CHAPTER I
INTRODUCTION

1.1 Back ground of the Study

Child abuse is the exploitation and maltreatment of children is old age old event. The board concept of child abuse, which also includes battering, is one of recent origin by the caring professions. (OP Ghai). Child population is very high in Nepal: 39% (or more than 9 millions) are children under 14 years and 43% (more than 10 millions) are under 16 years. (Center bureau statistics). It is obvious that abuse of child is an immune challenge for a country like Nepal where there is lack of awareness, education and traditional beliefs that are not line with the child abuse. (Save the Children). Mediating variables such as child abuse individual characteristics, environment resources and the quality of personnel interaction the child is exposed to many interacts with negative experiences like maltreatment and may be just as important in predicting outcome then maltreatment alone.

Child abuse may occur when a parent or caretaker physically, emotionally, or sexually mistreat or neglects a child. Laws regarding child abuse seeks protect children, while at the same time allowing parents the right to raise and discipline their children as they see fit. Controversies over child abuse law can arise when parents or guardians feet that the government is interfering in their private family lives. (Save the Children)

Child abuse has a lengthy history. Children have always been subject to abuse by their parents or other adults, and for many centuries laws failed to protect them. Children under English common law were considered the property of their father until the late 1800s: American colonists in the seventeenth centuries and eighteenth centuries carried this tradition to the early years of the United States. (ASPCA).

In the early 1870s, child abuse captured the nation's attention with news an eight year old orphan named Mary Ellen Wilson was suffering daily whipping and beating at her foster home. (ASPCA).

With no organization in existence to protect abused children, the orphan's plight fell attorneys for the American Society for the Prevention of Cruelty to Animals (ASPCA). These attorneys argued that laws protecting animals from abuse should not be greater than laws protecting children. Mary Ellen Wilson's case went before a judge, who convicted the foster mother of assault and battery and gave her a one year sentence. More significantly, the orphan's case generated enough outrage over child abuse that in 1847, citizens formed New York Society for the Prevention of Cruelty to Children (ASPCA).

Child abuse captured the country's attention again in 1962, when an article appearing in the journal of the American Medical Association described symptoms of child abuse and deemed child abuse to be medically diagnosable. Within ten years, every state had statues known as "mandatory reporting "laws. Mandatory reporting laws require certain professionals—doctors and teachers, for example – to report to police suspected child abuse situations. A 1974 federal law further bolstered efforts to eliminate child abuse by funding programs to help individuals identify and report child abuse and to provide shelters and other protective services to victims.(ASPCA)

Child abuse is most often due to the problems besting families, which can elevate the risks to children. These problems are complex and interconnected, and require coordinated, holistic responses. Child abuse and neglects has begun to demonstrate linkage between maltreatment and long-term adverse effects and other social problems. Maltreatment can have devastating immediate and long-term physical, psychological, and behavioral effects on children; early victimization portends for victims and a higher propensity for problem behavior as juveniles and later as adults. Properly counted, the real, long-term costs of child maltreatment add exponentially to cost estimates of the immediate consequences.

Before the late 1970s, CSA was regarded as rare. In the following decades, the incidence-based on increased statistics (Finkelhor, 1984; Us Department of Health and Human Services, 1998). Although much of this apparent increase probably reflected a growing awareness among the public and professionals, some studies suggest that the overall incidence of child abuse and neglect increased.

Using as official observes a variety of professionals who routinely came in contacts with children, counting both reported and non-reported cases , the series of National Incidence Studies found a 67% increase from 931,000 to 1,553,800 children in all forms of abuse from 1986 to 1993(Us Department of Health and Human Services. 1996). Officially reported cases of CSA, however declined during this same period(Atabaki and Paradise, 1999; Jones and Finkelhor, 2001). There is little agreement on reasons for this decline or whether it represent a decline in actual cases(Jonses, 2001).

CSA constituted approximately cases a 41% decrease from the peak estimate of 149,800 cases in 1992 (US Department of Health and Human Services, Press Release, and April 19, 2002)

Child abuse has for a long time been in literature, art and science in many parts of the worlds. Reports of infanticide, mutilation, abandonment and other form of violence against children date back to ancient civilizations. The history record is also filled with reports of unkempt, weak and malnourished children cast out by families for themselves and of children who have been sexually abused. For a long time there have exited charitable groups and others concerned with children's wellbeing who have advocated the protection of children. Nevertheless, the issue did not receive wide spread attention by medical profession or the general public until 1962, with the publication of seminal work. The battered child syndrome (Kempe).

1.2 Statement of the Problem

An estimated 57,000 children were victims of homicide in the year 2000. Many child deaths however are not routinely investigated or autopsied making it difficult to know the true extent of the problem. The highest rates of fatal child abuse are found among children aged 0-4 years. The most common cause of death is head injury, followed by abdominal injuries and intentional suffocation. Deaths are only the visible tip of the problem.

Millions of children are victims of non-fetal abuse and neglect. In some studies, between one-quarter and one-half of children physical abuse, including being beaten, kicked or tied up by parents. Available data also suggests that about 20% of women and 5-10% of men suffered sexual abuse as children. A substantial amount of harsh punishment in the form of hitting, kicking or beating also occurs in the schools and other institutions.

