UNDERSTANDING THE LANGUAGE OF SILENCE: AWARENESS ON REPORTING CHILD MALTREATMENT CASES AMONG UiTM SUNGAI BULOH DENTAL STUDENTS

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ABSTRACT

This study examines the correlation between the attitudes, knowledge, behaviours, and years of education factors on the level of awareness of reporting child maltreatment cases among dental students in UiTM Sungai Buloh. A cross-sectional survey among Dental students in UiTM Sungai Buloh was engaged and employed for this study. Among 196 of the questionnaires distributed and returned, only 140 were useable. The associations between attitudes, knowledge, behaviours & years of educations, and level of awareness of reporting child maltreatment among dental students were thoroughly examined and analysed. The findings of this study revealed that all factors namely knowledge, attitudes, behaviours, and years of education were associated with the level of awareness of reporting child maltreatment among dental students. The majority of the students in UiTM Sungai Buloh had a moderate level of awareness of reporting child maltreatment cases. The findings are limited to the context of the study. This study will also arouse the interest and awareness of the situation to report child maltreatment. While it is envisaged that Dental offices can facilitate community awareness on child abuse and neglect in several ways. Some suggestions were also highlighted in this study to improve the present situation.

Keywords: Child Maltreatment, Knowledge, Behaviours, Attitudes & Dental Students

INTRODUCTION

Child abuse, violence, or maltreatment has become a worldwide matter and debated broadly in developed countries and regions (Chan, Lam, & Shae, 2012). Child abuse or child maltreatment can be identified by all forms of physical, sexual, or emotional ill-treatment or neglect of a child or children (Abbasi, Saeidi, Khademi, Hoseini & Moghadam, 2015). According to the World Health Organization (WHO), child abuse is every kind of physical, sexual, emotional abuse, neglect or negligent treatment, commercial or other exploitation resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power (WHO, 1999 p.15). The definition given covers a broad spectrum of abuse. Apart from that, an abused child will tend to receive long-term bad effects on the psychological, physical, and societal wellbeing (Kelly-Irving, Lepage, Dedieu, Bartley, Blane & jennDelpierre, 2013). In Western countries, those countries combat child abuse issues through rules and regulation implementation (Abbasi et al., 2015). Child abuse also can happen anywhere such as at the child's home or in an institution or school or society that relates to the child.

Globally, children are more vulnerable and remarked as easy targets due to the lack of experience, unaware, immature, and physically weak than adults (UNICEF, 2014). Previous studies reported that most of the surveys resulted in about 50-77 percent of the child abuse cases include head and neck area making oral health care workers are in the best position to identify, analyze and write a statement to responsible authorities (Tsang & Sweet, 1999). According to the UNICEF report, three in four children aged 2 to 4 around the world that face violent discipline by caregivers regularly have reached almost 300 million while 250 million are punished physically (UNICEF, 2017). In addition to the above statistical report, it was also reported that 1.1 billion caregivers agreed that physical punishment is essential to teach their children (UNICEF, 2017).

Child abuse in Malaysia has begun to get attention since the early 1980s when the cases started to be officially registered and contributed to the social issues (Niner, Ahmad, & Cuthbert, 2013). For further clarification, a former Deputy of Women, Family and Community Development Minister Datuk Azizah Mohd Dun, has demonstrated that the highest child abused was physically abused (53.09 percent) followed by sexual abuse (43.25 percent) and mentally abused (3.65 percent). Recently, in February 2018, Malaysia received devastating news on a nine-year-old girl named Nur Aina Nabihah Muhammad Abdullah when she was found dead after been abused physically by his biological father (The Star Online, 2018, February 3). Given the importance of reporting child abuse cases, it is said that the dentists among the first line of professionals to detect and treat an abused case among children. Despite growing awareness of their potential role in detecting this crime, it is urged that knowledge among dental students should be enhanced so that they are aware of their legal obligation to report child abused cases. Therefore, this paper aims to gauge the extent of the level of awareness of reporting child maltreatment cases among dental students. Second, this paper proposes to examine the attitude, knowledge, behaviours & years of education factors associated with the level of awareness on reporting child maltreatment cases among dental students. Next, the analysis section is also discussed, and it is followed with the discussion and limitation in the fourth section, while several implications are summarised in the last section.

AWARENESS OF CHILD ABUSE

Globally, child abuse has been a social and public health problem where it has caused short and long-term consequences to the children. Child abuse or child maltreatment represents in the form of physical, emotional, sexual, neglect, and exploitation, it will jeopardize the child's health, growth, and self-confidence (Ramesh, Kumar, Raj, Gupta, Katiyar & Nagarajappa, 2017). Children can be the victim in any abuse cases and should never be blamed at any circumstances. The children have a high tendency to be abused if they under the age of four years old or adolescent, unneeded due to unable to fulfil parent's expectations and required special attention such as constantly crying or abnormal physical appearance (WHO, 2014). In India, child maltreatment matters require serious attention, especially those who are underprivileged within the rural and urban communities where the child protection system is not properly developed (Saini, 2013).

