

Mothers' Perception for Protection of their Children from Sexual Abuse

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Abstract

Background: Child sexual abuse is a type of violence against children that has received significant concern worldwide which lead to short-term and long-term consequences, also a worrisome burden to the family and society. **Aim of study:** Was to assess mothers' perception for protection of their children from sexual abuse. **Research design:** A descriptive design was utilized in this study. **Setting:** This study was conducted at Benha Maternal and Child Health center (B), Kafr-Shokr Maternal and Child Health center, Shibeen-El-Kanater Maternal and Child Health center and Kalyub El-Balad Maternal and Child Health center. **Sample:** Simple random sample of mothers, total sample size was 381 mothers. **Tools:** Two tools were used, **I):** A structured interviewing questionnaire to assess a): Child's characteristics, mothers' socio-demographic characteristics, b): Knowledge of mothers about protection of children from sexual abuse, c): Reported practice of mothers for protection of their children from sexual abuse and d): Attitude of mothers regarding protection from child sexual abuse and **II):** Child sexual abuse myths scale to assess false beliefs of mother toward child sexual abuse. **Results:** 58.8% of mothers had average total knowledge level regarding protection of children from sexual abuse while 60.1% of them had unsatisfactory total reported practices level regarding protection of children from sexual abuse and 66.9% of them had positive total attitude regarding protection of their children from sexual abuse. **Conclusion:** There were positive statistically significant correlation between mothers' total knowledge, total reported practices and total attitude regarding protection of their children from sexual abuse. **Recommendations:** Health education program should be developed and implemented for mothers regarding child sexual abuse to improve their knowledge and practices to protect their children from sexual abuse.

Key words: Children, Mothers, Perception, Sexual abuse

Introduction:

Childhood is a development period with high vulnerability to physical and psychosocial risks. Abuse is misusing of power and control while child abuse is a worldwide problem affecting around one billion children with many detrimental impacts on individuals and the community. Child abuse is any action, behavior and gestures by another person adult or child that

causes considerable damage to a child. It can be physical, sexual, and emotional but can just neglect as a lack of affection, care and attention. Child Sexual Abuse (CSA) is a real and serious health problem that affect 12 % of children globally regardless of their gender, race, religion, ethnic, age groups and occurs at all socioeconomic levels. CSA can threaten physical, emotional wellbeing and influence whole life of child (Wallis & Woodworth,

2020; Centre of Disease Control and prevention (CDC), 2021).

Globally up to 80,000 cases of CSA are reported per year, although the number of unreported cases is far greater. The prevalence of sexual abuse in children is 1 in 10 prior to the age of 18 years which range from 8% to 31% for females and 3% to 17% for males. Prevalence rate in developing countries is higher than developed/western countries. The highest rates have been reported 19.3% for boys in Africa and 21.5% for girls in Australia. Asia has the lowest rates both 11.2% for girls and 4.1% for boys (Chitundu et al., 2018; Poddar & Mukherjee, 2020). Sex countries reported prevalence rates as being more than one fifth that is, 37.8% in Australia, 32.2% in Costa Rica, 31% in Tanzania, 28.1% in Sweden, 25.3% in the US and 24.2% in Switzerland. The lowest rate observed for males may be imprecise to some extent because of under reporting (Afolabi, 2020).

Child sexual abuse is forcing a child to take part in sexual activities not necessarily involving a high level of violence, whether or not the child is aware of what is happening. CSA include contact activities that involve physical contact such as penetrative action as rape or oral sex and non-penetrative acts as masturbation, kissing, rubbing and touching outside of clothing. Also, CSA include non-contact activities as involving children in watching or hearing sexual activities, the production of sexual images, encouraging children to behave in inappropriate sexual ways, grooming a child in preparation for abuse via the internet and child sexual exploitation (Office for National Statistics, 2019; Akpınar, 2019).

Perception is the way of thinking about or understanding someone or something through using senses. Perception of responsible mothers is instrumental in

prevention of CSA and involves knowledge, practice and attitude of mothers regarding how to protect their children from sexual abuse. Part of mothers' misperceptions of CSA may stem from the lack of knowledge regarding what differentiates normal child sexual behavior from abnormal child sexual behavior particularly between children of the same age (Gruenfelder, 2021).

Protection of children from sexual abuse has been continued to receive increasing attention globally due to high incidence and prevalence rates. While Mothers are important actors in protecting children from any kind of violence including sexual abuse so the mothers should be aware of the various aspects of the CSA and increase their knowledge and improving practices which plays an important role in the ability of the mothers to prevent CSA (Russel et al., 2020).

