanzania. It highlights the particular vulnerability of girls to sexual violence and the negative health consequences of these experiences in their childhoods and beyond.

Violence against children is a major threat to national development and our work to achieve the vision laid out in MKUKUTA and to reach the Millennium Development Goals. We will not achieve quality primary and secondary education unless children are safe in school. The spread of HIV/AIDS will not be halted until we stop sexual violence that helps to fuel the pandemic. We will not reduce the incidence and costs of mental and physical health problems if we do not address all forms of violence against children. We will not challenge the social and cultural legitimacy of violence in Tanzania without understanding its circumstances.

The obligation for all States to work toward the elimination of all forms of violence against children is recognized by the Convention on the Rights of the Child, ratified by Tanzania in 1990. Efforts to prevent violence form part of the government's national commitment to uphold the right of each child to his or her human dignity and physical integrity. This commitment is reflected in the Tanzanian Law of the Child Act (2009) - the national legal and regulatory framework to protect children.

The results of this study will help the Government of Tanzania, through the Multi-Sector Task Force that has coordinated the Study, to enhance efforts to break the silence around violence against children and establish a stronger foundation for both prevention and response, nested within a nationally supported Child Protection System in line with the Law of the Child Act (2009). What is critical now is to move the Study from research to action. Responses are required across all sectors – including health, social welfare, education, justice – and at all levels - national, regional, district and lower levels. Civil society groups and individual citizens all have important roles to play.

The UN family, for its part, remains strongly committed to this work, evidenced by the presence of the United Nations' Deputy Secretary General – and Tanzania's former Minister MCDGC – to launch this landmark study. In addition, Tanzania looks forward to support from the Special Representative of the United Nations Secretary General on Violence against Children (SRSG), who has recognized the Study in Tanzania as a landmark in the global efforts to tackle child abuse and violence.

The Ministry is proud to have coordinated the Study but recognizes the most important challenge lies ahead: how to translate the findings of the Study into responses that will reduce the prevalence of violence against children. With this in mind, the Multi-Sector Task Force is developing a 5-year National Plan of Action to Prevent and Respond to Violence against Children (2011 – 2015). Delivering against the plan to make measurable changes that will better protect children will require strong partnerships and commitment. We will count on the commitment of our national and international partners to achieve this goal. Together we can stand up for zero tolerance on child abuse and violence.

To promote dissemination of this report and to ensure effective follow up to its recommendations I hereby commend the contents to a wide national and global audience.

Hon. Sophia M. Simba (MP.)
Minister for Community Development, Gender and Children

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Tables and Figures

VIOLENCE AGAINST CHILDREN IN TANZANIA FINDINGS FROM A NATIONAL SURVEY 2009

The Tanzania Violence Against Children Study (Tanzania VACS) was guided by a Multi-Sectoral Task Force (MSTF) consisting of government ministries and partners from social welfare, the police and legal system, education and health care sectors, the United Nations and civil society. The study was coordinated by UNICEF Tanzania with technical guidance and assistance provided by the Centers for Disease Control and Prevention's (CDC) Division of Violence Prevention, and Muhimbili University of Health and Allied Sciences (MUHAS).

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Follow-up Action to Study Findings

Multi-sectoral Task Force Tanzania
Multi-sectoral Task Force Zanzibar
UNICEF Tanzania
Centers for Disease Control and Prevention

Key Terms and Definitions

In this report, the terms below are defined as follows:

Child: any person under the age of 18, thus childhood violence refers to any violence experienced before the respondent turned 18 years old.

Child Sexual Exploitation: Children Receiving Money or Goods in Exchange for Sex: any person under 18 who received money or goods in exchange for sex.

Emotional Violence: emotional abuse such as being called bad names, being made to feel unwanted, or being threatened with abandonment.

Female Genital Mutilation/Cutting: all procedures involving the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons

Orphan: any person who lost one or both parents before the age of 18

Physical Violence: physical acts of violence such as being slapped, pushed, hit with a fist (referred to as "punched" throughout the report), kicked, or whipped, or threatened with a weapon such as a gun or knife.

Sexual Intercourse (as used when describing first sexual intercourse): "Sex" or "Sexual Intercourse" refers to anytime a male's penis enters someone else's vagina or anus, however slight.

Sexual Intercourse for Females (as used when describing acts of sexual violence): includes someone penetrating a female's vagina or anus with their penis, hands, fingers, mouth, or other objects, or penetrating her mouth with their penis.

Sexual Intercourse for Males (as used when describing acts of sexual violence) includes someone penetrating a male's anus with their penis, hands, fingers, mouth, or other objects, or penetrating his mouth with their penis; this can also include someone forcing the male's penis into their mouth, vagina, or anus.

Sexual Violence: Sexual violence is any sexual act that is perpetrated against someone's will and encompasses a range of offenses, including a completed nonconsensual sex act (i.e., rape), attempted nonconsensual sex acts, abusive sexual contact (i.e., unwanted touching), and non-contact sexual abuse (e.g., threatened sexual violence, exhibitionism, verbal sexual harassment).

Attempted Unwanted Intercourse: a perpetrator tried to make the respondent have sexual intercourse when he or she did not want to, but the assailant did not succeed in doing so.

Coerced intercourse: a perpetrator pressured or non-physically forced the respondent to have sexual intercourse against his or her will. For instance, the respondent had unwanted sexual intercourse because he or she felt overwhelmed by continual arguments and pressure.

Physically Forced Intercourse: a perpetrator physically forced the respondent to have sexual intercourse against his or her will.

Unwanted Touching of Respondent: a perpetrator touched the respondent against his or her will in a sexual way, such as unwanted touching, kissing, grabbing, or fondling, but did not try to force him or her to have sexual intercourse.

List of Key Acronyms

Add Health: the National Longitudinal Study of Adolescent Health

AIDS: Acquired Immune Deficiency Syndrome

BRFSS: Behavioral Risk Factor Surveillance System

BSS: HIV/AIDS/STI Behavioral Surveillance Surveys

CSA: Child Sexual Assault Survey

CDC: Centers for Disease Control and Prevention

CHRAGG: Commission for Human Rights and Good Governance

DHS: Demographic and Health Surveys

HIV: Human Immunodeficiency Virus

FGM/C: Female Genital Mutilation/Cutting

LONGSCAN: Longitudinal Studies of Child Abuse and Neglect

MCDGC: Tanzania Ministry of Community Development, Gender and Children

MLYWCD: Zanzibar Ministry of Labour, Youth, Women and Children Development

MSTF: Multi-Sectoral Task Force

MUHAS: Muhimbili University of Health and Allied Sciences

MoHSW: Tanzania Ministry of Health and Social Welfare

NBS: Tanzania National Bureau of Statistics

OCGS: Zanzibar Office of the Chief Government's Statistician

STI: Sexually Transmitted Infection

UNICEF: United Nations Children's Fund

VAC: Violence Against Children

VACS: Violence Against Children Survey

YRBSS: Youth Risk Behavior Surveillance System

Executive Summary

The 2009 Tanzania Violence against Children Study (VACS) is the first national survey of violence against children in the United Republic of Tanzania. The 2009 VACS is a nationally representative survey of 3,739 females and males, 13 to 24 years of age, which is based on a three-stage cluster household survey design. This survey was designed to yield separate estimates of experiences of sexual, physical, and emotional violence prior to turning age 18 for females and males in the United Republic of Tanzania, mainland Tanzania and Zanzibar. More extensive information on the context and prevalence of sexual violence was collected because Tanzanian stakeholders identified sexual violence as a serious problem; hence sexual violence is the primary focus of the study. There is currently limited information on the prevalence of sexual violence, and the negative health outcomes associated with sexual violence. This report presents the results for the United Republic of Tanzania, with a distinct section on Zanzibar. The specific results for Zanzibar are presented separately as the systems in place to develop a prevention and response plan are distinct from those in Mainland Tanzania.[a]

The prevalence of sexual, physical, and emotional violence experienced by 13 to 24 year olds, prior to the age of 18, and violence experienced in the past 12 months by 13 to 17 year olds, is described because a primary objective of the survey is to assess the magnitude of all forms of violence against children, defined as people who are younger than 18 years old. In addition to collecting information on the magnitude of violence affecting children, data was also collected in the context in which sexual violence occurs, the perpetrators of sexual, physical, and emotional violence, service seeking behaviors of victims, and the relationship of sexual, physical, and emotional violence with victims current health status.

The findings from the survey indicate that violence against children is a serious problem in Tanzania: nearly 3 in 10 females and approximately 1 in 7 males in Tanzania have experienced sexual violence prior to the age of 18. In addition, almost three-quarters of both females and males have experienced physical violence prior to 18 by an adult or intimate partner and one-quarter have experienced emotional violence by an adult during childhood (i.e., prior to turning 18) Although the rates of sexual violence are lower for Zanzibar (approximately 6% of females and 9% of males), sexual violence against children is still an issue that requires immediate attention. The results of this survey have significant implications for the design and implementation of Tanzanian specific prevention and response programs to address abuse and violence against children.

The Tanzania VACS was guided by a Multi-Sectoral Task Force (MSTF) consisting of government ministries and partners from social welfare, the police and legal system, education, health care, and HIV/AIDS sectors, the UN and civil society. The study was coordinated by UNICEF Tanzania with technical guidance and assistance provided by the Centers for Disease Control and Prevention's (CDC) Division of Violence Prevention, and Muhimbili University of Health and Allied Sciences (MUHAS).

[a] The United Republic of Tanzania denotes Mainland Tanzania and Zanzibar and the results reported throughout the report reflect responses from both the Mainland and Zanzibar. Only in Section 15 is the information disaggregated to focus exclusively on Zanzibar.

Violence Against Children in the United Republic of Tanzania: Key findings

The Prevalence of Violence against Children

Sexual violence experienced in childhood: Nearly 3 out of every 10 females aged 13 to 24 in Tanzania reported experiencing at least one incident of sexual violence before turning age 18. Among males in the same age group, 13.4% reported experiencing at least one incident of sexual violence prior to the age of 18. 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. When asked about experiences in the year preceding the survey, 14.0% of females and 5.9% of males aged 13 to 17 years reported that they had experienced at least one form of sexual violence. Of those who had their first sexual experience prior to age 18, nearly one-third (29.1%) of females and 17.5% of males reported that their first sexual intercourse was unwilling, meaning that they were forced or coerced to engage in sexual intercourse.

Physical violence experienced in childhood: Almost three-quarters of both females and males reported experiencing physical violence by a relative, authority figure (such as teachers), or an intimate partner prior to the age of 18. The vast majority of this abuse was in the form of being punched, whipped, or kicked. More than one- half of females and males aged 13 to 17 years reported that they had experienced physical violence in the past year by either a relative, authority figure or by an intimate partner.

Emotional violence experienced in childhood: Approximately one-quarter of females and nearly 3 out of every 10 males aged 13 to 24 years reported experiences of emotional violence by an adult prior to turning 18. Between 4% and 5% of females and males aged 13 to 24 years reported that they were threatened with abandonment by an adult prior to turning 18 years of age.

Overlap of Sexual, Physical and Emotional Violence

Females and males who experienced sexual violence also tended to report exposure to physical and emotional violence. More than 8 in 10 females and males aged 13 to 24 years who experienced sexual violence prior to age 18, also experienced physical violence prior to age 18. More than 4 in 10 females and 1 in 2 males who experienced childhood sexual violence also experienced emotional violence prior to age 18.

Perpetrators of Violence against Children

Perpetrators of childhood sexual violence: Neighbours and strangers were the most frequently reported perpetrators of sexual violence that occurred prior to females turning 18 years of age. Dating partners and strangers were the most frequently reported perpetrators against males who experienced sexual violence prior to age 18. More than two thirds of females who had experienced sexual violence prior to age 18 reported that the perpetrator of at least one incident was older than they were at the time of the incident. Also, nearly 4 in 10 females who experienced sexual violence reported that the perpetrator of at least one incident was 10 years older than they were. Of males who experienced childhood sexual violence, the majority reported that the perpetrator of at least one incident was about the same age and 45% reported that the perpetrator of at least one incident was older.

Perpetrators of childhood physical violence: Almost 60% of both females and males experienced physical violence by adult relatives and more than one-half experienced physical violence by teachers before turning 18 years of age. The majority of females and males 13 to 24 years of age who reported physical violence prior to age 18 experienced this violence by their fathers and mothers.

Perpetrators of childhood emotional violence: Among those who experienced emotional violence before age 18, almost 8 out of 10 females and more than 6 out of 10 males reported emotional abuse from a relative.

Context of Childhood Sexual Violence Against Children

Where the childhood sexual violence against females occurred: Almost one-half of females who had experienced sexual violence prior to age 18 indicated that at least one of their experiences of sexual violence took place at someone's home. Almost 1 in 4 reported an incident occurred while travelling to or from school and 15% reported that at least one incident occurred at school or on school grounds. Approximately one-quarter said that at least one incident occurred in a field, bush, river or roadway and almost 1 in 10 mentioned a public building such as a business or bar.

Where the childhood sexual violence against males occurred: Nearly one-half of males who experienced sexual violence prior to age 18 identified a home as the place where at least one incident of sexual violence took place. More than 1 in 8 males reported that at least one incident occurred at school or on school grounds and almost 1 in 6 reported that the incident occurred while going to or from school. Finally, more than one-quarter said that at least one incident occurred in a field, bush, river or roadway.

Help Seeking Behaviours of Children who Experience Childhood Sexual Violence

Of those who experienced sexual violence prior to age 18, almost one-half of all 13 to 24 year old females and 2 out of every 3 males did not tell anyone about their abuse.

Little more than 1 in 5 females and 1 in 10 males who experienced sexual violence prior to age 18 sought services. Of those who experienced sexual violence prior to age 18, about 1 out of 8 females and less than 1 out of 20 males actually received services. Approximately 1 in 6 females and males who experienced sexual violence prior to age 18 said that they would have liked additional services, including counseling and support from police or social welfare officers.

Health Outcomes of Sexual, Physical and Emotional Violence

Females who experienced sexual violence prior to age 18 were more likely to report feelings of depression, anxiety, and alcohol use in the last 30 days, and reported that they had an STI or STI symptoms in the last 12 months than those females who did not experience sexual violence. Over 6% of females 13 to 24 years of age who had ever been pregnant reported that at least one pregnancy was related to an incident of sexual violence. For males 13 to 24 years of age, no health outcomes were associated with experiencing childhood sexual violence.

Sexual Risk Taking Behaviors

This report focuses on violence experienced by 13 to 24 year olds prior to the age of 18 and violence experienced in the past 12 months by 13 to 17 year olds because the primary purpose of this report is to assess sexual violence against children. This section, however, examined whether females and males who reported sexual violence prior to age 18 were more likely, once they turned 18 years of age, to engage in sexual risk taking behaviors. Consequently, the section compares the sexual risk taking behaviors of 19 to 24 year olds over the past 12 months who had experienced sexual violence prior to age 18 to those who had not experienced childhood sexual violence. Eighteen year olds were not included in this analysis because their sexual risk taking behaviors over the past 12 months may include incidents of sexual violence that occurred prior to turning 18 years of age.

Almost one-quarter of 19 to 24 year old females and more than one- third of 19 to 24 year old males who ever had sexual intercourse reported that they had two or more sex partners in the previous 12 months. The prevalence of engaging in sex with 2 or more partners in the previous 12 months was significantly higher among both females and males who had experienced childhood sexual violence compared to females and males who had not experienced childhood sexual violence.

HIV/AIDS Testing Knowledge and Testing Behaviours

Nearly 7 out of 10 females and 1 out of 2 males 13 to 17 years of age who have ever engaged in sexual intercourse reported knowing where to go for an HIV test. More than one- half of females (50.6%) and more than 8 out of 10 males, 13 to 17 years of age who have ever had sexual intercourse, have never been tested for HIV. However, of those tested, the majority of both males and females received their HIV test results.

Child Sexual Exploitation: Children Receiving Money or Goods in Exchange for Sex

Approximately 1 in 25 females age 13 to 17 years reported that they have been given money or goods in exchange for sex. The prevalence of sexual, physical, and emotional violence was higher for females aged 13 to 17 years who reported receiving money or goods for sex compared to those who had not received money or goods for sex. There were too few males aged 13 to 17 reporting child exploitation to calculate a reliable national estimate.

Child Vulnerability: Orphan Status and Childhood Experiences of Violence

More than one-quarter of females and more than 1 out of 5 males reported that one or both parents had passed away before the age of 18. More than one - third of orphaned females reported experiences of childhood sexual violence compared to one-quarter of females who were not orphaned. About 3 in 10 females 13 to 24 years of age who lost one or both parents before the age of 18 reported experiencing childhood emotional violence compared to about 2 in 10 females who were not orphaned.

Attitudes towards Spousal Abuse

Approximately 3 in 5 females and 1 in 2 males between the ages of 13 and 24 believed it was appropriate for a husband to beat his wife under certain circumstances if she either; goes out without telling him, neglects the children, argues with him, refuses to have sex with him, or burns the food.

Violence Against Children in Zanzibar

Prevalence and type of childhood sexual violence: More than 1 in 20 females and about 1 in 10 males aged 13 to 24 from Zanzibar reported experiencing at least one incident of sexual violence before the age of 18. The most common form of childhood sexual violence (i.e., sexual violence that occurred prior to age 18) reported by females was unwanted attempted sex, followed by unwanted sexual touching. The most common form of childhood sexual violence reported by males was unwanted sexual touching, followed by unwanted attempted sex and unwanted forced sex. Among 13 to 17 year olds, 2.3% of females and 3.7% of males reported that they had experienced at least one form of sexual violence in the past year. Of those who had their sexual debut prior to age 18, nearly 9.6% of females and 13.3% of males reported that their first sexual intercourse was unwilling, meaning that they were forced or coerced to engage in sexual intercourse.

Context of childhood sexual violence: The three most common perpetrators of sexual violence experienced by females prior to age 18 were strangers, neighbours, and dating partners. Nearly two-thirds of these females reported that at least one incident of sexual violence involved a perpetrator who was 10 or more years older. About one-half of males 13 to 24 years of age reported that at least one of their incidents of childhood sexual violence was perpetrated by someone older. The most common locations where sexual violence occurred at least once for both females and males were someone's house, at school, or while traveling to or from school.

Help-Seeking Behaviours: Of those who experienced sexual violence prior to age 18, approximately 4 in 10 females and males told someone about at least one experience of sexual violence. Roughly 1 in 5 females and 1 in 10 males who experienced sexual violence prior to age 18 sought services for at least one experience. For both females and males who experienced sexual violence prior to age 18, 6 out of the 11 people who sought services actually received services.

HIV/AIDS Testing Knowledge and Testing Behaviours: Approximately the same percent of females 13 to 24 years of age who experienced sexual violence prior to age 18 reported knowing where to get an HIV test as females who had not experienced childhood sexual violence (86.9% and 88.8%, respectively). Females who had experienced sexual violence as a child, however, were significantly less likely than females who did not experience sexual violence to report taking an HIV test (45.1% versus 75.5%). For males 13 to 24 years of age, there was no association between experiencing sexual violence prior to age 18 and knowing where to get an HIV test.

Physical violence: About 6 in 10 females and 7 in 10 males reported experiencing physical violence prior to the age of 18. Almost 1 out of 2 females and more than 4 in 10 males 13 to 17 years old reported that they experienced physical violence in the past 12 months by either a relative, authority figure (such as teachers) or an intimate partner. Among females and males who experienced physical violence prior to the age of 18, approximately 4 in 10 reported physical violence by their mother. Almost 3 in 10 females and about 6 in 10 males reported physical violence by their father. More than 1 out of 10 females and about 3 out of 10 males reported physical violence by both their mother and father.

Over 7 in 10 females and 6 in 10 males 13 to 24 years of age who experienced physical violence prior to the age of 18 reported physical violence by teachers. Approximately 1 in 10 males who experienced physical violence reported physical violence by a religious leader.

Emotional violence experienced in childhood: about 1 in 7 females 13 to 24 years of age and 1 in 5 males reported experiences of emotional violence prior to turning age 18. Among 13 to 24 year olds who experienced emotional violence prior to the age 18, around one-half reported that a relative perpetrated the emotional violence and about one-half reported that a neighbour perpetrated emotional violence.

***Experiences of childhood sexual violence and current health status*:** Females who experienced sexual violence prior to age 18 were significantly more likely to report feelings of depression in the past 30 days than females who did not experience sexual violence. Males who reported sexual violence prior to age 18 were more likely to report their current health as fair or poor, feelings of depression or anxiety in the past 30 days, and smoking in the last 30 days than males who had not experienced sexual violence.

Acceptance of the use of physical violence by husbands against their wives: Approximately 4 in 10 females and nearly 1 in 2 males 13 to 24 years of age believed that it was appropriate for a husband to beat his wife under certain circumstances if she either; goes out without telling him, neglects the children, argues with him, refuses to have sex with him, or burns the food.

DISCUSSION SUMMARY

The findings of this study indicate that violence against children is a serious problem in Tanzania, as it is in many other parts of the world. The problem of sexual violence, the focus of the current study, is especially acute. Violence against children erodes the strong foundation that children need for leading healthy and productive lives.

Identifying national estimates of violence is a critical step towards preventing violence in communities and providing protection to children. In 2009, Tanzania passed the Law of the Child Act. The development of rules and regulations for the Law coincide with the development of the programmatic response to the VAC survey findings. The Multi-Sectoral Task Force (MSTF) has convened government ministries and partners from social welfare, the police and legal system, education, health care, and HIV/AIDS sectors to build a comprehensive response to the survey's findings. The MSTF and the Government of Tanzania are critical in implementing a strong programmatic response that will protect children in Tanzania from the nature and scale of abuse and violence highlighted in this report.

The MSTF proposes the following immediate, medium, and long-term responses to the survey results. These are further expounded upon in the discussion and recommendations section. Immediately, the survey findings should be widely shared with senior government officials, key stakeholders and the public. In addition, a communication strategy should be developed to raise awareness on the issues highlighted in the report, particularly around social norms surrounding violence against children. In the medium term, the MSTF and the government working with stakeholders should develop a "National Plan of Action to Prevent and Respond to Violence against Children", develop rules and regulations to implement the 2009 Law of the Child Act, identify and implement evidence-based prevention and response programmes to address violence against children, and develop and implement a public information campaign directed at older children and youth. Finally, in the long-term, this work should build an evidence base on how child protection systems can address violence against children and develop a strategy for national scale up, support the government to develop a social welfare workforce strategy to increase the numbers and capacity of Social Welfare Officers to respond to child abuse and violence; and create a surveillance system to track long-term trends in violence against children.

Section 1:
Introduction, Background and Methods

Photo: UNICEF/Hiroki Gomi

Section 1: Introduction, Background and Methods

1.1 Introduction

Violence against children is a global human rights and public health issue, with significant negative health and social impact on children'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.[2,3,4] 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."[5] 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.[6] 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.[7]

The crisis of sexual violence is particularly acute. The World Health Organization has estimated that 150 million girls and 73 million boys under the age of 18 have experienced sexual violence involving physical contact.[8] The 2005 WHO 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.[9] A 2007 national prevalence survey in Swaziland found that approximately 1 in 3 females experienced some form of sexual violence as a child.[10] Fewer studies exist on sexual violence against boys. International studies suggest that between 3% and 29% of men have experienced some form of sexual abuse during childhood.[11,12] Despite the availability of very general knowledge about the magnitude of sexual violence against children, the availability of national Tanzanian data on which to base policy and programmatic actions is still very limited.

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.[13,14] Short-term impacts include physical injury and emotional trauma (e.g., post traumatic stress syndrome, depression).[15,16,17] Sexual violence, in particular, is associated with an increased risk of a range of sexual and reproductive health problems, including unwanted pregnancy, pelvic inflammatory disease, infertility, gynecological disorders, and the transmission of HIV/AIDS and other sexually transmitted infections.[18] Among adolescents and women, the frequency of pregnancy as a result of rape varies from 5% to 18%, and younger women who experience rape often have an increased rate of unintended pregnancies.[19]

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.[20,21] 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.[22,23] In addition, exposure can have negative repercussions for cognitive development, including language deficits and reduced cognitive functioning.[24] 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.

This report focuses on the magnitude and nature of violence against children in Tanzania, with a specific emphasis on sexual violence. The study that underlies this report was designed to focus primarily on sexual violence against children as Tanzanian stakeholders identified this as a major problem. Questions addressing aspects of physical and emotional violence were also included because they also have a substantial impact on child health and development and are often directly associated with sexual violence.

Though violence against children is preventable, more timely and complete data is needed to support the development and implementation of effective protection and prevention strategies. This report provides, for the first time, national estimates which describe the magnitude and nature of sexual, physical and emotional violence experienced by girls and boys in Tanzania. This information is designed to help support efforts in Tanzania to develop and implement effective child-friendly prevention strategies as well as improve service provision for all Tanzanians, especially children, who experience violence.

1.2 Background

The United Republic of Tanzania, a developing East African nation, has a population of approximately 40 million, and approximately 50% of the population is under the age of 18 years.[25,26] Tanzania consists of Mainland Tanzania and the archipelago of Zanzibar.[27,28] The nation ranks low on the Human Development Index (HDI), ranking 151st out of 182.[29] Poverty and inequalities in access to basic services are widespread.[30] Although improving for several years, the average life expectancy declined from 52 to just over 50 years between 2006 and 2008.[31,32]

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.[33] 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.

Sub-national data on sexual violence against children in Tanzania indicate that sexual violence is a serious concern. According to the WHO Multi-Country Study on Women's Health and Domestic Violence against Women, up to 11% of women surveyed in Moshi and Dar es Salaam in Tanzania reported sexual abuse before the age of 15.[34] Forty three percent of the women in Moshi whose first sexual experience was before the age of 15, reported that it was forced.[35] Another study in northern Tanzania found that 10.9% and 15.3% of females described their first intercourse as being forced or unwanted, respectively.[36] Studies of university students have also found that sexual violence is a major problem. For instance, 31% of females and 25% of males in one study of university students reported having experienced at least one type of sexual violence before the age of 18.[37] Eleven percent of females and 8.8% of males in the same study reported that they had experienced unwanted intercourse during their lifetime.

Although these past studies have raised awareness about the problems of sexual violence in Tanzania and spurred action, three limitations to these studies diminish the ability to estimate the national magnitude of violence against children. First, most have been conducted with adults or special populations, and have not focused on children or adolescents.[38] Second, the studies were conducted in different regions in Tanzania and often used different definitions and measurements of sexual violence xperienced during childhood. This makes it difficult to generalize the findings of a single study to all of Tanzania or combine the studies to get an overall picture (national estimates) of violence against children in Tanzania. Finally, the majority of studies, especially studies on sexual violence, have focused on females only and not measured violence against males.

The lack of national information on violence against children reduces the ability of the government and other stakeholders to make informed policy and programmatic decisions around this serious problem. One way to address this gap in information is to collect national estimates of violence against children through population-based surveys. In order to determine priorities for the protection of children, nationally representative information (interpreted in the broader context of the country), can provide decision makers with an overview of the magnitude

and nature of the violence children are experiencing. Further, national information can be used to identify potential risk and protective factors for violence in order to develop effective prevention strategies. Finally, the prevention of sexual violence against children may contribute to the prevention of HIV/AIDS transmission in Tanzania.

Because Zanzibar is a semi-autonomous part of Tanzania with a unique history and culture, information on the prevalence and context of violence against children in Zanzibar can assist the governmentin addressing its unique challenges in preventing and responding to violence against children.

The Violence Against Children Study (VACS) in Tanzania was conducted in response to these concerns. The Tanzania VACS was guided by a Multi-Sectoral Task Force (MSTF) consisting of government ministries and partners from social welfare, the police and legal system, education and health care sectors, the UN and civil society. The study was coordinated by UNICEF Tanzania with technical guidance and assistance provided by the Centers for Disease Control and Prevention's (CDC), Division of Violence Prevention, and Muhimbili University of Health and Allied Sciences (MUHAS). The MSTF has played, and will continue to play, a critical role in ensuring government ownership across sectors from the onset of the survey design to the development of the programmatic response to the findings.

The objectives of the survey were to: (1) describe the magnitude of the problem of violence against children in Tanzania, with a special emphasis on sexual violence; (2) identify potential risk and protective factors for violence against children; (3) identify health consequences of violence against children; (4) assess utilization of social, criminal justice, and health services available for children who experience sexual violence; and (5) use data to guide policies and programs to prevent and protect children from violence.

1.3 Organization of the Report

The remainder of this section provides information on the methods used to conduct the survey as well as technical information on how to read and interpret information in the report such as a 95 percent confidence interval and statistical significance. Section 2 of the report describes demographic information of 13 to 24 year olds living in the United Republic of Tanzania. In addition, section 2 describes the assets owned by the households in which 13 to 24 year olds live.

Sections 3 through to section 14 provide a portrait of violence against children in the United Republic of Tanzania. Because Zanzibar is a semi-autonomous region of Tanzania with a unique history and culture, the prevalence and context of violence against children in Zanzibar is specifically highlighted in section 15. This information is designed to assist Zanzibar in its own efforts to prevent and respond to violence against children. The report finishes with a discussion of the results and recommendations for action (Section 16).

1.4 Methods

A national study of violence against children was conducted with 13-24 year old females and males using a three-stage cluster household survey design. Data collection took place from 6 November to 5 December, 2009.

Rationale for Focus on 13-24 Year Olds: 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 13 to 24 years of age,were asked about their childhood experiences. This approach may not accurately reflect the experiences of very young children, but it provides a reasonable approach given these barriers. 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.[39] Additionally, data regarding sexual violence has been collected amongst this age group in five African countries through GSHS - Namibia, Swaziland, Uganda, Zambia and Zimbabwe.[40] In the United States, there have also been studies in which children as young as 10 years of age have been interviewed about sexual violence.[41] Finally, the 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.[42]

Females and males 13 to 24 years of age were selected as the best age group to accurately respond to questions about violence experienced during childhood. Justifications for including 13 and 14 year olds in this survey include that, in Tanzania, all youth are required to attend primary school (aged 7-13), but secondary school is not required.[43] As a result, many 13- and 14-year-olds may enter the labour market after completing primary school. Further, some Tanzanian adolescents marry as young as 14, and some youth are considered the heads of households by age 13.[44]The sample did not include people 25 years or older in order to reduce the chance of recall bias (i.e., the tendency of people to forget, not report, or inaccurately report events that occurred a long time ago).

Preparation

Key stakeholders identified by the MSTF participated in the development of the survey and field tools and procedures over the course of 9 months prior to conducting the survey.

Stakeholders included (1) representatives from relevant government ministries, including the Tanzania Ministry of Community Development, Gender and Children (MCDGC), the Zanzibar Ministry of Labour, Youth, Women and Children Development (MLYWCD), the Tanzania Ministry of Health and Social Welfare (MoHSW), the Zanzibar Ministry of Health and Social Welfare, the Tanzania National Bureau of Statistics, and the Zanzibar Office of Chief Government's Statistician; (2) relevant local human rights and child social welfare representatives, including the Principle Social Welfare Officer, the Commissioner from the Department of Social Welfare and the Chief of the Child Rights Desk within the Commission for Human Rights and Good Governance (CHRAGG); and (3) service and aid providers. Meetings with key stakeholders and informants helped to inform the survey questions and procedures. Also, the stakeholders were instrumental in adapting the survey to the local cultural context. Meetings with these numerous key stakeholders also enabled the fostering of broad ownership of the study and the building of local research capacity.

Pilot Test

Prior to the implementation of the national household survey, a pilot test of the survey was conducted in two villages close to Dar es Salaam that were not part of the official survey. In one village, the female survey was tested and in the other village the male survey was tested. In addition to testing the survey instrument itself, the pilot test enabled testing of the survey procedure for randomly selecting households and survey participants, as well as the procedures for providing support to the respondents. The survey questions and procedures were improved in response to findings from the pilot.

Sample Size Calculation

The sample design was stratified by region (mainland Tanzania and Zanzibar), as well as sex (see Study Design). Below, the sample size calculations for each of the four study groups, female mainland Tanzania, male mainland Tanzania, female Zanzibar, and male Zanzibar, are described.

Mainland Tanzania: For females in mainland Tanzania, assuming a design effect of 1.8, a sample size of 967 households was calculated to achieve a +/- 2.6% precision around an estimated prevalence of physically forced sexual violence against female youth of 10%.[45] All precisions were calculated using a 95% confidence interval (CI). In mainland Tanzania, it was estimated that there were. 61 females aged 13-24 years per household;[b] therefore, the number of projected households to visit was increased to 1,580 in order to ensure enough interviews were completed. Finally, based on information from previous studies the number of projected households to visit was increased to 1,859 to account for a 15% non-response rate due to refusals and unavailability.

For males in mainland Tanzania, assuming a design effect of 2.0, a sample size of 969 households was calculated to achieve a +/- 2.0% precision around an estimated prevalence of physically forced sexual violence against male children of 5%.[46] In mainland Tanzania, it was estimated that there were .55 males aged 13-24 years per household; therefore, the number of projected households to visit was increased to 1,748. Finally, the number of projected households to visit was increased to 2,185 to account for a 20% non-response rate due to refusals and unavailability.

Zanzibar: For females in Zanzibar, assuming a design effect of 1.9, a sample size of 1,011 households was calculated to achieve a +/- 2.6% precision around an estimated prevalence of physically forced sexual violence against female

[b] The estimates of the percent of households with 13 to 24 year olds was calculated by taking the percent of the 2002 population that was 13 to 24 year old females and multiplying this by the average family size of mainland Tanzania as estimated by the 2004-2005 Demographic Health Survey. This procedure was repeated to produce the estimates for the other three groups of 13 to 24 year olds, males in mainland Tanzania, females in Zanzibar and males in Zanzibar.

youth of 10%.[47] In Zanzibar, it wasestimated that there were .74 females aged 13-24 years per household; therefore, the number of projected households to visit was increased to 1,368. Finally, the number of projected households to visit was adjusted to 1,609 to account for a 15% non-response rate due to refusals and unavailability.

For males in Zanzibar, assuming a design effect of 2.0, a sample size of 969 households was calculated to achieve a +/- 2.0% precision around an estimated prevalence of physically forced sexual violence against male youth of 5%.[48] In Zanzibar, it was estimated that there were .68 males aged 13-24 years per household;[9] therefore, the number of projected households to visit was increased to 1,424. Finally, the number of projected households to visit was adjusted to 1,780 to account for an estimated 20% non-response rate due to refusals and unavailability.

Sampling Frame

The sampling frame for this study was enumeration areas (EAs) used in the 2002 Government of Tanzania national population census. An EA is a geographical subdivision that has approximately 100 households when it was created.[c]

Study Design

We conducted a national household survey using a three-stage cluster sample survey design. The sample was stratified by region (in mainland Tanzania and Zanzibar) and by gender. Therefore, the study was designed to estimate the prevalence of violence against children by interviewing (1) girls and young women on mainland Tanzania; (2) boys and young men on mainland Tanzania; (3) girls and young women on Zanzibar; and (4) boys and young men on Zanzibar.

In the first stage, EAs were selected for each of the four major groups (e.g., females in mainland Tanzania). In order to ensure that geographically diverse EAs were selected, all mainland and Zanzibar EAs were sorted by geographic area before any EAs were selected. Next, 100 EAs were selected from all mainland EAs using a systematic sample and probability proportional to size (PPS). Once the 100 EAs were selected, a split sample approach was used whereby 50 EAs were randomly assigned to females and 50 were randomly assigned to males. The survey for females was conducted in different enumeration areas than the survey for males in order to protect the respondents by reducing the chance that a perpetrator of a sexual violence and the victim of sexual violence would both be interviewed in the same community. One hundred EAs were also selected from all Zanzibar EAs using the same process. Fifty of these EAs were randomly assigned to females and 50 were randomly assigned to males.[d]

In the second stage, or household stage, the study randomly selected households from each EA using a systematic sampling approach. The number of households visited in each EA was designed to meet target numbers determined in the sample calculation (See Sample Size Calculation) and adjusted when necessary in the field.

In the third stage, we determined if there were one or more children or young adults aged 13-24 years living in each household who spoke Swahili, lived in the household for at least six months over the last year, and did not have a disability that would interfere with their ability to provide consent or complete the interview without a trained translator (e.g., deafness or a mental disability). Within each selected household that had an eligible child or young adult, we randomly selected one female in female EAs or one male in male EAs between the aged of 13-24 years using the Kish or other simple methods (e.g., randomly selecting from numbers written on a piece of paper).[49]

Questionnaire Development

The questionnaire had two components: a short demographic survey of the head of household and a comprehensive survey including questions about childhood violence asked of respondents. The questionnaire was developed using questions from previous international and national surveys. These survey tools included the Tanzania Demographic and Health Survey (DHS), HIV/AIDS/STI Behavioral Surveillance Surveys (BSS), Youth Risk Behavior Survey (YRBSS), Behavioral Risk Factor Surveillance System (BRFSS), the National Longitudinal Study of Adolescent Health (Add Health), the Hopkins Symptoms Checklist, the World Health Organization (WHO) Multi-Country Study on Women's Health and Domestic Violence against Women, the Child Sexual Assault Survey (CSA), Longitudinal Studies of Child Abuse and Neglect (LONGSCAN), and the study on Violence Against Children and

[c] Enumeration areas that had less than 50 people or less than 10 males or females 13 to 24 years of age were excluded from the sampling frame to prevent visiting communities that had no eligible respondents. This resulted in 99.4% of the Tanzania population being included in the sampling frame and 0.6% being excluded.

[d] In Tanzania, it was discovered that three of the selected EAs were ineligible for the survey because they were institutions such as prisons or an army base. Because these EAs were ineligible and should not have been included in the sampling frame, they were replaced by randomly selecting an EA with the surrounding district.

Young Women in Swaziland. Questions were only created by the research team when standardized questions could not be located.

The questionnaire was developed by CDC in consultation with the Multi-Sector Task Force and UNICEF Tanzania. The questionnaire included the following topics: demographics; family, friends and community support; school experiences; sexual behaviour and practices; HIV/AIDS testing; physical, emotional, and sexual violence; utilization and barriers to the use of health, criminal justice, and social services. Results for experiences of violence (sexual, physical, and emotional) were measured for three time periods: ever, before turning 18 years old, and during the last 12 months. The primary purpose of the survey was to estimate the prevalence of violence that occurred to children, defined as persons less than 18 years of age.

The survey was administered in Kiswahili. The questionnaire was translated from English into Kiswahili and then back-translated into English by MUHAS. The translation was reviewed and revised by survey team members who were fluent in both Kiswahili and English during the training for the pilot. The translations were further revised based on feedback from the pilot and interviewers who administered the survey.

