Original Article

Community Attitude on INSPIRE Strategies for Mitigating Violence Against Children. A Case of Mbeya City Council

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ABSTRACT

Violence against children (VAC) is a serious issue in Tanzania and globally at large. Factors for its occurrence are known and community participation is highly recommended and needed in VAC prevention. Violence against children can be prevented if the global community acts now, acts wisely and acts together. Implementation and enforcement of laws, norms and values, safe environments, parent and caregiver support, income and economic strengthening, response and support services, and education and life skills (INSPIRE) are vital strategies for this success. This study assessed the community's participation in the implementation of INSPIRE strategies in Mbeya City. A hundred randomly selected community members and 9 key informants were selected based on the stake they had. Community surveys, key informant interviews, focus group discussions and documentary reviews were used in data collection. The Statistical Product for Service Solution (IBM-SPSS) version 20 was used to analyze quantitative data through descriptive and inferential statistics (factor analysis). Content analysis was used to analyze qualitative data. The study reveals that; community members had positive attitudes on INSPIRE strategies with moderate practices. However, interference from the witnesses, rate of reporting and exposing perpetrators were reported as resulting from fear of being blamed for the consequences especially when VAC cases reach at police or the courts of law. The study concluded that the community's positive attitude toward INSPIRE strategies is influenced by a moderate level of awareness. The study recommends that; the community's awareness and capacity building should continue to enhance positive attitudes and improve practices to stop VAC.

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INTRODUCTION

Violence against children is a serious issue. It implies all forms of maltreatment against people under 18 years old, whether perpetrated by parents, caregivers, peers, romantic partners or strangers. It includes; physical, emotional, sexual, negligence, commercial or other exploitation (World Health Organization (WHO), 2020).

Globally, it is estimated that up to one billion children aged two to 17 years have experienced physical, sexual or emotional violence or neglect in 2019 and 54% of children of similar age experienced violence in 2015 (WHO, 2020). It results from; a low level of education, drug abuse, lack of emotional bonding, poor parenting practices, family dysfunction and separation, high population, low social cohesion, inadequate social protection, enforcement of laws and policies that maintain inequalities as well as social norms that normalize violent acts (Hills *et al.,*2016).

In 2016, 50% of children between the ages of two to 17 years experienced one or more forms of violence in Africa. Eighty-seven per cent of younger children aged between two to 14 years experienced significantly higher rates of any form of violence than children between the ages of 15 to 17 years (51%) (UNICEF, 2017).In East Africa, the problem is very high in Kenya, where it is influenced by cultural norms, traditions, stereotypes and de jure discrimination regarding their role in society (UNICEF, 2010). Kenyan VAC Survey Report (2019), indicates that nearly half of females and more than half of males had experienced violence in 2018, whereby physical violence was the most common childhood violence affecting nearly two out of five females and half of males. In Uganda, four in 10 girls and six in 10 boys aged 13-17 experienced violence in 2014, the problem was higher for boys than girls (Ministry of Gender, Labour and Social Development, 2018). According to the Rwanda Ministry of Health (MOH) (2017), over half of all girls and six out of 10 boys experience some form of violence during childhood in Rwanda.

In Tanzania, from January to June 2018, a total of 6,376 incidents of child violence were reported; 1648 more compared to the same period in 2017, whereby 91% of reported violence was sexual violence and 9% was physical and psychological. Most cases of violence against children were reported in different regions, including Mbeya where 177 incidents were reported. In all regions, most of the reported incidents were domestic and associated with lack of proper care and parental guidance, lack of parenthood and child care knowledge amongst parents and guardians, household poverty, witchcraft beliefs, low level of awareness about child rights and family disintegration (LHRC, 2018). According to the Guardian 18th June, 2021, More than 900 children

were subjected to various kinds of violence in Mbeya in 2019/2020. The LHRC (2018) media survey found that; drunkenness, poverty, witchcraft beliefs and parental separation were the major factors contributing to VAC in the Mbeya region. In addition, LHRC (2021) reported 441rape incidents, more than 30 reported cases of child neglect and 33% of girls 'early pregnancies aged 15-19 in Mbeya which exceeds the National average which is 21%.

The concern for children's welfare is globally reflected in the United Nations Convention on the Rights of the Child (UNCRC), which was ratified by 168 nations in 1989 including Tanzania (WHO, 2020), Sustainable development goals of 2015-2030 and seven INSPIRE strategies by WHO and other international organizations to be implemented in 2020-2030. INSPIRE stands for; implementation and enforcement of laws, norms and values, safe environments, parent and caregiver support, income and economic strengthening, response and support services, and education and life skills. These strategies were launched in 2016 with a long history of working collaboratively to prevent and respond to violence against children.

