

Knowledge and Practices of Child Protection among the School Health Nurses of Nepal

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ABSTRACT

Background

Child protection is burning issues in developing countries including Nepal. Child protection is one of the key works of the school health nurses.

Objective

To find out about the existing knowledge and practices of child protection among the school health nurses.

Method

This descriptive cross-sectional study was conducted among 130 school health nurses working in different schools throughout Nepal. The participants were selected using purposive sampling technique and were invited to participate via various online networks. Self-administered questionnaire was used to collect data. Duration of data collection was 20 December 2020 to 10 February 2021. Descriptive statistics was used to analyze and interpret the data.

Result

Among the 130 Participants, 88.5% belonged to less than 29 years age group and 67.7% had Proficiency Certificate Level in Nursing education. None of them has received training related to child protection recognition and response and 90.8% had work experience of less than 5 years. Eighty percent and 96.9% participants had knowledge regarding the meaning of child right and child abuse respectively. But 45.4% had knowledge on meaning of child neglect; 53.1% and 72.3% had the knowledge of physical abuse and noncontact sexual abuse respectively. Majority (86.9%) of the participants reported as relatives were the abuser and 63.8% replied as home is the common place for abuse. Similarly, 85.4% had received the information regarding child protection via television radio and newspaper. Only 36.1% has already been involved in child protection. The participants who went to local government (Palika), police and Non-government Organizations for coordination for child right issues were 9(19.1%), 7(14.8%) and 8(17.0%) respectively.

Conclusion

Most of the school health nurses are young without having experience of childhood abuse and received any child protection training before joining the job. They have good knowledge of child right, physical, sexual abuse except child neglect and existing legal arrangements. There is gap in knowledge and practice.

KEY WORDS

Child abuse, Knowledge, Practice, School health nurses

INTRODUCTION

Child abuse is a recognized public health and social problem with universal concern and permanent challenge worldwide.^{1,2} Issues regarding child protection are often neglected and there is no updated data of its incidence is available.³ Child protection is one of the key works of the school health nurses.⁴ The provision of child protection officers in every local government level and school nurses in every school in different provinces might pave the path for the improvement of the child protection issues. This study was conducted with the aim of finding the existing knowledge regarding the child protection issues among the school health nurses and their practices which will help to implement the program in a good way to protect the children as per nations commitment in the United Nation's Convention of Right of Children (UNCRC) in 1990.⁵

METHODS

This descriptive cross-sectional study was conducted to find out knowledge and practices regarding child protection among school health nurses of Nepal. Altogether 130 school health nurses with at least 6 months working experiences in different public schools throughout Nepal were selected purposively. The sample size was calculated by using Cochran formula i.e Sample size for infinite formula (no) $= Z^2 p(1-p)/d^2$. Where Z is the statistic corresponding to level of confidence i.e. 1.96 at 95.0% confidence interval.

P is expected sample proportion of child protection knowledge i.e. (presumed 50.0%) d is precision (corresponding to effect size i.e. 5.0%). Using formula, $no = 1.96 \times 1.96 \times 0.5(1-5)/0.05 \times 0.05 = 384.16 = 385$. This number had adjusting using finite population correction factors Final sample size with considering the finite population correction factor (n) = $no \times N / (no + (N-1))$ where, N is total population i.e. 197 (at the time of data collection), Therefore, $n = 385 \times 197 / 385 + (197-1) = 130.54 = 130$. We had sent the questionnaires to 146 nurses via email Viber, messenger and WhatsApp and among them, 130 nurses had filled up and submitted the questionnaires. Ethical approval was obtained from Nepal Health Research Council (Protocol Reg. no 722/2020P). Prior to starting the survey, informed consent was obtained from all the participants. Data were collected using a self-administered questionnaire developed by the researchers. Pretesting of questionnaire was done among 10.0% participants of total sample size and excluded in final study. The questionnaire was developed in the Google form and the system had been set in such a way that one participant can only submit one form with one Google account. The form link was shared via Email, Facebook, Viber and other social media platforms (Facebook page of professional associations) from the different networks to collect the data. Data were collected after taking informed consent. Demographic variables (age, race, ethnicity, religion, family type, family

size, parental education marital status, socioeconomic status, household characteristics), Knowledge physical, sexual, emotional abuse maltreatment, recognition of different forms of abuse, existing legal provision related information were recorded and the practices related to child protection was collected. The knowledge of abuse and neglect is assessed in areas of meaning of terms, types of abuse (physical, sexual, psychological), neglects and its type, presentations (physical and behavioral), the legal and administrative arrangements is also assessed with questionnaire. The practice is measured as his/her involvement in child protection activates in school and Palika level. The data were analyzed after checking the completeness and accuracy using SPSS Version 20. Descriptive statistics was used to analyze and interpret the data.

