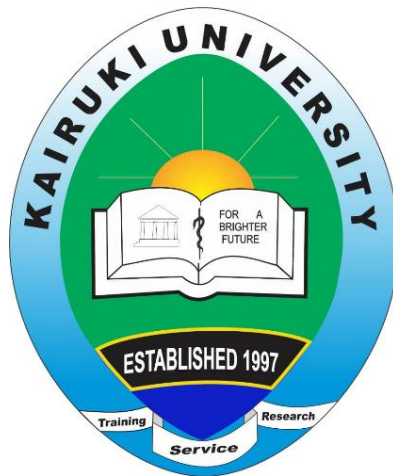


KAIRUKI UNIVERSITY



SCHOOL OF MEDICINE

DEPARTMENT OF COMMUNITY MEDICINE

**VIOLENCE AGAINST CHILDREN AND SELF-ESTEEM AMONG SECONDARY
SCHOOL ADOLESCENTS IN ZANZIBAR**

By

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**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF
SCIENCE IN PUBLIC HEALTH OF KAIRUKI UNIVERSITY**

2024

CERTIFICATION

It is hereby certified that the undersigned have read and hereby recommend acceptance by Hubert Kairuki Memorial University, a dissertation titled: "VIOLENCE AGAINST CHILDREN AND SELF-ESTEEM AMONG SECONDARY SCHOOL ADOLESENTS IN ZANZIBAR "in partial fulfillment of the requirements for the degree of Master of Science in Public Health.

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I Fatma I. Said, hereby declare that the content of this research report is my own study and findings. It has not been submitted to any University for any professional award in any Higher Learning Institute.

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DEDICATION

With great admiration and respect I thank and dedicate this work to my lovely husband Mr. Ali Kitole and my beautiful mother Salha R. Hamza for their all-time support and tireless encouragement.

ABSTRACT

Background: Violence against children comprise all forms of violence against people under 18 years old, whether perpetrated by parents or other caregivers, peers, romantic partners, or strangers. It's a global concern and approximately one in two children aged 2 to 17 years across the world, experience violence each year which has life lifelong impact on the health and wellbeing of children according to WHO.

Objectives: The broad objective was to determine the magnitude and specific types of violence against the children as well as to assess the level of self-esteem and the association with violence against the children among secondary school adolescents in Maghrib-B district in Zanzibar.

Methods: This was a cross-sectional study conducted among secondary school adolescents. Socio-demographic characteristics were collected using a structured questionnaire. Assessment of different forms of violence such as physical, emotional, negligent and sexual abuse was conducted using a self-administered questionnaire. The level of self-esteem was assessed using Rosenberg scale. Data was analysed using Statistical Package for Social Sciences version 25. Descriptive statistics were used to summarize the data, while Chi-square test was used to determine the association between the level of self-esteem and violence against the children. A p-value of less or equal to 0.05 was considered statistically significant. Then Paired sample T test was used to compare means of level of self-esteem between student in public and private secondary schools.

Results: A total of 352 participants were enrolled in the study. The magnitude of violence against children was noted among 252 (71.6%), regarding the type of

violence against children emotional abuse was the prevalent in 225 (63.9 %); followed by physical abuse in 184 (47.7 %), neglect abuse in 96 (27.3 %) and sexual abuse in 67 (19%). On the other hand the majority of participants had medium level of self-esteem in 256 (72.75 %) of participants. Low self-esteem was observed in 80 (22.7 %) of participants. In addition, there was significant (p -value <0.05) association between emotional ($\chi^2 = 15.5$, p -value =0.01), physical ($\chi^2=8.9$, p -value = 0.04), sexual ($\chi^2=9.2$, p -value =0.01), negligent ($\chi^2 =15.1$, p -value = 0.001) and low self-esteem. Participants from public schools had elevated mean self-esteem score (20.9 ± 4) compared to those from private schools (17.03 ± 3.6). Moreover, there was a trend towards low self-esteem of participants from private schools compared to those from public schools and the difference was statistically significant (p -value=0.001, $T=3.8$).

Conclusions: The study found that secondary school adolescents in Maghrib-B district in Zanzibar experience average levels of violence against children, with emotional and physical abuse being the most common. Low self-esteem was significantly associated with VAC. Also, the result show participants from private schools have low self-esteem compared to those from the public schools.

Keywords: Violence Against Children, self – esteem, secondary school adolescents

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CHAPTER ONE: INTRODUCTION

1.1 Background

Definition and types of Violence against Children

Violence Against children encompasses all forms of violence directed at individuals under 18, whether inflicted by parents, caregivers, peers, romantic partners, or strangers. It can also be defined as a violation of human rights, where children endure various forms of physical and psychological abuse in environments such as schools and homes.

Violence against children can take many different forms. It can be divided into six categories, which include: bullying, sexual violence, emotional/psychological violence, physical, sexual, and neglectful mistreatment; and racism. All these usually happen in the developmental stages of a child and have significant effect on self-esteem (1 -3).

Self-esteem has long been viewed as an essential component of mental health. It is associated with how individuals feel, how they think, and how they behave (4). In others defined, Global self-esteem as "the level of global regard that one has for the self as a person (5). this idea is seen as an assessment that is applied at the broadest level of self-awareness and can range from negative to positive (6).

Magnitude of violence against children

Violence against children is a serious global issue that has just lately come to light from the perspective of public health. For a long time, it was primarily seen as a social and criminal justice issue (7).

Globally, WHO estimates that every year, one in two children between the ages of two and seventeen across the world are victim of some form of violence such as physical, sexual, emotional , or psychological violence. In developed countries, violence against children is still a concern with more than 55 millions of children abused in European countries. In addition, over 9.6% of children experiencing sexual abuse (with girls more affected at 13.4% and boys at 5.7%), 22.9% experiencing physical abuse, and 29.1% experiencing mental abuse, according to a European report on preventing child maltreatment (7). Furthermore, it is approximated that over 700,000 children in the United States suffer abuse each year(8). In low-income countries, VAC remain a public health concern specifically in sub-Saharan countries, an average rate of 28.8% of physical abuse and child abuse for girls aged 15 to 19 across African countries was reported, with Uganda having the highest rate of 44.6% (9). In Tanzania, it is estimated that nearly three out of ten Tanzanian women and roughly one out of every seven Tanzanian men are thought to have experienced sexual violence before the age of 18. Moreover, before turning eighteen, nearly five out of six girls and boys reported having been the victim of physical abuse by an adult or close companion, and one in four reported having been the victim of emotional abuse by an adult(10). In Zanzibar, a report from UNICEF reported high prevalence of Violence against Children in different regions, from Kaskazini Unguja 70.9% to Kusini Pemba 49.3%. Where Urban-West was 50.4% (11) .

The difference of magnitude in VAC may be due to social cultural difference from one place to another.

Impact of violence against the children

VAC can lead to a number of consequences, including injuries, disability, and even death. It can also raise the risk of mental illness and anxiety disorders, as well as high-risk behaviors like drug and alcohol misuse, smoking, and risky sexual conduct (1,7). The negative effects of VAC on a child's physical, psychological, and social development have been extensively studied in a wide range of current research. Nonetheless, there is a paucity of research assessing the effects of VAC on children's self-esteem. According to a study done in Israel on students between the ages of 18 and 30, the frequency and existence of family violent events had a detrimental cumulative effect on adult self-esteem. In comparison to those who were not exposed, they discovered that young adults who did not experience familial violence as children had the highest levels of self-esteem. However this study recruited only adult participants with age ranged 18 to 30 years. Another study conducted in Uganda, reported that child violence has a significant association with the increased risk of self-esteem impairment among school going children and adolescents, where 70% of participants in the study were found to have low self-esteem, 25% medium self-esteem, and 13% high self-esteem among those who have experienced child maltreatment. (12). This study did not specify which type of self-esteem was affected among the student. In Tanzania the study conducted among secondary student has shown that domestically violence had significantly negative effects on self-esteem. However the above study did not specify which form of VAC was the most related to self-esteem. In addition the study didn't specify which type of self-esteem was most observed among different students (13).

The experience of numerous forms of child violence and their impact in developing countries like Tanzania is common and there are insufficient studies conducted regarding the matter especially in mental health perspective, hence it necessitates immediate studies to be done in order to understand the magnitude of the problem in a community (13).

1.2 Problem statement

Violence against children (VAC) is a prevalent and concerning issue globally. According to a WHO report worldwide approximately one in two children aged 2-17 years, experience some form of violence each year, which has life lifelong impact on the health and wellbeing of children (3) . Violence against children is a significant public health concern in Zanzibar, with alarmingly high rates of sexual, physical, and emotional abuse documented and destroys the self-esteem of the young generation. In adoption to the SDG's target towards ending VAC, the government of Zanzibar initiated many efforts including, the establishment of Violence Court for addressing violence cases related to raping and sodomy in 2021 and cancelation of bail for related case. Despite these efforts the situation seems to get worse.

Although, VAC continues to be a measure of public health concerns as in 2017, Zanzibar was reported with high prevalence of Violence against Children by regions where Maghrib- B was 50.4% (11). In 2022 the incidence seemed to increase whereby statistics reported 734 violence cases from January to October in Unguja and Pemba, girls 562 cases and boys 172 cases of (VAC) (14). In January 2024 the number of violence cases was 171 and most of them were children (87.7%) (15).

Studies consistently show that Violence against Children is a significant risk factor for developing mental health problems including low self-esteem which can lead to anxiety, depression, and poor academic performance(16). Despite evidence linking data on specific impact on adolescents is limited in Zanzibar.

Therefore, this study aimed to investigate the association between Violence against Children and self-esteem among secondary school students in Zanzibar.

By understanding the nature and scope of the problem, this study will contribute to developing operational strategies for preventing violence against children, supporting affected adolescents, and improving their mental health.

1.3 Study objectives

1.3.1 Broad objective

To determine the magnitude and to assess the psychological association of various forms of Violence against Children on the self-esteem levels of secondary school adolescents in Zanzibar.

1.3.2 Specific objectives

1.3.2.1 To determine the prevalence and specific types of violence (physical, emotional, sexual and neglect) experienced by secondary school adolescents in Maghrib-B district in Zanzibar.

1.3.2.2 To measure the level of self-esteem among secondary school adolescents in Maghrib-B district in Zanzibar.

1.3.2.3 To determine the association between violence against children and self-esteem among secondary school adolescents who have experienced violence in Maghrib-B district in Zanzibar.

1.3.2.4 To compare the levels of self-esteem between public and private secondary school adolescents in Maghrib-B district in Zanzibar.

1.4 Rationale of the study

To understand the association of Violence against Children and mental health status of adolescents can play an important role both in the community well-being and the strategic goals of the Revolutionary Government of Zanzibar. This research aims to increase awareness of the pervasive problem of Violence against Children and its lasting effects on self-esteem, which are critical for shaping informed policies and effective preventive strategies particularly in educational institutions. The purpose of this effort is to ensure that Zanzibar is achieving SDG number 3 which seeks to "ensure healthy lives and promote well-being for all at all ages by reducing non-communicable disease, as well as SDG number 4 "focus on quality education which aims to foster the full development of the human personality and promote mutual understanding" (17).

1.5 Research questions

- i. What is the prevalence of different forms of violence (physical, sexual, emotional) experienced by secondary school adolescents in Maghrib-B District in Zanzibar?
- ii. What is the level of self-esteem among secondary school adolescents in Maghrib-B District in Zanzibar?
- iii. What is the association between child violence and self-esteem in secondary school adolescents in Maghrib-B District in Zanzibar?
- iv. What is the difference in self-esteem levels between adolescents attending public and private secondary schools in the Maghrib-B district of Zanzibar?

CHAPTER TWO: LITERATURE REVIEW

Violence Against children (VAC) is increasingly recognized as a significant factor adversely affecting mental health. The Sustainable Development Goals (SDGs) agenda aims to eliminate VAC by 2030, specifically targeting the end of abuse, exploitation, trafficking, and all forms of violence against children (1). VAC obstructs children's developmental pathways, impacting their social and emotional growth. Thus, it is essential to examine the magnitude, types, and consequences of child abuse and neglect to develop effective preventive strategies for future generations (18).

WHO has reported that the COVID-19 pandemic and societal responses to it have likely increased the prevalence of VAC, with lasting consequences. School closures and movement restrictions heightened stress and anxiety levels among parents, caregivers, and children, depriving communities of vital support systems (1). In 2017, the WHO indicated that globally, children experienced various forms of violence in the previous year, including 23% suffering physical abuse, 36% emotional abuse, and 18% of girls and 8% of boys experiencing sexual abuse (19).