According to Pun *et al.* (2016), variations in traditions, customs and levels of change lead to different perceptions of violence prevention strategies by different societies; some violent acts are acceptable and hence perceived as normal. Similarly, UNICEF (2017) reported that many rural societies do not perceive some violent acts as violence. However, World Vision International (2014) documented that, it is possible to achieve sustainable changes in attitudes and behaviour by ensuring community-based prevention and protection of children so as to increase awareness and enhance practices. Local-level changes in knowledge and awareness are initial factors of change. Some studies reveal that community members have a positive attitude toward child violence prevention strategies (Mlekwa *et al.,* 2016; Makona, 2018: Sahebihagh *et al*., 2016:2017),

which is influenced by the provision of education through which people's awareness is increased (The Evaluation Fund, 2017).

INSPIRE strategies call for joint efforts of different stakeholders in VAC prevention (WHO, 2018). Tanzania has highly encouraged community participation in preventing and responding to VAC. It formulated a child development policy in 1996 which was reviewed in 2008 and enacted the Law of the Child Act No. 21 in 2009, they all insist on the involvement of different stakeholders in preventing and responding to VAC by protecting children from all forms of abuse and maltreatment. It also developed the comprehensive National Plan of Action to End Violence Against Women and Children (NPA-VAWC 2017/18-2021/22) through which children protection committees were established in different districts including Mbeya city. Therefore, this study was conducted in Mbeya City to examine the community's attitude toward INSPIRE strategies for reducing violence against children in Mbeya City.

METHODOLOGY

Study Area

The study was conducted in Mbeya city, Mbeya region in which Iyunga and Kalobe wards were randomly selected. The area was selected because it experienced 441 incidents of child rape, more than 30 reported cases of child neglect and 33% of child pregnancy to girls aged 15 to 19 in 2020. The rates exceeded the national average which was 21% in 2021 (LHRC,2021). In addition, Mbeya city is among the councils in Tanzania where children's protection committees were established so as to enhance community participation in children's protection. Mbeya city had a total population of 385,279 persons, of which 202,659 were females and 182,620 were males from whom, 44.1% equals to 169,908 were children and 55.9% equals to 215,371 were adults aged above 18 years (URT,2012).

Research Design and Approach

The study employed a cross-sectional research design to obtain data from both community members and key informants. This design with mixed methods was chosen because it allowed the collection of data from different groups at one point at a time, gave room to make comparisons and determined the relationship between variables in time, being cost-efficient, with a greater degree of accuracy and precision as well as enabled to obtain quick results.

Sampling Procedures and Sample Size

The study employed both probability and non-probability sampling procedures. In probability sampling, a multistage sampling technique was employed to select Mbeya city among the districts in the Mbeya region. In 1st stage, the Mbeya region was selected as one of the regions in Tanzania with a high rate of child violence incidents. In the 2nd stage, the Mbeya city council was selected as among the districts in the Mbeya region which experience child violence incidences, where the total adult population was identified from which the sample was drawn. In the 3rd stage, Iyunga and Kalobe wards were selected as representatives. On the other hand, 9 key informants, including; 2 WEOs, 2 CDOs, 2 SWOs, 2 NGOs staff and 1 police officer in the police gender and children desk were purposively included in the study as they were well vested with VAC issues. In total, 100 respondents were obtained using the Yamane (1967) formula for known population.

$$n = \frac{N}{1 + N(e)^2}$$

Where n= is the sample size, N= is the total adult population of Mbeya city which was 215,371and e= 10% (0.1) allowable error at 90% confidence level.

Data Collection Methods and Tools

Household survey, Key Informant Interview (KII) and focus group discussion were employed to obtain data from primary sources and documentary review. Whereby questionnaire was used for household surveys, interview guides, key informant interviews and a checklist for focus group discussion.

Data Analysis

Descriptive statistics through computation of frequencies and percentages was used to analyse demographic characteristics of the respondents including; age, sex, education level, marital status and occupation. Similarly, descriptive statistics were used to examine the community's attitude toward the INSPIRE strategies. Further, Inferential statistics (Factor Analysis) was used to analyse the community's attitude. It included; KMO (Kaiser Meyer Olkin) and Bartletts Test of Sphericity, Total variance explained and measurement of attitude. In addition, Content Analysis was used for qualitative data.

