

A study to assess the effectiveness of information on knowledge regarding Child Abuse and Neglect

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Abstract

Introduction: Child abuse and neglect (CAN) is one of the most prevalent, significant and disconcerting social problems in the world. Health care professionals have an important role in protection and care of children who are suspected or confirmed to be victims of abuse and neglect, particularly in respect to identification, reporting, and treatment.

Objective: The main objective of the study was to assess the effectiveness of an information booklet on knowledge of nurses regarding child abuse and neglect (CAN).

Material and Methods: The study was conducted as a one-group pre-test post-test design to assess effectiveness of an information booklet, developed by the researcher, on knowledge of nurses, working in selected hospitals and 128 nurses filled the questionnaire in the pre and post-test for the study.

Results: In the pre-test to assess knowledge about CAN, 61 nurses had average knowledge, 55 nurses had poor

knowledge and 12 nurses had good knowledge and, in the post-test, done after the information booklet was given, 67 nurses had good knowledge and 61 nurses had average knowledge.

Conclusion: Due to the observed lack of good knowledge among nurses in the pre-test of the study and the significant increase in the number of nurses with good knowledge. It is concluded that there is a need to conduct sensitization, awareness, and training programs among nurses working at individual and community level.

Keywords: Sensitization, Awareness, CAN, WHO.

Introduction

Child abuse and neglect is one of the most prevalent and significant social problems in the world. According to WHO, child abuse and child maltreatment can be referred to as “all forms of physical and/or emotional treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival,

development or dignity in the context of a relationship of responsibility, trust or power. “Child Neglect is defined as “(a) inattention or omission by the caregiver to provide for the child: health, education, emotional development, nutrition, shelter and safe living conditions (b) in the context of resources reasonably available to the family or caretakers; (c) and causes harm to the child’s health or physical, mental, spiritual, moral or social development.” Child Abuse & Neglect (CAN) exerts a multitude of short-term and long-term effects on children. Child development normally follows a predictable and organized course but due to such abnormal and unusual circumstances, like abuse or neglect, it is thrown off course resulting in developmental failure and limited adaptation. [15]

Objectives

The present study was conducted to:

- To assess the level of knowledge of nurses regarding child abuse and neglect .
- To assess the effectiveness of an information booklet on knowledge regarding child abuse and.

Results

Demographic data of the participants are summarized in Table 1:

Table 1: Frequency and percentage distribution of participants according to demographic characteristics N=128

Demographic Variables	Frequency (f)	Percentage (%)
Age (in years)		
20-30	61	47.7
31-40	54	42.2
41 and above	13	10.2
Gender		
Female	121	94.5
Male	7	5.5
Educational Qualification		
GNM	90	70.3
Post Basic B.Sc. Nursing	11	8.6

Methodology

The study was conducted as a one-group pre-test post-test design to assess effectiveness of an information booklet, developed by the researcher, on knowledge of nurses, working in four hospitals from June to July 2022. The samples were selected using convenience sampling based on availability and consent to participation. 128 nurses working in these hospitals participated in the study by filling the structured questionnaire, developed by the researcher. Confidentiality was maintained throughout.

In the knowledge section of the questionnaire (i.e., Section II), each correct response in a question was given one mark and an incorrect response was given zero mark.

Participants with correct responses above 75% were defined as having good knowledge, those between 50-70% as having average knowledge, and those having below 50% were defined to have poor knowledge.

B.Sc. Nursing	27	21.1
Clinical Experience (in years)		
<1	15	11.7
1-5	41	32.0
6-10	35	27.3
11-15	24	18.8
Above 15	13	10.2
Experience in pediatrics department		
Yes	66	51.6
No	62	48.4

In regard to level of knowledge among the participants regarding CAN, the data is summarized in Table 2:

Table 2: Frequency and Percentage distribution of participants according to knowledge score regarding Child Abuse and Neglect (CAN) N=128

Level of Knowledge	Pre-Test		Post-Test	
	f	%	f	%
Poor	55	43.0	0	0
Average	61	47.7	61	47.7
Good	12	9.4	67	52.3

The mean ± SD was 6.66 ± 2.14 for the pre-test and mean ± SD was 9.55 ± 1.48 for the post-test; this indicates an increase in the knowledge score of the nurses regarding CAN after the information booklet was given.

In regard to level of knowledge among the participants regarding salient features of the data is summarized in Table 3:

Table 3: Frequency and Percentage Distribution of participants according to knowledge score regarding salient features N=128

Level of Knowledge	Pre-Test		Post-Test	
	f	%	f	%
Poor	48	37.5	5	3.9
Average	76	59.4	73	57.0
Good	4	3.1	50	39.1

On analysing the level of knowledge of nurses regarding CAN according to the clinical experience, in the pre-test, among 15 nurses who had lesser than 1 year of clinical experience, none had good knowledge about CAN and out of 13 nurses who had clinical experience above 15

years, only 1 had good knowledge. However, in the post-test, the increase in number of nurses with good knowledge was higher in nurses with <1 year of clinical experience than the nurses with >15 years of clinical experience.

The difference in the means of the pre-test and post-test knowledge score was found to be statistically significant with the t-test value of -12.354 and degree of freedom of 127 at <0.001 level of significance using paired t-test. This shows that, there was an increase in knowledge of nurses regarding CAN with the information booklet. The difference in the pre-test and post-test mean knowledge scores was found to be statistically significant with the t-test value of -13.153 and degree of freedom of 127 at <0.001 level of significance using paired t-test.

Discussion

Nurses are, in most cases, the first health care professional to come in contact with a suspected or confirmed case of child abuse.

The reporting behaviour of nurses was low in this study i.e., only 10.9% had reported a case of CAN which contradicts the high number of the cases in the country. This finding was similar to the low reporting behaviour among nurses and health care professionals according to various other studies.

Conclusion

From the observation and findings of the present study, it is concluded that most nurses had poor or average knowledge about CAN these factors may become barriers in reporting of suspected/alleged/confirmed cases of abuse and neglect by nurses; an association which is supported by the findings of low reporting of cases by nurses even in this study. Nurses are in need of resources, training, and awareness programs which will help them gain updated knowledge about protection of children as they are at an ideal position for care of children in need.

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