ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF MEDICINE
DEPARTMENT OF PEDIATRICS AND CHILD HEALTH

ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICE OF PEDIATRICS RESIDENTS TOWARDS CHILD ABUSE IN THREE SELECTED TEACHING HOSPITALS, ADDIS ABABA, ETHIOPIA, 2021G.C.

BY: DR. KIDIST (MD, PEDIATRICS AND CHILD HEALTH RESIDENT)

A THESIS SUBMITTED TO ADDIS ABABA UNIVERSITY, COLLEGE OF HEALTH SCIENCES SCHOOL OF MEDICINE, DEPARTMENT OF PEDIATRICS AND CHILD HEALTH AS A PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE SPECIALTY CERTIFICATE IN PEDIATRICS AND CHILD HEALTH.

November, 2021G.C
ADDIS ABABA, ETHIOPIA

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ACRONYM

AAU Addis Ababa University

CI Confidence Interval

CSA Child Sexual Abuse

EPS Ethiopian Pediatrics Society

KAP Knowledge Attitude and practice

OR Odds Ratio

SPHMMC Saint Paul Hospital Millennium Medical College

SPSS Statistical package for social science

TASH TikurAnbessa Specialized Hospital

WHO World Health Organization

ABSTRACT

Background: - Child abuse is not only physical abuse, but it can be in the form of emotional abuse involving humiliating a child, coercive, constant belittling, shaming, frequent yelling, threatening, or bullying of the child, making negative comparisons to others, rejecting and ignoring the child as punishment, having limited physical contact with the child (no signs of affection), or any other demeaning acts. Obtaining a detailed history and judging parent child interaction are important tools of identification. Lack of clinicians' knowledge or clinical experience more often results in misdiagnosis and under reporting of the cases of abuse. This study is being carried out to determine the knowledge, attitude and practice of child abuse and its management among pediatric residents.

Objective: -Assessment of knowledge, attitude and practice of pediatric residents towards child abuse in three selected hospitals of Addis Ababa, Ethiopia, 2021.

Method: - Institutional based Cross-sectional study design was employed with facility based self-administer question among pediatrics residents with sample size of 135.Data were checked, cleaned and entered in to SPSS version 25.0 software for analysis. The magnitude and the association between the different independent variables in relation to dependent was measured and 95% confidence interval (CI) and P values below 0.05 were considered statistically significant.

Result: -The knowledge attitude and practice of pediatric and child health resident on child abuse were significantly low (50%, 56% and 43%) respectively. The determinant of knowledge was participant having formal teaching, learning or training session on child abuse attitude regarding to the topic and the determinant of attitude were married status and knowledge and the

determinants of participants practice were years resident and experienced on child abuse treatment/ management.

Recommendation: -the recommendation goes to : for the study participant, better to see concentrated about child abuse issues to solve and alleviate the problem as you are a ground back bone. For the institution/ department: - better to put standard protocol of knowledge measurement of pediatric resident regarding to child abuse, due to the fact of the issue community problem. For research: - better to assess by mixed study as a national level.

Key words: Knowledge, attitude, practice, child abuse, pediatrics residents, Ethiopia

1.INTRODUCTION

1.1 Background

Child abuse is a serious global public health problem with no any social, racial or ethnic boundaries. The WHO consultation on preventing child abuse distinguishes four types of child abuse that are physical abuse; sexual abuse; emotional and psychological abuse and child negligence (1). The National Society for the Prevention of Cruelty to Children also describes physical signs of abuse may include unexplained bruising, marks or injuries on any part of the body, multiple bruises which are unexplained, cigarette burn marks, broken bones and scalds, with upward splash marks (2).

Changes in behavior can also indicate physical abuse. The symptoms can be child's fear anticipating the parents being approached for an explanation by the authorities, aggressive behavior or severe temper tantrums, flinching when touched, depression and withdrawn behavior (2). Child abuse can occur in a child's home, or in the organizations, schools or communities the child interacts with. It can affect child's normal social or psychological development leaving the child with psychological scars for lifetime (3).

Child abuse is not only physical abuse, but it can be in the form of emotional abuse involving humiliating a child, coercive, constant belittling, shaming, frequent yelling, threatening, or bullying of the child, making negative comparisons to others, rejecting and ignoring the child as punishment, having limited physical contact with the child (no signs of affection), or any other demeaning acts. Child sexual abuse (CSA) is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society (4)

Health providers offer an important point of contact for childrenwho have been abused and, therefore, should be skilled indiagnosing and identifying the manifestations associated withabusedchildren(5). Obtaining a detailed history and judging parent childinteraction are important tools of identification (6).

Lack of clinician's knowledge or clinical experience more often resultsin misdiagnosis and under reporting of the cases of abuse (7). According to a study, physicians are usually hesitant in reportingthe case because they are not certain and have past negativeexperiences with reporting or due to lack of benefit to thechild (8, 9). According to a study in India, health care providers have a poor attitudeand knowledge of child abuse and neglect under the code of conduct and law, and there is insufficient available information regarding this (10).

When we come to Ethiopia, one survey study shows that 71.9%, 76.7% and 65.5% children were psychologically abused through shouting, insulting and frightening/threatening by their parents respectively [1]. In addition, 74.1 percent of children were physically abused in the form of hitting with a stick. This study also showed that 73.3 percent, 69.1 percent and 53.1 percent children were physically punished through hitting on the head, pinching, and kneeling down. The study also reported that more than 60 percent of adults in the study admitted punishing their children with rope or electrical wire and 57 percent admitted punching of their children. Moreover, more than 70 percent of the children had been heated with a stick or other instrument and 62.6 percent of adults admitted forcing a child to inhale the smoke of burning chill peppers(11).

In other study done in Ethiopia, most children were suffering physical abuse in different ways. Most (73.8 percent) participants were kicked with an object. Substantial proportion (70.73 percent) of participants experienced slapping or hitting on their head or face. In addition, the majority (78.5 percent) of participants were victim of pinching. Amazingly, 20.9% participants faced punishment in the form of burning which is seriously damages one's wellbeing and 7.8 percent of the participants were beaten with a sharp object. Also, 21 percent of urban school children and 64 percent of rural school children reported bruises or swellings on their bodies resulting from parental punishment (12).

To the best of our knowledge, there is no study on the knowledge,attitude, and practice of pediatric resident regarding child abuse in TASH,SPHMMC and Yekatit 12 Hospital medical college. This study is being carried out todetermine the KAP of child abuse and itsmanagement among pediatric residents. The main purpose ofthis study is to evaluate the knowledge, attitude, and practice ofpediatric residents working in TASH, SPHMMCand Yekatit12 Hospital medical college.

1.2 Statement of the Problem

A study done in Central Gujarat India suggests that medical and dental residents are not prepared in detecting and managing children with issues related to protection (11). A significant gap was seen in recognizing and responding effectively. Mandated training on detecting and management of child abuse and neglect, to all medical and allied professionals will improve reporting of suspected child abuse (13).

In Ethiopia Most children were suffering physical abuse in different ways. There was a study which was conducted to investigate the prevalence of physical and psychological forms of child abuse, most (73.8 percent) participants were kicked with an object. Substantial proportion (70.73 percent) of participants experienced slapping or hitting on their head or face. In addition, the majority (78.5 percent) of participants were victim of pinching. Amazingly, 20.9% participants faced punishment in the form of burning which is seriously damages one's wellbeing and 7.8 percent of the participants were beaten with a sharp object (14).

There is also other study, which is done for 18 months (between July 2005 and December 2006), reported data was obtained from Addis Ababa Police Commission to examine the prevalence rate. According to the figures obtained from the police department, about 21 children on average were sexually abused each month during the reported period and the majority of victims were young female children. During the eighteen months stated, about 89% of victims were found to be female children and the remaining 11% were males. The demographic variables of respondents indicated that three fourth of the victims came from single-parent families and other care takers, suggesting greater chance of being left alone and vulnerability for potential perpetrators. Surprisingly enough, similar proportions of respondents were sexually abused by someone victims knew and trust (15).

A retrospective cross-sectional study was done among male pediatric patients at TikurAnbessa Specialized Hospital between the years 2011 – 2015. The prevalence of sexual abuse among male patients presented to the Pediatric Emergency Unit was 0.85%. Twenty-three percent of the victims were between the ages of 1 – 5 years old. The mean age of the abused children was 6.7 years (SD 2.8). The majority of the victims (67.3%) reported the abuse to their mothers. About

thirty-six percent (35.8%) of the reports were made within one week of the incident. All the victims were tested for HIV on the first presentation of the incident to the emergency unit. Of those who were tested for HIV, 95.7% were negative. The majority of the perpetrators of the reported sexual abuse were from outside the home of the victims. Neighbors accounted for 55.5% of these perpetrators (16).

