Original Research Article

Effectiveness of structured teaching program regarding child abuse on knowledge among mothers of school-age children at selected rural areas

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ABSTRACT

Background: Child abuse is a significant global problem with a serious impact on the victims throughout their lives. According to WHO (2013) which estimates that the international level of prevalence in child abuse and neglect was approximately 5,000 children were at the risk of abuse right now. Objectives of the study was to assess the effectiveness of structured teaching program regarding child abuse.

Methods: Research design was quasi experimental one group pre-test-post-test design used & setting was selected rural areas of Sarojini Nagar, Lucknow, UP. Samples 73 mothers were selected by purposive sampling technique. Tools were used as self-structured knowledge questionnaire.

Results: Revealed that the mean score of the pre-test knowledge was 10.42 with SD of 1.95 whereas the mean score of the post-test knowledge score was 17.61 and SD was 1.7. Based on the findings researcher compared the calculated t value i.e. 21.05 and the tabulated value i.e.1.99 on 72 degrees of freedom at 0.05 level of significance. Since the calculated value was higher than the tabulated value the researcher rejected the null hypothesis and accepted the alternative hypothesis. Which revealed that there was a significant increase in the level of knowledge.

Conclusions: Thus the structured teaching programme on knowledge regarding child abuse was effective.

Keywords: Child abuse, Effectiveness, Structured teaching program

INTRODUCTION

Children represent the wealth of the country. A nation is built on the bricks of today’s children. This is important to the young one to grow and the process of growth requires good health. In India, about 35% of total populations are children below 15 years of age. It is often stated that children play a very important role and are the world’s most valuable resources and assets, but their rights throughout the world are largely ignored often resulting in tragic outcomes. This is because of the vulnerability of children from infancy through childhood they are dependent on an adult for safety and this puts them at risk for maltreatment in many form.1

According to data from National Statistics on Child Abuse reports that nearly five children die every day from abuse and neglect. In 2011, an estimated 1,570 children died from abuse and neglect in the United States.2 UNICEF stated in their research that almost 3,500 children under the age of 15 die from physical abuse and neglect every year.3

Child abuse in India, though widespread, is difficult to document because it is shrouded in secrecy. Fear of social stigma, unwillingness to implicate family members, and other factors discourage families from exposing abuse. Police misbehaviour and a long judicial process are deterrents to seeking redress.4 According to WHO (2013) which estimates that the international level of prevalence

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in child abuse and neglect was approximately 50500 children were at the risk of abuse right now. However, a quarter of young adults (24%) experience sexual abuse by adults, one in 6 children aged 11-17 (16.5%) have experienced sexual abuse, one in 6 young adults (16%) had been neglected. They also estimated that 1 in 14 young adults (6.9%) experienced emotional abuse during childhood. Each year there are about 207754 victims of sexual assault.5

Many of the cases registered for child abuse raised from 8,904 in the year 2014 to 14,913 in the year 2015, under the POSCO Act.5 Every year more than 6.6 million children are abused across the nation and 20.7% are sexually abused. In India, an estimated 679,000 children were victims of abuse and neglect as per the 2013 statistics and 346,830 rape cases are reported as per the National Criminal Victimization Survey, 2012. In 2014, state agencies found an estimated 702,000 victims of child abuse.5 In New Delhi, the nation’s capital, has an abuse rate of over 83.89% of the crimes are perpetrated by family members. Boys face more abuse and many maltreatment (>72%) than girls (65%). More than 70% of cases go unreported and unshared even with parents and family members.5

Sexual offenses are a violation of human rights. Many times, these are acts of perversion, mixed with feelings of hatred. These types of cases can also be a result of an intention to hurt and brutalize the children and often consequences of unsolicited gratification of the personal needs of the perpetrators. Child abuse can result in both short term and long term problems, including psychopathology in future life. Physical and social effects, including depression, post-traumatic stress disorder, poor self-esteem, anxiety disorders, general psychological distress, and disorder are instilled in them. Although not all victims of child abuse and neglect experience behavioural disorders, studies have found that at least 25 percent of them are more likely to experience problems in future such as committing offenses, teenage pregnancy, drug abuse and mental health problems.5

Children are more prone to suffering from a hidden epidemic of child abuse and neglect. It’s a widespread war against our children that we have the power to stop, should focus on this problem, and understanding the issue is the first step. Every year more than 3 million reports regarding child abuse are made in the United States involving more than 6 million children. Educators need to see and work with school-age children daily during the school week throughout the school year. Schools can do, play a part in the prevention of child abuse through the curriculum, by providing positive role models and opportunities for participation.1

METHODS

Quasi experimental one group pre-test-post-test design used and setting was selected rural areas of Sarojini Nagar, Lucknow, Uttar Pradesh.

73 mothers of school age children (6-12 years) of Ranipur village of Sarojini Nagar, Lucknow, were taken as study population by using purposive sampling technique.

Data collection tool

Part A: Socio demographic variables included- Mother’s age in years, education, gender of child, type of family, number of children, number of male children, number of female children, occupation, family income, Previous knowledge, source of previous knowledge regarding child abuse.