Many children are subjected to psychological or emotional abuse as well as neglect, though the true extent of these problems is not known. Even though there are children right programs running in both developed and developing countries child abuse is the major problem of the world. In the year 2009 child worker in Nepal (CWIN) reports that among total cases 5,249 cases of child abuse.

Although many research focused on the different abuse of the child abuse of the child in different age group but little research done on the awareness among parents. The situations are completely unknown about the fact whether or not parents are aware of child abuse.

This study will help to aware parents about child abuse. The country's social and economical rate is slow access to development in unevenly disturbed. Poverty, gender, social exclusion and violation of Human rights continue the major challenges in the country and social anomalies have a direct impact on the lives of children.

1.3 Rational of the Study

An estimated 896,000 children's were victims of child abuse (National clearing on Child Abuse,2002). There is no single cause of abuse, but there are risk factors early warning signs and symptoms. It can happen in all socio economics, ethic cultural and age groups.

1.4 Significance of the Study

- This study will help to find out the knowledge of child abuse among the parents of Bhaktapur.
- This study will provide the background information for the further research on child abuse .
- The finding of the study will be used to organize any awareness program regarding child abuse to the parents or guardians of the children.
- This study may help the policy makers, health professionals, INGO's and NGO's and also for further researcher for launching more programs to reduce the child abuse..

1.5 Objective of the study

General objective

To assess the knowledge regarding child abuse among parents of Sanothimi.

Specific objective

To find out the level of knowledge regarding child abuse among parents of Sanothimi.

1.6 Research question

What is the level of knowledge about child abuse among parents of Sanothimi?

1.7 Conceptual Framework

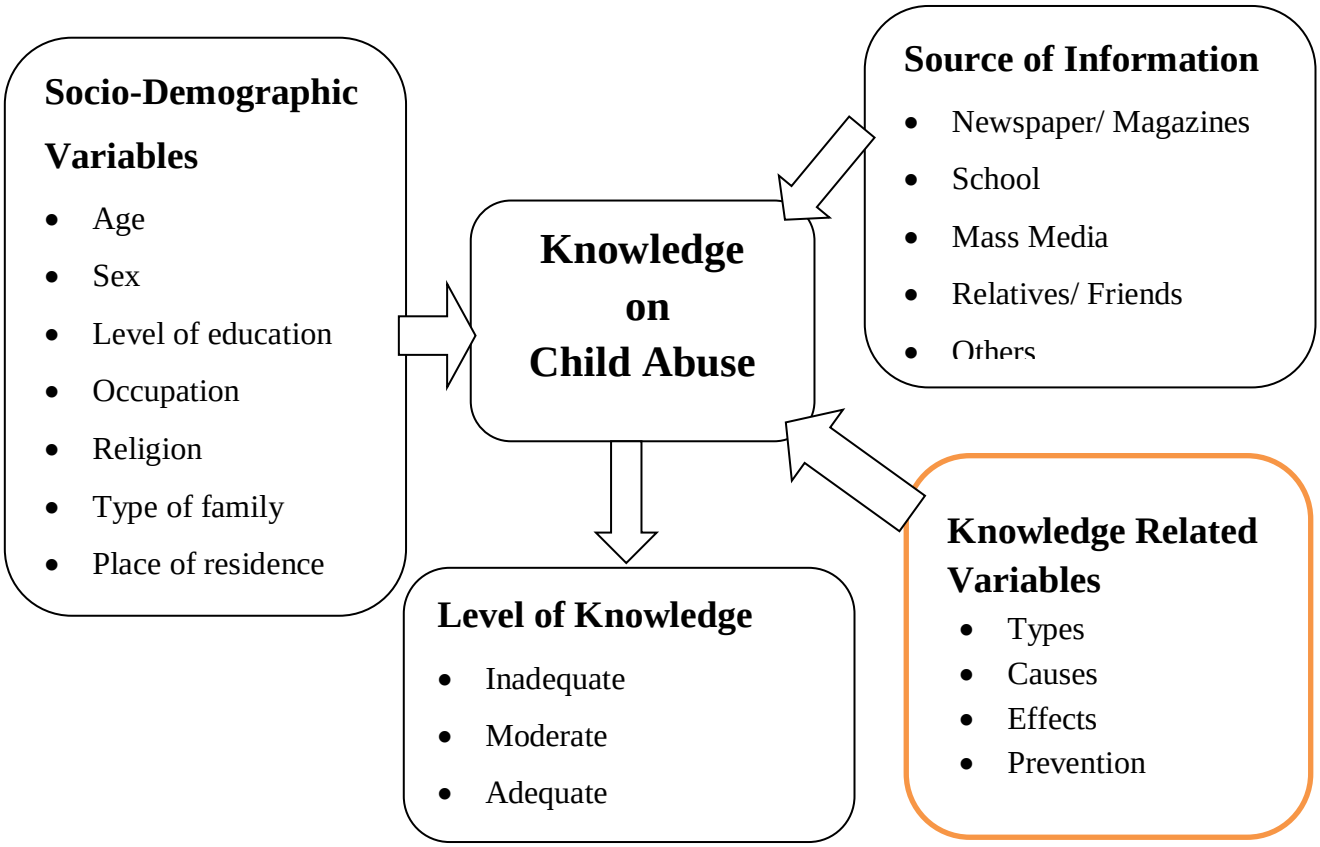


Fig 1: Conceptual Framework on Knowledge regarding Child Abuse

1.8 Operational Definition

- **Child abuse :**I In this study, it refers to the exploitation and maltreatment of the children who includes physical violence, sexual molestations, mental and emotional maltreat with negligence, deprivation and lack of opportunity.

