Corporal Punishment: Risk Factors and Frequency among a Sample of Egyptian Children Attending Primary Care Centers

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Abstract:

Background:Worldwide, the use of corporal punishment (CP) remains one of the most used methods to discipline children despite the empircial research on its negative outcomes. **Objectives** : (i) to identify the prevalence of CP (ii) to identify the sociodemographic risk factors (iii) to identify reasons for using CP, (iv) to assess mothers' knowledge about CP outcomes. **Methods**: Cross-sectional survey with a structured questionnaire was done on a sample of 298 Egyptian mothers of 2-14 years old children. **Results:** About (97%) of children were corporally punished. The significant predictors of mothers' use of CP were low socio-economic class, child age mother age and mother's childhood experience of CP. Maternal stress, anger, seeking are the most common reasons.**Conclusions**: CP is prevelant problem in Egypt, yet it's predictable and adjustbale. Primary care practitioners should be trained to offer parenting guidance especially where there is other health care provider.

Keywords: corporal punishment, socio-demographics, reasons, knowledge.

Introduction

Although parents share strong feelings of love and concern for their children, the majority of them use physical punishment in order to correct their children's misbehaviors.⁽¹⁾ United Nations Children's Fund (UNICEF) defined corporal punishment (CP) as "any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light".⁽²⁾ According to UNICEF, the prevalence of corporal punishment among 37 countries is 82% in children aged 2-14 years old. Egypt came at the top of the list of countries with 78% experienced physical punishment.⁽³⁾

Globally, Sweden was the first country to criminalize CP in 1979. Today, 51 countries achieved prohibition including only one Arab state, which is Tunisia. In Egypt, there is no prohibition in law at any setting. ⁽⁴⁾ In June 2016, the national council for childhood and motherhood in co-operation with UNICEF launched the (Calm not Harm) campaign to increase public awareness about positive discipline. Many risk factors are associated with the use corporal punishment, such as a young parental age, ⁽⁵⁾ male gender of the child, a low socio-economic status and parents having being physically punished during childhood.⁽⁶⁾

Corporal punishment may secure immediate compliance but it is associated with negative effects on children's development that outweigh any probable benefit.⁽¹⁾ It increases aggression towards peers ⁽⁷⁾, depression and low self-esteem⁽⁶⁾, conduct disorders,⁽⁸⁾ disruptions in parent–child attachment,⁽⁹⁾ delay in cognitive development ⁽¹⁰⁾ and risk of escalation into physical abuse.⁽¹¹⁾ It creates intergenerational cycle of violence as spanked children grow to be aggressive adolescents and then parents who used CP.⁽¹²⁾ Given the lack of studies on low and middle-income countries, we believe our study can make a significant contribution establishing the actual magnitude of the problem and its reasons to design preventive programs suitable for our cultural context.

The current study aimed to identify the prevalence of corporal punishment, socio-demographic risk factors and reasons for using corporal punishment. In addition, it aimed at assessing knowledge of mothers about corporal punishment outcomes.

Methods:

A cross-sectional study, was conducted at primary care centers of Saraya El Kobba and 6th district Nasr City, as they are affiliated for research by Family Medicine department, over six months between May 2017 to November 2017. The calculated sample size was 298 participants depending on suggested frequency of corporal punishment among Egyptian children of 76% at 95% confidence interval using Epi Info7 program. It was inflated by 7% to be 320 participatants due to expected drop out. A total number of 320 Egyptian children of 2-14 years old were included.

According to UNICEF, this is the age group where CP was most prevalent and consequences were significant. Mothers of these children were interviewed to collect required data about their children. If mothers had more than one child in the prescribed age range, they were instructed to complete the study for the youngest child. Children who were proved to be physically abused depending on two questions in the beginning of questionnaire verifying need for medical intervention and intention to cause physical harm. Children who had chronic diseases were excluded where CP is used mostly among healthy children.

The study dependant variable was CP frequency and independent variables were child age, child gender, mother age, SES, mothers' attitudes, childhood experience of CP and knowledge score of CP outcomes. Socio-demographic characteristics (El-Shakhs, 1995), frequency of CP (Holden, 1993), Multiple Indicator Cluster Surveys (MICS 5) Discipline module (UNICEF, 2014), reasons that evoked mothers to use CP and mothers knowledge about CP outcomes (Designed using data from Taylor et al, 2011 and Greshoff, 2010) were examined. After translating the questionnaire; a pilot study was conducted on March 2017 including 30 participants (10% of total calculated sample), similar to those targeted by the study. They agreed to the clarity and length of the questionnaire (about 15 minutes).