Pediatricians are often the first professionals who see children with symptoms of child abuse such as fractures, bruises, burns, trouble in walking or sitting, depression, poor growth, and poor hygiene. Accordingly, they must play a crucial role in the diagnosis, treatment, and prevention of child abuse by knowing the symptoms and risk factors, instilling appropriate physical examinations and assessments, and working in cooperation with child welfare services and law enforcement. It is known that victims and perpetrators of child abuse do not usually self-report to child protection services. Pediatrics resident, being the first responders inmost cases, are in an ideal position to report abuse.Hence, it is very important for medical officers to be familiar on medico-legal aspects of child abuse(16,17).

Therefore, a need to conduct a thorough research on assessing parents' knowledge, attitudes and practices about preventing child sexual abuse is important. Therefore, the objective of this study was to describe the knowledge, attitudes and experiences of pediatric residents, regardingchild abuse in the TASH and SPMMC, and to assess the associations with socio demographic factors, experience in the field of Pediatrics towards child abuse.

1.2 Significance of the Study

The study will aim at finding the gap and provide the available information related to knowledge, attitudes and practices of pediatric residents working in TASH, SPHMMC and Yekatit 12 Hospital medical college regarding child abuse.

There are no studies done regarding child abuse among pediatric residents in the study area. The results of this study therefore will provide information about the knowledge, attitudes and practices of pediatric residents.

The study will provide important information that will help in developing clinical audits and other quality improvement projects and developing audit instruments to identify the ability and skills of physician in assessing the patient's condition and delivering individualized holistic care. This may lead to the eventual improvement in the quality of care provided to the pediatric abused patients TASH, SPHMMC and Yekatit12 Hospital medical college.

This study will help in developing appropriate educational strategies and initiatives to improve the knowledge, practices and attitudes of child abuse, and ensure its implementation and evaluation in order to reduce or prevent patients suffering. The study findings will help in developing protocols, policy and guidelines regarding child abuse in order to improve to manage abuse cases and suggest ways to address identified challenges. The study will form the basis for further researches in child abuse in Ethiopia.

2. LITERATURE REVIEW

2.1 Knowledge on child abuse

Study finding inShiraz University of Medical Sciences, Shiraz, Iran, showed that the overall score of knowledge was 57.3±6.45 in men(physical abuse = 15.6 ±2.2, emotional abuse = 29.9 ± 3.7, and ethical issues = 11.7 ± 2.02) and 57.7 ± 6.54 in women (physical = 15.7±1.9, emotional = 29.8±3.8, and ethical issues= 12.1 ± 2.01), which is a little higher. The mean scoreof attitudes was 54.6 ± 7.9 in men (physical = 16.7 ± 3.2, emotional = 17.4±3.0, and ethical = 20.5±5.47) and 53.3±7.6 in women (physical = 16.4±3.3, emotional = 17.4±2.6, and ethical = 19.5±5.8). Nosignificant differences were observedbetween men and women regarding knowledge (P= 0.78) and attitudes (P = 0.45) toward child abuse. Also, nosignificant relationships were detected regarding the participants 'age groups and marital status and their knowledgeand attitudes (13).

According to the large majority (92%) of the respondents, a child that is/was a victim of violence can primarily be recognized by behavioral signs, like being withdrawn, scared, angry, traumatized, aggressive, depressed and similar. Physical signs like visible bruises, scars are mentioned by 52% of respondents. Most respondents were able to identify at least one negative impact that physical violence and psychological aggression have on children's physical and emotional wellbeing, like emotional health problems including anxiety, depression, aggression or even suicidal urges/impulses (65% and 73% respectively) and similar. Still, 14% in case of physical violence and 8% in case of psychological aggression, note they are effective ways to correct the child's behavior.With almost all respondents (96%) confident that a law prohibiting corporal punishment exists and 85% confident that laws oblige people to report violence, the data suggests high level of awareness of the legislative framework established to protect children from violence among professional groups. Similarly, large majority of respondents (84%) are aware that a child can report violence as well.Professionals working in centers for social work (80%) and police staff (78%) are more likely to be aware of legislation compared to health workers (53%) and teachers and school staff (60%). Also, respondents with 3-5 years (71%) and

11 and more years (69%) of working experience are more aware of related legislation compared to those with 6-10 years (52%).The official definition of child abuse used for recording such cases is maltreating/abuse of children and their rights (31%), physical and /or psychological abuse/violence (28%) and sexual abuse/rape (20%).Less than half of all cases of child abuse that actually occur in the country are reported to the official responsible agencies, with more than third of professionals (35%) stating that percentage is 11-30%, while 12% state that the percentage is 31-50% (14).

Study conducted in Tanzania,Shinyanga district showed that the majority of the respondents (95.6%) had high knowledge on preventing child sexual abuse, while 17 (4.4%) were ranked as having poor level of knowledge. More than 85% of the respondents agreed to have knowledge on prevention of child sexual abuse. Majority (93.8%) of the respondents agreed that special emphasis of parent's role for preventing CSA should look carefully on children with disabilities; and that for effective CSA prevention parents must review rules and policy of protecting children's right. Relatively few participants (88.5%) agreed that proper and sustainable intervention on preventing child sexual abuse will remove myths and maintain the basics of nurturing children (15).

Study conducted in Jaffnadistrict of Sri Lanka revealed that the knowledge of the social indicators of child abusewas correctly identified by 152 (61.7%). The knowledgeon the features of the perpetrators was satisfactory in74%(n = 182). The knowledge of the perpetrator beingknown to the family was identified in 75%(n = 187), perpetrator being abused as a child in 62%(n = 153) andhaving a psychiatry background in 61%(n = 152). Therewas no significant difference between the groups in theidentifying features of the perpetrators. (p value > 0.5). Knowledge of the physical indicators was satisfactoryin all groups of health workers (16).

A study finding inTabriz Health Centers, Iran indicates that 28.68 percent of theparticipants had excellent knowledge, 58.52percent had good knowledge, and 12.80percent had moderate or lower knowledgeregarding misbehavior factors(17).

2.2 Attitude on Child Abuse

Large majority (74%) of respondents share a more traditional attitude that a child should not talk back to an adult, while 11% do not agree with that. Also, larger number of respondents (65%) believe (agree with the statement) that children were more disciplined when they themselves were children, while only 7% disagree with the statement. Majority (73%) of the surveyed respondents disagree that minor physical punishment methods like slapping and spanking are effective methods of disciplining a child, but, still, 13% agree that these two methods are effective in changing a child's behavior. A large majority (91%) share an attitude that a child can learn to behave without being spanked and/or slapped. In addition, more than half of the respondents (60%) disagree that a parent who does not punish the child when it misbehaves is not a good parent. Nevertheless, 19% agree with this. Almost all respondents (96%) agree that positive parenting practices - like encouraging children to talk to their parents - help in developing stronger self-esteem in child. Raising children should be equal responsibility of men and women according to responses of 96%. Although 16% agree that hitting a girl is worse than slapping a boy, 69% do not discriminate children on gender basis and do not share this attitude. Similarly, 62% disagree that different parenting practices are required for boys and girls. Regarding parents' rights, professionals' attitude is generally divided to those who agree (32%) that parents have the right to discipline their child in any way they believe is right and to those, slightly more numerous (37%), who do not share this attitude. It is worth noting that 30% are neutral and neither agree nor disagree with this statement. On the other hand, while only 10% agree that no one has the right to tell a parent how to raise the child, large majority (60%) do not agree with this, whereas 29% are neutral (14).

Study conducted in Tanzania, Shinyanga district showed Attitude of respondents was determined by asking them to respond to 10 questions which had a total score of 30 points. The results show that 379(98.7%) of parents had a positive attitude towards parents playing a role in prevention of child sexual abuse. Only 5(1.3%) had negative attitude towards child sexual prevention. A total of 239 (62.2%) respondents admitted that civil sexual abuse prevention education is very

necessary for child sexual abuse prevention. However, 44.8% of the respondents strongly agreed that prevention of child sexual abuse should be an agenda in routine village meetings. Seventy-one (18.5%) respondents strongly agreed that child sexual abuse prevention education may induce the child to know too much about sex. Slightly over one-third (36.7%) of the respondents indicated that parents' can play an important role in preventing child sexual abuse in their locality (15).

