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Research Article

Socio-Demographic Determinants of Parental Attitudes and Practices Towards Violence Against Children in Nepal: An Analysis Using MICS 2019 Data

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Abstract

Violence Against Children (VAC) is a widespread global concern, affecting up to 1 billion children each year through physical, emotional, or sexual abuse. VAC is one of the harmful practices that affects children's holistic development however it has been rooted as a way to make children disciplined. This study intends to explore the occurrence and determinants of violence against children in Nepal, emphasizing Physical and Humiliating Punishment (PHP) and caregiver views toward disciplinary attitude. This study utilizes data from the 2019 Nepal Multiple Indicator Cluster Survey (MICS) to examine socio-demographic factors affecting child risk levels, caregiver acceptance of PHP, and children's exposure to violence. The study categorizes children into no-risk, moderate-risk, and high-risk groups based on exposure to violence and caregiver attitudes. Descriptive and logistic regression analyses reveal significant associations between child risk levels and factors such as age, region, parental education, and household wealth. Younger children (about 9 years) exhibit high-risk proportions compared to older children, while rural areas, lower wealth quintiles, and less educated households report higher risks. Maternal education emerges as a critical protective factor, significantly reducing the likelihood of children experiencing violence. Provincial disparities are stark, with Karnali and Sudurpashchim provinces showing the highest proportions of high-risk children. The findings highlight the urgent need for targeted interventions addressing socio-economic disparities, enhancing parental education, and implementing region-specific strategies to mitigate violence against children.

Keywords

Violence Against Children, Physical and Humiliating Punishment (PHP), Socio-Demographic Factors, Caregiver Attitudes, Child Risk Levels

1. Introduction

According to the World Health Organization (WHO), up to 1 billion children aged 2-17 years have experienced physical, sexual, or emotional violence or neglect in the past year [1]. Violence against children is a pervasive global issue that transcends geographical, cultural, and socio-economic boundaries. Defined as any deliberate act or threat against a child that results in physical, emotional, or psychological harm, violence against children manifests in various forms,

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including physical abuse, emotional maltreatment, sexual exploitation, and neglect [2]. Such violence often occurs in settings where children should feel safest—their homes, schools, and communities—and is frequently perpetrated by individuals they trust the most. Despite global efforts to address this issue, violence against children remains a significant challenge, particularly in low- and middle-income countries like Nepal, where socio-economic disparities and cultural norms often perpetuate harmful practices.

Physical and Humiliating Punishment (PHP) denotes any punitive measure employing physical force or actions designed to inflict emotional distress or humiliation, frequently utilized to discipline or exert control over others, especially youths. PHP may encompass corporal punishment, verbal denigration, or public humiliation, and is extensively condemned for its detrimental psychological and physical consequences. Article 19 of the United Nations Convention on the Rights of the Child [3] stipulates that children are entitled to protection from all manifestations of violence, including PHP. Gershoff [4] emphasizes that physical punishment correlates with heightened aggression, mental health disorders, and compromised parent-child relationships. Durrant and Ensom [5, 6] contend that PHP infringes upon children's rights and fails to facilitate enduring behavioral modification. Straus [6] asserts that even minor instances of physical punishment can evolve into abuse, whereas the Global Initiative to End All Corporal Punishment of Children (2021) promotes legal measures to globally prohibit physical punishment. Moreover, Afifi et al. [7] identified a significant link between PHP and negative adult outcomes, such as depression and substance misuse. These studies jointly emphasize the necessity for non-violent disciplinary methods to promote healthy development and uphold children's rights.

One of the most common forms of violence against children is Physical and Humiliating Punishment (PHP), which includes corporal punishment and psychological methods that belittle or intimidate the child [8, 9]. Historically, physical punishment was widely accepted as a normative disciplinary practice. However, growing evidence has linked such practices to long-term adverse outcomes, including increased aggression, mental health issues, and impaired cognitive and emotional development [5]. These findings have prompted a shift in global attitudes, yet PHP remains prevalent in many societies, including Nepal, where socio-economic and cultural factors continue to influence its acceptance and prevalence.

