

## Effect of Visual Educational Program about Protection from Sexual Harassment on Children with Hearing and Speech Challenges

Sahar Sedky Fahiem<sup>1</sup>, Mona Ibraheim Abo-Zeid<sup>2</sup>, Doaa Bahig Anwr Akl<sup>3</sup>, Jehan Mahmoud Farrag<sup>4</sup>

<sup>1</sup>Assistant Professor of Pediatric Nursing, Faculty of Nursing, University of Beni-Sueif, Egypt; <sup>2</sup>Assistant Professor of Pediatric Nursing, Faculty of Nursing, Port-Said University, Egypt; <sup>3</sup>Assistant Professors of Pediatric Nursing, Faculty of Nursing, Aswan University, Egypt; <sup>4</sup>Assistant professor of Pediatric Nursing, Faculty of Nursing, Port-Said University, Egypt.

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### ABSTRACT

**Background:** Sexual Harassment can threaten one's physical and mental health, affect the performance of school-aged children, and make it difficult to accomplish life goals. **Aim:** to assess effect of visual educational program about protection from sexual harassment on children with hearing and speech challenges. **Design:** A quasi-experimental research design was utilized. **Setting:** AL-Amal School for deaf and hearing-impaired children in Port-Said City. **Subjects:** A purposive sampling of 60 children with hearing and speech challenges. **Tools:** The Children's Knowledge Assessment Questionnaire and An Observational Checklist Schedule about protection against sexual harassment. **Results:** 90% of children had an unsatisfactory knowledge before program implementation. This percentage improved immediately after program implementation (88%). 92% of children had an inappropriate level of practice pre-visual program implementation, which improved to 90% and 88% immediately after program implementation and at the follow-up phase respectively. **Conclusion:** The visual sexual harassment protective program significantly enhanced children's knowledge and practices toward protection from sexual harassment. **Recommendations:** visual educational programs about protection from sexual harassment should be implemented periodically for children with hearing and speech challenges to improve their knowledge and practices in dealing with sexual harassment conditions.

**Keywords:** Hearing and speech challenges -visual educational program, sexual harassment.

## INTRODUCTION

The phenomenon of Sexual Harassment (SH) is regarded as a real and significant issue that impacts pediatric people at any developmental stage regardless of sex, color, or age. It adversely affects one's bodily and emotional well-being, impacts academic achievement, and makes it difficult to accomplish life's objectives. SH is a type of sexual assault against minors and a major issue in many countries (Yossif & Elbahasawy, 2016; Ali & Ezz El Rigal, 2019). According to the World Hearing Forum (2020), approximately 466 million people live with disabling hearing loss, of which 34 million are children. In addition, 1.1 billion children are at risk of hearing loss.

According to the Demographics Profile 2014, an estimated 2.2 billion children worldwide have disabling hearing loss. In Egypt, 37.1% of people aged 0 to 17, which represents a sizable sector of the country's population, so they are more susceptible to victimization because they are younger, weaker, and less intelligent than more experienced, clever, and violent perpetrators (UNICEF, 2015).

SH includes any unwanted physical contact that is harassing, such as "non-consensual touching", "grabbing", "pinching", "hugging", "brushing against someone's body", or "staring", it also includes "displaying objects or pictures" that are suggestive of sex, making obscene gestures, or making sexually derogatory comments (Elsiddig & Sabir, 2021). A child may be subjected to sexual abuse or harassment by a parent, stepparent, sibling, or other family member. It could also occur by a friend, neighbor, childcare provider, teacher, or random person if it takes place outside the house. Child sexual abuse and harassment occur in any family, regardless of culture, socioeconomic background, or level of education. All ages especially infants, toddlers, and teenagers, can be the targets of sexual abuse or harassment. Boys and girls may both be the victims of child sexual abuse or exploitation (Rumble et al., 2018).

To protect the child from sexual abuse or harassment; it is important to understand their healthy sexual development. Many adults lack the knowledge necessary to distinguish between healthy and dangerous behaviors as children develop sexually (Rudolph, Zimmer-Gembeck, Shanley, & Hawkins, 2018). A pediatric nurse

can be of great assistance in shielding children from SH. Nurses can assist parents, teachers, and children in raising healthy children or in educating them about how to shield themselves from SH. As a result, the current study was implemented to improve children's both knowledge and skills regarding protection from SH.

