

## Knowledge, attitudes and practices of parents on child sexual abuse and its prevention in Shinyanga district, Tanzania

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### Abstract

**Background:** The role of parents in preventing child sexual abuse in the community in low-and-middle income countries has not been adequately emphasized. The objective of this study was to assess parents' knowledge, attitudes and practices on child sexual abuse and its prevention in Shinyanga district, Tanzania in order to strengthen child protection.

**Methods:** This was a cross-sectional study conducted during July 2015. Multistage cluster sampling technique was employed to obtain study participants from a list of sampling frame. Parents with children below 18 years old were randomly selected to form a study population. A quantitative technique using structured questions was used to assess parents' knowledge, attitude and practices about preventing child sexual abuse.

**Results:** A total of 384 respondents were included in the study. The majority (95.6%) of respondents had high knowledge regarding prevention of child sexual abuse. Majority (98.7%) of the respondents had positive attitudes on preventing child sexual abuse. However, only about a quarter (27.3%) of respondents had good practices on protection and prevention of child sexual abuse.

**Conclusion:** Knowledge and attitudes of parents on child sexual abuse prevention was high in the study area. However, the practices of parents on child sexual abuse prevention were poor. Therefore, a public education programme is needed for parents, with the ultimate aim of protecting children from the preventable harm and trauma of sexual abuse in rural communities of Tanzania.

**Keywords:** Child sexual abuse, knowledge, attitudes, practice, parents, Tanzania

### Introduction

Child sexual abuse (CSA) is a global public problem (WHO, 2003). It is defined as the involvement of a child in sexual activity that he/she does not fully comprehend and is unable to give informed consent to, or for which the child is not developmentally prepared (WHO, 2014). Other recent definitions of CSA have included the array of sexual activities such as fondling, inviting a child to touch or be touched sexually, intercourse, rape, incest, sodomy, exhibitionism, involving a child in prostitution or pornography, or online child luring by cyber predators (Putnam, 2003; Wolak *et al.*, 2008).

The World Health Organization has estimated that 73 million boys and 150 million girls under the age of 18 years had experienced various forms of sexual violence in their life time (WHO, 2002). Highest prevalence (34.4%) of child sexual abuse is in Africa (Wihbey *et al.*, 2013). The prevalence is higher among female than male children. A review of studies from both high- and middle-income countries has shown that seven to 36% of females and three to 29% of males reported being victims of sexual abuse during their childhood (Miller *et al.*, 2007). There are only a few published studies on child sexual abuse in Africa, with the exception of South Africa (Lalor, 2004). However, a number of studies have reported that approximately 5% of the reported cases have had penetrative sexual abuse during their childhood (Lalor, 2004). A study in Tanzania indicated that 30% of girls and 14.3% of boys have experienced at least one sexual abuse incidence prior to the age of 18 (Garcia-Moreno *et al.*, 2005). In Sub-Saharan Africa, the most frequently reported reasons for sexual abuse in children include rapid social change, AIDS/HIV avoidance strategies and patriarchal nature of society; and that it is most frequently perpetrated by family members, relatives, neighbours or others known to the child (Lalor, 2004). Studies in South Africa, Zimbabwe and Tanzania have indicated that childhood sexual and physical abuse is high and shows

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strong relationships with a range of sexual risk behaviors, including age at first sex, alcohol and drug, forced sex and ever being hurt by a partner. Individuals abused in childhood comprise between 6 and 29 % of young adult men and women living in these South Africa, Zimbabwe and Tanzania and constitute a population at high risk of HIV infection (Ritchter *et al.*, 2014).

There is dearth of data on child sexual abuse in Tanzania. However, it is perceived to be increasing (Kisanga *et al.*, 2010, 2013; Abeid *et al.*, 2014) as a result of AIDS sufferers' attempts to "cleanse" themselves (Lalor, 2004). In Tanzania, most studies on factors influencing child sexual abuse to have been conducted in urban Tanzanian settings (Laiser *et al.*, 2009, 2011; Kisanga *et al.*, 2010; Muganyinzi *et al.*, 2011; Abeid *et al.*, 2014), hence information on rural community is limited.