Community Health Nurses (CHNs) play vital role in the prevention of CSA through providing health education that increase mothers' knowledge and help to have positive perception for protection of their children from sexual abuse. CHNs educate mothers about CSA, risk factors, early detection of warning signs and symptoms indicating that child was sexually abused, also short term and long term impacts on child. CHNs educate mothers about positive involvement in children's lives and teach child avoid keeping secrets. It is important to teach mothers enhance self-esteem of their children and self-protecting skills. CHNs should educate mothers to teach about child line in deal with strangers and educate child how to protect themselves in at risky situations (Stavrianopoulos & Gourvelou, 2021).

Significance of the study:

Child sexual abuse is common public problems that affect child wellbeing and

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development and has serious physical and psychological consequences. CSA is a universally silenced problem due to the taboo and shame that surrounds it despite the important consequences. CSA are widely believed to be underreported by the victims as well as the community and most cases are presented only after a child starts to show symptoms or complications so statistics do not reflect the true magnitude of the problem. Experts state that for every reported case there is 10 more unreported cases. None reporting of CSA cases lead to an increase in the cases as the perpetrators go unpunished and are likely to move to the next victim (**Brayant& Keeshin, 2021; Rueda et al., 2021**).

In Egypt, there is no accurate Egyptian epidemiologic study assessing the extent of the problem of CSA because of un reported cases or delayed disclosure and social stigma of being sexually abused. There are 38.8 million child in Egypt and the population under the era of 14 years is 33.29% of the total population. Studies revealed that the age group from 7 to 13 years accounted for the highest rate of CSA, however, more than 20% of children are sexually abused before the age of 8 years and mostly in females 62.6%. Most perpetrators were non-relative 89.1% and the most frequently reported type of CSA was anal assault 55% (**Abd El Aziz et al., 2017; Abo-Seria et al., 2018 and Aboelmagd et al., 2019**).

Aim of the study:

This study aimed to assess mothers` perception for protection of their children from sexual abuse.

Research Questions:

1. What is the mothers' knowledge regarding protection of children from sexual abuse?
2. What are the reported practices of mothers regarding protection of children from sexual abuse?

3. What is the mothers' attitude regarding protection of children from sexual abuse?
4. What is correlation between total knowledge, reported practices and attitude among studied mothers regarding protection from child sexual abuse?

Subject and Method:

Research design:

A descriptive research design was used for this study.

Setting:

This study was conducted at 4 Maternal and Child Health center (MCH) in Kalyobia Governorate and these centers were selected by cluster random sample, one center from each direction of the Kalyobia Governorate. From south direction (Benha Maternal and Child Health center (B). From North direction (Kafr-Shokr Maternal and Child Health center). From East direction (Shiben El-Kanater Maternal and Child Health center). From West direction (Kalyub El-Balad Maternal and Child Health center) and these centers characterized by high flow rate of mothers.

Sampling:

Sampling type: Simple random sample of the mothers attended to the previously mentioned settings and confirming to the following criteria:

1. Mothers can read and write.
2. Mothers' children age was from 3-12 years
3. Mothers accepted to be involved in the study

Sample size:

Sample size was calculated using the following formula. Where 'n' is sample size 'N' is total number of all mothers attended to previously mentioned setting in the last year (2020). **N=8240**

$$n = \frac{N}{1 + N(e)^2}$$

Sample size = 381 mothers

Tools of data collection: Two tools were used in this study:

First tool: A structured interviewing questionnaire was developed by the researchers, which cover the following four parts:-

The first part: It was concerned with demographic characteristics of the studied sample. This part included two items:

A- Child's characteristics:

a-1 Child' demographic characteristics included (4 items) age, sex, child ranking, place of sleep.

a-2 History of previous exposure to sexual abuse included (3 items) previous exposure to sexual abuse, the place & the person who sexually abused the child.

B- Socio-demographic characteristics of mothers: It consisted of (8 items) related to age, marital status, educational level, occupation, place of residence, type of family, number of children and monthly income.

The second part: It was concerned with knowledge of the studied mothers related to two main items (Child sexual abuse included (12) questions and protection of children from CSA included (3) questions.

Scoring system:

The scoring system for mother's knowledge was calculated as follows: 2 points for a correct and complete answer, while 1 point for a correct and incomplete answer, and 0 for don't know. For each area of knowledge, the score of the items was summed-up and the total divided by the number of the items, giving a mean score for the part. These scores were converted into a

present score. The total scores of knowledge = 46 points. The total score was considered good when score of total knowledge $\geq 75\%$ (≥ 34 point), while considered average if it equals 50- $<75\%$ (23- <34 points) and considered poor when the total score was $< 50\%$ (<23 points).