Globally, approximately one in two children aged 2-17 experiences some form of violence annually. Additionally, one-third of students aged 11-15 have faced bullying by peers in the past month, with about 120 million girls suffering sexual abuse before age 20 (7). A study in the USA revealed high levels of multiple forms of child violence, showing that no form of child violence occurs in isolation. Many children experience multiple forms, leading to severe physical and mental health repercussions (13, 20).

In India, a study on adverse childhood experiences (ACEs) among adolescents found that many participants reported multiple ACEs, with one in five girls (18.81%) and one in six boys (16.26%) experiencing three or more (21). Although VAC has been studied extensively, accurate estimates remain elusive, particularly in low- and middle-income countries (LMICs), where limited resources hinder comprehensive understanding (13, 18). Despite these limitations, studies indicate a high prevalence of VAC in Africa, with a study in Ethiopia reporting that 68% of adolescents had experienced some form of child violence, significantly moderated by parents' psychological distress (18).

A UNICEF study done in Nigeria in 2022 revealed that 58% of boys and girls aged 13-18 had experienced maltreatment, with 49% reporting physical abuse and 18% emotional violence. Findings indicated that girls are more susceptible to sexual abuse, while boys face higher rates of emotional abuse (22). A study in Tanzania indicated that 97.6% of secondary school students experienced multiple forms of maltreatment, with 82.1% reporting physical abuse, 24.7% sexual abuse, and 28.1% emotional abuse (13).

A UNICEF report (Tuwapende-Watoto Survey Report on Violence against Children 2017) indicated high VAC prevalence in Zanzibar, with rates ranging from 70.9% in Kaskazini Unguja to 49.3% in Kusini Pemba, and 50.4% in Urban-West (11). The Zanzibar Child Rights Forum reported 732 cases of child violence in 2022, with girls constituting 77% of the cases (14).

Types and magnitude of Violence Against Children

Physical abuse

Physical abuse is the intentional use of force that can cause physical harm, including hitting, kicking, and burning (23). WHO in 2017 reported that globally 23% of children suffered physical abuse where data spotlights on percentage of individuals aged 18 -24 who experienced physical violence before the age of 18. The findings show that Haiti has 61% girls – 57% boys, Zimbabwe 64% girls – 76% boys, Nigeria 50% girls – 52% boys, Kenya 66% girls – 73% boys, and Tanzania 55% girls – 53% boys (19).

The above findings show that in Tanzania child maltreatment is high about 55% for girls and 53% for boys, this is to indicate that girls are more likely to experience child maltreatment than boys in general (19). A study from Uganda in 2023 on children and adolescents reported that 70% of school-going children and adolescents had high levels of childhood maltreatment. The cohort study interviewed 232 school-going children and adolescents, where 162 which is equal to 70% confirmed to experience high levels of child maltreatment (24).

A cross-sectional study conducted in Tanzania in 2018 revealed that 97.6% of secondary school students experienced more than one form of child maltreatment. Among those who participated in the study 82.1% have experienced physical abuse. The results show high prevalence of physical abuse for girls (84.3%) than boys (80.3%) (25). Another study from Kilimanjaro - Tanzania point out the significance of addressing factors such as bullying and sexual expression in preventing suicide cases among secondary school going adolescents (26). A report from UNICEF 2017, reported high prevalence of Violence against Children in Zanzibar in different regions where

physical abuse was 3.7%. According to the report this data is probably due to communities' perception regarding physical punishment for children as child rearing practice (11).

Sexual abuse

Sexual abuse involves coercing a child into sexual acts and includes behaviors like fondling and penetration (23). WHO estimates that approximately 120 million girls suffer sexual abuse before age of 20. Research shows that men are significantly more likely to perpetrate such abuse (1). In a study across 20 sub-Saharan African countries, 28.8% of girls aged 15-19 reported experiencing physical or sexual abuse (9).

WHO also reported that 54% of adults were physically and sexually abused as children. Among those, men are 14 times more likely to perpetrate physical and sexual intimate partner violence and women are 16 times more likely to suffer physical and sexual intimate partner violence (1). A study from Iceland confirmed that 6.6% of the adolescents in the study reported they had experienced sexual abuse at some point in their life. According to the findings anger was significantly associated to a greater sexual abuse (27). A study conducted among adolescents girls, showed evidence of physical abuse and sexual violence from across 20 sub-Saharan African countries and reported the prevalence of 28.8% of girls aged 15-19 having experienced physical abuse or sexual abuse. The range was 14.0% in Ethiopia to 44.6% in Uganda, where Tanzania was 27.3% for sexual abuse. A study concluded that according to the magnitude of the problem of violence against girls, one in four girls report having experienced violence, and one in seven girls report having experienced sexual violence in the previous year (9). Another study conducted in Tanzania which includes 2 districts

(Bahi and Mpwapwa) and Dodoma municipality by Teigan Dwyer reported that, students in Dodoma municipality district disclosed the highest prevalence of forced sex (16.5%) and sex for gifts or money (7.2%), where females reported high prevalence of forced sexual abuse than males. According to the data it is clear that girls are more vulnerable to sexual violence than males (28). Another study from Uganda resembles the same outcome where the findings indicate that girls are more vulnerable to sexual abuse than males, where females reported a prevalence of 37.5% and males 5.4% of sexual violence (28 , 29). In 2024 January, a total number of 171 sexual violence cases were reported in Zanzibar where children are the most affected ones with 87.7%. The West District B reported a high prevalence of 27.5 compared to others (15).

Emotional Abuse

Emotional abuse harms a child's self-worth and well-being, including behaviors like shaming and withholding love (23). According to WHO status report 2020, one in 3 children has been affected by emotional violence, and one in 4 children lives with a mother who is a victims of intimate partner violence (1). The report stated that in North America the prevalence of emotional abuse were nearly twice than other countries, where girls were more vulnerable for about 28% than boys 14%. The situation is similar in Europe where 13% for girls and 6% for boys (1). Furthermore another report show that approximately 3 in 4 children or 300 million children aged 2-4 years often experienced physical punishment and/ or emotional violence at the hands of care givers or parents (1). A research done in USA reported high level of multiple

child maltreatment whereby first cluster of adolescents was found to have 33% of physical abuse and 62% neglect. Second cluster had 100% emotional abuse (20).

A study by Rukiye Kiziltepe in Turkey on the unique contribution of childhood maltreatment types to risk-taking behavior and self-esteem found that, emotional abuse has high prevalence compare to other forms of child maltreatment by 32.1% (30).

A study conducted in Tanzania 2019 reported that, among psychologically maltreated adolescents, 24.7% had experienced emotional abuse and 51.9% had emotional neglect. Thus total of 76.6% of the participant experienced psychological maltreatment. Moreover, the prevalence of emotional abuse reported to be higher in females (26.2%) than males (13, 20). In 2017 survey from UNICEF on Violence against Children reported 8.3% of emotional violence as one of the violence experienced by children in different regions.

Neglect

Neglect refers to failing to meet a child's basic physical and emotional needs (23). According to WHO report 2020 data found that neglect were found highest in Africa where girls 42% and boys 39% respectively in south America where girls 55% and boys 57%(1) . A study done in Europe revealed that few studies have been done on neglect but worldwide research shows that the prevalence is high whereby 16.3% for physical neglect and 18.4% for emotional neglect in European countries (7). In Los Angeles- USA a research reported that third cluster of adolescents participated in study had 100% of cases experienced both emotional abuse and neglect, the first cluster reported 62% of neglect cases and the fourth cluster reported 73% of neglect cases.

The findings indicate that although there are few studies on neglect worldwide, the prevalence is high (13, 20). A study done in Turkey by Rukiye Kiziltepe on the unique contribution of childhood maltreatment types to risk-taking behaviour and self-esteem found that 21.4% of victims had experienced emotional neglect in their lives and 18.5% had experienced physical neglect (30).

In Tanzania Mwakanyamale et al reported the prevalence of 59.1% of emotional neglect among adolescents in their study. The prevalence of emotional neglect was reported to be higher in males -53.3% than females -50.1% (31).

Association between Violence against Children and self-esteem

Child violence for a long time has been considered a criminal justice and social issue and only recently has been observed from a public health perspective (7). There is unreliable estimate of the frequency and gravity of child violence worldwide, since many incidences remain hidden and unreported due to victim's fear and social stigmatization. It is worldwide known that different forms of child maltreatment have large public health impact. According to the findings, physical violence, emotional violence and neglect is associated with high risk of psychological and behavioral problems, such as depression, alcohol; abuse, anxiety, suicidal behaviors, and increased risk of HIV (7, 25). According to WHO report 2020 confirmed that worldwide there are 40150 deaths per year in children aged 0-17 years where boys 28160 deaths per year and girls 11990 deaths per year. Also adults who experienced multiple child maltreatment are 7 times more likely to be involved in interpersonal violence as a victim or perpetrator and 30 times are more likely to attempt suicide (1). Studies confirmed that Child violence can result in injuries, disability and even death. Prolonged

experience of child violence increases the risk of mental illness and high risk behaviors like alcohol and drug abuse, smoking, and unsafe sex. The victims may also be at risk of developing chronic disease, infectious disease such as HIV, and social problems including underachievement (1, 13, 19).

WHO (2013) explained that experiencing child violence may result in stress and affects children's brain development, especial in early years and later in adolescence phase. The situation may result in cognitive impairment and development of health – risk behaviors, destroying mental and physical health (1, 7). Furthermore, it affects schooling, resulting to lower educational achievement and poorer employment predictions (7, 21).

Another study in India by Chandra Maurya (2023) reported that, adolescents who experienced multiple childhood violence are more likely to develop risk health behaviors such as violent behaviors, substance abuse, early sexual debuted and suicidal thoughts which are the leading cause of morbidity and mortality among adolescents worldwide (21).

A report from UNICEF in 2022 explained that, children who experienced childhood violence were more likely to drop –out of school or to have dropped out of school in the past, less likely to be able to read and also seems to develop lower levels of educational achievement and learning (22). In another study done in Uganda revealed that child violence increase the risk of self-esteem impairment where by 70% of adolescents who experienced violence show low self-esteem. A study also found that girls were more likely to develop self-esteem compare to boys after experience child

maltreatment. The finding concluded that the higher level of child maltreatment related to lower level of self-esteem which may have long-lasting effects in their lives (24). The effect on mental health may lead to depression, low self-esteem and or anxiety disorders, risk to attempt or commit suicide, drug abuse and may lead to long-term negative effects on academic performance and employability (13).

In Kilimanjaro region, Northern Tanzania, a study by Jackline Shirima et al reported an overall prevalence of suicide attempts (3.3%) among secondary school going adolescents, suicide ideation (6.5%) and suicidal plan 4.3%). Suicidal temptation was associated with sex, loneliness, worry and bullying. The findings indicate the high prevalence of suicide behaviors among secondary school going adolescents, this indicate the necessity of addressing mental health issues among youth especially in school settings so as to minimize the suicide cases in Tanzania (26, 32). Another study from Dar es-Salaam Tanzania was done on suicidal ideation among school-attending adolescents reported a 7% prevalence equal to (149) of suicide ideation among participants, where 6.3% equal to (136) participant formed a plan to carry out the attempt (33).

On the other hand, a study by Mwakanyamale et al reported the higher prevalence psychological distress for females (54.6%) and males (45.4%) which was caused by emotional abuse and emotional neglect. The findings also reported a strong association between psychological distress and self-esteem. Furthermore the study revealed that psychological abuse has strong impact on self-esteem, where by 26% of the change can be elucidated by psychological maltreatment (31).

Self-esteem

Rosenberg defined as an individual's set of thoughts and feelings about his or her worth, which results in the outcome of their life (34). According to Eric Erikson (1959) theory of psychosocial developmental stages, a human being experiences psychosocial crisis which may impact his/her negatively or positively and develop a personality or certain behaviors. Psychosocial developmental stages has 8 stages where 5 stages takes place up to 18 years where is a sensitive stage in human being since a formulation of personality takes place and formulate person's identity. These crisis are psychosocial in nature, they involves a person's psychological needs conflicting with the needs of society (35). The theory concluded that if a person successfully completes the stage, it brings the healthy personality outcomes; while a failure to complete a stage successful it results in to unhealthy personality and sense of self. Erikson's theory imply that, if a child experience vulnerability such as abuse and neglect they are more likely to develop unhealthy personality, fail to identify themselves and end up in role confusion (35).

Self-esteem as mental health part, act as an indicator which shows at what level adolescents can cope and adjust to the life towards life challenges which later may affect their lives. Recently there have been various research that focus on understanding the self-esteem during adolescents and identify associated factors since it is a major aspect on understanding psychological well-being and mental-health of human being (34,36).

