

Prevalence of Sexual Violence and Health Related Effects Among Students in Co-Education Public Day Secondary Schools in Kinondoni Municipality, Dar Es Salaam

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Abstract

Objective: *Sexual violence is a completed or attempted sex act against the victim's will or involving a victim who is unable to consent such as abusive sexual contact, forced abortion, forced prostitution, trafficking, non-contact sexual abuse and female genital mutilation. The Purpose of the study was to assess prevalence of sexual violence and health related effects among students in co-education public day secondary schools in kinondoni municipality, Dar es Salaam.*

Methods: *A descriptive cross-sectional study in Kinondoni municipality, Dar es Salaam region. Form four students were systematically selected from 5 randomly selected co-education public day secondary schools which were Makoka, Kigogo, Makurumla, Turiani and Manzese. Self-administered questionnaire with closed ended questions were administered.*

Results: *A total of 430 form 4 students from 5 out of 48 coeducation public day secondary schools with mean age 17.5 ± 1.0 years, range of 15-22 years participated in this study. About 216 (50.2%) experienced at least one form of sexual violence. Chi square test showed higher proportion of students (61.5) who were victims of sexual violence were aged ≥ 18 years than those (41.9%) aged < 18 years (P value < 0.05). About 39(33.3%) of 117 female victims were impregnated. Higher proportion (45.6%) of 215 students experienced Low self-esteem by higher proportion (59.3%) of female than male students (28.9%) (p value < 0.001).*

Study limitations: *Concealment of information due to sensitivity of questions asked during interviews.*

Conclusion: *This study has shown that sexual violence and health related effects were reported more by female than male students.*

Introduction

Sexual violence occurs when someone is forced or manipulated into unwanted sexual activity without consent. Sexual violence takes forms such as Rape, sex in return for favour, sexual abuse of mentally or mentally disabled, denial of use of contraception, forced abortion, forced prostitution, trafficking and female genital mutilation(1). It is committed by an intimate or non-intimate perpetrator such as a spouse, family member, friend, person in position of power or trust, acquaintance, or stranger. Although there is some overlap between intimate partner violence and sexual violence, the latter is committed by a wider range of perpetrators (1). The WHO estimates that 150 million (13.0%) girls and 73 million (7.0%) boys under 18 have experienced forced sexual intercourse or other forms of sexual violence involving physical contact, though this is certainly an underestimate(22). Another study done in America shows that, Girls were more likely than boys to be sexually harassed, by a significant margin (56 percent versus 40 percent). Girls were more likely than boys to be sexually harassed both in person (52 percent versus 35 percent) and via text, e-mail, Face book, or other electronic means (36 percent versus 24 percent) (6). A collection of studies by(2) in Junior and senior secondary schools of Israel, Jordan, Malaysia, Slovakia and Columbia shows 24% to 45% of girls reported to have experienced rape in school settings. (3) analysed a world report on violence and health of 2002 and came with the results of 5 countries that showed distribution of sexual violence against girls by schoolmates and male teachers in secondary schools; Botswana (20%), Cameroon (8%), South Africa (37.7%), Ecuador (22%) and Brazil (8%).UNICEF has outlined health related effects that result from sexual violence to girls. Such effects are immediate physical injuries (31.7%), psychological harm (29.3%) and long-term debilitating physical conditions. A publication by (7)

states that victims of sexual violence often face insurmountable barriers if they seek care as a result of bad health outcomes such as low self-esteem, contract sexual transmitted infections and some girls get pregnant. Finally, more than one-quarter said that at least one incident occurred in a field, bush, river or roadway. This survey also shows females who had experienced sexual violence prior to age 18 indicated that at least one of their experiences of sexual violence took place at someone's home. Almost 1 in 4 reported an incident occurred while travelling to or from school and 15% reported that at least one incident occurred at school or on school grounds. Approximately one-quarter said that at least one incident occurred in a field, bush, river or roadway and almost 1 in 10 mentioned a public building such as a business or bar. This study intends to cover the knowledge gap on prevalence of sexual violence to both sexes and health related effects.

Study objectives

Broad objective

To determine prevalence of sexual violence and health related effects among students in co-education public day secondary schools in kinondoni municipality, Dar es Salaam.

