



Determinants of child maltreatment in Nepal: Results from the 2014 Nepal multiple indicator cluster survey (the 2014 NMICS)

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ABSTRACT

We examined the prevalence of child maltreatment as measured by the level of physical (moderate to severe) and emotional abuse and child labor, and the associated household level determinants of child maltreatment in Nepal. We used a nationally representative data set from the fifth round of the Nepal Multiple Indicator Cluster Survey (the 2014 NMICS). The main independent variables were household level characteristics. Dependent variables included child experience of moderate to severe physical abuse, emotional abuse, and child labor (domestic work and economic activities). Bivariate analyses and logistic regressions were used to examine the associations between independent and dependent variables. The results showed that nearly half of the children (49.8%) had experienced moderate physical abuse, 21.5% experienced severe physical abuse, and 77.3% experienced emotional abuse. About 27% of the children had engaged in domestic work and 46.7% in various economic activities. At bivariate level, educational level of household's head and household wealth status had shown significant statistical association with child maltreatment ($p < 0.001$). Results from multivariate logistic regressions showed that higher education levels and higher household wealth status protected children from moderate to severe physical abuse, emotional abuse and child labor. In general, child maltreatment is a neglected social issue in Nepal and the high rates of child maltreatment calls for mass awareness programs focusing on parents, and involving all stakeholders including governments, local, and international organizations.

1. Introduction

Child maltreatment, the physical, sexual and emotional abuse as well as neglect including child labor, is a widespread phenomenon in many societies in which 25% of all adults had experienced some form of physical abuse, and 20% of women may have experienced sexual abuse [World Health Organization (WHO), 2016]. Because of culture specific context of child rearing practices, it is difficult to accurately identify prevalence as well as incidence of child maltreatments. WHO (2016) reported that there were approximately 41,000 homicides annually attributed to some forms of maltreatment including physical abuse and neglect; it further acknowledged that the incidences and prevalence of child maltreatments were hidden and underreported in many societies.

Previous studies have shown that maltreated children can face long-term negative health and developmental consequences (Norman et al., 2012); encounter immune and nervous system problems (Harris, 2014) as well behavioral issues such as drug abuse,

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drinking, criminal activities, as well as substance dependency (Gilbert et al., 2009). Maltreated children are vulnerable to sexually transmitted diseases such as HIV/AIDS (Richter et al., 2014), depressive disorders (Coates & Messman-Moore, 2014), and intimate partner violence in adulthood (Affi, Mota, Sareen, & MacMillan, 2017; Widom, Czaja, & Dutton, 2014). In addition, several studies have documented that child maltreatment was linked to premature death in adulthood (Brown et al., 2009; Felitti et al., 1998; Schilling, Aseltine, & Gore, 2007; Springer, Sheridan, Kuo, & Carnes, 2007).

Worldwide, 22.6% of people are physically abused as children, 36.3% experience emotional abuse, and 16.3% face physical neglect (Butchart & Mikton, 2014). In particular, a systematic review that examined 364 research studies on prevalence and incidence of child maltreatment (physical abuse, sexual abuse, emotional abuse, neglect or exploitation) among East Asians and Pacific Region countries showed that the life time prevalence of child physical abuse ranged between 39.5% and 66.3%, emotional abuse 31.3% and 78.3%, sexual abuse 39.5% and 66.3%, and neglect 28% and 43.6% (United Nations Children's Fund, 2012). A study that used data from multiple indicator cluster surveys of 28 developing countries revealed that experiencing physical and emotional abuse are common phenomenon among children in many developing counties (Akmatov, 2010).