Study conducted in Jaffna district of Sri Lanka revealed that Mean attitude scores were 20.16 ± 3.3, 20.25 ± 4.04, 23.84 ± 5.3 for doctors, nurses and social-workers respectively. (F = 12.55 p = 0.000) Even though the majority ofthe professionals showed a more positive attitude, thereare many issues that need changing.(76.4%) were confident in reporting child abuse and 24%said they would defer reporting until firm evidence waspresent. 60.5% were confident in giving evidence in a court of law and 45% were not familiar with the legal issues.Only 24.3% were satisfied with the local child protectionservices(16).

A study finding in Tabriz Health Centers, Iran indicates that 91.35 percent of theparticipants had good and excellent attitudes(acceptable) in dealing with child abuse and8.65 percent had moderate attitude. Mean andstandard deviation of attitude was 53.09±5.58 (17)

2.3 Practice on Child Abuse

Study conducted in Tanzania, Shinyangadistrict showedthe results indicate that 279 (72.7%) of respondents had poor performance regarding practices for prevention of child sexual abuse. Only 27.3% had good performance regarding the practices. This indicates that practices for prevention of child sexual abuse in the study area are unsatisfactory. Only 34 (39.5%) of the respondents aged 51 and above had good practices towards preventing child sexual abuse. Respondents with college level of education had more good practices towards preventing child sexual abuse than those with lower education levels. Respondents who were cattle herders had relatively good practices toward preventing sexual abuse compared to other occupation. Only about a quarter (27.3%) of the respondents who stayed at the community for four or more years had good performance regarding practices for prevention of child sexual abuse (Table 5). Age group ($p<0.01$), profession ($p=0.02$) and type of family ($p=0.01$) were significantly associated with level of practices in preventing child sexual abuse. On the other hand, education level and period

of stay of the respondent was not statistically significantly associated with the level of practices for preventing child sexual abuse (15).

Study conducted in Jaffna district of Sri Lanka revealed that majority of the professionals (62%) suspected childabuse in children and only 64% had reported child abuseto the authorities previously. All the cases suspectedwere not reported to the authorities and the main reasonsprovided being: Lack of adequate history and evidence(56,6.1%), uncertainty of the diagnosis (55, 22.3%),possible harmful effects on the child's family (31, 12.6%),lack of knowledge of the referral procedure (25, 10.1%),aggressive and angry parents (15, 6.1%), possible effecton my professional career (13, 5.28%) and fear and anxietyof the court proceedings (11, 4.47%).All the professionals indicated that education on childprotection is essential but only 52(21%) had attendedtraining workshops on child abuse. Different practicesadopted by the professionals are provided (16).

A study finding in Tabriz Health Centers, Iran indicates that 92 participants (35%)reported that they had faced with somecases of child abuse. Among those facedwith cases of child abuse, 5.67 percent hadgood performance and 94.33 percent hadmoderate and poor performance. The meanand standard deviation of the participants 'performance were 3.67±2.58 (17)

3. OBJECTIVE

3.1 General Objective

- To Assess Knowledge, Attitude and Practice of pediatric residents regarding child abuse and associated factors at TikurAnbessa Hospital,Saint Paul Millennium Medical College andYekatit 12 Hospital medical college in Addis Ababa, Ethiopia, 2021

3.2 Specific Objective

- To assess the knowledge of pediatric residentsabout child abuse
- To explore the attitude of pediatric residents about child abuse
- To examine the practice of pediatric residents about child abuse
- To identify the determinants of pediatric residents KAP on child abuse

4. METHODS

4.1 Study Setting

The study was conducted at three government teaching Hospitals,TikurAnbessa Specialized Hospital, St.Paul's Hospital Millennium Medical College And Yekatit 12 Hospital,where pediatric residents available.

TikurAnbessa Specialized Hospital is found in the capital city of Addis Ababa in the Lideta sub city. The hospital opened in 1972, and the largest referral hospital in the country, and serves approximately 370,000- 400,000 patients a year but the exact number is not known. It is one of the largest teaching hospitals in the country providing eight undergraduate and over 70 postgraduate programs. Pediatric services started as a specialized health service provision with the establishment of the Ethio-Swedish Pediatric Clinic (ESPC) at the former Princes Tsehai Memorial Hospital under the headship of Professor Edgar Mannheim. The ESPC and

the Ethiopian Nutrition Institute were established in 1957 and 1962, respectively. In 1966 the Department of Pediatrics was established in the Faculty of Medicine, AAU. Pediatric residency program was started in Ethiopia at AAU in 1979 with the objectives of producing Ethiopian specialists to meet the high demand of patient care and teaching staff.

St. Paul's Hospital Millennium Medical College, as it is known today,alsolocated in the capital city of Addis Ababa,was established through a decree of council of ministers in 2010, although the medical school opened in 2007, the hospital was established in 1968 by late Emperor Haile-Selassie. The college-initiated Ethiopian's first integrated modular and problem – based curriculum for its undergraduate medical education and is currently expanding to postgraduate programs including pediatric residency.

Yekatit 12 hospital Medical College, is also located in AddisAbaba, and was established in 1923 as one of modern medical service delivery center in the country. After many decades of service delivery,in 2011, itbecame a medical college by a decision of city government of Addis Ababa. Currently, it is expanding both undergraduate and postgraduate program. The hospital provides services for a population of approximately 4 million people.

4.2 Study Design

An Institution-based Cross-sectional study design was employed.

4.3. Study Period

The study was conducted from June 1 to August 30, 2021.

4.4 POPULATION

4.4.1 Source Population

All pediatric residents who were working in TASH, SPHMMC and Yekatit 12 Hospital medical college during the study period and willing to participate in the study

4.4.2 Study Population

Pediatric residents who were working in TASH, SPHMMC and Yekatit 12 Hospital medical college, pediatric unit during the study period and were willing to participate in the study.

4.5 Inclusion and Exclusion Criteria

4.5.1. Inclusion Criteria

- Pediatrics residents who were working in Tikur Anbessa Specialized Hospital, SPHMMC and Yekatit 12 Hospital medical college and willing were included.
- Pediatrics residents who gave oral consent.

4.5.2 Exclusion Criteria

Pediatric residents who were :

- Month-off at the time of data collection.
- Un willing to participate.
- On sick leave at the time of data collection.
- On maternity leave during data collection period.

4.6 Sample Size Determination

The required sample sizes of eligible participants for the study were determined by using a single population proportion formula.

Formula: $n=za/2^2 *p (1-p)/d2$

Where: n = the desired sample size

P= 57.3 %, estimated proportion of pediatric residents' knowledge on child abuse from the research done in Shiraz University of Medical Sciences, Shiraz, Iran (13).

d =5% (maximum margin of error the researcher is willing to allow)

Z =1.96 (standard normal deviation value corresponding to 95% confidence level)

$$n= \frac{(1.96)^2*0.573(1-0.573)}{(0.05)^2} =376$$

The total number of pediatrics resident in TASH and SPMMC were 191. So, since this figure is below 10,000, used the following correction formula for the sample size determination:

S = n/ (1 + n/N)

n = sample size for population of size

N = number of nurses in hospital

S=376/ 1+376/191) =127

S=127 adding 10 % (12.7) for non-response rate, Therefore, the required sample size of this study was 127+13= 140.

4.7 Sampling Technique

In this study consecutive/ enumerating technique were used to select the study participants. The sample were proportionally allocated based on the level of residence.

4.8 VARIABLES OF THE STUDY

4.8.1 Dependent Variable

Knowledge, Attitude and Practice of pediatric residents on child abuse.

4.8.2 Independent Variables

- Age
- Sex
- Marital status
- Year of residency
- Training on child abuse
- Work experience
- Previous exposure

4.9 Operational Definition

- **Good Knowledge**-Respondents who scored above or equal to the mean score (12.49±4.63) of knowledge related questions.
- **Poor knowledge**-Respondents who scored below mean score (12.49±4.63) of knowledge related questions.
- **Favorable attitude** - Respondents who scored above or equal to mean score (54.34±5.46) of attitude related questions.
- **Unfavorable attitude** - Respondents who scored below mean score (54.34±5.46) of attitude related questions.
- **Good practice** - Respondents who scored above or equal to mean score (3.73±1.75) of practice related questions.
- **Poor practice** - Respondents who scored below mean score (3.73±1.75) of practice related questions.

4.10 Data Collection Instrument

4.10.1 Instrument

A structured self-administered questionnaire was used to collect data from participants. It is adapted from different literature with some modification by researcher. It is presented in English and filled data by English version due to the fact that, the medium of instruction is English.

