Disciplinary Practices and Child Maltreatment among Egyptian Families in an Urban Area in Ismailia

Fatma Hassan, Amany Refaat, H. El - Sayed, and M.H. El- Defrawi

A household survey was conducted in El-Sheikh Zayed district in Ismailia city to find out how parents treat their children under 18 years of age, and to determine the prevalence of abusive behaviors among parents and its correlates with child and family characteristics. Three areas were selected randomly from the 18 geographically defined areas of El-Sheikh Zayed district. Census was done for the three areas using a specific form. The eligible household was the household having a woman aged 15-49 years who was a caretaker for at least a child less than 18 years. From a list of eligible households 675 women were randomly selected.

The Arabic version of World Survey of Abuse Within Family Environment (WorldSAFE) was used. It included items about child and family characteristics, the child's health status, the behaviors used by parents to teach and discipline their children and how often they used these behaviors. The questionnaire was pilot tested. The trained interviewers interviewed the women in their households and privacy was ensured.

The participants were 632 in number, but data of 602 children were eligible for analysis, as infants less than one year were excluded from the study. Out of the 602 children 53% were males, and the child child's mean age was 9.67 ± 4.95 years. Of the studied children, About half of the mothers (51.7%) reported their child's health as excellent; while 14.6% suffered from chronic health problems. Of their families 74.1% were from middle class. Fifty three percent of the parents included in the study used positive corrective treatment, as verbal reasoning, with their children. While 45.7% of them used psychological/emotional maltreatment with verbal aggression, and 42.5% used mild/moderate physical maltreatment. Severe physical punishment (physical abuse) was practiced regularly with 13% of the children and it was practiced more frequently with children aged 9-12 years (OR=3.4, 95% CI: 1.4-8). Factors determined using psychological/emotional maltreatment and physical abuse were: being a child difficult to take care of, being in good health, and the previous history of the parents of being abused during their childhood by their parents, and abused mothers by their husbands.

In this community severe physical maltreatment was used much less than verbal reasoning by parents to discipline their children. A program for parents to learn how to deal with their children and how to establish an effective parent-child interaction will help in encouraging using the positive behavioral correction.

(Egypt.J. Psychiat., 1999, 22: 177 - 193).

INTRODUCTION

Increasing awareness in Egypt in the last decade of the existence and frequency of family violence and child abuse had led to media interest, speculation, and debate about their prevalence in the different communities in the country. This interest had heightened the need for good epidemiological data for service providers, law enforcers and for those concerned with child and woman care

Fatma Hassan, Amany Refaat, Hesham El-Sayed, Mohamed H. El-Defrawi From-Community Medicine Department, Department of Pediatrics, Department of Psychiatry, Faculty of Medicine, Suez Canal University, Ismailia, Egypt.

and protection. Family violence includes child maltreatment, adult intimate-partner violence, and older mistreatment. Abuse refers to a pattern of behaviors organized around the intentional use of power by one person to control another; and child maltreatment involves the abrogation of adult responsibilities for the care and protection of children, and includes child abuse, child sexual abuse and child neglect (Alpert et al., 1997).

Prevalence studies of child maltreatment in Egypt had generated widely disparate findings, in part explained by their differing methodology, particularly with regard to ascertainment of prevalence, and in part the way the samples were constituted. Furthermore, maltreatment was not defined clearly in most of the studies. The few community studies conducted in Egypt have shown prevalence rates of physical maltreatment of children at home ranging from 6% to 60% in a variety of communities. (Abdel-Rahman & Nashed, 1994; El-Defrawi et al., 1997; Hassan et al., 1997; Youssef et al., 1998). Although these studies are valuable in identifying the extent of child maltreatment in these subgroups and may highlight the possible role of child maltreatment in predisposing to particular adult disorders, they do not allow for estimation of the prevalence or effect of child maltreatment in the wider community.

Maltreated children are at great risk for a wide variety of physical, emotional, and developmental problems and psychiatric disorders which can hamper their ability to live healthy and productive life. Furthermore, maltreated children have difficulty in school and problems with substance abuse. (Duncan et al., 1996; Flisher et al., 1997). In the long run it tends to increase the probability of deviance, including delinquency in adolescence and wife-beating, child abuse, and crime outside the family such as robbery, assault, and homicide as an adult, and other psycho-social problems (Silverman et al., 1996; Campbell and Lewandowski, add comer 1997). A recent study also suggested relationship between the breadth of exposure to childhood abuse as a risk factor for several of the leading causes of death in adults such as ischaemic heart diseases and cancer (Felitti et al., 1998).

Many recent reviews have showed that maltreatment of children is widely practiced all over the world and continue to increase, which urge the need for preventive intervention at the community and family levels. These efforts should be supported by the medical community and by both the local and national governmental leaders (Sirotnak and Krugman, 1997). Moreover, It was noticed that chronically ill and handicapped children were at higher risk for severe physical abuse, (Walker et al., 1995). Abuse of children with medical problems could be due to the inability of the parents to cope with the stress involved in child rearing (Tanimura et al., 1995).

Despite the marked interest in the Egyptian society during the last decade with the problem of child maltreatment and abuse, there is limited literature addressing the extent and pattern of child maltreatment (Youssef et al., 1998). In the Egyptian culture which values child's obedience and power assertive discipline, corporal punishment and maltreatment are expected to be a common practice. Although retrospective studies of child maltreatment and abuse are open to distortion of memory, they remain the only feasible method open to most researchers for obtaining the necessary information, given the overwhelming ethical and legal restraints on conducting cross-sectional or prospective studies on

children. Obtaining parental consent for such research would by itself introduce serious bias. It is both difficult and inappropriate to make precise comparisons between countries, and even between different communities in the same country, because of the differences in the definition of maltreatment and abuse by the different communities. It is also important to differentiate between physical discipline and physical abuse. Therefore, it should be put in consideration the distinction between the culturally accepted physical discipline and the extreme physical brutality reaching to the extent of abuse. Furthermore, there are differences in the socio-demographic variables of the studied populations.

