


Determining the Attitudes of Midwifery and Child Development Department Students Towards Child Neglect and Abuse Reporting and Solution Suggestions

Ebelik ve Çocuk Gelişimi Bölümü Öğrencilerinin Çocuk İhmali ve İstismarını Raporlamaya ve Çözüm Önerilerine Yönelik Tutumlarının Belirlenmesi

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ABSTRACT

Objective: This study aims to examine the knowledge levels and reporting skills of this subject, which is covered within the scope of the child health and diseases course before and after the course on child neglect and abuse.

Material and Methods: For this study, a quasi-experimental method, a two-group pre-test post-test model, was used. Data were collected using a questionnaire distributed to students in the Child Development and Midwifery Department before and after the relevant training. For the study, it tried to reach the whole universe by not going to the sample calculation. The research sample consists of 142 participants. A descriptive information form and "Survey for Solutions to Prevent Abuse and Neglect, Healthcare Provider Attitudes Toward Child Maltreatment Reporting Scale" were used to collect the data.

Results: A statistically significant difference was found between the scores of attitude scale scores of the students studying in the preschool department towards reporting child abuse and neglect ($p<0.05$). While there was a statistically significant difference between the pretest-posttest and pretest-followup scores of midwifery students' attitudes towards reporting child abuse and neglect ($p<0.05$), there was no difference between posttest-followup ($p>0.05$). While there was a statistically significant difference between the pretest-posttest and pretest-followup score averages of the pre-test-posttest and pretest-followup scores of the students studying in the preschool department, there was no difference between the posttest-followup ($p>0.05$). No statistically significant difference was found between the average scores of midwifery students in the Questionnaire for Solutions to Prevent Abuse and Neglect ($p>0.05$).

Conclusion: This study concluded that education positively affects reporting child neglect and abuse and solution proposals. In this respect, it is thought that it would be beneficial to add the subject of child neglect and abuse to the curriculum of schools.

Keywords: Child neglect, Child abuse, Midwifery, Child development, Student

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ÖZ

Amaç: Çocuk ihmali ve istismarına yönelik bilgi düzeyleri ve raporlama konusunda, çocuk sağlığı ve hastalıkları dersi kapsamında işlenen bu konunun ders öncesi ve sonrası bilgi düzeyleri ve raporlama becerilerini incelemektir.

Yöntem: Bu çalışma için yarı deneysel bir yöntem olan iki grup ön test son test modeli kullanılmıştır. Veriler, ilgili eğitim öncesi ve sonrasında Çocuk Gelişimi ve Ebelik Bölümü'ndeki öğrencilere dağıtılan bir anket kullanılarak toplanmıştır. Çalışma için örneklem hesaplamasına gidilmeyerek tüm evrene ulaşılmaya çalışılmıştır. Araştırma örnekleme 142 katılımcıdan oluşmaktadır. Verilerin toplanmasında, tanımlayıcı bilgi formu ve "İstismar, İhmali Önlemede Uygulanabilecek Çözüm Önerileri Anketi Çocuk istismar ve ihmalinin raporlanmasına karşı tutum ölçeği" kullanılmıştır.

Bulgular: Okul öncesi bölümünde okuyan öğrencilerin Çocuk istismar ve ihmalinin raporlanmasına karşı tutum ölçek puanlarının tamamı arasında istatistiksel olarak anlamlı bir fark tespit edilmiştir ($p<0.05$). Ebelik bölümü öğrencilerinin Çocuk istismar ve ihmalinin raporlanmasına karşı tutum

ölçek puan ortalamalarının öntest-sontest ve öntest-followup arasında istatistiksel olarak anlamlı bir fark bulunurken ($p < 0.05$), sontest-followup arasında fark bulunmamaktadır ($p > 0.05$). Okul öncesi bölümünde okuyan öğrencilerin İstismar ve İhmali Önlemede Uygulanabilecek Çözüm Önerileri Anketi puan ortalamalarının öntest-sontest ve öntest-followup arasında istatistiksel olarak anlamlı bir fark bulunurken ($p < 0.05$), sontest-followup arasında fark bulunmamaktadır ($p > 0.05$). Ebelik bölümü öğrencilerinin İstismar ve İhmali Önlemede Uygulanabilecek Çözüm Önerileri Anketi puan ortalamaları arasında ise istatistiksel olarak anlamlı bir fark tespit edilememiştir ($p > 0.05$).

