A Study to Evaluate the Effectiveness of Structured Teaching Programme on the Knowledge Regarding Child Abuse among School Age Children in Selected School, Odisha

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ABSTRACT

Background: Child abuse is a serious global concern that affects the physical, emotional, and psychological well-being of children. School-age children are especially vulnerable due to limited awareness and inability to report incidents. Educating children about child abuse and preventive measures can play a crucial role in safeguarding their rights and promoting a safe environment.

Methodology: A pre-experimental one group pre-test post-test design was adopted. A total of 30 school-age children studying in classes VI to VIII at a selected school in Jajpur, Odisha, were selected through systematic random sampling. Data were collected using a structured knowledge questionnaire. After the pre-test, the STP on child abuse was administered, and a post-test was conducted after one week. Data were analyzed using descriptive and inferential statistics such as mean, standard deviation, paired't' test, and chi-square test.

Result: The findings revealed that in the pre-test, the majority of children (66.7%) had inadequate knowledge, while none had adequate knowledge. After the intervention, knowledge levels significantly improved, with 56.7% attaining adequate knowledge. The mean pre-test score was 9.7, which increased to 21 in the post-test, with a mean difference of 11.3. The calculated paired't' value (26) was highly significant at $p < 0.05$. Significant associations were found between knowledge and selected demographic variables such as parental education and source of information.

Conclusion: The study concludes that the structured teaching programme was effective in enhancing the knowledge of school-age children regarding child abuse. Educational interventions in schools are essential to empower children with the awareness and skills to protect themselves from abuse

Keywords: Structured Teaching Programme, Child Abuse, Knowledge, School-age Children, Prevention

INTRODUCTION

The World Health Organization, 2021 reports that an estimated 20 percent of allow men are victims of sexual abuse. The effects of physical, emotional and sexual abuse and violence are far-reaching; not only their health but also the economic prospects of victims are affected. In conflict areas - where many refugees are given shelter-girls are particularly vulnerable to sexual abuse and assault. [1]

World Vision India National Director Cherian Thomas said here while launching campaign to end child sexual abuse and exploitation by 2021.Thecampaign targets 10 million children across 25 states and one union territory. The campaign works through our area programs that deal with different issues of healthcare typically malnutrition and early illness, education, child rights and protection and the improve men to fresilience in communities. [2]

Viazzo, P.P. (2020) while from the article "Child Sexual Assault in Juvenile Justice Homes, the Asian Centre for Human Rights said that sexual offences against children in India have reached epidemic proportion. The report stated that more than 48,000 child rape cases were recorded from 2001 to 2011 and that India saw an increase of 336% of child rape cases from 2001 (2,113 cases) to 2011(7,112 cases). In 2000, the Women's World Summit Foundation (WWSF), a non-governmental organization, launched the World Day for Prevention of Child Abuse on November 19. WWSF, along with an international coalition of advocacy organizations for women and children's issues, mobilized governments and societies to take action and prevent child abuse. In 2001, APA, through its International Office, joined the coalition and also marked the day, November19, as the World Day for the Prevention of Child Abuse. APA developed the following fact sheet, "Violence Against Children in the US," with information on violence against children in the US. It includes tips for identifying and preventing child abuse, with an outline of the association's contributions to child abuse prevention. [3]

Government of India study on child abuse (UNICEF) the findings of the Study on Child Abuse clearly indicate that a very large number of children in India are not even safe in their homes. It is here, in the home, that we must start tackling the problem of child abuse. Interventions are needed to bring about change in the ways family members behave towards children in the home. [4]

Hindustan Times (2017) conducted a survey participated by more than 45,000 children in the 12- 18 age group, across 26 states in the country, revealed that one in every two children is a victim of child sexual abuse. The survey conducted by human organization World Vision India with a sample of 45,844 respondents also revealed that one in every five do not feel safe because of the fear of being sexually abused. It also said one in four families do not come forward to report child abuse. "Despite one in every two children being a victim of child sexual abuse, there continues to be huge silence. The magnitude of sexual violence against children is unknown," World Vision India National Director Cherian Thomas said here while launchinga campaign to end child sexual abuse and exploitation by 2021. [5]

Jewkes et al., (2016). In South Africa, according to a recent report by the South African Medical Research Council, child abuse is still a pervasive problem despite the protection offered by various legislative instruments enacted since the advent of popular democracy. [6]