RESULTS

Demographic characteristics of respondents

The findings in Table 1 indicate that out of 100 surveyed respondents, more than half (53.0%) were males, of which more than three-quarters (79.0%) were aged below 50 years, with very few (3.0%) aged above 70 years. The study findings in Table 1 also reveal that the majority of the respondents (41.0%) had primary education, with very few (6.0%) having non-formal education. This implies that more than half of the respondents (53.0%) had at least secondary education.

However, the findings in Table 1 indicate that the majority of the respondents (47.0%) were married, with very few (6.0%) separated. The findings further indicate that more than one-third (37.0%) of the respondents were entrepreneurs, with very few (3.0%) engaged in other occupations, including tailoring and driving.

Table 1: Demographic Characteristics of Respondents (n=100)

Variable/ Categories	Frequency	Percent (%)
Sex		
Male	53	53.0
Female	47	47.0
Age (in Years)		
20-29	25	25.0
30-39	28	28.0
40-49	26	26.0
50-59	10	10.0
60-69	8	8.0
70+	3	3.0
Education Level		
Non-formal education	6	6.0
Primary education	41	41.0
Secondary education	28	28.0
Tertiary education	25	25.0
Marital Status		
Single	39	39.0
Married	47	47.0
Separated	3	3.0
Widow/widower	11	11.0
Occupation		
Peasants	28	28.0
Civil servants	15	15.0
Businessmen/women	10	10.0
Entrepreneurs	37	37.0
Livestock keepers	7	7.0
Other (tailor, driver)	3	3.0

Community's Attitude on INSPIRE Strategies for Reducing Violence Against Children

The study findings in Table 2 indicate that the majority of the respondents agreed with all statements by more than (50%), with very few disagreeing by less than 10%.

Table 2: Community's Attitude on INSPIRE Strategies for Reducing Violence Against Children

S/N	Statements	SA	A	N	D	SD
	Acceptance					
1	Implementation and enforcement of laws	39(39.0%)	51(51.0%)	6(6.0%)	2(2.0%)	2(2.0%)
2	Abolishment of unfavourable norms and values	40 (40.0%)	51(51.0%)	7(7.0%)	2(2.0%)	0(0.0%)
3	Creation of a safe environment	41(41.0%)	53(53.0%)	6(6.0%)	0(0.0%)	0(0.0%)
4	Support of parents' and caregivers'	49 (49.0%)	46(46.0%)	5(5.0%)	0(0.0%)	0(0.0%)
5	Income and economic strengthening	28(28.0%)	45(45.0%)	21(21.0%)	3(3.0%)	3(3.0%)

S/N	Statements	SA	A	N	D	SD
6	Response and support services	26 (26.0%)	56(56.0%)	11(11.0%)	2(2.0%)	5(5.0%)
7	Provision of education and life skills	38(38.0%)	55(55.0%)	5(5.0%)	2(2.0%)	0(0.0%)
	Beliefs (cognition)					
8	Implementation and enforcement of laws	23(23.0%)	59(59.0%)	15(15.0%)	2(2.0%)	1(1.0%)
9	Abolishment of unfavourable norms and values	22(22.0%)	62(62.0%)	13(13.0%)	1(1.0%)	2(2.0%)
10	Creation of a safe environment	29(29.0%)	59(59.0%)	10(10.0%)	0(0.0%)	1(1.0%)
11	Support of parents' and caregivers'	38(38.0%)	51(51.0%)	10(10.0%)	0(0.0%)	1(1.0%)
12	Income and economic strengthening	23(23.0%)	47(47.0%)	22(22.0%)	6(0.0%)	2(2.0%)
13	Response and support services	24(24.0%)	54(54.0%)	15(15.0%)	1(1.0%)	6(6.0%)
14	Provision of education and life skills	34(34.0%)	51(51.0%)	8(8.0%)	1(1.0%)	6(6.0%)
	Behaviour (apply, implement)					
15	I implement and enforce relevant laws	50(50.0%)	46(46.0%)	2(2.0%)	1(1.0%)	1(1.0%)
16	I abolish unfavourable norms and values	46(46.0%)	44(44.0%)	9(9.0%)	0(0.0%)	1(1.0%)
17	I participate in creating a safe environment	44(44.0%)	51(51.0%)	4(4.0%)	1(1.0%)	0(0.0%)
18	I support children to protect them from violence	44(44.0%)	50(50.0%)	6(6.0%)	0(0.0%)	0(0.0%)
19	I affiliate with economic groups	33(33.0%)	45(45.0%)	19(19.0%)	2(2.0%)	1(1.0%)
20	I sake and advice for response and support	37(37.0%)	53(53.0%)	8(8.0%)	1(1.0%)	1(1.0%)
21	I provide education and life skills	44(44.0%)	49(49.0%)	6(6.0%)	1(1.0%)	0(0.0%)

