

Attitudes Justifying Domestic Violence Predict Endorsement of Corporal Punishment and Physical and Psychological Aggression towards Children: A Study in 25 Low- and Middle-Income Countries

Jennifer E. Lansford, PhD¹, Kirby Deater-Deckard, PhD², Marc H. Bornstein, PhD³, Diane L. Putnick, PhD³, and Robert H. Bradley, PhD⁴

Objective The Convention on the Rights of the Child has prompted countries to protect children from abuse and exploitation. Exposure to domestic violence and corporal punishment are risk factors in children's development. This study investigated how women's attitudes about domestic violence are related to attitudes about corporal punishment and harsh behaviors toward children, and whether country-wide norms regarding domestic violence and corporal punishment are related to psychological aggression and physical violence toward children.

Study design Data were drawn from the Multiple Indicator Cluster Survey, a nationally representative and internationally comparable household survey developed by the United Nations Children's Fund. Measures of domestic violence and discipline were completed by 85 999 female caregivers of children between the ages of 2 and 14 years from families in 25 low- and middle-income countries.

Results Mothers who believed that husbands were justified in hitting their wives were more likely to believe that corporal punishment is necessary to rear children. Mothers who believed that husbands were justified in hitting their wives and that corporal punishment is necessary to rear children were more likely to report that their child had experienced psychological aggression and physical violence. Countrywide norms regarding the acceptability of husbands hitting wives and advisability of corporal punishment moderated the links between mothers' attitudes and their behaviors toward children.

Conclusions Pediatricians can address parents' psychological aggression and physical violence toward children by discussing parents' attitudes and behaviors within a framework that incorporates social norms regarding the acceptability of domestic violence and corporal punishment. (*J Pediatr* 2014;164:1208-13).

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Exposure to domestic violence as well as caregivers' psychological aggression (eg, insults, yelling) and physical violence toward children are risk factors for children's mental health problems, physical injuries, and even death.¹ Domestic violence and child abuse are public health problems often encountered by pediatricians.² The American Academy of Pediatrics has addressed both of these problems in position statements, declaring that "the abuse of women is a pediatric issue"³ and "physical discipline is of limited effectiveness and has potentially deleterious side effects," recommending that "parents be encouraged and assisted in the development of methods other than spanking for managing undesired behavior."⁴ Internationally, United Nations documents such as the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child have identified violence toward women and children as problems to be eliminated at a national level.^{5,6} Interventions attempting to change behavior often first attempt to change beliefs about the acceptability of the behavior, but evidence regarding the strength of association between attitudes and behaviors has been mixed.^{7,8} The cultural spillover theory of violence holds that violence in 1 domain tends to generalize, or spill over, into other domains.^{9,10} However, previous research using nationally representative samples of children and their parents from diverse countries has not examined how attitudes related to both domestic violence and corporal punishment are related to behavior toward children.

Using reports from primary female caregivers of 2- to 14-year-old children in 25 low- and middle-income countries, this study addressed 3 questions regarding women's attitudes about domestic violence and corporal punishment as well as caregivers' harsh behaviors toward children. First, are women's attitudes about the acceptability of husbands hitting wives related to their attitudes about the necessity of using corporal punishment to rear children? More acceptance of violence from husbands to wives was hypothesized to be related to more acceptance of using corporal punishment to rear children. Second, are women's attitudes about the acceptability of husbands hitting wives and about the necessity of using

From ¹Center for Child and Family Policy, Duke University, Durham, NC; ²Department of Psychology, Virginia Tech University, Blacksburg, VA; ³Child and Family Research, The Eunice Kennedy Shriver National Institute of Child Health and Human Development, Bethesda, MD; and ⁴School of Social and Family Dynamics, Department of Psychology, Arizona State University, Tempe, AZ

The authors declare no conflicts of interest.

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MICS Multiple Indicator Cluster Survey

corporal punishment related to their use of psychologically aggressive and physically violent behavior toward children? Believing that husbands are justified in hitting wives and that corporal punishment is necessary to rear children was hypothesized to be related to more psychological aggression and physical violence toward children. Moreover, it was hypothesized that there would be an interaction between the 2 beliefs such that holding both beliefs would further increase the likelihood of treating children harshly. Finally, does the strength of association between attitudes and behaviors depend on the normative attitudes within a given country (ie, how socially acceptable they are)? In countries in which there is widespread endorsement of the belief that husbands are justified in hitting wives and that corporal punishment is necessary to rear children, it was hypothesized that there would be weaker associations between an individual caregiver's beliefs and behaviors toward a child, and that at the same time, levels of psychological aggression and violence toward children would be higher overall.