The current study was designed to obtain information on prevalence of disciplinary practices and child maltreatment. Specifically the study would investigate risk factors in the child's background, child victim characteristics, the family and social circumstances, abuser characteristics and a range of maltreatment data for an urban community in Ismailia city in Egypt. This survey is the Egyptian component of the WorldSAFE multi-center surveys conducted in India, Philippine, Chile and Brazil.

SUBJECTS AND METHODS

Study design & sampling technique:

A cross-sectional household-based survey was conducted in El-Sheikh Zayed district, which is an urban area in the middle of Ismailia City that has a population of 78,282 subjects. Three out of the 18 geographically defined areas of the study site were randomly chosen to conduct the study. The residents of the chosen areas included different socioeconomic levels.

Census of the three randomly selected areas was done using a specific form. A list of eligible households was made and 675 women aged 15-49 years of age, who were caretakers of children less than 18 years of age, were randomly selected. Out of these women, 632 women participated in the study, and data of 602 of them were eligible for data analysis, as data of infants less than one year were excluded.

Data collection:

Recruited women were interviewed at their homes by trained interviewers. The Arabic version of the WorldSAFE questionnaire, which was based on the Conflict Tactics Scale (Straus, 1990), was used. In preparation of the study questionnaire and survey, four focus group discussions were conducted in the study area. These focus groups included mothers and fathers of children less than 18 years of age, from different backgrounds, living in the study area. These focus groups were used to collect information about community norms and how family members resolve their conflicts. They provided information about the practices that the communities regarded as inappropriate, abusive or violent. They also gave information about the opinion of the community on the role of the society in protecting family members from each other in conflicts. The research team did not include questions about sexual abuse because of the sensitivity of the issue. The questionnaire was field tested in a pilot study. Female university or high school graduates administered it after comprehensive training. Interviewer's quality was assessed periodically by the field supervisors and project coordinator throughout the study.

The questionnaire included items about family characteristics with special emphases on the index child, the child

health status, the used methods to teach and discipline the child and how often they were used. It included also questions about family conflicts and about previous exposure of the parents to abusive treatment from their parents.

Data analysis:

The Epi-Info (version 6.4) and SPSS for windows (Version 6.1) software were used for data entry and analysis. Family and children characteristics were examined. Socioeconomic level was calculated by counting the possessions of the household (e.g. radio, TV, telephone, air conditioner, car, refrigerator. etc.). Methods of child treatment were classified into 4 types: corrective, psychological/emotional maltreatment, mild moderate physical maltreatment and severe physical maltreatment (abuse). These four types were computed from the use for more than 3 times of different methods composing each type in the last year, and examined against both family and child characteristics. The chi-square test ((Mantel-Haenszel test for linear association) was used to test significance. Odds ratio and multiple logistic regression analysis were also used to define risk factors of child abuse against family and child characteristics.

RESULTS

Children Characteristics & Family Background:

Out of 602 children, 319 of them were males (53%) and 283 were females (47%). The mean age of the recruited children was 9.67 ± 4.95 years (age range 1-17 years). Half of children were considered of excellent health status. Out of the 602 children, there were 88 (14.6%) suffering from chronic health problems as physical deformity (5.5%), learning or emotional (1.7% each). Most of these children had one problem only (13%). The majority of children were considered by their mothers as easy or average to take care of (39.5%, 44.6% respectively) (Table 1).

Most of the families enrolled in the study were from medium socioeconomic level (74.1%), and of medium size (4-6 persons). One quarter of mothers and 18% of fathers were not educated. Working mothers constituted one third of the study group and 6.1% of the caretaker women were single (widows or divorced) (Table 6).

Types of Disciplinary Behaviors Used by Parents and Risk Factors:

A: Positive Behavioral Correction:

Fifty three percent of the parents used verbal reasoning with their children. Forty-six percent of the mothers and 41% of the fathers used it. The used methods were; explaining to the child why something was wrong (80.3%), telling him/her to stop doing something and refusing to talk to him/her (Table 2).

Positive correction treatment was used 4 times more commonly among high socioeconomic status families compared to those from low level (OR=3.9, 95% CI: 1.9-8.2). It was also more commonly used by mothers (OR=11.8, 95% CI: 4.5-38-5), and fathers (OR=6.1, 95% CI: 1.8-25.7) who suffered from abuse during their childhood. Married mothers (OR=3.3, 95% CI: 1.5-7.4) used it three times more than singles (Widows or Divorced). Women who were abused by their husbands were using it four times more than those not abused (OR=4.3, 95% CI: 1.2-23.7) (Table 6).

Positive corrective treatment was used more with children over 5 years and with children having excellent health status (60.6%) (Table 7). Multiple logistic regression analysis showed that the influencing factors for using corrective

treatment were working of mother and previous history of abuse during childhood of both parents (Table 8).

B- Psychological/Emotional Maltreatment:

Among parents 45.7% used psychological/emotional maltreatment with verbal aggression, which included mainly derisive statements and threats, but mothers more frequently used it (table 3). Shouting, yelling or screaming at the child was used by 72.2% of families. This type was more frequently used with children older than 9 years of age (OR=3.0, 95% CI: 1.8-5.1) and with those having excellent health status (59.9%) (Table 7).

Women with moderate educational level (7-12 years of schooling) were more likely to use this type (39%). Women who were physically maltreated by their husbands frequently used it (OR=5.9; 95% CI: 1.6-26.4). It was also practiced more frequently by mothers (OR=4.8; 95% CI: 2.4-9.7) and fathers (OR=3.2; 95% CI: 1.2-8.7) who were exposed to physical maltreatment during their childhood (Table 6). Factors like being in good health status, difficult to take care of him/her and a previous history of abuse of mother by her parents during her childhood were the most determinants for use of this type of treatment. (Table 8).

C- Mild/Moderate Physical Maltreatment:

Parents frequently disciplined their children using mild/moderate physical punishment (42.5%) (Table 4). The most commonly used methods were making him/her to stay in one place, pinching, and slapping on face or back of head. To lesser extent parents spanked their children and hitting them with bare hands, stick, broom or belt. This type was adopted more frequently to discipline children 5-8 years of age (OR=2.8; 95% CI: 1.6-4.9, Table 7), of excellent health status (63.6%) and with children showing learning problems (OR=5.6; 95% CI: 1.1-38.3) (Table 7).

