

Original Article

Assessment of Child Rights Awareness among Pediatric Doctors and Nurses in Tertiary Hospitals, Lahore

Liaqat Mishal, BSc in Nursing

Nursing Instructor, Department of Nursing, Jinnah Hospital, Lahore. Pakistan

Awan L. Rizwan, MA, LLB

Asst. Sub Inspector, Law department, The University of Lahore, Gujrat Campus, Gujrat, Pakistan

Liaqat Iram, PhD, Postdoc

Assistant Professor, Department of Zoology, GC University, Lahore. Pakistan

Asghar S. Raja, MBBS, MPhil

Assistant Professor, Department of Public health, Imperial college of Business studies, Lahore, Pakistan

Correspondence: Dr. Iram Liaqat, Assistant Professor, Department of Zoology, GC University, Lahore. Cell no 03006477459. Email: iramliaq@hotmail.com

Abstract

Background: At present, little published literature existed on child rights awareness among health care workers. Their knowledge and practice of child rights in hospitals enable child and their families powerful, give more self-control, encourage full participation and faster recovery process.

Objectives: This study was planned to assess awareness about child rights among health professionals and make a comparison of this already existing knowledge in government tertiary hospitals in Lahore, Pakistan.

Setting: This study was conducted in government tertiary hospitals attached to medical colleges in Lahore over a 12 months period.

Design: Descriptive cross-sectional study.

Methodology: 183 health professionals including 50% nurses and 50% doctors working in the pediatric wards were selected through lottery method. Data was collected through a standard questionnaire using WHO guidelines for health professionals and was analyzed using SPSS version 25. Chi square test was used to determine the level of significance ($p < 0.05$).

Results: Mean age of participants in this study was 27.35 ± 4.68 years and mean experience was 5.15 ± 4.67 years. 36.1% members in the sample were diploma holders, having less awareness while 63.9% were graduates or post graduates. Majority (84.7%) of the doctors and nurses had high level of awareness about child rights. A statistically significant difference ($p < 0.05$) was found between education and level of awareness about child rights. Another statistically significant difference was found between job position and level of awareness. Likewise, analysis of individual standards of WHO showed that among seven standards, play, pain and palliative care had minimum response ($>50\%$).

Conclusion: In conclusion, health professionals possess adequate knowledge emphasizing education as important channel in contributing this awareness.

Keywords: Health professionals, doctors, nurse's awareness, child rights, tertiary hospitals

Introduction

Children are the future of a nation and an important part of our society. But due to their immaturity, lack of power and fragility, nature handed over children under the supervision of adults. Childhood form the basis of an adult behavior and its role in society. So, it is very important to meet and fulfill all the basic needs and rights towards children. Children possess rights. But due to their vulnerability or compromised status, their rights are not respected in most parts of the world. The reason of violation of their rights is due to lack of knowledge, poverty, inadequate services, gender differences and discrimination all around the world. Acknowledgement of child rights and their implementation is crucial for a child health and survival (Shanmugam and Ramachandra, 2014).

Committee on the rights of the children interprets children's rights to health as an inclusive right, extending not only to timely and appropriate prevention but also to a right to grow and develop their full potential and live in conditions that enable them to attain the highest standard of health through implementation of the program that address the underlying determinants of health (WHO and NCDC, 2015).

According to a report of WHO in 2016, an estimated 6.6 million children and young adolescents died mostly due to the conditions that can be treated or prevented. It was observed that the gap in quality care is a major factor of death or complications that lead towards death in young children or Adolescence. It was recognized that children aged (0 to 15 years) should oblige not only on treatment of disease but all the emotional, physical and social needs could be concerned or respected (WHO, 2018). According to a report of UNICEF in 2016, 15000 children died before their fifth birthday or 7000 babies died in the first month of life (Lufadeju, 2017).

The universal children's day is celebrated on 20 November each year all over the world. The day is celebrated in context that in the same day first time in history the United Nations Convention on the rights of the Child (UNCRC) was adopted as in 20 November 1990. Many countries promised the implementation of this right in their own countries, in which Pakistan was first to rectify the

convention and agree on the importance of child rights. But unfortunately, after passing many years there is still no implementation and children suffered poor status in regard of their health, survival and protection of basic rights. Child abuse, labor, malnutrition, prostitution or child pornography is still very high in Pakistan. But despite of all efforts of the government and other private organizations working for the welfare of children still Pakistan has failed to achieve Millennium Development Goals (MDG), of reduction of two third of under-five mortality rate which is still very high in Pakistan and reported as 87/1000 live births. Immunization of children is poor due to lack of management or violence against health professionals. Many children across the country are not vaccinated or vaccinated inadequately due to many technical problems in which most important is the failure to maintain cold chain (Mahmood, 2014).

