A Study to Assess the Effectiveness of Structured Teaching Program on Child Abuse in terms of Knowledge among Parents in a Selected Community of Delhi

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Abstract

Child abuse has serious physical, and psycho-social effect which adversely affect the health and overall well-being of a child. It is a worldwide problem. Child abuse can be in the form of physical abuse, when the child suffers bodily harm. It can be sexual abuse arising from subjecting the child to inappropriate exposure to sexual acts or materials or passive use of the child as sexual stimuli and/or actual sexual contacts. Child abuse can also be in the form of emotional abuse involving coercive, constant belittling, shaming, threatening, exposing the child to violence or abuse of others or any other demeaning acts. Lastly, child abuse can be in the form of child neglect, when an able caregiver fails to provide basic needs, adequate food, clothing, hygiene, supervision shelter, supervision, medical care, or support to the child.[1] Keeping this in mind a study was undertaken to assess the knowledge of selected parents about child abuse in a selected community of Delhi. 30 parents from a selected community of Delhi were selected using Purposive sampling technique for the study in order to assess the knowledge score of Parents. The tools developed and used for data collection were structured knowledge questionnaire. The data obtained were analyzed using both descriptive and inferential statistics in terms of frequency, percentage, mean, SD, ‘t’ value and coefficient correlation. The major findings of the study were: the mean posttest knowledge score of parents was significantly higher than the pre test knowledge score with a mean difference of 7.2. The obtained mean difference was found to be statistically significant as evident from the ‘t’ value of (8.40) for df (29) at 0.05 level of significance. Thus the structured teaching program was found to be effective in enhancing the knowledge of parents regarding child abuse.

Keywords: Structured Teaching Program (STP), Child Abuse

Introduction

India is home to almost 19% of the world’s children; nearly 40% of its population and 69% of Indian children are victims of child abuse. Child abuse is the one of the most common types of violence against children[2]. Child abuse is a state of physical, sexual, or psychological maltreatment or neglect of a child or children, especially by a parent or other caregiver. Child abuse may include any act or failure to act by a parent or other caregiver that results in actual or potential harm to a child, and can occur in a child’s home, or in the organizations, schools or communities the child interacts with[3].
The terms child abuse and child maltreatment are often used interchangeably, although some researchers make a distinction between them, treating child maltreatment as an umbrella term to cover neglect, exploitation, and trafficking. Different jurisdictions have developed their own definitions of what constitutes child abuse for the purposes of removing children from their families or prosecuting a criminal charge.\(^3\)

The World Health Organization (WHO) defines child abuse and child maltreatment as «all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power.»\(^4\)

WHO estimates that 53,000 child deaths in 2002 were due to child homicide. Only 2.4% of the children are legally protected from corporal punishment in all settings.\(^4\)

### Types

The World Health Organization distinguishes four types of child maltreatment: physical abuse; sexual abuse; emotional and psychological abuse; and neglect.\(^5\)

A long-term study of adults retrospectively reporting adverse childhood experiences including verbal, physical and sexual abuse, as well as other forms of childhood trauma found 25.9% of adults reported verbal abuse as children, 14.8% reported physical abuse, and 12.2% reported sexual abuse. Data from the Centers for Disease Control and Prevention (CDC) and Behavioral Risk Factor Surveillance System corroborate these high rates.\(^6\) There is a high correlation between the number of different adverse childhood experiences (A.C.E.s) and risk for poor health outcomes in adults including cancer, heart attack, mental illness, reduced longevity drug and alcohol abuse.\(^7\) An anonymous self-reporting survey of Washington State students finds 6–7% of 8th, 10th and 12th grade students actually attempt suicide. Rates of depression are twice as high. Other risk behaviors are even higher.\(^8\) There is a relationship between child physical and sexual abuse and suicide.\(^9\)

### Child Abuse in India

Nineteen percent of the world’s children live in India. According to 2001 census, some 440 million people in the country today are aged below eighteen years and constitute 42 percent of India’s population i.e., Four out of every ten populations.

