

A Descriptive Study to Assess Knowledge, Attitude and Practices of Mothers Regarding Prevention of Juvenile Sexual Abuse

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Abstract

Sexual assault involves a perpetrator coercing or physically forcing a sexual act or non-consensual touching. A descriptive study was conducted to assess knowledge, attitude and practices of mothers regarding prevention of juvenile sexual abuse in selected community area in Kanchipuram (DT), Tamil Nadu. Objectives were to assess the knowledge, attitude and practices of mothers regarding the prevention of juvenile sexual abuse and to find out association between the knowledge, attitude and practices of mothers regarding juvenile sexual abuse and selected demographic variables. Mothers occupation had significant association with knowledge regarding prevention of juvenile sexual abuse ($p=.030$). Majority of the samples had adequate knowledge (80.0%), adequate attitude (62.2%) and adequate practice (75.6%) regarding prevention of juvenile sexual abuse.

Keywords: Knowledge, attitude, practices, prevention, juvenile sexual abuse.

Introduction

“Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust

or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to: the inducement or coercion of a child to engage in any unlawful sexual activity; the exploitative use of a child in prostitution or other unlawful sexual practices; the exploitative use of children in pornographic performance and materials” (WHO, 2003) ⁽⁸⁾. Sexual assault involves a perpetrator coercing or physically forcing a sexual act or non-consensual touching. Rape falls under sexual assault and includes acts like the penetration of a penis, any object or any part of the body to any extent, into the vagina, mouth, urethra or anus of another person; or making another person do so. Any sexual activity, irrespective of consent with a girl or a boy below the age of 18, constitutes statutory rape (SNEHA) ⁽⁵⁾.

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Table 1: Types of juvenile sexual abuse (Tulir & SNEHA)^(5,7)

Touching Behaviors	Non-touching Behaviors
<ul style="list-style-type: none"> • Fondling a juvenile’s body for sexual pleasure • Kissing a juvenile with sexual undertones/inclinations • Rubbing genitals against a juvenile’s body • Sexually touching a juvenile’s body and specifically private parts (breasts and genitals). Includes encouraging or forcing a juvenile to do likewise • Making a juvenile touch someone else’s genitals, or playing sexual (“pants-down”) games • Encouraging or forcing a juvenile to masturbate, with the juvenile as either a participant or observer • Encouraging or forcing a juvenile to perform oral sex (mouth-to-genital contact on or by the juvenile) • Inserting objects or body parts (like fingers, tongue or penis) inside the vagina, mouth, or anus of a juvenile; includes attempts of these acts 	<ul style="list-style-type: none"> • Encouraging a juvenile to watch or hear sexual acts either in person or lowering the bars of privacy • Looking at a juvenile sexually • Exposing one’s private body parts to a juvenile (exhibitionism) • Watching a juvenile in a state of nudity, such as while undressing, using the bathroom, with or without the juvenile’s knowledge (voyeurism) • Making suggestive comments to the juvenile that are sexual in nature • Commenting on the sexual development of a juvenile • Encouraging or forcing a juvenile to read/watch pornography, giving pornographic material or using the juvenile in pornography • Making, viewing or downloading sexual images of juvenile on the Internet

Warning signs of juvenile sexual abuse (RAINN; 2018)

Physical Signs:

- Bleeding, bruises, or swelling in genital area
- Bloody, torn, or stained underclothes
- Difficulty walking or sitting
- Frequent urinary or yeast infections
- Pain, itching, or burning in genital area

Behavioral Signs:

- Changes in hygiene, such as refusing to bathe or bathing excessively
- Develops phobias
- Exhibits signs of depression or post-traumatic stress disorder
- Expresses suicidal thoughts, especially in adolescents
- Has trouble in school, such as absences or drops in grades
- Inappropriate sexual knowledge or behaviors
- Nightmares or bed-wetting
- Overly protective and concerned for siblings, or assumes a caretaker role
- Returns to regressive behaviors, such as thumb sucking

- Runs away from home or school
- Self-harms
- Shrinks away or seems threatened by physical contact

Juvenile vulnerable to sexual abuse: Juveniles frequently abused are of female gender, unaccompanied, in foster care, adopted, stepchildren, physically or mentally handicapped, history of past abuse, poverty, war/armed conflict, psychological or cognitive vulnerability, single parent homes/broken homes, social isolation (e.g. lacking an emotional support network), parent(s) with mental illness, or alcohol or drug dependency ⁽⁴⁾.