Families with high socioeconomic level (OR=2.5; 95% CI: 1.2-5.4) and mothers with lower educational level of 1-6 years were using it more (OR= 2.5, 95% CI:1.4-4.5). It was also practiced more frequently by mothers who were exposed to physical maltreatment by their husbands (OR=6.8; 95% CI: 1.8-30.2), or during their childhood (OR=3.1; 95% CI: 1.7-5.9) (Table 6). Being in good health was the only predicative factor for using this type of discipline withs (Table 8).

D- the Child Severe Physical Maltreatment (Abuse):

Severe physical punishment was practiced regularly (>3 times/year) with 13% of the children (Table 5), which was considered in this work as physical abuse. The most commonly used method was frequent beating with fist or with an object and less frequently parents kick the children or put chili pepper in their mouths. Rarely parents choked or smothered them or burning with hot metallic objects.

Physical abuse was practiced more frequently with children aged 9-12 years (Table 7), (OR=3.4; 95% CI: 1.4-8.0) and with healthy children (72%)(Table 7). It was also used much more frequently by women exposed to physical abuse by their husbands (OR=39.3; 95% CI: 10.2-177.7), and by mothers (OR= 6.7; 95% CI: 3.4-13.4) and fathers (OR=6.4; 95% CI: 1.6-26.1) exposed to physical abuse during their childhood (Table 6). Previous history of father abuse during childhood and a child difficult to take care of were the most determinants for physical abuse (Table 8).

Table 1
Children Characteristics

Item	Frequency	Percent
Age: *		
1-4 years	134	22.2
5-8 years	127	21.1
9-12 years	139	23.1
13-17 years	202	33.6
Sex:		
Female	283	47
Male	319	53
Child position: (n=588)		
Only child	33	5.6
Oldest	160	27.3
Middle	157	26.7
Youngest	235	39.9
Not her child	3	0.5
Health status: (n=598)		
Excellent	309	51.7
Average	275	46
Poor	14	2.3
Health problems:		
Yes:	88	14.6
Chronic problem	4	0.7
Special sense problem	33	5.5
Physical deformity	10	1.7
Learning problem	10	1.7
Emotional or behavioral problem	5	0.8
Others	42	7
One problem only	78	13
Two problems	7	1.2
Three and more	3	0.6
No	514	85.4
How easy to take care:		
Easy	238	39.5
Average	269	44.6
Difficult	96	15.9
Total	**602**	**100**

* Mean =9.67 SD=4.95 Median =11.0 Mode=14

Table 2
Distribution of Positive Behavioral Correction Among Both Parents (N=602)

	Mother	Father	Both parents (total %)		
			Never	1-2	3+
1-Explained why something was wrong:					
Never	20.4	26.3	19.7	0.3	0.2
1-2	43.3	41.2	4.7	35.2	4.2
3+	36.3	32.5	1.9	5.7	28.0
2-Told him/her to start or stop doing something					
Never	30.7	36.9	30.7	0.5	0.0
1-2	39.1	40.7	3.6	33.0	2.4
3+	30.2	22.4	2.8	6.9	20.0
3-Gave him/her something else to do					
Never	56.1	64.6	55.8	0.2	0.2
1-2	26.1	22.4	5.8	20.0	0.7
3+	17.8	13.1	3.2	2.3	11.9
4- Took away privileges					
Never	73.3	81.2	72.8	0.5	0.0
1-2	22.9	16.2	6.9	15.5	0.2
3+	3.8	2.6	1.4	0.2	2.5
5- Refused to speak to him/her					
Never	52.0	68.0	51.8	0.4	0.0
1-2	38.5	24.2	12.6	22.8	2.8
3+	9.5	7.9	3.5	1.1	5.1
Prevalence					
N	290	259	64	219	319
%	46.0	41.0	10.6	36.4	53.0

Table 3
Distribution of Psychological/ Emotional Maltreatment Among Both Parents (N=602)

	Mother	Father	Both parents (total %)		
			Never	1-2	3+
1-Threatened to leave or abandon him/her:					
Never	89.5	97.2	90.2	0.0	0.0
1-2	7.0	1.2	4.9	1.1	0.4
3+	3.5	1.6	2.1	0.2	1.2
2-Shouted, yelled, or screamed at him/her:					
Never	27.9	54.3	28.2	0.0	0.2
1-2	48.8	28.9	17.4	25.4	5.4
3+	23.3	16.8	8.2	3.7	11.4
3-Threatened to invoke ghosts or evil spirits or harmful people					
Never	93.7	97.2	93.8	0.2	0.0
1-2	4.3	1.8	3.0	1.4	0.0
3+	2.0	1.1	0.4	0.2	1.1
4- Cursed him/her					
Never	49.3	61.2	48.2	0.5	0.0
1-2	33.5	23.7	6.3	20.8	7.0
3+	17.2	15.1	6.2	2.6	8.3
5-Threatened to kick out of house or send away					
Never	99.4	98.8	98.4	0.9	0.2
1-2	0.3	1.0	0.2	0.2	0.0
3+	0.3	0.2	0.2	0.0	0.0
6-Mocking from him/her					
Never	40.8	54.5	41.0	0.2	0.0
1-2	37.0	29.7	8.7	23.7	4.7
3+	22.2	15.8	4.9	5.6	11.3
7-Called him/ her names like stupid, ugly, or useless					
Never	55.8	72.3	55.5	0.5	0.4
1-2	33.3	15.4	13.2	12.5	7.6
3+	10.8	12.3	3.3	2.5	4.6
Prevalence					
N	233	185	89	238	275
%	36.9	29.3	14.8	39.5	45.7

Table 4
Distribution of Mild-Moderate Physical Maltreatment
Among Both Parents (N=602)