Note**:** SA: Strongly Agree; A: Agree; N: Neutral; D: Disagree; and SD: Strongly Disagree

In addition, Factor Analysis was used to reduce the number of components and to measure the community's attitude toward INSPIRE strategies. It included Kaiser Meyer Olkin (KMO) and Bartlett's test of Sphericity, total variance explained, scree plot graph and component matrix. The results are presented in Tables 3 to 5 and in Figure 1.

Kaiser-Meyer-Olkin (KMO) and Bartlett's Test of Sphericity

KMO and Bartlett's tests were computed so as to measure the appropriateness of the data set for factor analysis. Sampling adequacy was measured using KMO. The results in Table 3 indicate that the value for the KMO measure was 0.816, which is acceptable. Kaiser (1974) recommended a 0.7-0.8 value as acceptable. Also, Bartlett's Test of Sphericity was computed in order to measure the strength of the relationship among variables. The value obtained was 0.000 which implies that it was significant.

Table 3: KMO and Bartlett's Test of Sphericity

Kaiser-Meyer-Olkin Measure of Sampling Adequacy	0.816
Approx. Chi-Square	1054.186
Bartlett's Test of Sphericity df.	210
Sig.	0.000

Total Variance Explained

The total variance explained was computed for 21 components, using the Principal Component Analysis (PCA) method so as to determine the number of components to retain or extract as representatives of other components. Initial Eigenvalues and cumulative percentages were considered for analysis and interpretation purposes. The requirement for identifying the number of components to retain is the presence of Eigenvalues which are greater than 1. The findings in Table 4.5 indicate that six components had Eigenvalues greater than one (1) which are; (7.290, 2.075, 1.790, 1.251, 1.209, 1.111) respectively. Thus, the stated set of 21 components is represented by six (6) components. Further, the extracted sum of squared loadings % of variance depicts that the six components account for 34.713; 9.882; 8.525; 5.956; 5.756 and 5.288 with a total cumulative of 70.121%. Therefore, six (6) components as indicated in Table 4 are effective enough to represent all the components.

Table 4: Total Variance Explained

Initial Eigenvalues Component with Eigenvalue > 1	Total	% of Variance	Cumulative %
Component 1	7.290	34.713	34.713
Component 2	2.075	9.882	44.595
Component 3	1.790	8.525	53.120
Component 4	1.251	5.956	59.077
Component 5	1.209	5.756	64.833
Component 6	1.111	5.288	70.121

Extraction Method: Principal Component Analysis

Furthermore, a Scree plot graph of the Eigenvalues against all components was used to determine factors to retain. The point of interest was where the curve started to flatten. In Figure 1, the curve begins to flatten between components 6 and 7. From component 7 onwards, the Eigenvalue is less than 1. According to Pallant (2016), factors with Eigenvalues greater than 1 should be retained.

Therefore, only six (6) components were retained, including; acceptance of parents' and caregivers' support, creation of a safe environment, acceptance of provision of education and life skills, acceptance of abolishment of unfavourable norms and values, abolishment of unfavourable norms and values and response and support services are important to a child victim of violence.