Children exposed to violence and whose caregivers endorse or tolerate such behavior are regularly classified in the literature as belonging to a "higher risk" group due to the cumulative adverse consequences on their psychological, emotional, and social development. Research indicates that exposure to violence, together with caregiver endorsement of such conduct, intensifies the likelihood of enduring trauma, behavioral issues, and intergenerational cycles of violence [10-12]. These children are predisposed to manifest signs of post-traumatic stress disorder (PTSD), sadness, and violence, along with challenges in establishing healthy relationships [13, 14]. Conversely, children who do not experience violence and whose caregivers reject violence are categorized as "non-risk," since they are less prone to unfavorable outcomes and more inclined to cultivate resilience and effective coping strategies [13, 15]. The differentiation between higher-risk and non-risk children highlights the significant impact of direct exposure to violence and caregiver attitudes on developmental trajectories [16, 17]. To categorize children into high-risk, moderate-risk, and no-risk groups based on their exposure to violence and caregiver attitudes, the following methodology can be applied. This approach ensures a clear and systematic classification, as outlined in the table below:

2. Methodology

2.1. Design of the Study

This study analyzed the 2019 Multiple Indicator Cluster Survey (MICS) dataset, conducted by Nepal's Central Bureau of Statistics (CBS) with support from UNICEF. MICS is a nationally representative, cross-sectional survey that monitors the situation of women and children, collecting data on health, education, social protection, environment, domestic violence, and socio-economic characteristics at individual and household level. The sampling frame was based on the 2011 National Population and Housing Census, updated in 2018. Using a multistage, stratified cluster sampling design, 512 census enumeration areas (EAs) were selected, with 25 households chosen from each EA. A total of 12,800 households were selected, and the survey successfully interviewed 12,655 households, 14,805 women (aged 15-49), and 5,501 men (aged 15-49). The methodology and design details of the MICS are available in other sources.

2.2. Population of the Study

This study analyzed data collected from children aged 0-14 years and their caregivers who reported experiences of violence. The child abuse component is categorized into two sections: the first examines caregivers' practices of physical punishment and psychological aggression, while the second explores caregivers' attitudes toward violence against children. Data from a total of 8,522 caregivers and their children were integrated. Furthermore, datasets for children aged 0-4 years and 5-14 years were combined to comprehensively investigate violence against children within the 0-14 age group. A detailed summary of the study population is presented in the flow chart (Figure 1).

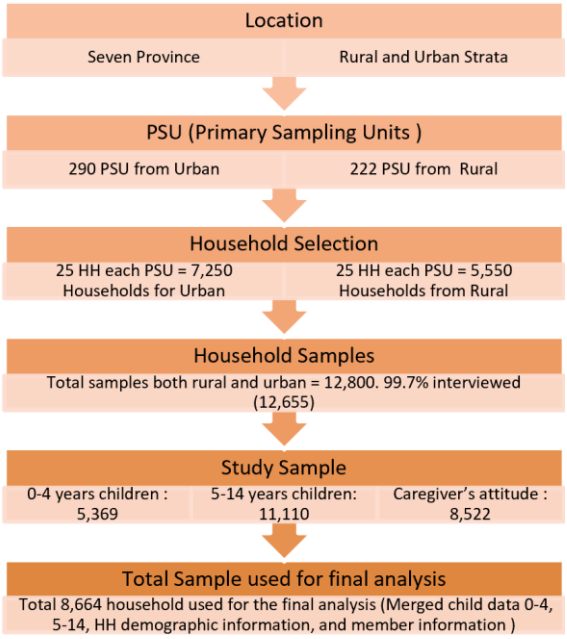

Figure 1. *Flow chart showing selection of study population (Nepal MICS 2019).*

Study variables

The study focused on caregivers' attitudes and practices regarding violence against children aged 0-14 years, which were the outcome variables. These variables were categorized into two parts. The first was caregivers' attitudes towards violence against children, examining whether caregivers believed that controlling behaviors, including punishment, were important for children. The second was caregivers' practices, broadly classified into three groups: positive parenting, physical punishment, and psychological aggression. Physical punishment and psychological aggression were further combined into a category called "Physical and Humiliating Punishment (PHP)" [18, 19]. If a child experienced either physical punishment or psychological aggression, it was classified as PHP.

Combining both parent's attitudes and practice, child risk is categorized into three groups i.e. child at no risk, mild-moderate risk, and child at high risk which is as per the given table 1.

Table 1. *Categorized of the Child Risk.*

Condition/Variables	Caregiver practice violence against children (PHP)	Attitude of caregiver punishment against children	Grouping Risk
Condition-1	No PHP	No Punishment Attitude	No Risk
Condition-2	Yes-PHP	No Punishment Attitude	Moderate risk
Condition-3	No-PHP	Yes- Punishment attitude	
Condition-4	Yes-PHP	Yes-Punishment attitude	High Risk

The study examined socio-demographic determinants of parental attitudes and practices towards violence against children in Nepal, focusing on child risk levels (no risk, moderate risk, and high risk). Independent variables analyzed included the child's age, area, region, sex, mother's education, household head's education, functional disabilities, wealth index quintile, school type, and parental employment abroad.

