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Research Article

Role of Health Actors in Prevention and Response against Child Sexual Abuse in Primary Schools in Zanzibar, Tanzania

George Julius Babune[1*], Juma Ramadhan Salum[2]

[1]Dept. of Management Studies, Tanzania Institute of Accountancy, Dar es Salaam, Tanzania
[2]Dept. of Education, The State University of Zanzibar

**Corresponding Author: georgebabune@gmail.com*

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Abstract— The paper is based on a study conducted in three villages in the North ''A'' District: Mkokotoni, Pwani Mchangani, and Matemwe, Zanzibar. It explored the role of health actors in dealing with child sexual abuse (CSA) in primary schools. A case study research design collected data from participants, including teachers, health workers, students, parents, and community leaders. The study employed a mixed methods approach using a sample size of 84 respondents involving 49 females and 35 males of different age groups. Sampling was done using convenience and purposive methods to select participants. Data collection applied semi-structured interviews and focus group discussions. The qualitative data were subjected to thematic analysis with NVivo software and narration, while descriptive statistics was employed to analyse the quantitatively collected data. The findings revealed that health actors were implementing preventive, mitigative and response measures towards child sexual abuse in the study area. However, few interventions were done regarding collaboration and cooperation in dealing with CSA among health actors. Education provision is given the most importance of all interventions to the affected and infected community. The study recommends that the implementation of comprehensive interventions that link all actors, including families, schools, health workers, and community leaders, collaboratively and cooperatively are required to prevent and mitigate CSA among health actors in the study area.

Keywords— Child, Health actors, Primary schools, Sexual abuse, Zanzibar

1. Introduction

Child Sexual Abuse (CSA) is a pervasive concern for not only education but also public health, human rights and development. CSA affects millions of children psychologically, biologically, and physically and leads to physical injuries and death worldwide [1]. Health actors (HAs), such as healthcare professionals, public health officials, parents and teachers, have essential roles to play in mitigating and responding to child sexual abuse. They conduct workshops, seminars, and training sessions to increase awareness and provide critical information to the school community. They work closely with school staff to identify at-risk children and provide necessary support. Mathews et al. [2] observed that in Australia, CSA prevalence is 28.5%, and perpetrators are close family members. It is indicated that various actors get involved in the provision of education, offer counselling services to child sexual abuse victims, provide them with a safe space to express their feelings, heal, and cope with the traumatic experience, and employ various therapeutic techniques.

This paper addresses the gap in health actors' roles in mitigating child sexual violence in Zanzibar. It is important to the policy, education, health, and law-enforcing actors to address the magnitude of the CSA that had been unstoppable for quite a long period of time.

This paper is organised as follows: The introductory section articulates the paper's introduction. The second section presents the related works in the body of knowledge. The third section contains the methodological foundation of the paper. The fourth section presents and discusses the paper's results. The fifth section presents the conclusion and future scope of interest. The sixth section presents the references section of the paper.

2. Related Works

[3] stated that in England and Wales, there were 9901 rape cases involving victims aged 16 and over in total in the 2010-2011 financial year, 9509 of which were women (96%) and 392 of them were men (4%). The Centers for Disease Control and Prevention (2022) claimed that one in four girls and one in 13 boys in the United States are sexually abused. Also, every 68 seconds, someone is sexually assaulted in the United States (US), and every 9 minutes, the victim is a child and

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now only 25 criminals out of 1,000 end up in prison. Reporting diseases and outbreaks are usually mandated at the state level, with specific reporting requirements in the United States. For instance, in the same country, an individual was accused of sexual abuse involving more than 130 boys, and the Boston Diocese settled for $10 million with 86 of the victims [4].

In North-Eastern Nigeria, a rate of sexual violence of 77.7% was reported among female workers, with sexual violence most likely on girls who were under the age of 12. In contrast, about 14 % and 35% of out-of-school youth in Lagos slums were victims of rape [5]. The rate of abused children being presented to medical and legal facilities varies from one nation to another. For instance, the rate of sexually abused children seeking assistance from health or legal facilities in Eswatini (formerly Swaziland) was 24%. In Kenya, it was only 2% for boys and 6.8% for girls [6].

