



ISSN:2230-9926

Available online at <http://www.journalijdr.com>

IJDR

International Journal of Development Research
Vol. 5, Issue, 11, pp. 6001-6006, November, 2015

**International Journal of
DEVELOPMENT RESEARCH**

Full Length Research Article

**A COMPARATIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING CHILD ABUSE
AMONG PARENTS RESIDING IN SELECTED RURAL AND URBAN AREAS
OF JALANDHAR, PUNJAB**

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ARTICLE INFO

Article History:

Received 22nd August, 2015
Received in revised form
03rd September, 2015
Accepted 26th October, 2015
Published online 30th November, 2015

Key Words:

Child Abuse,
Knowledge, Parents,
Rural Area, Urban Area.

ABSTRACT

A child is a tender human being which needs support in all forms for its all-round development. It is very pathetic that many parents unknowingly abuse their child sometimes. They do not differentiate between the methods of disciplining the child and the form of abuse and neglect. The present study aimed to assess the knowledge regarding child abuse among parents residing in selected rural and urban areas of Jalandhar, Punjab. A quantitative research approach and comparative research design was used and study was carried out in selected rural and urban areas in Jalandhar, Punjab. Total 100 parents were selected with Purposive sampling technique i.e. 50 from rural and 50 from urban areas. Written consent was taken from the sample. Self-structured knowledge questionnaire containing 34 questions was used to evaluate the knowledge of parents regarding child abuse. Results depicted that mean knowledge score of parents residing in rural areas was 19.64 ± 5.44 and mean knowledge score of parents residing in urban areas was 24.22 ± 5.81 . This difference in the mean scores was statistically significant at $p < 0.001$ level. Hence it was inferred that parents residing in urban areas had more knowledge regarding child abuse than parents residing in rural areas.

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INTRODUCTION

Background of the study

‘Child abuse casts a shadow the length of a lifetime.’ Herbert Ward

India is home to almost 19% of the world's children; nearly 40% of its population and 69% of Indian children are victims of child abuse. Child abuse is the one of the most common types of violence against children. This type of violence can have implications for both the physical and mental health of the children, and can influence the health status long after the abuse has occurred (Ball and Bindler, 2009). Child abuse is like a virus - it attacks the host organism and alters it physically. It self-replicates. “Infection” creates a downward spiral through generations, each victim more likely to infect more and more victims. Children who survive abuse to adulthood in turn are more likely to abuse their own children who, if they survive, grow up more likely to abuse their own children (Crosson, 2013).

According to WHO: Child abuse or maltreatment constitutes 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. Child abuse has serious physical and psycho-social consequences which adversely affect the health and overall well-being of a child (Kacker, Varadan, Kumar, Mohsin, Dixit, 2007).

Child abuse is not just an individual or familial problem. Children who survive abuse grow up more likely to negatively impact our society in many ways, which may be in form of violence, crime, drugs abuse and disease. Child abuse is a community problem and unless the community is aware of the issue, the extent of the problem and of their role in stopping and preventing child abuse, more and more children, families and communities will suffer (Bimal S, Kalia R, Das K. 2009). Causes of child abuse in India are high crime rate, lack of or few social services, high poverty rate, high employment rate, personal history of abuse as a child, teenage parents, young single parent, severe stress, domestic violence, history of

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depression, low self-esteem, multiple young children, unwanted pregnancy, handicap, unwanted child in family, separation from mother in neonatal period, physically unattractive. (Kacker L, Varadan S, Kumar P, Mohsin N, Dixit A. 2007). Children who experience child abuse and neglect are 59% more likely to be arrested as juveniles, 28% more likely to be arrested as adults, and 30% more likely to commit violent crime. One long-term study found that up to 80% of abused people had at least one psychiatric disorder at age 21, with problems including depression, anxiety, eating disorders, and suicide attempts. In the Indian society the parents plays a significant role in upbringing the child. If parents have knowledge regarding child abuse they can detect the signs and prevent the occurrence of child abuse (Wikipedia Contributors, 2015).