To support the above notion, Jasmine and Hameed (2016) viewed that physical abuse as an action of other parties involving touching to result in the feelings of physical harm, pain, or other physical suffering or bodily damage. The same study also has defined the term child abuse in the aspects of physical, emotional, sexual and neglect. Emotional abuse contained acts or unsuccessful to act by parents or guardians that produced or could cause the children towards serious behavioral, intellectual, emotional, or mental trauma. Sexual abuse refers to the participation of immature children in sexual activities that they do not fully understand or realise to which they are unable to give consent or that violate the social taboos of family responsibilities. Garrocho-Rangel, Márquez-Preciado, Olguín-Vivar, Ruiz-Rodríguez, Pozos-Guillén (2015) viewed that the timely detection of the signs and symptoms of sexual abuse, often present in the orofacial region. Therefore, it has confirmed that dentists are in a good situation, with the capacity to recognise, register, and later report those cases considered as suspect, including the dental treatment delivered and the intensive behavioural-psychological management. Meanwhile, neglect happens when the parents failed to act appropriately in protecting the health, security, and the comfort of the child. In particular, all these four types of child maltreatment explore the prevalence, causes and consequences by the caregivers. Thus, awareness of child abuse is crucial as the degree of knowledge on child abuse can provide more understanding of varieties of ways of reacting in situations that may lead to the presence of abuse.

Child maltreatment also has a negative impact according to Sampasa-kanyinga, Nilsen and Colman (2018) as it can affect the relationship with other such work or friendship bonding. Other than that, Zielinski (2009) stated that there was a shred of evidence that abused children have a high potential for unemployment because they were likely to have communication problem to network with their colleagues where they were exposed to a higher level of works pressure and receive lesser social support (Sperry & Wisdom, 2013). It also has been supported by stress sensitisation theory since abused children will create hyper-reactivity to later stressor physically and emotionally and lead to work stress (Repetti, Taylor & Seeman., 2002; Westerlund, Gustafsson, Theorell, Janlert et al., 2012; Heim, Newport, Heit et al., 2000).

Theory on stress sensitisation demonstrated that there is a high probability of negative reactions when children who grow up in risky families are most especially likely to exhibit health-threatening behaviors (Repetti, Taylor & Seeman., 2002; Brown. Bennet, Rapee, Hirshfiled-Becker & Bayer, 2020). The effects of childhood abuse are highly associated with smoking, alcohol abuse and drug activities in adolescence. This is because these forms of behavioural or substance abuse may represent a method of compensating for deficiencies in social and emotional development. As a result, it is important to note that experiencing trauma early childhood in life is vulnerable to having more negative reactions in the future. Therefore, it is important to stress out that child abuse cases could be prevented early as good health begins in early life.

Based on a study conducted by Kassebaum, Dove and Cottone (1991), dentists can also detect child abuse cases because they can observe the family background, especially when dealing with paediatric patients which have continuous relationships. Apart from that, the dentist has the platform to identify suspected child abuse cases due to the frequent visit with the children and their opinion is considered as an expert view (Jesse, 1999). This is supported by a previous study done by Al-Dabaan, Newton and Asimakopoulou (2014), whereby dentists must know how to diagnose and recognise child maltreatment cases. In line with this context, Hibbard and Sanders (2004) also stated that more than 50% of the evidence in child physical abuse cases is seen in their oro-facial region which is often checked by the dentist.

Next, primary school teachers also have the highest opportunity to detect and act in child abuse and neglect cases. However, the teacher in Kanpur City was lack of knowledge and skills to recognize such cases (Ramesh et al., 2017). The study suggested that dentists can help school teachers by giving them the training to prevent such cases from happening and conducted an early intervention (Ramesh et al., 2017). However, a previous study reported in Shinyanga District of Tanzania stated that the parents have low preventive practices to prevent child abuse (Mlekwa et al., 2016). They suggested that the parents should focus more on including child sexual abuse prevention in their education program. The execution of law by the authority and parental participation in combating child sexual abused is still much needed to be done in Tanzania (Mlekwa et al., 2016).

Several developing countries have implemented a comprehensive child protection system that emphasised compulsory reporting, recognition, investigation of child abuse case and coercive penalties to the preparatory (Ramesh et al., 2017). In Malaysia, it is mandatory for the doctors, family members and caregivers to report all cases that involved child abuse according to the Child Act 2001. The data is collected annually by the Department of Social Welfare, Royal Malaysian Police, and various hospitals. This coordinated system will avoid them from having redundant reports. A procedure for handling child abuse cases in the hospital also has been laid down by the Ministry of Health (Cheah & Choo, 2016). Parallel to this discussion, dental students should be given the best training relating to this issue as they are in a paramount position in detecting child maltreatment cases (Thomas, Straffon & Inglehart, 2006).

