

Awareness of child abuse and neglect among working parents in Chennai, India: A knowledge, attitude and practice (KAP) survey

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ABSTRACT

Background: Child abuse and neglect is one of the foremost growing public health problems in India. In the current scenario, there is an increasing frequency of both the father and mother of a child to go to work which leads to a decrease in the quality time spent with their children. This unsupervised or unmonitored time plays a vital role in the child's growth and development as any form of abuse or neglect during this period may it be physical, emotional, or mental will cause a significant and far reaching consequence in the child. Thus, proper knowledge and awareness is required for early identification and intervention by the parents to prevent such untoward consequences. **Aim:** The aim of this study is to assess (i) the knowledge and awareness regarding child abuse and neglect among working parents in Chennai and (ii) to evaluate their understanding of the methods and steps taken in the identification and prevention of child abuse and neglect. **Materials and Methods:** Questionnaire consisting of 14 questions was distributed to 212 randomly selected working parents in Chennai, Tamil Nadu, India. Completed questionnaires were collected and subjected to data analysis. **Results:** Majority of the working parents were aware of the various parental and environmental factors that could result in child maltreatment and just nearly half of them had taken proper steps to prevent such untoward occurrence in their families. **Conclusion:** Proper steps have to be taken by the parents and each member of the society as a whole to prevent and reduce the incidence of child abuse and neglect. This study evaluated the understanding and attitude of the working parents toward physical child abuse, their knowledge on the emotional and psychological neglect, and the steps they are willing to take or have taken to prevent it in order to build a better future for the children.

Keywords: Awareness, child abuse, neglect, protection, working parents

Introduction

Child abuse and neglect is one of the most prevalent and significant social problems in the world. In general, abuse refers to (usually deliberate) acts of commission while neglect refers to the acts of omission.^[1,2] According to the World Health Organization, child abuse and child maltreatment can

be referred to as “all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.” Different rules are applicable to different cultures regarding acceptable parenting practices. The views on child-rearing across cultures might diverge to such an extent that some researchers have suggested that the agreement on what practices are abusive or neglectful can be extremely difficult to reach.^[3,4]

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There are five subtypes of child maltreatment which can be distinguished as physical abuse, sexual abuse, neglect and negligent treatment, emotional abuse, and exploitation.^[5]

- (1) Physical abuse of a child can be defined as an action that results in actual or potential physical harm. It is in the form of an interaction, which is reasonably within the control of a parent or person in a position of responsibility, power, or trust. It may be of single or repeated incidents
- (2) Child sexual abuse is the sexual activity which involves a child in which the child does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or that violates the laws of the society. Child sexual abuse is evidenced by an activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust, or power; the activity being intended to gratify or satisfy the needs of other person. This may include but is not limited to the inducement or coercion of a child to engage in any unlawful sexual activity, the exploitative use of a child in prostitution or other unlawful sexual practices, and the exploitative use of children in pornographic performances and materials
- (3) Emotional abuse can be defined as the failure of a caregiver to provide an appropriate and supportive environment and includes acts that have an adverse effect on the emotional health and development
- (4) Neglect refers to the inattention or omission to provide for the proper development of the child by the parent or caregiver including all aspects such as health, education, emotional development, proper nutrition, shelter, and safe living conditions, which in the context of the family or caretakers are reasonably available resources and causes, or has a high probability of causing harm to the child's health or physical, mental, spiritual, moral, or social development. This includes the failure to properly supervise and protect children from harm as much as is feasible
- (5) Exploitation refers to commercial or other exploitation of child in work (child labor), or other activities for the benefit of others, such as child trafficking.^[6]

Physical, behavioral, and emotional manifestations of abuse vary between children, depending on the child's stage of development when the abuse occurs, the severity of the abuse, the relationship of the perpetrator to the child, the length of time over which the abuse continues, and other factors in the child's environment.^[4,7]

According to a survey conducted by the Government of India, Ministry of Women and Child Development (2007), it was observed that the prevalence of all forms of child abuse is extremely high, particularly physical abuse (66%) and emotional abuse (50%).^[8] This survey mainly deals with physical and emotional maltreatment and neglect of children, the various parental and environmental factors, and its influence on the unmonitored time of children in a family where both parents are working in particular. So, this study

is mainly conducted to assess the knowledge, attitude, and practice among working parents in Chennai regarding child abuse and neglect.