Key Definitions

Child: Anyone who is under 18 years of age.

Sexual violence: Sexual violence is any sexual act that is perpetrated against someone's will. Sexual violence encompasses a range of offenses, including a completed nonconsensual sex act (i.e., rape), attempted nonconsensual sex acts, abusive sexual contact (i.e., unwanted touching), and non-contact sexual abuse (e.g., threatened sexual violence, exhibitionism, verbal sexual harassment).[50] In this survey, we asked about four types of sexual violence:

Unwanted touching of respondent in which a perpetrator touched the respondent against his or her will in a sexual way, such as unwanted touching, kissing, grabbing, or fondling, but did not try to force him or her to have sexual intercourse.

Attempted unwanted intercourse in which a perpetrator tried to make the respondent have sexual intercourse when he or she did not want to, but the assailant did not succeed in doing so.

Questions used to define sexual violence

Sexual Touching
How many times in your life has anyone touched you in a sexual way against your will, but did not try to force you to have sex? This includes being fondled, pinched, grabbed, or touched inappropriately.

Attempted Sex
How many times in your life has anyone tried to make you have sex against your will, but sex did not happen? In other words, they did not succeed in making you have sex.

Physically Forced Sex
How many times in your life has anyone physically forced you to have sexual intercourse against your will?

Coerced Sex
How many times in your life has anyone pressured you to have sexual intercourse with you against your will and you had sex?

Forced or Coerced Sex
A combination of physically forced and coerced sex as defined above.

Forced First Sex *(Only asked if respondent reported first sex was not wanted)*
This first time, how were you forced? Were you pressured, tricked, threatened or physically forced, or too intoxicated to say no? (Threatened and physically forced classified as sexual violence)

Questions and definitions adapted for male and female respondents

Physically forced intercourse in which a perpetrator physically forced the respondent to have sexual intercourse against his or her will.

Coerced intercourse in which a perpetrator pressured or non-physically forced the respondent to have sexual intercourse against his or her will. For instance, the respondent had unwanted sexual intercourse because he or she felt overwhelmed by continual arguments and pressure.

Emotional Violence: Emotional abuse such as being called bad names, being made to feel unwanted, or being threatened with abandonment.

Physical Violence: Physical acts of violence such as being slapped, pushed, hit with a fist, kicked, or whipped, or threatened with a weapon such as a gun or knife.

Sexual Intercourse (as used when describing first sexual intercourse): "Sex" or "Sexual Intercourse" refers to anytime a male's penis enters someone else's vagina or anus, however slight.

Sexual Intercourse for Females (as used when describing acts of sexual violence) - would include someone penetrating a female's vagina or anus with their penis, hands, fingers, mouth, or other objects, or penetrating her mouth with their penis.

Sexual Intercourse for Males (as used when describing acts of sexual violence) - would include someone penetrating a male's anus with their penis, hands, fingers, mouth, or other objects, or penetrating his mouth with their penis. Sex can also include someone forcing the male's penis into their mouth, vagina, or anus.

Questions used to define physical violence and emotional violence

Physical Violence

Has a parent or adult relative ever:
- hit you with a fist, kicked you, or whipped you?
- threatened you using a gun, knife, or other weapon?

Have teachers, policemen, religious leaders, military soldiers, or other authority figures ever:
- hit you with a fist, kicked you, or whipped you?
- threatened you using a gun, knife, or other weapon?

Has your current or previous romantic partner ever:
- slapped you or pushed you?
- hit you with a fist, kicked you, or whipped you?
- threatened you using a gun, knife, or other weapon?

Emotional Violence

When you were growing up:
- did any adult ever call you bad names?
- did any adult ever make you feel unwanted?
- did any adult ever threaten to abandon you?

Interviewer Selection and Training

A total of 24 teams composed of 4 to 5 interviewers and 1 team leader completed the data collection. These teams were supervised by 5 regional supervisors and 3 technical advisors from CDC. The team leaders were responsible for supervising the team, conducting second stage sampling, introducing the survey to the household, reviewing interviews for mistakes, and communicating with UNICEF when a response plan was needed for respondents taking the survey in need of professional assistance and/or counseling. The interviewers were responsible for completing the consent forms and conducting the interviews. All staff received training before conducting the survey. Specifically, team lead interviewers received seven days of training, including participating in the pilot study, and assisted with the six day training of the interviewers. The training sessions covered the following topics: (1) background on the purpose of the study and on data collection and design; (2) a participatory review of the questionnaire and practice interview techniques in class, including role playing; (3) sampling procedures and assignment of sampling areas; (4) the procedures for and importance of maintaining confidentiality; (5) sensitivity toward study subjects; (6) protecting privacy of the respondents; (7) referral services and procedures; (8) identification and response to adverse effects; (9) discussions about interviewers' attitudes and beliefs towards sexual violence; (10) interviewer safety as well as referral services and procedures for the interviewers; and (11) human subjects research protection.

Support for Respondents

Respondents taking the survey could potentially become upset when answering questions about violence. Also, respondents could be currently experiencing violence and want assistance with the situation. In order to respond to these needs, the survey developed multiple ways to link interviewers to support. First, interviewers offered a list of local and regional services as well as a national hotline to respondents. In order to ensure that the list of services did not reveal the nature of the survey to people who did not participate, the list included services for a range of health problems (e.g., malaria, HIV/AIDS, alcohol use) as well as child abuse and violence. Interviewers were instructed to indicate which organizations and agencies provided services for sexual violence, as well as other forms of violence, so that the respondents clearly understood where to obtain the necessary services. The social welfare officers, in regions where the survey was conducted, were contacted in advance to ensure cooperation should their services be required. In Zanzibar, social welfare officers actually coordinated the provision of response services to those respondents who requested assistance.

If a respondent asked for help, became upset at any point during the interview, or reported sexual or severe physical violence experienced in the past 12 months, the interviewer offered to place the respondent in direct contact with a counselor. If a respondent indicated that they wanted to talk to a counselor, the interviewers asked permission to obtain their contact information and a safe place and method for the counselor to find them. The contact information was recorded on a separate form which was not connected with the interview and relayed to

the study supervisor through a phone call (Appendix R). The study supervisor worked with the counselor to quickly collect all of these forms to ensure the survey teams had no documents identifying any of the study respondents. The counselor worked with the victims to determine the best and most appropriate services needed, as well as to determine who would best provide additional needed services. In Mainland, the study coordinator worked to find a counseling service in the vicinity of the victim. When none were available, the study coordinator deployed a counselor from Dar es Salaam to travel to the victim. This counselor provided counseling and made an effort to link the victim with local services. In Zanzibar, the study coordinator worked with government district welfare officers to provide the counseling and link victims to services.

Overall, 16 respondents requested services. Twelve female and two male respondents requested services on mainland Tanzania. Two female, but no male respondents requested services on Zanzibar.

Quality Control, Data Entry and Cleaning, and Analysis of Data Quality

Interviewers reviewed the entire questionnaire for accuracy and missing data prior to leaving a household so that they could correct any errors and collect missing data from the respondent. Team leaders reviewed every questionnaire for completeness and accuracy before leaving the interview location in an effort to minimize errors and missing data. Interviewers were sent back to collect missing information and to clarify information that appeared erroneous. In addition, the roaming field supervisor randomly selected completed questionnaires from each EA and reviewed them for completeness and accuracy. Mistakes were brought to the attention of team leaders so that errors could be addressed with the teams and avoided in the future. All teams were visited at least once by a member of the CDC technical team.

Data Entry and Cleaning: The data was entered into Epi Info version 3.5.1. There were no unique identifiers in the database that could ever be linked to a respondent. In order to ensure accurate data entry, the first 100 surveys were entered twice. After entering the first 100 surveys and verifying a low rate of data entry error, 20% of surveys were entered twice. Finally, when random checks of surveys consistently revealed two or fewer data entry errors per survey, 10% of all additional surveys were entered twice. Overall, 12.7% of the surveys were entered twice. Discrepancies in surveys that were entered twice were resolved by reviewing the original hard-copy survey.

In addition to entering surveys twice, survey data were reviewed to detect mistakes in skip patterns, survey sections that were skipped and out-of-range values. During this process, 1.3% of the surveys were found to have data problems. These surveys were reviewed and entered again to ensure these problems did not result from data entry.

Data Analysis: SAS (version 9.2) was used for data management and SAS-callable SUDAAN (version 10) was used for analysis to take into account weighting of the variables and the complex sample design. All results were calculated using sampling weights so that they are nationally representative.

Ethical Review

World Health Organization guidelines on ethics and safety in studies on violence against women were adhered to in this survey.[51, 52, 53] The Centers for Disease Control and Prevention's Institutional Review Board, which protects the rights and welfare of human research subjects, approved the study. In addition, the Muhimbili University of Health and Allied Sciences Institutional Review Board and the Zanzibar Ministry of Health and Social Welfare Institutional Review Board each independently reviewed and approved the study.

Sample

Interviews were collected from 199 EAs rather than 200 EAs because 1 female EA on Mainland Tanzania was inaccessible due to bad weather. Also, data collection was interrupted and only partially completed in 3 EAs (one mainland female EA, one mainland male EA, and one Zanzibar female EA) due to sudden inaccessibility due to weather or security issues. If an EA was larger than 200 households, a randomly selected segment of the enumeration areas between 100 to 200 households in size was sampled.

A total of 8,693 households were visited during the study. The households visited for each of the four groups were: 2,104 households for females on Mainland Tanzania, 2,338 households for males on Mainland Tanzania, 2,020 households for females on Zanzibar, 2,231 households for males on Zanzibar (See Table 1.1). The household response rates varied from 97.0% to 98.3%.

Overall, 3,739 interviews were conducted and were divided across the four groups in the following manner: 908 females on Mainland Tanzania, 891 males on Mainland Tanzania, 1,060 females on Zanzibar, and 880 males on Zanzibar.[e] The individual response rate varied slightly across the four groups: 95.4% for females on Mainland Tanzania, 96.0% for males on Mainland Tanzania, 94.6% for females on Zanzibar, and 93.9% for males on Zanzibar (See Table 1.1). The overall response rate ranged from 91.1% to 93.8%.

Table 1.1: Household and Individual Response Rates by Residence and Sex – (Tanzania Violence Against Children Survey, 2009)

Household Responses Rates	Mainland		Zanzibar	
	Female	Male	Female	Male
Completed Household Survey • 1 person selected	952	928	1121	937
No Eligible in Household	1116	1357	862	1228
Household Survey Not Completed	13	27	4	2
Household Refusal	0	1	13	3
Other Household Non-response	23	25	20	61
Total	2104	2338	2020	2231
Household Response Rate	98.3%	97.7%	98.2%	97.0%
Individual-Level Response Rate				
Completed Individual Survey	908	891	1060	880
Selected Respondent Refused	37	30	47	44
Other Individual Non-Response	7	7	14	13
Total	952	928	1121	937
Individual Response Rate	95.4%	96.0%	94.6%	93.9%
Overall Response Rate	93.8%	93.8%	92.9%	91.1%

Weighting

Weighting is a method used to obtain parameters from the data set resulting from sampling so as to represent the population from which the sample was drawn. A three step weighting procedure was used: (Step 1) computation of base weight for each sample respondent; (Step 2) adjustment of the base weights for non-response; and, (Step 3) post-stratification calibration adjustment of weights to known population.

Base weights were calculated which are inversely proportional to the overall selection probabilities for each sample respondent (Step 1). Calculations in this stage included probabilities of selection of EAs, households, and eligible individuals. In Step 2, base weights were adjusted to compensate for the losses in the sample outcome due to non-response. In this step, household-level nonresponse adjustment was performed by using weighted data by EA. For the person-level nonresponse adjustment, weighting cells were formed taking into account residence and sex. Inclusion of age groups was not possible as age was not tabulated for non-responding participants.

[e] The number of interviews completed did not meet the initial goal and will result in slightly lower precision than originally estimated.

In the final stage of the weighting process (Step 3), calibration adjustment was done to adjust weights to conform to the 2002 Census population distribution by region, sex, and age group. These variables are known to be correlated with the key measures of violence against children (See Appendix A for in-depth description of weighting procedure).

1.5 Technical Notes to the Reader

Interpreting Weighted Percentages and 95 Percent Confidence Intervals: The weighted percentage is an estimate of the percentage or prevalence of a measure in a given population. For instance, the prevalence of childhood sexual violence (i.e., sexual violence experienced prior to turning 18 years old) among Tanzanian females 13 to 24 years of age is estimated to be 27.9% with a 95 percent confidence interval ranging from 24.0% to 32.2%. The 27.9% means that based on this sample we estimate that 27.9% of all 13 to 24 year old females in Tanzania have experienced childhood sexual violence.

Because the national and regional estimates presented in this report are based on a sample rather than a census, there is a degree of uncertainty and error associated with the estimates. This uncertainty or error is estimated with a 95 percent confidence interval. A 95 percent confidence interval is defined as the percentage range that would include the prevalence estimate for the measure calculated in 95 out of 100 studies that were conducted in the exact same manner. For instance, if the Tanzania Violence against Children Study was conducted independently and simultaneously 100 times using the exact same methods and sample size, the estimate of the percent of 13 to 24 year old females in Tanzania experiencing childhood sexual violence would be between 24.0% and 32.2% in 95 out of 100 of these studies.

Calculation of Weighted Percentages and Confidence Intervals: The weighted percentages and 95 percent confidence intervals for reported population estimates were calculated using SUDAAN 10.0.

Differences between Weighted Estimates and Number of Respondents: Weighting and taking into account the sampling design is necessary to make accurate national and regional estimates. The reader will notice that the weighted percentage for a subgroup is often different from a proportion obtained through dividing the number of respondents of this subgroup by the total number of respondents answering a question. For instance, in Table 5.1, 13 to 24 year old females in Tanzania who experienced sexual violence indicated who perpetrated the sexual violence. The reader will see that nearly the same weighted percent of females reported childhood sexual violence perpetrated by a neighbour, 32.2%, and a stranger, 32.0%. However, 104 females reported childhood sexual violence perpetrated by a neighbour while substantially less, 80, reported childhood sexual violence perpetrated by a stranger. The reason this occurs is that respondents receive a different statistical weight based on how many people his or her response reflects. Differences in sample design, response rates in a community, and household size all impact the statistical weight assigned to a person. For instance, the population of 13 to 24 year olds on Mainland Tanzania is about 33 times greater than the population of 13 to 24 year olds on Zanzibar.[f] Consequently, the responses from Mainland Tanzania are statistically weighted much more than the responses from Zanzibar when calculating weighted percentages for all of Tanzania. The process of weighting results in the weighted percentages being different than percentages calculated using the number of respondents.

The reader will also find that sometimes weighted percentages within Zanzibar do not correspond with percentages calculated based on the number of respondents. This can occur because even within a region, respondents' answers are weighted differently based on whether their community was much larger than other communities in the sample and their family had a large number of eligible children for the survey (remember that only one child was selected per household). For instance, the responses of a 15 year old living in a community (i.e., enumeration area) with 300 households and a household with 7 eligible respondents (i.e., people between 13 and 24 years of age) will be weighted more heavily than the responses of a 15 year old who lived in a community of 100 households and was the only eligible child in the household.

Explanation and Definition of Unstable Estimates: Some prevalence estimates in the report are considered statistically unstable because there is substantial error in the measurement of the prevalence (i.e., the 95 percent confidence interval is very wide for the prevalence estimate). An unstable estimate is commonly associated with a small number of observations. When a prevalence estimate is based on only a small case count, it is difficult to

[f] This was estimated using 2002 Tanzania census data.

distinguish random fluctuation from true differences. Therefore, conclusions based on unstable estimates could be spurious or invalid. Because of the large errors associated with unstable estimates, the reader should interpret these results with caution. An asterisk, or*, is placed next to all unstable estimates. For instance, the text "2.3%*" would mean that the prevalence of 2.3% is unstable and should be interpreted with caution.

In this report, unstable estimates often will be presented in terms of respondent counts (e.g., 7 of 20 respondents said they received services for sexual violence) instead of national or regional prevalence estimates because there was insufficient information to calculate meaningful national or regional estimates. Unstable estimates are presented in a few instances: 1) when there was one response category with very few respondents among multiple categories and it was important to show the event was rare and 2) when a key measure in the study was unstable and yet it was important to present all available information on the measure.

We now present the mathematical definition of an unstable estimate used in this report. The statistical stability of the estimated prevalence of an outcome is measured by examining the relative standard error of that estimated prevalence. The relative standard error of an estimated prevalence is calculated by dividing the standard error of the estimated prevalence by the estimated prevalence itself. A larger relative standard error (RSE) corresponds to a large standard error compared to the prevalence itself. An estimate is defined as an unstable estimate when the relative standard error is greater than 30%. This is consistent with the criteria of an unstable estimate described in other studies.[54]

Treatment of Missing Data: When estimating the national or regional prevalence for most measures, missing values were excluded from the analysis. This was done because most measures have very low percentages of missing, less than 5%, and a portion of this missing data is associated with interviewer and data entry error. Thus, it was assumed that the missing data were randomly distributed and thus they were excluded.

The major exception to this rule is that missing values were left in analyses of the context of sexual violence such as descriptions of the perpetrators, location, and timing of sexual violence. This was done because a higher percent of respondents did not provide responses to these questions, sometimes more than 10%. Also, the data could not be considered missing at random because there are compelling reasons why a respondent may choose not to discuss the perpetrator or context of sexual violence with an interviewer. In these exceptions, "missing" was left as a subgroup.

The Use of the p-Value in Determining if Two Measures are Associated in Bivariate Analyses: Some sections of the report investigate whether violence against children, especially sexual violence, is associated with a variety of factors including physical and mental health, HIV testing, sexual risk taking behaviour, and orphan status. For instance, we were interested in knowing whether a greater or lower percent of 13 to 24 year olds who experienced childhood sexual violence reported feelings of depression in the past month compared to 13 to 24 year olds who had not experienced childhood sexual violence.

A challenge with determining whether two measures are associated is that national and regional prevalence estimates in this report are measured with uncertainty and error because they are based on a sample instead of a census *(See Interpreting Weighted Percentages and 95 Percent Confidence Intervals)*. Consequently, the association observed between two measures may be due to sampling error or chance rather than real differences in the population. This fact is accounted for in this report by calculating how often the observed association would occur as a result of the chance or uncertainty in the sample design. A statistical quantity for assessing this uncertainty is referred to as the p-value. For instance, a p-value of 0.05 would mean that the chance of no association between the two measures given their estimated values would occur 5 out of 100 times. The criteria used to interpret the p-value in this study are described below.

Statistical Significance Standard Used in the Study: In this study, p-values produced when measuring the association between two measures were grouped into 3 categories of statistical significance and each category should be interpreted as described below:

P-Value	Interpretation
Greater than or equal to 0.10	Could not rule out that no association existed between the two variables, referred to as not significantly associated. The reader should interpret this to mean that there is not enough evidence for establishing an association and the observed difference in prevalence is likely to have occurred by chance.
Less than 0.10 and greater than or equal to 0.05	There is a borderline statistically significant association between the two measures, referred to as a borderline significant association. The reader should interpret this to mean that the observed difference in prevalence due to chance is between 5 and 10% and this may indicate an association of the two measures in the population.
Less than 0.05	A statistically significant association between the two measures is established, referred to as a significant association. The reader should interpret this to mean that the difference in prevalence is unlikely to have occurred by chance (less than 5%) and likely indicates an association of the two measures in the population.

It is important to note that this report provides the first national data for Tanzania on violence against children and its analyses are exploratory and limited to bivariate statistics. Because of these factors and the concern with falsely labeling associations in the population as nonsignficant, the p-value of < 0.10 was used as the upper cut-off for significance instead of the p-value of < 0.05. Also, as the sample of the study was designed for estimating prevalence of violence against children, aged 13 to 24 years old, some of the bivariate analyses looking at subgroups have limited statistical power to detect associations at the p <.05 level. Allowing a category of borderline statistical significance defined as 0.5 ≤ p-value to p <.10 enhances the statistical power for assessing potential association. More complex multivariate statistical analyses will be conducted in the future to control for potential confounding in these associations.

Cautions about Interpreting Statistically Significant Associations: Even if two measures are said to be statistically associated, the reader cannot assume that one variable causes the other variable. For instance, if experiences of childhood sexual violence are significantly associated with recent reports about feeling depressed, the reader should not conclude that childhood sexual violence causes higher levels of depression. Likewise, a causal relationship in the other direction cannot be concluded. There might be some other factors that could help explain this association.

The level of statistical significance is related to a range of factors such as sampling error and the number of respondents in the sample. Consequently, the reader cannot conclude that a statistically significant association is stronger than another statistically significant association because it has a smaller p-value, since a p-value measures the chance of no association rather than the strength of association. For instance, statistically significant association with a p=.0001 is not necessarily stronger than a significant association where p= .01. The observed statistical association between two given measures is limited to bivariate analysis without considering confounding effects of other factors. The association of two measures may be different (that is, the p-value may change) when some other confounding factors are included in a multivariable analysis.

Interpreting Data Tables: The meaning of three columns, *n, WTD %, and 95% CI,* commonly appearing in data tables in this report is described below using an example table (See Example Table).

Example Table: Prevalence of Physical Violence Perpetrated by Relatives – As Reported by 13 to 24 Year Olds Who Experienced Childhood Physical Violenceby Relatives, Authority Figures or an Intimate Partner (Tanzania Violence Against Children Survey, 2009)a

	Females			Males		
Perpetrator of Physical Violence	n	WTD %	95% CI	n	WTD %	95% CI
Father	396	36.9	(31.3-42.9)	695	50.9	(45.7-56.0)
Mother	558	49.3	(44.0-54.6)	503	36.0	(28.7-44.0)

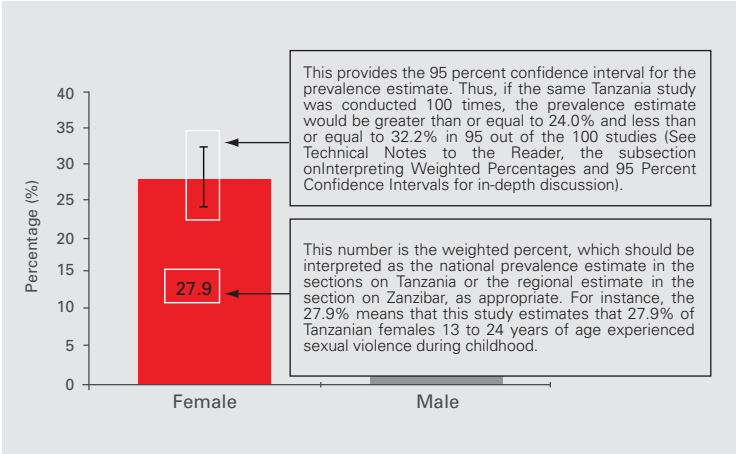
This column displays the number of respondents associated with the weighted percent. For instance, the highlighted 396 should be interpreted as: 396 females 13 to 24 years of age reported childhood physical violenceby their father.

This column lists the weighted percent. This should be interpreted as the national prevalence estimate in Tanzania or the estimate for Zanzibar in Section 15. For instance, the highlighted 36.9% should be interpreted as: the study estimates that 36.9% of females 13 to 24 years of age living in Tanzania reported childhood violence by their father.

[a] Percentages sum to greater than 100% because a respondent can report multiple relatives as perpetrators.

Interpreting Figures: The bar charts presented in this report contain information on the 95 percent confidence interval of national and regional estimates. Below, the display of the prevalence and the 95 percent confidence interval in the bar chart is explained (See Example Figure).

Example figure: Sexual Violence Experienced in Childhood - As Reported by 13 to 24 Year Olds (Tanzania Violence Against Children Survey, 2009)



Section 2:

Demographic and Socioeconomic Characteristics of the Sample

Photo: UNICEF/Giacomo Pirozzi

Section 2: Demographic and Socioeconomic Characteristics of the Sample

The results below describe selected demographic and socioeconomic characteristics of survey respondents and their households. These demographic characteristics include: sex and age distribution, community setting, education, marital status, religious affiliation, and household economics. For the following results, when data are presented for Tanzania they include the composite samples of both mainland Tanzania and Zanzibar. However, when data are presented for Zanzibar, they only include the Zanzibar sample.

2.1 Gender and age distribution of the sample

As previously described in the methods section of this report, this study interviewed female and male respondents between the ages of 13 to 24 years. Females and males were sampled from separate communities.

Table 2.1: Gender Distribution of 13 to 24 Year Olds by Region (Tanzania Violence Against Children Survey, 2009)

	Tanzania		Zanzibar	
	n	WTD %	n	WTD %
Female	1968	52.5	1060	52.1
Male	1771	47.5	880	47.9

In total 1,968 females and 1,771 males (13 to 24 years) were sampled in Tanzania. In Zanzibar, 1,060 females and 880 males were sampled (See Table 2.1).

Table 2.2: Age Distribution by Gender and Region (Tanzania Violence Against Children Survey, 2009)

	Tanzania				Zanzibar			
	Female		Male		Female		Male	
	n	WTD %	n	WTD %	n	WTD %	n	WTD %
13 to17 years	919	44.7	895	48.8	501	47.3	430	48.8
18 to24 years	1049	55.3	876	51.2	559	52.7	450	51.2

Across gender and region, the percent of 18 to 24 year olds makes up a slightly larger percent of the 13 to 24 year old population than 13 to 17 year olds (See Table 2.2).

2.2 Education

In Tanzania, education is compulsory for the first seven years of primary school for children. Additionally, school fees were eliminated from government primary schools in 2001,[55] ensuring greater access to education and higher attendance and attainment. As shown in Table 2.3, between 90 to 95% of respondents reported that they had attended school.

Table 2.3: Ever Attended School by Gender and Region– As Reported by 13 to 24 Year Olds (Tanzania Violence Against Children Survey, 2009)

	Tanzania				Zanzibar			
	Female		Male		Female		Male	
	n	WTD %	n	WTD %	n	WTD %	N	WTD %
Ever Attended School	1778	90.4	1676	95.2	978	94.7	830	94.9

2.5 Marital Status

Tanzania's 1971 Marriage Act defines the minimum age of marriage as 18 for males and 15 for females. In addition, Tanzanian law recognizes three types of marriage: monogamous, polygamous and potentially polygamous. Polygamy requires the agreement of the first wife and official registry with the courts. According to Article 1 of the UN Convention on the Rights of the Child (CRC), any person below the age of 18 is defined as a child[56]. The expert body that monitors the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) further stipulates 18 years as the minimum age of marriage for both males and females[57].

Table 2.4: Proportion of Males and Females Who Have Ever Been Married by Gender and Region – As Reported by 13 to 24 Year Olds (Tanzania Violence Against Children Study, 2009)

	Tanzania				Zanzibar			
	Female		Male		Female		Male	
	n	WTD %	n	WTD %	n	WTD %	N	WTD %
Ever Married	462	22.1	83	5.5	223	16.3	17	2.1
In a Polygamous Marriage[a]	97	5.0	–	–	45	3.2	–	–

[a] Too few males reported being in polygamous relationship to produce national estimates.

In Tanzania, more than 1 out of 5 females (22.1%) and 5.5% of males 13 to 24 years of age reported that they had ever married (See Table 2.4). In Zanzibar, 16.3% of females reported ever being married. Very few males in Zanzibar reported having ever been married (2.1%). Among females 13 to24 years of age, the proportion reporting having ever been in a polygamous marriage was low (5.0% and 3.2%, Tanzania and Zanzibar, respectively) (See Table 2.4).

Approximately 9% of females in Tanzania and 6% in Zanzibar reported being married before the age of 18. For Tanzania, most of these females reported marrying either when they were 14 to 15 years old (29.4%) or when they were 16 to 17 years old (65.3%). Only a few males in Tanzania reported ever being married prior to the age of 18.

2.6 Religious affiliation

Tanzania has diverse religious representation, though the predominant religions are Catholic, Protestant, and Muslim. Due to a unique history, economy and cultural context, Zanzibar residents are predominantly Muslim.[58]

Table 2.5: Religious Affiliation by Gender and Region – As Reported by 13 to 24 Year Olds (Tanzania Violence Against Children Survey, 2009)

	Tanzania				Zanzibar			
	Female		Male		Female		Male	
	n	WTD %	n	WTD %	n	WTD %	N	WTD %
Catholic	305	35.3	262	29.3	12	1.6*	7	0.8*
Protestant	166	16.5	283	28.0	–	–	–	–
Muslim	1385	38.7	1078	32.6	1040	98.1	861	97.9
Other	103	10.4	119	10.5	–	–	–	–

– Too few females and males in Zanzibar reported another religious affiliation to produce a national estimate.

* Estimate is unstable.

In Tanzania, the majority of female respondents indicated that they were Muslim (38.7%), followed by Catholic (35.3%) (See Table 2.5). Among males, similar proportions identified themselves as Catholic or Muslim. Ninety eight percent of both Zanzibar females and males identified themselves as Muslim.

2.7 Household economics

Tanzania continues to rank low on the Human Development Index (HDI), ranking 151st out of 182 countries in 2009[59] with 30% of the population living below the poverty line.[60] In order to understand the socioeconomic resources of the households in which respondents lived, the head of each household was asked about their household economics. Heads of household were asked these questions instead of the respondents because of their presumed knowledge of these resources.

Table 2.6: Household Economic Resources by Gender and Region – As Reported by Head of Household of 13 to 24 Year Old Respondents (Tanzania Violence Against Children Survey, 2009)

	Tanzania				Zanzibar			
	Female		Male		Female		Male	
	N	WTD %	n	WTD %	n	WTD %	N	WTD %
Household Effects								
Paraffin lamp	1223	65.5	1235	68.9	668	68.0	690	78.9
Radio	1316	64.7	1182	68.1	752	73.4	625	72.2
Telephone	1038	52.0	955	53.3	630	67.0	577	69.4
Iron	654	41.4	611	39.9	352	39.9	320	38.9
Electricity	555	26.1	509	27.8	395	44.6	354	43.0
Television	496	23.6	456	24.6	347	39.1	312	39.6
Refrigerator	313	10.2*	321	13.9	250	30.1	234	29.3
Family-owned Modes of Transport								
Bicycle	1009	41.3	1056	53.2	603	58.9	571	69.1
Car/Truck	66	3.3	66	4.9	44	6.1*	39	5.5
Boat	45	2.1*	67	1.1	29	4.5*	58	6.2
Agriculture								

Own land for grazing or farming	1141	62.9	1081	65.6	509	43.9	418	47.8
Own livestock	417	27.3	562	41.9	129	11.4	168	20.3
Difficulty Accessing Food in the Past 12 Months								
Never	1078	53.8	707	37.2	607	55.5	423	49.9
Once in a while	555	29.2	654	40.0	290	30.2	290	33.7
Often	309	17.0	372	22.7	156	14.3	162	16.4

* Estimate is unstable.

Around two-thirds of households in Tanzania reported owning paraffin lamps, radios and land for farming or grazing (See Table 2.6). Over half of these same households reported owning telephones. Slightly more than one-quarter of females and males (26.1% and 27.8%, respectively) lived in households with access to electricity and around 1 in 10 lived in a household with a refrigerator.Almost one-quarter of Tanzanian males (22.7%) and 17% of females lived in households that reported frequent problems accessing food in the previous 12 months (See Table 2.6).

Around three-fourths of households in Zanzibar reported owning paraffin lamps, radios, and telephones. The proportion of households owning land for grazing or farming for both females and males was 43.9% and 47.8%, respectively. Over 40% of females and males lived in a household with electricity and around 3 in 10 lived in a household with a refrigerator. Around 14% and 16.4% of households with female and male respondents in Zanzibar, respectively, reported frequent problems accessing food in the past 12 months (See Table 2.6).

In Tanzania and Zanzibar, bicycles were the predominant family-owned mode of transportation.

Results Summary

Sexual Violence

- 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.
- Nearly 6% of females have been physically forced to have sexual intercourse before the age of 18.
- Dating partners, neighbours, and strangers were frequently implicated as perpetrators of sexual violence against girls and boys
- The majority of perpetrators of sexual violence against females were older than the victim, while the majority of perpetrators of sexual violence against males were about the same age as the victim
- Incidents of childhood sexual violence against both females and males most commonly took place in someone's house, at school or going to and from school.
- The majority of childhood sexual violence against both females and males occurred between the hours of 12:00 (noon) and 20:00 (8:00pm).

Physical Violence

- Approximately three-quarters of females and males reported experiencing physical violence prior to the age of 18
- Almost 6 out of 10 girls and boys experienced childhood physical violence at the hand of relatives and 1 out of 2 at the hands of teachers

Emotional Violence

- Approximately one-quarter of children, both male and female, experienced emotional violence prior to age 18.

Help-Seeking and Services Received by 13 to 24 Year Olds Who Experienced Childhood Sexual Violence

- Approximately one-half of females and one-third of males who experienced sexual violence prior to age 18 told someone about it.
- About 1 out of every 5 females and 1 out of 10 males sought services for their experiences of sexual violence prior to age 18.
- About 1 out of 8 females and less than 1 out of 20 males received services for their experiences of sexual violence prior to age 18.

Childhood Violence and Current Health Status

- Females who reported childhood sexual, physical or emotional violence tended to report poorer mental health and sometimes poorer physical health than other females.
- Males who experienced childhood emotional violence tended to report poorer mental and physical health than other males. In contrast, the mental and physical health of males who reported childhood sexual or physical violence was similar to other males.

Other Findings

- Experiences of childhood sexual violence were unrelated to knowledge of HIV testing places and having had an HIV test for both females and males.
- The prevalence of engaging in sex with 2 or more partners in the previous 12 months was higher among females and males 19 to 24 years of age with a history of childhood sexual violence than those without a history of childhood sexual violence.
- Approximately 60% of females and more than 50% of males aged 13 to 24 years believed that it is acceptable for a husband to beat his wife under certain circumstances.
- 5.2% of 13 to 17 year old females reported being circumcised and 9.6% of 18 to 24 year old females reported being circumcised.

Section 3:

The Prevalence of Childhood Sexual, Physical and Emotional Violence

Photo: UNICEF/Hiroki Gomi

Section 3: The Prevalence of Childhood Sexual, Physical and Emotional Violence

HIGHLIGHTS

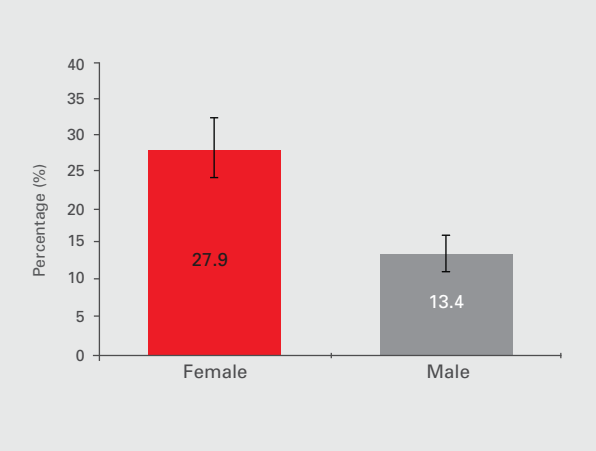
- Nearly 3 out of every 10 females and 1 out of every 7 males reported at least one experience of sexual violence prior to the age of 18.
- Nearly 6% of females have been physically forced to have sexual intercourse before the age of 18.
- Almost three-quarters of children, both male and female, experienced physical violence prior to age 18.
- Approximately one-quarter of children, both male and female, experienced emotional violence prior to age 18.

This section describes the national prevalence of sexual violence, physical violence, and emotional violence against children in Tanzania. The most common ages at which sexual violence occurs for males and females as well as the types of sexual violence, physical violence and emotional violence experienced by children are also highlighted.

3.1 Sexual violence experienced in childhood

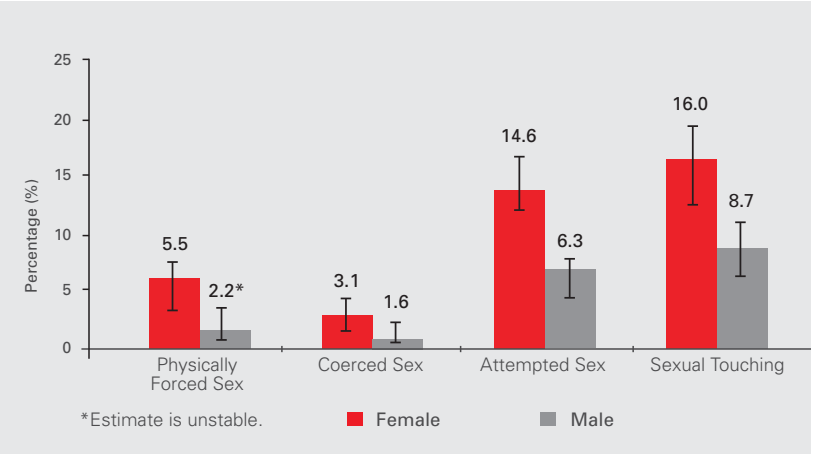
Sexual violence is any sexual act that is perpetrated against someone's will.[61] In this survey, we asked about four types of sexual violence including: (1) unwanted touching in a sexual way (i.e., unwanted touching, kissing, grabbing, or fondling), (2) attempted unwanted intercourse in which sexual intercourse was attempted when the respondent did not want to, but the assailant did not succeed in doing so, (3) physically forced intercourse in which the respondent was physically forced to have sexual intercourse against his or her will, and (4) coerced intercourse in which the respondent was pressured or threatened in some other way to have sexual intercourse against his or her will. All of these are classified as sexual violence, and can be examined separately or together to capture an overall picture of the violence experienced.

Figure 3.1: Sexual Violence Experienced in Childhood - As Reported by 13 to 24 Year Olds (Tanzania Violence Against Children Survey, 2009)



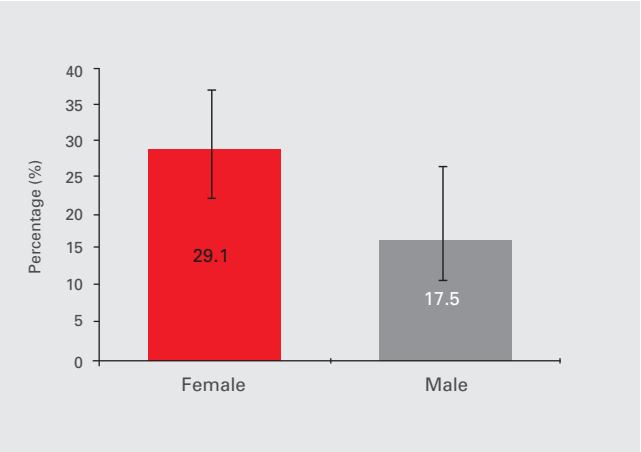
Nearly 3 out of every 10 females (27.9%) aged 13 to 24 in Tanzania reported experiencing at least one incident of sexual violence before the age of 18. Among males in the same age group, 13.4% reported experiencing at least one incident of sexual violence prior to the age of 18 (See Figure 3.1).