Third part: It was concerned with reported practices of mothers for protection of their children from sexual abuse which divided into five items body privacy and ownership, safe and unsafe touch, television and internet use, dealing with strangers and dealing with an expected CSA.

Scoring system:

Each step of mother's reported practices has two level of answer: done or not done. These were respectively 1, 0. The scores of the items were summed-up and the total divided by the number of the items, giving a mean score for the part. These scores were converted into a present score. The total practice score = (32 points). The total practices scores were considered satisfactory if the score of the total practices $> 60\%$ (>19 points) and considered unsatisfactory if it is $< 60\%$ (<19 points).

Fourth part: It was concerned with attitude of mothers regarding protection of their children from CSA which divided into three items prevention of CSA, perpetrators of CSA and children.

Scoring system:

The scoring system for mother's attitude was measured on a Likert type scale as follows: 2 points for agree, 1 points for uncertain and 0 for disagree. The scores of the items were summed-up and the total divided by the number of the items, giving a mean score for the part and a mean score for total attitude calculated and classified into two attitudes level (positive or negative). These

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scores were converted into a present score. The total attitude score = (66 points). The total attitude score was considered positive if the score $\geq 75\%$ (49 points) while considered neutral if it equals 50- $<75\%$ (33- <49 points), and considered negative if it is $<50\%$ (< 33).

Tool (II): Child Sexual Abuse Myths Scale (CSAMS): to assess false beliefs and attitude of mother toward child sexual abuse adapted from **(Cromer & Goldsmith, 2010)**: The questionnaire was measured on a Likert type scale of agree, uncertain and disagree. It was translated into Arabic by the researchers and then translated back to English to ensure consistency in meaning before data collection which included 15 statements.

Scoring system:

All statements were scored on three points Likert type scale whereas; 1 point for agree, 2 points for neutral and 3 for disagree. The total score = 45 points. The total attitude score was considered positive if the score $\geq 75\%$ (≥ 34 points) while considered neutral if it equals 50- $<75\%$ (22 - <34 points) and considered negative if it is $<50\%$ (< 22 points).

Content validity:

Content validity of the tools was done by five of Faculty's Staff Nursing experts from the Community Health Nursing Specialties who reviewed the tools for clarity, relevance, comprehensiveness, and applicability and give their opinion.

Reliability of the tool:

The reliability of the tool was applied by the researchers for testing the internal consistency of the tool, by administration of the same tools to the same subjects under similar condition on one or more occasion. Answers from repeated testing were compared (test-re-test reliability). The reliability was done by Cronbach's Alpha coefficient test which revealed that which of

the two tools consisted of relatively homogenous items as indicated by the moderate to high reliability of each tool. The internal consistency of the knowledge was 0.82, while practice was 0.73 and attitude was 0.71.

Ethical considerations:

All ethical issues were assured; oral consent has been obtained from each mother before conducting the interview and given them a brief orientation to the purpose of the study. They were also reassured that all information gathered would be kept confidentially and used only for the purpose of the study. Mothers had right to withdraw from the study at any time without giving any reasons.

Pilot study:

The pilot study was carried out on 38 mothers who represented 10% of the sample size. The pilot study was aimed to assess the tool clarity, applicability and time needed to fill each questionnaire, completing the questionnaire consumed about 20-25 minutes. No modifications were done, so the pilot study sample was included in the total sample.

Fieldwork:

The data was collected from mothers who attended in the previously selected MCH through the interview with them. The study was conducted at a period of six months which started from the beginning of June 2021 to the end of November 2021. The researchers visited Benha Maternal and Child Health center (B), Kafr-Shokr Maternal and Child Health center, Shiben-El-Kanater Maternal and Child Health center and Kalyub El-Balad Maternal and Child Health center respectively on Saturday, Sunday, Monday, Thursday respectively. Each MCH were

visited by the researchers one day per week from 9.00 am. to 12 pm. to collect data and distribute booklets about CSA to increase knowledge of mothers regarding protection of their children from CSA, the average number of interviewed mothers was between 3-4 mothers/day depending on their responses to the interviewers, each interviewed mother took about 20 to 25 minutes to fill the questionnaire depending upon their understanding and response.

Limitation of the Study:

Some mothers refused to participate in the study or became worried, withdrew and avoided to complete interview due to the taboo and stigma of sexual abuse that still present in the community. While many mothers had difficulty to disclose that children exposed to any form of sexual abuse.