4.10.2 Data Collection Methods

The Data collectors were two trained degree nurses who will be assigned from Tikur Anbessa specialized hospital after a training is given on the objective, methodology of the research and data collection approach and supervised by principal investigator. The principal investigator was making the overall supervision daily. The data was obtained from residents by using structured questionnaire after getting informed consent. The questionnaire consisted of four parts. The first part contained basic demographic information. The second part included 22 Yes/No questions (yes = 1, somewhat and no were giving a point of 0) about the knowledge of participants with scores ranging from 0 to 22 and mean value were used to determine the level of knowledge and those scores above the mean were considered as knowledgeable. The third part included 16 queries designed in 5-point Likert-scale (Strongly agree = 5 to strongly disagree = 1) to assess the participants' attitude towards child abuse with score ranging from 16 to 80 (and favorability of attitude were determined using a mean value and those participants who score above the mean value were considered as favorable attitude)**.**The fourth part contains 10 questions with "yes"/ "no" responses to assess practice of participants. All the questions are in English and it were distributed to residents and they did it on spot**.** The face and content validity of the questionnaire were established by experts' approval from previously done different literatures (16, 17).

4.10.3 Data Quality Control

Pre - test was carried out on 5% from actual sample size who fulfilled the criteria prior to the actual data collection, which was out of the study area. This initial study was conduct to test the content applicability, clarity and arrangement of the items needed for each questionnaire. After pre -test unclear question changed or corrected.

4.11 Data Processing and Analysis

Data was checked, cleaned and entered in to SPSS version 25.0 software for analysis. Incomplete and inconsistent data was replaced by other questioner for analysis. The result of the descriptive

statistics were expressed as percentage and frequency. Associations between independent variables and dependent variables was analyzed first using bivariate analysis to identify factors which are significantly associated with the outcome variable. The magnitude of the association between the different independent variables in relation to dependent measured and 95% confidence interval (CI) and P values below 0.05 were considered statistically significant.

4.12 Ethical Consideration

An ethical clearance and official letter was obtained from the Research and Publication Committee of Addis Ababa university, Department of pediatric and child health. Permission was obtained from the authorities of each hospitals for the study. And objectives of study was explained to the participants and a written consent obtained from each respondent prior to data collection. The data collections were anonymous which do not include names of individual participant and any other personal identifiers were not indicated in the study; there was no harm to the participants. Participants' identities were unnamed during data collection and analysis.

4.13 Dissemination Plan

The results of the study will be presented and submitted to Addis Ababa University, SPHMMC and Yekatit 12 Hospital medical college. The study abstract will be presented in associations like Ethiopian Pediatrics Society (EPS) and the manuscript will be submitted to the international or national peer reviewed journal for publication.

5. RESULT

5.1 Socio-demographic characteristics of the study *participants*

In this study a total of 135 pediatrics residents were participated during the study period. The response rate was 96.4%. In total 81(60%) of the participants were male, 94(69.6%) were in the age group of 25-30 years. Most respondents 76(56.3%) were single and 58(43%) were married and 37(27.4%) had children of their own. Among the respondents majority of them 70(51.9%) were year one residents. Majority of the participants 104 (77%) had stated that they didn't had any form of formal teaching, learning or training session on child abuse. More than fifty five percent of the participants had an experience of evaluating abused children during their practice as GP or resident. The socio-demographic characteristics of the responders are provided in Table 1.

Table 1. The socio-Demographic Characteristics Of Study Participants On KAP Study Towards Child Abuse In Three Selected Teaching Hospitals Of Addis Ababa, Ethiopia, 2021G.C**.**

Variable	Frequency	Percent
Sex		
Male	81	60.0
Female	54	40.0
Age in years		
<25	2	1.5
25-30	94	69.6
31-35	21	15.6
>35	18	13.3
Marital status		
Single	76	56.3
Married	58	43.0
Divorced	1	.7
Do you have children		
Yes	37	27.4
No	98	72.6
Year of residency		
First year	70	51.9
Second year	48	35.6
Third year	17	12.6
Have you had any form of formal teaching, learning or training session on child		

abuse?		
Yes	31	23.0
No	104	77.0
If your answer for question No.7 is yes, for how long		
< 1 hour	10	32.3
1-2 hours	15	48.4
2-3 hours	6	19.4
Have you experience evaluating abused children during your practice as GP or resident?		
Yes	79	58.5
No	56	41.5

5.2 The Knowledge Characteristics of Study Participants towards Child Abuse

The overall knowledge of study participants was computed using a mean score of 12.49±4.63 of study participants, with this 68 (50%) of the participants had good knowledge on child abuse as shown in the figure below.

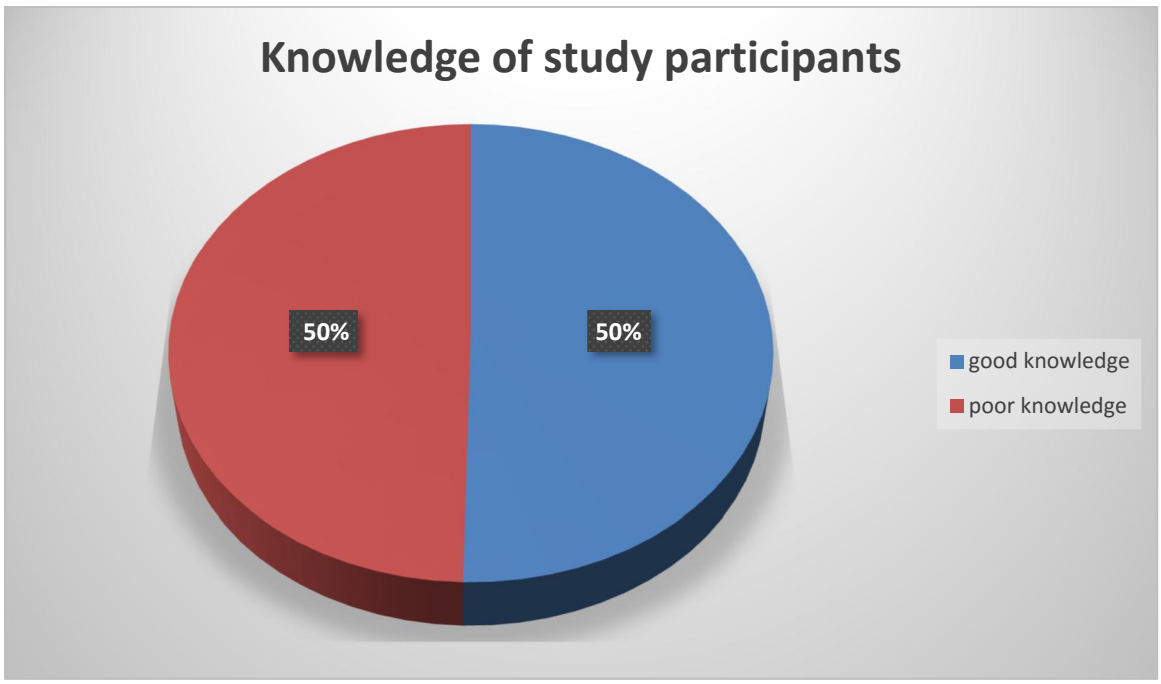

Figure 1. The Overall knowledge Characteristics of Study Participants on KAP Study towards Child Abuse in Three Selected Teaching Hospitals of Addis Ababa, Ethiopia, 2021G.C.

Clinical manifestation

In this study, Majority of the participants 122(90.4%) had answered properly that unexplained bruise, skin abrasions or wounds in unusual places, and burns by hot objects (cigarettes iron) are characteristics of child abuse. More than two third of the participants know to suspect child abuse in unexplained fractures or dislocations112 (83%), in physical and psychological illnesses which are not common in their age group 99(73.3%), girls who are extremely frightened when examined by male doctors 96(71.1%) and any unusual genital infections 95(70.4%). less than half of them recognized low socio-economic status of families, crowded living space, and parents who had been the victim of abuse as risk factors for child abuse as shown in the table below.

Table 2. The Knowledge of Study Participants on KAP Study towards Child Abuse in Three Selected Teaching Hospitals of Addis Ababa, Ethiopia, 2021G.C.