RESULTS

Total 130 school health nurses responded the self-administered questionnaire. Among the participants, almost all (88.5%) the participants belonged to less than 29 years age group. The median age of the participants was 25 years (range 20-39 years). Similarly, majority 88(67.7%) of the participants had Proficiency Certificate Level in Nursing education, 75(57.7%) were from nuclear families and 43.1% were married. Regarding the work experience, 118(90.8%) of the participants had less than 5 years of work experience. The median duration of experience was 17 months (range 6-180 months). None of them has taken training related to child protection recognition and response (Table 1). Among the participants, most of the participants 104(80.0%) had knowledge regarding the meaning of child right and 126(96.6%) had knowledge regarding the meaning of child abuse whereas only 59(45.3%) had knowledge on meaning of child neglect.

Most of the participants 113(86.9%) thought relatives are the common abusers and 88(67.7%) knew about the cyber abuse. Likewise, 117(89.6%) participants thought drug abuser and alcoholic parents are the main cause of child abuse followed by single parents and broken family as well as uneducated. Almost two third of the participants knew about the child right issues are addressed in constitution of Nepal. Almost all (99.2%) participants thought child protections is the responsibility government of Nepal and more than half of the participants thought child protection is the job of government, police, I/NGOs, judiciary and professionals. Only one fourth (23.6%) of the participants thought government alone can prevent the child protection (Table 2,3). More than half of the participants 69(53.1%) reported that physical abuse as intentional physical force use to children. Most of the participants assumed that hitting and forcing children stay in uncomfortable position are the common form of physical abuse. Almost all (92.3%) has knowledge of emotional abuse. Similarly 90(69.2%) of the participants thought intentional touch to various body

Table 1. Participants’ socio-demographic characteristics (n=130)

Variables	Frequency (%)
Age	
20-29 years	115 (88.5)
30-39 years	15 (11.5)
Religion	
Hinduism	105(80.8)
Buddhism	21(16.2)
Christianity	4(3.1)
Education	
Proficiency Certificate Level in Nursing	88(67.7)
Bachelor in Nursing	35(26.9)
Proficiency Certificate Level in Nursing and other graduate	4(3.1)
Bachelor in Nursing and other master	3(2.3)
Marital status	
Unmarried	74(56.9)
Married	56(43.1)
Family type	
Joint	54(41.5)
Nuclear	75(57.7)
Extended	21(16.2)
Experience (in months)	
0-60 months	118(90.8)
61-120 months	11(8.5)
121-180 months	1(0.8)
Experience of childhood abuse	
Yes	47(36.1)
No	83(63.8)

Table 2. Participants’ knowledge on child rights and child abuse

Variables	Frequency (%)
Meaning of child right	
Guarantee of provision, protection and participation of children	104(80)
Right to protection from the violence	10(7.6)
Right to food and shelter	13(12.3)
Right to education and safety	1(0.7)
Don't know	2(1.5)
Meaning of child abuse	
Protection of child from abuse	4(3.1)
Any physical, mental or emotional harm suffered by child	126(96.9)
Meaning of child neglect	
Verbal or symbolic act that results psychological harm to child	40(30.7)
Failure to provide the basic needs of children	59(45.3)
Mistreatment of a child	30(23.0)
Others	1(0.7)

