

Evaluation of Knowledge, Awareness, and Attitude of Dental Professionals of Delhi-NCR Region Towards Child Abuse and Neglect (CAN)

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ABSTRACT

INTRODUCTION: Child abuse is engaging in an action or not engaging in an action by the parents or child's guardian(s) that violates the child's rights and puts his/her favorable life, development and dignity at risk. Children who have been abused or who experience dental neglect may/may not present to a dental professional for evaluation. It is an ethical and legal responsibility of dental practitioners to have knowledge, awareness, and to participate actively in diagnosis, and report the cases of child abuse.

AIM: To evaluate the knowledge, awareness and attitude regarding child abuse and neglect (CAN) amongst dental practitioners of Delhi-NCR region.

MATERIALS AND METHOD: Present study was designed as a cross sectional observational study using a pretested, prevalidated closed-ended questionnaire. Questionnaire was distributed among the 500 dental professionals in Delhi-NCR region. Filled questionnaires were collected on the same day. The response formats were tabulated and subjected to descriptive and analytical statistics in SPSS 19.0. R

RESULTS: Majority of the respondents were aware about child abuse and neglect, gender predominance and associated role of socioeconomic status. Knowledge regarding presenting symptoms, referral and treatment

options was found to be inadequate and the respondents wanted to enhance their knowledge regarding the same. About 92.7% - Age group of 20-30 yrs. feel CAN is matter of concern. Females had more awareness and positive attitude towards attending programs regarding CAN. Age group above 50yrs age – 54.5% professionals referred the cases of CAN for care. 89.9% of dental Professionals of Age group 20-30 yrs. willing to attend programs for increasing their awareness

CONCLUSION: Knowledge and Awareness of dentists about the indicators of child abuse was found to be inadequate. However, the respondents showed positive attitude towards improving their professional knowledge.

Keywords: Child abuse, Physical abuse, Neglect, oro-dental Injuries, Child protection training

INTRODUCTION

Child abuse and neglect (CAN) are one of the significant problems encountered worldwide. A substantial increase in the cases of CAN has made it as social and public health concern world wide. it is type of trauma that exerts a multitude of short and long term effects on children¹.

Child abuse and neglect (CAN) defined by WHO as child abuse / maltreatment as engaging in an action or not engaging in an

action by the or child's guardian (s) that violates the child's rights and put his/her favorable life, development and dignity at risk.²

The World Health Organisation (WHO) has defined 'Child Abuse' as a violation of basic human rights of a child, constituting all forms of physical, emotional ill treatment, sexual harm, neglect or negligent treatment, commercial or other exploitation, resulting in actual harm or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.³

Neglect is a "type of maltreatment that refers to the failure by the caregiver to provide needed, age-appropriate care although financially able to do so or offered financial or other means to do so."⁴ Possible reasons why children are most vulnerable victims of neglect could be the excessive dependence on their parents.⁵ Child neglect is hard to distinguish as it is a more subtle and nuanced form of abuse which leads to the deep "emotional scarring" of children.⁶

The United States Department of Health and Human Services (2009) estimated that 794,000 children were found to have abused and neglected in 2007.⁵ The nation's capital, New Delhi has an over 83% of abuse rate and 69% of children are victims of abuse in India.⁷ Unfortunately, a large population of child physical abuse goes undocumented, unreported.⁸

According to study conducted by Ministry of Women and Child Development, Government of India, Study on child abuse: India 2005, physical abuse was found in 69% of child respondents, sexual abuse in 53% children and emotional abuse in 48% children.¹² A recent study by the National Commission for Protection of Child Rights (NCPCR), conducted amongst 6,632 children respondents, in 7 states; revealed 99% children face corporal punishment in schools.^{9,10}

However, despite the opportunities to detect child maltreatment, dentist is reluctant to report CAN due to lack of certainty about

the diagnosis of abuse, lack of knowledge, about the referral providers for cases of CAN, fear of negative effects on child or child's family and concerns about confidentiality. Due to alarming rise in child abuse cases, reporting is ethical and legal obligation of health care professionals.¹¹

Many surveys have shown that 50–77% of the abuse cases involve head and neck region, thus placing oral health care workers in a strategic position to detect, diagnose, document, and report to appropriate authorities.¹³ Due to the incorporation of this subject into the curricula of undergraduate dental education of dental schools, there has been a recent rise in the awareness of dental health professionals regarding the same.¹⁴ Despite this training, it is found that abuse is still being under-reported by health care professionals, including the dental community

Therefore, the purpose of this study was to assess the knowledge and awareness of the dental professionals in Delhi- NCR region regarding CAN, their attitude towards reporting the cases of CAN and assess the need for additional training.