Data entered was then analyzed using SPSS version 20. Data interpreted using an alpha (α) set at 0.05 and confidence interval of 95%. ANOVA was done for comparing quantitative variables between the three categories of corporal punishment and p-value ≤ 0.05 was considered significant. Qualitative data were expressed as frequencies (n) and percentage (%). Chi-square was done for qualitative variable analysis and p-value ≤ 0.05 was considered significant.

Ethical consideration:

Approval of the Research Ethical Committee of the Faculty of Medicine, Ain Shams University was obtained (FMASU MS 6/2017 on 24/01/2017). Consent was obtained by addressing all the steps of the study and the right to withdraw at any time. **Results:**

Table (1) shows socio-economic status (SES) of the study population. The majority of participants are including in low intermediate SES (34.2%) and high intermediate SES (25.8%). Table (2) shows the frequency of CP usage. The prevelance of CP among study population is 97%. Table (3) shows significant association between socio-economic status, mothers' age and child age with the usage of CP. Frequent CP usage is more common in low intermediate class (38.8%) compared to infrequent usage group (27.0%). Mean age of mother and child is lower in frequent usage group (child : 6.0 + 3.5, mother: 29.9 + 5.8) than in infrequent usage group (child : 6.9 + 3.8, mother: 32.3 + 5.5). There is no significant association between CP usage or child order or child gender.

Table (4) shows significant association between frequency of CP and discplinary methods used over past month mainly physical punishement. All methods of physical punishment were more common in frequent CP usage group vs. infrequent usage group. Shaking child and hitting on hand, arm or leg are the most common methods correlated with frequency of CP (P = 0.00). Shaking child are more higher in frequent

CP usage group (81.5%) vs. infrequent usage (50.5%).Same for hitting on hand, arm or leg (78.1% vs. 41.4%).

Table (5) demonstrates a significant association between mothers' attitudes and their childhood history of CP in relation to the frequency of CP usage with their children. Mothers of infrequent CP usage believed that it's not necessary to use physical punishment to raise their children (76.6%) more than frequent usage group (60%) and that there are other ways to educate the child (97.3% vs. 89.3%). History of experiencing CP as a child was more common in frequent usage group (81.5%) when compared to infrequent usage group (64.9%).

In table (6) there is a significant association between all of mothers' reasons for using CP and the frequency of CP usage with their children. All reasons are more common in frequent usage group when compared to infrequent usage. Yet, the most common causes in both group are stress (80.9%, 63.1%) and anger (74.7%,60.4%) respectively. Surprisingly, the reason that least evoked mothers to use CP in both groups is their belief that CP had no alternative (34.3% and 9%). Table (7) shows significant association between mothers' knowledge score of CP outcomes and the frequency of CP usage with their children. The mean is higher in infrequent usage group vs. frequent usage group (6.43 ± 2.437 vs. 5.43 ± 2.367).

Discussion:

The aim of the current study is to estimate the prevalence of corporal punishment among a sample of Egyptian children. In addition, to identify the associated risk factors and reasons that led to increase using corporal punishment. Assessment of mothers' knowledge about CP outcomes was another objective. Our study found that using CP prevalence among Egyptian children between 2-14 years old is 97%. We found that frequent usage (> 2 times per week) was more common (59.7%) when compared to infrequent use (≤ 2 times per week) group (37.3%). These results were in concordance with studies conducted in Egypt (78%)⁽³⁾ and 76.3%⁽⁴⁾. Such agreement could be explained in the view of these researches have been done in similar cultural contexts.

While investigating the risk factors related to CP, our study has found strong association between socio-economic status (SES) and the frequency of usage of CP. The higher the SES, the less frequent CP is used. Children from High intermediate SES have exposed to infrequent CP (36.9%). While those from low and low intermediate SES have exposed to frequent CP (16.9 and 38.8% respectively). Socio-

economic status affects parenting through some determinants as emphasized by some authors as maternal education,⁽¹³⁾ financial hardship⁽¹⁴⁾ and higher levels of family conflict.⁽¹⁵⁾

There was statistically significant relation between CP usage frequency and both child age and mothers' age. The frequency of using CP was higher with younger mothers or younger children. The mean age of mothers who never used CP was 38.8 ± 6.9 vs. the frequent usage 32.3 ± 5.5 . The mean age of children with whom CP has never used was 8.2 ± 3.3 vs. 6.0 ± 3.5 years with frequent usage and 6.9 ± 3.8 with infrequent usage.