According to national census 2017, the total estimated population of Pakistan is 207,774,000 and children (0-14 years) males are 33,005,623 and females are 31,265,463 (Pakistan Demographics Profile, 2018). But still Pakistan is one of those countries around the world that has highest maternal, neonatal or child mortality rate which showed its poor maternal or child health related services. Although in the recent years there is an increase focus on maternal or child health. Women are educated or give information on their health through multiple government program and through mass media, but still newborn mortality rate is very high and reported as 46 babies per 1000 live births. Maternal health services in the country is poor. Antenatal care is not provided to every pregnant woman and those who approach, so the result is that 16 percent of the babies born are preterm or 32 percent of the babies are underweight which is a major factor of childhood morbidity or mortality in Pakistan. Other problems include prematurity or underweight related to many complications or disabilities in later life (UNICEF Pakistan, 2018).

Pakistan ranks second globally on newborn death rate which is estimated as 245,000 newborns dying each year (USAID, 2018). According to a report of UNICEF which ranks countries on the mortality rate of new born, shockingly Pakistan was that country where newborn mortality rate was highest due to deficiency of trained birth attendants, birth

complications or delay in treatment. Baby born in Pakistan has a 50% more chance to die before reaching the age of one month as compared to Japan, which has the lowered newborn mortality rate in the world (Howard, 2018). In Pakistan, infant mortality rate is 66 per 1000 live births or under five mortality rates is 81 per 1000 live births (UNICEF, 2018).

Although there is a progressive decrease but still it required great attention to improve maternal or child health services in Pakistan (Khaliq and Ahmad, 2018). Acknowledgment of child rights in the hospital improve care or treatment process and make hospital a less threatened place for child and their families. Children participation in decision making regarding their care or treatment give them a sense of control or increase their compliance with treatment regime. It is also important that families of children must educate about their child rights related to health or related to hospital, so they can raise voice when rights are violated or not fulfill in context to the best of their child interest (da Silva Neutzling et al 2017). This is applied to younger children also because even they can express their tension when not involved in communication. They show reaction towards health professionals by silence, ignorance or shy behavior. Doctors or nurses should notice all signs and be able to understand children's feelings as well as their capability to understand the treatment process or its complications (Jamieson and Lake, 2013).

In 2018, WHO launched standards of quality care for children and young adolescence. It stated that every child from 0-15 year should have a right to access child friendly health care facility during his disease. Child friendly hospital is one in which every child has a right to stay with parents in the hospital if have to spend a night in the hospital. All doctors or nurses should do the best of child interest and provide all children evidence-based care during their stay in the hospital (WHO, 2018). Children rights in the hospital are directly related to the quality of care, as quality care will reduce the infant or child mortality rate. Doctors or nurses should have a better understanding of these rights in their practice or care of child patients. However, now situation is quite different. Majority of health professionals have a low knowledge of these rights so fail or unable to implement these rights in their

practice making children to suffer (Lake, 2014). To date, there was no study in Pakistan to find out the awareness of children rights about health among doctors or nurses. Hence, the current study was designed to explore the knowledge or awareness of doctors or nurses working in pediatric wards of teaching hospitals in Lahore, Pakistan.

Methodology

The descriptive cross-sectional study was conducted at all the govt. teaching hospitals of Lahore. The current study was performed in February 2018 over a twelve months period and included doctors or nurses from all educational levels as well as both genders. A total of 183 doctors and nurses working in the pediatric wards from the teaching hospitals were selected according to the simple random sampling through lottery method. A written consent by the volunteer doctors and nurses was also obtained before the study and ensured them that the information will be kept confidential.

The house officers, student nurses and those refusing to give consent were excluded. The Questionnaire was adopted by standardized scale of WHO assessment tool for health professionals, children's rights in hospital and health services (World Health Organization and NCDC, 2015). Data analysis was done following the guidelines of Al-Baradah et al. (2012). Answers to the questions were quantified by measuring a three-point scale; "Yes" (3 points), "No" (2 points) & "I don't know/not applicable" (1 point).