India’s attitude towards sexual abuse and child sexual abuse needs an overhaul. A survey participated in 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. Conducted by World Vision India with a sample of 45,844 respondents, the survey also revealed that one in every five does not feel safe because of the fear of being sexually abused. It also found that one in four families do not come forward to report child abuse.\(^10\)

According to the report on crimes in India for 2016, 106,958 cases of crimes against children were recorded in 2016. Of these, 36,022 cases were recorded under POCSO (Protection of Children from Sexual Offences) Act. The number of cases registered for child abuse raised from 8,904 in the year 2014 to 14,913 in the year 2015, under the POCSO Act. Sexual offences and kidnapping account for 81% of the crimes against minors. State wise cases under POCSO Act: Uttar Pradesh led the highest number of child abuse cases (3,078) followed by Madhya Pradesh (1,687 cases), Tamil Nadu (1,544 cases), Karnataka (1,480 cases) and Gujarat (1,416 cases).\(^10\)

W.H.O. estimates that 150 million girls and 73 million boys under 18 have been subjected to forced sexual intercourse or other forms of sexual violence. In 2002 there were 53,000 reported cases of child homicide. A Global School-Based Student Health Survey found that 20% and 65% of school going children reported having been verbally and physically bullied in the last 30 days. ILO estimates show there were 218 million child laborers in 2004, out of which 126 million were engaged in hazardous work. UNICEF estimated 3 million girls and women in sub-Saharan Africa, Egypt and Sudan are subjected to female genital mutilation every year.\(^11\)

In 2007, the Ministry of Women and Child Development (MWCD) released a study report on child abuse. The report discusses incidence of child abuse nationwide. The study of the MWCD found a wide spread incidence of child abuse. Children between the ages of 5-12 are at the highest risk for abuse and exploitation. The study found that 69% of children reported to have been physically abused. Out of these 54.68% were boys. 52.91% of boys and 47.09 % of girls reported having been abused in their family environment. Of the children who were abused in family situations 88.6% were abused by their parents. Every two out of three school children reported facing corporal punishment. In juvenile justice institutions 70.21 % of children in conflict with law and 52.86% of children in need of care and protection reported having been physically abused. With regard to child labour 50.2% of children work all seven days of the week. 81.16% of the girl child labourers work in domestic households, while 84% of the boy child labourers worked in tea stalls or kiosks. 65.99 % of boys and 67.92% of girls living on the street reported being physically abused by their family members and other people.\(^12\)
Child abuse in India is often a hidden phenomenon especially when it happens in the home or by family members. Focus with regards to abuse has generally been in the more public domain such as child labour, prostitution, marriage, etc. Intra-family abuse or abuse that takes place in institutions such as schools or government homes has received minimal attention. This may be due to the structure and type of family in India and the role children have in this structure. Children in India are often highly dependent on their parents and elders; they continue to have submissive and obedient roles towards their parents even after they have moved out of their parental home. This belief that parents and family are the sole caretaker of the child has proved to have negative effects on child protection laws and strategies. Numbers of cases of child abuse in the home are hard to attain because most of these crimes go unreported. Societal abuses that are a result of poverty such as malnutrition, lack of education, poor health, neglect, etc are identified in various forms by the Indian legal system. But India does not have a law that protects children against abuse in the home. Mal-treatment of care givers has the potential to emotionally and mentally harm children to a very different degree. Studies in intra-familial child abuse in the US have shown correlation to delinquency, crime, teenage pregnancy, and other psychosocial problems.