KNOWLEDGE

Dental students' knowledge is important as most of the dental students are likely to ignore their responsibility to report child maltreatment due to lack of attitude (Bodrumlu et al., 2018). The obstacle in reporting child maltreatment may arise from a lack of awareness on what action should be done when facing the abused cases (Al-Dabaan et al., 2014). Though dentist professionals are aware on the significance of reporting child abused cases, they still hesitate to report as they lack the knowledge relating to management as well as tackling the child maltreatment and uncertainty on the results of the diagnosis (Malpani, Arora, Diwaker, Kaleka, Parey & Bontala, 2017). A survey study in 1986 also found that the ignorance involving child maltreatment issues and lack of people's attention was the main walls why people choose to not report the cases (Pushpalatha, Tammannavar, Nimbal & Jain, 2013; Tsang & Sweet, 1999). Further discussion of other potential reasons is dentists are afraid that they will be distant from their patients and facing a lawsuit from the parent of the abused child (Mouden, 2013). Furthermore, the marks from child maltreatment are best identified by the educated dentist and five times more likely to report compared to the dentist who refuses to report the abused cases (Malhotra, Gupta & Alam, 2013; Tsang & Sweet, 1999).

The majority of dentists indicated that they played significant roles to discover as well as report the cases of child abuse (Mogaddam, Kamala, Merdad & Alamoudi, 2016). Within the same study, it was found that 60 percent of the respondents agreed that the lack of knowledge relating to procedures was the main reason for the underreporting of abuse cases (Mogaddam et al., 2016). In the USA, child maltreatment has been addressed in dental schools and each state has an obligation reporting to the law (Ministry of Social Affairs, 2013; Thomas et al., 2006). This also could affect the frequency of reported cases by the dentist since they have high levels of knowledge on when to report the suspected cases (Ministry of Social Affairs, 2013; Thomas et al., 2006).

America was acknowledged to be more advanced in the knowledge of domestic violence since the country practice educational program such as PANDA (Prevent Abuse and Neglect through Dental Awareness, Delta Dental, Kansas, USA) that called professionals to protect the children (Rodrigues et al., 2016). This educational approach expected that there is a 60 percent growth in the rate of child maltreatment cases reported by dentists (Rodrigues et al., 2016).

Indeed, a study by Hashim and Al-Ani (2013) have found that only 36.2 percent of dental students were able to identify where to report child maltreatment. Along with this discussion, dental professionals also were not alert of their legal responsibilities to report child maltreatment (Ramos-Gomez, Rothman & Blain, 1998). In Saudi Arabia, Al-Dabaan et al. (2014) revealed that 59 percent had confronted a case of child maltreatment during their practices but only 10 percent of those cases were reported among dental practitioners because they are afraid of victims' family and insufficient accuracy of the diagnosis. According to Bodrumlu, Avsar and Arslan (2016), most of the dental students explained that the reason for not reporting the child maltreatment cases was due to lack of knowledge regarding the referral procedure, fear of family rage and vagueness about the diagnosis. Within the same case study, the findings discovered that

knowledge for the dental students should be improved as the study assumed that students that unaware of their legal obligations are less responding appropriately when facing a case of child maltreatment. Thus, this study has hypothesised that;

H_1: Knowledge is positively related to the level of awareness on reporting child maltreatment cases

ATTITUDES

Attitudes are normally understood to be shaped through a process of individual subjective evaluation (involving a rational calculation of costs and benefits), but is also affected by affective and emotional responses and related beliefs. There are positive attitudes regarding dentists' role in reporting and discovering cases of childhood maltreatment physically and alertness to undergo training to face child maltreatment cases in the future (Mogaddam et al., 2016). Besides, the attitudes are also associated with how far an individual assesses something that favourable and unfavourable (Rizki et al., (2017).

According to Hashim and Al-Ani (2013), a study in the United Arab Emirates (UAE) found that knowledge on child maltreatment among dental students was not adequate even though most of the students aware that they have a legal obligation to report the maltreatment cases. UNICEF (2009) also has given a statement that dentists have an active role to notice and report physical child maltreatment since it was undeniable that they would be the first person to recognize the suspected cases. Besides, dentists were able to identify the most common signs of a child abused as it is located within the area that they examine regularly. Apart from that, the respondents in Jeddah, Saudi Arabia have also received a positive attitude relating dentist's role in reporting and detecting the cases of physical child maltreatment and aware of the significance of undertaking training on child maltreatment cases (Mogaddam et al., 2016).

