Assessment of Mothers' Knowledge about Early Detection of Child Abuse at Child Health Centers in Ismailia City

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ABSTRACT

Background: Child abuse (CA) is physical, sexual or emotional maltreatment and neglect of the child, any activity that is done forcefully against the child's will. It is a significant worldwide problem with a serious effect on the child. **The aim** of this study is to assess mothers' knowledge about early detection of abuse in preschool and school age children. **Subject and methods:** This descriptive study involved 355 mothers. The study was conducted at four maternal and child health centers in Ismailia city. **Tools:** An interviewing questionnaire form was prepared to assess mother's knowledge about early detection of child abuse. The fieldwork was from the beginning of January 2016 to the end of April 2016 for data collection. **Results** reveals that 84.8% of mothers had unsatisfactory knowledge regarding child abuse while 85.1% of them had unsatisfactory knowledge regarding patterns of child abuse, 82.5% of them had unsatisfactory knowledge regarding all indicators of child abuse and 87.6% had unsatisfactory knowledge regarding effects of child abuse. **Conclusion:** Mothers have unsatisfactory knowledge regarding child abuse, patterns, indicators and effects. **Recommendation:** Apply educational programs for mothers about patterns and early detection of CA, and potential offenders.

Key words: Child Abuse, Mother, Knowledge, Early Detection, and Assessment.

1. INTRODUCTION

Child abuse (CA) is physical, sexual or emotional maltreatment of the child. Any activity is done forcefully against the child's will. The World Health Organization (WHO) distinguishes five types of child abuse physical, sexual, emotional, psychological, and neglect **(Walsh, & Brandon, 2012).** Child abuse is a serious and common problem around the nation, which has negative outcomes in children and adolescents that can extend into adulthood. Abused and neglected children often suffer physical injuries and stress that may disrupt early brain development making them at higher risk for health problems such as depression, alcoholism, drug abuse, smoking, sexual promiscuity, suicide and certain chronic diseases **(Hillis et al., 2016).**

Family is one of the risk factors of child abuse. This could be due to many of causes including children in single-parent families, broken families, family issues, the size of the family, a parental history of childhood abuse, and domestic violence. Child neglect and maltreatment is also more common in families living in poverty and among young parents who are drug or alcohol abusers. Although it is certainly true that child abuse occurs outside the home (**Tanoue et al., 2017**). However, parents who give more attention and care to their children and discuss child's problem especially the mother who can notice child's behavior and understand child better. So Parent education and information is advocated as a significant component for the prevention of child maltreatment and abuse. Therefore mother's knowledge and family involvement in child's well-being and development plays a major role in prevention of child abuse (**Brooks-Gunn et al., 2013**).

Mothers should always take care of their children, notice their behavior, and make them aware of indicators of abuse to be able to avoid abusive instances. Indicators of abuse could be any unusual scar mark or hurt on child's body, irritated behavior and weird behavior to detect early abuse and prevent it as soon as possible. Hence, mothers' knowledge is very important to know indicators of child abuse, signs and symptoms in children suffering from abuse (**Swea et al., 2013**).

Collaboration of personnel such as physicians, nurses, psychologists and social service personnel on the decision of child abuse will decrease the risk of misdiagnosis. Observation in the hospital, support provided by forensic medicine specialists, child and adolescent psychiatric specialists in cases of uncertainly decided child abuse will provide the possibility of correct diagnosis and application of suitable approaches (**Megan MacCutcheon, 2018**). Hence healthcare nurses should be able to perform diagnostic approaches and should know the legal procedures and direct the cases as required, as the child abuse is a frequently seen multi-dimensional problem (**Tanoue et al., 2017**).

