



Harsh corporal punishment of Yemeni children: Occurrence, type and associations[☆]

Abdullah Alyahri^a, Robert Goodman^{b,*}

^a Hadramaut University, Department of Psychiatry, Mukalla, Yemen

^b Department of Child and Adolescent Psychiatry, King's College London Institute of Psychiatry, De Crespigny Park, London SE5 8AF, UK

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ABSTRACT

Objective: To examine the occurrence, type and associations of harsh corporal punishment in Yemen.

Methods: Caregiver and teacher reports were obtained on 1,196 Yemeni 7–10-year olds obtained by systematic random sampling of children in the 1st to 4th grades of urban and rural schools. Caregivers (86% mothers) reported on disciplinary practices, socio-familial background, and child psychopathology. Teachers reported on school performance and child psychopathology.

Results: More than half of the rural caregivers and about a quarter of the urban caregivers reported using harsh corporal punishment (hitting children with implements, tying them up, pinching them, or biting them). Harsh corporal punishment was significantly associated with poor school performance and both behavioral and emotional difficulties. The socio-familial factors that were independently associated with harsh corporal punishment were: rural area, male gender of the child, low maternal education, and large family size.

Conclusion: Harsh corporal punishment is very common in Yemen. International findings suggest that the association with school failure and psychological maladjustment may well be causal. Promoting parental use of effective and non-violent disciplinary methods should be a public health priority.

Practice implications: Yemen urgently needs to develop and evaluate programs that teach parents how to use culturally appropriate rewards and non-abusive sanctions to shape children's behavior without stunting their academic and emotional development. Persuading parents to adopt such approaches may need programs that focus not just on techniques but also on attitudes, e.g. challenging the commonly held belief that children will not develop properly unless they are beaten when they do wrong.

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Introduction

Yemen is a nation of roughly 20 million people, making it the most populous country in the Arabian Peninsula. With its very limited reserves of oil and water, and with a rapidly growing population, it is one of the poorest countries in the Arab world. Though its cities are growing, roughly three-quarters of the population still live in rural areas. Most children attend elementary school, but there is substantial drop out after the age of 10, particularly for girls. Within schools, classroom

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* Corresponding author.

discipline has traditionally been maintained by corporal punishment, but this is now prohibited by law. No such legal restraints have been imposed on parents.

While there are no systematic and quantitative data on the use or associations of corporal punishment by Yemeni parents, there have been some relevant studies in other Arab countries. One Egyptian study explored disciplinary practices in a sample of 602 families of children aged between 1 and 17; the sample was ascertained by household sampling in an urban area and was predominantly middle class (Hassan, Refaat, El-Sayed, & El-Defrawi, 1999). Just over half of the parents used positive corrective approaches such as verbal reasoning with their children; just under half used psychological/emotional maltreatment with verbal aggression; and just under half used mild/moderate physical maltreatment. Severe corporal punishment (physical abuse) was practiced regularly with 13% of the children, with particularly high rates for 9–12-year olds. Factors associated with emotional and physical abuse included the child being difficult to care for, marital violence, and the parents themselves having been abused during their childhood by their own parents.

Another Egyptian survey sampled from preparatory and secondary schools to study the occurrence of corporal punishment and its correlates (Youssef, Attia, & Kamel, 1998). They found that more than a third of children were beaten as part of physical discipline. For a quarter of the children, harsh corporal punishment led to physical injuries of variable degree of severity, including fractures, loss of consciousness, and permanent disability. Family factors associated with the use of corporal punishment were: living in an apartment shared with strangers, overcrowding, marital aggression, weak child–adult relationship and low income. The child characteristics associated with corporal punishment included younger age, poor school achievement and behavioral problems.

In East Jerusalem and the West Bank (Palestine), Haj-Yahia and Abdo-Kaloti (2003) carried out a cross-sectional survey of 1,185 secondary school adolescents. Reporting on their earlier life, a third said that their fathers had slapped, pushed, or kicked them at least once during childhood; and a quarter said that their mothers had bitten them or pushed them and then dragged them across the floor at least once during childhood. Reporting on more recent experiences, a third of the participant reported that their fathers had attacked, grabbed, or shoved them, at least once during adolescence; and a third reported that their mothers had slapped, pushed or kicked them at least once during adolescence. The most significant associates of violent discipline were: gender (girls were hit more by mothers and boys by fathers), low parental education, parental adjustment problems, low income, exposure to political stressors, and marital violence.

Clinical experience suggests that corporal punishment, including harsh corporal punishment, is also common in Yemen—though this has never been systematically documented. The first aim of this study was to identify the occurrence and type of corporal punishment in Yemen. Given previous studies suggesting that the use of corporal punishment can vary substantially between urban and rural areas (Giles-Sims, Straus, & Sugarman, 1995; Sebre et al., 2004), we studied urban and rural samples. The second aim of the study was to investigate the associations between harsh corporal punishment and the children's socio-familial background, educational progress and mental health.

Methods

Study sites and procedures

Mukalla is one of the five largest cities in Yemen, with a population of approximately 130,000. According to the educational authorities, school enrolment rates in Mukalla city are close to 100% for children aged 7–10. The urban sampling frame was all children attending grades 1–4 in government-funded and private schools in Mukalla city in the 2002/2003 academic year. The city has 22 schools that teach children of the relevant grades: all 18 government schools participated, as did 3 of the 4 private schools. The remaining private school did not participate because it had no female social worker; it did not appear to differ in other ways from the 3 participating private schools. A random 1 in 10 sample of all children enrolled in grades 1–4 in the participating schools generated a target sample of 1,306 children.

The Tuban district is a rural area with a population of around 68,000, situated 20 miles north of Aden. The school enrolment rate for 7–10-year olds was 95% for boys and 85% for girls. Tuban included 11 government-funded schools that were sufficiently accessible to be included in the study; there were no private schools in this district. A random 1 in 10 sample of all children enrolled in grades 1–4 in these 11 schools generated a target sample of 276 children.

Families in Mukalla and Tuban were informed of the study through both written and oral media, and invited to participate. Those mothers or other primary caregivers who agreed to participate were asked to complete a questionnaire about family background and family life, plus the Strengths and Difficulties Questionnaire (SDQ; Goodman, 2001); respondents could choose whether to complete the questionnaires by themselves or whether to have them administered as interviews. Information was collected from mothers for 86% of the sample and from fathers for 9% of the sample; aunts, grandmothers or older sisters provided the information for 4% of the sample, and other relatives for the remaining 1%. For convenience, the respondent is subsequently referred to as the “mother” in all cases. When families gave their consent, teachers were asked to provide information on educational progress and complete the teacher version of the SDQ.

The study was approved by the Ethics Committee of King's College London Institute of Psychiatry and approved by the educational, health and social services authorities in Yemen.

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