In sub-Saharan countries, many articles in the past few years explain about self-esteem and adolescents especially in schools. The level of self-esteem has been regarded as important to childhood and adolescent's maturation towards adulthood. Positive mental health resources such as high self-esteem act as a potential toward professional activities in human's life (36).

Self-esteem has been associated with multiple factors based on external influences since it has been connected with social structural arrangements. Children and adolescents who are bullied are likely to develop low self-esteem and highly level of depression compared to those who are not (37). Approximately 76.6% of adolescents in Tanzania have experienced child violence in form of psychological maltreatment which was statistically significantly associated with low self-esteem during adolescents' stage. Another study reported that 97.6% of secondary school student in Tanzania have experienced multi type child violence and resulted in low self-esteem (13, 31, 38). If the problem will not be controlled it may get worse to adolescents and adversely affects their mental health status which will be a threat to our society.

In 2020 a Report by African Partnership to End Violence Against Children in Africa acknowledged that African children are exposed to various forms physical and psychological violence including sexual abuse and exploitation, neglect and child labour are widespread. Ending violence against children in the continent requires both prevention and response strategies.

Self-esteem between public secondary school and private secondary school

Although there have been a few studies comparing the self-esteem of students in the public and private sectors, Kirti and colleagues' study in India in 100 high senior secondary school boys found no discernible difference in the mean self-esteem of student in public and private high schools (6). Another comparative study of government and private school students on mental health and self-esteem conducted by Rakesh Kumar in India with sample size of 120 public and private secondary school adolescents. The study also did not find any difference on mental health and self-esteem between public and private secondary schools. Although they found difference on mental health and self-esteem between male and female students (45).

Conceptual framework for the study

The PI has developed a conceptual framework for the study which that Violence Against Children is a chronic problem that has lasted many years that affects children and adolescent's physical and mental health (1). VAC includes all forms of violence against people under 18 years old, whether perpetrated by parents or other caregivers, peers, romantic partners, or strangers (3).

Violence against children comprises main six forms of interpersonal violence those are maltreatment (includes physical, sexual, emotional violence, and neglect), bullying, sexual violence, emotional/psychological violence, gender based violence. All of these tend to occur during a child's developmental phases(3).

Child maltreatment includes sexual abuse, physical abuse, emotional abuse or psychological abuse and neglect. All these forms of maltreatment when a child experience single or more than one, negatively affects their health. Although the evidence show that for those who experience multiple form of childhood maltreatment are more likely to develop concrete health outcomes and it harmful to their mental status (13).

Experiencing child maltreatment may result to stress and affects children's brain development especially in early years and later in adolescent phase. The situation may results in cognitive impairment and the development of health risk-behaviors, destroying mental and physical health (7). The negative effects on mental health may develop depression, low self-esteem, anxiety disorder, and risk to attempt or commit suicide, drug abuse and may lead to long-term negative outcome on academic performance (13, 25). The experience of physical abuse or emotional abuse in early stages of life may result in abnormal sexual behaviours, low self-esteem and difficulties in controlling psychosocial differences and anger during adulthood (13). Child maltreatment significantly play part in child morbidity and mortality and it has long-term effects on mental and physical health during childhood and later in adulthood phase (39). In summary VAC is a public problem which need urgent intervention, if measures are not taken it can have life time effects on victims (13).

Conceptual framework for the study

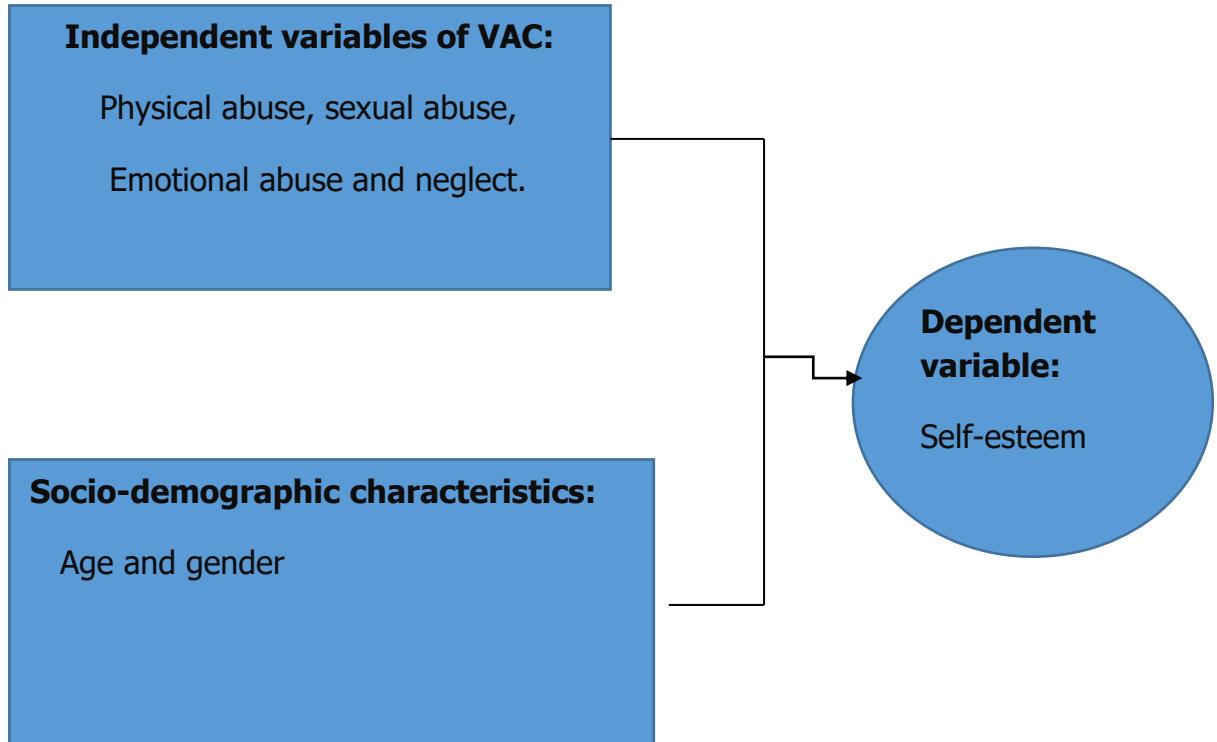


Figure 1: Conceptual framework showing Violence Against Children, the types and impact to self-esteem (Source: PI 2024).

CHAPTER THREE: METHODOLOGY

3.1 Study area and population

The study was conducted in Zanzibar Island – Unguja district Maghrib- B. Zanzibar comprise two main Islands of Unguja and Pemba together with several smaller Islands with total area of 2645 km². Unguja - Zanzibar is a hilly Island about 85 kilometres long (North-South) and 30 kilometres wide (East-West), with an overall area of about 1666 km². According to Population Census of Tanzania (2022), the population of Zanzibar currently is 1,889,773 mostly concentrated in the urban region. Unguja Island has seven districts within 3 regions; Maghrib- B is one of them with a total population 344, 517 where males are 163,539 and females 180,978. It is one of the two new districts established in 2015, it is bordered by Maghrib-A district in the North, the Kati Region in the East, Indian Ocean in the South and by the Zanzibar mjini district in the West (40). The district was chosen for the study because it seems to have incidence of reported cases of Violence against Children.

The study population comprised Secondary School adolescents in Maghrib- B district in Zanzibar Unguja-Island. This study focused on adolescents in Maghrib-B because the area has high rate of reported cases on violence against children (VAC). In 2024 January only, statistics reported 171 violence cases where children were the most affected ones with 87.7% (22). In this group, the target population was adolescents' age 15-19 years.



Figure 2: Shows the districts of Zanzibar Island including Magharibi B

3.2. Study design

The study was a cross-sectional design that employed a quantitative approach among adolescents in Secondary Schools in Zanzibar Maghrib-B district age 15-19 years. The design was chosen because of its efficiency in capturing data from a large population at a single point in time and its effectiveness in exploring data on exposure and outcome. The time frame of the study was from July to October 2024.

3.3 Sampling techniques

A random sampling technique was used to obtain the sample for this study. First the simple random sampling was done from the list of public and private secondary schools. Then 4 schools were selected to be the study schools and included 2 public secondary schools and 2 private secondary schools. Since the study cannot include all classes in the study, two categories of classes were randomly selected between (form 1, form 2, form 3 and form 4). The students who met eligibility criteria were asked to give their consent to participate in this study.

Then the systematic random sampling was done through K^{th} number: For example, category 1 consisting of 81 secondary adolescents:

i) Numbering of students in the students list was done from 1 to 81.

ii) To determine the sampling interval (k^{th}) for students $K^{\text{th}} = \text{population size} / \text{desired sample size} - K^{\text{th}} = 81/18 = 5$

iii) A starting point was determined by randomly selecting a number below 5. A sampling frame was adolescents selected from all schools with age from 15 to 19 years. Representative sample for each school was calculated by using the following formula:

$$\frac{\text{Number of students at the selected school}}{\text{Total number of students from all selected schools}} \times n = \text{Representative sample}$$

This is shown in Table 1 below:

Table 1: Randomly selected public and private secondary school to be study schools

SN	Public secondary schools	Private secondary schools	Total
1	Aboud Jumbe Mwinyi Secondary School	Al-Quwii Islamic Secondary School	2
2	John Pombe Magufuli Secondary School	Al-Falah Muslim Secondary School	2
Total	2	2	4

3.3.1 Sample size calculation

The sample size for study was calculated using the Fisher formula as shown below.

$$n = \frac{Z^2 P (1-P)}{\epsilon^2}$$

Whereby:

n = the minimum required sample size

Z = the confidence level is shown as a percentage point on the normal distribution.

If Z is 1.96 then the degree of significance is 95%.

ϵ = Maximum likely error/ margin of error i.e. 0.05

P= A prevalence was used from a study of Eunice Ndyareeba et al (2023), reported that 70% of school-going children and adolescents who experience child abuse were associated with the increased risk of self-esteem impairment.

By using this prevalence (P = 70%)

Hence the minimum sample is as follows:

$$n = \frac{1.96 \times 1.96 \times 0.70 (1-0.70)}{0.05 \times 0.05}$$

$n \approx 323$ study participants.

Adjusting for 10% non-response - $323/1-0.1 = 358$ **study participants.**

The sample size was allocated to the selected study secondary schools proportionately as shown in Table 2 below:

Table 2: Representative sample in each of the selected secondary schools

SN	Secondary schools	Number of eligible participants	Proportion	Representative sample
1	Aboud Jumbe Secondary school	454	$454/1630 \times 358$	100
2	Dr. John Pombe Magufuli school	1020	$1020/1630 \times 358$	224
3	Al-Quwii Secondary school	75	$75/1630 \times 358$	16
4	Al-Falah Secondary school	81	$81/1630 \times 358$	18
	Total	1630		358

3.4 Procedures for Data collection

3.4.1 Data collection tools

Data tools included several types of questionnaire to collect information on each specific aspect of violence Against Children. Specifically The Adverse Childhood Experience questionnaire was used to assess Violence against Children among secondary school adolescents. It consists of 38 items that assess exposure to 10 types of ACE including abuse. Those items were adapted from the Childhood Trauma Questionnaire (CTQ), developed by Bernstein et al (41).

3.4.2 Data collection methods

The study depended on primary data that were collected in the field by the PI. Data collection was by the use of a structured questionnaire that was administered to all selected students from secondary school to fill them. Questionnaires were in Swahili language. Since some participants were under 18 years, the parental informed consent form was provided to their parents to seek permission for the participation of their children in the study. Not only that but also assent form was provided to all students to seek their willingness to participate in the study. Confidentiality was assured to the information that was provided to be kept in a cabin and locked. They were used for the purpose of the study.

Assessment on Violence Against Children

The Adverse Childhood Experience questionnaire was adopted to assess different types of child abuse among secondary school adolescents. It consists of 38 items that assess exposure to 10 types of ACE including abuse (physical abuse, sexual abuse, emotional abuse and neglect). The questionnaire items were adapted from Childhood Trauma Questionnaire (CTQ), developed by DP Bernstein, it was modified by WHO to fit most of cultural context worldwide (41). The questionnaire is self-report, brief and suitable for adolescents and adults in rating the frequency of abuse and neglect that occurred during childhood phase or when they were growing up. It has five Likert scales from 0- "never true" to 5 "very often true". Pre-test was done to a sample of 30 students in one school which was not included in the study in order to test validity and reliability of the questionnaire in a specific context.

Assessment of Self-esteem

The questionnaire from Rosenberger self-esteem scale (41) was adopted and self-administered to measure self-esteem among secondary school adolescents in Maghrib-B district in Zanzibar. The questionnaire was translated into Swahili language in order to be understood well by participants. It is most widely used instrument to measure this trait. It contains 10 self-report items which explain one's general belief about him/her. Each point has response on a 4-points Likert scale from strongly agree (3 points) to strongly disagree (0 points). Five items are reversed scored, give strongly disagree (3 points) to strongly agree (0 points). The scale ranges from 0 to 30, a score greater than 25 suggest high self-esteem, a score from 15 to 25 to be within normal range, whereas scores less than 15 suggest low self-esteem. It has been used to determine the students' general feelings about themselves (6).