Andersson & Ho-Foster, (2016) in the survey, male child sexual abuse was very common especially in rural areas with 44% of all the male children respondents reporting that they have been coerced into having sex. [7]

According to the report published in 2019 on *'Trafficking in Women and Children in India'*, 44,476 children were reported missing in India, out of which 11,008 children continued to remain untraced. India, being a major source and destination country for trafficked children from within India and adjoining countries has, by conservative estimates, three to five lakh girl children in commercial sex and organized prostitution. [8]

Ministry of Women and Child Development (2018) conducted a study related to physical abuse and sexual abuse, involving 12,447 children, reported that69% were physically abused and 53% were subjected to one or more forms of sexual abuse.[9]

Juana Gomez-Benito (2018) the purpose of this paper was to compare the prevalence rates of child sexual abuse. The results revealed that Thirty-eight independent articles were identified, corresponding to 39 prevalence studies; these articles report the prevalence of childhood sexual abuse in 21 different countries, ranging from 0 to 53% for women and 0 to 60% for men. Comparison of the present study with that of "The international epidemiology of child sexual abuse" shows a similarity between prevalence distributions; there appears to be a general pattern that remains more or less constant over the years, especially in women. The present study shows child sexual abuse is still a widespread problem in the society. In this research, carried out on 38 independent studies, there is new data for 21 countries over the world, being especially relevant the results obtained from other countries different from those pertaining to North America or Europe. It is important to point out the high prevalence found in most of the countries, so this information could be a new warning to make society and governments aware of this problem and undertake actions to prevent sexual abuse in childhood. [10]

Harkness & Lumley, (2018) concluded in their seven large-scale studies, all studies showed a high association between child maltreatment and depression in adolescence. For example, the authors cited a longitudinal study by Brown and colleagues which found that children and adolescents who reported a history of abuse or neglect were three times more likely to exhibit a depressive disorder than non-maltreated children, 62% of children met the criteria for at least one mental health diagnosis. [11]

Mathews et al., (2016) released a recent crime statistics released by the South African Police Service showed that children are increasing targeted by abusers and common criminals alike. The crime statistics report for 2012 showed that 25862 children (representing 40.1% of sexual offences) were victims of sexual offences. During the same period, more than 23,000 children were assaulted with almost half of them suffering grievous bodily harm in the process. The results depicts Twenty of 365 studies (5.5%) yielded fractures involving the spine, hands, or feet. Of all positive skeletal surveys, 8.9% (20/225) had fractures involving the spine, hands, or feet. [12]

Peterson, Tremblay, Ewigman, &Saldana, (2014) conducted a study to assess the knowledge For the most part, the more intense and prolonged programs were more effective than short-term programs in reducing the prevalence of child maltreatment. Thus, observations stated that the positive impacts of prevention programs are enhanced when treatment regimes are longer rather than shorter is applicable to the present findings. Operationally, longer programs equate to programs with treatment periods in excess of 4-6 weeks, for example, the Multi level Selected Prevention Program. [13]

METHODS & MATERIALS

Research Approach and Design

A quantitative research approach was adopted to assess the effectiveness of a structured teaching programme (STP) on the knowledge regarding child abuse among school-age children. The study utilized a pre-experimental one group pre-test post-test design. This design was selected to measure the change in knowledge before and after the intervention.

Setting of the Study

The study was conducted in a selected school at Jajpur, Odisha.

Population and Sample and Sampling Technique

The target population included school-age children studying in class VI, VII, and VIII. The sample consisted of 30 school-age children who fulfilled the inclusion criteria. Probability systematic random sampling technique was used for selecting the participants.

Research Variables

Independent Variable: Structured Teaching Programme (STP) on child abuse. Dependent Variable: Knowledge score of school-age children regarding child abuse. Demographic Variables: Age, class of study, religion, number of siblings, type of family, parents' education, occupation, income, and source of information.

Inclusion Criteria and Exclusion Criteria

Children studying in class VI to VIII. Children available during the period of data collection. Children willing to participate in the study are come under inclusion criteria. Exclusion Criteria are Children who were absent during data collection. Children with health issues or learning disabilities interfering with participation.

Description of the Tool

The tool consisted of three sections:

Section A: Socio-demographic proforma

Developed by the researcher to collect details such as age, class of study, religion, number of siblings, type of family, parents' education, occupation, income, and source of information.

