

Effect of Health Educational Program on Knowledge, Practices and Attitudes of Mothers toward Child Maltreatment

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Abstract

Background: Childhood is a critical phase of human life. **Aim:** To evaluate the effect of educational program on mothers' knowledge, practices and attitudes toward child maltreatment. **Design:** A quasi-experimental research design was utilized. **Setting:** the study was carried out at the two largest medical health centers at Tanta city. **Sample:** A convenient sample of 210 mothers who attended previously mentioned settings for any reason was involved. **Tools:** Two tools were utilized. Tool I: A structured interview schedule was including 4 parts. Part I: Socio- demographic characteristics of mothers. Part II: History of exposure of mothers' children to abuse. Part III: Knowledge of mothers toward child maltreatment. Part IV: Mothers' Reported practice toward child maltreatment. Tool II: Attitude toward Child Abuse that was developed by UNICIF& European Union 2017. **Results:** half (50%) of mothers reported that their children had previous exposure to abuse. Statistically significant difference was observed between mean scores of their total knowledge, attitude and practice pre and one month post educational program ($t = 12.641$, $p = 0.000$). **Conclusion:** The educational program improved the abusive behaviors, negative attitudes and enhanced level of knowledge among studied mothers by meeting their educational needs. **Recommendation:** Community-centered health promotion approach and child support organizations ought to work on eliminating child neglect through involving parents and other intimate persons in child maltreatment prevention programs. Besides, educational booklets about child maltreatment inhibition must be distributed to mothers in all health care departments.

Keywords: Child maltreatment, Educational program, Knowledge, Attitude and Practice.

Introduction

Child maltreatment has been determined to be a prevalent safety and public health issue with serious life-long consequences. It has emerged as a global issue affecting every country including those of significant wealth and resources. Children are defined as population under the age of 18 years. Child Maltreatment (Child abuse)

refers to act or series of parental or caregivers' acts of commission or omission that endanger or pose a threat to child health^(1,2).

The number of Egyptian children under age of 18 years was 38.8 million in 2019 and increased to be 41.5 million in 2022 as estimated by the Central Agency for Public Mobilization and Statistics. Child

maltreatment refers to the abuse and neglect that occurs to children under the age of 18 years. It encompasses all forms of physical and/or emotional maltreatment, sexual abuse, neglect, and commercial or other exploitation that cause real or expected harm to the child's health, life, development, or dignity^(3,4).

Worldwide, nearly 3 in 4 children - or 300 million children between the ages of 2– 4 years frequently suffer physical punishment and/or psychological violence by parents and caregivers according to the World Health Organization (2022). One in five women and one in thirteen males reported experiencing sexual abuse as a child aged 0-17 years. 120 million girls and young women below the age of 20 years experienced some form of forced sexual contact⁽⁵⁾.

In Egypt, Few studies about child maltreatment are available due to under reporting resulting from social acceptance and fear of stigma. According to the 2014 Demographic Health Survey prepared by the National Council for Childhood and Motherhood (NCCM), violence is too frequently tolerated as a technique for raising children up to become ostensibly strong adults. It showed that 93% of Egyptian children between the ages of one- and 14-years old experience violence, psychological aggression and /or physical punishment. This study and other study conducted by UNICEF as well as NCCM (2015), showed that children are exposed to violence from people who are expected to look after them, such as parents or teachers, in settings that are supposed to be safe, like home, school or clubs^(6,7).

Children become at risk for child maltreatment as a result of some parental or caregivers' factors such as age,

education level, unwanted pregnancy, drug and alcohol abuse and history of exposure to abuse. Also, poverty creates other parental stressors such as unemployment, lack of social support and access to resources. Additionally, child related factors such as age (children who still need to be fully cared for and supervised by a parent or adult usually are between the ages of 0 - 12 years), history of exposure to abuse, substance abuse, being with special needs or having chronic diseases or congenital abnormalities as well as having low academic achievement^(8,9).

Physical abuse, psychological abuse, sexual abuse and neglect are different forms of child maltreatment. Child physical abuse is the intentional use of physical force against a child resulting in harm for the child's health, survival, development, or dignity. Hitting, kicking, beating, biting, shaking, scalding, burning, poisoning, strangling and suffocating⁽¹⁰⁾. Emotional abuse occurs when a parent or caregiver fails to provide a developmentally appropriate and supportive environment as evidenced by movement restriction, belittling patterns, blaming, threatening, frightening and isolation. Sexual abuse occurs when a child is obligated to engage in sexual activity without consent of the child or for which the child is not developmentally prepared. Children can be sexually assaulted by other older children or adults^(10,11).

Neglect is described as failing to attend to child's needs and disregarding them. Failure to offer adequate supervision, access to medical and dental care, adequate clothing, nutrition, shelter, and safe living conditions for children is considered physical neglect. Meanwhile, failing to express positive feelings to the child,

ignoring his demand to interact, and denying children opportunities for interacting and communicating with peers or adults are considered as emotional neglect. Mental, medical, and educational neglect are other forms of child neglect experienced by children⁽¹⁰⁻¹²⁾.

Child maltreatment is found in all societies across the world and is a serious public health and societal issue

Community and pediatric health nurses play a crucial and challenging role in preventing child maltreatment and promoting child health. Raising awareness of the overall community about different forms of child maltreatment and measures to overcome it is essential. Also, educating parents, especially mothers as a primary caregiver, how to care for their children, meeting their needs and the effective parenting style to be used. Engaging policy makers, opinion leaders from Al-Azhar Al-Sharif and churches in advocacy for ending violence against children can promote behavioral change especially among parents, caregivers and youth^(17, 18).

Recently, the Egyptian ministry of health conducted training programs for all staff of school and preschool children utilizing respectful and nonviolent classroom management techniques as well as particular abilities to stop bullying and violence trends among school children. However, preventing child maltreatment and abuse within homes and community is still a challenge^(7, 19).