3.4.3 Eligibility criteria

Inclusion criteria

The study included all adolescents who granted informed consent to participate in the study from the selected secondary schools aged 15 – 19 years in Maghrib-B district.

Exclusion criteria

The study excluded all adolescent who were having severe mental health conditions that could impact responses or required immediate medical intervention.

3.4.4 Study variables

Dependent variable

The dependent variable in this study was self-esteem among secondary school adolescents in Zanzibar. Self-esteem: Is an individual's set of thoughts and feelings about his or her worth, which results in the outcome of their life. The questionnaire from the Rosenberger self-esteem scale (41) was used to measure level of self-esteem among secondary school adolescents in Maghrib – B district.

Independent variables

The independent variables were Violence Against Children based on child maltreatment which included: Physical abuse is the intentional use of physical force that can result in physical harm. Examples include hitting, kicking, shaking, burning, or other shows of force against a child. Sexual abuse involves pressuring or forcing a child to engage in sexual acts. It includes behaviours such as fondling, penetration, and exposing a child to other sexual activities. Emotional abuse refers to behaviors that harm a child's self-worth or emotional well-being. Examples include name-calling, shaming, rejection, withholding love, and threatening. Neglect (physical neglect and emotional neglect) is the failure to meet a child's basic physical and emotional needs. These needs include housing, food, clothing, education, and access to medical care.

Mediating variables

Community support that surrounds secondary school adolescents such as counseling services.

3.4.5 Ethical considerations

The study topic is very sensitive and it involves children less than 18 years so it required rigorous protection of study participants. Data collection was carried out by the PI with the assistance of school counseling desks in order to help the study to handle any emergency problem that might arise issue regarding emotional among secondary school adolescents through a comprehensive distress protocol (assess, pause and reassess, follow-up and referral). It is important because the topic may trigger unpleasant memories that one may have experienced in their lives.

The PI obtained the necessary permission and put in place a well-defined plan to protect participants' confidentiality and well-being. Parental informed consent forms were provided for all parents to whom their children were selected to participate in the study with contact telephone numbers of some teachers and Principal Investigator. To ensure the study respects the local customs and norms a briefing about the study was done by the PI among teachers who provided cooperation during data collection. The briefing also provided details to parents' whose children were selected to participate in the study. Furthermore, the PI provided assent forms to secondary adolescents who were selected, after the parents had granted informed consent to allow the child to participate in the study. Permission was obtained from the Head teachers to allow the conduct of the study in their schools. Debriefing counseling regarding the topic was provided by the PI to participants before being involved in the study, and were free to ask any other questions. The acceptance or rejection to join the study was respected all the time during data collection. To avoid potential biases that could arise from the sensitive nature of the topic the questionnaires were translated in Swahili language in

order to be well understood by participants and were free to ask for further explanations while answering questionnaires. Confidentiality was assured for the data were collected in the study from participant. Only codes were used in the questionnaires instead of participant's name. Since the topic was sensitive participant were free to withdraw from study if any uncertainty occurred

The PI advised the school counseling desk to refer all cases to clinical psychologist for further management if any complication arose after the study later on.

Ethical clearance

The study protocol was reviewed and approved by the Institutional Research Ethics Committee of Kairuki University (KU-IREC). Furthermore permission was obtained from Zanzibar Research Committee from Office of Chief Government Statistician and Zanzibar Health Research Institute (ZAHRI) for approval to proceed with the study.

3.4.6 Reliability and validity of data collection tools

The study used reliable structure questionnaire and other questionnaires that have been validated in previous studies such as The Adverse Childhood Experience questionnaire and Rosenberger self-esteem scale modified by WHO (41).

3.5 Data management

Confidentiality of participant data was maintained by keeping answered questionnaires in a locked cabinet. Only codes were used in the questionnaires instead of the participant's name and the data were used only for the purpose of the study.

3.5.1 Data coding and cleaning

The data were cleaned, checked and re-checked to ensure all values for all questions are correctly entered into software Microsoft Excel Sheet

3.5.2 Data analysis

The Data were analyzed using Statistical Package for Social Sciences version 25 as follows:

Prevalence and types of Violence Against Children

Self-reported questionnaires were administered to assess different types of violence experienced by adolescents in secondary school in Zanzibar. In this study Adverse Childhood Experience (ACE) questionnaire were used. From the data, prevalence (percentage) of adolescents who reported any type of violence and the different specific types of violence they have experienced were calculated. The findings were presented as frequencies and percentages.

Level of self-esteem

Validated Rosenberg self-esteem scale was used to measure global self-esteem through self-reported statement. The mean score on the self-esteem scale for the entire sample and for specific sub-groups were calculated. T-test were used to compare the distribution of self-esteem scores across different groups.

Association between violence and level of self-esteem

Regression analysis was used to analyze the association between violence and self-esteem by examining how well experiencing violence (independent variable) predict self-esteem scores (dependent variable), while controlling for other confounding factors.

Comparison of levels of self-esteem between public and private secondary schools

T statistical test was used to compare the self-esteem scores between public schools and private schools in order to determine if there is a significant difference in self-esteem level between them.

3.6 Dissemination of the result findings

The findings of the study will be compiled into a Dissertation to be submitted to the Department of Community Medicine of Kairuki University as partial fulfillment of Degree award of Masters of Science in Public Health. Copies of the Dissertation will be made available to Zanzibar Research Committee, Office of the Chief Statistician, the Ministry of Health and the secondary schools that had participated in the study.

Furthermore participants, parents of the students and other key stakeholders were invited to share the findings of the study in order to raise awareness of the problem of violence against children and its impact on the health and well-being of children including adolescents

A draft manuscript will be compiled for potential publication in peer-reviewed journal. Moreover, whenever possible the PI will present the study findings at scientific conferences.

CHAPTER FOUR: RESULTS

4.1 Screening and enrollment log of study participants.

During the study period, 358 eligible study participants from among secondary school adolescents were screened for eligibility criteria to participate in the study. Six participants did not grant consent to participate and were excluded. A total of 352 were in the final data analysis among enrolled adolescents in Maghrib-B district in Zanzibar.

This is shown in Figure 5 below:

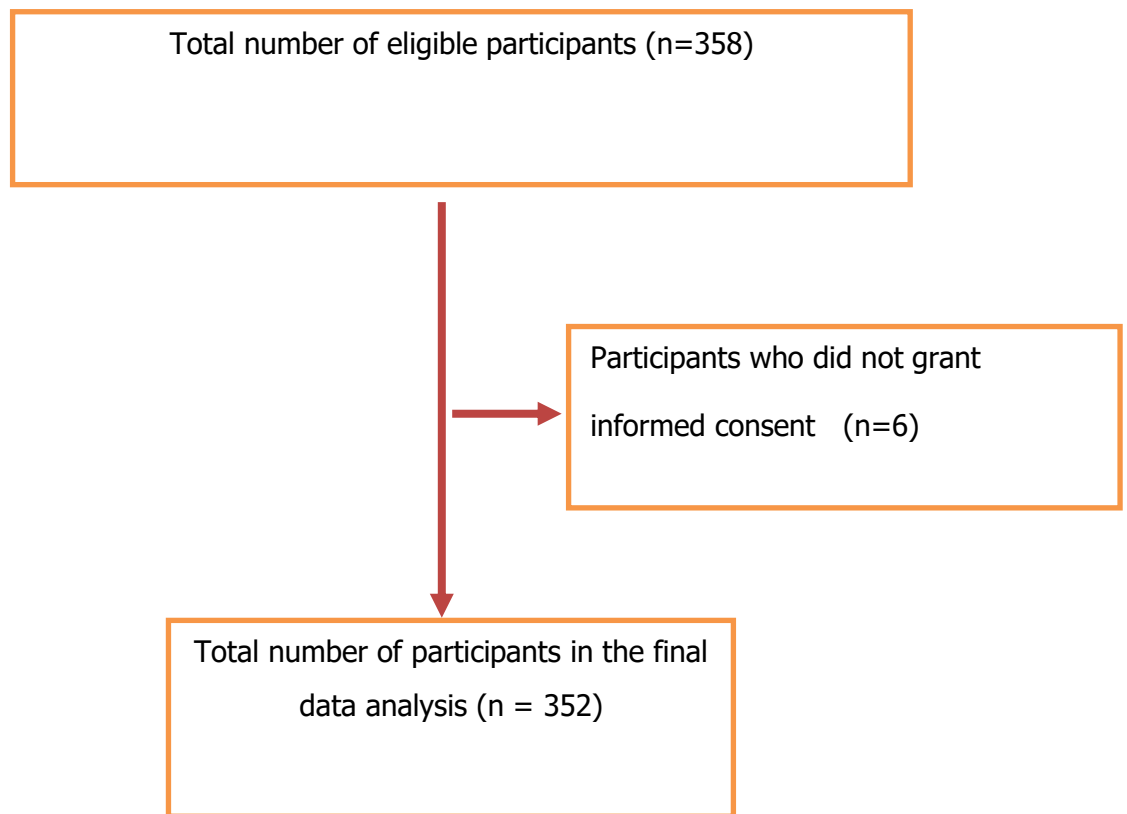


Figure 3: Enrollment flow chart of study participants

4.2 Baseline socio-demographic characteristic of study participants

In the study, the participants had a mean age of 16 years (15- 19), females were more prevalent (57.7%). Approximately 98.9 % of participants were Muslims and the majority of participants were in form four (43.5%) The majority of participants were from public schools (90.3%) only 9.7% were recruited from private schools. This is shown in Table 3 below:

Table 3: Socio-demographic characteristics of study participants

Variables		Frequency (n = 352)	Percentage (%)
Age in years	Mean (min-max)	16 (15-19)	
Gender	Females	203	57.7
	Males	149	42.3
Religion	Muslim	348	98.9
	Christian	4	1.1
	Form one	12	3.4
Level of the grade	Form two	58	16.5
	Form three	129	36.6
	Form four	153	43.5
Type of school	Public	318	90.3
	Private	34	9.7

4.3 Primary outcome - Prevalence and types of VAC adolescents in Maghrib B

In the study VAC was reported in 252 participants (71.6%). Emotional child abuse was the most prevalent form in 63.9 % of participants followed by physical abuse (47.7%).

This is shown in Table 4 below:

Table 4: Prevalence and different types of violence against the children

Types of VAC	Frequency (n=352)	Percentage (%)
Overall prevalence	252	71.6
Emotional abuse	225	63.9
Physical abuse	184	47.7
Neglect abuse	96	27.3
Sexual abuse	67	19.0

4.4 The level of self-esteem among secondary school adolescents

In the study, the majority of participants had medium (72.7 %) self-esteem. Low self-esteem was seen in 22.7% of participants. This is shown in Table 5 below:

Table 5: Level of self-esteem among study participants

SN	Rosenberger self-esteem scale	Frequency	Percentage
1	Low	80	22.7
2	Medium	256	72.7
3	High	16	4.5

4.5 Association between VAC and self-esteem among study participants

In the study, there was significant association between emotional ($\chi^2 = 15.5$, p-value =0.01), physical ($\chi^2=8.9$, p-value =0.04), sexual abuse ($\chi^2= 9.2$, p-value =0.01), negligent ($\chi^2 =15.1$, p-value= 0.001) and low self-esteem. This is shown in Table 6.

Table 6: Association between violence against children and self-esteem

Types of VAC	Rosenberg self-esteem scale			Chi-Square Test (χ^2)	p- value
	Low (n=80)	Medium (n=256)	High (n=16)		
Emotional					
Absent (n=127)	14(17.5%)	106(41.4%)	7(43.8%)	15.53	0.01
Present (n=225)	66(82.5%)	150(58.6%)	9(56.2%)		
Physical					
Absent (n=168)	29(36.2%)	130(50.8%)	9(56.2%)	5.64	0.059
Present (n=184)	51(63.7%)	126(49.2%)	7(43.8%)		
Sexual					
Absent (n=285)	57(71.2%)	212(82.8%)	16(100%)	9.2	0.01
Present (n=67)	23(28.7%)	44(17.2%)	0(0.0%)		
Negligent					
Absent (n=256)	45(56.2%)	197(77.0)	14(87.5%)	15.1	0.001
Present (n= 96)	35(43.8%)	59(23.0%)	2(12.5%)		

*Chi-Square Test (χ^2)

4.6 Difference in the levels of self-esteem between public and private secondary schools

In the study, participants from public schools had higher mean self-esteem score (20.9 ± 4) compared to those from private schools (17.03 ± 3.6) and the difference was statistically significant (T test= 3.8 and p-value= 0.001). This is shown in Table 7.