The maximum mean score in the questionnaire was 3 scores. The scores of each group were summed up and mean and standard deviation were computed. Total scores of total scales were calculated to determine the total awareness about child rights.

$$\text{Awareness score} = \frac{\text{Actual scores} \times 100}{\text{Maximum scores}}$$

Data was analyzed by the latest SPSS version 25. Further analysis was made through descriptive statistics as percentages, mean and standard deviation. Hypothesis testing was done using chi-square test and a value of the less than 0.05 was considered significant. Analysis of data was done in two stages, first to calculate overall awareness

score and in the second stage response of each individual variable was calculated to identify deficiency area.

Results

Jinnah Hospital, Lahore comprises the major part of total population, so 51 (27.9%) subjects were taken from Jinnah hospital, 43 (23.5%) from

Lahore General Hospital, 16 (8.7%) from Sir Ganga Ram Hospital, 23 (12.6%) from Services Hospital, 35 (19.1%) from Mayo Hospital, and 15 (8.2%) from Sheikh Zayed Hospital. In total, 155 (84.7%) of doctors and nurses had high level of awareness about child rights whereas only 28 (15.3%) had average awareness level (table 1).

Table 1: Frequency distribution of study samples according to the knowledge and awareness about child rights related to health

S.No.	Knowledge and Awareness	Frequency	Percent
1.	Low (0 – 50%)	0	0.0
2.	Average (51% - 75%)	28	15.3
3.	High (76% - 100%)	155	84.7
	Total	183	100.0

Table 2: Relations between socio-demographic characteristics of nurses and doctors to their awareness about child rights (N=183)

Item	High N %	Average N %	Low N %	χ^2	P
Age					
≤ 30 Years	135 (84.4)	25 (15.6)	0 (0.0)	0.103	0.748
≥ 30 years	20 (87.0)	3 (13.0)	0 (0.0)		
Gender					
Male	30 (85.7)	5 (14.3)	0 (0.0)	0.034	0.853
Female	125 (84.5)	23 (15.5)	0 (0.0)		
Marital Status					
Married	67 (85.9)	11 (14.1)	0 (0.0)	0.151	0.698
Unmarried	88 (83.8)	17 (16.2)	0 (0.0)		
Job Position					
Doctors	83 (91.2)	8 (8.8)	0 (0.0)	5.92	0.015*
Nurses	72 (78.3)	20 (21.7)	0 (0.0)		
Education					

Diploma	41 (62.1)	25 (37.9)	0 (0.0)	40.6	$\leq 0.001^*$
Graduates/post graduates	114 (97.4)	3 (2.6)	0 (0.0)		
Experience					
1-5 Years	116 (83.5)	23 (16.5)	0 (0.0)	1.08	0.583
6-10 years	25 (86.2)	4 (13.8)	0 (0.0)		
10⁺ years	14 (93.3)	1 (6.7)	0 (0.0)		

*p-value is Significant at level of ≤ 0.05

Table 3: Distribution of knowledge and awareness according to individual standard

Variables	Mean	SD	Minimum	Maximum
Safety Environment	89.0	8.3	58.3	100
Information Participation	85.3	10.6	62.5	100
Pain Palliative care	84.5	12.0	44.4	100
Equality	82.5	9.0	50.0	100
Quality Services	81.7	8.3	54.8	100
Protection	81.1	11.5	51.5	100
Play	71.8	7.9	40.7	88.9
Overall Score	82.0	6.7	56.2	94.5

Regarding the socio-demographic characteristics, the present study revealed that the mean age of doctors and nurses was 27 years. Majority (80.9%) was female and single (57.4%).

Regarding experience, more than half of the participants (76.0%) had under 5 years of experience. The mean year of experience was 05 years. More than half were graduates or post graduates (63.9%). The results indicated that there was a significant relation between job position and knowledge or awareness about child rights. Doctors were found to be more knowledgeable as compared to nurses ($\chi^2 = 5.92$, $p = 0.015$).

Another statistically significant relation was found between education. The study revealed that participants that were graduates or post graduates

had more knowledge as compared to diploma holders ($\chi^2 = 40.6$, $p = 0.001$). There was no statistical difference between participants years of experience and their awareness of child rights ($\chi^2 = 1.08$, $p = 0.583$). Likewise, no statistically significant relation was found between gender, marital status and awareness about child rights.

The study revealed that participants with age more than 30 years had more knowledge as compared to participants that had age less than 30 years. But it was not statistically significant ($\chi^2 = 0.103$, $p = 0.748$) (table 2).

Analysis according to the individual variables shows that mean score of safety and environment was 89 ± 8.3 , 84.5 ± 12.0 for Pain and palliative care and 71.8 ± 7.9 for play (table 3).

