

**THE LEVEL OF KNOWLEDGE, ATTITUDE AND EXPRESSED
PRACTICE REGARDING PREVENTION OF CHILD ABUSE
AMONG MOTHERS HAVING SCHOOL AGE CHILDREN IN
SELECTED VILLAGE AT SIVAKASI**



Dissertation submitted to

**THE TAMILNADU DR. M.G.R MEDICAL UNIVERSITY
CHENNAI**

IN PARTIAL FULFILLMENT OF REQUIREMENT
FOR THE AWARD OF DEGREE OF

MASTER OF SCIENCE IN NURSING

APRIL 2016

**THE LEVEL OF KNOWLEDGE, ATTITUDE AND EXPRESSED
PRACTICE REGARDING PREVENTION OF CHILD ABUSE
AMONG MOTHERS HAVING SCHOOL AGE CHILDREN IN
SELECTED VILLAGE AT SIVAKASI**

Certified that this is the bonafide work of

Reg. No: 301416651,

**CHILD HEALTH NURSING,
THANTHAI ROEVER COLLEGE OF NURSING,
PERMBALUR.**

COLLEGE SEAL :

SIGNATURE :

Prof.Mrs. R.PUNITHAVATHI, M.Sc (N).,
Principal,
Thanthai Roever College of Nursing,
Perambalur-
Tamil Nadu.

A dissertation submitted to

**THE TAMILNADU DR. M.G.R MEDICAL UNIVERSITY
CHENNAI**

IN PARTIAL FULFILLMENT OF REQUIREMENT
FOR THE AWARD OF DEGREE OF

**MASTER OF SCIENCE IN NURSING
APRIL 2016**

**THE LEVEL OF KNOWLEDGE, ATTITUDE AND EXPRESSED
PRACTICE REGARDING PREVENTION OF CHILD ABUSE
AMONG MOTHERS HAVING SCHOOL AGE CHILDREN IN
SELECTED VILLAGE AT SIVAKASI**

Approved by the Dissertation Committee On : _____

Research Guide : _____
Prof. R.PUNITHAVATHI M.Sc (N).,
Principal,
Thanthai Roever College of Nursing,
Perambalur,
Tamil Nadu

Clinical Specialty Guide : _____
Prof. N. VIMALA M.Sc. (N).,
HOD in CHN,
Thanthai Roever College of Nursing,
Perambalur,
Tamil Nadu.

A dissertation submitted to

**THE TAMILNADU DR. M.G.R MEDICAL UNIVERSITY
CHENNAI**

**IN PARTIAL FULFILLMENT OF REQUIREMENT
FOR THE AWARD OF DEGREE OF**

MASTER OF SCIENCE IN NURSING

APRIL 2016

INTERNAL EXAMINER

EXTERNAL EXAMINER

DECLARATION

I, **301416651** hereby declare that this dissertation entitled **A STUDY TO ASSESS THE LEVEL OF KNOWLEDGE, ATTITUDE AND EXPRESSED PRACTICE REGARDING PREVENTION OF CHILD ABUSE AMONG MOTHERS HAVING SCHOOL AGE CHILDREN IN SELECTED VILLAGE AT SIVAKASI** has been prepared by me under the guidance and direct supervision of **Prof. N. VIMALA, M.Sc(N)**, HOD in CHN, Thanthai Roever College of Nursing, Perambalur, as requirement for partial fulfilment of **M.Sc Nursing** degree course under **The Tamilnadu Dr. M.G.R. Medical University, Chennai – 32**. This dissertation had not been previously formed and this will not be used in future for award of any other degree/ diploma. This dissertation represents independent original work on the part of the candidate.

Place : Perambalur,

Date : April – 2016.

301416651,

II Year M.Sc (N) Student,

Thanthai Roever College of Nursing,

Perambalur .

ACKNOWLEDGEMENT

First of all I take immense pleasure in thanking the almighty god for making me to study this course. I thank him for giving me kind persons who helped me a lot throughout my course and project work.

I express my sincere gratitude to **Dr.K.Varadharajan, B.A, B.L. Chairman and managing trustee, Thanthai Roever College of Nursing** for providing me an opportunity to pursue this graduate programme in this esteemed institution.

I owe my sincere thanks to my **Research Coordinator & Principal Prof.R.Punithavathi, M.sc[N]. Thanthai Roever College of Nursing** for her valuable guidance and encouragement throughout the study.

It is my privilege to express my deep sense of gratitude to my **clinical specialty guide Mrs.N. Vimala M.sc [N]., HOD, Department of pediatrics** for her elegant direction, support, guidance, suggestions and constant support during the tenure of my dissertation work and course of study.

I also extend my thanks to **Vice Principal, all P.G and U.G staff , non teaching staff, Librarian of Thanthai Roever College of Nursing and Library staffs of The Tamilnadu Dr. M.G.R. medical university, Chennai** for their support.

I wish to place my love, affection & gratefulness to **my Parents & Friends**, who all are always behind me & have given me tremendous support & encouragement at every step of my life with their blessing & prayers.

I express my words of appreciation to **Mr.Venkatraman, M.sc** for his guidance & suggestions in the Statistical analysis of the data.

Last but not I extend my sincere thanks to the Participants of this study for their Cooperation in their endeavor without which this project would have been a dream.

**THE LEVEL OF KNOWLEDGE, ATTITUDE AND EXPRESSED
PRACTICE REGARDING PREVENTION OF CHILD ABUSE
AMONG MOTHERS HAVING SCHOOL AGE CHILDREN IN
SELECTED VILLAGE AT SIVAKASI**

ABSTRACT

INTRODUCTION

The prevalence of child abuse is increasing in children urban and semi-urban India. Impacts of child abuse and neglect are physical problems, psychological problems, behavioral and social complications.

OBJECTIVES

To assess the level of knowledge, attitude and expressed practice regarding prevention of child abuse.

METHODS

Study design was descriptive research design was adopted. 100 mothers are selected by convenient sampling method. The study was conducted in Sithurajapuram at Sivakasi. The tool used for the study was structure questionnaire for knowledge, attitude scale and check list for expressed practice to assess the level of knowledge, attitude and expressed.

RESULTS

Majority of mothers 54(54%) had average knowledge, 48(48%) had moderately favorable attitude and 38(38%) had good expressed practice.

Correlation between the knowledge, attitude and expressed practice is moderately positive correlation.

DISCUSSION

This study shows mothers having average level of knowledge, attitude and good expressed practice regarding prevention of child abuse.