Malhotra et al., (2013) found that child maltreatment is vital to be prevented, recognised and reported urgency as it is a cyclic disease because abused children are likely to become abusive parents in the future. Also, there was a situation called 'retribution abuse" which stated that abused children are likely grown up to mistreat their children, their partners as wells as their parents (Mouden, 2013). In the previous studies, professionals preferred to talk on this matter among their professional circle or social worker since 46.3 percent of the respondent assumed to report the cases to the police while 26.91 percent of the respondent would be using the child care line number (Al-Dabaan et al., 2014; Thomas et al., 2006). This exposed that most of the dentists unable to aware of the right agency to report and the existence of a communication gap between health care workers and social welfare agencies (Kaur, Chaudhary, Choudhary, Manuja, Chaitra, & Amit, 2015).

The attitudes of the respondents may vary due to many factors. A study in Australia found that the conformity of the diagnosis cases affects 82 - 89 percent while the upcoming effects during their practices affects 9 – 11 percent when reporting the suspected cases (Malpani et al., 2017). Other than that, around 76 to 78 percent of the respondent also considered on effect towards the victims and 16 to 21 percent of respondents afraid of a legal lawsuit from the parents

(Malpani et al., 2017). Malecz (1979) has also given thought that these issues should be addressed efficiently by improving the training and education to increase dentist knowledge. Unfortunately, the previous finding also found that 1 to 2 percent of the respondents would close their eyes when confronting abused cases and hesitate to obey moral obligations on reporting the cases (Malpani et al., 2017). Thus, this study has hypothesised that;

H_2: Attitudes are positively related to the level of awareness on reporting child maltreatment cases

BEHAVIOURS

A clinical psychologist and psychotherapist, Bergner (2011, p.148), considered behaviour is "an attempt of the individual to bring about some state of affairs", such as by changing existing states. While Rizki et al., (2017) in their study stated that behaviours as easiness or difficulty of behaviour that is assumed based on past experiences and anticipating obstacles. In the context of this study, past studies asserted that behaviours are measured by asking the respondents whether they had encountered or suspected child physical abuse cases (Mogaddam et al., 2016). Results revealed that 11 percent of the respondents were able to detect cases that are related to child abuse in their clinic. A total of 50 suspected cases were identified but only 3 percent of them reported the cases. The results in this study show that it is lower than the study conducted in 2014 in Saudi Arabia, where 59 percent of dentists managed to identify child physical abuse cases and 10 percent of them reported the case to the authority (Al-Dabaan et al., 2014). The postgraduate dental practitioner achieved a high percentage in identifying child physical abuse cases during their practice with the result of $P = 0.01$ (Mogaddam et al., 2016).

The major issue that affected a dentist's decision to report a suspected child abuse case is due to ambiguity in the findings (John, Messer, Arora, Fung, Hatzis, Nguyen, et al., 1999). In the United States, the graduating paediatric dentists have more tendencies to report child abuse cases as they have effective training in their educational syllabus (Adair et al., 1997). Adopting the topic in the dental school curriculum is vital, especially when the respondents' mentioned that their core foundations of knowledge were gain through their undergraduate studies (Mogaddam et al., 2016).

Most of the respondents in the study acknowledge that they have the ethical responsibility to protect those abused children by reporting to the authority although in Jordan there is no legal obligation for the dentist to report such cases (Al-Jundi, Zawaideh, & Al-Rawi, 2010). Jordanian dentists' have a high level of awareness to report child abuse cases and they are prepared to fulfil that legal commitments (Al-Jundi et al., 2010). This claim can be supported by similar research done in Turkey, where the future dentist is ready to undertake the responsibility to combat child abuse (Bodrumlu et al., 2016). In Turkey, the law states that any individual who works in healthcare services including dentists have a mandatory obligation to report child abuse case (Bodrumlu et al., 2016). In placing more emphasis, Hashim and Al-Ani (2013) also found that most of the dental graduate agreed that they have the responsibility to report child abuse cases.

In a study conducted in Saudi Arabia, most of the respondents agreed that any individual who involves in medical practice should report child abuse cases (Alnasser, Albijadi, Abdullah, Aldabeeb, Alomair, Alsaddiqi, & Alsalloum, 2017). Their study reported that the respondent is more eager to report if the case involved child sexual abuse as Saudi Arabia is a very conservative Islamic country yet, the respondent felt that emotional abuse is the least important issue that should be reported among all types of child abuse. Thus, this study has hypothesised that;

H_3: Behaviours are positively related to the level of awareness on reporting child maltreatment cases

DEMOGRAPHIC FACTOR (YEARS OF EDUCATION)

A study conducted by Bodrumlu et al. (2018), proved that fifth year students in a medical school are more knowledgeable in handling child abuse cases as compared to third year and fourth-year students. It is supported by other researchers where among the Croatian dental students, senior year students had an adequate knowledge than junior year students (Flander, Tarabić, & Čuković-Bagić, 2015). Apart from that, fifth year students had also achieved the highest percentage as compared to third-year students and fourth-year students in terms of identifying a platform to lodge a report (Bodrumlu et al., 2018). The awareness to report suspected cases of child maltreatment does exist among the students regardless of their years of studies, but they still need to improve their knowledge on where the case should be reported (Bodrumlu et al., 2018). Thus, this study has hypothesised that;