Need of the study

A child is a tender human being which needs support in all forms for its all-round development. The parents and the family members are the ones present in the immediate environment of the child to fulfill its need. It is very pathetic that many parents unknowingly abuse their child sometimes. They do not differentiate between the methods of disciplining the child and the form of abuse and neglect. Since they are unaware of what is abuse and neglect it is very difficult for them to protect their children being abused by others. It is the prime responsibility of the parents especially the mother, to ensure the optimum climate for the child to grow and develop. The mother should have knowledge regarding the child abuse and neglect (Sudha, 2011).

In its 2013 more than 48,000 child rape cases were recorded from 2001 to 2011 and that India saw an increase of 336% of child rape cases from 2001 (2,113 cases) to 2011 (7,112 cases), (Iaccino L. 2014). While the bruises of the body fade in time, the scars of child abuse never fade. Children are never the same again after an abuser has entered their lives; they lose not only the innocence of childhood, but also the chance at a normal future. One cannot erase the memories of abuse; they live in conscious and the subconscious, invading every aspect of one's life. Child abuse victims are given a life sentence, forced to live in the shadows of their abusers (Herbert, W. 2008).

In India a study was conducted by Kacker L, Varadan S, Kumar P, Mohsin N, Dixit A. in the year 2007 on child abuse to develop a comprehensive understanding of phenomenon of child abuse with a view to facilitate the formulation of appropriate policies and programs in India. Study covered 13 states n=12447, the major findings are: 02 out of every 03 children were physically abused. Out of 69% children physically abused in 13 sample states, 54.68% were boys. 53.22% children reported having faced one or more forms of sexual abuse. 21.90% child respondents reported facing severe forms of sexual abuse and 50.76% other forms of sexual abuse, 50% of sexual offenders were known to the victim or were in positions of trust (family member, close relative, friend or neighbor), 5-12 years group faced higher levels of abuse, largely unreported, every second child reported facing emotional abuse. Equal percentage of both girls and boys reported facing emotional abuse. Children on street, children

at work and children in institutional care reported the highest incidence of sexual assault. 50% abuses are persons known to the child or in a position of trust and responsibility. In 83% of the cases parents were the abusers and most children did not report the matter to anyone (Kacker L, Varadan S, Kumar P, Mohsin N, Dixit A. 2007). A descriptive study was conducted by Sudha R. at Chennai to assess the awareness of mothers who have children less than 15 years regarding child abuse and neglect. Results of the study showed that 8% of women had adequate awareness, 24% had moderate awareness and 68% had inadequate awareness (Sudha, 2011).

The statistics on physical child abuse are alarming. It is estimated that hundreds to thousands of children were physically abused each year by a parent or close relative. India has the largest number of children (375 million) in the world, nearly 40% of its population. 69% of Indian children are victims of physical, emotional, or sexual abuse (or read it as every 2 out of 3). New Delhi, the Nation's capital, has an over 83% abuse rate. 89% of the crimes are perpetrated by family members. Boys face more abuse (>72%) than girls (65%). More than 70% of cases go unreported and unshared even with parents/ family (Gupta and Aggarwal 2012). Child abuse in India, according to the NCPCR (National Commission for Protection of Child Rights) report, increased to 763 for 2009-10 from 35 in 2007-08. Child abuse complaints included incidents of rape, trafficking, humiliation, physical and mental torture. To deal with the child abuse or child exploitation in India, the protection of Children from sexual offences bill, 2010 has been drafted. The draft bill describes a boy or a girl below the age of 18 as a child. The draft bill also describes any kind of physical contact with sexual intent as sexual assault (Bageshree, 2011).