Figure 3.2: Types of Childhood Sexual Violence Experienced Prior to Age 18 - As Reported by 13 to 24 Year Olds (Tanzania Violence Against Children Survey, 2009)



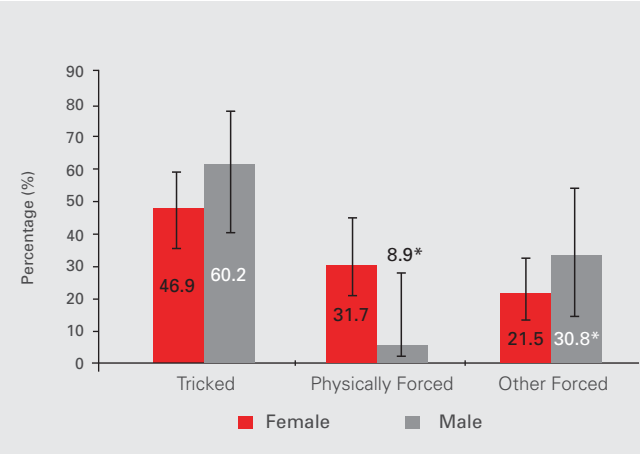
The most common form of sexual violence experienced by both females and males before the age of 18 was sexual touching (16.0% and 8.7%, respectively), followed by attempted sexual intercourse (14.6% and 6.3%, respectively), which includes situations where the perpetrator attempted sexual intercourse but the act was not completed (See Figure 3.2). Notably, 5.5% of females and 2.2% of males reported experiencing physically forced sex during childhood.

Figure 3.3: Unwilling First Sexual Intercourse Experienced Prior to Age 18 - As Reported by 13 to 24 Year Olds (Tanzania Violence Against Children Survey, 2009)



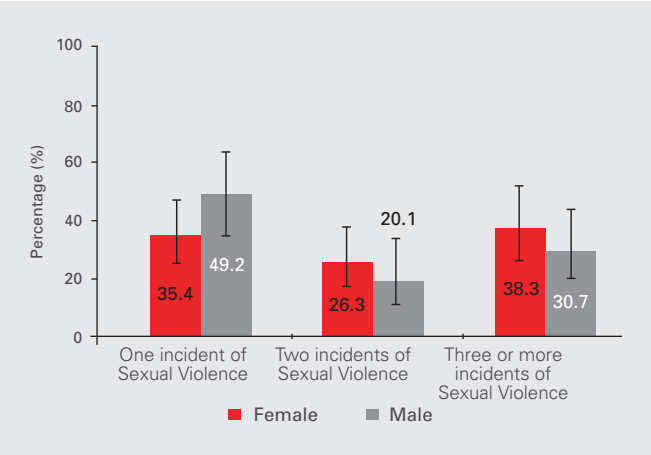
Understanding males and females' first experience of sexual intercourse is important because it has been linked to negative reproductive health outcomes over time.[62] In this study, of those who had their sexual debut prior to age 18, we found that nearly one-third (29.1%) of females and 17.5% of males reported that their first sexual intercourse was unwilling, meaning that they did not want it to happen and were forced, pressured, tricked or threatened to engage in sexual intercourse(See Figure 3.3). Thus, for a sizable percentage of both male and female children in Tanzania, their first sexual intercourse was unwanted and forced or coerced in some way.

Figure 3.4: Type of Force or Coercion Experienced Prior to Age 18 among Those Whose First Sex Was Unwilling - As Reported by 13 to 24 Year Olds (Tanzania Violence Against Children Survey, 2009)



For females who experienced their first sexual intercourse prior to age 18 and reported that it was unwilling, 46.9% reported being tricked to have sex, followed by being physically forced to have sex (31.7%) (See Figure 3.4). Among males who have had unwilling sex before the age of 18, being tricked (60.2%) or subjected to another form of force, such as pressure or threats (30.8%), were most prevalent when first sex was reported to be forced or coerced.

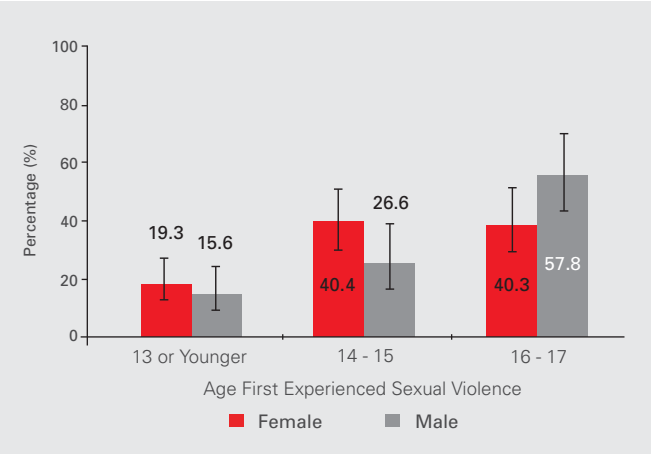
Figure 3.5: Percent of 13 to 17 Year Olds Who Experienced Childhood Sexual Violence Multiple Times - As Reported by 13 to 17 Year Olds Who Experienced Childhood Sexual Violence (Tanzania Violence Against Children Survey, 2009)



In order to better understand how often sexual violence was occurring in children's lives, 13 to 17 year olds who experienced sexual violence were asked how many times they had experienced it.[a] The majority of both females and males who reported childhood sexual violence said they experienced either two incidents (26.3% and 20.1%, respectively) or three or more incidents (38.3% and 30.7%, respectively) (See Figure 3.5).

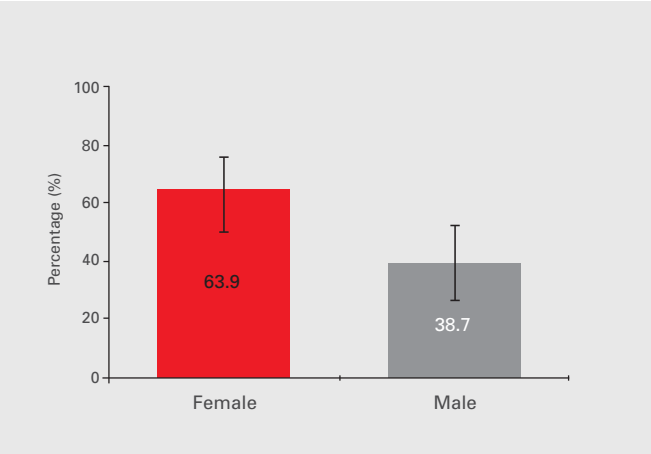
[a] Respondents reported the age at which their first and last incident of each of the four types of sexual violence occurred. Consequently, for 18 to 24 year olds who experienced three or more incidents of the same type of sexual violence, we cannot determine whether each incident occurred prior to or after the respondent turned 18 years of age. Thus, 18 to 24 year oldswere excluded from this analysis.

Figure 3.6: Age First Experienced Childhood Sexual Violence - As Reported by 18 to 24 Year Olds Who Experienced Childhood Sexual Violence (Tanzania Violence Against Children Survey, 2009)



The age at which 18 to 24 year olds first experienced childhood sexual violence is described to better understand when the sexual violence occurred (See Figure 3.6).[b] About the same percent of females 18 to 24 years of age reported that their first incident of sexual violence occurred when they were 14 to 15 years of age (40.6%) and 16 to 17 years of age (40.3%). About 1 in 5 females (19.3%) reported experiencing their first incident of sexual violence when they were 13 years or younger. Nearly 6 out 10 males 18 to 24 years of age (57.8%) reported experiencing their first incident of sexual violence when they were 16 or 17 years old and more than one-quarter (26.6%) reported experiencing their first incident when they were 14 to 15 years of age.

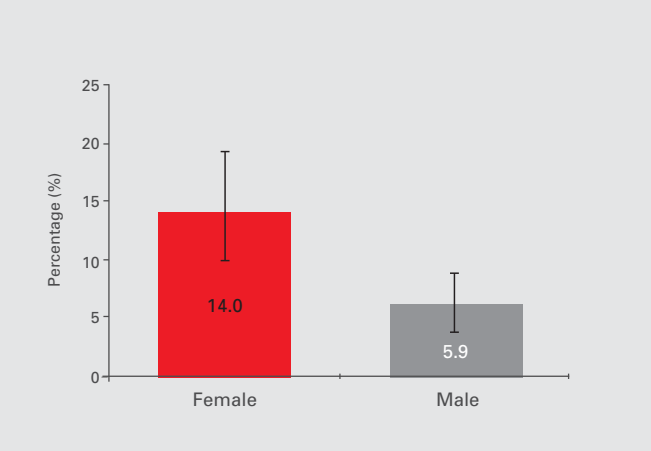
Figure 3.7: Percent of 13 to 17 Year Olds Who Have Had Sexual Intercourse and Experienced Childhood Sexual Violence (Tanzania Violence Against Children Survey, 2009)



Among 13 to17 year olds who have engaged in sexual intercourse, nearly two-thirds of females (63.9%) and more than one-third of males (38.7%) reported at least one experience of sexual violence (See Figure 3.7). In other words, a substantial percent of respondents who have engaged in sexual intercourse prior to age 18 have experienced sexual violence.

[b] Respondents 13 to 17 years of age were excluded from the analysis because some of these respondents who at the time of the survey had not experienced sexual violence will experience sexual violence before turning 18 years of age. Consequently, including 13 to 17 year olds in the analysis would bias estimates of when sexual violence occurred for the first time prior to turning 18 to an earlier age then if the analysis focused on only respondents who had already turned 18 years of age.

Figure 3.8: Sexual Violence Experienced by 13 to 17 Year Olds in the Past 12 Months (Tanzania Violence Against Children Survey, 2009)

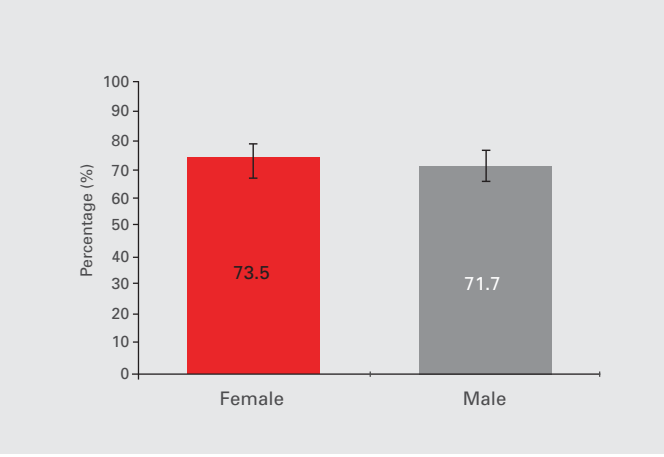


In addition to examining experiences of sexual violence during childhood, we also examined experiences of sexual violence in the year preceding the survey. These findings indicate that 14.0% of females and 5.9% of males aged 13 to 17 years reported that they had experienced at least one form of sexual violence in the past year (See Figure 3.8).[c] In the past 12 months, 7.2% females reported unwanted sexual touching and the same percent, 7.2% reported unwanted attempted sex. For males, the most prevalent form of sexual violence in the past 12 months was sexual touching (4.1%).

3.2 Physical violence experienced in childhood

In this study, physical violence was measured by asking respondents if they had been slapped, pushed, hit with a fist, referred to as "punched" in the rest of the report, kicked, beaten up, or attacked or threatened with a weapon such as a gun or knife by a relative, authority figure, or intimate partner. Physical violence by peers was not asked about in this survey.

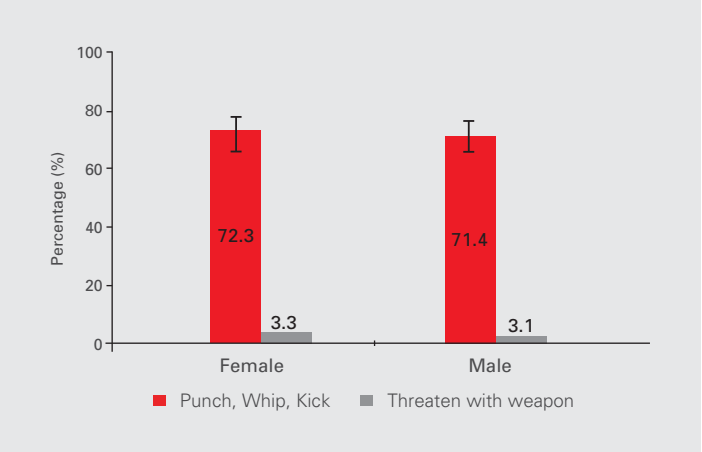
Figure 3.9: Experienced Physical Violence in Childhood by a Relative, Authority Figure, or Intimate Partner- As Reported by 13 to 24 Year Olds (Tanzania Violence Against Children Survey, 2009)



[c] A small percent of females and males 13 to 17 years of age, 1.5% and 1.0%, respectively, provided conflicting information on whether their most recent incident of sexual violence occurred within the past 12 months. In the figure, these respondents were not counted as experiencing violence in the past 12 months.

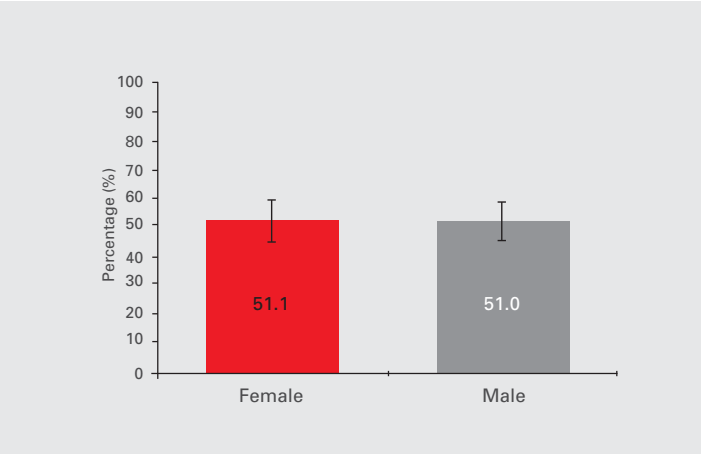
A high percentage of both males and females 13 to 24 years of age reported that they had experienced physical violence in childhood. Approximately three-quarters of females (73.5%) reported experiencing physical violence prior to the age of 18 with a similar percentage reported by males (71.7%) (See Figure 3.9).[d]

Figure 3.10: Types of Childhood Physical Violence - As Reported by 13 to 24 Year Olds (Tanzania Violence Against Children Survey, 2009)



In terms of the types of physical violence experienced, 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 (See Figure 3.10).

Figure 3.11: Physical Violence by Relatives, Authority Figures or Intimate Partners Experienced by 13 to 17 Year Olds in the Past 12 Months (Tanzania Violence Against Children Survey, 2009)



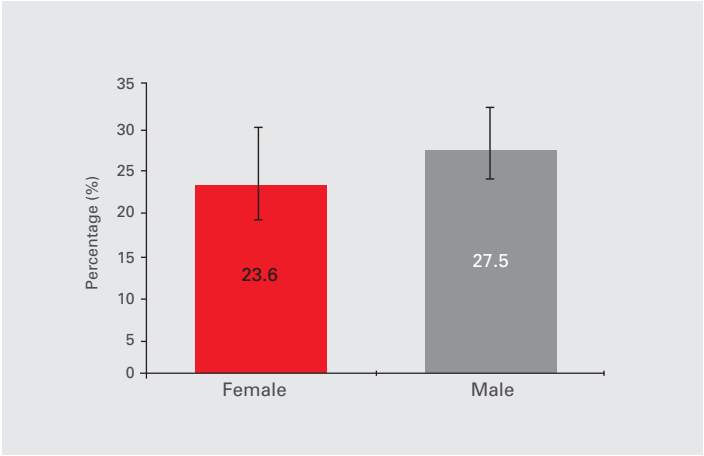
When asked about experiences in the year preceding the survey, 51.1% of females and 51.0% of males aged 13 to 17 years reported that they had experienced physical violence in the past year by either a relative, authority figure (such as a teacher) or by an intimate partner (See Figure 3.11). More detailed information on the description of perpetrators is analyzed in Section 5 of the report.

[d] 21.0% of males 18 to 24 years of age who reported being punched, kicked or whipped by a relative and 10.3% who reported being punched, kicked or whipped by an authority figure said they did not know the age at which the first incident occurred. Similarly, 21.4% of females 18 to 24 years of age who reported being punched, kicked or whipped by a relative and 12.2% who reported being punched, kicked or whipped by an authority figure said they did not know the age at which the first incident occurred. These cases were grouped with physical violence that occurred prior to 18 years of age because the vast majority of physical violence reported by 18 to24 year olds occurred before respondents turned 18 years of age: male reporting a relative perpetrator (95.1%), male reporting an authority perpetrator (90.0%), female reporting a relative perpetrator (93.4%) and female reporting an authority perpetrator (95.9%). (Note: Percentages described in the last sentence are unweighted).

3.3 Emotional violence experienced in childhood

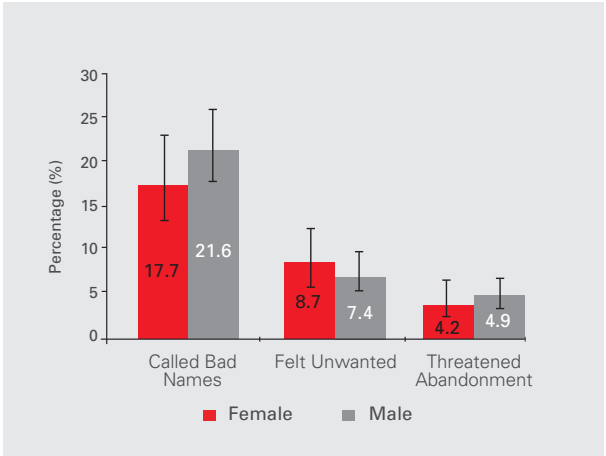
In the survey, emotional violence was measured by asking respondents about such actions as being called bad names, being made to feel unwanted, or being threatened with abandonment by adults or a dating partner before they turned 18 years of age. Emotional violence by friends or peers was excluded from the prevalence estimate.

Figure 3.12: Emotional Violence Experienced in Childhood - As Reported by 13 to 24 Year Olds (Tanzania Violence Against Children Survey, 2009)



Approximately one-quarter of females (23.6%) and nearly 3 out of every 10 males (27.5%) aged 13 to 24 years reported experiences of emotional violence during childhood (See Figure 3.12).[e]

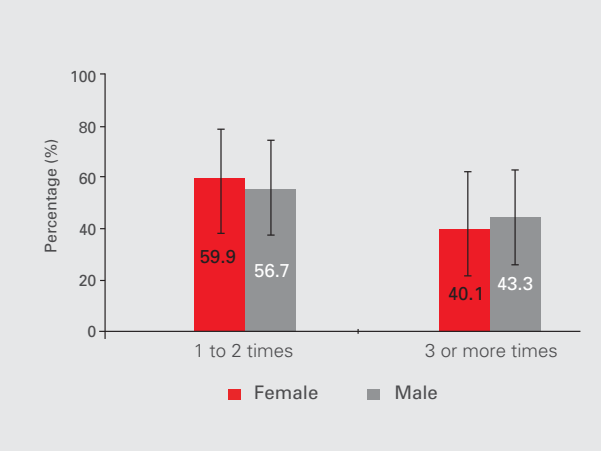
Figure 3.13: Type of Childhood Emotional Violence Experienced - As Reported by 13 to 24 Year Olds (Tanzania Violence Against Children Survey, 2009)



The most prevalent form of emotional violence experienced during childhood was being called bad names (17.7% females and 21.6% males) followed by feeling unwanted (8.7% females and 7.4% males). While being called bad names can be considered a less severe form of emotional violence, between 4% and 5% of females and males aged 13 to 24 years reported that they were threatened with abandonment by an adult or dating partner prior to turning 18 years of age (See Figure 3.13).

[e] 12.5% of males and 14.3% of females who reported being called bad names by an adult in childhood did not know the age at which the first incident occurred and were between 18 to 24 years old. These cases were grouped with emotional violence that occurred prior to 18 years of age because the vast majority of emotional violence involving being called bad names reported by 18-24 year olds occurred before respondents turned 18 years of age: male (89.7%) and female (92.9%) (Note: Percentages in the last sentence are unweighted).

Figure 3.14: Number of Times Females and Males Were Threatened with Abandonment by an Adult in Childhood - As Reported by 13 to 24 Year Who Were Threatened with Abandonment (Tanzania Violence Against Children Survey, 2009)



Approximately 4 out of every 10 females and males who reported being threatened with abandonment in childhood reported that they were threatened with abandonment three or more times (See Figure 3.14).[f]

[f] In contrast to question on sexual violence, the emotional violence questions specifically asked about being threatened with abandonment during childhood. Therefore, the analysis included responses from 18 to 24 year olds.

Section 4:

Overlap of Types of Violence: Sexual, Physical and Emotional Violence

Photo: UNICEF/Hiroki Gomi

Section 4: Overlap of Types of Violence: Sexual, Physical and Emotional Violence

HIGHLIGHTS

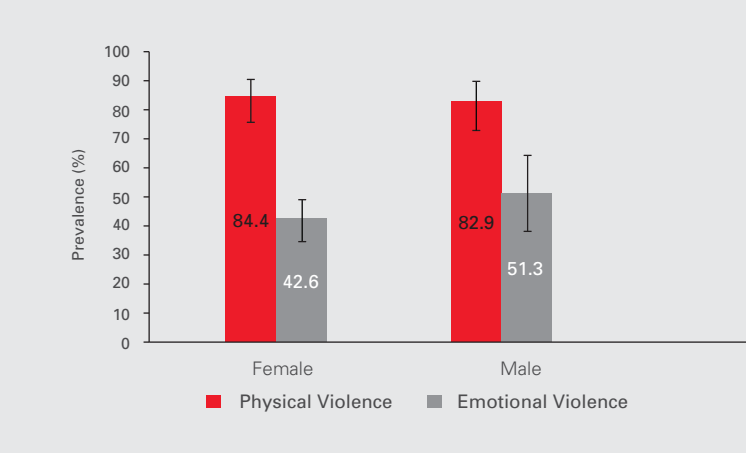
- Over eighty percent of Tanzanians 13 to 24 years of age who reported experiencing sexual violence as a child also reported experiencing physical violence as a child.
- More than one-half of males and more than 4 in 10 females who experienced sexual violence as a child also reported experiencing emotional violence.
- Nearly all females and males aged 13 to 24 who reported emotional violence also experienced physical violence as a child (91.0% and 85.6%, respectively).

This section focuses on the overlap and linkages between the different forms of violence measured in this study – sexual violence, physical violence, and emotional violence. Findings are presented for overlap between (1) sexual violence and physical violence, (2) sexual violence and emotional violence, and (3) emotional violence and physical violence. Recognizing the overlap and understanding the linkages between the different types of violence highlights the multiple risks children face, which need to be taken into account when undertaking assessments of risk and planning responses. Coordination and collaboration is needed across organizations and entities that address distinct forms of violence as well as the multiple systems of health and protection, including hospitals and clinics, social welfare, police and legal services that need to come together to build a child protection system of prevention and care to individuals who have experienced violence.

4.1 Children who have experienced sexual violence: Links to physical and emotional violence

Approximately 84% of 13 to 24 year old females who experienced sexual violence as a child also experienced physical violence in childhood. In addition, nearly 43% of females who experienced childhood sexual violence also experienced emotional violence during childhood (See Figure 4.1). As discussed, sexual violence can include multiple types of violence that is perpetrated against someone's will, including sexual touching without consent, attempted unwanted intercourse, physically forced intercourse, and coerced intercourse in which the respondent was pressured or threatened in some other way to have sexual intercourse against his or her will.

Figure 4.1: Percent of Victims of Childhood Sexual Violence Who Also Experienced Physical or Emotional Violence- As Reported by 13 to 24 Year Olds (Tanzania Violence Against Children Survey, 2009)

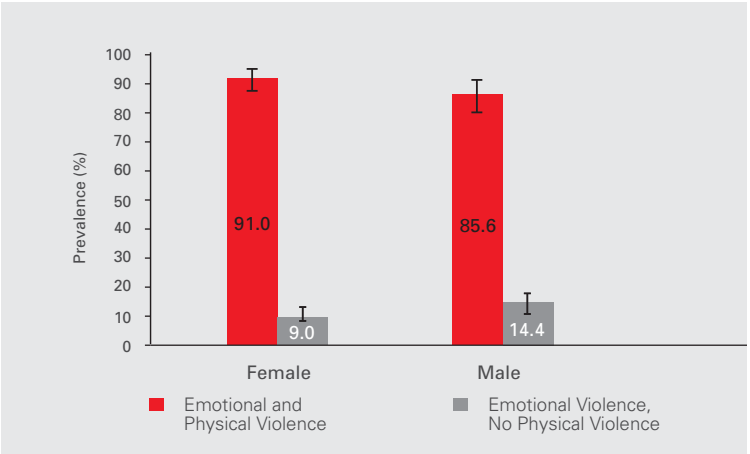


Although sexual violence disproportionately affects females, the findings suggest that 13 to 24 year old males who experienced childhood sexual violence were similarly affected by physical and emotional violence. For instance, about 83% of males who reported experiencing childhood sexual violence also reported experiencing physical violence. As well, about one-half of males who experienced childhood sexual violence also experienced emotional violence (See Figure 4.1).

4.2 Links between emotional and physical violence for children

Nearly all of the females aged 13 to 24 years who reported experiencing emotional violence during childhood also reported experiencing physical violence as a child (91.0%) (See Figure 4.2). Similarly, nearly 86% of males who experienced emotional violence also reported experiencing physical violence during childhood.

Figure 4.2: Percent of Victims of Childhood Emotional Violence Who Experience Physical Violence - As Reported by 13 to 24 Year Olds (Tanzania Violence Against Children Survey, 2009)



Section 5:

Perpetrators of Sexual, Physical and Emotional Violence against Children

Photo: UNICEF/Hiroki Gomi

Section 5: Perpetrators of Sexual, Physical and Emotional Violence against Children

HIGHLIGHTS

- Dating partners, neighbours, and strangers were frequently implicated as perpetrators of sexual violence
- The majority of perpetrators of sexual violence against females were older than the victim, while the majority of perpetrators of sexual violence against males were about the same age as the victim
- Almost 6 out of 10 females and males experienced childhood physical violence at the hand of relatives and 1 out of 2 at the hands of teachers
- Relatives and neighbours were the most common perpetrators of emotional violence

In order to focus prevention efforts, it is necessary to know who the perpetrators of violence against children are. Available information on perpetrators of violence in Africa has tended to focus more on perpetrators of sexual violence against adult women. Less is known about perpetrators of sexual violence against girls and boys. Limited existing data in Tanzania suggests that perpetrators of sexual violence against children are often relatives or neighbours.[63,64] This section describes the perpetrators of sexual, physical, and emotional violence against children in Tanzania.

5.1 Perpetrators of sexual violence[g]

The findings presented below focus on the primary perpetrators of the first and most recent incidents of sexual violence for each of the four types of sexual violence.[h] All of these results are for violence that occurred prior to 18 years of age among Tanzanians 13 to 24 years of age. Although detailed information from every incident of sexual violence is not captured for every individual (e.g., some respondents reported three or more incidents of some types of sexual violence), information on every incident of sexual violence was collected for 62.1% of females and 75.6% of males who experienced childhood sexual violence.

Table 5.1: Perpetrators of Sexual Violence – As Reported by 13 to 24 Years of Age Who Experienced Sexual Violence Prior to Age 18 (Tanzania Violence Against Children Survey, 2009)[a]

	Females			Males		
Perpetrator of Sexual Violence	n	WTD%	95% CI	n	WTD %	95% CI
Any Relative	28	7.1	(4.1-11.8)	26	14.1	(8.8-21.9)
Dating Partner[b]	75	24.7	(18.4-32.3)	107	47.9	(37.9-58.1)
Neighbour	104	32.2	(26.4-38.6)	27	16.6	(10.4-25.5)
Stranger	80	32.0	(24.1-40.9)	34	25.7	(17.0-36.9)
Friend/Classmate	28	10.3	(6.2-16.5)	20	8.6*	(4.3-16.4)
Authority Figure	32	14.7*	(7.6-26.4)	7	2.8*	(1.2-6.5)

[a] Percentages sumto greater than 100% because a person is reporting on up to eight incidents of sexual violence each of which could have a different primary perpetrator.

[b] Reports about sexual violence perpetrated by a spouse are not displayed. Eight females and no males indicated that the perpetrator was a spouse.

* Estimate is unstable.

[g] Analysis of perpetrators of sexual violence was limited to respondents who reported whether they had experienced any of the four types of sexual violence. Also, 18 to 24 year olds who did not report the age at which the violence occurred were excluded because it could not be determined if the sexual violence occurred before the respondent turned 18 years of age. Even when the analysis was limited to this group, between 3% and 12% of the respondents did not provide full information on all of their perpetrators across all of their sexual violence incidents. Because of the percent of cases was more than minimal and not expected to be missing at random, missing cases were included in analyses presented in this subsection.

[h] Because respondents were asked about the first and most recent incident of each of the four types of sexual violence, a respondent could report on between 1 to 8 incidents of sexual violence.

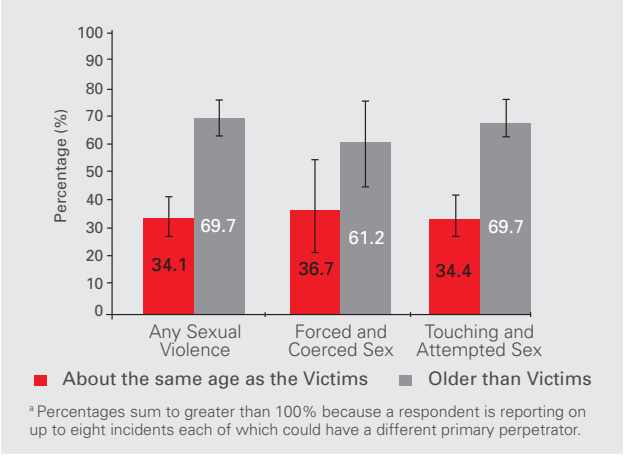
Nearly 1 out of 4 females and 1 out of 2 males who experienced sexual violence prior to age 18 reported that they had experienced sexual violence by a dating partner (See Table 5.1). In addition to a dating partner, neighbours and strangers made up the majority of perpetrators of sexual violence against both females (32.2% and 32.0%, respectively) and males (16.6% and 25.7%, respectively).

Approximately 15% of females who experienced sexual violence prior to age 18 reported that the perpetrator was an authority figure (See Table 5.1). The majority of these authority figures were male teachers (20 of the 32 authority figures). This means that roughly 1 in 10 females who experienced childhood sexual violence reported that it was perpetrated by a teacher. This estimate, however, should be interpreted with caution because it is unstable. A small number of males, 7, reported an authority figure as a perpetrator of sexual violence and fewer than 5 reported a teacher as a perpetrator of sexual violence.

Approximately 7% and 14% of females and males, respectively, reported a relative as a perpetrator (See Table 5.1). Eleven of the 28 females who experienced sexual violence by a relative reported a male cousin as a perpetrator and 8 of the 28 reported an uncle as a perpetrator. Of the 26 males who experienced sexual violence by a relative, 11 of the 26 reported a female cousin as a perpetrator. Almost all females who experienced sexual violence by a relative reported that the perpetrator was a male and almost all males who reported sexual violence by a relative reported that the perpetrator was a female. No males and very few females reported a parent as the perpetrator.

When the perpetrator of the sexual violence was a relative, neighbour, friend/classmate or authority figure the gender of the perpetrator was asked.[i] Nearly all females (96.0%) reported that at least one incident of sexual violence was perpetrated by a male and approximately 1 in 10 reported that at least one incident was perpetrated by a female, but the estimate for female perpetrators was unstable and should be interpreted with caution. The majority of female perpetrators were neighbours (15 out of 19 female perpetrators). The vast majority of males (80.9%) reported that at least one incident of sexual violence was perpetrated by a female. Also, nearly 3 in 10 males who experienced childhood sexual violence (29.1%) reported that at least one incident was perpetrated by a male. The most common male perpetrators were neighbours or people they knew (i.e., friends, classmates, or recent acquaintances).

Figure 5.1: Age Differences Between Perpetrators and Female Victims of Childhood Sexual Violence-As Reported by 13 to 24 Year Olds Who Experienced Childhood Sexual Violence (Tanzania Violence Against Children Survey, 2009[a]

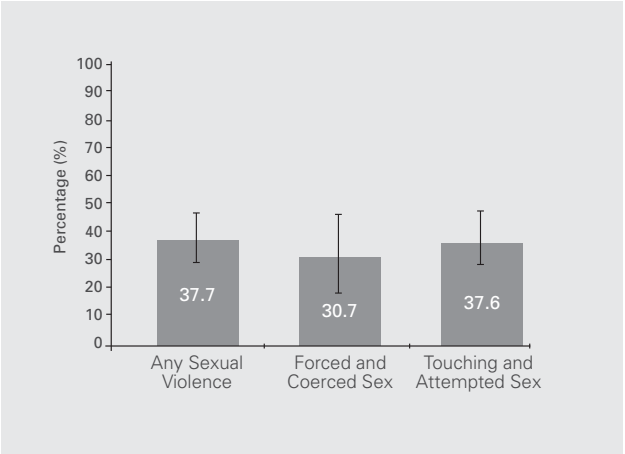


[a] Percentages sum to greater than 100% because a respondent is reporting on up to eight incidents each of which could have a different primary perpetrator.

Almost 70% of females who had experienced sexual violence before the age of 18, reported that the perpetrator was older (See Figure 5.1). The pattern in the age of perpetators was relatively similar across different types of sexual violence.

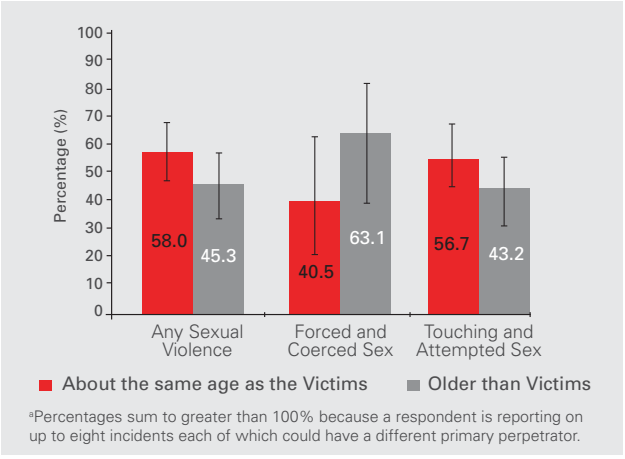
[i] The sex of perpetrators who were strangers was not asked. For dating partner, females were asked if the perpetrator was a boyfriend or romantic partner and males were asked if the perpetrator was a girlfriend or romantic partner. Thus, we cannot determine the sex of the dating partners.

Figure 5.2: Percent of Females Who Experienced Childhood Sexual Violence by a Perpetrator Who Was at Least 10 or More Years Older than They Were - As Reported by Females 13 to 24 Years of Age Who Experienced Childhood Sexual Violence (Tanzania Violence Against Children Survey, 2009)



Nearly 4 in 10 females who experienced any childhood sexual violence (37.7%) indicated that their perpetrator was at least 10 or more years older than they were (See Figure 5.2).

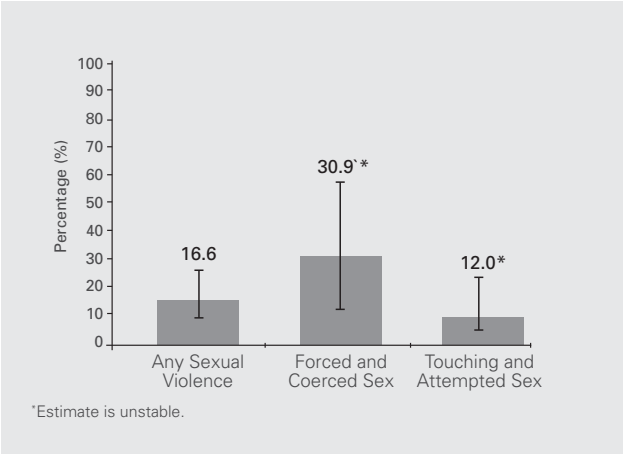
Figure 5.3: Age Differences Between Perpetrators and Male Victims of Childhood Sexual Violence - As Reported by Males 13 to 24 Years of Age Who Experienced Childhood Sexual Violence (Tanzania Violence Against Children Survey, 2009)a



[a]Percentages sum to greater than 100% because a respondent is reporting on up to eight incidents each of which could have a different primary perpetrator.

With the exception of perpetrators of physically forced and coerced sex, the majority of males who experienced sexual violence before turning 18 years of age reported that the perpetrator was about the same age (58.0%) (See Figure 5.3). Nearly two-thirds of males (63.1%) who reported being either physically forced or coerced into sex before they were 18 reported that the perpetrator was older than they were.

Figure 5.4: Percent of Males Who Experienced Childhood Sexual Violence by a Perpetrator Who Was at Least 10 or More Years Older than They Were - As Reported by Males 13 to 24 Years of Age Who Experienced Childhood Sexual Violence (Tanzania Violence Against Children Survey, 2009)



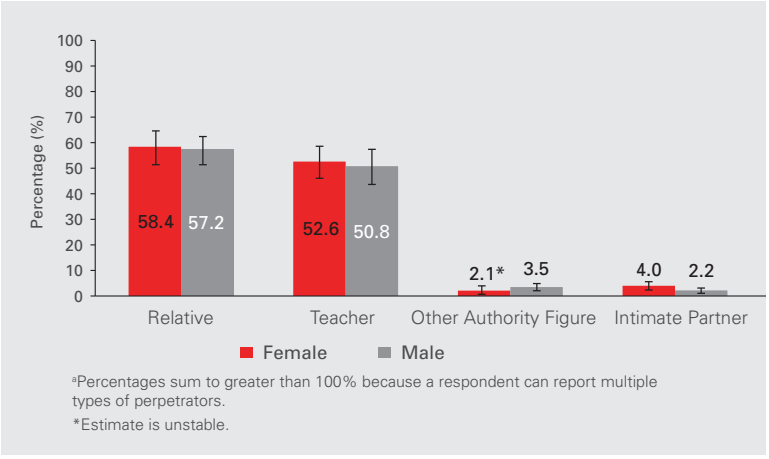
Approximately 17% of all males who experienced childhood sexual violence reported that the perpetrator was at least 10 or more years older than they were (See Figure 5.4).