	Mother	Father	Both parents (total %)		
			Never	1-2	3+
1-Made him/her stay in one place					
Never	49.5	56.8	49.7	0.3	0.0
1-2	32.9	29.3	5.2	25.8	1.7
3+	17.6	13.9	2.1	3.1	12.0
2- Hit on buttocks with an object such as a stick, broom, cane, or belt					
Never	71.8	78.1	70.0	0.9	0.9
1-2	20.8	14.7	6.3	11.1	3.5
3+	7.4	7.2	1.9	2.5	2.8
3- Hit elsewhere (not buttocks) with an object such as a stick, broom, cane, or belt					
Never	73.4	81.2	72.4	1.4	0.0
1-2	20.0	13.2	6.7	10.2	2.8
3+	6.7	5.6	2.5	1.2	2.8
4- Twisted his/her ear					
Never	68.5	75.3	67.2	1.4	0.2
1-2	24.2	17.2	7.0	14.6	2.3
3+	7.3	7.5	1.2	0.9	5.3
5- Hit him/her on head with knuckles					
Never	74.8	84.3	73.4	1.2	0.2
1-2	21.1	11.0	8.9	9.6	2.4
3+	4.2	4.7	1.7	0.2	2.3
6- Pulled his/her hair					
Never	71.3	83.7	71.2	0.2	0.2
1-2	21.7	10.5	9.3	10.0	2.3
3+	7.0	5.8	3.0	0.5	3.3
7- Spanked him/her on buttocks with hand only					
Never	70.7	85.4	70.7	0.4	0.4
1-2	23.3	12.3	12.0	11.2	0.0
3+	6.0	2.3	3.0	0.5	1.9
8- Pinched him/her					
Never	54.4	75.4	54.3	0.9	0.2
1-2	33.4	17.5	14.9	16.3	1.9
3+	12.1	7.0	6.2	0.2	5.1
9- Slapped on face or back of head					
Never	58.4	75.5	57.0	1.8	0.4
1-2	30.1	17.1	13.5	13.9	2.3
3+	11.5	7.3	5.3	1.4	4.6
Prevalence					
N	221	178	95	251	256
%	35.0	28.2	15.8	41.6	42.5

Table 5
Distribution of Severe Physical Maltreatment (Abuse) Among Both Parents (N=602)

	Mother	Father	Both parents (total %)		
			Never	1-2	3+
1-Kicked him/her					
Never	98.0	95.1	94.4	3.3	0.4
1-2	1.5	4.4	0.5	0.9	0.0
3+	0.5	0.5	0.4	0.0	0.2
2- Put chili pepper, hot pepper or spicy food in mouth					
Never	97.3	99.5	97.0	0.2	0.2
1-2	2.3	0.2	2.1	0.0	0.2
3+	0.3	0.3	0.4	0.0	0.0
3- Choked him/her by putting hands (or something else) around his/her neck					
Never	99.3	99.6	99.3	0.0	0.2
1-2	0.5	0.0	0.4	0.0	0.0
3+	0.2	0.4	0.0	0.0	0.2
4- Locked out of house					
Never	98.8	98.4	97.7	0.9	0.4
1-2	1.2	1.2	0.7	0.4	0.0
3+	0.0	0.4	0.0	0.0	0.0
5- Withheld food					
Never	99.3	99.8	99.5	0.0	0.0
1-2	0.5	0.2	0.2	0.2	0.0
3+	0.2	0.0	0.2	0.0	0.0
6- Forced him/her to kneel or stand in one spot with an added burden (in heat or holding a heavy object)					
Never	93.7	95.8	92.6	1.1	0.2
1-2	5.2	2.8	2.6	1.6	0.9
3+	1.1	1.4	0.7	0.0	0.4
7- Smothered him/her with hand or pillow					
Never	99.5	99.7	99.3	0.2	0.0
1-2	0.5	0.3	0.4	0.2	0.0
3+	0.0	0.0	0.0	0.0	0.0
8- Burned, scalded, or branded him/her					
Never	98.5	99.3	97.7	0.7	0.0
1-2	1.4	0.7	1.6	0.0	0.0
3+	0.0	0.0	0.0	0.0	0.0
9- Beat him/her (hit over and over again with object or fist)					
Never	75.1	86.7	75.1	0.4	0.2
1-2	13.5	9.1	6.3	7.0	0.0
3+	11.5	4.2	5.3	1.8	4.0
10- Threatened him/her with a knife or gun					
Never	100.0	99.8	99.8	0.2	0.0
1-2	0.0	0.2	0.0	0.0	0.0
3+	0.0	0.0	0.0	0.0	0.0
Prevalence					
N	71	32	397	127	78
%	11.3%	5.1%	65.9	21.1	13.0

Table 6
Characteristics of the Studied Families in Relation to the Different Types of Disciplinary Treatment

