

Protective role of breastfeeding status, chronic health problems, and temperament of children in maltreatment by mothers

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What is already known on this topic?

- Child's risk for maltreatment include child age, sex, minority status, level of parental stress, belonging to an immigrant family, living in a single-parent family, living in a family with three or more children, age younger than 3 years, and adolescence.
- Higher parental education was a protective factor against child maltreatment.

What this study adds on this topic?

- The child's sex and birth order did not alter the risk for maltreatment of children aged under 6 years.
- Chronic health problems do not increase the risk of maltreatment in this study.
- Older child age, breastfeeding for less than 6 months, and naughty-defined child were associated with elevated of physical abuse.

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ABSTRACT

Objective: In order to reduce parental violence against children, it is necessary to establish risk factors associated with maltreatment of children in different societies. This study aims to evaluate the impact of mother-child characteristics on self-reported mother's maltreatment (physical or emotional abuse) against pre-school children.

Material and Methods: The general characteristics of mother-infant pairs and maternal knowledge and attitudes about violence were taken using a questionnaire at routine child health supervision. Overall, 244 mother-infant pairs were enrolled and mothers described their child as easy-going (27.0%), normal (61.1%), and naughty (11.9%).

Results: Of all mothers, 32.8% had been exposed to violence in their childhood. According to maternal self-reports, 82.4% of the mothers abused their children emotionally and 24.6% physically. Multiple logistic regression analysis revealed that older child age, naughty or normal defined child, maternal exposure to violence during her childhood period were identified as predictors. Older child age, breastfeeding for less than 6 months, and naughty-defined child were associated with elevated odds ratio of physical abuse; however, those with a chronic disease were less likely to be abused.

Conclusion: Pediatricians should be aware of the fact that older preschool children, being breastfed for less than 6 months, and naughty children could be at risk for victimization.

Keywords: Abuse, breastfeeding, chronic health problems, intergeneration, temperament

Introduction

Maltreatment of children has been a global problem since the beginning of the human history (1, 2). The overall estimated prevalence rate for physical and emotional abuse in studies using informants (mainly assessing the 1-year prevalence of maltreatment) is three per 1000. However, those in self-report studies (mainly assessing maltreatment ever during childhood) are 226/1000 for physical abuse and 363/1000 for emotional abuse (3). Physical violence includes any physical behavior (kicking, beating, slapping, throwing slippers, and pushing) that may be detrimental to the child's health, life or development (4, 5). Emotional violence consists of insulting, scaring, not allowing to play together, forcing to act against own will, even leaving alone, responding with a sour face, refusing emotional needs, rejecting, denying, constantly criticizing, and threatening (6, 7). Maltreatment within the family damages more lives than all organic diseases counted together (8).

Domestic violence influences every aspect of family atmosphere, parent-child relationships and child-rearing practices (8). Children from birth to age 3 years have the highest rates of

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victimization, and more than 80% of all victims are maltreated by one or both parents (9). The literature on domestic violence identifies adverse effects on children's physical, cognitive, emotional, and social development (10). Witnessing violence, as well as being a victim of violence, has unfavourable effects on the well-being of children leading to problems including increased aggression, high concern about future plans, low self-esteem and feeling of inferiority, sleep and eating disorders, and body weight issues (4, 11). Therefore, it is right for children to be protected from any type of violence.

On the other hand, some mothers do not even realize that any physical or verbal punishment they apply to the child is violence (12). Parents' knowledge of violence might affect violent behavior towards the child. For this reason, it is necessary for a mother to obtain information about what constitutes violence against a child (5, 13). In particular, there is a need for follow-up of maltreatment rates of communities in the preschool period, which involves some of the most critical years of life.

Considering all, the aim of the study was to evaluate the prevalence of self-reported mother's maltreatment (physical or emotional abuse) against pre-school children and to determine the characteristics of (susceptible) children and their families (child's age, sex, temperament, history of breastfeeding, history of infantile colic or any other health problem, maternal and paternal age and their education level, maternal occupation, presence of sibling, household size, maternal history of being exposed to violence during her own childhood period, psychological problems of mother/of family members, husband's violence against the child's mother, smoking or alcohol addiction at family) at the original location where violence takes place. In this research, it is also planned to detect whether parents are aware of maltreatment; and of physical (hitting, kicking, beating, slapping, throwing slippers, pushing) and emotional abuse types.

