EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME REGARDING CHILD ABUSE IN TERMS OF KNOWLEDGE AND ATTITUDE AMONG MOTHERS WITH UNDER FIVE CHILDREN IN NEIKARAPATTI AT DINDIGUL DISTRICT

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CHAPTER - I

INTRODUCTION

“Your children need your presence more than your presents”.

- Jesse Jackson

BACKGROUND OF THE STUDY:

Children as the “Nations Supremely important asset” to its family and society. Children are the gift, which has much potential with one, which can be best resources for the nation if developed and utilized well.

Children below five years of age group as known as the under fives. According to the 2001 census children in the group of 0 - 5 years constitute 12% of the total population that is nearly about 150 million children in India. By virtue of this large number they are entitled to large share of health care

Park, K., (2001)

India is the home to the largest child population in the world “development of children is the first priority on the country’s development agenda, not because they are the most vulnerable, but because they are our supreme assets and also the future human resources of the country”.

Ministry of Health and Social Development (1998)
The under five children are vulnerable or special risk group in any population deserving special health care because of their immaturity and the various stages of growth and development.


Children are the first call on agenda of human resource development not only because young children are the most vulnerable, but because the foundation for lifelong learning and human development is laid in these critical early years. It is now globally acknowledged that investment in human resources development is a pre-requisite for economic development of any nation.

UNICEF (1984)

Child abuse is not just an individual or family problem. Unless avoid people entirely, it is nearly impossible to go a day without encountering a survivor of childhood abuse. Children who survive with abuse grow up more likely to negatively impact our society in violence, crime, drug and diseases.

Child neglect is the most common form of mal treatment. It is generally failure of a parent or other person legally responsible for child’s welfare to provide for the child’s basic needs and an adequate level of care.

Child abuse is a serious problem that a significant long-term impact on individuals, families and community. Sadly, there is significant underestimation by the community of the extent and nature of a problem. Raising awareness and understanding of child abuse is a first important step towards addressing issue.

Kalai Raman and Das Karobi., (2009)

“Abuse robs children of the opportunity to develop unhealthy, contributes to low self-esteem, and impairs healthy psycho-social development. Indeed, the effects of childhood abuse often last a lifetime.”


Child Abuse, intentional acts that result in physical or emotional harm to children. The term child abuse covers a wide range of behavior, from actual physical assault by parents or other adult caretakers to neglect of a child’s basic needs. Child abuse is also sometimes called child maltreatment.

Forms and dynamics of child abuse have undergone major changes in recent decades, adding multifaceted dimensions, complexities and challenges. The problem of child abuse and the web of its human rights violation embrace some of the most critical aspects of the worst forms of child exploitation and abuse on the international human rights agenda.

Ministry of Women & Child Development (1992)
Parents today face the possibility that someone they know or don’t know may hurt or take advantage of their child. Research in India, indicates that as many as one out of every four children will be the victims of some kind of abuse. Very young children as well as older teenagers are victimized. Almost all of these children will be abused by someone they know and trust; for example a relative, family friend or a caretaker. Maltreatment of children is not a new phenomenon. Child abuse dates back to biblical times. During recent years the public eye has become more focused on child maltreatment. There are many factors to child maltreatment. There are four general categories of child maltreatment now recognized; physical abuse (includes deliberate acts of violence that injure a child), sexual abuse (it occurs when adults use children for sexual gratification or expose them to sexual activities), verbal abuse, neglect and emotional maltreatment (it refers destroys a child self esteem). Each category covers a large range of behavior.

UNICEF (2005)

The effects of child abuse on victims are devastating and life-long, and its effects on our society are pervasive. Still, it is difficult to measure the prevalence of abuse in our society, and no attempts to measure so far have overcome the basic difficulties of underreporting.

Child Abuse and Prevention and Treatment Act (1996)
Child maltreatment remains a significant pediatric health problem despite 25 years since the establishment of the National Center on Child Abuse and Neglect in North Carolina.


Research provides evidence a child who was abused or neglected will experience higher rates of Violence, psychiatric Symptoms, and drug use. Two-thirds of abused adolescents had behavioral problems such as clinically deviant levels of aggression, anxiety or depression; problems with law enforcement running away from home, pregnancy, or impregnating someone and gang membership, Prostitution was almost three times as likely in girls who had experienced childhood abuse or neglect. Maltreated children had lower academic achievement, lower attendance at school, and more placements in special education programs.


NEED FOR THE STUDY:

Internationally, child abuse is more common than previously acknowledged. Child abuse is a world wide problem especially among children of developing countries.
National Centre On Child Abuse And Neglect (NCCAN) (2002): conducted study to examine incidence of child abuse estimated that 1,500 children die from abuse each year. There are 140,000 injuries to children from abuse each year. There are 1.7 million reports of child abuse each year. About 1 in 4 women in North America were molested in childhood." More than 2 million cases of child abuse and neglect are reported each year in the United States. An estimated 150,000 to 200,000 new cases of sexual abuse occur each year. There were an estimated 903,000 victims of maltreatment nationwide. An estimated 1,100 children died of abuse and neglect, a rate of approximately 1.6 deaths per 100,000 children in the general populations. Approximately 1 in 7 males will have been sexually molested before the age of 18. In USA 2003 National Clearing house on child Abuse and Neglect information estimated death 415 occurred in under 1 year of age, 85% occurred in children under 5 years of age due to physical abuse.

Godoy Martins Christine Baccarat de et.al., (2006) conducted study to build the epidemiological profile of deliberate violence against minors under 15 years of age in Londrina. Retrospective data collected method was used. Most victims of physical force were female (53.4%) and the highest risk age was 6 (12.2 per 1,000). The father was the main aggressor (48.8%) and alcoholism was present in 64.0% of cases. Incidence rates of violence by physical force per age group and sex of victims showed the highest risk at age six for both sexes (11.3 per 1,000 for boys
and 13.2 per 1,000 for girls). The general rate points toward a higher risk for the six-year-old age group (12.2 per 1,000).

**WHO (2002)** has reported Suicide is the third leading cause of death in adolescents around the world as a result of sexual abuse.

**WHO (2001)** has estimated that 40 million children below the age of 15 suffer from abuse and neglect, and require health and social care. A survey in Egypt showed 37% of children reporting being beaten by their parents, and 26% reporting injuries. 36% of Indian mothers told interviewers in a survey that they had hit their children with an object within the last six months.

**Troeme, M. Nico et.al., (2001)** The Canadian incidence study conducted nation-wide study to examine the incidence of child maltreatment in Canada estimated that Child maltreatment investigations were divided into four primary categories: physical abuse (31% of all investigations), sexual abuse (10% of all investigations), neglect (40% of all investigations), and emotional maltreatment (19% of all investigations).

**Hatty and Hatty., (2001)** stated that in Australia, 32 percent of reports were of emotional abuse, 28 percent included physical abuse, 16 percent consisted of sexual abuse, and 24 percent represented neglect. Ferguson 2001 stated prevalence reports in Ireland, where 34 percent of reports involved sexual abuse,
8 percent included emotional abuse, 11 percent were identified as physical abuse, and 47 percent were of neglect.

**Estes and Weiner., (2001)** had reported in Canada the U.S and Mexico over 6.5 million children annually are exposed to unwanted sexual materials over the internet, over 1.7 million of these report distress over exposure to these materials.

**Kacker Loveleen et.al., (2007)** conducted study to develop a comprehensive understanding of phenomenon of child abuse with a view to facilitate the formulation of appropriate policies and program in India. Study covered 13 states n=12447, the major findings are more than 53% children report facing one or more forms of sexual abuse, Almost 22% faced severe sexual abuse, 6% sexually assaulted, 50% of sexual offenders were known to the victim or were in positions of trust (family member, close relative, friend or neighbor), 5-12 years group faced higher levels of abuse, largely unreported, Boys were equally at risk as girls, Severest sexual abuse in age group of 11-16 years, 73% of sexual abuse victims were in age groups of 11-18years. Two out of every three children were physically abused. Out of 69% children physically abused in 13 sample states, 54.68% were boys. Every second child reported facing emotional abuse. In 83% of the cases parents were the abusers. In 2006 Government of India over all child abuse estimated 52.35% in this physical abuse is 42.12%.
Sivamani, M. et.al., (2009) conducted study aimed to set up a surveillance system for childhood injuries and validate it by a survey and thereafter to estimate the incidence of childhood injuries using capture recapture method at Tamil Nadu. Passive surveillance system for childhood injuries was created for 26,811 children of less than fourteen years of Kaniyambadi block. Observational study design was used. The results shows that Surveillance and survey for childhood injuries identified 13.59/1000 child-years (CI: 11.86 -15.32) and 341.89/1000 child-years (CI: 254.46-429.33) of injury rates, respectively.

Ambujam, A., (2007) the first comprehensive local study on prevalence of child sexual abuse was conducted by Tulir in Chennai. In this study has found that 42% of the 2211 children, mostly adolescents. Of the 1,364 girls and 847 boys, around 48% of the boys reported abuse as compared to the 39% of girls who did so. Around 15% of children reported severe form of abuse.

Child abuse is the crisis of the society. Now it is more prevalence in developing countries. All types of abuse have profound implication on a child’s growth and development.

Also, the researcher has a personal experience during her clinical posting and community posting, the investigator found that the mothers are lack of knowledge in caring the child. They were maltreating the child like hurting by words and beating towards childhood disciplinary methods. So researcher felt
that mothers plays an important role in promoting the health and behavior of under five children. So gaining better knowledge and attitude regarding child abuse will help to practices and reduces the incidence of child abuse. It also helps to reduce the complication which turns to improve the health and behavior of child and reduces major public health crisis.

**STATEMENT OF THE PROBLEM :**

A study to assess the effectiveness of structured teaching programme regarding child abuse in terms of knowledge and attitude among mothers with under five children in Neikarapatti at Dindugal District

**OBJECTIVES :**

1. To assess the pretest knowledge scores and attitude scores regarding child abuse among mothers with under five children.
2. To assess the posttest knowledge scores and attitude scores regarding child abuse among mothers with under five children.
3. To compare the pre test and post test knowledge scores regarding child abuse among mothers with under five children.
4. To compare the pre test and post test attitude scores regarding child abuse among mothers with under five children.
5. To correlate the posttest knowledge scores and attitude scores regarding child abuse among mothers with under five children.
6. To find out association between posttest knowledge scores with their selected demographic variables.

OPERATIONAL DEFINITIONS :

EFFECTIVENESS :

It means producing an intended result. In this study effectiveness refers to gained level of knowledge as determined by significant difference between pre and post test knowledge scores and attitude scores among mothers with under five children regarding child abuse, which is measured in terms of statistical measurement.

STRUCTURED TEACHING PROGRAMME :

It refers to a planned series of information to the group of people so as to help them to learn something. In this study, it refers to a structured set of information for 45 minutes by using flash cards to create awareness and spread knowledge to the mothers regarding child abuse. It includes definition, types, etiology, risk factors, signs of abuses, management, effects and prevention of child abuse.

KNOWLEDGE :

It means level of understanding. In this study it refers to the verbal response of the mothers and their level of understanding about child abuse, which is measured by structured interview schedule and its scores.
ATTITUDE:

It means a way of thinking or feeling about someone or something. In this study it refers to the verbal response of the mothers and their feeling about child abuse, which is measured by Five point Likert scale and its scores.

CHILD ABUSE:

Child abuse is any form of intentional physical abuse, physical neglect, emotional abuse, and emotional neglect and sexual abuse of children.


MOTHERS OF UNDER FIVE CHILDREN:

Mothers who have children with 0-5 years of age.

HYPOTHESES:

H₁ – The mean posttest knowledge score is significantly higher than the pre test knowledge score regarding child abuse among mothers with under five children.

H₂ – The mean posttest attitude score is significantly higher than the pre test attitude score regarding child abuse among mothers with under five children.

H₃ – There will be a significant relationship between the post test knowledge score and attitude score regarding child abuse among mothers with under five children.
H₄ - There will be a significant association between the posttest knowledge scores regarding child abuse among mothers with under five children with their selected demographic variables

ASSUMPTIONS:

1. Mothers with under five children may have less knowledge about child abuse.
2. Structured teaching program may help the mothers with under five children to improve their knowledge and develop desirable attitude regarding child abuse.

DELIMITATIONS:

The study is delimited to

1. The data collection period was only 5 weeks.
2. Study is limited to 100 samples

PROJECTED OUTCOME:

This study would provide a data of knowledge and attitude regarding child abuse. The Structured teaching program will help to create awareness and develop favorable attitude among mothers with under five children regarding child abuse. It will help their practice through gained knowledge and may spread to other people in the community thus it will help to reduce the incidence of child abuse.
CONCEPTUAL FRAMEWORK

Conceptual framework refers to concepts that offer a framework of proposition for conducting research.

The conceptual framework set up for the study is modified model of Daniel L. Stuffle Beam’s Evaluation Model of planned programme (1983). The model is based on the premise that relevant information is foundational to sound judgements about the relative merits of alternatives available in the evaluation process. He proposes four decision types developed by crossing an “ends-means dimension and an intended-actual dimensions”. The four elements of the model are context, input, process and product; thus named “CIPP” model.

The model is adopted in a modified form for the present study. According to the model content identifies discrepancies between intended and actual programme outcome and the evaluators can develop casual explanation for the discrepancies.

The core value for present study is enhancing knowledge and attitude regarding child abuse among mothers with under five children.

CONTEXT EVALUATION

According to the theorist, The context evaluation is used to define the operational context of programs and to assess needs, problems.

In this study the context evaluation are collective demographic variables (mother’s age, education, occupation, family monthly income, type of family,
religion, and age of the child) and assessment of pretest knowledge and attitude among mothers with under five children. The knowledge is assessed by using structured interview schedule and attitude is assessed by using Five point Likert scale among mothers with under five children.

INPUT EVALUATION

According to the theorist, Input evaluation addresses intended means determined by structured decisions. Especially important to this component are decisions about human, material and resources to implement the goals.

The goal of a present study is improving knowledge and attitude regarding child abuse among mothers with under five children. The Input evaluation of present study is developing structured teaching programme and preparation of flash cards.

PROCESS EVALUATION

According to the theorist, Process evaluation monitors actual means to assess and intervene as needed to maintain congruence between intended and actual means. It provides continues feedback to decision makers responsible for control and refinement during the implementation phase of the program. The goal of the process evaluation is to identify actual or potential defects in either the program design or its implementation.

Process evaluation of the present study is implementing structured teaching programme which includes the definition, etiology, risk factors, causes,
types, sign and symptoms, effects, prevention and management regarding child abuse among mothers with under five children. The process evaluation here includes, imparting knowledge and attitude to mothers by using flash cards in the rural community at Neikarapatti.

PRODUCT EVALUATION

According to the theorist, The Product evaluation provides information to inform decisions about congruence of intended ends and actual ends on achieving important outcomes.

The product evaluation of present study is post test evaluation of the knowledge and attitude regarding child abuse. Knowledge is interpreted as adequate knowledge, moderately adequate knowledge and inadequate knowledge. Attitude is interpreted as favorable, moderately favorable, and unfavorable attitude on child abuse. If the mothers had moderately adequate knowledge, inadequate knowledge and moderately favorable and unfavorable attitude planned to readminister structured teaching program by using flash cards.
regarding child abuse

**PROCESS**

Implementation of STP regarding child abuse which includes definition, causes, risk factors, types, signs and symptoms, effects, prevention and management by using flash cards about 45 minutes to the mothers with under five children at Neikarapatti

**PRODUCT**

Post test Knowledge regarding child abuse

Post test attitude regarding child abuse

**FEEDBACK**

Transformation of knowledge, understanding and retaining the knowledge gained regarding child abuse

Adequate Knowledge

Moderately Adequate Knowledge

In Adequate Knowledge

**INPUT**

Developing and validation of Structured Teaching Program regarding child abuse

**CONTEXT**

Demographic Variables
- Age of Mother
- Education
- Occupation
- Family Monthly income
- Religion
- Type of family
- Age of the child

Adequate Knowledge

Favourable attitude

Moderate In Adequate Knowledge

Moderately unfavourable attitude

Goal: Mothers with under five children will gain adequate knowledge and develop favorable attitude regarding child abuse.