Knowledge Based Variable On Child Abuse	Response Frequency	**Percent**
Unexplained Bruise, Skin Abrasions Or Wounds In Unusual Places		
Yes	122	90.4
Somewhat	10	7.4
No	3	2.2
Unexplained Burns By Hot Objects (Cigarettes Iron)		
Yes	122	90.4
Somewhat	10	7.4
No	3	2.2
Children With Disabilities Who Do Not Have Any Particular Diagnosis By Appropriate Assessments And Completely Heal After Several Days Of Hospitalization.		
Yes	89	65.9
Somewhat	33	24.4
No	13	9.6
Girls Who Are Extremely Frightened And Anxious When Examined By Male Doctors		
Yes	96	71.1
Somewhat	30	22.2
No	9	6.7
Frequent Nightmares		
Yes	82	60.7
Somewhat	48	35.6
No	5	3.7

Children Who Have Inability To Get Along With Other Children Or Behaves Very Grouchy At Peers		
Yes	66	48.9
Somewhat	63	46.7
No	6	4.4
Children Who Are Sleeping In Class And Having School Problems		
Yes	65	48.1
Somewhat	56	41.5
No	14	10.4
Children With Physical And Psychological Illnesses Which Are Not Common In Their Ages		
Yes	99	73.3
Somewhat	27	20.0
No	9	6.7
Parents' Marital Problems And Poor Family Relationships		
Yes	88	65.2
Somewhat	42	31.1
No	5	3.7
Children Of Unwanted Pregnancies		
Yes	69	51.1
Somewhat	51	37.8
No	15	11.1
Parents Who Had Been The Victim Of Abuse Can Do The Same To Their Children		
Yes	51	37.8
Somewhat	58	43.0
No	26	19.3
Low-Socioeconomic Families		
Yes	44	32.6
Somewhat	65	48.1
No	26	19.3
Crowded Family And Living Space		
Yes	57	42.2
Somewhat	45	33.3
No	33	24.4
Parents Who Suffer From A Psychiatric Disease		
Yes	90	66.7
Somewhat	32	23.7
No	13	9.6
Unexplained Fractures Or Dislocations		
Yes	112	83.0
Somewhat	19	14.1
No	4	3.0
Unexplained Developmental Delays		
Yes	46	34.1

Somewhat	70	51.9
No	19	14.1
Inappropriate Social Behavior And Communication		
Yes	68	50.4
Somewhat	63	46.7
No	4	3.0
Children Who Extensively Fear Their Parents		
Yes	83	61.5
Somewhat	48	35.6
No	4	3.0
Children Who Extensively Depends On Their Parents		
Yes	36	26.7
Somewhat	70	51.9
No	29	21.5
Any Unusual Genital Infections In Children		
Yes	95	70.4
Somewhat	37	27.4
No	3	2.2
Seductive Behaviors Of The Children		
Yes	65	48.1
Somewhat	57	42.2
No	13	9.6
Children Who Frequently Go To The Doctor Due To Treatment Failure		
Yes	41	30.4
Somewhat	67	49.6
No	27	20.0

5.3 Determinant of Knowledge of Study Participants towards Child Abuse

Among the independent variables which inter in to the binary logistic regression two of them had statistical significance association and those three variables were used in multivariable logistic regression and the result shows that participant having formal teaching, learning or training session on child abuse had 1.6 folds increased knowledge than the opposite compartment (AOR=1.6, 95% CI=1.69, 3.88) and the odds of having favorable attitude had 2.5 folds increased knowledge than having unfavorable attitude (AOR=2.5, 95% CI=1.22, 5.06). The results are provided in table below.

Table 3. The Bivariate and Multivariate Logistic Regression of Dependent and Independent Variable on Knowledge Assessment of Study Participants on KAP Study towards Child Abuse In Three Selected Teaching Hospitals of Addis Ababa, Ethiopia, 2021G.C.

Variable	Knowledge On Child Abuse		P-Value	COR (95%CI)	P-Value	AOR (95%CI)
	Good	Poor				
Residence						
First	34	36	1		1	
Second	23	25	0.944	0.97(0.47, 2.03)	0.726	0.87(0.40, 1.89)
Third	11	6	0.237	1.9(0.65,5.83)	0.248	1.9(0.63, 6.17)
Formal Teaching, Learning Or Training Session On Child Abuse						
Yes	19	12	0.169	1.8(0.78, 4.03)	0.025	**1.6(1.69, 3.88)**
No	49	55	1		1	
Attitude Of Study Participants						
Unfavorable Attitude	23	37	1		1	
Favorable Attitude	45	30	0.013	2.4(1.20, 4.84)	0.012	**2.5(1.22, 5.06)**

5.4 Attitude Based Characteristics Study Participants on Child Abuse

The figure below showed that the overall attitude of study participants on child abuse has shown favorable attitude is higher than unfavorable attitude.

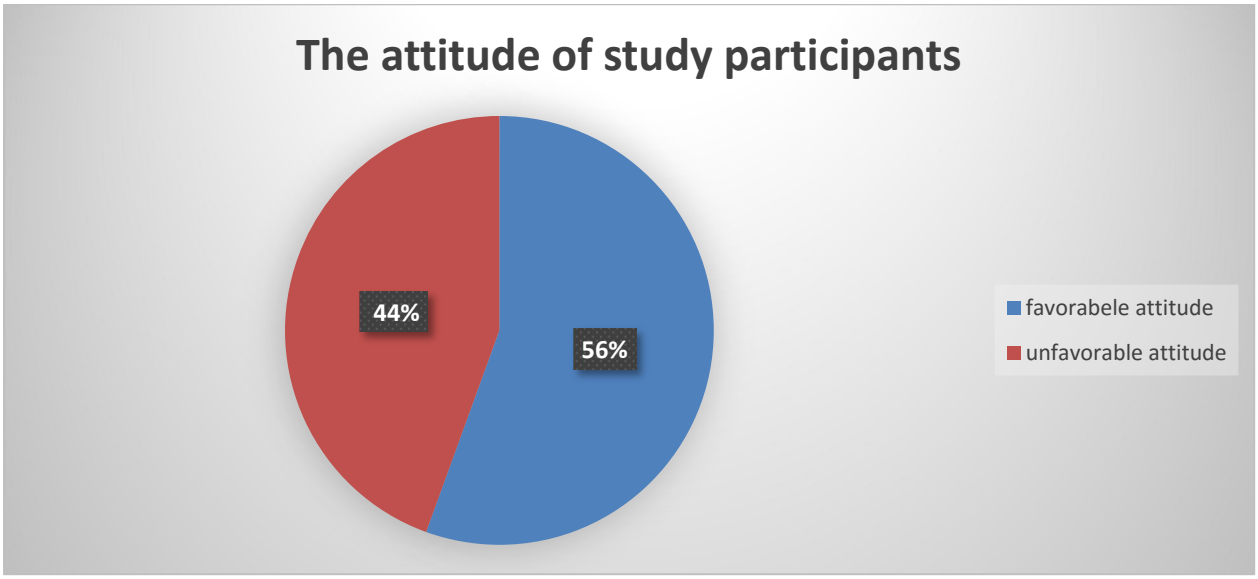

Figure 2. The Overall Attitude of Study Participants on KAP Study towards child Abuse in Three selected teaching Hospitals Of Addis Ababa, Ethiopia, 2021G.C.

Among the participants 47(34.8%) of them agreed that touching the genitals of children by their father is a form of child abuse and 22(16.3%) strongly disagree on necessity of corporal punishment for children's because of failure in their tests. Further, 57(42.2%) strongly agreed that Parents who have abused their children must be punished by legal enforcements and 57(42.2%) strongly agree on the reduction of child abuse by criminalization of the abusers and 70(51.9%) strongly agreed that all cases of child abuse must be reported to authorities. Fifty eight (43%) agreed on that there is no need for parents' consent to treat the victimized children.

Table 4. The Attitude of Study Participants on KAP Study towards Child Abuse in Three Selected Teaching Hospitals of Addis Ababa, Ethiopia, 2021G.C.

The Attitude-Based Variable	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Mean	overall mean
Yelling at the child in some cases is necessary	8(5.9%)	52(38.5%)	25(18.5%)	33(24.4%)	17(12.6%)	3.01	
Leaving a 10-year-old child or younger alone at home indicates child abuse	9(6.7%)	51(37.8%)	42(31.1%)	26(19.3%)	7(5.1%)	3.21	
Touching the genitals of children by their father is a	28(20.7%)	47(34.8	31(23%)	22(16.3	7(5.2%)	3.50	