It is believed that parents are important actors in protecting their children from any kind of violence including sexual abuse. Knowledge, attitudes and practices with responsible parenting are instrumental in prevention of child sexual abuse. However, few studies have been conducted in Tanzania, on the community perceptions (Abeid *et al.*, 2014) or on the role of parents in prevention of child sexual abuse (Mathoma *et al.*, 2006). Therefore, a need to conduct a thorough research on assessing parents' knowledge, attitudes and practices about preventing child sexual abuse is important. The objective of this study was to assess parents' knowledge, attitudes and practices about preventing child sexual abuse in Shinyanga district, Tanzania in order to strengthen child protection.

## **Methods and Materials**

### **Study site and design**

This was a cross-sectional study conducted in Shinyanga district in July 2015. Shinyanga district is divided into 4 divisions, 26 wards and 117 villages with a population of 450,000 people and of 580 hamlets. A 50 % of the 26 wards were randomly selected and 2 villages in each selected wards were randomly selected for the study. A quantitative technique using structured questions having both open and closed ended questions was used to assess parents' knowledge, attitude and practices about preventing child sexual abuse in the community.

### **Sampling and data collection**

Parents with children below 18 years old who were randomly selected and were residents of the study areas formed a study population. Nuclear, single and adopted families were included as well as extended family. Parents who were not residents of Shinyanga district (parent visitors) during the period of data collection were excluded. The sample size (n) for all respondents was calculated using formula by Cochran (1977). A minimum sample size was estimated to be 384 parents. Multistage cluster sampling technique was employed to obtain a required number of the study population.

A sampling frame from the list of wards was prepared and used for drawing sample. From sampling frame, study units were sampled through simple random method until the required sample of 384 parents of children under the age of 18 years was obtained. Information on parent's knowledge, attitudes and practices about child sexual abuse was collected using a structured questionnaire with both open and closed ended questions.

### **Data analysis**

Data cleaning was done manually and later data entry was done using Statistical Package for Social Science (SPSS) version 20. The descriptive statistics was computed, association and comparisons of variables was done using Fishers exact test for categorical variables. P value of  $< 0.05$  was considered significant to provide evidence of significant differences or associations on study. Statistical association using Chi-square test was made to determine the parent's knowledge, attitude and practices about preventing child sexual abuse at 5% level of significance. Furthermore, variables were included in analysis when  $p < 0.05$  and data analysis was presented in tables, texts and charts.

Knowledge of parents' role on strategies for preventing child sexual abuse were measured on both open and closed ended questions. A correct answer on closed ended question was scored one point and incorrect answer was scored 0 point and each correct mentioned step was scored one point. Scores varies from 0 to 10 points. Knowledge scores were used to decide cut off points in percentages as a poor (below 60%), fair (60-70%) and a high (80 % and above). These was used to classify three levels of knowledge about strategies for preventing child sexual abuse in the community according to Bloom's cut off point. Furthermore, the high and fair could be merged to good knowledge.

Parents' attitudes about preventing child sexual abuse was measured by 10 Likert's scale-type statement using four points from strongly agree to strongly disagree. It had both positive and negative statements and the score for correct and incorrect answers. The scores range from 0 to 30 points. Each score was summed up and a mean score for total attitude calculated and classified into two attitudes level (positive or negative). Parents' practices were measured by questions prepared on a format of questionnaires. The score ranges from 0 to 10 points. The three levels for the practice score were used to classify practice on preventing child sexual abuse in the community. The three levels of practices are: Good practice (above 80 %), fair practice (60- 80 %) and poor practice (below 60%).

### **Ethical consideration**

Ethical clearance was sought from the Research and Publication Committee of the Muhimbili University of Health and Allied Sciences. The permission to conduct the study was sought from Regional Administrative Secretary of Shinyanga as well as Shinyanga District Executive Director. Study participants were informed on the study purpose as well as rationale and that, participation was voluntary, hence those who were willing to participate in the study signed in the consent form.