Significance of the study

In Egypt, child maltreatment is a serious health issue. It has a serious effect on child, family and overall community. It needs efforts of all community health care professionals to be prevented. Political

interventions such as modifying child's law in Egypt was challenging in protecting children from maltreatment. Besides, Egyptian National Scientific Research Strategy for 2030 recommended the direction toward researches that improve child health level among Egyptian children. Moreover, the goal 16.2 of Sustainable developmental goal aims at ending violence against children by 2030 and one of the seventh strategies to achieve that is providing support for parents and caregivers through educational training⁽²⁰⁻²²⁾. Thus, the current study aimed to evaluate the effect of educational program on mothers' knowledge, practices and attitudes toward child maltreatment.

Aim of the study is to:

Evaluate the effect of educational program on mothers' knowledge, practices and attitudes toward child maltreatment.

Subjects and method

Subjects

Research design:

A quasi-experimental research design was used in this study.

Setting

The present study conducted at the two largest medical centers (Segar and Boutros Medical Health Centers).

Subjects:

A convenient sample of 210 mothers who attended the previously mentioned settings for any reason was involved in this study.

The inclusion criteria are:

- Mothers having less than 18 years old children.
- Mothers accepting to participate in the study.

The total sample size was calculated using equation of power analysis. The criteria used for the sample size calculation were: a research design was quasi experimental;

95% confidence limit with a margin of error 5%; study power not less than 80% and the level of knowledge changes from before to after intervention ranging between 60-80% . The sample size was found to be not less than 92 women. The total study sample was increased to be 210 mothers to promote good valid reliable results and ensure the high quality of the collected data.

Tool of the study:

Two tools were used in this study: -

Tool one: Structured interview schedule was used by the researchers to collect the needed data. It was developed based on reviewing of related literatures ^(14, 18). It included the following parts: -

Part I:- Socio- demographic characteristics of the mothers : which included mothers' age, education, occupation, her husband's occupation and education, family type, monthly family income, number of rooms and number of under 18 years children.

Part II: - History of previous exposure to child maltreatment among children of studied mothers, which included type of maltreatment they exposed to and the person who abused the child.

Part III: - Mothers' Knowledge about child maltreatment, which included mothers' knowledge regarding definition and types of child maltreatment (abuse), risk factors of child maltreatment (factors related to child, parents, family and psycho-social factors), signs & symptoms, consequences and methods of prevention of child maltreatment.

The scoring system was as follows: "one", for the correct answer and "zero" for the incorrect answer and don't know. The total knowledge score was calculated by summing up items scores and the levels of

total score of knowledge was classified by the percentages into:

- Low knowledge score: <60% of the total score of knowledge.
- Moderate knowledge score: 60 - 75% of the total score of knowledge.
- High knowledge score: > 75% of the total score of knowledge

Part IV: - Mothers' Reported practice toward child maltreatment

In which the mothers were asked about methods that they or any of family members were using to teach children proper behavior. It included:

- 1- **Positive parenting practices**, such as (provide explanation for the child why his/her behavior was incorrect; praising the child for his/her good behavior; ask child to do something else).
- 2- **Non-violent discipline practices**, such as (ignored the child when he does an incorrect/bad behavior; sent child to his/her room, or to sit to the corner or somewhere alone; take away things that the child likes or prevent child to do something he/she likes or punished him/her to go out).
- 3- **Psychological aggression** such as (threat the child with the punishment that she/he will expose to; screamed or yelled at the child).
- 4- **Minor physical punishment** such as (hit the child on the bottom; on the hand, arm or leg; shook the child with hands; pulled his/her hair or twisted ear of the child).
- 5- **Severe physical punishment** such as (hitting the face, head or ears of the child; beaten the child and hitting him/her as hard as one could over and over).

The practice items responses were a 3 point likert scale, (2) corresponds to 'Never'; (1) corresponds to 'Sometimes' and (0) corresponds to 'Often'. Scores were

reversed for positive items (positive parent and non-violent practice).

Scores for all practice items were summed up. Total levels of practice score was classified by the percentages into:

- **Satisfactory practice:** >75% of the total score of practice.
- **Unsatisfactory practice:** $\leq 75\%$ of the total score of practice

Tool two: - Mothers' attitude toward child maltreatment

Attitude toward Child Abuse tool that was developed by UNICIF& European Union (2017) ⁽²³⁾ was used in this part. It was adapted by the researchers to measure mothers' attitude toward child maltreatment. It covered 17 self-reported items that measure attitudes towards the physical, sexual and emotional abuse behaviors. The items rated in a 3-point likert scale. The responses ranged between 1 and 3; For Negative statements: 1 corresponds to Agree, 2 to "Neutral" and 3 to "Disagree"; for positive statements 3 corresponds to Agree", 2 to "Neutral" and 1 to "Disagree"

-Giving high scores indicating Positive attitudes towards child maltreatment (indicating refusing child abuse and mal treatment).

-Giving lower scores indicates negative attitudes towards child maltreatment (indicating accepting child abuse and mal treatment).

- The summation of the responses was done to calculate total attitude score and **then it classified as:**
- **Positive attitude..... $\geq 70\%$ of total score of attitude**
- **Negative attitude..... $< 70\%$ of total score of attitude**

Method

1. Obtaining approval:

-Official permission of the Dean of the Faculty of Nursing was obtained to the director of health affairs directorate to conduct the study from.

- Health centers Directors were informed about the purpose of the study to facilitate the researchers work in the centers.

2. Ethical considerations: -

-The approval of Ethical Committee of Faculty of Nursing, Tanta University was obtained to conduct the study; code (220-3-2023).

- The nature, purpose, and importance of the study were explained to every mother at the beginning of the interview and informed that they had a right to withdraw from the study at any time.

- Study subjects should give their consent to share in the study.

- Study nature didn't cause any harm and/or pain for the studied mothers.

- Privacy and confidentiality of the collected data was put into consideration of the researchers.