Table 7: Differences in the level of self-esteem between public and private secondary schools.

Type of school	Mean Rosenberg self esteem scale	T-test	Significance
Public (mean \pm STD)	20.9 ± 4	3.8	0.001
Private (mean \pm STD)	17.03 ± 3.6		

****T test: Paired sample test, STD: standard deviation.***

CHAPTER FIVE: DISCUSSION

5.1 Discussion

This was a cross sectional study aimed to determine the prevalence of violence against children aged 15-19 years, the level of self-esteem using Rosenberg scale, association between level of self-esteem and VAC and to compare the mean level self-esteem scale between participants from private and public school between among Secondary School in Zanzibar Maghrib-B district.

In the present study, 71.6 % of participants experienced one of the forms of Violence Against Children. Emotional child abuse was the most prevalent form in 63.9 % of participants followed by physical abuse (47.7%). This may be due to the fact that emotional abuse is almost always associated with other types of abuse; that is, children experience emotional trauma from beatings, neglect, sexual abuse, or witnessing family violence.

Similar findings were reported in as study conducted by Ermias and colleagues in a systematic review among sub-Saharan countries where overall prevalence of VAC was estimated to be at 71%. However physical violence was the most observed in the form of VAC reported (42). This could be explained by the fact that the findings of Ermias and colleagues were from systematic review among published data in Sub-Saharan countries in low income countries. Comparable results were observed by Kristina and colleagues where emotional abuse was the common form of VACS among high school student in Croatia (44).

Other authors, reported high rate compare to that in the present study as in the findings by Mwakanyamale and colleagues among secondary school students in Tanzania where overall prevalence of child maltreatment was at 97.6% with physical abuse as the most prevalent (13). This could be explained by the fact that Mwakanyamale and colleagues recruited participants aged between 13 and 24 years.

On the other hand other authors observed low rate as in a study conducted by Li Niu and colleagues in a systematic review who observed 24 % of children who experience one of the form of VAC (43). This discrepancy may be due to the difference in study design and methodology used.

There have been reports of long-lasting consequences on mental health from adolescent into adulthood resulting from many forms of childhood abuse exposure. In the present study, majority of participants had medium (72.75 %) self-esteem. Low self-esteem was seen in 22.7% of participants. Similar findings were reported in Tanzania in a study conducted by Mwakanyamale and colleagues among secondary school students where medium self-esteem was also the most prevalent in 65.8% followed by low self-esteem in 17 % of study participants (13). On the other hand, controversial results were reported by Ndyareeba and colleagues who observed that majority of participants had low self-esteem among adolescents and children admitted in both primary and secondary rural school in southwestern of Uganda (12). The difference may be due to the fact that Ndyareeba and colleagues recruited only participants from both primary and secondary schools which admitted vulnerable children and adolescents who are supported by nonprofit organizations.

In addition, in the present study, there was significant association between emotional ($\chi^2 = 15.5, p=0.01$), physical ($\chi^2=8.9, p= 0.04$), sexual ($\chi^2= 9.2, p=0.01$), negligent ($\chi^2 =15.1, p= 0.001$) and low self-esteem.

Furthermore, Mwakanyamale and colleagues found also significant correlation between low self-esteem and VAC (13). In Croatia, Kristina and colleagues observed significant correlation between self-esteems and different forms of VAC (44). However, no correlation was found between sexual abuse and VAC. However, Ndyareeba and colleagues found also the different forms of VAC were significantly associated with low self-esteem.

In the current study, when self-esteem was compared between participants from public and private schools, it was observed that participants from public schools had a relatively higher mean self-esteem score (20.9 ± 4) than those from private schools (17.03 ± 3.6) and the difference was a statistically significant with ($p = 0.001, t = 3.8$). Although there have been a few studies comparing the self-esteem of students in the public and private sectors, Kirti and colleagues' study in India found no discernible difference in the mean self-esteem of student in public and private high schools (6). The difference in study population may explain this discrepant to our findings.

5.2 Strengths and limitations

In the study, VAC and self-esteem were assessed using self-reported childhood experiences; it is plausible that respondents gave answers that were socially acceptable or inaccurate, even when conventional safety procedures were followed to reduce disclosure anxiety.

In addition, the study recruited more participants in public schools than private schools making the number in the two groups of schools less comparable. The ideal situation would have been to recruit nearly equal number of participants from public as well as private schools.

5.3 Conclusions

The prevalence of violence against children experienced by secondary school adolescents in Maghrib-B district in Zanzibar was average compared to that reported in literature. Emotional child abuse was the most prevalent form observed, followed by physical abuse. On the other hand, medium self-esteem was the most observed, followed by low self-esteem. Low self-esteem was significantly associated with all the forms of VAC. Also, the result show participants from private schools have low self-esteem compared to those from the public schools.

5.4 Recommendations

The following are recommendations of this study:

- i. Screening adolescent students for potential VAC and implement counseling, support groups, and therapy interventions that help in the development of coping mechanisms, resilience, and a positive feeling of self-worth in people.
- ii. Develop Programs for enhancing self-esteem among secondary school students which may include activities that promote self-acceptance, self-confidence, and a good self-image.
- iii. Embark on comprehensive National policy and strategies for prevention and management of violence against children including adolescents.

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APPENDICES

APPENDIX 1. CONSENT FORM (ENGLISH VERSION)

TITLE: Violence Against Children and self-esteem among secondary schools adolescents; Maghrib-B district Zanzibar from July to October 2024

Greetings! My name is Fatma I. Said; I am a student at Hubert Kairuki Memorial University pursuing Master of Science in Public Health. I am doing a research study as part of my program. The purpose of the research is to identify the impact of Violence against Children on self-esteem among secondary school adolescents in Maghrib-B, Zanzibar.

Procedure

You will respond to all questions accordingly.

Benefits

There may be no direct benefits, but the results of this study will be used to help develop plan to help adolescents especially in educational institution as well as communities in the future.

Risks and discomforts

There are no risks from participating in this study apart from the time you will spend in answering the questions.

Confidentiality

All information obtained in this study will be considered confidential and will only be used for research purpose. All participants' identity will be kept confidential.

Right to refuse or withdraw

Each one participation in this study is solely voluntary, and is free to refuse to take part or withdraw any time without affecting the result of the study.

CONTACT INFORMATION

Principal investigator: Fatma I. Said.

The Kairuki University is located at 70 Chwaku Street, Mikocheni A. Kinondoni Municipal in Dar es Salaam, Tanzania.

Phone: 0773 695 429.

Agreement

I..... after considering the explanation of the study and having understood well the contents of this form hereby agree to participate in this study.

Participants `signature/Thumb print

Researcher`s signature

.....

.....

Date.....

Date

APPENDIX 2: KIAMBATA II: FOMU YA RIDHAA (KWA KISWAHILI)

Jina la utafiti: Athari za ukatili dhidi ya watoto juu ya kujithamini kwa vijana wa shule za sekondari; Wilaya ya Maghrib-B Zanzibar kuanzia Julai hadi Oktoba 2024.

Mimi ni mwanafunzi katika Chuo Kikuu cha Kumbukumbu cha Hubert Kairuki kinachotoa Shahada ya Uzamili ya Sayansi katika Afya ya Umma. Ninafanya utafiti kama sehemu ya programu yangu. Lengo la utafiti huu ni kubaini athari za Ukatili dhidi ya Watoto juu ya kujithamini miongoni mwa vijana wa shule za sekondari zilizopo Maghrib-B, Zanzibar.

Utaratibu

Utajibu maswali yote kwa usahihi.

Faida

Kunaweza kuwa hakuna faida za moja kwa moja, lakini matokeo ya utafiti huu yatanufaisha jamii katika siku zijazo.

Hatari na usumbufu

Hakuna hatari kwa kushiriki katika utafiti huu bali usumbufu kidogo unaweza kujitokeza kwa sababu maswali husika yanaweza kukukumbusha matukio yasiyoridhisha ambayo pengine uliwahi kupitia. Kwa kujali hili, mtafiti atafanya kazi kwa kushirikiana na kitengo cha ushauri nasaha shuleni ili kudhibiti hali hii ikitokea.

Usiri

Taarifa zote zitakazopatikana katika utafiti huu zitachukuliwa kuwa za siri na zitatumika tu

kwa lengo la utafiti. Utambulisho wa washiriki wote utahifadhiwa kwa usiri.

Haki ya kukataa au kujiondoa

Kila mmoja kushiriki katika utafiti huu ni hiari tu, na yeye ni huru kukataa kushiriki au kujiondoa wakati wowote bila kuathiri matokeo ya utafiti.

TAARIFA YA MAWASILIANO

Mchunguzi Mkuu: Fatma I. Said.

Chuo kikuu cha Kairuki kilichopo 70 Chwaku Street, Mikocheni A.

Manispaa ya Kinondoni Dar es Salaam, Tanzania.

Phone: 0773 695 429.

Makubaliano.

Mimi..... Baada ya kuzingatia maelezo ya utafiti na baada ya kuelewa vizuri yaliyomo katika fomu hii nakubali kushiriki katika utafiti huu.

Saini ya mshiriki/ chapa ya dole gumba

.....

Tarehe.....

Saini ya mtafiti.....

Tarehe.....

APPENDIX 3: PARENTAL INFORMED CONSENT FORM (ENGLISH VERSION)

TITLE: Violence against children and self-esteem among secondary school adolescents in Zanzibar.

Introduction

The purpose of this form is to provide you (as the parent of research study participant) information that may affect your decision as to whether or not to let your child participate in this research study. The person performing the research will describe the study to you and answer all your questions. Read the information below and ask any questions you might have before deciding whether or not to give your permission for your child to take part. If you decide to let your child be involved in this study, this form will be used to record your permission.

I, Fatma I. Said a student at Kairuki University pursuing Master of Science in Public Health. I am doing a research study as a part of my program.

Purpose of the Study

The purpose of this study is to identify the association of Violence Against Children and self-esteem among secondary school adolescents in Zanzibar.

What is my child going to be asked to do?

If you allow your child to participate in this study, they will be asked to answer some questions in the list of questionnaire that will be provided. Those questions focus on the study mentioned above.

Benefits

Your child will receive no direct benefit from participating in this study, however the data provided will be used to help develop plan to help adolescents especially in educational institution as well as communities in the future.

Risks and discomforts

There will be no risks to your child's safety from participating in this study but some discomfort may rise since the nature of questions can trigger some unpleasant memory that adolescents have experienced.

Regarding this, I would like to inform you that the researcher will initiate to work with school counseling department to identify and handle if situation will arise.

Confidentiality

All information that will be provided by your child will be considered confidential and will only be used for research purpose. Also, names of participants will not be indicated anywhere only number will be used.

Right to refuse or withdraw

Your child's participation in this study is voluntary. Your child may decline to participate or to withdraw from participation at any time. You can agree to allow your child to be in the study now and change your mind later without any penalty.

CONTACT INFORMATION

Principal investigator: Fatma I. said.

The Kairuki University is located at 70 Chwaku Street, Mikocheni A.
Kinondoni Municipal in Dar es Salaam, Tanzania.

Phone: 0773 695 429.

Consent Statement

I....., permit my child.....to participate in the research entitled, "Violence against Children and self-esteem among secondary school adolescents , Maghrib- B Zanzibar. The study has been explained to me and all questions have been answered to my satisfaction. I understand that my child's right to withdraw from participating or refuse to participate will be respected and that his/her responses and identity will be kept confidential. I give this consent voluntarily.

Parent/Guardian Signature/Thumb print:

Date -----

Researcher's signature.....

Date.....

APPENDIX 4: FOMU YA IDHINI YA MZAZI

Jina la utafiti: Ukatili dhidi ya Watoto na uwezo wa kujithamini miongoni mwa vijana wa shule za sekondari Zanzibar.

Utangulizi

Madhumuni ya fomu hii ni kukupa (kama mzazi wa mshiriki wa utafiti) habari ambayo inaweza kuathiri uamuzi wako kama kuruhusu au kutoruhusu mtoto wako kushiriki katika utafiti huu. Mtu anayefanya utafiti ataelezea utafiti kwako na kujibu maswali yako yote. Soma maelezo hapa chini na uulize maswali yoyote ambayo unaweza kuwa nayo kabla ya kuamua ikiwa utatoa ruhusa yako kwa mtoto wako kushiriki. Ukiamua kumruhusu mtoto wako ashiriki katika utafiti huu, fomu hii itatumika kurekodi ruhusa yako.

