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# Effectiveness of educational programme on knowledge of mothers regarding child sexual abuse in District Sirmour, Himachal Pradesh – A pilot study

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# **ABSTRACT**

Child sexual abuse, also called child molestation, is a forms of child abuse in which an adult or older adolescent uses a child for sexual stimulation. Childhood Sexual Abuse (CSA) is a major concern that causes greater psycho-social impact on the children. This study aims to develop and evaluate the effectiveness of educational programme regarding prevention of child sexual abuse on level of knowledge among mothers. Objectives: to assess the pre-test level of knowledge regarding prevention of child sexual abuse among mothers, and to determine the effectiveness of educational programme on the level of knowledge regarding prevention of child sexual abuse among mothers, to find out the association between the pre-test score on level of knowledge on prevention of child sexual abuse with the selected socio demographic variables of the mothers. Method: The study has adopted quantitative research approach and preexperimental design (one group pre-test and post-test design). Total 10 mothers were selected based on inclusion and exclusion criteria through non convenience sampling technique. Data was collected in terms of socio demographic profile of the mothers, self-administered knowledge questionnaire regarding prevention of child sexual abuse. Results: Findings of study showed that 50% mothers in pre-test were having poor knowledge and 50% were having average knowledge. The majority of mothers in post-test were having good knowledge i.e. 80% and 20% had average knowledge. There is no significance association between the level of knowledge scores and socio demographic variables. The result from this study reveals that knowledge regarding prevention of child sexual abuse among mothers were inadequate. Also, the educational programme significantly improved the knowledge of mothers regarding child sexual abuse so other teaching strategies can be used to increase mother's knowledge regarding prevention of child sexual abuse.

**Keywords**— Mothers, child sexual abuse, educational programme

# 1. INTRODUCTION AND BACKGROUND

Childhood is the age span which range from birth to adolescent. Childhood is divided into different developmental stages, these are: toddlerhood, early childhood, middle childhood and adolescent. It is a time which is precious for the children. Children should live free from fear, safe from violence and protected from abuse and exploitation. During childhood they have to face lot of psychosocial issues that will affect their growth and development, among those issues Childhood Sexual Abuse (CSA) is a major concern that causes greater psycho-social impact on the children. Child sexual abuse, also called child molestation, is a forms of child abuse in which an adult or older adolescent uses a child for sexual stimulation<sup>2</sup>. World Health Organization(WHO) defines child sexual abuse (CSA) as it is involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society.

The sexual activity being intended to gratify or satisfy the needs of the person. This may include but is not limited to: the inducement of a child to engage in any unlawful sexual activity, the exploitative use of child in prostitution or other unlawful sexual practices, the exploitative use of children in pornographic performances and materials<sup>2</sup>

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#### 1.2 Need for the Study

Children depends on adults for safety puts them at risk of maltreatment in many forms. One of the forms of abuse is child sexual abuse. The psychological effects of Child sexual abuse can be short term and long term. Depression, anxiety, eating disorders, poor self-esteem, sleep disturbances and post-traumatic stress disorders are the indicators and effects of child sexual abuse. Child sexual abuse is associated with 47% of all childhood onset of psychiatric disorders. The overall prevalence rate for child sexual abuse was 29.8%, with rates being higher for females (37.8%) than for males (21.2%). The prevalence was higher in rural area than urban. All types of sexual abuse included in the present study were reported in higher rates in age group 10–15 years 5. According to the latest government figures In India, a child is sexually abused every 15 minutes. India for 2016, 36,022 cases were recorded under POCSO (Protection of Children from Sexual Offences) Act<sup>6</sup>. National Crime Record Bureau (NCRB) data reveals that a minor is sexually abused every 30 minutes in India.

## 1.3 Conceptual Framework

King defines nursing as the interaction and relationship of person with the environment to attain health and improve human well-being. The study is based on the concept that administration of an intervention (lecture cum discussion and computer assisted teaching) on knowledge and regarding prevention of child sexual abuse among mothers.