- **Knowledge**: In this study, knowledge refers to the information previously acquired by the parents regarding child abuse, it's types, causes, risk factors and preventive measures.

- **Level of Knowledge**: It is categorized as following:
  Inadequate- answered correctly less than 50%
  Moderate- answered correctly between 50 to 75%
  Adequate- answered correctly more than 75%

- **Parents**: it refers to married couple who have at least one child

- **Source of Information**: It refers to the sources of information from where they got information regarding child abuse which includes school, newspaper/magazines, mass media (television, radio, internet), relatives/friends, etc.

CHAPTER II
LITERATURE REVIEW

2.1 Review of literature

Meditating variables such as the child's individual characteristics, environmental resources, and the quality of personal interactions the child is exposed to may interact with negative experiences like maltreatment and may be just as important predicting outcome than maltreatment alone. Recent research also has been concerned with specifying the possible differential patterns of maltreatment. This had led to a clearer separation between the effects of abuse and neglect, particularly in language development. Despite the methodological improvements in recent research, there is still the need for longitudinal prospective studies on the development effects of child abuse, taking into account possible mediating variables.(Martha Augoustinos).

Increased concern about high rates of child sexual abuse has led to the demand for more prevention programs, particularly those aimed at parents. Research on how parents manage and reduce the risk of child sexual abuse can help plan programs.

This literature review explores published research on the knowledge, attitude and practices of parents on then risk and preventions of the child sexual abuse and identifies gaps and needs for further research. The majority of studies reviewed originated in North America and Asia , were quantitative, surveyed mainly mothers and were more than ten years old. Recommendation are made for more current and country specific research, further research to gain deeper understanding of how parents manage the risk of child sexual abuse, more comprehensive research covering a range of knowledge, attitude and practices variables and greater inclusion of fathers in research (Martha Augoustinos)

This review examines theoretical and empirical literature on children's reaction to three types of violence – child maltreatment, community violence, and interparental violence. In addition to describing internalizing and externalizing problems associated with exposure to violence, this review identifies ways that violence can distrupt typical development trajectories through psychobiological effects, posttraumatic stress disorder (PTSD), cognitive consequences, and peer problems.

Methodological challenges in this literature include high rates of co-occurrence among types of violence exposure, co-occurrence of violence with other serious life adversities, heterogeneity in the frequency, severity, age of onset, and chronicity of exposure, and difficulties in making compromise children's abilities to face normal development challenges. Emphasis is placed on the variability of children's reactions to violence, on outcomes that go beyond diagnosable disorders, and on variables that mediates and moderate children's reactions to violence(Gayla Margolin and Elana B).

The number of annual child abuse case reports in United States has jumped from about 7,000 in 196712 to over 200,000 in 1974.13. To understand the significance of this impressive increase for clinical practice requires the explanation of a few simple concept. Inadequate or incomplete service is only part of the problem. Our basis for practice is flimsy. We have a commonly accepted human philosophy (if not in reality programs that can translate that philosophy into human action): to protect parent and children from repeated physical consequences of family crisis. But because we lack a solid theoretical and practical understanding of the origins of child abuse, our clinical work is at best intuitive and kind, at worst reflexive and mean. We read a literature in each of the professions characterized by homilies, bromides and few scientific investigations of substance.

And we look at child abuse as a phenomenon originating in the psychology of individuals, frequently ignoring the social and cultural realities that frustrate our treatment of particular families and impose formidable obstacles to the prevention of child abuse. (ELI. H. Newberger and Jessica H Daniel)

Studies of the link between parental substance abuse and child maltreatment suggest that chemical dependence is present in at least half of the families who come to the attention of child welfare authorities for child and neglect. Parental substance abuse thought to be a primary factor in greatly increased rates of children entering foster care over the past decade. It is also a clear risk factor for child mental health problem and poor developmental outcomes in children. At the same time, however, minimal attention is often given to training child protective services workers and other child welfare personnel in identifying and confronting substance abuse in families on their caseloads. The authors explore standardized methods developed for screening for substance abuse among various populations and suggest ways of adapting these screening devices for families reported for child maltreatment. They identify assessment and treatment considerations in substance abusing families as well. (Martha Morrison Dore, M.Doris)

The majority of adults were unable to correctly answer question related to when children under six years of age typically achieve development milestones.
Knowledge of physical development exceeded knowledge about cognitive, emotional and social development. Adults were aware of the importance of positive experiences in influencing children's development. Strategies to improve awareness of development milestones combines with information on how to support optimal development may improve child development outcomes. Given that parents seek information about child development from health care providers there is an opportunity to ensure that providers are well informed about child development. (Shivani Rikhyl)

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The majority of studies reviewed originated in North America and Asia, were quantitative, surveyed mainly mothers and were more than ten years old. Recommendation are made for more current and country specific research, further research to gain deeper understanding of how parents manage the risk of child sexual abuse, more comprehensive research covering a range of knowledge, attitude and practices variables and greater inclusion of fathers in research.(John Wiley and Sons).