form of child abuse		%)		%)			
Touching the genitals of children by their mother is a form of child abuse	10(7.4 %)	22(16.3 %)	41(30.4%)	46(34.1 %)	16(11.9 %)	2.73	**54.34 ±5.46**
Sometimes corporal punishment is necessary because of children's failure in their tests	1(0.7%)	25(18.5 %)	30(22.2%)	57(42.2 %)	22(16.3 %)	3.55	
If the child uses inappropriate words, he/she should be corporally punished	5(3.7%)	39(28.9 %)	28(20.7%)	49(36.3 %)	14(10.4 %)	3.21	
If the child smokes he/she should be corporally punished	9(6.7%)	59(43.7 %)	14(10.4%)	45(33.3 %)	8(5.9%)	2.88	
The child could be temporarily deprived of his/her favorite activities as a punishment	31(23%)	51(37.8 %)	13(9.6%)	28(20.7 %)	12(8.9%)	2.55	
No contact with school authorities is needed in case of children with good grades	6(4.4%)	15(11.1 %)	16(11.9%)	70(51.9 %)	28(20.7 %)	3.73	
We should take children at the age of 10 or less to school ourselves, otherwise, it could be considered as an abuse	4(3%)	37(27.4 %)	41(30.4%)	48(35.6 %)	5(3.7%)	2.90	
Lack of sufficient follow-up by parents to treat their children who are suffering from chronic diseases could be considered as an abuse	31(23%)	71(52.6 %)	20(14.8%)	11(8.1)	2(1.5%)	3.87	
Parents who have abused their children must be punished by legal enforcements	57(42.2 %)	56(41.5 %)	11(8.1%)	6(4.4%)	5(3.7%)	4.14	
Criminalization of child abuse can reduce child abuse incidents	57(42.2 %)	57(42.2 %)	14(10.4%)	4(3%)	3(2.2%)	4.19	
All cases of child abuse must be reported to authorities	70(51.9 %)	60(44.4 %)	3(2.2%)	2(1.5%)		4.47	
Treatments could be started without parental consent in case of children who have been victimized by child abuse	36(26.7 %)	58(43%)	23(17%)	10(7.4%)	8(5.9%)	3.77	
We should always respect the privacy of patients and their families, even in the case of child abuse	32(23.7 %)	48(35.6 %)	15(11.1%)	19(14.1 %)	21(15.6 %)	2.62	

5.5 Determinant of Study Participants' attitude on Child Abuse

The adjusted odd ratio report showed that, participant who were married had 59% less likely of having favorable attitude on child abuse than single (AOR=0.41, 95%CI=0.19, 0.84) and the odds of having good knowledge were 2.4 fold increase their attitude than those who have poor knowledge (AOR=2.4, 95%CI=1.18, 4.99)

Table 5. The Bivariate and Multivariate Logistic Regression of Dependent and Independent Variable on Attitude of Study Participants on KAP Study towards Child Abuse In Three Selected Teaching Hospitals of Addis Ababa, Ethiopia, 2021G.C.

Variable	Attitude On Child Abuse		P-Value	COR (95% CI)	P-Value	AOR (95%CI)
	Favorable	Unfavorable				
Sex Of Study Participants						
Male	47	34	0.480	1.3(0.64,2.57)	0.442	1.3(0.64, 2.79)
Female	28	26	1		1	
Marital Status						
Single	50	26	1		1	
Married	25	33	0.009	0.39(0.195,0.79)	**0.016**	**0.41(0.19, 0.84)**
Divorced	0	1				
Experience						
Yes	46	33	0.458	1.3(0.65, 2.58)	0.546	1.3(0.59, 2.65)
No	29	27	1		1	
Knowledge On Child Abused						
Poor Knowledge	30	37	1		1	
Good Knowledge	45	23	.013	2.4(1.20, 4.84)	**0.016**	**2.4(1.18, 4.99)**

5.6 Practice Based Characteristics of Study Participants on Child Abuse

The overall practice of study participants assessed using mean value of 3.73±1.75 as a reference point and those score above the mean value were considered as good practice as shown the figure below.

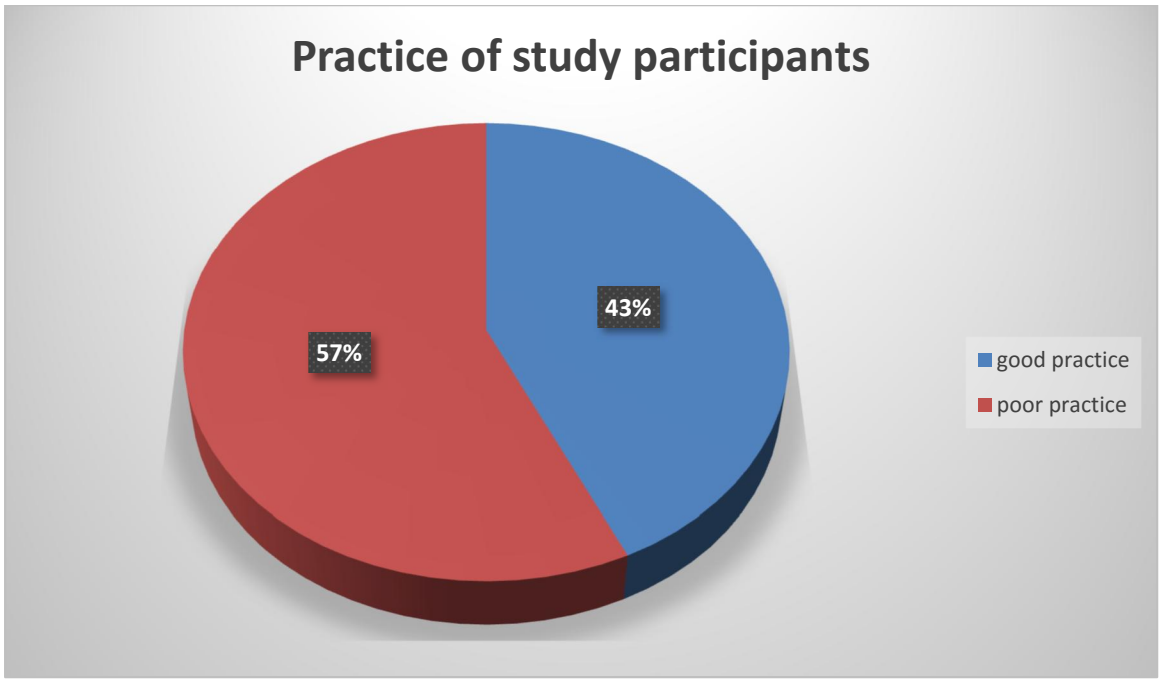

Figure 3. The Overall Practice of the Study Participants on KAP Study towards Child Abuse in Three Selected Teaching Hospitals of Addis Ababa, Ethiopia, 2021G.C.

Regarding to the specific practice-based characteristics, 99(73.3%) of participants encountered child abuse cases before this study, 80(59.3%) report the child abuse to concerned body, 47(34.8%) of participants were aware of the process of reporting child abuse and only 28(20.7%) had reported for legal bodies and aware of Ethiopian laws about child abuse. More than 85% of participants didn't attend any training and were unsatisfied with their knowledge about child abuse.

Table 6. The practice of Study participants on KAP study towards Child Abuse in three selected teaching hospitals of Addis Ababa, Ethiopia, 2021G.C.

Practice based variable	Frequency	Percent
Did you suspect or encounter any child abuse before now?		
Yes	99	73.3
No	36	26.7
Did you report the concerned body if you get abused children?		
Yes	80	59.3
No	55	40.7
If your answer for question No. 2 is NO, what is your reason?		
Lack adequate history and evidence	14	10.4
Uncertainty of the diagnosis	11	8.1
Possible harmful effects on the child's family	4	3.0
Fear of aggressive and angry parents	4	3.0
Possible effect on my professional career	16	11.9
Fear and anxiety of the court proceedings	6	4.4
Are you aware of process of reporting child abuse?		
Yes	47	34.8
No	88	65.2
Did you ever report any child abuse case to legal bodies?		
Yes	28	20.7
No	107	79.3
Are you aware of Ethiopian laws about child abuse		
Yes	28	20.7
No	107	79.3
Did you educate the family about the impact child abuse during child management?		
Yes	59	43.7
No	76	56.3
Did you attend any training on child abuse		
Yes	20	14.8
No	115	85.2
Are you satisfied with your knowledge about child abuse		
Yes	15	11.1
No	120	88.9
Do you Wish to improve your knowledge about child abuse		
Yes	127	94.1
No	8	5.9

5.7 Determinant of Study Participants Practice on Child Abuse

The odds of practice on child abuse showed that, being third year resident were 4.1 folds increase their practice than being year one resident (AOR=4.1, 95%CI=1.11, 14.61) and being experienced on child abuse management had 2.2 folds increase of practice than those of no experience.