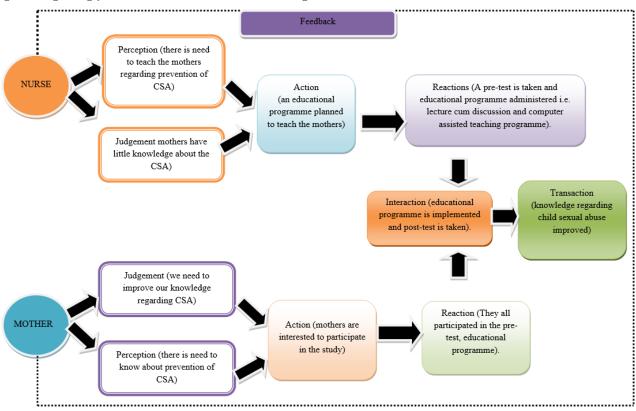


Fig. 1: Conceptual framework based on Goal Attainment Theory

# 2. REVIEW OF LITERATURE

# 2.1 Section I: Literature related to the prevalence of child sexual abuse

A Retrospective Study was conducted of Sexual Assaults in Southern Range of Himachal Pradesh. A study was conducted in Southern range of Himachal Pradesh (Shimla, Solan, Sirmour, Kinnaur). The sample was comprising of 414 cases of sexual assault. Sociodemographic sheet and self-designed performa was used. The study results show that incidences of sexual assault were maximum in Shimla district followed by Solan, Sirmour and Kinnaur district. The cases of female sexual assault (95.89%) outnumbered the male sexual assault (2.66%).

# 2.2 Section II: Literature related to impact of child sexual abuse

A prospective study was conducted to examine the impact of child sexual abuse on mental health. This study included1612 children (1327 females, 285 males), in the age group of 16 years and younger, who had been sexually abused. The study findings showed that there was a clear association between child sexual abuse and disturbances of mental health in childhood. Both male and female victims of abuse had significantly higher rates of psychiatric treatment during the study period than general population controls (12.4% vs. 3.6%). Rates were higher for childhood mental disorders, personality disorders, anxiety disorders and major affective disorders, but not for schizophrenia. Male victims were significantly more likely to have had treatment than females (22.8% v.10.2%).<sup>27</sup>

# 2.3 Section III: Literature related to level of knowledge on prevention of child sexual abuse among mothers

A cross-sectional study was conducted to assess the knowledge and attitude of mothers regarding prevention of child sexual abuse in a selected urban community of New Delhi. Data was collected from 50 mothers selected by purposive sampling technique. The data was

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collected by using structured knowledge questionnaire and attitude scale regarding prevention of child sexual abuse. The result showed that 90% of subjects had inadequate knowledge regarding child sexual abuse. However, 90% subjects had positive attitude regarding prevention of child sexual abuse.<sup>30</sup>

2.4 Section IV: Literature related to effectiveness of educational programme on prevention of child sexual abuse among mothers

A pre-experimental study was conducted on effectiveness of educational Programme on Prevention and Management of Child Abuse Among Mothers of Children in Selected Rural Area, Mangalore. One group pre-test - post-test design was adopted to accomplish the objectives. Sample size comprises of 100 mothers by purposive sampling technique and semi-structured knowledge questionnaire was developed to assess the knowledge level. The results of the study showed that most (57%) of the mothers had moderate knowledge and majority (43%) of the mothers had inadequate knowledge regarding prevention and management of child abuse. After administration of educational programme, the post-test knowledge score  $(25.28\pm2.025)$  was higher than the pre-test knowledge score  $(11.03\pm2.213)$ . The calculated 't' value in knowledge (48.668; p < 0.05) was greater than the table value (1.98) at 0.05 level of significance.<sup>35</sup>

# 3. RESEARCH METHODOLOGY

The aim of the study was to develop, administer and find the effectiveness of educational programme on prevention of child sexual abuse on level of knowledge among mothers. This chapter presents the methodology to find a solution for the research problem.