Materials and Methods

The present study is a questionnaire-based cross-sectional survey of working parents in and around Chennai, Tamil Nadu, India carried out during November 2018 to January 2019.

Study population

Study population consisted of randomly selected parents in Chennai in which both the parents were working.

Study sample

Parents were selected by means of simple random sampling for the study.

Study design

The purpose of the study and the procedure to fill up the questionnaire was explained to the parents and informed consent obtained. The questionnaire was distributed to 212 working parents of varied age groups (>20 years) currently working in and around Chennai. The questionnaire distributed to the parents focused on their knowledge and understanding, their attitude, and their practice toward child abuse and neglect.

Results

The results were collected and represented by means of bar chart [Tables 1-14].

Table 1 shows that 46% of the parents worked in private sector, while 27% of them worked in government sector and 23% were self-employed. Table 2 shows that the original residence of the parents is majorly urban – 53.9% followed by semi-urban – 28.4% and rural – 17.6%. Table 3 shows that 50% of the working parents belong to a joint family set up while the other 50% belong to a nuclear family set up. Table 4

Table 1: Bar-chart representing the response of parents regarding their type of work

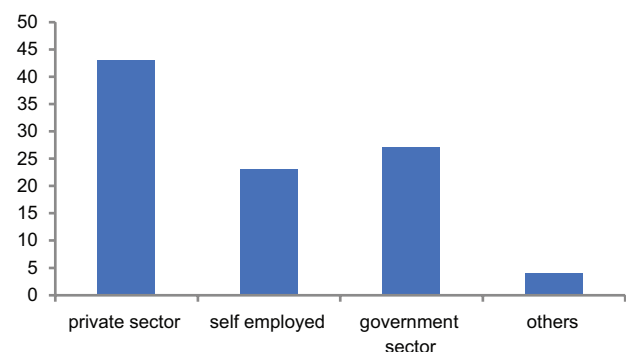


Table 2: Bar-chart representing the response of parents regarding their residence

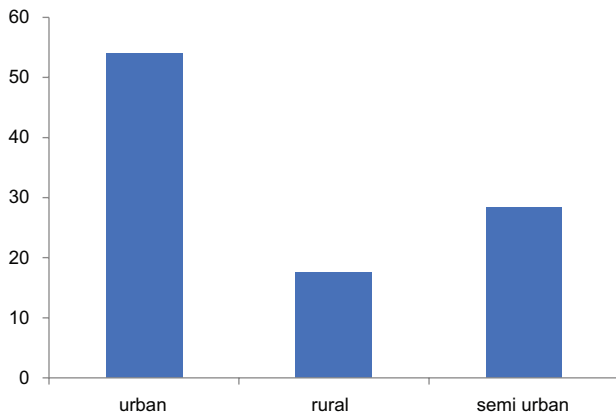


Table 3: Bar-chart representing the response of parents regarding the type of family

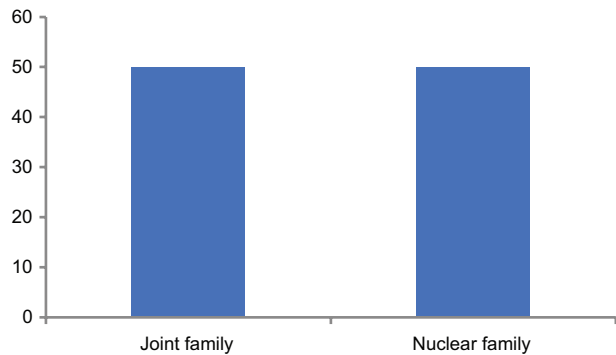
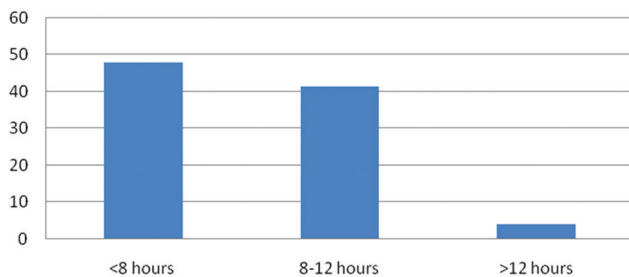