Table 3. Participants’ knowledge on child right and child abuse

Variables	Frequency (%)
*Who can be the child abuser?	
Parents	102(78.5)
Relatives	113(86.9)
Elder brother/ Sister	99(76.2)
Teacher	104(80.0)
Strangers	105(80.8)
Friends	10(7.7)
*Different forms of child abuse	
Physical	122(93.8)
Emotional	114(87.7)
Sexual	120(92.3)
Verbal	116(89.2)
Cyber	88(67.7)
*Risk factors for child abuse	
Lack of education among parents	116(88.5)
Single parent or broken family	116(88.5)
Drug abuser or alcoholic parents	117(89.3)
Different forms of violence in family and society	112(85.5)
Disabled child	101(77.1)
Unemployment	85(64.9)
Lack of social and moral training	107(81.7)
Others	1(0.8)
*Causes for a child likely to be more abused	
Child from deprived low socioeconomic background	117(89.3)
Abandon children	76(58.5)
Children with broken family	102(78.5)
Alcohol abused family	109(83.9)
Household conflicts	93(71)
*What adverse effects may be seen in abused children?	
Hyperactivity	78(60.0)
Changes in school performance	117(89.3)
Frequent absences from school	115(88.5)
Self-harm or attempts to suicide	109(83.8)
Sexual behavior or knowledge that’s inappropriate for the child’s age	87(66.9)
Social withdrawal or a loss of interest or enthusiasm	113(86.9)
*The legal provision of child protection	
Constitution of Nepal	90(69.2)
International human right law	83(63.8)
The children Act 2075	107(82.3)
Others	2(1.5)
*Organizations involved in child protection	
Government (Federal, Provincial, Local)	129(99.2)
Police	101(77.7)
Judiciary	83(63.8)
NGOs	87(66.9)
Professional	75(57.7)
Others	17(13.1)

*What can be done to prevent child abuse at government level?	
Raising awareness program for public	127(97.7)
Enhancing family relationship	89(68.5)
Alleviating risk factors for vulnerable children	93(71.5)
Let alone government handle this situation	31(23.8)
Formulation and implementation of law	107(82.3)
*Which type of abuse have you seen?	
Physical abuse	41(31.5)
Psychological abuse	41(31.5)
Sexual abuse	15(11.5)
Child neglect	36(27.7)

*Multiple responses

parts is the sexual abuse whereas majority 94(72.3%) of the participants had knowledge about the non-contact sexual abuse. Almost all the participants thought pressuring a child to sexual activities is the commonest form of sexual abuse (Table 4). Vast majority of Participants 111(85.4) had received the information regarding child protection via Television radio and newspaper (Table 5). Almost half of participants 47(43.8 %) has already been involved in child protection. Among them 38(80.8%) participants had handled less than 5 cases over last 6 month. They have handled all types of abuse (physical, sexual, psychological and emotional). Most of the reported cases they have handled were emotional 59.97% (N=28) followed by physical 55.31% (N=26), 9(19.4%) has gone to local level government (Palika) for the child right issues and 7(14.8%) has been coordinated to police for the same. Parents were the commonest abuser 22(46.8%) they have reported and home is the most frequent place for abuse 30(63.8%) followed by on the way to school and school (Table 6).

Table 4. Participants' knowledge on physical, emotional and noncontact sexual abuse

Variables	Frequency (%)
What is physical abuse	
Failure to meet child's various needs	1(0.7)
Intentional physical force against child	69(53.1)
Intentional touch to various body parts	49(37.6)
Verbal or symbolic act that results in psychological harm to child	11(8.4)
*What activities are included in physical abuse	
Hitting	114(87.7)
Kicking	112(86.2)
Shaking	100(76.9)
Biting	111(85.4)
Scalding/burning	108(83.1)
Poisoning	80(61.5)
Suffocating	90(69.2)
Forcing children to stay in uncomfortable positions	114(87.7)
*Meaning of emotional abuse	
Failure to meet child's various needs	3(2.3)
Intentional physical force against child	4(3.0)

Intentional touch to various body parts	3(2.3)
Verbal or symbolic act that results psychological harm to child	120(92.3)

***What activities are included in emotional abuse?**

Loud yelling	104(80)
Coarse and rude attitude	108(83.1)
Harsh criticism	111(85.4)
Inattention	102(78.5)
Belittling of child's personality	101(77.7)
Withholding communication	93(71.5)

***Meaning of sexual abuse**

Intentional physical force against child	37(28.4)
Intentional touch to various body parts	90(69.2)
Sexual behavior by one person upon another	1(0.7)
Verbal or symbolic act that results in psychological harm to child	2(1.5)

***What activities are included in sexual abuse?**

Pressuring a child to engage in sexual activities	126(96.9)
Indecent exposure of the genital to a child	110(84.6)
Displaying pornography to a child	104(80.0)
Actual sexual contact with a child's genitals	114(87.7)
Using a child to produce child pornography	107(82.3)