MATERIALS & METHODS

a. Study Design and Sample

A cross sectional study conducted among 500 dental professionals of Delhi –NCR region which was carried out in the month of Feb- April 2018. A self-administered questionnaire survey was constructed using multiple choice questions based on previous questionnaires on study. Dental professionals which included graduates, post graduates, resident doctors, professors of various dental colleges and private clinics present in Delhi – NCR region were included in the study. The questionnaire format had one section for demographic details which included name, sex, age group, qualification, speciality, designation and year of practice and another section consisted of 16 questions to assess the Knowledge, awareness and attitude regarding the cases of child abuse and neglect (CAN). The 1st ten questions were

regarding the knowledge about child abuse and neglect, another three questions about awareness and last three questions signified the attitude of professionals towards the CAN.

Questionnaires were distributed either personally or via email. Responders were given one week to complete the survey. To maximize the response rate, reminder emails were sent after one week and two weeks after the initial distribution of the questionnaire. General dentists and dental professionals of all the specialties were included, however undergraduates were excluded from the study.

b. Inclusion and exclusion criteria

Undergraduates were excluded. Graduates, Post graduates, Resident doctors, Professors of various dental colleges and private clinics present in Delhi – NCR region were included in the study.

A 16-item structured questionnaire was formulated consisting of questions regarding the knowledge and awareness on child abuse among children. The questionnaire was framed in English and was validated by a group of experts in the field.

STATISTICAL ANALYSIS

Data received were decoded, tabulated, and recorded into excel database, and analysed using the statistical package for social sciences (IBM SPSS) version -- software. Descriptive statistics and ANOVA test were used to analyze the statistical differences in response.

RESULT

Knowledge of related to CAN was evaluated in 1st ten questions of questionnaire, awareness by 3 question (11th-13th) and attitude by last three questions.”. Distribution of significant and non-significant answers is given in Table 1. The answer “do not know” was frequent, indicating a lack of knowledge related to social indicators of CAN.

The demographic characteristics of the participating professionals as shown in [Table/Fig-2] which indicate that 97- 100 % of dental professionals are aware about the existence of Child abuse and neglect (CAN). Knowledge regarding CAN was seen more in age group above 50 years (table 3, graph 3). Physical abuse was reported more type of abuse. Among the type of injuries, fractured teeth was more reported.

Table:

gender	Total score				
	Mean	Std. Deviation	Mean difference	t-test value	p-value
Male	9.30	2.18	-0.35	-1.899	0.058
Female	9.65	1.84			

Unpaired t-test

* Non-significant difference

The comparison of mean Total score was done between males and females using the Unpaired t-test. There was no significant difference in mean Total score between males and females.

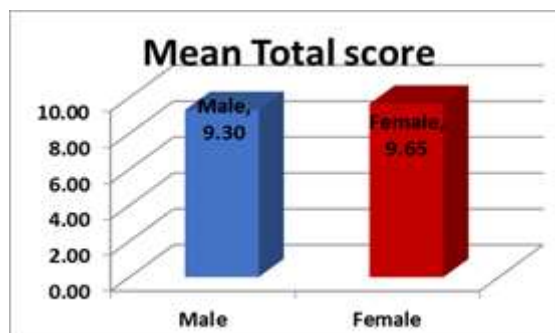


Table 1

Graph 1 & Table 1: Gender Distribution among Dental Professionals

Table:

	Total score			
	Mean	Std. Deviation	F-value	p-value
20-30 years	9.46	1.97	1.894	0.130
30-40 years	9.75	1.91		
40-50 years	9.05	2.13		
More than 50 years	10.45	1.75		

One-way ANOVA test

* Non-significant difference

Table 2(a)