3. Developing the study tools:

- **Tool I** was developed by the researchers based on review of literature ⁽¹⁴⁻¹⁸⁾ and tool II was adapted by the researchers from the tool developed by UNICIF& European Union (2017).

- **Face and content validity** of the study tools were tested by a jury of six experts in the field of pediatric nursing and community health nursing. The content validity index was 97.5% based on the opinions of experts.

4. Conducting pilot study:

-A pilot study was carried out on 20 mothers to test the applicability, reliability and clarity of study tools, and to detect the needed required time to collect the data

from each mother. These mothers were excluded from the study subjects.

-The reliability of the study tools was calculated through using Cronbach's Alpha test. It was found to be (0.873 for knowledge items, 0.743 for mothers reported practice items and 0.711 for attitude items)

5. **Developing an educational intervention program:**

I) Assessment phase: in which the researchers interviewing each mother individually in the pre-determined settings to assess mothers' knowledge, attitudes and practices regarding child maltreatment using the pre-designed study tools as a pre intervention assessment.

II) Planning phase: based on mothers' educational needs that was determined through pre-assessment phase and based on review of literature, the educational program was planned

The goal of the program: was to enable the studied mothers to improve their knowledge, attitudes and practices regarding child maltreatment and its prevention.

Specific objectives of the program: By the end of the program, the studied mothers would be able to: -

- Define child mal treatment correctly.
- Enumerate types of child abuse.
- Explain risk factors for child maltreatment.
- Discuss consequences of child maltreatment.
- Explain methods of prevention of child maltreatment within family and community.
- Follow positive non-violent behavior when dealing with the child.
- Determine the importance of following preventive practices.

- Exhibit positive attitudes toward child maltreatment phenomena.

Teaching strategies:

Interactive lectures, group discussions, story-telling and brain storming were used in which the mothers were given a chance to express their opinions and exchange their experiences from the real-life situations to help changing their negative attitudes.

Teaching aids:

Power point presentation with illustrating pictures was used to present the content of the program in clear manner. A booklet which was prepared by the researchers to each studied mother was also used as teaching aid.

Preparing and organizing the content of the educational intervention program:

The content of the program was prepared and organized in 4 sessions (each session was 45 minutes) as follow:

1. **Session (1):** Program orientation and expectation: -
The aim of this session was to establish a relationship with the mothers and to orient them about the importance of the program, its sessions and aim of each session.
2. **Session (2):** An overview of child maltreatment and its types: -The aim of this session was to orient the studied mothers with the meaning of child maltreatment, and its common types.
3. **Session (3):** Risk factors and consequences of child maltreatment: -
The aim of this session was helping the studied mothers to identify risk factors predisposing to child maltreatment either related to child, family or psychosocial factors and consequences associated with child abuse.
4. **Session (4):** Prevention of child maltreatment:

The aim of this session was to help the studied mothers to follow positive preventive practice when dealing with their children and maintain positive attitudes toward child maltreatment phenomena.

III) Implementation phase:

- The researchers met the studied mothers in the previously mentioned medical health centers throughout the week according to the work schedule of the center.
- The researchers began with introducing themselves and explaining the aim of the program and its importance to mothers attending the previous settings and obtained their consent.
- The researchers began to collect data and giving the sessions to the studied mothers according to the schedule.
- Each session' duration was about 45 minutes (total 180 minutes). Number of mothers in each session was (8-10) mothers according to available number of mothers.
- Booklets were distributed to each mother at the first session.
- The duration of study phases (assessment, planning, implementation and evaluation phases) was about 3 months (from the first of February to the end of April 2023).

IV) Evaluation phase:

This phase aimed to evaluate the effectiveness of the educational program on mothers' knowledge, attitudes and practices regarding child maltreatment.

This evaluation was conducted twice:

- 1- **First time (pre-test):** before the implementation of the educational intervention program (using tool I and II).
- 2- **Second time (post-test):** one month after the implementation of the educational intervention program (using tool I, part III and part IV) and tool two.

6. Statistical analysis

SPSS version 23 was used. For quantitative data, mean and standard deviation and range, were calculated. For comparison between means of two variables paired sample t test was used. For qualitative data, the number and percent were calculated and the differences between variables were evaluated by using Wilcoxon test. Pearson's correlation coefficient (r) was used to display the correlation between variables. For interpretation of results of significance, a significant was adopted at P value < 0.05. High significance was adopted at P value < 0.01⁽²⁴⁾.

Results

Table (I) exhibits the distribution of the studied mothers' regarding their socio-demographic characteristics. It illustrates that (35.7% & 41.4%) of the studied mothers their age ranged from 20 to < 30 and from 30 to < 40 respectively with a mean of 32.23± 7.638. Also, the majority (98.6%) of them were married, about two-thirds (64.3%) of them had university and post graduate education and half (50%) of them were working and the remaining half were housewives.

As well, more than half (55.7% & 65.7) of them their husbands had university and post graduate education and half of them were employee respectively. Furthermore, more than and about three-quarters (78.6% & 74.3%) of them were living in urban areas and reported adequacy of their family income respectively. Furthermore, (61.4%) of them had from 1-2 child under the age of 18. Finally, (51.4%) of them had crowding index of < 2 and the majority (94.3%) of them were family consisted of parents and children.

Table (2) history of children abuse as reported by their mothers. It demonstrates that half (50%) of mothers reported that

their children had previous exposure to abuse and the highest percentage (80%) of them reported that their children exposed to physical abuse and more than half (60%) of them reported that family members were the persons who commit abuse.

Table (3) illustrates means and standard deviations of the reported practices of the studied mothers in relation to child maltreatment pre and one-month post-program intervention. The table displays that, there was significant improvement of mothers' practices regarding child maltreatment in relation to positive parenting practices, non-violent discipline practices, psychological aggression, minor physical punishment and severe physical punishment practices from pre-program to one-month post-program. Whereas there was a statistically significant difference ($p=0.000$) between the pre- and post-program means of all practices items.