Material and Methods

Mothers of children aged under 6 years, who were evaluated at routine child health supervision in Hacettepe University Children's Hospital between April 2016 and May 2017 were invited to participate in the survey. Single-parent families were not included. Assuming an abuse prevalence of 35% (3) with 90% power and 5% error, we planned to recruit at least 250 mothers. Single-parent families were not included. Overall, 290 mothers agreed to participate and gave their written consent and filled the questionnaire. However, 244 fully completed questionnaires were included in the study.

The study was approved by the institutional non-interventional Clinical Researches Ethics Board of the Hacettepe University (protocol number: GO 16/495). The study was conducted in accordance with the Helsinki Declaration.

Demographic and background information were collected using a self-reported questionnaire. Mothers completed the questionnaire individually at the hospital. The questionnaire was pretested with 10 mothers and was considered appropriate for the study. The questionnaire had four parts.

In Part 1, the maternal variables included: maternal and paternal age at child's birth (categorized as <30 years or ≥30 years),

parental education level (categorized as attended formal education less than <12 years, at least graduated from high school and at least graduated from university), maternal occupation, history of violence against mother during her childhood period (Yes or No), partner violence (Yes or No), history of parental psychological counselling.

In Part 2, maternal violence perception was questioned for intimidation, scaring, insulting, beating, screaming, threatening (asking to mothers "What situations include violence?").

In Part 3, the child's variables included: child's age, sex, history of infantile colic, breastfeeding (categorized as <6 months or ≥6 months), child's pre-existing health problems requiring physician care (categorized as absent, acute, and chronic), and child's temperament (easy-going, normal, naughty according to maternal perception). Children with any health problems including malignancy, cardiac, renal or pulmonary diseases were enrolled in the study; however, children with developmental delay were excluded from the study.

In Part 4, the way the mother treated her child, including screaming, scaring, threatening, beating, kicking, hitting, slapping, throwing slippers, and pushing was questioned. Presence of the any of following was recognized as the "emotional abuse": screaming, scaring, threatenin. The presence of Any behaviour including kicking, hitting, slapping, throwing slippers, and pushing was taken as the "physical abuse."

Statistical analysis

The IBM Statistical Package for the Social Sciences software version 23 for Windows were used for data analysis (IBM SPSS Corp.; Armonk, NY, USA). Numerical data are presented as mean ± SD and categorical variables as n (%). Logistic regression analysis were performed to determine the effect of the categorical maternal and childhood variables on maternal self-reported maltreatment against children. Multivariate logistic regression analyses by stepwise regression, backward method were used to determine the independent contribution of the possible childhood (child's age, sex, breastfeeding duration, child's health problem, child's temperament), and maternal characteristics (maternal age at birth, maternal education level, maternal occupation, family type, maternal exposure to maltreatment during her childhood, intimate partner violence against mothers, psychiatric consultation, maternal time for her own care) on emotional and physical abuse. The results are presented as odds ratio (OR) with 95% confidence intervals (CI). The significance level was set at $p < 0.05$.

Results

The mean age of the mothers was 30.7 years (SD=4.7), fathers 33.5 years (SD=5.1), and there were no parents under 20 years. Overall, 33.6% of mothers graduated from university, and 73.8% were housewives. Eighty-two percent of the families were nuclear families (Table 1). Of all mothers, 13.1% were found to have received psychological counselling at some point in their motherhood period. Of all the mothers, 32.8% reported that they were exposed to violence in their childhood and 5.3% experienced violence from the husband (Table 2).

Table 1. The effect of family's characteristics on maltreatment of children by mothers

Characteristics	Total		Emotional abuse		Physical abuse	
	n	%*	%**	OR (95% CI)	%**	OR (95% CI)
Maternal age at birth of index child						
<30 years	170	69.7	80.6	1.00	25.9	1.00
≥30 years	74	30.3	86.5	1.54 (0.72-3.32)	21.6	0.79 (0.41-1.52)
Paternal age at birth of index child						
<30 years	123	50.4	81.3	1.00	26.8	1.00
≥30 years	121	49.6	83.5	1.16 (0.60-2.25)	22.3	0.78 (0.44-1.41)
Maternal education levels						
Primary school	84	34.4	83.3	1.00	20.2	1.00
High school	78	32.0	80.8	0.84 (0.38-1.88)	28.2	1.55 (0.75-3.20)
University	82	33.6	82.9	0.97 (0.43-2.19)	25.6	1.36 (0.66-2.81)
Paternal education levels, years						
Primary school	62	25.4	83.9	1.00	12.9	1.00
High school	86	35.2	81.4	0.84 (0.35-2.00)	31.4	3.09 (1.29-7.38)
University	96	39.3	82.3	0.89 (0.38-2.10)	26.0	2.38 (0.99-5.68)
Maternal occupation						
Working	64	26.2	84.4	1.00	29.7	1.00
Housewife	180	73.8	81.7	0.82 (0.38-1.79)	22.8	0.70 (0.37-1.32)
Family size						
<5	171	70.1	83.6	1.00	25.7	1.00
≥5	73	29.9	79.5	0.76 (0.38-1.52)	21.9	0.81 (0.42-1.56)
Family type						
Nuclear	200	82.0	82.0	1.00	23.5	1.00
Extended	44	18.0	84.1	1.16 (0.48-2.81)	29.5	1.37 (0.66-2.82)