Part B: Self - structured knowledge questionnaire on child abuse

Table 1: Knowledge questionnaire scoring criteria.

<table>
<thead>
<tr>
<th>Score</th>
<th>Score (%)</th>
<th>Level of knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-8</td>
<td>4-32</td>
<td>Poor knowledge</td>
</tr>
<tr>
<td>9-16</td>
<td>36-64</td>
<td>Average knowledge</td>
</tr>
<tr>
<td>17-25</td>
<td>68-100</td>
<td>Good knowledge</td>
</tr>
</tbody>
</table>

Description of structured teaching program cover headings like introduction of child abuse, places of occurring child abuse, causes of child abuse, types of child abuse and their singing, prevention of child abuse, child sexual laws in India

Inclusion criteria

Mothers who are willing to participate in the study, mothers of school age children in the age group of 6-12 years and mothers having both male and female children were included in the study.

Exclusion criteria

Mothers who are Step mother, mothers who are unable to response due to general illness were excluded from the study.

Statistical analysis

Data entered in Microsoft excel and analysis was carried in SPSS. The association between pre-test knowledge score of school children and their selected demographic variables was done by chi square test, effectiveness of structured teaching program was done by paired t-test and the level of significance was set at p-value<0.05.
Ethical clearance and informed consent

The study was carried after obtaining approval from the institutional ethical committee of King George’s Medical University Lucknow. And also permission was taken from chief medical officer of Lucknow. The participants were briefed about the purpose of the study and informed consent was obtained from the parents/guardians prior to the data collection.

RESULTS

Level of knowledge regarding child abuse

The value depicts that, in the pre-test, there were 63 mothers had an average level of knowledge i.e 86.3%, remaining 10 mothers had a poor level of knowledge i.e 13.69% and none of them had a good level of knowledge whereas in post-test 58 mothers had a good level of knowledge i.e 79.45%, 15 mothers had an average level of knowledge i.e 20.54% and none of them had poor level of knowledge i.e 20.54% and none of them had poor level of knowledge Table 2.

Effectiveness of structured teaching programme on knowledge regarding child abuse

The data shows that the mean of the knowledge score of the mothers in the pre-test is 10.42 and 17.61 in the post-test. The standard deviation in the pre-test is 1.95 and 1.65 in the post-test. The calculated ‘t’ value is 21.05. Then the researcher compared the calculated ‘t’ value with the tabulated value. The tabulated value for this study with 72 degrees of freedom is 1.993. Since the calculated value is greater than the tabulated value the researcher rejected the null hypothesis and accepted the alternative hypothesis. That means there is a significant change in the knowledge level of mothers of school-age children in pre-test and post-test. So, this is evident that the structured teaching programme regarding child abuse was effective in terms of knowledge Table 3.

Table 2: Level of knowledge regarding child abuse for both pre-test and post-test.

<table>
<thead>
<tr>
<th>Knowledge level</th>
<th>Category</th>
<th>Classification of respondents</th>
<th>Pre-test</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Frequency (f)</td>
<td>Percentage (%)</td>
<td>Frequency (f)</td>
</tr>
<tr>
<td>Good</td>
<td>17-25 (68%-100%)</td>
<td>0</td>
<td>0</td>
<td>58</td>
</tr>
<tr>
<td>Average</td>
<td>9-16 (36%-64%)</td>
<td>63</td>
<td>86.30</td>
<td>15</td>
</tr>
<tr>
<td>Poor</td>
<td>1-8 (4%-32%)</td>
<td>10</td>
<td>13.69</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 3: Effectiveness of structured teaching programme on knowledge regarding child abuse.

<table>
<thead>
<tr>
<th>Child abuse</th>
<th>n</th>
<th>Mean</th>
<th>SD</th>
<th>df</th>
<th>Paired t value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test</td>
<td>73</td>
<td>10.42</td>
<td>1.95</td>
<td>72</td>
<td>21.05</td>
</tr>
<tr>
<td>Post-test</td>
<td>73</td>
<td>17.61</td>
<td>1.75</td>
<td></td>
<td>p&lt;0.05</td>
</tr>
</tbody>
</table>