**Incidence of Crimes Committed Against Children**

| S. No.     | Crime Head                              | Years       | % Variation in 2005 Over 2004 |
|------------|-----------------------------------------|-------------|--------------------------------|
| 1.         | Rape                                    | 2532 2002   | 2949 2003                      | 3542 2004                      | 4026 2005                      | 13.7                            |
| 2.         | Kidnapping and Abduction                | 2322 2002   | 2571 2003                      | 3542 2004                      | 3518 2005                      | 10.1                            |
| 3.         | Procurement of Minor Girls              | 124 2002    | 171 2003                       | 205 2004                       | 145 2005                       | 29.3                            |
| 4.         | Selling of girls of Prostitution        | 5 2002      | 36 2003                        | 19 2004                        | 50 2005                        | 163.2                           |
| 5.         | Buying of girls for prostitution        | 9 2002      | 24 2003                        | 21 2004                        | 28 2005                        | 33.3                            |
| 6.         | Abetment of Suicide                     | 24 2002     | 25 2003                        | 33 2004                        | 43 2005                        | 30.3                            |
| 7.         | Exposure of Abandonment                 | 644 2002    | 722 2003                      | 715 2004                      | 933 2005                      | 30.5                            |
| 8.         | Infanticide                             | 115 2002    | 103 2003                      | 102 2004                      | 108 2005                      | 5.9                             |
| 9.         | Foeticide                               | 84 2002     | 57 2003                        | 86 2004                        | 86 2005                        | 0                               |
| 10.        | Child Marriage Restraint Act            | 113 2002    | 63 2003                        | 93 2004                        | 122 2005                      | 31.2                            |
| Total      |                                         | 5972 2002   | 11633 2003                    | 14423 2004                    | 14975 2005                    | 3.8                            |

The above table indicates that between 2002 and 2005 there was a steep rise in the total number of crimes against children. In 2002, 5972 cases were registered as against 14975 cases registered in 2005. Incidence of kidnapping and abduction of children were around 2322 in 2002 and 2571 in 2003, which rose to 3196 and 3518 in 2004 and 2005 respectively. Although the reported number of cases of procurement of minor girls has decreased by 29.3% in 2005 compared to 2004, media and other reports indicate that the unofficial number is much higher. Reported cases of child rape, one of the worst forms of sexual abuse, have increased in number between 2004 and 2005, from 3542 cases to 4026 respectively, indicating an increase of 13.7%.[^12]

**Aim**

- To assess the knowledge of the parents regarding child abuse.
- To promote healthy life style for children by preventing child abuse.
- To plan and implement appropriate intervention to solve and reduce the problem.
- To assess the effectiveness of planned teaching programme and amount of knowledge gained after intervention.

**Materials and Method**

The primary objective of the study was to determine the knowledge deficit among Parents regarding child abuse in chhawala village, Delhi. A planned health education was organised in the form of teaching, and the effectiveness of the programme was assessed with the structured questionnaire. Experimental research approach was used. Research design was One group pre and post test design. The tool for data collection was questionnaire consisting of two sections. Section A is related to demographic data and section B consist of knowledge assessment questions. Sample selection criteria was selected as per criteria: Parents who are having children less than 15 years of age, Parents who are willing to participate and who are available during the time. 30 samples from the community of Chhawla who comes under the criteria were selected for the study. Purposive sampling technique was used to select 30 samples. Source of data- parents of chhawla community.
Tool validation was done by Dr. Incharge of RHTC Chhawala and community health department of Nightingale Institute of Nursing, Noida. The sample selected for the study was 30 parents using Purposive sampling method. The study was conducted in RHTC Chhawala health centre by collecting parents from the area. A pre test was prepared to assess the knowledge of parents regarding child abuse. The data collected revealed that there was knowledge deficit about child abuse in the community.

Results

Section 1: Frequency and percentage distribution of demographic data of people residing in community of Chhawla.

Section 2: Findings related to knowledge score of samples before and after administration of structured teaching program.

Section 3: Mean, mean difference, standard deviation and ‘t’ value of pre and post test knowledge score.

Section 4: Chi-square was used to describe the association between the post-test knowledge score and selected demographic variables.