*column percentage, **row percentage

Table 2. The effect of adverse parental experiences on maltreatment of children by mothers

Characteristics	Total		Emotional abuse		Physical abuse	
	n	%*	%**	OR (95% CI)	%**	OR (95% CI)
Mother maltreated during childhood						
Yes	80	32.8	91.3	2.93 (1.24-6.93)	30.0	1.52 (0.83-2.79)
No	164	67.2	78.0	1.00	22.0	1.00
Mother receiving psychological counselling						
Yes	32	13.1	87.5	1.58 (0.52-4.76)	21.9	0.84 (0.34-2.05)
No	212	86.9	81.6	1.00	25.0	1.00
Father receiving psychological counselling						
Yes	14	5.7	85.7	1.30 (0.28-6.04)	35.7	1.77 (0.57-5.50)
No	230	94.3	82.2	1.00	23.9	1.00
Intimate partner violence to mother						
Yes	13	5.3	92.3	2.67 (0.34-21.1)	30.8	1.39 (0.41-4.68)
No	231	94.7	81.8	1.00	24.2	1.00
Alcohol dependency in the family						
Yes	15	6.1	93.3	3.14 (0.40-24.6)	33.3	1.58 (0.52-4.83)
No	229	93.9	81.7	1.00	24.0	1.00
Availability of maternal time for self-care						
Yes	126	51.6	79.4	0.65 (0.33-1.27)	27.0	1.31 (0.73-2.35)
No	118	48.4	85.6	1.00	22.0	1.00

*column percentage, **row percentage

Intimidation, scaring, insulting, and beating were not defined as an act of violence by 25%, 22.1%, 29.1%, and 23% of mothers, respectively.

When children of the enrolled mothers were analyzed, the mean age of the children was 38.2 months (SD=17.7), 18.4% were aged under 2 years, and 39.3% were aged over 4 years. Of these, 57.8% were boys and 30.7% had no siblings. When the

child's temperament was questioned, 27.0% of mothers described their child as easy-going, 61.1% as normal, and 11.9% as naughty (Table 3).

Predictors of child abuse

According to the maternal self-report, 82.4% of the mothers who contributed to the study abused their children emotionally

Table 3. The effect of children's characteristics on maltreatment by mothers

		Total	Emotional abuse		Physical abuse	
Characteristics	n	%*	%**	OR (95% CI)	%**	OR (95% CI)
Child's age						
<2 years of age	45	18.4	64.4	1.00	13.3	1.00
2-3 years of age	103	42.2	84.5	3.00 (1.33-6.75)	22.3	1.87 (0.70-4.96)
>4years of age	96	39.3	88.5	4.26 (1.78-10.24)	32.3	3.10 (1.19-8.10)
Sex						
Male	141	57.8	81.6	1.00	24.1	1.00
Female	103	42.2	83.5	1.14 (0.58-2.24)	25.2	1.06 (0.59-1.91)
Breastfeeding duration						
<6 months	45	18.4	75.6	1.00	31.1	1.00
≥6 months	199	81.6	83.9	1.69 (0.78-3.68)	23.1	0.67 (0.33-1.36)
History of infantile colic						
Absent	77	31.6	77.9	1.00	19.5	1.00
Some	130	53.3	83.1	1.39 (0.69-2.82)	24.6	1.35 (0.68-2.69)
Severe	37	15.2	89.2	2.34 (0.73-7.52)	35.1	2.24 (0.93-5.40)
Child's health problems						
Absent	73	29.9	82.2	1.00	31.5	1.00
Acute problems	120	49.2	80.8	0.91 (0.43-1.94)	26.7	0.79 (0.42-1.50)
Chronic problems	51	20.9	86.3	1.36 (0.50-3.96)	9.8	0.24 (0.08-0.67)
Child's temperament, defined by mother						
Naughty	29	11.9	96.6	12.31 (1.42-106.71)	41.4	4.97 (1.53-16.17)
Normal	149	61.1	85.2	2.68 (1.21-5.96)	26.2	2.42 (1.01-5.81)
Easygoing	66	27.0	69.7	1.00	13.6	1.00
Number of siblings						
0	75	30.7	82.7	1.00	25.3	1.00
1	127	52.0	84.3	1.12 (0.52-2.41)	27.6	1.12 (0.59-2.15)
≥2	42	17.2	76.2	0.67 (0.27-1.70)	14.3	0.49 (0.18-1.35)