[7] found that, in Kenya, the results show that health workers who help children who have been sexually abused play an essential role in ensuring that victims receive medical services and psychological support, get justice, and are protected. Working with community leaders and gender gatekeepers is important to address the harmful practices that perpetuate CSA and make it difficult to care for and access justice for CSA survivors. [8] study in Uganda found that approximately 35.6% of women have experienced sexual violence, although prevalence estimates vary greatly, and men may also be affected by sexual violence. Health actors engage in advocacy efforts to raise awareness about child sexual abuse by providing training and support to professionals working in the field of child protection, giving them the knowledge and skills to identify and deal with cases of abuse [9]. In addition, health actors collaborate with various stakeholders, including schools, communities, and other NGOs, to implement prevention programs. Strengthen existing laws and policies to protect children from sexual abuse better and hold perpetrators accountable [10].

In Tanzania, sexual violence is prevalent, whereby in 2018 and 2019, there were more than 2543 cases of CSA were reported in different parts of Tanzania. Information to the Tanzanian police force about sexual violence against children has increased by 5 per cent from 3543 reports of rape in the first half of 2018 to 3709 for the same period in 2019 [11]. Tanzania has made efforts to combat SVAC. For example, under the National Plan of Action to End Violence against Women and Children (NPA VAWC 2017/2018-2021/2022), the Tanzanian government initiated procedures/community child protection committees to prevent and combat SVAC nationwide. Child Protection Committees (CPCs) have been using different strategies such as awareness raising, counselling, mapping of service providers and door-to-door campaigns [12].

[13] also observed that several incidents of sexual abuse against women and children, particularly rape and prostitution, have been reported in Zanzibar. [14] noted that 14 % of women in Zanzibar aged 15-49 experienced physical abuse since the age of 15. Many primary school children appeared to be exposed to sexual violence either in the school, home or community environment [15]. The actors are men, although women also do it, including those who live in the family, such as grandfathers, fathers, brothers, uncles, and relatives, such as teachers and neighbours [16]. Also, in TAMWA 2017/2022, a total of 278 incidents were reported in Unguja and Pemba Police stations, 203 incidents were rape, 69 were sexual abuse, and 244 incidents are still being investigated, while only 44 are still in court. A total of 42 cases of abuse of women and children have been reported in the North Unguja Gender Desk 2020. The gender office in the northern region, Unguja. The incidents have taken place in both districts of the region, where 19 incidents have taken place in North ‘A’ while 23 incidents have taken place in North. Maisha Bora Foundation claimed that sexual abuse in North A increased to 41 cases.

According to a report by the OCGS of SVAC in Zanzibar, there were a total of 1,363 cases of child sexual abuse. In 2020, violence was reported to the Gender Desk Office, of which 1,146 cases or 84.1%, were cases of sexual violence against children. There was. Of these, 899 (78.4%) were girls and 247 (21.6%) were boys [17]. According to [18], children with age 15-17 were communicated as the highest number of victims. There were 76 victims (55.9 per cent) of all children. This was followed by victims ages between 6 and 10 years old, with 35 incidences, which was equivalent to 25.7 per cent. The most typical crimes involved rape (79), defilement and sodomy. Others were abduction for sex (11) and physical assault (34), and 124 out of 168 cases were still under police investigation (73.8 per cent), Others namely 39 incidences were sent to the Department of Public Prosecution (DPP), and five were in Court.