When asked if any of the perpetrators of sexual violence were drunk or under the influence of drugs at the time of the incident[j], 13.5% of females who experienced childhood sexual violence responded that at least one perpetrator was drunk or under the influence of drugs, and around 8% reported that they did not know. Nearly 7% of males responded that at least one perpetrator was drunk, but this estimate is unstable and should be interpreted with caution. Because it can be difficult for children who have experienced sexual violence to assess whether perpetrators used alcohol or drugs, the reported estimates most likely underestimate the use of alcohol and drugs by the perpetrator.

5.2 Perpetrators of physical violence

Overall, almost three-quarters of both females and males aged 13 to 24 years experienced physical violence prior to age 18 (See Section 3).

Figure 5.5: Types of Perpetrators of Childhood Physical Violence - As Reported by 13 to 24 Year Olds (Tanzania Violence Against Children Survey, 2009)[a]



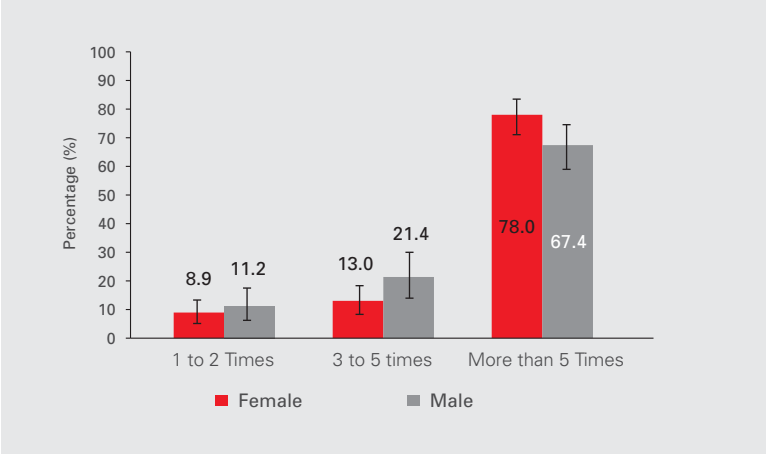
About sixty percent (58.4% of females and 57.2% of males) experienced physical violence by relatives, and 52.6% of females and 50.8% of males experienced physical violence by teachers, all before turning 18 years of age (See Figure 5.5). Among females reporting physical violence by a teacher before turning 18 years of age, 55.9% reported

[j] This question was asked in the help seeking behaviour section of the survey. Due to an error in survey administration, 6.8% and 11.4% of females and males, respectively, who experienced sexual violence prior to the age of 18 were not asked the questions about who they told about their experiences of sexual violence and whether they sought and received services related to their experiences.

physical violence by both male and female teachers, 31.9% reported physical violence by only male teachers, and 12.2% reported physical violence by only female teachers. For males reporting physical violence by a teacher, 48.1% reported physical violence by both male and female teachers, 46.2% reported physical violence by only male teachers, and 5.8% reported physical violence by only female teachers. Physical violence by authority figures other than teachers was much lower (3.5% of males and a very small percent of females) as well as physical violence prior to age 18 perpetrated by an intimate partner (4.0% for females and 2.2% of males).

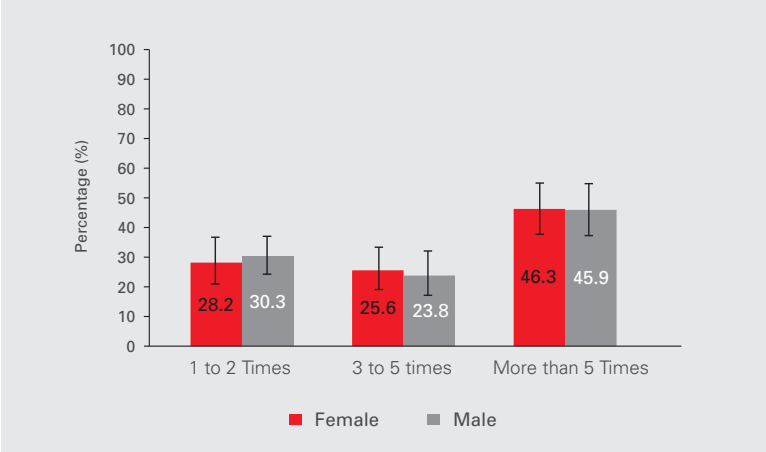
The frequency of physical violence by a relative or a teacher was assessed by looking at how often females and males reported experiencing being punched, kicked, or whipped by a relative or teacher. The analysis focused on 13 to 17 year olds in order to exclude any physical violence that may have occurred after a person turned 18 years old.

Figure 5.6: Number of Times 13 to 17 Year Olds Reported Experiencing Being Punched, Kicked, or Whipped by a Teacher (Tanzania Violence Against Children Survey, 2009)



The vast majority of 13 to 17 year olds who were punched, kicked or whipped by a teacher reported that it occurred more than 5 times (See Figure 5.6). Specifically, about 8 out of 10 females and 7 out of 10 males who had been punched, kicked or whipped by a teacher reported that it had occurred more than 5 times.[k]

Figure 5.7: Number of Times 13 to 17 Year Olds Reported Experiencing Being Punched, Kicked, or Whipped by a Relative



Nearly 1 out of every 2 females and males 13 to 17 years old who was punched, kicked, or whipped by a relative reported that it had occurred more than 5 times (See Figure 5.7). About 3 in 10 of this group reported that they had been punched, kicked, or whipped 1 to 2 times.

[k] The small percentage of respondents who reported physical violence by a teacher and another authority figure were excluded from the analysis because one could not determine the number of violent incide nts related to the teacher.

Table 5.2: Prevalence of Physical Violence Perpetrated by Relatives – As Reported by 13 to 24 Year Olds Who Experienced Childhood Physical Violenceby Relatives, Authority Figures or an Intimate Partner(Tanzania Violence Against Children Survey, 2009)[a]

	Females			Males		
Perpetrator of Physical Violence	n	WTD %	95% CI	n	WTD %	95% CI
Father	396	36.9	(31.3-42.9)	695	50.9	(45.7-56.0)
Mother	558	49.3	(44.0-54.6)	503	36.0	(28.7-44.0)
Brother	153	12.2	(8.9-16.6)	182	15.2	(11.2-20.4)
Sister	78	9.2	(6.6-12.8)	44	3.4	(1.8-6.0)
Uncle / Aunt	82	9.3	(6.3-13.7)	138	15.1	(11.8-19.3)
Other Relative	55	5.5	(3.6-8.2)	65	5.9	(3.9-9.0)

[a] Percentages sum to greater than 100% because a respondent can report multiple relatives as perpetrators.

The majority of females and males 13 to 24 years of age who reported physical violence prior to age 18 experienced this violence by their fathers and mothers (See Table 5.2). The pattern between physical violence by fathers and mothers varied by the sex of the respondent, with the majority of females reporting physical violence by their mother (49.3%) and the majority of males reporting physical violence by their fathers (50.9%). About 22% of females and 23.4% of males who experienced physical violence reported physical violence by both their mother and father.[l]

Table 5.3: Number of Perpetrators of Physical Violence-As Reported by 13 to 24 Year Olds Who Experienced Childhood Physical Violence by Relatives, Authority Figures or an Intimate Partner (Tanzania Violence Against Children Survey, 2009)

	Females			Males		
Perpetrator of Physical Violence	n	WTD %	95% CI	n	WTD %	95% CI
Relatives						
0 Perpetrator	294	20.4	(16.2-25.3)	177	19.5	(14.4-25.9)
1 Perpetrator	611	47.3	(42.2-52.4)	595	46.9	(41.8-52.1)
2 Perpetrators	229	23.6	(19.0-28.9)	329	22.8	(18.2-28.1)
3+ Perpetrators	78	8.8	(6.0-12.6)	119	10.8	(7.3-15.8)
Authority Figures						
0 Perpetrator	299	26.5	(22.2-31.2)	366	26.3	(21.0-32.3)
1 Perpetrator	400	31.4	(25.2-38.3)	360	38.4	(33.0-44.1)
2 Perpetrators	483	41.5	(36.0-47.1)	444	32.9	(27.7-38.6)
3+ Perpetrators	19	0.7*	(0.2-2.1)	54	2.5*	(1.2-4.8)

* Estimate is unstable.

Many respondents reported that they had experienced childhood physical violence by more than one person over the course of their childhood. When relatives were the perpetrators of physical violence, approximately 23% of both females and males reported that two relatives had ever perpetrated physical violence against them (See Table 5.3).[m] More than 8% of females and 10% of males reported that three or more relatives had ever perpetrated physical violence against them. When authority figures were perpetrating the physical violence, more than 4 in 10 females (41.5%) and approximately 1 in 3 males (32.9%) reported that two authority figures ever perpetrated physical violence against them.

[l] Perpetrators were only analyzed for respondents who reported experiencing physical violence before turning 18 years of age. For 18 to 24 year olds respondents who reported multiple perpetrators, we cannot be sure that the violence was experienced for the first time by each perpetrator before turning 18 years of age because we did not ask when the respondent experienced violence by each perpetrator. However, the vast majority of physical violence reported by females and males 18 to 24 years of age, over 90%, occurred for the first time before the respondent turned 18 years of age.

[m] Multiple perpetrators could be counted as a single type of perpetrator in the survey due to the wording of some of the response categories. For instance, a respondent may have reported physical violence by two aunts. Because aunt is a single response category, this would only count as single type of perpetrator. Thus, the number of perpetrators of physical violence may be underestimated.

5.3 Perpetrators of emotional violence

Approximately one-quarter of children, both male and female, experienced emotional violence prior to age 18 (See Section 3). Of those who experienced emotional violence prior to turning 18, 42.4% of females and 38.4% of males reported that they were emotionally abused by more than one type of perpetrator.[n]

Figure 5.8: Types of Perpetrators of Childhood Emotional Violence - As Reported by 13 to 24 Year Olds Who Experienced Emotional Violence (Tanzania Violence Against Children Survey, 2009)[a]

Percentages sum to greater than 100% because a respondent can report multiple types of perpetrators.
*Estimate is unstable.

Among those who experienced emotional violence before age 18, almost 8 out of 10 females and more than 6 out of 10 males reported emotional abuse from a relative (See Figure 5.8). Nearly 1 in 5 females (19.1%) and about 1 in 3 males identified neighbours as perpetrators of emotional violence.[o]

[n] Multiple perpetrators could be counted as a single type of perpetrator in the survey due to the wording of some of the response categories. For instance, a respondent may have reported emotional abuse by two aunts. Because aunt is a single response category, this would only count as single type of perpetrator. Thus, the number of perpetrators of emotional violence is underestimated.

[o] Perpetrators were only analyzed for respondents who reported experiencing emotional violence before turning 18 years of age. For 18 to 24 year olds respondents who reported multiple perpetrators, we cannot be sure that the violence was experienced for the first time by each perpetrator before turning 18 years of age because we did not ask when the respondent experienced violence by each perpetrator. However, the questions specifically asked about childhood and thus we are confident the vast majority of emotional violence occurred in childhood.

Section 6:
Context of Sexual Violence Against Children

Photo: UNICEF/Hiroki Gomi

Section 6: Context of Sexual Violence Against Children

HIGHLIGHTS

- Incidents 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.
- Females who experienced physically forced or coerced sex in someone's house most often reported that it took place in the perpetrator's house.
- The majority of childhood sexual violence against both females and males occurred between the hours of 12:00 (noon) and 20:00 (8:00pm).

In addition to knowing who the perpetrators of violence are, it is also necessary to know where, when, and how this violence is taking place in order to help focus prevention efforts. This section reports on the location and time of day where incidents of childhood sexual violence took place as well as describing what was going on right before the violence occurred (e.g., arguing with the perpetrator) and the type of force (e.g., physical force, or threats of breaking up a romantic relationship) used to perpetrate the sexual violence . Also, the extent to which childhood sexual violence varied across household wealth is described in order to better understand what groups were most likely to experience sexual violence. All of the results presented here are for Tanzanians 13 to 24 years of age who reported experiencing sexual violence before they turned 18 years of age.[p]

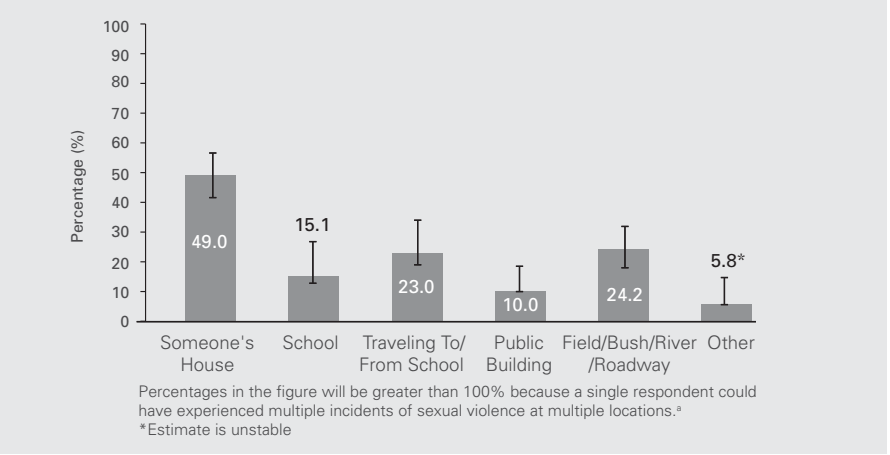
The contextual information is drawn from descriptions by respondents of their first and last incident of sexual violence for each of the four types of sexual violence (i.e., sexual touching, attempted sex, physically forced sex, and coerced sex). Although detailed information from every incident of sexual violence is not captured for every individual (e.g., some respondents reported three or more incidents of some types of sexual violence), information on every incident of sexual violence was collected for 62.1% of females and 75.6% of males who experienced childhood sexual violence. The time sexual violence occurred and the type of force used to perpetrate sexual violence were only asked about respondent's first incident of each of the four types of sexual violence.

6.1 Where the sexual violence occurred

Respondents were specifically asked about the location of their first and most recent experiences of each of the four types of sexual violence. Forty-nine percent of females who had experienced childhood sexual violence indicated that at least one of their experiences of sexual violence took place at someone's house. Nearly 4 in 10 females reported that at least one incident took place on school grounds or while traveling to or from school. Specifically, 15.1% reported that at least one incident occurred at school or on school grounds and 23% reported an incident occurred while travelling to or from school. Finally, about one-quarter (24.2%) said that at least one incident occurred in a field, bush, river or roadway and 10.0% mentioned a public building such as a business or bar (See Figure 6.1).

[p] Analysis of the context of sexual violence was limited to respondents who reported whether they had experienced any of the four types of sexual violence. Also, 18 to 24 year olds who did not report the age at which the violence occurred were excluded because it could not be determined if the sexual violence occurred before the respondent turned 18 years of age. Even when the analysis was limited to this group, between 2% and 12% of the respondents did not provide full information on the location, timing, and type of force used across all of their sexual violence incidents. Because of the percent of cases was more than minimal and not expected to be missing at random, missing cases were included in analyses presented in this section.

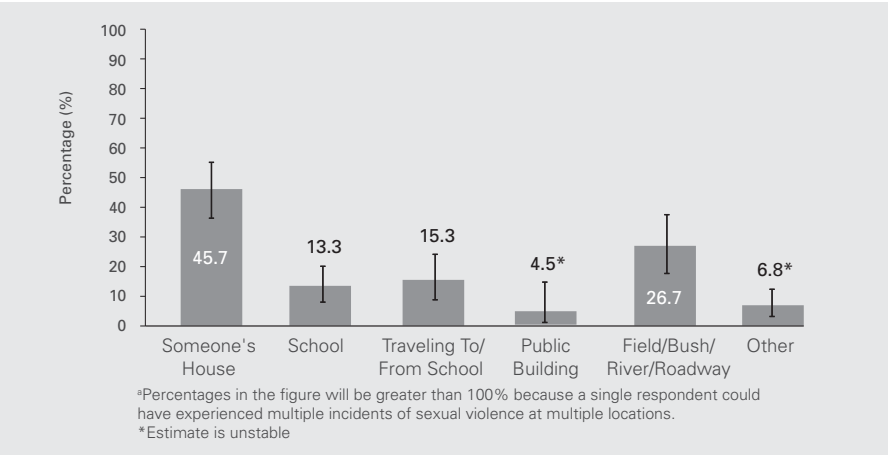
Figure 6.1: Location Where Incidents of Childhood Sexual Violence Occurred among Females - As Reported by Females 13 to 24 Year Olds Who Experienced Childhood Sexual Violence (Tanzania Violence Against Children Survey, 2009)[a]



Experiences of physically forced or coerced sex among females more commonly occurred in the home than other forms of sexual violence. For example, approximately 3 out of 4 females (75.3%) who reported physically forced or coerced sex indicated that at least one incident occurred at someone's house. Among those who reported that they experienced physically forced or coerced sex in someone's house, 70% indicated that at least one incident took place in the perpetrator's home.

Further analyses were conducted on the location where incidents of unwanted touching or attempted sex occur. Forty-three percent of females mentioned that at least one incident of unwanted touching or attempted sex took place in a house and 41.4% mentioned experiencing at least one incident of unwanted touching or attempted sex on school grounds, or while they were making their way to or from school. Among females who reported unwanted touching or attempted sex in a home, the three most common types of homes reported where at least one incident occurred were: home of the person who experienced the sexual violence (44.6%), perpetrator's home (37.2%), and other house (29.1%) such as a friend, relative, or neighbour. A closer look at schools revealed that 16.7% of females reported that at least one incident occurred on school grounds, while 25.5% of females reported an incident occurred going to or from school.

Figure 6.2: Location Where Incidents of Childhood Sexual Violence Occurred among Males - As Reported by Males 13 to 24 Year Olds Who Experienced Childhood Sexual Violence (Tanzania Violence Against Children Survey, 2009)[a]



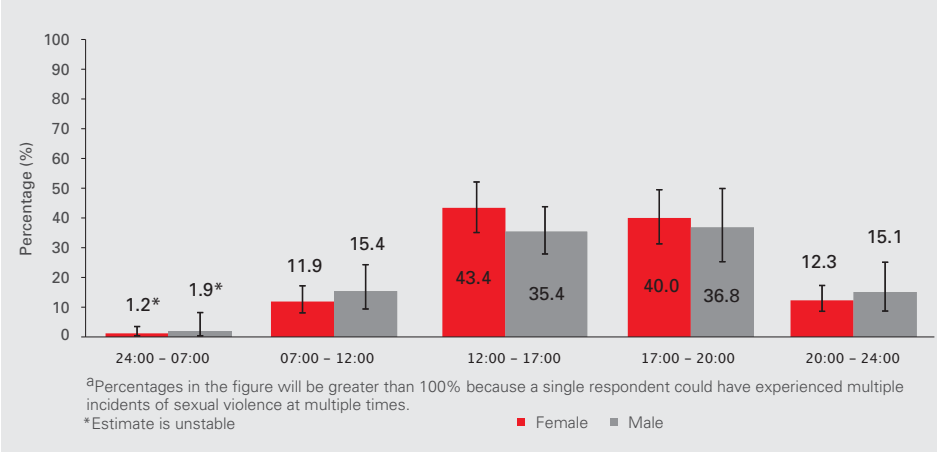
Nearly one-half of males (45.7%) indentified the home as the place where at least one incident of childhood sexual violence took place. Nearly 1 out of 3 males reported that at least one incident took place on school grounds or while traveling to or from school. Specifically, 13.3% reported that at least one incident occurred at school or on school grounds and 15.3% reported that the incident occurred going to or from school. Finally, more than one-quarter (26.7%) said that at least one incident occurred in a field, bush, river or roadway (See Figure 6.2).

Similar to females, a high percentage of males (60.6%) who experienced physically forced or coercive sex during childhood reported that at least one incident occurred in someone's home. Among those who experienced physically forced or coercive sex in someone's home, the home of the person who experienced the sexual violence was the most frequently cited location (15 out of 30 incidents that occurred in a home), followed by the perpetrators home (12 out of 30 incidents that occurred in a home).[q] Further analyses were conducted on the location where incidents of unwanted touching or attempted sex occur. Both the home and the school were reported locations for unwanted sexual touching or attempted sex, with 44.5% and 28.6%, respectively, identifying these locations where at least one incident took place.

6.2 When the incidents of childhood sexual violence occurred

In addition to the location where first and most recent incidents of sexual violence occurred, females and males aged 13 to 24 years were also asked about the time of day their first incident of each of the four types of sexual violence occurred (See Figure 6.3).

Figure 6.3: Time of Day When First Incidents of Four Types of Childhood Sexual Violence Occurred - As Reported by 13 to 24 Year Olds Who Experienced Childhood Sexual Violence (Tanzania Violence Against Children Survey, 2009)a



[a]Percentages in the figure will be greater than 100% because a single respondent could have experienced multiple incidents of sexual violence at multiple times.
*Estimate is unstable

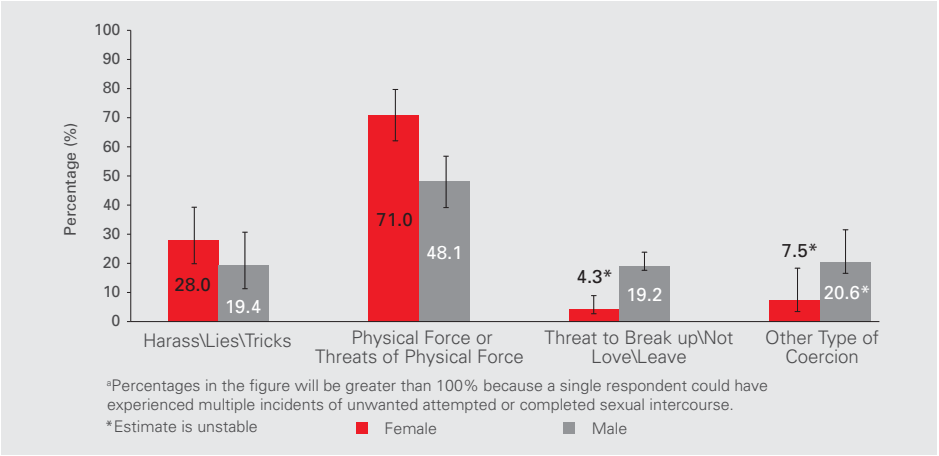
The majority of sexual violence against both females and males occurred between the hours of noon and 20:00 (See Figure 6.3). Specifically, at least one incident of sexual violence was reported as occuring between noon and 17:00 by 43.4% and 35.4% of females and males, respectively. More than one-third of females and males said that the sexual violence occurred between the hours of 17:00 and 20:00 (40.0% and 36.8%, respectively). Very few reported the sexual violence occurring between the hours of midnight and 07:00.

6.3 Type of force and coercion used to perpetrate unwanted attempted or completed sexual intercourse

For the first incident of the three types of sexual violence (unwanted attempted sex, physically forced completed sex, and coerced completed sex), respondents were asked to describe the type of force or coercion used by the perpetrator.

[q] There was insufficient information to produce national estimates and consequently counts are provided.

Figure 6.4: Type of Force or Coercion Used in First Incidents of Unwanted Attempted or Completed Sexual Intercourse during Childhood - As Reported by 13 to 24 Year Olds Who Reported Unwanted Attempted or Completed Sex during Childhood (Tanzania Violence Against Children Survey, 2009)[a]



For both females and males who experienced unwanted attempted or completed sex, the most common type of force or coercion used in at least one incident of sexual violence was physical force or threats of physical force (71.0% of female and 48.1% of males) (See Figure 6.4). Additionally, nearly 3 in 10 females reported coercion involving harassment, lies, or tricks. Very few females reported other types of coercion or coercion involving threats to break up with them or leave them. About 1 in 5 males who experienced unwanted attempted or completed sex reported the following types of coercion: harassment, lies, and tricks (19.4%); threat to break up, leave or not love them (19.2%), and other types of coercion (20.6%).

6.4 What was happening right before the sexual violence occurred?

In order to better understand the context of sexual violence, females and males were asked to describe what was happening right before the sexual violence occurred. Most often both females and males reported that nothing specific was going on (54.8% and 45.8%, respectively). Respondents, however, did cite some common situations. Specifically, 16.5% of females said they were arguing with a perpetrator right before the sexual violence occurred and 9.3% of females said they were on a date. Other situations that females cited, but there was insufficient information to produce national estimates were: at a large event or going to and from a large event (18 of 294 females who experienced childhood sexual violence), farming or collecting water or firewood (18 of 294 females) and working or shopping (13 of 294 females). The four most commonly cited situations for males were: arguing with the perpetrator (21 of 194 males), on a date (16 of 194 males), talking, chatting or studying with people (16 of 194 males), at an event or going to or from an event (15 of 194 males), and farming or collecting water or firewood (11 of 194 males). Because the survey did not ask respondents whether a specific situation occurred and many respondents cited no particular situation, the prevalence of these situations occurring before sexual violence are most likely underestimated.

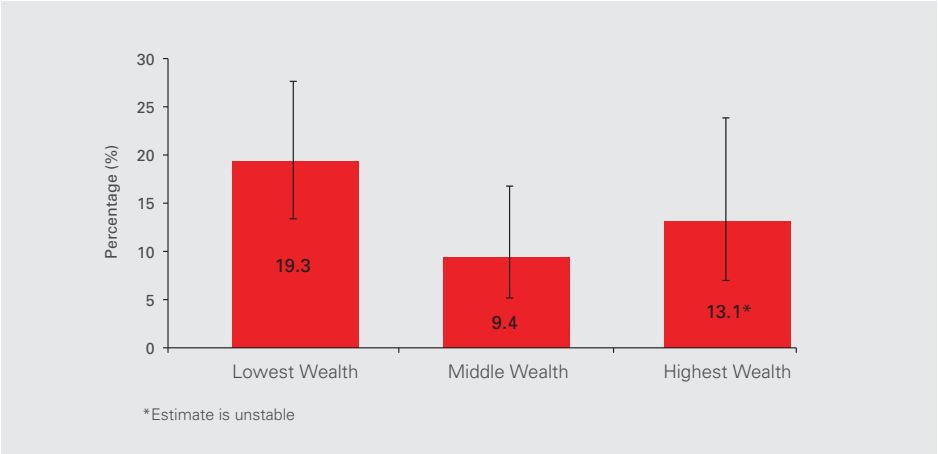
6.5 Sexual Violence Experienced by 13 to 17 Year Olds in the Past 12 Months by Wealth Index

In order to better understand the context of sexual violence, the extent to which sexual violence varied by household wealth was accessed. An index of household wealth was constructed with a well-established procedure used in Demographic Health Surveys (DHS). The wealth index has been used in DHS surveys in multiple countries including Tanzania and has been found to be consistent with expenditure and income measures.[65] Specifically, the wealth index was constructed using household asset data and principal component analysis. For households with 13 to 24 year old respondents, the head of household was asked information about household ownership of a number of items ranging from a paraffin lamp to a television (See Table 2.6 in Section 2) as well as characteristics of their drinking water, type of sanitation, and materials of their home. Using this information, each household was assigned a score that was calculated by assigning a weight (i.e., factor score) generated through principal component analysis to each asset and then summing these weighted scores. Individuals were ranked according

to the total score of the household in which they resided. Finally, the sample was divided into thirds: low wealth, middle wealth and high wealth.

The wealth index assesses the current wealth of a household. Since household wealth may change over time, descriptions of sexual violence by household wealth focused on sexual violence that occurred within the past 12 months instead of over the full course of the respondent's life. Also, only 13 to 17 year olds were included in the analysis to ensure that only sexual violence occurring to children (i.e., before turning 18 years of age) was included.

Figure 6.5: Percent of Females Who Experienced Sexual Violence in the Past 12 Month by Wealth Index - As Reported by 13 to 17 Year Olds (Tanzania Violence Against Children Study, 2009)



Sexual violence occurred across all wealth groups with some differences across age groups (See Figure 6.5). Females 13 to 17 years of age who lived in households in the lowest wealth group were more likely to report sexual violence than females who lived in households in the middle wealth group (19.3% versus 9.4%, $p<.05$) (See Figure 6.5). However, the difference in the prevalence between the lowest wealth group and highest wealth group (19.3% versus 13.1%) was not statistically significant. Furthermore, the estimate for the highest wealth group should be interpreted cautiously because it is unstable. Insufficient information was available to conduct this analysis for males.

Section 7:

Help Seeking Behaviours of Children Who Have Experienced Sexual Violence and Access to Services

Photo: UNICEF/Julie Pudlowski

Section 7: Help Seeking Behaviours of Children Who Have Experienced Sexual Violence and Access to Services

HIGHLIGHTS

- Approximately one-half of females and one-third of males who experienced sexual violence prior to age 18 told someone about it.
- About 1 out of every 5 females and 1 out of 10 males sought services for their experiences of sexual violence prior to age 18.
- About 1 out of 8 females and less than 1 out of 20 males received services for their experiences of sexual violence prior to age 18.
- About 16% of females and males who experienced sexual violence prior to age 18 would have liked additional services.

Throughout much of the world, sexual violence against children remains a hidden problem and has thus been a neglected area of research.[66] Children who experience sexual violence are often reluctant to let others know about experiences of sexual violence for a variety of reasons including guilt, shame, fear of not being believed, or even being reprimanded for what has occurred. Furthermore, service providers in many countries are not always available or equipped to handle cases of sexual violence.[67] Adequate health, criminal justice, and social services are crucial for the immediate protection of children as well as their recovery and in preventing future violence.[68,69]

The main objectives of this section are to describe the help-seeking experiences of Tanzanians aged 13 to 24 years who experienced sexual violence prior to turning 18 in terms of (1) whether they reported their experiences of sexual violence to anyone, (2) if reported, who they told, (3) whether they sought services for their abuse, (4) what services they received, and (5) whether they would have liked additional services.

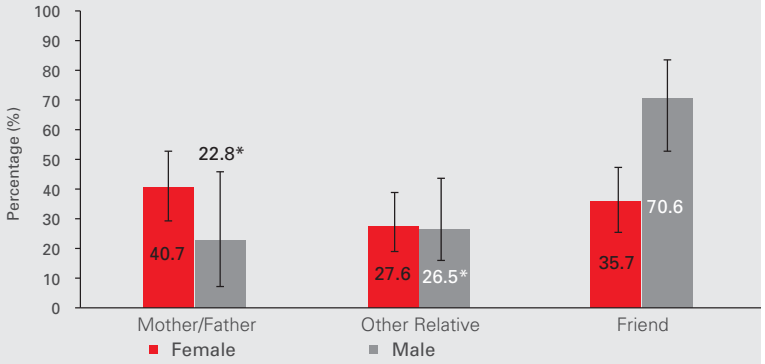
7.1 Whether those who experienced sexual violence prior to age 18 told anyone about the abuse

In order for children who have experienced sexual violence to get help, the first step is that they tell someone about their abuse. Of those who experienced sexual violence prior to age 18[r], just over one-half of females (52.3%), and one-third of males (31.4%), told someone about their abuse.[s]

[r] Due to errors in survey administration, 6.8% and 11.4% of females and males, respectively, who experienced sexual violence prior to the age of 18 were not asked the questions about who they told about their experiences of sexual violence and whether they sought and received services related to their experiences. The percentages in this section exclude information from these individuals.

[s] The question asked respondents whether they told or sought services for any experience of sexual violence. Even though the analyses only focused on those respondents who experienced sexual violence before turning 18, respondents 18 to 24 years of age who experienced multiple incidents of sexual violence prior to and after turning 18 years of age may have sought services for incidents of sexual violence that happened after they turned 18.

Figure 7.1: Disclosure of Childhood Sexual Violence to Family and Friends - As Reported by 13 to 24 Year Olds Who Experienced Childhood Sexual Violence and Told Someone (Tanzania Violence Against Children Survey, 2009)a



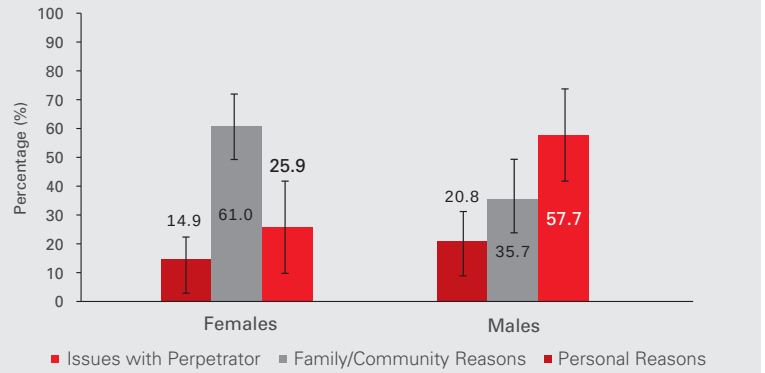
[a]Percentages will sum to greater than 100% because a respondent could tell mutliple people about an incident or tell different people about different incidents.

*Estimate is unstable

Females most frequently told their experiences of sexual violence to their mother or father (40.7%) or a friend (35.7%). Males mostly told their friends about it (70.6%). Approximately 1 in 4 females and males told other relatives about the sexual violence (See Figure 7.1).

Almost one-half of 13 to 24 year old females (47.7%) and 2 out of every 3 males aged 13 to 24 years (68.6%) did not tell anyone that they had experienced sexual violence prior to turning 18. Thus, it is important to understand the reasons why 13 to 24 year olds are not telling anyone about their experiences of childhood sexual violence.

Figure 7.2: Reasons Given for Not Telling Anyone about Experiences of Childhood Sexual Violence - As Reported by 13 to 24 Year Olds Who Experience Childhood Sexual Violence and Did Not Disclose (Violence Against Children Survey, Tanzania, 2009)a



[a]Percentages will sum to greater than 100% because a respondent could provide multiple reasons for not telling someone about the sexual violence.

The reasons given for not disclosing the sexual violence are shown in Figure 7.2. Females mostly cited family or community reasons for not disclosing the sexual violence (61.0%). The most commonly cited family and community reason was the fear of abandoment or separation as a result of telling someone. More than one-third of females who did not tell anyone (33.8%) cited this reason. Other family and community reasons included: they did not want to embarrass their family (14 of 150 females who did not tell anyone), they did not know who to tell (11 of 150 females), they did not think people would believe them (10 of 150 females), and they were afraid of being beaten (9 of 150 females). One-quarter of females cited personal reasons including: they did not view it as a problem (17 of 150 females), believed it was no one else's business (14 of 150 females) or thought they were strong enough to deal with it themself (9 of 150 females). Finally, around 15% cited perpetrator related reasons, including not wanting to get the perpetrator in trouble (11 of 150 females) and threats by the perpetrator (7 of 150 females).[t]

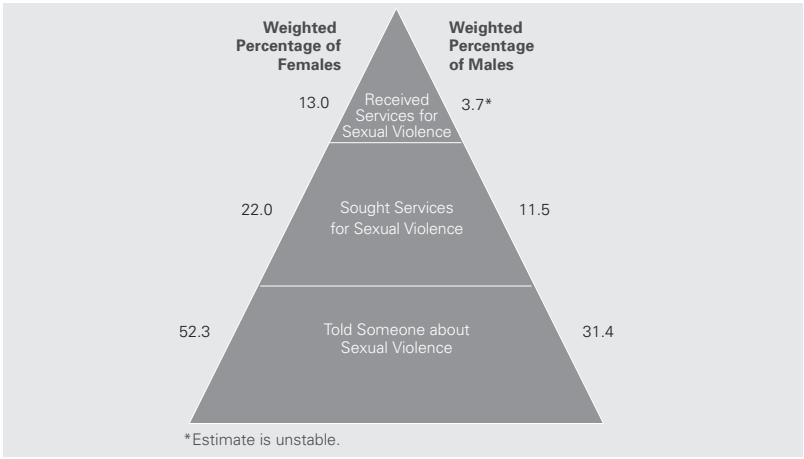
[t] There is insufficient information to produce national estimates for many of the specific reasons respondents reported for not telling anyone about the sexual violence. Consequently, the count of respondents reporting different reasons is provided.

For males, the majority cited personal reasons (57.7%) for not telling anyone (See Figure 7.2). The most frequent personal reasons were not thinking it was a problem (28.0%). Other reasons included the belief that it was no one else's business (17 of 112 males) or that the respondent was strong enough to deal with it himself (16 of 112 males). Slightly more than a third, 35.7%, cited family and community reasons including not wanting to embarrass their family (20 of 112 males), scared of being abandoned or separated (18 of 112 males), or did not think people would believe them (15 of 112 males). Around 1 out of 5 males (20.8%) cited perpetrator related reasons with the most frequenty cited being not wanting to get the perpetrator in trouble (14 of 150 females).

7.2 Help-seeking among those who have experienced sexual violence prior to age 18

As noted earlier, females and males 13 to 24 years of age were asked whether they sought services for any of their experiences of sexual violence and whether or not they received services related to their experiences. The results reported here are for services sought and received for 13 to 24 year olds who experienced sexual violence prior to age 18.

Figure 7.3: Whether Those Who Have Experienced Childhood Sexual Violence Told Anyone about It, Sought Services, or Received Services – As Reported by 13 to 24 Year Olds Who Experienced Childhood Sexual Violence (Tanzania Violence against Children Survey, 2009



* Estimate is unstable.

Approximately one-half of females (52.3%) and one-third of males (31.4%) who experienced sexual violence prior to age 18 told someone about their abuse. A smaller percent of females and males who experienced sexual violence prior to age 18, little more than 1 in 5 females (22.0%) and 1 in 10 males (11.5%), sought services (See Figure 7.3). The vast majority of females and males who sought services (86.7% and 77.1%, respectively) had told someone about their experience of sexual violence. However, only 35.9% and 28.4% of people who told someone about their experience of childhood sexual violence sought services.

Not all respondents who sought services received them. Specifically, 59.4% of females who sought services received them and around 1 in 3 males who sought services received them.[u] Consequently, slightly more than 1 in 10 females (13.0%) and 1 in 25 males (3.7%) who experienced sexual violence prior to age 18 reported that they received services (See Figure 7.3). Females who indicated that they received services and reported on the types of services received (25 out of the 28 females), mentioned receiving counseling (12 of 25 females), clinic or hospital services (9 of 25 females), or help from an elder or community leader (6 of 25 females). Of the 9 males who indicated receiving services and reported on those services, 7 mentioned getting counseling.

