

# Assessment of knowledge and skill of health care providers in management of child abuse in different level hospital in Bangladesh

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## Abstract:

*Challenges to the health of our children have been changing in recent decades as we have taken control over different diseases through immunization and child health program . But newer problems are uncovered. Child Abuse and Neglect is one of them . World community has given emphasis on this very old but unnoticed problem ,this problem is received very less emphasis in South East Asia. With the objectives -to assess the knowledge and skill of working doctors and nurses of concern department in managing child abuse and to help the service providers to improve their knowledge and skill to deal with child abuse and to identify the laps and gaps in the area where abused children are dealt with, this study was carried out in two Medical College Hospitals, two District Hospitals and two Upazilla Health Complexes from November 2005 to July 2006. Selected departments for study were - Obstetrics & Gynaecology, Paediatrics, Orthopaedics. Burn, Casualty, Psychiatry and OCC, (DMCH) in Medical College level; Obstetrics & Gynaecology, Paediatrics, Surgery in district level and all from Upazilla level. Working doctors of all level and senior staff nurses were included in this study. Assessment of knowledge and skill was done before and after intervention by observation and face to face interview by using a pre tested prepared questionnaire .Laps and gaps were identified by observation and interview. Intervention was given by a one day workshop in each level of hospital . About 155 care providers participated in pre and post intervention interview . Of them- 109 were doctor and 46 were nurses. Among them 71 (Doc. 55 + Nurse 16) from two Medical College Hospitals, 42 (Doc. 33 + Nurse 9) from two District Hospitals & 42 (Doc. 21 + Nurse 21) from 2 Upazilla Health Complexes . It was surprising that only 11 % health care provides correctly knows that who are the children , only 10 % providers knows about the different types of abuse and only 15 % providers believe that they have sufficient knowledge to manage an abused child. Knowledge level is much higher among the doctors working in teaching hospitals and poorest in UHC. Nurses are less knowledgeable than doctors . Score of nurses is more or less similar in all level of hospitals. The pre and post intervention changes were analyzed by using unpaired student's t test and p value was significant .On job training of care providers on management of abused child is very important and inclusion of this issue in medical and nursing curricula is necessary.*

Key words: child abuse, knowledge, skill

## Introduction:

Challenges to the health of our children have been changing in recent decades as we have taken control over different diseases through immunization and child health program . But newer problems are uncovered. Child Abuse and neglect is one of them . World community has given emphasis on this very; old

but unnoticed problem, this problem is received very less emphasis in South East Asia. Child abuse exists in all strata of the society, cutting across the boundaries of countries, social position and race. Understanding the extent of the problem is the first step towards presentation. According to WHO from birth to before the completion of 18 years are the children<sup>1</sup>. Childhood is more than just the time before a person is considered an adult. The UN General Assembly adopted the rights of the child in 1989 and represents a global consensus on the terms of childhood. "Child abuse or maltreatment constitutes all forms of physical and/or emotional ill treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship or responsibility, trust or power"<sup>2,3</sup>. Types of Child Abuse may be -Physical abuse, Sexual abuse .Neglect - may be nutritional or

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medical , Emotional abuse, Child labour ,Conscription by armies .Intentional drugging<sup>4</sup>. Bangladesh is a signatory of CRC and MDG, which includes improvement of primary education level, elimination of gender discrimination and to reduce under five mortality which is scheduled to achieve by 2015<sup>7,8</sup>.

Globally about 40 million children are abused every year. About one million children are abused every year in the United States as reported incidence .Approximately 100 to 1300 US children are known to die as a result of physical abuse. One out of every eight boys and one out of every four girls are sexually abused before 18 years age in USA. About 90% of all sexual abuse occur at home.

In Bangladesh actual situation of Child Abuse is unknown but the reported picture is very frightening. From Oct-2001 to Sept. 2004 (total) 1477 children were killed, 1585 were raped, 371 were the victim of acid attack, 2501 were abducted / trafficked / missed, 979 has committed suicide. In a report from One stop Crisis Centre of, Dhaka Medical College Hospital(2004-2005) it is shown that, 377 children admitted as the victim of violence . Among them 260 were victim of sexual violence<sup>9</sup>. So , it is necessary to improve the knowledge and skill of care providers to deal with the abused child.

**Objectives:**

To assess the knowledge and skill of working doctors and nurses of concern department in managing child abuse.

To help the service providers to improve their knowledge and skill to deal with child abuse.

To identify the laps and gaps in the area where abused children are dealt with.

**Methodology:**

This study was carried out in 2 Medical College Hospitals, 2 District Hospitals and 2 Upazilla Health Complexes from November 2005 to July 2006. Selected departments for study were -Obstetrics & Gynaecology, Paediatrics, Orthopaedics Burn ,Casualty,Psychiatry and OCC (DMCH) in Medical College level; Obstetrics & Gynaecology, Paediatrics, Surgery in district level and all from Upazilla level. Working doctors of all level and senior staff nurses were included in this study. Assessment of knowledge and skill was done before and after intervention by observation and face to face interview by using a pre tested prepared questionnaire .Laps and gaps were

identified by observation and interview. Intervention was given by a one day workshop in each level o' hospital.

**Observations & Results:**

About 155 care providers participated in pre and pos intervention interview . Of them- 109 were doctor anc 46 were nurses. Among them 71 (Doc. 55 + Nurse 16 from two Medical College Hospitals, 42 (Doc. 33 -\* Nurse 9) from two District Hospitals & 42 (Doc. 21 ^ Nurse 21) from 2 Upazilla Health Complexes Assessment done in Pre & Post intervention perioic about barriers in providing standard management ir service area in the hospital & knowledge and skill o the providers. The changes were identified and noted

**Table-I:**

Pre and post interventional knowledge level.

