

KNOWLEDGE OF PRIMARY SCHOOL TEACHERS ON RECOGNITION OF PUPILS AT RISK OF CHILD ABUSE IN KANO URBAN NIGERIA

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ABSTRACT

Background: Child abuse continues to draw the attention of world health leaders because of its serious consequences. Prevention of child abuse is a collective responsibility. This responsibility is even more among those who work with children such as teachers, doctors, nurses and social workers.

Method: A descriptive cross-sectional study was conducted using systematic sampling technique, sampling interval was determined and 270 respondents were chosen for the study. We assessed the knowledge of primary school teachers on child abuse in Kano municipal LGA, Kano State.

Results: Teachers that attended training on child abuse were shown to have a statistically significant higher knowledge of child abuse than those who did not attend training on child abuse ($p=0.04$). No significant difference was observed when the respondents sexes, qualification, previous training on child abuse as well as duration of their career as teachers were compared ($p>0.05$). The Teachers perception on child was found to be fair with close to half (45.4%) agreeing, positively to responses on perception of what constitute a child abuse. The result showed that more than 87% of the teachers were able to identify one or more forms of child abuse. More than half of the respondents 180 (69.8%) assessed have poor general knowledge of child abuse. However knowledge of prevention of child abuse was found to be fair among 50% of the teachers. Only previous training on child abuse was found to influence knowledge of the respondents on preventing child abuse.

Conclusion: The study found out the knowledge of teachers to be below average in all aspects of child abuse. Hence, there is need for government to adequately train teachers on child abuse so that they will be equipped with adequate knowledge for them to be able to identify, intervene and prevent child abuse among school children.

Keywords: Child abuse, School Teachers, Knowledge, Nigeria

INTRODUCTION

Child abuse is a global issue, being practiced in all income, racial, religious and ethnic groups and in urban and rural areas. What is considered as a child abuse may vary from one part of the world to another because of differences in culture and socioeconomic status of the people. However, it is more common in some groups especially those that live below

the poverty line. According to United Nation's Children Fund (UNICEF), child abuse can be defined as portion of harm to children that results from human action or inaction that is proscribed, proximate and preventable.¹ Whenever child abuse is mentioned, what comes to the mind of most people is sexual abuse,² but child abuse is far more complex. The four commonest forms of

child abuse include: Physical abuse, sexual abuse, emotional abuse and neglect.²

The problem of Child abuse came to the fore in 1962 when Professor C Henry Kemp and his colleagues, published a paper titled "The Battered child syndrome". Previously physicians had great difficulty in believing that parents can attack their own children and they attempted to obliterate such beliefs from their minds, even in the presence of obvious circumstantial evidence.³ Early research in 1970's and 80's began to classify perpetrators of child abuse based on their motivations and traits. Groth and Birnbaum categorized child sexual offenders into two groups: the fixated and regressed. Fixated was described as having a primary attraction to children whereas regressed had largely maintained relationships with adults and may even be married.⁴ Risk factors for victimization of these children includes, children younger than 4 years of age are at greatest risk for severe injury or death, disability or mental retardation in children that may increase caregiver burden, prematurity, low birth weight, prolonged illness in the child.⁵

Worldwide, approximately 40 million children are subjected to child abuse each year⁶ UNICEF estimates that two million children died as a result of armed conflict during a recent 10-year period; and that another six million were injured or disabled⁷. In Canada, the U.S. and Mexico, over 6.5 million children annually are exposed to unwanted sexual materials over the Internet; over 1.7 million of these report distress over exposure to these materials.⁸ Each year, approximately one million more children around the world are introduced into commercial sexual exploitation⁹. Sexual abuse statistics vary between countries and reports, but are consistently alarming: One country's research indicates that up to 36% of girls and 29% of boys have suffered child sexual abuse; another study reveals up to 46% of girls and 20% of boys have experienced sexual coercion.¹⁰ The International Labor Organization estimates there are 246 million

working children aged between five and seventeen worldwide.¹¹ According to UNICEF, One of the basic principles of the International Convention on the Right of the Child is that every child must be protected against all forms of exploitation, indecent or degrading treatment, including child labor, abduction and sale.¹² About 15 million children under the age of 14 are working across Nigeria. Many are exposed to long hours of work in dangerous and unhealthy environments, carrying too much responsibility for their age.¹³ This has violated The African Network for the Prevention and Protection Against Child Abuse and Neglect (AN PPC AN) code, for which Nigeria is a member since 1986. Generally, working children have no time, money or energy to go to school. About six million working children in Nigeria, equally split between boys and girls, do not attend school at all; while one million children are forced to drop out due to poverty or because of parents demand to contribute to the family income.¹³