Sonuçlar: Bu araştırma eğitimin çocuk ihmali ve istismarının raporlanması ve çözüm önerilerine olumlu etkileri olduğu sonucuna varılmaktadır. Bu doğrultuda üniversitelerin ders müfredatına çocuk ihmali ve istismarı konusunun eklenmesinin faydalı olabileceği düşünülmektedir.

Anahtar kelimeler: Çocuk ihmali, Çocuk istismarı, Ebelik, Çocuk gelişimi, Öğrenci

INTRODUCTION

The World Health Organization (WHO) defines child maltreatment as “all forms of physical and emotional abuse, sexual abuse, neglect and exploitation that cause actual or potential harm to a child’s health, development or dignity”⁽¹⁾. Child abuse and neglect, child maltreatment, and child victimization are significant public health issues facing children and families and can be used interchangeably^(2,3). Abuse occurs when the child or adolescent’s caregiver fails to ensure the child’s health and well-being by causing injury or failing to meet a basic need, such as neglect. Due to the multifaceted nature of abuse, a comprehensive definition of child abuse and neglect draws on information from various disciplines and professionals⁽⁴⁾.

Child maltreatment has various medical, developmental, psychosocial, and legal consequences. Child abuse and neglect, together with their synonyms, describe various situations. It includes acts of neglect by the caregiver that have or are likely to have detrimental effects on the child’s physical, developmental and psychosocial health. Child maltreatment is generally classified as (a) physical abuse, (b) sexual abuse, (c) emotional/psychological abuse, and (d) neglect⁽⁵⁾.

Neglect is further sub-categorized into specific physical, supervisory, educational, and emotional/psychological areas. While health professionals usually focus on definitions that emphasize the medical aspects of injury, clinical social workers tend to focus on family and care systems that lead to abuse⁽⁵⁾. The definitions have been broadened to encompass the many different etiologies, presentations, and clinical manifestations of abuse or neglect^(5,6).

The complexity of the causes of child neglect and abuse requires flexibility in prevention approaches. A comprehensive prevention and reporting effort

should include components that address the child, family, community, and society in various ways, at various stages, and at various times in a child’s life⁽⁷⁾. Behaviors and practices regarding child maltreatment need to be reinforced through workshops and continuing education⁽⁴⁾.

In a study, while the last year’s nursing students’ knowledge level of child neglect and abuse was around 45%, their awareness level of child neglect and abuse increased above 90% after awareness training⁽⁸⁾. In a study of nurses working in Hong Kong, 58% of nurses approved mandatory reporting of child maltreatment, and the others stated that they were against reporting because they did not receive sufficient support from the management. The findings highlight the importance of creating a supportive reporting culture and designing educational programs focused on changing perceptions of child protection to improve reporting trends⁽⁹⁾. In the study conducted with child development students on neglect and abuse, it was determined that “awareness training” after training effectively increased sensitivity towards the prevention of sexual abuse. It was recommended to include courses on child abuse in the university education curriculum and to expand the programs that increase sensitivity to this issue⁽¹⁰⁾.

Existing studies have shown that there are barriers to not reporting suspected cases of child abuse and that education and training programs are necessary. It is recommended that a clear and structured child protection policy be established in universities to ensure the reporting of victims of neglect and abuse and that this subject should be included in the course curriculum⁽⁸⁻¹¹⁾.

One of the factors that will affect the reporting of child abuse and neglect is that students know the solutions that can be applied to prevent abuse and neglect and do not believe there is a solution. This study aims to determine the effectiveness of the

training given to midwifery and child development students' attitudes toward reporting and possible solutions to prevent child abuse and neglect.

MATERIALS AND METHODS

Midwifery and child development students studying at a university's faculty of health sciences were included in this study, which was conducted to evaluate the effectiveness of the education given to midwifery and child development students on the students' belief in solutions that can be applied to prevent child abuse and neglect, and their attitudes towards reporting child abuse and neglect. The criteria for inclusion in the research were determined as taking a practice course at least once, being on an internship in the field, and taking a child health course. For the study, it tried to reach the whole universe by not going to the sample calculation.