Fig. 1: Scree Plot Graph Showing Components to Retain
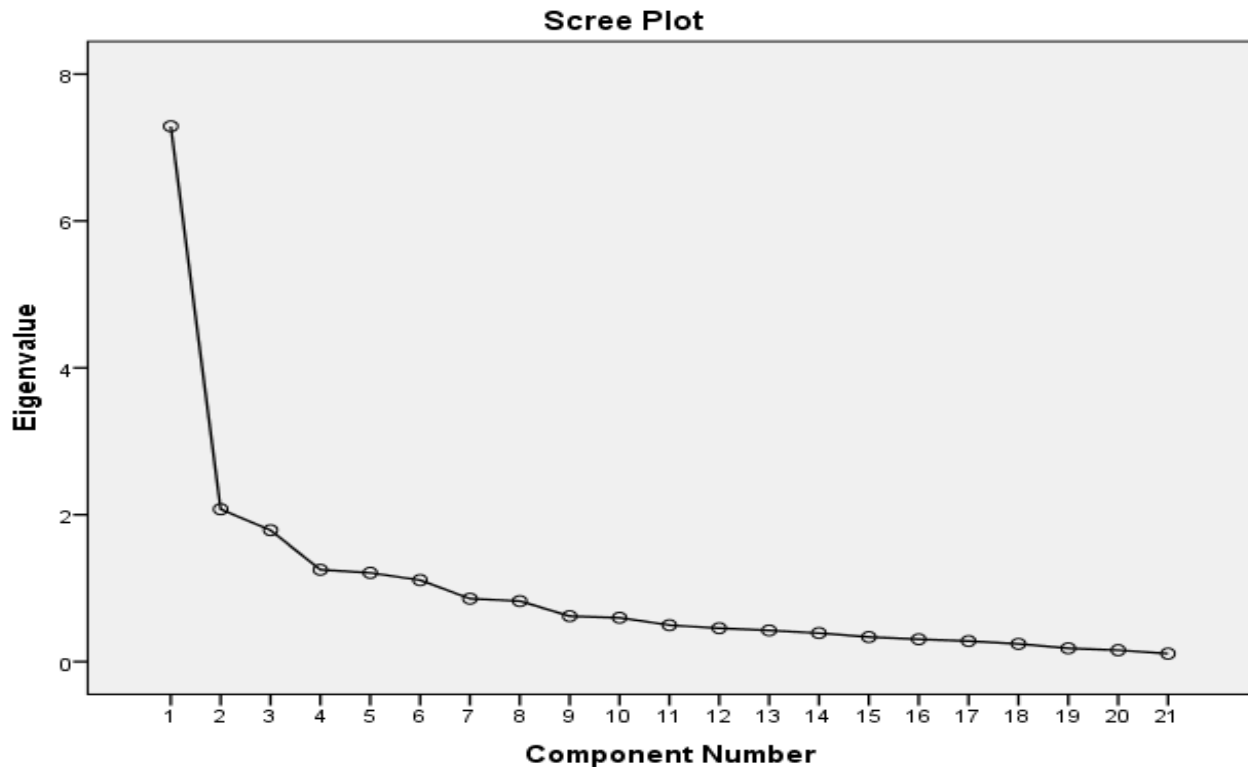
Component Matrix to Measure Community's Attitude to INSPIRE Strategies

The community's attitude toward INSPIRE strategies was measured using different statements which were within the respondents' control. The results indicate that the respondents agreed with all statements except items C10 and C15 which were different from the researcher's assumptions. According to statement C10, the researcher hypothesized that respondents would disagree with the statement that I participate in creating a safe environment because of fear of being blamed and shame as most of the child violence incidents are perpetuated by family members, neighbours and close relatives. However, the respondents agreed that they participate in creating a safe environment by identifying risk areas where; along rivers, railways and in bushes and very few mentioned home places, along railways and in old and unfinished buildings.

Also, statement C15-which is, I practice favourable norms and values for reducing VAC, the researcher's assumptions were that, the respondents would disagree with the statement because of the presence of some traditions and customs which normalize some violent acts such as beating and not talking to children openly as well as household sleeping patterns, but the respondents agreed that they participate in practising favourable norms and values including; separating children and guests' rooms as a sleeping pattern and talking openly to children. The results in Table 5 reveal that; the respondents' agreements with all components are indications of a positive attitude towards INSPIRE strategies for reducing violence against children.

Table 5: Component Matrix to Measure Community's Attitude on INSPIRE Strategies

Items/ Components	Researcher's hypothesis	Outcome	Factor loading
C1-Parents' and caregivers' support is important in reducing VAC	Agree	Agree	0.811
C2-The creation of a safe environment is important in reducing VAC	Agree	Agree	0.758
C3-I accept provision of education and life-skills	Agree	Agree	0.746
C4-I accept the abolishment of unfavourable norms and values	Agree	Agree	0.714
C5-Abolishment of unfavourable norms and values is important	Agree	Agree	0.706
C6-Response and support services are important to a victim child	Agree	Agree	0.679
C7- Implementation and enforcement of relevant laws is important	Agree	Agree	0.670
C8-I accept parents' and caregivers' support in protecting children	Agree	Agree	0.668
C9-Education and life skills are important in reducing VAC	Agree	Agree	0.667
C10-I participate in creating a safe environment to reduce VAC	Disagree	Agree*	0.626
C11-I accept income and economic strengthening for child support	Agree	Agree	0.558
C12-Income and economic strengthening is important	Agree	Agree	0.551
C13-I accept urgent response and support to a victim child	Agree	Agree	0.531
C14-I support children to protect them from violence	Agree	Agree	0.523
C15- I practice favourable norms and values for reducing VAC	Disagree	Agree*	0.500
C16-I participate in implementing laws relevant to reducing VAC	Agree	Agree	0.478
C17-I provide education and life skills to children	Agree	Agree	0.385
C18-I advice and seek response and support services	Agree	Agree	0.469
C19-I accept the creation of a safe environment for child protection	Agree	Agree	0.245
C20-I affiliate with income and economic strengthening institutions	Agree	Agree	0.459
C21-I accept the implementation and enforcement of relevant laws	Agree	Agree	0.101