Nurses are the largest group of health professionals and have frequent contact with children who are at increased risk of abuse and neglect. They may work directly with children in paediatric or child health settings, and indirectly through their work with parents who are experiencing adversity like homelessness or poor physical health (**Drinkwater et al., 2017**). For example, mental health nurses consider the wellbeing of their client's children and nurses working with women are aware of the impacts of domestic violence on

women and their children **.** This places nurses in an ideal position to contribute to prevention, identification and responses to vulnerable children and families across settings from primary health care to tertiary paediatric hospitals **(Lines et al., 2018).**

1.1. Significance of the study:

In Egypt, where children are a national priority, 34% of cases involved neglect, 28% involved physical abuse, 30% involved sexual abuse and 8% of victims suffered emotional abuse. According to UNICEF, 74% of physical and emotional abuse used as a disciplinary method **(UNICEF, 2015)**. Moreover, **(UNICEF, 2014)**estimated 41,000 children under 15 are victims of homicide each year and states that this number underestimates the true extent of child homicide; a significant proportion of child deaths caused by abuse are incorrectly attributed to unrelated factors such as falls, burns, and drowning. Also, girls are particularly vulnerable to sexual violence, exploitation and abuse in situations of armed conflict and refugee settings, whether by combatants, security forces, community members, aid workers, or others. Hence, the present study was designed to assess mothers' knowledge about early detection of child abuse in preschool and school age.

2. SUBJECTS AND METHODS

2.1. Aim of the study:

The aim of the study was to assess mothers' knowledge about early detection of child abuse in preschool and school age.

This aim has been achieved through the following objectives:-

1. Determine mothers' knowledge about indicators of child abuse.
2. Determine mothers' knowledge about patterns of child abuse.
3. Determine mothers' knowledge about effect of abuse on preschool and school age children.

2.2. Research Design:-

A descriptive design was utilized in the current study.

2.3. Study Setting:-

The present study was conducted at maternal and child health centers in Ismailia city namely (Hay El Salam, El Sheikh Zayed, El Shuhada, El Sabaa Banat).These setting include the largest sector of preschool and school children.

2.4. Subjects:-

The study sample composed of (355) mothers from the above mentioned setting who fulfilled *the following inclusion criteria*;

• Having preschool and school age children (3-12) and the child had not physically handicapped.

Sampling technique: Purposive sampling technique was used.

Sample size calculation: Size of the sample was calculated using the following equation (**Sahai, & Khurshid, 1996**); **N = (Zα) ^{2} x p q / d^2; n** = sample size. **Zα** = the value of standard normal distribution for type I error probability for the sided test and equals 1.96.**p** = 26%. **q** = 1- p. **d^2** = the accuracy of estimate = $(0.05)^2$. So, according to the calculations the sample size = 296 subjects. After adding 20% dropout, final sample size = 355 subjects. Divided into 355 ÷ 4 =89 Mother from each center.

2.5. Tools for data collection:-

Tool I: A structured interviewing questionnaire: It consisted of four parts:

- ***Part I:*** Concerned with characteristics of the studied mothers as: consists of 8 questions as age, educational level, economic status, employment status, family size, and marital status.

- ***Part II:*** described characteristics of the studied child consists of 2 questions as child order, gender, number of pre-school and school age children.

- ***Part III:*** concerned with mother's knowledge about child abuse: consists of 7

questions namely "definition of child abuse, difference between child abuse and discipline, sources of mothers' knowledge, and factors of child abuse" .Questions were in the form of open question and multiple choice.

- ***Part IV:*** concerned with mothers' knowledge about patterns and effects of child abuse and its characteristics: consists of 8 items namely, what are the forms of child abuse, what are the physical, emotional, neglect, sexual indicators, what are the effects of child abuse, etc..

Scoring system

Knowledge questionnaire sheet was consisted of 25 questions. The scores of the items was summed –up and the total was divided by the number of items giving a means of score for the part. Theses scores were converted into percent score, means and standard deviations was computed. The mother's knowledge was considered satisfactory if the percent score was points or more (60% or more) and unsatisfactory if less than points.

2.6. Preparatory phase:-

Based on review of literature about mother's knowledge of child abuse using textbooks, web sites, and articles in the scientific periodicals and journals; the researchers prepared the data collection

tools including A structured interview questionnaire consisted of four parts.