Section B: Structured knowledge questionnaire

On child abuse to assess pre-test and post-test knowledge. Range of score in level of knowledge, inadequate knowledge (0-10), moderate knowledge (11-20), adequate knowledge (21- 30).

Validity and Reliability

The tool and STP through five expert review in psychiatric nursing and psychiatry; necessary modifications were incorporated. Reliability determined using Cronbach's alpha method, ensuring consistency of measurement.

Pilot Study

A pilot study was carried out to assess the feasibility and clarity of the tool. Instructions were provided, and respondents were encouraged to answer all items without a time limit.

Data Collection Procedure

Administrative permission approval of the responsibilities authority. The intent of this research was explained to the participants, and informed consent was obtained of selected school. Pre-test was conducted using the structured questionnaire. Structured Teaching Programme (STP) on child abuse was implemented for the participants. Post-test was administered after one week using the same questionnaire to assess the effectiveness of STP.

Data Analysis

Descriptive statistics: Frequency, percentage, mean, standard deviation used for demographic variables, self-esteem, and coping strategy scores. Inferential Statistics: Paired t-test to compare pre-test and post-test knowledge scores. Chi-square test to find association between pre-test knowledge and selected demographic variables. Level of Significance: $p < 0.05$ considered statistically significant.

Ethical Considerations

Ethical approval was obtained from the Institutional Ethical Committee (IEC). Administrative permission was secured from the concerned school authority. Informed consent was obtained from the participants, ensuring confidentiality and voluntary participation.
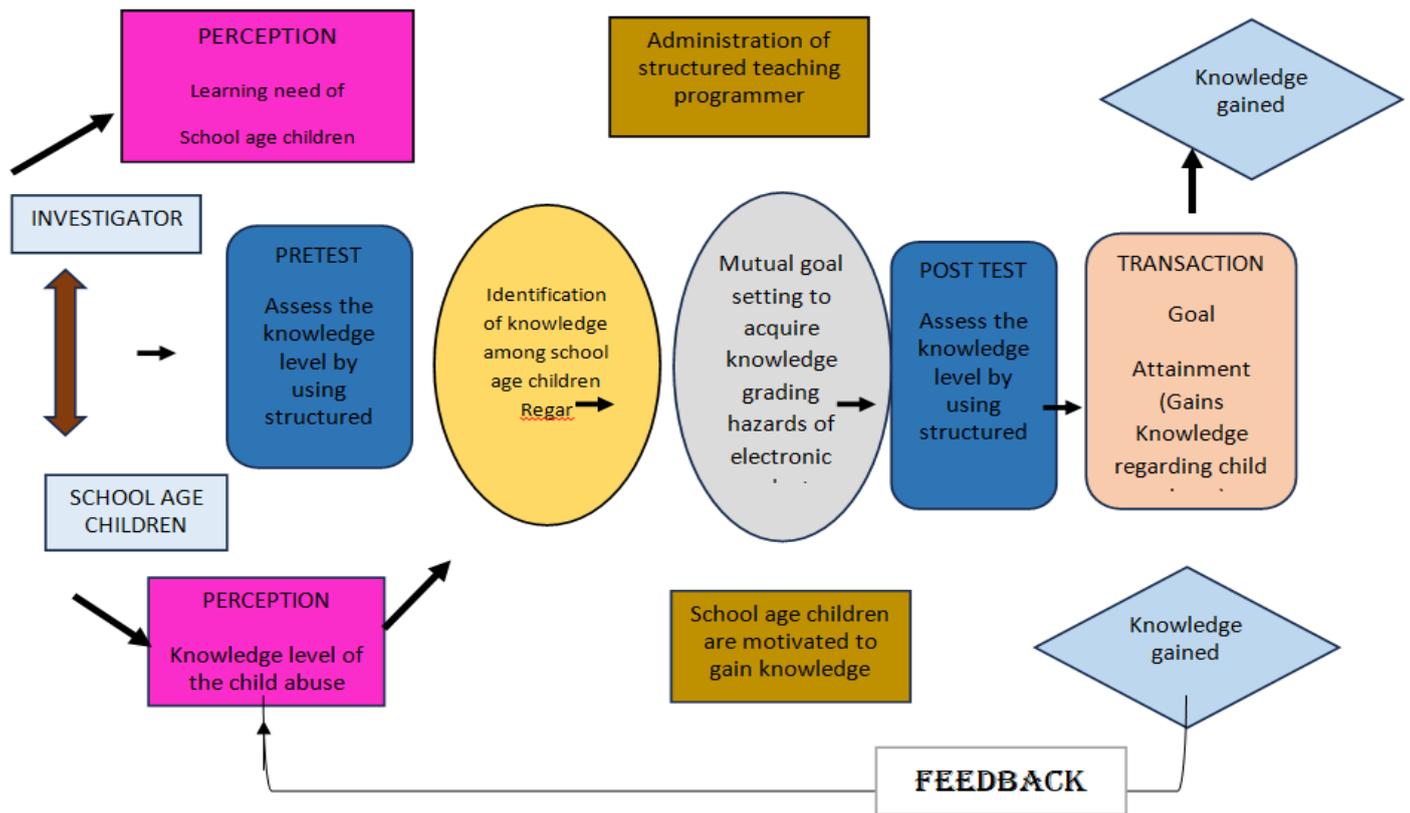
Fig: 1.2 conceptual frame work on Imogene king's goal attainment