2.3. Method of Data Analysis

2.3.1. Descriptive Analysis

Descriptive statistics were employed to examine the association between child risk levels and key socio-demographic and contextual variables. Chi-square tests were conducted to identify statistically significant differences across three risk categories: no risk, moderate risk, and high risk. The analysis highlighted disparities in child risk levels based on age, area of residence, region, parental education, wealth index, and school attendance. For example, younger children (0-4 years) exhibited a lower proportion of high risk compared to older children, while children from rural areas, less educated households, and lower wealth quintiles faced higher risks. These patterns underscore the influence of socio-economic and educational factors on child risk outcomes, guiding the identification of vulnerable groups for targeted interventions.

This study examines the impact of critical socio-demographic factors—namely age, gender, parental education, and wealth index—on caregiver attitudes and practices regarding Physical and Humiliating Punishment (PHP) and their correlation with child risk levels (no risk, moderate risk, high risk). The study investigates regional differences and maternal education levels to elucidate their influence on caregiver acceptability of violence towards children. The aims are to determine the socio-demographic factors of PHP behaviors, evaluate regional disparities in PHP prevalence, and identify high-risk areas and individuals for targeted treatments.

These findings correspond with the existing dataset, which encompasses factors related to caregiver traits, disciplinary methods, household affluence, educational attainment, and geographical disparities, facilitating an evidence-based strategy to mitigate violence against children in Nepal.

2.3.2. Regression Analysis

Logistic regression models were used to further explore the factors associated with child risk levels, distinguishing between children not at risk and those at high risk. Unadjusted odds ratios revealed that children in middle childhood had higher odds of being highly at risk compared to younger children, while factors such as higher parental education and wealth significantly reduced the likelihood of high risk. Regional disparities were also evident, with children in certain provinces showing differing odds of risk levels. The regression analysis corroborated the descriptive findings, emphasizing the roles of socio-demographic variables such as education, wealth, and regional context in shaping child risk outcomes, thereby reinforcing the need for policy interventions focused on these determinants.

A. Regression Analysis of Children not at risk and once highly at risk.

The regression analysis model based on the provided regression table is a multinomial logistic regression model, where the dependent variable represents the risk status of children: "Children are not at risk" and "Children are highly at risk." The model evaluates the odds of a child being in either risk category compared to a reference category (likely "children are moderately at risk"). Below are the equations for each category:

The equation for "Children not at Risk"

$$In\left(\frac{P(children\ are\ not\ at\ risk)}{P\ (Reference\ category)}\right) = \beta_0 + \beta_1(Age\ of\ child: Middle\ childhood) + \beta_2(Age\ of\ child: adolescence\ early) + \beta_3(Sex: Girl) + \beta_4(Area: Rural) + \ ... + \beta_n(Other\ predicators) + \in$$

The equation for "Children highly at risk"

$$In\left(\frac{P(children\ at\ risk)}{1-P\ (Reference\ category)}\right) = \beta_0 + \beta_1(Age\ of\ child: Middle\ childhood) + \beta_2(Age\ of\ child: adolescence\ early) + \beta_3(Sex: Girl) + \beta_4(Area: Rural) + \ ... + \beta_n(Other\ predicators) + \in$$

Here:

β0\beta_0β0 and γ0\gamma_0γ0: Intercepts for the respective equations.

βi\beta_iβi and γi\gamma_iγi: Coefficients for predictors for each outcome category (not at risk, highly at risk).

Predictors include age of the child, sex, area, region, mother's education, household head's education, functional disabilities, wealth index quintile, and employment status of parents.

B. Regression Analysis of Children not at risk and highly at risk.

The regression analysis model derived from the provided table can be written as follows for each dependent variable. Each equation includes the predictors (independent variables) and their corresponding coefficients (Odds Ratios) as factors. These are logistic regression models, so the dependent variables are modeled in terms of their log-odds.

Model for caregiver accepts physical punishment

$$In\left(\frac{P(Caregiver\ Accepts\ Physical\ Punishment)}{1-P\ (Caregiver\ Accepts\ Physical\ Punishment)}\right) = \beta_0 + \beta_1(AMiddle\ childhood) + \beta_2(Age\ of\ child: adolescence\ early) + \beta_3(Sex: Girl) + \beta_4(Area: Rural) + \ ... + \beta_n(Other\ predicators) + \in$$

Model for children experiencing physical and humiliating punishment (PHP)

$$In\left(\frac{P(Children\ Experiencing\ Physical\ and\ Humiliating\ Punishment)}{1-P\ (Children\ Experiencing\ Physical\ and\ Humiliating\ Punishment)}\right) = \beta_0 + \beta_1(AMiddle\ childhood) + \beta_2(Age\ of\ child: adolescence\ early) + \beta_3(Sex: Girl) + \beta_4(Area: Rural) + \ ... + \beta_n(Other\ predicators) + \in$$

The regression models analyze the likelihood of caregivers accepting physical punishment and children experiencing physical and humiliating punishment, with Odds Ratios (ORs) indicating the effect of predictor variables. ORs greater than 1 suggest an increased likelihood of the outcome, while ORs less than 1 indicate a decreased likelihood. Predictor categories, including Provinces, Education Levels, and Wealth Index Quintiles, are represented as dummy variables with reference categories (e.g., Province 1, Illiterate, Poorest Quintile) omitted. Statistical significance is denoted by ***, **, and *, with significant variables included in the model. The pseudo R-squared reflects the variance explained, and the Akaike Information Criterion (AIC) assesses model fit, where lower values indicate better fit.