	Positive Correction Treatment		Psychological/ Emotional Maltreatment		Mild/Moderate Physical Maltreatment		Severe Physical Maltreatment (Physical Abuse)		Total	
	%	c2 (p)OR	%	c2 (p) OR	%	c2 (p) OR	%	c2 (p) OR	No.	%
1-Mother education:		0.1(0.73)		4.3(0.03) 1.0		0.6(0.43) 1.0		2.5(0.11) 1.0		
No education #	24.5	1.0	26.2	1.2	18.8	2.5*	19.2	1.3	79	13.1
1-6 schooling years	15.0	1.4	16.0	0.9	41.4	1.4	34.6	0.7	234	38.9
7-12 schooling years	34.5	0.8	38.9	0.6	18.4	0.8	17.9	0.6	140	23.3
13+ schooling years	26.0	1.3	18.9	0.2(0.69)		0.1(0.79)		0.3(0.58)		
2- Father education		1.7(0.19)		1.0	15.1	1.0	17.9	1.0	108	17.9
No education #	15.7	1.0	16.5	1.2	11.2	1.6	10.3	1.0	53	8.8
1-6 schooling years	10.7	2.1	10.4	1.3	42.6	1.5	43.6	1.1	238	39.5
7-12 schooling years	37.3	1.2	43.2	0.9	31.0	1.1	28.2	0.8	203	33.7
13+ schooling years	36.4	1.6	29.9	0.1(0.78)		0.9(0.33)		0.4(0.84)		
3-Mother work (n=599)		2.5(0.11)								
Working	35.8	1.3	33.6	1.1	35.2	1.2	32.0	0.9	197	32.9
Not working #	64.2	1.0	66.4	1.0	64.8	1.0	68.0	1.0	402	67.1
4-Father work:		0.3(0.57)		1.2(0.26)		0.8(0.36)		0.3(0.59)		
Working	87.1	1.1	84.7	0.7	87.8	1.2	88.3	1.2	519	86.4
Not working #	12.9	1.0	15.3	1.0	12.2	1.0	11.7	1.0	82	13.6
5-Economic level		16.2(0.01)		0.4(0.51)		4.5(0.03)		0.69(0.41)		
Low #	6.6	1.0	8.4	1.0	5.9	1.0	6.4	1.0	61	10.1
Medium	73.4	2.1	76.0	1.5	77.3	2.4	76.9	1.7	446	74.1
High	20.1	3.9*	15.6	1.3	16.8	2.5*	16.7	1.7	95	15.8
6-History of abuse at Mother's childhood		29.9 (0.001)		25.8 (0.001)		12.0 (0.001)		26.5 (0.001)		
Never #	50.8	1.0	49.1	1.0	52.3	1.0	42.3	1.0	349	58.0
1-2	33.2	1.3	35.6	1.6	33.2	1.2	28.2	1.2	197	32.7
3+ times	16.0	11.8*	15.3	4.8*	14.5	3.1*	29.5	6.7*	56	9.3
7-History of abuse at Father's childhood		10.2 (0.001)		8.5 (0.003)		1.9 (0.168)		9.4 (0.002)	N= 195	
Never #	54.5	1.0	51.2	1.0	60.2	1.0	35.3	1.0	122	62.6
1-2	25.7	1.4	30.5	1.9	21.7	0.8	29.4	2.2	49	25.1
3+ times	19.8	6.1*	18.3	3.2*	18.1	2.4	35.3	6.4*	24	12.3
8-Current marital status of mother		10.6 (0.001)		2.7 (0.09)		2.6 (0.10)		0.2 (0.69)		
Married	96.9	3.3*	95.6	1.8	95.7	1.8	94.9	1.2	565	93.3
Single (W/D) #	3.1	1.0	4.4	1.0	4.3	1.0	5.1	1.0	37	6.1
9- Mother abused by husband (n=591)		8.5 (0.003)		16.6 (0.001)		17.0 (0.001)		64.9 (0.001)		
Never #	89.6	1.0	87.6	1.0	87.4	1.0	74.7	1.0	546	92.4
1-2	6.0	1.9	7.3	3.2	7.1	2.6	7.7	2.3	28	4.7
3+ times	4.4	4.3*	5.1	5.9*	5.5	6.8*	17.9	39.3*	17	2.9
10-Family size		3.4 (0.06)		1.6(0.20)		0.01(0.9)		1.1(0.29)		
Small (< 4 persons) #	38.9	1.0	38.5	1.0	41.0	1.0	34.6	1.0	248	41.2
Medium (4 - 6 persons)	46.7	1.1	48.4	1.2	46.9	1.0	52.6	1.4	149	46.8
Large (>6 persons)	14.4	1.7	13.1	1.3	12.1	1.0	12.8	1.3	46	12.0
Total	**319**	**53.0%**	**275**	**45.7%**	**256**	**42.5%**	**78**	**13.0%**	**602**	**100**

c2 (Mantel-Haenszel test for linear association) # (reference) * Significant OR (p<0.05)

Table 7
Characteristics of Studied Children in Relation to The Different Types of Treatment

	Positive Correction Treatment		Psychological/ Emotional Maltreatment		Mild/Moderate Physical Maltreatment		Severe Physical Maltreatment (Physical Abuse)		Total	
	%	c2 (p)OR	%	c2 (p) OR	%	c2 (p) OR	%	c2 (p)OR	No	%
1-Child sex		0.8(0.34)		0.1(0.77)		1.3(0.26)		1.3(0.26)		
Female #	45.3	1.0	46.4	1.0	44.3	1.0	41.0	1.0	283	47.0
Male	54.7	1.2	53.6	1.1	55.7	1.2	59.0	1.3	319	53.0
2-Child age:		2.8(0.09)		16.6(0.01		1.9(0.16)		2.4(0.12)		
1-4 years #	17.9	1.0	13.5	1.0	14.8	1.0	11.5	1.0	133	22.1
5-8 years	22.9	1.8	21.8	2.4	26.2	2.8*	21.8	2.1	127	21.1
9-12 years	24.8	1.8	26.9	3.0*	27.3	2.6	34.6	3.4*	139	23.1
13-17 years	34.5	1.6	37.8	2.8	31.6	1.7	32.1	2.0	203	33.7
3- Child position:		0.1(0.97)		0.1(0.81)		2.4(0.12)		0.3(0.61)		
Only child #	6.4	1.0	4.9	1.0	6.0	1.0	6.7	1.0	33	5.6
Oldest	24.7	0.6	26.8	1.2	22.2	0.6	26.7	0.8	160	27.3
Middle	29.8	0.9	30.9	1.7	28.6	0.9	32.0	1.0	157	26.7
Youngest	38.5	0.7	36.6	1.1	42.3	0.9	32.0	0.6	235	39.9
Not her child	0.6	1.3	0.8	3.1	0.8	2.4	2.7	11.2	3	0.5
4-Health problems:		3.7(0.05)		1.2(0.26)		0.4(0.57)		3.7(0.05)		
Yes:	17.2	1.6	16.4	1.3	13.7	0.8	21.8	1.8	88	14.6
Chronic problem	0.3	0.3	0.4	0.4	0.4	0.5	1.3	2.3	4	0.7
Special sense	7.2	2.1	6.5	1.5	4.7	0.8	9.0	1.9	33	5.5
Physical deformity	2.2	2.1	2.2	1.8	2.0	1.4	2.6	1.7	10	1.7
Learning problem	1.6	0.8	2.6	2.8	3.1	5.6*	2.6	1.7	10	1.7
Emotional / behavioral	1.3	3.6	1.1	1.8	1.2	2.0	1.3	1.7	5	0.8
Others	8.2	1.5	7.6	1.2	6.3	0.8	9.0	1.4	42	7.0
No #	82.8	1.0	83.6	1.0	86.3	1.0	78.2	1.0	514	85.4
5-Health status		15.1(0.001		8.9(0.01)		18.3(0.01		9.1(0.01)		
Excellent #	60.6	1.0	59.9	1.0	63.6	1.0	71.8	1.0	309	51.7
Average	36.2	0.4	36.8	0.5	33.2	0.4	23.1	0.3	275	46.0
Poor	3.2	1.5	3.3	1.6	3.2	1.2	5.1	1.8	14	2.3
6-How easy to take care:		1.0(0.31)		1.6(0.21)		1.4(0.23)		1.6(0.20)		
Easy #	38.2	1.0	37.5	1.0	37.9	1.0	38.5	1.0	238	39.5
Average	44.5	1.1	44.7	1.1	43.8	1.0	37.2	0.8	269	44.6
Difficult	17.2	1.3	17.8	1.4	18.4	1.4	24.4	1.7	96	15.9
Total	**319**	**53.0%**	**275**	**45.7%**	**256**	**42.5%**	**78**	**13.0%**	**602**	**100**