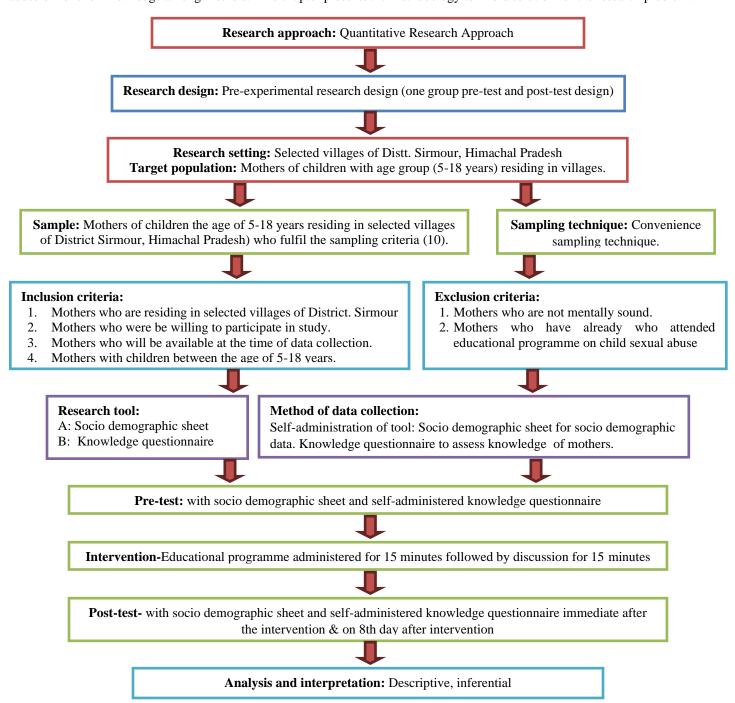


Fig. 2: Schematic diagram of research methodology

#### 4. DATA ANALYSIS AND INTERPRETATION

# 4.1 Data Analysis

Descriptive statistics: frequency and percentage for socio demographic variables, mean and standard deviation for knowledge score. Inferential statistics: Paired 't' test was used to compare pre-test and post-test knowledge.

Chi- square test was used to find the association between pre-test knowledge score and socio-demographic variables .

Table 1: Frequency and percentage distribution of mothers based on their socio-demographic variables (N-10)

| Variables                       | Opts                    | Percentage | Frequency |
|---------------------------------|-------------------------|------------|-----------|
| Age                             | 25-31                   | 70.0%      | 7         |
|                                 | 32-38                   | 30.0%      | 3         |
| E1                              | No Formal Education     | 30.0%      | 3         |
| Education                       | Primary School          | 10.0%      | 1         |
|                                 | Secondary School        | 60.0%      | 6         |
| No. of children                 | One                     | 30.0%      | 3         |
|                                 | Two                     | 40.0%      | 4         |
|                                 | Four and More than Four | 30.0%      | 3         |
| No. of male child               | One                     | 30.0%      | 3         |
|                                 | Two                     | 30.0%      | 3         |
|                                 | Four and More than Four | 10.0%      | 1         |
| No female child                 | One                     | 30.0%      | 3         |
|                                 | Three                   | 10.0%      | 1         |
|                                 | Four and More than Four | 10.0%      | 1         |
| Towns of four its               | Nuclear                 | 90.0%      | 9         |
| Type of family                  | Joint                   | 10.0%      | 1         |
| Marital status                  | Married                 | 100.0%     | 10        |
| Residential status              | Rural                   | 100.0%     | 10        |
| Living with                     | Spouse and Children     | 100.0%     | 10        |
| Occupational status of mother   | Housewife               | 40.0%      | 4         |
|                                 | Self Employed           | 30.0%      | 3         |
|                                 | Others                  | 30.0%      | 3         |
| Socioeconomic status            | Lower (<10,000/-)       | 100.0%     | 10        |
| Support system                  | All                     | 100.0%     | 10        |
| Education Program               | Yes                     | 10.0%      | 1         |
| Education Program               | No                      | 90.0%      | 9         |
| Health status of mother         | Healthy                 | 100.0%     | 10        |
| Children staying away from home | At Home                 | 100.0%     | 10        |

