

## Research Article

# Effectiveness of Structured Teaching Program on Knowledge Regarding Child Sexual Abuse among Mothers in Jaypore, Khurda District, Odisha

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## ABSTRACT

**Introduction:** Child sexual abuse is a universal problem with grave life-long outcomes. The estimates vary widely depending on the country. **Objectives:** To assess the existing knowledge of mothers and evaluate the effectiveness of STP on knowledge of child sexual abuse. **Methodology:** A quantitative approach and pre experimental research design was undertaken on 60 mothers selected by convenient sampling technique. **Analysis & Interpretation:** 37% of mothers were in the age group 26-35 years. Majority (63.33%) of the mothers belong to joint family. Highest percentage (70%) of the mothers were unemployed and (45%) of the mothers had primary level education. 55% mothers had no previous knowledge regarding child sexual abuse. 65% of children were going to school by walk. The knowledge level of mothers pre-test shows that 6(12%) of respondents had inadequate knowledge and 54(88%) had moderate knowledge. In post-test the majority of the respondents 47(81%) had adequate knowledge. In areawise distribution post test highest mean percentage is 78.5 % with mean score (4.71±1.10) for area “introduction”. The lowest mean percentage in post test is 61.2% with mean score (3.06±1.13) for area “warning signs of child molestation”. Chi square was calculated which shows no significant association between pre test scores among demographic of mothers to improve the level of knowledge score. **Conclusion:** Knowing the facts about child sexual abuse can help mothers for better protection of their children in life.

**Keywords:** Child sexual abuse, Mothers, Structured teaching program

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## Introduction

*Child sexual abuse as “any sexual act with a child performed by an adult or an older child.”<sup>[1]</sup>*

-Medem

Childhood sexual abuse (CSA) is a complex life experience

that has become the subject of great community concern and the focus of many legislative and professional initiatives. This is evidenced by the expanding body of literature on sexual abuse, public declarations by adult survivors, and increased media coverage of sexual abuse issues.<sup>[2]</sup> Child abuse has become a burning issue in the recent years. This abuse and violence have no geographic and cultural boundaries. It is prevalent among the rich and the poor, educated and uneducated, young and middle-aged, and city dwellers and rural folks. In the United States, the center for disease control and prevention defines child maltreatment as any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child. According to the Journal of Child Abuse and Neglect, child abuse is “any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual

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abuse or exploitation, an act, or failure to act which presents an imminent risk of serious harm.”<sup>[3]</sup>

India is home to more than 375 million children, comprising nearly 40% of the country's population, the largest number of minors in any country in the world. Despite its ethos of non-violence, tolerance, spirituality, and a new trillion-dollar economy, India hosts the world's largest number of sexually abused children, at a far higher rate than any other country. It is estimated that 53.22% of children reported having faced one of the more forms of sexual abuse and child below 16 years raped every 155<sup>th</sup> min; a child below 10, every 13<sup>th</sup> h; and one in every 10 children sexually abused at any point of time. In 2006, a study was conducted in Chennai, among 42%. Children of all socioeconomic groups were found to be equally vulnerable. 48% of boys have reported to be abused, the prevalence rate among girls was 39%, and 15% of both boys and girls had been severely abused.<sup>[4]</sup>

A study was conducted in South Africa, where data collected from 1,694 Dark South African youth aged 12–18, of whom 31% are classified as orphaned. The analysis explored the relationship between orphan status and sexual risk. The *analysis* found both male and female orphans significantly more likely to have engaged in sex as compared to non-orphans (49% vs. 39%), and the study revealed that the *orphans* were nearly one and half more likely than non-orphans to have had sexual abuse.<sup>[5]</sup>

A study conducted in the USA reviewed the advantages as well as criticism of child abuse prevention programs. They recognize that the component of successful programs includes teaching children to identify and resist inappropriate touching, reassuring children that it is not their fault, and learning the proper names of genitals.<sup>[4]</sup> In our country, most often sexually abused children make no noise about their traumatic experience, this is how it encourages offenders. Hence, this secrecy has to be broken by making the child aware about CSA, its prevention, and management.<sup>[6]</sup>

Designing effective child protection measures requires a reliable understanding of the extent of the problem and its context. Globally, the number of studies on the prevalence of CSA has been growing. The WHO estimates that between approximately 20% of girls and 5–10% of boys are victims of sexual abuse worldwide. Other studies found that over half of the children who were sexually victimized were between 15 and 17 years old. In our study, nearly half of cases were between 6 and 11 years while children aged 16 years and older counted 11% because most of them were referred to the gynecological department (for girls) and the adult emergency department (for boys). Moreover, some studies believe that, as a risk factor, age operates differentially for girls and boys, with high risk starting earlier and lasting longer for girls.<sup>[7]</sup>

## Objectives

The objectives of this study are as follows:

1. To assess the existing knowledge of mothers on CSA

2. To evaluate the effectiveness of structured teaching program on knowledge regarding CSA
3. To find the association between pre-test level knowledge score and selected demographic variables.