***What are the possible behavioral warning (signs and symptoms) to the sexual abuse**

Stay alone	120(92.3)
Refuse going school	119(91.5)
Refuse to eat	107(82.3)
Sleep disorder	115(88.5)
Don't want to hear about sex	102(78.5)
Suicidal thoughts	105(80.8)
Body trauma	107(82.3)

Knowledge of non-contact abuse

No	36(27.7)
Yes	94(72.3)

Type of non-contact abuse

Attempted rape	14(10.8)
Rape	9(6.9)
Try to touch child by a sexual way	33(25.4)
Talking the child with vulgar words	92(70.8)
Exposing owns sexual organs to child	90(69.2)
Engaging the child with pornography	75(57.7)

*Multiple responses

Table 5. Participants' sources of information

Sources	Frequency (%)
Television Radio Newspaper	111(85.4)
Internet Social Media	104(80)
Health personnel	95(73.1)
Curriculum	74(56.9)
Friends Family	103(79.2)
Others	3(2.3)

Table 6. Participants' practices of Child protection

Variables	Frequency (%)
Involvement in child protection in last 6 months (n=130)	
No	83(63.8)
Yes	47(36.1)
How many cases have you handled in the last 6 months? (n=47)	
Less than 5 cases	38(80.8)
More than 5	9(19.1)
*Type of abuse handled by the participants (n=47)	
Physical	28(59.4)
Psychological/Emotional	26(55.3)
Sexual	9(19.1)
Neglect	18(38.2)
*Coordination/collaboration in the management of child protection issues (n=47)	
Palika	9(19.1)
Police	7(14.8)
NGOs/ INGOs	8(17.0)
None	36(76.5)
*Common places where students were abused found by the participants (n=47)	
Home	30(63.8)
School	22(46.8)
On the way to School	22(46.8)
*Abuser found by the participants (n=47)	
Parents	22(46.8)
Teachers/other school staff	28(59.5)
Peers/friends	28(59.5)
Strangers	13(27.6)
What will you do if a girl reading in 7 class complains you about the sexual abuse to her? (n=47)	
complaints to headmaster	18(38.29%)
complaints to police	3(6.38%)
Inform to child right committee to the related local authority	16(34.04%)
Inform guardians	9(19.14%)
Tell the student not to complaints any one and keep quite	1(2.12%)
*Multiple responses	

DISCUSSION

Some provincial government has endorsed the "One Nurse Action Plan 2018 and hired the school nurse with objective of providing emergency medical services to students and counsel female students on reproductive health and sex education few years back and now the federal government has formed a policy to post a nurse as school health nurse to take care of the health condition of students there as the school dropout rate will be decreased and any new health conditions might be found on time as well as taken care of ill health of the students.⁶ One of the important jobs of the school health nurse is to take vital role in child protection

recognition and response. International literature highlights the variety of activities that school nurses may undertake in daily practice to protect children and young people from maltreatment. Several challenges to this role are identified, including time management and building relationships with children and young people and recommendations for practice and further research are made.⁷ Different Provincial governments started to hire the school health nurse and the Ministry of health and population of Nepal is preparing the job description of school health nurse. In view of the present scenarios of available manpower, this study was conducted to know about the knowledge and practice of child protection recognition and response among school health nurses who joined via provincial government and has at least 6 months experience. The information will help the policy maker to plan further for the training needs to the school health nurses as well as placing the child protection issues in the school.

This study has shown almost 90.0% of participants were 20 to 29 years of age. This indicates that young nurses prefer their career as school health nurse. This might be the opportunity to the government that they might be in the same carrier for a long time. The investment in their training will give more output. Moreover, the young age is supposed to have more dynamism and might contribute more for the school. More than half of the participants were married and more than 4 out of 10 were from joint families. Around two thirds of the participants had passed only certificate level in nursing and rest has passed any form of bachelor level. Forty three percent (n=56) participants were married.