1.1. Child maltreatment in South Asians and Nepalese context

Different forms of child maltreatment including child physical/sexual abuse, neglect, child labor, street-begging, sex-selective abortion, child marriage, child soldiers, corporal punishment, child trafficking, child malnutrition, and battered babies are prevalent with higher rates in South Asian countries [Kohrt et al., 2010; Singhi, Saini, & Malhi, 2013; United Nations International Children's Emergency Fund (UNICEF), 2008]. For example, corporal punishment is widespread in various settings (school, home, or community), and is generally accepted as a normal part of child rearing and disciplining; hence not perceived as child maltreatment (de Silva, 2007). This may in part be due to cultural and traditional family norms that parents consider their children as their property. In Nepalese culture, for example, children must be submissive and obedient towards their parents. However, in the name of discipline, some parents may deny basic necessities (e.g. food, clothes, etc.). In addition, gender bias in which a male child is favored over a female child is a widespread phenomenon, and could be more severe in girls than in boys in South Asia, including Nepal. In general, these cultural practices shape parental attitude towards corporal punishment, the strongest predictor of child maltreatment in developing countries (Akmatov, 2010). According to Singhi et al. (2013), 69% of children (aged 5–12 years) reported physical abuse, 53% sexual abuse, and 83% emotional abuse in India. As well, child labor exploitation is widespread in South Asia, with around 12% of children exploited for their labor [UNICEF Regional Office for South Asia (UNICEF ROSA), 2012]. In addition, in South Asia, child marriage rate is the highest in the world with 46% of women being married before the age 18 (Pandey, 2016; UNICEF, 2008). Furthermore, child trafficking for sexual exploitation and pornography, labor, begging, criminal purposes, as well as trafficking children for illegal organ harvest have been reported (Scarpa, 2006).

Cognizant of the gravity of child maltreatment and its consequences in South Asian regions, there are several national and regional attempts to prevent child maltreatment. Notably, South Asian governments endorsed South Asia Initiative to End Violence against Children (SAIEVAC), a five-year strategic regional plan (2010–2015) focusing on protecting children from child marriage, sexual abuse and exploitation, child trafficking, corporal punishment, child labor, and any forms of violence (UNICEF ROSA, 2012). Particularly in Nepal, the government enacted the Children's Act 1992 in line with the UN Convention on the Rights of the Child, 1989. The Constitution of the Kingdom of Nepal 1990 also emphasizes child protection from trafficking, physical or sexual exploitation, and bonded labor. As a result, in order to protect children from abuse, the Nepalese government established Central Child Welfare Board in 1992 and entrusted to coordinate efforts among all stakeholders including government, civil societies and NGOs. In particular, the Interim Constitution of Nepal 2007 is landmark for the child protection in which Article 22 mentions: “every child shall have the right against physical, mental, or any form of exploitation.” As a consequence, Government of Nepal emphasizes strengthening child protection system through advocacy, awareness raising program, early detection of children at risk and child victims, as well as case finding and case reporting (Government of Nepal, 2012).

Despite frequent media reports on incidents of child maltreatments in Nepal, thorough analyses of the contributing risk and/or protective factors of child physical abuse, emotional abuse, and child labor from a nationally representative sample is not yet available. The purpose of our study was, therefore, to estimate prevalence of child maltreatment (moderate to severe physical abuse, emotional abuse, and child labor), and identify household level key risk/protective factors of child maltreatment from nationally representative sample.

2. Methods

2.1. Data

We used the fifth round of the Nepal Multiple Indicator Cluster Survey (the 2014 NMICS). The 2014 NMICS was conducted by the Central Bureau of Statistics (CBS), Government of Nepal as a part of global MICS program, with technical and financial support by the UNICEF (Central Bureau of Statistics, 2015). The primary objective of this survey was to provide up-to-date, reliable and nationally representative information about child protection, health, development, nutrition, health care access and coverage.

The 2014 NMICS collected data in two stages (urban and rural areas) as main sampling strata incorporating 15 sub-regions (e.g. Eastern Mountains, Eastern Hill, Eastern Terai, Cantal Mountain, Western Mountains, Mid-Western Mountains, Far Western Mountains, etc.). In order to obtain probability sampling, specific enumeration areas were selected in each stratum. The sample was stratified according to geographical regions (Mountain, Hill, and Terai) and place of residence (rural and urban areas). Among 13,000

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