## Hypotheses

- H<sub>1</sub>: There will be a significant difference between the pre-interventional and post-interventional level of knowledge regarding CSA.
- H<sub>2</sub>: There will be a significant association between the post-interventional level of knowledge and selected demographic variables of mothers.

## Materials and Methods

A pre-experimental design was adopted in the present study. In this, one group pre testpost test design was selected. There is no control group.

Level of phenomena before treatment X1=pre-score	Intervention STP on prevention of CSA	Level of phenomenon after treatment X2=post-score
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Intervention effect = X2-X1. CSA: Childhood sexual abuse

## Population and setting

The mothers of Jaypore, Khurda District, Bhubaneswar, were selected.

## Sample

A total of 60 mothers were undertaken for the study.

## Sampling technique

Non-probability convenience sampling technique was used to collect the sample.

## Development of research tool

A structured knowledge questionnaire which includes close-ended questionnaire in the form of multiple choice questions was developed in this study. This was done to assess the knowledge of mothers regarding CSA. The steps followed in preparing the tool were review of literature, opinion, and suggestion from experts and the investigators' own experience in the community field. The tools consist of the following:

### Section A

The first section of this tool includes eight questions on demographic data such as age, religion, occupation, educational qualification, type of family, previous knowledge regarding sexual abuse, no of children going to school, and mode of transportation.

**Table 1:** Area-wise distribution of multiple choice questions on child sexual abuse

Area	Number of questions	Actual score
Introduction	6	6
Signs and symptoms	4	4
Warning signs of child molestation	5	5
Sexual behavior	5	5
Prevention and management	10	10
Total	30	30

**Table 2:** Distribution of subjects according to the demographic variable

n=60	
Demographic variables	Frequency (%)
Age (years)	
16–25	20 (33)
26–35	22 (37)
36–45	9 (15)
≥45	9 (15)
Religion	
Hindu	49 (82)
Muslim	6 (10)
Christian	5 (8)
Type of family	
Nuclear	22 (37)
Joint	38 (63)
Extended	0 (0)
Educational status	
Illiterate	10 (17)
Primary	27 (45)
Secondary	15 (25)
Higher secondary and above	8 (13)
Occupation	
Employed	18 (30)
Unemployed	42 (70)
Previous knowledge regarding child sexual abuse	
No	33 (55)
Yes	27 (45)
Number of children going to school/tuition	
One	13 (22)
Two	24 (40)
≥ Three	23 (38)
Mode of transportation	
School bus/van	5 (8)
Walk	34 (58)
Private transport (cycle/scooter/car/auto)	21 (35)

### Section B

It consists of self-structured closed-ended questionnaire on knowledge regarding CSA among mothers.

Table 1 shows the area wise distribution of multiple choice questions on CSA. Each correct answer carries 1 mark and wrong answer 0 mark. Total no. of questions is 30 as well as total score is also 30.

### Scoring procedure

To assess the level of knowledge of mothers, the score was grouped into items such as inadequate, moderately adequate, and adequate based on knowledge scores.

The level of knowledge was grouped into items: Inadequate (0–10 scores), moderately adequate (11–20 scores), and adequate (21–30 scores) based on knowledge scores.

### Preparation of first draft of teaching package

The first draft of STP was developed on the basis of information obtained during extensive literature review and objectives in blueprint. The entire content was prepared as poster, suspense chart, flip chart, and model.

### Data collection procedure

Before collecting data, administrative permission was sought from the authorities of the areas. Prior informed consent was obtained from the mothers and were assured about the confidentiality of the information. Interview schedule was used as a method of collecting data. Using tool, pre-test was conducted. The same day, structured teaching was given in the form of intervention. The investigator then demonstrated the poster, suspense chart, flip chart, and model. On the 7<sup>th</sup> day, knowledge was assessed using the same tool. All subjects were very cooperative and the investigator expressed her gratitude for their cooperation.

### Results

The findings of Table 2 revealed that 37% of the mothers belong to age group of 26–35 years. The highest percentage of mothers belongs to Hindu, 49 (82%). 42 (70%) mothers were unemployed and 27 (45%) mothers had primary education. Majority of 38 (63.33%) mothers were from joint family and 33 (55%) mothers had no previous knowledge regarding sexual abuse. 38% of mother's children were going to school/tuition, and majority 34 (58%) of children were going to school by walk. The knowledge level of mothers in pre-test [Table 3] shows that majority of respondents, 6 (12%), had inadequate knowledge and 54 (88%) had moderate knowledge. In post-test, the majority of the respondents, 47 (81%), had adequate knowledge, whereas 13 (19%) mothers had moderate knowledge.

Table 4 indicates the area-wise distribution of mean, standard deviation, and mean percentage of pre- and post-test knowledge scores of mothers reveals that the highest pre-test mean score was  $3.28 \pm 1.27$  with mean percentage of 55% for the area “introduction to CSA.” The lowest pre-test mean score was  $1.86 \pm 0.89$  with mean percentage of 37.2% for the area “warnings signs of child molestation.” The highest difference in mean percentage was 33.4%, revealing that the STP was more effective for the area of “sexual behavior.”