Specific objectives

To determine prevalence of sexual violence among students in co-education public day secondary schools.

To determine health related effects of sexual violence among students in co-education public day secondary schools.

Methodology

Study design

Descriptive cross-sectional study employed quantitative method for data collection. This was the design to get the picture of the magnitude of the problem.

Study area

The study was conducted at Kinondoni municipality, Dar es Salaam region. Kinondoni is situated on the eastern part of Tanzania and is one of the three municipalities which make Dar-es-salaam city, others are Ilala and Temeke. It borders with Bagamoyo district in the north, Kibaha and Kisarawe district in the west, Ilala district in the south and Indian Ocean in the east. It has an area covering 531 square kilometers. Kinondoni municipality had a total of 48 co-education public day secondary schools during the study.

Study population

Form four secondary school students of Co- education public day secondary schools. This population was chosen because having about four years of experience at school provided wide range of views. This was a mature group that had experience on peer groups and pressure and easily responded to questions without power influence. This group mounted a peak age for adolescence such that it sought for identification which was explained by talking, walking and wearing styles, use of abusive language and sense of being independent. These characteristics could expose them into either being the victims or the perpetrators of sexual violence. It was also expected that their views would answer the stated objectives.

Sample size was 430 form four students obtained as follows

Sample size estimation was determined by the factors such as Study variable (s), Study objective (s), Study design and type of sampling. The following formula arrived at the sample size estimation.

$$n = \frac{z^2 p(100-p)}{\epsilon^2} \text{ assumption: large population}$$

Where

z = standard normal deviate= 1.96 for 95% confidence level

p = expected proportion with characteristics of interest (*which is determined from previous studies or when unknown 50% is used*) 50% used here)

ϵ = margin error (precision)

Hence important: $\epsilon < p/2$

$p = 50\%$

$p/2 = 50/2 = 25$

Therefore, ϵ is hereby taken as 5%

$n = z^2 \times p(100-p)$
 ϵ^2

$n = \frac{1.96^2 \times 50(100-50)}{5^2} = 384$

It was not always that all the selected study subjects would respond, therefore there was a need to adjust the sample size for such envisaged non-response.

Accomplished by multiplying n by a factor derived from $1/R$ where R is response rate.

By an assumption of 90% RESPONSE RATE, therefore adjustment factor would be $1/0.9 = 1.1$

Adjusted sample size = 384×1.1

= 422

Sample size after adjusting for non-response = 422

My sample size was 430 for the purpose of equal ratio of 1:1 between boys and girls in the selected schools.

Data collection instruments

Data were collected using self-administered questionnaire. A trained research assistant and the Principal Investigator collected data using questionnaire with closed ended questions. With assistance from school administration data collection was done during agreed break time where the selected students were separated into two groups according to their gender and seated in two different class rooms. A female Research assistant handled the questionnaire filling to the female respondents while the Principal investigator did to the male respondents. Questionnaire were self-administered to selected form four students.

Data management and analysis plan

Data were cleaned before being entered into computer software SPSS version 15. Frequencies and cross-tabulation were run to obtain the proportions and to summarize prevalence of forms of sexual violence, health related effects, help seeking behaviour, attitude and perceived characteristics of perpetrators and victims of sexual violence.

Chi square test was used to compare proportions of categorical data (Gender V/S Prevalence of a form of sexual violence)

The value of $P < 0.05$ at 95% CI was considered statistically significant.

Ethical consideration

Before commencing data collection, ethical clearance was sought and obtained from research and publication committee of Muhimbili University of Health and Allied Sciences (MUHAS). Permission to collect data was solicited from Kinondoni Municipal authority and school administrations.

Informed consent was sought and obtained from school administrations on behalf of the students. However, students whose ages were 18 years and above were provided with consent forms to fill.