In our study, there no significant statistical finding regarding child gender in the prediction of the use of CP. Yet, males were subjected more to CP in both frequent CP (57.3%) and infrequent CP usage group (58.6%) when compared to females in frequent and infrequent groups respectively (42.7% and 41.4%). These findings could be explained in the view of the socio-cultural background of Arab societies that views girls as weaker than boys and therefore require a softer approach. Such views has emphasized by other authors.⁽¹⁶⁾

Our study showed that used discipline methods are not limited to corporal punishment. Results revealed that mother using non-violent discipline was common in both frequent and infrequent CP usage group respectively for example taking away privileges (86.0% and 83.8%) and Explaining why behavior is wrong (85.4% and 90.1%). While fewer reported psychological aggression for example shouting at child (84.8% and 74.8%) and insulting child (76.4% and 48.6%). There was statistical significant correlation between the frequency of using CP and using CP over past month.

Physical punishment like shaking child was more in frequent CP group (84.8%) vs.. infrequent group (74.8%), hitting on arm , hand or leg (78.1% vs. 41.4%). hitting on bottom (79.8% vs. 28.8%) and hitting with an object (59.0% vs. 14.4%). UNICEF survey findings on 2014 are consistent with our findings where non violent methods prevalence is higher than physical punishment in all of its forms.⁽³⁾ Other study in Egypt has inconsistent findings were beating child was more common (76.3%) than taking away privileges (39.3%) or yelling at child (43.5%).⁽⁶⁾

Our findings could be explained in the view of CP is usually combined with other methods, such as withdrawal of privileges, reasoning. It could also be that mothers initially use non-violent discipline methods to correct children's <u>misbehavior</u> conduct, and when they do not achieve compliance, they use CP. ⁽¹⁾ Further explanation is the detailed questionnaire was used to explore discipline methods where physical violence was explored in more than 5 forms not just beating the child.

The study has found significant association between mothers' attitudes and the frequency of CP usage with their children. Mothers who used CP infrequently had less positive attitudes toward CP. They believed that it's not necessary to use physical punishment to raise their children (76.6%) and that there are other ways to educate the child (97.3%) more than frequent CP usage group (60% & 89.3%). Other studies stated that attitudes toward CP and positive expected outcomes are of the strongest predictors of its use. ⁽¹⁷⁾ One study found that 84.6% of mothers who used CP had positive attitudes compared to only 46.7% of those who did not use CP. ⁽¹⁸⁾ One of the explanations is that parents spank because that is what they know and because they believe it is an effective and irreplaceable practice. Parents engage in CP because they believe it to be a useful and appropriate disciplinary strategy.⁽¹⁶⁾

There was statistical significant association between mothers' childhood experience of CP and frequency of using CP by mothers. Higher percentage was found in the frequent usage group vs infrequent usage group to have childhood cp frequent experience (81.5% vs 64.5%). As found by other studies that childhood experience of CP is associated with increased positive attitudes toward CP usage .⁽¹⁸⁾ Despite recognizing corporal punishment as ineffective mothers may use CP as brain function pathways rely on primitive than cognitive behaviors learned during the preverbal years on in times of stress, frustration and fatigue. ⁽¹⁹⁾

While investigating the reasons that evoked mothers to use related to CP, our study has found maternal stress and anger were on top of the list. The more mothers approved stress as a reason, the higher frequency was the use of CP, yet it was the most common cause in both infrequent and high frequency groups (80.9% in high frequency group vs 63.1% in infrequent frequency group). Among parents who reported a high belief in corporal punishment higher parenting stress score (mean score = 212.71), compared to parents with low levels of parenting stress (mean 60.71). ⁽²⁰⁾ Consistent with our results, a research reported that parents who used CP, but also disapproved of its use, were less likely to use it to change a child's behavior and instead use it impulsively and out of anger. ⁽¹⁸⁾ Marital dissatisfaction is another hidden component of stress, ⁽²¹⁾ as it causes constricted emotions, and irritability, which can decrease parenting capacity and favoring of authoritarian parenting

strategies to avoid triggering their partner's anger, or to displace their anger of their partner onto child. ⁽²¹⁾