School personnel and teachers in particular are in a unique position to identify suspected cases of abuse because of their daily contact with children in the classroom and lunchroom, on the playground, and in after-school activities. Schools are important organizations for applying preventive interventions in regard to psychological health problems of children and teachers because of spending several hours with children and having close contact with them are among the most important sources for diagnosis, treatment and prevention of child abuse.¹⁴

Several studies done elsewhere^{15, 16} have assessed the knowledge, recognition, and the role of school teachers in identifying, reporting and intervening in cases of child abuse. No such studies were done in this part of the world; we therefore undertook this study to find out the knowledge and perception of primary school teachers on child abuse to address this gap.

MATERIALS AND METHOD

This is a descriptive cross-sectional study. The study population is primary school teachers in Kano municipal local government area. The sample size obtained was 270. The total population of primary school teachers was obtained from the local education Authority (2206). This constitutes the list of these teachers and forms our sampling frame for the survey. The sampling interval was determined by dividing the sampling frame with sample size. An interval of 8 was obtained as our sampling interval. Using a systematic sampling technique a randomly selected starting respondent was chosen from the list of the first 1-8 respondents on the list. The respondent chosen was the 5th respondent and subsequently every 8th respondent on the list was enrolled for the survey. These were 5th, 13th, and 21st...and so on until sufficient sample size was obtained for the survey.

The instrument used for data collection was interviewer administered questionnaire adapted for the survey. The questionnaire collects information on socio demographic features of the respondents, assessed their knowledge as well as perceptions about child abuse. Three research assistants were trained for a day on data collection. Data quality was consistently done by spot checks of questionnaires filled on the field. Further quality checks were carried out during data entry. Up to 27 (10%) of the questionnaires were re entered to check for consistency. Data collected was analyzed using statistical software, Minitab version 12 and results were presented in form of tables (using Microsoft Word) and charts (using Microsoft Excel). Quantitative data were summarized using measures of central tendency (mean, median) and measures of spread (range, standard deviation) as appropriate. Chi-square test was used to determine significant association between categorical variables where P value of <0.05 was observed it was considered to be significant.

Using a scoring system adapted, respondent's knowledge on child abuse was assessed. A positive response earns one mark for every correct answer to a question on the knowledge assessment, and a wrong response does not earn any mark. The maximum score on knowledge assessment was 11 and the minimum score was zero. The knowledge assessment was graded as Poor (score of 0-3), fair (score of 4-7) and good (score of 8-11). Similarly the knowledge of recognizing signs of child abuse was adapted and graded in to either poor knowledge (score of 0-7), or good knowledge (score of 7-14) using the items shown on table 1.

Ethical approval for this survey was provided by the ethical committee of Aminu Kano Teaching Hospital, Kano as well as permission sought from Local Education Authorities and the respondents.

Table 1: Knowledge of signs of Child Abuse:

1. Burns in the shape of objects like heater or electric iron is a sign of child abuse.
2. Adult size bite mark is a sign of child abuse.
3. Bleeding into the eyes is never an indication of child abuse
4. Multiple bruises that occurred at different times may be due to child abuse
5. Difficulty in walking or standing is an indication of sexual abuse.
6. Bleeding from the genital area can never be a sign of child abuse
7. Poor school performance may be due to child being abuse
8. Displaying sexual knowledge inappropriate for age is a sign of child abuse.
9. Coming to school early is only a sign of serious student.
10. Avoidance of parent or caregiver is a sign of respect in a child.