2.7. Content validity:-

Tool was tested by a panel of 5 experts in the field (two professor of pediatric medicine, two professors of community medicine, and one professor of psychiatric nursing). The study tool was evaluated for its content validity and clarity by expert consultant using jury. Necessary modifications were carried out; according to the expert's opinion.

2.8. Content reliability:-

Reliability of tools was assessed through estimating test-retest reliability and measuring their internal consistency. Internal consistency of the tool was assessed by calculating Cronbach alpha coefficients. Their reliability proved to be high as shown by the value of Cronbach alpha coefficient 0.82 for Mothers' Knowledge Related to child abuse Structured Interview questionnaire

2.9. Pilot study:-

A pilot study was carried out from the end of November 2015 to the end of December 2015. The pilot study was carried on (10%) of total sample size to test the clarity, applicability, feasibility and relevance of the tool used and to determine

the needed time for the application of the study tool. The mothers who participated in the pilot were excluded from the main sample after modification of the tools.

2.10. Fieldwork:-

The actual field work was carried from the beginning of January 2016 to the end of April 2016 for data collection. An official approval was obtained from study setting to carry out the study. The researcher started to collect data and explain objectives of the study during the interview. The researcher carried out an assessment for all studied mothers in the four centers and collected data about them including name, gender, age, educational level, economic status of all mothers to select the study subjects fulfilling the study criteria. Mothers were interviewed individually and the questionnaire format was filled in by the educated mothers and by the researcher for illiterate mothers.

On interviewing the researcher started by introducing herself to the selected mothers, gave them a brief idea and clear explanation about the nature, and the expected outcome of the study. The researcher was available for more clarification whenever needed. The researcher give individual interviewing of each mother, it consumed 20- 30 minutes for each one. The researcher was available

during morning shift, 3 days/week from 9 am to 1 pm by rotation to cover all setting of data collection.

2.11. Ethical Considerations:-

All ethical issues were taken into consideration during all phases of the study. An official approval was obtained before data collection, the objective and the aim of the study were explained to the mothers, the research maintains on anonymity and confidentiality of the mothers, they were allowed to choose to participate or not and they have the right to withdrawal from the study at any time without penalty.

2.12. Administrative Design:-

An official approval obtained from maternal and child health centers at Ismailia city (MCH centers).The title, objectives, tools and study techniques were illustrated for gaining their cooperation. Informed consents were taken from every mother who participated in the study after explanation of its purpose. They were given an opportunity to refuse the participation, and they were assured that their information would be used for research purpose only.

2.13. Statistical Design:-

Data entry and statistical analysis were done using SPSS 16.0 statistical software package. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and means and standard deviations and medians for quantitative variables. The Cronbach alpha coefficient was calculated to assess the reliability of the developed tools through their internal consistency. Qualitative categorical variables were compared using a chi-square test. Whenever the expected values in one or more of the cells in a 2x2 tables were less than 5, Fisher exact test was used instead. The Spearman rank correlation was used for assessment of the interrelationships among quantitative variables and ranked ones. In order to identify the independent predictors of the knowledge and attitude scores multiple linear regression analysis was used after testing for normality, and homoscedasticity, and analysis of variance for the full regression models were done. Statistical significance was considered at p-value <0.05.

3. RESULTS

Table (1) shows that 33.8% of the studied mothers' are aged between 25 - 30 years .While, 90.4% of them were married and 53% of them were housewives.

Figure (1) indicates that 62.3% of the studied mothers has secondary level of

education, while 22.4% of them has a higher level of education.

Table (2) reveals that the highest percentage of children number are one child at preschool in about 53.2% of families and 55.2% of them are females. While school children are two children in about 44.2% of families, and 55.5% of them were females.

As shown in **figure (2)**, the total knowledge scores regarding child abuse are unsatisfactory in the majority of studied mothers 84.8%, and 15.2% of them have satisfactory knowledge regarding child abuse.

Table (3) reveals that the mothers' knowledge was unsatisfactory regarding sexual indicators, neglect, emotional and physical abuse indicators (74.6%, 72.4%, 72.1 and 71.8 % respectively).Additionally, the total knowledge scores regarding indicators of child abuse was unsatisfactory in the majority of studied mothers (82.5%), while only 17.5% of them has satisfactory knowledge regarding indicators of child abuse.