Section 1

Table 1. Frequency and percentage distribution of demographic data of people residing in community of Chhawla

| Personal characteristics | Frequency (f) | Percentage (%) |
|--------------------------|---------------|----------------|
| Age                      |               |                |
| 20-25 yrs                | 7             | 23%            |
| 26-30 yrs                | 9             | 30%            |
| 31-35 yrs                | 9             | 30%            |
| 36-40 yrs                | 5             | 16.6%          |
| Gender                   |               |                |
| Female                   | 18            | 60%            |
| Male                     | 12            | 40%            |
| Occupation               |               |                |
| Government               | 9             | 30%            |
| Private                  | 3             | 10%            |
| Business                 | 18            | 60%            |
| Self employed            | 0             | 0              |
| Family type              |               |                |
| Joint                    | 12            | 40%            |
| Small                    | 9             | 30%            |
| Large                    | 9             | 30%            |
| Number of children       |               |                |

1 9 30%

2 3 10%

3 9 30%

More than 3 9 30%

- Majority of samples 30 % (9) belongs to 25-30 year old age group and 31-35 years age group.
- Majority of samples were females (60%) and 40% were males.
- Majority of samples belongs to joint family (40%) and 30% samples belongs to small family and rest 30% samples were belongs to large family.
- Majority of the samples belongs to joint family (40%) 12.
- Majority of the samples were having 1,3 and more than 3 children(90%) 27.

Diagrammatic presentation of demographic variables

Figure 1. Pie chart showing the age distribution of the samples

Figure 2. Pie chart showing the gender distribution of the samples
Figure 3. Pie chart showing the occupation of the samples

Figure 4. Pie chart showing the number of children of the samples

Figure 5. Pie chart showing the type of family of the samples
Section 2

Table 2. Findings related to knowledge score of samples before and after administration of structured teaching program

| Knowledge | Pre-test | Post-test |
|-----------|----------|-----------|
|           | Frequency | Percentage | Frequency | Percentage |
| 0-6 Very poor | 27 | 90% | 6 | 20% |
| 7-12 Poor | 3 | 10% | 12 | 40% |
| 13-18 Average | 0 | 0% | 10 | 33.33% |
| 19-24 Good | 0 | 0% | 2 | 6.66% |
| 25-30 Very good | 0 | 0% | 0 | 0% |

Date presented in the table shows that in pre test 90% (27) had very poor knowledge, 10% (3) had very poor knowledge and in post test 40% (12) had poor knowledge, 33.33% (10) had average, 20% (6) had very poor knowledge and 6.66% (2) had good knowledge regarding management and prevention of child abuse.

Figure 6. Frequency and percentage of pre test and post test knowledge score of parents

Section 3

Table 3. Mean, mean difference, standard deviation and \( t \) value of pre and post test knowledge score

| Knowledge score | Mean | Mean difference | Standard deviation | \( T \) value |
|-----------------|------|-----------------|--------------------|-------------|
| Pre test        | 4.1  |                 | 4.733              | 8.40 *      |
| Post test       | 11.3 | 7.2             |                    |             |

*significant at 0.05 level, D.o.f(29)=1.699 at 0.05 level significant.

The data presented in the table shows that the mean post test knowledge score 11.3 of child abuse significantly higher than pre test score 4.1. The obtained mean difference was found statistically significant as evident from the \( t \)-value of 8.40 for df (29) at 0.05 level of significance. Hence its evident that structured teaching programme on management and prevention of child abuse was effective.

Figure 7. Bar diagram showing the mean pre test and post test knowledge score of parents
Section 4

Chi-square was used to describe the association between the post-test knowledge score and selected demographic variables

