Child Abuse and Neglect in Children under Five Years of Age: Parents and Child Caregivers’ Perspectives

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This ethnographic qualitative research explored child abuse and neglect in children under five years of age from the perspectives of parents and child caregivers in a village in northeastern Thailand. The key informants were 65 parents and child caregivers from 24 families. Data were collected from January 2007-May 2008 via participatory observation, in-depth interviews, and informal conversational interviews. Thematic analysis was used to evaluate the data. The findings revealed that the informants perceived these issues as “uncommon and unseen phenomena.” The term “child abuse and neglect” was unfamiliar and unclear to the informants. They perceived abusive behavior to be irrational acts that were intended to directly cause severe harm, and which resulted in a child’s disability, death, or disturbed ways of living and growth. Child abusers were parents, child caregivers, and others whose characteristics included: mental problems, substance abuse, and/or lack of consciousness and awareness. With perceptions of what constituted child abuse limited to only the most severe acts by the most troubled individuals, many behaviors that constitute child abuse and neglect from the formal and legal Thai perspective were considered non-abusive within the local context by the study participants. The behaviors were perceived to be normal methods of child rearing according to their traditional way of life, and necessary for their own and their children’s survival. The study results pinpointed this gap in parents and caregivers’ perceptions of the issue, which could result in under-reports of child abuse and neglect among Thai families. Parents and child caregivers should be made more sensitive to the perceptions of child abuse and neglect to prevent their continued occurrence and adverse consequences for Thai society.

Keywords: Child abuse and neglect, Parents and child caregivers, Children under five years of age
Introduction

Child abuse and neglect are complex and multidimensional phenomena (WHO 1999). They constitute a growing global public health concern, commonly occurring in many families and societies (Krug et al., 2002). The World Health Organization (WHO) and the International Society for Prevention of Child Abuse and Neglect (2006) estimated that 40 million children under 15 years of age suffered from abuse and neglect in 2000, and that 57,000 of these children were fatally abused. The prevalence in children under 5 years of age was double that of the 5-15 year age group, with consequently greater risks and higher mortality rates (Trocmé and Wolfe, 2001; England Department of Health, 2003; Administration for Children and Families, 2005; AIHW, 2006). More than 80% of abusers were parents (Trocmé and Wolfe, 2001; England Department of Health, 2003; Administration for Children and Families, 2003; AIHW, 2006).

A study by Tanwattanakul et al. (2004) on the consequences of child abuse and neglect revealed that 86% of the child victims who survived had behavioral problems—a figure 5.8 times greater than for non-victims. The magnitude of the impact depends on the form of abuse, frequency, and severity, which can be classified into three levels: mild, moderate, and severe. The children's age and developmental level are important factors also. Young children are affected the most (National Clearinghouse on Child Abuse and Neglect Information, 2004). The psychological consequences for child survivors include depression, anxiety, attempted suicide, post-traumatic disorder, and reactive attachment disorder (Teicher, 2000; Macfie et al., 2001; Hildyard and Wolfe, 2002). The National Clearinghouse on Child Abuse and Neglect Information (2004) reported that child victims had higher risks of alcohol and drug abuse, juvenile delinquency, and adult criminality. Hanrahan et al. (1993) and Wolfe (2001) stated that child victims developed significant behavioral problems when their parents demonstrated abusive behavior. Manion and Wilson (1995) supported such effects on children's behavioral problems. Humphreys and Ramsey (1993) pointed out that such behavior was generationally transmitted.

Child abuse and neglect not only severely affect the children and families of abusers but also society as a whole. Wang and Holton (2007) reported that in 2004, the U.S. spent $137.1 billion helping child victims and abusive families. Worldwide, both the tangible and intangible costs of child abuse are enormous. Intangible costs include pain, suffering, and loss of quality of life (Miller et al., 2004) and human dignity (WHO and the International Society for Prevention of Child Abuse and Neglect, 2006).
In Thailand, the government does not publish official statistics on child abuse and neglect, nor has there been any research on prevalence of child abuse and neglect in children under five years old. To the extent information is reported, it is through the media. Some governmental and non-governmental organizations have reported evidence of rape and physical violence among women and children (Office of Women’s Affairs and Family Development, 2009; Rajanagarindra Institute Library of Child and Adolescent Mental Health, 2009; Thai Health Promotion Foundation 2009). Nevertheless, there has been some research on child abuse and neglect in schoolchildren, revealing that most abusers are parents (83.2% in Nitirat, 1997; 92.2% in Tanwattanakul et al., 2004). The results reflect weaknesses in childrearing in Thai society.