As a researcher I had a personal experience during his clinical posting that some parents were not caring for the child properly. They were maltreating the child like hurting by words and beating to teach discipline. Child abuse is a worldwide phenomenon that can have long lasting effects on the normal growth and development of the child. So, gaining better knowledge regarding child abuse will help to practice and reduce the incidence of child abuse. It also helps to reduce the complication which turns to improve the health and behavior of child and reduces major public health crisis. Child abuse can be best prevented by supporting families through providing skills and resources. Keeping this in view the researcher justified the need to assess the knowledge regarding child abuse among parents residing in selected rural and urban areas with a view to develop and distribute pamphlets on child abuse.

Objectives of the study

- To assess the knowledge regarding child abuse among parents residing in selected rural areas.
- To assess the knowledge regarding child abuse among parents residing in selected urban areas.
- To compare the knowledge regarding child abuse among parents residing in selected rural and urban areas.

- To determine the association of knowledge regarding child abuse among parents residing in selected rural areas with their selected socio-demographic variables.
- To determine the association of knowledge regarding child abuse among parents residing in selected urban areas with their selected socio-demographic variables.

Delimitations

The study was limited to:

1. Parents of children below 12 years.
2. 100 sample.
3. Parents who reside in areas selected for study.
4. Parents available during the time of data collection.

MATERIALS AND METHODS

Research Approach

Quantitative research approach was considered to be appropriate for the present study.

Research Design

Comparative design was utilized to compare the knowledge regarding child abuse among parents residing in selected rural and urban areas.

Research Setting

The present study was conducted in the selected rural area (Vill. Sarai Khas which comes under CHC Kartarpur, District: Jalandhar, Punjab) and urban area (Maqsudan, District: Jalandhar, Punjab).

Target Population

In the present study the target population was parents of children below 12 years in selected rural area and urban area.

Sample

Sample size of the study comprised of 100 parents.

- 50 parents from selected rural areas
- 50 parents from selected urban areas

Sampling Technique

Under Non-probability method, Purposive sampling technique was adopted to select sample.

Method of Data Collection

Section 1: Structured Questionnaire to assess socio-demographic variables of the sample.

Section 2: Self-structured knowledge questionnaire to assess knowledge regarding child abuse among parent.

Description of Tool

The tool consists of two parts:

Part I: This part includes socio-demographic variables of the participant. Socio-demographic variables include age of the parent, gender, religion, educational status, occupational status, family income per month (in rupees), type of family, number of children, any history of personal experience of child abuse among parent and source of information regarding child abuse.

Part II: This part involves self-structured knowledge questionnaire to assess knowledge regarding child abuse among parent. It includes total 34 questions covering all the aspects of knowledge regarding general concept on child abuse, physical abuse, sexual abuse, emotional abuse, child neglect, health problems with child abuse, prevention and treatment of child abuse. Question number 01-08 comes under general concept on child abuse, Question number 09-11 comes under physical abuse, Question number 12-17 comes under sexual abuse, Question number 18-22 comes under emotional abuse, Question number 23-25 comes under child neglect, Question number 26-27 comes under health problems with child abuse and Question number 28-34 comes under prevention and treatment of child abuse. The tool consists of 34 questions and each correct response was given 1 score and each unattended/incorrect response was given 0 score. Based on that, it was calculated for 34 items. The maximum possible score of the tool was 34 and minimum score was 0. A total score of 0-11 indicates Below Average Knowledge, 12-23 indicates Average Knowledge and 24-34 indicates Good Knowledge.

Validity of Tool

Validity of the tool was confirmed by expert's opinion regarding the relevance of items. The tool was circulated among experts from the field of Psychiatric (Mental Health) Nursing. According to their valuable suggestions modification was made in Socio demographic variables i.e. Part-I and Self Structured Knowledge Questionnaire i.e. Part-II. A language expert translated the modified tool into Punjabi. Validity of the pamphlet was confirmed by experts.

Reliability of Tool

Reliability of the self-structured knowledge questionnaire on knowledge regarding child abuse was computed by applying Split Half Method using Spearman-Brown Prophecy Formula. The reliability (r') obtained was 0.84. Hence the tool was found to be reliable and feasible for the purpose of the study.