Statistical analysis:

All data collected were organized, tabulated and analyzed using appropriate statistical test. The data were analyzed by using the Statistical Package for Social Science (SPSS) version 21, which was applied to calculate frequencies and percentages, mean and standard deviation as well as test statistical significance and associations by using Chi- square test (χ^2) and linear correlation coefficient (r), and matrix correlation to detect the relation between the variables (P value).

Significance levels were considered as follows:

Highly significant (HS) $P \leq 0.001^{**}$

Statistically Significant (S) $P \leq 0.05^*$

Not significant (NS) $P > 0.05$

Results:

Table (1): Shows that; 56.7% of children aged 3-<6 years, 52% of them were males and 34.1% of children were second in ranking. Regarding to the child sleeping,

47.8% of them slept on mother & father 's bed.

Table (2): Reveals that; 7.6% of children were previously exposed to sexual abuse and 27.6% of them exposed to abuse in neighbor's home and in street while 44.8% of them were sexually abused by relatives.

Table (3): Shows that; 48 % of mothers aged 30 to less than 40 years old with mean age 31.23 ± 6.41 , 91.1% of them were married and 44.9% of them had secondary education. while 59.6% of mothers were housewives and 65.9% of them were living in rural area. Also, 51.4% of mothers had nuclear family, 37.3% of them had three children and 58.5% of them did not have enough income per month.

Figure (1): Illustrates that; 58.8% of mothers had average total knowledge level regarding CSA and only 16% of them had good total knowledge level regarding CSA while 25.2% of them had poor total knowledge level about CSA.

Figure (2): Illustrates that; 60.1% of studied mothers had unsatisfactory total reported practices regarding protection of their children from sexual abuse while 39.9% of them had satisfactory total reported practices regarding protection of their children from sexual abuse.

Figure (3): Reveals that 66.9% of studied mothers had positive total attitude regarding protection of their children from sexual abuse while 33.1% of them had negative total attitude regarding protection of their children from sexual abuse.

Figure (4): Illustrates that; 74.8 % of studied mothers had positive total attitude regarding myths and false beliefs of mothers toward child sexual abuse while 25.2% of them had negative total attitude regarding myths and false beliefs of mothers toward child sexual abuse.

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Table (4): Reveals that there were positive statistically significant correlations between mothers' total knowledge, total

reported practices and total attitude level regarding protection of their children from sexual abuse.

Table (1): Frequency distribution of children regarding their demographic characteristics (n=381)

Children 's characteristics	No.	%
Age		
3-<6	216	56.7
6-12	165	43.3
Sex		
Male	198	52.0
Female	183	48.0
Child ranking		
First	100	26.2
Second	130	34.1
Third	126	33.1
Fourth	25	6.6
The child sleeps with / on		
Mother & father 's bed	182	47.8
Separate bed	98	25.7
Share brothers/ sisters bed	101	26.5

Table (2): Frequency distribution of children regarding history of previous exposure to sexual abuse (n=381)

Children 's history	No.	%
Previous exposure of child to sexual abuse		
Yes	29	7.6
No	352	92.4
If yes, the place is (n=29):		
Home	4	13.8
School	5	17.2
Neighbor's home	8	27.6
Club	4	13.8
Street	8	27.6
The person who sexually abuse child is (n=29):		
Relative	13	44.8
Stranger	9	31.0
Care giver	7	24.1

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Table (3): Frequency distribution of mothers regarding their socio-demographic characteristics (n=381)

Mother's characteristics	No.	%
Age		
< 20	18	4.7
20 -< 30	155	40.7
30 -< 40	183	48.0
> 40	25	6.6
Mean \pm SD	31.23 \pm 6.41	
Marital status		
Married	347	91.1
Widow	10	2.6
Divorced	24	6.3
Education		
Read and write	12	3.1
Basic Education	107	28.1
Secondary education	171	44.9
University education	91	23.9
Occupation		
Housewife	227	59.6
Employee	124	32.5
Free work	30	7.9
Place of residence		
Urban	130	34.1
Rural	251	65.9
Type of family		
Single mother(mother& child)	33	8.7
Nuclear family	196	51.4
Extended family	152	39.9
Number of children		
One	72	18.9
Two	139	36.5
Three	142	37.3
Four or more	28	7.3
Monthly income		
Enough and save	25	6.6
Enough	133	34.9
Not enough	223	58.5