3. Result

3.1. Descriptive Analysis

Table 1 presents the association between key socio-demographic and contextual variables and the child risk level, categorized as no risk, moderate risk, and high risk. The Chi-square tests reveal significant differences across most variables, highlighting critical disparities in child risk levels. The age of the child is strongly associated with risk levels (p<0.001p<0.001p<0.001), with younger children (0-4 years) exhibiting the lowest proportion of high risk (17.57%), compared to children aged 5-9 years (25.15%) and 10-14 years (23.05%). Area of residence also shows significant variation, with rural children facing a higher proportion of high-risk (24.46%) compared to urban children (19.62%). Regionally, disparities are stark (p<0.001p<0.001p<0.001), with Karnali and Sudurpashchim regions reporting the highest proportions of high-risk children (28.34% and 23.71%, respectively), while regions like Bagmati and Gandaki show lower risk levels.

Parental education levels reveal a gradient effect on child risk levels (p<0.001p<0.001p<0.001), with higher education of mothers and household heads associated with a reduced proportion of children in the high-risk category. For instance, mothers with no education report 28.61% of children at high risk, compared to 9.21% for mothers with higher education. Similarly, the wealth index displays a clear trend (p<0.001p<0.001p<0.001), where children from the poorest households are more likely to be at high risk (28.58%) compared to the richest households (12.18%). School attendance also influences child risk levels, with children attending government schools experiencing the highest proportion of high-risk (26.75%) compared to those attending private schools (17.98%). Notably, child sex, functional disability, and parental migration status did not exhibit significant associations with risk levels (p>0.05p>0.05p>0.05). Overall, the data underscore the interplay of socio-economic and educational factors in shaping child risk outcomes, suggesting targeted interventions in vulnerable demographics, particularly in rural areas, less educated households, and lower wealth quintiles, to mitigate risks effectively.

Table 2. *Descriptive analysis of the major outcome by different demographic information.*

Variables	Child Risk level				P value for Chi-square test
	Frequency	No Risk (%)	Moderate Risk (%)	High Risk (%)	
Age of child					
0-4 years	3,216	21.49	60.95	17.57	
5-9 years	2,831	11.06	63.79	25.15	<0.001
10-14 years	2,625	16	60.95	23.05	
Area					
Urban	4,939	17.09	63.29	19.62	<0.001
Rural	3,733	15.54	60.01	24.46	
Region					
Koshi	1,247	11.23	65.6	23.18	
Madhes	1,319	14.4	61.94	23.65	
Bagmati	1,619	18.59	63.25	18.16	
Gandaki	952	15.55	67.33	17.12	<0.001
Lumbini	1,340	14.78	66.27	18.96	
Karnali	1,069	17.87	53.79	28.34	
Sudurpashchim	1,126	22.74	53.55	23.71	
Child Sex					
Boy	4,490	15.77	61.69	22.54	0.065
Girl	4,182	17.12	62.08	20.8	
Mother's education					

Variables	Child Risk level				P value for Chi-square test
	Frequency	No Risk (%)	Moderate Risk (%)	High Risk (%)	
None	3,016	14.56	56.83	28.61	
Lower Basic (Gr 1-5)	1,371	12.25	61.56	26.19	
Upper Basic (Gr 6-8)	1,231	15.76	64.26	19.98	<0.001
Lower Secondary (Gr 9-10)	1,601	17.93	65.46	16.61	
Upper Secondary (Gr 11-12)	929	22.28	66.95	10.76	
Higher	521	24.76	66.03	9.21	
Household head education					
None	3,243	16.4	57.42	26.18	
Lower Basic (Gr 1-5)	1,795	13.54	62.67	23.79	
Upper Basic (Gr 6-8)	1,228	16.94	63.11	19.95	<0.001
Lower Secondary (Gr 9-10)	1,366	15.01	68.74	16.25	
Upper Secondary (Gr 11-12)	578	18.51	66.78	14.71	
Higher	457	28.23	60.61	11.16	
Child Functional Disabilities					
Has functional difficulty	135	11.85	62.22	25.93	0.238
Has no functional difficulty	8,537	16.49	61.87	21.64	
Wealth index quintile					
Poorest	2,376	17.93	53.49	28.58	
Second	1,754	14.88	61.23	23.89	
Middle	1,717	13.86	64.24	21.9	<0.001
Fourth	1,618	14.15	69.72	16.13	
Richest	1,207	22.37	65.45	12.18	
Attended public school current school year					
Not attending school	4,091	19.53	60.89	19.58	
Private	1,646	14.95	67.07	17.98	<0.001
Government	2,935	12.91	60.34	26.75	
Mother is in abroad for employment					
No	8,533	16.31	61.98	21.7	0.095
Yes	139	23.02	55.4	21.58	
Father is in abroad for employment					
No	6,704	16.87	61.37	21.76	0.06
Yes	1,968	14.89	63.62	21.49	
Overall	8,667	16.43	61.89	21.68	

