



Child maltreatment between knowledge, attitude and beliefs among Saudi pediatricians, pediatric residency trainees and medical students



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H I G H L I G H T S

- Despite disagreement of culture impact on CAN definition, it was well known.
- Experienced physicians were the most knowledgeable about CAN especially neglect.
- Most participants lacked knowledge regarding reporting of CAN.
- All participants expressed need to further training to deal with cases of CAN.

A R T I C L E I N F O

Article history:

Received 30 September 2016

Received in revised form

16 February 2017

Accepted 18 February 2017

Keywords:

Child abuse and neglect

Experienced physicians

Residency trainee

Medical students

A B S T R A C T

Background: Child maltreatment is not included in Saudi medical schools and pediatric residency curriculums, which might limit knowledge and spread misconceptions. Additionally, physicians might have different attitudes regarding reporting child abuse and neglect. In this study, we hypothesize that medical students and pediatric trainees have limited knowledge, oblivious attitude and misbeliefs regarding child maltreatment in comparison to experienced pediatricians. But, medical students and trainees might hold higher motives and willingness to learn about child maltreatment and their consequences.

Methods: A self reported questionnaire was distributed after a pilot study to include pediatricians, pediatric trainees and medical students in all main areas of pediatric services: pediatric wards, pediatric outpatient clinics, critical care and pediatric emergency.

Results: In disregard to their level of training, medical students and physicians believed that child maltreatment happens within the kingdom and is common. They were familiar with the child maltreatment definition, although only one third thought it is subject to culture sensitivity. However, experienced physicians were more knowledgeable especially about neglect. Moreover, female participants were more likely to report despite being more skeptical of readiness of Saudi law system to deal with cases of maltreatment. In general, knowledge about reporting was clearly deficit at all levels. Fortunately, all participants requested and were enthusiastic to receive further training.

Conclusion: Saudi medical students, pediatric trainees and pediatricians have good basic knowledge, positive attitude and willingness to learn more to provide a safe environment for children in Saudi Arabia. However, knowledge in regards to reporting child maltreatment is a major observed defect. Still, further education and training are needed to combat CAN in Saudi Arabia.

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1. Introduction

Child maltreatment is the abuse and neglect that occurs to children under 18 years of age [1]. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence

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and commercial or other exploitation, which results 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 [1].

Child abuse and neglect (CAN), sometimes referred to as child maltreatment, are global problems with serious long-term consequences [2]. However, parenting and child's discipline have different styles in different parts of the world which could confuse the definition of child abuse and neglect at a global scale [3].

Child maltreatment is not included in many medical schools and pediatric residency curriculums, which might limit knowledge and spread misconceptions [4,5]. Additionally, physicians have different attitude regarding reporting child abuse and neglect [6,7].

In Saudi Arabia, the first case of child abuse was identified in 1990 [8]. It is hard to accept there was no form of child abuse or neglect prior to that date but there is no evidence to support such argument. More cases have been identified ever since, which led to establishing many scan teams in the young country [8]. According to National Family Safety Program registry, most of cases of CAN in Saudi Arabia are detected in hospitals [9]. Hereby, child healthcare professionals' knowledge, attitude and beliefs play major roles in recognizing victims of CAN. Thereafter, they also contribute in the decision of reporting.

In this study, we hypothesize that medical students and pediatric trainees have limited knowledge, oblivious attitude and misbeliefs regarding child maltreatment in comparison to experienced pediatricians. On the other hand, medical students and trainees might hold higher motives and willingness to learn about child maltreatment and their consequences. Perhaps, the main aim of this study is to identify areas of poor knowledge, inappropriate attitude and misbeliefs to address future initiatives and policies.

2. Methodology

2.1. Study population

A self reported questionnaire was distributed to include pediatricians, pediatricians' trainees and medical students in different areas of pediatric services: pediatric inpatient and outpatient clinics, intensive care and pediatric emergency of King Saud University Medical City. The questionnaire was in English to avoid any translation bias. Initially, it was evaluated from clearness and easiness measures by a pilot study of ten physicians, interns and senior medical students. Later, the adopted questionnaire was emailed to 150 physicians and medical students with a response rate of 84.6%. Also, demographic data for each participant were obtained.

2.2. Research ethics

An informed consent was sought from each of the respondent physicians, interns and medical students to answer the questionnaire completely and the study has an IRB approval. This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

2.3. Statistical analysis

Raw data were transferred into an Excel spreadsheet and finally analyzed utilizing the commercial software SPSS version 20. Furthermore, categorical data was described utilizing percentages, means and medians when necessary. Furthermore, multiple qualitative and quantitative analyses were employed. Student t-test and chi-squared test were applied to assess the impact of gender, level of physicians' education and experience on knowledge and attitude. To identify physicians' characteristics influencing intention to

report suspected cases of child abuse and neglect, a multivariate logistic regression model and Hosmer-lemeshow statistics reporting odds ratio were adopted.

3. Results

3.1. Physicians and medical students characteristics

Out of the study population, 61 (48%) were females, and the rest were males. Most of the females were in the junior side (52/61) (medical students, interns and residency trainees). Participants' ages were highly condensed within age 35 years or less (85%). Saudi physicians comprised the majority (83.5%) followed by expatriate physicians (16.5%). They were distributed to various clinical areas including inpatient, outpatient, critical care or rotating physicians: 31.5%, 6.3%, 14.2%, 48%, respectively. Nearly two fifths were medical students. Interns composed 17.3% of the respondents. Residency trainees constituted 19.7% while senior physicians (consultant assistants and consultants) included more than one fifth (22%) (Table 1).

3.2. Knowledge and attitude toward child maltreatment

When asked on a response scale made of yes/No questions that asked their knowledge, attitude, and beliefs on child Abuse and neglect (CAN), the majority (98.4%) believed CAN occurs in Saudi Arabia. Also, most participants (76.45%) considered CAN as a pressing social and health priority. Although the majority (76.4%) admitted they are familiar with the CAN definition, only one third (32.3%) thought the definition is subject to cultural sensitivity. However, most respondents agreed that neither Saudi medical schools nor pediatric residency programs prepared them well to deal with cases of CAN, 77.9% and 83.5% respectively. When asked about risk factors, parents' alcoholism and drug abuse was the most recognized risk factor. (Fig. 1) Also, the most identified consequences of CAN were social difficulties, poor self-esteem and psychiatric illnesses. (Fig. 2) Surprisingly, more than 80% declined the presence of a National Saudi child protective system. Furthermore, almost 62% expressed lack of knowledge if institutional child protective team existed. Additionally, the vast majority (79.5%) assumed that the Saudi law system is not well equipped to deal with cases of CAN. As most participants (89%) believed CAN can be

Table 1
Shows medical students and physicians Characteristics.

	Frequency	Percentage
Sex		
Male	66	52
Female	61	48
Age		
20–26 Yrs.	84	66.1
27–35 Yrs.	24	18.9
36–45 Yrs.	13	10.2
45 Yrs. Or more	6	4.7
Nationality		
Saudi	106	83.5
Expatriate	21	16.5
Clinical Service		
Inpatient areas	40	31.5
Outpatient areas	8	6.3
Critical Care	18	14.2
Rotating to services	61	48
Seniority		
Medical Student	52	40.9
Interns	22	17.3
Residency Trainees	25	19.7
Senior Physicians	28	22

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