Respondents who experienced childhood sexual violence were asked if they would have liked additional services. Around 16% of both females and males said they would have liked additional services. Of the females who wanted additional services, 49.1% wanted counseling and 27.9% wanted support from the police or their social welfare officer. For males, 67.9% wanted counseling and 8 of the 37 wanted support from the police or their social welfare officer.

[u] Male estimate needs to be interpreted cautiously because it unstable.

Section 8:

Health Outcomes of Sexual, Physical and Emotional Violence

Photo: UNICEF/Hiroki Gomi

Section 8: Health Outcomes of Sexual, Physical and Emotional Violence

HIGHLIGHTS

Sexual Violence

- For females 13 to 24 years of age, feelings of anxiety and depression in the past 30 days, recent alcohol use, and having a sexually transmitted infection (STI) diagnosis or symptoms in the last 12 months were all associated with childhood sexual violence.
- For males 13 to 24 years of age, no health outcomes were associated with childhood sexual violence.
- Over 6% of females 13 to 24 years of age who were ever pregnant reported that at least one pregnancy was caused by sexual violence.

Physical Violence

- For females 13 to 24 years of age, childhood physical violence was associated with poor to fair general health, feelings of anxiety in the past 30 days, having suicidal thoughts, and having a STI diagnosis or symptoms in the past 12 months.
- For males 13 to 24 years of age, childhood physical violence had a borderline association with feelings of depression in the past 30 days.

Emotional Violence

- For both males and females 13 to 24 years of age, childhood emotional violence was associated with fair to poor health, feelings of anxiety and depression in the past 30 days, and having suicidal thoughts.

8.1 Experiences of childhood sexual violence and current health status

A number of the negative health outcomes that were measured were significantly associated with childhood experiences of sexual violence for females. For example, nearly 6 in 10 (58.6%) females in Tanzania who experienced sexual violence as a child reported feeling depressed in the last 30 days as compared with 4 out of 10 (41.1%) females who did not experience childhood sexual violence ($p<.05$) (See Table 8.1). Females who experienced sexual violence as a child were also more likely than those who did not experience sexual violence to report having feelings of anxiety in the last 30 days (45.4% vs. 29.5%, $p<.05$) or report a diagnosis of a sexually transmitted infection (STI) or symptoms of an STI in the last 12 months (8.1% vs. 3.7%, $p<.05$). Finally, females who experienced childhood sexual violence were also more likely to drink alcohol in the last 30 days than those females who did not experience this abuse (9.9% vs. 2.7%, $p<.05$), although these results need to be interpreted with caution due to unstable estimates (See Table 8.1).

Females were also asked if they had become pregnant as a result of sexual violence. Of females 13 to 17 years of age who reported ever being pregnant, 7 of the 49 reported that at least one pregnancy was caused by forced or coerced sex.[v] Among 18 to 24 year olds who reported being pregnant at any age, 6.3% reported that at least one pregnancy was caused by forced or coerced sex.[w]

While none of the health outcomes that were measured showed a statistically significant association with childhood sexual violence for males, several should perhaps be investigated more closely. For example, among males who experienced sexual violence as children the proportion reporting having feelings of depression in the last 30 days, having feelings of anxiety in the last 30 days, and having

[v] The national estimate was unstable and therefore not reported.

[w] Information on whether the pregnancy caused by forced or coerced sex occurred before or after the female turned 18 was not collected.

suicidal thoughts was higher than for those not exposed to childhood sexual violence. None of these associations were, however, significant (See Table 8.1).

Table 8.1: Physical Health, Mental Health, and Substance Use Among 13 to 24 Year Olds by Experiences of Childhood Sexual Violence (Tanzania Violence Against Children Survey, 2009)

	Females				Males			
Health Outcome	n	WTD %	95% CI	p value	n	WTD %	95% CI	p value
Physical/Reproductive Health								
Fair/Poor General Health								
Sexual Violence	89	26.0	(19.1-34.3)	0.16	71	30.4	(19.1-44.7)	0.48
No Sexual Violence	353	21.3	(17.3-26.0)		330	25.7	(21.8-30.0)	
STI Diagnosis/Symptoms in Last 12 Months								
Sexual Violence	26	8.1	(4.9-13.1)	0.04	23	8.3	(4.6-14.4)	0.13
No Sexual Violence	38	3.7	(2.5-5.5)		38	4.8	(2.8-8.4)	
Ever Been Pregnant								
Sexual Violence	130	41.5	(32.9-50.5)	0.41	–	–	–	
No Sexual Violence	443	36.9	(30.9-43.4)		–	–	–	
Mental Health								
Anxiety in Last 30 Days								
Sexual Violence	128	45.4	(36.8-54.4)	0.00	103	52.0	(38.4-65.2)	0.12
No Sexual Violence	459	29.5	(25.1-34.3)		576	41.7	(36.4-47.3)	
Feelings of Depression in Last 30 Days								
Sexual Violence	168	58.6	(48.4-68.2)	0.00	113	57.0	(46.5-66.8)	0.10
No Sexual Violence	544	41.1	(35.2-47.2)		645	47.5	(41.4-53.7)	
Ever had Suicidal Thoughts?								
Sexual Violence	29	11.8	(6.8-19.6)	0.15	19	12.7*	(5.3-27.2)	0.19
No Sexual Violence	76	6.9	(4.5-10.4)		58	4.5	(3.1-6.7)	
Substance Use								
Drink Alcohol in Last 30 Days								
Sexual Violence	26	9.9*	(5.1-18.3)	0.02	17	11.3*	(5.2-22.8)	0.40
No Sexual Violence	21	2.9	(1.8-4.7)		72	7.3	(4.8-10.8)	
Smoke in Last 30 Days[a]								
Sexual Violence	–	–	–		34	5.6*	(2.2-13.7)	0.76
No Sexual Violence	–	–	–		124	4.7	(3.1-7.1)	

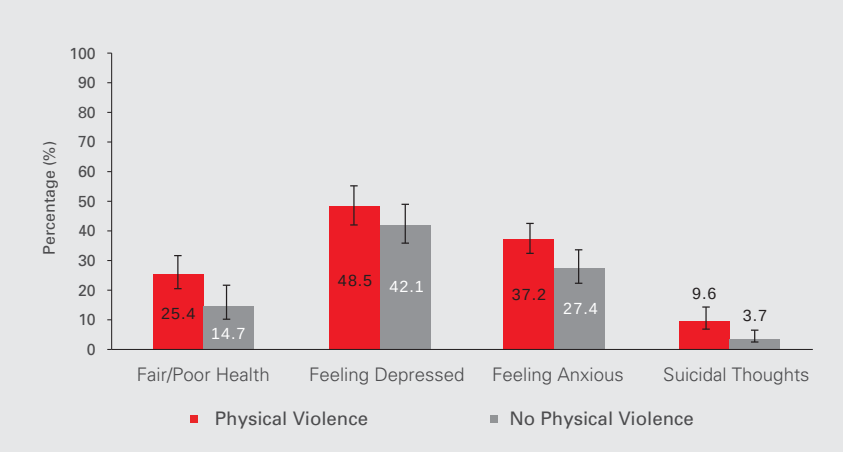
[a] An analysis of smoking for females was not possible because too few females reported smoking.

* Estimate is unstable.

8.2 Experiences of childhood physical violence and current health status

While experiences of physical violence as a child were associated with a number of health outcomes for females, experiences of physical violence as a child were not associated with most health outcomes for males.

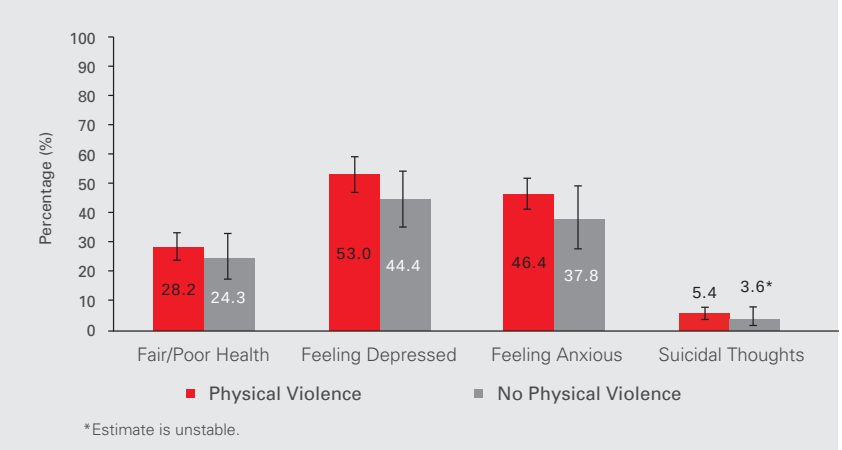
Figure 8.1: Current Health Status of Females by Experiences of Childhood Physical Violence - As Reported by Females 13 to 24 Years of Age (Tanzania Violence Against Children Survey, 2009)



Females who experienced physical violence during childhood had a higher prevalence of poor health indicators than those who did not experience physical violence (See Figure 8.1). One-quarter of females 13 to 24 years of age who experienced physical violence as a child reported currently being in fair or poor health compared to 14.7% of females who did not experience physical violence during childhood (p<.05) (See Figure 8.1). Also, females who experienced physical violence as a child were more likely than those who did not experience physical violence to report having feelings of anxiety in the last 30 days (37.2% vs. 27.4%, p<.05) or report ever having suicidal thoughts (9.6% vs. 3.7%,p<.05).

There were no significant associations of childhood physical violence with feelings of depression in the last 30 days or drinking alcohol in the last 30 days.

Figure 8.2: Current Health Status of Males by Experiences of Childhood Physical Violence - As Reported by Males 13 to 24 Years of Age (Tanzania Violence Against Children Survey, 2009)

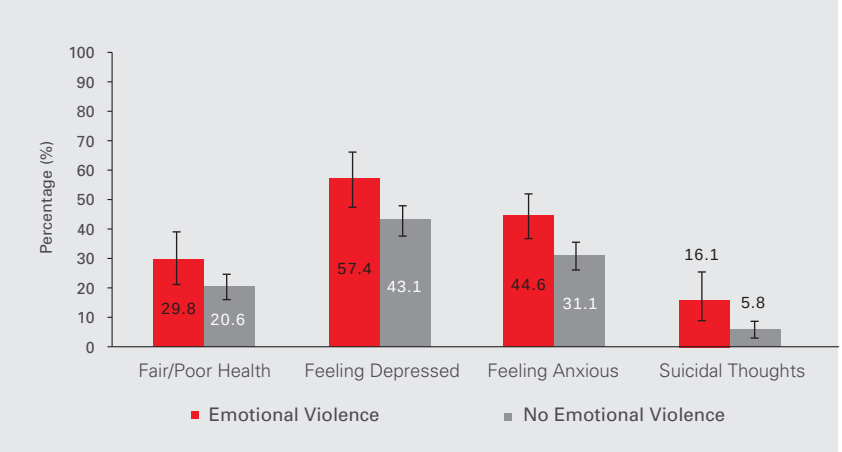


On most indicators of health, there was no significant association between experiencing physical violence as a child and poorer health outcomes for males. However, a borderline significant relationship between childhood physical violence and feelings of depression in the past 30 days was found. Specifically, more than one-half (53.0%) of males who experienced physical violence as a child reported currently feeling depressed compared to 44.4% of males who did not experience physical violence during childhood (p<.10) (See Figure 8.2). The following health outcomes were not significantly associated with childhood experiences of physical violence for males: fair/poor health, feeling anxious in the last 30 days, ever having suicidal thoughts, drinking in the last 30 days, or smoking in the last 30 days.

8.3 Experiences of childhood emotional violence and current health status

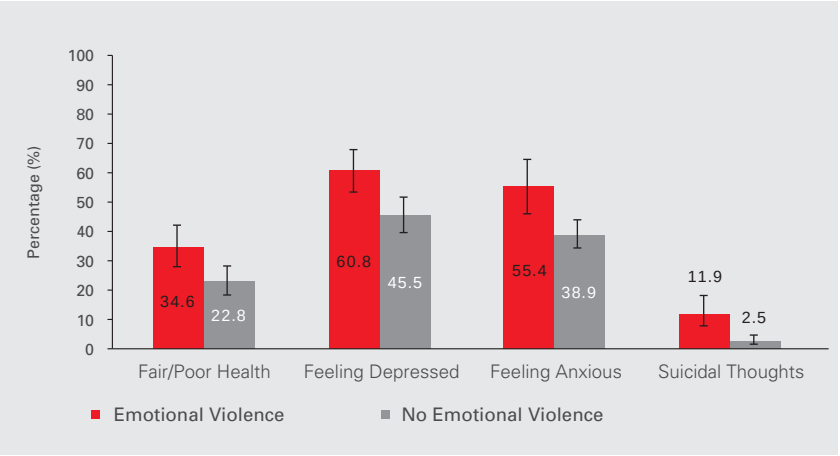
Emotional violence experienced during childhood was also associated with numerous health outcomes among both females and males (See Figure 8.3).

Figure 8.3: Current Health Status of Females by Experiences of Childhood Emotional Violence - As Reported by Females 13 to 24 Years of Age (Tanzania Violence Against Children Survey, 2009)



Nearly 3 out of 10 (29.8%) females 13 to 24 years of age who experienced childhood emotional violence reported currently having fair or poor general health, compared with 1 out of 5 (20.6%) females who did not experience emotional violence during childhood (p<.05) (See Figure 8.3). Females who experienced emotional violence during childhood were also more likely than those who did not experience emotional violence to report feeling depressed in the last 30 days (57.4% vs. 43.1%, p<.05), having anxiety in the last 30 days (44.6% vs. 31.1%, p<.05), and reported contemplating suicide at least once in their lifetime (16.1% vs. 5.8%, p<.05).

Figure 8.4: Current Health Status of Males by Experiences of Childhood Emotional Violence - As Reported by Males 13 to 24 Years of Age (Tanzania Violence Against Children Survey, 2009)



For males, childhood experiences of emotional violence were consistently and significantly associated with poor health outcomes. More than one-third (34.6%) of males who experienced emotional violence as a child reported currently being in fair or poor health compared to 22.8% of males who did not experience emotional violence during childhood (See Figure 8.4). This relationship was significant (p<.05). Also, males who experienced emotional violence as a child were more likely than those who did not experience emotional violence to report feeling depressed in the last 30 days (60.8% vs. 45.5%, p<.05), having feelings of anxiety in the last 30 days (55.4% vs. 38.9%, p<.05), and to report ever having suicidal thoughts (11.9% vs. 2.5%, p<.05) (See Figure 8.4). Finally, males who experienced emotional violence as a child were more likely than those who did not experience emotional violence to report drinking alcohol in the last 30 days (13.1% versus 6.3%, p<.05). However, childhood emotional violence among males was not associated with smoking.

Section 9:

Sexual Risk Taking Behaviours

Photo: UNICEF/Julie Pudlowski

Section 9: Sexual Risk Taking Behaviours

HIGHLIGHTS

- Infrequent or no condom use in the previous 12 months was more prevalent among females and males 19 to 24 years of age with a history of childhood sexual violence than those without a history of childhood sexual violence.
- The prevalence of engaging in sex with 2 or more partners in the previous 12 months was higher among females and males 19 to 24 years of age with a history of childhood sexual violence than those without a history of childhood sexual violence.

Childhood sexual violence has been associated with sexual risk-taking in adolescence and adulthood, including engaging in transactional sex, multiple sexual partners, sex with casual partners, substance abuse before or during sexual encounters, and no or infrequent use of condoms.[70, 71, 72,73,74] Sexual abuse of children can impact negatively on their self esteem growing up, leading to self neglect and a belief that they only have value for others as sexual objects, with all the risks that this can encompass.[75, 76, 77] In addition, the relationship between childhood sexual violence and sexual risk behaviours has to do with the harmful impact that chronic or recurrent exposure to stress caused by exposure to violence can have on the inter-related brain circuits and hormonal systems that regulate stress. These brain systems are particularly malleable during childhood. Alterations in such brain architecture having to do with stress regulation may, for example, lead an individual to become addicted to alcohol or drugs or sex as a means to self regulate their response to stress.[78, 79, 80] These behaviours, in turn may contribute to a range of sexual risk behaviours which may in turn lead to HIV/AIDS infection and other negative health outcomes.

Sexual risk taking is of particular concern to public health professionals in countries with high HIV/AIDS prevalence rates, such as Tanzania. The results below describe the prevalence of sexual risk taking behaviours in the study sample and the association of these behaviours with the experience of childhood sexual violence.

To examine the prevalence of sexual risk taking behaviours in the past 12 months and their association with experiences of childhood sexual violence, the analysis was restricted to females and males 19 to 24 years of age. The primary reason for focusing on sexual risk taking behaviour among 19 to 24 year olds is to ensure that the exposure to childhood sexual violence (i.e., sexual violence that occurred prior to females and males turning 18) preceded risk taking behaviours by the respondent. Otherwise, measures of sexual risk taking such as multiple sexual partners or not using a condom during sex may include and overlap with experiences of childhood sexual violence. Females and males 18 years of age were excluded because sexual risk taking behaviours over the past 12 months may include sexual experience or sexual violence that occurred prior to turning 18.

Table 9.1: Sexual Risk Taking Behaviours in the Previous 12 Months - As Reported by 19 to 24 Year Olds Who Have Ever Had Sexual Intercourse (Tanzania Violence Against Children Survey, 2009)

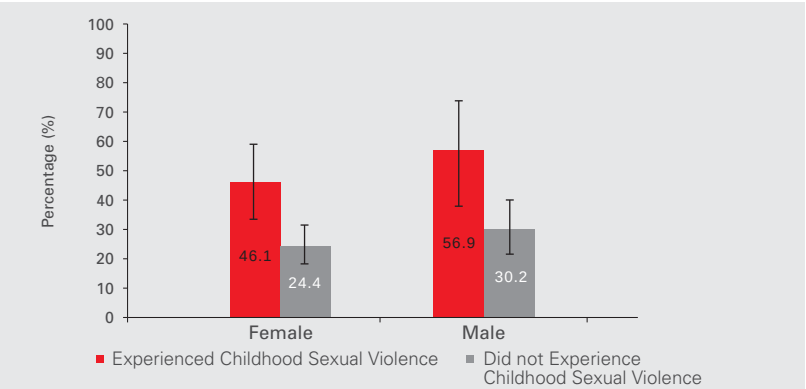
	Female			Male		
	n	WTD %	95% CI	n	WTD %	95% CI
2 or more sex partners	96	23.7	(18.5-29.9)	110	35.2	(26.8-44.7)
Using drugs or alcohol before sex	33	8.4	(5.1-13.5)	13	5.0*	(2.6-9.5)
No/infrequent condom use	136	29.9	(24.6-35.8)	110	33.0	(25.0-42.2)

* Estimate is unstable.

Almost 25% of 19 to 24 year old females (23.7%) and more than a third of 19 to 24 year old males (35.2%) who ever had sexual intercourse reported that they had 2 or more sex partners in the previous 12 months (See Table 9.1). The proportion of females and males who reported using drugs or alcohol before sex was lower (8.4% and 5.0%*, respectively).

A third measure of risky sex combined respondents' reports about having sex in the previous 12 months with condom use to identify respondents who recently had sex outside of marriage and were not using condoms. Condom use was analyzed for married respondents 19 to 24 years of age who reported 2 or more partners[x] and all other respondents 19 to 24 years of age who had sex.[y] About 30% of females and 33% of males reported having sex in the previous 12 months and not using condoms or using condoms infrequently in the previous 12 months (See Table 9.1).

Figure 9.1: None or Infrequent Self-Reported Condom Use in the Previous 12 Months by Experiences of Childhood Sexual Violence - As Reported by 19 to 24 Year Olds Who Ever Had Sex (Tanzania Violence Against Children Survey, 2009)



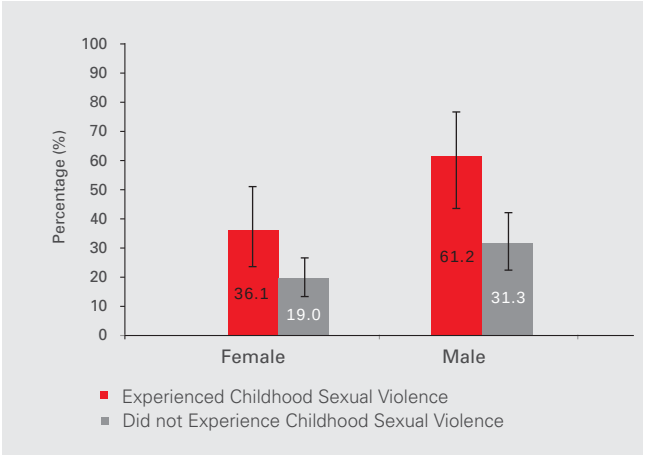
[a]In order to be classified as infrequencly or not using condoms, a 19 to 24 year old needed to report having sex in the previous 12 months- married respondents also needed to report having sex with 2 or more partners - and not using or infrequencly using condoms when they had sex in the previous 12 months.

The prevalence of infrequent or no condom use among 19 to 24 year old females who ever had sex, and who experienced childhood sexual violence, was higher than that reported by females who ever had sexual intercourse and who had not experienced childhood sexual violence (46.1% and 24.4%, respectively). This difference was significant ($p<.05$). Similarly, the prevalence of infrequent or no condom use was significantly higher among males 19 to 24 years of age who have had sex and who reported experiencing childhood sexual violence (56.9%) than for males who had not experienced childhood sexual violence (30.2%) ($p<.05$) (See Figure 9.1).

[x] The condom use of respondents who were married, had one sexual partner in the previous 12 months, and were not or infrequently using a condom was not classified as low condom use because the reported sex most likely was with a husband or wife. Most polygamous marriages involve one man married to multiple women and few polygamous marriages were reported by males. Thus, married females and males reporting multiple sexual partners in the previous 12 months were most likely reporting having sex before marriage or outside of marriage.

[y] None or infrequent condom use was defined as using condoms never or once in a while when the person had sex with a sexual partner close to them (e.g., boyfriend or girlfriend) or a sexual partner that they did not know well (e.g., a partner they met once before having sex).

Figure 9.2: Multiple Sex Partners in the Previous 12 Months by Experiences of Childhood Sexual Violence - As Reported by 19 to 24 Year Olds Who Ever Had Sex (Tanzania Violence Against Children Survey, 2009)



The prevalence of engaging in sex with 2 or more partners in the previous 12 months was significantly higher among females who had experienced childhood sexual violence (36.1%) compared to females who had not experienced childhood sexual violence (19.0%) ($p<.05$). A similar pattern was observed among males (61.2% and 31.3%) and was also significant ($p<.05$) (See Figure 9.2).

There is insufficient information to test the association between childhood sexual violence and drug or alcohol use before sex among males.

Section 10:

HIV/AIDS Testing Knowledge and Testing Behaviours

Photo: UNICEF/Shehzad Noorani

Section 10: HIV/AIDS Testing Knowledge and Testing Behaviours

HIGHLIGHTS

- Nearly 7 out of 10 females and 1 out of 2 males 13 to 17 years of age who have ever had sex know where to go for an HIV test.
- 1 out of 2 females and about 8 out of 10 males 13 to 17 years of age who have had sex indicated that they have never taken an HIV test.
- Experiences of childhood sexual violence were unrelated to knowledge of HIV testing places for both females and males.
- Experiences of childhood sexual violence were unrelated to having had an HIV test for both females and males.

HIV/AIDS is a modern public health pandemic with an estimated 33.3 million people infected globally.[81] Sub-Saharan Africa remains the most heavily affected region, accounting for 68% of people living with HIV/AIDS and 72% of annual AIDS-related deaths worldwide.[82] In sub-Saharan Africa 61% of people living with HIV/AIDS are women. Furthermore, young women 15 to 24 years of age are three to six times more likely to be infected than men in the same age group.[83] The 2007-2008 Tanzania HIV/AIDS and Malaria Indicator Survey found an adult prevalence rate of 6% with an estimated 2.2 million people living with HIV/AIDS and 400,000 people in need of antiretroviral therapy in Tanzania.[84]

There is growing evidence of an association between violence, especially sexual violence, and HIV/AIDS with four main areas of overlap[85,86]: 1) forced or coerced sex may lead to HIV transmission; 2) violence and threats of violence may inhibit a person's ability to negotiate safe sex behaviours; 3) sexual violence experienced as a child may lead to increase risk-taking behaviours later in life; and 4) a person who discloses his or her positive status may be at increased risk of violence from his or her partner, family or community.

The findings below describe the prevalence of HIV/AIDS-related testing knowledge and behaviours at the national level for Tanzanian females and males 13 to 17 years of age. The relationship between experiences of childhood violence (violence experienced before the age of 18 years, as reported by 13 to 24 year olds) and HIV/AIDS testing knowledge and behaviours is also described.

Table 10.1: HIV/AIDS Testing Knowledge and Behaviour among 13 to 17 Year Old Females and Males Who Have Ever Had Sexual Intercourse (Tanzania Violence Against Children Survey, 2009)

	Female			Male		
	n	WTD %	95% CI	n	WTD %	95% CI
HIV/AIDS-Testing Knowledge						
Know Where to Go for HIV Test	72	68.1	(54.5-79.2)	62	48.5	(32.0-65.4)
HIV/AIDS-Testing Behaviour[a]						
Never Tested For HIV	64	50.6	(35.5-65.6)	108	83.4	(69.3-91.8)
Tested for HIV, Received HIV Results	43	45.6	(30.5-61.6)	15	14.3*	(6.5-28.4)

[a] The number of females and males who reported being tested for HIV/AIDS, but not receiving their HIV results was less than 5; hence, no estimates are provided.

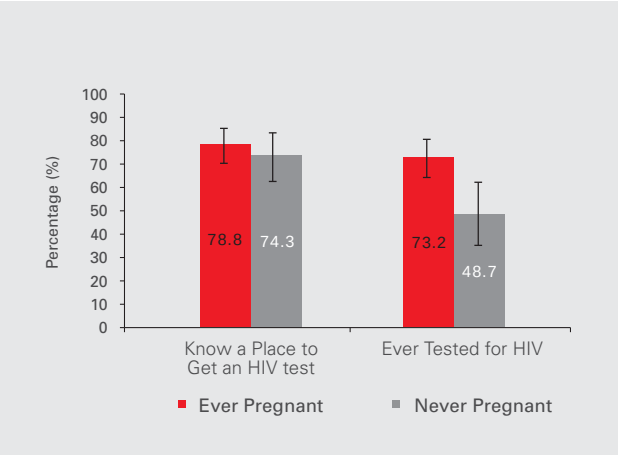
* Estimate is unstable.

Nearly 70% percent of females and 49% of males 13 to 17 years of age who have ever engaged in sexual intercourse, hereafter also referred to as "ever had sex", reported knowing where to go for an HIV test (See Table 10.1).

The majority of females (50.6%) and males (83.4%) 13 to 17 years of age who had ever had sex had never taken an HIV test (See Table 10.1). However, of those tested, the vast majority of both males and females received their HIV test results. In addition, the majority of females tested reported being tested within the previous 12 months (72.7%). There was insufficient information to estimate this percentage in males.

Mother to child transmission (MTC) of HIV/AIDS has long been a strategic focus of HIV/AIDS prevention efforts. In Tanzania, any pregnant woman who attends antenatal care at a government clinic is offered HIV counseling and testing unless she actively opts out of this service. There is insufficient information to accurately compare the proportion of ever pregnant 13 to 17 year olds with their never pregnant counterparts in terms of whether or not they have ever had an HIV test. Thus the results below pertain to females 13 to 24 years of age.

Figure 10.1: HIV Testing Knowledge and Behaviour by Pregnancy Status among Females - As Reported by Females 13 to 24 Year of Age Who Have Ever Had Sex (Tanzania Violence Against Children Survey, 2009)

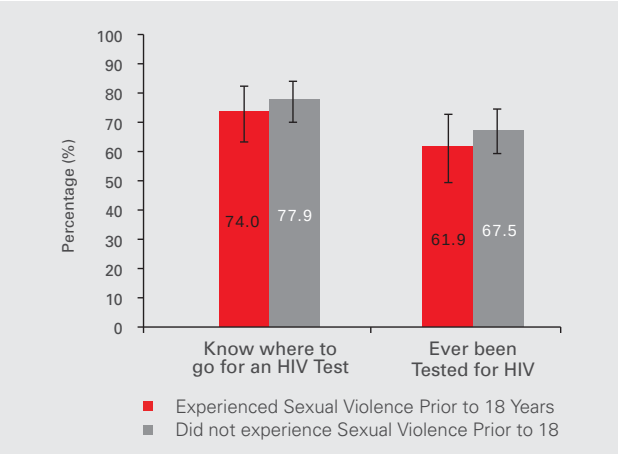


Thirty-eight percent of females reported that they had ever been pregnant. As expected, the percentage reporting having had an HIV test was significantly higher for females 13 to 24 years of age who have ever been pregnant compared to those females who have never been pregnant (73.2% versus 48.7%, $p<.05$) (See Figure 10.1). On the other hand, there is no significant association between knowing where to go for an HIV test among females 13 to 24 years who have been pregnant and those who have not been pregnant (78.8% versus 74.3%) (See Figure 10.1).

10.1 Associations of childhood sexual violence and HIV/AIDS-testing and behaviour

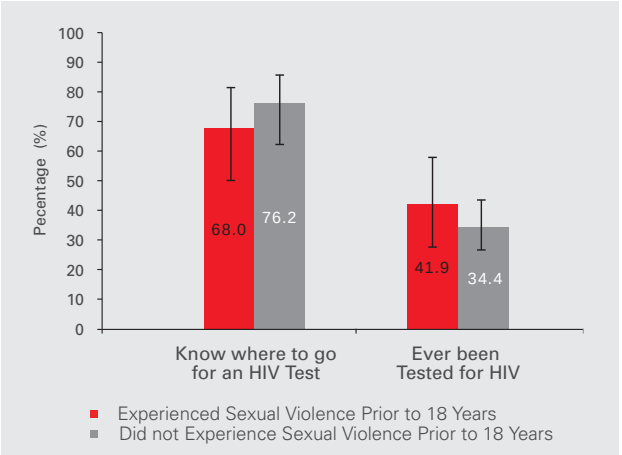
This subsection examines whether 13 to 24 year olds who experienced sexual violence before 18 years of age have ever been tested for HIV as compared to 13 to 24 year olds who have not experienced childhood sexual violence. All types of sexual violence are included in the analysis (unwanted sexual touching and attempted unwanted sex) because sexual violence may increase the risk of HIV/AIDS indirectly by compromising a person's ability to negotiate safe sex and growing evidence suggests that sexual violence experienced as a child may lead to increase risk-taking behaviour later in life.[87,88]

Figure 10.2: HIV Testing Knowledge and Behaviour among Females 13 to 24 Years of Age Who Have Ever Had Sexual Intercourse by Experiences of Childhood Sexual Violence (Tanzania Violence Against Children Survey, 2009)



Experiences of childhood sexual violence were unrelated to knowledge of HIV testing sites among females 13 to 24 years of age who have ever had sexual intercourse. That is, around the same percent of females who experienced sexual violence as a child reported knowing where to get an HIV test (74.0%) compared to females who had no experiences of childhood sexual violence (77.9%) (See Figure 10.2). Among females 13 to 24 years of age who have ever had sex, 61.9% of those who experienced childhood sexual violence reported getting an HIV test compared to 67.5% who had not experienced sexual violence as a child (See Figure 10.2). This difference, however, was not statistically significant. The study could not determine whether the females who reporting having an HIV test and experiencing sexual violence completed the test before or after their experiences of violence.

Figure 10.3: HIV Testing Knowledge and Behaviour among Males 13 to 24 Years of Age Who Have Ever Had Sexual Intercourse by Experiences of Childhood Sexual Violence (Tanzania Violence Against Children Survey, 2009)



Similar to females, experiences of sexual violence prior to the age of 18 were unrelated to knowledge of HIV testing sites for males 13 to 24 years of age who have had sexual intercourse (See Figure 10.3). There were also no significant differences in the percentage reporting having ever been tested for HIV between those who had experienced sexual violence prior to 18 years of age (41.9%) and those who had not experienced sexual violence prior to 18 years of age (34.4%). The study could not determine whether males who reported having had an HIV test and experiencing sexual violence completed the test before or after their experiences of violence.

Section 11:

Child Sexual Exploitation: Children Receiving Money or Goods in Exchange for Sex

Photo: UNICEF/Hiroki Gomi

Section 11: Child Sexual Exploitation: Children Receiving Money or Goods in Exchange for Sex

HIGHLIGHTS

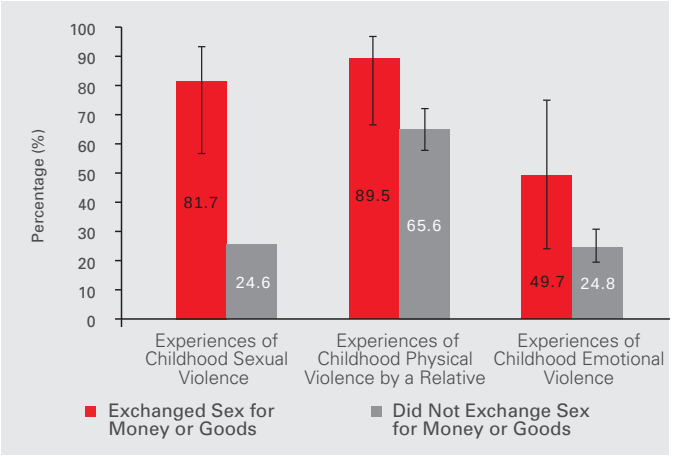
- 1 in 25 females aged 13 to 17 years have been given money or goods in exchange for sex.
- The prevalence of childhood sexual, physical, and emotional violence was higher for females aged 13 to 17 years who reported receiving money or goods for sex compared to those who had not received money or goods for sex.

Child sexual exploitation exists in many forms including children working as sex workers and child pornography. The sexual exploitation of children often results in serious physical, mental and social consequences including injury and disability, early pregnancy, pregnancy complications and maternal mortality, cognitive development issues and sexually transmitted infections including HIV/AIDS. [89, 90, 91] Child exploitation is a grave violation of children's rights and dignity. Article 34 of the Convention on the Rights of the Child declares that children have the right to be protected from all forms of sexual exploitation and abuse.

Figure 11.1: Percent Who Have Been Given Money or Goods in Exchange for Sex - As Reported by 13 -17 Year Olds (Tanzania Violence Against Children Survey, 2009)

Four percent of females 13 to 17 years of age reported receiving money or goods in exchange for sex at least once in their lifetime (See Figure 11.1). There were too few males aged 13 to 17 reporting this behaviour to produce a stable prevalence estimate.

Figure 11.2: Female Experiences of Childhood Sexual, Physical and Emotional Violence by Receiving Money or Goods for Sex- As Reported by 13-17 Year Olds (Tanzania Violence Against Children Survey, 2009)



Eighty two percent (81.7%) of 13 to 17 year old females who reported receiving money or goods for sex reported childhood sexual violence compared to 24.6% of 13 to 17 year old females who did not report receiving money or goods for sex ($p<.05$) (See Figure 11.2). Ninety percent (89.5%) of 13 to 17 year old females who reported receiving money or goods for sex reported childhood physical violence by a relative compared to 65.6% of 13 to 17 year old females who did not report receiving money or goods for sex ($p<.05$) (See Figure 11.2). Fifty percent (49.7%) of 13 to 17 year old females who reported receiving money or goods for sex reported childhood emotional violence compared to 24.8% of 13 to 17 year old females who did not report receiving money or goods for sex ($p<.10$) (See Figure 11.2). The study could not determine whether the sexual, physical, and emotional violence occurred before, during, or after the 13 to17 year old first traded sex for money or goods.

There were too few males aged 13 to 17 who reported receiving money or goods in exchange for sex to analyze the association of this behaviour with experiences of childhood sexual violence.

Section 12:

Child Vulnerability: Orphan Status and Childhood Experiences of Violence

Photo: UNICEF/Hirki Gomi

Section 12: Child Vulnerability: Orphan Status and Childhood Experiences of Violence

HIGHLIGHTS

- Over one-quarter of females and 1 in 5 males 13 to 24 years of age reported that they had lost one or both parents before they were 18 years of age
- The prevalence of childhood emotional and sexual violence was higher for females who were orphaned compared to those who had not lost a parent
- The prevalence of childhood emotional violence among males who lost their mother before the age of 18 was higher than the prevalence among males who had not lost their mother.

Pervasive poverty, urbanization, the eroding role of the traditional family, and the impact of the HIV/AIDS epidemic have interacted to increase the number of orphans and vulnerable children in Tanzania.[92,93] In Tanzania, the percent of 15 to 17 year olds that had lost one or both parents was estimated at 21.7% in 2007-2008.[94] Previous research has shown that children without the traditional safety nets of family and community may be at an increased risk for violence.[95, 96] For this report, orphan status is defined as the occurrence of one or both parents dying when the respondent was younger than 18 years of age.

The findings below first describe the prevalence of orphans in the study sample, followed by the associations between being orphaned and experiences of childhood violence. It is important to note that this was a household based survey and only collected data on children and young adults living in households. Data were not collected from institutionalized children or other non-household settings such as street children.

12.1: Prevalence of orphans

Table 12.1: Orphan Status[a] among 13 to 24 Year Olds – (Tanzania Violence Against Children Survey, 2009)

	Female			Male		
	n	WTD %	95% CI	n	WTD %	95% CI
Lost Both Parents	42	4.7	(3.1-7.1)	30	2.3	(1.3-4.1)
Lost 1 Parent, but not Both Parents	316	21.0	(17.8-24.6)	277	19.0	(15.3-23.4)
Total Children Who Either Lost Both Parents or Lost a Single Parent	358	25.7	(21.9-29.8)	307	21.3	(17.2-26.2)

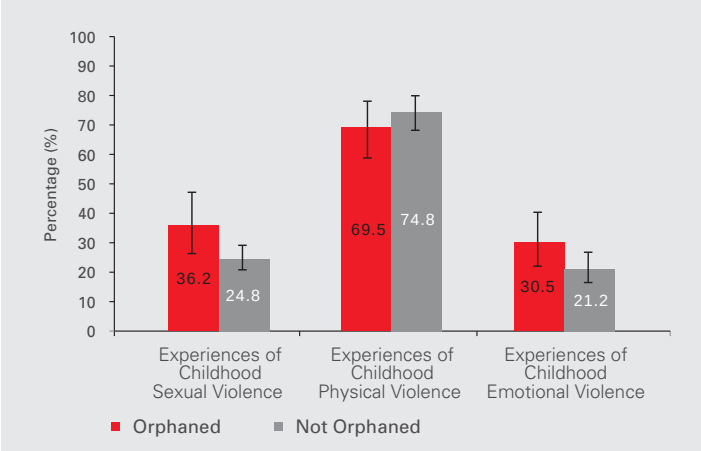
[a] A child is considered an orphan if either or both parents died prior to the respondent turning 18.