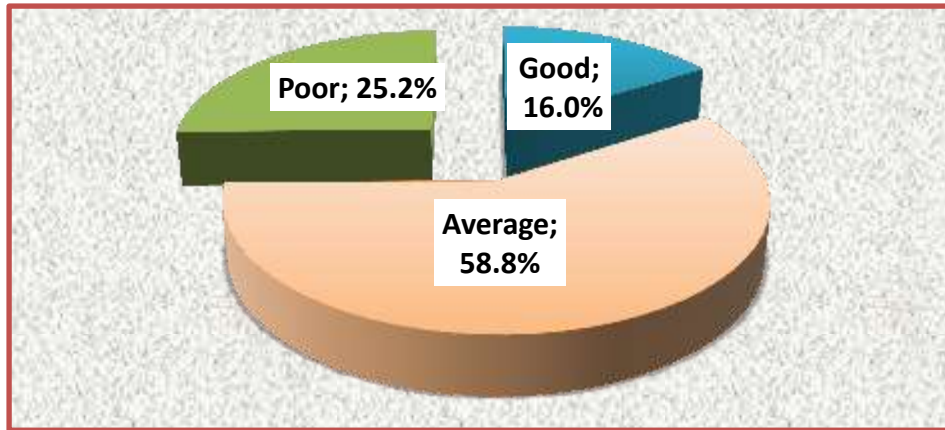


Figure (1): Percentage distribution of studied mothers regarding their total knowledge level regarding protection of children from sexual abuse (n=381).

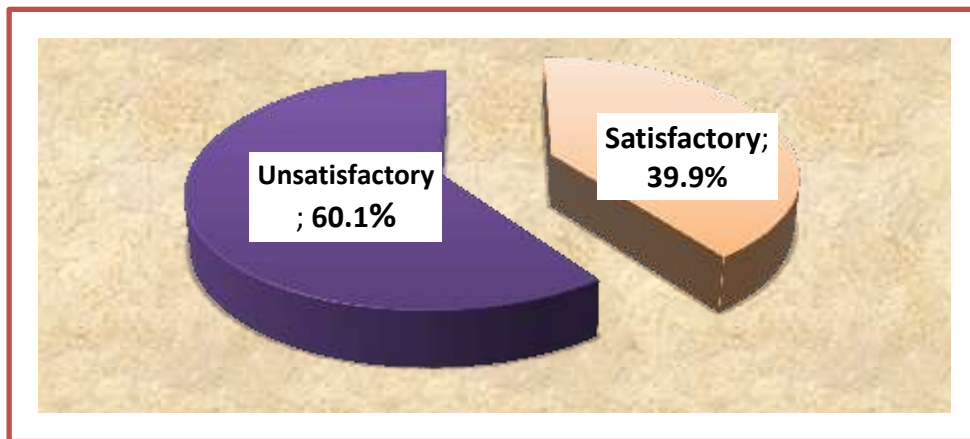


Figure (2): Percentage distribution of studied mothers regarding their total practices level regarding protection of children from sexual abuse (n=381).

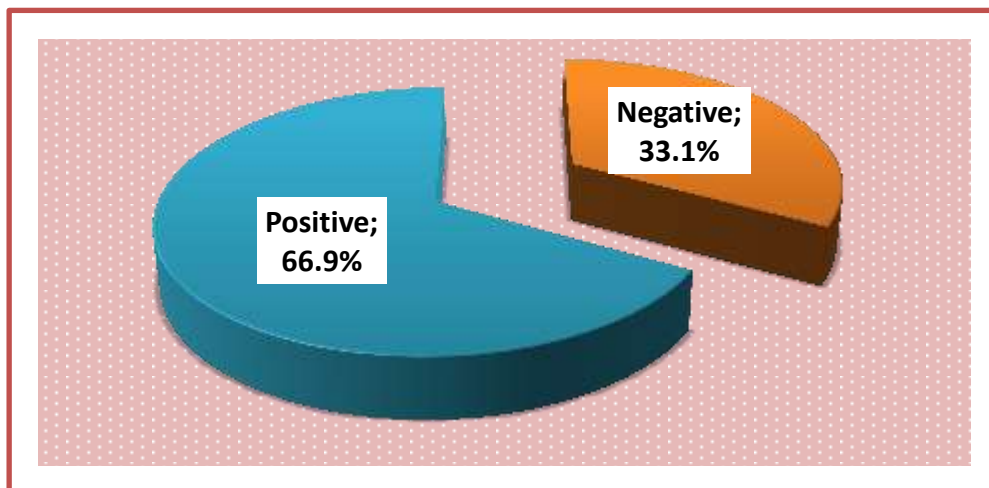


Figure (3): Percentage distribution of studied mother regarding their total attitude level regarding protection of their children from sexual abuse (n=381).