Table (4) reveals that the mothers' knowledge was unsatisfactory regarding sexual abuse, neglect, physical and emotional abuse patterns (72.4%, 69.0%, and 50.1% respectively).Additionally, the total knowledge scores regarding patterns of child abuse are unsatisfactory in the

majority of studied mothers (85.1%), while only 14.9% of them has satisfactory knowledge regarding patterns of child abuse.

Table (5) shows that, 87.6% of studied mothers had unsatisfactory knowledge regarding effects of child abuse.

Table (6) indicates that the multivariate analysis identified that occupation, education and income was statistically significant independent positive predictors of knowledge score. Conversely, age, number of children, and crowding index were negative predictors.

4. DISCUSSION

The current study grabs child abuse phenomenon for assessing mothers' knowledge about early detection of abuse in preschool and school age children. The present study findings demonstrated that, nearly two thirds of the studied mothers have secondary education. These findings suggested that mothers' educational level is important contributing factor towards child abuse and neglect. In the same line **Thangavelu, (2016)** in Latur argued that children belonging to low parents' educational status were more abused as compared to the children from high parents' educational level and also argued that demographic variables would also be contributing to the problem of child abuse

and neglect. This is confirmed the associated between parental educational level as well as features of the family environment and child abuse and its long term emotionally or psychologically consequences **(Aboul-Hagag, et al., 2012).**

Regarding mother's knowledge about child abuse, the finding of the current study revealed that the majority of mothers have unsatisfactory knowledge about the child abuse. The result may be related to insufficient mother's awareness regarding the difference between discipline and child abuse. Additionally, in Egyptian culture mothers can use physical or emotional punishment as a mean of disciplining children. Also, the current study revealed that about two thirds of studied mothers had secondary education. In the same line **Macdonald, et al. (2012)** in Aspin who mentioned that the highest percentage of the studied mothers had incorrect knowledge about child abuse. On the other hand **Staal, et al., (2013)** in USA who mentioned that the majority of mothers knew causes of child abuse. This discrepancy may be due to the difference between settings of the study, study tools, and culture.

The current study findings that half of the studied mothers didn't know the correct knowledge about patterns of

physical, emotional, sexual abuse and neglect, especially sexual abuse. This result may be explained by that the mothers haven't knowledge about sexual indicators of child abuse, also sexual abuse considered to be a hot topic known to Egyptian mothers because it is uncomfortable issue for talking about it. As regard physical and emotional abuse; this result may be due to that the Egyptian mothers use physical and emotional abuse as a style of child discipline to control noisy, non-obedience, impulsive, and inattentive child as provoked by frustration or anger at a child's behaviors. Otherwise some mothers believe that corporal punishment as a physical abuse is an alarm to encourage the child follows her instructions. This was in agreement with **Stoltenborgh, et al. (2013)** in India who cited that relatively half of mothers didn't know the correct knowledge about pattern of child abuse. Similarly, **Adevi and Martensson (2013)** in India who cited that relatively half of mothers didn't know the correct knowledge about pattern of child abuse.

As regard to knowledge of mothers regarding environmental factors of child abuse, more than half of them reported that the low standard of living and inequality in society is the most environmental factors of child abuse. This finding didn't match up with **Markovic, et al. (2013)** in India

who found that less affluent families are more likely to be found to abuse their children, particularly in the form of physical and neglect abuse, than affluent families. Some argue that, environmental factors of child abuse such as inadequate clothing, exposure to environmental hazards and poor hygiene may be directly attributes to poverty, whereas others are more cautious in making a direct link. While poverty is believed to increase the likelihood of neglect, poverty doesn't predetermine neglect. This may be due to many low income families are not neglectful but provide loving homes for their children. However, when poverty coexists with other forms of adversity, it can negatively impact parent's ability to cope with stressors and undermine their capacity to adequately respond to their child's needs.