The definition of child abuse and neglect is inconsistent across the literature, resulting in incongruous reporting of incidence and prevalence, which is particularly prone to underreporting (Wolfe, 2001). WHO (1999) formally defined child abuse and neglect as acts that physically, emotionally, and/or sexually harm children, as well as neglect and exploitation threatening the survival, growth, or loss of dignity of children. To improve consistency in reporting, and for conducting research and work, a multi-disciplinary team in Thailand (Pairojkul and Limrat, 2001) has adopted the WHO definition. From a strictly legal perspective, the Child Protection Act of 2003 defines current Thai law with regard to child abuse. Among its articles, Article 23 stipulates that guardians must take care of children in manners appropriate to local traditions, custom, and culture, while never falling below legally minimum standards of care and also safeguarding them from potentially harmful circumstances. Article 25 forbids guardians from neglecting children or committing harmful acts against them and Article 26 lists activities that are illegal under the provisions of other laws. Activities that run counter to these and other articles are illegal and constitute child abuse or neglect. Article 28 states that in cases where a child’s guardian is not in a position to care for the child, harms the child, or neglects the child, a competent official must intercede to protect the child. However, in order to prosecute abusers, hard evidence of harmful acts based on the specific definitions in the law must exist.

In order to protect and provide appropriate care for children based on local traditions, customs, and culture, it is necessary to define child abuse and neglect from different perspectives, including academic, legal, and lay perspectives. What constitutes child abuse and neglect is influenced by culture, beliefs, expectations, and child-rearing standards across communities and societies (Giovannoni and Becerra, 1979; Humphreys and Ramsey,
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1993; WHO and the International Society for Prevention of Child Abuse and Neglect, 2006), as well as dependent on the age and development of children, the severity of abuse, and intentions (Corby, 2000). Given this, child abuse must be studied within the children, families, and caregivers’ own sociocultural context.

The purpose of this study is to explore child abuse and neglect from the perspective of parents/caregivers, in order to provide a better understanding of these complex phenomena from the emic viewpoint of the caregivers within their own sociocultural contexts. To date, research regarding parents/caregivers’ perceptions of child abuse and neglect has not been conducted in Thailand. Parents and caregivers of children under five years of age were purposively selected given the youngest children are a high-risk group for abuse and neglect, with consequent severe impacts on children, families, and society.

Methodology

Design and Setting

Child abuse and neglect are sensitive and complex phenomena, as well as being culturally and contextually bound. Thus, ethnographic qualitative research was used to explore parents/caregivers’ perspectives.

A village in Khon Kaen Province in the northeastern region of Thailand was selected as the study site given its social and demographic context might lead to higher risks of abuse and violence. The community was transitioning from an agricultural to industrial-based economy with 11 factories located in and around the community. Workers changed jobs between factories frequently and easily. However, some have emigrated to work elsewhere in Thailand because of higher pay.

Drinking is popular in the village, with many spending much of their disposable income on alcohol and goods like mobile phones and motorcycles. Most of the workingmen drank alcohol purchased from convenience stores near the factories. In some families, both the men and women drank alcohol. The community housed four gambling establishments. During semester breaks, some schoolchildren joined in gambling activities near the adult gambling establishments. In the evening, some schoolchildren played games in the computer shops. Some male adolescents formed motorcycle gangs. They frequently quarreled at community festivals.

Some adolescents had sexual relations. If the girls became pregnant, the parents usually arranged simple weddings and took them out of school. After the babies were born, the parents of the adolescents would effectively act as the parents of the new children, taking responsibility for
all expenses of the new family and for raising the children.

The community members generally perceived that “money is everything,” and that raising children requires a great deal of money. The parents generally expected their children to finish at least high school or vocational school in order to get jobs at the factories in the community. If the children received higher degrees, they usually could not find local jobs that suited them.

Human Rights Protection

The Human Subjects Committee of Khon Kaen University, Thailand approved this study. It was agreed to conceal the location and name of the village, the number of households, and all the key informants’ names, including the director of the district hospital, to prevent possible disgrace or conflict.