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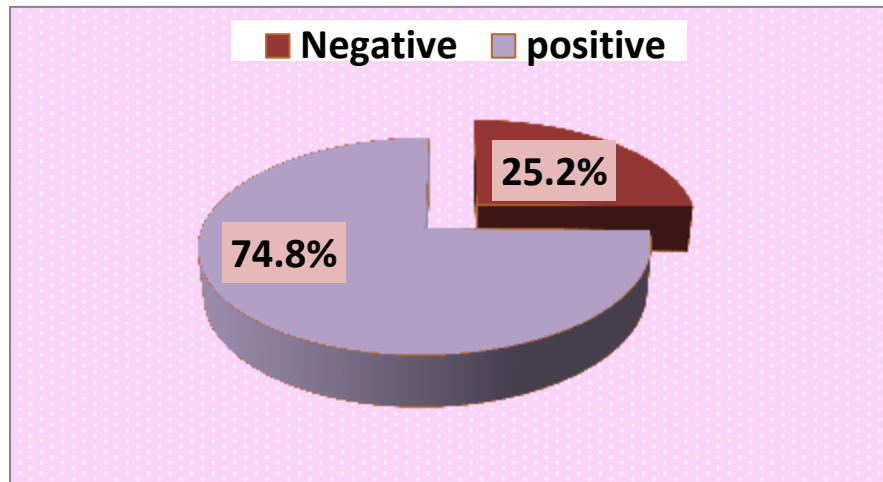


Figure (4): Percentage distribution of studied mothers regarding their total attitude level about myths and false beliefs of mothers toward child sexual abuse (n=381).

Table (4): Correlation matrix between total knowledge, practices and attitude among studied mothers about protection of their children from sexual abuse(n=381).

Items		Total knowledge	Total practices	Total attitude
Total knowledge	r	1	.705	.439
	p-value		.019*	.040*
	n	381	381	381
Total practices	r	.705	1	.521
	p-value	.019*		.033*
	n	381	381	381
Total attitude	r	.439	.521	1
	p-value	.040*	.033*	
	n	381	381	381

**** Highly statistically significant (P < 0.001) * Statistically significant difference (P < 0 .05)**

Discussion:

Child is defined as someone under the age of 18 who have not developed enough cognitively, emotionally or socially so can be easily exploited and manipulated by older persons. CSA is a worldwide problem affecting children of all ages and socioeconomic backgrounds and can lead to a variety of physical, psychological, mental, educational and social health problems in

childhood and later adulthood. CSA refers to the engagement of a child in sexual activity that violates the laws or social taboos of society. CSA can be committed by any other person; parent, a relative, a care giver, a teacher, family friend, a neighbor and even by another child (Lee et al., 2021; Cruz et al., 2021).

According to demographic characteristics of the children, the present

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study showed that more than half of children aged 3-<6 years. This might be due to criteria of selection of sample. This finding was inconsistent with **Prikhidko & Kenny (2021)**, who studied "Examination of parents' attitudes toward and efforts to discuss child sexual abuse prevention with their children in USA", (n=302), and found that the average age of the children was six years old. However, this finding disagreed with **Kang'ethe & Walioli (2020)**, who studied "Prevalence of sexual abuse in children aged 5-8 years in Nairobi city county, Kenya", and reported that two fifths (40%) of children aged eight years old.

Regarding gender of the child, this study showed that more than half of children were males. This finding was inconsistent with **Saboula et al. (2019)**, who studied "Effect of health education intervention on sexual abuse awareness, perception among school children and their parents in Shebin El- Kom district, Menoufia Governorate, Egypt", (n=300), and found that more than half of children (50.7%) were female.

Concerning to previous exposure of child to sexual abuse, this study showed that the minority of children were exposed previously to sexual abuse. This finding agreed with **El Said (2019)**, who studied "Effect of health education intervention on sexual abuse awareness, perception among school children and their parents in Menoufia Governorate, Egypt", (n=300); and reported that only 7.7% of children had previous exposure to sexual abuse. Also, this result was incongruent with **Rueda et al. (2021)**, who studied "Child sexual abuse in Mexican women: type of experience, age, perpetrator and disclosure in Mexico", (n=1058), and reported that more than three quarters (77.7%) had been victim of some type of CSA. This

might be due culture and custom that inhibit most of mothers in Egypt especially rural area to disclose child sexual abuse due to fear of social stigma.