Knowledge and skill of the provider		
Variables	Intervention	
	Pre(%)	Post(%)
Correct information about child (According to WHO. children 0-18 years)	11	98
Types of child abuse:		
• Only sexual abuse	72	16
• All types	10	84
History taking physical examination documentation, legal support, counseling and referral was followed in	32	52
Have sufficient knowledge to manage abused child	15	85

Importance of privacy and confidentiality was identified by	88	100
Complete physical examination including rectal examination done in	32	77
Consent taken before examination	100	100
History of associated bleeding and discharge were asked	50	80
Disclosure of abuse	75	84
Advised for emergency contraception (post pubertal girls)	0	0

**Table-II:**

Potential barriers in management of abused child in hospital

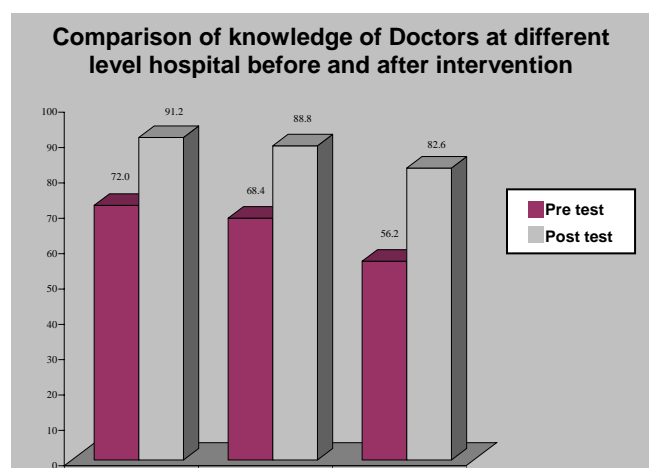
Potential Barriers in Hospital		
Variables	Intervention	
	Pre(%)	Post(%)
Hospital environment in terms of patient over load and no separate space	95.5	95.5
Satisfactory supply of logistics like curtain/screen good light, speculum, swab stick, proctoscope, examination table not in place	75	25
Presence of trained care givers	1.8	1.8
Lack of counselor and psychological support in care area	100	100
Provision for judicial medical officer for conducting legal activities	0	0

Changes in potential barriers at pre and post intervention period

Knowledge and skill.....		
Variables	Intervention	
	Pre(%)	Post(%)
Medical history about skin diseases, previous infection, injury and constipation was taken	2	33
In sexual abuse cases, swab taken from vagina	100	100
Swab from rectum skin	0	0
Search for Bruise, grip mark, scratches, laceration and burn	0	37
Investigations: HVS for C/S, VDRI, HbsAg, HIV, swab for gonococcus	0	0

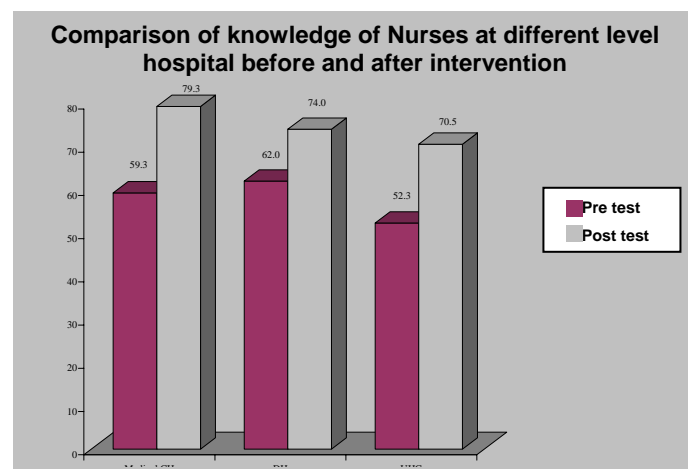
**Graph I :**

showing the comparison of knowledge level of doctors working at three levels



**Graph II:**

showing the comparison of knowledge of Nurses working at three different level



It was surprising that only 11 % health care providers correctly know that who are the children, only 10 % providers know about the different types of abuse and only 15 % providers believe that they have sufficient knowledge to manage an abused child. Knowledge level is much higher among the doctors working in teaching hospitals and poorest in UHC. Nurses are less knowledgeable than doctors . Score of nurses is more or less similar in all level of hospitals. The pre and post intervention changes were analyzed by using unpaired student's t test and p value was significant .

**Discussion:**

**In Bangladesh**

After baseline assessment intervention was given by conducting advocacy workshops to build up awareness and to improve the knowledge and skill of care providers regarding child abuse. The research team has searched for similar type of study at home and abroad but could not find out, which seems that ,this study has been conducted for the first time.

**Lessons Learned**

Skill depends on knowledge, which was poor among the care providers. Child abuse should be addressed in a multi-sectorial approach, so there should be some national policy and guidelines regarding this issue Sufficient human resources are not yet prepared to address this issue properly. Short course of training is needed to develop human resources. Advocacy for awareness should be continued through out Bangladesh for all health care facilities. There should be an well equipped area with trained provider in each hospital to deal with abused children. Lack of counselor and psychologist in all GOB hospital hinders the ideal management-Commitment of care. Providers is necessary to improve the situation.

### **Conclusion and Recommendations:**

Knowledge and skill regarding management of child abuse is very poor among the care providers specially in nurses as, this issue is absent in medical and nursing curriculum. Environment in the care area is adverse for the management of abused child . Logistic support is insufficient. There is no provision for on job training on this issue.

There was significant improvement of knowledge and skill of care providers in different level of health facilities after intervention which indicates necessity of training and inclusion of this issue in medical and nursing curriculum. An observation checklist should be available in the area where the abused children are managed and strict monitoring should be maintained to follow the checklist in management of child abuse.

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