Another reason that was found to be statistically significant reason for using CP in our study was seeking obedience. It was more common reason in frequent CP usage group (75.3%) compared to infrequent usage group (53.2%). The current results goes with where the principal reason for using physical punishment was disobedience (57.0%). ⁽⁶⁾ This obedience is associated with less long-term compliance as immediate obedience is not internalized, it only occurs if the child perceives the threat of punishment to be found.⁽¹⁾

While assessing mothers knowledge about CP expected outcomes, there was statistical significant association between their knowledge score and the frequency of using CP. The less frequent mothers used CP, the higher the knowledge score. Mean score in infrequent CP usage group was 6.43 ± 2.437 while in frequent group was 5.43 ± 2.367 . Agreeing study showed that mean knowledge score is high in both group who used CP or not but it slightly lower in group that used physical punshiment (98.86) compared to group that did not used it (99.76).⁽¹⁷⁾ Results can be explained by studies that found CP was not favored by mothers but thought to be effective, similar to taking bad tasting medicine, it is not very pleasant but it works.⁽²²⁾

Study limitation:

A cross-sectional study design does not allow for the establishment of causality. Yet, randomized controlled trials would be unethical to assign children to a group receiving painful treatment when research already suggests that such pain poses potential harm not outweighed by potential benefit.Assuming that CP is more prevelant among lower SES, multiple cluster sample including many governates would have been more informative. Sample was collected only from two primary care centers were most attendees were intermediare SES.

Conclusion:

In conclusion; corporal punishment is prevalent problem among Egyptian children (97%). Most common method of CP was shaking the child. Many reasons evoked mothers to use CP, stress, anger and inability to control emotions were on top of the list.

Conflict of interest

There was no conflict of interest in the current study

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Socio-demographic Characteristics	N	%
Gender		
 Male 	171	57.4%
 Female 	127	42.6%
SES		
 Very low 	15	5.0%
• Low	41	13.8%
 low intermediate 	102	34.2%
 Intermediate 	56	18.8%
 high intermediate 	77	25.8%
• High	7	2.3%
 Very high 	0	0.0%
Mother age	31.0 <u>+</u> 6.0	19.0 - 50.0
_	Mean + SD	Min - Max
Child age	6.4 <u>+</u> 3.6	2.0 - 14.0
_	Mean \pm SD	Min - Max

Table (1): Socio-demographic Characteristics of the study population

Table (2): Frequency of using CP per week of the study population

Frequency of using CP per week	Ν	%
Never had CP	9	3.0%
Infrequent usage (≤ 2 /week)	111	37.3%
Frequent usage (> 2 / week)	178	59.7%

	Socio-demographic Characteristics		Never had CP		Infrequent usage		quent ge	X ²	P-value
		N	%	Ν	%	Ν	%		
Gender	Male	4	44.4%	65	58.6%	102	57.3%	.679	0.712
	Female	5	55.6%	46	41.4%	76	42.7%		
Child	Youngest	3	33.3%	42	37.8%	48	27.0%	6.912	0.329
order	Oldest	3	33.3%	36	32.4%	61	34.3%		
	He is the only child	2	22.2%	11	9.9%	34	19.1%		
	Other	1	11.1%	22	19.8%	35	19.7%		
SES	Very low	0	0.0%	4	3.6%	11	6.2%	40.366	0.000*
	Low	5	55.6%	6	5.4%	30	16.9%		
	Low	3	33.3%	30	27.0%	69	38.8%		
	intermediate								
	Intermediate	0	0.0%	24	21.6%	32	18.0%		
	High	1	11.1%	41	36.9%	35	19.7%		
	intermediate								
	High	0	0.0%	6	5.4%	1	0.6%		
	Very high	0	0.0%	0	0.0%	0	0.0%		
Mother	38.8 <u>+</u> 6.9		32.3 <u>+</u> 5		29.9 <u>+</u> 5			14.416	0.000*
age	Mean \pm SD		Mean <u>+</u>	<u>-</u> SD	Mean -	<u>+</u> SD		F	
Child	8.2 <u>+</u> 3.3		6.9 <u>+</u> 3.		6.0 <u>+</u> 3.			3.404**	0.035*
age	Mean \pm SD		Mean <u>+</u>	<u>-</u> SD	Mean -	<u>+</u> SD		F	

Table (3): Socio-demographic characteristics in relation to frequency of using CP