Assessment of pretest knowledge and attitude by using structured interview schedule regarding child abuse among mothers with under five children

**Goal:** Mothers with under five children will gain adequate knowledge and develop favorable attitude regarding child abuse.

**Goal:**

Mothers with under five children will gain adequate knowledge and develop favorable attitude regarding child abuse.

Adequate Knowledge

Favourable attitude

Moderately In Adequate Knowledge

Moderately unfavourable attitude

**Fig-1:** MODIFIED AND DEVELOPED FROM DANIEL L. STUFFLE BEAM CIPP MODEL 1983
CHAPTER – II

REVIEW OF LITERATURE

The review of literature for the present study has been organized under the following headings.

Part - I    Over view of Child Abuse

Part – II   Studies related to Child Abuse

   a.    Studies related to incidence and prevalence of child abuse
   b.    Studies related to causes and Risk factors of Child Abuse
   c.    Studies related to Effects of Child Abuse
   d.    Studies related to Management of Child Abuse
   e.    Studies related to importance of prevention of Child Abuse

OVER VIEW OF CHILD ABUSE

INTRODUCTION

Child abuse is a serious problem that has a significant long term impact on individuals, families and community. It is a sensitive issue that is rarely openly discussed by general community. Raising awareness and understanding of child abuse is the first important step towards addressing the issue.
DEFINITION OF CHILD ABUSE

Child abuse is defined as any intentional, emotional, physical or sexual injury to the child.


CAUSES

➢ Ignorance can often cause parents or care givers to neglect a child
➢ Severe stress can lead an adult to abuse a child
➢ Young, single parents without sufficient emotional support for themselves are more vulnerable to neglect and abuse their children
➢ Sexual abuse of a child often starts with inappropriate touching or fondling.
➢ Youngest children are more vulnerable for the child abuse.


RISK FACTORS FOR CHILD ABUSE

I) Community/Societal

High crime rate, Lack of or few social services, High poverty rate, High employment rate.

II) Parent Related

Personal history of physical or sexual abuse as a child, teenage parents, Single parent, Emotional immaturity, Poor coping skills, Known history of child
abuse, Lack of parent skills, Domestic violence, History of depression or other mental health problems, Multiple young children, Unwanted pregnancy, Denial of pregnancy.

III) Child Related

Prematurity, Low birth weight, Handicap, Unwanted child in family.

Physically unattractive

Kalaichelvi, S., (2008)

TYPES OF CHILD ABUSE

Child abuse covers a wide range of harmful acts and behaviors. Abuse is divided into 4 categories for policy, research and treatment purposes. The different types of abuses have different effects, different types of perpetrators and different types of interventions.

Child abuse includes physical abuse, physical neglect, emotional abuse and sexual abuse.


PHYSICAL ABUSE

Physical abuse should be always suspected when there is an injury that cannot be explained, or when the history provided is incongruous with the physical findings or the child's developmental level. Suspicion should also be
aroused when the care given claims the injury was self-inflicted, inflicted by a sibling, or when there is a delay in seeking medical services.


Clinical manifestations:

Physical abuse indicators include unexplained bruises, scars or welts that appears in various stages of healing; bruises on the mouths, lips or eyes; an unexplained swollen extremity; bite marks, especially around the genitals or buttocks; bruises the shape of recognizable objects (hand, belt, electric cord), or injuries in locations a child cannot reach. Burns may be visible on the face, hands, legs or feet; or appear as hot water scalding marks (an even line across the skin, usually on the legs or buttocks). Bruises are injuries to the surface of the skin resulting from accidental falls or bumps.


CHILD NEGLECT:

Child neglect is defined as desertion of a child without arranging for reasonable care not providing essential requisites to a child’s emotional, psychological and physical development and lack of supervision concerning the care takers location. Neglect has a profound impact on children.

Nanthini, S., (2007)
Signs and symptoms of neglect:

1. Inadequate care (General)
   Inappropriate meals, Clothing that is old, dirty, inappropriate for age, or fits poorly, Lack of personal hygiene, Lack of health care maintenance.

2. Inadequate Physical Environment:
   Inadequate shelter, Inadequate sleeping conditions, Poor sanitary conditions.

3. Inadequate parenting:
   Frequent school absences, Inappropriate discipline, Emotional abandonment, Parent uncooperative when school supports child.


Psychological Abuse:

Psychological abuse is defined as acts of omission (willfully not attending a child’s graduation or award ceremony) or commission (a child is told that he or her is ugly) deemed psychologically damaging. It also involves the presence of hostile behavior as well as the absence of positive parenting behaviors.


Dimensions of Parental Psychological Abuse

- Ignoring or degrading child and child’s developmental, social, and psychological needs
- Rejecting child’s value and requests
- Isolating child from the family or community
- Terrorizing or threatening child
- Corrupting or exploiting child
- Verbally assaulting child
- Pressuring child to mature and assume an older child’s role than is appropriate
- Exposing child to family and community violence

**SEXUAL ABUSE:**

Sexual Abuse is defined as exploitive sexual act(s) imposed on a child who lacks the emotional, cognitive or maturational development to deal with the actions. There are several forms of sexual abuse or maltreatment, including assault, incest, exploitation, exhibitionism, pedophilia, and child molestation.

*Nanthini, S., (2007)*

**Manifestations of sexual abuse:**

*Mood regulation*

- Depression, Anxiety, Hostility, Irritability, Phobias, Aggression

*Cognitive problem*

- Learning problems, Failing grades, Daydreaming, Dissociation, Nightmares, Low self esteem.
Sexual problem

- Sexualized or promiscuous, Prostitution, Confusion about sexual identity,
  Masturbation


LONG - TERM CONSEQUENCES OF CHILD ABUSE AND NEGLECT:

Victims of violence may also continue the cycle of violence. Youths with histories of abuse are at risk for relationship-based difficulties. Children exposed to marital violence in childhood are at risk for engaging in dating violence as adolescents or young adults. Children who experience physical abuse were 1.9 times as likely to be arrested for violence, and victims of neglect were 1.6 times as likely to be arrested for violence as control participants. Thirty percent of incarcerated adolescent boys, who were perpetrators of sexual assault, reported previous victimization. Drug use is also higher in victims of abuse and neglect.

Nanthini, S., (2007)

PREVENTION OF CHILD ABUSE AND NEGLECT

Several strategies can reduce the occurrence of abuse. The first is directed at preventing maladaptive behaviors by providing help before the behavior occurs. Caregivers can assess their own family of origin and make informed
choices regarding raising their children differently from how they were raised if abused. A second strategy focuses on high-risk communities. Even though child abuse occurs in all socioeconomic levels, identifying families at high risk is critical. Poverty, high community violence substandard housing, high unemployment and welfare.

**Parent Education Programs:**

Parent education programs focus on decreasing parental practices and behaviors associated with child abuse and neglect, and typically target teen parents and highly stressed parents as well as their children. These programs address issues such as:

- Developing and practicing positive discipline techniques
- Learning age-appropriate child development skills and milestones
- Promoting positive play interaction between parents and children
- Locating and accessing community services and supports.

*Joan, E. Durrant., (1995)*

**Skills-Based Curricula For Children:**

Many schools and local community social service organizations offer skills-based curricula to teach children safety and protection skills. Curricula may use various methods to teach children skills including:
- Workshops and school lessons
- Puppet shows and role-playing activities
- Films and videos


**Home Visitation Programs**

Home visitation programs that emphasize the health and well-being of children and families have existed in this country since the late 19th century. Topics covered through these programs may include:

- Positive parenting practices and nonviolent discipline techniques
- Child development
- Availability and accessibility of social services
- Establishment of social supports and networks
- Advocacy for self (parent), child, and family
- Prevention of accidental childhood injuries through the development of safe home environments

LEGAL ISSUES AND CHILD ABUSE:

Because nurses may be called as codefendants in lawsuits, they must practice in a professional and reasonably prudent manner at all times. Specific guidelines for the nurse to consider are:

- Document all client and caregiver interactions.
- Practice within the ethical code of nursing.
- Respect client and caregiver’s confidentiality. If child abuse is suspected, confidentiality can (and must) be breached.
- Do not release information to other agencies other than protective services without specific family or caregiver permission: if a child is removed from the caregiver and the child Protective Services has temporary custody, Child Protective Services has temporary custody, child Protective Services must approve release of information.
- Respect a client’s right to privacy.
- Respect a client’s right to refuse treatment or assessments (document accordingly).
- Know the institution’s policies and procedures related to all matters of child abuse.
- Know your state’s Nurse Practice Act and practice within that scope.

AVAILABLE CHILD CARE SERVICES:

- Child welfare Agency
- Social welfare Agency
- Police Department
- Mental health Centre
- Child guidance clinic.

Nanthini, S., (2007)
PART – II STUDIES RELATED TO CHILD ABUSE

A. STUDIES RELATED TO INCIDENCE AND PREVALENCE OF CHILD ABUSE

Bromfield Leah et. al., (2009) Australian Institute of Health and Welfare (AIHW) has compiled annual national figures for child protection activity. The 2009 AIHW statistics can be found at n= 55,120, in this emotional abuse (38%- 21,310), physical neglect (29%- 15,916), physical abuse (23%- 12,403), sexual abuse (10%- 5,491). Some children who are found to have suffered abuse and neglect are removed from their homes by child protection authorities and placed in out-of-home care. Nationally, the number of children in out-of-home care has risen each year from 1998 to 2008. There were 31,166 children in out-of-home care. Almost one-third (31%) of children in out-of-home care were aged 10-14 years. A further 30% were aged 5-9 years, 25% were aged less than 5 years and 14% were aged 15-17 years.

Halperin, D.S et.al., (2009) conducted study to measure the cumulative prevalence of child sexual abuse in a representative sample of the adolescent population of Geneva. 68 classes (17 schools) randomly selected from the 201 ninth grade classes of the public school system in Geneva. 1193 adolescents aged 13-17 years, of whom 1116 (93.5%; 568 girls, 548 boys) consented to the study and
returned completed questionnaires. Results showed that 192 (33.8%) girls and 60 (10.9%) boys reported having experienced at least one sexually abusive event. The prevalence of abuse involving physical contact was 20.4% (116 cases) among girls and 3.3% (18) among boys. The prevalence of abuse involving some form of penetration was 5.6% (32 cases) among girls and 1.1% (six) among boys. One third of the abused adolescents had experienced more than one abusive event and 46.5% (92/198) had experienced the first event before age 12. Abuse by a family member was reported by 20.5% (36/176) of abused girls and 6.3% (3/48) of abused boys.

**Hussey Jon, M., (2008)** conducted study was to estimate the prevalence of child maltreatment in the United States. Longitudinal cohort study was used. 15, 197 young adults (77.4%) response rate. Results showed that indicating possible supervision neglect was most prevalent reported by 41.5% of respondents, followed by physical assault (28.4%), physical neglect (22.8%), and contact sexual abuse (7.3%). Each sociodemographic characteristic was associated with ≥1 type of maltreatment, and race/ethnicity was associated with all 4. Each type of maltreatment was associated with no fewer than 8 of the 10 adolescent health risks examined.
Pawlak, C. H et.al., (2008) conducted study to describe the prevalence of child sexual abuse (CSA) among women in New Zealand. Retrospective report from a random sample of 2,855 women aged 18-64 years old in two regions in New Zealand. Face-to-face interviews with one randomly selected woman from each household were conducted. The results showed that the overall prevalence rates for CSA were 23.5% for women from the urban region and 28.2% from the rural region. The median age of onset of the abuse was 9 years, and the median estimated age of the abuser was 30 years. Half of those who experienced CSA reported that it occurred once or twice, 27% a few times, and 23% multiple times. The majority of cases were perpetrated by a family member, most frequently male.

Gessner, B.D et.al, (2004) conducted study to determine the incidence and risk factors associated with infant (< 1 year of age) physical abuse in Alaska. Retrospective cohort study was conducted by linking data from birth certificates. The results showed that during the 7-year study period, there were 70,842 births and 325 cases of physical abuse including 72 that led to hospitalization (n = 58), death (n = 4), or both (n = 10); respective incidences for all abuse and abuse leading to hospitalization or death were 4.6 and 1.0 per 1000 live births.
B. STUDIES RELATED TO CAUSES AND RISK FACTORS OF CHILD ABUSE

Kuo-rong Chiou et al., (2009) according to recent statistics on child abuse collected by the Taiwan Fund for Children and Families (TFCF), more than 85% of child abuse cases involve children abused by their own parents. Of the 1206 cases that have been reported in 2009, 1031 cases involve children abused by their own parents. This means that in 85.5% of all child abuse cases in the past few months, parents are the perpetrators. The results showed that 64% of respondents cited lack of parenting skills, 38% cited marital breakdown, 38% cited poverty, and 26% cited unemployment.

United Nations Children’s Education Fund (UNICEF)(2008) conducted study is to gather and establish relevant baseline information on the prevention of and responses to child abuse including the child protection system in a community setting in Guyana and Caribbean. Children who have been abused were examined. Of 225 recorded pregnancies from January 2006- December 1, 2007, 58/26% were teen mothers. Further, for the period January to March 2008, of the 36 recorded pregnancies, 13/36% were teenagers. Teen mothers are more likely to become single parents. The high levels of teen pregnancy evident in the community increases the risk of abandonment, neglect and hence separation.
One hundred and thirty one (80%) of the sample frame opined that child neglect does exist in the community.

Chang Jen et.al., (2006) conducted cross-sectional study examined a population-based sample of mothers with children aged 0-17 years in North and South Carolina (n = 1,149). Results showed that the children were at the greatest risk of maltreatment when parents psychologically abused each other versus no abuse: the Adjusted relative risk ratios (aRRR) for child psychological abuse by the mother only was 16.13 (95% CI: 5.11, 50.92) compared to no abuse. Both parents psychologically abuse each other versus no abuse also results in an aRRR of 14.57 (95% CI: 3.85, 55.16) for child physical abuse by both parents compared to no abuse. When only the husband perpetrates toward the wife, the odds of child neglect was 5.29 times as much as families with no psychological abuse (95% CI: 1.36, 20.62).

Ekeus Cecilia et.al., (2006) conducted study to investigate the risk and mediating mechanisms of unintentional and violent injuries among pre-school children of teenage mothers in Sweden. The results shows that Children of teenage mothers had higher relatives risks(RRs) of hospital admissions for violent as well as unintentional injuries; age adjusted RRs of 2.7(95% CI 1.2to 6.1) and 1.6 (1.4 to 1.8), respectively, for children of mothers under 18 years of age.
and 2.5 (1.6 to 3.8) and 1.5 (1.4 to 1.6) of mothers aged 18-19 are compared with those with mothers aged at least 32 at the birth of the child. In addition, children of teenage mothers had an increased risk of death attributable to violent injuries (RR 6.7 (2.6 to 16.0), as well as to unintentional injuries (RR 3.5 (2.0 to 6.1). The study concluded that the maternal age is an important determinant of injuries in pre-school children of teenage mothers are at particular risk.

Smarsh Hogan Tina, M et.al., (2005) In USA, longitudinal study were to determine whether there were differences in child abuse potential among mothers who were non drug users, drug users who accepted treatment, and drug users who rejected offers of treatment, over the first 2 years of their children's lives. Participants were mothers of 140 infants, classified into Nonuser ($n = 48$), Treatment ($n = 72$), or Refuser ($n = 20$) groups. The Child Abuse Prevent (CAP) Inventory scale was administered when infants were 4, 9, 12, 18 and 24 months. The results of mixed-model analyses of variances showed no group differences on Child Abuse Prevent (CAP) Inventory abuse scale scores. The study concluded that overall, results support the position that low-income women with many risk factors in their lives are at high risk for potential child abuse.

