

A Quasi Experimental Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Prevention of Child Abuse Among Mothers in Urban Area of Sangrur District Punjab

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How to cite this article:

Karamjeet Kaur, G Elango, P Sridevi/A Quasi Experimental Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Prevention of Child Abuse Among Mothers in Urban Area of Sangrur District Punjab/ Int J Paediatric Nursing 2021;7(3):101-104.

Abstract

Child abuse is 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. So this research focuses the research design was quasi experimental under nonrandomized control group design. The study was conducted in selected urban areas of district Sangrur, Punjab. The sample size was 60 comprises of 30 sample experimental group and 30 sample control group. On randomized sampling technique under purposive sampling technique was used. The tool consists of Structured Knowledge questionnaire was used to assess the knowledge regarding prevention of child abuse among mothers. Data was collected to assess Pre-interventional level of knowledge was assessed by structured knowledge questionnaire. The investigator was implemented structured teaching programme then. Post interventional level of knowledge was assessed. This study result shows experimental group the mean of pre interventional level of knowledge score is 11.67 and mean of post interventional 25.13. The t test value is 19.035 and the table value is <0.001. So, it was significant. On the other hand in control group the mean of pre interventional level of knowledge score is 11.333 and the mean of post interventional 11.20. t test value is 0.185 and the table value is 0.854 So, it was not significant. The study concluded that, structured teaching programme has positive effect on Knowledge regarding prevention of child abuse among mothers.

Keywords: Child abuse; Structured Teaching Programme; Knowledge; Mothers.

Introduction

Child abuses are any threatening or violent interaction of physical, psychological or sexual nature, which may cause physical or psychological harm to the child. This include neglect and with holding essential aid, medical care and education.

‘Child Abuse’ as a violation of basic human rights of a child, constituting all forms of physical, emotional ill treatment, sexual harm, neglect or negligent treatment, commercial or other exploitation, resulting in actual harm or potential harm to the child’s health, survival, development or dignity in the context of a

relationship of responsibility, trust or power, child neglect and physical abuse incidents per 100,000 children aged 0-5, 6-12, and 13-17 years.¹

Child abuse can result in physical, verbal, or sexual harm. While child abuse is often seen as taking action, there are also examples of inaction that cause harm, such as neglect. Families where participants suffer from alcoholism, substance abuse problems show higher rates of child abuse compared to non-income families. The effects of child abuse can lead to short-term and long-term harm, even death. Some children may not even realize that they are victims of child abuse. Child abuse is also widespread which can occur in any cultural, racial, or ethnic group.²

Physical abuse hurts a child physically. These may include, heat, punching, shaking, kicking, hitting, or otherwise injuring a child. The parent or guardian may not have intended to harm the child; injury is not an accident. Sexual abuse is sexual misconduct with a child. It includes masturbating a child, making a child fall in love with an adult's genitals, having sex, having sex with a relative, rape, discrimination against women, sexual harassment and sexual exploitation. Emotional trauma (also known as: verbal abuse, psychological abuse, and psychological abuse) includes the actions or failure of parents or caregivers to cause or cause, serious behavioral, cognitive, emotional or psychological disturbances.³

Child abuse is a major problem that has a long-term impact on individuals, families and communities. Awareness and understanding of child abuse is an important first step in addressing this issue. Originally the term child abuse was terminated from childhood abuse but has now been extended to a deliberate act of physical, sexual, and emotional abuse or neglect of children by parents, guardians or others. Child abuse is a social problem and unless the community is aware of the issue, the magnitude of the problem and their role in preventing and preventing child abuse, more children, families and communities will suffer.⁴

According to the WHO an estimated 40 million children between the ages of 0-14 worldwide are being abused and neglected and in need of health and social care.⁵ Child abuse and neglect are common. At least 1 in 7 children has experienced child abuse and / or neglect in the past year, and this is likely to be underestimated.¹ In 2019, 1,840 children were killed in child abuse and neglect in the United States.² Children living in poverty are more likely to be abused and neglected. Dealing with poverty can put great strain on families, which can increase the risk of child abuse and neglect. Child abuse and neglect rates are

five times higher among children in low-income households compared to children in low-income and economically disadvantaged families.⁶

In this systematic review, we searched for electronic information (Pub Med, POPLINE, and Psyc INFO) to find articles published in English on child sexual abuse in India on January 1, 2006 and January 1, 2016 using 55 search terms. The data are published in articles published only in India's national census which has found the total employment of children, aged 5-14, to reach 4.35 million. In 2011, 33098 reported sexual assault, 7112 cases of child rape in India were reported.⁷

Child Protection Centers across the country employ approximately 295,000 child victims of abuse, providing victims' support and support for these children and their families. In 2014, this number was over 315,000. Rajasthan accounts for about 10% of total child labor in the country and Jaipur alone has more than 50,000 children aged 5-14. Rajasthan has the second highest rate of child labor (8.5%) in the 2011 census. In Jaipur, 192 rape cases were reported in 2013. In 2014, 60 897 children reported physical abuse at the age of 10-14.⁸

Child abuse is a public health problem and toxic stress affecting at least one in eight children aged 18. Abuse can take the form of physical and sexual abuse, neglect, and emotional abuse.⁹

The extensive review of literature has been done and it is organized according to the following subheading.

1. Review of literature related to child abuse.
2. Review of literature related to knowledge on child abuse.
3. Review of literature related to effectiveness of structured teaching programme on prevention of child abuse.

Materials and Methods

Research Design

The research design selected for the present study was a quasi-experimental Research Design (non randomized control group).

Research Setting

The study was conducted at selected urban areas of district Sangrur, Punjab.

Target Population

The target populations were mothers in selected urban areas of district Sangrur, Punjab.