This critically evaluates empirical studies on the short and long term effects of child sexual abuse. With the exception of sexualized behavior, the majority of short term effects noted in the literature are symptoms that characterize child clinical samples in general. Among adolescent sequel include sexual dissatisfaction, promiscuity, homosexually, and an increased risk for victimization. Depression and suicidal idea or behavior also appears to be more common among victims of sexual abuse compared to normal and psychiatric non abused controls. Frequency and duration of abuse, abuse involving penetration, force or violence and a close relationship to the perpetrator appear to be the most harmful in terms of long lasting effects on the child. The high prevalence of marital breakdown and psychopathology among parents of children who are sexually abused makes it difficult to determine the specific impact of sexual abuse over and above the effects of a disturbed home environment.

Parental substance use continues to be a serious issue in the children welfare system. Maltreated children of parents with substance use disorders often remain in the child welfare system longer and experience poorer outcomes than other children (U.S. department of Health and Human Services {HHS}, 1999). Addressing the multiple needs of these children and families is challenging. This factsheet from the Child Welfare Information Gateway provides a brief overview of some of the issues confronting families affected by parental substance use who enter the child welfare system, and it examines some of the service barriers as well as the innovative approaches child welfare agencies have developed to best meet the needs of these children and families.

The recent study on child abuse in India (2007) by Ministry of women and child Development highlights is the high prevalence of all the forms of child abuse. In the Indian context, it is important to include children being deprived from education, early development, basic health care and nutrition. Child labor is the worst kind of child abuse and neglect. (OP Ghai)

Child abuse and neglect may lead to a wide range of adverse consequences for children and adolescents. Research suggests that specific types of abuse are more closely related to some adverse outcomes than others, for example, the link between physical abuse and violent or aggressive behavior. However, experiencing chronic and multiple forms of abuse increase the risk of more damaging and severe consequences for the children and young people.

The summary of a recent published review of Swedish and international literature concerning children exposed to abuse and neglect or manifesting failure to thrive. The review is the first report appearing from the so-called PRU group in Uppsala-Psycho-social Risk Children in Uppsala. The group is a multidisciplinary team engaged in a research project about Uppsala children exposed to mental, social and physical risk in their homes. Various professions are represented in the research team, pediatrics, and sociology. The complete review was published in the autumn of 1977 under the following titles: Dagmar Lager berg (PRU group: Child abuse parents).

Ten abused toddlers (aged 1-3 years) and 10 matched controls from families experiencing stress were observed during social interaction with caregivers and with peers in their daycare settings. The abused infants more frequently physically assaulted their peers. They “harassed” their caregivers verbally and non-verbally, and they were the only infants who assaulted them. The abused infants were much less likely than the controls to approach to their caregiver in response to friendly overtures; when they did so they were more likely to approach to the side, to the rear or by turning about and back stepping. In response to friendly overtures the abused infants more frequently avoided peers and caregivers or combined movements of approach with movements of avoidance. A similar behavior patterns has been identified by Main in maternally rejected infants in normal samples (Carol George and Mary Main).

According to the report , an estimated 754,000 children were determined to be victims of maltreatment in 2010, down from 763,000 victims in 2009. The estimate of 754,000 for 2010. The duplicate victims rate 5 of 10 victims per 1,000 children in the population. In 2009, this rate was 10.1 per 1,000 children, a difference of 0.1 child per 1,000 in the general population.(WHO)

One strength observed among the parents and guardians studied is knowledge of boys and girls risk for CSA victimization. One study of 5,241 respondents found that awareness and concern about child sexual abuse is relatively high among U.S adults (Stop It Now, 2010). For example, 95% of adults understood that most sexually abused children are victimized by other children or adolescents (Stop It Now, 2010). In several studies analyzed by Baratsikos(2010), most parents correctly believed that girls were at a greater risk for risk for CSA than boys, although it was widely acknowledge that boys could be CSA victims as well.

HHS's National Incidence Study of Child Abuse and Neglect (NIS), reporting on data from 2005 and 2006, found that children with disabilities had overall lower rates of maltreatment compared to general population but were 1.5 times more likely to be seriously harmed by the abuse or neglect they experienced(Sedlak, et al, 2010)

On a handful of studies examine neglect using probability sampling; despite this these studies are well distributed. A study conducted in 25 cities across 15 Chinese provinces found 28% of parents of three to six years old felt they neglected their children physically and emotionally and did not look out for their safety.(Carol George and Mary Main)

A study in the Philippines examined adverse childhood experiences among a population based sample of adults and found that 22.5% reported experiencing physical neglect, percentage of 43.6% reported experiencing psychological neglect, which included feeling unloved, feeling their parents wished they hadn't been born and being hated by family members. A survey of grade six students in the Philippines found 40% felt they were not provided with appropriate food and care frequently left home alone. (Caregivers)

Nepalse children are also facing abuses in their homes, schools and workpla to trhe ce irrespective to the sexes they belong to and places they are from. In a study in the school of Kathmandu 82% students were found to suffer physical punishment likewise in the study by UNICEF 50% of the children included considered home to the place where abuse most commonly takes places and 73% of them believed that abusers were the people who were familiar to them. The same study revealed that only 30%(37% in CDR) of the participated key informants believed that community and family have adequate knowledge on child abuse.