TABLE OF CONTENT

CHAPTER NO.	TITLE	PAGE NO.
I	INTRODUCTION	1-4
	Need for the study	2
	Statement of the problem	3
	Objectives of the study	3
	Operational Definitions	4
	Assumption	4
	Delimitations	4
II	REVIEW OF LITERATURE	5-8
	Studies related to child abuse	5
	Studies related to prevention of child abuse	7
III	METHODOLOGY	9-14
	Research approach	9
	Research design	9
	Variables	9
	Setting of the study	9
	Population	9
	Sample size and sampling technique	10
	Pilot study	12
	Procedure for data collection	13

CHAPTER NO.	TITLE	PAGE NO.
	Plan for data analysis	13
IV	DATA ANALYSIS AND INTERPRETATION	15-38
V	DISCUSSION	39-40
VI	SUMMARY, MAJOR FINDINGS, CONCLUSION	41-45
	Implications	44
	Recommendations and conclusion	45
	REFERENCES	47-51
	ANNEXURES	i-xxvi

LIST OF TABLES

TABLE NO	TITLE	PAGE NO
1	Frequency and percentage distribution of demographic variables of mothers having school age children	16
2	Frequency and percentage distribution of level of knowledge regarding prevention of child abuse among mothers having school age children	21
3	Frequency and percentage distribution of level of attitude regarding prevention of child abuse among mothers having school age children	23
4	Frequency and percentage distribution of level of expressed practice regarding prevention of child abuse among mothers having school age children	25
5	Relationship between level of knowledge, attitude and expressed practice regarding prevention of child abuse among mothers having school age children	27-29
6	Association of level of knowledge, attitude and expressed practice prevention of child abuse among mothers of school age children with their selected demographic variables	30-38

LIST OF FIGURES

FIGURE NO.	TITLE	PAGE NO.
1	Percentage distribution of education of mothers of school age children	19
2	Percentage distribution of family monthly income of school age children	20
3	Percentage distribution of level of knowledge regarding prevention of child abuse among mothers of school age children	22
4	Percentage distribution of level of attitude regarding prevention of child abuse among mothers of school age children	24
5	Percentage distribution of level of expressed practice regarding prevention of child abuse among mothers of school age children	26

LIST OF ANNEXURES

ANNEXURE NO.	TITLE	PAGE NO.
I	Letter seeking permission for Research Purpose	i
II	Letter seeking experts of opinion for content validity	ii
III	Evaluation criteria checklist for validation.	iii
IV	List of experts opinion for content validity of research tool	iv
V[A]	Certificate of English editing	v
V[B]	Certificate of Tamil editing	vi
VI	Informed consent	vii
VII[A]	Data collection tool [Tamil]	viii-xvi
VII[B]	Data collection tool [English]	xvii-xxvi

CHAPTER – I

INTRODUCTION

Children constitute foundation of a nation. Healthy children grow to become healthy adults with optimal physical strength and emotional poise to become useful members of our society and contribute effectively in nation building process. Childhood period should be a carefree time of life filled with love, with new worlds to explore, and with joy of mastery of one self and the environment. For many children this is a dream not the reality. Child abuse is one of the most significant social problems in World wide. The prevalence of child abuse is increasing in children urban and semi –urban India. It is very often found in school going children.

Children have their own rights to live in the healthy society like to be physically and mentally healthy, to have medical facilities, education without and gender discrimination. Even beyond this legislation children are often maltreated in many forms at homes. National child abuse statistics [2014] reported that 3 million are abused every year in India, in that 4 children die every day as a result of child abuse. Children who have been sexually abused are 2.5 times more likely to abuse alcohol and neglect children will later abuse their own children, continuing the horrible cycle.

Child Protective Services in 2010, reported among child maltreatment cases, 17% suffered physical abuse, 9% sexual abuse, 63% neglect &7% emotional abuse.

United States more than 4 children die from child abuse and neglect on a daily basis, over 70% of these children are below the age of 6 years. Delhi was reported the second highest number of incidents of child abuse among all states for the year of 2012 to 2013.

Management of child abuse for children to be largely is effective. Prevention of child abuse should begin from the parents. Early recognition and reporting are crucial to preventing child abuse. Parents are playing role modeling to the children, ask the day to day problems and give the proper solutions, watch their playing situations, avoid the child play or go with unknown person, avoid scolding and beating also.

NEED FOR THE STUDY

“The only reason why child abuse is alive today is because we as adults fail our children, when we fail to listen to them. Listen to a child today”.

Heather Mcdane

Goal of healthy people 2015 is to reduce the prevalence of child abuse. Child abuse is the third leading problem in India. The problem has a high media and there is still confusion and uncertainty about how best to manage the problem at both a public health level and an individual level.

National Commission for Child Rights Protective [NCPDR] under the ministry of women and child development, Shows that complaints and child abuse have shoot up from 234 in 2009. 10 to 509 cases in 2012 -13.

Mac Millan et al. [2012] studied to find out the prevalence of child abuse, Surveying 3211 students in the age group of 15 years by using self administered questions. The overall prevalence of child abuse in children 367 of males reported 31.2% than females 21.1%.

Nalini, PR &Thirunavukarasu,et al.(2014) conducted a exploratory study about child abuse .A total of 33,098 children were abused during the year 2015 and it was 26,694 during the year 2014.Report of the study child

abuse found more among girls 84.2 & 52.6% of the abusers were members known to the victims.

Many approaches to prevention of child abuse have been proposed, but the effectiveness of many of them has not been established by studies. Parental awareness on child abuse and parenting technique is very much essential for the child to grow in a better manner. So the investigator was interested to assess the level of knowledge attitude and expressed practice of mothers regarding prevention of child abuse.

STATEMENT OF THE PROBLEM

“A study to assess the level of knowledge, attitude and expressed practice regarding prevention of child abuse among mothers having school age children in Selected village at Sivakasi.”

OBJECTIVES

1. To assess the level of knowledge, attitude and expressed practice regarding prevention of child abuse among mothers having school age children.
2. To find the correlation between the level of knowledge, attitude and expressed practice regarding prevention of child abuse among mothers having school age children.
3. To find the association between the level of knowledge, attitude and expressed practice regarding prevention of child abuse among mothers having school age children with their selected demographic variables.

OPERATIONAL DEFINITIONS

KNOWLEDGE

It refers to the obtained reality about child abuse. It refers to the information on prevention of child abuse among mothers.

CHILD ABUSE

It refers to the intentional and un intentional physical, sexual, psychological maltreatment of children by parents, care givers, other persons known or un known to the child.

SCHOOL AGE CHILDREN

Who are studying 6 – 12 years

ATTITUDE

An attitude is the idea or opinion about child abuse.

EXPRESSED PRACTICE

Use of an idea, belief or method as opposed to theories.

PREVENTION

It deals with the early identification and measures to reduce the incidence of child abuse.