Sample Size

The sample size of the study comprises of mothers 30 sample experimental and 30 sample control group in selected urban areas of district Sangrur, Punjab.

Sampling Technique

In this study convenience sampling technique was used to select the study subjects.

Description of tool:

Section A: It consists of selected demographic variables. It includes age, type of family, number of children, educational status, occupation, Religion, and previous knowledge.

Section B: Structured Knowledge questionnaire was used to assess the knowledge of mothers regarding prevention of child abuse. It consists of 35 multiple choice questions regarding prevention of child abuse. Each correct answer awarded 1 mark and incorrect answer was awarded 0 marks.

Result

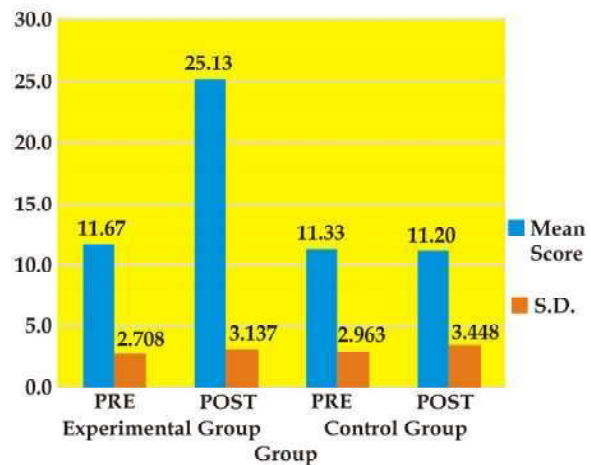
Compare the pre and post interventional knowledge regarding prevention of child abuse among mothers of experimental and control group in selected urban areas of district Sangrur, Punjab.

Knowledge Score Experimental Group (N=30)							
	Mean	Mean difference	SD	df	T-test	Table value	Table value
Pre-interventional	11.67	13.46	2.708				
Post-interventional	25.13		3.137	29	19.035	<0.001	Significant
Control Group (N=30)							
	Mean	Mean difference	SD	df	T-test	Table value	Table value
Pre-interventional	11.333	0.133	2.963				
Post-interventional	11.20		3.448	29	0.185	0.8544	Non Significant

Experimental group the mean of pre interventional level of knowledge score is 11.67 and mean of post interventional 25.13. The mean difference of knowledge score is 13.46.the standard deviation of pre interventional 2.708 and post interventional 3.137. The df is 29 and the t test value is 19.035 and the table value is <0.001 so, it was significant and it shows that structured teaching programme is effective to enhance the knowledge score among mothers of experimental group. On the other hand in control group the mean of pre interventional level of

knowledge score is 11.333 and mean of post interventional 11.20. The mean difference of knowledge is 0.133. The standard deviation of pre interventional is 2.963 and post interventional is 3.448. The df is 29 and the t test value is 0.185 and the table value is 0.854 So, it was not significant and it shows that without administration of structured teaching programme there was no gain to enhance the knowledge score among mothers of control group.

Diagram showing Knowledge Mean and SD Score



Discussion

The findings of the study had been discussed in accordance with the objectives of the study. Majority of mothers in maximum no. of 30 in experimental group is 12(40.00%) samples and maximum 30 in control group 11(36.7%) samples belongs to 30-35 years. Majority of mothers in experimental and control group 22(73.3%) samples belong to nuclear family, 05(16.7%) samples belong to joint family, 03(10.00%) samples belongs to extended family. Mothers in experimental group 19(63.3%) samples have a one child, 09(30.0%) have two children, and in Control group 13 (43.3%) samples have a one child, 15(50.0%) have two children. Majority of mothers in experimental group 10(33.3%) subjects had secondary education, and in control group 13(43.3%) subjects had under graduate. Majority of mothers in experimental group 12(40.0%) samples belong to house maker and in control group 11(36.7%) samples belongs to non-government employee. Majority of sample in experimental group 17(56.7%) and in Control group 18(60.0%) samples belongs to Sikh religion. Majority of subjects in previous knowledge in experimental group 10(33.3%) samples and in Control group 11(36.7%) samples belongs to television.

The Majority of subjects maximum number in pre

interventional level of knowledge score of Experimental group 29(69.7%) had poor knowledge score and control group 29(96.7%) had poor knowledge score. Majority of subjects maximum number in post interventional level of knowledge score of experimental group 15(50.0%) had good knowledge score and control group 28(93.3%) had poor knowledge score.

In experimental group the mean of pre interventional level of knowledge score is 11.67 and mean of post interventional 25.13. The mean difference of knowledge score is 13.46. The standard deviation of pre interventional 2.708 and post interventional 3.137. It reflects that structured educational programme was effective. In control group the mean of pre interventional level of knowledge score is 11.333 and mean of post interventional 11.20. The mean difference of knowledge is 0.133. It reflects that structured educational programme was not effective.

There is no significant association between Pretest and Posttest knowledge score of mothers with selected socio-bio-demographic characteristics of mother in selected urban areas of district Sangrur, Punjab in experimental group control group.

Conclusion:

Child abuse and neglect are serious public health problems and adverse childhood experiences (ACEs) that can have long-term impact on health, opportunity, and wellbeing. This issue includes all types of abuse and neglect against a child under the age of 18 by a parent, caregiver, or another person in a custodial role (such as a religious leader, a coach, a teacher) that results in harm, potential for harm, or threat of harm to a child.¹⁰ Child abuse is 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. Most child abuse occurs in a child's home, with a smaller amount occurring in the organizations, schools or communities. So mother knowledge need regarding Child abuse .in this study conclude based on analysis there is effectiveness of structured teaching programme on knowledge regarding prevention of child abuse among mothers in urban area of Sangrur

district Punjab.so same as different strategies through we should make continues awareness regarding child abuse in this society.

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