Specifically, participants were informed about the objectives of the study and that their Participation would be voluntary. It was clarified that the information obtained would be for research purposes and would therefore be strictly anonymous and dealt with confidentiality. No names of study participants were recorded in the questionnaire to ensure confidentiality and data were entered into the computer for analysis using code numbers assigned to each questionnaire

Results

Social demographic characteristics

This study involved a total of 430 form four students from five co-education public day secondary schools in Kinondoni Municipality. The sample was comprised of 215 female students and 215 male students. Among the 430 students interviewed whose mean age was 17.5 ± 1.0 years, majority 248 (57.7) were aged below the age of 18 years. The social demographic characteristics of these students are summarized in table 1

Table 1. Social demographic characteristics of the study sample

Variable	Years
Age range	15-22
Mean age \pm SD	17.5 ± 1.0
Male: Mean age \pm SD	17.7 ± 1.01
Female: Mean age \pm SD	17.21 ± 0.91
Age group (years)	N (%)
<18	248 (57.7)
18+	182 (42.3)
Gender	
Male	215 (50)
Female	215 (50)

Prevalence of sexual violence

Among 430 students, 216 (50.2%) experienced at least one form of sexual violence. Of all students interviewed, 104 (24.2%) who experienced at least one form of sexual violence were under the age of 18 years. Among 427 respondents, 146 (34.2%) reported to have experienced unwanted sexual contacts from the opposite sex at school environment. This is the highly experienced form of sexual violence that 128 (30.1%) out of 425 also reported to have experienced same form of sexual violence on the way between home and school. At home environment 140 (32.9%) out of 426 respondents reported to have experienced unwanted sexual contacts. Among 428 respondents, 64 (15%) reported to have experienced forced marriage or cohabitation at school environment which is the least prevalent form of sexual violence. Forms of sexual violence like Unwanted sexual advances and forced to do sex were equally experienced at home environment by 100 (23.3%) students. This is summarized in table 2 below.

Table 2. Forms of sexual violence and place it occurred

Prevalence	N (%)	Total
At least a form of SV	216 (50.2)	430
Form of sexual violence		
School environment		
Forced to do sex	100 (23.3)	430
Unwanted sexual advances	102 (23.7)	430
Forced marriage or cohabitation	64 (15)	428
Denial of right to condom	70 (16.4)	427
Unwanted sexual contact	146 (34.2)	427

On the way		
Forced to do sex	87 (20.7)	429
Unwanted sexual advances	84 (19.6)	429
Unwanted sexual contact	128 (30.1)	425
Home environment		
Forced to do sex	100 (23.3)	429
Unwanted sexual advances	100 (23.3)	429
Forced marriage or cohabitation	84 (19.6)	429
Denial of right to condom	85 (19.8)	426
Unwanted sexual contacts	140 (32.9)	426

Footnote: Some of totals of respondents do not add up to 430 because of nonresponse of some students to some questions in the questionnaire.

Prevalence of sexual violence, female students only

This describes forms of sexual violence that were perpetrated to female students where by 67 (31.2%) of 215 students experienced obligatory inspection of virginity at home. This was the most prevalent form of sexual violence perpetrated to girls. Also 48 (22.3%) out of 215 students experienced forced prostitution or human trafficking on the way to and or from school. The most prevalent form of sexual violence at school environment was Obligatory inspection for virginity by 59 (27.4%) students as summarized in table 3.

Table 3. Forms of sexual violence and places it occurred, female students only
n=215

School environment	N (%)
Forced Abortion	39 (18.1)
Persuaded for Female genital mutilation	45 (20.9)
Obligatory inspection for virginity	59 (27.4)
Forced prostitution or human trafficking	45 (20.9)
On the way	
Forced prostitution or human trafficking	48 (22.3)
Home environment	
Forced Abortion	47 (21.9)
Persuaded for FGM	54 (25.1)
Obligatory inspection for virginity	67 (31.2)
Forced prostitution	55 (25.6)

Differences in prevalence of sexual violence among students whose age lies in category below 18 years and those whose age is 18 years and above

High proportion of students whose age was 18 years and above reported to have experienced sexual violence as compared to those under the age of 18 years. Such difference is strongly supported by P value <0.01. The highest proportion of students 81 (45.3%) out of 179 aged 18 years and above experienced unwanted sexual contact at school environment as compared to 65(26.4%) out of 248 (P value <0.001). Table 4 below summarizes the differences.