Via the local radio phone, the village leader informed the community that the researcher was interested in studying childrearing and child abuse and neglect in families with children under the age of five. The researcher obtained the family data from the primary health care center. As a nurse, the researcher was able to observe the families of the children at the primary health care center without being noticed. The researcher then asked permission from those families selected for study to observe their childrearing and conduct in-depth interviews, including sometimes recording the interviews and videotaping the children and families. After a family orally agreed to be included in the study, the researcher made an appointment to meet at their home. At the first appointment, the researcher informed the family about the purpose of the study and the data collection process. They were assured that their identities would remain anonymous, any videotaping would only partially show their faces, and all information would be strictly confidential and used for academic purposes only. The informants had the right to withdraw from the study at any time. Then the researcher asked the key informants to sign a consent form. At any point during the study, however, if the researcher witnessed child abuse or neglect, she would report it to the OSCC at the district hospital—and with an attitude of understanding, sincerity, and honesty, try to calm the situation down.

Key Informants

This study employed families with children under five as the units of analysis. Twenty-four families were selected for study, with family members including parents, grandparents, and the relatives of children present during the interview included as key informants.
The 24-family study group consisted of 11 extended families, 9 nuclear families, and 4 skipped-generation families (grandchildren living with grandparents). As self-defined by the participants, 11 families had medium income, 4 families had low income, and 9 families with very low income were in debt. Nine families had no apparent conflicts within the family, 6 families had only occasional family conflicts, and 9 families recorded severe conflict among members.

The 24 families represented 65 key informants, of which, 31 were parents (11 fathers ages 20-32 years and 20 mothers ages 17-32 years), 33 were grandparents (12 grandfathers ages 50-81 years and 21 grandmothers ages 45-63 years), and one was an aunt (34 years). Most of the parents (27 of 31) in this study were factory workers, while most grandparents were farmers or temporary workers (32 of 33). Some parents (10 of 31) frequently gambled. All the fathers and grandfathers (23 of 23) frequently drank, with one of them diagnosed as having alcoholic psychosis. In like manner, some mothers and grandmothers (14 of 32) frequently drank, with two of the women diagnosed as having alcoholic psychoses.

**Procedure**

The researcher herself collected the data using the local “Isan” dialect of northeastern Thailand. To collect good qualitative data, the researcher applied the criteria of credibility and auditability (Fetterman, 1998). At every step of the research, she triangulated the data using her advisors as the research team. The procedure consisted of three phases: field preparation, data collection, and exit from the village.

**Field preparation.** At the beginning, the researcher formally introduced herself to two community leaders and a nurse at the primary health center. To establish rapport with the villagers, the researcher participated in village activities for the elderly, joined the housewives group, and attended religious events held at the temple or in homes. The researcher thus attempted to blend in with the villagers. The people in the village felt that they could talk to the researcher about everything, as though she was an insider. This process took six months to study the community context before collecting the data.

**Data collection.** After field preparation, the researcher spent an additional five months collecting the data using three approaches: (a) participatory observation, (b) in-depth interviews, and (c) informal conversational interviews (Patton, 2002), with spontaneous generation of questions in the flow of an interaction. Since the study issue was a sensitive one, the conversations had to feel natural. To gather complete data, the researcher used a tape recorder, field notes, and a camera. In
addition, she used a genogram to draw charts showing the relationships and interactions in the families.

A participatory observation guide included observations of emotions, behavior, gestures, and speech; interactions with the environment; conditions while raising the children; and means of childrearing. An informal conversational interview guide was used for home visits. Sample questions included: (a) How are you today? (b) Are you tired? (c) Are the children doing fine today? (d) Can they eat and sleep well? An in-depth interview guide included general information: autobiographies and biographies of family members, the family's income, and the family relationship. Sample questions included: (a) How many people are in your family? (b) Who are they? (c) What do you do? (d) Is your income enough? (e) How is everyone in your family getting along? In terms of childrearing, sample questions included: (a) During a typical day, what procedures do you have for taking care of the children? (b) When you go to work, or on your day off, who takes care of the children, and how? (c) When the children whine and won't listen to you, what do you do, and why do you do it? (d) How do you feel afterwards? To ascertain perceptions of child abuse and neglect, sample questions included: (a) Have you ever heard of child abuse and neglect? (b) Where have you seen them? (c) Who was involved in such activities? (d) What are the characteristics of those involved?