## **Results**

### **Socio-demographic characteristics of the study respondents**

A total of 384 parents were interviewed. Majority (61%) of the respondents were aged between 30 and 50 years. Over two-thirds (69.8%) of the respondents had primary school education. Furthermore, majority of respondents (94.5%) were peasants, of whom men and women constituted of 92.5% and 98.3% of the participants. Most (94.7%) of the respondents lived in the study area for more than four (4) years (Table 1).

**Table 1: Socio-demographic characteristic of the study respondents (n =384)**

Characteristic	Response	Male n (%)	Female n(%)	Total n (%)
Age group (years)	<30	19(9.7)	46(24.5)	65(16.9)
	30-50	128(65.3)	105(55.9)	233(60.7)
	51+	49(25.0)	37(19.7)	86(22.4)
Education level	None	37(18.9)	54(28.7)	91(23.7)
	Primary	143(73.0)	125(66.5)	268(69.8)
	Secondary	14(7.1)	8(4.3)	22(5.7)
	College	2(1.0)	1(0.5)	3(0.8)
Occupation	Peasant/farmer	182(92.5)	181(98.3)	363(94.5)
	Miner /business	6(3.1)	0(0.0)	6(1.6)
	Cattle herder	5(2.8)	5(2.7)	10(2.6)
	Civil servant	3(1.5)	2(1.1)	5(1.3)
Period of stay (years)	1	3(1.5)	3(1.6)	6(1.6)
	2	4(2.0)	4(2.1)	8(2.1)
	3	3(1.5)	3(1.6)	6(1.6)

	4+	186(94.9)	178(94.7)	364(94.7)
Type of family	Nuclear	113(57.7)	97(51.6)	210(54.7)
	Extended	67(34.2)	66(35.1)	133(34.6)
	Single	16(8.2)	22(11.7)	38(9.9)
	Adopted	0(0.0)	3(1.6)	3(0.8)

### Knowledge about preventing child sexual abuse among parents

The majority of the respondents (95.6%) had high knowledge on preventing child sexual abuse, while 17 (4.4%) were ranked as having poor level of knowledge. More than 85% of the respondents agreed to have knowledge on prevention of child sexual abuse. Majority (93.8%) of the respondents agreed that special emphasis of parent's role for preventing CSA should look carefully on children with disabilities; and that for effective CSA prevention parents must review rules and policy of protecting children's right. Relatively few participants (88.5%) agreed that proper and sustainable intervention on preventing child sexual abuse will remove myths and maintain the basics of nurturing children (Table 2).

**Table 2: Respondents knowledge on prevention of child sexual abuse (n=384)**

Statements	True n(%)	False n(%)	Don't know n(%)
Parents must take the primary responsibility for preventing CSA by addressing any questionable behaviour/risk	357(93.0)	10(2.6)	17(4.4)
Prevention of CSA includes avoiding touching and non-touching behaviour with a child to meet sexual need or interest	245(89.8)	17(4.4)	22(5.7)
Parents have to develop concrete strategies for preventing CSA in their locality	349(90.9)	10(2.6)	24(6.3)
Special emphasis of parents role for preventing CSA should look carefully on children with disabilities	360(93.8)	8(2.1)	16(4.2)
Prevention of CSA in the community require simple clear and understandable communication language and signs	343(89.3)	15(3.9)	26(6.8)
When parents trust each other and speak up together they can prevent CSA happening in both girls and boys	340(88.5)	19(4.9)	25(6.5)
Prevention of CSA is very crucial and should be considered a priority in the community programs	358(93.2)	13(3.4)	13(3.4)
Support, safety and love of parents to their children is a fundamental for preventing CSA in the community	340(88.5)	11(2.9)	33(8.6)
Prevention of CSA promotes a great time for parents to review rules and policy of protecting children's right	358(93.2)	13(3.4)	13(3.4)
Proper and sustainable intervention on CSA will remove myths and maintain the basics of nurturing kids	340(88.5)	11(2.9)	33(8.6)