Table 7. *The Bivariate and Multivariate Logistic Regression of Dependent and Independent Variable on practice of Study Participants on KAP Study towards Child Abuse In Three Selected Teaching Hospitals of Addis Ababa, Ethiopia, 2021G.C.*

Variable	Practice assessment on child abuse		p-value	COR (95% CI)	P-value	AOR (95%CI)
	Good	Poor				
Sex of study participants						
Male	32	49	0.321	0.70(0.35, 1.41)	0.612	1.82(0.38, 1.76)
Female	26	28	1		1	
Year of residence						
First	25	45	1		1	
Second	20	28	0.513	1.3(0.61, 2.73)	0.859	1.1(0.48, 2.39)
Third	13	4	0.005	5.9(1.72, 19.86)	0.034	**4.1(1.11, 14.61)**
Formal teaching, learning or training session on child abuse						
YES	19	12	0.021	2.6(1.16, 6.02)	0.073	2.2(0.93, 5.50)
NO	39	65	1			
Experience						
YES	42	37	0.005	2.8(1.37, 5.88)	0.047	**2.2(1.01, 4.66)**
NO	16	40	1		1	
Attitude of study participants on child abuse						

YES	42	37	1		1	
NO	16	40	0.534	1.2(0.63, 2.47)	0.574	1.2(.58, 2.61)

6. DISCUSSION

An Institutional-based Cross-sectional study was conducted with the aim of assessing knowledge, attitude and practices of pediatrics residents towards child abuse. The study was done in three selected teaching hospitals of Addis Ababa. To my knowledge this study is the first study conducted in the study area. Pediatrics residents who are future pediatricians are the frontline workers for early recognition, care, education, prevention, and reporting of cases of child abuse to reach out for abused children. In this study, the results suggested that the knowledge, attitude, and practice were average. Accordingly, in this study, 50% of participants had a good knowledge score.This finding is inconsistent to the findings done in Shiraz university, Iran(70% of residents respond above mean score of 57.48 ± 6.46),Tabriz, Iran (58.5% of participants had good score),Jaffna district of Sri Lanka revealed 60% of higher score(16,17,19). The overall attitude of study participants 56% were having favorable attitude score and the identified determinant factors for favorable attitude were being married and having good knowledge.This findings were discordant with the studies done in Karnataka by Kirankumar et al (64%) and Jaffna district of Sri Lanka which revealed higher score with a mean attitude scores of 20.16 ± 3.3(16,19).This finding was higher than the study done in Tanzania, Shinyanga district (52%)(20). This difference may be due to the study population difference, in which the current study was done by physician but the literature was done in mid-level health professional. Regarding the practice assessment, the finding was below average as it is only 43% of the study participants had good practice score and the determinants of practice were years of residency and having experience on child abuse treatment and care. This study showed higher score than a study conducted in Tanzania, Shinyanga district, only about a quarter (27.3%) of respondents had good practices. The findings were similar to the study done in karachi, Pakistan, may be due to the similarity of specialty of the responders.This finding were inconsistent with the studies done on Tabriz, Iran and Jaffna district of Sri Lanka (64%)(16).

Having basic knowledge on child abuse for detection and reporting is mandatory and vital to the care of the child as a physician. In this study, the overall knowledge score of participants were lower than the reports released in other studies. For instance, in study the done at Jaffna district of Sri Lanka on knowledge attitude practices and behavior of health care professionals, the knowledge indicators of child abuse was correctly identified by more than 60% of the respondents (16). Other study done on Shiraz University of Medical Sciences in Iran showed that most of the participants (about 70%) had a "good" knowledge score (17). This difference may be due to the tool difference for measurement of child abuse, study population had difference in operational definition to state the level of child abuse. The current study also shows that having formal teaching, learning or training session on child abuse and having favorable attitude to the effect of child abuse were statistically significant on determining the level of knowledge. This is may be due to the fact that, training and formal education about any problem may lead to initiative the learners to oversee the problems. Furthermore there was no significant statistical relationship between age, gender, marital status, and work experience on knowledge assessment. In this study Most of the participants had answered properly that unexplained bruise, skin abrasions or wounds in unusual places, and burns by hot objects (cigarettes iron) are characteristics of child abuse. More than two third of the participants know to suspect child abuse in unexplained fractures or dislocations, girls who are extremely frightened when examined by male doctors and any unusual genital infections. This finding was similar with the study done in Shiraz university, Iran (17). Less than half of the participants recognized low socio-economic status of families, crowded living space, and parents who had been the victim of abuse as risk factors for child abuse which is consistent with the findings of other studies (16, 17).

In this study overall attitude of study participants were 56% which was lower than the study done In Karnataka by Kirankumar et al (14) and Jaffna district of Sri Lanka (16). But the findings on specific questions had more or less similar findings of studies, for instance, in this study less than one third of the participants strongly agreed on that touching the genitals of children by their father is a form of child abuse and 16.3% strongly disagree on necessity of corporal punishment for children's because of failure in their tests. Further, about half of them strongly agreed on that Parents who have abused their children must be punished by legal enforcements and criminalization of the abusers for reduction of abuse evidence and also agreed on that there is no

need for parents' consent to treat the victimized children,which is almost similar finding on Shiraz university,Iran (17). A suspected case of child abuse has to be reported to the authorities without any delay but in this study only about half of the participants strongly agreed on reporting the case to authorities mostly due to lack of adequate history. The similarity of finding was found may be due to the similarity of specialty of the responders but for other comparison the literature were due to the difference of study population, since most of the study population were parents of the child and also the health professionals were middle health level (20). The determinant variable for the attitude of child abuse were being married and having good knowledge were on the child abuse. This is may be due to the fact that knowledge is the mirror for the observation of regarding to any issue.

The practices by physicians towards child abuse plays a major role in recognition of cases of abuse.in this study practice of study participants on child abuse were 43% which was unsatisfactory. Regarding to the specific practice-based characteristics, more than two third of participants encountered child abuse cases before this study, around sixty percent report the case to concerned body. One third of participants were aware of the process of reporting child abuse and only 20.7% had reported for legal bodies and aware of Ethiopian laws about child abuse. This study states that more than 85% of the participants didn't attend any training and were unsatisfied with their knowledge about child abuse. The interest to be trained is a good initiative to detect child abuse and in this study more than 90% of the participants 'wants to improve their knowledge and practice. To improve diagnosis, reporting, strengthening the interaction with parents and care giver or authorities' better training is needed. This finding was higher than the study finding in Tanzania, Shinyanga (15). This is may be due to participants' socio-demographic difference, the event issue difference in the community. Level of residence and experienced on child abused care and treatment had been the statistically significant variable for the determinant of study participants on child abuse

7. STRENGTH AND LIMITATIONS

The study was done in only three selected hospitals and the results may not be reflective of all physicians in Ethiopia. Only pediatric residents were involved in this study and other medical

staffs were not included that might limit the conclusion regarding KAP of other department residents which were involved in pediatrics cases. The lack of previous research studies on the topic in our set up. The sample size was relatively enough since it included all government teaching hospitals with pediatric residents.

8. CONCLUSION

The knowledge attitude and practice of pediatric and child health residents on child abuse were significantly low (50%, 56% and 43%) respectively. Despite good knowledge, favorable attitude and poor practice of residents, in general the result is average. The determinant of knowledge were participants having formal teaching, learning or training session on child abuse and favorable attitude regarding to child abuse. The determinant of attitude were being married and having good knowledge and the determinants of participants practice were years of residency and experience on child abuse treatment and care. Residents' knowledge and favorable attitude wasn't enough for establishment of successful practice, it also depends on exposure and experience on management and care. Teaching and training sessions, increasing in year of residency and experience have an impact in knowledge, attitude and practice of the residents.
There were unsatisfactory findings on awareness of legal laws and reporting child abuse cases for legal body, and it needs to be evaluated. Most of the participants felt their knowledge was unsatisfactory and almost all participants wanted to improve their knowledge. The gap between detecting and reporting can be overcome by improving the knowledge and practice base.

9. RECOMMENDATION

The result of the study had shown unsatisfactory knowledge, attitude and poor practice on average. The teaching and learning of child abuse assessment, management and prevention need to be included in the schedules. Pediatrics residents are often the first to evaluate children with signs and symptoms of child abuse, so they should have adequate knowledge, attitude and practice in order to avoid improper recognition, management and prevention of abused children. Thus, continuous teaching, learning of child abuse assessment, management and prevention has to be given for all residents. The department has to develop standard protocol in the approach of child abuse. This study could be base line for a bigger scale research in this area at national level

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ANNEX

Annex I: Participant Information Sheet

Questionnaire CodeNumber:_____

My name is _____. I am working as data collector in the research Conducted by Dr.KidistGelesu, who is conducting this research for the partial fulfillment of herspecialty in pediatrics and child health in AAU. We are trying to assess Knowledge, attitude and practice of pediatrics resident towards child abuse at TASH, SPHMMC and Yekatit 12 hospital. You will participate if you give me consent after you have understood the following information sheet:

Purpose: The purpose of this study is to assess Pediatric residents' knowledge, attitude and practice on child abuse.