Simi, Kochuthresiamma & Suba (2017), reported that majority of the samples belonged to the age group of 31-40 years (62.3%), children were school agers (69.8%), had moderately adequate knowledge (73%) and attitude (68.4%). Minority (27.4%) had moderately adequate practice regarding prevention of juvenile sexual abuse. There was a significant association between maternal age (p=0.002), marital status (p=0.006), place of residence (p=0.070), mother’s occupation (p=0.006) with the knowledge, attitude and practice of mothers regarding prevention of juvenile sexual abuse ⁽⁶⁾.

Binsha, Jipsa, Jenita, Nikeetta & Victoria (2017), reported that majority of the mothers were in the age group of 26-30 years (35%), were with 2 children (44%), had 1 male child (52%), had one female child (55%). Most of the mothers (60%) had excellent knowledge regarding prevention of juvenile abuse, about (34%)

of them had good knowledge, about (6%) had average knowledge and none of the mothers had poor knowledge (2).

Fredrick, Tumaini, Phillipop & David (2016), reported that majority of the samples had high knowledge regarding prevention of juvenile sexual abuse (95.6%) and positive attitudes on preventing juvenile sexual abuse (98.7%). Minority (27.3%) had good practices on protection and prevention of juvenile sexual abuse. Anjali & Shenoy (2017), reported that 90% of subjects had inadequate knowledge regarding juvenile sexual abuse and 90% subjects had positive attitude regarding prevention of juvenile sexual abuse (3).

Method

Research Approach: Non-experimental research approach was used.

Research Design: A Descriptive research design was used.

Research Setting: The study was conducted at Pooncheri, Kanchipuram (DT), Tamil Nadu.

Population: Mothers of children with the age group of 0-14 years.

Sample Technique: Random sample technique was used.

Sample Size: Sample size was calculated using the formula $N = 4pq/d^2$. The estimated range was 81 to 101. The final sample size was 90.

Instrument/Material: Demographic variables proforma and self-administered tool were used. Self-administered tool was used to assess the knowledge, attitude and practice of mothers regarding a prevention of juvenile sexual abuse. The self-administered tool is a structured questionnaire assessing parent's concepts on juvenile sexual abuse, attitudes regarding juvenile sexual abuse and practices in prevention of juvenile sexual abuse. Few of the items were 'children are most likely to be abused by familiar people', 'child sexual abuse occurs only in the adolescent age', 'the perpetrators usually buy children expensive gifts or give them money for no apparent reason', 'men sexually abuse children in majority of cases', 'do you feel child sexual abuse prevention education in school is necessary', 'do you feel that body safety rules should be taught to the child at the primary level', 'told my child about good touch

and bad touch' and 'told them that if someone wants to see or touch their private parts they should definitely say 'NO' and leave at once'.

Scoring and Interpretation: It consists of 30 items. Responses to the items based on a two point scale. For negative statement reverse scoring was done. Tool validation was done by subject experts. The first 10 items loaded on knowledge, next 10 on attitude and last 10 on practices regarding prevention of juvenile sexual abuse. Total score can range between 0 and 30.

Table 2: Scoring and interpretation

Level of Knowledge	Score
Adequate	21-30
Moderately adequate	11-20
Inadequate	0-10

Procedure: Data was collected over one week. The written informed consent was obtained from the parent and guardian as well as from the study participants. Permission letter was obtained from the HOD of Mental Health Nursing department, HOD of Community Health Nursing department, Community area, UG Committee and Human Ethical Committee.

Statistical Analysis: Descriptive statistics like frequency distribution, percentage, mean, standard deviation and inferential statistics like chi square was used to analyze the data.

Result

The study finding revealed that: Maximum samples were between 31-40 years of age (38.9%), had primary level of education (43.3%), followed Hindu religion (76.7), were homemakers (61.1%) and had two children (64.4%).

Mothers occupation had significant association with knowledge regarding prevention of juvenile sexual abuse ($p=0.030$).