Sexual abuse of children has many effects on society, the nation and the children themselves. The family lacks a productive future person. Therefore, future talent is lost [19]. Children who are abused may face health problems such as gonorrhoea, emotional and psychological problems as well as HIV/AIDS. They may get pregnant unintentionally and lose the right to education [20]. Child sexual abuse (CSA) is a severe and widespread problem that affects the physical, psychological, and social well-being of millions of children worldwide. In Zanzibar, CSA is a taboo subject that is often ignored or denied by society, leaving the victims without adequate support and protection [21]. Although primary schools are supposed to be safe and nurturing environments for children, there is evidence that CSA occurs within and around school premises, perpetrated by teachers, peers, or strangers [22]. According to a report by the OCGS of SVAC Zanzibar, there were a total of 1,363 cases of gender-based violence. In 2020, violence was reported to the Gender Desk Office, of which 1,146 cases or 84.1%, were cases of sexual violence against children. There were 899 (78.4%) girls and 247 (21.6%) were boys [23]. Health actors, as the first point of contact for many CSA survivors, have a crucial role to play in mitigating the impact of CSA and preventing its recurrence. Given this status of CSA Zanzibar, there is limited knowledge of how health actors in Zanzibar perform their roles.

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3. Methodology

This paper is based on the study conducted in the North "A" District of Zanzibar, Tanzania. The study chose this area due to the existence of a high level of abuse cases reported in formal institutions. This study used a mixed research approach. Thus, it helped the researchers understand how the health actors carry out their duties and the extent part of it. The paper adopted a descriptive case study design. The design also helped to describe the understanding of a particular individual on what the researchers wanted to define, establish or measure. The study targeted several primary school teachers, students, community leaders, health professionals, the Health Center Committee, members of the village health committee and parents from North "A" District. The total number of respondents was 84, including community members from all three targeted villages. These include parents, health providers, teachers, head teachers, students, community leaders and health facility committees. The paper used purposive sampling and convenience sampling. Purposive sampling was used to select the health professionals: doctors and nurses, head teachers, community leaders, Sheha, the village coordinator for the study, and the health facility committees based on their positions, knowledge, and experience with sexual abuse. Convenience sampling was used in this study because it was easy to collect information from student participants that was easily accessible to the researchers.

Primary data collection methods involved were interviews and focus group discussions. This study used the semi-structured interview method to collect data from head teachers, Health Facility Committee and Village health committee members and medical professionals from health centres in three targeted areas who had knowledge and experience in handling cases of child sexual abuse. The interviews took between 30 to 45 minutes. A typical focus group discussion size involved 8 participants. The study used a total of 54 participants in the five focus group discussions administered to 12 community leaders (CL), 11 students (ST), 12 teachers(T) and 19 parents (two FGDs) to share their experiences and perspectives. These participants were represented by P1, P2 and P3 for Mkokotoni, Matemwe and Pwani Mchangani, respectively. The FGDs took between 35 to 50 minutes. Kiswahili was used as a language of communication to simplify presentation rather than translate it into English.

This study employed thematic analysis in analysing qualitative data as suggested by [24], who proposed six steps of analysing data: Familiarisation oneself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and producing the report. Responses from the interviews were manually analysed following several steps. Finally, the analyst compiled a report. Then, thematic analysis with the help of NVivo software was used to manage and organise the data into meaningful themes. Again, narrative analysis was adopted so that all themes were clearly defined. Descriptive statistics was employed to analyse quantitative data.

4. Results and Discussion

4.1 Sexual Abuse Cases Discovered

Table 1 presents the results of sexually abused cases against children in the study area. The findings show that there had been a total of 35 instances categorised as follows: Twenty-three pregnancies, four slanders, four rapes, three cases of consensual sex, and one case of sodomy.

Table 1: Sexual Abuse Cases Discovered

Year	Pregnancy Fr (%)	Slander Fr (%)	Rape Fr (%)	Consensual sex Fr (%)	Sodomiz Fr (%)	Total Fr (%)
2023	18(78.26)	3(75)	1(25)	3(100)	0(0)	25(71.4)
2024	3(13.04)	1(25)	0(0)	0(0)	0(0)	4(11.4)
2022	2(8.69)	0(0)	2(50)	0(0)	0(0)	4(11.4)
2021	0(0)	0(0)	1(25)	0(0)	0(0)	1(2.8)
2019	0(0)	0(0)	0(0)	0(0)	1(100)	1(2.8)
Total	**23(100)**	**4(100)**	**4(100)**	**3(100)**	**1(100)**	**35(100)**

The results indicate that there were more pregnancy cases of sexual abuse against children in the area. These are in line with **those by [15],** who found instances of child sexual violence in Zanzibar.