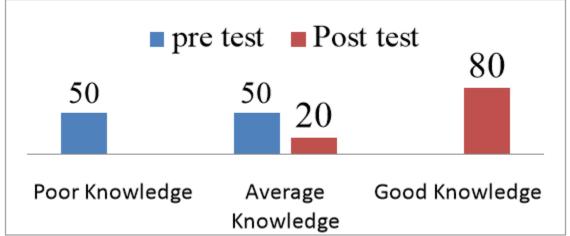


Fig. 3: Percentage of pre-test and post-test knowledge score of mothers, (N=10)

Table 1 shows the frequency and percentage of socio demographic variables of mothers. Regarding the age, 7(70%) mothers belong to the age group of 25-31years, 3(30%) to 32-38years. With respect to the education status, 3(30%) of mothers had no formal education, 1(10%) of the mothers had primary education and 6(60%) of the mothers had secondary education. Regarding number of children, 3(30%) were having one child, 4(40%) having two and 3(30%) were having four and more than four out of which 3(30%) were having

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one male child, 3(30%) were having two, 1(10%) were having four or more than four child and 3(30%) were having one female child, 1(10%) were having three female child and 1(10%) were having four and more than four female child. Regarding type of family, Majority of mothers 9(90%) were living in nuclear family and 1(10%) was living in joint family. Regarding marital status, 10(100%) were married. 1(100%) mothers living with spouse and children. Regarding occupational status of mothers, Majority of the mothers were housewife 4(40%), 3(30%) Were self-employed and 3(30%) were others. With respect to socio economic status mother's, 10(100%) lie in lower class (<10,000/-). Regarding support system, most of the mothers 10(100%) were having all three-support system. Regarding attending educational programme, majority of mothers 9(90%) have not attended any educational programme and 1(10%) has attended educational programme. Regarding health status of mothers, all mothers 10(100%) were healthy. Regarding living arrangement of children Majority of the children's 10(100%) were living at home.

Table 2: Mean, standard deviation and mean difference of pre-test and post-test knowledge scores of mothers, N=10

| Paired T Test       | Mean±S.D.  | Mean% | Range | Mean Diff. | Paired T Test | P value | Table Value at 0.05 |
|---------------------|------------|-------|-------|------------|---------------|---------|---------------------|
| Pre-test knowledge  | 12.5±3.1   | 33.80 | 7-17  | 12 100     | 14 170 *C:~   | <0.001  | 2.26                |
| Post-test knowledge | 25.6±4.502 | 69.20 | 15-29 | 13.100     | 14.172 *Sig   | < 0.001 | 2.26                |

<sup>\*\*</sup> Significance Level 0.05, Maximum=37 Minimum=0

Table 2 shows mean, standard deviation and mean difference of pre-test and post-test knowledge score of mothers. Regarding pre-test knowledge score, the mean & standard deviation is 12.5±3.1. mean% is 33.80 and range is 7-17. Mean difference is 13.100. paired T test value is 14.172, p value is <0.001 and table value is 2.26. Regarding post-test knowledge score, the mean & standard deviation is 25.6±4.502. mean% is 69.20 and range is 15-29. Mean difference is 13.100. paired T test value is 14.172, p value is <0.001 and table value is 2.26.

Table 3: Association of Pre-test Test Knowledge Scores with Selected Socio-Demographic Variables of mothers, N=10

