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RESEARCH ARTICLE

EFFECTIVENESS OF SAFETY EDUCATION ON KNOWLEDGE REGARDING CHILD SEXUAL ABUSE AMONG PARENTS OF SCHOOL CHILDREN: A PILOT REPORT.

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Key words:-

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Abstract

Child sexual abuse is a global problem. The community has major role in prevention of child sexual abuse. A quantitative true experimental study was conducted to find the reliability and feasibility of tool and intervention with 40 samples selected through simple random sampling technique for experimental and control group in adopted community area of SVMCHRC, Puducherry. The parents of school children aged between six to twelve years were included as samples. Demographic data and knowledge regarding prevention of child sexual abuse were collected by structured questionnaires. The safety education intervention which consists of three stages was implemented to experimental group (20 parents). The parents were followed for one week. After a week, post test conducted with same questionnaires. The results revealed that the tools used, set criteria for sample selection, the implementation of interventions were highly reliable and feasible for implementation.

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Introduction:-

Child sexual abuse is disturbing, abhorrent, and very often an unimaginable crime but the unfortunate reality is that it exists. Response to child sexual abuse should be handled with a view to increasing awareness, rather than its denial. Child sexual abuse is any behavior committed by an elder or more powerful person on a younger or more vulnerable person for the sexual gratification of the former. The abuser is often an adult, but can be older or powerful child as well. The victim is always a child. Girls and boys are both vulnerable to child sexual abuse. Though most abusers are males, females could be abusers too. In most of the child sexual abuse, the abuser is someone known to the child, and could be a family member (parent, grandparent, sibling etc), a member of the extended family (uncle, aunt, cousin etc.) or an employee of the family (domestic help, driver etc) or an employee from the school.

Child Sexual Abuse includes the following touching and Non-Touching Behaviors (but need not be limited only to these acts) .Touching behaviors include Fondling a child's body for sexual pleasure, Kissing a child with sexual undertones/inclinations. Rubbing genitals against a child's body, Sexually touching a child's body, and specifically private parts (breasts and genitals), Includes encouraging or forcing a child to do likewise, Making a child touch someone else's genitals, or playing sexual ("pants-down") games, Encouraging or forcing a child to masturbate, with the child as either a participant or observer. Non-touching behaviors include Encouraging a child to watch or hear sexual acts either in person or lowering the bars of privacy, Looking at a child sexually, Exposing one's private body

parts to a child (exhibitionism). Watching a child in a state of nudity, such as while undressing, using the bathroom, with or without the child's knowledge (voyeurism).

Objective:-

To test the reliability - feasibility of the tool and safety education on knowledge regarding child sexual abuse among parents of school children.

Methodology:-

Research Approach: Quantitative approach was used to evaluate the effectiveness of Safety Education

Research Design: True Experimental Pretest –post test design was used for this research .One experimental group manipulated with Safety Education and One control group.

Research setting:-

The study was conducted in various adopted community rural areas of Sri Venkateshwara Medical College and Research Institute of Puducherry. This consists of own community rural health center. The rural health center also covers about 6 villages which cover about 4500 population. The villages are Sengadu, Naraiyur, V.pudhur, Kumarakuppam, kallapattu, and pallikondapuram .These are approximately with in 10 km radius. These areas had the main source of income as agriculture. They had the transport facilities as government bus only once in a day. They had primary and middle schools in the village itself.

Research Population:-

Parents with school children of age 6 to 12 years at Puducherry.

Sample:-

The parents of school children of age group 6 to 12 years who fulfills the inclusion criteria and were available during the data collection period.

Sample size:-

The sample size is 440 as determined by power analysis. In that total samples, 220 samples selected for experimental group and 220 samples for control group.

Sampling techniques:-

Samples were selected using probability Simple Random Sampling Technique.

Sampling criteria:-

Inclusion criteria:-

- Parents of child of age group of 6 to 14 years.
- Parents of both sexes of male and female.
- Parents of any age group.
- Parents who speaks and understands Tamil.

Exclusion Criteria:-

- Parents with very sick children
- Parents who are not willing to participate.