4.2 Roles of Health Actors

The first objective of this study is to explore the roles of health actors in mitigating sexual abuse in primary schools. To achieve this, the researcher used interviews and focused group discussions. The findings showed a high involvement of HAs in mitigating (CSA).

4.2.1 Provision of Education, Awareness, and Training

Table 2 presents the results of the education role played by health actors in the study area. The findings indicated that health actors have the responsibility to provide education and training to students to prevent them from engaging in sexual abuse. The educational services aim to instil awareness of the dangers of sexual abuse and teach students to refrain from such behaviour. respondent from the interview

…we provide education to direct students to the importance of taking care of health and protecting themselves from sexual abuse that takes place, especially in hotel areas, and provide information to the management if they encounter sexual abuse… (P32. April 2024)

Another respondent from the interview said.

The police teacher comes every Monday to educate children on how to protect themselves from sexual abuse by unscrupulous people. Direct the students to provide any information that could damage studies. (P11.April,2024)

These quotations are reinforced above by [25], who emphasises that education effectively mitigates CSA. Fostering awareness and providing ongoing training can protect children from harm while empowering people to speak out against sexual abuse, and supporting victims helps mitigate stigma. [26] also, strengthen these quotations by saying that education programs effectively prevent abuse.

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In terms of the Focus Group Discussion (FGD), the participants explained that Child Sexual Abuse (CSA) education empowers children to recognise themselves and encourages them to speak up when abuse occurs. One participant shared a case, discussed and agreed in a group:

‘’…A child had an inappropriate relationship with a young security guard. The child told their parents, who reported the incident to the police. Although the guard escaped, the case is still under police investigation…’’ (P3, April 2024)

The quotation above shows that community leaders are very concerned about CSA and value the education provided, as it facilitates the collection of early information and quick action.

Table 2 highlights the respondents' engagement in education, training, and awareness activities, as derived from the interviews. Specifically, 28 respondents, representing 93.33% of the total, participated in these activities. Among them, 11 were medical professionals, 3 were head teachers, 10 were members of village health committees, and 4 were members of health facilities committees.

The results are supported by [27], who found that CSA prevention education increases students' awareness and provides them with more personal safety information and prevention skills than those who do not receive such programs. Education and training offered by health actors are fundamental in this layer, fostering a direct influence on students' behaviours and attitudes. The exosystem includes broader social systems that indirectly affect individuals, such as community policies and healthcare systems that support the implementation and sustainability of training and awareness programs. For example, policies that mandate sexual abuse prevention education in schools ensure that such initiatives receive the necessary advice and attention. The macro-system encompasses societal norms, cultural values, and legislative frameworks that shape attitudes towards sexual abuse and its prevention. A societal emphasis on child protection, supported by laws and cultural norms that stigmatise abuse and support victims, creates an environment where preventive measures can thrive. To effectively mitigate sexual abuse in primary schools, collaborative roles can work on regular educational awareness and training programs being implemented, targeting teachers, schools, parents, and students. These programs should include information on recognising signs of abuse, reporting procedures, and support resources. Collaboration between schools, government agencies, and non-profit organisations is essential for comprehensive and sustainable child protection through reporting and sharing systems.

4 4.2.2 Influence of Education

It was found that education has influenced the role of health actors in the study area. This involves training and awareness for the Medical Professionals, Head Teachers, Village Health Committee and Health Facility Committee. The project map centres on providing education on SA prevention in primary school. It highlights several key sub-themes and actions. Firstly, it addresses the need to deliver education within primary schools, focusing on handling SA cases and training teachers and students. It emphasises mitigating CSA through health checks, psychological support, and family and community cooperation. The importance of both health and psychological education is underlined, with regular medical checkups and psychological support being essential components.