There were statistically significant relationship between mothers age ranged (26-30 years), married mothers, working mothers and graduated mothers and total satisfactory knowledge score. This result was in accordance with **Ramya, & Kulkarni, (2011)** who observed that mothers spend more time with children when there are unemployment, and also found that the loss of self- esteem or depression that accompany unemployment may result in greater level of child abuse especially physical abuse. This may be due

to, that housewives mothers had limited sources of expertise due to lack of exchange of experiences with other age groups or friends, and spend most of their time at home and watch T.V. Similarly, **Kolko, (2011)** in china who stated that, those mothers who are highly educated and working are more sensitive to their children, they focused on the point that mothers should provide attentive hands- on care for their children compared to housewives mothers.

The current study finding was in contrast with **Johnson, & Gunnar, (2011)** who conducted a study on Pakistani mothers, and found that here was a significant difference between the employed and unemployed mothers, and in this regard mothers told a myth that mothers who choose to work are selfish because they are not putting the needs of their children first. The fact is difference here, the working mothers are comparatively healthier and endure less from depression than non-working mothers. Working mothers are setting the examples for their children with reference to learning how to fulfill responsibilities, having pride in one's work and the value of being a productive and self-relying individual.

The present study revealed that married mothers have low chance to expose their children to physical,

emotional neglect and sexual abuse compared to single mothers due to, they experience a high number of interrelated stressful life situation related to increased risk of child abuse. These include poverty, everyday life stresses, depression, and history of partner abuse, low self-esteem, insecure adult attachment style, low cognitive skills, sexual abuse experienced in childhood, and poor quality of family and other social relationships (**Zeanah, et al., 2009)**.

Clearly, child rearing practice is so difficult, and parents face numerous challenges in order to develop healthy and productive youth. So parenting programs that provide parents with accurate information about difference between discipline and child abuse are useful (**Brown, et al., 2011).** In addition, parenting group meetings are where parents find support they need to interact and converse with their and facilitators about the obstacles and the difficulties that they are facing as parent (**Nazanin, et al., 2014)** Thus, this study affirmed the need for making parents aware about child abuse and how it can be prevented.

5. CONCLUSION

It was concluded that the majority of studied mothers have unsatisfactory knowledge regarding child abuse, its patterns, indicators and its effect. There were positive correlations between knowledge and participants' income, educational level and chronic diseases. On the other hand, there is statistically significant weak to moderate negative correlations between knowledge and participants' age.

6. RECOMMENDATIONS

It is recommended to improve the awareness of mothers and children regarding child abuse and its prevention through publishing educational pamphlets about child abuse prevention strategies, and distribute it for mothers in different settings such as, clinics, worksites, and health care centers.

7. LIMITATIONS

The limitation of the study was as follows; Society's denial of this problem and not acknowledging its existence

Table (1): Frequency distribution of studied mothers according to their demographic characteristics (n=355).

Demographic characteristics	No	%
Age of mothers (in years)		
• 20:<25	44	12.4
• 25:<30	120	**33.7**
• 30:<35	116	32.7
• 35:<40	75	21.2
Marital status		
• Married	321	**90.4**
• Divorce	24	6.8
• Widow	10	2.8
Occupation		
• Working	167	47.0
• House wife	188	**53.0**

Figure (1): Distribution of studied mothers according to their educational level (n=355).
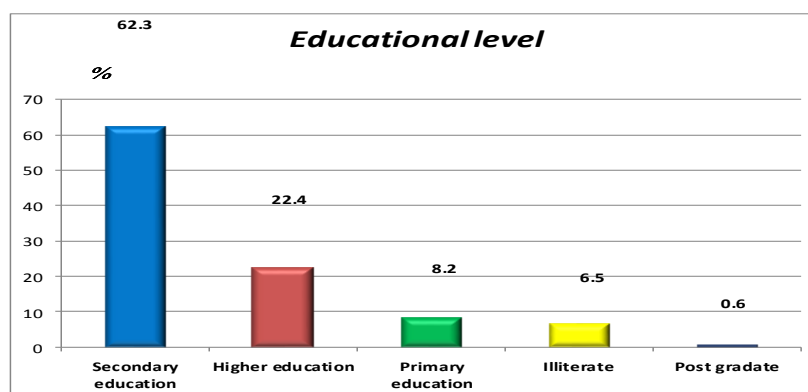

Table (2): Characteristics of the children in the studied sample (n=355).

