Objectives: Child maltreatment is a global public health problem. There is limited information about this problem in low-income countries. We aimed to document the prevalence and factors associated with physical punishment of children less than 14 years of age in Nepal.

Study design: Population-based cross-sectional study.

Methods: We conducted an in-depth analysis using data from the Nepal Multiple Indicator Cluster Survey, a nationally representative multi-stage-stratified cluster sampling survey. Data were collected from 13,000 households in 520 sample enumeration areas. We assessed prevalence of physical punishment and different child violence related acts on 5081 children aged 3–14 years for whom complete information on all acts and attitude towards violence was available. Logistic regression was used to investigate the association between physical punishment of child and factors such as household and maternal demographics.

Results: Our results suggested violence is common across Nepal, with data showing one in every second child is physically punished. One in every third (33%) of children were spanked, hit or slapped on the bottom, 25% were hit or slapped on the face and approximately 3% were beaten up hard. Odds of facing physical punishment were higher among children aged 3–5 years (odds ratio [OR] 2.9, 95% confidence interval [CI]: 2.0–4.3), aged 6–8 years (OR 2.8, 95% CI: 2.2–3.7), engaged in child labour activities (OR 1.4, 95% CI: 1.1–1.7), with mother that accepted wife beating by husband is justified (OR 1.2, 95% CI: 1.1–1.4), whose father is currently abroad (OR 1.5, 95% CI: 1.2–1.9) and whose father is away from home but in the same country (OR 1.60, 95% CI: 1.1–2.3). The risk was also higher among children living in households that believe physical punishment of children is necessary (OR 3.5, 95% CI: 2.9–4.3) and from lower caste/indigenous (dalit/janajati) ethnicity (OR 1.3, 95% CI: 1.1–1.7). Those less likely to experience physical punishment included female children (OR 0.7, 95% CI: 0.6–0.9) and children with an older mother (34–49 years; OR 0.5, 95% CI: 0.3–0.9).

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Introduction

The maltreatment of children is a global public health problem. Maltreatment is a violation of child rights contributing to childhood morbidity and mortality. Physical maltreatment can have long-term effects on mental health such as drug and alcohol misuse, risky sexual and criminal behaviour that can persist into adulthood.\textsuperscript{1–3} Child maltreatment may occur in different forms such as physical, sexual, emotional and psychological or in various combinations.\textsuperscript{1,2}

Current evidence on child maltreatment, violence and punishment comes predominantly from developed countries with little focus on low-income countries.\textsuperscript{1,5–8} Of the few studies in low-income countries, a high prevalence of child maltreatment has been shown. A multi-country study from developing and transitional economies reported that 43% and 64% of children in Africa suffered moderate and severe physical abuse respectively.\textsuperscript{4} Several factors may lead to high rates of physical maltreatment. A meta-analysis found that the most frequently studied parent-related risk factors in child physical abuse were parental stress, parent social support and single parenthood.\textsuperscript{5} This meta-analysis also showed some less frequently studied factors (e.g. parent anger/hyper-reactivity, anxiety, and psychopathology) are more strongly related to physical abuse.\textsuperscript{5} However, factors seem to vary based on location and cultural factors. A study conducted in India suggested that less focus on studies, demanding behaviour, poor grades in exams, disagreements with siblings, not doing household chores, being male, younger and low educational status of father increased the likelihood of children receiving corporal punishment.\textsuperscript{6} Literature also suggests that in societies like India and Nepal, poor legal protection for corporal punishment and lack of knowledge on short- and long-term impact on children could be driving factors of corporal punishment and child violence.\textsuperscript{7,8}

In Nepal, punishment of children at home and school is widely accepted.\textsuperscript{9} A study conducted in 2003 showed that corporal punishment was common for primary school children in Nepal, resulting in school drop-outs.\textsuperscript{9} Isolation, hitting, locking children in the toilet and forcing them to do household chores are some of the reported forms of punishment in Nepal.\textsuperscript{10} More recently, a study suggested that behavioural problems of children such as addictions (cigarette, alcohol), not paying attention in school studies, child’s anger issues, not obeying parents and teachers and stealing may provoke physical punishment by the parents and teachers in Nepal.\textsuperscript{11} There is little documentation on the prevalence and associated risk factors in the national context. We thus aimed to assess the prevalence and factors associated with household level physical punishment of children aged under 14 years.

Methods

We used data from the Nepal Multiple Indicator Cluster Survey 2014, a nationally representative survey conducted to monitor progress towards Millennium Development Goals.\textsuperscript{12} Two stage-stratified cluster sampling design was used to interview 13,000 households from 520 enumeration areas from 15 eco-development regions of Nepal. The 15 eco-development regions were obtained by cross-classifying five development (eastern, central, western, mid-western and far-western) and three ecological (mountain, hill, terai) regions. Detail on study methodology is published elsewhere.\textsuperscript{12}

We calculated descriptive statistics regarding disciplinary acts of any household member for 5081 (5069 weighted observations) children aged 3–14 years in the past month for whom complete information on all acts and attitude towards violence was available. Our analysis of correlates regarding physical punishment is based on 4103 (4125 weighted observations) children for whom complete information on child, mother and household characteristics was available. The study data were collected by Central Bureau of Statistics, Government of Nepal in collaboration with UNICEF and with the ethics approval from Nepal Health Research Council. Data were obtained from UNICEF.\textsuperscript{13}

Study variables

Eleven questions were used to assess disciplinary acts perpetrated by any household member on the child aged 3–14 years (Table 1). A child was defined to have been ‘physically punished in the past month’ if at least one of the following acts had been perpetrated on child by anyone in household in the past month: spanked, hit on the bottom, hit on the face, hit on hand or beat child as hard as one could. This variable was our dependent variable.

We also examined attitudes towards child punishment and attitude towards intimate partner violence in the household. Positive attitudes towards child punishment was coded as 1 if a women answered yes to the question ‘Do you believe that to bring up, raise, or educate a child properly, the child needs to be physically punished?’ and 0 otherwise. Attitudes towards intimate partner violence of women were measured through a set of five questions administered to women in the household. The variable ‘acceptance of intimate partner violence’ was coded as 1 if the mother of the child justified wife beating for at least one of the reasons: if she goes without telling him, if
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