2.2 Summary of the Literature Review

A development psychopathy perspective focuses attention on how violence may have different effects at different ages and may compromise children's abilities to face normal development challenges. Emphasis is placed on the variability of children's reaction to violence, on outcomes that go beyond diagnosable disorders and on variables that mediates children's reaction on violence. In several studies analyzed by Baratsikos(2010), most parents correctly believed that girls were at greater risks for CSA than boy , although it was widely acknowledge that boys could be CSA victims as well. Other factors that increase a child's vulner ability to abuse include: being raised by a single parents or by very young parents without the support of an extended family, household over crowding , lack of income to meet the family's need, the presence of other violent relationship in the home. Parents more likely to abuse their children tends to have low self esteem , poor control over their impulses, mental health problem and to display antisocial behavior.

CHAPTER III

RESEARCH METHODOLOGY

3.1 Study design

A descriptive cross-sectional research design was used for the study

3.2 Study Population

In this study, the study population refers to the married couple who have at least one child.

3.3 Study Area

The study was conducted at Sanothimi ward no 2.

The estimated population in the area is 6000.

3.4 Sample size

Sample size (N) was calculated by using following formula:

$$N = \frac{z^2 pq}{d^2}$$

where, z = 1.645

p= Proportion of prevalence of knowledge(30%)

q= 1-p

d=possible error

$$N = \frac{1.645^2 \times 0.3 \times 0.7}{0.1^2}$$

$$= 56.8$$

In this study, sample size will be 50.

3.5 Sampling technique

Non- probability Convenient sampling was used.

3.6 Study variables

Dependent variable

- Knowledge
- Child abuse.

Independent variables

- **Socio-Demographic Variables**
  - Age
  - Sex
  - Ethnicity
  - Level of education
  - Occupation
  - Religion
  - Place of residence
- **Knowledge related variables**
  - Types of child abuse
  - Causes
  - Effects
  - Prevention
  - Level of knowledge
  - Source of information

3.7 Exclusion criteria

- Married couple who donot have child are excluded.
- Married couple beyond Sanothimi area excluded

3.8 Data collection Method

- Data was collected after getting approval from Everest College of Nursing.
- The purpose of the study was explained to the respondents and verbal consent was obtained from each respondent prior to data collection.
- Data was collected by researcher herself using Interview schedule.
- Interview schedule was filled on the same day of data collection , in actual interview by researcher herself.
- It took 7 days for data collection.

3.9 Ethical consideration

- Ethical approval was from ECON.
- Informed written verbal consent was taken from each individual before starting the interview.
- Confidentiality of the subjects was maintained by giving assurance to the respondents that the information given by them will not be disclosed and be used only for study purpose.
- The information is kept completely confidential and is only used for study purpose.

3.10 Data collection tool/instrument

- Structured interview schedule was used as research tool.
- It consists of both open-ended and closed-ended questions.
- The question was divided into 2 sections:
  - Part I: Questions related to Socio-Demographic information
  - Part II: Questions related to Knowledge on Child Abuse.

3.11 Validity and Reliability of Research Tool

- The validity of the instrument was maintained by developing the instrument on the basis of objectives of the study, literature review and seeking the opinion from subject experts and research advisors as well as friends and seniors.
- The reliability of the instrument was established by pre-testing.
- Pre-testing was done in 10% of total sample size i.e. in 5 parents of Ghataghar area ,Bhaktapur.
- On the basis of feedback of the subjects of pretest, necessary modification of questionnaire was done.

3.12 Data Analysis Procedure

- The collected data was checked, reviewed, coded and organized for accuracy and completeness.
- Data processing was entered manually and Statistical Package for Social Science (SPSS) was used.
- All collected data were analyzed and interpreted by using different statistical techniques (e.g. frequency, mean, percentage)
- The findings of the study are presented in different tables.

CHAPTER IV
FINDING/RESULTS OF THE STUDY

ANALAYSIS AND INTERPRETATION OF DATA

This chapter presents the analysis and interpretation of data obtained from the parents after their knowledge on child abuse by using self-administered questionnaire.

The collected data was checked, reviewed, coded and organized for accuracy and completeness. Data processing was entered manually and Statistical Package for Social Science (SPSS) was used. All collected data were analyzed and interpreted by using different statistical techniques (e.g. frequency, mean, percentage)

In order to facilitate the interpretation the analyzed data were organized and presented in different tables with following headings according the objective of the study.

- Socio – demographic factor
- Knowledge regarding child abuse

Table1: Distribution of the Respondents by Socio-Demographic Characteristics (N=50)

Variables	Frequency	Percentage(%)
Age		
16-20	10	20.00
21-25	25	50.0
26-30	15	30.0
	50	100.00%
Gender		
Male	23	46
Female	27	54
	50	100.0%
Education of respondents		
Primary	25	50.0
Secondary	12	24.0
PCL	10	20.0
Bachelor	3	6.0
	50	100.0%

Occupation of respondents		
Service	20	40.0
Business	10	20.0
Farmer	15	30.0
Daily wages	5	10.
	50	100.0%

Table no.1 states that maximum are age group which respond is between 20-25 where as in gender is female. The higher percentage of education level is primary and occupation is service.