Discussion

The role of health professionals including both doctors and nurses is very important in the provision of health services. So, the knowledge and awareness regarding rights is extremely important. As the practice of these rights in hospital effect outcome and improve services especially in case of children making the mandatory understanding of these rights. Adequate knowledge and practice of child rights in the hospitals is crucial for quality services (Pushpam and Solomon, 2017). Therefore, this study was conducted to assess the awareness of child rights among doctors or nurses working in pediatric wards of tertiary hospitals, Lahore.

The results showed that majority of females (80.9%) compared to males (19.1%) contributed to the study. No significant difference regarding child rights knowledge and awareness was observed among both genders though in general males had high awareness level of awareness compared to females. Previously Nejad et al. (2011) conducted a study in Tehran tertiary hospitals among nurses to assess the knowledge and awareness about patients' rights. Their data also reported that among their subjects, majority were females and there was no statistically significant difference between gender and level of knowledge or awareness about patients' rights.

The study indicated that generally married participants had high level of awareness about child rights (85.9%), in contrast to the unmarried participants (83.8%) however the difference was not statistically significant. This result was contradictory to the study of Utqualp and Yildiz, (2016), who studied the attitude and awareness of patient rights among nurses in Turkey. They selected 211 nurses and reported that more than half 66.4% were married. However, no significant association between marital status and level of education was observed. This may be because the sample size to their study was large and included more nurses than our study.

This study revealed that majority of the doctors and nurses had high level of awareness about child rights and no one had low level of awareness. Similar findings were reported by Al-Baradah et al (2012) who conducted a study in Yamen on the assessment of nurse's awareness regarding mother

and child rights at Al-Sabeen hospital. The authors selected 63 nurses in the hospital and conducted a descriptive study and reported that majority of the nurses had good awareness.

The study showed no statically significance difference among different age groups and awareness level. The study also revealed no significant difference in knowledge and awareness level about child rights among different experience groups. This was in contrast to the study of Hafez et al (2016), who conducted a study in outpatient clinics at Mansoura University Hospitals. Their main objective of the study was to assess the knowledge and awareness of professional ethics among nurses. A sample of 300 nurses was selected and results showed significant relation between age, experience and level of awareness. This may be due to large sample size, aged and experienced participants (Hafez et al 2016).

A statistically significant difference between doctors or nurse's knowledge about child rights was observed in this study. Compared to nurses, doctors had high level of awareness. Ahmed et al (2005), conducted a study in Assiut and Alexandria hospital pediatric wards, Egypt. They assessed attitude variation among health professionals regarding rights of sick child. They concluded that 74.3% nursing supervisors had positive attitude regarding rights of sick child while on the other hand among doctors or nurses, 57.1% physicians had positive attitude in contrast to nurses (43.3%).

Level of education has strong impact on level of awareness among health professionals. It was found that graduate health professionals are more aware compared to diploma holders. Likewise, Mould (2012) conducted a study on effect of education on quality care in Western Australia. The research concluded that the nurses with specialization in pediatrics and further higher education meet the quality measures more than those who had not specialization.

Analysis of the individual standards were in accordance to the study of Guerreiro et al (2016) who worked on child rights in Tajikistan, Kyrgistan and Moldova hospitals and found that there were deficiencies in areas of adolescence health care, equality, play, pain and palliative care (Pakistan Demographics Profile, 2018). Furthermore, authors belief that although the

awareness level was high but the practice was poor.

Conclusion

It is concluded that majority of doctors and nurses had high level of knowledge. However, Doctors had more knowledge about child rights as compared to nurses. In parallel, education was found to have great impact on awareness about child rights. Analysis of individual standards indicated that there was a deficiency in the knowledge of two standards including play and pain or palliative care. So further studies should be needed to assess or evaluate child rights among health professionals of tertiary or non-tertiary hospitals about their knowledge and practice. There should be established protocols in pain management and palliative care and each health professional should be trained in these protocols.

Acknowledgements

Mishal Liaqat conceived the idea and worked significantly. All other authors contributed by reviewing, data analysis and proof reading of manuscript.