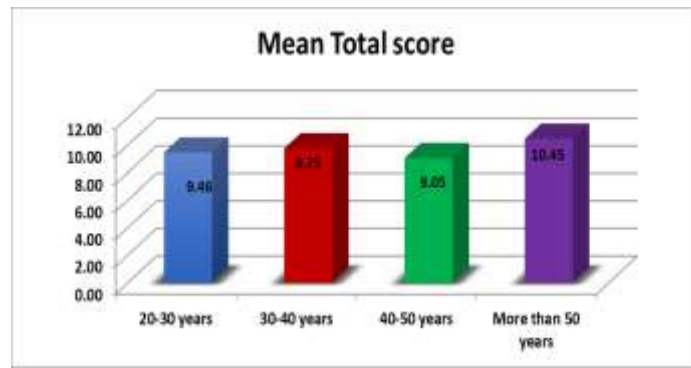
Table:

		Mean Difference	p-value
20-30 years	30-40 years	-0.30	0.966
20-30 years	40-50 years	0.41	1.000
20-30 years	More than 50 years	-1.00	0.586
30-40 years	40-50 years	0.71	0.780
30-40 years	More than 50 years	-0.70	1.000
40-50 years	More than 50 years	-1.41	0.328

post-hoc bonferroni test

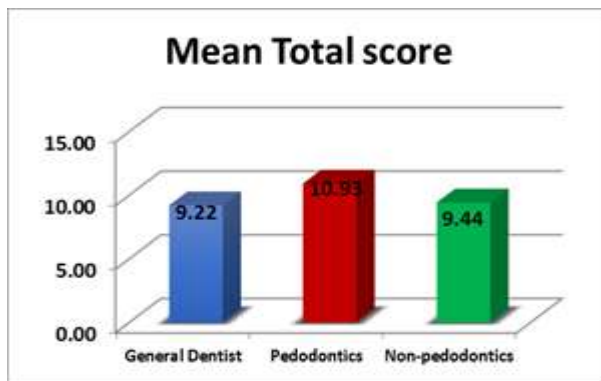
* Non-significant difference

(b)



Graph 2

Table 2(a, b)- Mean Total Score in Different Age Groups



Graph 3

Table 3 & Graph 3- Mean total score distribution among different Specialties

Table:

	Total score			
	Mean	Std. Deviation	F-value	p-value
General Dentist	9.22	1.79	16.853	<0.001*
Pedodontics	10.93	2.05		
Non-pedodontics	9.44	1.94		

One-way ANOVA test

* Significant difference

Table 3

Table:

	Total score			
	Mean	Std. Deviation	F-value	p-value
Graduate	9.34	1.84	1.658	0.158
Post-graduate	9.62	2.06		
Senior lecturer	9.68	2.08		
Reader	10.00	1.57		
Professor	9.11	2.29		

One-way ANOVA test

Non-significant difference

Table 4 (a)

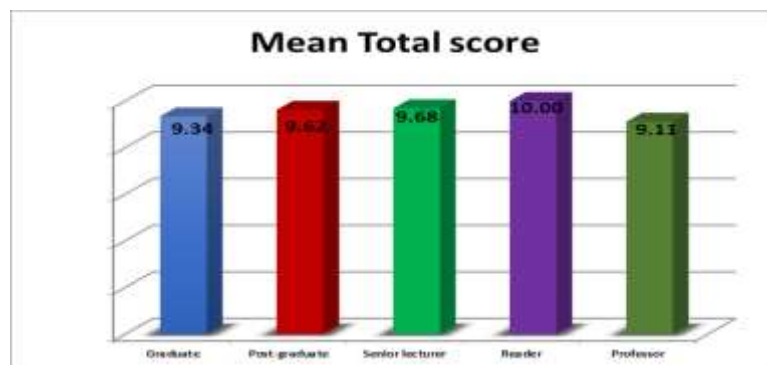
Table:

		Mean Difference	p-value
Graduate	Post-graduate	-0.28	1.000
Graduate	Senior lecturer	-0.34	1.000
Graduate	Reader	-0.66	0.408
Graduate	Professor	0.23	1.000
Post-graduate	Senior lecturer	-0.06	1.000
Post-graduate	Reader	-0.38	1.000
Post-graduate	Professor	0.51	1.000
Senior lecturer	Reader	-0.32	1.000
Senior lecturer	Professor	0.57	1.000
Reader	Professor	0.89	0.405

Post-hoc bonferroni test

* Non-significant difference

Table 4 (b)



Graph 4

Table 4 (a, b) & Graph 4- Mean total score distribution among different Designates