Collaboration with local stakeholders, HAs, and the community is stressed, involving awareness campaigns and training. Mitigating incidents in SA requires educating students, parents, and the community alongside government support and community establishment. Community involvement is encouraged through family protection efforts and awareness campaigns. The participation of students and teachers in broader macrosystem influences that shape community norms and policies that affect CSA prevention [28]. Furthermore, considering the time frame strategy as the change of time affects the prevention strategies is aligned with the contemporary debates on adapting methods to change social norms, educational development, and emerging challenges in child protection [29]. This aligns with best practices in CSA prevention and ensures a consistent and flexible way to protect children from SA.

4.2.3 Provision of Counselling Services

Table 2 presents the results of the provision of counselling services. The results indicated that one of the significant responsibilities of health actors in Zanzibar is providing counselling services to primary school students. These services are designed to educate students about the importance of mitigating sexual abuse and encourage them to report such incidents to a special committee or their parents if they occur, one respondent from the interview said.

> A mother came, and the pressure was high; when informed, she said that her husband wanted to have sex with her daughter. The parents were taken to the desk and given counselling services on the effects of CSA. But later, the case was assigned to a community health worker (CHW) (P14. April 2024)

Regarding focus group discussions (FGDs), the provision of counselling plays a significant role in preventing school children and society from engaging in immoral behaviour, thereby ensuring the safety of children. The members of a FGD discussed and agreed on one’s contribution:

> "We often give counselling through a teacher's committee, who inform students to stop having sex. In addition, we advise students to avoid being transported by motorcycle drivers (*Boda-boda*), as they contribute significantly to disrupting students' studies."(P2. April 2024)

Table 3 above illustrates the respondents' involvement in counselling services based on interview data. Medical, head teachers, professionals, village health committee members, and health facility committee members were interviewed in the interviews. Among the village health committee members, 1 reported active involvement in counselling

services. Two individuals among the medical professionals also reported participating in such services. In contrast, 2 members of the health facility committees were involved in counselling. Overall, this means that 16.66% of the respondents have participated in providing counselling services.

Table 2: Counselling Services (N=30

Participants	Theme	Provision	Frequency (%)
Medical Professionals	Counselling services	Provided	2(16.66)
		Not provided	10(83.33)
Head Teachers	Counselling services	Provided	0(0)
		Not provided	3(100)
Village Health Committee	Counselling services	Provided	1(10)
		Not provided	9(90)
Health Facility Committee	Counselling services	Provided	2(40)
		Not provided	3(60)

These quotations above, supported by [30], emphasise the impact of effective school counselling services in significantly reducing incidents of SA by providing children with self-defence skills and encouraging reporting of inappropriate behaviour. Furthermore, these services contribute to the mesosystem by promoting collaboration between schools, families, and health professionals, thus creating a solid support network for the child [31]. Considering the great impact of counselling services in preventing and controlling sexual abuse among primary school students, the expansion and strengthening of services in Zanzibar is essential.

i. Provision of Medical Care Treatment and Referrals

Table 3 presents the results of medical care treatment performed by health actors in the study area. According to respondents, the provision of medical care and referrals is a crucial role of health actors in mitigating child sexual abuse in the North A district. Health actors are responsible for providing healthcare to any child who is a victim of sexual abuse and sometimes making referrals to Kivunge, where there is a gender desk. One respondent described an incident from the interview:

> ‘'…The teachers brought the student to the health centre, and after being tested, it was found that she was pregnant. Unfortunately, the child was anaemic, and the family was poor; the doctors called *Mfuko wa Mama Samia* and took her to Kivunge; she was admitted to Kivunge Hospital and received a blood transfusion…’' (P23, April,2024).

Another respondent from the interview said,

> At half past six in the afternoon, a 6-year-old student in Standard I was sexually assaulted by a student in Form 1. When the victim was taken to the hospital, it was discovered that she had been fingered, but the offender was referred to Kivunge Hospital, where there is a desk for victims called "*Mkono kwa Mkono"* (P8. April 2024).