### **Significance of the study**

According to the Deafness Forum in Egypt, 1.2 million Egyptians aged five years and older will be deaf or hard of hearing in 2022, with one in six people in Egypt having a serious hearing loss (Goulart & Chiari, 2007; Deafness Forum Egypt, 2022; Mohamed, Ayed, Mohammed, Khalaf Allah, & Awad, 2023). Between 2011 and 2014, “the National Council for Childhood and Motherhood (NCCM)” recorded 206 instances of "SH and rape" against minors; 138 of these occurrences were females, and the remaining incidences involved boys. Official reports state that recently, there has been a rise in violence and sexual attacks against children in Egypt (El-Ashmawy, 2014; Elsiddig & Sabir, 2021).

According to a global study, SH has a significant negative impact on general health; physical or social, and psychological for this reason, it is critical to concentrate on ways to safeguard children from SH. In Egypt, the formal educational system offers relatively little instruction on protecting children against SH. According to national and sub-national polls, Egyptian youngsters require a basic understanding of SH prevention since they frequently obtain information from unreliable or deceptive sources. According to surveys, parents and kids should learn more about these subjects so that they can be taught in schools (Mosbeh, Faheem & Hassan, 2016).

Children with hearing and speech impairments may require more thorough explanations if they are unable to hear or speak the sounds and content in the mass media intended for teens and preteens. They may also be less likely than other children their age to notice changes in physical sexual development or the names of body parts that they are starting to undergo. For these reasons, including the fact that many kids are hesitant to ask for specifics, it's critical to approach the topic of SH (Mohamed et al., 2023).

The nurse can be a supporter of hearing and speech challenges children, meeting their needs by creating programs that enhance their information of physical and genital developmental changes during puberty, grasping attention methods away from touching genitals, personal hygiene and genitals care, guiding program about how to interact respectfully with others, explaining program about wanted and unwanted touching and protecting measures of SH and child how to inter with someone want (see or touch private) and health protection from hazards. Consequently, the present study aimed to evaluate the effect of visual educational program on children with hearing and speech challenges about protecting children from SH.

### **AIM OF THE STUDY**

The present study aimed to evaluate the effect of visual educational program about protection from sexual harassment on children with hearing and speech challenges through:

1. Assess children`s knowledge and practice regarding sexual harassment protection.
2. Design and implement a visual program for children about “sexual harassment” protection according to their needs.
3. Evaluate the effect of visual educational program on the children`s knowledge and practice regarding “sexual harassment” protection.

### **Research Hypothesis**

Children who receive visual program, have satisfactory knowledge and practice regarding “sexual harassment” protection.

## **SUBJECTS AND METHOD**

### **Research design**

A quasi-experimental research design was used in this study

### **Setting**

This study was carried out at AL-Amal School for deaf and hearing-impaired children in Port-Said City.

## Sample

A purposive type of sampling was used. A sample composed of 60 children with hearing and speech challenges, who attended the previously mentioned setting.

## Inclusion criteria

- Children with hearing and speech problems.
- Children did not have any visual or cognitive problems.
- Able to read and understand sign language.
- Children are available during the study period.

## Tools for data collection

### **Tool I: The Children's Knowledge Assessment Questionnaire about protection against sexual harassment:**

It was adapted from Zhang, Chen, and Liu (2015); Yossif and Elbahnasawy (2016); and Elsiddig and Sabir (2021), to evaluate the knowledge of children about protection against sexual harassment. This tool is divided into two parts:

**Part (1):** It included items regarding children`s characteristics such as children`s age, socioeconomic status, number of siblings, educational level, and sources of information about sexual harassment.

**Part (2):** It included 15 items related to children`s knowledge regarding sexual harassment, and probed many areas: meaning of SH (1 question), names of body parts (2 questions), normal child sexual development (2 questions), the harasser (1questions), types of harassment (1questions), potential locations (2 questions), methods for confronting it (2 questions), Leading factors of sexual harassment on the child (1 question), effects of sexual harassment on children (2 questions), protective and preventive measures (1 question). These 15 items that made up the knowledge content were calculated as follows, for each item three points were awarded for a complete and/or correct response, two for an incomplete and correct response, and one for a don't know or incorrect response. Two categories for the total knowledge score were: satisfactory from 75% and above and unsatisfactory less than 75%.

**Tool II: An Observational Checklist Schedule**

This tool was adapted from El-Ganzory, Nasr, Talaat, & Abuelmaaty (2014), and Elsiddig and Sabir (2021) to assess children's reported practice about protection from sexual harassment. It includes 8 items, each item consists of several steps as follows: Clarify body parts that may be exposed to harassment (10 steps), illustrate physical and genitals developmental changes during puberty (5 steps), implement grasping attention methods away from touching genitals (5 steps), demonstrate personnel hygiene and genitals care (11 steps), demonstrate methods of how to interact respectfully with others as avoiding kissing, touching or seeing private body parts, and preventing sleep in the parents' bed (5 steps), differentiate between boys and girls in interact or sleeping (5 steps), distinguish between wanted and unwanted touching (10 steps) and demonstrate the protecting measures of sexual harassment-interpret "how dealing with someone wants to see or touch private parts" (5 steps).