ASSUMPTION

Mothers have average level of knowledge, attitude and expressed practice regarding prevention of child abuse.

DELIMITATIONS

1. The study was delimited for 100 samples only.
2. Study sample were limited to the mothers who had children in 6 to 12 years.
3. Study period was limited to one month only.

CHAPTER – II

REVIEW OF LITERATURE

The review of related literature is an essential aspect of scientific research. It entails the systemic identification, reflection, critical analysis and reporting of existing information in relation to the problem of interest. The purpose of review of literature is to obtain comprehensive knowledge and depth information about the level of knowledge, attitude and expressed practice regarding prevention of child abuse.

The review of literature was presented under the following headings.

SECTION – A: Studies related to child abuse

SECTION - B: Studies related to prevention of child abuse

SECTION -A: Studies related to child abuse

Yash saxena, et al. [2015] Assessed the level of knowledge, attitude and practice against child abuse among anganwadi workers and auxiliary nurse midwives .A total 69 AWW and ANM were participated in the study. The results finding shows that AWW and ANM having highest level of knowledge and practice but attitude level is not adequate.

Dipty Jain, et al. [2013] Conducted a cross sectional study on risk factors for severs child discipline practice in rural India. The respondents of this study were five hundred mothers age 18-50 years, by face to face interview as a part of a cross sectional population based on survey. They have concluded that increase education for rural women in India may have benefit of reducing family violence including violence and child abuse.

Banerjee S.R [2012] Conducted a descriptive study to investigate the extent and type of physical abuse and its associated factors among the street and slum dwellers of Kolkata metropolitan city. Overall 751 children aged 4 - 15 years were enlisted from 190 families .The study results showed that the percentage are very high in metropolitan city and they were prone for psychological problem.

Evelin C F M Louwers, et al. [2011] Conducted a retrospective study on rate of child abuse. The respondents were all children aged below 18 years who visited the emergency department in Seven Dutch Hospital complying and not complying with screening guideline for child abuse. The result showed that child abuse was suspected in 52 children. They have concluded that during 6 month period, emergency department staff suspected child abuse in 49 0.2% of all children visiting the emergency department of seven Dutch hospitals.

Duncan B Clark, et al. [2010] Conducted a prospective study on child abuse. The sample size was 668 adolescents recruited from clinical and community sources. They concluded that child abuse predicted persistently elevated health related symptoms.

Wagner S. Ribeiro, et al. [2009] Conducted a cross sectional and cohort study on the relationship between exposure to violence and mental health problems in low and middle income countries. The result indicated that exposure to violence was directly related to mental health problems. They have concluded that mental health problems in low and middle-income countries can be related to violence.

Amy E Bonomi, et al. [2008] conducted a retrospective cohort study on health care utilization and cost associated with physical, sexual or both childhood abuses. The respondents were 3333 women randomly selected from the membership files of a large integrated health care delivery system. The

results concluded that child abuse was associated with long term elevated health care costs and use particularly for women who suffer both physical and sexual abuse.

SECTION: B Studies related to prevalence of child abuse

Hussey Jon M, [2015] Estimated 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%].

Ziegenhain U, et al, [2014] Assessed the violence against the children is vary by country. The study result indicates prevalence estimates between 12 and 19% for neglect, physical and sexual abuse. Emotional abuse is reported far more often, with a prevalence as high as 36.3%. Violence prevention therefore comprises different international and national programs and strategies, which are able to successfully reduce violence against children.

Konijnendijk AA, et al. [2013] Conducted a cross sectional design to assess the adherence of Dutch Child Care [CHC] professionals of seven key activities describe in a national guide line on preventing child abuse and examined the presence and strengths of determinants of guideline adherence. 33 determinants were measured in relation to the guide line, CHC professionals were aware of the of the guideline and its content [83.7%]. Self reported rates of full adherence varied between 19.5% and 42.7%. Stronger habit to use the guideline was the only determinant associated with higher adherence rates.

Man-Ging CL, et al., [2012] conducted study the improvement of empathy in child care professionals involved in the prevention of sexual abuse against children and youngsters. This research shows that empathy can be improved through professional experience and careful situational involvement.

Krishnakumar, et al. [2011] Assessed the prevalence and spectrum of emotional abuse among 1614. Adolescents in Kerala, south India. The findings of the study revealed 36% of boys and 35% of girls had experienced emotional abuse at some point during their life time.

Scchick, et al. [2010] conducted study prevalence rates of child maltreatment can differ substantially between countries and ethnicities. Findings show that prevalence of child maltreatment in general was lowest in the native group, higher in the Western immigrant group, and highest in the non immigrant groups.

Srinath S, et al. (2009) conducted a comparative study on epidemiological study on psychiatric disorder among children and adolescents residing in urban & rural areas of Bangalore. They have concluded that prevalence rates of psychiatric morbidity were lower in 0-16 yr old children in India than Western figures. The prevalence rate was high among middle class urban areas and low in urban slum areas.

The reviewed literatures showed the optimum level of knowledge about prevention of child abuse and this study proposes to assess the level of knowledge, attitude and expressed practice regarding prevention of child abuse.

CHAPTER – III

RESEARCH METHODOLOGY

This chapter deals with research design, variables, settings, criteria for sample selection, sample size, sampling technique, development and description of tool, content validity, pilot study, data collection procedure and plan for data analysis.

RESEARCH APPROACH

The research approach adopted for this study was descriptive in nature.

RESEARCH DESIGN

Descriptive research design.

STUDY VARIABLES

- Knowledge on prevention of child abuse
- Attitude on prevention of child abuse
- Expressed practice on child abuse

SETTING OF THE STUDY

The study conducted in Sithurajapuram village at Sivakasi.

POPULATION

The population of the study was mothers had school age children.

TARGET POPULATION

The target population of this study was mothers had 6 – 12 years of school age children.

ACCESSIBLE POPULATION

The accessible population of this study was mothers had 6 – 12years of school age children who are residing in Sithurajapuram at Sivakasi.

SAMPLE

Mothers had school age children who met the inclusion criteria.

SAMPLE SIZE

The sample size was 100.

DURATION OF THE STUDY

4 weeks.

SAMPLING METHOD

Convenient sampling method used for this study.

INCLUSION CRITERIA

1. Mothers who had female children between 6 to 12 years.
2. Mothers who were willing to participate in the study.
3. Mothers who were able to read write and understand either Tamil or English.

EXCLUSION CRITERIA

1. Mothers who were absent on the day of data collection.
2. Mothers who had children more than 12 years.

TOOLS OF RESEARCH

The investigator used a structure questionnaire tool to assess the level of knowledge, attitude and expressed practice regarding prevention of child abuse.

DEVELOPMENT OF DATA COLLECTION TOOL

The tools were developed for data collection.