Table 4: Bar chart representing the response of parents regarding the average unmonitored time of a child

Unmonitored Time of Child:Average per day



shows that the maximum amount of unmonitored time of child by the parents is less than 8 h/day (48%), followed by 8–12 h (41.4%). Table 5 depicts that most of the children are taken care of by their family members (72.3%), followed by daycare center workers and school teachers (13.9%) when the parents are away or at work.

Table 6 represents that 73.5% of the parents had not been a victim of child abuse and neglect in the past while 13.7% agreed they were a victim of child abuse and neglect in the past and 12.7% did not wish to answer. Table 7 indicates that majority of the parents (42%) thought that child abuse and neglect is common below 6 years of age whereas only 31% were aware that the child is more susceptible between 6 and 8 years. Table 8 signifies 83.3% of the parents do not prefer sending their child to daycare centers. Table 9 indicates that more than half, that is, 67.6% of the parents, took their child for health-care check-ups only when required. Table 10 states that 50% of the parents were unaware of any organization against child abuse and neglect while 50% were aware of it.

Table 11 states that 98% parents thought that factors like parental depression, stress, marital life, and divorce will affect the child while 2% do not think so. Table 12 depicts that among the parents who thought that parental depression, stress, marital life, and divorce will affect the child, 79.4% felt that it will affect the child a lot while 19.6% felt that it will affect the child to some extent; 1% felt it will not affect the child much. Table 13 shows that 45.8% of parents were aware that contusions and ecchymosis were the most common frequent facial injuries we can identify in physical child abuse. Table 14 states 58% of the parents have said that they had taken steps to prevent child abuse and neglect in family while 42% said that they have not taken any such steps.

A final question was asked to the parents to mention the steps that they had taken to prevent child abuse and neglect in their family. Most of them had mentioned about spending more quality time with the children, educating the children about how to behave with strangers, teaching the difference between a good touch and bad touch, and leaving the child under immediate care of other family members such as grandparents when they are away or at work. Few mentioned about monitoring the child’s activities and avoiding stress factors such as arguing and fighting among family members in front of children. Almost everyone agreed that a friendly bond should be maintained between the parents and the child so that the child will not hesitate to open up to them if in case any problem arises.

Discussion

India is home to the largest child population in the world, with almost 41% of the total population under 18 years of age. Any vision toward the progression and development of a nation depends on the health and security of the country’s children.^[9] This survey mainly focuses on the physical, emotional child abuse, and neglect and the understanding of the parents toward it and the ways to prevent it. The role of parents and their presence during child’s growth and development plays a major role in molding the child’s behavior and character. In our study, the maximum number of parents was away from their children for less than 8 h/day (47.9%) and during the interval period the children were mostly taken care of by their family members, mostly grandparents in particular. When a child suffers from child

Table 5: Bar chart representing the response of parents as to who takes care of the child when they are away or at work

Who takes care of your child when you are away or at work?

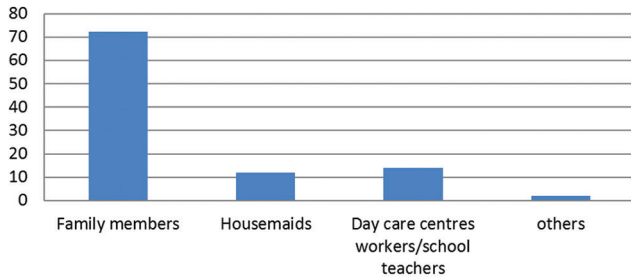


Table 6: Bar chart representing the response of parents whether they have been a victim of child abuse and neglect in their past

Were you a victim of child abuse and neglect in the past?