Characteristics of the children	No	%
Number of pre-school children		
• one child	157	**44.2**
• two children	73	20.6
• more than two children	125	35.2
Gender of pre-school children		
• Male	196	**55.2**
• Female	159	44.8
Number of school children		
• one child	98	27.6

• two children	189	**53.2**
• more than two children	68	19.2
Gender of school children		
• Male	158	44.5
• Female	197	**55.5**

Figure (2): Total knowledge score of studied mothers regarding child abuse definition and causes.
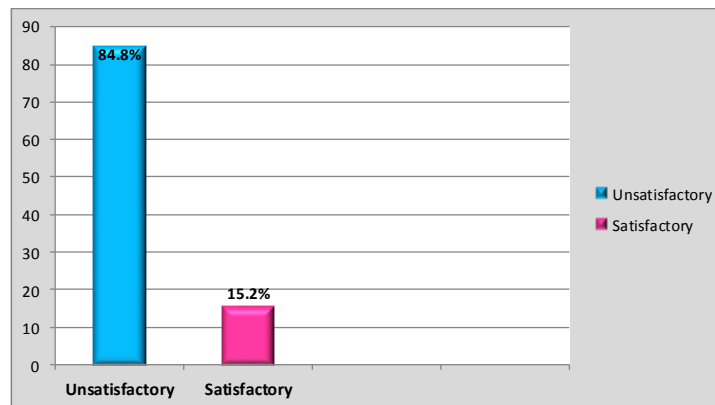

Table (3): Total knowledge score of studied mothers regarding patterns of child abuse (n=355)

. Patterns of child abuse	Unsatisfactory		Satisfactory	
	No	%	No	%
Physical abuse	178	50.1	177	49.9
Emotional abuse	178	50.1	177	49.9
Sexual abuse	257	72.4	98	27.6
Neglect	245	69.0	110	31.0
Total knowledge regarding child abuse patterns	302	85.1	53	14.9

Table (4): Total knowledge score of studied mothers regarding indicators of child abuse (n=355)

Indicators of child abuse	Unsatisfactory		Satisfactory	
	No	%	No	%
Physical indicators	255	71.8	100	28.2
Emotional indicators	256	72.1	99	27.9
Behavioral indicators	251	70.7	104	29.3
Sexual indicators	265	74.6	90	25.4
Neglect indicators	257	72.4	98	27.6
Total knowledge regarding child abuse indicators	293	82.5	62	17.5

Table (5): Total knowledge score of studied mothers regarding effects of child abuse (n=355)

Effects of child abuse	Unsatisfactory		Satisfactory	
	No	%	No	%
Physical effects	253	71.3	102	28.7
Emotional effects	261	73.5	94	26.5
Psychological effects	287	80.8	68	19.2
Total knowledge regarding child abuse effects	311	87.6	53	12.4

Table (6): Best fitting multiple linear regression model for participants' knowledge score

Items	Unstandardized Coefficients		Standardized Coefficients	t-test	p-value	95% Confidence Interval for B	
	B	Std. Error				Lower	Upper
Constant	62.00	14.00		4.33	<0.001	34.18	91.08
Age	-0.84	0.15	0.32	5.77	<0.001	0.55	1.13
Education	4.76	1.22	-0.53	-3.89	<0.001	-7.17	-2.35
Income	4.19	1.53	0.17	2.74	0.010	1.18	7.21
Number of children	-3.18	1.59	-0.11	-2.00	0.049	-6.31	-0.05
Crowding index	-0.11	0.05	-0.12	-2.21	0.030	-0.22	-0.01
Occupation	0.17	0.07	-0.14	-2.53	0.010	-0.30	-0.04

r-square=0.26   Model ANOVA: F=10.45, p<0.001 Variables entered and excluded: gender of children.

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