*** p<.01, ** p<.05, * p<.1

3.2. Results from the Regression Model

Table 3. Logistic Regression Results for Children Not at Risk vs. Children Highly at Risk.

Variable	Children are not at risk		Children are highly at risk	
	Odds ratio (95% Confidence Interval) Unadjusted OR	Sig	Odds ratio (95% Confidence Interval) Unadjusted OR	Sig
Age of Child				
Middle Childhood (5-9 years)	0.47 (0.40-0.54)	***	1.42 (1.25-1.62)	***
Adolescence Early (10-14 years)	0.76 (0.65-0.88)	***	1.09 (0.95-1.26)	
Sex				
Girl	1.11 (0.99-1.25)	*	0.88 (0.79-0.98)	**
Area				
Rural	0.96 (0.84-1.10)		1.02 (0.91-1.15)	
Region				
Province No. 2	1.59 (1.24-2.02)	***	0.90 (0.75-1.10)	
Province No. 3	1.57 (1.25-1.97)	***	0.89 (0.74-1.08)	
Gandaki Province	1.46 (1.13-1.89)	***	0.76 (0.61-0.95)	**
Province No. 5	1.48 (1.17-1.88)	***	0.73 (0.60-0.89)	***
Karnali Province	1.65 (1.28-2.12)	***	1.02 (0.83-1.26)	
Sudurpashchim Province	2.41 (1.91-3.03)	***	0.86 (0.71-1.05)	
Mother's Education				
Lower Basic (Gr 1-5)	0.91 (0.74-1.11)		1.00 (0.86-1.18)	
Upper Basic (Gr 6-8)	1.14 (0.93-1.41)		0.76 (0.64-0.91)	***
Lower Secondary (Gr 9-10)	1.38 (1.13-1.68)	***	0.66 (0.55-0.79)	***
Upper Secondary (Gr 11-12)	1.68 (1.33-2.13)	***	0.40 (0.31-0.51)	***
Higher	1.49 (1.11-2.00)	***	0.40 (0.28-0.57)	***
Household Head's Education				
Lower Basic (Gr 1-5)	0.85 (0.71-1.01)	*	0.91 (0.79-1.05)	
Upper Basic (Gr 6-8)	1.03 (0.85-1.25)		0.84 (0.71-1.00)	**
Lower Secondary (Gr 9-10)	0.81 (0.66-0.99)	**	0.76 (0.63-0.91)	***
Upper Secondary (Gr 11-12)	0.85 (0.65-1.11)		0.90 (0.69-1.18)	
Higher	1.41 (1.06-1.86)	**	0.77 (0.55-1.08)	
Child Functional Disabilities				
Yes	1.38 (0.81-2.34)		0.94 (0.63-1.39)	
Wealth Index Quintile				
Second	0.81 (0.67-0.98)	**	0.90 (0.76-1.05)	
Middle	0.75 (0.61-0.91)	***	0.82 (0.69-0.97)	**
Fourth	0.70 (0.56-0.86)	***	0.66 (0.54-0.79)	***
Richest	1.06 (0.82-1.36)		0.60 (0.47-0.77)	***

Variable	Children are not at risk		Children are highly at risk	
	Odds ratio (95% Confidence Interval) Unadjusted OR	Sig	Odds ratio (95% Confidence Interval) Unadjusted OR	Sig
Mother is in abroad for employment				
Abroad	1.77 (1.15-2.72)	***	0.81 (0.53-1.24)	
Father is in abroad for employment				
Abroad	0.84 (0.72-0.97)	**	0.99 (0.87-1.12)	
Constant	0.13 (0.07-0.23)	***	0.51 (0.33-0.81)	***
Pseudo r-squared	0.04		0.04	
Chi-square	306.93		336.45	
Akaike crit. (AIC)	7,481.96		8,742.62	
Number of obs	8,664.00		8,664.00	

*** p<.01, ** p<.05, * p<.1

The logistic regression analysis results comparing children "not at risk" versus children "highly at risk" highlight several significant predictors of child risk levels. For children not at risk, the odds of being in this group were significantly higher for children in middle childhood (OR = 0.47) and adolescents in early childhood (OR = 0.76). These findings suggest that children in these age groups have lower odds of being at risk compared to those in other age categories. Additionally, children from provinces such as Sudhupaschim (OR = 2.41) and Karnali (OR = 1.65) showed a significantly higher likelihood of being at risk, indicating that these regions have a higher prevalence of children exposed to risk. Mother's and household head's educational levels were also significant, with higher maternal education levels being associated with reduced odds of children being at risk, particularly when mothers had higher education (OR = 1.49 for higher education). Children from wealthier households were less likely to be at risk, particularly those from the fourth and richest wealth quintiles, whose odds were significantly lower (OR = 0.70 and OR = 0.60, respectively).