Table 3 presents the respondents' involvement in medical care and treatment based on interview data. Medical professionals, head teachers, and the Village Health Committee and Health Facility Committee members were interviewed. Among the village health committee members, 4 reported active involvement in medical care and treatment. Two individuals among the medical professionals also reported participating in such services. In contrast, one village health committee member and one member of the health facility committees are involved in medical care and treatment. Overall, this means that 26.66% of the respondents have participated in providing medical care and treatment.

The [32] emphasises that effective referral measures create a robust system that protects children and ensures justice and support for victims, highlighting the importance of an interdisciplinary approach that includes health services and legal responses. [33] supports this by advocating the roles of providing rapid treatment and referral to a child who has experienced CSA. [35] emphasise the role of health professionals in identifying the victim and giving supportive responses to CSA. Strengthening this role includes intensive training for health actors, strengthened referral networks, community awareness programs, enhanced support services for victims, and policy advocacy that mandates the participation of health actors in the rapid resolution of CSA cases.

Table 3: Medical Care & Treatment (N=30)

Actors	Theme	Provision	F(%)
Medical Professionals	Medical treatment	Provided	4(33.33)
		Not provided	8(66.66)
Head Teachers	Medical treatment	Provided	2(66.66)
		Not provided	1(33.33)
Village Health Committee	Medical treatment	Provided	1(10)
		Not provided	9(90)
Health Facility Committee	Medical treatment	Provided	1(20)
		Not provided	4(80)

Table 4: Collaboration &Cooperation

Actors	Theme	Provision	F(%)
Medical Professionals	Collaboration and Cooperation	Provided	5(41.66)
		Not provided	7(58.33)
Head Teachers	Collaboration and Cooperation	Provided	2(66.66)
		Not provided	1(33.33)
Village Health Committee	Collaboration and Cooperation	Provided	1(10)
		Not provided	9(90)
Health Facility Committee	Collaboration & Cooperation	Provided	1(20)
		Not provided	4(80)

ii. Collaboration and Cooperation

Table 4 presents the results of the role of collaboration and cooperation played by health actors in the study area. The findings show that health actors have an essential role in mitigating sexual abuse against children through effective collaboration with the community. Establish social cooperation with schools, police, and youth councils to ensure a coordinated response and comprehensive support system for victims. Creating multidisciplinary teams that include doctors, counsellors, child sexual abuse resource coordinators, psychologists, and law enforcement officers allows for a holistic approach to child sexual abuse. Respondents from FGD concluded by saying,

"Currently, we cooperate well with health workers and the police, and we have already introduced by-laws that set strategies to protect children from sexual abuse. We have successfully collaborated with coordinators, community health workers, and the youth council in providing education and opposing CSA in the community." (P1, April 2024)

Another respondent from the interview stated,

"We cooperate to a large extent when there is a problem of sexual abuse. Every Saturday, we meet with the Sheha committee and the Security committee to discuss the future of young people and strategies to prevent child sexual abuse (CSA). Additionally, we visit the hotel every Sunday to discuss various issues, including maintaining societal values, particularly concerning CSA." (P33, April 2024).

Table 4 illustrates the respondents' involvement in providing collaboration and cooperation. Medical Professionals, Head Teachers, Village Health Committee members, and Health Facility Committee members. Among the village health committee members, 5 reported active involvement in medical care and treatment. Within the medical professionals, 2 individuals also reported participating in such services. In contrast,1 village health committee member and 1 member of the health facility committees are involved in medical care and treatment. This means that 30% of the respondents have collaborated and cooperated.

iii. Health Actors Roles in Preventing Child Sexual Abuse (CSA)

This section presents and discusses the role played by health actors. These involve education and training. Other roles include collaboration and cooperation, as well as medical care and treatment and counselling services provision, as presented in Figure 1.