Table (4) explicates attitudes of mothers in relation to child maltreatment pre and one-month post-program intervention. It displays that, more than one-third (41.4%, 42.7%, 34.3% and 42.9%) of the studied mothers disagreed that, the child shouldn't respond negatively to an adult, Parents are free to discipline their children anyway they see fit. Parents who do not discipline their children when they misbehave are not good parents, and when a child is physically abused, he or she is less likely to repeat the undesirable behavior respectively during pre-program and these percentage increased to (69.5%, 84.3% and 90.0%) respectively post-program. Whereas there was a statistically significant difference ($p=0.000$) between them.

Also, more than half (58.6% and 55.7%) of them agreed on the statements of (children

were more disciplined, when I was kid and it is worth learning about child sexual abuse prevention respectively) during pre-program and these percentages increased to (81.4% and 90.0%) respectively after program by one month with significant difference as ($p= 0.000$).

Additionally, more than two-thirds (71.4%, 70.0% and 64.3%) of the studied mothers agreed that, children can develop stronger self-esteem when encouraged by their parents to talk, men and women ought to assume equal responsibility for parenting children, kids can develop good behavior without being spanked or slapped. and it is my responsibility as a parent to educate my children about sexual abuse during pre-program. These percentages increased post program intervention to (95.7%, 91.4%, 90.0% and 77.1%) respectively and has a difference that is statistically significant ($p=0.000$) between them.

As well more than half and slightly less than half (55.7%, 58.6 %, 45.7% and 47.1%) of studied mothers disagreed that children respond well to spanking and slapping as forms of discipline., shouting/screaming makes the child more obedient, Nobody has the authority to tell a parent how to raise their child, and if the child is not spanked, they will become spoilt. respectively during pre-program intervention and these percentages increased to (84.3%, 95.7%, 79.5% and 91.4%) respectively with statistically significant difference at one month post-program ($p=0.000$).

Furthermore, more than and slightly less than one-third (37.1% and 32.9%) of the studied mothers agreed on slapping a boy is less worse than striking a girl and children are most frequently sexually abused by someone they know respectively

during pre-program intervention and these percentages increased one month post program to (71.4%, and 74.3%) respectively with statistically significant difference as ($p=0.000$).

Figure (1) and table (5) reveal that, more than half (55.7%) of the studied mothers had high level of knowledge during pre-program and this percentage increased to 94.3 % one month post-program. In addition, (35.7%) of them had low level of knowledge and this percentage decreased to 0.0% after program by a month. Where, there were statistically significant difference ($t = 12.641$, $p = 0.000$), as the mean score of their total knowledge score increased from 46.1920.646 prior to the program to 64.764.729 following it by one month.

Figure (2) and table (5) demonstrate the total practice score of the studied mothers regarding child maltreatment pre and one month post program intervention. Only (2.9%) of them their practice were satisfactory and the majority (97.1 %) had unsatisfactory practice during pre-program and this percentage increased to (75.7%) for satisfactory practice and for unsatisfactory practice decreased to (24.3%) after program intervention. As well, the mean score of their total practice score increased from (12.14 ± 4.003) during pre-program to (19.33 ± 3.546) one-month post-program intervention with statistically significant difference ($t = 18.897$, $p = 0.000$).

Figure (3) and table (5) demonstrate total attitude score of the studied mothers concerning child maltreatment pre and one month post program intervention. They illustrate that (68.6%) of the studied mothers had positive attitude toward child maltreatment during pre-program and this

percentage increased to 98.6 % post-program intervention. On the other hand, (31.4%) of them had negative attitude toward child maltreatment during pre-program and this percentage decreased to 1.4% post intervention. There was statistically significant difference ($t = 12.057$, $p = 0.000$) and the mean score of their total attitude score increased from (38.67 ± 5.555) before the program to (43.67 ± 2.786) after the program's intervention.

Table (6) demonstrates correlation of total knowledge, total practice, and total attitude score for the studied mothers. It showed a statistically significant positive correlation ($p < 0.05$) between the post-program intervention scores for total knowledge, practice, and attitude for the studied mothers.

Table (7) presents correlation between socio- demographic characteristics and total knowledge, practice and attitude scores of the studied mothers' pre-program intervention. It was observed that there was a significant positive association between the overall knowledge score and the total practice score and the mothers' age, education, occupation, place of residence, and family monthly income ($p < 0.05$). While the crowding index had a negative ($p < 0.05$) correlation with both the total knowledge score and the total practice score.

Moreover, there was a strong positive association ($p < 0.001$) between the mothers' overall attitude score and their levels of education and occupation. Additionally, after pre-program intervention, there was a noticeable positive correction between total knowledge score, total practice score, and total attitude score ($p < 0.05$).

Table (I) Distribution of the studied mothers' regarding their socio-demographic characteristics

Socio-demographic characteristics of the studied mothers	The studied mothers (n=210)	
	No	%
Age		
20< 30	75	35.7
30< 40	87	41.4
40< 50	36	17.1
≥ 50	12	5.7
Range	20-55	
Mean ± SD	32.23± 7.638	
Social status		
Married	207	98.6
Widow	3	1.4
Mother education		
Illiterate or read and write	21	10.0
Secondary or technical education	54	25.7
University and post graduate education.	135	64.3
Mother occupation		
Working	105	50.0
House wife	105	50.0
Husband education		
Illiterate or read and write	33	15.7
Secondary or technical education	60	28.6
University and post graduate education.	117	55.7
Husband occupation		
Not working	6	2.9
Daily wage worker	66	31.4
Employee	138	65.7
Place of residence		
Urban	165	78.6
Rural	45	21.4
Family income		
Inadequate	51	24.3
Adequate	156	74.3
Adequate and save	3	1.4
Number of children less than 18 years old		
1-2	129	61.4
3-4	75	35.7
>4	6	2.9
Crowding index		
< 2	108	51.4
≥ 2	102	48.6
Type of family		
Single parent family	12	5.7
Family consisted of parents and children	198	94.3