11. Children with aggressive behavior towards their friends may be abused at home
12. Criminal behavior by children may be a sign of being abuse
13. Wearing dirty clothes is an indication of child abuse
14. Refusal to take part in school play is an indication of child abuse

RESULTS

There were 270 questionnaires distributed for this survey. Of these 258 were filled and returned giving a questionnaire response rate of 95.6%. The respondents were made up of males and females and their age ranges from 19 years to 58 years with the mean age of the respondents 33.9 years and standard deviation of 7.6. The mean age of the male respondents was 34 years with standard deviation of 7.8 while the mean age amongst female respondents was 33 years with standard deviation of 7.5. The socio demographic characteristics of the respondents are shown on Table 2.

All respondents are primary school teachers and the mean duration of teaching is 9 years with, standard deviation of 7.7. The minimum duration of teaching is one year and the maximum duration of teaching is 33 years. About 61% (158) of the respondents said they have never attended any training on child abuse, while the remaining 39% (100) admit to have attended training on child abuse. The respondents knowledge was determined and 15 (5.8%) of respondents have poor knowledge, 157 (60.9%) have fair knowledge and 86 (33.3%) have good knowledge of Child abuse. The mean knowledge score for males was 7 with standard deviation of 2.2 and the mean knowledge score of females was 7 with standard deviation of 2.1.

Teachers knowledge on how to tackle a suspected case of child abuse and assist a child been abused also varies with 7% ignorant of

what to do when they discover a case of child abuse. Less than half of the teachers (35.1%) were shown to have a good score of appropriate action to be taken to remedy the situation. They mention reporting a suspected case of abuse to the head master, then the police and engage in creating community awareness on child abuse.

Table 2: Socio Demographic Features of the Respondents

Socio demographic features	Male		Female	
	N=110	%	N=148	%
Age groups (years)	15-24	7 (6.4)	17 (11.5)	
	25-34	35 (31.8)	66 (44.6)	
	35-44	37 (33.6)	54 (36.5)	
	45-54	16 (14.5)	10 (6.8)	
	>55	1 (0.9)	1 (0.7)	
Marital Status	Single	30 (27.3)	20 (13.5)	
	Married	73 (66.4)	112 (75.0)	
	Divorced	4 (3.6)	4 (2.7)	
	separated	3 (2.7)	0	
	Widowed	0	3 (2.0)	
Religion	Islam	106 (96.4)	142 (95.3)	
	Christianity	4 (3.6)	6 (4.0)	
Ethnic Group	Hausa	85 (77.3)	106 (71.6)	
	Fulani	23 (20.9)	34 (22.9)	
	Yoruba	2 (1.8)	3 (2.0)	
	Other	0	5 (3.4)	
Educational qualification	SSCE	7 (6.4)	12 (8.1)	
	OND	15 (13.6)	20 (13.5)	
	HND	7 (6.4)	9 (6.1)	
	NCE	64 (58.2)	95 (64.2)	
	Degree	17 (15.5)	13 (8.8)	
	Masters	-	1 (0.7)	
	Degree	-	1 (0.7)	
Duration on Job (years)	0-4	38 (34.5)	70 (47.3)	
	5-9	37 (33.6)	42 (28.4)	
	10-14	8 (7.3)	16 (10.8)	
	15-19	10 (9.1)	6 (4.1)	
	20-24	7 (6.4)	8 (5.4)	
	25-29	9 (8.2)	6 (4.1)	
	30-34	1 (0.9)	-	

Table 3: Knowledge And Socio Demographic Characteristics

Level of Knowledge of Child Abuse	Socio demographic features		Test Statistics	P value	
	Male	Female			
Knowledge of Child Abuse	Poor	7 (6.4)	8 (5.4)	0.28	0.87**
	Fair	65 (41.4)	92 (58.6)		
	Good	38 (44.2)	4 (5.6)		
Qualification	At least NCE		At least Degree		
	Poor	14 (9.3)	7 (4.7)	2.32	0.31**
	Fair	130 (82.8)	7 (4.7)		
Good	67 (77.9)	19 (22.1)			
Duration of Teaching	Less than 15 years		More than 15 years		
	Poor	13 (8.7)	2 (1.3)	2.26	0.32**
	Fair	126 (80.3)	31 (19.7)		
Good	63 (73.3)	23 (26.7)			
Training on Child Abuse	Had Training		No Training		
	Poor	8 (5.3)	7 (4.7)	6.68	0.04*
	Fair	106 (67.5)	51 (32.5)		
Good	44 (51.2)	42 (48.8)			