Mimi, Fatma I. Said mwanafunzi katika Chuo Kikuu cha Kairuki anaesomea Shahada ya Uzamili ya Sayansi katika Afya ya Umma. Ninafanya utafiti kama sehemu ya programu yangu.

Madhumuni ya Utafiti

Lengo la utafiti huu ni kubaini uhsiano juu ya Ukatili dhidi ya Watoto na uwezo wa kujithamini miongoni mwa vijana wa shule za sekondari Zanzibar.

Mtoto wangu atatakiwa afanye nini?

Ikiwa unamruhusu mtoto wako kushiriki katika utafiti huu, watatakiwa kujibu maswali kadhaa katika orodha ya dodoso ambalo litatolewa. Maswali haya yanazingatia utafiti uliotajwa hapo juu.

Faida

Mtoto wako hatapata faida ya moja kwa moja kwa kushiriki katika utafiti huu, hata hivyo data itakayotolewa itatumika kusaidia kuendeleza mpango wa kusaidia vijana hasa katika taasisi ya elimu na jamii katika siku zijazo.

Hatari na usumbufu

Hakutakuwa na hatari kwa usalama wa mtoto wako kutokana na kushiriki katika utafiti huu lakini usumbufu fulani unaweza kujitokeza kwani asili ya maswali yanaweza kusababisha kumbukumbu isiyoridhisha ambayo vijana wamepata.

Kuhusu hili, ningependa kuwajulisha kwamba mtafiti atahakikisha kufanya kazi na idara ya ushauri wa shule kutambua na kudhibiti ikiwa hali itatokea.

Usiri

Taarifa zote ambazo zitatolewa na mtoto wako zitachukuliwa kuwa za siri na zitatumika tu kwa madhumuni ya utafiti. Pia, majina ya washiriki hayataonyeshwa mahali popote nambari tu itatumika.

Haki ya kukataa au kujiondoa

Ushiriki wa mtoto wako katika utafiti huu ni wa hiari. Mtoto wako anaweza kukataa kushiriki au kujiondoa kutoka kwa ushiriki wakati wowote. Unaweza kukubali kuruhusu mtoto wako kuwa katika utafiti sasa na kubadilisha mawazo yako baadaye bila adhabu yoyote.

TAARIFA YA MAWASILIANO

Mchunguzi Mkuu: Fatma I. Said.

Chuo kikuu cha Kairuki kilichopo 70 Chwaku Street, Mikocheni A.

Manispaa ya Kinondoni Dar es Salaam, Tanzania.

Phone: 0773 695 429.

Taarifa ya idhini

Ninamruhusu mwanangu..... kushiriki katika utafiti wenye kichwa chenye jina la, " Ukatili dhidi ya Watoto na juu ya kujithamini miongoni mwa Vijana wa Shule za Sekondari, Maghrib- B Zanzibar. Utafiti umeelezwa kwangu na maswali yote yamejibiwa kwa kuridhika kwangu. Ninaelewa kwamba haki ya mtoto wangu kujiondoa kushiriki au kukataa kushiriki itaheshimiwa na kwamba majibu yake na utambulisho wake utawekwa siri. Ninatoa idhini hii kwa hiari.

Saini ya Mzazi / Mlezi / alama ya dole gumba:

Tarehe -----

.....

Saini ya mtafiti.....

Tarehe.....

APPENDIX 5. QUESTIONNAIRE (ENGLISH VERSION)

**TITLE: VIOLENCE AGAINST CHILDREN AND SELF-ESTEEM AMONG
SECONDARY SCHOOL ADOLESCENTS IN ZANZIBAR**

SECTION I

Name of secondary school		
Date of interview:		
Code number of the questionnaire:		
SECTION I: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE ADOLESCENTS.		
NO.	QUESTION	RESPONSE
1.	Age	
2.	Gender	Male Female
3.	Religion	Muslim Christian Others
4.	Education level	Form three Form four
5.	Type of school	Government Private

SECTION II

Adverse Childhood Experiences International Questionnaire

(ACE-IQ)

RELATIONSHIP WITH PARENTS/GUARDIANS

When you were growing up, during the first 18 years of your life . . .

1.2	Did your parents/guardians understand your problems and worries?	<ul style="list-style-type: none">• Never• Once/twice• Sometimes• Often• Very often
1.3	Did your parents/guardians really know what you were doing with your free time when you were not at school or work?	<ul style="list-style-type: none">• Never• Once/twice• Sometimes• Often• Very often
2.		
2.1	How often did your parents/guardians not give you enough food even when they could easily have done so?	<ul style="list-style-type: none">• Never• Once/twice• Sometimes• Often• Very often
2.2	Were your parents/guardians too drunk or intoxicated by drugs to take care of you?	<ul style="list-style-type: none">• Never• Once/twice• Sometimes• Often• Very often
2.3	How often did your parents/guardians not send you to school even when it was available?	<ul style="list-style-type: none">• Never• Once/twice• Sometimes• Often• Very often

FAMILY ENVIRONMENT

When you were growing up, during the first 18 years of your life.

3.1	Did you live with a household member who was a problem drinker or alcoholic, or misused street or prescription drugs?	<ul style="list-style-type: none">• Yes• No
3.2	Did you live with a household member who was depressed, mentally ill or suicidal?	<ul style="list-style-type: none">• Yes• No
3.3	Did you live with a household member who was ever sent to jail or prison?	<ul style="list-style-type: none">• Yes• No
3.4	Were your parents ever separated or divorced?	<ul style="list-style-type: none">• Yes• No
3.5	Did your mother, father or guardian die?	<ul style="list-style-type: none">• Yes• No

These next questions are about certain things you may actually have heard or seen IN YOUR HOME. These are things that may have been done to another household member but not necessarily to you.

When you were growing up, during the first 18 years of your life .

3.6	Did you see or hear a parent or household member in your home being yelled at, screamed at, sworn at, insulted or humiliated?	<ul style="list-style-type: none">• Never• Once/twice• Sometimes• Often• Very often
3.7	Did you see or hear a parent or household member in your home being slapped, kicked, punched or beaten up?	<ul style="list-style-type: none">• Never• Once/twice• Sometimes• Often• Very often
3.8	Did you see or hear a parent or household member in your home being hit or cut with an object, such as a stick (or cane), bottle, club, knife, whip etc.?	<ul style="list-style-type: none">• Never• Once/twice• Sometimes• Often• Very often

These next questions are about certain things YOU may have experienced.

When you were growing up, during the first 18 years of your life .

4.1	Did a parent, guardian or other household member yell, scream or swear at you, insult or humiliate you?	<ul style="list-style-type: none"> • Never • Once/twice • Sometimes • Often • Very often
4.2	Did a parent, guardian or other household member threaten to, or actually, abandon you or throw you out of the house?	<ul style="list-style-type: none"> • Never • Once/twice • Sometimes • Often • Very often
4.3	Did a parent, guardian or other household member spank, slap, kick, punch or beat you up?	<ul style="list-style-type: none"> • Never • Once/twice • Sometimes • Often • Very often
4.4	Did a parent, guardian or other household member hit or cut you with an object, such as a stick (or cane), bottle, club, knife, whip etc?	<ul style="list-style-type: none"> • Never • Once/twice • Sometimes • Often • Very often
4.5	Did someone touch or fondle you in a sexual way when you did not want them to?	<ul style="list-style-type: none"> • Never • Once/twice • Sometimes • Often • Very often
4.6	Did someone make you touch their body in a sexual way when you did not want them to?	<ul style="list-style-type: none"> • Never • Once/twice • Sometimes • Often • Very often

4.7	Did someone attempt oral, anal, or vaginal intercourse with you when you did not want them to?	<ul style="list-style-type: none"> • Never • Once/twice • Sometimes • Often • Very often
4.8	Did someone actually have oral, anal, or vaginal intercourse with you when you did not want them to?	<ul style="list-style-type: none"> • Never • Once/twice • Sometimes • Often • Very often

PEER VIOLENCE

These next questions are about BEING BULLIED when you were growing up. Bullying is when a young person or group of young people say or do bad and unpleasant things to another young person. It is also bullying when a young person is teased a lot in an unpleasant way or when a young person is left out of things on purpose. When you were growing up, during the first 18 years of your life . . .

5.1	How often were you bullied?	<ul style="list-style-type: none"> • Never (<i>Go to Q.5.3</i>) • Once/twice • Sometimes • Often • Very often
5.2	How were you bullied most often?	<ul style="list-style-type: none"> • I was hit, kicked, pushed, shoved around, or locked indoors. • I was made fun of because of my race, nationality or color. • I was made fun of because of my religion • I was made fun of with sexual jokes, comments, or gestures. • I was left out of activities on purpose or completely ignored. • I was made fun of because of how my body or face looked. • I was bullied in some other way. • Refused.

This next question is about PHYSICAL FIGHTS. A physical fight occurs when two young people of about the same strength or power choose to fight each other.

When you were growing up, during the first 18 years of your life . . .

5.3	How often were you in a physical fight?	<ul style="list-style-type: none"> • Never • Once/twice • Sometimes • Often • Very often
-----	---	---

WITNESSING COMMUNITY VIOLENCE

These next questions are about how often, when you were a child, YOU may have seen or heard certain things in your NEIGHBOURHOOD OR COMMUNITY (not in your home or on TV, movies, or the radio).

When you were growing up, during the first 18 years of your life . . .

6.1	Did you see or hear someone being beaten up in real life?	<ul style="list-style-type: none"> • Never • Once/twice • Sometimes • Often • Very often
6.2	Did you see or hear someone being stabbed or shot in real life?	<ul style="list-style-type: none"> • Never • Once/twice • Sometimes • Often • Very often
6.3	Did you see or hear someone being threatened with a knife or gun in real life?	<ul style="list-style-type: none"> • Never • Once/twice • Sometimes • Often • Very often

EXPOSURE TO WAR/COLLECTIVE VIOLENCE

These questions are about whether YOU did or did not experience any of the following events when you were a child. The events are all to do with collective violence, including wars, terrorism, political or ethnic conflicts, genocide, repression, disappearances, torture and organized violent crime such as banditry and gang warfare.

When you were growing up, during the first 18 years of your life . . .

7.1	Were you forced to go and live in another place due to any of these events?	<ul style="list-style-type: none">• Never• Once/twice• Sometimes• Often• Very often
7.2	Did you experience the deliberate destruction of your home due to any of these events?	<ul style="list-style-type: none">• Never• Once/twice• Sometimes• Often• Very often
7.3	Were you beaten up by soldiers, police, militia, or gangs	<ul style="list-style-type: none">• Never• Once/twice• Sometimes• Often• Very often
7.4	Was a family member or friend killed or beaten up by soldiers, police, militia, or gangs?	<ul style="list-style-type: none">• Never• Once/twice• Sometimes• Often• Very often

SECTION III

ROSENBERG SELF-ESTEEM SCALE.

Scale: Instructions Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

1.	On the whole, I am satisfied with myself.	<ul style="list-style-type: none">• Strongly Agree• Agree• Disagree• Strongly Disagree
2.	At times I think I am no good at all.	<ul style="list-style-type: none">• Strongly Agree• Agree• Disagree• Strongly Disagree
3.	I feel that I have a number of good qualities.	<ul style="list-style-type: none">• Strongly Agree• Agree• Disagree• Strongly Disagree
4.	I am able to do things as well as most other people.	<ul style="list-style-type: none">• Strongly Agree• Agree• Disagree• Strongly Disagree
5.	I feel I do not have much to be proud of.	<ul style="list-style-type: none">• Strongly Agree• Agree• Disagree• Strongly Disagree
6.	I certainly feel useless at times.	<ul style="list-style-type: none">• Strongly Agree• Agree• Disagree• Strongly Disagree
7.	I feel that I'm a person of worth, at least on an	<ul style="list-style-type: none">• Strongly Agree

	equal plane with others.	<ul style="list-style-type: none"> • Agree • Disagree • Strongly Disagree
8.	I wish I could have more respect for myself.	<ul style="list-style-type: none"> • Strongly Agree • Agree • Disagree • Strongly Disagree
9.	All in all, I am inclined to feel that I am a failure.	<ul style="list-style-type: none"> • Strongly Agree • Agree • Disagree • Strongly Disagree
10.	I take a positive attitude toward myself.	<ul style="list-style-type: none"> • Strongly Agree • Agree • Disagree • Strongly Disagree

END OF INTERVIEW

THANK YOU VERY MUCH FOR YOUR PARTICIPATION

APPENDIX 6: DODOSO LA KISWAHILI**MADA YA UTAFITI: ATHARI ZA UKATILI DHIDI YA WATOTO JUU YA KUJITHAMINI MIONGONI MWA VIJANA WA SHULE ZA SEKONDARI MJINI-MAGHRIB ZANZIBAR.****SEHEMU YA I**

Jina la shule ya sekondari:		
Tarehe ya mahojiano:		
Namba ya siri ya dodoso:		
SEHEMU YA I: TAARIFA ZA KIJAMII NA TABIA ZA KIJANA.		
NO.	MASUALI.	MAJIBU.
1.	Umri.	
2.	Jinsia .	Kiume Kike
3.	Dini.	Muislamu. Mkristu. Nyenginezo.
4.	Darasa.	Kidato cha kwanza Kidato cha pili Kidato cha tatu Kidato cha nne
5.	Aina ya shuleunayosoma	Serikali. Binafsi.