Majority of the samples had adequate knowledge (80.0%) and least had moderate knowledge (20.0%) regarding prevention of juvenile sexual abuse. Majority of the samples had adequate attitude (62.2%) and least had inadequate attitude (1.1%) regarding prevention of juvenile sexual abuse. Majority of the samples had adequate practice (75.6%) and least had moderate practice (24.4%) regarding prevention of juvenile sexual abuse

(Table 3).

Table 3: Knowledge, attitude and practice of mothers regarding prevention of juvenile sexual abuse N=90

S.No.	Variable	Inadequate		Moderate		Adequate	
		No.	%	No.	%	No.	%
1	Knowledge of mothers regarding prevention of juvenile sexual abuse	0	0%	18	20.0	72	80.0
2	Attitude of mothers regarding prevention of juvenile sexual abuse	1	1.1%	33	36.7	56	62.2
3	Practice of mothers regarding prevention of juvenile sexual abuse	0	0%	22	24.4	68	75.6

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 Conflict of Interest: Nil

Discussion

Maximum samples were between 31-40 years of age. Similar finding is reported by Simi, Kochuthresiamma & Suba (2017)⁽⁶⁾. Maximum samples had two children as reported by earlier findings by Binsha, Jipsa, Jenita, Nikeetta & Victoria (2017)⁽²⁾, unlike the findings by Anjali & Shenay (2017)⁽¹⁾. Mothers occupation had significant association with knowledge regarding prevention of juvenile sexual abuse (p=.030). Similar finding is reported by Simi, Kochuthresiamma & Suba (2017)⁽⁶⁾. Majority of the samples had adequate knowledge, which is supported by study findings by Binsha, Jipsa, Jenita, Nikeetta & Victoria (2017)⁽²⁾ and Fredrick, Tumaini, Phillipoo & David (2016)⁽³⁾. Majority of the samples had adequate positive attitude as reported by Fredrick, Tumaini, Phillipoo & David (2016)⁽³⁾ and Anjali & Shenay (2017)⁽¹⁾. Majority of the samples had adequate practice (75.6%) regarding prevention of juvenile sexual abuse unlike the report by Fredrick, Tumaini, Phillipoo & David (2016)⁽³⁾ unlike the findings of Simi, Kochuthresiamma & Suba (2017)⁽⁶⁾. Mothers occupation had significant association with knowledge regarding prevention of juvenile sexual abuse. Similar finding was reported by Simi, Kochuthresiamma & Suba (2017)⁽⁶⁾.

Ethical Clearance: Chettinad Academy of Research & Education - Institution Human Ethics Committee.

Reference

1. Anjali Kaushik and Shenay Danie. Knowledge and Attitude of Mothers regarding Prevention of Child Sexual Abuse. International Journal of Nursing & Midwifery Research 2017; 4(4): 42-48
2. Binsha Pappachan C, Jipsa Philip, Jenita Pinto, Nikeetta Aleyamma Kurian, Victoria Rufina Rodrigues. Knowledge of mothers regarding prevention of child abuse. Innovational Journal of Nursing and Healthcare 2017; 3(1): 7-10.
3. Fredrick M. Mlekwa, Tumaini Nyamhanga, Phillipoo I. Chalya and David Urassa. Knowledge, attitudes and practices of parents on child sexual abuse and its prevention in Shinyanga district, Tanzania. Tanzania Journal of Health Research 2016; 18(4): 1-9.
4. RAINN. Rape, Abuse & Incest National Network. <https://www.rainn.org/articles/child-sexual-abuse> (accessed).
5. SNEHA.(ND)What are Rape and Sexual Assault? <http://snehamumbai.org/rape-and-sexual-assault/> (accessed).
6. Simi Mohan, Kochuthresiamma T, Suba Joice. Knowledge, Attitude and Practices on Prevention of Child Sexual Abuse among Mothers in a Tertiary Setting. International Journal of Science and Research 2017; 6(11): 382 - 385.
7. Tulir. Centre for the Prevention and Healing of Child Sexual Abuse (CPHCSA). <http://www.tulir.org/childsexualabuse.htm> (accessed).
8. WHO. Guidelines for medico-legal care for victims of sexual violence. <http://apps.who.int/iris/bitstream/handle/10665/42788/924154628X.pdf?sequence=1> (accessed).