Tools and Description:-

The tool for the study was constructed after an extensive literature review, consultation with guides and experts. The tool was translated into Tamil (language) before administering it.

Section A: Demographic data:-

It assessed the demographic variables such as age, educational status of the parent, occupation, religion, type of family, family monthly income, residence, no of children and age of the last child.

Section B: Questionnaire to assess the knowledge regarding child sexual abuse:-

This section is used to assess the knowledge regarding child sexual abuse and it is assessed by structured questionnaire. This consists of 25 questions which consist of the meaning, types, indicators, parents' responses etc.

Results and discussion:-

The reliability of the data collection tool was assessed by using Test-retest and Cron_bach alpha method and its correlation coefficient r -value is 0.86 for the knowledge questionnaire. The correlation coefficient is very high and it is good tool to evaluate the effectiveness of safety education on child sexual abuse among parents of school children in selected rural areas at Puducherry.

Data were analyzed using descriptive statistics such as mean and standard deviation, and inferential statistics such as unpaired t test to test the effectiveness of Safety Education.

Table 1 showed that the distribution of samples in experimental and control group based on demographic variables. Homogeneity was maintained between the experimental and control group.

Table 2 showed that there is a significant increase in the level of knowledge between the pretest and post test indicates that the safety Education was effective in improving the knowledge regarding Child Sexual abuse.

Table 3 showed that there is no significant increase in the level of knowledge between the pretest and post test among the control group

Table 4 showed that the Comparison of post-test level of knowledge level between the experimental and control group proved that there is a significant increase in knowledge level on child sexual abuse with the Safety Education.

Table No.1:- Frequency distribution based on Demographic Variables

N=40

Demographic Variables		Group			
		Experiment(n=20)		Control(n=20)	
		n	%	n	%
Children Age	6 -8 years	9	45 %	8	40 %
	9 -11 years	7	35%	8	40%
	12 -14 years	4	20 %	4	20 %
Participating Parent	Father	4	20%	5	25%
	Mother	15	75%	14	70%
	Guardian	1	5 %	1	5%
Age of the parent	21-25 years	4	20%	6	30%
	26-30 years	9	45%	8	40%
	> 30 years	6	30%	6	30%
Religion	Hindu	17	85%	18	90%
	Muslim	2	10%	1	5 %
	Christian	1	5 %	1	5 %
Education of Parents	Non Formal Education	3	15%	2	10%
	Primary school	4	20%	7	35%
	High school	7	35%	4	20%
	Higher secondary	3	15%	4	20%
	Graduate & Above	4	20%	3	15%
Occupation	Govt. employee	1	5 %	3	15%
	Labour	11	55%	12	60 %
	Self employee	6	30%	4	20%
	Unemployed	2	10%	1	5 %
Monthly Income	<Rs 3000	2	10%	2	10%
	Rs 3000- 5000	12	60 %	13	65 %
	Rs 5001- 10,000	4	20%	3	15%
	>Rs 10,000	2	10%	2	10%
Type of Family	Nuclear family	12	60 %	11	55%
	Joint family	6	30%	7	35%
	Extended family	2	10%	2	10%
Number of Children	One	13	65 %	12	60 %
	Two	6	30%	6	30%

	Three	1	5 %	2	10%
Have you attended any parenting classes regarding prevention of child sexual abuse	Yes	2	10%	3	15%
	No	18	90%	17	85%
Have you heard regarding prevention of child sexual abuse in Mass media?	Radio	2	10%	1	5 %
	TV	18	90%	19	95 %
	Computer	0	0.0%	0	0.0%
	Nil	0	0.0%	0	0.0%

Table No: 2 Frequency and Percentage distribution of pre test and post test level of knowledge in the Experimental group:

Level of knowledge	Pre test		Post test	
	n	%	n	%
Inadequate	14	70%	0	0.0%
Moderate	6	30%	5	25%
Adequate	0	0.0%	15	75%
Total	20	100.0%	20	100.0%

Table No: 3 Frequency and Percentage distribution of pre test and post test level of knowledge in the Control group:

Level of knowledge	Pre test		Post test	
	n	%	n	%
Inadequate	16	80%	14	70%
Moderate	4	20%	5	25%
Adequate	0	0%	1	5%
Total	20	100.0%	20	100.0%

Table No: 4 Comparison of post-test level of knowledge scores between the experimental and control group

Post test	Mean	SD	Unpaired t test
Experimental Group	20.05	2.01	t=9.3, P=0.001*
Control Group	13.75	2.24	

Discussion:-

The main focus of this study was to test the reliability and feasibility of the data collection tool and intervention and its acceptability and effectiveness in improving the knowledge of parents regarding child sexual abuse. The results indicated that tool used were highly reliable.

The pilot study also showed that the sampling technique, set inclusion and exclusion criteria were appropriate for sample selection. The method of administering the safety education module, the teaching methods selected and the proposed analytical measures were suitable for the study. The comparison between the groups showed that there was a statistical significance. The overall plan was effective, feasible and practicable to be applied in the main study.

Conclusion:-

The pilot study was conducted on the effectiveness of Safety Education on knowledge regarding child sexual abuse among parents of school children. The Data collection tools used were reliable, feasible and appropriate to be applied to the samples in the main study and the safety education module was effective in improving the knowledge regarding child sexual abuse among parents of school children.

References:-

1. Geneva: World Health organization; [Last cited on 2014 Aug 09]. Child maltreatment. updated 2014. Available from: http://www.who.int/topics/child_abuse/en/
2. Guidelines for medicolegal care for victims of sexual violence. Geneva: World Health organization; [Last cited on 2014 Aug 09]. Child Sexual abuse. updated 2003. Available from: [Whqlibdoc.who.int/publications/2004/924154628x.pdf](http://whqlibdoc.who.int/publications/2004/924154628x.pdf) .
3. Putnam FW. Ten year research update review: Child sexual abuse. [Last cited on 2014 Aug 09];J Am Acad Child Adolesc Psychiatry. 2003 42:269–78. Available from: [http://www.jaacap.com/article/S0890-8567\(09\)60559-1/abstract](http://www.jaacap.com/article/S0890-8567(09)60559-1/abstract) . [PubMed]
4. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, editors. Geneva: World Health Organization; 2002. [Last cited on 2014 Aug 09]. World report on violence and health. Available from:<http://whqlibdoc.who.int/hq/2002/9241545615.pdf> .
5. Bassani DG, Palazzo LS, Beria JU, Gigante LP, Figueiredo AC, Aerts DR, et al. Child sexual abuse in southern Brazil and associated factors: A population based study. [Last cited on 2014 Aug 09];BMC Public Health. 2009 9:133. Available from: www.biomedcentral.com/1471.2458/9/133 . [PMC free article][PubMed]
6. Martin EK, Silverstone PH. How much child sexual abuse is “below the surface,” and can we help adults identify it early? [Last cited on 2014 Oct 01];Front Psychiatry. 2013 4:58. Available from:<http://journal.frontiersin.org/Journal/10.3389/fpsy.2013.00058/full> . [PMC free article] [PubMed]
7. Wihbey J. Global prevalence of child sexual abuse. Journalist Resource. [Last on Aug and Updated on 2011 Nov 15]. Available from: Journalistsresource.org/studies/.global-prevalence-child-sexual-abuse .
8. Behere PB, Mulmule AN. Sexual abuse in 8 year old child: Where do we stand legally? [Last cited on 2014 Aug 09];Indian J Psychol Med. 2013 35:203–5. Available from: www.ijpm.info/article.asp?issn = 0253-7176;year 35;Behere . [PMC free article] [PubMed]
9. Study on Child Abuse: India 2007. India, Ministry of Women and Child development Government of India. 2007. [Last cited on 2014 Aug 09]. Available from: wcd.nic.in/childabuse.pdf .
10. Miller KL, Dove MK, Miller SM. (2007, October). A counselor's guide to child sexual abuse: Prevention, reporting and treatment strategies. [Last cited on 2014 Aug 09]. Available from:www.ncbi.nlm.nih.gov/pubmed/1186016.