### Knowledge level towards preventing child sexual abuse

Knowledge level was categorised into three groups: low, moderate and high. These were recorded into two variables, namely good (high and fair) and poor knowledge. The respondents who stayed for 4 or more years were reported with statistically higher 351(96.4%) level of knowledge towards preventing child sexual abuse ( $p < 0.01$ ). There was also difference between types of family and levels of knowledge for preventing child sexual abuse ( $p = 0.04$ ). Age, education level and occupation of the respondent were not significantly associated with the level of knowledge for preventing child sexual abuse.

**Table 3: Level of knowledge by respondent's characteristics (n=384)**

Characteristic	Variable	Knowledge, n (%)	P-value*
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		High	Low	Total	
Age group (years)	<30	61(93.8)	4(6.2)	65(100)	0.24
	30-50	226(97.0)	7(3.0)	233(100)	
	51+	80(93.0)	6(7.0)	86(100)	
Education level	None	88(94.5)	5(5.5)	91(100)	0.70
	Primary	256(95.5)	12(4.5)	268(100)	
	Secondary	22(100)	0(0.0)	22(100)	
	College	3(100)	0(0.0)	3(100)	
Occupation	Crop farming	346(95.3)	17(9.4)	363(100)	0.79
	Mining /business	10(100.0)	0(0.0)	10(100)	
	Livestock farming	6(100)	0(0.0)	6(100)	
	Civil service	5(100)	0(0.0)	5(100)	
Period of stay (years)	1	4(66.7)	2(33.3)	6(100)	<0.01
	2	7(87.5)	1(12.5)	8(100)	
	3	5(83.3)	1(16.7)	6(100)	
	4+	351(96.4)	13(3.6)	364(100)	
Type of family	Nuclear	196(93.3)	14(6.7)	210(100)	
	Extended	132(99.2)	1(0.8)	133(100)	
	Single	36(94.7)	2(5.3)	38(100)	
	Adopted	3(100)	0(0.0)	3(100)	

\*P-value for Fisher's exact test

### Respondents' attitudes towards child sexual abuse prevention

Attitude of respondents was determined by asking them to respond to 10 questions which had a total score of 30 points. The results show that 379(98.7%) of parents had a positive attitude towards parents playing a role in prevention of child sexual abuse. Only 5(1.3%) had negative attitude towards child sexual prevention. A total of 239 (62.2%) respondents admitted that civil sexual abuse prevention education is very necessary for child sexual abuse prevention. However, 44.8% of the respondents strongly agreed that prevention of child sexual abuse should be an agenda in routine village meetings. Seventy-one (18.5%) respondents strongly agreed that child sexual abuse prevention education may induce the child to know too much about sex. Slightly over one-third (36.7%) of the respondents indicated that parents' can play an important role in preventing child sexual abuse in their locality (Table 4).

**Table 4: Respondents attitudes about preventing child sexual abuse (n=384)**

Statements	Strongly agree n(%)	Agree n(%)	Disagree n(%)	Strongly disagree n(%)
Child sexual abuse (CSA) prevention education is very necessary	239(62.2)	126(32.8)	11(2.9)	8(2.1)
Parents' can play a big role on preventing CSA in their locality	141(36.7)	223(58.1)	16(4.2)	2(0.5)
CSA prevention education may induce the child to know too much about sex	71(18.5)	166(43.2)	109(28.4)	38(9.9)
It is appropriate to develop CSA prevention programmes in the local area	119(31.0)	253(65.9)	9(2.3)	1(0.3)
Appropriate education will help prevent CSA	116(30.2)	251(65.4)	16(4.2)	1(0.3)
It is very important to have one stop centre for CSA prevention issues	147(36.3)	206(53.6)	27(7.0)	4(1.0)
Prevention of CSA should be agenda in the village meetings	172(44.8)	199(51.8)	10(2.6)	3(0.8)
CSA needs concrete strategies on its prevention	91(23.7)	282(73.4)	11(2.9)	0(0.0)
Parents have role in identifying people in the community who do sexual abuse to children?	126(32.8)	246(64.1)	12(3.1)	0(0.0)