Table (2) History of children abuse as reported by their mothers

History of child abuse	The studied mothers (n=210)	
	No	%
Are there is history of children abuse?		
Yes	105	50.0
No	105	50.0
	The abused children (n=105)	
	No	%
# If yes, type of abuse:		
Physical abuse	84	80.0
Psychological abuse	45	42.8
Sexual abuse	6	5.7
Neglect	9	8.6
#Persons who commit abuse:		
Friends	36	34.3
Family member	63	60.0
Teacher	18	17.1
Foreign body	9	8.6

More than one answer

Table (3) Means and standard deviations of the reported practices of the studied mothers in relation to child maltreatment pre and one-month post-program intervention

Variables	The studied mothers		
	Pre intervention (I) (n= 210)	One month post intervention (II) (n= 210)	t p
	Mean ± SD	Mean ± SD	
Positive parenting practices	4.04 ± 1.655	5.02 ± 1.012	7.061 0.000*
Non-violent discipline practices	2.71 ± 1.419	4.70 ± 1.223	15.642 0.000*
Psychological aggression	1.41 ± 0.966	2.73 ± 1.061	12.946 0.000*
Minor physical punishment	2.50 ± 1.207	3.57 ± 0.967	9.678 0.000*
Severe physical punishment	1.47 ± 0.672	1.81 ± 0.517	5.959 0.000*

Table (4) Attitude of the studied mothers in relation to child maltreatment pre and one-month post-program intervention.

Attitude regarding child maltreatment	The studied mothers												Z P
	Pre - intervention (n= 210)						One-month post- intervention (n= 210)						
	Agree		Neutral		Disagree		Agree		Neutral		Disagree		
	No	%	No	%	No	%	No	%	No	%	No	%	
A child shouldn't respond negatively to an adult	30	14.3	93	44.3	87	41.4	40	19.0	24	11.4	140	69.5	3.032 0.000*
Children were more disciplined, when I was kid	123	58.6	63	30.0	24	11.4	171	81.4	27	12.9	12	5.7	3.943 0.000*
Children respond well to spanking and slapping as forms of discipline.	42	20.0	51	24.3	117	55.7	3	1.4	30	14.3	117	84.3	6.640 0.000*
Children can develop stronger self-esteem when encouraged by their parents to talk	150	71.4	45	21.4	15	7.1	201	95.7	6	2.9	3	1.4	5.943 0.000*
Men and women ought to assume equal responsibility for parenting children.	147	70.0	45	21.4	18	8.6	201	95.7	6	2.9	3	201	6.188 0.000*
Slapping a boy is less worse than striking a girl.	78	37.1	57	27.1	75	35.7	150	71.4	18	8.6	42	20.0	5.189 0.000*
Parents are free to discipline their children anyway they see fit.	63	29.9	57	27.0	90	42.7	12	5.7	21	10.0	177	84.3	8.010 0.000*
Nobody has the authority to tell a parent how to raise their child. if the child is not spanked, they will become spoilt.	45	21.4	69	32.9	96	45.7	25	11.9	18	8.6	167	79.5	5.151 0.000*
Parents who do not discipline their children when they misbehave are not good parents	54	25.7	84	40.0	72	34.3	6	2.9	15	7.1	189	90.0	9.022 0.000*
Kids can develop good behavior without being spanked or slapped.	147	70.0	42	20.0	21	10.0	192	91.4	15	7.1	3	1.4	5.137 0.000*
It is my responsibility as a parent to educate my children about sexual abuse.	135	64.3	36	17.1	39	18.6	189	90.0	21	10	0	0.0	6.639 0.000*
It is worth learning about child sexual abuse prevention.	117	55.7	60	28.6	33	15.7	189	90.0	18	8.6	3	1.4	6.936 0.000*
When a child is physically abused, he or she is less likely to repeat the undesirable behavior.	42	20.0	78	37.1	90	42.9	6	2.9	15	7.1	189	90.0	8.337 3 0.000*
Children are most frequently sexually abused by someone they know	69	32.9	78	37.1	63	30.0	156	74.3	33	15.7	21	10.0	6.947 0.000*
. I think screaming or shouting makes kids more obedient	33	15.7	54	25.7	123	58.6	0	0.0	9	4.3	201	95.7	7.980 0.000*
16. When parents dispute or yell in front of their children, I think it affects them.	141	67.1	33	15.7	36	17.1	162	77.1	18	8.6	30	14.3	1.498 0.134
If the child is not spanked, they will become spoilt.	51	24.3	60	28.6	99	47.1	3	1.4	15	7.1	192	91.4	8.746 0.000*

