

**Corporal punishment: risk factors
and frequency among a sample of
Egyptian children attending primary
care center**

Thesis

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List of Abbreviations

Abb.	Full term
<i>APA</i>	<i>American Pediatrics Academy</i>
<i>CAPMAS</i>	Central Agency for Public Mobilization and Statistics
<i>CP</i>	<i>Corporal punishment</i>
<i>CDC</i>	<i>Centers for Disease Control and Prevention</i>
<i>DHS</i>	<i>Demographic and Health Survey</i>
<i>SES</i>	<i>Socio-economic status</i>
<i>SEEK</i>	<i>Safe Environment for Every Kid</i>
<i>UNICEF</i>	<i>United nations Childern's Fund</i>
<i>UN</i>	<i>United Nations</i>
<i>WHO</i>	<i>World health organization</i>

INTRODUCTION

Parents are the most important people in a child's life, as they are responsible for his development and socialization. Although parents share strong feelings of love and concern for their children, they react differently in response to their children's misbehavior (*Regalado et al, 2004*). Nevertheless, many parents use physical punishment in order to correct their children's misbehaviors (*Gershoff, 2002*).

Perhaps the most obvious evidence how research failed to impact parenting behavior is the issue of corporal punishment (CP). There is widespread public support, concurrent with call for its abolishment by many researchers (*Robinson et al, 2005*).

Corporal punishment as defined by United Nations Children's Fund (*UNICEF, 2006*) “any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light”.

In developed countries, child maltreatment is a broader term that includes both corporal punishment and physical abuse. Child maltreatment as defined by *World health organization (WHO), 2016* is abuse or neglect that occurs to children under 18 years of age. It includes any physical and/or emotional ill-treatment, sexual abuse, neglect which results in actual or potential harm to the child’s dignity, health or development.

Corporal punishment prevalence among 37 countries according to *UNICEF, 2014* was 82% in children aged 2-14, while psychological aggression (being shouted at, yelled at, screamed at or insulted) prevalence was 83% in the month prior to survey.

Egypt is one of the countries on the top of the list of countries using physical violence with children aged between 2-14 y. The 2014 Egypt Demographic health survey household questionnaire revealed that 93% of children 2-14 years had experienced some form of violent discipline (psychological aggression and/or physical punishment) in the month prior to the survey; 78% experienced physical punishment (*Egypt Demographic and health survey (DHS), 2014*). It is worth mentioning that children forms 36.6% of total population in Egypt (32.5 million child), making situation more difficult to handle. (*CAPMAS, 2015*).

Globally, Sweden was the first country to criminalize corporal punishment of children in all settings, including home in 1979. Today, there are 53 states that have achieved prohibition of corporal punishment including only one Arab state which is Tunisia. In Egypt, Ministerial directive states corporal punishment should not be in used penal institutions but yet no prohibition in law at any setting. (*Global Initiative to End All Corporal Punishment of Children, 2018*).

In 2016, *UNICEF* collaborated with the Government of Egypt and civil society to promote positive parenting and non-violent discipline in response to the high prevalence of violent discipline in Egypt. The National Council for Childhood and Motherhood, together with UNICEF and supported by the European Union, launched (Calm no harm) campaign to raise awareness about non-violent discipline and positive parenting that reached millions of Egyptians through multimedia (*UNICEF, 2017*).

Many researchers tried to identify specific characteristics associated with the use corporal punishment. Young parental age (*Combs & Cain, 2008*), male gender of the child, a low educational level among parents, low family income and parents been exposed to corporal punishment (*Abolfotouh et al, 2009*) were significant risk factors of CP usage.

Corporal punishment does sometimes secure immediate compliance from a child, but on the long term, its negative effects outweigh any probable benefit. (*Gershoff,2002*)

In an extensive research, *Gershoff 2002* conducted a meta-analytic review of 88 studies over 62 years to determine the relationship between corporal punishment and a range of child behaviors and experiences.

Corporal punishment increases externalizing behavior problems, especially aggression towards peers and siblings (*Mackenzie et al 2015*); internalizing problems such as depression and low self-esteem (*Abolfotouh et al 2009*), antisocial behaviors (*Gershoff, 2002*); increased risk for developing conduct disorders (*Pasalich et al, 2011*), disruptions in parent–child attachment (*Coyl et al 2002*).

Existing studies have consistently found that children from punitive environments tend to suffer general delays in cognitive development (*Karreman et al, 2006; Straus & Paschall, 2009*). Intriguing results from neuroimaging studies, suggest that physical punishment may reduce the volume of the brain's grey matter in areas associated with performance on the Wechsler Adult Intelligence Scale, third edition (*Tomoda et al, 2009*).

Several researchers have argued that ineffective use of physical punishment can escalate into severe physical punishment, which can lead to physical abuse (*Orhon, et al. 2006*).

Not only does corporal punishment affect children but also it affects society. It creates intergenerational cycle of violence. Parents who experienced frequent corporal punishment during childhood perceived its use as acceptable and frequently spanked their children. In turn, those children advocated spanking as a disciplinary method and preferred aggressive

conflict resolution strategies with peers (*Simons & Wurtelem 2010*). This demonstrates that the cycle of using physical punishment will continue from one generation to another. (*Thornberry et al, 2012*).

Physicians have a primary role to play in changing care givers' attitudes toward CP. They hold responsibility for offering parenting guidance from evident researches to parents (*Durrant & Ensom, 2004*). Even in the absence of parent's queries, anticipatory guidance can be provided. (*Price & Gwin, 2007*).

Given the lack of studies on low and middle-income countries, which are more affected by CP, we believe the present study can make a significant contribution.

In addition, no survey, to our knowledge, has been conducted on reasons that evoke mothers to use CP or to assess their knowledge of expected outcomes of using CP in Egypt.

Our study will help increasing knowledge in this area by accurately establishing the actual magnitude of the problem and its reasons, and therefore, allow the implementation of preventive and intervention programs targeting corporal punishment and guiding future public prevention and intervention policies against corporal punishment.

Rationale

In Egypt as well as other developing countries, corporal punishment is accepted as a way of discipline disregarding its negative impact on short and long term on the child behavior and development.

Research Hypothesis

Many factors contribute in corporal punishment like child age, mother age, education, occupation, socioeconomic class, number of children and degree of mother knowledge about outcomes of corporal punishment.

Research Questions

1. What are the risk factors for corporal punishment?
2. What are the reasons for using corporal punishment?
3. What is the mothers' knowledge about the outcomes of corporal punishment?

AIM OF THE WORK

Objectives

1. To identify the prevalence of corporal punishment among children attending primary care centers at Saraya El Kobba and 6th district Nasr City.
2. To identify the risk factors of using CP
3. To identify reasons for using corporal punishment.
4. To assess knowledge of mothers about outcomes of using corporal punishment

*Chapter 1***DEFINITIONS**

Corporal punishment is defined as “the use of physical force with the intention of causing a child to experience pain not injury, for the purpose of correction or control of the child’s behavior” (*Straus, 2001*).

CP can be in many forms for example hitting with the hand or with an implement. It can also involve kicking, shaking, throwing children, scratching or pinching. (*UNICEF, 2006*)

The terms corporal punishment and physical punishment are synonymous but "Corporal punishment" is commonly used by policymakers (*Gershoff, 2010*).

Corporal punishment is different from physical abuse. Physical abuse occurs when a child is injured or endangered from an act of physical force motivated by anger intended to inflict bodily pain (**Child Abuse Prevention and Treatment Act, 2010**).

Severe child abuse has the following criteria (*Dale et al, 2002*)

- Bodily injury documented with medical examiner’s report or certification by a physician.