The researcher involved several people including neighbors, community leaders, and nannies at the daycare center to collect data. Data collection took place at all times of the day and week and covered a range of circumstances when interviewees were happy, angry, sad, or tired, or when the children were sick or stubborn. Data collection sites varied widely and included homes, temples, the primary health care center, playgrounds, the candy shop in the village, and the weekend market. Participatory observation was applied with each family 15 times, for 2-3 hours each. During home visits, 5 informal conversational interviews of 15-20 minutes each and 3-5 in-depth interviews of 45 minutes were conducted. The principle of triangulation was used in data collection, with collection stopping when the data were saturated.

Exit from the village. When the data were saturated or new emerged data could not be obtained, they were checked for validity. Then the researcher informed the community leaders and all key informants that the research had been completed.

Rigor of the Study
To ensure credibility and auditability, the study followed the method of Fetterman (1998), as well as the internal and external validity criteria
proposed by Mayan (2001). Credibility and internal validity were discussed during data collection. For external validity of the data, three members of the researcher’s advisory committee provided peer review to examine the interpretation of all findings. All the data could be examined for auditability and retraced throughout the research procedure.

Data Analysis

The general information about the population was shown through tallies. The qualitative data obtained via participatory observations, in-depth interviews, and informal conversational interviews were analyzed by means of thematic analysis. The process consisted of identifying, coding, and categorizing themes. The interpretation of each type of theme was done in the context of the entire data set.

Results

Child abuse and neglect from parents and child caregivers’ perspectives were presented in terms of: (a) their perception that it was an uncommon phenomenon in the village, (b) child abusers’ characteristics, (c) child abusive behavior, and (d) non-abusive behavior as childrearing.

An Uncommon Phenomenon in the Village

The key informants, parents and child caregivers, perceived child abuse and neglect as unseen in their village. They recognized the phenomena from television and radio as consisting of severely harmful and/or violent acts against women and children. The terms “child abuse” and “neglect” are unfamiliar and not clearly understood. They said:

- I’ve never seen any incident in the village. (F04-F)
- I’ve heard about it on TV or on the radio, but not very often. (FO2-GM)
- I doubt if it is the same as violence against women or children. (F08-M)
- Is it abuse or rape of children? (F11-GM)

Child abuse and neglect were perceived by parents and child caregivers as “extremely severe and/or irrational acts resulting in children’s physical and psychological harm,” as shown in the following thoughts:

- I think child abuse and neglect must be something serious; they must be hurt to the point of death or disability. (F06-GM)
- They must mentally hurt the child so much that they are permanently stigmatized. (F09-GM)
• I think it must be an act of the utmost severity toward children. (F08-M)
• There must be hemorrhaging, fractures, or brain damage. (F24-GM)
• I’ve seen a killing of a newborn baby on TV; it’s thrown away; it’s killed. (F20-M)

Some acts of child abuse and neglect were not very severe, but they occurred repeatedly and possibly disturbed ways of life or growth in children less than five years of age. Key informants stated:

• We think hurting children, either physically or mentally, without reason or good intentions. (F09-GM)
• Even though it’s not serious—if it’s done regularly to the point where the children cannot eat or sleep, or they don’t grow—it is considered child abuse. (F09-GM)

**Child Abusers’ Characteristics**

It was the key informants’ perception, based primarily on the media, that parents were the primary abusers of children under five. They felt that only a few abusers were other child caregivers, who were considered crazy, substance abusers, and/or lacking in consciousness and awareness. They were bad, hot-tempered, and immoral; that is why they could do such severe acts. Some key informants said:

• I know that most abusers are parents. The child caregivers who do it must be really crazy; they must be abnormal, so they hurt, rape, or kill children. (F02-F)
• From my experience, I’ve found that people nowadays are so thoughtless; they must be really crazy. Some have mental problems, or do drugs, or lack awareness; or they commit abusive acts without being conscious of doing so. (F06-GM)
• I’ve seen in the news that some teenaged mothers throw away or kill their babies. (F09-GM)
• I think that such mothers were promiscuous, and are mean, evil-spirited, and immoral. When they’re dead, they’ll go to hell. (F24-GM)
• I’ve learned that parents who are separated and leave the children without supporting them are immoral, irresponsible, and evil-spirited. (F07-M)

Because the parents and child caregivers perceived that child abusers were mean, evil-spirited, mentally abnormal, or drug-addicted—and such characteristics were not the same as those of the parents and child caregivers in the village—there was no possibility that such severe acts as abuse and neglect could occur in their community. Thus, child abuse and neglect are removed from their perceptions and ways of life.
Child Abusive Behavior

Child abusive behavior, from the perceptions of parents and child caregivers, can be in severe or non-severe forms. They are looked upon as irrational acts that may occur repeatedly and regularly, with harmful intent, until the children are badly hurt or their way of life is disturbed. Such forms of child abuse include killing, throwing away and/or killing a baby, hitting, rape, sexual touching, kidnapping, selling a child, leaving a child alone or with unfit grandparents, and cursing.