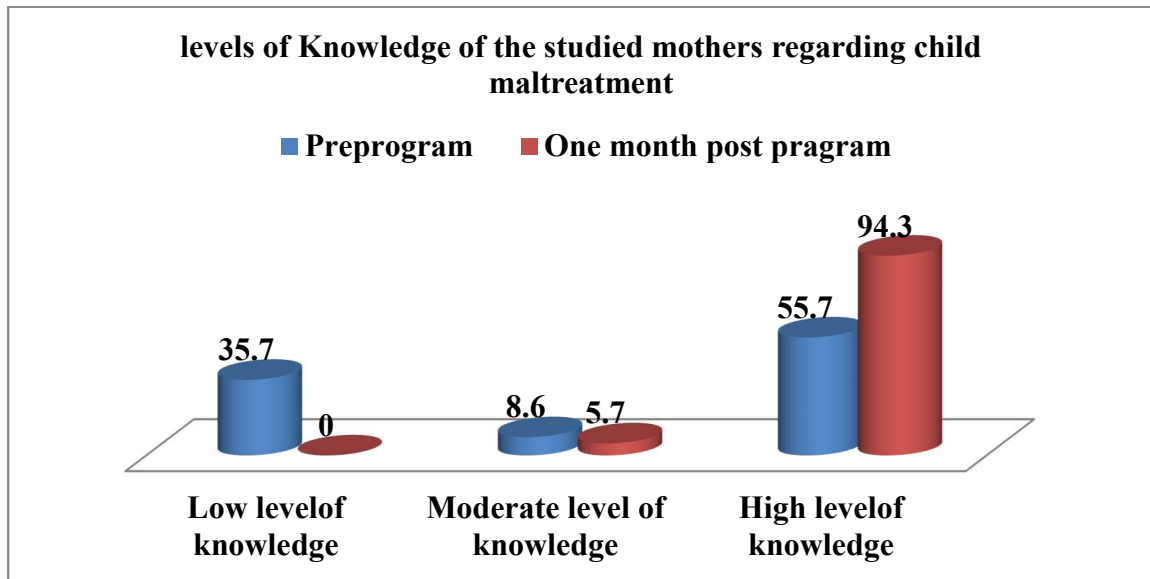


Figure (1) Total Knowledge score of the studied mothers regarding child maltreatment pre and one month post program intervention

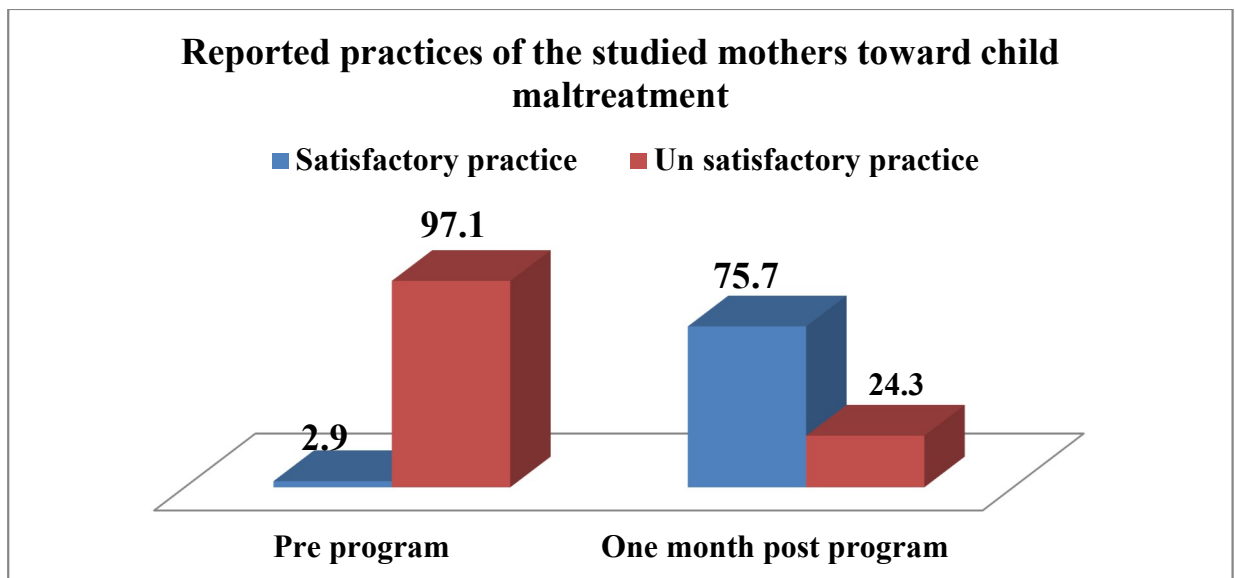


Figure (2) Total score of reported practices of the studied mothers toward child maltreatment pre and one month post program intervention

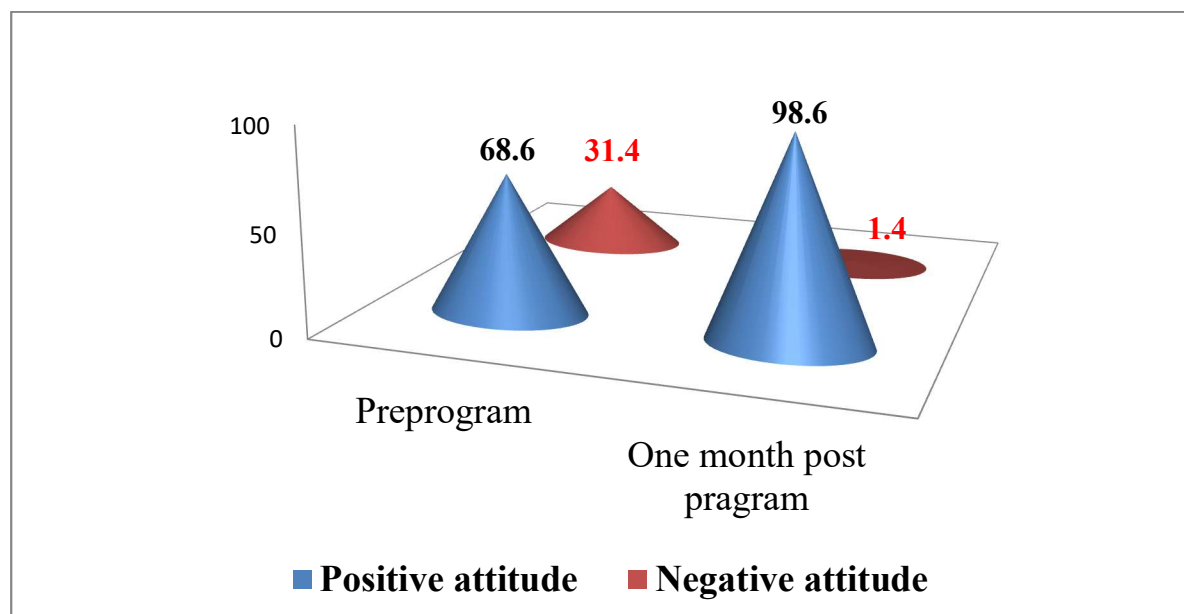


Figure (3) Total attitude score of the studied mothers concerning child maltreatment pre and one-month post-program intervention