Table no 2 Distribution of the Respondents by Socio-Demographic Characteristics (Types of Family,Religion,Residence)(N=50)

Types of Family

Nuclear	35	70.0
Joint	15	30.0
	50	100.0%

Religion

Hindu	40	80.0
Buddhist	6	12.0
Muslim	4	8.0
	50	100%

Residence

Rural	17	34.0
Urban	33	66.0
	50	100%

Table no 2 The maximum percentage i.e 70% is nuclear family, in religion is hindu 80% and resident is urban 66%.

Table N0.3 Distribution of Respondent by Knowledge on Child Abuse (N=50)

Variables	frequency	percentage(%)
Heard about child abuse		
Yes	40	80.0
No	10	20.0
	50	**100%**
Child abuse stand for		
Exploitation of child	22	44.0
Physically, mentally and socio abuse	28	56.0
	50	100%
Knowledge on Child Abuse		
Yes	37	74.0
No	13	26.0
	50	100%

Table no 3 indicates that the maximum 80% of people have heard about child abuse whereas 20% dnt know about it. 44% of people responded child abuse as exploitation of child where as 56 % responded child abuse as physical & mentally abuse.

Table N0.4 Distribution of Respondent by Knowledge on Child Abuse (N=50)

1-3yrs	7	14.0
4-9yrs	9	18.0
10-14yrs	16	32.0
15-19yrs	18	36.0

Table no 4 shows the maximum people know eighty(80%) where maximum people don't know 20% about child abuse. Majority 56% understand the meaning of child abuse and also indicates the maximum people know 74% where maximum people don't know 26% the case of child abuse. Whereas it depict the maximum age group of child abuse 15-19yrs 36% where minimum age group is 1-3yrs 14% about child abuse.

Table no .5 Distribution of Respondent by Knowledge on types, cause, effects and risk factors of Child Abuse

Variables	Frequency	percentage
Know about types		
Yes	38	76.0
No	12	24.0
	50	100%
Types of child abuse		
Only physical	22	44.0
Physical ,mental ,social, psychological	28	56.0
	50	100%
CAUSES of child abuse		
Spouse, unemployment, substance use	35	70.0
Love, care	5	10.0
Other	10	20.0
	50	100%

Table no 5 show 38% of people know about about child abuse and 12% still unaware about child abuse. Maximum percentage i.e 28 % of child abuse is physical , mental & social. This table shows that cause of child abuse is due to unemployment & subastance use is have maximum 70% in total.

Table no .6 Distribution of Respondent by Knowledge on types, cause, effects and risk factors of Child Abuse

Lack of trust & trouble regulating emotion	25	50.0
Head injury	5	10.0
Expressing emotion	5	10.0
None of above	15	30.0
	50	100%

Risk factors of child abuse

Domestic violence	15	30.0
Drugs & alcohol abuse	15	30.0
Lack of parenting skills	20	40.0
	20	100%

Table 6 indicates that the maximum type of child abuse is physical ,mental & social where cause is due to spouse , unemployment , effect is lack of trust and trouble regulating emotion and risk factors is drug and alcohol use.

Table no 7 Distribution of Respondent by knowledge on Source of Information on Child Abuse

Variables	Frequency	percentage(%)
Source of information		
Newspaper	13	26.0
Television	28	56.0
Radio	9	18.0
	50	100%

Table no 7 show maximum people about 56% know about child abuse though televison less people i.e 18% knows through radio.

Table No.8 Distribution of Respondent of Knowledge on prevention of child abuse

Variables	Frequency	Percentage
Prevention		
Awareness	23	46.0
Strength families	6	12.0
Empower young adult with positive future	7	14.0
All of the above	14	28.0
	50	100%

Table no 8 shows that maximum percentage i.e 46% prevention of child abuse can be done by awareness program where as 28 % shared that prevention can be done by all i.e from awareness, strenghting families employment for young adult with positive future.

Table no 9. Distribution of Respondent of knowledge on Child Abuse and Agency that work for Child Abuse (n=50)

Variables	Frequency	Percentage
Know agency of child abuse		
Yes	36	72.0
No	14	28.0
	50	100%
Agency		
Human Right	14	28.0
UN	3	6.0
Unicef	6	12.0
CWIN	27	54.0
	50	100%

Table no 9. States that the maximum of the respondents know about the agency whereas the maximum declares the agency that work for child abuse is CWIN.

Table no 10. Distribution of Respondent on the basis of Level of knowledge (n=50)

Variables	Frequency	percentage
Inadequate	26	52.0
Moderate	16	32.0
Adequate	8	16.0
	50	100%
Mean	**16.66**	
Std deviation	**9.018**	

The study reveals that, the maximum percent 52% had inadequate knowledge whereas the maximum percent 16 had adequate knowledge. The mean is 16.66 whereas Std. Deviation is 9.018.

CHAPTER V

DISSCUSSION, CONCLUSION, LIMITAION AND RECMMENDATION

5.1 Discussion

In this study , the age of the respondents parents range from 19-30 years and majority belonged to age group 26-30 years with at least one child. Another study found that 32(64%) respondent belonged in the age group of 21-30 years which is somewhat similar to finding to this study. We found that majority of parent had only primary education i.e is 50%. This finding matches the finding of other two studies where in one 61%is literate and 48% respondent were literate i.e parent had only primary education. Forty (40%) of respondent worked as labor and twenty (20%) of them as in offices which is in contrast to finding of other two studies in which majority of respondent i.e 55% and 63% respectively. This could be beacause of the difference in the sample population between the study.