Also, the present study revealed that more than quarter of children were sexually abused in neighbor's home and street. This finding disagreed with **Ngoc Do et al. (2019)**, who studied "Perception and attitude about child sexual abuse among Vietnamese school-age children in Vietnam", (n=800), and reported that children are at risk of sexual abuse at night and in places with few people. This might be due to children in rural area used to play in the street many times a day and people usually know each other so children can spend time in neighbor's home.

The present study revealed that more than two fifth of children were sexually abused by a relative. This finding disagreed with **Abo-Seria et al. (2018)**, who studied "Study of child sexually abused cases in Cairo governorates in the period from (2012) to (2016) in children clinic in the medico-legal department of ministry of justice, Cairo, Egypt", (n=740), and found that the most (89.1%) of perpetrators of child sexual abuse were non relative to children. Also, this finding was in congruent with **Elgazzar et al. (2020)**, who studied "Prevalence and factors related to delayed disclosure of child sexual abuse in Benha region, Egypt during the Period 2016-2018", (n=155), and found that the nonrelative offenders (93.5%) were more predominant than relative ones. This might be due to relative is person that child and his mother know and trust so can easily manipulate child and sexually abuse him without any doubts.

Regarding to the socio demographic characteristics of the mothers, this study showed that approximately less than half of

mothers aged from 30 to less than 40 years with mean age 31.23 ± 6.41 . This finding agreed with **Saboula et al. (2019)**, who reported that majority of mothers (90.6 %) of the mothers belong to the age group of 30 to less than 40 years.

As regards educational level, the present study showed that more than two fifths of mothers had a secondary education. This finding disagreed with **Fatouh et al. (2020)**, who studied "An educational program for mothers to protect their children from sexual harassment in Shoubra district in Cairo governorate, Egypt", (n= 110), and found that more than quarter of mothers (28.2%) have moderate education.

Regarding the residence, the present study showed that almost two thirds of mothers lived in rural areas. This finding was in congruent with **El Said (2019)**, who found that approximately half (50.3%) of studied parents lived in urban areas. However, this finding was congruent with **Ezzat et al. (2019)**, who studied "Effect of educational protocol to improve mothers' knowledge, practice and attitude about child Abuse in Zagazig university hospitals, Egypt", (n=100), and reported that more than three fifths (61%) of mothers were living in rural area.

The result of the present study revealed that more than one third of mothers had three children. This finding disagreed with **Pappachan et al. (2017)**, who studied Knowledge of mothers regarding prevention of child abuse in Father Muller Medical College, Mangalore", (n=100), and reported that more than two fifths (44%) of the mothers were with 2 children. Also, this finding was incongruent with **Prikhidko & Kenny (2021)**, who reported that more than half of mothers (56.6%) had one child.

Concerning monthly income, the present study showed that slightly less than three fifths of mothers did not have enough income per month. This might be due to living needs nowadays are costly and number of people live in poverty continuously increase. This finding was consistent with **Jamaludin & Kelrey (2018)**, who studied Knowledge about child sexual abuse among parents of preschoolers in south Grogol Kebayoran Lama, South Jakarta", (n=120), and reported that almost two thirds of the studied parents had low income.

Regarding total knowledge level of studied mothers about CSA and protection of children from sexual abuse, the present study revealed that slightly less than three fifth of them had average total knowledge level regarding CSA and protection of children from sexual abuse. This finding was consistent with **Pahantasingh et al. (2020)**, who studied "Knowledge and attitude of mothers towards the prevention of child sexual abuse in India", (n=100), and found that more than half (54%) of the mothers had average level of knowledge on prevention of child sexual abuse. While, this finding was incongruent with **Kaushik & Daniel (2019)**, who studied "Knowledge and attitude of mothers regarding prevention of child sexual abuse in New Delhi", (n=50), and reported that the most of mothers (90%) had inadequate knowledge regarding child sexual abuse. This might be due to more than two fifths of mothers had a secondary education and almost two thirds of mothers were living in rural area while high education and residence help mothers and contribute to acquire more knowledge about CSA.

Concerning to total reported practice level of studied mothers regarding protection of their children from sexual abuse, the result of the present study showed that three fifths

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of studied mothers had unsatisfactory total reported practices regarding protection of their children from sexual abuse. This finding was in the same line with **Mlekwa et al. (2016)**, who studied "Knowledge, attitudes and practices of parents on child sexual abuse and its prevention in Shinyanga district, Tanzania", (n=384), and reported that more than two thirds (72.7%) of respondents had poor performance regarding practices for prevention of child sexual abuse. Also, This finding was congruent with **Okiche et al. (2019)**, who studied "Child sexual abuse: knowledge, perception and preventive practice of caregivers of children seen in a tertiary hospital in southeast Nigeria", (n=203), and found that less than three quarters (73.4%) had inadequate practice regarding prevention of child sexual abuse. This result might be due to mothers have an average knowledge regarding CSA and ways of protection which may be not enough or effective in protecting children from CSA. Also, mothers' fear associated with sexual education of children as inciting new fears and worries or reducing trust in others.