*column percentage, **row percentage

Table 4. The predictors of maltreatment of children by mothers*

	Odds Ratio	95% CI Lower	Upper	Sig.
Emotional Abuse				
Child age, months				0.010
24-47 vs. <24	2.41	1.04	5.62	0.041
>48 vs. <24	4.00	1.61	9.92	0.003
Child's temperament, defined by mother				0.013
Naughty vs. Easygoing	10.85	1.34	87.93	0.026
Normal vs. Easygoing	2.38	1.15	4.89	0.019
Maternal exposure to maltreatment during her own childhood (yes vs.no)	2.33	0.95	5.70	0.063
Constant	0.84			0.664
Physical Abuse				
Child age, months				0.006
24-47 vs. <24 mo	1.89	0.68	5.31	0.224
>48 vs. <24 mo	4.43	1.58	12.47	0.005
Breastfeeding duration, >6 m vs. <6 m	0.44	0.20	0.99	0.046
Any health problem in child				0.011
Acute disease vs. no	0.66	0.34	1.30	0.231
Chronic disease vs. no	0.19	0.06	0.56	0.003
Child's temperament, defined by mother				0.011
Naughty vs. Easygoing	5.52	1.82	16.74	0.003
Normal vs. Easygoing	2.20	0.94	5.14	0.068
Constant	0.19			0.006

*A multiple logistic regression analyses (BSTEP-COND) was fitted to the data related to the predictor variables including child's age, gender, maternal age at birth, maternal education level, maternal occupation, family type, breastfeeding duration, child's health problem, child's temperament, maternal exposure to maltreatment during her childhood, intimate partner violence to mothers, maternal psychiatric consultation, maternal time for self-care.

(any one of screaming, scaring, threatening) and 24.6% physically.

Binary logistic regression analysis revealed the child's age as a predictor of abuse (Table 3). Compared with infants (<2 years of age) the OR of emotional abuse was higher in children aged 2-3 years (OR=3.00, 95% CI: 1.33-6.75) and children aged ≥4 years (OR=4.26, 95% CI: 1.78-10.24). The OR of being abused physically for children aged ≥4 years was 3.10 times as high as for infants. Child's temperament was another predictor for child maltreatment. Compared with easy-going child, the OR of emotional abuse was 12.31 times higher (95% CI: 1.42-106.71) for naughty children and 2.68 times higher (95% CI: 1.21-5.96) for normal children. Children with chronic health problems except developmental disability were less likely to experience physical abuse (OR=0.24, 95% CI: 0.08-0.67) than children with no health problems. Children whose mothers had been exposed to maltreatment during their childhood were demonstrated to have increased ORs of emotional abuse compared with others (OR=2.93, 95% CI: 1.24-6.93, Table 2). There was no statistical difference in the ORs of maltreatment between nuclear and extended families. The number of children in the family, child's sex, maternal education, occupation, household size (<5; ≥5), breastfeeding duration and history of infantile colic did not make any difference in terms of physical or emotional abuse (Table 3).

The multivariate analysis is displayed in Table 4. When the possible factors for emotional abuse of a child were examined in multiple logistic regression analysis, the identified predictors of emotional abuse of a child included older child age, child's temperament, and maternal exposure to violence during her childhood period. Older child age, breastfeeding less than 6 months, naughty-defined child were associated with elevated odds ratio of physical abuse; however, those with a chronic disease were less likely to be abused.

Discussion

In this study, we tried to define the knowledge level of mothers about violence and determine factors associated with perpetration of maltreatment. Nearly one-quarter of the mothers did not accept shouting, scaring, and beating as violence. Overall, 80.6% and 22.5% of the mothers had engaged in emotional (shouting, scaring, threatening) and physical abuse, respectively, at least once in their lifetime. Similarly, a study in Nepal showed that 21.5% of the children experienced severe forms of physical abuse, and 77.3% of children were emotionally abused (14). On the other hand, a systematic review of 364 studies among East Asians and Pacific Region countries revealed that the lifetime prevalence of physical abuse during childhood period ranged between 39.5% and 66.3%, and emotional abuse between 31.3% and 78.3% (1). Worldwide, 22.6% of people experienced physical abuse when they were children; however, emotional abuse was reported as 36.3% (2). The differences might be due to the culture-specific context of child-rearing practices and definitions of abuse (15).