Ethier et.al., (2000) conducted study to find that mothers who reported a history of childhood sexual abuse, placement in foster care, and running away from
home during adolescence were more likely to have chronic problems of child maltreatment in United States. Those with a history of childhood sexual abuse had 3.75 times more risk of having chronic child maltreatment than those without this risk factor. The risk for chronic child maltreatment was 3.57 times for a childhood history of placement in foster care and 3.02 times for a history of running away from home in adolescence. The study also found that the following risk factors predispose mothers to chronic child maltreatment: childhood neglect (0.58 times more likely than those without this risk factor), physical violence (0.69 times), and unavailability of and break-up with parental figures (0.92 and 1.54 times, respectively). The authors concluded that traumatic experiences of childhood sexual abuse (77.8% of mothers in the study), placement in foster care (80%), and running away from home during adolescence (77.3%) had adverse effects on the mothers' ability to parent their children.

C. STUDIES RELATED TO EFFECTS OF CHILD ABUSE

Meaney Michael et.al., (2009) conducted study to assess childhood damages genes in Canada. The researchers studied the brains of 24 suicide victims - 12 who had suffered severe childhood abuse, which included physical abuse, neglect or sexual contact, and 12 who had not been abused. The study shows that the brains of 12 accident victims who had not been abused. The study found significant differences in stress related hormone receptors in abused suicide
victims compared with others, and evidence that parts of the gene may be switched off by abuse, leading to abnormal stress responses in adulthood.

Abd-El-Fattah Sabry et al., (2008) conducted study to investigates the relationship among child abuse in Egypt. Child’s cognitive attitude, and fathers’ perception of child’s behavioural problems. The Child Abuse and Neglect Scale (CANS), and the Cognitive Aptitude Scale (CAS) were administered to a sample of 359 (185 males and 174 females) children enrolled in 6 kindergartens and 4 primary schools. In addition, a sample of 358 fathers responded to the Children’s Behavioural Problems Checklist (CBPC). Results showed that a multiple regression analysis showed that children’s behavioural problems was predicted by the factors of children abuse (F (3, 355) = 36.4, R2 = 0.33). Specifically, physical abuse was the strongest predictor of children’s behavioural problems (β = 0.28, t = 4.5, p< .05), followed by feeling of rejection (β = 0.24, t = 3.8, p < .05), and psychological punishment (β = 0.20, t = 3.1, p < .05) respectively.

Hebert et al., (2008) conducted a longitudinal study following 492 participants with substantiated cases of child sexual abuse (CSA) in United States. Participants were initially evaluated in kindergarten with follow up at age 12 and again at age 15. Research results indicated that more than half of the sexually abused adolescent girls (53.3%) reported verbal or physical victimization in their
dating relationships, whereas only one in four of the non-CSA girls reported
dating violence.

**Westenberg and Garnefski., (2003)** conducted study on depressive
symptomatology and child abuse with 81 adolescents (ages 11-18) who were
reported in Canada, they have been abused or neglected in childhood indicated
that 71.3% of participants reported a depressed mood compared to 10.8% of the
general population. Depressive symptoms included feeling sad, feeling unable to
laugh, and Exploring Disclosure 12% becoming quickly irritated. Of the
depressed adolescent group, 42% reported sexual abuse compared to 9.8% of the
non-depressed group. Results also indicated that all of the participants with
reported sexual abuse also experienced some other form of abuse such as
physical, neglect.

**Thomas, H., (2000)** conducted study to assess history of childhood maltreatment
increased risk of depression and suicidal behavior in adolescents and young
adults in two countries of NewYork and USA. 639 youths (52% men) > 18 years
of age were selected for this study. Main results shows that participants who
had a history of maltreatment had an increased risk of major depressive disorder
(OR 3.00, CI 1.43 to 6.33), dysthymia (OR 4.83, CI 1.89 to 12.44), and suicide
attempts (OR 3.29, CI 1.94 to 16.74) compared with participants who had no
history of maltreatment. Study concluded that the history of childhood maltreatment increased the risk of depressive disorders and suicidal behaviour in adolescents and young adults.

D. STUDIES RELATED TO MANAGEMENT OF CHILD ABUSE

Anselm, C.W et al. (2006) conducted a study to study the outcomes of children hospitalized for suspected child abuse before and after the implementation of a management protocol in a hospital in Hong Kong. Study period was 2-year periods before (1994-1995) and after (2002-2003) the implementation of the protocol in 1998. Retrospective study method was used. Results shows that there were 109 and 320 patients admitted for evaluation of child abuse for the periods 1994-1995 and 2002-2003, respectively. Children in both periods were similar in sex ratio, proportion of severe forms of child abuse, rates of abuse substantiation and inclusion in the Child Protection Registry. After the implementation of a management protocol, the average length of hospital stay also dropped from 15.3 days to 6.1 days (p < 0.001).

Dias Mark, S et al., (2005) conducted study to Prevent Abusive Head Trauma Among Infants and Young Children in Pennsylvania, study to examine its impact on the incidence of abusive head injuries among infants <36 months of
The program was administered to parents of all newborn infants before the infant's discharge from the hospital. Results show that during the first 5.5 years of the program, 65,205 Committed statements (CSs) were documented, representing 69% of the 94,409 live births in the region during that time; 96% of CSs were signed by mothers and 76% by fathers. Follow-up telephone surveys 7 months later suggested that >95% of parents remembered having received the information. The incidence of abusive head injuries decreased by 47%, from 41.5 cases per 100,000 live births during the 6-year control period to 22.2 cases per 100,000 live births during the 5.5-year study period. The study concluded that a coordinated, hospital-based, parent education program, targeting parents of all newborn infants, can reduce significantly the incidence of abusive head injuries among infants and children <36 months of age.

Chen Da Guang, (2003) conducted study suspected child abuse among children in hospital in terms of clinical characteristics and the outcome of multidisciplinary case conferences Mun Hospital, Hong Kong. Prospective observational study design was used. Results show that data for 592 cases of suspected child abuse were evaluated. 287 of the children were boys and 305 were girls. The mean age was 7.3 years (range, 0-16.7 years). Physical abuse, alone or in combination with other forms of maltreatment, accounted for 277 (86.6%) of the 320 substantiated cases. Abuse was more likely to be established if
the victim had been known to a childcare agency (odds ratio=2.2; 95% confidence interval 1.4-3.5), or if the child was seen at a hospital that handled more than 100 cases of suspected abuse during the study period (odds ratio=3.6; 95% confidence interval 2.4-5.4). Study concluded that Child abuse identified in the hospital setting is predominantly physical in nature and death is not uncommon. Appraisal of suspected child abuse by multidisciplinary case conference appears to be influenced by the region of Hong Kong in which the case was handled.

**Richard Famularo et.al., (2000)** reviewed 136 court cases representing 218 parents of children maltreated enough to warrant custodial transfer of the child from the parents to the state in USA. The court's psychotherapeutic treatment orders were noted and parental compliance with those orders documented and analyzed. The court issued one or more specific treatment orders to 87.26% of all parents. The most common referrals were those for drug or alcohol treatment (61.9%), individual psychotherapy (60.6%), and family treatment (29.4%). Treatment compliance was significantly lowered in those parents presenting with substance abuse. Compliance was also significantly lower among those parents who sexually and/or physically maltreated their children than among parents who neglected but did not physically or sexually maltreat their children.
E. STUDIES RELATED TO IMPORTANCE OF PREVENTION OF CHILD ABUSE

Tavakol, K.H et.al., (2008) conducted study to assess mothers attitude toward child abuse before and after educating behavioural intention model in USA. Quasi experimental one group pre and post test method was used. The sample consistent with 45 mothers randomly selected. The Adult – Adolescent parenting Inventory (AAPI) questionnaire was used. Comparison of pre test and post test scores using paired t test indicated statistically improvement in attitude s whole mean scores $t= 6.49$, $p<0.01$. The findings indicate that educating parents may change their attitude toward proper parenting style.

Chen Jing Qi et.al., (2006) conducted study to assess awareness of child sexual abuse prevention education among parents of grade 3 elementary school pupils in Fuxin city, China. To fill the gap, knowledge, attitudes and practice of CSA prevention education were explored in 385 parents by self-administered anonymous questionnaires. Among this sample, more than 80% of parents approved of school CSA prevention education. However, at the same time, 47.3% of parents expressed some concern that this education may induce the children to learn too much about sex. Only 4.2% of parents had provided books or other material about CSA prevention for their children. The parents' CSA prevention
knowledge was inadequate. The findings from this research will be useful in developing CSA prevention education programs in schools and communities, designed to improve parents' knowledge and practice of CSA prevention.

**Orhon, F et.al., (2006)** conducted cross-sectional survey were to determine the attitudes of parents, pediatric residents, and medical students from a Turkish population toward childhood disciplinary methods; 65 parents, 39 pediatric residents, and 106 medical students completed a questionnaire. Based on the responses to this questionnaire, developed the Severity Scale. The Results showed that all severity scores of both residents and students were found to be higher than those of the parents (for verbal severity scores \( p = 0.042 \)). Also, both verbal and physical severity scores of parents with one child were higher than those of parents with two children (for verbal severity scores \( p = 0.044 \)). 91(43.3%) indicated that beating was an acceptable form of discipline. Of parents, 66.9% reported abusive childhood history by their own criteria. Of medical students with an abusive childhood experience, 56.5% accepted beating as appropriate (\( p = 0.001 \)). Study concluded that abusive childhood history and lack of education regarding appropriate discipline techniques. Thus, educational programs on child disciplinary practices are required to provide an increased awareness of child abuse among health professional trainees and parents in Trukey.
Ronald, G and Barr et.al., (2006) conducted study to determine if parent education materials [PURPLE]) change maternal knowledge and behavior relevant to child abuse. This study was a randomized, controlled trial conducted in prenatal classes, maternity wards, and pediatric practices. There were 1374 mothers randomly assigned to the PURPLE intervention and 1364 mothers to the control group. The results showed that the mean knowledge score was greater in the intervention group (69.5) compared with controls (43.3). The study concluded that use of the PURPLE education materials seem to lead to higher scores in knowledge about dangers of abuse, and in sharing of information behaviors considered to be important for the prevention of abuse.

Young-hee Yom et.al., (2005) in Columbus conducted study evaluated a CD-ROM educational program in sexual violence prevention for middle school students. A randomized control-group pretest-posttest design was used. Seventy-nine students were randomly assigned to either an experimental \( (n = 39) \) or control \( (n = 40) \) group. The experimental group watched the CD-ROM, whereas the control group did not. Both groups were pretested for the levels of knowledge and attitude about sexual violence prevention prior to intervention. The instrument contains 32 true-false items that measure knowledge level and 20 items comprising a four-point Likert-type scale that measure the attitude to sexual violence. There was a significant increase in knowledge in the
experimental group, while no differences on attitude were found between the experimental and control groups. A CD-ROM-based program can be effective for delivering instructions on sexual violence prevention in the classroom.

**Atta, H.Y et.al., (2001)** conducted study to assess mothers knowledge, perception regarding child abuse after exposure of parenting education program in USA. The total 210 mothers were enrolled in this study. The results showed that mothers more apt to knowledge to child abuse in post test mean percentage score (90.63+ 13.73%) was significantly higher than their mean pre test score (81.12+17.71%) where t= 10.377, p=0.001. The mother pre test perception score (85.66+14.10%) was significantly lower than post test perception score (98.74+2.00%) where t= 11.754, p= 0.001. Child maltreatment was significantly associated with parents level of education, father’s occupation, mother’s working status, mother’s age at birth of first child, maternal perception of maltreatment.

**Hammond Ratzlaff Amy et.al., (2001)** conducted study to examine mothers gain knowledge of child abuse after participating in a home visitation program in USA. Mothers (n=47) were the samples. The mean change score for all the mothers were 2.28. The results indicated that there was a significant increase in mothers knowledge of child abuse six months after enrollment in the program.
(t=2.11, p=0.21). The study concluded that mothers participating in the home visitation program gained in knowledge about child abuse.

**Burgess Erika Swift et.al., (2000)** conducted study to assess the parent-child communication about child sexual abuse (CSA) in Colorda, USA. 45 parents of children 2-6 years of age were randomly assigned to participated in CSA prevention workshop. The post test measure assessed parent’s beliefs about the severity of CSA and their children’s vulnerability to abuse. The results showed that parents who had participated in CSA workshop reported significantly greater intentions of talking to their children about CSA. Results provide preliminary support for the effectiveness of an educational video for increasing parent-child communication about CSA.

**Eckenrode John et.al., (2000)** conducted study in Newyork to prevent child abuse and neglect with a program of home visitation. 15 year follow up study of a randomized trial design was used. Families were randomly assigned to receive routine perinatal care (control group; n= 184), or routine care plus nurse home visits during pregnancy and through the child’s second birthday. The results showed that families receiving home visitation during pregnancy and infancy had significantly fewer child maltreatment reports involving the mothers as perpetrator (p = .01) or the study child as subject (p =.04) than families not
receiving home visitation. The study concluded the presence of domestic violence may limit the effectiveness of intervention to reduce of child abuse and neglect.
CHAPTER – III

METHODOLOGY

This chapter deals with methodology adopted for the study. It includes research approach, research design, setting, population, sample, criteria for sample selection, sample size and sampling technique, tool and scoring procedure, data collection procedure and plan for data analysis.

RESEARCH APPROACH :

The evaluative approach was used to conduct the present study to assess the effectiveness of structured teaching program regarding child abuse in terms of knowledge and attitude among mothers with under five children.

RESEARCH DESIGN :

The design of the study was one group pretest and posttest pre experimental design.

<table>
<thead>
<tr>
<th>Group</th>
<th>Pre test</th>
<th>Intervention</th>
<th>Post test</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>$O_1$</td>
<td>X</td>
<td>$O_2$</td>
</tr>
</tbody>
</table>

The symbols used were explained as follows:

Group - I   -   Mothers of under five children
Objective 1 - Collection of demographic data, pretest-assessment of knowledge and attitude regarding Child Abuse by using structured interview schedule.

Objective 2 - Implementing Structured teaching programme regarding child abuse by using flash cards.

Objective 2 - Post test - assessment of knowledge and attitude regarding child abuse by using same structured interview schedule.

RESEARCH SETTINGS:

The study was conducted in rural village Neikarapatti at Dindugal District. It consists of 10 streets. The total population is 4728 out of these 173 mothers are having under five children. Most of the mothers are housewives. Some mothers are going for agricultural work and private companies.

POPULATIONS:

The target population of the study are mothers with under five children who are residing in Neikarapatti.

SAMPLE:

The sample of the study are mothers who are having children with 0-5 years of age, residing in Neikarapatti.

CRITERIA FOR SAMPLE SELECTION:

INCLUSION CRITERIA:
Mothers who are available during data collection period
Mothers who knows Tamil.

EXCLUSION CRITERIA :

Mothers who have got sick children.
The mothers who are not willing to participate in the study.

SAMPLE SIZE :
The sample size consists 100 mothers with under five children.

SAMPLING TECHNIQUE :
Purposive sampling technique was used to select the samples for the study.

DESCRIPTION OF THE TOOL
The tool consists of 3 parts

PART - I :
It consists of demographic variables, such as age of the mother, education, occupation, family monthly income, religion, type of family and age of the child.

PART - II :
It consists of Structured interview schedule to assess the knowledge regarding child abuse which consists of 25 multiple choice questions with four options among which one is the correct answer.
PART - III:

Five Point Likert scale was used to assess the attitude regarding child abuse among mothers with under five children which consists of 15 statements. It has 10 positive statements and 5 negative statements.