**Scoring system of children`s practices**

Three score levels were assigned to each step: "done" was scored "2", and "done incorrectly" scored "1" and "not done" scored "0" for each item of the following: clarification parts of the body which more exposed to harassment (10 steps) with "total score 20"; illustration of physical and genitals developmental changes during puberty (5 steps) with "total score 10"; implementation of grasping attention methods away from touching genitals (5 steps) with "total score 10"; demonstration of personnel hygiene and genitals care (11 steps) with "total score 22"; demonstration of how to interact respectfully with others (avoid kissing and touching private body parts (5 steps) with "total score 10"; differentiate between boys and girls in interaction (5 steps) with "total score 10"; distinguish between wanted and unwanted touching (10 steps) "with total score 20"; demonstration of preventing measures of sexual harassment and how to interact with someone who want to see or touch private areas and how to deal with caution of sexual harassment (5 steps) with "total score 10". The total scores of all steps are "132". The total scores were classified into either appropriate from 75% and more or inappropriate when less than 75%.

**Preparatory phase**

This stage started before data gathering. In this stage, the researchers used textbooks, scientific journals, and internet searches to review relevant local and worldwide literature. This aided in getting to know the research subjects better and in getting the tools for gathering data ready.

**Content Validity**

Five professionals in pediatric nursing comprised the panel that examined the tools to ensure they were clear, thorough, suitable, and readable. Experts' feedback on the tools was sought, and any necessary modifications were made.

**Reliability of the tools**

The same group of participants took the test twice before and after the educational program, then the results were compared. The tools were found to have strong reliability based on Cronbach's coefficient alpha, which was equal to 0.854 for both knowledge and reported practices involving the protection of children with speech and hearing impairments from sexual harassment.

**Pilot study**

Ten percent of the children in the overall sample (6 total) participated in pilot research to evaluate the tools' clarity, visibility, and time requirements. It didn't need to be drastically altered. Since there were only a few children in the sample, kids who were part of the pilot study were not disqualified from the research.

**Administrative Design**

The Director of the Special Education Sector in Port Said City was given a formal letter describing the objective of the research, which was received from the Dean of the Faculty of Nursing at Port Said University. The document was intended to gain permission for the research to be conducted. Another formal letter was taken and delivered to the director of the AL-Amal School in Port-Said City, which serves children with hearing impairments and deafness. Upon providing a thorough and

appropriate explanation of the study's objective and significance to the moms of younger children as well as the older children, school psychologists, and social workers assisted in obtaining verbal consent from the mothers and older children at the time of data collection.

### **Field Work**

- The study's data collection period spanned from October 2023 to February 2024. Four stages comprised the study's execution: planning, assessment, implementation, and evaluation. The researchers spent three days a week from 8:00 am to 1:00 pm in the previously indicated setting. The children roughly took 45 minutes to complete the tools. The youngsters and the researchers first met in the school's activity room.

- **The assessment phase:** The researchers conducted an individual interview with the children, and data gathered with the assistance of a school psychologist and social worker related to their experience in dealing with children with hearing & speech challenges and using sign language to facilitate communication with them. Each child was assessed by identifying his demographic data from school files and mothers' meetings if needed, and the level of children's knowledge, and practices about sexual harassment protection. The information gathered during the assessment phase (pre-test) to develop a visual educational program about protection from sexual harassment. The researchers told the children that there would be a posttest immediately, after explaining the educational sessions and a follow-up after one month assessment using the same tools.

- **The planning phase:** the visual educational program about protection from sexual harassment for children with hearing and speech challenges was prepared by the researchers to improve their knowledge and practice against sexual harassment. The program includes many topics regarding the definition of sexual harassment, body parts that can be exposed to sexual harassment, stages of sexual development, the definition of the harasser, forms of sexual harassment, places where sexual harassment can occur, measures used to confront sexual harassment, effects of sexual harassment on the child, leading factors of sexual harassment on the child, protective measures against sexual harassment. The program was presented to the school psychologist and social worker to translate the content to sign language to be ready



for explained later for studied children. Also, a booklet included the educational program with illustrative pictures to be understandable, reachable, and readable to the studied sample was prepared.