H_4: Years of education is positively related to the level of awareness on reporting child maltreatment cases

As such, the study utilised the previous work of Mogaddam et al. (2016) as the basis of the relationships which congregate amongst the variables. The knowledge, attitudes, behaviours, and years of education are the determinants that can influence the level of awareness on reporting child maltreatment cases. Figure 1 shows the conceptual framework of the study.
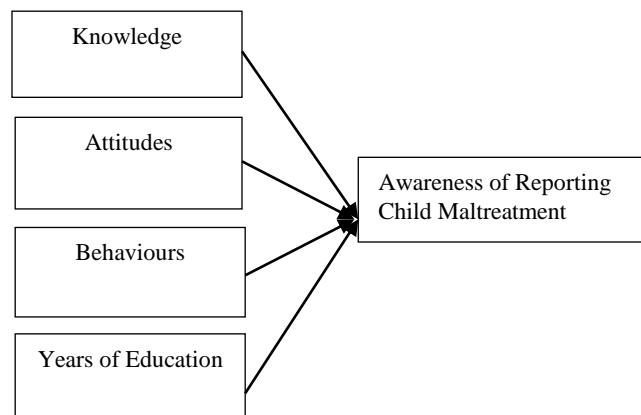
Figure 1: *Conceptual Framework*

METHODOLOGY

A study was approached using quantitative methods with a questionnaire survey as a means of collecting data. This objective of this study was to examine the correlations between knowledge, attitudes, behaviours, and years of education on the level of awareness of reporting child maltreatment cases among dental students. The dental students were selected due to child abuse is considered a serious concern that has gained increasing attention among paediatricians, paediatric dentists, and other health professionals (Mogaddam et al., 2016). In their study they also claimed that dentists can play an important role in identifying and reporting child maltreatment cases. This was deemed appropriate to understand the graduating dental students' mindset in an ever-changing scenario so that children can be identified and rendered proper care at the right time in the right way. Despite being relatively new compared to top public universities in Malaysia, the Faculty of Dentistry in UiTM are already offering postgraduate programs both at the Masters and Ph.D. level. Their objective is to produce more Bumiputra professionals in the field of dentistry (Official website of Faculty of Dentistry, UiTM, 2020). The total population of the 3rd year until 5th year students from Bachelor of Dental Surgery in UiTM Sungai Buloh are 196 (Academic Affairs Division of UiTM Sungai Buloh, 2018). The purposive sampling technique was used with the target respondents in the study being dental students of Bachelor of Dental Surgery at the Faculty of Dentistry. They were selected because of their three to five years of clinical experience (Bodrumlu et al., 2018). They are therefore in a good position to identify the suspected cases of abuse as they may be the first health care professional the child comes to contact after either abuse or for a routine dental check-up. In this context, 196 questionnaires were distributed based on the list of the sampling frame, with 140 usable questionnaires (71 percent) had been received and analysed.

To improve the process of data collection, a Google form has been used to obtain more respondents through an online survey. The constructs in this study were measured by using 5 points Likert scales as drawn from previous studies. It was adapted and modified from past researchers. Ten items were used to measure the level of awareness on reporting child abuse that was developed based on previous studies from Al-Dabaan et al., (2014); Flander et al., (2015) & Alnasser et al., (2017). In that response, the dental students were asked to evaluate their levels of awareness intention based on the statements such as, "*I am familiar with the child abuse and neglect definition in Malaysia", "I can confidently recognize signs of child maltreatments" and "I am aware of the child protection in Malaysia".* Meanwhile, for knowledge, all items were adapted from Bodrumlu et al., (2016); Alnasser et al., (2017). Next for attitudes, all items were adapted from Bodrumlu et al., (2016); Malpani et al., (2017) and Alnasser et al., (2017). Lastly, for behavior items, the study adapted Mogaddam et al., (2016) and Al-Dabaan et al., (2014) measurements on examining this construct. In terms of data analysis, descriptive statistics and inferential statistics were employed for this study. Data were analysed using Pearson correlation and chi-square tests to examine the attitudes, knowledge, behaviours and years of education factors associated with the level of awareness on reporting child maltreatment cases respectively. On top of that, preliminary analysis to ensure no violation of Pearson correlation analysis' assumption testing was also fulfilled and met before analysing the collected data.