* Significant at a level of $\leq 0.05\%$

Table (4): Disciplinary methods used	during last monrh in	relation to frequency
of using CP:		

	Never		Infrequent		Frequ	uent	2	P-
	us	ed CP	usage		usage	2	X^2	Value
	Ν	%	Ν	%	Ν	%		value
 Took away privileges 	7	77.8%	93	83.8%	153	86.0%	.619	0.734
 Explained why behavior is wrong 	7	77.8%	100	90.1%	152	85.4%	2.007	0.367
 Shake child 	0	0.0%	56	50.5%	145	81.5%	49.175	0.00*
Shout or yell at child		66.7%	83	74.8%	151	84.8%	5.550	0.062
 Gave child something else to do 		77.8%	84	75.7%	146	82.5%	1.986	0.370
• Hit on bottom with bare hand	0	0.0%	32	28.8%	142	79.8%	86.058	0.00*
 Hit using an object 	0	0.0%	16	14.4%	105	59.0%	62.668	0.00*
 Insult child/ call him dumb etc 		11.1%	54	48.6%	136	76.4%	34.206	0.00*
 Hit on face, head, ears 		0.0%	15	13.5%	67	37.6%	23.476	0.00*
• Hit on hand, arm or leg	0	0.0%	46	41.4%	139	78.1%	54.200	0.00*
Hit as hard as possible	0	0.0%	1	0.9%	32	18.0%	21.401	0.00*

* Significant at a level of $\leq 0.05\%$

Mothers' attitude		er had CP	ad Infreque t usage			equent sage)	\mathbf{X}^2	Р
	Ν	%	Ν	%	Ν	%		
Mothers' attitude • CP is needed to raise child properly	1	11.1%	26	23.4%	71	39.9%	10.390	0.006*
 Believe there are other ways to discipline a child 	9	100.0 %	108	97.3%	159	89.3%	7.093	0.029*
Mothers history of having CP during their childhood	4	44.4%	72	64.9%	145	81.5%	14.103	0.001*

Table (5): Mothers' attitude and their childhood history of CP in relation to frequency of using CP

* Significant at a level of $\leq 0.05\%$

							\mathbf{X}^2	Р
	Ne CP	ver used	Infre usag	equent je	Frequ	ient usage		
	Ν	%	Ν	%	N	%		
 To obey my orders 	1	11.1%	59	53.2%	134	75.3%	26.640	0.000*
• To show respect for me	1	11.1%	44	39.6%	124	69.7%	32.963	0.000*
• To learn the acceptable behavior	1	11.1%	61	55.0%	138	77.5%	28.971	0.000*
• Attacking another child	0	0.0%	39	35.1%	92	51.7%	14.881	0.001*
 Telling lies 	0	0.0%	32	28.8%	102	57.3%	29.982	0.000*
 Low grades in exams 	1	11.1%	35	31.5%	82	46.1%	9.188	0.010*
Cannot control emotions	1	11.1%	64	57.7%	132	74.2%	20.835	0.000*
 Mother anger 	1	11.1%	67	60.4%	133	74.7%	19.837	0.000*
 Mother stress 	0	0.0%	70	63.1%	144	80.9%	34.387	0.000*
• Seeking immediate compliance	1	11.1%	54	48.6%	113	63.5%	13.849	0.001*
• Others ways are not effective	1	11.1%	30	27.0%	100	56.2%	27.651	0.000*
• Other ways did not work.	1	11.1%	31	27.9%	106	59.6%	32.120	0.000*
• There is no alternative	0	0.0%	10	9.0%	61	34.3%	26.940	0.000*
• Mother isn't skilled using other ways	0	0.0%	19	17.1%	51	28.7%	7.910	0.019*

Table (6): Reasons	for using	CP in relation	to frequency	of using CP:
	TOT GOING		to mequency	

* Significant at a level of $\leq 0.05\%$

Table (7): Mothers' knowledge about CP outcomes in relation to frequency of using CP:

using cri	1					1	
	Ν	Mean <u>+</u> SD	95% CI for Mean		Min -	F	Р
			Lower	Upper			
			Bound	Bound			
 Never had CP 	9	6.33 <u>+</u> 1.871	4.90	7.77	4 - 9	6.303	0.002*
 Infrequent usage 	111	6.43 <u>+</u> 2.437	5.97	6.89	0 - 9		
 Frequent usage 	178	5.43 <u>+</u> 2.367	5.08	5.78	0 - 9		