- **The implementation phase:** This phase passes through three stages:

**First stage:** The studied children are divided into 6 groups, each group included around 10 children. The researchers provided a visual educational program for children with hearing and speech challenges about knowledge and practice of protection of sexual harassment with the assistance of the school psychologist and social worker. The training took three sessions / per week for each group; each session took about 45 minutes (total=18 sessions for 6 groups) throughout 3 weeks; 2 groups per day.

- The first session: About the protection of SH. Need clarification
- The 2<sup>nd</sup> session was about practice
- The 3<sup>rd</sup> session was for revision to confirm the children's ability to demonstrate the protection against sexual harassment procedure perfectly.

Then the studied children began to explain and re-demonstrate the program until they were perfect in practicing protection against sexual harassment. The visual educational program is a more effective and efficient way to promote and advance the knowledge and practices of children with hearing and speech challenges through their vision and using sign language.

**The second stage (booklet content):** The researchers gave each child a booklet with a colored picture which included all the information about protection from SH (introduction, meaning of SH, normal child sexual development, the harasser, types of SH, the places which may occur in, measures used to confront it, the effects of SH on the child, leading factors of SH, protective and preventive measures of SH, challenges for practicing SH protection). To grasp children's attention and motivate them to review the booklet at home with their parents.

**The third stage:** Subsequently the visual educational program finished, the researchers asked the children with the assistance of the school psychologist and

social worker if they were required to repeat the explanation and discuss the answer to all questions to make them clear in all aspects of the program.

### **Evaluation phase**

In this phase after the intervention; the studied children were interviewed again to assess any change regarding the level of knowledge, and practices using the same tools, and a comparison between the pre-posttest immediately and follow-up after one month was done to evaluate the effect of the visual educational sessions on children with hearing and speech challenges on their knowledge and practices regarding SH protection.

### **Ethical considerations**

Before beginning, the study was given the go-ahead by the Port Said University faculty of nursing's scientific research ethics committee with code number NUR (9/7/2023) (27). Before data collection, moms of young and old children gave their oral agreement, assisted by a school psychologist and social worker. They were given information regarding the study's goals and anticipated results, as well as the freedom to participate or leave the study at any moment. They informed that all information given will be handled in confidence and anonymously for the sole purpose of the study. Respect was shown for all participants.

### **Statistical Analysis**

The Statistical Package for Social Sciences (SPSS), version 22, was used to arrange, sort, tabulate, and analyze the data gathered. Numbers, percentages, averages, standard deviations, t-tests, and Chi-square ( $X^2$ ) tests were used. A significant threshold of  $p < 0.0001$ .

## **RESULTS**

**Table (1):** indicates the demographic characteristics of the studied sample. It was revealed that the age of 33.3% of children ranged between 14 and 18 years with a mean and SD of  $16.22 \pm 3.46$ . Furthermore, 70 % of them had inadequate

socioeconomic status, while 50% had a preparatory degree. As regards, children`s number of siblings, 41.7% of children had two siblings.

**Figure (1):** clarifies the sources of information for studied children about sexual harassment, 32% were the school staff team, followed by friends (21%), then mass media (20%), newspaper (19%), and the last one were children`s families (8%)

**Table (2):** shows statistically significant improvement in all children`s knowledge items about Protecting themselves from Sexual Harassment immediately after and at follow-up of program phases.

**Figure (2):** explains the overall knowledge score of the children under study. Before the program was implemented, 90% of the children had unsatisfactory knowledge, compared to their overall knowledge after carrying out the program (88% and 85% respectively).

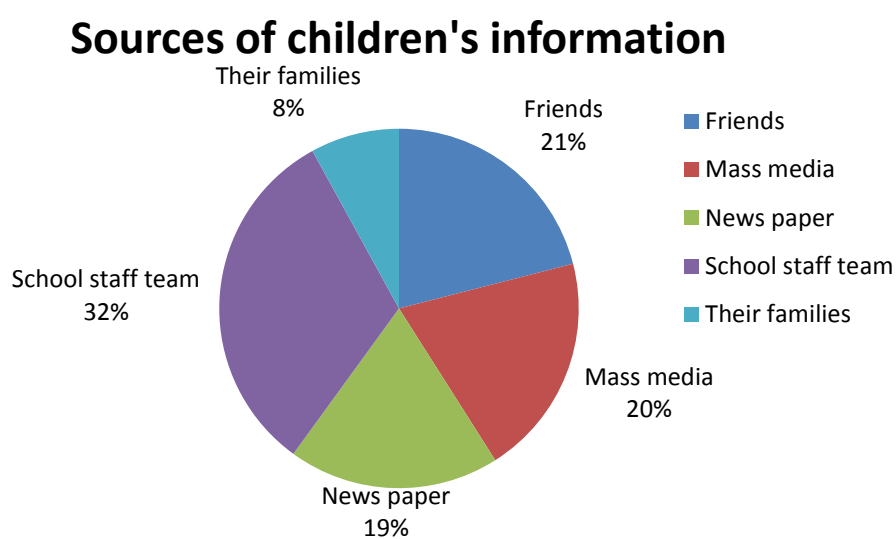
**Table (3):** demonstrates all children's reported practices, both immediately following program implementation and at follow-up, have shown highly statistically significant gains in terms of protecting children from sexual harassment.