**Not Significant ($P > 0.05$)

*Significant ($P < 0.05$)

Table 4: Respondents' Perception of the Risk Factors of Child Abuse

Risk factors for child abuse	Agree N (%)	Disagree N (%)	Undecided n (%)
Child abuse occurs in poor families only	66 (25.6)	179 (69.4)	13 (5.0)
Child abuse occurs in rich families only	59 (22.9)	155 (60.1)	44 (17.1)
Child abuse occurs in both rich and poor families	189 (73.3)	39 (15.1)	30 (11.6)
Some parents may abuse their children at home.	175 (67.8)	39 (15.1)	44 (17.1)
No parent can abuse their children at home.	51 (19.8)	166 (64.3)	41 (15.9)
Substance abuse in the parents may increase the likelihood of abusing children.	145 (56.2)	63 (24.4)	50 (19.4)
Young single non-biological parents may abuse their children at home.	125 (48.5)	74 (28.7)	59 (22.9)
Lack of education in the parents may be a risk factor of child abuse.	153 (59.3)	70 (27.1)	35 (13.6)
Disabled children are less likely to be abused.	90 (34.9)	129 (48.8)	42 (16.3)

DISCUSSION

We assessed the knowledge of child abuse among primary school teachers in metropolitan Kano. This assessment is considered to be very important because school teachers spend time with pupils most especially during the school hours. Teachers can therefore serve as agents that can identify a child at risk of abuse, suffering from abuse, address the attendant's problems of abused child and promote child rights. The study showed high level of fair knowledge among the respondents although it was not a statistically significant finding between the sexes ($p > 0.05$). Females have displayed better knowledge on what constitute child abuse compared to their male counterparts. When the qualifications of the respondents were considered, those with lesser qualifications (at least NCE) have higher level of good knowledge of child abuse compared to those with degree although the difference was not statistically significant ($p > 0.05$) but may have some implication on how child abuse could easily be missed by a teacher. The duration a teacher spent on the job could not be ascertained to have any effect on the knowledge of the teacher of what may be a child abuse ($p > 0.05$).

However teachers that attended training on child abuse were shown to have a statistically significant higher knowledge of child abuse

than those who did not attend training on child abuse ($p = 0.04$). Similarly responses to how a teacher can recognize some signs of abuse on a child like burns in the shape of object, multiple bruises, poor school performance etc, were poor (see table 1). No significant difference was observed when the respondents sexes, qualification, previous training on child abuse as well as duration of their career as teachers were compared ($p > 0.05$). Only their perception on child was found to be fair with close to half (45.4%) agreeing positively to responses on perception of what constitute a child abuse (table 4).

We adopted scientific methods in selecting our respondents using probability sampling technique to ensure a sound representation of school teachers. However the study is limited by considering primary school teachers alone and in urban area leaving out nursery schools and early child care centers and populations of primary school teachers found in the rural areas where most of the Nigerian population resides. Similarly we only consider public school and left out private schools out of the survey which has a sizable proportion of school teachers. Nevertheless the study builds on what others have done elsewhere.

No significant difference was observed when level of knowledge was compared with sex of the respondents. This was similar to what was reported by Behshid¹⁷ in Iran. In this study other socio demographic features did not show significant difference ($P > 0.05$). This however differs from what other authors have reported that age, sex and job experience are the main factors attributed to the diagnosis of child abuse cases^{18, 19}. The difference could be attributed the fact that they considered teachers from both primary and high schools. Teachers live within the communities where these schools are located, their beliefs and attitudes are similar to that of the community, but because they are almost always in contact with school children, they are expected to have

a better knowledge and ability to recognize signs of and children at risk of abuse. In this study, we found a fair knowledge and moderate perception about child abuse. This is similar to what was reported by Yanowitz²⁰ and may be a responsible for missing and misclassification of diagnosis of a case of child abuse. Less than half of the teachers (35.1%) were shown to have a good score of appropriate action to be taken when faced with a case of child abuse. They mention reporting a suspected case of abuse to the head master, then the police and engage in creating community awareness on child abuse. Although Levin²¹ mentioned teachers felt a strong moral responsibility and obligation to report a case of suspected abuse, in his study he reported when only 34% of the teachers had ever reported a case of physical abuse, and most of those who had made a report had done so only once. In a similar study Tite²² showed

that teachers reports only a quarter of suspected abuse cases, and those reported most frequently were cases of incest. Crowded classrooms and tight teaching schedules may not allow teachers to engage individual children on a level that is conducive to noticing signs of abuse and tackles it. Often, teachers do not know what signs to look for and be able to detect sexual, physical, or emotional abuse.