Table 4. Differences in prevalence of sexual violence among students whose age lies in category below 18 years and those whose age is 18 years and above

Form of sexual violence	Age Category (Years)		
	<18**	18+***	*p- value
School environment	N (%)	N (%)	
Forced to do sex	44 (17.7)	56 (30.8)	0.002
Unwanted sexual advances	33 (13.3)	69 (37.9)	<0.001
Forced marriage or cohabitation	21 (8.5)	43 (23.9)	<0.001
Denial of right to condom	21 (8.5)	49 (27.2)	<0.001
Unwanted sexual contact	65 (26.2)	81 (45.3)	<0.001
On the way			
Forced to do sex	36 (14.5)	51 (28.2)	<0.001
Unwanted sexual advances	27 (10.9)	57 (31.5)	<0.001
Unwanted sexual contact	57 (23.1)	71 (39.9)	<0.001
Home environment			
Forced to do sex	33 (13.3)	67 (37)	<0.001
Unwanted sexual advances	38 (15.3)	62 (34.3)	<0.001
Forced marriage or cohabitation	25 (10.1)	59 (32.6)	<0.001
Denial of right to condom	32 (12.9)	53 (29.3)	<0.001
Unwanted sexual contacts	67 (27.1)	73 (40.8)	<0.001

*Chi-square test

Footnote

**Some of the totals of numbers of respondents do not add up to 248 due to non-response of some questions.

*** Some of the totals of numbers of respondents do not add up to 182 due to non-response of some questions.

Differences in prevalence of sexual violence among sex

Majority 124 (57.7%) of 215 female students reported to have experienced at least one from of sexual violence which is different from 92 (42.8%) of 215 male students who reported at least an incident of sexual violence (P value = 0.002). Generally higher proportion of female students reported to have experienced sexual violence than male students (P value < 0.05). “Unwanted sexual contact” was the most prevalent form of sexual violence experienced at home by 89 (41.4%) female students out of 215 female students as compared to 51 (24.2%) male students. Table 5 below summarizes such differences.

Table 5. Differences in prevalence of sexual violence by sex

Form of sexual violence	Gender		
	Male**	Female**	
School environment	N (%)	N (%)	*p-value
At least a form of SV	92 (42.8)	124 (57.7)	0.002
Forced to do sex	30 (14.0)	70 (32.6)	0.002
Unwanted sexual advances	41 (19.1)	61 (28.4)	0.023
Forced marriage or cohabitation	20 (9.3)	44 (20.6)	0.001
Denial of right to condom	23 (10.8)	47 (22.0)	0.002
Unwanted sexual contact	60 (28.3)	86 (40.0)	0.011
On the way			
Forced to do sex	24 (11.2)	63 (29.3)	<0.001
Unwanted sexual advances	30 (14.0)	54 (25.1)	0.004
Unwanted sexual contact	51 (24.3)	77 (35.8)	0.01
Home environment			
Forced to do sex	39 (18.2)	61 (28.4)	0.013
Unwanted sexual advances	41 (19.2)	59 (27.4)	0.042
Forced marriage or cohabitation	29 (13.6)	55 (25.6)	0.02
Denial of right to condom	25 (11.7)	60 (27.9)	<0.001
Unwanted sexual contacts	51 (24.2)	89 (41.4)	<0.001

*Chi-square test

Footnote

**Some of the totals of numbers of respondents do not add up to 215 due to non-response of some questions.

Health related effects

Many students 98 (45.6%) experienced low self-esteem as health-related effect resulting from sexual violence. Among 117 female students who were victims of sexual violence, 39 (33.3%) got pregnant. The least health related effect was Sexually Transmitted Infection which was contracted by 51 (23.6%) students out of 216 students who were victims of sexual violence. Table 6 below summarizes all health-related effects.