Community prevention of CSA needs 85(22.1) 268(69.8) 31(8.1) 0(0.0)  
multisectoral approach

### **Attitude towards preventing child sexual abuse**

Majority (97.7%) of the respondents aged 30 to 50 years had positive attitude towards preventing child sexual abuse. Respondents with secondary and college levels of education had more positive attitudes towards preventing child sexual abuse than those with lower levels of education. The respondents who stayed for 5 and above years were reported with higher positive 357(99.4%) level of attitude towards preventing child sexual abuse. The period of stay was significantly associated with level of attitude for preventing child sexual abuse ( $p < 0.01$ ). The type of family, age, education level and profession of respondent were not statistically significant associated with the level of attitude for preventing child sexual abuse in the study area.

### **Practices about prevention of child sexual abuse**

The results indicate that 279 (72.7%) of respondents had poor performance regarding practices for prevention of child sexual abuse. Only 27.3% had good performance regarding the practices. This indicates that practices for prevention of child sexual abuse in the study area are unsatisfactory. Only 34 (39.5%) of the respondents aged 51 and above had good practices towards preventing child sexual abuse. Respondents with college level of education had more good practices towards preventing child sexual abuse than those with lower education levels. Respondents who were cattle herders had relatively good practices toward preventing sexual abuse compared to other occupation. Only about a quarter (27.3%) of the respondents who stayed at the community for four or more years had good performance regarding practices for prevention of child sexual abuse (Table 5). Age group ( $p < 0.01$ ), profession ( $p = 0.02$ ) and type of family ( $p = 0.01$ ) were significantly associated with level of practices in preventing child sexual abuse. On the other hand, education level and period of stay of the respondent was not statistically significantly associated with the level of practices for preventing child sexual abuse.

**Table 5: Child sexual abuse prevention practices by respondents' characteristics**

Characteristic	Variable	Practice			P-value*
		Good	Poor	Total	
Age group (years)	<30	17(26.2)	48(73.8)	65(100)	0.01
	30-50	54(23.2)	179(76.8)	233(100)	
	51+	34(39.5)	52(60.5)	86(100)	
Education level	None	25(27.5)	66(72.5)	91(100)	0.52
	Primary	76(28.4)	192(71.6)	268(100)	
	Secondary	3(13.6)	19(86.4)	22(100)	
	College	1(33.3)	2(66.7)	3(100)	
Occupation	Crop farming	95(26.2)	268(73.8)	363(100)	0.02
	Mining /business	3(30.0)	7(70.0)	10(100)	
	Livestock farming	5(83.3)	1(16.7)	6(100)	
	Civil service	2(40.0)	3(60.0)	5(100)	
Period of stay (years)	1	0(0.0)	6(100)	6(100)	0.17
	2	2(25.0)	6(75.0)	8(100)	
	3	1(16.7)	5(83.3)	6(100)	
	4+	102(28.0)	262(72.0)	364(100)	
Type of family	Nuclear	69(32.9)	141(67.1)	210(100)	0.01
	Extended	25(18.8)	108(81.2)	133(100)	
	Single	9(23.7)	29(76.3)	38(100)	
	Adopted	2(66.7)	1(33.3)	3(100)	

\*P-value for Fisher's exact test

About two-thirds (63.5%) of the respondents agreed that they would like to share the information on child sexual abuse prevention with their relatives or peers. Similarly, 62.2% of respondents

agreed that children with child sexual abuse should get proper support on prevention and attention from the local leaders. The results indicate that only 8(2.1%) agreed that they have children who have been sexually abused. Interestingly, only 46.1% of the parents admitted to tell children not to let someone touch their genitals; while about half (52.1%) do restrict children from taking rewards/gifts from unknown people. Moreover, about half (55.7%) agreed that they conduct family meetings to address CSA prevention. While only 51% indicated that they would participate in escorting a sexually abused child to get medical or legal services; one third (37.8%) of the respondents were of the opinion that sexually abused children do not get proper support on prevention from local leaders.