QUESTIONNAIRES

The questions comprised of demographic data, knowledge, attitude and expressed practice based questions.

The tools consists of 3 section

Section A – Knowledge questionnaire on prevention of child abuse.

Section B – Child abuse prevention attitude scale

Section C – Check list on expressed practice on child abuse

SCORING AND GRADING PROCEDURE

KNOWLEDGE SCORING

The correct answer of each question carries 'one' mark and the wrong answer is marked 'zero'. The maximum score is 20, the score obtained by the participants is converted to percentage and graded as follows

GRADING PROCEDURE

SCORE	LEVEL OF KNOWLEDGE
0 - 7	POOR
8 -13	AVERAGE
14 -20	GOOD

ATTITUDE SCORING

The correct answer of each question carries' five ' marks and the wrong answer is marked' one'. The maximum score is 50, the score obtained by the participants is converted to percentage and graded as follows

GRADING PROCEDURE

SCORE	LEVEL OF ATTITUDE
0 - 17	UN FAVOURABLE ATTITUDE
18 - 36	MODERATELY FAVORABLE ATTITUDE
37 - 50	FAVOURABLE ATTITUDE

EXPRESSED PRACTICE SCORING

The expected response of each question carries one mark and the wrong answer is marked one. The maximum score 10, the score obtained by the participants is converted to percentage and graded as follows

GRADING PROCEDURE

SCORE	LEVEL OF EXPRESSED PRACTICE
0 - 3	POOR PRACTICE
4 - 6	AVERAGE PRACTICE
7 -10	GOOD PRACTICE

CONTENT VALIDITY

The content validity of the tool was obtained on the opinions of one in the field of pediatrics specialist and four nursing experts. Tool was modified as per the consensus of all the experts and the tool was finalized.

PILOT STUDY

Permission from the concerned authority the study was conducted among 10 samples of the pilot study was done at Sithurajapuram village in Sivakasi between 12.7.15 to 15.7.15 to test the feasibility of the tool and practicability of the designed methodology. After obtaining mothers having school age children. Descriptive study was adapted. There was no modification made in the tool after the pilot study, the mothers selected for the pilot study were not included in the main study.

DATA COLLECTION PROCEDURE

Data collection was done from 1.10.2015 to 27.10.2015 at Sithurajapuram village in Sivakasi. Before conducting the study, formal permission was obtained from the village president. The subjects were selected by convenient sampling technique. Data collection was for four weeks. The purpose of the study was explained to all the subjects and written consent was obtained.

The investigator assessed the level of knowledge, attitude, expressed practice and demographic variables regarding prevention of child abuse among mothers by using questionnaire. Data collection was analyzed by descriptive statistics.

PLAN FOR DATA COLLECTION

It was planned to analyze the collected data by using descriptive statistics.

DESCRIPTIVE STATISTICS

Frequency and percentage distribution will be used to analyze the demographic variables and level of knowledge, attitude and expressed practice regarding prevention of child abuse among mothers having school age children.

Mean and standard deviation will be used to assess the knowledge, attitude and expressed practice regarding prevention of child abuse among mothers having school age children.

Correlation and association will be used to assess the level of knowledge, attitude and expressed practice regarding prevention of child abuse among mothers having school age children.

ETHICAL CONSIDERATIONS

The study was conducted after the approval of ethical committee of the Thanthai Roever College of Nursing. Permission was sought from the village president of Sithurajapuram village at Sivakasi and confidentiality maintained. Informed consent obtained from each participant. Study purpose was explained to each participant

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of data collected from 100 mothers having school age children in a selected community, to assess level of the knowledge, attitude and expressed practice regarding prevention of child abuse. The data collected for the study was grouped and analyzed as per the objectives of the study. The findings based on the descriptive statistical analysis are presented under the following sections.

ORGANIZATION OF DATA

The findings of the study were grouped and analyzed under the following sessions.

Section I : Description of the demographic variables.

Section II: Level of knowledge, attitude and expressed practice regarding prevention of child abuse among mothers having school age children.

Section III: Relationship between level of knowledge, attitude and expressed practice regarding prevention of child abuse among mothers having school age children.

Section IV: Association of level of knowledge, attitude and expressed practice regarding prevention of child abuse among mothers having school age children with their selected demographic variables.

SECTION I

Table 1: Frequency and percentage distribution of demographic variables of the mothers having school age children

N = 100

Demographic Variables	No.	%
Age of the mother [in years]		
20 to 25	20	20
26 to 30	40	40
31 to 35	28	28
36 to 40	12	12
Education of the mother		
Primary education	61	61
Secondary education	20	20
Graduate	19	19
Religion		
Hindu	35	35
Christian	35	35
Muslim	30	30
Grade of child[standard]		
2nd to 4th std	47	47
5th to 7th std	29	29
7th to 8th std	24	24

Demographic Variables	No.	%
Occupation		
Unemployed	29	29
Employed	71	71
Coolie	0	0
Government job	0	0
Private job	0	0
Family monthly income		
Less than 5000	56	56
5000 to 10000	33	33
More than 10000	11	11
Number of child in the family		
One	36	36
Two	49	49
Three and above	15	15
Type of the family		
Nuclear family	60	60
Joint family	40	40

The table 1 shows that majority of mothers 40(40%) were in the age group of 26 to 30 years, 61(61%) had primary education, 82(82%) were Hindus, 47(47%) were studied in 2nd to 4th std, 71(71%) were employed, 56(56%) had a family monthly income of less than 5000, 49(49%) had two children in the family and 60(60%) belonged to nuclear family.

Fig: 1 Percentage distribution of education of mothers having school age children