Over a quarter of females (25.7%) and 1 in 5 males reported that they had lost one or both parents before the age of 18 (See Table 12.1). Twenty-one percent of females reported losing one of their two parents and nearly 5% indicated that they had lost both parents. Nineteen percent of males reported that they had lost one of their parents before the age of 18 and slightly more than 2% indicated they had lost both parents.

12.2: Orphan status and experiences of childhood violence

The findings below explore whether being orphaned is associated with experiences of childhood violence (emotional, physical, and sexual violence). For these analyses orphan was defined as a respondent who lost 1 or both parents before the age of 18. Further analyses examined whether experiences of childhood violence were related to a respondent losing their mother or losing their father.

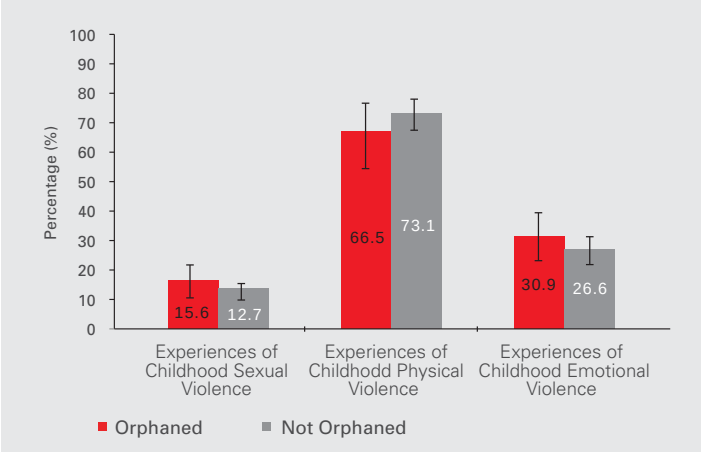
Figure 12.1: Females Experiences of Childhood Sexual, Physical, and Emotional Violence by Orphan Status - As Reported by 13 to 24 Year Olds (Tanzania Violence Against Children Survey, 2009)



Thirty six percent (36.2%) of orphaned females reported experiences of childhood sexual violence compared to 24.8% of females who were not orphaned (See Figure 12.1). This difference was borderline significant (p<.10). There were no significant differences in the proportion of respondents who reported losing one or both parents in childhood and experiences of childhood physical violence. Thirty-one percent of females 13 to 24 years of age who lost one or both parents before the age of 18 reported experiencing childhood emotional violence compared to 21% of females who were not orphaned (p<.05) (See Figure 12.1).

Additional analyses examined whether losing your mother before the age of 18 or losing your father before the age of 18 was related to experiences of childhood violence among females. There was no significant relationship between the death of a mother before the age of 18 and sexual, physical, or emotional childhood violence for females. However, there was a borderline significant relationship between the loss of a father before the age of 18 and experiences of childhood emotional violence. Specifically, the prevalence of childhood emotional violence for females who lost their father before turning 18 years of age was higher than for females who had not lost their father before turning 18 years of age (31.4% and 22.1%) (p<.10).

Figure 12.2: Males Experiences of Childhood Sexual, Physical, and Emotional Violence by Orphan Status - As Reported by 13 to 24 Year Olds (Tanzania Violence Against Children Survey, 2009)



The difference between orphaned and non-orphaned males in the proportion reporting experiences of sexual violence (15.6% and 12.7%, respectively), physical (66.5% and 73.1%), or childhood emotional violence (30.9% and 26.6%), were not significant (See Figure 12.2). Additional analyses examined whether losing a mother before the age of 18 or losing a father before the age of 18 was related to experiences of childhood violence among males.

Significant differences related to the loss of a mother before the age of 18 were found. The prevalence of childhood emotional violence for males who lost their mother before turning 18 years of age was significantly higher than for males who had not lost their mother (43.9% and 26.0%) ($p<.05$). No significant associations were found between sexual, physical, and emotional childhood violence and males who lost their father before 18 years of age.

Section 13:

Attitudes Towards Spousal Abuse: Acceptance of the Use of Physical Violence by Husbands against Their Wives

Photo: UNICEF/Shehzad Noorani

Section 13: Attitudes Towards Spousal Abuse: Acceptance of the Use of Physical Violence by Husbands against Their Wives

HIGHLIGHTS

- Approximately 60% of females and more than one-half of males aged 13 to 24 years believedthat it is acceptable for a husband to beat his wife under certain circumstances.
- For females aged 13 to 24 years, experiencing childhood physical violence by a relative was related to endorsing a husband's use of physical violence against his wife in 1 or more situations.

13.1 Acceptance of the use of physical violence by husbands against their wives

Social and cultural norms shape the way members of a society think and behave. They are often deeply ingrained in the values, policies and practices of society and provide an indication of acceptable or unacceptable behaviour. Gender norms that accept physical violence by husbands toward their wives in marriage are one indicator of women's status in society and can create and reinforce an acceptable climate for violence to occur. Although the 1971 Tanzanian Marriage Act states that "no person has any right to inflict corporal punishment on his or her spouse," it does not specify that such violence breaks any particular law or define any punishment for violence between spouses.

To get a sense of the attitudes toward the acceptable use of physical violence in marriage, respondents were asked if a husband was justified in beating his wife in five different situations: if she goes out without telling him, if she neglects the children, if she argues with him, if she refuses to have sex with him, or if she burns the food.

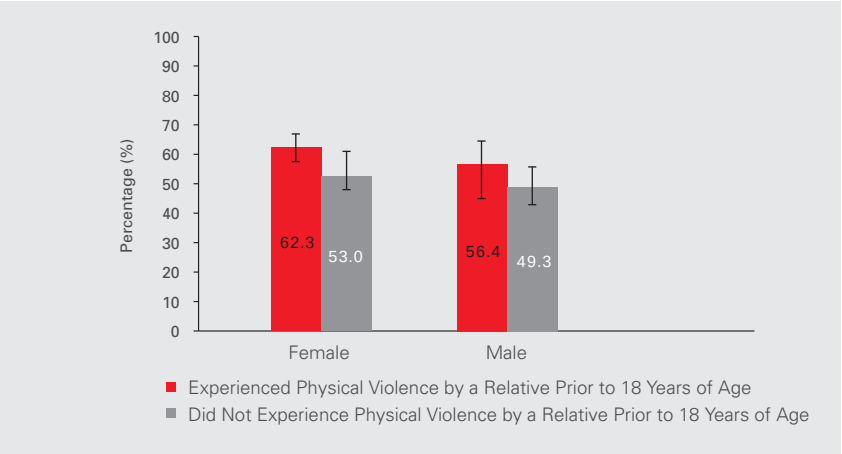
Table 13.1: Percentage of 13 to 24 Year Olds Who Believe it is Acceptable for a Husband to Beat His Wife in Specific Situations (Tanzania Violence Against Children, 2009)

	Female			Male		
It is Okay for a Husband to Beat His Wife if She:	N	WTD %	95% CI	n	WTD %	95% CI
Goes out without Telling Him	524	30.8	(25.9-36.2)	424	22.5	(18.8-26.7)
Not Looking after Their Children	592	37.4	(33.1-41.8)	519	31.2	(26.9-35.8)
Argues with Him	506	37.5	(33.2-42.1)	500	30.2	(25.3-35.6)
Refuses to have Sex with Him	408	25.3	(21.5-29.5)	373	21.4	(17.9-25.3)
Burns the Food	243	16.9	(13.7-20.7)	159	11.8	(7.9-17.2)

Nearly 2 in 5 of females believed that it is acceptable for a husband to beat his wife if she neglects the children or agues with him and about 3 in 10 females believe it is acceptable if the wife goes out without first telling the husband (See Table 13.1). Around 3 in 10 males also thought it was acceptable for a husband to beat his wife if she doesn't take care of the children or if the wife argues with him. Refusing to have sex with the husband was regarded as an acceptable reason for a husband to beat his wife by 25.3% of females and 21.4% of males.

When responses were measured across all five items, 58.3% of females and 52.3% of males 13 to 24 years of age believed that it was appropriate for a husband to beat his wife in at least one of the five situations. Thus, nearly 60% of females and over 50% of males supported a husband beating a wife in at least one circumstance presented.

Figure 13.1: Acceptance of a Husband Beating his Wife in 1 or More Situations By Experiences of Childhood Physical Violence from a Relative - As Reported by 13 to 24 Year Olds (Tanzania Violence Against Children Survey, 2009)



A significantly higher percent of females who experienced physical violence as a child by a relative endorsed at least one situation (62.3%) compared to 53.0% who had not experienced physical violence as a child perpetrated by a relative ($p<.05$). More males who experienced childhood physical violence by a relative endorsed at least one situation as acceptable (56.4%) compared to 49.3% who had not experienced childhood physical violence, however, this difference was not significant (See Figure 13.1).

Section 14:

Female Genital Mutilation/Cutting: Prevalence and Attitudes

Photo: UNICEF/Hiroki Gomi

Section 14: Female Genital Mutilation/Cutting: Prevalence and Attitudes

HIGHLIGHTS

- 5.2% of females aged 13 to 17 reported being circumcised and 9.6% of females aged 18 to 24 reported being circumcised.
- 84% of Tanzanian females and 79% of Tanzanian males believe that FGM should be stopped in the communities where it is practiced.

Female Genital Mutilation/Cutting (FGM/C) is a common traditional practice throughout parts of sub-Saharan Africa and the Middle East. FGM/C refers to all procedures involving the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It is estimated that 140 million girls and women worldwide have undergone such procedures and 3 million girls are estimated to be at risk of undergoing FGM/C every year.[97] There are four commonly recognized types of FGM/C:

- Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).
- Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).
- Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulations).

All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.[98]

FGM is associated with a number of health problems including obstetric complications, low infant birth weight, psychological repercussions, septicemia, hemorrhaging, and death.[99,100] Furthermore, the UN defines FGM/C as a violation of human rights and an example of discrimination based on sex.[101]

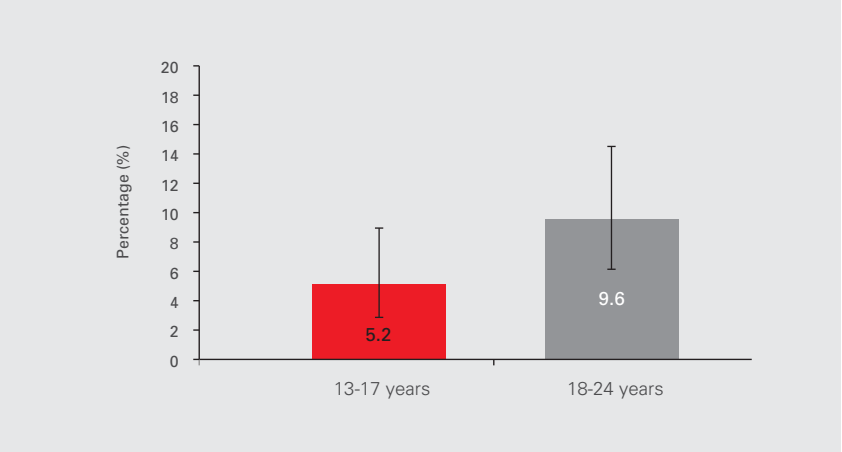
Although the Tanzania Sexual Offences Special Provision Act of 1998 banned the use of FGM/C, it is still practiced in some communities. The 2004 Tanzania Demographic Health Survey found that 15% of females 15 to 49 years of age had undergone FGM/C. However, DHS showed that 15 to 19 year old Tanzanian females were less likely to report having undergone the practice than older cohorts and that 2004 data represented a 3% decline in FGM/C since 1996.[102]

14.1 Prevalence of female genital mutilation/cutting

All female respondents were asked if they had undergone the practice. It should be noted that because FGM/C is punishable by law, females may have been reluctant to report FGM/C and our data may underestimate the true prevalence.[a]

[a] Approximately 98% of females responded to the question about FGM/C. We, however, do not know if all females who had undergone FGM/C reported it.

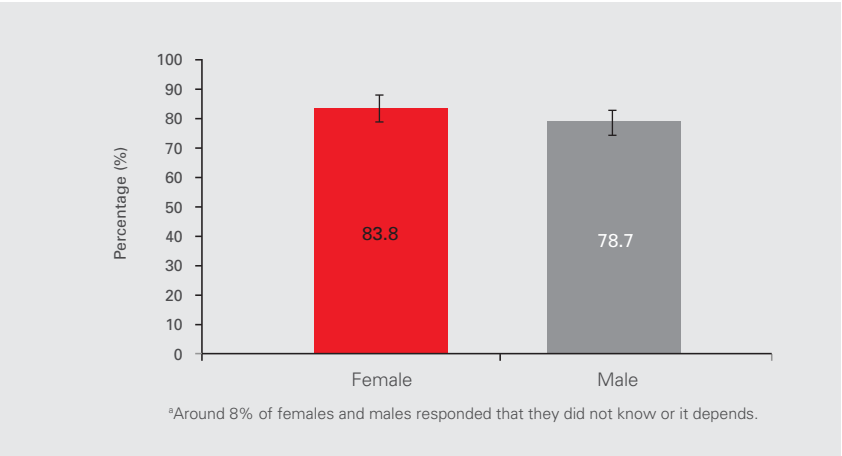
Figure 14.1: Prevalence of Female Genital Mutilation/Cutting - As Reported by Females 13 to 24 Years of Age (Tanzania Violence Against Children Survey, 2009)



Nearly 8% of female respondents 13 to 24 years of age reported having undergone FGM/C. Approximately 5% of females 13 to 17 years and 9.6% of females 18 to 24 year reported having undergone the practice (See Figure 14.1).

14.2 Attitudes towards the practice of female genital mutilation/cutting

Figure 14.2: Percentage of Females and Males Believing that Female Genital Mutilation/ Cutting Should Be Discontinued - As Reported by 13 to 24 Year Olds (Tanzania Violence Against Children Survey, 2009) a



All females and males were asked whether they believed FGM/C should be discontinued or allowed to continue in the communities where it was practiced.[b] Eighty-four percent of females and 78.7% of males 13 to 24 years of age reported that they believed FGM/C should be discontinued (See Figure 14.2).

[b] Nearly 8% and 7.2% of females and males, respectively, reported that they did not know whether FGM/C should be discontinued. Additionally, the opinions of all 13-24 year olds about FGM/C was asked even if they did not know what FGM/C was before taking the survey. This differs from the approach of the Demographic Health Survey 2004-2005 which only asked the opinions of those who knew what FGM/C was previous to taking the survey.

Section 15:

Violence against Children in Zanzibar

Photo: UNICEF/Sala Lewis

Section 15: Violence against Children in Zanzibar

HIGHLIGHTS

Sexual Violence

- Around 6% of females and 9% of males 13 to 24 years of age reported experiencing sexual violence before turning 18.
- Six out of 10 females who experienced childhood sexual violence reported being victimized by a perpetrator who was 10 or more years older.
- The most common locations where sexual violence occurred at least once for both males and females were someone's house or at school or while traveling to or from school.
- More than 4 in 10 females and males told someone about at least one experience of sexual violence.
- About 19% of females and 11% of males sought services for their experiences, but only 13% of females and 5.5% of males actually received any services.
- Among females 13 to 24 years of age, the prevalence reporting that they had received an HIV test was lower among those who have experienced childhood sexual violence than those who have not experienced sexual violence.

Physical Violence

- About 6 in 10 females (61.8%) and more than 2 out of 3 males (71.1%) reported experiencing physical violence prior to the age of 18.
- Nearly half of 13 to 24 year old females reported physical violence by a relative (45.3%) or a teacher (44.1%) during childhood.
- Of 13 to 24 year old males, more than 6 out of 10 reported physical violence by a relative, and about 4 in 10 reported physical violence by a teacher during childhood.

Emotional Violence

- Nearly 1 in 7 females and more than 1 of 5 males reported experiences of emotional violence during childhood.

Childhood Violence and Current Health Status

- Males and females 13 to 24 years of age who experienced childhood sexual violence, physical violence, or emotional violence generally reported poorer health compared to those who had not experienced childhood violence.

Acceptance of the Use of Physical Violence by Husbands against their Wives

- Approximately 4 out of 10 females and nearly one-half of males (46%) 13 to 24 years of age believed that it is acceptable for a husband to beat his wife under certain circumstances.

The results in the preceding sections of the report are based on data from both Mainland Tanzania and Zanzibar to provide an overall portrait of violence against children in the United Republic of Tanzania. Because Zanzibar is a semi-autonomous part of Tanzania with a unique history and culture, the prevalence and context of violence against children in Zanzibar is specifically highlighted below. This information is designed to assist Zanzibar in its efforts to prevent and respond to violence against children.

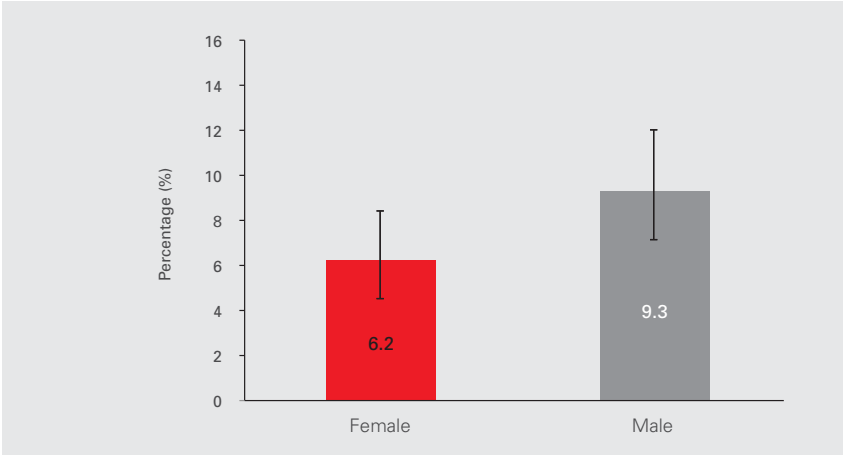
In this section, we describe key results related to the prevalence, context, and response to childhood sexual violence in Zanzibar. Next, the prevalence and perpetrators of childhood physical and emotional violence are presented.

15.1 Sexual violence in Zanzibar

15.1.1 Prevalence and type of childhood sexual violence

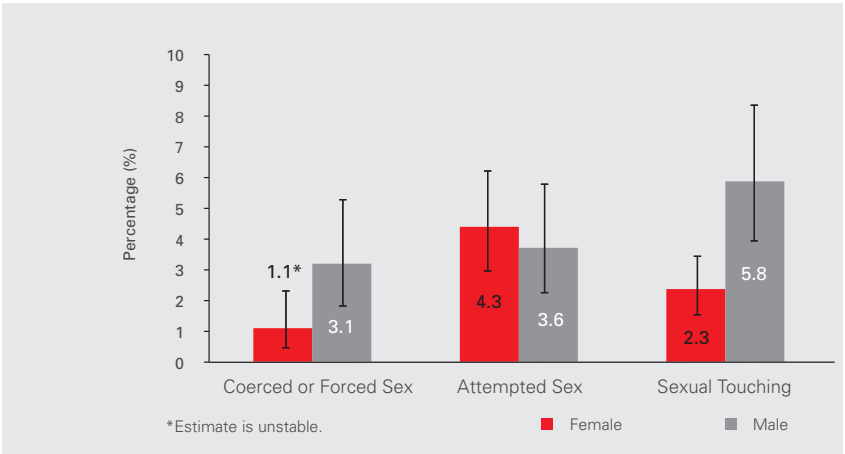
The prevalence of childhood sexual violence was determined by asking respondents about four types of sexual violence: (1) unwanted touching in a sexual way (i.e., unwanted touching, kissing, grabbing, or fondling), (2) unwanted attempted sexual intercourse, (3) physically forced intercourse in which the respondent was physically forced to have sexual intercourse against his or her will, and (4) coerced intercourse in which the respondent was pressured or forced in some other way to have sexual intercourse against his or her will. Results for any sexual violence that occurred prior to 18 years of age among males and females 13 to 24 years of age are presented first, followed by information on the perpetrators, location, and timing of the sexual violence. Lastly, information on support and services sought by those with experiences of sexual violence is presented.

Figure 15.1: Sexual Violence Experienced in Childhood - As Reported by 13 to 24 Year Olds in Zanzibar (Tanzania Violence Against Children Survey, 2009)



Six percent of Zanzibar females aged 13 to 24 reported experiencing at least one incident of sexual violence before the age of 18 (i.e., childhood sexual violence). Among males, nearly 1 in 10, or 9.3%, reported experiencing at least one incident of childhood sexual violence (See Figure 15.1).

Figure 15.2: Types of Childhood Sexual Violence Experienced Prior to Age 18 - As Reported by 13 to 24 Year Olds in Zanzibar (Tanzania Violence Against Children Survey, 2009)



The most common form of childhood sexual violence reported by females was unwanted attempted sex (4.3%), followed by unwanted sexual touching (2.3%). A very small percentage of females reported unwanted physically forced or coerced sex (1.1%) (See Figure 15.2).

The types of sexual violence reported by males showed a different pattern than that observed for females. The most common form of childhood sexual violence reported by males was unwanted sexual touching (5.8%). About the same percentage of males reported unwanted forced sex and unwanted attempted sex (3.1% and 3.6%, respectively) (See Figure 15.2).

As noted earlier in the report, understanding males and females' first experience of sexual intercourse is important because it is linked to negative reproductive health outcomes over time.[103] About 1 in 10 13 to 24 year olds from Zanzibar who had sex before turning 18 reported that their first intercourse was unwilling (i.e., they didn't want it to happen and said they were forced, pressured, tricked or threatened to engage in sexual intercourse the first time). The percentage reporting that their first sexual intercourse was unwilling was similar for females and males (9.6% and 13.3%, respectively). The estimates for females and males, however, are unstable and need to be interpreted with caution.

In order to assess the prevalence of sexual violence that occurred recently, 13 to 24 year olds were also asked if they had experienced any sexual violence in the past 12 months. Only the results of 13 to 17 year olds are reported given the 12-month time frame and the focus on experiences of violence prior to the age of 18. Among 13 to 17 year olds, 2.3% of females and 3.7% of males reported that they had experienced at least one form of sexual violence in the past year.

15.1.2 Context of childhood sexual violence[c]

The findings presented below focus on the primary perpetrators, location, and timing of the first and most recent incidents of sexual violence, including unwanted sexual touching, unwanted attempted sex, unwanted physically forced sex, and coerced sex. All of these results are for violence that occurred prior to 18 years of age among 13 to 24 year olds in Zanzibar.Although detailed information from every incident of sexual violence is not captured for every individual (e.g., some respondents experienced a type of sexual violence such as unwanted attempted sex more than two times), information on every incident of sexual violence was collected for 74.3% of females and 88.9% of males who experienced childhood sexual violence.

Table 15.1: Most Common Perpetrators of Childhood Sexual Violence – As Reported by 13 to 24 Years of Age Who Experienced Sexual Violence Prior to Age 18 in Zanzibar (Tanzania Violence Against Children Survey, 2009)[a]

	Females			Males		
Perpetrator of Sexual Violence	n	WTD %	95% CI	n	WTD %	95% CI
Dating Partners[b]	13	24.6*	(12.7-42.3)	49	70.5	(56.9-81.2)
Neighbour	23	24.8	(15.6-37.1)	11	12.1*	(6.6-21.4)
Stranger	16	32.5	(18.9-49.8)	11	13.9*	(6.1-28.4)

[a] A single respondent can report multiple perpetrators because they are reporting on up to eight incidents of sexual violence each of which could have a different primary perpetrator.

[b] Reports about sexual violence perpetrated by a spouse are not displayed. Only 1 female and no males indicated a perpetrator who was a spouse.

* Estimate is unstable.

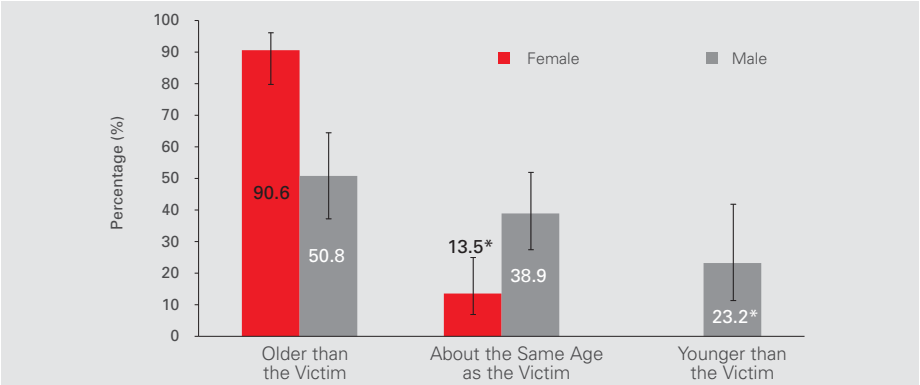
The three most common perpetrators of childhood sexual violence against females were strangers (32.5%), neighbours (24.8%), and dating partners (24.6%)[d] (See Table 15.1). Insufficient information was available to calculate estimates for other perpetrators so instead counts are provided. Seven of 63 females reported that at least one incident was perpetrated by a relative and less than 5 reported that at least one incident was perpetrated by an authority figure such as a teacher.

[c] Analysis of the context of sexual violence was limited to respondents who reported whether they had experienced any of the four types of sexual violence. Also, 18 to 24 year olds who did not report the age at which the violence occurred were excluded because it could not be determined if the sexual violence occurred before the respondent turned 18 years of age. Even when the analysis was limited to this group, between 1% and 8% of the respondents did not provide full information on the location, timing, and type of force used across all of their sexual violence incidents. Because of the percent of cases was more than minimal and not expected to be missing at random, missing cases were included in analyses presented in this subsection.

[d] Estimate for dating partners is unstable and should be interpreted with caution.

The vast majority of males 13 to 24 years of age who experienced childhood sexual violence (70.5%), reported that at least one incident was perpetrated by a dating partner (See Table 15.1). Strangers and neighbours were both reported as perpetrating at least one incident of sexual violence by about 1 in 10 males who experienced childhood sexual violence. The estimates for strangers and neighbours are unstable and should be interpreted with caution. In addition to the perpetrators noted above, 6 of the 76 males reported that at least one incident was perpetrated by a friend or classmate and 6 of the 76 reported that at least one incident was perpetrated by a relative.

Figure 15.3: Age Differences between Perpetrators and 13 to 24 Year Olds Who Experienced Childhood Sexual Violence - As Reported by Males and Females In Zanzibar (Tanzania Violence Against Children Survey, 2009)[a]



[a]Percentages sum to greater than 100% because a respondent is reporting on up to eight incidents each of which could have a different primary perpetrator. ^Fewer than 5 people responded and thus population estimate is surpressed.
*Estimate is unstable.

Nine out of 10 females 13 to 24 years of age who experienced childhood sexual violence reported that at least one of their perpetrators was older than they were (See Figure 15.3). In fact, nearly two-thirds of these females (63.0%) reported that at least one incident of sexual violence involved a perpetrator who was 10 or more years older. Few reported perpetrators of the same age (13.5%) and almost none reported that perpetrators were younger.

About one-half of males 13 to 24 years of age (50.8%) reported that at least one of their incidents of childhood sexual violence was perpetrated by someone older and 38.9% reported a person of the same age (See Figure 15.3). Few males (12 of the 76 reporting childhood sexual violence and providing an age at which each incident occurred) reported a perpetrator who was 10 years or older. Finally, about 1 in 4 males reported that at least one incident was perpetrated by someone younger than them. This estimate, however, is unstable and should be interpreted with caution.

Figure 15.4: Most Frequent Locations Where Incidents of Childhood Sexual Violence Occurred - As Reported by 13 to 24 Year Olds in Zanzibar Who Experienced Childhood Sexual Violence (Tanzania Violence Against Children Survey, 2009)

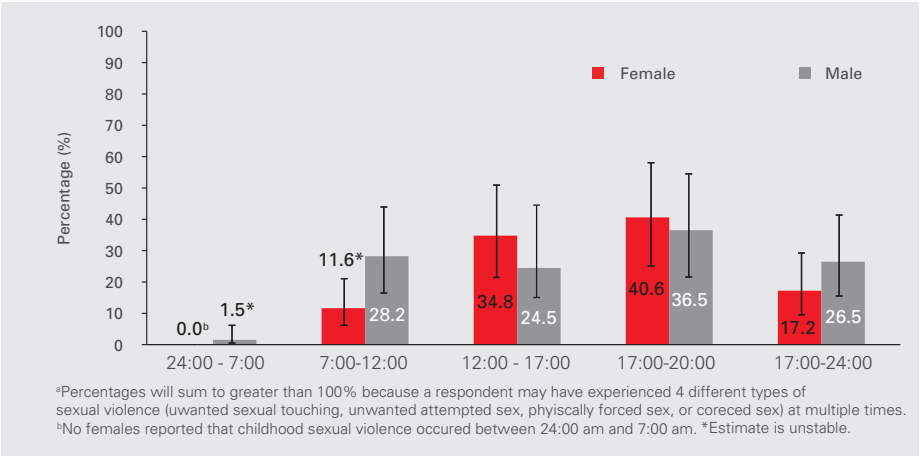
The two most common locations where sexual violence occurred at least once for both females and males were someone's house (49.7% and 52.0%, respectively) or at school or while traveling to or from school (40.2% and 28.3%, respectively) (See Figure 15.4). A closer look at the types of homes that the sexual violence occurred revealed that

the highest number of females and males who reported an incident at home said it occured in their own home (17 of 33 females and 24 of 41 males) followed by the perpetrator's home (12 of 33 females and 12 of 41 males). Ten of the 41 males who experienced childhood sexual violence in a home reported that at least one incident of sexual violence occurred at a friend's, relative, or neighbour's house.

A closer look at the females who reported at least one incident of sexual violence occuring at school or while travelling to or from school revealed that 12 of the 17 females reported an incident occurred while travelling back and forth from school and 8 of 17 females reported that an incident occurred at school or on school grounds.[e] For males, 17 of 22 males reported at least one an incident occurred at school or on school grounds and 6 of the 22 males reported an incident while travelling to or from school.

Far fewer respondents reported other locations. For example, 13 of 63 females and 10 of 76 males reported that at least one incident of sexual violence occurred in an open area such as a field, bush, river, or roadway.

Figure 15.5: Time of Day When First Inicidents of Four Types of Childhood Sexual Violence Occurred - As Reported by 13 to 24 Year Olds in Zanzibar Who Experienced Childhood Sexual Violence (Tanzania Violence Against Children Survey, 2009)[a]



[a]Percentages will sum to greater than 100% because a respondent may have experienced 4 different types of sexual violence (uwanted sexual touching, unwanted attempted sex, phyiscally forced sex, or coreced sex) at multiple times.
[b]No females reported that childhood sexual violence occured between 24:00 am and 7:00 am. *Estimate is unstable.

The time sexual violence against females occurred most frequently was between the hours of 17:00 to 20:00 (40.6%) followed by between 12:00 (noon) and 17:00 (34.8%) (See Figure 15.5).[f] In contrast, similar percentages of males reported experiencing sexual violence during each of the time periods between 7:00 and 24:00: 7:00 to 12:00 (28.2%), 12:00 to 17:00 (24.5%), 20:00 to 24:00 (26.5%), with slightly more males reporting the violence took place from 17:00 to 20:00 (36.5%) (See Figure 15.5). Very few males and no females reported sexual violence occuring between 24:00 and 7:00 (See Figure 15.5).

15.1.3 Response to childhood sexual violence

This section examines whether respondents who experienced sexual violence told someone about their experiences, sought services for their abuse, and whether services were received. Also, because of growing research that suggests a link between sexual violence and HIV/AIDS, the percent of 13 to 24 year olds who had an HIV test was analyzed.

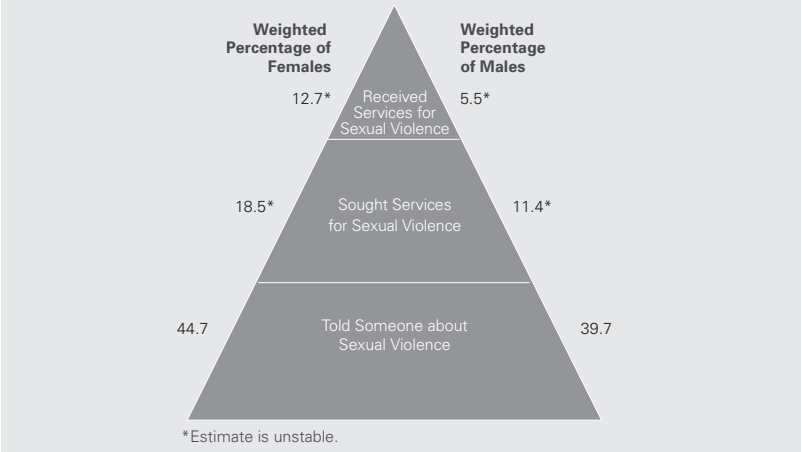
Nearly 45% of females and 39.7% of males told someone about at least one experience of sexual violence. The percentage of females and males who sought services for their experiences was lower, 18.5% and 11.4%, respectively (Note: Estimates are unstable and should be interpreted with caution). Not all of those who sought services received those services. For both females and males, 6 out of the 11 people who sought services received

[e] The two different school locations, on school grounds and travelling to and from school, sum to a number greater than the overall school measure (i.e., 20 versus 17) because a female can report on multiple incidents of sexual violence and thus multiple locations.

[f] Respondents who experienced childhood sexual violence were only asked to provide information about the timing of the first incident of sexual violence for each of the four types of sexual violence: unwanted sexual touching, unwanted attempted sex, physically forced sex, and coerced sex.

services. This means that approximately 6 out of 63 females and 6 out of 73 males[g], who experienced childhood sexual violence received services for their experiences (See Figure 15.6).

Figure 15.6: Whether Those Who Experienced Sexual Violence Told Anyone about it, Sought Services, or Received Services - As Reported by 13 to 24 Year Olds in Zanzibar who Experienced Childhood Sexual Violence (Tanzania Violence Against Children Survey, 2009)



* Estimate is unstable.

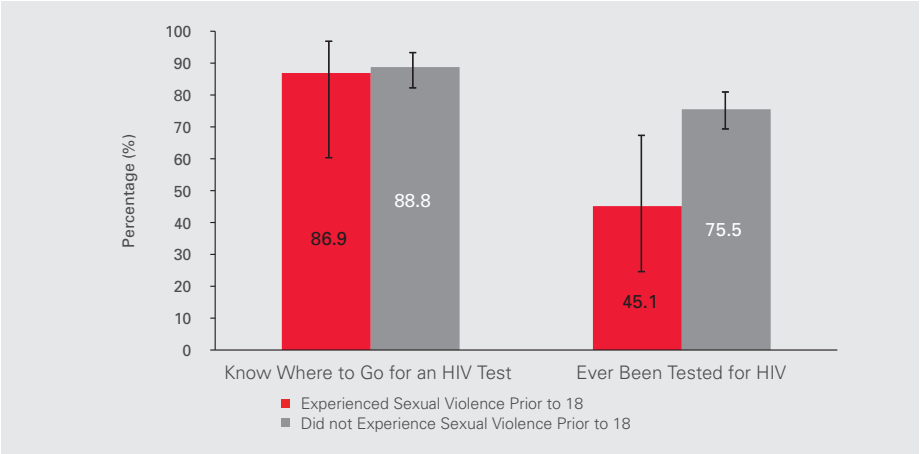
Because more than one-half of females and 6 out of 10 males 13 to 24 years of age who experienced childhood sexual violence did not tell anyone about the violence, it is important to understand why they did not tell anyone. The reasons were very similar for females and males. Family and community reasons were cited by 58.0% of females and 55.2% of males. Specifically, the most commonly cited reason for females was the fear of abandonment (10 of 34 females); for males, it was the fear of embarrassing their family (11 of 42 males). The second most common reason for not telling anyone was that they considered the childhood sexual violence a private issue or not a problem, cited by 35.9% of females and 41.6% of males.

Because 4 in 10 females and males did share their experience of sexual violence with someone, it is important to examine who they told. There was insufficient information to calculate estimates for Zanzibar and therefore counts are presented. Females mostly told a parent about the sexual violence (15 of 28 females) and also tended to tell friends (7 of 28 females). Males mostly told their friends (23 of 28 males) and some of them also told their parents (8 of 28 males).

More in-depth analysis was conducted to explore the extent to which 13 to 24 year olds experiencing childhood sexual violence used HIV testing services. Specifically, an analysis was conducted to determine whether 13 to 24 year olds who experienced sexual violence before 18 years of age have ever been tested for HIV as compared to 13 to 24 year olds who have not experienced childhood sexual violence. Only those who have engaged in sexual intercourse were included in the analyses. All types of sexual violence are included in the analysis because sexual violence may increase the risk of HIV/AIDS indirectly by compromising a person's ability to negotiate safe sex and lead to increased risk-taking behaviour. Unfortunately, we could not determine if the 13 to 24 year olds took the HIV test before or after experiencing sexual violence.

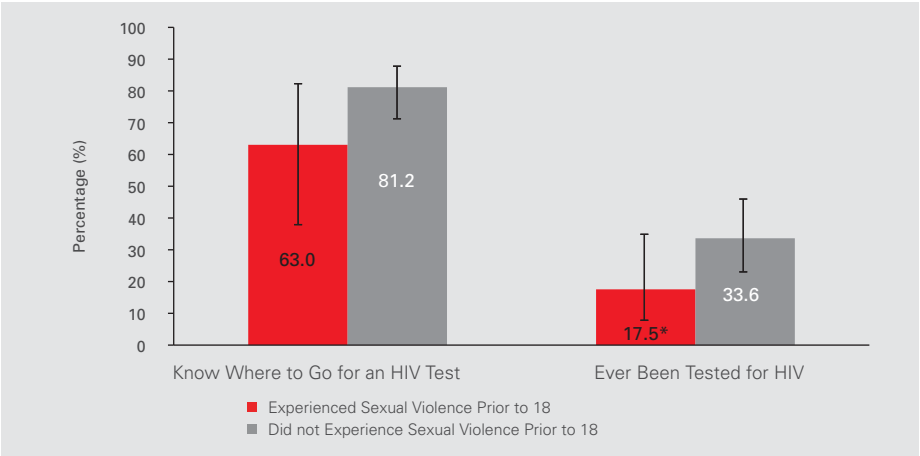
[g] Due to errors in survey administration, the number of males reported in this section is slightly lower than the number of males reported in the childhood sexual violence section, 73 versus 76.