Table 4: Association between pre-test knowledge scores and socio demographic variables of mothers of school age children.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Sample</th>
<th>Respondents knowledge</th>
<th>P value</th>
<th>X² value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age in years</td>
<td></td>
<td>Good</td>
<td>Average</td>
<td>Poor</td>
</tr>
<tr>
<td>20-25</td>
<td>20</td>
<td>0</td>
<td>16</td>
<td>4</td>
</tr>
<tr>
<td>26-30</td>
<td>20</td>
<td>0</td>
<td>17</td>
<td>3</td>
</tr>
<tr>
<td>31-35</td>
<td>28</td>
<td>0</td>
<td>25</td>
<td>3</td>
</tr>
<tr>
<td>36-40</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td>Hindu</td>
<td>63</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>72</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Muslim</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Type of family</td>
<td></td>
<td>Nuclear</td>
<td>33</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>41</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Joint</td>
<td>26</td>
<td>24</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>26</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Extended</td>
<td>6</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>No. of children</td>
<td></td>
<td>One</td>
<td>20</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Two</td>
<td>29</td>
<td>24</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>29</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Three</td>
<td>17</td>
<td>17</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>17</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Four</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Continued.
Variables | Sample | Respondents knowledge | P value | X² value |
--- | --- | --- | --- | --- |
| | | Good | Average | Poor | |
No. of male children | | | | |
Zero | 26 | 0 | 19 | 7 | |
One | 27 | 0 | 25 | 2 | |
Two | 15 | 0 | 15 | 0 | |
Three | 4 | 0 | 4 | 0 | |
Four | 1 | 0 | 0 | 1 | |
No of female children | | | | |
Zero | 21 | 0 | 19 | 2 | |
One | 30 | 0 | 25 | 5 | |
Two | 16 | 0 | 13 | 3 | |
Three | 4 | 0 | 4 | 0 | |
Four | 2 | 0 | 2 | 0 | |
Income | | | | |
2000 | 16 | 0 | 14 | 2 | |
2001-5000 | 36 | 0 | 31 | 5 | |
5001-10000 | 20 | 0 | 17 | 3 | |
>10000 | 1 | 0 | 1 | 0 | |
Education | | | | |
Illiterate | 28 | 0 | 23 | 5 | |
Primary | 20 | 0 | 17 | 3 | |
High school | 11 | 0 | 10 | 1 | |
Intermediate | 10 | 0 | 9 | 1 | |
Graduate | 4 | 0 | 4 | 0 | |
Occupation | | | | |
House wife | 59 | 0 | 52 | 7 | |
Government | 3 | 0 | 2 | 1 | |
Private | 0 | 0 | 0 | 0 | |
Self employed | 6 | 0 | 4 | 2 | |
Agriculture | 5 | 0 | 5 | 0 | |
Previous knowledge | | | | |
Yes | 52 | 0 | 47 | 5 | |
No | 21 | 0 | 16 | 5 | |

**Association between the pre-test knowledge score of mothers and selected demographic variables**

At the appropriate degrees of freedom, the analysed data reveals that there was a significant association of the pre-test knowledge with the demographic variables i.e religion and number of male children whereas there was no significant association of the pre-test knowledge scores with age, types of family, no. of children, no. of female children, income, education, occupation and previous knowledge Table 4.

**DISCUSSION**

The present study was conducted among mothers of school children of rural area of Lucknow district. A total of 73 mothers were selected after fulfilling the inclusion criteria. Majority of the percentage of mothers with two children was 39.73% (29). Majority of the mothers 36.99 % had one male child. Majority of the mothers 41.09 (30) had one female child. 71.23% (52) of mothers had previous knowledge and 28.76% (21) mothers didn’t have previous knowledge regarding child abuse. Data revealed that knowledge scores of the mothers in pre-test and post-test were categorized by poor, average, or good. In the pre-test, there were 63 mothers had an average level of knowledge i.e. 86.3%, remaining 10 mothers had a poor level of knowledge i.e. 13.69% and none of them had a good level of knowledge. After implementing the intervention, the post-test result indicated that 58 had a good level of knowledge i.e. 79.45%, 15 mothers had an average level of knowledge i.e. 20.54% and none of them had a poor level of knowledge. The mean pre-test score of the mothers was 10.42, after giving a structured teaching programme there was marked gain in the mean knowledge score of the group which was 17.61. The standard deviation of the pre-test score was 1.95 and the post-test score was 1.75. The researcher calculated the paired “t” value (21.05) was compared with the tabulated value with 72 degrees of freedom was (1.993). Since the calculated value was higher than the tabulated value the researcher rejected the null hypothesis and accepted the
alternative hypothesis. The mean pre-test knowledge score of 10.42 was increased to 17.61 in the post-test. This result shows that there was a significant change in the knowledge level of mothers of school-age children in pre-test and post-test. So, this was evidence that the structured teaching programme regarding child abuse was effective in terms of knowledge. The appropriate degrees of freedom, the analysed data reveals that there was a significant association of the pre-test knowledge with the demographic variables i.e religion and number of male children whereas there was no significant association of the pre-test knowledge scores with age, types of family, no. of children, no. of female children, income, education, occupation and previous knowledge. The findings of the study have implication in different field of nursing that is nursing practice, nursing education, nursing administration and nursing research.

CONCLUSION

The following conclusion was drawn on the basis of the finding of the study, it shows that the level of knowledge regarding child abuse among mothers of school-age children in the pre-test score was lower than the post-test score.

The study finding proved that the structured teaching programme implemented by the researcher was effective to increase the knowledge regarding child abuse among mothers of school age children. So there is a need of providing proper information and education regarding child abuse. So, the health care providers should provide health education to improve their knowledge regarding child abuse among mothers of school-age children.

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