Procedure: To assess the Knowledge, attitude and practice of pediatrics resident towards child abuse at TASH, SPMMC and Yekatit 12 hospital. If you are willing to participate in this project, you need to understand and say "yes" on the agreement form.

Risk/ Discomfort: By participating in this research project,there are no payment and risk or discomfort you should fear as a result of participating in this study except, you may feel that it has some discomfort especially on spending time about 30 minutes. We hope you will participate in the study for the sake of the Benefit of the research result. I am sure there is no risk in participating in this research project.

Benefits: There may not be direct benefit to you but your Participation is likely to help us in assessment of Knowledge, attitude and practice of pediatrics resident towards child abuse at TASH, SPMMC and Yekatit 12 hospital ultimately.

Confidentiality: The information collect from this research project will be kept confidential and information about you that will be collected by this study will be stored in a file, without your

name, but a code number assigned to it. In addition, it will not be revealed to anyone except the principal investigator and will be kept locked with key.

Right to refuse or withdraw: You have full right to refuse from participating in this research. You can choose not to respond to some or all questions if you do not want to give your response.

If you have questions: If you have additional questions regarding this study, you can contact the principal investigator

Address of the principal investigator

NAME: DrKidistGelesu

PHONE: +251916853188

Annex II:CONSENT FORM

I understand all conditions stated above. I have understood that Participation in this study is entirely voluntarily. I have been told that my answers to the questions will not be given to anyone else and no reports of this study ever identify me in any way Therefore, I am Ready and willing to participate in this study. You decided:

1. Agree to participate [ ] _____signature, continue

2. Not agree to participate (stop here); thank you very much!

If the study subject agrees to participate in the study, start the interview.

NB: No need of enforcing the respondent to be included in the study

Data collectors name _____ Signature _____Date __/__/____

Annex III: Questionnaire

ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICE OF PEDIATRIC RESIDENTS TOWARDS CHILD ABUSE IN THREE SELECTED HOSPITALS, IN ADDIS ABABA, ETHIOPIA, 2021.

Codenumber of participants _____

Part I. Socio - demographic characteristics (17)

Choose the correct answer by circling the corresponding letter:	Response	Remark
1.Gender	male female	
2.Age	1) below 25 years 2) 25-30 years 3) 31-35 years 4) above 35 years	
3.Religion	A) Orthodox B.) Muslim C) Protestant D) Others	
4.Marital status	A) Single B) Married C) Widow D) Divorced	
5.do Have you children	A) Yes B) No	
6.Year of residency	A) first year B) second year C) third year	
7.Have you had any form of formal teaching, learning or training session on child abuse?	A) Yes B) No	
8. If your answer for question No.7 isyes,for how long?	A) < 1 hour B) 1-2 hours C) 2-3 hours D) > 3 hours	
9. Have you experience gotten abused children during work as GP or resident?	A) Yes B) No	

Part II. Acknowledge Related Questions about Child Abuse (17)

Do thefollowing symptoms and behaviors indicate probability of Child Abuse?	response	**Remark**
1) Unexplained bruise, skin abrasions or wounds in unusual places	A. Some B. what C. no	
1) 2) Unexplained burns by hot objects (cigarettes iron)	A) Yes B) Somewhat C) No	
3) Children with disabilities who do not have any particular diagnosis by appropriate assessments and completely heal after several days of hospitalization.	A) Yes B) Somewhat C) No	
4) Girls who are extremely frightened and anxious when examined by male doctors	A) Yes B) Somewhat C) No	
5) Frequent nightmares	A) Yes B) Somewhat C) No	
6) Children who have inability to get along with other children or behaves very grouchy at peers	A) Yes B) Somewhat C) No	
7) Difficulty in talking, walking and sitting	A) Yes B) Somewhat C) No	
8) Children who are sleeping in class and having school problems	A) Yes B) Somewhat C) No	
9) Children with physical and psychological illnesses which are not common in their ages	A) Yes B) Somewhat C) No	

10) Parents' marital problems and poor family relationships	A) Yes A) Somewhat B) No	
11) Children of unwanted pregnancies	A) Yes B) Somewhat C) No	
12) Parents who had been the victim of abuse can do the same to their children	A) Yes B) Somewhat C) No	
13) Low-socioeconomic families	A) Yes B) Somewhat C) No	
14) Crowded family and living space	A) Yes B) Somewhat C) No	
15) Parents who suffer from a psychiatric disease	A) Yes B) Somewhat C) No	
16) Unexplained fractures or dislocations	A) Yes B) Somewhat C) No	
17) Unexplained developmental delays	A) Yes B) Somewhat C) No	
18) Inappropriate social behavior and communication	A) Yes B) Somewhat C) No	
19) Children who extensively fear their parents	A) Yes B) Somewhat C) No	
20) Children who extensively depends on their parents	A) Yes B) Somewhat C) No	
21) Any unusual genital infections in children	A) Yes B) Somewhat C) No	

22) Seductive behaviors of the children	A) Yes B) Somewhat C) No	
23. Children who frequently go to the doctor due to treatment failure	A) Yes B) Somewhat C) No	

Part III:Attitude Based Questions (17)

How Do You Agree/Disagree with the Following Statements?	**Response**	**remark**
1. Yelling at the child in some cases is necessary	A) Strongly Agree B) Agree C) Neutral D) Disagree E) Strongly Disagree	
2. Leaving a 10-year-old child or younger alone at home indicates child abuse	A) Strongly Agree B) Agree C) Neutral D) Disagree E) Strongly Disagree	
3. Touching the genitals of children by their father is a form ofchild abuse	A) Strongly Agree B) Agree C) Neutral D) Disagree E) Strongly Disagree	
4. Touching the genitals of children by their mother is a form ofchild abuse	A) Strongly agree B) Agree C) Neutral D) Disagree E) Strongly disagree	
5. Sometimes corporal punishment is necessary because ofchildren's failure in their tests	A) Strongly agree B) Agree C) Neutral D) Disagree E) Strongly disagree	
6. If the child uses inappropriate words, he/she should be corporally punished	A) Strongly agree B) Agree C) Neutral D) Disagree E) Strongly disagree	
7. If the child smokes he/she should be	A) Strongly agree	

corporally punished	B) Agree C) Neutral D) Disagree E) Strongly disagree	
8. The child could be temporarily deprived of his/her favorite activities as a punishment	A) Strongly agree B) Agree C) Neutral D) Disagree E) Strongly disagree	
9. No contact with school authorities is needed in case of children with good grades	A) Strongly agree B) Agree C) Neutral D) Disagree E) Strongly disagree	
10. We should take children at the age of 10 or less to school ourselves, otherwise, it could be considered as an abuse	A) Strongly agree B) Agree C) Neutral D) Disagree E) Strongly disagree	
11. Lack of sufficient follow-up by parents to treat their children who are suffering from chronic diseases could be considered as an abuse	A) Strongly agree B) Agree C) Neutral D) Disagree E) Strongly disagree	
12. Parents who have abused their children must be punished by legal enforcements	A) Strongly agree B) Agree C) Neutral D) Disagree E) Strongly disagree	
13. Criminalization of child abuse can reduce child abuse incidents	A) Strongly agree B) Agree C) Neutral D) Disagree E) Strongly disagree	
14. All cases of child abuse must be reported to authorities	A) Strongly agree B) Agree C) Neutral D) Disagree E) Strongly disagree	
15. Treatments could be started without parental consent in case of children who have been victimized by child abuse	A) Strongly agree B) Agree C) Neutral D) Disagree E) Strongly disagree	
16. We should always respect the privacy of patients and their families, even in the case of	A) Strongly agree B) Agree	

child abuse	C) Neutral D) Disagree E) Strongly disagree	

Part IV: Practice Based Questions (16)

question	response	Remark
1. Did you suspect or encounter any child abuse before now?	A) Yes B) No	
2. Did you Reportthe concerned body if you get abused children?	A) yes B) No	
3. If your answer for question No. 2 is NO,what is your reason?	A) Lack of adequate history and evidence. B) Uncertainty of the diagnosis. C) Possible harmful effects on the child's family. D) Fear of aggressive and angry parents E) Possible effect on my professional career F) Fear and anxiety of the court proceedings G) Other	
4. Are you aware of process of reporting child abuse?	A) yes B) No	
5. Did you ever report any child abuse case to legal bodies?	A) yes B) No	
6. Are you aware of Ethiopian laws about child abuse	A) Yes B) No	
7. Did you educate the family about the impact child abuse during child management?	A) yes B) No	
8. Did you attend any training on child abuse	A) Yes B) No	
9. Are you satisfied with your knowledge about child abuse	A) Yes B) No	
10. Do you Wish to improve your knowledge about child abuse	A) Yes B) No	