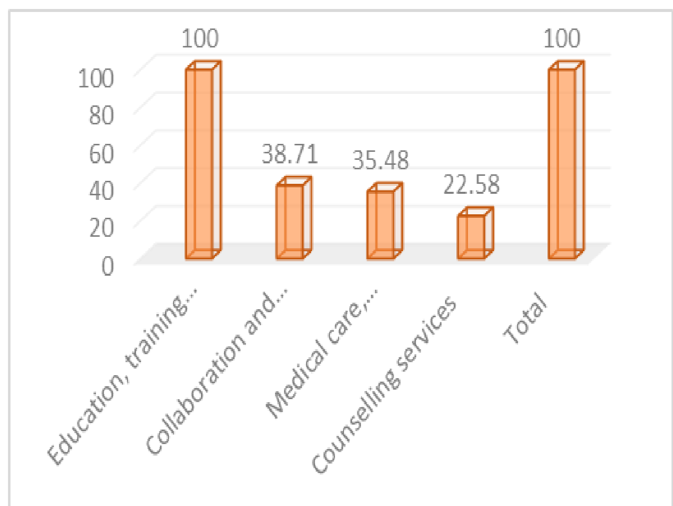

Figure 1: Health Actors Roles in CSA (Multiple Responses in %)

The results in Figure 1 are supported by [34], highlighting that collaborative efforts not only strengthen support systems for school and community children but also indicate the commitment of health actors to promoting a safe environment for children. Creating various youth teams, including youth and children's councils, establishing cooperation with the police and forming health committees involving doctors, counsellors, CSA coordinators, psychologists, and law enforcement officers ensures a comprehensive approach to combat CSA and support victims [35]. Strengthening different methods of unity and education through training, awareness campaigns, and policy advocacy is essential to enhance community response and protect children from sexual abuse. This situation should be emphasised collectively to eradicate CSA.

Figure 1 presents summarised results of the role of health actors in dealing with child sexual abuse in the study area. Participants' involvement in mitigating (CSA) highlights several important areas. About 31(93.93%) out of 33 (100%) participants acknowledged the importance of education, training, and awareness in enabling communities to identify and address abuse.

Relationships between 12 (36.36%) participants and collaboration and cooperation show moderate engagement, with the potential for strengthening relationships between law enforcement, social services, educational institutions, and health professionals. About 11 (33.33%) participants' Medical Care, Treatment, and Referral highlight the importance of prompt health treatments for victims of CSA, but it also reveals limitations in access and delivery. Lastly, counselling services, which includes 7 (21.21%) participants, indicate a partial integration, emphasising obstacles to obtaining these essential resources and underlining the necessity of raising awareness and child protection plans. The interventions are in line with [36] results in Malawi that sexual violence varies within its application in the same measures adopted against child sexual abuse. Again, [37] underscores the importance of health roles by actors in health governance in Zanzibar.

5. Conclusion and Future Scope

The paper concludes that health actors play preventive, mitigative and response roles in dealing with CSA in the study area. Education and awareness were given the most importance by health actors of all interventions. Collaboration and cooperation among health actors are the least important, indicating the failed linkage to provide sustainable solutions over CSA in the study area. Thus, it was recommended that the government provide a framework for health actors' cooperation and collaboration in interventions that aim to prevent, mitigate and respond to CSA. Health actors, such as doctors, nurses, village health committees, families, schools, police, the court and counsellors, have an important role in identifying and addressing sexual abuse of children collaboratively. To deal with this issue effectively, there is a need for cooperation and communication between health professionals and educators. They should work together to provide prevention education, recognise signs of sexual abuse, and ensure appropriate support and referral services are available.

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Data Availability
Not included.

Conflict of Interest
The researchers declare no conflict of interest.

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Authors' Contributions
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AUTHORS' PROFILE

George Julius Babune earned his Bachelor's Degree in Geography and Environmental Studies in 2005. He also earned his MA and PhD in 2012 and 2018 in Development Studies, respectively. He is currently working as a Senior Lecturer in Development Studies at the Tanzania Institute of Accountancy (TIA). He has been an Expert in Environmental and Social Impact Assessment and Auditing in Tanzania since 2012. He has published more than 20 research papers in reputed international Journals. His main research focuses on women, children, education, health and environmental governance. He has 10 years of teaching and research experience and 16 years of research experience in community interventions.

Juma Ramadhan Salum is a Master's Degree Student at The State University of Zanzibar, Tanzania. He is currently a Secondary School Teacher in Zanzibar.

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