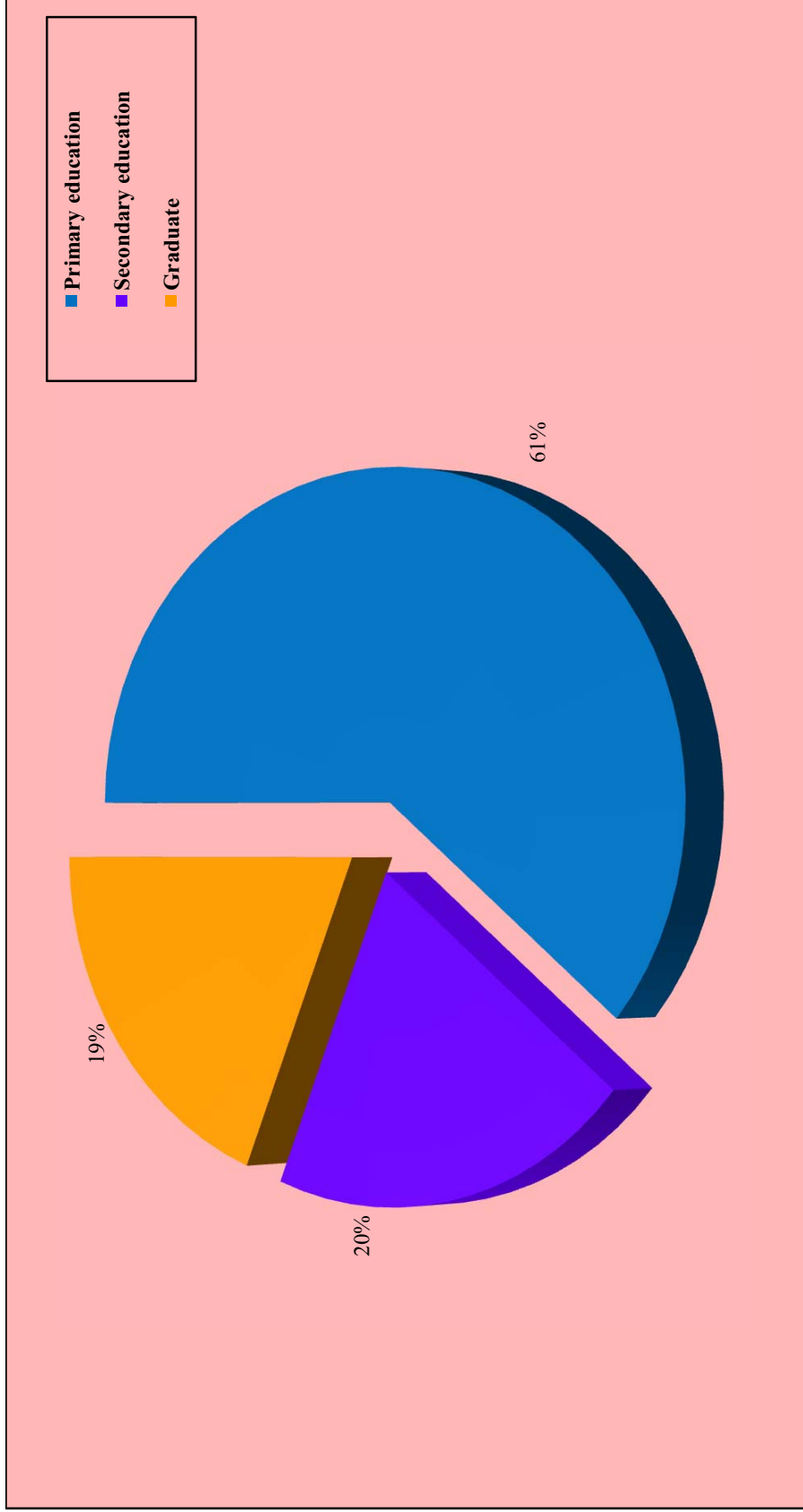
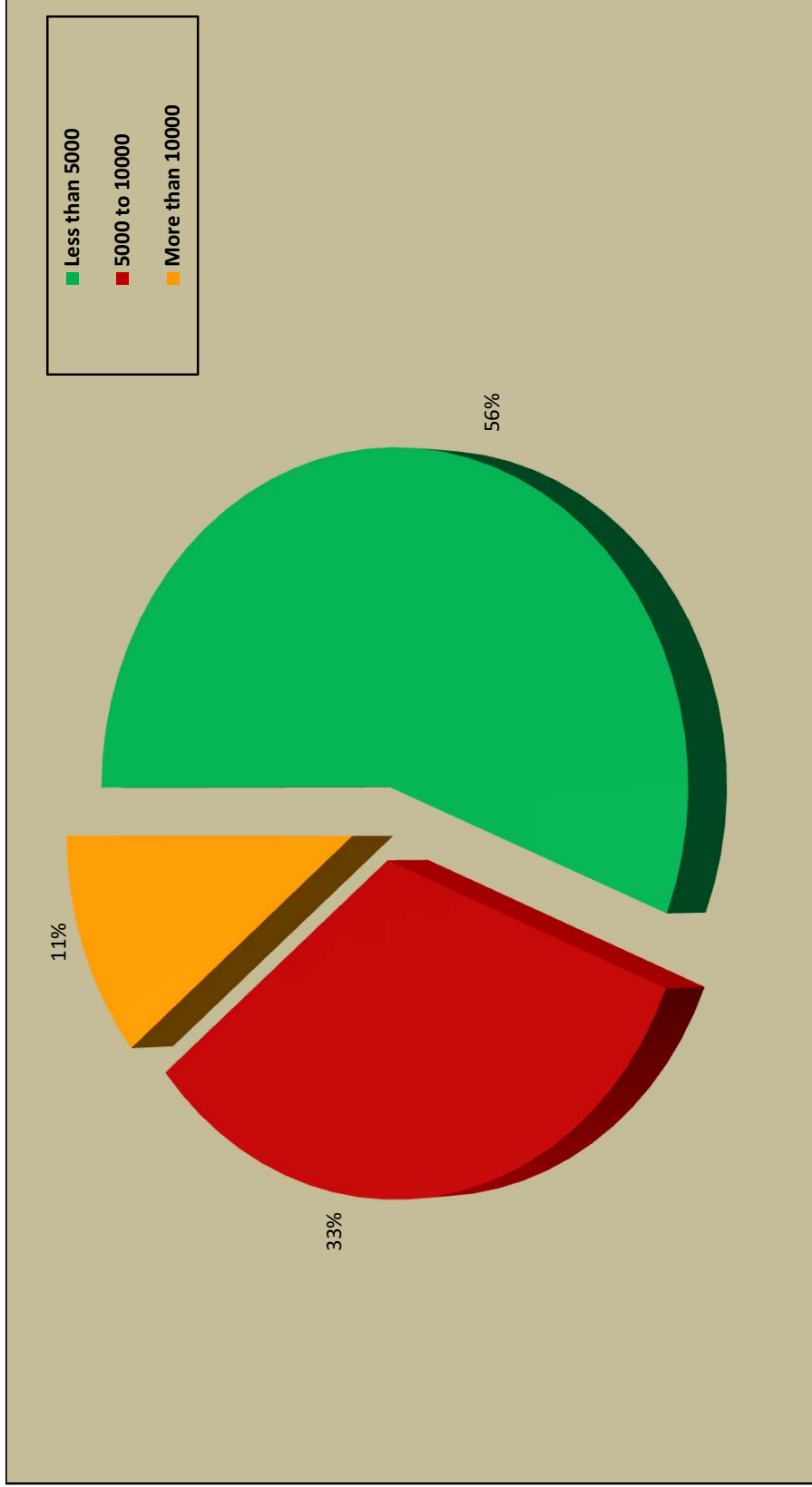


Fig: 2 Percentage distribution of family income of mothers having school age children



SECTION II

Table 2: Frequency and percentage distribution of level of knowledge regarding prevention of child abuse among mothers having school age children.