Data Collection Tools

The study data were collected using a descriptive information form, an attitude scale against reporting child abuse and neglect, and a questionnaire that can be applied to prevent abuse and neglect. Descriptive information form: The form prepared by the researchers with questions about the students. Questionnaire on Suggestions for Solutions for Preventing Abuse and Neglect: This questionnaire is rated and structured on a 5-point Likert scale. Before the questionnaire took its final form, expert opinions were taken to determine the content validity. To determine the construct validity and reliability, a preliminary test was applied to 30 teachers, 30 mothers, and 30 fathers in the kindergartens of private and public schools in Bandırma, Balıkesir. As a result of the pre-test, the necessary expressions were adjusted. Afterward, a factor analysis of 23 items was carried out on the questionnaire that can be applied to prevent abuse and neglect. The total variance explanation rate of the items is 31.85% is the factor loadings of all items in the questionnaire. It is over 30. The Cronbach Alpha Reliability Coefficient of the questionnaire that can be applied to prevent abuse and neglect was determined. The reliability coefficient of the questionnaire was found to be .89⁽¹²⁾.

Attitude scale towards reporting child abuse and neglect: The scale was initially used by Singh et al.⁽¹³⁾

and adapted by The Turkish adaptation made by Turan and Erdogan⁽¹⁴⁾. In adapting the scale, health-related discourses were used instead of teaching-related terminologies in all items in the scale. In addition, "child abuse/neglect" was preferred instead of "child sexual abuse." The scale renamed the Scale for Determining the Attitudes of Healthcare Professionals towards Reporting Child Abuse consists of 21 questions. The Cronbach Alpha value of the scale was found to be 0.89 in its original study. Discourses in the Scale for Determining the Attitudes of Healthcare Professionals to Reporting Child Abuse are scored on a five-point Likert scale. "Strongly agree" and "strongly disagree" were stated.

Data Collection

Research data After the students who took the child health course in the fall semester of the 2020-2021 academic year, the purpose of the research was explained, and an announcement was made about the education. The plan of the research was explained to the students who voluntarily failed to participate in the research. At that moment, the students were given a pre-test. One week after the pretest application, 40-60 minutes of planned child neglect and abuse training was given. Presentation and case examples were used in training. The post-test was administered at the end of the training, and the follow-up test was administered six weeks later. Data were collected face-to-face in a classroom setting. The data collection date was collected between 1 May and 30 June 2022.

Table 1. Content of the training offered

WHAT IS CHILD NEGLECT?
WHAT IS CHILD ABUSE?
CHILD ABUSE RISK FACTORS
TYPES OF ABUSE
Physical abuse
Emotional abuse
Sexual abuse
THE EFFECTS OF ABUSE AND NEGLIGENCE ON CHILDREN
Physical and Mental Effects of Physical Abuse and Neglect on Children
Effects of Sexual Abuse and Neglect on Children
Effects of Emotional Abuse and Neglect on Children
IMPORTANCE OF REPORTING
SUGGESTIONS FOR APPLICABLE SOLUTIONS TO PREVENT CHILD ABUSE AND NEGLIGENCE
QUESTION AND ANSWER

Analysis of Data

The data were analyzed with the SPSS package program. Continuous variables are given as mean \pm standard deviation and categorical variables as numbers and percentages. Parametric methods were used for the measurement values suitable for normal distribution. In accordance with parametric methods, the "Independent Sample-t" test (t-table value) was used to compare the measurement values of two independent groups, and the "Paired Sample" test (t-table value) method was used to compare the measurement values of two dependent groups. In addition, the relations between continuous variables will be examined with Spearman or Pearson correlation analyses.

The ethical dimension of research

To conduct the study, ethics committee approval (E-77192459-050.99-123413/25.04.2022) and permission from the institution where the study would be conducted were obtained by the Non-Invasive Clinical Research Ethics Committee of Karabük University. Before starting the study, the students were informed about the subject and content of the study. The study was conducted with students who volunteered to participate in the research, and verbal consent was obtained from the students. The study was conducted by the principles of the Declaration of Helsinki 2008.