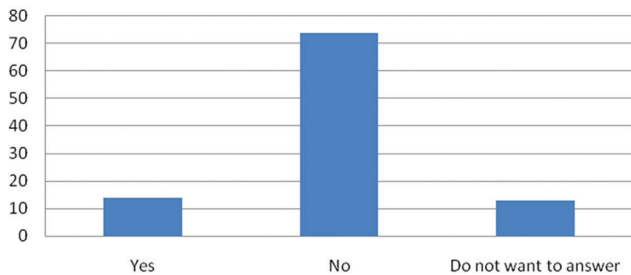
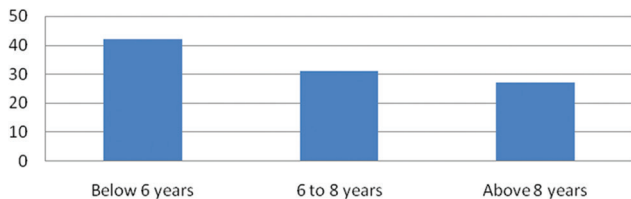


Table 7: Bar chart representing the response of parents regarding the most susceptible age for child abuse and neglect

At what age do you think child is more susceptible to child abuse and neglect?



abuse and neglect at an early stage in life, it leads to disruption in their sense of self, ability to build healthy relationships with other people by causing long-lasting emotional and psychological scars.^[10] Thus, tender love, understanding, and care are required by the children from family members at all stages of their childhood.

According to Salzinger *et al.*, in 1993, physically abused children have been observed to be more disliked and less popular when compared their nonabused peers. With close friends too, they were found to demonstrate less intimacy, more conflict, and more negative affect than nonabused children do with friends (Parker and Herrera, 1996). When looked upon the gender and age distributions, it is found that unlike sexual abuse, there is a very minor difference between boys and girls in the overall incidence of physical and emotional maltreatment. However, gender distributions may vary with the age of the victim, such as increased representation of female victims of adolescent physical abuse (Powers *et al.*, 1990). According to our survey, only 31% of the working parents were aware that 6–8 years is the age period where a child is more susceptible to child abuse and neglect. National surveys indicate that physical abuse peaks in the 4–8-year-old range. Emotional maltreatment has been reported to show a high incidence in the 6–8-year-old range and to remain at a similar level through adolescence.^[11]

In our survey, around 13.7% of the working parents were a victim of child abuse and neglect in the past whereas 12.7% did not want to answer. Egeland *et al.* (1988) reported that approximately 38% of mothers who had a past history of severe maltreatment when they were children physically and/or emotionally were found to exhibit maltreatment toward their own children. There have been numerous reports of studies, which signify that maternal affective or substance abuse disorders are related to disturbances in the parent–child interactions which include verbal aggression directed toward children and decreased emotional nurturance (Field *et al.*, 1990; Hawley *et al.*, 1995; Radke-Yarrow *et al.*, 1993; Zuravin, 1989). This increased risk for emotional maltreatment may explain the reason for the deprived attachment, disruptive behavioral disorders, and other such affective disorders exhibited by children born to depressed mothers. It was identified that social support from family during the perinatal period was particularly protective for women with histories of childhood abuse and neglect.^[12] Thus, there is an urgent need of widespread training for perinatal depression screening and treatment.^[13] When appropriate interventions were given for mothers with affective disorders, it provided beneficial results in the improvement of the parent–child emotional interactions and greater rates of secure mother–child attachment.^[11]

Role of government and other agencies against child abuse and neglect in India

It is the foremost responsibility of the government to protect the nation’s children against child abuse and neglect. India is home to a large population of children below 18 years and 27 million babies are born each year. Factors like maternal under nutrition, unsafe deliveries, low birth weight babies and poor newborn care, lack of adequate immunizations, poor nutrition, and neglect of early development and education are some of the major issues that are still prevalent in India and have to be properly addressed. In 1992, India accepted the obligations of the UN Convention on the Rights of the Child. Indian Government has been taking

Table 8: Bar chart representing the response of parents regarding the preference of daycare centers

Do you prefer sending your child to day-care centers?