N = 100

Level of knowledge	Distribution of mother	
	F	%
Poor [<50%]	26	26.0
Average [51 – 75%]	56	56.0
Good [>75%]	18	18%

The table 2 shows that majority of mothers 56(56%) had average knowledge, 26(26%) had poor knowledge and 18(18%) had good knowledge regarding prevention of child abuse among mothers having school age children.

Fig: 3 percentage distribution of level of knowledge regarding prevention of child abuse

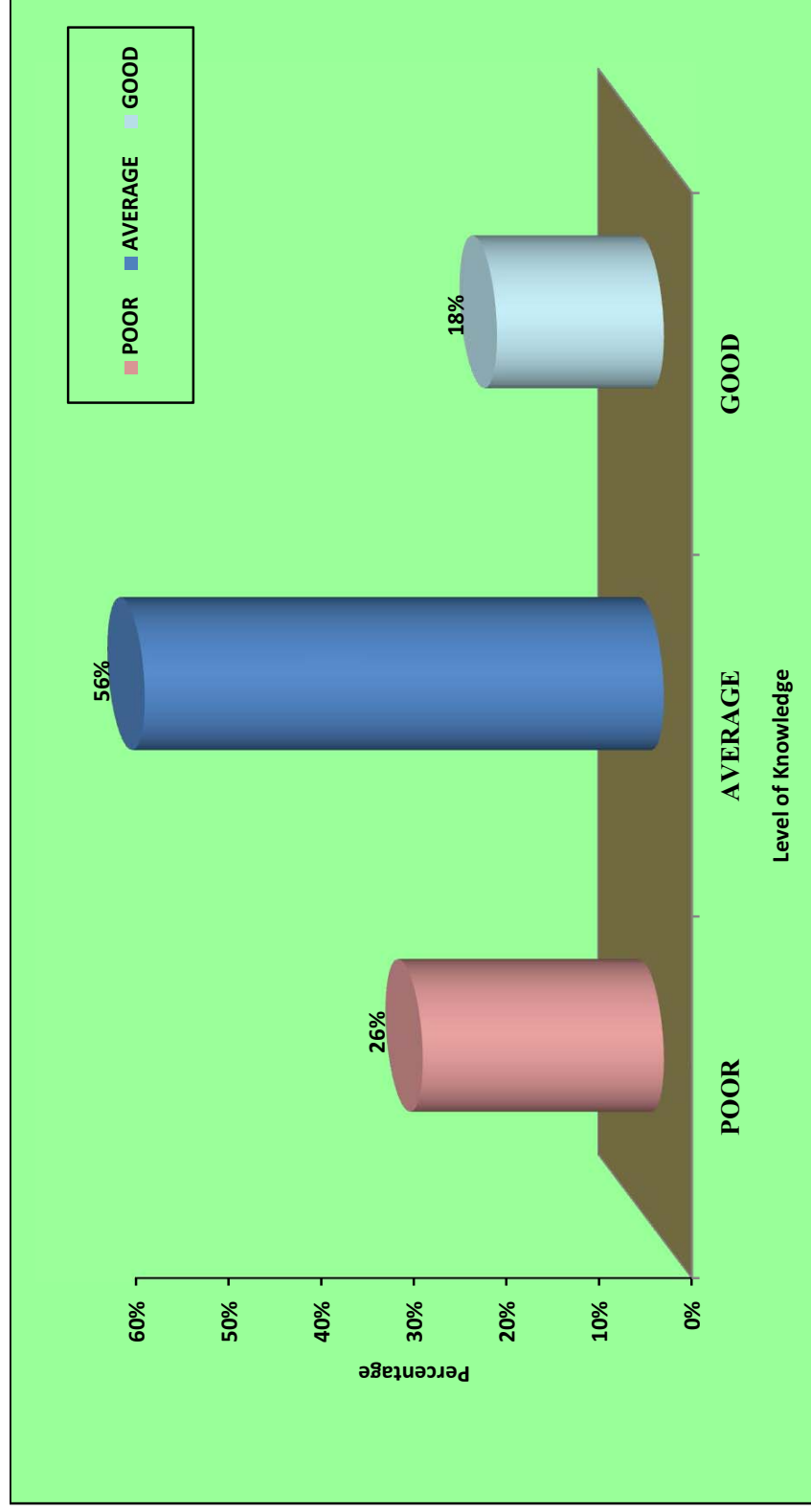


Table 3: Frequency and percentage distribution of level of attitude regarding prevention of child abuse among mothers having school age children.

N = 100

Level of attitude	Distribution of mother	
	F	%
Unfavorable attitude [0 - 17]	27	27.0
Moderately favorable attitude [18 – 36]	57	57.0
Favorable attitude [37 - 50]	16	16.0

The table 3 shows that majority of mothers 57(57%) had moderately favourable attitude, 27(27%) had unfavourable attitude and 16(16%) had favourable attitude regarding prevention of child abuse among mothers having school age children.

Fig: 4 Percentage distribution of level of attitude regarding prevention of child abuse