In contrast, the results for children highly at risk suggest a more complex relationship between the predictors. While maternal education showed a strong positive association with the likelihood of being highly at risk (OR ranging from 0.40 to 0.40 for higher education), the father's employment abroad did not have the same protective effect. Specifically, maternal employment abroad increased the odds of children being at risk (OR = 1.77), which is consistent with previous studies highlighting the vulnerability of children when the primary caregiver is absent. Additionally, the presence of functional disabilities in children did not significantly predict risk levels in this group (OR = 0.94), indicating other socio-economic factors may play a more dominant role. These results emphasize the importance of regional, socio-economic, and family dynamics in influencing children's vulnerability to risk and highlight the need for targeted interventions based on these predictors.

Table 4. *Logistic Regression Results for Caregiver Acceptance of Physical Punishment vs. Children Experiencing Physical and Humiliating Punishment.*

Variable	Caregiver accepts physical punishment		Children experiencing physical and humiliating punishment (PHP)	
	Odds ratio (95% Confidence Interval) Unadjusted OR	Sig	Odds ratio (95% Confidence Interval) Unadjusted OR	Sig
Age of Child				
Middle Childhood (5-9 years)	1.28 (1.13-1.45)	***	2.43 (2.15-2.75)	***
Adolescence Early (10-14 years)	1.04 (0.91-1.19)		1.43 (1.27-1.61)	***

Variable	Caregiver accepts physical punishment		Children experiencing physical and humiliating punishment (PHP)	
	Odds ratio (95% Confidence Interval) Unadjusted OR	Sig	Odds ratio (95% Confidence Interval) Unadjusted OR	Sig
Sex				
Girl	0.90 (0.81-1.00)	**	0.89 (0.81-0.98)	**
Area				
Rural	0.96 (0.86-1.07)		1.15 (1.03-1.28)	**
Region				
Province No. 2	0.96 (0.79-1.16)		0.57 (0.48-0.69)	***
Province No. 3	0.87 (0.72-1.05)		0.72 (0.60-0.87)	***
Gandaki Province	0.80 (0.64-0.98)	**	0.78 (0.63-0.95)	**
Province No. 5	0.73 (0.61-0.88)	***	0.75 (0.62-0.91)	***
Karnali Province	1.09 (0.89-1.33)		0.59 (0.48-0.71)	***
Sudurpashchim Province	0.95 (0.79-1.15)		0.46 (0.38-0.55)	***
Mother's Education				
Lower Basic (Gr 1-5)	0.99 (0.85-1.16)		1.04 (0.89-1.22)	
Upper Basic (Gr 6-8)	0.76 (0.64-0.91)	***	0.99 (0.84-1.17)	
Lower Secondary (Gr 9-10)	0.67 (0.56-0.80)	***	0.81 (0.69-0.94)	***
Upper Secondary (Gr 11-12)	0.40 (0.31-0.51)	***	0.69 (0.57-0.83)	***
Higher	0.40 (0.29-0.56)	***	0.72 (0.57-0.92)	***
Household Head's Education				
Lower Basic (Gr 1-5)	0.91 (0.80-1.05)		1.11 (0.97-1.28)	
Upper Basic (Gr 6-8)	0.84 (0.71-1.00)	**	0.98 (0.84-1.15)	
Lower Secondary (Gr 9-10)	0.80 (0.67-0.95)	**	1.11 (0.95-1.30)	
Upper Secondary (Gr 11-12)	0.90 (0.69-1.16)		1.17 (0.94-1.46)	
Higher	0.75 (0.54-1.04)	*	0.75 (0.59-0.95)	**
Child Functional Disabilities				
Yes	0.95 (0.65-1.40)		0.82 (0.55-1.22)	
Wealth Index Quintile				
Second	0.85 (0.73-1.00)	**	1.19 (1.02-1.39)	**
Middle	0.78 (0.66-0.92)	***	1.26 (1.07-1.47)	***
Fourth	0.62 (0.52-0.75)	***	1.41 (1.19-1.68)	***
Richest	0.58 (0.46-0.74)	***	0.98 (0.79-1.20)	
Mother is in abroad for employment				
Abroad	0.74 (0.48-1.13)		0.59 (0.40-0.88)	***
Father is in abroad for employment				
Abroad	0.97 (0.85-1.10)		1.19 (1.06-1.34)	***
Constant	0.62 (0.40-0.96)	**	5.13 (3.28-8.01)	***
Pseudo r-squared	0.04		0.04	