**Figure (3):** illustrates the majority of children (92%) had inappropriate total practice scores before implementing the program, which improved to an appropriate level of practice immediately after visual program implementation and at the follow-up phase (90% and 88% respectively).

**Table (4):** highlights a statistically significant positive association between both children's age and educational level after immediate and follow-up program phases and knowledge and practice scores ( $P < 0.001$ ). Moreover, this table, however, demonstrates that no statistically significant associations were found between both knowledge, and practice, and children`s socioeconomic level throughout program phases.

**Table (1):** Percentage Distribution of Studied Children Regarding Their Demographic Characteristics (n=60)

Demographic Characteristics	No	%
<b>Age/year</b>		
6<10	11	18.3
10<14	10	16.7
14<18	20	<b>33.3</b>
18-21	19	31.7
<b>Mean ± SD</b>	<b>16.22 ± 3.46</b>	
<b>Socioeconomic status</b>		
Adequate	18	30
Inadequate	42	<b>70</b>
<b>Level of education</b>		
Preschool & Primary	11	18.3
Preparatory	30	<b>50.0</b>
Secondary	19	31.9
<b>Number of siblings</b>		
One	15	25.0
Two	25	<b>41.7</b>
Three or more	20	33.3

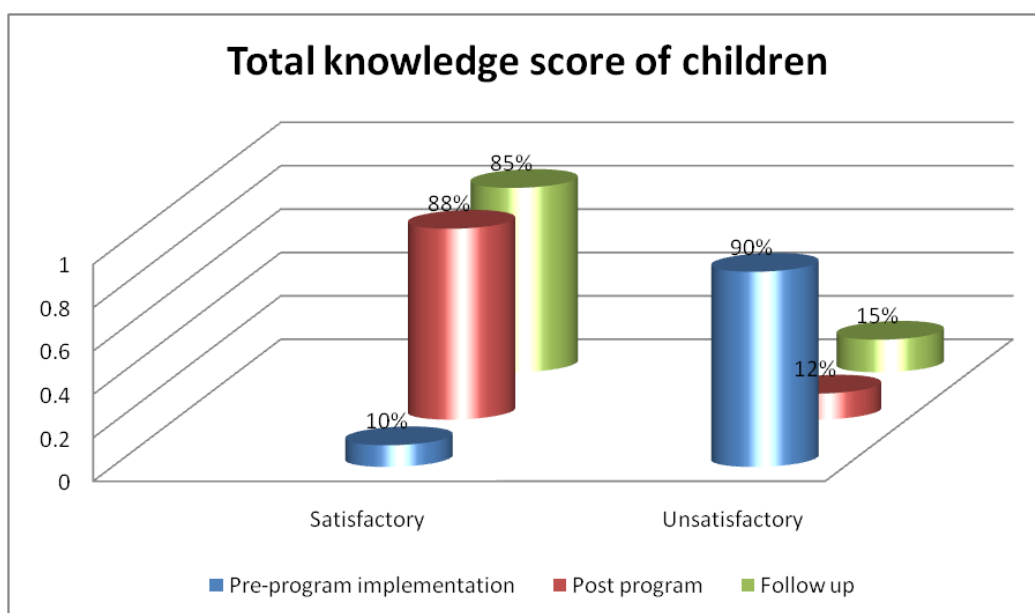


**Fig (1):** Sources of Children’ Information about Sexual Harassment (n=60)

**Table (2):** Percentage Distribution of The Studied Sample According to Their Knowledge about Protecting Themselves From Sexual Harassment Throughout The Program Phases (n = 60).