Regarding total attitude level of studied mothers for protection of their children from sexual abuse, the current study revealed that slightly more than two thirds of mothers had a positive attitude regarding protection of their children from sexual abuse. This result was incongruent with **Pahantasingh et al. (2020)**, who found that more than half (52%) of mothers had negative attitude towards prevention of child sexual abuse. Also, this result was in the same line with **Kaushik & Daniel (2019)**, who reported that most of mothers (90%) had positive attitude regarding prevention of child sexual abuse. This might be due to mothers have average knowledge regarding CSA and recently become more common problem with continuously

increasing incidence that encourage mothers to have good perception to help their children.

Regarding mothers' total attitude about child sexual abuse myths, the present study revealed that almost three quarters of mothers had positive total attitude regarding myths of child sexual abuse. According to **Ferragut et al. (2020)**, who studied "What do we know about child sexual abuse? myths and truths in Spain", (n=1540), and found that people with lower levels of education held more myths about CSA. This might be due to most of mothers had secondary education and average knowledge level regarding CSA which affect their understanding of the nature of CSA and can easily believe myths.

Concerning correlations between total knowledge, reported practices and attitude among studied mothers regarding protection from child sexual abuse, the present study showed that there were positive statistically significant correlations between mothers' total knowledge, total reported practices and total attitude score regarding protection of their children from sexual abuse. These findings were in the same line with **Pahantasingh et al. (2020)**, who found that there was a significant positive co-relation between the "knowledge and attitude" of mothers on prevention of" child sexual abuse as the" 'r' value is 0.284 at p-value 0.004. This might be due to knowledge play an important role in changing behavior leading to change of practices.

Conclusion:

Approximately less than three fifths of the mothers had average total knowledge about protection of their children from sexual abuse while three fifths of them had unsatisfactory reported practices regarding protection of their children from sexual abuse and slightly more than two thirds of them had positive attitude regarding protection of their

children from sexual abuse. There were a positive statistically significant correlation between mothers' total knowledge, total reported practices and total attitude score regarding protection of their children from sexual abuse.

Recommendations:

- 1- Develop and implement health education program for mothers regarding child sexual abuse to increase their knowledge and practices to protect their children from sexual abuse.
- 2- Provide instructional booklets for children to increase self-protection knowledge and skills to prevent child sexual abuse.
- 3- Conduct further studies to investigate associated risk factors of CSA and adequate intervention.

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إدراك الأمهات لحماية أطفالهن من الإساءة الجنسية

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إساءة معاملة الأطفال جنسياً هي جريمة العصر و شكل من أشكال إساءة معاملة الأطفال يشمل التعرض المتعمد للطفل القاصر لممارسة الجنس أو الأنشطة الجنسية التي لا يستطيع الطفل فهمها أو الموافقة عليها. لذلك هدفت الدراسة الى تقييم إدراك الأمهات لحماية أطفالهن من الإساءة الجنسية. وقد اجريت الدراسة في ٤ مراكز من محافظة القليوبية: مركز رعاية الأمومة والطفولة بينها ٢ ومركز رعاية الأمومة والطفولة بكفر شكر و مركز رعاية الأمومة والطفولة بشبين القناطر وأيضاً مركز رعاية الأمومة والطفولة بقليوب البلد وذلك علي ٣٨١ من الأمهات اللواتي يحضرن إلى الأماكن المذكورة سابقاً. وقد كشفت النتائج أن أقل من ثلاثة أخماس الأمهات لديهن مستوى متوسط من المعلومات، وثلاثة أخماسهم أبلغوا عن ممارسات غير مرضية ، وكان لدى أكثر من ثلثهم اتجاه إيجابي فيما يتعلق بحماية أطفالهن من إساءة معاملتهم جنسياً كما أوضحت الدراسة أن هناك علاقة ذات دلالة إحصائية إيجابية بين معلومات وممارسات واتجاهات الأمهات لحماية أطفالهن من الإساءة الجنسية. كما اوصت الدراسة أنه يجب عمل برنامج تثقيف صحي للأمهات فيما يتعلق بإساءة معاملة الأطفال جنسياً لزيادة معلوماتهم وممارساتهم لحماية أطفالهن من الإساءة الجنسية.