Variable	Caregiver accepts physical punishment		Children experiencing physical and humiliating punishment (PHP)	
	Odds ratio (95% Confidence Interval) Unadjusted OR	Sig	Odds ratio (95% Confidence Interval) Unadjusted OR	Sig
Chi-square	359.86		426.61	
Akaike crit. (AIC)	9,194.41		11,135.03	
Number of obs	8,664.00		11,709.00	

*** p<.01, ** p<.05, * p<.1

The logistic regression results presented in Table 4 reveal significant findings regarding the predictors of caregiver acceptance of physical punishment and children experiencing physical and humiliating punishment. In the case of caregiver acceptance of physical punishment, factors such as the child's age and maternal education levels were significantly associated with attitudes toward physical punishment. Children in middle childhood had higher odds of caregivers accepting physical punishment (OR = 1.28), and this likelihood decreased with higher maternal education levels, with those having higher education (e.g., university-level) exhibiting markedly lower odds (OR = 0.40). Similarly, geographic differences played a role, with certain provinces showing a stronger association with caregiver acceptance of physical punishment, such as Province No. 5 (OR = 0.73). The wealth index also exhibited a significant impact, with children from the lowest wealth quintiles having higher odds of caregiver acceptance of physical punishment (OR = 0.58 in the richest quintile).

For children experiencing physical and humiliating punishment, the results indicate that children in middle childhood and early adolescence were significantly more likely to experience physical punishment (OR = 2.43 for middle childhood and OR = 1.43 for early adolescence). Regional disparities were also notable, with children in Sudurpashchim and Karnali provinces having substantially lower odds of experiencing punishment compared to other regions (OR = 0.46 in Sudurpashchim). Maternal education was similarly influential; children whose mothers had higher education levels were less likely to experience physical punishment (OR = 0.72 for those with higher education). Household wealth played a critical role as well, with children in the wealthiest quintile facing lower odds of experiencing physical punishment (OR = 0.98) compared to those in lower wealth quintiles. Additionally, children with parents working abroad had lower odds of experiencing physical punishment (OR = 0.59 for mothers and OR = 1.19 for fathers working abroad), highlighting the socio-economic and familial dynamics affecting the prevalence of such punishment. These findings underscore the complex interplay of socio-demographic factors, education, and regional context in shaping the likelihood of caregiver acceptance of and children's exposure to physical and humiliating punishment.

4. Discussion

Violence against children is influenced by a range of risk factors at the individual, close relationship, community, and societal levels. These include biological and personal traits such as age and sex, lower education and income, disabilities or mental health issues, and substance abuse [1]. At the relationship level, poor parenting, lack of emotional bonding, family dysfunction, and exposure to violence increase risk. Community factors include poverty, social isolation, gang presence, and easy access to alcohol or firearms. At the societal level, harmful gender norms, economic and social inequalities, inadequate protection systems, and weak governance contribute to violence [1]. Children aged between 2-9 years show significantly higher risk [20]. In the context of Nepal, children aged 5-9 years face a higher risk of violence compared to those under 5 years or above 10 years. Additionally, children in this age group are approximately twice as likely to experience violence, which is linked to parents' attitudes toward the acceptability of punishment as a form of control for different age groups.

Children with at least one caregiver abroad for foreign employment are less likely to face violence from parents directly; however, they experience 19% more violence overall compared to children whose parents are both present at home. children often experience lower levels of well-being and increased exposure to violence compared to children whose parents are present [21]. Boys are more likely to experience bullying and violence than girls [22] and experiencing more risk than girls [23]. Similarly, the results indicate that boys under the age of 14 are at greater risk as they are more likely to exhibit Physical and Humiliating Punishment (PHP) compared to girls.

Households with at least one member employed abroad are less likely to be at risk, and children in these households are also less likely to experience physical and humiliating punishment. However, caregivers in the poorest households are more likely to accept physical punishment as a disciplinary method. Conversely, children from poorer households are

more likely to experience physical and humiliating punishment compared to those from wealthier households. Poverty and economic conditions play a significant role in child protection issues [24]. Furthermore, evidence indicates that socioeconomic status influences the likelihood of child punishment. Children from poorer households are more likely to experience physical punishment. In contrast, in Central America, children living in households with members employed abroad are less likely to face such punishment, highlighting differing levels of acceptance of physical discipline [25, 26]. Poorer households are more likely to accept and practice physical punishment, impacting children's well-being [27].