Table (5) Means of total knowledge, practice and attitude scores of the studied mothers concerning child maltreatment pre and one-month post-program intervention

Variables	The studied mothers		
	Pre intervention (I)	One month post intervention (II)	t p
	(n= 210)	(n= 210)	
	Mean ± SD	Mean ± SD	
Total knowledge score	46.19 ± 20.646	64.76 ± 4.729	12.641 0.000*
Total practice score	12.14 ± 4.003	19.33 ± 3.546	18.897 0.000*
Total attitude score	38.67 ± 5.555	43.67 ± 2.786	12.057 0.000*

Table (6): Correlation between total knowledge, total practice and total attitude scores of the studied mothers' post program intervention

Items	Total knowledge	Total practice	Total attitude
	Post -intervention	Post –intervention	Post –intervention
	R P	R p	R P
Total knowledge	--	0.294 0.000**	0.536 0.000**
Total practice	0.294 0.000**	--	0.349 0.000**

**Correlation is significant at the 0.01 level (2-tailed)

Table (7): Correlation between socio- demographic characteristics and total knowledge, practice and attitude scores of the studied mothers' pre-program intervention

socio-demographic characteristics of the studied mothers	Total knowledge	Total practice	Total attitude
	Pre –intervention	Pre –intervention	Pre –intervention
	r P	r p	r P
Mothers' age	0.139 0.044*	0.230 0.001**	- 0.052 – 0.453
Mothers' education	0.419 0.000**	0.259 0.000**	0.295 0.000**
Mothers occupation	0.374 0.000**	0.408 0.000**	0.307 0.000**
Place of residence	0.298 0.000**	0.217 0.002**	0.025 0.722
Crowding index	-0.309- 0.000**	- 0.175 0.011*	- 0.027- 0.701
Family monthly income	0.285 0.000**	0.295 0.000**	0.152 0.027
Knowledge total score	-	0.628 0.000**	0.426 0.000**

*Correlation is significant at the 0.05 level (2-tailed) **Correlation is significant at the 0.01 level (2-tailed)

Discussion

Childhood is a unique and important period of life. Child abuse and child neglect can affect negatively on all child aspects of life. Parents mainly mothers are responsible for protecting their children during such period ⁽²⁵⁾. The aim of the present study was to evaluate the effect of educational program on mothers' knowledge, practices and attitudes toward child maltreatment.

The current study demonstrated that half of the studied mothers reported that their children had previous exposure to abuse and mainly physical abuse and more than half of them reported that family members were the persons who commit the abuse on their children (**Table 2**). Similarly, **Mehrnaz Yekta et al. (2017)** found in their study that physical abuse was practiced within the family and mainly by the mother ⁽²⁶⁾. In addition; **Thijssen J et al. (2017)** reported that 80% of children suffered from physical abuse by their parents. ⁽²⁷⁾

In relation to mother's knowledge about child abuse before the educational program, the current study discovered that more than half of studied mothers had high level of knowledge pre-program (**Figure 1**). This can be due to higher education of them as two-thirds of mothers had university and post graduate education. This explanation is reinforced by **the National Academy of Sciences** that judged that mothers' educational level was a main factor affecting child maltreatment. ⁽²⁸⁾

This was supported by **Shabbir et al. (2022)** who represented that mother shown good knowledge about child sexual abuse ⁽²⁹⁾. Also, **Alzoubia et al. (2018)** exposed that the majority of mothers had

knowledge about children sexual abuse. ⁽³⁰⁾

Furthermore, Aldukhayel et al. (2020) declared in their research that the parents displayed adequate levels of knowledge regarding child abuse. ⁽³¹⁾

Contrary to **Abdullah et al. (2019)** who stated that mothers displayed totally unsatisfactory knowledge toward child maltreatment ⁽³²⁾ this resulted from low mothers' educational level which was secondary education. **Additionally, Guo et al. (2019)** explained that parents did not possess enough knowledge related to child sexual abuse prevention. ⁽³³⁾

On the same way, **Ragab et al. (2022)** found in their study that mothers possessed insufficient knowledge concerning child abuse, and explored that this was due to inability to distinguish between discipline and child maltreatment. ⁽³⁴⁾ **Beside, Mishra et al. (2019)** found ninety percent of mothers established insufficient knowledge about child sexual abuse. ⁽³⁵⁾

Fortunately, the majority of the sample in the present study displayed a high level of knowledge one month after providing the program (**Figure 1**). This may be as a result of conducting the educational sessions with highly educated studied mothers as education is an important contributing factor. This result was agreed with **El-Said R (2019)** who reported that low mothers' knowledge about child abuse before conducting educational sessions were enhanced afterward. ⁽³⁶⁾ Also, **Fatouh W et al (2020)** declared improvement in mothers' knowledge apropos protecting their children from sexual harassment. ⁽³⁷⁾

In addition, Hima V Krishnan et al (2021) reported that the knowledge of

rural mothers concerning child abuse increased after educating them. ⁽³⁸⁾ At the same line, **Maya B et al (2022)** indicated in their study that level of knowledge was elevated among parents after structured teaching program with a significant difference between the level of knowledge before and after the teaching program. ⁽³⁹⁾ The recent study proved that more than two-thirds of the mothers possessed positive attitude toward child maltreatment pre-program (**Figure 3**). This result was consistent with **Gerosa et al (2022)** who explained in their study that all mothers had a positive attitude towards sexual abuse prevention. ⁽⁴⁰⁾ Additionally, **Kaushik and Daniel (2017)** informed in their study that ninety percent of their subjects displayed positive attitude concerning prevention of child sexual abuse. ⁽⁴¹⁾ Moreover, **Mlekwa et al (2016)** declared in their study that almost of respondents had positive attitudes related to preventing child sexual abuse. ⁽⁴²⁾ Otherwise, **Jabraeili et al (2016)** showed negative mothers' attitudes related to child abuse. ⁽⁴³⁾

The study illustrated that majority of studied mothers had positive attitude toward child abuse post-program and there was statistically significant difference between the mean score of their total attitude pre-program and one-month post-program implementation (**Table 5, Figure 3**). In the researchers' opinions **this** might be due to the effective role of education besides, the subjects' educational level which facilitated changing attitudes.