RESULTS

Table 1 displays the profiles of all respondents that participated in this study. Most of the respondents were female dental students with 85.7 percent. Apart from that, the years of education of the third-year students were the highest percentage in this study (44.3 percent). The year of education that had the lowest percentage is fifth-year students with only 17.1 percent. Moreover, among the 140 responses received, the majority of the respondents' age was between 21 to 23 years old with a percentage of 90 percent. The results showed that the majority of the 95 percent did not receive formal training to handle child abuse cases. Furthermore, most of them (70.7 percent) agreed that they were able to recognise physical abuse among the other child maltreatment. Most of them also decided that if they encounter a child abuse case in the future, they prefer to report it to the police rather than the family, hospital, or social services. On the other hand, the hospital is the last resort that the respondents want to report child abuse cases as the percentage was 5.7 percent. Besides that, 45 percent of the 140 dental students agreed that they did not know the information relating to child abuse from dental school, dental journals and literature or dental conferences. Dental journals and literature hold the lowest result on how the dental students know about the information relating to child abuse as it was only 4.3 percent.

Table 1:
Summary of Profile of Respondents

Variables	Frequencies	Percent (%)
Gender		
Male	20	14.3
Female	120	85.7
Years of education		
Third-year student	62	44.3
Fourth-year student	54	38.6
Fifth-year student	24	17.1
Age		
21 – 23 years old	126	90.0
24 – 26 years old	12	8.6
27 years old – above	2	1.4
Do you receive formal training to handle child abuse cases?		
Yes	7	5.0
No	133	95
Which type of child maltreatments that you recognize?		
Physical Abuse	99	70.7
Emotional Abuse	12	8.6
Sexual Abuse	17	12.1
Neglect	12	8.6
If you encounter a child abuse case in the future, to whom do you report?		
Family	13	9.3

Police	94	67.1
Hospital	8	5.7
Social Services	12	8.6
Don't know	13	9.3
How do you know about the information relating to child abuse?		
Dental school	61	43.6
Dental journals and literature	6	4.3
Dental conferences	10	7.1
None from above	63	45.0

Descriptive and the Correlational Analysis Among the Study Variables

Cronbach alpha was employed to determine reliability. The following Table 2 explains the Cronbach alpha values and all the low loading items for each construct were removed, respectively. As the values are between 0.704 and 0.919, the high reliability of each construct is indicated. Table 2 illustrates the level of awareness of reporting child maltreatment cases among dental students, knowledge, attitudes, and behaviours. The level of awareness (M=22.31 SD=2.94), knowledge (M=24.04, SD=2.78), attitude (M=28.24, SD=3.02) and behaviours (M=24.96, SD=3.19) respectively. Based on the reported result it showed that most dental students had a moderate level of awareness on reporting child maltreatment cases M (M= 22.31, SD= 2.94). Next, Table 2 demonstrated the results from Pearson Correlation analysis among the study variables. The researchers used guidelines provided by Cohen (1998) in explaining the relationship among the study's variables by interpreting the coefficient values between the variables as shown in Table 2. The guidelines can also be used in explaining the relationship's strength between both independent and dependent variables. It was found that knowledge, attitudes, and behaviours was significantly positively related to the level of awareness of reporting child maltreatment (r=.552, p<0.05; r=.515, p<0.05; r=.463, p<0.05; respectively). Therefore, it can be concluded that this study's second objective was achieved with all its developed hypotheses were supported

Table 2:
Summary of Mean(M), Standard Deviation (SD) and Correlational Among the Study Variables

No.	Variable(s)	M	SD	Cronbach's Alpha	1	2	3	4
1	Level of Awareness	22.31	2.94	.704	-			
2	Knowledge	24.04	2.78	.803	.552**	-		
3	Attitudes	28.24	3.02	.817	.515**	.628**	-	
4	Behaviours	24.96	3.19	.919	.463**	.609**	.702**	-

Note: Mean Values: Low = 16-20, Moderate = 21-25, High = 26-30

Association between Demographic Factors (years of education) and Level of Awareness of reporting Child Maltreatment Cases among Dental Students

Table 3 illustrates the association between demographic factors (years of education) and the level of awareness of reporting child maltreatment cases. This association was analysed by using Pearson Chi-Square. The p-value for this relationship is 0.027, which is less than 0.05. The results showed that there was a significant relationship between years of education and level of awareness on reporting child maltreatment cases. The strength of these two relationships was low because Cramer's v-value is 0.204. It is implied that the association is positive as the higher the years of education, the higher the level of awareness towards reporting child maltreatment cases among dental students. It demonstrated that the years of education is related to the level of awareness towards reporting child maltreatment cases. Therefore, the following hypothesis was supported.

Table 3:
Summary of Association between demographic factor (years of education) and Level of Awareness on reporting Child Maltreatment Cases among Dental Students.

Variables	X²	Df	P-value	Decision
Association between Years of Education and Level of Awareness on reporting Child Maltreatment Cases	5.833	2	0.027	Supported

DISCUSSION

Level of awareness on Child Maltreatment Cases among Dental Students

According to the results acquired in this study related to the levels of awareness on reporting child maltreatment cases among dental students in UiTM Sungai Buloh, it was found that most of them had a moderate level of awareness on reporting child maltreatment cases.