The descriptive study was conducted in ward no. 2 Bhaktapur, Nepal which includes the area of Sanothimi.

Interview was mostly taken in the area of Sanothimi. The questionnaire was divided into Part 1 and Part 2. Part 1 contain socio-demographic information whereas Part 2 contain knowledge regarding bird flu. In Part 1 there were 10 question whereas in Part 2 there were 14 questions. Each question of Part 2 whereas the total score was 100.

Most of respondents 46% had the primary level education and 6% had bachelor level education other 20% and 24% have SLC level and 20% has intermediate level of education respectively.

Most of the respondents (100%) had interviewed on knowledge regarding the meaning of child abuse among with 80% said they know about the child abuse but 20% doesn't know about child abuse.

The finding shows that all the 56% of the respondents gave the correct information about child abuse, approximately similar was found in the study by Young Marquardel & National Training Institute of Child care Health Consultants.

The finding that shows that 74 % of the respondents gave the information that girl are more abused where as 26% respond that boys are abused, approximately similar according to study on large sample population based in 19 countries by

The finding shows that all the 36% of the respondents had reported that a child within age between 15-19 years out of which 32% age within 10-14 year where 14% and 18% the age of 1-3years and 4-9 years , approximately found similar to the study conducted by Finkelhor, 1993: US. Department of Health and Human Services 1998.

Majority of the parents 32% respond drugs and alcohol use where as 26% depicted domestic violence , approximately similar to the studied by Goldman as well as also the research conducted by WHO.

Majority of parents that 46% answered for awareness program and 12% for the strengthen the families where as 14% and 28% for the empowerment for the positive future and all of the above respectively where the study is similar by WHO.

In the study among 50 parents most of parents told they knew the agency that work for the child protection where 28% said Human Right, 6% replied UN, 12% Unicef and majority of the parents respond CWIN i.e. 54%.

5.2 Conclusion

Existing knowledge was assessed according to the finding of the study. The finding revealed that most of the respondent had the knowledge regarding the meaning of child abuse where 80% told they knew and 20% don't know about child abuse. Majority of parents (56%) said that physically, mentally and psychosocially abuse of child is the meaning of the child abuse out of which 44% said exploitation of child stand for child abuse only 14% said 1-3years age of child are abuse out of which 18% were from 4-9 years, 32% were from 10-14 years and 36% were from 15-19 years of age. Majority of the parents 70% in total said that the cause of child abuse is spouse, unemployment and substance use . 28% parents told that the agency that works for the child abuse is Human Right were as 6% UN, 12% UNICEF and 54% Child Right. The overall findings show that existing knowledge of respondents is relatively higher in response to child rights but adequate reinforcement is needed

Implication of study

This study would be helpful to the investigator regarding the future study of related topic. The finding of this study may be useful for the as well as for the organization related to child abuse to gain depth knowledge about the exploitation of the child and its impacts on it .

As the baseline information for the future study, it may be helpful to other researcher to conduct abroad study in related topic. This study may be helpful for the planner in order to make strategies for improving knowledge of parents according to their need.

5.3Limitation of study

Relevant of recent literature was not found on the same research topic in the context of Nepal. This small scale study cannot be generalized. The study was focused on certain variables such as education, age ,marital status. This study only included only those couple of age group of 30 who have at least one child.

5.4 Recommendation

A descriptive study related to this topic can be done to find out the knowledge among parents in the different regions. The researcher so conducted had a clear view that those parents who look TV, listen radio and read magazine had the knowledge about the child abuse and those who don't know about it. Thus awareness program related to child abuse can be provided to the parents.

Strength of the Study

Researcher had consulted adequate literature from different sources, which provides detail information about the subject matter. Researcher is complete new subject for investigator has gained confidence from this study to do large scale research. Tools prepared for this research study found suitable to obtain required information about child abuse. The researcher has experienced easy in data collection due to cooperation of the respondents. For literature review, various books journals, research reports were studied and searched website, from which researcher has gained knowledge on the importance of communication and cooperation with different institution staffs for completion of this study. The researcher has learnt to write proposal and research report.

Difficulties faced during the study

Researcher faced some difficulties during proposal writing, instrument development, analysis and interpretation due to inexperience in research tools and methods. Time period for research was short.

Learning from the study

This research study helped to gained knowledge and skill on how to select research problem review related literature about prepare research report. Researcher gained much more knowledge about child abuse and its overall existence. Understanding why research study is necessary and its importance.

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APPENDICES

APPENDIX –A

Informed Consent

Namaste my name is Kamala Thapa Magar. I am third year student at Everest College of Nursing affiliated to Purbanchal University, Tinkune, Kathmandu, Nepal.

As a part of my academic requirements, I am carrying out a study on "knowledge Regarding Child Abuse among Parents"

The study is being conducted as to fulfill the partial requirement for the curriculum under Research and Biostatics of PBBN 3rd year. The purpose of this study is to collect information about knowledge about child abuse in Sanothimi area.