Methods

The Multiple Indicator Cluster Survey (MICS) is a nationally representative and internationally comparable household survey developed by the United Nations Children's Fund and implemented in low- and middle-income countries to examine protective and risk factors for child health, nutrition, education, development, and well-being in different regions of the world.¹¹ We used data from the MICS3, which was conducted in 2005-2010 (questionnaires at http://www.childinfo.org/mics3_questionnaire.html).¹²

Each country was responsible for designing and selecting a sample. The MICS3 technical team recommended a probability sample in all stages of selection, national in coverage, and designed so that it could be implemented without deviating from a standard design. Geographic stratification was used with systematic probability proportionate to size sampling, proportionately distributing the sample into each of a nation's administrative subdivisions as well as its urban and rural sectors. A 3-stage sample was recommended. The first-stage was defined, if possible, as census enumeration areas, and selected with probability proportionate to size; the second stage was the selection of segments; and the third stage was the selection of the particular households within each segment.

Altogether 85 999 caregivers of target children between the ages of 2 and 14 years (49% girls) from families in 25 low- and middle-income countries provided data for the domestic violence and discipline measures (Table 1). If there was more than 1 child in the household in the target age range for the discipline measure, the interviewer used a standardized protocol to randomly select 1 target child from the household roster. Primary caregivers ranged in age from 15 to 49 years ($M = 33.44$, $SD = 7.29$). Twenty-four percent had no formal education; 24% had a primary school education; 43% had a secondary, vocational, or tertiary school education; and 9% had a higher level of education. Because, across countries,

fewer than 1% of questionnaires were answered by a male respondent, we included only those households where the child's principal female caregiver responded to the MICS3 questionnaire. Ninety-four percent of the primary caregiver respondents were the target child's biological mother; the remaining 6% were other primary female caregivers such as the child's grandmother or aunt.

Domestic Violence

Respondents were told, "Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: (1) if she goes out without telling him; (2) if she neglects the children; (3) if she argues with him; (4) if she refuses sex with him; and (5) if she burns the food." Respondents indicated *yes* (coded 1) or *no* (coded 0) for each of the 5 situations. A composite variable was created by summing the number of situations in which the respondent believed a husband was justified in hitting his wife. An additional composite was created by dichotomizing the variable to indicate if the respondent believed a husband was justified in hitting his wife in any of these situations.

Childrearing Discipline and Violence

The Child Discipline module included 11 items that were adapted from the Parent-Child Conflict Tactics Scale and the WorldSAFE survey questionnaire.^{13,14} The primary caregiver was told, "All adults use certain methods to teach children the right behavior or address a behavior problem. I will read various methods that are used, and I want you to tell me whether you or anyone else in your household has used each method with (name of child) in the last month." The caregiver then answered no (0) or yes (1) to 11 questions about whether in the last month anyone in the household had used different types of nonviolent discipline, psychological aggression, physical violence, and severe physical violence with the target child. A 12th item asked whether the caregiver believes that to bring up/raise/educate the target child properly it is necessary to punish him or her physically. Composite scales were constructed following the protocol recommended by the United Nations Children's Fund.¹¹ The nonviolence only scale included 3 items: (1) explained why something was wrong; (2) gave the child something else to do; and (3) took away privileges. To meet the criteria for "nonviolence only" the caregiver must also have reported *no* to all of the psychologically aggressive and physically violent items. The psychological aggression scale reflected whether the caregiver endorsed either of 2 items: (1) yelled at the child; and (2) called the child a name such as lazy or stupid. The physical violence scale reflected whether the caregiver endorsed 1 or more of the following 4 items: (1) spanked with a hand; (2) hit on the extremities; (3) shook; and (4) hit with an object. The severe physical violence scale reflected whether the caregiver endorsed either of 2 items: (1) hit on the head; and (2) beat with an implement. The psychological aggression, physical violence, and severe physical violence scales were not

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