Killing. All parents and child caregivers perceived that child killing was definitely child abuse, including the killing of babies. They had seen reports in newspapers and on television about such acts, and they found them to be frightening and appalling. As one informant said:

• I've seen the news in newspapers and on television–about killing children, offspring, especially young children. That is definitely abusive. (F06-GM)

Throwing away and/or killing a baby. Some babies are thrown away in a trash can after birth. Survey participants perceived that such people were irresponsible, cruel, and selfish. Television broadcasts frequent reports about babies being abandoned after birth–left in a trashcan or at hospitals. Sometimes the mother kills the child. These mothers are usually teenaged mothers who cannot identify the father of the baby because of her sexual irresponsibility. Such an act is considered a sin, and was not found to occur in the community surveyed.

• Some teenage mothers throw away their newborns in a trash can, or leave them at a hospital. (F09-GM)
• Some kill their babies and throw them in the woods. It's the most terrible thing to do. I certainly consider it abusive. (F24-GM)

Hitting. Hitting a person hard can cause severe injuries: bloody wounds, broken bones, disability, or even death. People who hit children cannot control their tempers. They were perceived by survey participants as unkind and unreasonable persons who hurt others because of their own inner hatred, which manifests itself in this way. Key informants commented:

• Hitting or hurting children that is abusive must be hitting them so hard that a bone is broken. (F02-GM)
• It's done when the person is in a bad mood, for no reason. (F09-GF)
• The child may be beaten so severely that he dies. It's abuse. (F20-GM)
• The beater cannot control his emotion. It’s abuse. (F20-M)

Rape. Rape (sometimes followed by murder after raping) was considered extremely severe abuse—not only illegal but also grossly indecent, especially when it happens to young children. The punishment, according to the law, must be harsh. It was also perceived that these abusers were invariably males—both family members and outsiders—who were sexual maniacs, alcoholics, or drug addicts. As one of the informants stated:

• In my opinion, raping a small child is a very serious matter; it is very harmful. If it happens, it must be considered a big deal. (It’s illegal.) (F06-GM)

Sexual touching. The perception of sexual touching by parents and child caregivers is a sensitive issue. It was considered offensive and illegal. Key informants stated that:

• I think this matter (inappropriate sexual contact) is extremely important. The male, whether he is a grandfather or a father, cannot display this offensive behavior—sexually touching young women or girls. It is wrong according to our custom. It’s illegal. (F09-GM)

Kidnapping. The perpetrators were perceived to be strangers. However, such incidents occurred in other communities, not in the sample community. As some stated:

• I’ve seen it in the news. It is reported that children are abducted for sale; they are put in a van and taken away by strangers to be beggars. (F04-M)
• Some children’s arms and legs are cut off. It’s the most awful matter. It’s child abuse. (F06-GM)

Selling children. The perpetrators were parents or child caregivers who were so poor that they had to sell their offspring for survival. Things like that do not happen anymore. Such incidents occurred in the old days, or in other communities. One example of the informants’ statements follows:

• We think selling offspring for survival is very cruel. They were very poor and needed money; but nowadays that doesn’t happen anymore. (F02-GM)

Leaving a child alone or with unfit grandparents. These are people who are not interested in taking care of their children. They let the chil-
Children stay by themselves, with nobody to take care of them, or leave them with their grandparents who are very old, poor, or in bad health. Most of these children are from broken families. Their parents are irresponsible. A key informant stated that:

- Some parents leave their children with their grandparents who are very old and whose eyesight is not good. They’re disabled and poor, and they can’t take care of the children properly. Often they don’t know where the children’s parents are, for they never contact the children or send them money. Such an act is considered child abuse. (F06-GM)