It is important to note that none of them have received any form of child protection related training except the knowledge and experience they have received during their academic training. This indicates the need of induction training or any form of similar type of training relating to Child protection in local and national context to get the expected performances. This is also important as school health nurse's mandatory to report the child abuse in concerned authority if it is encountered as our existing law which is similar to other nations.⁸ Almost all participants (96.2%) knew the meaning of child right and child abuse which indicate that they might have got knowledge form the college level training as the child right is included curriculum but less than half (45.4%) participants had right knowledge of child neglect. This showed there is need of some update to the school health Nurse. More than half (53.1%) of the participants knew the meaning of physical abuse. About two third (69.23%) participants thought that intentional touch to various body parts is sexual abuse. School health nurses were found to be unaware about the involvement of nonphysical activities in abuse. It is interesting to note that 27.7% reported that they are not aware of non-contact abuse. This indicates the need for refresher training and update in their career to minimize the risk of missing the case.

It is believed that adults and strangers are the most common abusers to the children. Our study also revealed the same findings. Our participants also thought relatives were the commonest abuser (86.9%) followed by parents (78.5%) strangers (80.8%) and teachers (80.0%). This might be due to the frequent contact with relatives and they are the people who are around the child most of the time. School and home are the main places of violence. Out participants think way to school is the most frequent place for abuse followed by home. Similar type of findings were observed by Rajbanshi et al. in another city of Nepal.⁹

The source of information is also important for the child protection, recognition and response. Majority (85.4%) of participants said that Television Radio, Newspaper are the commonest sources to know about the child abuse followed by internet, social media (80.0%) and fellow health personnel (73.1%). This indicates the importance of communication materials for child abuse issues.

Sexual abuse is mostly discussed topics and other forms of abuse might be under looked in our context. But it is important to note that 92.4% participants thought as the sexual abuse as commonest form of abuse followed by emotional abuse. Increased used of virtual platform and social media pose the challenges in the child abuse. It is interesting and noteworthy that 67.7% of the participants are aware of the cyber abuse. This indicates we should not under shadow the cyber abuse in the training designed for that school health nurses.

Almost one third of the participants 36.15% (n=47) had already been involved in child protection but only 19.14% (n=19) had handled five or more cases. This might be due to most of the participants being fresh and young with the initial stage of nursing career or cases might have been under looked. On the other hand, participants picked up the case but rest of the participants might have missed the cases as it is assumed that there might be cases in their respected school. Participants had not received any form of training. However, they have handled all types of abuse (physical, sexual, psychological and emotional). Most of the reported cases they have handled were physical 59.47% (n=28) followed by emotional 55.31% (n=26), child neglect and sexual abuse.

The child protection can't be handled by single agency or person. Involvement of multiagency is mandatory to manage the child abuse in holistic approach. In context of Nepal, child protection officer of local government, police, School administration and other nongovernmental organizations involved in children's issues are the main stakeholders of Nepal regarding child right issue. School health nurses are the key stakeholder in protecting the child right and managing and preventing the different forms of

child abuse. They are supposed to play a vital role in this and have to be involved and participate in different authorities for the child right issues. We observed only 19.4% (n=9) has gone to local level government (Palika) for the child right issues and 14.89% (n=7) has been coordinated with the police for the same and 17.2% (n=8) has gone to NGOs for these issues. This indicates that multi-agency involvement is being practiced in some places and there is a lot of work to be done to make this effort viable.

The existing children's act of Nepal has provisioned mandatory reporting by teachers health workers and frontline health workers with children in case of reported and suspected abuse of child. The act has defined the prosecution of crime against children would be considered as state of offense act and public attorney on behalf of government of Nepal would file the case.¹⁰ Similar is provisioned in the other countries too.¹¹ It is interesting to note that only 69.2% participants knew that there is provision of child right in constitution of Nepal and 63.8% participants though international human right law is also attracted for the child right but 82.3% heard about the children act 2075 for solving the child right issues. Almost all participants believed that government (Federal, Provincial and local) are the responsible for the protection of child abuse followed by police (77.7%) and Judiciary (63.8%). We observed only few school health nurses had handled the child abuse case and the proper reporting was not found. This is contradictory to other study which has shown that the majority (86%) of pediatric nurses had encountered child abuse in the workplace but did not feel comfortable recognizing or reporting it.¹² We observed that one third of participants had seen some form of child abused and only 36.1% has handled the child abuse in school.

There were some limitations on this study. This study was conducted as self-administered questionnaire via virtual platform, practice was not observed and there was chance of some selection bias.

CONCLUSION

Most of the school health nurses are young and do not have training/experience on child abuse. However they have adequate knowledge on child right, different forms of child abuse and existing legal arrangements. There is a gap in knowledge and practice.

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