c2 (Mantel-Haenszel test for linear association) # (reference) * Significant OR (p<0.05)

Table 8
Determinants of Different Types of Child Treatment (Multiple Logistic Regression)

Treatment	B	P-value	OR
Positive Correction Treatment			
Working mother	0.6887	0.0317	1.99
Previous history of abuse at father's childhood	0.6304	0.0083	1.88
Previous history of abuse at mother's childhood	0.5699	0.0326	1.77
Psychological/ Emotional Maltreatment:			
Better child health	0.8548	0.0067	2.35
Previous history of abuse at mother's childhood	0.5225	0.0496	1.69
Difficult to care for child	0.5001	0.0441	1.64
Mild-Moderate physical maltreatment			
Better child health	0.5656	0.0402	1.76
Severe physical Maltreatment (abuse)			
Previous history of abuse at father's childhood	0.9280	0.0048	2.53
Difficult to care for child	0.8952	0.0192	2.45

DISCUSSION

Using physical and emotional punishment to control, guide or correct behavior of children has long been practiced all over the world. In recent years, child-care experts, health care practitioners and parents have begun questioning the practice of physical punishment and considering its role in child abuse. Child abuse, a from of family violence, is one of the major public health issues with far-reaching effects and costs and have many implications on health policy and prevention strategies (Block, 1996). Therefore, there is great need for studies to determine the prevalence of the problem in the different communities. There is also a need to study the causes and associated factors with child abuse, which can help in determining its consequences on the society as a whole. It can also help in the design and preparation of control program.

The present study showed that the majority of parents used positive corrective disciplinary practices with their children (53%). The working mothers living in richer household were more to use it even with a previous history of abuse during their childhood from their parents. This study also showed that more than 40% of the Egyptian children in El-Sheikh Zayed were exposed to frequent use of both physical and psychological/ emotional maltreatment. Furthermore, at least 13% of the children suffered severe physical abuse by their parents. Our results are comparable to some recent studies conducted in Egypt (El-Defrawi et al., 1997; Youssef et al., 1998). It was also comparable to other reports from the different parts of the world (Tang & Davis, 1996; MacMillan et al., 1997; Tang, 1998). However, our results were lower than those reported in other parts of the world (Vargas et al., 1993; Straus & Kantor, 1994).

For the preparation of prevention and intervention programs there is a need to study the possible risk factors for child maltreatment. The results showed no gender differences in the parental use of physical or emotional maltreatment. An observation which was noticed earlier in Egypt by Youssef et al., (1998). The study showed also that physical maltreatment tends to be applied more on young children, while emotional/ psychological maltreatment was practiced more on older children. Similar observation was noticed by Coleman et al., (1995) who reported that age, income and marital status were important contributing factors to the prevalence and type of child maltreatment. These findings are expected, as young children are defenseless, helpless, easily frightened and can not direct their anger towards the aggressor.

The impact of social and demographic variables on the quality of parent-child interaction have been widely described in the literature and they demonstrated the influence of the socioeconomic status, social support, education and household size on discipline practices and teaching style (Chaffin et al., 1996; Keenan et al., 1998). Other studies showed that poverty was positively associated with all forms of child maltreatment (Drake & Pandey, 1996). In this study low educational level of mothers was significantly associated with increased risk of mild/moderate physical and emotional maltreatment of the children what ever the economic level was.

The results showed also that difficult to care child correlated with negative parental practices in the form of physical abuse. Similar results were reported by other studies conducted in Egypt and USA (El-Defrawi et al., 1997; Rae-Grant et al., 1989). This study showed that exposure to aggression during child-

hood, and exposure to domestic violence in adulthood were the most potent factors for predicting whether a parent could physically or emotionally abuse his children. Women who reported childhood physical abuse were almost twelve times more likely to correct the behavior of their children, seven times to abuse their children physically, and five times to use psychological/ emotional methods. The previous history of mother abuse during childhood was very influencing in use of both corrective and psychological/emotional maltreatment.

On the other hand women exposed to abuse as an adult from their husbands were thirty nine times to abuse their children physically and seven times to use mild physical maltreatment rather than to use corrective (OR=4.3) or psychological/ emotional maltreatment (OR=5.9). While fathers abused during childhood, were two and half times more to use severe physical abuse than to correct their behaviors. Many studies confirmed these findings in different parts of the world, and showed that individuals who experienced violence or abuse in childhood were more likely to become child or spouse abuser (El-Eissa, 1991; Coohey & Braun, 1997).