Table 6. Health related effects

Reported health related effects	N (%)	Total
Ever pregnant (Female)	39 (33.3)	117
Ever contracted STI	51 (23.6)	216
Ever experienced physical trauma	71 (32.9)	216
Ever experienced psychological trauma	88 (40.7)	216
Ever experienced low self esteem	98 (45.6)	215

Differences in health-related effects among students whose age lies in category below 18 years and those whose age is 18 years and above

Majority 22(52.4%) of female students who got pregnant were aged 18 years and above as compared to 17 (22.7%) female students who were under the age of 18 years. This difference is statistically significant (P value < 0.01). “Low self-esteem” was the health-related effect mostly reported by 52 (51.0%) students whose age was 18 years and above compared to 46 (40.7%) students whose age was below 18 years. The following proportion in trend is psychological trauma reported by 48 (47.1%) students aged 18 years and above as compared to 40 (35.1%) students who were under the age of 18 years. However, such difference between the age categories is not statistically significant (P value > 0.05). Physical trauma and STI were the health effects differently in proportion by the two age categories where by those aged 18 years and above reported to have suffered more than those under the age of 18 years (P value < 0.01). Table 7 below shows such differences.

Table 7. Differences in health-related effects among students whose age lies in category below 18 years and those whose age is 18 years and above

Health related effects	Age Category (Years)				
	<18		18+		*p-value
	Total	N (%)	Total	N (%)	
Ever pregnant (female students)	75	17 (22.7)	42	22 (52.4)	<0.01
Ever contracted STI	114	12 (10.5)	102	39 (38.2)	<0.01
Ever experienced physical trauma	114	27 (23.7)	102	44 (43.1)	<0.01
Ever experienced psychological trauma	114	40 (35.1)	102	48 (47.1)	0.07
Ever experienced low self esteem	113	46 (40.7)	102	52 (51.0)	0.13

*Chi-square test

Differences in health-related effects among Male students and female students

Majority 70 (59.3%) of students who reported to have experienced “Low self-esteem” were female as compared to 28 (28.9%) male students who experienced same health related effect. This difference is statistically significant (P value < 0.001). This health-related effect was followed by “Psychological trauma” reported by 60 (50.8%) female students as compared to 28 (28.6%) male students who reported same health related effect (p value < 0.01). Generally, relatively higher proportion of female students than male students reported to have experienced health related effects (P value < 0.05).

Discussion

Prevalence of sexual violence

The WHO estimates that 150 million (13.0%) girls and 73 million (7.0%) boys under 18 have experienced forced sexual intercourse or other forms of sexual violence involving physical contact, though this is certainly an underestimate(22). This prevalence is lower than what was found in the current study. The current study showed prevalence of sexual violence of 216 (50.2%) among 430 students. This study found higher prevalence of sexual violence. The difference could be due to age limit for the WHO which was under 18 years where as the current study included any age recruited in the study sample regardless of the age. The former study included even the boarding students whereas this study recruited explicitly the non-boarding students who are mostly predisposed to sexual violence. However, such global estimate was done about 10 years ago such that awareness of sexual violence could not be compared enough to what is known today. Another study conducted in Kenya by (6) found about a quarter of 10,000 secondary school girls experienced forced sex at their school environment. The current study found that about a third of 215 female students were forced to do sex

at school. This higher proportion could be due to the fact that, the current study was conducted among students of the same class level and who had already experienced school environment for more than three years such that they might have encountered many sexual violence incidents as compared to study done in Kenya that included any secondary school girl regardless the level of class. However the current study found relatively lower prevalence than that which was found by (5) in Uganda which showed 65% of 203 girls said that sexual violence was the main form of gender violence for girls in secondary schools. The higher prevalence in Uganda could be explained by the fact that Uganda experienced high HIV prevalence estimated to be over 14% in late 1990s and there were a lot of campaigns to reduce such prevalence to about 6% in 2004. Sexual violence was highly addressed and probably that could have influenced awareness of forms of sexual violence and made students reveal the situation.