SCORING PROCEDURE AND INTERPRETATION:

PART - II:

structured interview schedule regarding child abuse consists of 25 multiple choice questions. Correct answer scored ‘one’ is given and for wrong answer is score ‘zero’. Total scores were 25 and it is interpreted as below:

<table>
<thead>
<tr>
<th>Level of knowledge</th>
<th>Score</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate</td>
<td>17 - 25</td>
<td>68 - 100%</td>
</tr>
<tr>
<td>Moderately adequate</td>
<td>9 - 16</td>
<td>34 - 67%</td>
</tr>
<tr>
<td>Inadequate</td>
<td>0 - 8</td>
<td>0 - 33%</td>
</tr>
</tbody>
</table>

PART - III:

The Five-point Likert’s scale regarding child abuse consists of 15 statements.
Positive response scores were measured as follows

- Strongly agree - 5
- Agree - 4
- Uncertain - 3
- Disagree - 2
- Strongly Disagree - 1

Negative response scores were measured as follows

- Strongly disagree - 5
- Disagree - 4
- Uncertain - 3
- Agree - 2
- Strongly agree - 1

The total scores for attitude was 75 and the scores are interpreted as below:

<table>
<thead>
<tr>
<th>Level of attitude</th>
<th>Score</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Favorable</td>
<td>51 – 75</td>
<td>67 - 100%</td>
</tr>
<tr>
<td>Moderately Favorable</td>
<td>26 - 50</td>
<td>34 - 66%</td>
</tr>
<tr>
<td>Un Favorable</td>
<td>&gt;25</td>
<td>0 - 33%</td>
</tr>
</tbody>
</table>
VALIDITY AND RELIABILITY:

VALIDITY:

The validity of the tool was established in consultation with four nursing experts in the field of child health nursing and one medical expert in the field of pediatric medicine. The tool was modified according to their suggestions and recommendations of experts and finalized.

RELIABILITY:

The reliability of the structured interview schedule was established by testing stability and internal consistency. The stability was assessed by test retest method using Karl Pearson formula the r value \( r=0.88 \) which was found to be reliable. Internal consistency was assessed by using split half method using Spearman’s Brown Prophecy formula R value \( R=0.9 \) which was found to be reliable. Hence the tool found to be reliable. The reliability of the attitude five point Likert scale was computed by test retest method using Karl Pearson correlation coefficient formula and the r value \( r=0.89 \) which was found to be reliable. Internal consistency was assessed by using split half method using Spearman’s Brown Prophecy formula R value \( R=0.9 \) which was found to be reliable.
PILOT STUDY:

The pilot study was conducted on 10 samples for a Period of 7 days in Manakadavu. The investigator obtained oral consent from each participant prior to the study after explaining the purpose of the study. The sample who met the inclusion criteria were selected by purposive sampling technique and the pilot study was conducted. For each day 5 samples were selected and demographic variables were collected. The pretest knowledge and attitude was assessed by using structured interview schedule and five point Likert scale. On the same day after pretest structured teaching programme was given for 45 minutes in the form of group teaching in a common place by using flash cards. The effectiveness was assessed on the 7th day from the day of teaching by using same interview schedule and five point Likert scale. The collected data were analyzed and findings of the pilot study showed that mean post test knowledge scores (18.0) was higher than the mean pretest knowledge scores (5.9) and the post test attitude mean scores (56.3) was higher than the pre test attitude mean scores (25.5). Pilot study indicates that it is feasible and practicable to conduct the main study.
DATA COLLECTION PROCEDURE:

The study was conducted in Neikarapatti at Dindugal District. The data was collected for a period of 5 weeks in the month of August. Before conducting the study, written permission was obtained from Municipal Commissioner, Neikarapatti. The oral consent was obtained from each participant. A total number of 100 samples those who met inclusion criteria were selected by using purposive sampling technique. The investigator introduced the study purpose and rapport was established with them. The first day demographic variables were collected and pre test was conducted by using structured interview schedule to assess knowledge and five point Likert scale was used to assess the attitude from 6-7 mothers per day. The interview was conducted for about 45 minutes. On the same day structured teaching programme was given in the form of group teaching for 45 minutes by using flash cards in a common place of the street at 4 pm. On the 7th day post test was done by using the same structured interview schedule and Likert scale. The time period for data collection was 8 am to 6 pm. The same procedure was continued to obtain data from 100 samples.
**PLAN FOR DATA ANALYSIS :**

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Data Analysis</th>
<th>Method</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Descriptive analysis</td>
<td>Frequency</td>
<td>To assess the demographic variables among mothers with under five children.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mean, standard deviation</td>
<td>To assess the knowledge scores and attitude scores regarding child abuse among mothers with under five children.</td>
</tr>
<tr>
<td>2.</td>
<td>Inferential analysis</td>
<td>‘z’ test</td>
<td>To assess the effectiveness of structured teaching programme regarding child abuse among mothers with under five children.</td>
</tr>
<tr>
<td>Method</td>
<td>Purpose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Karl Pearson’s formula</td>
<td>To find out relationship between post test Knowledge scores and Attitude scores regarding child abuse among mothers with under five children.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chi-square test</td>
<td>To find association between post test knowledge scores regarding child abuse among mothers with under five children with their selected demographic variable.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PROTECTING HUMAN SUBJECTS:**

The proposed study was conducted after the approval of dissertation committee prior to conduct the study. The written permission was obtained from
Municipal Commissioner, Neikarapatti. Verbal consent was obtained from each participant before data collection. Confidentiality was maintained throughout the study.
CHAPTER - IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of the data collected to assess the effectiveness of the structured teaching programme on knowledge and attitude of mothers with under five children regarding child abuse.

Data were collected from 100 mothers with under five children in Neikarapatti at Dindugal district by using structured interview schedule and five point Likert scale. The data were obtained, analyzed and presented under the following headings.

The data has been tabulated and organized as follows:

Section - A: Distribution of demographic variables.

Section - B: Comparison between pre and post test knowledge and attitude scores regarding child abuse among mothers with under five children
Section – C: Correlation of posttest knowledge scores and attitude scores regarding child abuse among mothers with under five children

Section – D: Association between posttest knowledge scores regarding child abuse with their selected demographic variables.
**SECTION – A:** Distribution of demographic variables of mothers with under five children

Table 1: Frequency and percentage distribution of demographic variables:

\[ N=100 \]

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Demographic Variables</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>18-22</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>1.2</td>
<td>23 – 27</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>1.3</td>
<td>28 – 32</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>1.4</td>
<td>33 – 37</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>2.1</td>
<td>No formal education</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>2.2</td>
<td>Primary education</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>2.3</td>
<td>Secondary education</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>2.4</td>
<td>Higher secondary education</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>2.5</td>
<td>Graduate</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>3.</td>
<td>OCCUPATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>-----------------------------------------------</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>3.1</td>
<td>Coolie worker</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>3.2</td>
<td>Business</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>3.3</td>
<td>Private employee</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>3.4</td>
<td>Government employee</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>3.5</td>
<td>House wife</td>
<td>33</td>
<td>33</td>
</tr>
<tr>
<td>4.</td>
<td>FAMILY MONTHLY INCOME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1</td>
<td>Less than Rs. 3,000</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>4.2</td>
<td>Rs. 3,001-6,000</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>4.3</td>
<td>Rs.6,001-10,000</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>4.4</td>
<td>Rs.10,001-15,000</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>4.5</td>
<td>Above Rs. 15,001</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>5.</td>
<td>RELIGION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1</td>
<td>Hindu</td>
<td>69</td>
<td>69</td>
</tr>
<tr>
<td>5.2</td>
<td>Christian</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>5.3</td>
<td>Muslim</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>
The table 1 showed that distribution of demographic variables of mothers with under five children.

The mothers with under five children who belonged to the age group of 18-22 years were only 25(25%), 23 – 27 years of mothers with under five children were 26(26%), majority of the mothers with under five children 30(30%) were in the age group of 28– 32 years, 33 – 37 years of mothers with under five children were 19(19%) (fig.2).
There were 14(14%) mothers with under five children were in no formal education, 22(22%) of the mothers with under five children were studied primary education, 36(36%) of the mothers with under five children were studied secondary education and 21(21%) of the mothers with under five children were studied higher secondary. Very few 7(7%) mothers with under five children were graduate (fig.3).

Regarding occupation 23(23%) of mothers with under five children were coolie worker, 11(11%) of mothers with under five children were business, 26(26%) of mothers with under five children were private employee, 7(7%) of mothers with under five children were government employee and majority 33(33%) of mothers with under five children were housewives (fig.4).

Regarding family monthly income, 30(30%) of the mothers with under five children had income less than Rs.3,000 and 30(30%) of the mothers with under five children had income between Rs.3,001 – Rs.6,000, 17(17%) of mothers with under five children had income between Rs.6,001-Rs.10,000 and 17(17%) of mothers with under five children had income between Rs.10,001-15,000 and 6 (6%) of mothers with under five children had income above Rs.15,001 (fig.5).
The highest number 69(69%) of mothers with under five children were Hindus, 16(16%) of the mothers with under five children were Christians and 15(15%) of mothers with under five children were in Muslims (fig.6).

Majority of 72(72%) the mothers with under five children belonged to Nuclear family whereas 28(28%) of the mothers with under five children belonged to Joint family (fig.7).

The data showed that, the age of the child 16(16%) of children were in the age group of below 1 year, 22(22%) of children were in the age group of 1 year- 2 years, 38(38%) of children were in the age group of 2-3 years, 12(12%) of children were in the age group of 3-4 years and 12(12%) of children were in the age group of 4-5 years (fig.8).
Fig 2 - Percentage distribution of mothers with under five children according to their age.
Fig 3 - Percentage distribution of mothers with under five children according to their education.
Fig 4 - Percentage distribution of mothers with under five children according to their occupation.
Fig 5 - Percentage distribution of mothers with under five children according to their family monthly income.
Fig 6 - Percentage distribution of mothers with under five children according to their religion.
Fig 7 - Percentage distribution of mothers with under five children according to their type of family.
Fig 8 - Percentage distribution of age of the child
SECTION - B: Comparison between pre and post test knowledge score and attitude scores regarding child abuse among mothers with under five children

Table 2: Comparison between pre test and post test knowledge scores regarding child abuse among mothers with under five children

Table: 2 Comparison between pre test and post test knowledge scores regarding child abuse among mothers with under five children

N = 100

<table>
<thead>
<tr>
<th>Level of Knowledge</th>
<th>Pre test</th>
<th>Post test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>%</td>
</tr>
<tr>
<td>Adequate</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Moderately Adequate</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Inadequate</td>
<td>82</td>
<td>82</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 2 showed that knowledge scores among 100 mothers with under five children regarding child abuse, in pretest majority 82 (82%) of the mothers with under five children had inadequate knowledge and 18(18%) of mothers had moderately adequate knowledge and no mothers had adequate knowledge and in posttest majority 67(67%) of the mothers with under five children had adequate knowledge, 33(33%) of mothers had moderately adequate knowledge and no mothers had inadequate knowledge.
Adequate | 67%
Moderately Adequate | 33%
Inadequate | 82%
Fig. 9. - Percentage distribution of pretest and post test knowledge score among mothers with under five children
Table 3

Comparison between pre test and post test attitude scores regarding child abuse among mothers with under five children

N = 100

<table>
<thead>
<tr>
<th>Level of Attitude</th>
<th>Pretest</th>
<th></th>
<th>Post test</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
</tr>
<tr>
<td>Favorable Attitude</td>
<td>-</td>
<td>-</td>
<td>89</td>
<td>89</td>
</tr>
<tr>
<td>Moderately Favorable Attitude</td>
<td>19</td>
<td>19</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Unfavorable Attitude</td>
<td>81</td>
<td>81</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 3 showed that attitude scores among 100 mothers with under five children regarding child abuse, in pretest majority 81(81%) had unfavorable attitude and 19(19%) of mothers had moderately favorable attitude and no mothers with under five children had favorable attitude and in posttest majority 89(89%) of mothers had favorable attitude and 11(11%) of mothers had moderately favorable attitude and no mothers had unfavorable attitude. It shows that after administering the structured teaching programme the majority of the mothers had favorable attitude regarding child abuse.
Fig. 10 - Percentage distribution of pretest and post test attitude score among mothers with under five children.
Table 4

Comparison of mean, Standard deviation and ‘z’ value of pre and posttest knowledge scores regarding child abuse among mothers with under five children.

N = 100

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
<th>‘z’ Value</th>
<th>Table Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Pretest</td>
<td>6.8</td>
<td>2.07</td>
<td>30.06</td>
<td>1.96</td>
</tr>
<tr>
<td>2.</td>
<td>Posttest</td>
<td>17.4</td>
<td>1.45</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The table 4 showed that the mean scores of pre and posttest knowledge score regarding child abuse among mothers with under five children were 6.8 (SD ± 2.07) and 17.4 (SD ± 1.45) respectively.

The mean posttest knowledge scores were higher than the mean pretest knowledge scores. The ‘z’ value were 30.06, which was significant at 0.05 levels.
Table : 5

Comparison of mean, Standard deviation and ‘z’ value of pre and posttest attitude scores regarding child abuse among mothers with under five children.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
<th>‘z’ Value</th>
<th>Table Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Pretest</td>
<td>28.16</td>
<td>3.07</td>
<td>44.58</td>
<td>1.96</td>
</tr>
<tr>
<td>2.</td>
<td>Posttest</td>
<td>55.0</td>
<td>2.95</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The table 5 showed that mean scores for pre and posttest attitude score regarding child abuse among mothers with under five children, were 28.16 (SD ± 3.07) and 55.0 (SD ± 2.95) respectively.

The mean posttest attitude scores were higher than the mean pretest attitude scores. The ‘z’ value were 44.58, which was significant at 0.05 levels.
SECTION - C: Correlation between the mean posttest knowledge scores and attitude scores regarding child abuse among mothers with under five children

Table: 6

Correlation between the mean posttest knowledge and attitude scores regarding child abuse among mothers with under five children

N = 100

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Variable</th>
<th>Mean Scores</th>
<th>Co-efficient of correlation</th>
<th>Table Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Posttest knowledge</td>
<td>17.4</td>
<td>0.89</td>
<td>0.1946</td>
</tr>
<tr>
<td>2.</td>
<td>Posttest attitude</td>
<td>55.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

df (98) \[ P<0.05 \]

Table 6 showed that there was positive correlation \( r=0.89 \) between mean posttest knowledge and attitude scores of mothers with under five children regarding child abuse.
Section - D: Association between posttest knowledge scores regarding child abuse among mothers with under five children with their selected demographic variables.

Table: 7

Association between posttest knowledge scores regarding child abuse among mothers with under five children with their selected demographic variables.

<table>
<thead>
<tr>
<th>Demographic variables</th>
<th>Level of Knowledge</th>
<th>X2 Value</th>
<th>Table value</th>
<th>Inference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Level of Adequate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderately Adequate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inadequate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N=100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. AGE OF THE MOTHERS (IN YEARS)
   1.1 18-22
       1.2 23-27
       1.3 27-32
       1.4 33-37

2. EDUCATION
   2.1 No formal Education
   2.2 Primary Education
   2.3 Secondary Education
   2.4 Higher Secondary Education
   2.5 Graduate

3. OCCUPATION
   3.1 Coolie Worker
   3.2 Business
   3.3 Private Employee
   3.4 Govt. Employee
   3.5 House Wife
<table>
<thead>
<tr>
<th>Demographic variables</th>
<th>Level of Knowledge</th>
<th>X2 Value</th>
<th>Table value</th>
<th>Inference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Level of Adequate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>In</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>equate</td>
<td></td>
</tr>
<tr>
<td>FAMILY MONTHLYINCOME</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1 Less than Rs.3000/-</td>
<td>19</td>
<td>19</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>4.2 Rs.3,001 - Rs.6,000/-</td>
<td>22</td>
<td>22</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>4.3 Rs.6,001 - Rs.10,000/-</td>
<td>15</td>
<td>15</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>4.4 Rs.10,001 - Rs.15,000/-</td>
<td>11</td>
<td>11</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>4.5 Above 15,001/-</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>RELIGION OF MOTHER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1 Hindu</td>
<td>51</td>
<td>51</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>5.2 Muslim</td>
<td>11</td>
<td>11</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>5.3 Christian</td>
<td>9</td>
<td>9</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>TYPE OF FAMILY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.1 Nuclear Family</td>
<td>51</td>
<td>51</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>6.2 Joint Family</td>
<td>20</td>
<td>20</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>AGE OF THE CHILDREN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.1 Less than 1 year</td>
<td>12</td>
<td>12</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>7.2 1-2years</td>
<td>16</td>
<td>16</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>7.3 2-3years</td>
<td>27</td>
<td>27</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>7.4 3-4 years</td>
<td>7</td>
<td>7</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>7.5 4-5 years</td>
<td>9</td>
<td>9</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

Df (1) NS – Not Significant  S – Significant  p<0.05

Table 7 showed that Chi-square values were calculated to find out the association between knowledge of mothers with under five children with of their
age, education, occupation, family monthly income, religion, type of family and age of the children regarding child abuse.