Table 4. Describes the findings of chi-square was used to describe the association between the post-test knowledge score with selected demographic variables

| S. no. | Characteristics | Below mean | Above mean | Dof | Chi-square value | P value | N/ns |
|--------|----------------|------------|------------|-----|------------------|---------|------|
| 1.     | Age            |            |            |     |                  |         |      |
|        | 20-25 yrs      | 3          | 4          | 3   | 2.81             | 0.421   | Ns   |
|        | 26-30 yrs      | 6          | 3          |     |                  |         |      |
|        | 31-35 yrs      | 3          | 6          |     |                  |         |      |
|        | 36-40 yrs      | 3          | 2          |     |                  |         |      |
| 2.     | Gender         |            |            |     |                  |         |      |
|        | Female         | 10         | 8          | 1   | 0.02             | 0.88    | Ns   |
|        | Male           | 7          | 5          |     |                  |         |      |
| 3.     | Family Type    |            |            |     |                  |         |      |
|        | Small          | 4          | 8          | 2   | 2.42             | 0.298   | Ns   |
|        | Joint          | 5          | 4          |     |                  |         |      |
|        | Large          | 6          | 3          |     |                  |         |      |
| 4.     | No. of children|            |            |     |                  |         |      |
|        | 1              | 3          | 6          | 3   | 1.52             | 0.677   | Ns   |
|        | 2              | 2          | 1          |     |                  |         |      |
|        | 3              | 5          | 4          |     |                  |         |      |
|        | >3             | 5          | 4          |     |                  |         |      |
| 5.     | Occupation     |            |            |     |                  |         |      |
|        | Government     | 6          | 3          | 3   | 6                | 0.111   | Ns   |
|        | Private        | 3          | -          |     |                  |         |      |
|        | Bussiness      | 6          | 12         |     |                  |         |      |
|        | Self-employed  | -          | -          |     |                  |         |      |

Significance at 0.05 level

The data presented in the table shows the chi square value obtained to find out the association between post test knowledge score of parents regarding urti in chhawla community.

There was no significant association between knowledge and selected demographic variables such as age, gender, family type, no. of children and occupation at 0.05 level significance.

Analysis of data

Analysis of data has following findings

Majority of the samples were in the age group of year’s i.e. 20-25 and 26-30. 40% of samples were females. 60% were males.pre-test score of the 30 samples was in the range of 123.post–test of the 30 samples was in the range of 340.mean of the post test scores 4.1 was higher than mean of pre-test 11.3. The post test score is more than pre-test score. Pre-test score of the 30 peoples of community chhawla was=123post-test score of the 30 peoples residing in community was=340mean of post test scores (11.3) was higher than mean of pre-test scores (4.1). So, it is inferred that structured teaching program was effective in enhancing the knowledge of people residing in community of chhawla about child abuse.

Discussion

Community people are the people who are having very less knowledge about topics like child abuse. Nowadays child abuse is an emerging problem of society which should be treated with some special interventions. This was the problem which we have identified during our summer field experience in chhawla community. We should take initiatives to overcome from such type of social problems. And being a community health nurse we are the main
components who can reduce the child abuse threat from the society. All types of child abuse and neglect leave the affected child with long-lasting scars that may be physical or psychological, but they are the emotional scars that leave the child with life-long effects, damage to the child’s sense of self, the ability to build healthy relationships and function at home, work or school. This situation can in turn result in the child turning to alcohol or drugs to numb the painful feelings. On the other hand, the exposure by the child to violence during adulthood can increase vulnerability of that child to mental and physical health problems like anxiety disorder, depression, etc., and make victims more likely to become perpetrators of violence later in life.[13]

In Kenya and even in many other countries, data on the prevalence of child abuse is still scarce. A Kenyan study undertaken in 2013 showed that violence against children was very high, with 31.9% and 17.5% female and male, respectively reporting having been exposed to sexual violence, 65.8% and 72.9% female and male respectively to physical violence. In the same study, 18.2% and 24.5% female and male, respectively had been abused prior to physical violence. In the same study, 18.2% and 24.5% female and male respectively reporting having been exposed to sexual violence, 65.8% and 72.9% female and male respectively to physical violence. In the same study, 18.2% and 24.5% female and male, respectively had been abused prior to 18 years of age, and only 23.8% female and 20.6% male reported not having experienced any form of violence during childhood.[13] Child abuse in Kenya, therefore, appears to be a rampant problem within the society.[14]

Conflict of Interest: None

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