Knowledge related to sexual harassment protection	Pre-program		Post-program		Follow-up	
	Satisfactory %	Unsatisfactory %	Satisfactory %	Unsatisfactory %	Satisfactory %	Unsatisfactory %
Definition	20	80	88	12	85	15
Body parts that can be exposed to sexual harassment	40	60	90	10	85	15
Stages of sexual development	10	90	95	5	92	8
Definition of harasser	60	40	95	5	92	8
Forms of sexual harassment	35	65	88	12	85	15
Places where sexual harassment can occur	40	60	95	5	92	8
Measures used to confront sexual harassment	37	63	96	4	95	5
Effects of sexual harassment on the child	35	65	88	12	85	15
Leading factors of sexual harassment on the child	8	92	95	5	90	10
Protective measures against sexual harassment	10	90	88	12	85	15
T-test P value	X <sup>2</sup> = 18.2 pre & post-program				P value<0.001**	
	X <sup>2</sup> = 26.4 pre-program & follow-up					
	X <sup>2</sup> = 16.8 post-program & follow-up					

\*\* Highly statistically significant (P≤ 0.001)

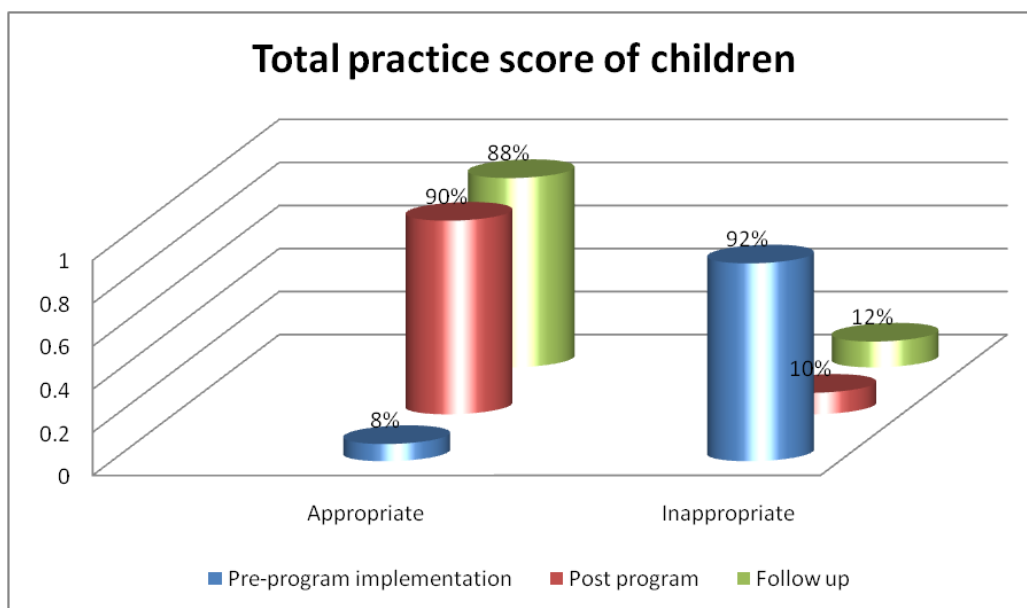


**Figure (2):** Percentage Distribution of Children’s Total Knowledge Scores about Sexual Harassment Protection Throughout Program Phases (n=60)

**Table (3):** Percentage Distribution of the Studied Children's Practice about Protecting Themselves From Sexual Harassment Throughout The Program Phases (n = 60).

Practice related to sexual harassment	Pre-program		Post-program		Follow up	
	Appropriate %	Inappropriate %	Appropriate %	Inappropriate %	Appropriate %	Inappropriate %
Clarify body parts that may be exposed to harassment	12	88	80	20	87	22
Illustrate physical and genitals developmental changes during puberty	10	90	95	5	92	8
Implement grasping attention methods away from touching genitals	11	89	75	25	75	25
Demonstrate personnel hygiene and genital care	75	25	96	4	96	4
Demonstrate methods of how to interact respectfully with others	9	91	85	15	82	18
Differentiate between boys and girls in interaction or sleeping	10	90	90	10	85	15
Distinguish between wanted and unwanted touching	8	92	85	15	82	18
Demonstrate the protection measures of sexual harassment ( interpret how to interact with someone who wants to see or touch private areas; ....)	65	35	75	25	75	25.0
<b>t-test P-value</b>	<b>X<sup>2</sup> =32.8 Pre &amp; Post-program</b>					<b>P &lt;0.001**</b>
	<b>X<sup>2</sup> = 42.2 Pre-program &amp; Follow-up</b>					
	<b>X<sup>2</sup> = 26.4 Post-program &amp; Follow-up</b>					

\*\* Highly statistically significant (P≤ 0.001)



**Figure (3):** Total Practice Scores of The Studied Children About Protecting Themselves from Sexual Harassment Throughout the Program Phases (n = 60).