The only education was associated with the post test knowledge scores of the mothers with under five children. The other demographic variables (age, occupation, family monthly income, religion, and type of family and age of the children) had no association with the post test knowledge scores among mother with under five children regarding child abuse.
CHAPTER- V

DISCUSSION

This chapter deals with description of the sample characteristics and objectives.

The aim of the study was to evaluate the effectiveness of structured teaching programme regarding child abuse among mothers with under five children in terms of knowledge and attitude in Neikarapatti at Dindugal District. 100 mothers were selected for the study by using purposive sampling technique, the data were collected by using structured interview schedule and five point Likert scale and the data were statistically analyzed. This chapter attempts to discuss the findings of the study as per objectives.

Description of the sample characteristics

The mothers with under five children who belonged to the age group of 18-22 years were only 25(25%), 23 – 27 years of mothers with under five children were 26(26%), 30(30%) were in the age group of 28– 32 years, 33 – 37 years of mothers with under five children were 19(19%). There were 14(14%) mothers with under five children were in no formal education, 22(22%) of the mothers with under five children were studied primary education, 36(36%) of the mothers with under five children were studied secondary education and 21(21%) of the mothers with under five children were studied higher secondary. Very few 7(7%)
mothers with under five children were graduate. Regarding occupation 23(23\%) of mothers with under five children were coolie worker, 11(11\%) of mothers with under five children were doing business, 26(26\%) of mothers with under five children were private employee, 7(7\%) of mothers with under five children were government employee and 33(33\%) of mothers with under five children were house wives. Regarding family monthly income, 30(30\%) of the mothers with under five children had income less than Rs.3,000 and 30(30\%) of the mothers with under five children had income between Rs.3,001 – Rs.6,000, 17(17\%) of mothers with under five children had income between Rs.6,001-Rs.10,000 and 17(17\%) of mothers with under five children had income between Rs.10,001-15,000 and 6 (6\%) of mothers with under five children had income above Rs.15,001. The highest number 69(69\%) of mothers with under five children were Hindus, 16(16\%) of the mothers with under five children were Christians and 15(15\%) of mothers with under five children were in Muslim. Majority of 72(72\%) the mothers with under five children belonged to Nuclear family where as 28(28\%) of the mothers with under five children belonged to Joint family. The age of the child 16(16\%) of children were in the age group of below 1 year, 22(22\%) of children were in the age group of 1 year– 2 years, 38(38\%) of children were in the age group of 2-3 years, 12(12\%) of children were in the age group of 3-4 years and 12(12\%) of children were in the age group of 4-5 years.
The study findings are discussed under the following headings:-

1. Assess the pre test knowledge scores and attitude scores regarding child abuse among mothers with under five children

2. Assess the post knowledge scores and attitude scores regarding child abuse among mothers with under five children.

3. Compare the pre and post test knowledge scores regarding child abuse among mothers with under five children.

4. Compare the pre and post test attitude scores regarding child abuse among mothers with under five children.

5. Correlation between post test knowledge scores and attitude scores regarding child abuse among mothers with under five children.

6. Find out association between post test knowledge score regarding child abuse among mothers with under five children with their selected demographic variables.

First objective  - Assess the pre test knowledge scores and attitude scores regarding child abuse among mothers with under five children

The data analysis showed that the knowledge regarding child abuse among mothers with under five children in pre test knowledge 82(82%) had inadequate knowledge, 18 (18%) had moderately adequate (table 2) and in pre test attitude 81(81%) had unfavorable attitude, 19 (19%) had moderately favorable attitude (table 3). From the (table 2) and (table 3) it revealed that there
was a need for structured teaching programme for mothers with under five children regarding child abuse.

This finding is consistent with the study findings of Kuo-rong Chio (2009) who conducted study on disciplining the child among parents result showed that 64% parents had lack of parenting knowledge.

Second objective - Assess the post test knowledge scores and attitude scores regarding child abuse among mothers with under five children

The data analysis showed that the post test knowledge regarding child abuse among mothers with under five children 67 (67%) had adequate knowledge and 33(33%) had moderately adequate knowledge and no mothers had inadequate knowledge (table 2). Assessment of posttest attitude regarding child abuse 89(89%) had favorable attitude and 11 (11%) had moderately favorable attitude and no mothers had unfavorable attitude (table 3). After being exposed to structure teaching programme showed that knowledge and attitude scores had been markedly increased.

This findings is consistent with the study findings of Tavakol K.H. et.al., (2008) who conducted a study on attitude of child abuse among mothers results showed that comparison of pre test and post test scores using paired t test indicated statistically improvement in attitude whole mean scores t= 6.49, p<0.01.
Third objective – Compare the pre and post test knowledge scores regarding child abuse among mothers with under five children

The assessment of knowledge score of mothers with under five children after being exposed to structured teaching programme showed that knowledge score had been markedly increased as evidenced by the post test analysis. The data analysis showed that comparing the pre and post test knowledge of mothers with under five children (table 4) reveals that the mean post test knowledge score 17.4 (SD $\pm$ 1.45) was higher than the mean pre test score 6.8 (SD $\pm$ 2.07). It is highly significant at $p < 0.05$ where $z = 30.06$. Therefore the hypothesis $H1$: the mean post test knowledge score is higher than the mean pre test knowledge score was accepted.

The findings is consistent with the study findings of Atta H.Y. et.al.,(2001) who conducted a study on mother’s knowledge, behavior and perception regarding child abuse and neglect, the results shows that mother’s mean percentage score in post test (90.63 $\pm$ 13.73%) was significantly higher than mean pre test percentage score (81.13 $\pm$ 17.71%) where $t= 10.377, p=0.001$.

Fourth objective - Compare the pre and post test attitude scores regarding child abuse among mothers with under five children

The data analysis showed that comparison of pre and post test attitude of mothers with under five children, (table 5) showed that the mean post test attitude score 55.0 (SD $\pm$ 2.95) was higher than the mean pre test attitude
score 28.16 (SD + 3.07) where z = 44.58. It is highly significant at p < 0.05. Therefore H2: the mean post test attitude score is higher than the mean pre test attitude score. Hence a hypothesis was accepted.

The findings is consistent with the study findings of Atta H.Y. et.al.(2001) who conducted a study on mother’s knowledge, behavior and perception regarding child abuse and neglect, the results showed that mother’s attitude mean percentage score in post test (98.74+2.00%) was significantly higher than mean pre test percentage score (85.66+14.10%) where t= 11.754, p=0.001.

Fifth objective – Correlation between post test knowledge scores and attitude scores regarding child abuse among mothers with under five children.

The data analysis showed that there is a positive relationship between knowledge and attitude score of child abuse among mothers with under five children, ( r= 0.89) (table 6). Further it could be inferred that knowledge and attitude depends on each other. When the knowledge is improving, attitude also will develop positively. Therefore the research H3: there will be a significant relationship between post test knowledge and attitude of child abuse among mothers with under five children was accepted.

Sixth objective – Association between post test knowledge scores regarding child abuse among mothers with under five children with their selected demographic variables
The data revealed that education had association with post test knowledge scores of mothers with under five children (table 7). There were no significant association with other demographic variables like age, occupation, family monthly income, religion, type of family, age of the child (table 7). Therefore the research H4 : there will be a significant association between post test knowledge scores of mothers with under five children with their selected demographic variables was not accepted except for education.

These findings are consistent with the study findings of Atta H.Y. et.al., (2001) who conducted a study on mother’s knowledge, behavior and perception relating to child maltreatment among mothers. Reported that Chi-square test showed difference in the response to the knowledge questionnaire which was significantly associated with parent’s level of education.
CHAPTER – VI

SUMMARY, CONCLUSION, IMPLICATION, RECOMMENDATION AND LIMITATION

This chapter was divided into five aspects.

  o Summary of the study
  o Conclusion
  o Implications for nursing
  o Recommendation
  o Limitation

SUMMARY OF THE STUDY :-

The study was done to assess the effectiveness of structured teaching programme in terms of knowledge and attitude regarding child abuse among mothers with under five children.

The research approach used for the study was evaluative approach. The research design used for the study was pre experimental design which was conducted in Neikarapatti at Dindugal district. The conceptual framework based on the Modified Stuffle Beam CIPP model(1983). The sample of 100 mothers with under five children who met the inclusion criteria were selected for the study, by using purposive sampling method. The mothers were assessed for...
knowledge and attitude regarding child abuse before. The structured interview schedule and five point Likert scale was used for the data collection to assess their knowledge and attitude. After the pretest, structured teaching programme was given by using pictorial flash card, posttest was done after 7 days of structured teaching programme. The data were analyzed and interpreted by using descriptive and inferential statistics.

MAJOR FINDINGS OF THE STUDY :-

- Most of the mothers with under five children (30%) were in the age groups of 28-32 years.
- Most of the mothers with under five children (36%) were studied secondary education.
- Most of the mothers with under five children (33%) were housewives.
- Highest percentage (30%) of the mothers with under five children family income about Rs.3,001 – Rs.6,000.
- Most of the mothers with under five children (69%) were Hindus.
- Highest percentage (72%) of the mothers with under five children belong to nuclear family.
- Majority (38%) of children were in between the age group of 2-3 years.
- In pretest knowledge most (82%) of the mothers with under five children had inadequate knowledge and (18%) of the mothers with under five
children had moderately adequate knowledge, where as in posttest (67%) of the mothers had adequate knowledge and (33%) of the mothers with under five children had moderately adequate knowledge regarding child abuse.

- In pretest attitude majority (81%) of the mothers with under five children had unfavorable attitude and (19%) of the mothers had moderately favorable attitude, where as in posttest most (89%) of the mothers had favorable attitudes and (11%) of the mothers had moderately favorable attitude regarding child abuse.

- Highly significant difference was found between pretest and posttest knowledge and attitude scores (p<0.05).

- There was positive correlation (r=0.89) between mean posttest knowledge and attitude scores of mothers with under five children regarding child abuse.

- Significant association was found between posttest knowledge score of mothers with under five children with education.

The study revealed that the knowledge and attitude scores regarding child abuse was highly significant after administration of structured teaching programme. Findings showed that the structured teaching programme was effective in increasing the knowledge and attitude among mothers with under five children regarding child abuse. Thus structured teaching programme played
an important role in improving the knowledge and attitude of mothers with under five children.

CONCLUSION :-

The study findings revealed that there was a significant improvement in knowledge and attitude scores. The structured teaching programme significantly increased the knowledge (‘z’ value 30.06) and attitude (‘z’ value 44.58) among mothers with under five children regarding child abuse. Thereby mothers can apply the knowledge effectively which in turn to promote children’s wellbeing.

IMPLICATIONS FOR NURSING :-

Nursing Service :-

1. Health promotion is a vital function of the nurse and community health nurse can organize for mass education in the community regarding child abuse using different AV aids.

2. Teaching programme regarding child abuse must be organized in maternal and child health hospital and community.

3. The structured teaching programme can be used by the Anganwadi workers to implement the services to the community effectively.
4. Child health nurses can utilize this structured teaching programme for educating mothers with under five children in the child health hospital.

Nursing Education :-

1. Educate the student regarding child welfare agencies that will help them to educate mother in their clinical posting.
2. The findings would help nurses in planning, organizing and implementing educational programme in the school children.

Nursing Administration :-

1. Nurse administrators can organize in-service educations programmes on utilization child care services in various health sectors.

Nursing Research :-

1. This study can be effectively utilized by the emerging researchers.
2. This study can be baseline for further studies to build upon.

RECOMMENDATIONS :-

1. Comparative study can be conducted in rural and urban areas.
2. This similar study can be replicated on control and experimental group.

3. A study can be conducted to identify the practices of mothers to prove the result of the study.

4. This similar study can be replicated on large sample there by findings can be generalized for a large population.

LIMITATION :-

   It was more time consuming to explain the mothers because of difference in their understanding.
BIBLIOGRAPHY

BOOKS:


JOURNALS :-


NET REFERENCE :-

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9. www.science direct.com
STRUCTURE TEACHING PROGRAMME ON CHILD ABUSE

<table>
<thead>
<tr>
<th>Topic</th>
<th>Child Abuse</th>
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<tr>
<td>Group</td>
<td>Mothers who have under five children</td>
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<tr>
<td>Place of Teaching</td>
<td>Neikarapatti</td>
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<tr>
<td>Instructor</td>
<td>Mrs. M. Chithra, M.Sc(N)., II Year</td>
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<td>Time</td>
<td>45 mts</td>
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<td>Method of Teaching</td>
<td>Lecture cum Discussion</td>
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<td>AV Aids</td>
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GENERAL OBJECTIVE

At the end of the Structure Teaching Programme the mothers are able to gain adequate knowledge and attitude about child abuse, improve skills and maintain practice in child development for their day today life.

CONTRIBUTORY OBJECTIVE

The mothers are able to

- define child abuse
- enlist causes for child abuse
- Enumerate risk factors for child abuse
- Know the types of child abuse
- Explain physical abuse
- List down the signs of physical abuse
- Describe sexual abuse
- Identify types of sexual abuse
- List out the signs of sexual abuse
- Define emotional abuse
- List out the types of emotional abuse
- State signs of emotional abuse
- Describe child neglect
- Enunciate signs of child neglect
- State the effect of child abuse
- Predict the cultural disadvantage
- Explain the prevention of child abuse
- Know the available child care services for child abuse
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<tr>
<td>2mts</td>
<td>The mothers will be able to:</td>
<td><strong>CHILD ABUSE</strong>&lt;br&gt;&lt;br&gt;<strong>INTRODUCTION</strong>&lt;br&gt;Child abuse is a serious problem that has a significant long term impact on individuals, families and community. It is a sensitive issue that is rarely openly discussed by general community. Raising awareness and understanding of child abuse is the first important step towards addressing the issue. Child abuse is a community problem and unless the community is aware of the issue, the extent of the problem and unless the community is aware of the issue, the extent of the problem and of their role in stopping and preventing child abuse, more and more children, families and communities will suffer.&lt;br&gt;&lt;br&gt;<strong>DEFINITION OF CHILD ABUSE</strong>&lt;br&gt;Child abuse is defined as any intentional, emotional, physical or sexual injury to the child.</td>
<td>Flash cards</td>
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</table>
| 3         | enlist causes for child abuse | **CAUSES**
  - Ignorance can often cause parents or caregivers to neglect a child
  - Severe stress can lead an adult to abuse a child
  - Young, single parents without sufficient emotional support for themselves are more vulnerable to neglect and abuse their children
  - Sexual abuse of a child often starts with inappropriate touching or fondling.
  - Youngest children are more vulnerable for the child abuse.

**RISK FACTORS FOR CHILD ABUSE**

I) **Community/Societal**
  - High crime rate
  - Lack of or few social services
  - High poverty rate | Flash cards | Lecture cum Discussion |
| Flash cards | | |
| 3         | enumerate risk factor for child abuse | | | |

UNEMPLOYMENT
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- High employment rate
**Denial of pregnancy**

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**TYPES OF CHILD ABUSE**

Child abuse covers a wide range of harmful acts and
Abuse is divided into 4 categories for policy, research and treatment purposes. The different types of abuses have different effects, different types of perpetrators and different types of interventions.