* Significant at a level of $\leq 0.05\%$

الملخص العربى

العقاب البدني : معدل انتشار وعوامل الخطورة في عينة من الاطفال المصريين في مراكز الرعاية الاولية

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الخلفيه: يعرفٍ العقاب البدني للاطفال على أنه استخدام القوة الجسدية لإحداث أي نوع من الألم أو عدم الارتياح. طبقا لاحصائيات اليونسيف التي تم جمعها من 37 دولة فان 82% من الاطفال في عمر ما بين 2–14 عام، تعرضوا للعقاب البدني في الشهر السابق للدراسة .تعد مصر احد الدول في قمة القائمة بنسبة 78% . رغم ان العقاب البدبي يؤدي احيانا الى الطاعة المباشرة من الطفل الا ان اضراره اكثر بكثير من اي نفع محتمل. يزيد العقاب البدني من المشاكل السلوكية مثل الاكتئاب و قلة الاعتزاز بالنفس و السلوك العدواني و اضطراب العلاقة بين الطفل و الابوين. من الجدير بالذكر ، ان العقاب البدين يؤدي الى انخفاض في النمو الادراكي للاطفال مما يؤثر على التحصيل الدراسي بالسلب.رغم ان غالبية الابحاث تثبت وجود الاثار السلبية للعقاب البدني لكن ما زالت بعض الابحاث – و ان ندرت – تتنتقد تلك الرؤية و تدعى عدم وجود تبعات خطيرة للعقاب البدني ، لكن حتى الان لا يوجد اي دليل على فعالية العقاب البدني لتقويم سلوك الطفل. ان في مصر و العديد من الدول النامية مازال العقاب البدني احد اساليب التقويم المقبولة ، مع تجاهل اثاره السلبية على سلوك الطفل و نموه على المدى القصير و البعيد**.الأهداف** : تمدف هذه الدراسه الي التعرف على نسبة العقاب البدني في الاطفال في عينة البحث وعلى عوا مل الخطورة المرتبطة باستخدام العقاب البدني والاسباب التي تدفع الامهات لاستخدام العقاب البدني وكذا تقييم مدى معرفة الامهات بالنتائج السلبية لاستخدام العقاب البدني. **المنهجية و طرق البحث**: دراسة تحليلية مقطعية تم اجرائها بين مايو و نوفمبر 2017. تم اخذ عينة 298 من الحضور الى عيادات مركز الرعاية الصحية الاولية في منطقة سراي القبة و الحي السابع مدينة نصر. معايير الاشتمال : جميع الامهات ذوات الاطفال في الفئة العمرية (2–14) سنة .معايير الاسثناء : وجود مرض مزمن لدى الطفل او وجود اعتداء بدني و ذلك تم معرفته باستخدام اسئلة مخصصة في الاستقصاء. **نتائج الدراسة** : وجدت الدراسة ان العقاب البدني استخدم بنسبة 97%مع الاطفال من 2–14 سنة . و اثبتت الدراسة ان المستوى الاجتماعي للاسرة و عمر الطفل و عمر الام و تعرض الام للعقاب البدني بانتظام اثناء الطفولة ضمن عوامل الخطورة ، التي يوجد بينها و بين استخدام العقاب البدني علاقة قوية. من ضمن الاسباب الاكثر شيوعا التي وجد انها تدفع الامهات لاستخدام العقاب البدني. كانت الضغط العصبي و الشعور بالغضب و الرغبة في تعليم الطفل الانضباط. من النتائج المهمة التي وقفنا عليها ، حتى في غياب دلالة احصائية ، هي ان الامهات اللاواتي استخدمن العقاب البدين عدد مرات اقل أجابت بشكل افضل فيما يتعلق بمعرفتهن حول النتائج السلبية للعقاب البدني. **الخلاصه** :مما سبق ، نوصي نتاج هذا البحث بان يتم تدريب اطباء الرعاية الاولية لتقديم المعلومات حول اساليب التربية الايجابية للامهات باستخدام منشورات و برامج تثقيفية تتضمن نتائج الابحاث حول عدم فاعلية العقاب البدني و نتائجه السلبية . ينبغي البدء بالفئات الاكثر عرضة لاستخدام العقاب البدني مثل الطبقات الاجتماعية المنخفضة و الامهات الاصغر سنا و الاطفال الاصغر سنا و الامهات اللاواتي تعرضن للعقاب البدني اثناء طفولتهن بانتظام .