About 54.5% dental professionals referred the cases of CAN. 96.5% of post graduates (table4, graph 4) considered CAN - matter of concern and showed positive attitude towards gaining more awareness. Females showed more preference towards attending awareness programs. About 98.1% of pedodontists had knowledge about major cause of CAN

among children while 51.9% of pedodontist identified commonest type of oro-dental injury seen in CAN (table 3, graph 3)

DISCUSSION

The present study used a pretested, prevalidated close-ended questionnaire to obtain information

Figure 1- Questionnaire about child abuse and neglect

from dentists about their knowledge, attitudes and awareness regarding child maltreatment. The representative sample and the high response rate achieved allow for a valid assessment. This method used in cross-sectional study designs where all data is to be collected at one point in time, avoids any possible interviewer interference. The confidentiality of the questionnaires was also ensured, which contributed to the high response rate. Abuse or neglect may present to the dental team in many ways. Once or twice a year, a child visits to dentist, thus allows a dentist to observe and report any suspicions of child abuse and neglect. About 50–75% of reported cases of physical child abuse are of orofacial trauma. To avoid suspicion, an

abusive parent or caregiver may take the child to various physicians or hospitals over a period of time for treatment, but will visit the same dental office repeatedly.^{15,16}

Knowledge about child abuse and neglect

In the present study, first ten questions of questionnaire tested the knowledge about child abuse and neglect among the respondents. About 97- 100 % of dental professionals were aware about the existence of CAN and its different forms. Among different forms, physical abuse was considered as most commonest type of CAN. Among different age groups, above >50 years were more knowledgeable about different type of injuries, where fractured teeth are seen commonest among oro-dental

injuries. About 54.5% professionals had referred the cases of CAN for care. The difference was found statistically significant and were correlating with studies of Patil Hegde (2017); MWCD, GOI (2017).^{17,11} About 92.7% of age group of 20-30 years feel CAN is matter of concern. 89.9% are willing to attend programs for increasing their awareness, thus showing their positive attitude.

Among Males, physical abuse was found commonest type of injury with orodental injuries more frequent. In Females, dependence on primary caregiver and unusual behavior was seen more commonest. Among practitioners, Females and 96.5% of PGs were seen more interested in seeking awareness and positive attitude towards attending programs regarding CAN. However, no significant difference was found between males and females regarding their knowledge.

Positive correlation was present in terms of child's fear of being examined by dentist and behavior during dental examination. This type of behavior was encountered statistically higher among senior lecturers and readers.

Amongst different specialties, Pedodontists comprised about 98.1% who were aware about socioeconomic status being the major cause of CAN. About 51.9% were aware about type of oro-dental injury i.e. fractured teeth while 42.6% had knowledge about treatment of presenting symptoms as 1st line of treatment. Thus, Knowledge regarding the frequently encountered and primary line of treatment was seen more among pedodontist, makes it imperative for them to have more knowledge and awareness about CAN.

In Present study, 60% and 70.4% had awareness regarding child helpline number and WACW respectively as Agency for reporting cases correlating with studies of Vasa et al(2015).

National Legislations and Acts for CAN

- Protection of Children from Sexual Offences (POCSO) Act, 2012

- National Commission for Protection of Child Rights (NCPCR)
- the Integrated Child Protection Scheme (ICPS)
- the Commissions for Protection of Child Rights Act (2005)
- Juvenile Justice Act (2014)
- P.A.N.D.A. (Prevent Abuse and Neglect through Dental Awareness)
- Indian Child Abuse, Neglect & Child Labour (ICANCL)

For Reporting cases of CAN

- Ministry Of Women And Child Development
- International body - International Covenant on Civil and Political Rights
- For Delhi- Delhi Commission for Protection of Child Rights (DCPCR)
- Child Welfare Committee (CWC)

CONCLUSION

Knowledge and Awareness of dentists about the indicators of child abuse was found to be inadequate. However, the respondents showed positive attitude towards improving their professional knowledge. Most of the dental professionals are unaware of the existing reporting facility available at their respective hospitals. Therefore, there is a need for the introduction of a systematic approach to education regarding child abuse. Dentists should follow proper guidelines on how to approach a suspected case and train dental professionals accordingly.

Continued efforts by educational and government institutions should be brought to bear on this significant social and healthcare problem, whether through dental school curricula or continuing education courses.

Declaration by Authors

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Conflict of Interest: The authors declare no conflict of interest.

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