**The 4 main types are:**

1. Physical Abuse
2. Sexual Abuse
3. Emotional Abuse
4. Child neglect

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</table>
| 2 mts| explain physical abuse | **1. PHYSICAL ABUSE:**
**Definition:**
1. The physical injury or mal treatment of child under the age of 18 by a person who is responsible for the child’s welfare.
2. Any injury resulting from physical punishment that require medical treatment.
**Forms of physical abuse:**
- Beating with a belt, or other objects | Flash cards | Lecture cum Discussion |
### Signs of physical abuse:
- Biting a child
- Burning a child with matches or cigarettes
- Hitting the child, kicking a child pulling a child’s hair out, punching a child, scalding a child with hot water slapping a child.
- Bruises or weits on baby or face
- Cigar burns especially on extremeness

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| 3 mts | list down the signs of physical abuse | - Fracture  
- Internal injuries  
- Laceration and abrasions  
- Human bite marks  

*Child’s behavior:*

Agitation, anger, anxiety and fear apprehensive when other children cry. Withdrawn, behaves aggressively, changes in school performance, destroys or throw things
lies frequencies, night marks, poor self-image afraid of
adult or parents suicidal thoughts, stealing etc.

*Care taker’s behavior:*

Uses harsh discipline, inappropriate to child’s age,
expectation beyond the capabilities of the child,
unconvincing, contradictory or no explanation of child’s
injury, misperceives child, misuses alcohol, attempts to
conceal child’s injury.

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</table>
| 1 mt | describe sexual abuse | II. **SEXUAL ABUSE:**  
**Definition:**  
The use persuasion or coercion of any child to engage
in sexually explicit conduct for producing any visual
depiction of such conduct or rape, molestation prostitution
or incest with children  
- Sexual abuse ‘conducts or interactions between a
  child and an adult when the child is being used for
  sexual Stimulation of the perpetrator or another person. | Flash cards | Lecture cum Discussion |
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</table>
| 2 mts | Identify types of sexual abuse                        | **Types of sexual abuse:**  
Incest: Any physical sexual activity between family members,  
  Blood relationship is not required.  
Molestation: It include “Indecent liberties” such as touching, Fondling, kissing etc.  
Exhibitionism: Indecent exposure, usually exposure of the genitals by an adult male to children or female adult. |           | Flash cards                    |
|       | List out the signs of sexual abuse                     | **Child Pornography:** Arranging and photography in any media sexual acts involving children alone or with adults.  
  Child prostitution: Involving child in sexual acts for the profit and it is usually with changing partners.  
**Signs of sexual abuse:**  
  a. Child appearance:  
    Has torn stained or bloody under clothing, experiencing pain or itching in the genital area, has bruises or bleeding in external genitalia vagina or anal; |           | Lecture cum Discussion          |
b. Child’s behavior:
Appears with drawn or engaged in fantasy or infantile behavior, beings soiling the bed, has poor peer relationship unwilling to participate in physical activities fear of certain Person.

c. Care taker’s behavior
Extremely protective or jealous of child; is experience marital difficulties; Misuses alcohol or other drugs; has emotional difficulties.

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<td>1 mt</td>
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<td>EMOTIONAL ABUSE:</td>
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<td>Lecture cum Discussion</td>
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<td></td>
<td>Definition:</td>
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<td>➢ Emotional abuse is more than just verbal. It is an attack on child’s emotional and social development and is a basis threat to healthy women development</td>
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<td>➢ Emotional abuse as ‘acts or omission by the parents or other care gives that have caused or could cause</td>
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serious behavioral, cognitive, emotional or mental disorder.

**Types:**

1. Belittling:
   Limits the child’s potential by limiting the child’s own sense of his / her potential

2. Coldness:
   When the parents are cold the child deprives of necessary ingredients for intellectual and social, Development and they see the world as a cold.

3. Cruelty:
   Severe than coldness, when the child experiences cruelty, all areas of learning are affected, social, emotional and intellectual development are hindered

4. Extreme inconsistency
   Child cannot learn what is expected form the start and all areas of learning can be affected throughout the child’s

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<td>3 mts</td>
<td>list out the types of emotional abuse</td>
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life span.
5. Harassment:
   It scares the child and reported exposure to fear can alter the child physically lowering their ability to deal with other stressful situation.
6. Inappropriate control:
   It takes 3 forms. Lack of control, over control and inconsistent control.
7. Isolating:
   Cutting them off from normal social experience.

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</table>
| 2 mts  | restate the signs of emotional abuse | 8. Rejecting:
   Children who are injected from the start by their caretakers develop a large of distributed self soothing behaviors. |
|        |                                    | 9. Terrorizing:
   It is like harassment evokes a stress response in | Flash cards | Lecture cum Discussion |
describe child neglect

**Signs of emotional Abuse:**

*Child behavior:*

- Appear overly complaint, passive, understanding
- Appears very anxious or depressed
- Behaves younger than his or her age, extremely aggressive or demanding
- Logs in physical, emotional, and intellectual development
- Wets or soils the bed.

*Care takes behavior:*

- Blames or belittle child cold and rejecting, withhold love, treats siblings unequally.

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</table>
| 2 mts | describe child neglect | CHILD NEGLECT:  
**Definition:**  
Failure to provide for the child’s basic needs, essential for development of physical emotional and general health and well being. It is the most prevalent kind of child abuse. | Flash cards | Lecture cum Discussion |
## Types of child Neglect:

### Physical:
- Refused of or delay in seeking health care, abandonment expulsion from the home and inadequate supervision.

### Education:
- Failure to enroll a child of mandatory school age in school and failure to attend to a special educational needs.

### Emotional:
- Includes such actions as marked in attention to child need for affection, refusal of or failure to provide a needed psychological care.

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<td>enumerate the signs of child neglect</td>
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| 4 mts| state the effect of child abuse | **Signs of child neglect:**  
*Child appearance and behavior:*
Abuses alcohol or other drugs begs or steals engages in dangerous activities failure to gain weight skips or misses school frequently engage in delinquent acts.  
*Care taker’s behavior:* | | Lecture cum Discussion |
Misuses alcohol, other drugs, has history of neglect, is mentally ill.

**EFFECT OF CHILD ABUSE:**

Childhood abuse is linked to a variety of maladaptive outcomes.

**Short term effect:**
- They can have academic difficulties, aggressive behavior, alcohol & other drug abuse, serous injury and trauma, physical injury, brain damage, psychological have to child emotional deprivation, failure to thrive fear or shyness, learning problems,

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<td>predict the cultural disadvantages</td>
<td>headache and stomach ache, separation anxiety, sleep disorder, suicide attempts, thumb sucking.</td>
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**Long term effect:**
- Victims of childhood abuse are of greater risk
4 mts  
explain the prevention of child abuse  
of becoming violent criminals.  
- Psychological & emotional abuses are at greater risk of becoming more negative consequences than the physical abuse. 
- Repeated physical stress there is autonomic and endocrine hyper arousal and which leads to CVS problem and immune suppression. 
Child abuse can have linking effects on their social Adjustment. 
CULTURAL DISADVANTAGES WHICH IMPACT THE RISK OF CHILD ABUSE AND NEGLECT POSITIVE:  
- Early marriage. 

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families to force children from early age to work in fields and households.

PREVENTIONS OF CHILD ABUSE

Social strategies:

- Increasing the value society places on children.
- Enhancing communities and their resources: Making health care more accessible and affordable.
- Discouraging excessive use of corporal punishment and other forms of violence.
- Expanding and improving coordination of social services.

Families:

Strategies targeted at the individual can also be considered strategies for helping the family.

- To identify and treat parents who abuse alcohol and drugs and identify and counsel parents who suffer form spousal abuse.

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<td>• drugs and identify and counsel parents who suffer form spousal abuse.</td>
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- Identifying and treating parents with psychological problems is important.
- Employment and legal problems.
- Financial concern
- Stress management, coping and parent skill such as appropriate discipline. Knowledge of child development, nutrition, feeding problem and safety issues.

**AVAILABLE CHILD CARE SERVICES:**

- Child welfare Agency
- Social welfare Agency
- Police Department
- Mental health Centre
- Child guidance clinic
CONCLUSION:

Child is a pervasive and complex problem with many causes; we should not take a defeatist attitude towards its crucial in breaking the cycle of violence and preventing further physical and emotional damage to the child.
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- Foe;ij J\;gpuNahf;jpw;fhuzq;fisf; $w KbAk;
- Foe;ij J\;gpuNahf;jpw;fhuzpfis tpsf;f KbAk;
- Foe;ij J\;gpuNahf;jpw;F cs;shFk; tpjq;fisg; gw;wp Fw;ggpl KbAk;
- cly; hPjpahf ,iof;fg;gLk; KiwNfLfis tpthp;f KbAk;

- cly; hPjpahf ,iof;fg;gLk; KiwNfLfspd; mwpFwpfis gl;baypl KbAk;
Foe;ij J\;gpuNahfk; vd;gJ r%fj;jpd; Kf;fpa gpur;ridahFk;:. Foe;ij J\;gpuNahfk; xU jdpdg;gl;l kdpjh; kPJk;> FLk;gq;fspd; kPJk; xU r%fj;jpd; kPJk; Kf;fpakhd ePz;l ehisa ghjjpg;ig Vw;gLJ;jk;:. J xU czh;Tg; g+h;tkhdJ vd;gjhy; rKjhaj;jpy; ntspg;gilahf tpthjpf;fg;gLtpy;iy. .j;id xopf;f kf;fs; kj;jpapy; tpopg;Gzh;itAk;> Ghpe;J nfhs;SjiyAk; Vw;gLJ;jLy; Ntz;Lk;. r%f; ,e;i; njhe;juTfisAk;> .jDila hjf;fj;jpd; msitAk;> mj; jLg;G KiwfisAk; Ghpe;Jnfhs;shtpl;lhy; epiwa Foe;ijfSk;> FLk;gq;fSk;> rKjhaKk; gy ghjjpg;Gfis re;jpf;f Nehplyhk;:.

tiuaiw :-
Foe;ij J\;gpuNahfk; vd;gJ Ntz;Lnkd;Nw czh;r;r hPjpahf> cly; hPjpahf my;yJ ghypd hPjpahfs Vw;gLJ;jk; ,uzq;fshFk;.

fhuzq;fs; :-
  ➢ ngw;Nwhh; my;yJ ghJfhhty;fSil;a mwpahik
  ➢ taJ te;Njhh;fSil;a kd mOj;jk;
  ➢ jdphah thOk; ,sk; taJ ngw;Nwhhp; czh;Tg; g+h;tkhd MjuT ,y;yhj #o;epiyapy; mth;fs; Foe;ij J\;gpuNahf;jpw;Fk;> Gwf;fzpg;gpw;Fk; Mshf NehpLk;
  ➢ Foe;ijfis nfhQ;Rjy; kw;Wk; njhLjy; %yKk; ghypd td;nfhLik Muk;gpf;fpwJ

Kf;fpa fhuzpfs; :-

1) rKjha rk;ke;jkhd fhuzpfs;
   ➢ mjpf Fw;w tpfpjk;
   ➢ r%fj; njhz;L epWtdq;fs; Nghjhik
   ➢ mjpf;g;bahd Vo;ik tpfpjk;
   ➢ mjpf;g;bahd Ntiyapy;yh tpfpjk;

2) ngw;Nwhh; rk;ke;jkhd fhuzpfs;
   ➢ rpWtajpy; J\;gpuNahf;jpw;F cs;shdth;fs;
3) **Foe;ijfs; rk;ke;jkhd fhuzpf$s;**
   - tpiutpy; Kjph;tiljy;
   - gpwf;Fk; NghJ vil Fiwe;J ,Uj;jy;
   - Cdk;
   - FLk;g;jpy; tpUk;gg;glhj Foe;ij
   - cly; hPjpahf fth;r;rfukhf ,y;yhj

**Foe;ij J\;gpuNa$hj;jpd; tiffs;** :-
   Foe;ij td;nfhLik vd;gJ gytifahd nray;fisAk; elj;ijfisAk; cs;slf;fpA.

4 tiffshfg; gphpf;fyhk;:
   1)  
   2) ghypd td;nfhLikfs;
   3) czh;T hPjpahd nfhLikfs;
   4) Foe;ij Gwf;fzpG

1) **cly; hPjpahd nfhLikfs;** :-
   **tpsf;fk; :-**
   1) Foe;ijfspd; eyid nghWg;ghf cs;s xUth;> 18 tajpw;F fPOs;s Foe;ijfis
     clw;fhak; Vw;gLj;Jjy; my;yJ jfhj Kiwapy; elj;Jjy;
   2) kUj;Jt rpfpr;ir ngw Ntz;ba mstpw;F clypy; fhak; Vw;gLj;Jjy;
cly; hPjpahd nfhLikfsdp; tiffs; :-

- ngy;l; kw;Wk; kw;w nghUl;fs;hy; mbj;jy;
- Foe;ijia mbj;jy;
- rpfnul; my;yJ jPf;Fr;rpahy; RLjy;
- Foe;ijia cijj;jy;> jhf;Fjy;> jiyKbiag; gpbj;J ,Oj;jy;> fps;Sjy;> ifapy; mbj;jy;> RLePiu Cw;Wjy; Nghd;wit

cly; hPjpahd nfhLikfsdp; mwpFwpfs; :-

- Foe;ijNky; my;yJ Kfj;jpy; #L
- rpfnul; #L (Fwpg;ghf if> fhy;fspy;)
- vYk;G KwpT
- cs;fhak;
- rpuha;g;G
- kdpj gy;ypd; jOk;G

Foe;ijapd; elj;ij :-

   vjph;g;G> Nfhgk;> ftiy nfhs;Sjy;> gae;J nfhs;sy;> gpw Foe;ij mOtiijg; ghh;J
gag;gLjy;> gpwhplk; xl;lhky; tpyfpapUj;jy;> fuLKulhf ele;J nfhs;Sjy;> gs;sp
nray;ghLfspy; kw;wk;> mopj;jy;> nghUs;fis tPRjy;> mbf;fb ngha; $wy;> gaq;fu
fdTfs;> jd;idg;gw;wp fPohd vz;zk; nfhz;bUj;jy;> nghpath;fspINkh my;yJ
ngw;Nwhh;fspINkh gak; nfhs;sy;> jw;nfhiy nra;Ak; vz;zk;> jpULjy; Nghd;witfs;.

ftdpj;Jf; nfhs;gth;fspd; elj;ijfs; :-

   Foe;ijfspd; taJf;F nghUj;jkpy;yhj fLikahd xOq;F eltbf;if Nkw;nfhs;Sjy;>
Foe;ijapd; jpwikiatpl mjpfkhf vjph; ghjh;jy;> jpUg;jpapy;yhj kw;Wk; Neh;khwhd
my;yJ tspf;fk; nfhsLf;fg; glhj Foe;ijapd; fhak;> Foe;ijNky; jtwhd
vz;zj;ij itj;jpUj;jy;> My;f`hy; Nghd;w Nghijg; nghUl;fs cl;nfhs;Sjy;> Foe;ijapd; fhaj;ij
kiwf;f KaYjy;.