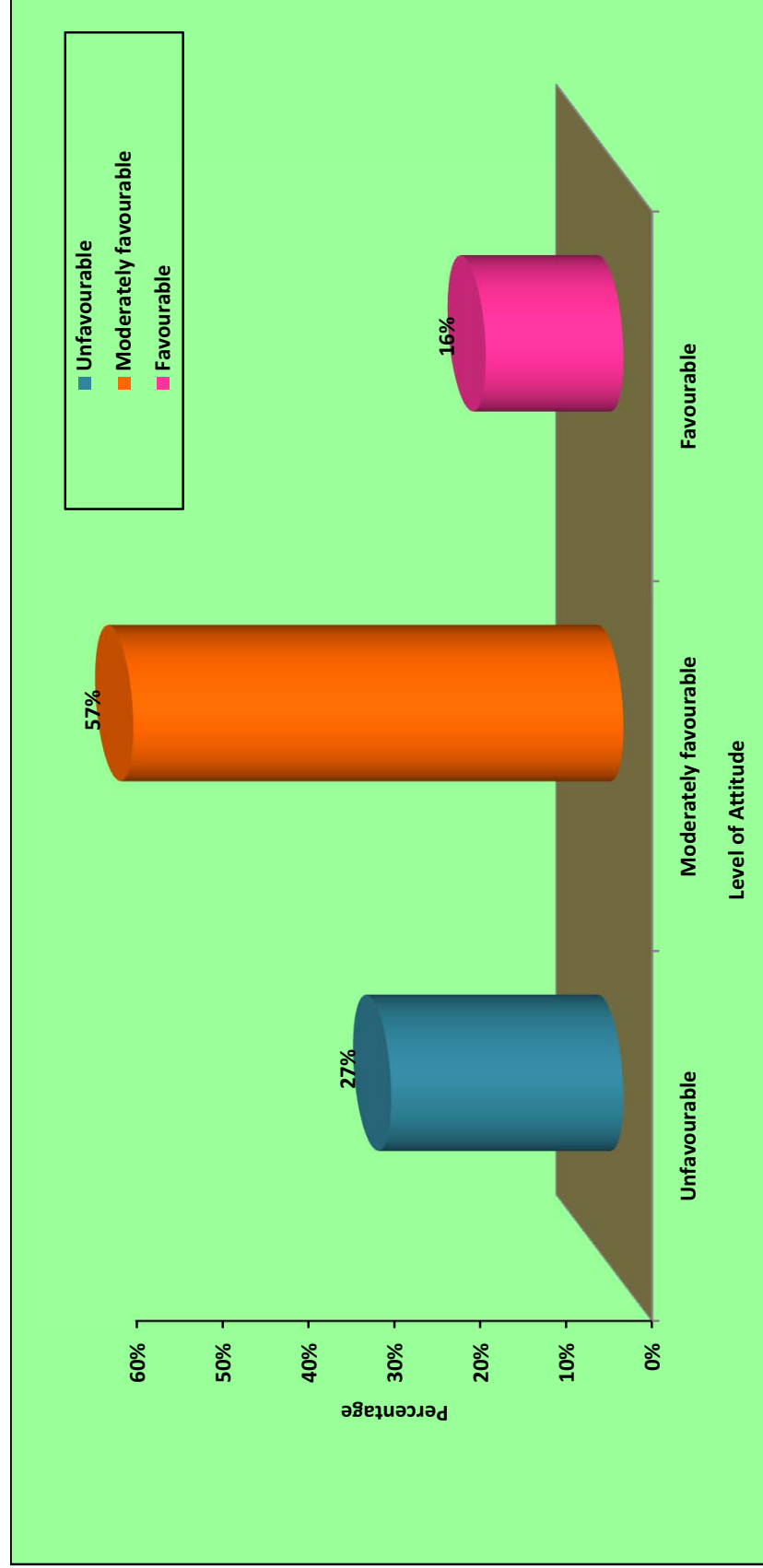


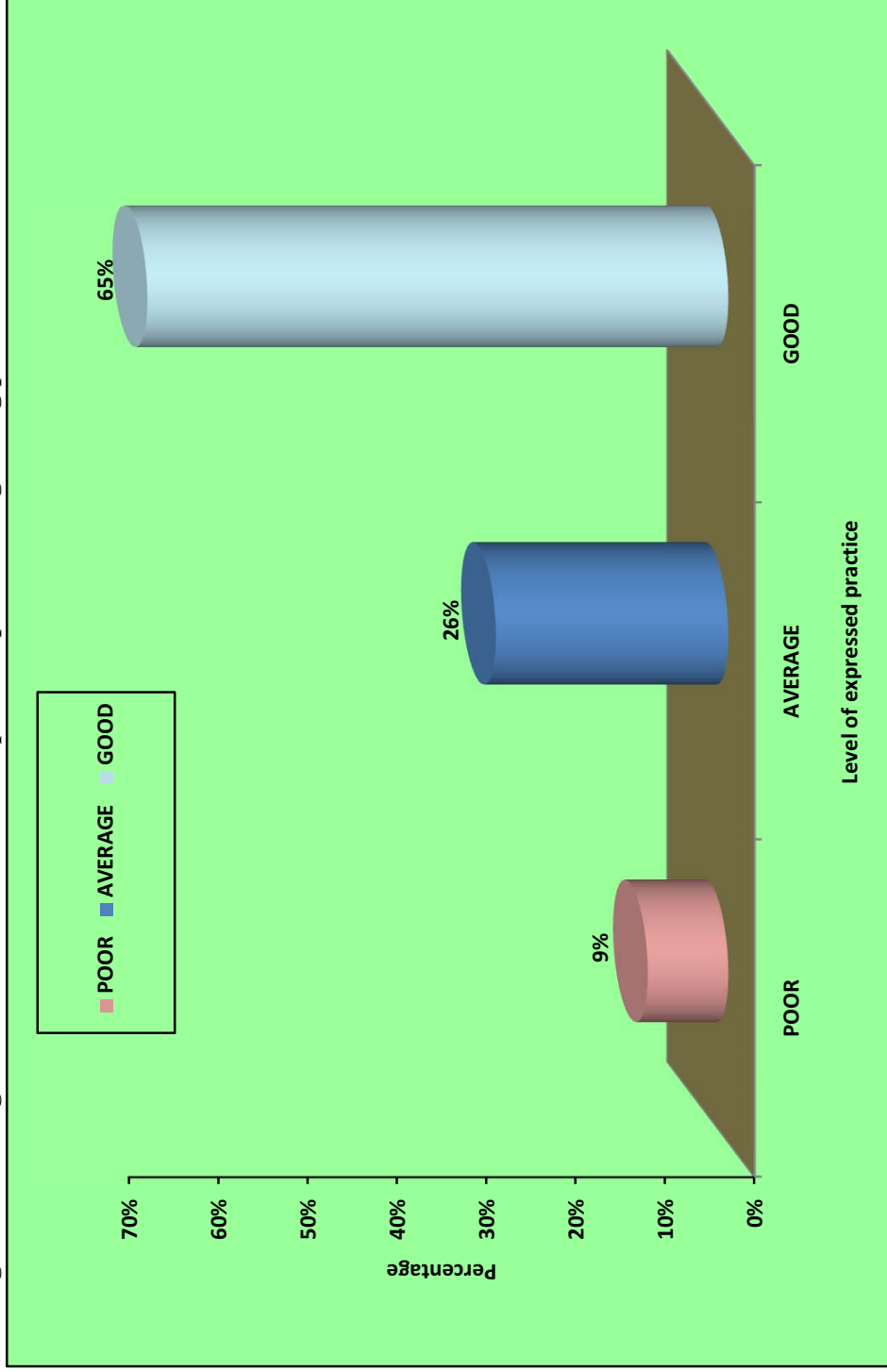
Table 4: Frequency and percentage distribution of level of expressed practice regarding prevention of child abuse among mothers having school age children.

N = 100

Level of expressed practice	Distribution of mother	
	F	%
Poor [0 -3]	9	9.0
Average [4 –6]	26	26.0
Good [7- 10]	65	65.0

The table 4 shows that majority of mothers 9(9%) had poor expressed practice, 26(26%) had average expressed practice and 65(65%) had good expressed practice regarding prevention of child abuse among mothers having school age children.