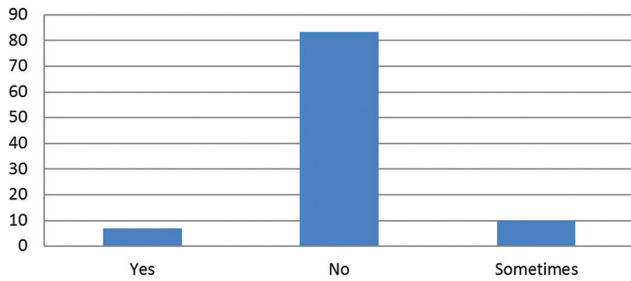


Table 9: Bar chart representing the response of parents regarding the frequency of child health-care check-ups

Are you aware of any organization against child abuse and neglect?

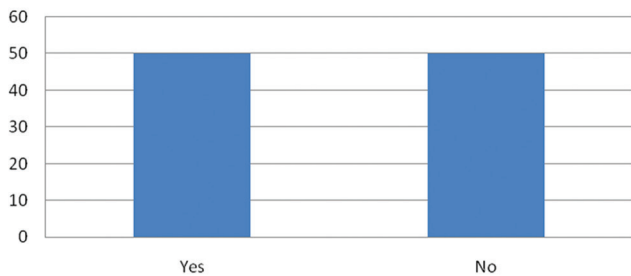
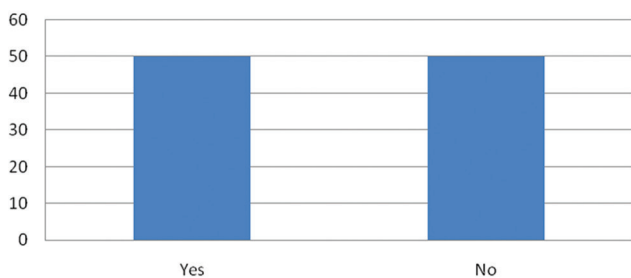


Table 10: Bar chart representing the response of parents regarding the awareness about organizations against child abuse and neglect

Are you aware of any organization against child abuse and neglect?



continuous steps in the past two decades against child abuse and neglect.^[14] It includes:

- Juvenile Justice (Care and Protection) Act 2000 (amended in 2006),
- Prohibition of Child Marriage act (2006),
- the formation of the National Commission for Protection of Child Rights (2005),
- National Plan of Action for children (2005),

Table 11: Bar chart representing the response of parents regarding the influence of various parental stress factors affecting the child

Do you think factors like parental depression, stress, marital life and divorce will affect the child?

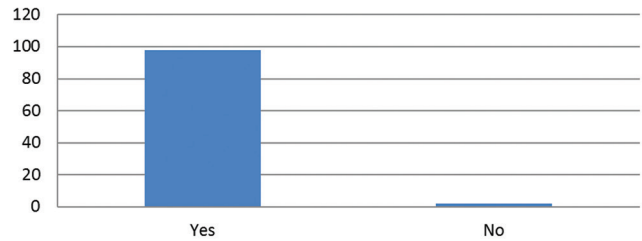


Table 12: Bar chart representing the response of parents regarding parental stress factors affecting the child

If Yes, How much do you think that factors like parental depression, stress, marital life and divorce will affect the child?