This study went further and explored prevalence of forms of sexual violence which were forced to do sex, unwanted sexual advances, forced marriage or cohabitation, denial of right to use condom and unwanted sexual contact for both male and female students, and at school environment, on the way to and from school and at home environment. The study found that Majority 124 (57.7%) of 215 form four female students reported to have experienced at least one form of sexual violence which is different from 92 (42.8%) of 215 form four male students who reported at least an incident of sexual violence (P value = 0.002). The ages of students were between 15 and 22 years. This is higher prevalence compared to another study which was conducted by (25) in Temeke municipality which showed that among the 1359 form 1 and 2 students aged between 13 years and 25 years, 26% of girls and 30% of boys (p=0.06) reported to have experienced at least one form of sexual violence incident. The current study showed higher prevalence because it recruited form four students who were at adolescent peak age and had more than three years of school environment experience where as Kisanga's study recruited form 1 and form 2 whose experience at school environment was still low. Furthermore, this study showed that at least 1 in 9 male students experienced a form of sexual violence at school, on the way to and from school and at home environment respectively. This prevalence is relatively lower than that in the study done by (8) in Tanzania which showed nearly one-half of male students who experienced sexual violence prior to age 18 identified a home as the place where at least one incident of sexual violence took place. More than 1 in 8 males reported that at least one incident occurred at school or on school grounds and almost 1 in 6 reported that the incident occurred while going to or from school. Such difference could be due to the fact that about half (42.3%) of 430 students recruited in the current study were 18 years and above such that they might already be involved in sexual relationships hence influencing concealment of information about incidents of sexual violence perpetrated to them. Same study done by (8) showed same prevalence as the current study that about quarter of female students reported an incident incident of sexual violence that occurred while travelling to or from school and 15% reported that at least one incident occurred at school or on school grounds.

Generally, this study found that higher proportion of students aged 18 years and above than those under age of 18 years reported to have experienced at least one form of sexual violence (P value < 0.05).

Health related effects.

UNICEF has outlined health related effects that result from sexual violence to girls. Such effects are immediate physical injuries (31.7%), psychological harm (29.3%) and long-term debilitating physical conditions. The findings in this study showed that same health related effects were physical trauma 71 (32.9%) psychological trauma 88 (40.7%). Physical traumas were reported relatively the same in both studies but higher proportion of students reported to psychological trauma in the current study. The difference was due to the fact that the current study included both genders whereas the former assessed the health-related effects only in girls. The relative sameness of physical trauma of this study (32.9%) as the former study (31.7%) could be explained by the fact that likelihood of physical injuries due to sexual violence is the same regardless of age, sex and time.

A publication by (7) stated that victims of sexual violence often faced insurmountable barriers if they sought care as a result of bad health outcomes such as low self-esteem, contract sexual

transmitted infections and some girls got pregnant. However, the current study established magnitude of such health-related effects and students reported such effects as Low self-esteem 98 (45.6%), and sexually transmitted infections 51 (23.6%). Female who got pregnant as a result of sexual violence were 39 (33.3%). Determining the pattern of health related effects is difficult due to the fragmented data available on its prevalence, and this is compounded by underreporting by victims(26).

This study further showed that majority 22 (52.4%) of females who got pregnant as a result of sexual violence were at the age of 18 years and above compared to 17 (22.7) female students who were under 18 years of age (p value < 0.01). Such difference is also statistically significant in health-related effects such as STIs and physical trauma where higher proportion is seen in the age category of 18 years and above (p value < 0.01)

Higher proportion of female than male students experienced health related effects such as Low self-esteem (female: male = 59.3%: 28.9%), psychological trauma (female: male =50.8%: 28.6%), physical trauma (female: male= 44.9%: 18.4%) and sexually transmitted infections (female: male = 29.7%: 16.3%) (p value < 0.05)

Study limitations

One of the possible limitations was the concealment of information due to sensitivity of questions asked and the results would be an under estimate of the problem of sexual violence and health related effects. This was because information provided was based on high assurance of confidentiality and the results might also have been influenced by the personal understanding of the definition of sexual violence.

Another possible limitation was the recall bias and improper linkage of causal effect relationship between sexual violence and health related effects. It could be a challenge for a student to exactly remember the contexts and settings of incident(s) of sexual violence and distinguish whether health related effect(s) resulted from such incident(s) of sexual violence or any other factors.

Conclusion and recommendation

Conclusion

This study showed that sexual violence was a big problem in co-education public day secondary schools. It was more reported in female than male students. More than one fifth of victims of sexual violence had experienced at least a health-related effect. Low self-esteem was the mostly reported health related effects by both age categories.

Recommendations

From the findings of the study, the following are recommended.

- There is a need for instituting an intervention to control sexual violence in Co-education public secondary schools.
- More studies should be done to determine causal effect relationship of sexual violence and health related effects.

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