**Cursing.** Parents and child caregivers defined cursing as profane verbal complaints or scolding that had a harmful intention of hurting children. These verbal outbursts or cursing occurred frequently, as irrational acts. The act of cursing usually had an impact on a child’s way of life, such as disturbing sleeping time. Some key informants stated that:

- I think cursing all night with rude words until the children wake up crying and cannot go back to sleep is child abuse. (F03-Aunt)

**Non-abusive Behavior as Childrearing**

In contrast, the key informants perceived that non-abusive behavior was differentiated from abusive behavior toward the children by having good reasons or intentions. The parents and child caregivers thought their behavior might be severe sometimes, for they might be bad-tempered and curse their children, but they had an ultimately good intention. They did it because they wanted their children to be disciplined people, and they perceived that it was their duty to raise and teach the children discipline. Other people in the community did the same thing. They cursed and spanked their children, or hit them with a stick. Some parents or child caregivers said:

- I need to scold or spank or hit the children with a stick frequently to make them remember. Hitting in order to teach is something that must be done from the time they are young so that it will not be too late to teach them. Cursing and hitting to teach offspring are not child abuse. (F15-GM)

- Sometimes I’m in a bad mood. I may scold or hit them hard then. I’m just a normal person. (F24-GM)

The key informants still believed that to efficiently raise children, a stick should be used. Some noted:
In the old days, if children didn’t obey their parents they would be hit with a stick. Then they would remember not to do bad things. On the contrary, nowadays children are not hit. Sticks are not used. So when they grow up, they become stubborn. (F08-M)

The perception of non-abusive behavior of the key informants was that they raised the children according to their way of life, in the best interests of their own and the children’s survival. It was not abusive behavior because they did it with good intentions and for good reasons. They did not abuse the children directly. Regardless of their particular situation, the parents and child caregivers still loved them, as shown in the following eight cases.

Case 1: Cursing family members that the children regularly heard. In the case of a 4-year old kindergarten girl, her parents were separated and their families were having a conflict over the right to raise her. At the time, the girl was staying with her father’s family for five days, on weekdays, and then stayed with her mother’s family for two days every weekend. When she was with the father’s family, her paternal grandmother would aggressively curse the mother’s family. In like manner, when she was with the mother’s family, her maternal grandmother would blame and curse the father’s family. Both families acted this way because they wanted the girl to live with them full-time; they loved her and wanted to take care of her. They did not perceive this behavior as abuse, as seen from the following comments:

- The paternal grandmother: “I tell her (granddaughter) that her mother is not a good mother. She spoils the girl by taking her out to play and go shopping, but she doesn’t teach her to do her homework. The reason I say this is because I love my granddaughter.” (F24-GM)
- The mother: “I really feel sorry for my daughter because she doesn’t have enough to eat when she’s with her grandmother and father. They never buy her anything, so I take her out to buy shoes, clothes and playthings, and to eat good food before taking her home.” (F24-M)

Case 2: A drunken father and parents fighting. This case involved a 3-year old boy, whose father was chronically drunk and whose mother enjoyed gambling. They regularly fought at night. The mother perceived that her duty was to take care of her son, but that the fighting was her business. She was not scolding her son. She explained:
• My husband and I fight regularly. He drinks and gets drunk every day. When he’s drunk, he even hits me, and I fight back. My son can go to sleep, but then he wakes up and cries. I just tell him to go back to sleep. I love my son. (F22-M)

Case 3: Locking children in. This was the case of a 4-year old boy and a 2-year old girl. Their grandmother, age 56 (who raised cows as her occupation), and their grandfather, also age 56 (a school van driver), took care of them. The grandmother said:

• I take care of the two children during the day, but I have to take the cows out to the fields for a drink of water. Each time I go out, it takes about two hours. So I lock the children in, and let them watch television or take a nap or play in the house. I have to earn some money, too. If I don’t work, I won’t have enough money for expenses. (F01-GM)

Case 4: Prohibiting a child from playing. This was the case of a 4-year old girl whose mother, age 27, worked in a factory. Her parents were separated when the mother was three months pregnant. The maternal grandmother, age 62, was taking care of her. The grandmother said:

• I love my granddaughter very much. I don’t want others to tease her that she doesn’t have a father. That’s the reason why I won’t let her play with the neighbors. I look after her all the time. I let her play alone in the house. (F12-GM)