In line with the findings above, the results showed by the previous study revealed that the dentist does have a high level of awareness on reporting child maltreatment cases (Welbury & Murphy, 1998; Cairns et al., 2005). They had reported that the dentists could recognise the sign of child abused around the head and neck because they have the access to do so during a dental check-up. Earlier, the result in this study was also supported by Kassebaum et al., (1991) whereby the dentists can also detect child abuse cases since they can observe the family background, especially when dealing paediatric patients who have a continuous relationship with. This proved that the dentists or dental students were aware that they have a significant role to detect and report child maltreatment cases.

Other than that, a few studies have come out with a high level of awareness regarding suspected abuse cases among children. Several outcomes are important because of this present study. It stated that there is a high percentage of suspected cases among postgraduate students and paediatric dentistry consultants (Mogaddam et al., 2016). Furthermore, based on their findings, there is a high proportion of them who have an average one year of experience

demonstrated a low reporting of cases.

Associations between Knowledge, Attitude, Behaviour and Years of Education with Level of Awareness on Reporting Child Maltreatment Cases among Dental Students

The first association was between knowledge and the level of awareness of reporting child maltreatment cases among dental students. The result demonstrated in this study showed that there was a strong association between knowledge and the level of awareness of reporting child maltreatment cases among dental students. The study conducted by Mogaddam et al., (2016) was in line with this study as the child maltreatment issues have been debated in dental schools and lead to the increase of the number of reported cases by the dentists since they have high knowledge on how to report the suspicious cases. Besides, the signs of maltreatment also are well identified by the educated dental practitioner that has 5 more times likely to report the cases (Malhotra et al., 2013; Tsang & Sweet, 1999). Furthermore, recent evidence revealed that when 59 percent had facing an abused child during their practiced, only 10 percent dental professional able to report the cases since they do not have a precise of diagnosis as well as fearing the abusive family in Arab Saudi according to Al-Dabaan et al., (2014). It can be assumed that knowledge is crucial since it can determine the decision made by dental students whether they want to report or not when suspecting child maltreatment cases. Thus, there was a significant relationship between knowledge and the level of awareness on reporting child maltreatment cases among dental students in UiTM Sungai Buloh and it was supported by the earlier studies mentioned above.

The second association was between attitude and the level of awareness of reporting child maltreatment cases among dental students. Based on the findings in this study, there was a strong correlation between attitude and the level of awareness of reporting child maltreatment cases among dental students. It was implied that as attitude increases, the total overall of level awareness on reporting child maltreatment cases among dental students also increased. In parallel with the study directed by the previous researcher, it was also found that, 46.3% of the respondent assumed to report the cases to the police while 26.91 percent of the respondent would use the child care line number since professionals preferred to talk on this matter among their professional circle or social worker (Al-Dabaan et al., 2014; Thomas et al., 2006). Also, Blain (1979) also assumed that if the dentist has adequate training and more confidence in determining the child maltreatment, more cases can be analysed and reported by the dental professional. Generally, when there are decent basics of knowledge, positive attitude, and willingness to receive training, experienced practitioners will be likely to report child abuse cases (Alnasser et al., 2017). Moreover, dental students also agreed that attitude is one of the factors that lead them on reporting child maltreatment cases in the future. Thus, it exhibits there was a relationship between attitude and the level of awareness on reporting child maltreatment cases among dental students were agreed by various former research studies.

The third association was between behaviours and the level of awareness of reporting child maltreatment cases among dental students. The results showed that there was a significant association between behaviours and the level of awareness of reporting child maltreatment cases among dental students. Thus, as the behaviours increase, the level of awareness on reporting child maltreatment cases among dental students also increased. It is parallel with the study

conducted by Mogaddam et al., (2016) where behaviour can be measured by asking the respondent whether they have encounter or suspected child maltreatment cases. It also indicated that the postgraduate dental practitioner had achieved a high percentage in identifying child physical abuse cases during their practice with the result of P = 0.01 (Mogaddam et al., 2016). Apart from that, the statement above was supported by a study conducted in Jordan where most of the respondents agreed that they have the obligation to report child abuse case to the responsible authority (Al-Jundi et al., 2010). Bodrumlu et al., (2016) also reported that dental students in Turkey have the readiness attribute to fight against child ill-treatment. This claim can be supported by a study done in Saudi Arabia where most of the respondents admitted that those work involved in medical practice have a responsibility to report any suspected child abuse case (Alnasser et al., 2017). Besides, behaviours are deemed related to the action taken by the dental students to report child abused cases. When they have awareness, they will be more responsible and reliable to protect the child from continuously being abused by the perpetrator. Therefore, the results of this study whereby there is an association between behaviours and the level of awareness on reporting child maltreatment cases among dental students was validated by past studies.