References

- Ahmed A. El-S., Mohamed N. A., Oueda, M. A. F., & El-Din Y.Y.S. (2005). Attitude Variations Among Health Professionals Regarding Rights of Sick Children in Assiut And Alexandria. *Alexandria Journal of Pediatrics*, 19 (1).
- Al-Bardah, S. H., Shenouda, M. S., & Magdy, H. (2012). Assessment of Nurses' Awareness Regarding Mother and Child Rights at Al-Sabaen Hospital in Sana'a-Yemen. *Medecial Journal of Cairo University*, 80 (2), 201-207.
- da Silva Neutzling, B. R., Barlem, J. G. T., Barlem, E. L. D., Hirsch, C. D., Pereira, L. A., & Schallenberguer, C. D. (2017). Defending the rights of children in a hospital setting: nurses' advocacy in health. *Escola Anna Nery*, 21(1), 1414-8145.
- Guerreiro, A. I. F., Kuttumuratova, A., Monolbaev, K., Boderscova, L., Pirova, Z., & Weber, M. W. (2016). Assessing and Improving Children's Rights in Hospitals. *Health Human Rights*, 18(1), 235-248.
- Hafez, F. E., Mohamed, H. A., & EltabeySobeh, D. (2016). Assessment of Nurses' Knowledge and Practice Regarding Professional Ethics in Outpatient Clinics at Mansoura University Hospital. *IOSR Journal of Nursing and Health Science*, 5 (20), 2320-1940.
- Howard, J. (2018). The least and most dangerous countries to be a newborn. CNN. <https://edition.cnn.com/2018/02/20/health/unicef-newborn-deaths-by-country-study/index.html>. (accessed 04.09.18).
- Jamieson, L., & Lake L. (2013). Children's Act guide for health professionals. University of cape town. Children's Institute 5(8). <http://www.ci.uct.ac.za/sites/default/files/image>. (accessed 04.09.18).
- Khaliq, F., & Ahmad, W. (2018). State bank of Pakistan: State of Health Sector in Pakistan. <http://www.sbp.org.pk/publications/staff-notes/State-of-Health-Sector-in-Pakistan>. (accessed 04.09.18).
- Lake, L. (2014). Children's rights education: An imperative for health professionals. *curationis*, 37(2).1268.
- Lufadeju, Y. (2017). UNICEF reported Daily 7000 new Born Die Despite Decrease in Under Five Mortality Rate. <https://www.unicef.org/eca/press-release/7000-newborns-die-every-day> (accessed 04.09.18).
- Mahmood, A. (2014). Child rights in Pakistan: An unfinished agenda: The Express Tribune. <https://tribune.com.pk/story/793859/child-rights-in-pakistan-an-unfinished-agenda/> (accessed 04.09.18).
- Mould, J. M. (2012). Pediatric nursing: an investigation of the effect of specialist pediatric nurse education on the quality of children's nursing care in Western Australia. <http://ro.ecu.edu.au/theses/508>. (accessed 04.09.18).
- Nejad, E.M., Begjani, J., Abotalebi, G., Salari, A., & Ehsani S. R. (2011). Nurses awareness of patients' rights in a teaching hospital. *Journal of Medical Ethics and History of Medicine*, 4(2), 1-6.
- Pakistan Demographics Profile. 2018. index mundi. https://www.indexmundi.com/pakistan/demographics_profile.html. (accessed 04.09.18).
- Pushpam, S. L., & Solomon, M. D. (2017). Knowledge and Attitude on Child Rights among the Caregivers of Childcare Institutions in Udupi District, Karnataka. *International knowledge sharing Platform*.7 (17).
- Shanmugam, V., & Ramachandra, (2014). Attitude of Indian mothers towards child rights. *European Scientific Journal*, 2(3), 1857-7881.
- UNICEF (Pakistan) (2018). Scale-up of Kangaroo Mother Care Services in Pakistan. https://www.unicef.org/pakistan/media_10608.html (accessed 04.09.18).
- UNICEF. (2018). Data monitoring the situation of children and women in Pakistan. <https://data.unicef.org/country/pak/> (accessed 04.09.18).

- USAID. (2018). Works with the Government of Pakistan and development partners in Maternal and Child Health and Health Systems Strengthening. <https://www.usaid.gov/pakistan/health>. (accessed 04.09.18).
- Utkualp, N., & Yildiz, H. (2016). Awareness and Attitudes of Nurses Working in a University Hospital on Patients' Rights. *International Journal of Caring Sciences*, 9(185), 1-13.
- W.H.O. & NCDC. (2015). Assessing the respect of children's rights in the hospitals of Georgia. <http://www.ncdc.ge/Handlers/GetFile.ashx?ID=b55deb41-d48f-430c-a88d-f1bba5bac50c>. (accessed 04.09.18).
- W.H.O. (2018). Maternal, newborn, child and adolescent health: New quality of care standards to save lives and improve the health of children and young adolescents. http://www.who.int/maternal_child_adolescent/topics/quality-of-care/quality-standards-child/en/