SEHEMU YA II

Adverse Childhood Experiences International Questionnaire

(ACE-IQ – SWAHILI VERSION) .

Ulipokuwa unakua, katika miaka 18 ya kwanza ya maisha yako.

1.1	Je, wazazi wako / walezi wako walielewa matatizo yako na wasiwasi wako?	<ul style="list-style-type: none">• Kamwe• Maramoja/mbili• Wakati mwengine• Mara nyingi• Mara nyingi sana
1.2	Je, wazazi wako / walezi wanajua nini ulikuwa unafanya wakati wako wa bure ,ukiwa huko shule?	<ul style="list-style-type: none">• Kamwe• Maramoja/mbili• Wakati mwengine• Mara nyingi• Mara nyingi sana
2.1	Ni mara ngapi wazazi wako / walezi hawakukupa chakula cha kutosha wakati wanaouwezo wa kufanya hivyo?	<ul style="list-style-type: none">• Kamwe• Maramoja/mbili• Wakati mwengine• Mara nyingi• Mara nyingi sana
2.2	Je, wazazi/walezi wako ni walevi kupindukia au watumiaji wa madawa ya kulevya ambao wanakutunza?	<ul style="list-style-type: none">• Kamwe• Maramoja/mbili• Wakati mwengine• Mara nyingi• Mara nyingi sana
2.3	Ni mara ngapi wazazi wako / walezi hawakukupeleka shule hata kama zinapatikana.	<ul style="list-style-type: none">• Kamwe• Maramoja/mbili• Wakati mwengine• Mara nyingi• Mara nyingi sana

MAZINGIRA YA FAMILIA

Ulipokuwa unakua, katikamiaka 18 ya kwanza ya maisha yako.

3.1	Je, uliishi na mtu wa nyumbani ambaye alikuwa ni mnywaji wa pombe au mlevi, au mtumiaji vibaya dawa za mitaani au dawa za kulevya?	<ul style="list-style-type: none"> • Ndio. • Hapana.
3.2	Je, uliishi na mtu wa nyumbani ambaye alikuwa na msongo wa mawazo, mgonjwa wa akili au kutaka kujiua?	<ul style="list-style-type: none"> • Ndio. • Hapana.
3.3	Je, uliishi na mtu wa nyumbani ambaye amewahi kufungwa jela au gerezani?	<ul style="list-style-type: none"> • Ndio. • Hapana.
3.4	Wazazi wako wamewahi kutengana au kutalikiana?	<ul style="list-style-type: none"> • Ndio. • Hapana.
3.5	Je, mama yako, baba au mlezi wako alikufa?	<ul style="list-style-type: none"> • Ndio. • Hapana.

Maswali haya yafuatayo ni kuhusu mambo fulani ambayo unaweza kuwa umesikia au kuona katika nyumba yako. Haya ni mambo ambayo yanaweza kufanywa kwa mtu mwingine wa nyumbani lakini sio lazima kwa ajili yako.

Ulipokuwa unakua, katika miaka 18 ya kwanza ya maisha yako.

3.6	Je, umeona au kusikia mzazi au mtu wa nyumbani ukiwa ndani ya nyumba yako akigombwana kupigiwa mayowe, kulaaniwa, kutukanwa au kudhalilishwa?	<ul style="list-style-type: none"> • Kamwe • Maramoja/mbili • Wakati mwengine • Mara nyingi • Mara nyingi sana.
3.7	Je, umeona au kusikiamzazi au mtu wa nyumbani Ukiwa ndani ya nyumba yako akipigwa makofi, ma teke, ngumi au kupigwatu?	<ul style="list-style-type: none"> • Kamwe • Maramoja/mbili • Wakati mwengine • Mara nyingi • Mara nyingi sana
3.8	Je, umeona au kusikia mzazi au mtu wa nyumbani Ukiwa nyumbani kwako anapigwa au kukatwa	<ul style="list-style-type: none"> • Kamwe • Maramoja/mbili • Wakati mwengine

	na mtu kwa kitu, kama vile fimbo (au miwa), chupa, kilabu, kisu, mjelediin.k.?	<ul style="list-style-type: none"> • Mara nyingi • Mara nyingi sana
--	--	---

Maswali haya yafuatayo ni kuhusu mambo Fulani ambayo unaweza kuwa na uzoefu.

Ulipokuwa unakua, katika miaka 18 ya kwanza ya maisha yako.

4.1	Je, mzazi, mlezi au mtu mwingine wa nyumbani anakufokea kwakelele, kukupigia kelele au kukulaani, kukutukana au kukudhalilisha?	<ul style="list-style-type: none"> • Kamwe • Maramoja/mbili • Wakati mwengine • Mara nyingi • Mara nyingi sana
4.2	Je, mzazi, mlezi au mtumwingine wa nyumbanianakutishia, au anadirikihasa, kukutelekeza au kukufukuzanyumbani?	<ul style="list-style-type: none"> • Kamwe • Maramoja/mbili • Wakati mwengine • Mara nyingi • Mara nyingisana.
4.3	Je, mzazi, mlezi au mtumwingine wa nyumbaniamewahikukupigangumi, mateke, makofi, au viboko?	<ul style="list-style-type: none"> • Kamwe • Maramoja/mbili • Wakati mwengine • Mara nyingi • Mara nyingi sana
4.4	Je, mzazi, mlezi au mtumwingine wa nyumbani anakupiga au kukakata wewe na kitu, kama vile fimbo (au miwa), chupa, ,kisu, mijeledi nk?	<ul style="list-style-type: none"> • Kamwe • Maramoja/mbili • Wakati mwengine • Mara nyingi • Mara nyingi sana
4.5	Je, kuna mtu amewahi kukugusa au kukuchezea kingono bila ya ridhaa yako?	<ul style="list-style-type: none"> • Kamwe • Maramoja/mbili • Wakati mwengine • Mara nyingi • Mara nyingi sana

4.6	Je, mtu yeyote alikufanya uchezee sehemu zake za siri (ngono) bila ya ridhaa yako mwenyewe?	<ul style="list-style-type: none"> • Kamwe • Maramoja/mbili • Wakati mwengine • Mara nyingi • Mara nyingi sana
4.7	Je, mtu yeyote amewahi kutaka kufanya mapenzi na wewe kwa kuchezea sehemu zako za siri kwa mdomo, au kukuingilia kinyume na maumbile/ kulawiti au kwa njia ya uke wa kawaida bila ridhaa yako mwenyewe?	<ul style="list-style-type: none"> • Kamwe • Maramoja/mbili • Wakati mwengine • Mara nyingi • Mara nyingi sana
4.8	Je, mtu yeyote amewahi kufanya mapenzi na wewe kwa kuchezea sehemu zako za siri kwa mdomo, au kukuingilia kinyume na maumbile/ kulawiti au kwa njia ya uke wa kawaida bila ridhaa yako mwenyewe?	<ul style="list-style-type: none"> • Kamwe • Maramoja/mbili • Wakati mwengine • Mara nyingi • Mara nyingi sana

UKATILI WA RIKA

Maswali haya yafuatayo ni kuhusu kufanyiwa ukatili au ukandamizaji katika kipindi cha ukuaji wako. Ukandamizaji ni wakati ambapo kijana au kikundi cha vijana husema au kufanya vibaya nakisichopendeza kwa kijana mwingine. Pia ni uonevu wakati kijana anapigwa sana kwa njia isiyopendeza au wakati kijana anaachwa nje ya mambo kwa kutoshirikishwa kwa kusudi. Sio hali ya unyanyasaji wa kati vijana wawili wenye nguvu sawa wanabishana au kupigana kwa njia ya mzaha kirafiki na furaha.

Ulipokuwa unakua, katika miaka 18 ya kwanza ya maisha yako.

5.1	Ni mara ngapi umewahi kufanyiwa ukatili wa rika?	<ul style="list-style-type: none"> • Kamwe (nendasuala la 5.3) • Maramoja/mbili • Wakati mwengine • Mara nyingi • Mara nyingi sana
5.2	Ni kwajinsiganiume kuwaukinyanyaswa mara nyingi?	Nilipigwa mateke, kusukumwa,

		<p>kupigwa, au Kufungiwa ndani ya nyumba</p> <p>Nilichekwa kwasababu ya rangi yangu, utaifa au kabilai.</p> <p>Nilichekwa kwa sababu ya dini yangu</p> <p>Nilifanyiwa mzaha wa kingono, maneno au ishara.</p> <p>Niliachwa nje ya shughuli kwa kusudi au kupuuzwa kabisa</p> <p>Nilifanyiwa mzaha kwasababu ya jinsi mwili wangu ulivyo au uso ulivyoonekana</p> <p>Nilidhihakiwa kwa njia nyingine.</p> <p>Alikataa</p>
--	--	--

Swali linalofuata nikuhusu mapambano ya kimwili. Mapambano ya kimwili hutokea wakati vijana wawili wenye nguvu sawa huchagua kupigana.

5.3	Ni mara ngapi umewahi kupigana?	<ul style="list-style-type: none"> • Kamwe • Maramoja/mbili • Wakati mwengine • Mara nyingi • Mara nyingi sana
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KUSHUHUDIA UKATILI WA JAMII

Maswali haya yafuatayo nikuhusu mara ngapi, ulipokuwa mtoto, unaweza kuwa umeona au kusikia mambo Fulani kwa jirani yako au jamii (sio nyumbani kwako au kwenye TV, sinema, au redio).

Wakati wa ukuaji wako, katika miaka 18 ya kwanza ya maisha yako . . .

6.1	Umeona au kusikia mtu akipigwa katika maisha yako?	<ul style="list-style-type: none">• Kamwe• Maramoja/mbili• Wakati mwengine• Mara nyingi• Mara nyingi sana
6.2	Je, umeona au kusikia mtu akipigwa risasi au kuchomwa kisu katika maisha yako?	<ul style="list-style-type: none">• Kamwe• Maramoja/mbili• Wakati mwengine• Mara nyingi• Mara nyingi sana
6.3	Je, umeona au kusikia mtu akitishiwa na kisu au bunduki katika maisha yako?	<ul style="list-style-type: none">• Kamwe• Maramoja/mbili• Wakati mwengine• Mara nyingi• Mara nyingi sana

MFUMUKO WA VITA/UKATILI WA PAMOJA

Maswali haya nikuhusu kama ulipata au haukupata uzoefu wowote kati ya yafuatayo

Matukio ya wakati ulipokuwa mtoto. Matukio yote yanahusiana na vurugu za pamoja,

Ikiwa ni pamoja na vita, ugaidi, migogoro ya kisiasa au kikabila, mauaji ya kimbari, ukandamizaji, kutoweka, mateso na uhalifu wa vurugu kama vile ujambazi na genge.

7.1	Je, ulilazimishwa kwenda na kuishi katika sehemu nyingine kwa sababu ya yoyote ya haya matukio?	<ul style="list-style-type: none"> • Kamwe • Maramoja/mbili • Wakati mwengine • Mara nyingi • Mare nyingi sana •
7.2	Je, ulishuhudia uharibifu wa makusudi wa nyumba yako kwa sababu ya yoyote ya matukio haya?	<ul style="list-style-type: none"> • Kamwe • Maramoja/mbili • Wakati mwengine • Mara nyingi • Mara nyingi sana
7.3	Je, ulipigwana askari, polisi, wanamgambo, au magenge?	<ul style="list-style-type: none"> • Kamwe • Maramoja/mbili • Wakati mwengine • Mara nyingi • Mara nyingi sana
7.4	Je, mtu wa familia au rafiki aliuawa au kupigwa na askari, polisi, wanamgambo, au magenge?	<ul style="list-style-type: none"> • Kamwe • Maramoja/mbili • Wakati mwengine • Mara nyingi • Mara nyingi sana

SEHEMU YA III

KIWANGO CHA KUJITHAMINI CHA ROSENBERG.

Kiwango: Maagizo hapa chini ni orodha ya taarifa zinazoshughulikia hisia zako za jumla juu yako mwenyewe. Tafadhali onyesha jinsi unavyokubaliana au kutokubaliana nakila taarifa.