**Table 3:** Data on frequency and percentage distribution of the level of knowledge on pre-test and post-test scores of mothers

n=60			
Level of knowledge	Knowledge score (%)	Pre-test	Post-test
		Frequency (%)	Frequency (%)
Inadequate knowledge	0–33	6 (12)	0 (0)
Moderately inadequate knowledge	34–66	54 (88)	13 (19)
Adequate knowledge	67–100	0 (0)	47 (81)

**Table 4:** Area-wise distribution of mean, standard deviation, and mean percentage of pre-test and post-test knowledge scores of mothers regarding prevention of child sexual abuse

Area	Pre-test			Post-test			Difference in mean %
	Mean	Mean%	SD	Mean	Mean%	SD	
Introduction	3.28	55	1.27	4.71	78.5	1.10	23.84
Signs and symptoms	2.16	54	0.94	2.85	71.25	0.97	17.25
Warning signs of child molestation	1.86	37.2	0.89	3.06	61.2	1.13	24
Sexual behavior	2.21	44.2	0.84	3.88	77.6	0.86	33.4
Prevention and management	3.91	39	1.44	7.08	70.8	1.24	31.7

SD: Standard deviation

**Table 5:** Comparison between difference of pre- and post-test knowledge scores of the mothers

Group	Mean	Standard deviation	Mean difference	Paired t-value	Table value (P<0.05)
Pre-test	13.48	4.534	8.10	18.95	2.00
Post-test	21.58	5.3			

df=99, Table value=2.00, ( $P \leq 0.05$ )**Table 6:** Association between post-test knowledge scores of mothers regarding prevention of child sexual abuse with demographic variables

Demographic variables	Chi-square value	df	Table value	Level of significance
Age	8.908	12	21.026	Not significant
Religion	5.65	8	15.507	Not significant
Occupation	17.260	4	9.488	Not significant
Educational status	10.166	12	21.026	Not significant
Types of family	4.258	8	15.507	Not significant
Previous knowledge	4.690	4	9.488	Not significant
Number of child going to school	10.807	12	21.026	Not significant
Mode of transportation	8.299	8	15.507	Not significant

 $P \leq 0.05$ 

Table 5 reveals that Paired *t*-test was calculated to assess the significant difference between pre- and post-test knowledge scores which shows highly significant difference between area-wise score values of pre- and post-test knowledge scores. Hence, the null hypothesis was rejected ( $P \leq 0.05$ ) and the statistical hypothesis was accepted.

Table 6 found that there was no significant association between knowledge scores among mothers regarding prevention of CSA in pre-test when compared to age, religion, occupation, educational qualification, type of family, previous knowledge regarding sexual abuse, number of child going to school, and mode of transportation.

## Discussion

CSA is a serious and widespread problem in India as it is in many parts of the world today. The trauma associated with

sexual abuse can contribute to arrested development, as well as a host of psychological and emotional disorders, that some children and adolescents may never overcome.<sup>[8]</sup> In this present study, 27 (45%) mothers had previous knowledge regarding CSA. There is a supportive study in this regard conducted by Simi *et al.*, which shows that a descriptive cross-sectional study was done among mothers where previous knowledge was 60%. Mothers were asked to fill a pre-tested pre-designed self-administered questionnaire and the response rate was 86%.<sup>[9]</sup> In this present study, the post-test, the majority of the respondents, 47 (81%), had adequate knowledge.

Sushma and Udapi conducted a study on the effectiveness of structured teaching program on knowledge regarding child abuse and its prevention among 60 teachers by convenient sampling technique. The study results shows that mean post-test knowledge score is 32.51% which is



higher than pre-test knowledge score which shows that structured teaching was effective.<sup>[10]</sup> In present study highly significant difference was found between area wise distribution of pre test and post test knowledge scores which shows STP was effective to improve the knowledge of the mothers. The findings of the present study were supported by a study conducted by Rispens *et al.*, which shows the effect of CSA prevention programs. A meta-analytic approach was used to calculate post-test and follow-up effect size of 16 evaluation studies of school programs, aimed at prevention of child sexual abuse victimization. Result shows that there was a significant and considerable mean post- intervention ( $d=0.71$ ) and follow up ( $d=0.62$ ) effect size were found, indicating that victimization prevention programs were successful in teaching children sexual abuse concept. Suggest that STP regarding prevention of CSA was effective to improve the knowledge of the mothers.<sup>[11]</sup>

### Recommendations

Keeping in view the findings of the present study, the following recommendations were made:

- A similar study on a large sample may help to draw more definite conclusion and make generalization.
- A similar study can be conducted in other settings.
- A comparative study can be conducted in between urban and rural community areas.
- A similar study can be conducted among staff nurses and other health workers.

### Conclusion

CSA is a serious and pervasive social malady in India as it is in many areas of the world today. CSA can contribute to abnormal and arrested development, and a wide array of psychological and emotional disorders, that some children and adolescents may experience for a lifetime. In India as in other countries, intrafamilial sexual abuse often goes unreported.<sup>[12]</sup> Structured teaching program was proved effective in improving knowledge on CSA among mothers.

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