RESULTS

The findings regarding the socio-demographic data of the students participating in the study are given in Table 2.

Although not included in the table, it is seen that the correlation between the average scores of the students participating in the study from the two scales is positive and at a normal level ($r=0.41$, $p=0.000$).

The average scores of the students from the scales are given in Table 3. The pre-test, post-test, and follow-up mean scores of the students studying in the preschool department for reporting child abuse and neglect were 2.64 ± 0.46 , 2.65 ± 0.41 , and 2.67 ± 0.38 , respectively. The pretest, post-test, and follow-up mean scores of the students studying in the midwifery department for reporting child abuse and neglect were 2.58 ± 0.56 , 2.64 ± 0.37 , and 2.65 ± 0.34 , respectively. The pretest, post-test, and follow-up mean scores of the pre-test, post-test, and

Table 2. Socio-demographic characteristics of the students participating in the study (N=142)

Characteristics	Child Development (n=79) Mean \pm SD*	Midwifery (n=63) Mean \pm SD*
Age	21.43 \pm 2.78	21.0 \pm 2.84
	n (%)	n (%)
Gender		
Female	78 (98.7)	63 (100)
Male	1 (1.3)	0 (0)
Mother's Education Level		
Illiterate	9	3
Primary school graduate	26	31
Secondary school graduate	23	13
High school graduate	17	11
Bachelor and above	4	5
Father's Education Level		
Illiterate	1	0
Primary school graduate	22	18
Secondary school graduate	24	12
High school graduate	19	22
Bachelor and above	13	11
Mother's profession		
Housewife	66	53
Employee	6	3
Officer	2	4
Retired	3	1
Self-employment	2	2
Father's profession		
Not working	1	2
Employee	21	9
Officer	5	10
Retired	19	18
Self-employment	33	23
Income status		
Income less than expenses	18	8
Income equal to expenses	53	9
Income more than expenses	8	46
Family structure		
Core	50	43
Wide	20	20
Broken	9	0
Encountering a previously abused child		
Yes	11	9
No	68	54

*SD: Standart deviation

Table 3. The average scores of the Child Development and Midwifery students

		Healthcare Provider Attitudes Toward Child Maltreatment Reporting Scale	Questionnaire on Suggestions for Solutions to Prevent Abuse and Neglect
		X* ± SD**	X* ± SD**
Child Development	Pre-test	2.64 ±0.46	1.37 ±0.58
	Post-test	3.65 ±0.98	1.41±0.57
	Follow-up	4.67±1.38	1.55±0.84
Midwifery	Pre-test	2.58±0.56	1.57 ±0.98
	Post-test	3.64 ±0.37	1.58±0.99
	Follow-up	3.65±0.34	1.59±0.97

*X: Mean, **SD: Standart Deviation

follow-up questionnaires of the students studying in the preschool department were 1.37 ± 0.58, 1.41 ± 0.57, and 1.55 ± 0.84, respectively. The pretest, posttest, and follow-up mean scores of the midwifery students in the questionnaire that can be applied to prevent abuse and neglect were 1.57 ± 0.98, 1.58 ± 0.99, and 1.59 ± 0.97, respectively. There was no statistically significant difference between all the measurements of both scales between the groups of students studying in the preschool and midwifery departments (p>0.05).

The scale comparison means scores of the students before and after the education is given in Table 4. A statistically significant difference was found between all the scores of the preschool students' attitude scale toward reporting child abuse and neglect (p<0.05). In comparison, there was a statistically significant difference between the pretest-posttest and pretest-followup score averages of midwifery students' attitude scale toward reporting child abuse and neglect (p<0.05), there was no difference between posttest-followup (p>0.05). While there was a statistically significant difference between the pretest-posttest and pretest-followup score averages of the pre-test-posttest and pretest-followup scores of the students studying in the preschool department, there was no difference between the posttest-followup (p>0.05). No statistically significant difference was found between the average scores of the midwifery students in the questionnaire that can be applied to prevent abuse and neglect (p>0.05).