2) ghypay; td;nfhLik :-
tpsf;fk; :-
  ghypay; njh lh; ghf ntspg; gilahfj; njhpAk; gb nra; aj; J}z; Ljy; Nghd; w elj; ij
my; yJ fw; GOP; jy; > ghYzh; T fhuzkhf mehfhPfkhf ele; J nfhs; sy; > tpgr; rhuk; kw; Wk;
jd; NdL uj; j njh lh; ghd nrhe; jq; fNshL cly; Gzh; r; rpf; F Foe; ijfisj; J}z; ly; .

  ghypay; mj; JkPwy; vd; gJ taJ te; jtUf; Fk; Foe; ijf; Fk; , ilap yhd ghYzh; T fi sj;
J}z; Lk; nray; fi sj; jhNdh my; yJ gpwi u itj; Nh nra; aj; J}z; Ljy; .

ghypay; mj; JkPwy; fspd; tiffs; :-
  d; nry; l; :-
    neUq; fpa uj; j nrhe; jq; fshd FLk; gj; jpdhpilNa cs; s KiwNflhd ghYzh; T
Njitaw; WJ.

nkhy]; NIrd; :-
  ghYzh; itj; J}z; Lk; gb njh Ljy; > ePTjy; > Kj; jkply; Nghd; w mehfhPfkhd nray; fs; .

ntspf; fhL; Ljy; :-
  mehfhPfkhf ntspf; fhL; ly; > tof; fkhf taJte; jtUila Mz; cWg; ig Foe; ijfSf; Nh
ngz; fSf; Nh fhL; Ljy; .

ghYzh; r; rp glq; fs; :-
  ghypay; rk; ke; jkhd cly; hPjpahd nray; fis Foe; ijfis jdpahfNth my; yJ taJf; F
te; jth; fSNdhd Nh; j; J glnkLf; f Vw; ghL nra; jy; my; yJ glnkLj; jy; .

Foe; ij tpgr; rhuk; :-
  yhgj; jpw; fhf ghypay; Gzh; r; rpapy; Foe; ijfis tpgr; rhuj; jpy; <LgLj; Jjy; .

ghypay; mj; JkPwy; fspd; mwpFwpfs; :-
1) **Foe;ijapd; Njhw;wk:**
   
   fpope;j> fiwgb;e;j my;yJ uj;jk; Njha;e;j cs;shil> typahy; mtjpaWjy; my;yJ ghYWg;Gfspy; mhp;G my;yJ fhak; my;yJ ,uj;jg; Nghf; F Vw;gLjy;.

2) **Foe;ijapd; elj;ij:**
   
   kw;wth;fNshL fyfyg;ghf ,y;yhky; xJq;fpapUj;jy; my;yJ fw;gidapy; %o;fpapUj;jy; my;yJ Foe;ijj;jdkhf ele;J nfhs;Sjy;> gLf;ifia mRj;jg;gLj;Jy;> xj;j taJilath;fNshL ey;y njlh;G itj;Jf; nfhs;shkypUj;jy;> cly; hPjpaN ndray;fspy; <Lgl tpUg;gkpd;iK kw;Wk; rpy kdpjh;fisf; fz;Ihy; gag;gLjy;.

3) **ghJfhg;Gj; jUght;fspd; elj;ij:**
   
   mjpf;gbahd ghJfhg;;G jpUkz; tho;f; Vw;glf;$ba Nkhkhd mDght;fs; My;f`hy; Nghd;w Nghijg; nghUl;fis cl;nfhs;Sjy;.

   **czh;r;rpg;g+h;tkhd mj;JkPwy;:**
   
   tpsf;fk;:

   czh;r;rpg;g+h;tkhd mj;JkPwy; vd;gJ thh;ji;ijfshy; Vw;gLtj;y. mJ Foe;ijapd; czh;T kw;Wk; rKjha Kd;Ndw;wj;jpd; Nky; Vw;gl;l jhf;FjyhFk;; J mbg;gilapNyNa MNuhf;fpakhd ngz;fs; Kd;Ndw;wj;jpw;F mr;RWjjiyhFk;.

   czh;Tfisj; jfhj Kiwapy; ghjpf;fr; nra;tJ vd;gJ ngw;Nwhh;fshNyh my;yJ ftdpj;Jf; nfhs;gthfsNyh jq;fs; nray;fshNyh my;yJ nra;a Ntz;batw;iw nra;ahky; tpLjihNyh Nkhkhd ghjpy;Gfis Vw;gLj;Jk; elj;ij> mwpe;J nfhs;sy;> czh;T> kdk; Nghd;tw;iw fLikhahfg; ghjpf;Fk;.

   **tiffs:**

1) **Fiw;Jf; nfhs;sy:**
   
   Foe;ijapd; jwikfis vy;iyapl;Lj; jLj;jy;.
10) Foe;ijapd; elj;i:

mjpfkhfg; Gfhh; nra;jy;> RWRWg;gpd;ik> Ntz;Lk; vd;W Nfl;fhik> ftiy Njha;e;j> jd; tajpw;Fk; Fiwthd elj;i> kpFTk; fuLKulhd> cly; hPjpahf> kdhPjpahf>
mwpT hPjpahf Fiwe;J fhzg;gly; kw;Wk; gLf;ifapy; rpWePh;> kyk; Nghd;wit fopj;jy;.

ftdpj;Jf; nfhs;gth;fspd; elj;i:

Fw;wk; Rkj;Jy;> Foe;ijapd; jpwikfis Fiwj;Jf; $wy;> md;gpy;yhky; Jwj;Jy;
kw;Wk; Foe;ijsplk; ghFghL fhl;ly;.
Foe;ijg; Gwf;fzpg;G:

tpsf;fk;:

Foe;ijapd; cs;s> cly;> czh;T> nghJ MNuhf;fpak; Nghd;w mbg;gilj; Njitfis
g+h;j;jp nra;aj; jtWjy;.

cly; hPjpahd Gwf;fzpg;G:

kJ;Jt kw;Wk; MNuhf;fpaj; Njitfis mspf;fhky; ,Ug;GJ kw;Wk; jhkjk; nra;tJ>
iftpl;Ltply;> tPl;iltpl;L ntspNaw;wy;> Nkw;ghh;itaply; Nghjhi.k.

fy;tpapy; Gwf;fzpg;G:

fy;tp nfhlFf;fg;gl Ntz;ba fhyj;jpy; nfhlFf;fg;glhkypUj;jy;> fhyk; jho;j;Jy;> ,d;Dk;
fy;tp rk;ge;jkhd rpwg;G Njitfis g+h;j;jp nra;ahky; ,Uj;jy;.

czh;T hPjpahd Gwf;fzpg;G:

Foe;ijf;Fj; Njitahd md;G> ghrk;> kdhPjpahd ftdpg;G Nghd;witfisj;
juhkypUj;jy;.

Foe;ij Gwf;fzpg;gpd; mwpFwpfs;:
Foe;ijapd; Njhw;wKk; elj;iAk;:
My;f\'hy; kw;Wk; Nghijg; nghUl;fis jtwhfg; gad;gLj;Jjy;> gpr;irnaLj;jy;> jpULjy;> Nkhrkhd nray;fpsy; <Lgly;> vil mjpfkhf ,Uj;jy;> mbf;fb gs;spf;Fr; nry;yhkypUj;jy;> Mfpad.

ftdpj;Jf; nfhs;Nthhpd; elj;ij :

kJghdq;fisAk;> Nghijg; nghUl;fisAk; cgNahfpj;jy;> jhNd Gwf;fzpff;fg;gl;Nlhuhf ,Uj;jy;> kdepiy ghjpf;fg;gl;bUj;jy;.

Foe;ij J;gpuNahf;jjp; tpisTfs; :-

Foe;ijfisj; jfhj Kiwapy ; elj;JtjhdJ gy;NtWgl;l xj;Jg; Nghfhj Fzq;fspdf; ntspg;ghLfSld; njhlh;GgLlj;jg;gLfpwJ.

FWfpa fhy tpisTfs; :-

g hjpf;fg;gl;l Foe;ijfSf;F Vw;gLk; tpisTfs; gb;gpy; rpukk;> fuLkulhd elj;ij> kJ kw;Wk; Nghijg; nghUl;fis cgNahfpj;jy;> fhak;> kaf;fepiy> clw;fhak;> %isapy; ghjpf;G> kdhPjpahd ghjg;G> czh;r;rp kWf;fg;gly;> gak; kw;Wk; $r;rk; Nghd;wtw;iwf; fle;J tuKbahik> ftiy> Jj;fkpd;ik> jw;nfhiy Kaw;rp kw;Wk; tpuy; #g;Gjy; Nghd;w cly;hPjpahd mwpFwpfs;.

ePz;lfhy tpisTfs; :-

- Foe;ijj; nfhLikfSf;F gypahdths;f; kpfTk; Nkhrkhd Fw;wthspfsfh khWk; mghak; cs;Sj
- cly;hPjpahd nfhLikfis; fh;lbYk; kdk; kw;Wk; czh;T hPjpahd nfhLikfs; kpfTk; Nkhrkhd vjph;tpisTfis Vw;gLj;Jk;
- rKjhaj;jpy; tpl;Lf;nfhlJj;Jr; nry;Yk; kdg;ghq;ifg; ghjpf;Fk;

gz;ghLfshy; Foe;ijfSf;F Vw;gLk; ghjpf;G :-

- ,staJ jpuKzK;
- ngs; Foe;ij ghFghL
- tpthrak; rhh;ej nghUshjhuk; Foe;ijfis tay; Ntiyf;Fr; nry;y fl;lhag;gLj;Jjy;

Foe;ij ghjpf;Gfis kjpg;gpny; :-
Foe;ij nfhLikfisf; nfhz;l FLk;gq;fisf; fz;lwpjy;
Gyd; tprhuiz nra;jy;
Foe;ij MNuhf;fpaj;ij kjg;pjg;ply;
Foe;ijapd; kNdhhPjpahd epiy
Foe;ijjis jtwhf gad;gLj;Jtijf; fz;lwpjy;

**Foe;ijfs; kpfTk; mj;JkPwy; fis eph;tfpj;jy; :-**

Muk;gepiy jLg;G eltb;iffis; :

- nghJ tpopg;Gzh;T Vw;gLj;Jy;
- ,jw;fhd fhuzq;fisAk; mijj; jLf;Fk; Kiwfisg; gw;wpAk; nghJkf;fs; kjjjpapy; tpopg;Gzh;it Vw;gLj;Jy;
- Neha; tha;g;gl;lth;fSf;Fk; cly;hPjpahf KOikahf nray;gl Kbahjth;fSf;Fk; ftdpg;G nfhLf;Fk;gb FLk;gq;fisj; J}z;ly;
- Foe;ijispilNa xOf;fj;ij Vw;gLj;j Vw;Gila nray;gLj;jf;$ba mwpTiufis nrtypah;fs; ngw;Nwhh;fSf;F toq;fyhk;
- ghjpf;fg;gl;l> czh;Tg;g+h;tkhfg; ghjpf;fg;gl;l NehAw;w 19 tajpw;Fl;gl;l jha;fSf;F rpwg;Gf; ftdk; nfhLf;fyhk;
- ngz; fy;tpia Cf;fggLj;Jy;> ngw;Nwhh;fSf;F gapw;rp> tpUg;gkpy;yh fh g;gk; jLj;jy;
- Rfhjhuk; kw;Wk; rKjha ey Copah;fSf;F Foe;ij td;nfhLik kw;Wk; Foe;ijeyr; rl;lk; nghd;wtw;iw eilKiwg;gLj;j gapw;rpapf;fyhk;

**,uz;lhk;epiy kw;Wk; ,Wjpepiy jLg;G :-**

- NkyjpfhhpfSf;F Foe;ij td;nfhLik gw;wp Gfhh; nfhlj;jy; kw;Wk; kUj;Jthplk; rpfpr;ir mwff;if
- ,df;fkhd #o;epiy Vw;gLj;Jy; kw;Wk; njhlh;Gila fhuzq;fisf; fz;lwpjy;
- kdepiy ghjpf;fg;gl;l Foe;ijfSf;F cly;hPjpahd ftdpg;Gk; md;G nryj;JjYk;
- ngw;Nwhh;fis Foe;ijeyf; ftdpg;gpy; Cf;fg;gLj;Jy;
- jdp;gl;l mwpTiuf toq;Fjy;
Nrit fpilf;f ,lq;fs; :

- Foe;ij ey;thro;T ,af;fk;.
- r%f ey;thro;T ,af;fk;.
- fhty; epiyak;.
- kdey ikak;.
- Foe;ij topfhl;b mikg;G.

KbTiu :-

Foe;ijfis jtwhfg; gad;gLj;JtJ vd;gJ vq;Fk; epyTk; rpf;fyhd gpur;ridahFk;.; jw;F epiwa fhuzq;fs; cz;L. Muk;g fl;lj;jpNyNa rpwhh; td;nhLik fz;Lgpbf;fg;gLtJ Kf;fpakhd jhFk;.; mjdhy; Foe;ijfspd; cLYf;Fk;> czh;Tf;Fk; Vw;gLk; ghjyg;Gfisj; jlf;fyhk;.
PART - I

DEMOGRAPHIC VARIABLES

DATA RELATED TO MOTHER :-

1. Age (in Years)
   a) 18 – 22
   b) 23 – 27
   c) 28 – 32
   d) 33 – 37

2. Education
   a) No formal education
   b) Primary education
   c) Secondary education
   d) Higher secondary education
   e) Graduate

3. Occupation
   a) Coolie
b) Business

c) Private employee

d) Government employee

e) House wife

4. Family monthly income (in Rs)
   a) Less than 3,000
   b) 3,000 – 6,000
   c) 6,000 – 10,000
   d) 10,000 – 15,000
   e) above 15,000

5. Religion
   a) Hindu
   b) Christian
   c) Muslim
   d) Other

6. Type of family
   a) Nuclear
   b) Joint

DATA RELATED TO CHILD :-

7. Age
   a) Below 1 year
b) 1– 2 years

c) 2 – 3 years

d) 3 – 4 years

e) 4 – 5 years

PART – II

STRUCTURED INTERVIEW SCHEDULE

KNOWLEDGE QUESTIONNARI E REGARDING CHILD ABUSE

1. Which one of the following is not a child abuse?
   a) Physical abuse
   b) Emotional abuse
   c) Sexual abuse
   d) Drug abuse

2. Which one is the most prevalent kind of child abuse?
   a) Physical abuse
   b) Emotional abuse
   c) Child Neglect
   d) Sexual abuse

3. Which age group is more vulnerable for child abuse?
   a) 1 – 3 Years
   b) 3 – 6 Years
   c) 6 – 12 Years
   d) 12 – 18 Years

4. What is the cause for child abuse?
   a) Child is disobedient
   b) Lack of parenting skill
c) Harsh discipline
d) Extremely protective

5. What is the risk factor for child abuse related to parents?
   a) More children
   b) Low income
   c) Teenage parents
   d) More work load

6. Which one of the following is a child related risk factor for child abuse?
   a) Poor school performance
   b) Poor eating
   c) Adamant child
   d) Unwanted child

7. What is meant by physical abuse?
   a) Not giving food to the child
   b) Physical injury
   c) Restriction of physical activity
   d) Illegal sexual activity

8. Which one of the following is not a form of physical abuse?
   a) Kicking
   b) Scares the child repeated exposure of fear
   c) Burning the child with iron rods
   d) Slapping the child

9. What is the main sign for physical abuse?
   a) Social withdrawal
   b) Depression
   c) Laceration
   d) Stealing
10. Which one of the following is not a character of caretaker regarding physical abuse?
   a) Misperceives child
   b) Misuses alcohol
   c) Withhold love
   d) Uses harsh discipline

11. Which one of the following is not a type of sexual abuse of child?
   a) Physical Sexual activity
   b) Exposure of the body parts
   c) Unequal treatment to male and female child
   d) Photographing, sexual acts involving children with adults

12. Which one of the following is not a sign of sexual abuse?
   a) Pain or itching in the genital area
   b) Soiling the bed
   c) Lags in physical growth
   d) Social withdrawal

13. Which one of the following is not a sign of emotional abuse?
   a) Fear
   b) Anger
   c) Depression
   d) Crying

14. Which one of the following is a type of emotional abuse?
   a) Disciplining the child
   b) Limits the child’s potential
   c) Physical sexual activity between the family members
   d) Scolding the child
15. What is meant by child neglect?
    a) Leaving the child in neighbour’s house
    b) Refusal to provide basic needs
    c) Physical injury
    d) Over work load

16. Which one of the following is not a sign observed in child neglect?
    a) Less concentration in sports
    b) Prefer loneliness
    c) Less concentration in studying
    d) Avoid loneliness

17. Which character will be presented by the caretaker regarding child neglect?
    a) History of Neglect
    b) Harsh discipline
    c) Jealous
    d) Blaming the child

16. Which one of the following is not the effect of child abuse in general?
    a) Depression
    b) Less concentration
    c) Insomnia
    d) Inferiority complex

19. What is the short term effect observed in child abuse?
    a) Ignoring
    b) Social withdrawal
    c) Violent criminal
    d) Academic difficulties
20. What is the long term effect in child abuse on personality?
   a) Lack of social adjustment
   b) Lack of decision making
   c) Fear
   d) Adamant

21. Which one of the following is not a greater risk of emotional abuse?
   a) More negative consequences
   b) Aggressive behavior
   c) Less academics performance
   d) Suicidal thoughts

21. Which one of the following is not a family level of prevention of child abuse?
   a) Knowledge of the child development
   b) Treat parents who abuse alcohol or drugs
   c) Counsel the parents
   d) Discouraging excessive use of Physical punishment

22. Which one of the following is not a social level prevention of child abuse?
   a) Promoting community resources
   b) Encourage family planning
   c) Stress management to the parents
   d) Improving coordination with social Agencies

24. Which one of the following is not a socio cultural disadvantage due to child abuse?
   a) Restricting female education
   b) Child Labor
   c) Female infanticide
d) Favoritism towards male children

25. Which organization provides services to an abused child?
   a) School
   b) Child Guidance clinic
   c) Hospital
   d) Day care center

PART – III

STRUCTURED INTERVIEW SCHEDULE ATTITUDE STATEMENT REGARDING CHILD ABUSE

<table>
<thead>
<tr>
<th>S. No</th>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Uncertain</th>
<th>Disagree</th>
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<tbody>
<tr>
<td>1.</td>
<td>Child abuse is a serious community problem</td>
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<td>2.</td>
<td>Girls are abused &amp; neglected more than boys.</td>
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<td>3.</td>
<td>Youngest children are more vulnerable for child abuse.</td>
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<td>4.</td>
<td>Children’s disobedience will be corrected by physical injury. Sexual abuse often starts</td>
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5. with touching or fondling.
   Over freedom of the child will lead him/her to involve in sexual abuse.
7. Abused child will exhibit the greatest degree of aggressive behavior.