Figure 15.7: HIV Testing Knowledge and Behaviour among Females 13 to 24 Years of Age in Zanzibar Who Have Ever Had Sexual Intercourse by Experiences of Childhood Sexual Violence (Tanzania Violence Against Children Survey, 2009)



Approximately the same percentage of females 13 to 24 years of age who experienced sexual violence as a child reported knowing where to get an HIV test as females who had no experiences of childhood sexual violence (86.9% versus 88.8%) (See Figure 15.7). There was, however, a significant association between sexual violence and the percentage reporting taking an HIV test. Among females 13 to 24 years of age who have ever had sexual intercourse, 45.1% of those who experienced childhood sexual violence reported getting an HIV test compared to over 75.5% who had not experienced sexual violence as a child ($p<.05$) (See Figure 15.7).

Figure 15.8: HIV Testing Knowledge and Behaviour among Males 13 to 24 Years of Age in Zanzibar Who Have Ever Had Sexual Intercourse by Experiences of Childhood Sexual Violence (Tanzania Violence Against Children Survey, 2009)



More than 6 out of 10 males (63.0%) 13 to 24 years of age who experienced childhood sexual violence reported knowing where to go for an HIV test compared to around 81% of males who did not experience sexual violence (See Figure 15.8). The difference in these percentages is not statistically significant, but may warrant further investigation. Insufficient information was available to compare the HIV testing rates of males who experienced childhood sexual violence with males who did not experience sexual violence. Around a third of males 13 to 24 years of age who have had sexual intercourse and who had not experienced sexual violence reported being tested for HIV. The estimate for males who had experienced childhood sexual violence and taken an HIV test was 18%, but this estimate was unstable and should be interpreted with caution.

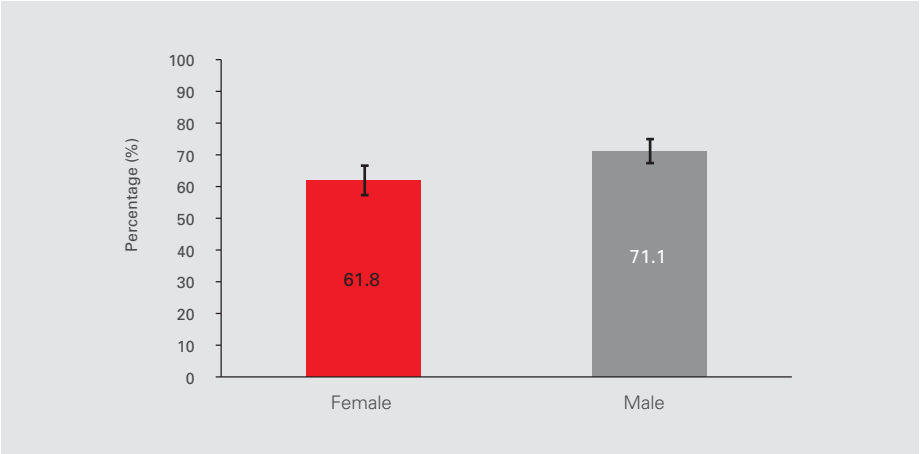
15.2 Physical violence experienced in childhood

Physical violence was measured by asking respondents if they had been slapped, pushed, hit with a fist, kicked, whipped, or threatened with a weapon such as a gun or knife. The survey did not ask about all types of physical violence but instead focused on violence perpetrated by adult relatives, authority figures such as teachers, and

intimate partners including boyfriends, girlfriends, husbands, and wives. Physical violence between peers was not measured.

First, the prevalence of these types of physical violence during childhood is described and then detailed information is provided on the perpetrators of physical violence.

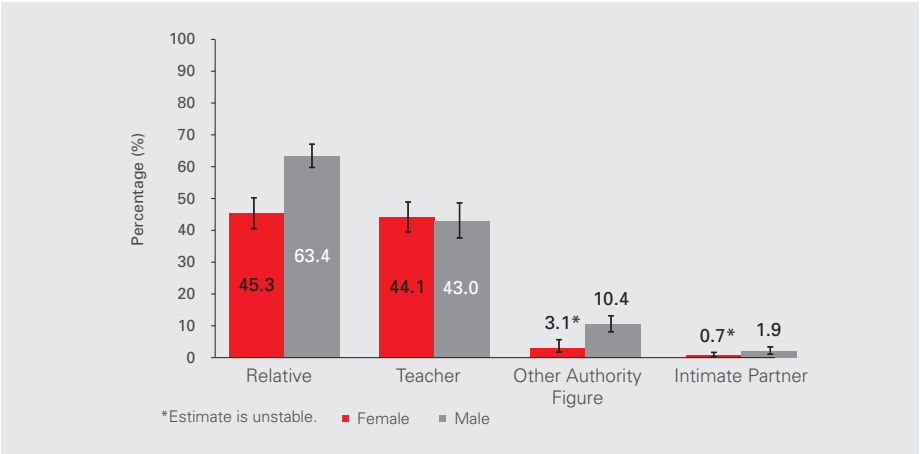
Figure 15.9: Experienced Physical Violence in Childhood by a Relative, Authority Figure, or Intimate Partner - As Reported by 13 to 24 Year Olds in Zanzibar (Tanzania Violence Against Children Survey, 2009)



A high percentage of both males and females reported that they had experienced physical violence in childhood.[h] About 6 in 10 females (61.8%) and more than 2 out of 3 males (71.1%) reported experiencing physical violence prior to the age of 18 (See Figure 15.9).

When asked about experiences in the 12 months preceding the survey, 47.1% of 13 to 17 year old females and 43.9% of 13 to 17 year old males 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.

Figure 15.10: Type of Perpetrators of Childhood Physical Violence -As Reported by 13 to 24 Year Olds in Zanzibar (Tanzania Violence Against Children Survey, 2009)



[h] In Zanzibar, 21.3% of males 18 to 24 years of age who reported being punched, kicked or whipped by a relative and 13.5% who reported being punched, kicked or whipped by an authority figure said they did not know the age at which the first incident occurred. Similarly, 16.6% of females 18 to 24 years of age who reported being punched, kicked or whipped by a relative and 17.0% who reported being punched, kicked or whipped by an authority figure said they did not know the age at which the first incident occurred. These cases were grouped with physical violence that occurred prior to 18 years of age because the vast majority of physical violence reported by 18-24 year olds occurred before respondents turned 18 years of age: male reporting a relative perpetrator (94.8%), male reporting an authority perpetrator (92.8%), female reporting a relative perpetrator (93.2%) and female reporting an authority perpetrator (97.1%). (Note: Percentages described in the last sentence are unweighted).

Nearly one-half of 13 to 24 year old females reported physical violence by a relative (45.3%) or a teacher (44.1%). More than 6 out of 10 males 13 to 24 years of age reported physical violence by a relative (63.4%) and slightly less than one-half reported physical violence by a teacher (43.0%) (See Figure 15.10). Also, approximately 1 in 10 males (10.4%) reported experiencing physical violence by an authority figure besides a teacher (See Figure 15.10). Very few males or females reported experiencing physical violence by an intimate partner prior to turning 18 years old.[i]

Table 15.2: Prevalence of Childhood Physical Violence Perpetrated by Relatives and Authority Figures in Zanzibar – As Reported by 13 to 24 Years Olds Who Experienced Childhood Physical Violence by Relatives, Authority Figures or an Intimate Partner (Tanzania Violence Against Children Survey, 2009)[a]

	Females			Males		
Perpetrator of Physical Violence	n	WTD %	95% CI	n	WTD %	95% CI
Relatives						
Father	152	28.9	(24.6-33.6)	365	62.4	(57.7-66.9)
Mother	243	42.8	(38.9-46.8)	271	44.4	(39.1-49.8)
Brother	77	15.3	(11.2-20.4)	94	16.6	(13.3-20.6)
Sister	33	6.6	(4.3-10.2)	28	5.1	(3.6-7.1)
Other Male Relative	26	4.4	(2.5-7.8)	60	11.9	(7.7-17.9)
Other Female Relative	23	2.7	(1.7-4.2)	16	2.8	(1.6-4.6)
Authority Figures						
Teachers	421	72.7	(65.4-79.0)	372	61.3	(54.8-67.4)
Religious Leaders	15	3.9*	(1.9-7.7)	54	10.8	(7.8-15.0)

[a] Percentages sum to greater than 100% because a respondent can report multiple relatives as perpetrators.

* Estimate is unstable.

Table 15.2 provides more detailed information on perpetrators of physical violence. Of those who experienced childhood physical violence, approximately 4 in 10 females (42.8%) and males (44.4%) reported physical violence by their mother (See Table 15.2). Almost 3 in 10 females (28.9%) and about 6 in 10 males (62.4%) reported physical violence by their father. More than 13% of females and 29.3% of males reported physical violence by both their mother and father.

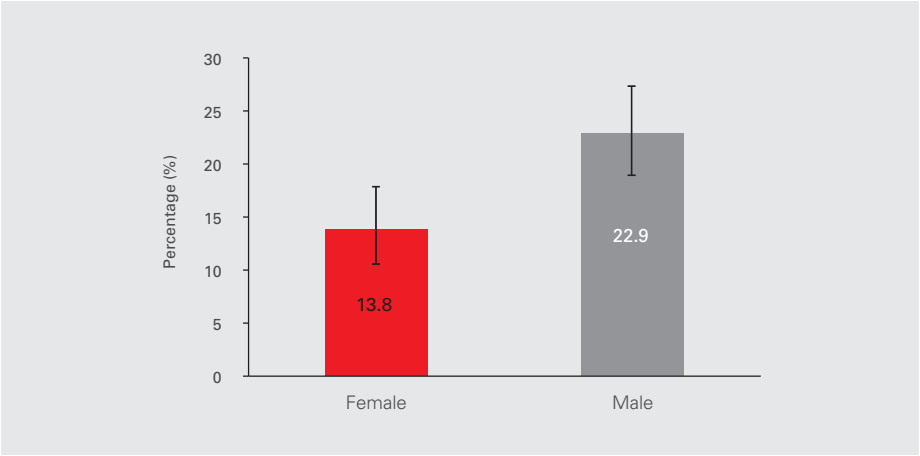
A high percent of females and males 13 to 24 years of age who experienced childhood physical violence reported physical violence by teachers (females 72.7% and males 61.3%) (See Table 15.2). Approximately 1 in 10 males (10.8%) who experienced physical violence reported physical violence by a religious leader.

15.3 Emotional violence experienced in childhood

Emotional abuse was measured by asking respondents about such actions as being called bad names, being made to feel unwanted, or being threatened with abandonment by adults during childhood. After describing the prevalence and type of emotional violence that occurred during childhood, the perpetrators of childhood emotional violence are described.

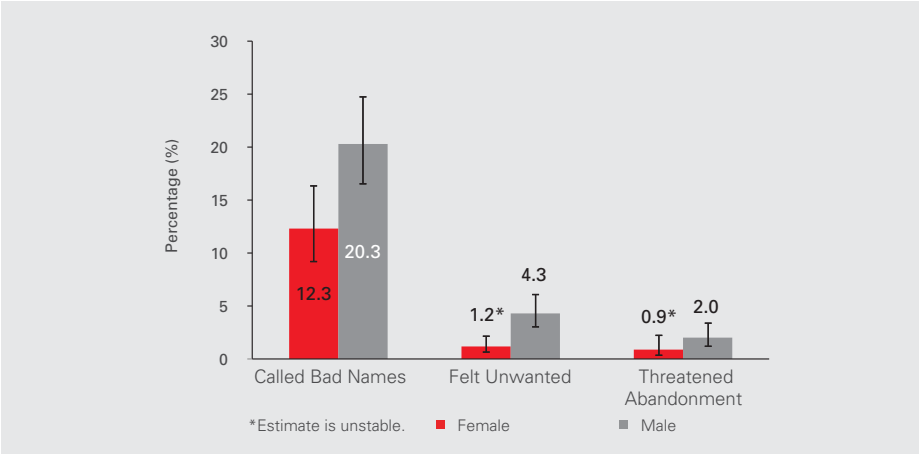
[i] Perpetrators were only analyzed for respondents who reported experiencing physical violence before turning 18 years of age. For 18 to 24 year olds respondents who reported multiple perpetrators, we cannot be sure that the violence was experienced for the first time by each perpetrator before turning 18 years of age because we did not ask when the respondent experienced violence by each perpetrator. However, the vast majority of physical violence reported by females and males 18 to 24 years of age, over 90%, occurred for the first time before the respondent turned 18 years of age.

Figure 15.11: Emotional Violence Experienced in Childhood - As Reported by 13 to 24 Year Olds in Zanzibar (Tanzania Violence Against Children Survey, 2009)



Nearly 1 in 7 females 13 to 24 years of age (13.8%) and 1 of 5 males (22.9%) reported experiences of emotional violence during childhood (See Figure 15.11).[j] The most prevalent form of emotional violence experienced during childhood was being called bad names (females 12.3% and males 20.3%) (See Figure 15.12). Four percent of males reported that they were made to feel unwanted during their childhood. Very few, between 1 to 2%, of females or males reported being threatened with abandonment during childhood.

Figure 15.12: Type of Childhood Emotional Violence Experienced - As Reported by 13 to 24 Year Olds in Zanzibar (Tanzania Violence Against Children Survey, 2009)

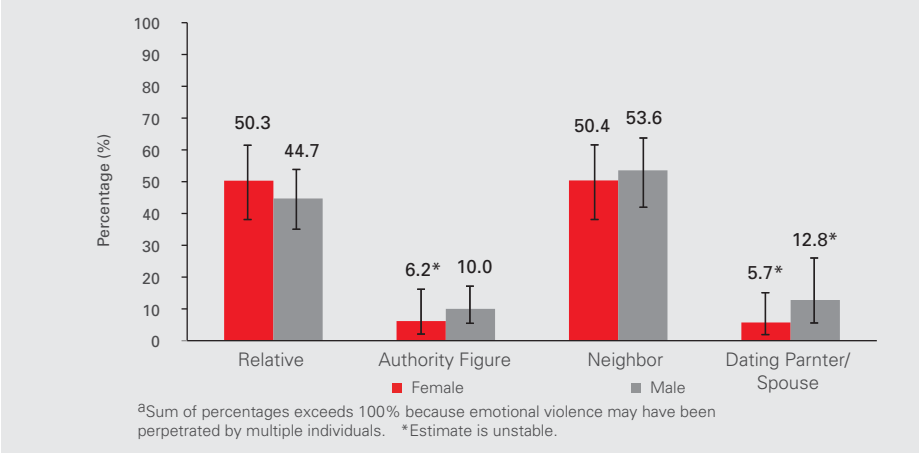


One-half (50.3%) of the 13 to 24 year old females and 44.7% of the males experienced emotional violence perpetrated by a relative and about one-half (50.4% for females and 53.6% for males) reported emotional violence perpetrated by a neighbour (See Figure 15.13).[k]

[j] 19.5% of males and about 1 in 10 females who reported being called bad names by an adult in childhood did not know the age at which the first incident occurred and were between 18 to 24 years old. These cases were grouped with emotional violence that occurred prior to 18 years of age because the vast majority of emotional violence involving being called bad names reported by 18-24 year olds occurred before respondents turned 18 years of age: male (84.9%) and female (92.3%) (Note: Percentages in the last sentence are unweighted).

[k] Perpetrators were only analyzed for respondents who reported experiencing emotional violence before turning 18 years of age. For 18 to 24 year olds respondents who reported multiple perpetrators, we cannot be sure that the violence was experienced for the first time by each perpetrator before turning 18 years of age because we did not ask when the respondent experienced violence by each perpetrator. However, the questions specifically asked about childhood and thus we are confident the vast majority of emotional violence occurred in childhood.

Figure 15.13: Type of Perpetrators of Childhood Emotional Violence - As Reported by 13 to 24 Year Olds in Zanzibar Who Experienced Emotional Violence (Tanzania Violence Against Children Survey, 2009)a



[a]Sum of percentages exceeds 100% because emotional violence may have been perpetrated by multiple individuals. *Estimate is unstable.

15.4 Experiences of childhood violence and current health status

As discussed earlier, violence against children has substantial short- and long-term health consequences (See Section 8). This subsection focuses on a select number of health conditions that the respondents experienced in the last 30 days or ever, such as pregnancy, general health, smoking, and feeling depressed. Specifically, current health status is examined in terms of whether respondents had experienced sexual, physical, or emotional violence during childhood. Such links between violence experienced as a child and current health outcomes allow us to better capture the enduring consequences of childhood violence.

15.4.1 Experiences of childhood sexual violence and current health status[l]

Females who experienced childhood sexual violence were more likely to report feelings of depression in the past 30 days (50.6%) than females who did not experience sexual violence (29.8%) ($p<.05$). While none of the other health outcomes that were measured showed a statistically significant association with childhood sexual violence for females, several should perhaps be investigated more closely because of the limited statistical power of the study. For example, among females who experienced sexual violence as children, both the proportion reporting having anxiety in the last 30 days and reporting being pregnant was higher than for those not exposed to childhood sexual violence. Neither of these associations was, however, significantly related (See Table 15.3).

A number of the negative health outcomes that were measured were significantly associated with childhood experiences of sexual violence for males (See Table 15.3). Specifically, males who reported childhood sexual violence were more likely than males who had not to report their current health as fair or poor, 38.9% versus 18.4% ($p<.05$). Also, males who experienced childhood sexual violence were more likely to report feelings of depression (56.8% versus 37.5%, $p<.05$) or anxiety (48.8% versus 34.1%, $p<.05$) in the past 30 days than males who did not experience childhood sexual violence. Finally, males who reported childhood sexual violence were more likely to report smoking in the last 30 days than males who had not experienced childhood sexual violence, 34.0% versus 11.1% ($p<.05$).

[l] Sexual transmitted disease or symptoms, suicidal thoughts, and drinking in the last 30 days were not analyzed in Zanzibar because there was insufficient information to conduct analyses (i.e., too few people engaged in these behaviours and also had experienced childhood sexual violence).

Table 15.3: Physical Health, Mental Health, and Substance Use Among 13 to 24 Year Olds in Zanzibar By Experiences of Childhood Sexual Violence (Tanzania Violence Against Children Survey, 2009)

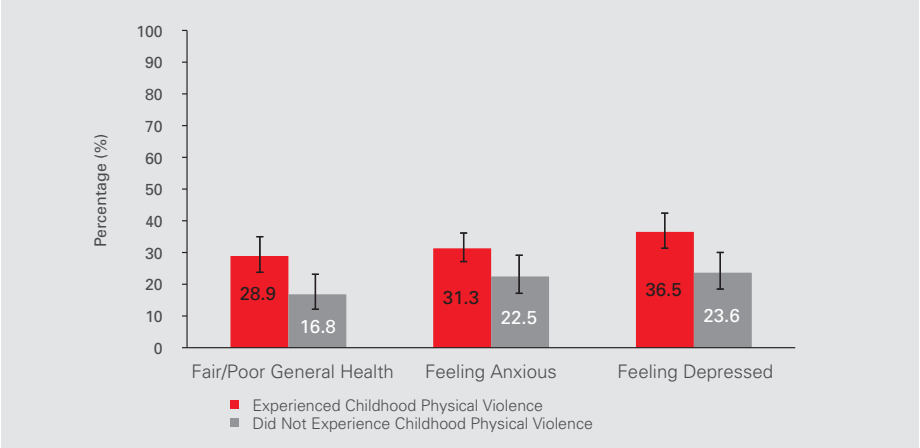
	Females				Males			
Health Outcome	n	WTD %	95% CI	p value	n	WTD %	95% CI	p value
Physical/Reproductive Health								
Fair/Poor General Health								
Sexual Violence	18	21.9	(12.2-36.2)	0.75	31	38.9	(27.4-51.9)	0.00
No Sexual Violence	224	23.8	(19.8-28.2)		137	18.4	(15.0-22.4)	
Ever Been Pregnant								
Sexual Violence	20	24.5	(14.1-39.1)	0.29	–	–	–	
No Sexual Violence	205	17.9	(15.4-20.8)		–	–	–	
Mental Health								
Anxiety in Last 30 Days								
Sexual Violence	25	37.6	(22.6-55.4)	0.25	39	48.8	(36.0-61.8)	0.02
No Sexual Violence	278	27.3	(23.7-31.2)		271	34.1	(28.9-39.8)	
Feelings of Depression in Last 30 Days								
Sexual Violence	31	50.6	(35.7-65.4)	0.01	43	56.8	(43.4-69.4)	0.02
No Sexual Violence	297	29.8	(26.4-33.4)		298	37.5	(31.5-43.9)	
Smoking								
Smoke in Last 30 Days[a]								
Sexual Violence	–	–	–		27	34.0	(21.5-49.2)	0.00
No Sexual Violence	–	–	–		85	11.1	(8.1-14.9)	

[a] An analysis of smoking for females was not possible because too few females reported smoking.

15.4.2 Experiences of childhood physical violence and current health status

Compared with those who did not experience physical violence during childhood, females and males who experienced physical violence during childhood had a higher prevalence of poor physical health. Also, females who experienced childhood physical violence had poorer mental health than females who had not experienced childhood physical violence (See Figure 15.14 and Figure 15.15).

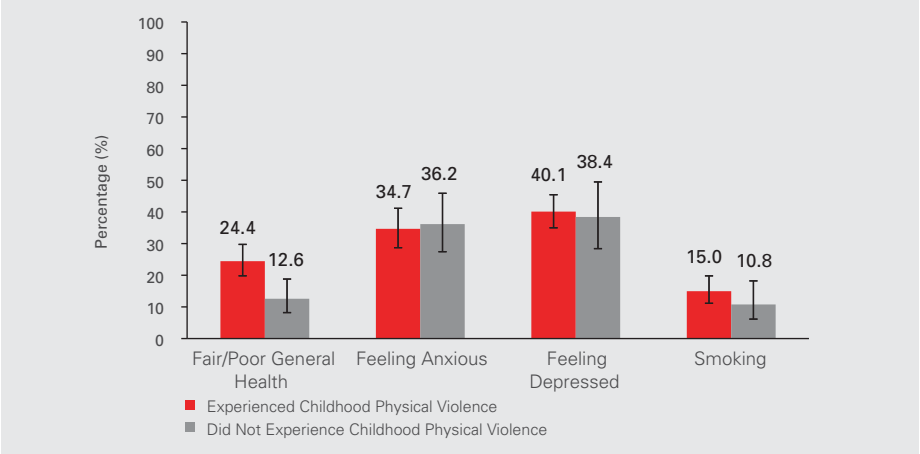
Figure 15.14: Current Health Status of Females by Experiences of Childhood Physical Violence - As Reported by Females 13 to 24 Years of Age in Zanzibar (Tanzania Violence Against Children Survey, 2009)



Childhood physical violence was significantly related with poor physical and mental health among females 13 to 24 year olds (See Figure 15.14). Specifically, nearly 3 out of 10 females who experienced childhood physical violence reported their current health as fair or poor compared to 16.8% of females who had not experienced

physical violence (p<.05). In terms of mental health, females who experienced physical violence as a child were more likely to report feeling anxious (31.3% versus 22.5%, p<.05) or depressed (36.5% versus 23.6%, p<.05) in the last 30 days compared to other females who did not experience childhood physical violence.

Figure 15.15: Current Health Status of Males by Experiences of Childhood Physical Violence - As Reported by Males 13 to 24 Years of Age in Zanzibar (Tanzania Violence Against Children Survey, 2009)

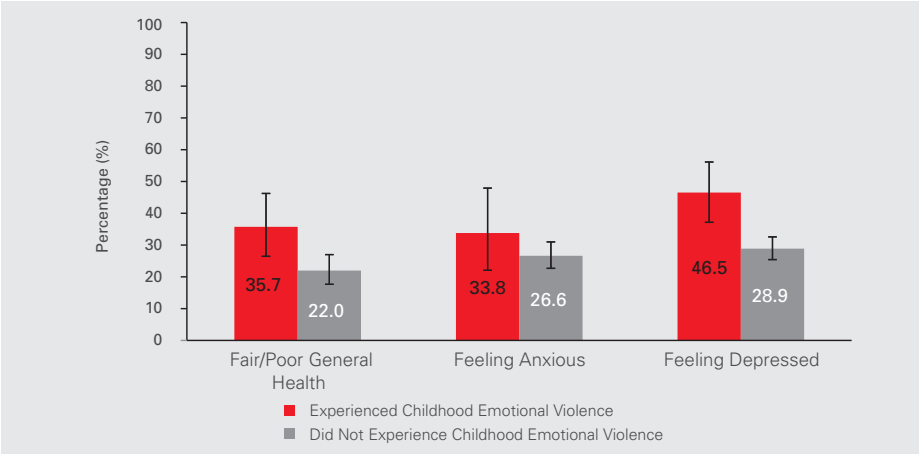


For 13 to 24 year old males, nearly one in four (24.4%) who experienced physical violence as a child reported their current health as fair or poor compared to 12.6% of males who did not experience physical violence during childhood (p<.05) (See Figure 15.15). There was no significant association of smoking or feeling anxious or depressed in the last 30 days with childhood physical violence.

15.4.3 Experiences of emotional physical violence and current health status

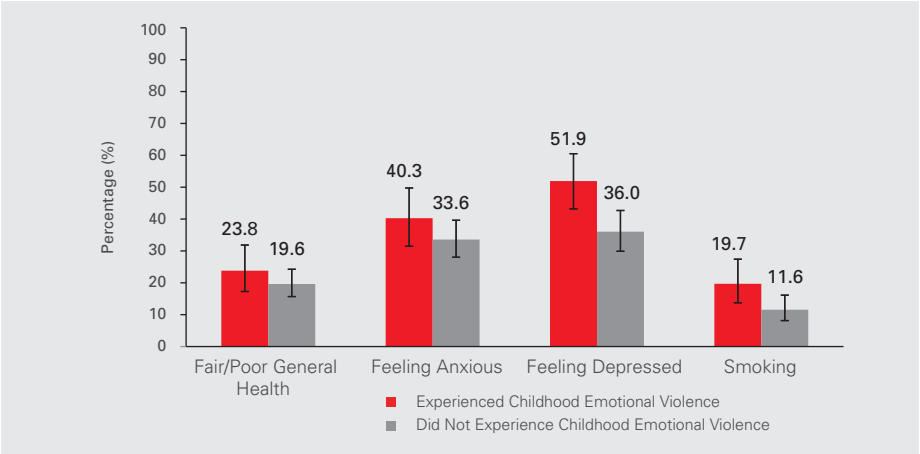
Compared with those who did not experience emotional violence during childhood, both females and males reported poorer health outcomes across a range of physical health, mental health, and health behaviours such as smoking (See Figure 15.16 and Figure 15.17).

Figure 15.16: Current Health Status of Females by Experiences of Emotional Violence - As Reported by Females 13 to 24 Years of Age in Zanzibar (Tanzania Violence Against Children Survey, 2009)



For 13 to 24 year old females, more than 1 out of 3 who experienced childhood emotional violence reported their current health as fair or poor compared to 22.0% who had not experienced physical violence (p<.05). Females who experienced emotional violence as a child were also more likely to report feeling depressed (46.5% versus 28.9%, p<.05) in the last 30 days compared to other females who did not experience childhood emotional violence. Feeling anxious in the last 30 days was not significantly associated with childhood emotional violence.

Figure 15.17: Current Health Status of Males by Experiences of Emotional Violence - As Reported by Males 13 to 24 Years of Age in Zanzibar (Tanzania Violence Against Children Survey, 2009)



For 13 to 24 year old males, childhood emotional violence was significantly or borderline significantly associated with mental health and smoking, but not related to general health. In terms of mental health, males who experienced emotional violence as a child were more likely to report feeling anxious in the last 30 days (40.3% versus 33.6%, p<.10) and report feeling depressed in the last 30 days (51.9% versus 36.0%, p<.05) compared to other males who did not experience childhood emotional violence. Males who experienced childhood emotional violence were also more likely to report smoking in the last 30 days compared to males who did not experience childhood emotional violence (19.7% versus 11.6%, p<.05) (See Figure 15.17).

15.5 Acceptance of the use of physical violence by husbands against their wives

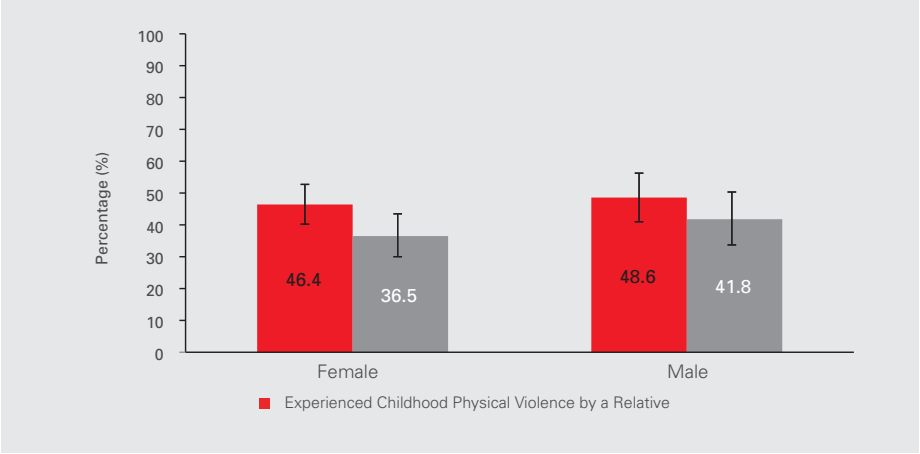
Social and cultural norms shape the way members of a society think and behave. Acceptance of physical violence by husbands toward their wives in marriage is one indicator of women's status in society and can create and reinforce an acceptable climate for violence to occur. To get a sense of the attitudes toward the acceptable use of physical violence in marriage, respondents were asked if a husband was justified in beating his wife in five different situations: if she goes out without telling him, if she neglects the children, if she argues with him, if she refuses to have sex with him, or if she burns the food.

Table 15.4: Percentage of 13 to 24 Year Olds in Zanzibar Who Believe it is Acceptable for a Husband to Beat His Wife in Specific Situations (Tanzania Violence Against Children Survey, 2009)

	Female			Male		
It is Okay for a Husband to Beat His Wife if She:	N	WTD %	95% CI	n	WTD %	95% CI
Goes out without Telling Him	235	23.4	(19.9-27.4)	218	25.5	(21.6-29.9)
Not Looking after Their Children	245	25.2	(21.4-29.4)	238	26.2	(22.8-29.9)
Argues with Him	160	16.3	(12.6-20.8)	228	26.5	(22.8-30.5)
Refuses to have Sex with Him	178	18.7	(14.9-23.2)	197	23.4	(20.7-26.2)
Burns the Food	62	5.2	(3.8-7.2)	50	4.9	(3.5-6.8)

When responses were measured across all five items, 4 out of 10 females (40.8%) and nearly 1 out of 2 males (46.0%) 13 to 24 years of age believed that it was appropriate for a husband to beat his wife in at least one of the five situations. Nearly one-quarter of females believed that it is acceptable for a husband to beat his wife if she neglects to look after their children (25.2%) or goes out without telling the husband (23.4%) (See Table 15.4). Around one-quarter of males believed that it is acceptable for a husband to beat his wife in the following four situations: goes out without telling him, neglects to look after the children, argues with him, or refuses to have sex him. A small percent of males and females, approximately 5%, believed it is acceptable for a husband to beat his wife if she burns the food (See Table 15.4).

Figure 15.18: Acceptance of a Husband Beating his Wife in 1 or More Situations by Experiences of Childhood Physical Violence from a Relative - As Reported by 13 to 24 Year Olds in Zanzibar (Tanzania Violence Against Children Survey, 2009)



Forty-six percent of females who experienced physical violence as a child perpetrated by a relative endorsed at least one situation compared to 36.5% who had not experienced physical violence as a child perpetrated by a relative ($p<.05$) (See Figure 15.18). Among males there was no association between experiencing physical violence as a child by a relative and the belief it was acceptable for a husband to beat his wife under certain situations.

Section 16:
Discussion and Recommendations

Photo: UNICEF/Sala Lewis

Section 16: Discussion and Recommendations

16.1 Discussion

The findings of this study indicate that violence against children is a serious problem in Tanzania, as it is in many other parts of the world. A primary focus of the study was sexual violence because Tanzanian stakeholders identified sexual violence as a critical issue. There is limited information on the prevalence of sexual violence in Tanzania, and its association with other negative health outcomes. This report represents a step forward in providing accurate, nationally representative data to document the magnitude of sexual violence against children in Tanzania. The report also describes the circumstances and conditions under which sexual violence tends to occur and the key consequences for children's protection and health, and explores physical and emotional violence against children - given the potential overlap in the occurrences of these types of violence. These results provide important clues as to how to target and organize multi-sector national prevention and response strategies and policies.

16.1.1 Key Findings

The results of this study indicate that sexual, physical and emotional violence against children is highly prevalent in the United Republic of Tanzania. A substantial proportion of females and males have been exposed to sexual violence (3 in 10 females and 1 in 7 males), physical violence (almost 3 out of 4 of both females and males), and emotional violence (about 1 in 4 females and 3 in 10 males) as children. Moreover, there was substantial overlap in the occurrence of sexual, physical and emotional violence against children with several violations commonly occurring to the same children.

In Zanzibar, about 1 in 20 females and 1 in 10 males reported having experienced sexual violence as a child. The prevalence of reported childhood sexual violence among females in Zanzibar was lower than for females in all of Tanzania (6% versus 28%). The reported level of childhood sexual violence, however, in Zanzibar (6%), even if underestimated, constitutes a serious problem that needs to be addressed. In relation to the other forms of violence, the findings were comparable to all of Tanzania – with 6 in 10 females and 7 in 10 males experiencing physical violence as a child and about 1 in 7 females and 1 in 5 males experiencing emotional violence as a child.

All forms of violence—sexual, physical and emotional—are common for children growing up in Tanzania and the perpetrators of this violence are often near and known to the children. Sexual violence was most commonly perpetrated by dating partners, neighbours and strangers. The majority of perpetrators of sexual violence against girls were older, with nearly 4 in 10 females reporting that the perpetrator of at least one incident of sexual violence was more than 10 years older than them. In relation to physical violence, 6 in 10 females and males reported being punched, kicked, or whipped by a relative. The most common authority figures to use physical violence against both females and males were teachers. For emotional abuse, the most common perpetrators were relatives and neighbours.

For both females and males, sexual violence commonly took place in a home, either the home of the perpetrator or in the home of the child who experienced the sexual violence. Sexual violence also occurred at school or on the way to or from school. The high incidence of sexual violence in a child's home or school – two of the places assumed to be safe – underscores the hidden, if not covert, nature of sexual violence and presents a significant challenge to preventing and responding to sexual violence in the United Republic of Tanzania. In this respect, the findings were similar to what was found in Zanzibar specifically, suggesting that, while the prevalence of violence against children was different, the contexts in which it occurs are actually quite similar. These findings are also similar to those found in many other cultures.[104]

Both reporting of violence and subsequent access to services is poor in Tanzania. Those who experienced sexual violence sometimes told someone about their experience, but rarely received services. The study found that almost half of females and two thirds of males who experienced childhood sexual violence did not report their experiences to anyone. Females indicated their primary reasons for not

reporting sexual violence were family and community reasons with fear of abandonment as the most frequently cited reason. Males most commonly indicated personal reasons for not reporting with not thinking the sexual violence was a problem as the most frequently cited response. Among those who experienced childhood sexual violence, about 1 in 8 females and less than 1 in 20 males received any type of service, yet about 1 in 6 would have liked additional services, especially counseling and support from a police or social welfare officer. Patterns of help seeking for sexual violence in Zanzibar were similar to those for Tanzania as a whole.

Clearly a major challenge for improving and strengthening legal, health, and social response services in Tanzania will be two fold: first, overcoming the social pressures that inhibit children who experience sexual violence from reporting what has happened to them, and second, ensuring that when children seek services, those services are available and provided with sensitivity and quality of care. Equally important is the provision of information to people who children naturally identify as their advocates—parents and friends. Referrals to the appropriate pool of services must begin close to the site of where the violence typically occurs – in homes and schools – with trusted and capable adults and young people engaged in the process.

In Tanzania, as has been shown worldwide, exposure to sexual violence as a child was associated with a range of short-term health consequences in females (e.g. STD symptoms, feelings of anxiety and depression, recent alcohol use), but not in males. In Zanzibar, however, sexual violence was associated with short-term health consequences for both females and males. Physical and emotional violence were associated with numerous health outcomes among females and males in both the United Republic of Tanzania as a whole and specifically in Zanzibar. These short-term health consequences are cause for concern. These findings are consistent with decades of research in the neurobiological, behavioural, and social sciences that indicate, quite conclusively, that childhood exposure to violence can impact the development of the brain and subsequent vulnerability to a broad range of mental and physical health problems, ranging from short-term consequences as identified in this study to health outcomes such as cardiovascular disease and diabetes over the long-term.[105, 106,107,108,109,110] Reducing the prevalence of violence against children in Tanzania is, therefore, likely to reduce the incidence and costs of future mental and physical health problems in the population.

Many risk behaviours are common to both HIV/AIDS and sexual violence. Forced sex in childhood or adolescence has been shown to increase the likelihood of engaging in unprotected sex, having multiple partners, participating in sex work and substance abuse—all of these behaviors are likely to increase the risk of HIV acquisition.[111] Related, this study examined self-reported patterns of being tested for HIV/AIDS in relation to childhood sexual violence. Among 13 to 17 year old females and males who had engaged in sexual intercourse, 7 in 10 females and 1 in 2 males knew where to go for an HIV test, but only about 1 in 2 females and less than 1 in 5 males in this age group reported that they had been tested for HIV. Experiences of childhood sexual violence were unrelated to knowledge of where to get an HIV test and being tested for HIV for both females and males in Tanzania. Similar to the findings for all of Tanzania, experiences of childhood sexual violence in Zanzibar were unrelated to knowledge of where to get an HIV test. However, females in Zanzibar who had experienced childhood sexual violence were less likely to report that they had been tested for HIV than those who had not experienced it. This is particularly troubling given the increased risk of HIV transmission associated with sexual violence, especially in children. Barriers to seeking HIV/AIDS services for children with experiences of sexual violence need to be identified and reduced.