Table 4. Comparison of students' scales score averages

		Healthcare Provider Attitudes Toward Child Maltreatment Reporting Scale		Questionnaire on Suggestions for Solutions to Prevent Abuse and Neglect	
		t*	p	t*	p
Child Development	Pre-test-Post-test	2.48	0.049	2.56	0.019
	Pre-test-Follow-up	4.42	0.012	2.72	0.013
	Follow-up-Post-test	2.35	0.047	0.58	0.572
Midwifery	Pre-test-Post-test	3.12	0.024	1.39	0.179
	Pre-test-Follow-up	3.46	0.031	1.04	0.308
	Follow-up-Post-test	0.59	0.555	0.24	0.742

*t: t-test

DISCUSSION

Students studying in preschool and midwifery departments often encounter children in their education life, although not as often as their colleagues working actively in the field. For this reason, it is essential for them to have information about child neglect and abuse and to take the necessary measures to prevent it. Especially in this critical period of the COVID-19 pandemic, detecting increasing abuse cases has become more complicated and vital.

Although the rates of abuse and neglect in children seem to have decreased during the COVID-19 pandemic, it is thought that this is because individuals are confined to their homes. Contact with professional individuals decreases⁽¹⁵⁾. Many health institutions emphasize that the risk of child abuse has increased due to the economic difficulties, uncertainties, and precautions on families due to the COVID-19 pandemic^(1,16,17).

Teachers must notify the competent authorities when they learn that a student has been abused or neglected while working at the school. If it is not reported, the crime in article 279 will occur. A special reporting obligation is for healthcare professionals. When they encounter a sign that a crime has been

committed while performing their duties, the healthcare professional is obliged to report the crime. The term “healthcare professional” refers to physicians, dentists, pharmacists, midwives, nurses, and other healthcare providers. They are punished, according to the study, if they do not ⁽¹⁸⁾.

With this period when COVID-19 restrictions started to be lifted and students started to go to school, all professionals should know how to detect cases that can no longer be detected during the pandemic. A study reported that only 32% of teachers received training on child abuse during their university education ⁽¹⁹⁾. In the literature, teachers often lack knowledge about child neglect and abuse ^(19,20). Children must be identified as soon as possible to minimize their exposure to abuse and neglect. Because schools are where children spend the most time and trust their teachers, they are more likely to disclose abuse and neglect. In hospitals, health workers are lucky to detect signs and symptoms of child neglect abuse. Therefore, these two groups must develop a positive attitude towards reporting abuse and neglect ^(21,22). In this study, it has been determined that education effectively increases the attitudes of preschool and midwifery students who actively work in hospitals and schools and spend time with children to report child neglect and abuse.

Again, in this study, there was a statistically significant increase in the belief in the solution suggestions that can be applied to prevent abuse and neglect of the education given to the students, and it increased in midwifery students, but it was not statistically significant. The education of society is the basis of the efforts to prevent child abuse and neglect. Individuals who are informed about the subject will be able to evaluate the children by being aware of the problem. Informing individuals will create awareness and sensitivity ⁽²³⁾. In this study, along with education, an increase was achieved in the development of students’ attitudes toward reporting child neglect and abuse and the belief in solutions that can be applied to prevention.

CONCLUSION

At the earliest stage, identifying and preventing abuse and neglect behaviors affecting children throughout their lives will protect them from lifelong damaging effects. It is crucial that both education professionals and health professionals who come together with children after a long process in the

shadow of the COVID-19 pandemic take an active role in reporting and preventing child abuse and neglect. For this, these professionals need to have the correct information, develop their awareness, and develop a positive attitude. It will be effective throughout their work in providing these gains during student life..

Author contribution

Study conception and design: ZÇ, ÇE; data collection: ZÇ; analysis and interpretation of results: ZÇ and ÇE; draft manuscript preparation: ZÇ, ÇE. All authors reviewed the results and approved the final version of the manuscript.

Ethical approval

The study was approved by the Karabuk University Non-Invasive Clinical Research Ethics Committee (Protocol no. 2022/905/25.04.2022).

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Conflict of interest

The authors declare that there is no conflict of interest.

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