**Table (4):** Correlations between Children`s Total Knowledge and Practice regarding Sexual Harassment Protection throughout program phases and their Demographic Characteristics (n=60).

Items		Age		Educational level		Socio-economic status	
		r	P	r	P	r	P
Knowledge	Pre-program	0.64	0.05>	0.142	0.05>	0.48	0.05>
	Post-program	0.465	<b>0.001**</b>	0.365	<b>0.001**</b>	0.038	0.05>
	Follow-up	0.356	<b>0.001**</b>	0.422	<b>0.001**</b>	0.162	0.05>
Practice	Pre-program	0.34	0.05>	0.51	0.05>	0.044	0.05>
	Post-program	0.486	<b>0.001**</b>	0.612	<b>0.001**</b>	0.119	0.05>
	Follow up	0.328	<b>0.001**</b>	0.224	<b>0.001**</b>	0.63	0.05>

\*\* Highly statistically significant ( $P \leq 0.001$ )

## DISCUSSION

Several studies have demonstrated that child sexual harassment is a serious problem everywhere in the world. The problem is getting worse and could have unfavorable effects. The majority of children and their caregivers are unaware of how

common and severe child sexual abuse is becoming (Rosa & Angulo, 2019; Elsiddig & Sabir, 2022). Ongoing protection and education are the best tools against sexual harassment. Sexual harassment won't stop by itself. The likelihood is higher that if the issue is not resolved, the harassment will get worse over time and become harder to stop. Children therefore require ongoing alertness, awareness, and the acquisition of critical skills and knowledge to help them protect themselves and stay safe (Yossif & Elbahnasawy, 2016). So, the present study aimed to evaluate the effect of visual educational program on children with hearing and speech challenges about protecting themselves from sexual harassment.

Concerning the sources of information regarding sexual harassment among studied children with hearing and speech challenges, the results indicated that most of them got their information from friends and the school staff, with a small percentage coming from their families. Yossif and Elbahnasawy (2016) were inconsistent with the previous findings, they stated that the majority of the participants in the study got their information about sexual harassment from TV, with another 40% obtaining it from friends or family members. The current study's findings may be explained by the fact that many of the children live in close communities, are bashful or afraid to ask their families for information or lack the opportunity to research the information on their own because of their speech and hearing impairments and the paucity of health programs in Egypt that address sexual harassment among children with speech and hearing impairments. Also, this difference may be due to those differences in culture, tradition, and education in urban areas. Also, it may be due to poor attention from the teachers to satisfy the educational needs of hearing and speech challenges children's protection.

Regarding children's knowledge about sexual harassment protection, the findings of the current study showed that there were highly statistically significant improvements in the children's all knowledge items regarding sexual harassment protection, immediately post and at follow-up phases of visual educational program implementation. This finding was supported by Satapathy, 2019; Yossif and Elbahnasawy (2016), and Elsiddig and Sabir (2022), who claimed that mothers' understanding of child sexual harassment prevention was improved by the sexual harassment preventive program. Furthermore, since child sexual harassment is one of



the biggest dangers to a kid's safety and well-being, Rudolph et al. (2018) advised future ways that may better inform parents and other adult guardians about preventing harassment. Preventing and handling these circumstances are difficult tasks. It requires a comprehensive strategy, a lot of work, and collaboration from the public administration, a wide range of specialists, victims' relatives, and society at large. Moreover, the research conducted by Rudolph (2018) titled "Parents as Protectors: A Qualitative Study of Parents' Views on Child Sexual Abuse Prevention" revealed that parents appear to be well-informed about child sexual abuse and its dangers.

Concerning the studied children`s total practice score, before the visual program implementation, most children had an inappropriate level of practice. However, these levels of practice improved to appropriate practices immediately post and at follow-up phases of visual educational program implementation. The current findings are consistent with those of Yossif and Elbahnasawy (2016), who demonstrated that there were highly statistically significant differences between participants' knowledge and practice before and after implementing a program to avoid sexual harassment. Additionally, Elsiddig and Sabir (2022) suggested methods for preventing child sexual abuse, conducting additional research on the subject of sexual harassment, and upholding the laws that shield kids from such abuse.