NOTE: *There is a difference between researcher's expectations and community members' responses*

During the Focus Group Discussion (FGD) the participants quoted that;

'*Nowadays people accept violence prevention and view child violence as undesirable, we participate in identifying risk areas, exposing perpetrators and reporting, although fear to witness is a challenge especially when cases reach at higher levels such as police and court and in cases which a perpetrator is either a family member or a close relative. Witnesses fear to be isolated by their families and clans as a result they lag behind' (FGD at Iyunga ward, March. 2022).*

Another key informant added that;

'*Community members cooperate well in exposing perpetrators of violence against children, although some parents and caregivers hide perpetrators of early pregnancies and defilement to school children…They find their own ways to solve issues may be by compensation or any they may see it is favourable to them' (KII at Kalobe ward, March. 2022).*

DISCUSSION

The current study indicates that; parents' and caregivers' support, creation of a safe environment, acceptance of the provision of education and life skills and acceptance of abolishment of unfavourable norms and values are important to a child victim of violence. This is in line with Sahebihagh *et al.* (2016, 2017) who found that the majority of the respondents in Tabriz-Iran had favourable attitude towards child violence prevention strategies with average performance in dealing with child violence which were influenced by fear, less training on violence prevention and lack of clear guidelines.

However, fear of witnessing has been found as a challenge especially when cases reach higher levels such as police and court and in cases in which a perpetrator is either a family member or a close relative were also reported in the current study. Similar challenges have been reported elsewhere by Sahebihagh *et al.* (2016,2017) in Tabriz-Iran and by Gwanyemba *et al.* (2016) in their study conducted in different districts in Tanzania. This needs efforts to raise community awareness of this practice which impends child rights and perpetuates violence against children.

The study conducted by The Evaluation Fund (2017) in Burkina Faso found that sensitized and coached households had improved parental attitudes with increased relationships with their children though other parents were reported *to cooperate well in exposing perpetrators of violence against children, whereas other parents, relatives and caregivers were hiding the perpetrators of early pregnancies and defilement in the study area.* Similarly, Mlekwa *et al.* (2016) in their study done in Shinyanga municipal found that the majority of the respondents (98.7%) had positive attitude toward child violence prevention strategies. Similar findings have been reported from Rombo district in Kilimanjaro region by Reuben *et al.* (2021) where more than 90% of the respondents had positive

attitude which was influenced by awareness, advice and communication among the community members.

Moreover, the current study findings on the attitude were different from Do *et al.* (2019) who found that the majority of the respondents (57.9%) in Vietnam had unfavourable attitudes toward child violence prevention strategies which were influenced by gender, sex and living location. The reason for the differences may be due to differences in geographical location as studies were conducted in different countries as well as differences in traditions and customs.

CONCLUSION AND RECOMMENDATIONS

Conclusion

Based on the results, the majority of the community members had a positive attitude towards INSPIRE strategies for reducing violence against children, eliminating unfavourable norms and values, presence of parents and caregivers support, strengthening of the community economically responding to violent acts and provision of services to the child victim of violence such as through counselling and provision of essential drugs including PEP and education and life skills on types of violence. However, with cooperation from the witnesses, the rate of reporting and exposing perpetrators is still low due to fear of being blamed, especially, when VAC cases reach at police or the courts of law.

Recommendations

The study recommends that; The Government of Tanzania through the Ministry of Community Development, Gender, Women and Special groups in collaboration with different Non-Governmental Organizations, religious leaders and other stakeholders should continue planning and implementing different projects relevant to enhancing practices as some people still have fear in taking actions relevant for reducing violence against children.

Also, education and life skills as well as income and economic strengthening interventions should be strengthened by the Mbeya City Council and respective wards so as to empower community members in spearheading the fight against child violence through their CAV awareness and being capable of providing basic necessities to their children.

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