## Discussion

This study has shown about the level of knowledge about preventing child sexual abuse in among rural community of Shinyanga district. The study area has higher knowledge on their role for preventing child sexual abuse. This is in agreement with other studies elsewhere (Wurtele *et al.*, 1992; Babatsikos, 2010) which showed higher level of knowledge for preventing child sexual abuse. The high level of knowledge among parents in the rural area was probably a result of a number of strategies including public education on prevention of child sexual abuse.

In this study, there was a non-significant relationship between knowledge levels among parents with their education level, duration of stay, type of family and occupation. However, public education programmes for preventing child sexual abuse important to update them on their role as parents in preventing child sexual abuse. The majority of the parents in demonstrated positive attitude towards preventing child sexual abuse. Studies in China (Chen & Chen, 2005; Chen *et al.*, 2007) have also reported similar findings. The possible reasons for higher positive attitude for preventing child sexual abuse in the study is due to the growing evidence of an association between child sexual abuse and HIV/AIDS (Bensley *et al.*, 2000; WHO, 2002). Child sexual abuse may lead to HIV transmission and others sexually transmitted infections. The high level of positive attitude towards prevention of child sexual abuse in our study might be a result of good knowledge demonstrated by respondents.

The practices are the most important element in the prevention of child sexual abuse in the community. Despite the high level of knowledge and positive attitude, our study has shown low level of protective practices in relation to prevention of child sexual abuse. A possible explanation is that, poor practices among respondents could be due to parent's traditional norms, beliefs, taboos and rituals among the Sukuma tribe (Muganyinzi *et al.*, 201). It is restricted to disclose such incidents among the Sukuma. It is shameful within the household to disclose sexual abuse incidence in the family as this may cause misunderstanding among relatives and /or friends. Unlike in our study, in Botswana and Swaziland, parents acknowledged the prevalence of child sexual abuse and further demonstrated their knowledge of the predisposing factors, perpetrators of the problem, and effects of sexual abuse on children (Mathoma *et al.*, 2006). Behavioural change interventions are needed to bring about changes, so as to improve practices for prevention of child sexual abuse in the community (Herbert *et al.*, 2002).

The results of this study should be interpreted with caution, because the study was only done in Shinyanga district which is one among many districts in Tanzania. Moreover, study respondents might have attempted to portray themselves in a favourable image by providing answers that "unrealistically" indicated high level of knowledge, positive attitude and good practices about prevention of child sexual abuse. Nevertheless, since the study respondents were randomly selected, the findings shed light on parents' knowledge, attitude and practices about prevention of child sexual abuse in the larger population of Shinyanga district.

In conclusion, the results of this study have shown that majority of parents in Shinyanga District of Tanzania were knowledgeable and had positive attitude about their responsibility in prevention of child sexual abuse. However, the level of parents' practice in relation to prevention of child sexual abuse was low. Therefore, in order to bridge the knowledge practice gap identified

in this study, it is recommended that (i) more emphasis on practices towards prevention of child sexual abuse should be included in community education programmes; (ii) parents should be encouraged to educate their children, not to let someone touch their genitals or leave their homes in the late evenings without being escorted by an adult; and (iii) parents should be encouraged to discourage their children from accepting presents/gifts from strange people. It is equally important that emphases on community involvement in fighting against the problem is promoted through appropriate education programmes. Enforcement of the laws that protect children against sexual abuse to successfully curb the problem needs to be equally emphasized. Further studies are needed on approaches for enhancing parental involvement in prevention of child sexual abuse in the Tanzanian communities.

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