Your participation in this survey is voluntary. This research will appreciate your help in anserwing question and would like to assure you that confidentially of your response will be maintained and given information will be used f or the purpose of the study only. It will take 15-20 minutes to complete the interview. I hope that you will cooperation will be very much helpful to give the final structure of the study.

At this time do you want to ask me anything about survey?

Do you agree to go through the interview? Yes No

Signature of Respondent

Direction :- Following are the question for the investigating the Knowledge on Child Abuse Among Parent at Sanothimi, Bhaktapur. Questionnaire consist of two section

Section A: Question related to socio demographic information

Section B : Knowledge related question

Code no ……. Date no…….

Instruction : After getting verbal consent from the participants, interviewer will read out question for participations one by one and tick mark on the participants response in given space.

APPENDIX B

RESEARCH TOOL

KNOWLEDGE REGARDING CHILD ABUSE AMONG PARENTS OF SANOTHIMI

Namaste my name is Kamala Thapa Magar. I am third year student at Everest College of Nursing affiliated to Purbanchal University, Tinkune, Kathmandu, Nepal.

As a part of my academic requirements, I am carrying out a study on "knowledge Regarding Child Abuse among Parents"

The study is being conducted as to fulfill the partial requirement for the curriculum under Research and Biostatics of PBBN 3rd year. The purpose of this study is to collect information about knowledge about child abuse in Sanothimi area.

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At this time do you want to ask me anything about survey?

Do you agree to go through the interview? Yes No

Signature of Respondent

Direction :- Following are the question for the investigating the Knowledge on Child Abuse Among Parent at Sanothimi, Bhaktapur. Questionnaire consist of two section

Section A: Question related to socio demographic information

Section B : Knowledge related question

Code no ……. Date no…….

Instruction : After getting verbal consent from the participants, interviewer will read out question for participations one by one and tick mark on the participants response in given space.

Appendix C

KNOWLEDGE REGARDING CHILD ABUSE AMONG PARENTS

Namaste my name is Kamala Thapa Magar. I am third year student at Everest College of Nursing affiliated to Purbanchal University, Tinkune, Kathmandu, Nepal.

As a part of my academic requirements, I am carrying out a study on "knowledge Regarding Child Abuse among Parents"

The study will interview 50 parents of Sanothimi. These parents will be selected randomly. You are one of the respondents appearing in our random lists. Yours participation in this survey is voluntary.

The information you will provide me is highly useful for my research. All information you provide will be kept strictly confidential and your name or address will not be recorded. Some of the questions may make you uncomfortable and you have right to refuse to fill the questionnaire or refuse to answer any question if you don't feel answering it.the questionnaire will not take more than 20 minutes to fill. Can you fill the questionnaire?

Yes……(Sign the written informed consent)

No……(Terminate the discussion)

Not now, later……(Fix the time and date for next visit)

Signature of interviewer :……

Date:-……..

Signature of interviewe:-……

I. DEMOGRAPHIC VARIABLES

1. AGE

a) 15-20 years

b) 20-25 years

c) 25-30 years

2. SEX

a) Male

b) Female

3. Level of Education of father

a) Primary

b) Secondary

c) PCL

d) Bachelor

e) Master

4. Level of Education of Mother

a) Primary

b) Secondary

c) PCL

d) Bachelor

e) Master

5. Occupation of Father

a) Service

b) Business

c) Farmer

d) Daily wages of labor

6. Occupation of Mother

a) Service

b) Business

c) Farmer

d) Daily wages of labor

7. Religion
a) Hindu
b) Buddhist
c) Muslim
d) Christian

8. Type of Family
a) Nuclear
b) Joint
c) Extended

9. Mother tongue
a) Nepali
b) Newari
c) English
d) Maithili
e) Magar

10. Place of residence
a) Urban
b) Rural

Question related to research

11. Do you know about child abuse?
a) Yes
b) No

12. What doses Child Abuse stands for;
a) Exploitation of child
b) Exploitation of child physically, mentally psychologically
c) Love and affection
d) Servant of home

13. Are girls more abused than boys?
a) Yes
b) No

14. Do you know which age of child are more abused?
a) 1-3 years
b) 4-9 years
c) 10-14 years
d) 15-19 years

15. Do you know types of Child abuse?

a) Yes

b) No

16. What are the types of child abuse?

a) Physical

b) Chemical

c) Physical, mental, psychological and social

d) None of the above

17. What are the cause of child abuse?

a) Spouse, unemployment and substance use

b) Love, care

c) Homely environment

d) Others

18. What are the effects of child abuse?

a) lack of trust and troubling regulating emotion

b) head injury

c) expressing emotion

d) none of above

19. what are the risk factors of child abuse?

a) Domestic violence

b) Alcohol and drug abuse

c) Lack of parenting skills

d) All of above

20. What are the preventing measures of child abuse?

a) Awareness programs

b) Strengthen families

c) Empower young adults with positive future

d) All of above.

21. Where did you get information about child abuse?

a) Newspaper

b) School

c) Media

d) Radio

22. What would you do if you know that child is being abuse?

a) Neglect it

b) Inform to police

c) Shout for help

d) Other

23. Do you know any agency that work for Child Abuse?

a) Yes

b) No

24. What is the name of that agency that works for Child Abuse?

a) Human Right

b) UN

c) UNICEF

d) Child Right

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