CONCLUSION

The level of knowledge of primary school teachers on child abuse was inadequate to address the rising scourge of child abuse. This may require training of school teachers on child abuse and involving the community on how to prevent child abuse. What remains to be seen is how further studies could address child abuse by looking at reportage, family and community roles in tackling the issues of child abuse.

REFERENCES

1. Aminu L. S, Bayo O : The Nigerian child now and the future. The federal ministry of health and human services and UNICEF, Lagos, Nigeria. Dec 1990 :74-103.
2. CDC: Child maltreatment prevention: Center for disease control and prevention, National center for injury prevention and control, division of violence prevention. www.cdcinfo@cdc.gov. Accessed on 9th march, 2011.
3. Chris A. I, Kwaku T: Child abuse and child labour across culture: implications for research, prevention and implementation. Journal of social development in Africa, 1999, 14(2) :109-118
4. UNICEF: Sexual abuse. Factsheets UNICEF Malaysia, Sept 2010: 1-2
5. Modern child abuse and National building. A theoretical approach from Nigeria. www.thefreelibrary.com/social sciences.. Accessed on 7th march, 2011.
6. World Health Organization. Prevention of Child Abuse and Neglect: Making the links between human rights and public health. Geneva: World Health Organization 2001.
7. Human Rights Watch. Easy Targets: Violence against children worldwide. Human Rights Watch 2001
8. Estes, R.J. & Weir, N.A. The commercial sexual exploitation of children in the US, Canada and Mexico. University of Pennsylvania 2001
9. Casa Alianza. Report on trafficking of children in Central America and Mexico. Retrieved December 18, 2001 from <http://www.casa-alianza.org>
10. United Nations. The 57th session of the UN commission on human rights. Geneva: The United Nations.
11. Anti-Slavery International;. From

- [http:// www. antislavery. Org](http://www.antislavery.org) accessed on 5th February 2002
12. UNICEF. Nigeria and the Convention on the Rights of the Child. Lagos: UNICEF Country Office 2000
 13. UNICEF; WACRO Nigeria Fact sheet child labor July 2005
 14. Sedlak, A.J. and D. Broadhurst, The third national incidence study of child abuse and neglect. Washington DC: US. Department of Health and Human Services 1995.
 15. Beck KA, Ogloff JRP, Corbishley A. Knowledge, compliance, and attitudes of teachers toward mandatory child abuse reporting in British Columbia. *Canadian Journal of Education* 1994;19(1):15-29.
 16. Abrahams N, Casey K, Daro D. Teachers' knowledge, attitudes, and beliefs about child abuse and its prevention. *Child Abuse & Neglect* 1992;16:229-38.
 17. Behshid G, Houssein S, Azade A, Mohaddese V: how do teachers diagnosed and percept child maltreatment? *Journal of social sciences*, 2007, 3(4): 245-249
 18. Lawlor M. Assessment of the likelihood of primary school teachers believing children's disclosure of sexual abuse. *Child Abuse Review* 1993;2: 174-84.
 19. McIntyre, T., 1990. The Teacher's Role in Cases of Suspected Child Abuse. *Education and Urban Society* 1990; 22 (3):300-306
 20. Yanowitz, K.I. and J.R. Tribble : Teachers' Beliefs about the effects of child abuse and neglect. *Child Abuse and Neglect* 2003 : 27: 483-488.
 21. Levin PG. Teachers' perceptions, attitudes, and reporting of child abuse/neglect. *Child Welfare* 1983;62 (1):14-20
 22. Tite R. How teachers define and respond to child abuse: the distinction between theoretical and reportable cases. *Child Abuse & Neglect* 1993; 17:591-603.