Research identified, socio-demographic and contextual factors associated with violence against children [4, 5, 28, 29] and also in Nepal, with a particular focus on PHP. Drawing on recent data, the study highlights significant disparities in child risk levels based on age, region, parental education, and household wealth. Additionally, maternal education emerges as a critical protective factor, with higher education levels significantly reducing the likelihood of children experiencing violence [5]. The findings underscore the urgent need for targeted interventions to address the root causes of violence against children, particularly in vulnerable populations. By understanding the predictors of violence and the socio-economic dynamics that perpetuate it, policymakers and practitioners can develop more effective strategies to safeguard children's rights and well-being.

Children at risk of violence and those exhibiting violent tendencies are affected by several socio-demographic characteristics, such as age, gender, household affluence, and educational attainment. Children aged around 9 years are particularly vulnerable to violence due to their reliance on caregivers and their restricted capacity to seek assistance [2] [5]. Adolescents, particularly males, are more prone to display violent behaviors, frequently due to exposure to violence or severe disciplinary measures [30]. Gender discrepancies contribute significantly, as girls are more susceptible to sexual assault while males are more prone to physical punishment [31]. Children from impoverished households encounter markedly elevated risks of violence attributable to economic strain, resource scarcity, and restricted access to protective services [4, 32]. Conversely, children from affluent households are less prone to violence but may still encounter emotional abuse or neglect. The educational status significantly affects risk levels, as out-of-school children are more susceptible to exploitation and violence than their peers who are enrolled in school [33]. Regional disparities intensify hazards, with children in rural or conflict-affected regions being disproportionately impacted [28]. Mitigating these vulnerabilities necessitates focused interventions that consider age, gender, socio-economic position, and educational access to safeguard children against violence and its enduring repercussions. Children at risk of violence and exhibiting violent behaviors are profoundly affected by socio-demographic factors, including age, gender, household wealth, parental education, and regional disparities. Younger children, particularly around 9 years of age, those from impoverished households, and those residing in rural or conflict-affected areas are disproportionately vulnerable. This situation necessitates targeted interventions that specifically address these risk factors to mitigate violence and its enduring consequences effectively.

Socio-demographic characteristics, including lower home wealth, maternal education levels, and geographical inequities, substantially affect children's susceptibility to violence, particularly among children and those residing in rural or economically disadvantaged areas. Maternal education serves as a vital protective factor, diminishing the probability of children encountering physical and mental violence, but those in middle childhood and early adolescence are more susceptible to physical punishment. The regional disparities, particularly the elevated risks in Karnali and Sudurpashchim, emphasize the necessity for focused interventions. The findings underscore the necessity of tackling socio-economic disparities, enhancing parental education, and executing region-specific methods to effectively reduce violence against children.

5. Conclusion

In conclusion, the findings underscore that socio-demographic and contextual factors, including age, gender, economic background of family, parental education, and geographical variations, substantially affect children's susceptibility to violence. Younger children, especially those around 9 years old, as well as those from economically disadvantaged families and those residing in rural or social and economically marginalized areas such as Karnali and Sudurpashchim, encounter significantly elevated risks. Maternal education serves as a vital protective element, diminishing the probability of children encountering violence, whereas those in middle childhood and early adolescence are more susceptible to physical punishment. This study highlights the pressing necessity for focused initiatives that tackle socio-economic disparities, enhance parental education, and execute region-specific techniques to effectively reduce violence against children. By tackling these fundamental issues and concentrating on at-risk populations, policymakers and practitioners can formulate more efficacious strategies to protect children's rights and welfare, thereby guaranteeing safer conditions for their growth and development.

6. Recommendations

To combat violence against children (VAC) and Physical and Humiliating Punishment (PHP) in Nepal, targeted interventions are essential. Prioritizing parental education, especially in disadvantaged regions like Karnali and Sudurpashchim, can reduce PHP. Strengthening poverty alleviation programs will help mit-

igate economic stressors that lead to violence. Region-specific strategies and community-based awareness campaigns should challenge harmful norms and promote non-violent discipline, fostering safer environments for children's development.

Abbreviations

CBS	Central Bureau of Statistics
MICS	Multiple Indicator Cluster Surveys
PHP	Physical and Humiliating Punishment
PTSD	Post Traumatic Stress
WHO	World Health Organization

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Author Contributions

Peshal Kumar Puri: Conceptualization, formal analysis, data, Methodology, writing original draft, review & editing.

Juthiram Chaudhari: Literature review, review, and editing, methodology.

Data Availability Statement

The data that support the findings of this study can be found at: https://mics.unicef.org/surveys?display=card&f[0]=year:2019 (a publicly available repository)

Conflicts of Interest

The authors declare no conflicts of interest.

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Biography

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