Pilot Study

After obtaining formal approval from the Senior Medical Officer, Jalandhar the pilot study was conducted in selected rural area (Vill. Nangal Manohar which comes under CHC Kartarpur, District: Jalandhar, Punjab) and selected urban area (Kabir Nagar, District: Jalandhar, Punjab). The pilot study was conducted in the month of December from 3rd December to 9th December, 2014 to ensure the reliability of the tool and feasibility of the study. The sample consisted of 10 parent i.e. 05 from selected rural areas and 05 from selected urban areas. Subjects were chosen by purposive sampling technique. Purpose of the study was explained to the subjects. The

subjects were assured about anonymity and confidentiality of the information provided by them and informed consent was taken from those who were willing to participate in the study. The sample selected for pilot study was excluded in the actual study. All the items in the tool were clear to the subjects. The collected data was analyzed by using descriptive and inferential statistics. The study was found feasible. The time taken by each respondent for interview schedule was average 30-35 minutes. The plan for data collection remained to be same as for final study because the investigator didn't face any major problem while conducting pilot study.

Data Collection Procedure

Final data was collected in the month of January and February from 15th January to 7th February, 2015 after getting administrative approval. Written permission was taken from the higher authorities of selected rural and urban areas i.e. Medical Officer (MO) and Sarpanch of rural area and Senior Medical Officer (SMO) and Councilor of urban area. Purpose of the study was explained to the subjects. The subjects were assured about anonymity and confidentiality of the information provided by them and informed consent was taken from those who were willing to participate in the study. Total 100 parents were selected i.e. 50 from rural areas and 50 from urban areas. Self-structured knowledge questionnaire was used to evaluate the knowledge of parents regarding child abuse. The time taken by each respondent for interview schedule was average 25-30 minutes. At the end of successful data collection conveyed thanks to the concerned authority and wound up the study.

Ethical Consideration

- Ethical clearance was taken from the ethical committee of the MHR DAV Institute of Nursing, Jalandhar.
- Permission was taken from the higher authorities of the selected rural areas and selected urban areas.
- Informed Consent was taken from the subjects before conducting the study.

Plan of the data analysis

Analysis and interpretation of data was done by using descriptive and inferential statistics such as percentage, mean, mean percentage, standard deviation, t-test and chi square.

RESULTS

Section I: Description of socio-demographic variables by using frequency and percentage

- **In rural area** 22 (44%) parents were in age group 30-40 years, 32 (64%) were females and 21 (42%) belonging to Sikh religion. Majority 19 (38%) of the parents educated up to 11th - 12th standard, 26 (52%) parents were home maker, 23 (46%) parents earning Rs. 5,001/- - 10,000/- per month, 31 (62%) parents lived in nuclear families and 22 (44%) parents had 2 children. Majority 49 (98%) parents had no history of personal experience of child abuse and 24 (48%) parents had no previous source of information regarding child abuse.

- **In urban area** 27 (54%) parents were in age group 20-30 years, 34 (68%) were females and 32 (64%) belonging to Sikh religion. Majority 26 (52%) of the parents were graduate, 25 (50%) parents were home maker, 25 (50%) parents earning Rs. 10,001/- - 15,000/- per month, 33 (66%) parents lived in nuclear families and 28 (56%) parents had 1 child. Majority 48 (96%) had no history of personal experience of child abuse and 19 (38%) parents had electronic media as a previous source of information regarding child abuse.

Section II: Assessment of knowledge regarding child abuse among parents residing in selected rural and urban areas.

Objective 1: To assess the knowledge regarding child abuse among parents residing in selected rural areas.

- Mean knowledge score regarding child abuse was 19.64 ± 5.44 and mean percentage was 57.76 %.
- 58% parents in rural area had average knowledge (14-23) regarding child abuse.

Objective 2: To assess the knowledge regarding child abuse among parents residing in selected urban areas.