RESULT

Table- 1: Sociodemographic Variables of the Group N=30

Sl. No.	Demographic Variables	Total	
		Frequency	Percentage
1	Age		
	(a) 10-11years	10	33.3
	(b) 11-12years	10	33.3
	(c) 12-13years	10	33.4
2	Class		
	(a) VI standard	10	33.3
	(b) VII standard	10	33.3
	(c) VIII standard	10	33.4
3	Religion		
	(a) Hindu	13	43.3
	(b) Muslim	7	23.4
	(c) Christian	8	26.6
	(d) Others	2	6.7
4	Number of siblings		
	(a) 1	14	46.6
	(b) 2	11	36.6
	(c) 3 & above	2	6.7
	(d) None	3	10.1
5	Ordinal position		
	(a) First	12	40
	(b) Middle	9	30
	(c) Last	9	30

6	Head of the family		
	(a) Father	25	83.2
	(b) Mother	3	10.1
	(c) Other	2	6.7
7	Family living status		
	(a) Both	25	83.2
	(b) Single	3	10.1
	(c) None	2	6.7
8	Education of the parent/ Guardian		
	(a) Graduate	17	56.6
	(b) Primary	6	20
	(c) Secondary	7	23.4
9	Occupation of the father/ Guardian		
	(a) Professional	7	23.4
	(b) Skilled	16	53.2
	(c) Unskilled	7	23.4
10	Monthly income		
	(a) <10,000Rs	5	16.6
	(b) 10,000-20,000 Rs	18	60
	(c) >20,000 Rs	7	23.4
11	Unhealthy habits of the father		
	(a) Alcoholism	6	20
	(b) Smoking	5	16.6
	(c) Both	3	10.1
	(d) None	16	53.3
12	Type of the family		
	(a) Nuclear	19	63.3
	(b) Joint	7	23.3
	(c) Extended	4	13.4
13	Number of family members		
	(a) <4	15	50
	(b) 4-6	10	33.4
	(c) 6	5	16.6
14	Source of information		
	(a) Parent	5	16.6
	(b) Media	3	10
	(c) Health Professionals	2	6.7
	(d) Nil	20	66.7

The above table-1 revealed that frequency (F) and percentage (%) distribution of participants according to according to age, class, religion, number of siblings, ordinal position, head of the family, family living status, education status of the parents/ guardian, occupation of the parents/ guardian, monthly income, unhealthy habits of the father, types of the family, number of family members, source of information.

Table- 2: Level of knowledge in pretest and posttest   N= 30

Knowledge Level	Pretest		Post Test	
	Frequency	%	Frequency	%
Inadequate 1-10	20	66.7	0	0
Moderate 11-20	10	33.3	13	43.3
Adequate 21-30	0	0	17	56.7

The above table showed that a marked improvement in the knowledge scores of school-age children following the structured teaching programme on child abuse. In the pre-test, the majority of participants (66.7%) had

inadequate knowledge, while 33.3% had moderate knowledge, and none of them had adequate knowledge. This indicates that before the intervention, most children lacked sufficient awareness regarding child abuse, highlighting the urgent need for educational programmes. The post-test results showed a significant shift in the knowledge levels. More than half of the children (56.7%) demonstrated adequate knowledge, while 43.3% had moderate knowledge, and none remained in the inadequate category. This improvement clearly reflects the effectiveness of the structured teaching programme in enhancing the children's understanding of child abuse.