Case 5: Not applying for a birth certificate. This was the case of a 4-year old girl. Her parents were separated when she was two years old. After the divorce, she lived with her aunt, age 34, who already had two children (age 9 and 18) of her own. The aunt commented:

• I feel sorry for my niece (the little one). Her parents are divorced. When she was born, I don’t know what they were doing. They were probably fighting. Her birth was not reported in the public record. She still does not have a birth certificate. Now she has a problem concerning getting into school. I have to work every day. I’ve been thinking of what to do. (F03-Aunt)

Case 6: Caregiver’s alcoholic psychosis. This case concerned a 4-year old boy. His father worked in another province and his mother worked in a factory. The paternal grandmother, age 45, who had alcoholic psychosis, was the one who looked after him. His grandmother said:
• I go to bed with my grandson every night. Sometimes I cannot sleep. Then I’ll scold everyone in the house; I scold all night. My son and daughter-in-law won’t dare talk back. My grandson wakes up and cries. I drink during the day, everyday. I look after him and drink at the same time. I have to take care of him myself. It’s my duty. (F11-GM)

Case 7: Omitting medical care. This 3-year old, disabled girl has deformed arms and legs. She lived with her mother, age 22, and her stepfather. The mother said:

• My husband and I don’t have jobs. I ask for money from my parents…. After finishing the housework, I go out to play cards with my neighbors (at a gambling place). Playing cards is fun…. I return home in the evening…. I haven’t taken my daughter for the follow-up at the hospital for a year. Though she receives her treatment, she’s still like this. (The girl was dirty and smelled of urine, and had rashes and sores on her skin.) I’ll do what I can to take care of her. (F04-M)

Case 8: Children witnessing their mother gambling. This was the case of a 3- and 14-year old boy. The mother was 34 years old. She did not have a job but played cards regularly. Their father worked in a factory. This is what the mother said:

• I go out to play cards at a gambling place which is about 15 kilometers away. After school, the big brother will ride a motorcycle to pick up the little one at the nursery in the village, and then bring him to me at the gambling place. The little one will run around there waiting for me until I finish the game. After that, we’ll go home together. I look after my children myself. (F21-M)

Discussion

Parents and child caregivers of children under five years of age perceive that child abuse and neglect are uncommon phenomena in their village. They have learned about this issue from the media—newspapers, television, and radio—and believe that these are serious problems which constitute harmful treatment of children that could disturb their way of life, and even lead to disability and death. However, the terms “child abuse” and “neglect” are unfamiliar to them, and their precise meanings are unclear. The term “violence” is sometimes used interchangeably with the term “abuse,” particularly as communicated through the media. Since “violence” reflects seriously harmful acts toward children, the less severe forms of the acts may go unrecognized as problems by parents and child caregivers, and may lead to a general insensitivity or unawareness of abusive
behavior among lay people.

Although WHO and the International Society for Prevention of Child Abuse and Neglect (2006) established formal definitions of the term “child abuse” and “neglect,” the definitions are rather broad. The criteria depend on the social and cultural context of a particular locality. Humphreys and Ramsey (1993) report that several of the terms used have similar meanings. Even professionals perceive the terms differently (Giovannoni and Becerra, 1979).

Therefore, it is difficult for parents and child caregivers to provide a clear definition of child abuse and neglect. However, as reported by Wolfe (2001), serious cases of child abuse and neglect are clear, and people should be able to perceive them as such. On the other hand, cases that are less severe are not as clearly perceived. This dichotomy represents a challenge for professional teams, to search for the beginning stage of such cases.

This research study found an important issue. The key informants perceive that their means of childrearing is non-abusive behavior, as behaviors that might otherwise be considered abusive or neglectful have become relatively common and accepted within the community. They raise the children according to each family’s way of life. The perception can be explained due to the studied community context, which has changed from agricultural work to labor in factories. Their way of life has become consumer-oriented. They have expenses. In the same way, childrearing needs money. Milk, food, clothes, toys, and other things have to be bought. Thus, parents and child caregivers place importance on making money. Though it is easy to earn money in the community, the wages are low. The evidence is shown in the family incomes, which range from average to very low. Parents choose to leave children with grandparents when they go elsewhere to work for higher wages. In addition, parents and child caregivers often drink after work. Although some of them have become alcoholic, and some have even developed alcoholic psychosis (under treatment), they still have to work. Some of them gamble; even some schoolchildren gamble during the semester break. Additionally, there are fights in the families. These people have to both work and take care of young children under five, the age children need the most care and attention from their caregivers. The children thus grow up within families where problems of drinking, fighting, hitting, being taken to gambling places, or not reporting their births is all too common. As these behaviors occur repeatedly, they become part of the community’s childrearing practices and norms. These behaviors are of great concern, for the children are being raised in an environment that weakens their development.
A surprising fact is that the key informants were aware that drug addiction could make parents and child caregivers become abusers, but they had no idea how alcoholic parents and child caregivers could become so. It is considered common for people in the village to drink, with teenagers, working people, parents, and grandparents drinking. Although some parents and child caregivers are alcoholics, it is perceived as being similar to gambling; it is not a characteristic of child abusers. This can be explained by its prevalence in the village and its acceptance as a community-cultural norm.