Several factors are proposed to have a role on a child's risk for maltreatment; child age, sex, minority status, level of parental stress, belonging to an immigrant family, living in a single-parent family, living in a family with three or more children, age

younger than 3 years, and adolescence (14, 16, 17). In addition, perpetrator-related risk factors had been included: parental skills, mental health, chronic illness, and alcohol or drug abuse. In this study, we studied child victims and parental characteristics of child maltreatment. The child's sex and birth order did not alter the risk for maltreatment of children aged under 6 years in multivariate analysis. In both univariate and multivariate analyses, the OR of emotional abuse in our study was greater in children aged over 2 years. When compared with children aged under two years, the OR of emotional abuse was found 2.41-fold higher in the 2-3-years age group and 4.00-fold higher in the 4-year-old group. Given the age of the child, it was seen that being aged over 4 years significantly increased the risk for physical abuse.

Results from multivariate logistic regressions revealed that parental age and education level had no significant relation with either form of maltreatment. Contrary to our study, previous reports indicated that higher parental education was a protective factor against child maltreatment in low-income countries (14, 18). A study in Turkey determined that parents with high educational levels used less abuse and neglect (19). However, the parents of children in our study had higher education levels than those who participated in the aforementioned studies. Thus, children from illiterate parents, the most vulnerable, were not represented in our study.

The working status of the parents did not influence the risk of violence towards the children. At the same time, family structure did not modify the risk of physical and emotional violence. In our study, history of infantile colic had no impact on the risk for physical and emotional abuse. A possible explanation is that infantile colic and maltreatment seem to occur synchronously (20). However, our children were older than 2 months of age and none had infantile colic during the study period.

Chronic health problems including malignancy, cardiac, renal or pulmonary diseases were present in one-fifth of the children in our study. Children with any health problem might place higher emotional, physical, economic, and social demands on their families. However, children with chronic medical conditions reported more adverse childhood experiences than those without chronic medical conditions (21, 22). Chronic health problems without developmental disabilities did not increase the risk of maltreatment in our study. The differences between published studies might be due to types of underlying diseases. Child health problems causing developmental deterioration might alter the perceived value of the child.

The difference in a child's identification and temperament by mother was found to determine risk for maltreatment in our study. Children who were identified as normal or naughty had a greater risk of physical and emotional abuse than children who were identified as easygoing in our study. A child who does not follow the rules and limitations established by a parent, and a behaviorally challenging child having verbal and physical aggression, hostility, temper tantrums, disturbance and non-compliance may create stress in a parent and lead to exhaustion (23). Similarly, previous studies showed that children with ADHD were exposed to more physical and emotional abuse in comparison with non-ADHD children (24-26).

Results from multivariate logistic regressions presented that breastfeeding over 6 months reduced child abuse risk by half. Breastfeeding might influence maternal caregiving, mother-child bonding and then lessen the risk for child abuse and neglect (20, 27-29). Likewise, Strathearn et al. (30) informed that the OR for maternal maltreatment for nonbreastfed children was 2.6 times higher for children breastfed for ≥ 4 months after adjustment for confounders.

Mothers who were maltreated as a child were relatively prevalent in our study and this had a significantly negative impact on how these mothers raised their children. Similar to our study, some reports revealed that individuals who grew up in a violent environment also executed violence against their children (5, 17).

There are a few limitations related to this study. First, the causality of the selected parameters leading to maltreatment cannot be verified with a cross-sectional study. Second, this study relied on maternal reports; however, underreporting might be seen in maltreatment, which is perceived as socially undesirable. On the other hand, this is the first study to examine the risks of maltreatment in moderate-highly educated parents having children with chronic health problems without a developmental disability.

To sum up, decreasing parental violence against children necessitates the detection of risk factors associated with violent behaviors of parents. Health supervision visits should be used as an opportunity to assess family stressors (12, 16, 22, 23). The characteristics of children leading to higher vulnerability of being abused emotionally by mother are older child age, having a difficult temperament, and maternal exposure to maltreatment during her own childhood. Predictors of physical abuse are the child's age, breastfeeding duration, child's temperament, and underlying diseases. Health workers and physicians should be aware of the fact that being a naughty child could be a risk factor for victimization. Breastfeeding should be supported. Maternal training about the prevention of violence, which negatively affects children, may reduce the risk of physical and emotional abuse in children.

Ethical Committee Approval: Ethics committee approval was received for this study from the ethics committee of Hacettepe University (protocol number: GO 16/495).

Informed Consent: Written informed consent was obtained from mothers who participated in this study.

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