The last association was between years of education and the level of awareness of reporting child maltreatment cases among dental students. The results illustrated in this study showed that there is a significant association between years of education and level of awareness on reporting child maltreatment cases among dental students. It is in line with the study directed by Bodrumlu et al., (2016), where it was proven that fifth-year students in medical schools are more knowledgeable in handling child abuse cases as compared to third-year and fourth-year students. The results from this study are also supported by Bodrumlu et al., (2016) where the study also stated that the awareness to report suspected cases of child maltreatment does exist among the students regardless of their years of studies. Besides, it is also supported by other researchers that the senior year students among Croatian dental students have adequate knowledge than junior year students (Flander et al., 2015). There is also a consensus between this study and previous study since the study conducted by Bodrumlu et al., (2016) found that fifth-year students also achieved the highest percentage as compared to the third-year students and fourth-year students in term of identifying platform to lodge a report. Both studies verified that there is an association between years of education and level awareness of reporting child maltreatment cases. The findings of this present study are consistent with the previous study because the result showed that there is an association between years of education and level awareness of reporting child maltreatment cases. This showed that years of education are vital in detecting child abuse cases, perhaps the students have been equipped with sufficient knowledge throughout their studies and exposed to the current issues that are related to the child abuse. Thus, the finding in this study is parallel with the former research studies.

CONCLUSION

The purpose of this study was to examine the attitude, knowledge, behaviours & years of education factors associated with the level of awareness on reporting child maltreatment cases among dental students in Universiti Teknologi Mara (UiTM) Sungai Buloh. The results indicated that the majority of the respondents were female. Most of the respondents between the aged of 21 until 23 years old. Apart from that, the majority of the respondents were from third-year students. Commonly, the students did not receive formal training to handle child abuse cases based on the result obtained in this study. Furthermore, most of the dental students agreed that they were able to recognise physical abuse among the other child maltreatment. In this study, dental students also decided that if they encounter a child abuse case in the future, they prefer to report it to the police. Nevertheless, the students also decided that they did not know the information relating to child abuse from dental school, dental journals and literature or dental conferences.

The results obtained in this study found that most of the dental students from UiTM Sungai Buloh had a moderate level of awareness on reporting child maltreatment cases. Other than that, the associations between knowledge, attitudes, behaviours and years of education were positively associated with the level of awareness on reporting child maltreatment cases among dental students. It is envisaged that an overall average understanding of the problem, despite a very high level of interest demonstrated by the respondents and a strong desire for further information about their responsibilities.

This study has several limitations. Firstly, the study sample comprised fairly young dental practitioners, however, further cross-sectional studies involving all the age groups of practitioners throughout the country are required to understand the broader trends in dentists. Secondly, the study population only covered dentists from academic institutions, therefore the results might not be representatives to all dentists practicing in Malaysia. Lastly, dentists were tested using a self-administered questionnaire which may lead to response assessment bias.

IMPLICATIONS

Awareness of child abuse or maltreatment is vital to help and protect vulnerable children around the world. Participation from individuals is crucial to curb child abused problems in our nation. Therefore, this study was directed to provide some awareness of the awareness of child abuse.

(i)   Body of Knowledge

This study contributed to the body of knowledge related to the child abused issues involving many innocent children. Besides, the findings of this study are anticipated to help the public in being aware of child abuse issues.

(ii)   Policy Makers

This study is significant to the policymakers at relevant ministries (i.e. Ministry of Women, Family and Community Development and Social Welfare Department) to support protection program and enhance law and order for the children such as "Teledera Hotline", Child Protection Teams and child protection policy to safeguard every child from neglect, abuse, violence and exploitation. This policy also catalyses the awareness and commitment of all parties, including every member of the community in protecting children. Thus, this research strengthens information on the awareness of child abuse problems.

(iii)   Non-governmental Organisations

This study is significant to the non-governmental organisations involved in combating child abused. These non-profit bodies have initiated various programs and campaigns to increase awareness among the community. Examples of the non-governmental organisations are the United Nations Children's Fund (UNICEF), the Malaysian Association for the Protection of Children (MAPC), the Malaysian Council for Child Welfare (MKKM) and Suriana Welfare Society Malaysia. This research supported their struggle in reducing and eliminating child abuse cases. Through this research, they might be able to receive feedback and information that can expand their campaign to a different target group and at a different level.

(iv)   Community

Apart from that, this research is conducted to increase the level of awareness among the community regarding child maltreatment. Currently, a child abused cases have increased rapidly which forced the community to participate in combating the issue. This is important to the community especially to the parents, future parents, neighbours, religious body, leaders and others. It will help the public to recognise and be alert about a child abused cases that occur in their community. In the future, it might help in reducing child abuse cases. The community needs to cooperate with each order and obligated themselves to report to the authority when they are confronted with any form of a child abused in their surroundings.

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