Children's total knowledge and practice were positively correlated with their age and educational level throughout the post and follow-up visual program phases ( $r=0.465$ ,  $r=0.356$ ,  $r=0.486$ ,  $r=0.328$  respectively). These positive correlations were statistically significant ( $P < 0.001$ ). This is considered normal, as it is assumed that whenever the age and educational level increase, knowledge and practice improve vice versa. This finding is in the same line with Faheim and Amer (2019) who conducted a study about the "Effect of educational guidelines on mothers' knowledge and practice regarding neonates and young children with Brachial Plexus injuries" in Egypt and confirmed that a positive correlation was evidence among mothers' education level, knowledge and practice providing to child through care. This reinforces the research hypothesis of the study. The current study's findings are supported by the observation that education and training programs play a critical role in enhancing children's knowledge and practice and adherence to sexual harassment protection. Furthermore, the present study's findings emphasized that children's

practice and knowledge improved following the visual program. This may be attributed to the value and efficacy of training programs in improving children's practice and knowledge, which are crucial in preventing sexual harassment and producing positive results.

## **CONCLUSION**

The study's conclusion indicated that children's knowledge and practice about sexual harassment protection had improved by the sexual harassment visual protective program.

## **RECOMMENDATIONS**

The present study's findings allow for the suggestion of the following recommendations:

1. Implementation of visual educational programs for children with hearing and speech challenges about protection from sexual harassment should be done periodically to improve their knowledge and practices in dealing with sexual harassment conditions.
2. Increasing and improving the health education messages that are disseminated through schools and the media; these messages should cover all pertinent facts regarding child sexual harassment as well as simple, doable preventative measures.

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## تأثير برنامج تعليمي بصري حول الحماية من التحرش الجنسي على الأطفال الذين يعانون من صعوبات في السمع والنطق

سحر صدقي فهيم<sup>1</sup>؛ منى إبراهيم أبوزيد<sup>2</sup>؛ دعاء بهيج عقل<sup>3</sup>؛ جيهان محمود فراج<sup>4</sup>

<sup>1</sup>أستاذ مساعد تمريض الأطفال -كل التمريض-جامعة بني سويف-جمهورية مصر العربية؛ <sup>2</sup>أستاذ مساعد تمريض الأطفال -كلية التمريض-جامعة بورسعيد-جمهورية مصر العربية؛ <sup>3</sup>أستاذ مساعد تمريض الأطفال -كلية التمريض-جامعة أسوان-جمهورية مصر العربية؛ <sup>4</sup>أستاذ مساعد تمريض الأطفال -كلية التمريض-جامعة بورسعيد-جمهورية مصر العربية

### الخلاصة

**الخلفية:** يمكن أن يهدد التحرش الجنسي الصحة البدنية والعقلية للأطفال، ويؤثر على الأداء المدرسي، ويجعل من الصعب تحقيق أهداف الحياة. **الهدف:** تقييم تأثير برنامج تعليمي بصري حول الحماية من التحرش الجنسي على الأطفال الذين يعانون من صعوبات في السمع والنطق. **التصميم:** تم استخدام تصميم بحث شبه تجريبي. **المكان:** مدرسة الأمل للأطفال الصم وضعاف السمع بمدينة بورسعيد. **العينة:** عينة مقصودة من 60 طفلاً يعانون من صعوبات في السمع والنطق. **الأدوات:** تم جمع البيانات باستخدام أداتين: (أ) استمارة مقابلة منظمة حول خصائص الأطفال الذين يعانون من صعوبات في السمع والنطق، ومعرفة الأطفال فيما يتعلق بالحماية من التحرش الجنسي. (ب) استبيان لممارسات الأطفال المبلغ عنها فيما يتعلق بالحماية من التحرش الجنسي. **النتائج:** في مرحلة ما قبل تنفيذ البرنامج، كان لدى غالبية الأطفال المدروسين (90%) مستوى غير مرضٍ من المعرفة، والذي تحسن لدى معظمهم (88%)، إلى معرفة مرضية مباشرة بعد التنفيذ. كان لدى غالبية الأطفال المدروسين (92%) مستوى غير مناسب من الممارسة قبل تنفيذ البرنامج البصري، والذي تحسن لدى غالبية الأطفال، ليكون 90% و88% مناسباً مباشرة بعد تنفيذ البرنامج البصري وفي مرحلة المتابعة على التوالي. **الاستنتاج:** عزز البرنامج التعليمي البصري الحماية من التحرش الجنسي وغير بشكل كبير من معرفة وممارسات الأطفال المدروسين تجاه التعامل مع التحرش الجنسي. **التوصيات:** تنفيذ برامج رعاية صحية دورية للأطفال الذين يعانون من تحديات السمع والنطق حول الحماية من التحرش الجنسي من خلال البرامج البصرية لتحسين معرفتهم وممارساتهم في التعامل مع ظروف التحرش الجنسي.

**الكلمات المرشدة:** تحديات السمع والكلام - برنامج تعليمي بصري، التحرش الجنسي.