In differentiating non-abusive behavior from abusive behavior, the key informants reasoned that cursing and spanking or hitting a child with a stick, even though sometimes with severity, are the parents and child caregivers’ legitimate duties if they are done with good intentions and for good reasons, and with love for the children. Others in the village do the same thing. Besides, it is traditionally believed that to efficiently discipline children by means of cursing and hitting, it must be done when children are still young. The perception of this issue indicates that in the social and cultural context of the studied village, there is acceptance of severe punishment; this is considered a risk factor of child abuse and neglect (CPA of 2003, 2003) (Paiojkul and Limrat, 2001). Given this, professional teams need to find alternative solutions for parents and child caregivers to discipline children without undue severity.

The gap is large between the definition of child abuse and neglect, either using WHO’s international definition or Thailand’s current legal standards, and the perspectives of the parents and child caregivers in this study. From the eight sample cases, behavioral practices towards children under the age of five are perceived by parents and child caregivers as the individual childrearing behavior of each family; it is all they can do, and not considered abusive behavior. But from the Thai legal perspective (CPA of 2003, 2003), parents and child caregivers demonstrating such behavior are definitely child abusers, and their acts illegal. International/formal definitions have categorized child abuse and neglect into four major forms: physical abuse, emotional abuse, sexual abuse, and neglect. These can be used to categorize some of the behaviors seen in the eight sample cases in this study as follows:

- Having to overhear the cursing of family members as well as fighting between parents severe enough to wake up children and induce crying can be categorized as child abuse. When the child is a victim of exposure to domestic violence, it is considered emotional abuse.
• Locking children in, prohibiting a child from playing, not applying for a birth certificate, a caregiver’s alcoholism, omitting medical care, and children witnessing the mother gambling are all considered neglect.

Such phenomena, as can be seen in the sample cases in this study, remain a part of childrearing in Thai society. This type of behavior is not reported, even though it is illegal. Only the most severe cases of child abuse are reported in the media. That is to say, child abuse cases are underreported in Thailand. The consequence is that the abused children victimized by these long-repeated phenomena may suffer consequences of growth and development such as psychological consequences (Teicher, 2000; Macfie et al., 2001; Hildyard and Wolfe, 2002) and behavioral problems (Hanrahan et al., 1993; Manion and Wilson, 1995; Wolfe, 2001; Tanwattanakul et al., 2004). In addition, this abuse can lead to generational transmission of child abuse when these children become parents themselves (Humphreys and Ramsey 1993). This may lead to more widespread and severe forms of social problems.

To reduce the gap in perception between what some parents and child caregivers in Thailand perceive as child abuse and the legal Thai and formal definition, it is important to better educate Thai villagers to understand both the CPA 2003 and formal definitions of abuse. This gap exists in large part due to practices that, because of their common occurrence within the family/community setting, are considered a standard childrearing environment rather than the potentially detrimental and abusive childrearing behaviors they represent. This includes the acceptance of imposing severe punishment as valid childrearing practice. In addition, parents and child caregivers are unclear on the actual definitions of what constitutes child abuse. For parents and child caregivers to clearly perceive what is properly defined as child abuse, standard guidelines for childrearing need to be published and widely distributed through a range of community sources. The prohibitions against childrearing and severe child punishments that are considered abusive behaviors must be specified. In addition, training programs on how to discipline children without severity should be organized for parents and child caregivers. As child abuse and neglect issues are complex and multidimensional phenomena (WHO 1999), a variety of means must be used in cooperation, and a multidisciplinary approach be applied to reduce such phenomena.
References