Khosravan et al (2018) also proved that their educational program improved parents' attitudes and prevented child maltreatment significantly compared to

routine childcare programs in health centers. ⁽⁴⁴⁾ In addition to **Manju (2019)** who reported that the attitude of parents regarding child abuse was greatly changed post awareness program with a higher mean post-test attitude score than mean pre-test. ⁽⁴⁵⁾ Also, **El-Said R (2019)** revealed that educational protocol positively changed the mothers' attitudes. ⁽³⁶⁾

Having adequate and accurate information regarding proper child rearing is essential for parents to maintain positive behaviors when dealing with their children. Regarding mothers practices, the results showed that positive parenting practices were commonly used by mothers than other practices pre and post program implementation (**Table 3**). This resulted from having high educational level and high level of knowledge about child abuse pre-program so they understand how to deal with their children and used positive parenting practices. This was supported by the results of **Tonmyr (2015)** and **MacGregor JC et al. (2014)** who reported that corporal punishment was principally used as a child rearing method by mothers with little education and lack of knowledge about child rearing while the most common behavior used by those mothers was Slapping ^(46,47).

Regarding levels of mothers' practices, the majority of mothers showed unsatisfactory practice pre-program (**Figure 2**). This result agreed with **Adel et al. (2022)** who declared that sixty of studied mothers reported unsatisfactory reported practices toward protecting their children from sexual abuse. ⁽⁴⁸⁾ However this is contraindicated with **Okiche et al. (2019)** who mentioned that the practice of about 26.6% of mothers was moderately

adequate concerning child sexual abuse prevention. ⁽⁴⁹⁾ Also, **Mlekwa et al (2016)** stated that only around a quarter of respondents displayed good practices on child sexual abuse protection and prevention. ⁽⁴²⁾ These results direct the attention toward the importance of training mothers and fathers regarding proper child rearing in spite of having knowledge and positive attitudes.

The results of the recent study also clarified that, more than three quarters of mothers had satisfactory practice post program. As well, the mean score of their total practice increased one-month post-program conduction with statistically significant difference between pre and post (**Table 5, Figure 2**). This may be due to the impact of the program and proper directions which led to enhancing their practice.

This result was covenant with **El-Said R (2019)** who said that most of the subjects felt highly satisfactory about their practice with their children after providing an educational program. ⁽³⁶⁾ **Additionally, Rathnayake et al (2022)** found that the practices of mothers within the experimental group had greatly improved related to child neglect compared to control group following the health promotion intervention. ⁽⁵⁰⁾

The present study noticed that, there was significant positive correlation between mothers' age, education and family monthly income with total knowledge score and total practice score. While, the crowding index is negatively correlated with total knowledge score and total practice score (**Table 7**). This can be explained as younger and highly educated mothers and those with adequate monthly income have more opportunities to learn

more and more about child rearing through different resources around them as in their work and especially with adequate monthly income they will offer their children all resources they need and can deal with them with love and affection instead of abusing them. This finding was congruent with **Dhyani M (2022)** who indicated that there was a significant association between mothers' knowledge regarding child abuse and its prevention with the same selected socio-demographic variables. ⁽⁵¹⁾

In addition, less crowded families with one or two children as in our results help parents to divide their responsibilities and have more opportunities for improving their knowledge and in turn their practice and vice versa. Thus children can benefit from all resources. This result was consistent with **Jabraeili et al (2016)** who reported in their study that less crowdedness allows the family financial and emotional resources to be distributed among fewer individuals. ⁽⁴³⁾

Moreover, there was significant positive correlation between mothers' total attitude score and their levels of education and occupation (**Table 7**). These means that parents with high educational level refused child abuse and usually deal with love with their children and those who had an occupation will have good economic status so the child abuse usually occurs within poor families or family with single parent and in this study the majority of families were nuclear families. This was matched with **Jabraeili et al (2016)** who reported that parent's negative attitude was affected by their education and economic status. ⁽⁴³⁾

The current study clarified that, there was significant positive correlation between

total knowledge, total practice and total attitude scores of the studied mothers (**Table 6**). In the researchers' opinion, increasing mothers' knowledge post program had a positive influence on their attitude and in turn their practice. These results could be supported by **Fatouh W et al. (2020)**, who reported that there was a significant correlation between knowledge and behaviors of mothers' pre and post educational program. ⁽³⁷⁾ Furthermore, **Adel et al (2022)** reported in their study that there were positive statistically significant correlations between mothers' total knowledge, total reported practices and total attitude level about protecting their children from sexual abuse. ⁽⁴⁸⁾ Similarly, **Cheraghi et al. (2017)** described that it was predicted that changing attitudinal behavior, practices and knowledge, would in turn result in positive parental behavior and diminish the child abuse. ⁽⁵²⁾

These results provokes the necessity of encouraging educational interferences among parents especially mothers to improve their knowledge, attitudes and accordingly their practices in confronting child maltreatment phenomena in our families and communities.

Conclusion

Our study concluded that conducting the educational program improved the abusive behaviors and negative attitudes and enhanced level of knowledge among studied mothers by meeting their educational needs.

Recommendation: according to the current study findings, these recommendations can be suggested:

Community-centered health promotion approach and child support organizations ought to work on eliminating child neglect

through involving parents and other intimate persons in child maltreatment prevention programs.

Educational booklets about child maltreatment inhibition must be distributed to mothers in all health care departments.

Parents must acquire the skills and knowledge toward the child's developmental characteristics to practice their cardinal role of child-rearing; otherwise, they will compel child maltreatment and cause harm to their children.

Additional related studies must be done in broad aspects to enhance parents' knowledge, practice, and attitude toward child maltreatment.

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