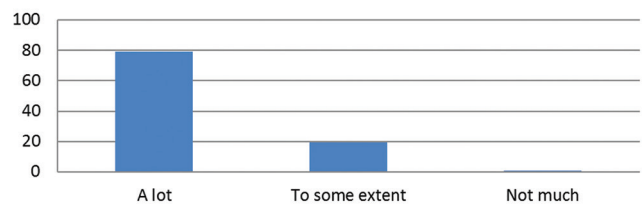
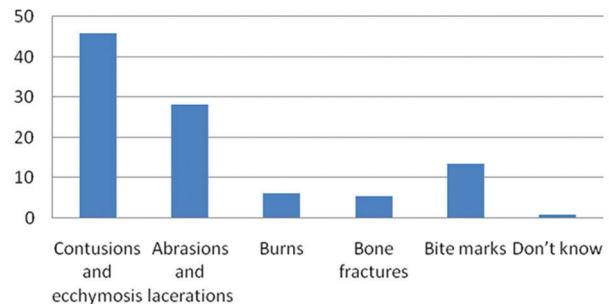


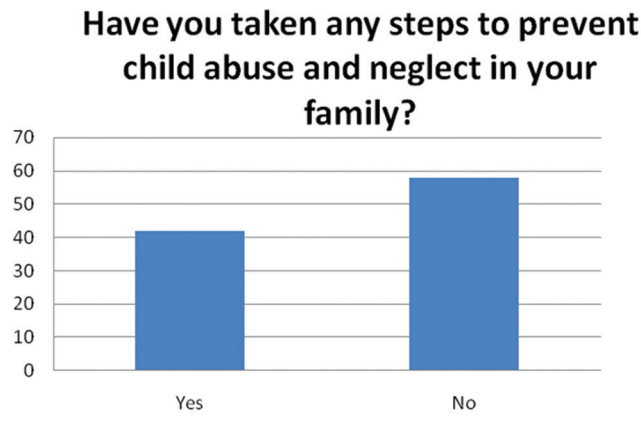
Table 13: Bar chart representing the response of parents regarding the most frequent facial injury one can identify in physical child abuse

Which of these is the most frequent facial injury you can identify in physical child abuse?



- Right to Information 2005,
- the Goa Children (amendment) Act 2005,
- Child Labour (Prohibition and Regulation) Act, 1986 (two notifications in 2006 and 2008), which expanded the list of banned and hazardous processes and occupation,

Table 14: Bar chart representing the response of parents regarding steps taken by them to prevent child abuse and neglect in their respective families



- Integrated Child Protection Scheme (2009); various legislations such as Right to Education Bill (2009),
- Prevention of children from Sexual Offences (POCSO Act 2012).^[13]

According to the 9th ISPCAN Asia Pacific Conference of Child Abuse and Neglect (APCCAN 2011) conference outcome document “Delhi Declaration,” it re-affirmed and pledged to stand against the neglect and abuse of children and to make every effort necessary to achieve child rights and the building of a caring community for every child, which is free of violence and discrimination.

There are numerous organizations and NGOs against child abuse and neglect in India. In our survey, only 50% of the parents were aware of the organizations against child abuse and neglect whereas 50% were not.^[15]

CHILDLINE 1098:

This is an emergency telephonic helpline, which helps to link children in situations of abuse/neglect with rehabilitation services. CHILDLINE 1098 has become an exceptional model of public–private partnership, operational in more than 200 cities/districts across the country. During their busy clinical practice, medical professionals should use this telephone helpline to refer cases of child abuse to CHILDLINE, thus connecting them to socio-legal services.^[14,16]

Thus, the primary care physicians play a major role in suspecting and identifying signs of child abuse and neglect at the grass-root level and it is their primary responsibility to report to the appropriate authorities at the earliest. This will help to lower the risk of behavioral, learning, physical, and mental health problems in the affected children, which in turn reduces the risk of mortality and morbidity.

Conclusion

Majority of the working parents were aware of the consequences of child abuse and neglect and were willing to take necessary steps to prevent such incidence in their family. Moreover, it should be a joint effort by the parents, society, and the government to safeguard the children against all forms of abuse and neglect. A multidisciplinary approach is required to provide early intervention, educate children and parents against such forms of abuse, heed ear to the children’s voice, monitor the Government’s activities and laws against child abuse, and make sure they reach the affected. Awareness should be given to children by their parents regarding personal safety and self-defense which will go a long way in the development of protective behaviors, to voice their opinions and increasing their confidence and molding them to be better future citizens of the nation.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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