- Mean knowledge score regarding child abuse was 24.22 ± 5.81 and mean percentage was 69.29 %.
- 60% parents in urban area had good knowledge (24-34) regarding child abuse.

Section III: Comparison of knowledge regarding child abuse among parents residing in selected rural and urban areas by using 't' test.

Objective 3: To compare the knowledge regarding child abuse among parents residing in selected rural and urban areas.

Data in Table 1 show that the mean knowledge score of parents residing in rural areas was 19.64 ± 5.44 and mean knowledge score of parents residing in urban areas was 24.22 ± 5.81 . This difference in the mean score was statistically significant at $p < 0.001$ level.

Table 1. Comparison of knowledge regarding child abuse among parents residing in selected rural and urban areas

Parents' Residential Areas	N = 100		df	't'	
	n	Knowledge Score			
		Mean	SD		
Rural Area	50	19.64	5.44	98	4.06***
Urban Area	50	24.22	5.81		

Maximum Score = 34 Minimum Score = 0*** Significant at $p < 0.001$ level

Section IV: Association of knowledge with their selected socio demographic variables by using chi square test.

Objective 4: To determine the association of knowledge regarding child abuse among parents residing in selected rural areas with their selected socio-demographic variables.

- There was significant association of the knowledge regarding child abuse among parents residing in rural areas with the selected socio-demographic variables such as educational status, family income per month and source of information.
- Socio-demographic variables such age of the parent, gender, religion, occupational status, type of family,

number of children and any history of personal experience of child abuse among parent were not significant at $p < 0.05$ level of significance.

Objective 5: To determine the association of knowledge regarding child abuse among parents residing in selected urban areas with their selected socio-demographic variables.

- There was significant association of the knowledge regarding child abuse among parents residing in urban areas with the selected socio-demographic variables such as educational status, family income per month and source of information.
- Socio-demographic variables such as age of the parent, gender, religion, occupational status, type of family, number of children and any history of personal experience of child abuse among parent were not significant at $p < 0.05$ level of significance.

DISCUSSION

Analysis of the data regarding 1st objective of the study i.e. to assess the knowledge regarding child abuse among parents residing in selected rural areas indicated that mean knowledge score of parents residing in rural areas regarding child abuse was 19.64 ± 5.44 and mean percentage was 57.76% and in rural area 29 (58%) parents were having average knowledge followed by 13 (26%) parents having good knowledge and 08 (16%) were having below average knowledge. Hence, it can be said that parents residing in rural area had average level of knowledge regarding child abuse. These findings are supported by a study conducted by Karuna, (2012) on child abuse that majority 64% of rural parents had average knowledge regarding child abuse.

Analysis of 2nd objective of the study i.e. to assess the knowledge regarding child abuse among parents residing in selected urban areas indicated that mean knowledge score of parents residing in urban areas regarding child abuse was 24.22 ± 5.81 and mean percentage was 71.24 % and in urban area 30 (60%) parents were having good knowledge (24-34) followed by 15 (30%) parents having average knowledge (14-23) and only 05 (10%) were having below average knowledge (0-13). Hence, it can be said that parents residing in urban areas had good level of knowledge regarding child abuse. These findings are supported by Abraham (2006) that maximum number of mothers 58% in urban area had good level of knowledge regarding child abuse.

Analysis of 3rd objective of the study i.e. to compare the knowledge regarding child abuse among parents residing in selected rural and urban areas indicated that mean knowledge score of parents residing in rural areas was 19.64 ± 5.44 and mean knowledge score of parents residing in urban areas was 24.22 ± 5.81 . This difference in the mean scores was statistically significant at $p < 0.001$ level. Hence it was inferred that parents residing in urban areas had more knowledge than parents residing in rural areas. The findings of the present study were consistent with the study findings of Abraham BA. (2006) who assessed the knowledge of 100 rural and urban mothers regarding child abuse and found that there was highly significant difference between awareness scores of mothers in urban area and rural areas regarding child abuse as the

calculated chi square value 17.74 is more than tabulated value at $p < 0.05$ level and urban mothers had more knowledge than rural mothers.