Pediatrician often is the first professional with whom a child has contact when an allegation of abuse is made. It is important, therefore, for the physician to have basic knowledge of the developmentally appropriate approach for such health and social problems (Frasier, 1997). Furthermore, management of child abuse constitutes a significant commitment, therefore, appropriate staff allocation is essential (Argent et al., 1995). Victims also need appropriate and effective treatment to surmount the detrimental consequences of maltreatment (Greenwalt et al., 1998). Cultural specific interventions should be directed toward bolstering the strong family and social resources to cope with family stresses and to modify the pattern of maladaptive communication (Keenan et al., 1998) .There is also need to teach parents methods of positive corrective treatment of their children, which may include positive motivated techniques and appropriate nonphysical punishment (Hyman, 1996).

Conclusion & Recommendations:

Egyptian families in El-Sheikh Zayed at Ismailia city used different ways to discipline their children. They commonly used corrective methods as explaining what was wrong. This behavior was the most common among educated working mothers. Psychological/emotional maltreatment was frequently used as yelling or shouting to child by less educated mothers. Severe physical and emotional maltreatment were used much lesser than verbal reasoning by parents in this community to discipline their children.

Mothers who were abused during their childhood tended to use corrective methods rather than physical punishment methods while fathers abused during their childhood tended to abuse their children physically. Mothers who were abused by their husbands, significantly used severe physical abuse with their children more than not-abused mothers did.

The study findings confirmed that prevention of child maltreatment and abuse should be a priority in the Egyptian society. Each sector of the society has an important role to play in preventing this social and health problem. There is also a great need for a national program to tackle this problem. The family should be considered as the focus of the therapy, and a safe environment should be provided for the child by improving family relationships.

We recommend a national plan to assess the situation of child maltreatment and abuse in Egypt and to develop monitory instruments to measure the extent and nature of the problem in the society. Furthermore, there is a need for social research in the different Egyptian communities to study parent's attitudes towards child disciplinary practices and their opinions and beliefs about the effectiveness of physical and emotional punishment as a disciplinary mean.

Acknowledgement:

The authors like to acknowledge all the women participated in the study, the interviewers, Mr. Sayed Shoaib the director of the CAPMAS local office in Ismailia and his team, Mrs. Nour Elhoda Abd El-Latif a leader from the community. The acknowledgement extended to the International Clinical Epidemiology Network (INCLEN) for funding this work. Special thanks for Professor D. Runyan and Ms Wanda Hunter from University of North Carolina and Dr. L. Sadowski from University of Chicago for their collaboration and support.

REFERENCES

Abdel-Rahman, S., Nashed, E.R (1994): Psychiatric aspects of child abuse in Egypt. Egypt. J. Psychiat. 17(2):137-145.

Alpert, E.J., Cohen, S., Sege, R.D. (1997): Family violence. an overview Acad. Med. 72(1-S):S3-6.

Argent, A.C., Bass, D.H., Lachman, P.I. (1995) Child abuse services at a children's hospital in Cape Town, South Africa. Child Abuse Negl. 19:1313-21

Block, S.S. (1996) Analysis of child abuse and neglect. Optom. Clin. 5:125-60.

Campbell, J.C., Lewandowski, L.A. (1997): Mental and physical health effects of intimate partner violence on women and children. Psychiatr Clin. North Am. 20 (2):353-74.

Chaffin, M., Kelleher, K., Hollenberg, J. (1996) Onset of physical abuse and neglect: psychiatric, substance abuse, and social risk factors from prospective community data. child Abuse Negl. 20 (3):191-203.

Coleman, M.M., Alder, M.E., Prihoda, T.J. (1995) Regional comparisons of child abuse and related variables in the United States. Am. J. Forensic Med. Pathol. 16:314.

Coohey, C., Braun, N. (1997) Toward an integrated framework for understanding child physical abuse. Child Abuse Negl. 21(11):1081-94.

Drake, B., Pandey, S. (1996) Understanding the relationship between neighborhood poverty and specific types of child maltreatment. child Abuse Negl. 20 (11):1003-18.

Duncan, R.D., Saunders, B.E., Kilpatrick, D.G., Hanson, R.F., Resnick, H.S.(1996) Childhood physical assault as a risk factor for PTSD, depression, and substance abuse: findings from a national survey. Am. J.Orthopsychiatry, 66(3):437-48.

El-Defrawi, M.H., Atef, A., Ragab, L., Sobhy, S.A. (1997) Parent-child interactions and child abuse in rural and urban population samples in Ismailia, Port-Said and Suez governorates. Egypt. J. Psychiat. 20 (2):283-296.

El-Eissa, Y.A. (1991) The battered child syndrome. Does it exist in Saudi Arabia. Saudi. Med. J. 12(2):129-133.

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, A.M., Koss, M.P., Marks, J.S. (1998) Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study Am. J. Prev. Med. 14(4):245-58.

Flisher, A.J., Kramer, R.A., Hoven, C.W., Greenwald, S., Alegria, M., Bird, H.R., Canino, O., Connell, R., moore, R.E. (1997) Psychosocial characteristics of physically abused children and adolescents. J. Am. Acad.Child Adolesc. Psychiatry. 36(1):123-31

Frasier, L.D. (1997) The pediatrician's role in child abuse interviewing. Pediatr. Ann. 26:306-11.

Greenwalt, B.C., Sklare, G., Portes, P. (1998) The therapeutic treatment provided in cases involving physical child abuse: a description of current practices. Child Abuse Negl. 22:71-8.

Hassan, F., Dandash, K., Waheeb, Y., Wilson, A. (1997) Child physical maltreatment in the school and at home. J. Clin. Epidemiol. 50(1-S):S40.

Hyman, I.A. (1996) Using research to change public policy: reflection on 20 years of effort to eliminate corporal punishment in schools. Pediatrics. 98(4-Pt-2):818-21.

Keenan, C.K., el-Hadad, A, Balian, S.A. (1998) Factors associated with domestic violence in low-income Lebanese families. Image. J. Nurs. Sch.30:357-62.

MacMillan, H.L., Fleming, J.E., Trocme, N., Boyle, M.H., Wong, M., Racine.Y.A., Beardslee, W.R., Offord, D.R. (1997) Prevalence of child physical and sexual abuse in the community. Results from Ontario Health Supplement. JAMA. 278 (2):131-5.