1.	Kwa ujumla, nimeridhikanamimi mwenyewenilivyo.	1. Nakubaliana kabisa. 2. Nakubaliana. 3. Sikubaliani 4. Sikubaliani kabisa.
2.	Wakati mwingine nadhani mimi si mzuri hata kidogo.	1. Nakubaliana kabisa. 2. Nakubaliana. 3. Sikubaliani 4. Sikubaliani kabisa.
3.	Ninahisi kuwa ninasifa kadhaa nzuri	1. Nakubaliana kabisa. 2. Nakubaliana. 3. Sikubaliani 4. Sikubaliani kabisa.
4.	Nina uwezo wa kufanya mambo na watu wengine wengi	1. Nakubaliana kabisa. 2. Nakubaliana. 3. Sikubaliani 4. Sikubaliani kabisa.
5.	Ninahisi sina mengi ya kujivunia.	1. Nakubaliana kabisa. 2. Nakubaliana. 3. Sikubaliani 4. Sikubaliani kabisa.
6.	Kwa hakika ninahisi kuwa sina maana wakati mwingine	1. Nakubaliana kabisa. 2. Nakubaliana. 3. Sikubaliani 4. Sikubaliani kabisa.
7.	Ninahisi kuwa mimi ni mtu wa thamani, angalau kama wengine.	1. Nakubaliana kabisa. 2. Nakubaliana. 3. Sikubaliani 4. Sikubaliani kabisa.
8.	Natamani ningekuwa na heshima zaidi kwangu mwenyewe	1. Nakubaliana kabisa. 2. Nakubaliana. 3. Sikubaliani 4. Sikubaliani kabisa.
9.	Kiumla , ninakawaida ya kuhisi kuwa mimi nimeshindwa	1. Nakubaliana kabisa. 2. Nakubaliana. 3. Sikubaliani 4. Sikubaliani kabisa.
10.	Ninajichukulia mtazamo chanya juu yangu mwenyewe.	1. Nakubaliana kabisa. 2. Nakubaliana. 3. Sikubaliani 4. Sikubaliani kabisa.

**MWISHO WA MAHOJIANO
ASANTE SANA KWA USHIRIKI WAKO**

APPENDIX 7: PERMISSION LETTER

KAIRUKI UNIVERSITY (KU)

70 Chwaku Street
Regent Estate – Mikocheni
P.O. Box 65300,
Dar es Salaam
Tanzania



Tel: +255-22-2700021/4
Email: secvc@ku.ac.tz
Website: www.ku.ac.tz

REF: KU/PT/30.5/491

17th July 2024

Permanent Secretary,
The Second Vice President's Office,
Zanzibar.

Re: Letter of introduction Ms. FATMA ISSA SAID (MScPH – Public Health)

The above named is a MScPH postgraduate student taking Master of Science in Public Health. As part of fulfilling her master's degree programme, she plans to undertake a study titled **"THE IMPACT OF VIOLENCE AGAINST CHILDREN AND SELF-ESTEEM AMONG SECONDARY SCHOOL ADOLESCENTS IN ZANZIBAR"**

This study was reviewed and has been granted with an ethics approval No. **KU/IREC/27.10/464** by the KU Institutional Research Ethics Committee that will be valid for one year with effect from 1st July 2024.

This letter serves to introduce Ms. **FATMA ISSA SAID** who will be conducting her study at Magharibi B schools namely, Dr. John Pombe Magufuli Secondary School, Aboud Jumbe Mwinyi Secondary School, Alfalah- Muslim Secondary School and Al-Quwiyi Islamic School in Zanzibar, please accord her with the needed support.

Thank you for your support and cooperation in developing human resources for health in our country.

Regards,


Professor Naboth Mbembati,
Ag. Director Postgraduate Studies & Research Institute



c. c. Prof. Titus Kabalimu, Chairperson, School of Public Health, KU.

General Contact:

Email: info@ku.ac.tz
Contact: +255 659 371 234

Academic:

Email: dvc-academics@ku.ac.tz
Contact: +255 716 999 151

Admissions:

Email: admissions@ku.ac.tz
Contact: +255 769 724 636
+255 659 371 234

KAIRUKI UNIVERSITY (KU)

70 Chwaku Street,
Mikocheni,
P.O BOX 65300,
Dar es Salaam,
Tanzania.



Tel: +255-22-2700021/4
Fax: +255-22-2775591
Email: irec@ku.ac.tz
Website: www.ku.ac.tz

Ref. No. KU/IREC/27.10/464

1st July 2024

Dr. Fatma I. Said,
Kairuki University,
Box 65300,
Dar es Salaam, Tanzania.

RE: ETHICAL CLEARANCE CERTIFICATE FOR CONDUCTING HEALTH RESEARCH.

I am pleased to inform you that the research titled: **The Impact of Violence Against Children on Self-Esteem Among Secondary School Adolescents in Zanzibar (Said F., 2024)** has been granted ethical approval.

This approval is in effect for one year from the above date. Any changes in the procedures should be reported to the Institutional Research Ethics Committee. Significant changes will require the submission of a revised request for ethical approval. You will be required to submit **study a progress report** every six months.

Permission to publish your findings should be sought from the National Institute for Medical Research (NIMR) before submission to a publisher and not concurrently.

CHAIR PERSON

Name: Prof. Fredrick Kaijage

Signature:



Name:

Signature:

Prof. Columba Mbekenga



REVOLUTIONARY GOVERNMENT
OF ZANZIBAR



Ministry of Health,
P. O. Box 236,
Street: Mnazi Mmoja - Zanzibar
Tel: +255-24-2231614
Email: info@mohz.go.tz
Website: www.mohz.go.tz

Zanzibar Health Research Institute,
87 Barabara ya Binguni
P. O. Box 1439
Website: www.zahri.go.tz
Postcode: 72114, Binguni
Street: Binguni - Zanzibar
Tel: +255(0) 776 264 880
Email: zahrec@zahri.go.tz

Ref: NO. ZAHREC/02/ST/AUG/2024/171

01st Aug, 2024

Falma Issa Said,
Student Researcher,
Kairuki University (KU).

RE: ETHICAL CLEARANCE FOR CONDUCTING HEALTH RESEARCH IN ZANZIBAR

This is to certify that the research protocol titled "Impact of Violence against Children and Self-Esteem among Secondary School Adolescents in Zanzibar" was received and reviewed on the 1st of August, 2024.

We would like to inform you that your proposal has been "Approved" for implementation.

Sites of Research Secondary Schools Maghrib B District.

The Principal Investigator has to:

- i. Submit your progress report and a final report upon completion of Research.
- ii. Seek permission for Publication of results from ZAHREC.
- iii. Submit Copies of the final Publications to ZAHREC.
- iv. Seek approval for any changes made to the approved protocol prior to their implementation

Any researcher who deviates or fails to comply with these conditions shall be guilty of an offense and shall be liable on conviction to a fine as per ZAHRI Act No.05 of 2020.

This Approval shall be valid for Six months: 01/08/2024 - 31/01/2024

Thanks in advance,

Dr. Mayassa S. Ally,
CHAIR- HEALTH RESEARCH COORDINATING COMMITTEE,
ZANZIBAR HEALTH RESEARCH INSTITUTE,
BINGUNI,
ZANZIBAR.

07 AUG 2024

Amour S. Mohamed,
DIRECTOR GENERAL,
MINISTRY OF HEALTH,
ZANZIBAR.



**SERIKALI YA MAPINDUZI YA ZANZIBAR
WIZARA YA ELIMU NA MAFUNZO YA AMALI**

143 Barabara ya Julius Kambarage Nyerere
Mazizini, S. L. P 394
70475 Mjini Magharibi, Zanzibar

Tovuti: www.moez.go.tz
Barua pepe: info@moez.go.tz

Kumb. Nam: P33/18/1/VOL.V/86

Tarehe 13/08/2024.

Mwalimu Mkuu,
Skuli ya Sekondari,
Wizara ya Elimu na Mafunzo ya Amali,
Zanzibar.

KUH: KUFANYA UTAFITI NDUGU. FATMA ISSA SAID

Tafadhali naomba uhusike na mada iliyopo hapo juu.

Mtajwa hapo juu ni mwanafunzi kutoka **Chuo Kikuu cha Kairuki**, anasoma **Shahada ya Uzamili** katika fani ya **Afya ya Jamii**. Anafanya Utafiti katika mada inayohusiana na **"Impact of Violence Against Children and Self-esteem Among Secondary School Adolescents in Zanzibar"**. Ndugu Fatma tayari amekamilisha taratibu zote za ruhusa ya kufanya utafiti na ruhusa yake imeanza tarehe **26/07/2024** hadi **26/10/2024**.

Kwa kuwa utafiti wake utafanyika katika Skuli yako, hivyo unaombwa umpokee na umpe kila aina ya ushirikiano unaohitajika ili aweze kukamilisha utafiti huo. Tunategemea kupata mashirikiano yako.

Vilevile, mtafiti mara baada ya kukamilisha utafiti wake anatakiwa kuwasilisha ripoti ya utafiti (soft copy) kupitia barua pepe hii div.research@moez.go.tz

Ahsante,

Fat-hiya Y. Is-haka,
Kny. Katibu Mkuu,
Wizara ya Elimu na Mafunzo ya Amali,
Zanzibar.

Nakala:

Ndugu, Fatma Issa Said (0659371234).



**SERIKALI YA MAPINDUZI YA ZANZIBAR
AFISI YA MAKAMU WA PILI WA RAIS,**

22279 Barabara ya Vuga,
Vuga, S.L.P. 239,
70460 Mjini Magharibi, Zanzibar

Tovuti : www.ompr.go.tz
Barua pepe : Info@ompr.go.tz
Faksi : 0242231826

CA.33/411/01-O/ 3

29/07/2024.

**KATIBU MKUU,
WIZARA YA ELIMU NA MAFUNZO YA AMALI (WEMA),
ZANZIBAR.**

KUH: RUHUSA YA KUFANYA UTAFITI

Kwa heshima, naomba uhusike na mada ya hapo juu.

Serikali ya Mapinduzi ya Zanzibar imemruhusu **Ndg. Fatma Issa Said** mwanafunzi kutoka **Chuo Kikuu cha Kairuki** anaesomea **Shahada ya Uzamili** katika fani ya **Afya ya Jamii** kufanya utafiti katika mada inayohusiana na **"Impact of Violence Against Children And Self - Esteem Among Secondary School Adolescent in Zanzibar"**. Utafiti huo utafanyika kwenye Skuli za Sekondari za Dkt John Pombe Magufuli, Aboud Jumbe Mwinyi, Al-Falah Muslim pamoja na skuli ya A-Quwiyyi Islamic - Zanzibar kuanzia tarehe **26/07/2024** mpaka **26/10/2024** Tunaomba asaidiwe ili aweze kukamilisha utafiti huo.

Kwa nakala ya barua hii mara baada ya kumaliza utafiti, mtafiti anatakiwa kuwasilisha nakala (copy) 3 za ripoti ya utafiti huo, Afisi ya Makamu wa Pili wa Rais - Zanzibar.

Naambatanisha na kivuli cha kibali cha kufanyia utafiti.

Wako mjiifu,

Gharib H. Kombo

**GHARIB H. KOMBO,
/KATIBU MKUU,
AFISI YA MAKAMU WA PILI WA RAIS,
ZANZIBAR.**

NAKALA: Ndg. Fatma Issa Said (0659 371234). ✓

REVOLUTIONARY GOVERNMENT OF ZANZIBAR

SECRETARY
ZANZIBAR RESEARCH COMMITTEE
P. O. Box 2321 - MAZIZINI, ZANZIBAR
Tel: 024 2333909
Fax: 024 2331742



RESEARCH/FILMING PERMIT

(This Permit is only Applicable in Zanzibar for duration specified)

SECTION

Ref: 2001709209242823716-3

Name	FATMA ISSA SAID
Gender	F
Date and Place of Birth	10-08-1987 - MICHENZANI - ZANZIBAR
Nationality	TANZANIAN
Date of Collection Duration	03 Month(s)
Research Title	THE IMPACT OF VIOLENCE AGAINST CHILDREN AND SELF ESTEEM AMONG SECONDARY SCHOOL ADOLESCENTS IN ZANZIBAR.
Date of Issue	26-07-2024
Valid until	26-10-2024

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Institution

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26-10-2024



APPENDIX 8: PLAGIARISM

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**VIOLENCE AGAINST CHILDREN ANDN SELF-ESTEEM AMONG SECON
SCHOOL ADOLESCENTS IN ZANZIBAR**

FATMA I. SAID

**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF MASTER OF SCIENCE IN PUBLIC HEALTH OF THE KAIRUKI
UNIVERSITY.**

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