Table-3: Mean, Standard deviation and 't' value of pretest and posttest level of knowledge. N=30

Sl. No	Variable	Mean	Mean difference	Standard deviation	Paired 't' test
1	Pre test	9.7		3.4	
			11.3		26
2	Post test	21		2.9	

The data presented on the revealed that, the mean knowledge score in the pre-test was 9.7 (SD = 3.4), indicating inadequate knowledge among the majority of participants. After the intervention, the post-test mean score increased to 21 (SD = 2.9). The mean difference of 11.3 between the pre-test and post-test clearly demonstrates a substantial improvement in knowledge levels following the structured teaching programme. The paired 't' value was 26, which is highly significant at $p < 0.05$. This indicates that the observed improvement was not due to chance but rather attributable to the structured teaching intervention. So the effectiveness of structured health education in improving knowledge regarding child abuse among school-age children.

Table- 4: Association of the pretest knowledge level of school age children with their selected demographic variables *N=30*

SI. No.	Demographic Variable	Level Of Knowledge			df	CHI Square
		Inadequate	Moderate	Adequate		
1	Age					
	(a) 10-11years	4	4	0		
	(b) 11-12years	5	5	0	2	4.9
	(c) 12-13years	11	1	0		
2	Religion					
	(a) Hindu	10	3	0		
	(b) Muslim	4	3	0	3	2.6
	(c) Christian	4	4	0		
	(d) Others	2	0	0		
3	Family living status					
	(a) Both	18	7	0		
	(b) Single	2	1	0	2	4.7
	(c) None	0	2	0		
4	Education of the parent					
	(a) Graduate	8	9	0		
	(b) Primary	6	0	0	2	6.4
	(c) Secondary	6	1	0		
5	Type of the family					
	(a) Nuclear	15	4	0		
	(b) Joint	3	4	0	2	3.4
	(c) Extended	2	2	0		

6	Source of information					
	(a)　　Parent	0	5	0		
	(b)　　Media	0	3	0	3	28.8
	(c)　　　　Health Professionals	0	2	0		
	(d)　　Nil	20	0	0		

p≤ 0.05 statistically significant

The above table it indicates the chi- square analysis was done to find out the association between the pretest knowledge score with their demographic variables. The findings suggested that there was a significant association between the pretest level of knowledge score with their selected demographic variables such as education of the parent and source of information. There was no significant association between pretest knowledge level scores with the selected demographic variables such as age, religion, family living status and type of family.

DISCUSSION

The existing knowledge on child abuse among school age children

The study shows that among the 30 school age children, 20(66.7%) had inadequate knowledge, 10 (33.3%) had moderate knowledge and 0 (0%) had adequate knowledge in the pretest. The level of knowledge was improved after intervention and in the post test 13 (43.3%) had moderate knowledge and 17(56.7%) had adequate knowledge.

To evaluate the effectiveness of structured teaching programme regarding child abuse among the school age children

The study revealed that, among the school age children the pretest mean was 9.7and the posttest mean was 21, so the mean difference 11.3 was a true difference and the standard deviation of pretest was 3.4 and posttest was2.9. The calculated paired 't' value was 26 was highly significant than the table value (2.6) at0.05 level. Hence the stated hypothesis was accepted. It was inferred that structured teaching program on child abuse was effective in improving the knowledge of the school age children.

The association between the pretest knowledge level of the school age children with their selected demographic variables.

The study findings revealed that, there was a significant association between the pretest level of knowledge score with their selected demographic variables such as education of the parent and source of information. There was no significant association between pretest knowledge level scores with the selected demographic variables such as age, religion, family living status and type of family.

Limitation of the study:

The study was conducted only in one school. Only the school age children between (10-13years) were participated.

Nursing Implication:

Nurses working in child care institutions and community settings can integrate life skill education as part of health promotion activities. Findings can guide psychiatric nurses, community health nurses, and school health nurses to develop structured teaching modules for vulnerable children.

CONCLUSION

The following conclusion was drawn from the study. The study proved that structured teaching programme on child abuse was effective in improving the knowledge of the school age children. The study findings revealed that knowledge was significantly improved by structured teaching programme on child abuse.

Conflicts of interest

There are no conflicts of interest for the writers.

Ethics Approval

Ethical approval was obtained from the Institutional Ethical Committee (IEC). Administrative permission was secured from the concerned school authority. Informed consent was obtained from the participants, ensuring confidentiality and voluntary participation.

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