Rae-Grant, Thomas, H., Offeord, D., Boyle, M. (1989) Risk, protective factors, and the prevalence of behavioral and emotional disorders in children and adolescents. J. Amer. Acad. Adolesc. Psychiat. 28:262-268.

Silverman, A.B., Reinherz, H.Z., Giaconia, R.M. (1966): The long-term sequelae of child and adolescent abuse: a longitudinal community study. Child Abuse Negl. 20 (8):709-23.

Sirotnak, A.P., Krugman, R.D. (1997) Physical abuse of children: an update. Del. Med. J. 69(7):335-43.

Straus, M.A. (1990) The Conflict Tactics Scales and its critics: An evaluation and new data on validity and reliability. In M.A. Straus and R.J. Geelles (eds.) Physical violence in American families: Risk factors and adaptations to violence in 8,145 families. (p. 49-37) New Brunswick, N.J. Transaction Publishers.

Straus, M.A., Kantor, G.K. (1994) Corporal punishment of adolescents by parents: A risk factor in the epidemiology of depression, suicide, alcohol abuse, Child abuse, and wife beating. Adolescence. 29:543-561.

Tang, C.S., Davis, C. (1996) Child abuse in Hong Kong revisited after 15 years: characteristics of victims and abusers. Child Abuse Negl. 20:1231-8.

Tang, C.S. (1998) The rate of physical child abuse in Chinese families: a community survey in Hong Kong. Child Abuse Negl. 22:381-91.

Tanimura, M., Matsui, I., Kobayashi, N. (1995) Analysis of child abuse cases admitted in pediatric service in Japan. II. Backgrounds of child abuse in non-low birth-weight infants. Acta. Pediatr. Jpn. 37:255-61.

Vargas, N.A., Lopez, D., Perez, P., Toro, G., Zuniga, P., Ciocca, P. (1993) Physical punishment in children: Opinions and behavior of adults. Revista. Medica. de Chile. 121. 567-573.

Walker, L.S., Garber, J., Van Slyke, D.A. (1995) Do parents excuse the misbehavior of children with physical or emotional symptoms? An investigation of the pediatric sick role. J Pediatr. Psychol. 20:329-345.

Youssef, R.M., Attia, M.S., Kamel, M.I. (1998) Children experiencing violence I: Parental use of corporal punishment. Child Abuse Negl. 22:959-73.

الأساليب التربوية وسوء معاملة الأطفال فى الأسر المصرية فى منطقة حضريه بالاسماعيلية

هدفت هذه الدراسة المسحية المجتمعية بمنطقة الشيخ زايد بالإسماعيلية إلى التعرف على الأساليب التربوية التى يستخدمها الوالدين فى معاملة أطفالهم تحت سن الثامنة عشر من العمر، وتحديد مدى انتشار السلوكيات المؤذية للأطفال بين الوالدين وعلاقتها بالخصائص والخلفيات العائلية وسمات الطفل.

وقد تم اختيار ثلاثة مناطق بطريقة عشوائية من ضمن ثمانية عشر منطقة جغرافية بالحى، ثم أجرى تعداد إحصائى لسكان هذه المناطق وتم تحديد الأسر المؤهلة للمشاركة فى هذه الدراسة. وقد أجريت مقابلة مع ٦٣٢ من الأمهات المشاركات فى الدراسة وهن أمهات فى سن ١٥ - ٤٩ سنة ويرعين على الأقل طفلا عمره أقل من ١٨ سنة وتم استخدام النسخة العربية المعدلة من استمارة "معاملة الأم والطفل داخل الأسرة" بعد اختبارها حقليا فى منطقة الدراسة. وقد تمت المقابلات بمنازل السيدات المشتركات مع مراعاة الخصوصية أثناء المقابلة.

وقد تم تحليل بيانات ٦٠٢ طفلا حيث استبعدت بيانات الأطفال الرضع أقل من سنة. وقد أوضحت النتائج أن نسبة الأطفال الذكور كانت ٥٣٪، ومتوسط أعمارهم (٩,٧٦ + ٤,٩٥) سنوات وكان ٥١٪ من الأطفال يتمتعون بصحة ممتازة، بينما ١٤,٦٪ من هؤلاء الأطفال يعانون من أمراض مزمنة أو إعاقة جسمانية أو عقلية وقد بينت النتائج أن ٧٤,١٪ من الأسر تنتمى إلى الطبقة المتوسطة وقد كشفت الدراسة أن ٥٣٪ من الآباء يستخدمون الحوار والتفاهم مع أولادهم، بينما يستخدم ٤٦٪ من الآباء العنف المعنوى والنفسى هذا وقد كشفت الدراسة أيضا أن ٤٢,٥٪ من الأطفال يتعرضون للإيذاء البدنى البسيط والمعتدل من قبل الآباء كوسيلة للتربية والتهذيب، وقد وصلت إلى حد الإيذاء البدنى الشديد مع ١٣٪ منهم. ولقد أوضحت الدراسة أن العوامل المحددة لسوء المعاملة البدنية أو النفسية هى كون الطفل صعب المراس، ويتمتع بصحة جيدة. كما أكدت الدراسة أن الآباء والأمهات الذين تعرضوا للإيذاء البدنى فى طفولتهم، وكذا الأمهات اللاتى تعرضن للإيذاء البدنى من قبل أزواجهن، كانوا أكثر عرضة لممارسة الإيذاء البدنى والنفسى مع أطفالهم.

وقد استخلصت الدراسة أن الإيذاء البدنى الشديد يتم استخدامه بواسطة الآباء بمنطقة الشيخ زايد بالإسماعيلية بنسبة أقل من استخدامهم لأسلوب الحوار والتفاهم لتعليم وتهذيب أولادهم. وقد أوصت الدراسة بإعداد برامج لمكافحة ظاهرة سوء معاملة الأطفال بتدريب الآباء والأمهات على استخدام المهارات التربوية الإيجابية فى تنشئة الأطفال وتربيتهم.