A number of sexual risk-taking behaviours were found to be associated with exposure to sexual violence as a child. For both females and males 19 to 24 years of age who had engaged in sexual intercourse, having sex with two or more partners in the previous 12 months was higher among those with a history of childhood sexual violence. Among females and males 19 to 24 years of age who had sex, infrequent or no condom use was more prevalent among those with a history of sexual violence as a child. These findings reinforce other research in Sub-Saharan Africa that has found that violence can indirectly increase the risk for HIV/AIDS by influencing risky behaviours that are known to be the drivers of the epidemic.[112] It is imperative that future prevention work with children and adults in communities also address the social dynamics and risk factors that underpin the problem of sexual assault and violence—including, but not limited to, poverty, gender, age, income inequality, and alcohol and drug consumption.

Endorsement of the use of violence against wives was highly prevalent among these young female and male respondents. About one-half of males (52.3%) believed it is acceptable for a husband to beat his wife under certain circumstances and a higher percentage of females (58.3%) condoned such violence than males. This suggests there are embedded social norms and values among young Tanzanians that support the use of violence against women to address perceived unacceptable behaviour by women. This finding, coupled with the high prevalence of

physical violence against girls and boys uncovered in this survey, raises the important question on how to address the social and cultural legitimacy of violence in Tanzania.

A number of countries around the world have banned corporal punishment in schools, but it is currently sanctioned within Tanzania.[m] Although this study cannot distinguish the degree to which physical violence by a teacher was related to corporal punishment or other factors, it was a common experience for both males and females and went beyond corporal punishment to include being whipped, kicked, punched or threatened with a weapon. Nearly 6 of 10 females and males also reported being punched, kicked, or whipped by relatives. This speaks to the normative aspects of this violence for children. Without a fuller understanding of these social norms and efforts to remedy them, it will be difficult to strengthen incentives for children to report and put an end to abusive behaviour that is harmful to both their health and development. It is equally imperative that discussions around these norms are addressed in and by communities themselves to ensure that protective mechanisms for children are found and can be strengthened within Tanzanian culture, rather than imposing values from outside.

16.1.2 Strengths and Limitations

The strengths and limitations of this survey should be considered when reviewing and interpreting the results. The survey and the results reported herein, based on a review of the literature, is one of very few to provide nationally-representative estimates of violence against children in sub-Saharan Africa. Interviewers obtained a very high response rate among eligible participants, reflecting a strong survey design, well-trained staff, and a national willingness to participate. These study strengths provide confidence that the sample interviewed was representative of 13 to 24 year olds in Tanzania. An additional strength of this study is the depth of information collected, notably on the particular circumstances surrounding experiences of sexual violence. Large-scale health surveys typically ask only a few questions to collect information on sexual violence. The depth and breadth of information on the circumstances of sexual violence, if properly applied, is likely to considerably enhance both prevention and response efforts.

As with all large surveys, findings of the study also have their limitations. First, information was only collected about the first and last incident of each of the four types of sexual violence (i.e., sexual touching, unwanted attempted sex, physically forced sex, and coerced sex) experienced by each participant. If a respondent experienced more than two incidents of a particular type of sexual violence, the circumstantial information surrounding these additional incidents was not collected. However, 62.1% of females and 75.6% of males who reported sexual violence prior to age 18 indicated that they had experienced either one or two incidents of each of the four types of sexual violence. Further, it is likely that the true prevalence of violence against children has been underestimated for several reasons. First, previous research suggests that it is not uncommon for adult survivors of child abuse to have no memory of that abuse, particularly when that abuse occurred at a young age and by someone well known to the victim.[113] Second, some respondents may have been less likely to disclose an incident if the perpetrator was known to them. Third, estimations of the prevalence of violence among children prior to 18 years of age was based, in part, on respondents who were 13 to 17 years old and had not yet reached their 18th birthday.

The magnitude of the problem of violence against children and the contexts and circumstances under which the sexual violence occurred are critically important to understanding the steps required toward strengthening the protection of children in Tanzania and the prevention of violence. Indeed, the data from this survey offer rich opportunities for further analysis of issues around violence against children. In future studies, it will be important to build upon these initial findings and explore risk and protective factors. A better understanding of these factors can increase the utility of these data for guiding the development of prevention and response strategies.

16.1.3 Implications for Prevention and Response

Violence against children erodes the strong foundation that children need for leading healthy and productive lives. Studies from around the world show that exposure to violence during childhood can influence subsequent vulnerability to a broad range of mental and physical health problems, ranging from anxiety disorders and depression to cardiovascular disease and diabetes.[114]

[m] The Corporal Punishment Act of 1979 (amended by Education Circular # 24 of 2002) sanctions "Lashes administered for serious offenses by the head of the school or someone designated by him/her, subject to a maximum of four strokes". In Zanzibar, the Education Act Regulations of 1988 defines corporal punishment as being punishment 'administered with a light cane on the covered buttocks in the presence of a third party who shall be a member of the school teaching staff'.

It can damage the emotional, cognitive, and physical development of children and, ultimately, impact economic development by degrading the contribution of affected children to the human capital of their community and country.

The 2006 United Nation's Secretary General's Study of Violence against Children documented the full range and scale of this problem on a global level making explicit that violence against children is both a public health and human rights challenge.[115] This study, and the results herein, represent a critical step in addressing the problem of violence against children in the United Republic of Tanzania by providing evidence in its most basic form — information on the magnitude and characteristics of the problem. The results of this survey will help the Government of Tanzania to enhance its efforts to break the silence around violence against children and establish a stronger foundation for both prevention and response, nested within a nationally-supported Child Protection System.

Identifying national estimates of violence is an essential first step towards preventing violence in communities and making accountable the institutions that should provide protection and services to children. The obligation for all States to work toward the elimination of violence against children is recognized by the Convention on the Rights of the Child, ratified by Tanzania in 1990. Efforts to prevent violence, therefore, form part of the government's national commitments to uphold the right of each child to his or her human dignity and physical integrity. This commitment is further reflected in the recent and timely passage of the Law of the Child Act (2009) in Mainland Tanzania and the approval of the Children's Bill (2011) by Parliament in Zanzibar. The regulations of the Law of the Child Act (2009) and the Zanzibar Children's Bill, which are currently under development, will provide a legally binding set of multi-disciplinary procedures that provide standards for identifying, referring and responding to cases of child abuse and other forms of violence and will serve as a critical component of a child protection system in Tanzania.

The survey and its results highlight a tremendous opportunity to support the Tanzanian government in its response to violence against children. The study results lay bare the fact that additional prevention and response efforts are necessary to address the needs of Tanzania's future generation. It is critical that international partners and donors recognize that direct support to government structures (ministries, district level governments and community structures that form part of these reporting structures) is needed to ensure not only that children are protected but that these efforts are sustained. Such collaboration will require an understanding of children's vulnerability as it is represented in the study findings, with specific measures to prevent and respond to violence against children and protect children most at risk. As understandings of violence emerge from this study, then definitions of vulnerability will likely need to be reviewed and reassessed in order to fully capture and protect Tanzania's weakest and most fragile cohort.

An important cornerstone to both the study and how the results will be addressed has been the role played by the Multi-sectoral Task Forces (MSTF) in both Mainland Tanzania and Zanzibar. The MSTF, a dedicated group of researchers and practitioners from the Government of Tanzania, the UN as well as the larger NGO community, has paved the way for a promising multi-sectoral response, inclusive of all key Ministries. Since 2008, when the Survey was first discussed, these key officials have collectively determined the scope and implementation of the study and now the response. The Violence Against Children Study then represents, not only the first of its kind on the continent as a population based survey addressing both boys and girls, but also a fully owned and determined national survey. The MSTF involvement has ensured that the survey findings would highlight the different contexts in which violence against children occurs, providing important indications of specific sector responses. Equally, the MSTF provides a forum from which different sectors can review current policies and develop distinct interventions and initiatives to address child abuse and other forms of violence in an integrated manner.

National and international stakeholders alike recognize that preventing violence against children in Tanzania is complicated by the influence of poverty and a weak social protection framework to protect vulnerable children. Given the scarcity of resources allocated for child protection, it will be critical to build on existing prevention and response initiatives across more recognized structures such as public health, education and those aimed at addressing specific and well-recognized health problems, such as HIV/AIDS—making the planned multi-sectoral response all the more important.

16.2 Recommendations

The results of this survey have significant implications for focusing immediate and future prevention and response programmes. The MSTF proposes the following recommendations in response to the initial results of this survey:

Immediate

- Introduce the survey findings to senior government officials and key stakeholders as part of the preparation for a high level launch of the survey report.

- Stimulate a civil society response to complement government-led child protection prevention and response services as well as advocacy and awareness.

- Develop and begin to implement a communication strategy to raise awareness on the issues highlighted in the report, particularly to address social and cultural norms that legitimize violence, and to prepare the ground for a strengthened reporting, referral and response system to abuse and violence against children.

- Continue to support the lead government ministries in Mainland Tanzania (Ministry of Community Development, Gender and Children) and Zanzibar (Ministry of Social Welfare, Youth, Women and Children Development) in order to coordinate prevention and response for violence against children. Such a multi-sectoral response coordinated through the MSTF would engage social welfare, police and legal system, education, public health, health care, and organizations and groups working on HIV/AIDS, gender-based violence, and other related areas at the national, regional and local level.

- Map existing levels of service provision, in light of the survey findings, to better plan for a comprehensive response for children who have experienced violence, including capacity for places of safety for children and counseling services, and identify priority areas for support.

Medium Term

- Develop the rules and regulations to implement the Law of the Child Act and build a procedural framework across sectors that will clarify roles and responsibilities in the prevention and response of child abuse and violence. In Zanzibar, work with the Ministry of Social Welfare, Youth, Women and Children Development to develop rules and regulations to implement the Children's Bill 2011.

- Integrate plans and efforts to address violence against children into a functioning social welfare system placing the protection of Tanzanian children at the forefront, notably through the framework of the revised *National Costed Plan of Action for Most Vulnerable Children (2011 – 2015),* coordinated by the Department of Social Welfare.

- Develop a "National Plan of Action to Prevent and Respond to Violence against Children" complementing current Government Sectoral Work Action Plans (SWAPs) in Tanzania, with guidelines and standard operating procedures for each sector response derived from the rules and regulations being developed for the Law of the Child Act (2009) and Zanzibar's Children's Bill, including but not limited to:

    - **Social Welfare:** Develop a system for performing risk assessments that are linked to a referral system involving a range of sectors and services to determine and respond to the immediate and longer term protection needs of children.

    - **Schools:** Integrate sexual violence prevention messages as well as safe places into school-based programmes addressing sexuality, reproductive health, and social development. Ensure education is linked into a multi-sectoral referral and response system for child protection.

    - **Police and Legal:** Strengthen and expand appropriate legal protection for children and legal consequences for perpetrators; continue to build on current Gender and Children's Desk efforts

among the Tanzania Police Force nationally. Continue to educate police and other public safety officials about violence against children. Develop joint investigation procedures with social welfare, the medical sector and other relevant authorities and sectors.

- **Health:** Work within a multi-sectoral framework to assure clear and simple guidelines for the treatment, care, follow-up and prevention of violence against children. Build a clear and appropriate platform for the integration of child-sensitive and friendly services into existing gender-based violence (GBV) structures.

- Identify and implement evidence-based and promising prevention and response strategies for violence against children in communities, including piloting and costing child protection systems in selected districts in Tanzania.

- Develop and implement a public information campaign directed at older children and youth that engages them on the barriers they face for reporting and identifies strategies to facilitate children and youth finding information and help.

- Conduct research on children's and adult's views and experiences with violent and peaceful relationships and incorporate this into community awareness programmes to challenge the endorsement of the use of violence.

- Build support for child-focused organisations that work toward ending violence against children. Ensure that children themselves are involved in monitoring and reporting harmful practices in their communities as well as challenging the endorsement of violence.

- Educate parents and other adults about the problem and impact of violence against children, including ways to protect their children from violence, and to recognize the signs of abuse if it has already occurred. Encourage alternatives to physical discipline where necessary.

- Develop and implement a monitoring and evaluation (M&E) system, reviewed through the MSTF, measuring evidence from selected districts on how child protection systems can best address violence against children and develop a strategy for national scale up.

Longer Term

- Develop a national monitoring and evaluation system around the prevention of violence against children, based on selected intervention results within the first year, building a response that triangulates data among the social welfare, education, police and legal, and health sectors in order to develop a multi-sectoral surveillance system to track long-term trends in this problem.

- Integrate key indicators and questions from the Violence Against Children Survey, with appropriate ethical protection for respondents, into ongoing national surveys to strengthen the focus on child protection within routine national surveys.

- Continue to analyze these survey data to uncover patterns that can inform prevention strategies and public policies, including the mapping of risk and protective factors to steer intervention efforts. This effort should be complemented by qualitative inquiry to deepen understandings of the context of violence and appropriate responses.

- Conduct further research into violence against specific groups of children who were not captured in this household survey, such as children living on the street or in institutions.

- Support the government of Tanzania to develop a social welfare workforce strategy to increase the numbers and capacity of Social Welfare Officers to respond to child abuse and violence, in accordance with the role given to them in the Law of the Child Act serving as the critical agents of coordination and case management within a national child protection system.

- Share the experience and capacity developed in Tanzania with other countries in sub-Saharan Africa to raise awareness about the problem of violence against children and the cultural approaches used to address it.

These recommendations should be considered in light of the culture of Tanzania as well as current activities and programmes focused on prevention and response to violence that are already on the ground. The results and recommendations in this report offer a significant opportunity to build a strategy for protecting children from violence and, thereby, create a more secure future for the people of Tanzania.

Appendix A: Weighting Procedure

Weighting

Weighting is a method used to obtain parameters from the data set resulting from sampling so as to represent the universe. A three step weighting procedure was used: (Step 1) computation of base weight for each sample respondent; (Step 2) adjustment of the base weights for non-response; and (Step 3) post-stratification calibration adjustment of weights to known population.

Base Weight

Base weights were calculated which are inversely proportional to the overall selection probabilities for each sample respondent (Step 1). Calculations in this stage included probabilities of selection of EAs, households, and eligible individuals.

Adjustment for Unit Non-response

In Step 2, base weights were adjusted to compensate for the losses in the sample outcome due to non-response (Appendix Table A2 shows household and individual response rates). In this step, household-level non-response adjustment was performed by using weighted data by EA. For the person-level non-response adjustment, weighting cells were formed taking into account residence and gender. Inclusion of age groups was not possible as age was not tabulated for non-responding participants. There were 4 weighting cells formed for the person-level non-response adjustment. In the VAC protocol, it is recommended that any household- or person-level non-response adjustment component that exceeds 3.00, should be set to 3.00. For the 2009 Tanzania VAC, there were no values larger than 3.0 in either the household-level and the person-level adjustment factors for non-response.

Household-level Response Rate
Using the household disposition codes, the household-level response rates were computed separately for each sample PSU using the formula below.

$$\textit{Household-Level Response Rate} = \frac{200+201}{(200+201+202+203+204+207+208)}$$

where:

200 = Completed Household Questionnaire, 1 person selected
201 = Completed Household Questionnaire, no one selected
202 = Completed part of the household questionnaire, could not finish roster
203 = Household questionnaire not complete, could not identify an appropriate screening respondent
204 = Household refusal
207 = Household respondent incapacitated
208 = Other Household non-response

The corresponding household-level weighting class adjustment was computed as one divided by the weighted household response rate for each sample EA. For the household-level nonresponse adjustments, the minimum value was 1.000, maximum value was 2.000 and the median value was 1.000. Appendix Table A3 lists all household-level nonresponse adjustment factors.

Person-level Response Rate
Person-level non response adjustment was done by using individual-level response rate calculating formula by a combination of weighting class variables. As with the household adjustment component, the person-level adjustment component was computed as one divided by the weighted response rate for each person's weighting class.

$$\text{Individual-Level Response Rate} = \frac{400}{(400+404+407+408)}$$

where:

400 = Completed Individual Questionnaire
404 = Selected respondent refusal
407 = Selected respondent incapacitated
408 = Other individual non response

Table A1. Household and Individual Response Rates by residence and gender

Household Response (HH) Rate				
	Zanzibar		**Mainland**	
	Female	**Male**	**Female**	**Male**
Completed HH Q – 1 person selected	1121	937	952	928
Completed HH Q – no eligible	862	1228	1116	1357
HH Q not completed	4	2	13	27
HH refusal	13	3	0	1
Other HH non-response	20	61	23	25
Total	2020	2231	2104	2338
HH Response Rate	98.2%	97.0%	98.3%	97.7%
Individual-Level Response Rate				
Completed Interviews	1060	880	908	891
Selected respondent refused	47	44	37	30
Other individual non-response	14	13	7	7
Total	1121	937	952	928
Individual Response Rate	94.6%	93.9%	95.4%	96.0%
Overall Response Rate	92.9%	91.1%	93.8%	93.8%

The corresponding person-level weighting class adjustment was computed as one divided by the weighted person-level response rate for each weighting cell. Appendix Table A4 on page 120 shows the person-level non-response adjustment factors. The minimum value was 1.05 while the maximum value was 1.07.

Table A2. Household-Level Nonresponse Adjustment Factors			
EA	HH Part	HH Select	HH Non-Response Adjustment
Mainland Males			
1	145201.6	1405201.6	1.00
3	194077.2	194077.2	1.00
7	119938.3	119938.3	1.00
9	215373.4	215373.4	1.00
10	183350.0	183350.0	1.00
11	141939.2	141939.2	1.00
14	121411.2	121411.2	1.00
16	141879.6	141879.6	1.00
17	219456.5	219456.5	1.00
18	93865.0	93865.0	1.00
21	155030.7	155030.7	1.00
22	153413.0	156037.6	1.02
23	79305.5	79305.5	1.00
25	136131.8	136131.8	1.00
36	182387.5	185478.8	1.02
37	86279.8	86279.8	1.00
39	167166.6	167166.6	1.00
40	218242.4	218242.4	1.00
44	87190.5	87190.5	1.00
45	184699.7	187941.9	1.02
47	382133.5	382133.5	1.00
48	460044.4	460044.4	1.00
52	81655.3	81655.3	1.00
53	84199.4	102910.4	1.22
54	186907.7	186907.7	1.00
55	367449	367449	1.00
57	115746.4	117583.6	1.02
59	77477.8	77477.8	1.00
63	179982.8	179982.8	1.00
66	150636.6	163326.2	1.08
67	271937.8	271937.8	1.00
68	76352.7	76352.7	1.00
73	199415.8	208184.5	1.04
74	427155.0	427155.0	1.00
75	84833.7	87785.3	1.03
77	155274.2	155274.2	1.00
78	299244.2	310550.3	1.04
80	38398.9	39144.7	1.02
81	144517.5	147296.6	1.02
83	148910.5	148910.5	1.00
84	185782.2	185782.2	1.00
85	81307.1	87811.6	1.08
86	420390.6	429341.3	1.02
88	364731.1	364731.1	1.00
92	144478.7	149934.1	1.04
95	69461.4	69461.4	1.00
96	102830.8	102830.8	1.00
98	153432.9	153432.9	1.00
99	104795.8	106957.3	1.02
100	77249.1	77249.1	1.00

Table A2. Household-Level Nonresponse Adjustment Factors

EA	HH Part	HH Select	HH Non-Response Adjustment
Male/Zanzibar			
102	5846.3	5980.4	1.02
104	3152.1	3152.1	1.00
105	4842.7	4925.9	1.02
106	2699.9	2699.9	1.00
108	2912.2	3071.4	1.05
111	6695.4	6803.4	1.02
112	3484.9	3484.9	1.00
113	3705.6	3705.6	1.00
115	2461.9	2513.6	1.02
116	1466.6	1612.5	1.10
117	4342.4	4342.4	1.00
118	3276.1	4321.6	1.32
119	2346.6	2853.8	1.22
120	5526.9	5526.9	1.00
123	5005.2	5005.2	1.00
128	2856.1	3325.4	1.16
133	17307.9	17307.9	1.00
135	4857.6	4857.6	1.00
140	3660.5	3660.5	1.00
142	3207.5	3207.5	1.00
144	4214.5	4214.5	1.00
145	3267.2	3397.9	1.04
151	6624.5	6624.5	1.00
152	2758.9	2758.9	1.00
154	4358.5	4358.5	1.00
155	5670.7	5759.0	1.02
158	6307.3	6307.3	1.00
159	6870.1	6870.1	1.00
164	4062.9	4062.9	1.00
166	4306.4	4440.1	1.03
167	4651.0	4651.0	1.00
170	5793.7	6180.0	1.07
171	4112.5	4254.3	1.03
173	3885.1	3885.1	1.00
174	2762.8	2762.8	1.00
175	11087.6	11087.6	1.00
176	5789.3	5789.3	1.00
177	3389.6	3649.0	1.08
179	3557.1	3557.1	1.00
181	3483.4	3554.5	1.02
182	3341.4	3547.7	1.06
183	4500.5	4500.5	1.00
188	4108.8	4186.0	1.02
191	4083.4	4168.4	1.02
192	7879.1	7879.1	1.00
194	5002.5	5092.5	1.02
195	7492.5	7492.5	1.00
197	3504.5	3567.0	1.02
199	3427.6	3968.8	1.16
200	3754.9	3754.9	1.00

Table A2. Household-Level Nonresponse Adjustment Factors			
EA	HH Part	HH Select	HH Non-Response Adjustment
Female/Mainland			
2	191508.9	195122.2	1.02
4	69311.4	69311.4	1.00
5	137341.5	137341.5	1.00
6	129285.8	129285.8	1.00
8	184048.1	184048.1	1.00
12	115512.7	115512.7	1.00
13	86684.5	86684.5	1.00
15	77830.1	77830.1	1.00
19	81498.4	85603.0	1.05
20	262898.9	267511.2	1.02
24	162634.2	162634.2	1.00
26	169228.3	169228.3	1.00
27	62035.8	64448.6	1.04
28	109203.3	109203.3	1.00
29	50545.2	52968.8	1.05
30	68839.3	68839.3	1.00
31	282623.8	282623.8	1.00
32	192273.4	192273.4	1.00
33	175164.9	175164.9	1.00
34	259729.5	259729.5	1.00
35	128451.9	128451.9	1.00
38	69692.4	69692.4	1.00
41	284268.2	284268.2	1.00
42	147971.8	150492.1	1.02
43	188200.0	188200.0	1.00
46	104041.9	104041.9	1.00
49	53905.3	53905.3	1.00
50	84441.4	89574.0	1.06
51	170075.0	178578.7	1.05
56	142151.2	142151.2	1.00
58	103185.2	103185.2	1.00
60	299774.1	320973.1	1.07
61	72446.0	72446.0	1.00
62	66828.0	69093.3	1.03
65	54875.6	56257.5	1.03
69	178827.8	178827.8	1.00
70	138500.0	141797.6	1.02
71	135642.6	135642.6	1.00
72	207791.0	207791.0	1.00
76	172291.3	172291.3	1.00
79	398451.0	398451.0	1.00
82	254917.2	254917.2	1.00
87	182212.6	182212.6	1.00
89	248374.7	248374.7	1.00
90	67808.7	67808.7	1.00
91	234177.7	240032.1	1.03
93	189305.5	196392.5	1.04
94	162146.7	162146.7	1.00
97	119040.3	119040.3	1.00

Table A2. Household-Level Nonresponse Adjustment Factors

EA	HH Part	HH Select	HH Non-Response Adjustment
Female/Zanzibar			
101	5751.9	5751.9	1.00
103	2772.7	2772.7	1.00
107	3254.1	3254.1	1.00
109	8135.1	8418.5	1.03
110	4317.8	4848.2	1.12
114	2757.2	2757.2	1.00
121	5853.9	5853.9	1.00
122	3173.8	3801.3	1.20
124	5708.6	5850.1	1.02
125	4429.0	4429.0	1.00
126	4514.5	4514.5	1.00
127	6360.3	6360.3	1.00
129	7576.9	7576.9	1.00
130	4718.2	4718.2	1.00
131	3979.3	3979.3	1.00
132	4414.3	4414.3	1.00
134	5404.8	5404.8	1.00
136	3490.7	3490.7	1.00
137	8688.1	8688.1	1.00
138	3234.7	3234.7	1.00
139	6367.1	6367.1	1.00
141	4169.2	4358.7	1.05
143	11600.4	11600.4	1.00
146	5981.3	5981.3	1.00
147	3001.4	3001.4	1.00
148	2910.9	2910.9	1.00
149	13461.6	13461.6	1.00
150	7256.2	7256.2	1.00
153	2887.5	3031.9	1.05
156	3259.7	3259.7	1.00
157	10504.7	10504.7	1.00
160	2658.0	2658.0	1.00
161	12131.5	12131.5	1.00
162	8534.0	8534.0	1.00
163	7611.6	7611.6	1.00
165	4722.8	4722.8	1.00
168	3979.4	4775.3	1.20
169	3884.8	3884.8	1.00
172	3228.3	3228.3	1.00
178	6630.8	6797.8	1.03
180	7156.7	7156.7	1.00
184	2927.0	2927.0	1.00
185	5121.8	5121.8	1.00
186	12151.5	12151.5	1.00
187	4096.6	4096.6	1.00
189	6218.5	6373.8	1.02
190	4803.5	4882.3	1.02
193	3561.6	3745.7	1.05
196	6292.9	6495.7	1.03
198	1452.8	1452.8	1.00

Table A3. Person-Level Nonresponse Adjustment Factors				
Location	Gender	Sum of Weighted Selected	Sum of Weights Participating	Nonresponse Adjustment
Mainland	Male	4446847.7	4231209.6	1.05
	Female	4076763.1	3884843.4	1.05
Zanzibar	Male	129223.9	120608.6	1.07
	Female	178055.17	167851.2	1.06

Post-stratification Calibration Adjustment

In the final stage of the weighting process (Step 3), calibration adjustment was done to adjust weights to conform with the 2002 Census population distribution by region, gender, and age group. These variables are known to be correlated with the key measures of violence against children. These predictor variables were used to form weighting cells Appendix Table A5 presents the post-stratification calibration adjustment factors.

Table A4. Post-stratification calibration						
Region	Gender	Age Group	2002 Census Count	Sample Weight Count	Calibration Adjustment	Sample Weight Count After Calibration
Mainland	Male	13 -14	795048	856005.13	0.93	795048
		15 -16	751194	1019646.62	0.74	751194
		17 - 18	705813	830889.70	0.85	705813
		19 - 20	615943	715337.65	0.86	615943
		21 - 22	512581	420984.55	1.22	512581
		23 - 24	454796	663408.68	0.69	454796
	Female	13 - 14	788921	749190.16	1.05	788921
		15 - 16	738337	643896.04	1.15	738337
		17 - 18	728839	876806.29	0.83	728839
		19 - 20	791656	739294.67	1.07	791656
		21 - 22	650472	612406.73	1.06	650472
		23 - 24	550278	510403.92	1.08	550278
`						
Zanzibar	Male	13 - 14	26122	23372.13	1.12	26122
		15 - 16	21914	24000.17	0.91	21914
		17 - 18	21268	28699.38	0.74	21268
		19 - 20	20193	31147.22	0.65	20193
		21 - 22	15836	16855.22	0.94	15836
		23 - 24	13372	8815.82	1.52	13372
	Female	13 - 14	26048	32860.27	0.79	26048
		15 - 16	22346	32305.36	0.69	22346
		17 - 18	23005	34434.27	0.67	23005
		19 - 20	24077	31638.18	0.76	24077
		21 - 22	18056	24581.03	0.73	18056
		23 - 24	15817	24923.97	0.63	15817

Final Weights

The final weights assigned to each responding unit were computed as the product of the base weights, the non-response adjustment factors and post-stratification calibration adjustment factors. The final weights were used in all analysis to produce estimates of population parameters.

Appendix B: Number of Respondents, Percentages, and 95 Percent Confidence Intervals on Primary Outcomes

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Table B1. Sexual Violence Experienced in Childhood in Tanzania and Zanzibar – As Reported by 13 to 24 Year Olds (Tanzania Violence Against Children Survey, 2009)

	Females				Males			
	n	WTD%	95% CI	N^	n	WTD %	95% CI	N^
Tanzania								
Any Sexual Violence	314	27.9	(24.0-32.2)	1915	204	13.4	(11.1-16.1)	1738
Zanzibar								
Any Sexual Violence	66	6.2	(4.5-8.4)	1044	79	9.3	(7.2-12.0)	858

^ Some cases excluded from analysis due to missing data

Table B2.Types of Sexual Violence Experienced Prior to Age 18 in Tanzania – As Reported by 13-24 Year Olds (Tanzania Violence Against Children Survey, 2009)

	Females				Males			
	n	WTD%	95% CI	N^	n	WTD %	95% CI	N^
Physically Forced Sex	61	5.5	(3.7-7.9)	1956	36	2.2*	(1.2-4.0)	1757
Coerced Sex	35	3.1	(2.0-4.8)	1948	28	1.6	(1.0-2.7)	1755
Attempted Sex	171	14.6	(12.4-17.0)	1940	91	6.3	(4.8-8.2)	1755
Sexual Touching	180	16.0	(12.9-19.6)	1935	129	8.7	(6.3-11.3)	1752

^ Some cases excluded from analysis due to missing data

* Estimate is unstable

Table B3.Types of Sexual Violence Experienced Prior to Age 18 in Zanzibar – As Reported by 13-24 Year Olds (Tanzania Violence Against Children Survey, 2009)

	Females				Males			
	n	WTD%	95% CI	N^	n	WTD %	95% CI	N^
Unwanted Completed Sex	10	1.1*	(0.5-2.3)	1050	26	3.1	(1.8-5.3)	865
Attempted Sex	39	4.3	(3.0-6.2)	1054	31	3.6	(2.3-5.8)	871
Sexual Touching	29	2.3	(1.6-3.4)	1050	50	5.8	(3.9-8.3)	870

^ Some cases excluded from analysis due to missing data

* Estimate is unstable

Table B4. Sexual Violence Experienced by 13 to 17 Year Olds in the Past 12 Months in Tanzania and Zanzibar (Tanzania Violence Against Children Survey, 2009)

	Females				Males			
	n	WTD%	95% CI	N^	n	WTD %	95% CI	N^
Tanzania								
Sexual Violence in Past 12 Months	76	14.0	(10.0-19.3)	899	43	5.9	(3.9-8.9)	877
Zanzibar								
Sexual Violence in Past 12 Months	14	2.3	(1.4-3.9)	494	17	3.7	(2.0-6.7)	416

^ Some cases excluded from analysis due to missing data

Table B5. Physical Violence Experienced in Childhood in Tanzania and Zanzibar – As Reported by 13-24 Year Olds (Tanzania Violence Against Children Survey, 2009)

	Females				Males			
	n	WTD %	95% CI	N^	n	WTD %	95% CI	N^
Tanzania								
Any Physical Violence	1235	73.5	(67.2 -78.9)	1932	1249	71.7	(66.1-76.7)	1734
Zanzibar								
Any Physical Violence	518	61.8	(57.1-66.4)	1036	605	71.1	(67.2-74.8)	865

^ Some cases excluded from analysis due to missing data

Table B6.Physical Violence Experienced by 13 to 17 Year Olds in the Past 12 Months in Tanzania and Zanzibar (Tanzania Violence Against Children Survey, 2009)

	Females				Males			
	n	WTD%	95% CI	N^	n	WTD %	95% CI	N^
Tanzania								
Any Physical Violence	420	51.1	(43.9-58.2)	902	407	51.0	(44.4-57.5)	869
Zanzibar								
Any Physical Violence	211	47.1	(40.2-54.2)	489	185	43.9	(39.2-48.7)	417

^ Some cases excluded from analysis due to missing data

Table B7.Emotional Violence Experienced in Childhood in Tanzania and Zanzibar – As Reported by 13-24 Year Olds (Tanzania Violence Against Children Survey, 2009)

	Females				Males			
	n	WTD%	95% CI	N^	n	WTD %	95% CI	N^
Tanzania								
Any Emotional Violence	295	23.6	(18.5-29.6)	1908	418	27.5	(23.4-32.0)	1686
Zanzibar								
Any Emotional Violence	111	13.8	(10.6-17.9)	1034	182	22.9	(19.0-27.4)	838

^ Some cases excluded from analysis due to missing data

Table B8.Types of Emotional Violence Experienced in Childhood in Tanzania and Zanzibar – As Reported by 13-24 Year Olds (Tanzania Violence Against Children Survey, 2009)

	Females				Males			
	n	WTD%	95% CI	N^	n	WTD %	95% CI	N^
Tanzania								
Called Bad Names	236	17.7	(13.4-23.0)	1921	350	21.6	(17.8-25.9)	1709
Felt Unwanted	86	8.7	(5.9-12.5)	1933	98	7.4	(5.5-9.9)	1720
Threatened Abandonment	42	4.2	(2.6-6.7)	1944	56	4.9	(3.5-6.9)	1739
Zanzibar								
Called Bad Names	96	12.3	(9.2-16.3)	1037	163	20.3	(16.5-24.7)	843
Felt Unwanted	14	1.2*	(0.6-2.1)	1045	31	4.3	(3.0-6.1)	857
Threatened Abandonment	9	0.9*	(0.3-2.2)	1051	15	2.0	(1.2-3.4)	868

^ Some cases excluded from analysis due to missing data

* Estimate is unstable

Table B9. Type of Perpetrators of Physical Violence Experienced in Childhood in Tanzania and Zanzibar– As Reported by 13-24 Year Olds (Tanzania Violence Against Children Survey, 2009)

	Females				Males			
	n	WTD%	95% CI	N^	n	WTD %	95% CI	N^
Tanzania								
Relative	935	58.4	(51.6-64.8)	1950	1067	57.2	(51.6-62.6)	1746
Teacher	894	52.6	(46.3-58.8)	1928	833	50.8	(43.9-57.6)	1727
Other Authority Figure	39	2.1*	(1.0-4.3)	1928	101	3.5	(2.4-5.2)	1727
Intimate Partner	45	4.0	(2.7-5.9)	1911	43	2.2	(1.4-3.4)	1736
Zanzibar								
Relative	414	45.3	(40.5-50.2)	1052	536	63.4	(60.0-67.0)	869
Teacher	421	44.1	(39.5-48.8)	1042	372	43.0	(37.5-48.5)	868
Other Authority Figure	24	3.1	(1.7-5.7)	1042	78	10.4	(8.1-13.2)	868
Intimate Partner	8	0.7*	(0.3-1.6)	1022	23	1.9	(1.1-3.4)	864

^ Some cases excluded from analysis due to missing data

* Estimate is unstable

Table B10.Type of Perpetrators of Emotional Violence Experienced in Childhood in Tanzania and Zanzibar – As Reported by 13-24 Year Olds Who Experienced Emotional Violence (Tanzania Violence Against Children Survey, 2009)[a]

	Females				Males			
	n	WTD%	95% CI	N^	n	WTD %	95% CI	N^
Tanzania								
Relative	195	79.5	(71.7-85.5)	286	222	65.4	(57.7-72.4)	405
Authority Figure	23	9.0	(5.0-15.7)	286	35	8.9	(5.0-15.5)	405
Neighbor	90	19.1	(13.1-26.9)	286	179	34.0	(26.5-42.4)	405
Dating Partner	25	7.7	(4.2-13.7)	286	30	7.3*	(3.4-15.1)	405
Zanzibar								
Relative	57	50.3	(38.5-62.1)	110	75	44.7	(35.4-54.4)	174
Authority Figure	4	6.2*	(2.2-16.4)	110	19	10.0	(5.6-17.4)	174
Neighbor	59	50.4	(38.5-62.2)	110	96	53.6	(42.4-64.4)	174
Dating Partner	8	5.7*	(2.0-15.3)	110	14	12.8*	(5.7-26.3)	174

Table B11.Location Where Incidents of Childhood Sexual Violence Occurred in Tanzania – As Reported by 13-24 Year Olds Who Experienced Childhood Sexual Violence (Tanzania Violence Against Children Survey, 2009)[a]

	Females				Males			
	n	WTD%	95% CI	N^	n	WTD %	95% CI	N^
Someone's House	140	49.0	(41.6-56.6)	294	97	45.7	(36.5-55.2)	194
School	41	15.1	(9.4-23.4)	294	35	13.3	(8.4-20.4)	194
Traveling To/From School	66	23.0	(16.3-31.3)	294	23	15.3	(9.2-24.4)	194
Public Building	22	10.0	(6.6-15.1)	294	9	4.5*	(1.3-14.8)	194
Field/Bush/River/Roadway	78	24.2	(18.0-32.0)	294	42	26.7	(18.0-37.7)	194
Other	12	5.8*	(2.7-11.8)	294	19	6.8*	(3.6-12.7)	194

^ Some cases excluded from analysis due to missing data

* Estimate is unstable

Table B12.Location Where Incidents of Childhood Sexual Violence Occurred in Zanzibar – As Reported by 13-24 Year Olds Who Experienced Childhood Sexual Violence (Tanzania Violence Against Children Survey, 2009)[a]

	Females				Males			
	n	WTD%	95% CI	N^	n	WTD %	95% CI	N^
Someone's House	33	49.7	(34.1-65.3)	63	41	52.0	(35.7-67.9)	76
School or Traveling to/from School	17	40.2	(23.6-59.3)	63	22	28.3	(18.4-40.8)	76

^ Some cases excluded from analysis due to missing data

Table B13. Whether Those Who Have Experienced Childhood Sexual Violence Told Anyone about It, Sought Services, or Received Services in Tanzania and Zanzibar – As Reported by 13-24 Year Olds Who Experienced Childhood Sexual Violence (Tanzania Violence Against Children Survey, 2009)

	Females				Males			
	n	WTD%	95% CI	N^	n	WTD %	95% CI	N^
Tanzania								
Received Services for Sexual Violence	28	13.0	(7.7-21.2)	281	10	3.7*	(1.1-11.2)	177
Sought Services for Sexual Violence	51	22.0	(16.0-29.5)	282	25	11.5	(6.7-19.2)	178
Told Someone about Sexual Violence	133	52.3	(41.7-62.7)	284	61	31.4	(21.8-42.8)	175
Zanzibar								
Received Services for Sexual Violence	6	12.7*	(5.2-27.9)	63	6	5.5*	(2.4-12.1)	73
Sought Services for Sexual Violence	11	18.5*	(9.7-32.3)	63	11	11.4*	(5.9-21.0)	73
Told Someone about Sexual Violence	28	44.7	(31.7-58.5)	63	29	39.7	(27.6-53.3)	71

^ Some cases excluded from analysis due to missing data

* Estimate is unstable

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