Conclusion

The following conclusion was made from the findings of the study that:

1. 58% parents in rural area had average knowledge regarding child abuse.
2. 60% parents in urban area had good knowledge regarding child abuse.
3. The mean knowledge score of parents residing in rural areas was 19.64 ± 5.44 and mean knowledge score of parents residing in urban areas was 24.22 ± 5.81 . This difference in the mean score was statistically significant at $p < 0.001$ level. Hence it was inferred that parents residing in urban areas had more knowledge regarding child abuse than parents residing in rural areas.
4. There was significant association of the knowledge regarding child abuse among parents residing in rural areas and urban areas with the selected socio-demographic variables such as educational status, family income per month and source of information.

Acknowledgements

Authors are thankful to the management of MHR DAV Institute of Nursing, Jalandhar for providing necessary research facility to carry out this research project.

REFERENCES

- Abraham B.A. 2006. A study on the awareness of mothers regarding child abuse in selected rural and urban areas in Mangalore taluk. 34-65.
- Bageshree S. Sharp rise in complaints to child rights panel, <http://www.thehindu.com/todays-paper/tp-national/tp-newdelhi/sharp-rise-in-complaints-to-child-rights-panel/article1037003.ece> reviewed on 18/03/2014
- Ball, J.W and Bindler, R.C. 2009. Pediatric Nursing Caring for Children. 4th ed. Delhi (India): Saurabh printers, 2009.
- Benson, E., Benson, S. 2011. Life Skills Curriculum. 1st edition. New York: Arise Foundation Publishers, 2011.
- Bimal, S., Kalia, R., Das, K. 2009. Child Abuse: Issues and Management. Nightingale Nursing Times March; 4(12): 41-42.
- Chithra, M. 2010. Effectiveness of structured teaching programme on child abuse in terms of knowledge and attitude among mothers of under five. Dindugul.
- Crosson, C. 2013. Understanding Child Abuse and Neglect. 9th edition. Noida: Pearson publishers.
- Grove, S.K., Burns, N., Gray, J.R. 2013. The Practice of Nursing Research: Appraisal, Synthesis, and Generation of Evidence. 7th Edition. Missouri: Elsevier.
- Gupta, N., Aggarwal, N.K. 2012. Child abuse. Delhi Psychiatry Journal October 2012; 15(2): 416-419.
- Iaccino, L. 2014. Child Sexual Abuse: Top 5 Countries With the Highest Rates. February <http://www.ibtimes.co.uk/child-sexual-abuse-top-5-countries-highest-rates-1436162> reviewed on 27/01/2015.

- Kacker, L., Varadan, S., Kumar, P., Mohsin, N., Dixit, A. 2007. Study on child abuse India. Ministry of women and child development Government of India. New Delhi. 2007.
- Karuna, B. 2012. A comparative study to assess the knowledge of rural and urban mothers regarding child abuse in selected areas of Kolar with a view to develop an information booklet. 2012. 30-61.
- Öncü, E., Kurt, A.Ö., Esenay, F.I., Özer, F. 2013. Abuse of working children and influencing factors, Turkey. *Journal of Child Abuse and Neglect* May 2013; 37(5): 283-291.
- Roy, A.N., Swapan, K., Ahmed, T. 2010. Sexually Harassing Behavior against Adolescent Girls in Rural Bangladesh: Implications for Achieving Millennium Development Goals. *Journal of Interpers Violence* March 2010; 25(3): 443-456.
- Sudha, R. 2011. Awareness of the mother regarding child abuse and neglect. *The Nursing Journal of India* May 2011; 102(5): 100-102.
- Wikipedia Contributors, 2015. Child Abuse. Wikipedia, the free encyclopedia. January 2015, http://en.wikipedia.org/wiki/Child_abuse reviewed on 09/01/2015.