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<td>8.</td>
<td>Only uneducated parents are doing child abuse.</td>
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<td>Educate the parents regarding child rearing will prevent child abuse</td>
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<td>Close relatives are doing child abuse.</td>
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<td>11.</td>
<td>Child abuse will affect the growth and development of child.</td>
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<td>12.</td>
<td>School children who are staying in the hostel are more abused than home children.</td>
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<td>13.</td>
<td>Create awareness to child will protect from</td>
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Major child abuse and neglect issues requiring a strong focus on child labor.
Abused child performs less in school than non abused children

15.

---

jfjp - m
RaFwpG;G tpguq;fs;

jhapd; Raptguk; :

1) taJ (tUlj;jpy;)
   m) 18 - 22
   M) 23 - 27
   .) 28 - 32
   <) 33 - 37

2) fy;tpj;jFjp
   m) gbf;fhjth;
   M) Muk;g fy;tp
   .) cah;epiyf;fy;tp
   <) Nky;epiyf;fy;tp
   c) gl;lg;gbg;G gbj;jth;

3) njhopy;
   m) $yp Ntiy nra;gth;
   M) Ranjhopy; nra;gth;
4) FLk;gj;jpd; khj tUkhdk; (&ghapy;)
   m)  3>000f;Fk; FiwT
   M)  3>001 - 6>000
   ,)  6>001 - 10>000
   <)  10>001 - 15>000
   c)  15>001f;Fk; Nky;

5) ve;j kjj;ijr; rhh;e;jth;
   m)  ,e;J
   M)  fpwp];jtk;
   ,)  ];yhkpak;
   <)  gpw

6) FLk;gj;jpd; tif
   m)  jdpf;FLk;gk;
   M)  $l;Lf; FLk;gk;

Foe;ijapd; Ratpguk; :-

7) taJ
   m)  1 tajpw;F fPo;
   M)  1 - 2 taJ
   ,)  2 - 3 taJ
   <)  3 - 4 taJ
   c)  4 - 5 taJ
1) gpd; tUtdtw; Ws; vit xd; W Foe; ij J; gpuNahfk; ,y; iy?
   m) cly; hPjpahd nfhLik
   M) czh; T hPjpahd nfhLik
      ,) ghypay; hPjpahd nfhLik
      <) kUe; J nghUl; fis jtwhf gad; gLj; Jjy;

2) ve; j tif td; nfhLik mjpfkhf fhzg; gLfpwJ?
   m) cly; hPjpahd nfhLik
   M) czh; T hPjpahd nfhLik
      ,) Foe; ij Gwf; fzpg; G
      <) ghypd td; nfhLik

3) ve; j taJ Foe; ij mjpfkhf J; gpuNahfj; jpw; F cl; gjLj; gj; gLfpwhh; fs; ?
   m) 1 - 3 taJ
   M) 3 - 6 taJ
      ,) 6 - 12 taJ
      <) 12 - 18 taJ

4) Foe; ij J; gpuNahfj; jpw; fhd fhuzk; ahJ?
   m) ngw; Nwhh; mwpahik
   M) Foe; ij xOf; fkpdp; ik
      ,) fLikahd xoQ; F eltbf; if
      <) mjpfg; gbahd ghJfhg; G

5) Foe; ij J; gpuNahfj; jpw; F ngw; Nwhh; rk; ge; jkhd ,IUf; Fl; gj; I fhuzp ahJ
   m) mjpf Foe; ijfs;
   M) Fiwe; j tUkhdk;
      ,) ,sk; taJ ngw; Nwhh;
      <) mjpfg; gbahd Ntiyg; gS
6) gpd;tUtdtw;W$p; vJ Foe;ij J\:gpu Nahfj;jpw;F Foe;ijfs; rk;ge;jkhd ,LUf;Fl;gl;l fhuzp?
m) gbf;fhj Foe;ij
M) czT mUe;jhik
. ) gpbtthjk;
<) tpUk;gg;glhj Foe;ij

7) cly; hPjpahd nfhLik vd;why; vd;d?
m) czT$; nfhlhik
M) clw;fhak;
. ) nray;ghLfisf; fl;Lg;gLJ;Jy;
<) KiwNflhd ghYzh;T

8) gpd;tUtdtw;W$p; vJ xd;W cly; hPjpahd nfhLikapd; tif ,y;iy ?
m) cijj;jy;
M) gaKWj;Jy;
. ) ,Uk;G fk;gpapdhy; RLjy;
<) mbj;jy;

9) cly; hPjpahd nfhLikf;F Kf;fpa mwpFwp ahJ?
m) jdpj;J ,Uj;jy;
M) kd mOj;jk;
. ) fhak; Vw;gLJ;Jy;
<) Jd;gk; nfhLj;jy;

10) gpd;tUtdtw;W$p; cly; hPjpahd nfhLikapy; <LgLk; Foe;ijia ghJf$h;gtf; ve;J elj;i fhzg;gLtpy;iy?
m) Foe;ijia jtw$h; Ghpe;J nfhs;Sjy;
M) kJTiffisj; jtw$h; gad;gLJ;Jy;
. ) md;ig ntspf;fhl;ik
<) td;ikahd thh;j;ijfis cgNahfpj;jy;
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   m) cly; hPjpahd ghpay; elj;ij  
   M) cly; cWg;Gfis ntspf;fhl;Ljy;  
   .) Mz;> ngz; Foe;ij ghFghL  
   <) nghpath;fs; Foe;ijfSf;fpilNaahd clYwit glq;fshf ntspapLjy;

12) gpd;tUtdtw;Ws; vJ ghpay; hPjpahd nfhLikapd; mwpFwp ,y;iy?  
   m) gpwg;GWg;gpy; typ kw;Wk; mhpg;G  
   M) gLf;ifapy; rpWePh; fopj;jy;  
   .) cly; tsh;r;rp Fd;Wjy;  
   <) jdpj;J ,Ujjy;

13) gpd;tUtdtw;Ws; vJ czh;T hPjpahd nfhLikapd; mwpFwp ,y;iy?  
   m) gak;  
   M) Nfhgk;  
   .) kd mOj;jk;  
   <) mOif

14) gpd;tUtdtw;Ws; czh;T hPjpahd nfhLikapd; tif vJ?  
   m) xOf;fj;ij Nkd;gLj;Jjy;  
   M) Foe;ijapd; jpwikia Fiwj;J vy;iyapLjy;  
   .) KiwNfhd ghYzh;T  
   <) Foe;ijfis jpl;Ljy; (fz;bj;jy;)

15) Foe;ij Gwf;fzpg;G vd;gJ ahJ?  
   m) mUfhikapy; cs;s tPLfspy; Foe;ijfis tpLjy;  
   M) mj;jpahtpra Njitfisf; nfhLf;fhky; jil nra;jy;  
   .) clw;fhak; Vw;gLj;Jjy;  
   <) mjpfpg;gbahd Ntiyg;gS
16) Foe;ij Gwf;fzpg;gpy; fhzg;glhj mwpFwp ahJ?
   m) tpisahl;by; Mh;tkpd;ik
   M) jdpikia tpUk;Gjy;
   ,) gbg;gjpy; ftdkpd;ik
   <) jdpikia jtpu;j;jy;

17) Foe;ij Gwf;fzpg;gpy; <LgLk; Foe;ijia ghJfhg;gthplk; fhzg;gLk; elj;ij ahJ?
   m) Gwf;fzpfr;fg;gl;lthuf ,Uj;jy;
   M) fLikahd Nfhgf; Fzk;
   ,) nghwhikg;gLgth;
   <) Fw;wk; rhl;Lgth;

18) gpd;tUtdtw;Ws; vJ Foe;ijfs; J;\;gpuNahf;jjhy; nghJthf Vw;gLk; tpisT,y;iy?
   m) kd mOj;jj;Jld; ,Uj;jy;
   M) ftdkpd;ik
   ,) J}\f;fpd;ik
   <) jho;Tkdg;ghd;ik

19) Foe;ij J;\;gpuNahf;jjhy; fhzg;gLk; FWfpa fhy tpisTfs; ahJ?
   m) ftdkpd;ik
   M) jdpj;J ,Uj;jy;
   ,) Fw;wthspfs;
   <) gbg;gjpy; rpukk;

20) Foe;ij J;\;gpuNahf;jjhy; Vw;gLk; ePz;lfhy tpisTfs; ahJ?
   m) r%fj;NjhL xj;Jg;/ Nghf ,ayhik
   M) jPh;khdk; nra;tpy; rpukk;
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   <) gpbthjk;
21) gpd;tUtdtw;Ws; ve;j xd;W kdhPjpa hd nf hLikapd; Kf;fpa ,IUf;Fl;gl;l fhuzp
   ,y;iy?
   m) vjph;kiwahd vz;zq;fs; mjpfkhf ,Uj;jy;
   M) mjpf Nfhgj;ij ntspf;fhL;Ljy;
   ,) gbg;gjpy; ftdkpd;ik
   <) jw;nfhiy vz;zk;

22) Foe;ij J\;gpuNahfj;ijj; jLf;f FLk;gk; mstpy; fhzg;gLk; jLg;G Kiw ,y;iy?
   m) Foe;ij tsh;g;G gw;wp mwptWj;jJy;
   M) kJ kw;Wk; Nghij gоф;j;jp;F cs;shd ngw;Nwh;fSf;F rpfpr;ir mspj;jy;
   ,) ngw;Nwhh;fSf;F tpopg;Gzh;T
   <) mjpfkhf cly; hPjpahd jz;lid toq;Ftij jtpj;jjy;

23) gpd;tUtdtw;Ws; ve;j Kiw Foe;ij J\;gpuNahj;ij jLf;f rKjha; rhh;e;j jLg;G Kiw
   ,y;iy?
   m) rKjha Njitfis Nkd;gLj;jJy;
   M) FLk;g fl;gLg;gl;l Kiwia Cf;Ftpj;jy;
   ,) ngw;Nwh;fSf;F kdmOj;jp;Fh mspj;jy;
   <) r%f eyj;njhz;L epWtdq;fSld; ,df;fk; Vw;gLj;jJy;

24) gpd;tUtdtw;Ws; vJ Foe;ij J\;gpuNahfj;jhy; Vw;gLk; rKjha gz;gLg;gl;l ghjp;G
   ,y;iy?
   m) ngz; fy;tpj;jLg;G
   M) Foe;ij njhopyhsh;fs;
   ,) ngz; rpRnfhiy
   <) Mz; Foe;ijfSf;F Kf;fpaj;Jtk; nfhlj;jy;

25) Foe;ij J\;gpuNahfj;ij cl;gLj;jg;gl;l Foe;ijfS; nry;yNtz;ba ,lk;?
   m) gs;sp
   M) Foe;ijfS; ey;tho;T ,af;fk;
   ,) kUj;Jtkid
   <) Foe;ijfS; fhg;gfk;

   gFjp - ,
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<th>vz;zq;fis mwpAk; tpdhf;fs;</th>
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<td>2.</td>
<td>ngz; Foe;ijfs;&gt; Mz; Foe;ijfs tpl mjpf mstpy; nfhLikfSf;F cl;gLlj;jg;gLfpwhh;fs;;</td>
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<td>3.</td>
<td>,sq;Foe;ijfs; kpf mjpf mstpy; Foe;ij J;gpuNahfjjpw;F cl;gLlj;jg;gLfpwhh;fs;</td>
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<td>4.</td>
<td>cly;hPjahd fhaq;fs; %yk; Foe;ijfsd; xOf;fkpd;ik rhp nra;ag;gLk;</td>
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<td>5.</td>
<td>ghypay; td;nfhLik mjpfkhf njhLjy; %yk; Jtq;FfpwJ</td>
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<td>6.</td>
<td>mjpf Rje;jpuk; nfhLg;gjhy; Foe;ijfs; ghypd td;nhLikf;F cl;gLfpwhh;fs;</td>
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<td>7.</td>
<td>td;nhLikfSf;F cl;gLlj;jg;gl;l Foe;ijfs; mjpf Mf;Nuhlj;j ntspg;gLj;Jthh;fs;</td>
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8. gbg;gwptpy;yhj ngw;Nwhh;fs;jhd; Foe;ifjis J\;gpuNahfj;jpw;F cl;gLj;Jfpwhh;fs;

9. ngw;Nwhh;fSf;F Foe;ij tsh;g;G gw;wp tpopg;Gzh;T nfhLg;gjd; %yk; Foe;ij J\;gpuNahfk; jLf;fg;gLk;

10. neUq;fpa cwtpdh;fs;jhd; Foe;ifjis J\;gpuNahfk; nra;;fpwhh;fs;.

11. Foe;ij td;nfhLik Foe;ijapd; tsh;r;rpia ghjpf;fpwJ

12. tPl;bypUe;J gs;spf;F nry;Yk; Foe;ijfistpl tPjpapy; jq;fpapUf;Fk; Foe;ijfs; mjpf mstpy; td;nfhLikfSf;F cl;gLfpwhh;fs

13. Foe;ijfSf;F tpopg;Gzh;T nfhLg;gjd; %yk; Foe;ijfs; ghypd td;nfhLikapypUe;J ghJfhf;fg; gLfpwhh;fs;

14. td;nfhLikfshy; mjpfkhf Foe;ij njhopyhsh;fs; cUthfpwhh;fs;

15. ,ay;ghd Foe;ijfistpl td;nfhLikfSf;F cl;gLj;jg;gl;l Foe;ijf;F gbg;gjpy; rpukk; cs;sJ

SCORES RELATED TO KNOWLEDGE REGARDING CHILD ABUSE
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**Total Score** : 25  
**Right Answer** : ‘1’  
**Wrong Answer** : ‘0’
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