| Variables         | Opts                    | Average | Poor | Chi Test | df | P value |
|-------------------|-------------------------|---------|------|----------|----|---------|
| Age               | 25-31                   | 3       | 4    | 0.476    | 1  | 0.400   |
|                   | 32-38                   | 2       | 1    | 0.476    | 1  | 0.490   |
| Education         | No Formal Education     | 2       | 1    |          |    |         |
|                   | Primary School          | 1       | 0    | 2.000    | 2  | 0.368   |
|                   | Secondary School        | 2       | 4    |          |    |         |
| No. of children   | One                     | 1       | 2    |          |    |         |
|                   | Two                     | 1       | 3    | 4.333    | 2  | 0.115   |
|                   | Four and More than Four | 3       | 0    |          |    |         |
| No. male child    | One                     | 2       | 1    |          |    |         |
|                   | Two                     | 0       | 3    | 4.278    | 2  | 0.118   |
|                   | Four and More than Four | 1       | 0    |          |    |         |
| No. female child  | One                     | 2       | 1    |          |    |         |
|                   | Three                   | 1       | 0    | 0.833    | 2  | 0.659   |
|                   | Four and More than Four | 1       | 0    |          |    |         |
| Type of family    | Nuclear                 | 4       | 5    | 1 111    | 1  | 0.202   |
|                   | Joint                   | 1       | 0    | 1.111    | 1  | 0.292   |
| Occupational      | Housewife               | 1       | 3    |          |    |         |
| status of mother  | Self Employed           | 1       | 2    | 4.333    | 2  | 0.115   |
|                   | Others                  | 3       | 0    |          |    |         |
| Education program | Yes                     | 0       | 1    | 1 111    | 1  | 0.202   |
|                   | No                      | 5       | 4    | 1.111    | 1  | 0.292   |

Table 3 shows association between pre-test knowledge score with selected socio demographic variables of mothers. It revealed that there is significant association between pre-test knowledge score with selected socio demographic variables of mothers

#### 5. DISCUSSION OF THE STUDY

This study was conducted on mothers residing in district Sirmour, Himachal Pradesh. The aim of the study was to develop, administer, and find the effectiveness of educational programme on prevention of child sexual abuse on level of knowledge among mothers. The results of the study show that The Findings of study showed that 50% mothers in pre-test were having poor knowledge and 50% were having average knowledge. majority of mothers in post-test were having good knowledge i.e. 80% and 20% had average knowledge. There is no significance association between the level of knowledge scores and socio demographic variables. In another study, In pre-test, 24% mothers were having moderate knowledge and 76% were having inadequate knowledge, in post-test, 56% mothers were having adequate knowledge and 44% were having moderate knowledge.

#### 6. LIMITATIONS

- Scattered population
- Postponement in data collection period

#### 7. NURSING IMPLICATIONS

# 7.1 Nursing practice

- Nurse should teach the assessment skills and signs of recognition to mothers, family members in paediatric unit.
- This study helps to increase the knowledge of mothers regarding prevention of child sexual abuse and guidance to conduct community awareness programmes, camps, role plays and health education programmes.
- Nurse can provide educational programme to mothers, family members and community regarding prevention of child sexual abuse. Nurse can conduct continuing nursing education on prevention of child sexual abuse.

## 7.2 Nursing education

- Nursing students should know about background knowledge, assessment skills, recognition of child sexual abuse.
- Nursing students should be aware of preventive measures and legislations related to child sexual abuse.
- The nurse researchers may effectively use the results of various studies and recommend on the importance of prevention of child sexual abuse thus to reduce the risk of child sexual abuse and their associated psychiatric disorder.

# 7.3 Nursing administration

- Nurse can make a policy that will include all the nursing staff to be actively involved in cotinuing nursing education in the community regarding prevention of child sexual abuse.
- Nurse administrator should plan for the budget and utilize the resources for training of staffs, health education for community.

## 7.4 Nursing research

- There is need of extensive research in this area so that strategies can be made to teach the nurses and community regarding prevention of child sexual abuse.
- Nurses can take initiative to conduct research on prevalence of child sexual abuse and prevention of child sexual abuse in different districts of Himachal Pradesh.

# 8. RECOMMENDATIONS

- Study can be conducted in various settings.
- Randomized trial can be done by using different teaching strategies on child sexual abuse.
- Effectiveness of educational programme can be measured based upon follow-up studies related to prevention of child sexual abuse
- An exploratory study can be done to assess parental perception more deeply regarding prevention of child sexual abuse

# 9. CONCLUSION

This concludes that mothers were having poor and average knowledge regarding prevention of child sexual abuse. The educational programme was effective in improvement of knowledge score regarding prevention of child sexual abuse among mothers.

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