Fig: 5 Percentage distribution of level of expressed practice regarding prevention of child abuse



SECTION III

Table 5: Correlation between level of knowledge and attitude regarding prevention of child abuse among mothers having school age children.

N = 100

Variable	Over all score	Mean	S.D	'r' Value
Knowledge	20	12.62	3.53	r = 0.503 p = 0.000, S**
Attitude	50	28.60	7.63	

**p<0.01, S – Significant

The table 5 shows that the mean score of knowledge was 12.62 ± 3.53 and the mean score of attitude was 28.60 ± 7.63 . The calculated Karl Pearson's value of $r = 0.503$ shows a moderate positive correlation and it was found to be statistically significant at $p < 0.01$ level.

Table 6: Correlation between level of knowledge and expressed practice regarding prevention of child abuse among mothers having school age children.

N = 100

Variable	Over all score	Mean	S.D	'r' Value
Knowledge	20	12.62	3.53	r = 0.503 p = 0.000, S**
Expressed Practice	10	7.06	2.09	

**p<0.01, S – Significant

The table 6 shows that the mean score of knowledge was 12.62 ± 3.53 and the mean score of practice was 7.06 ± 2.09 . The calculated Karl Pearson's value of $r = 0.503$ shows a moderate positive correlation and it was found to be statistically significant at $p < 0.01$ level.

Table 7: Correlation between the level of attitude and expressed practice regarding prevention of child abuse among mothers having school age children.

N = 100

Variable	Over all score	Mean	S.D	'r' Value
Attitude	50	28.60	7.63	r = 0.534 p = 0.000, S**
Expressed practice	10	7.06	2.09	

**p<0.01, S – Significant

The table 7 shows that the mean score of attitude was 28.60 ± 7.63 and the mean score of practice was 7.06 ± 2.09 . The calculated Karl Pearson's value of $r = 0.534$ shows a positive correlation which was found to be statistically significant at $p < 0.01$ level.

SECTION IV

Table 8: Association of level of knowledge regarding prevention of child abuse among mothers having school age children with their selected demographic variables. N = 100

Demographic Variables	Poor (≤50%)		Average (51 –75%)		Good (>75%)		Chi-Square Value
	No.	%	No.	%	No.	%	
Age of the mother[in years]							$\chi^2=6.094$ d.f = 6 p = 0.413 N.S
20 to 25	6	6.0	11	11.0	3	3.0	
26 to 30	9	9.0	19	19.0	12	12.0	
31 to 35	6	6.0	18	18.0	4	4.0	
36 to 40	5	5.0	6	6.0	1	1.0	
Education of the mother							$\chi^2=8.276$ d.f = 4 p = 0.082 N.S
Primary education	18	18.0	35	35.0	8	8.0	
Secondary education	5	5.0	7	7.0	8	8.0	
Graduate	3	3.0	12	12.0	4	4.0	
Religion							$\chi^2=1.152$ d.f = 4 p = 0.886 N.S
Hindu	23	23.0	43	43.0	16	16.0	
Christian	1	1.0	5	5.0	2	2.0	
Muslim	2	2.0	6	6.0	2	2.0	

Grade of child[standard]							$\chi^2=8.004$
2nd to 4th std	11	11.0	30	30.0	6	6.0	d.f = 4
5th to 7th std	8	8.0	16	16.0	5	5.0	p = 0.091
7th to 8th std	7	7.0	8	8.0	9	9.0	N.S
Occupation							
Unemployed	7	7.0	18	18.0	4	4.0	$\chi^2=1.334$
Employed	19	19.0	36	36.0	16	16.0	d.f = 2
Coolie	-	-	-	-	-	-	p = 0.513
Government job	-	-	-	-	-	-	N.S
Private job	-	-	-	-	-	-	
Family monthly income							$\chi^2=10.304$
Less than 5000	9	9.0	37	37.0	10	10.0	d.f = 4
5000 to 10000	12	12.0	12	12.0	9	9.0	p = 0.036
More than 10000	5	5.0	5	5.0	1	1.0	S*
Number of child in the family							$\chi^2=2.943$
One	8	8.0	23	23.0	5	5.0	d.f = 4
Two	13	13.0	25	25.0	11	11.0	p = 0.567
Three and above	5	5.0	6	6.0	4	4.0	N.S
Type of the family							$\chi^2=1.057$
Nuclear family	16	16.0	34	34.0	10	10.0	d.f = 2
Joint family	10	10.0	20	20.0	10	10.0	p = 0.590
							N.S

*p<0.05, S – Significant, N.S – Not Significant

The table 8 shows that the demographic variables education of mother and family monthly income had shown statistically significant association with level of knowledge at $p < 0.05$ level and the other demographic variables had shown statistically significant association with level of knowledge regarding prevention of child abuse among mothers having school age children.

Demographic Variables	Unfavourable (≤50%)		Moderately Favourable (51 – 75%)		Favourable (>75%)		Chi- Square Value
	No.	%	No.	%	No.	%	
Grade of child[standard]							$\chi^2=2.822$ d.f = 4 p = 0.588 N.S
2nd to 4th std	17	17.0	25	25.0	5	5.0	
5th to 7th std	9	9.0	14	14.0	6	6.0	
7th to 8th std	10	10.0	9	9.0	5	5.0	
Occupation							$\chi^2=3.102$ d.f = 2 p = 0.212 N.S
Unemployed	10	10.0	17	17.0	2	2.0	
Employed	26	26.0	31	31.0	14	14.0	
Coolie	-	-	-	-	-	-	
Government job	-	-	-	-	-	-	
Private job	-	-	-	-	-	-	
Family monthly income							$\chi^2=2.948$ d.f = 4 p = 0.567 N.S
Less than 5000	18	18.0	28	28.0	10	10.0	
5000 to 10000	13	13.0	14	14.0	6	6.0	
More than 10000	5	5.0	6	6.0	0	0	
Number of child in the family							$\chi^2=1.645$ d.f = 4 p = 0.801 N.S
One	13	13.0	17	17.0	6	6.0	
Two	16	16.0	24	24.0	9	9.0	
Three and above	7	7.0	7	7.0	1	1.0	

Demographic Variables	Unfavourable (≤50%)		Moderately Favourable (51 – 75%)		Favourable (>75%)		Chi- Square Value
	No.	%	No.	%	No.	%	
Type of the family							$\chi^2=1.852$ d.f = 2 p = 0.396 N.S
Nuclear family	20	20.0	32	32.0	8	8.0	
Joint family	16	16.0	16	16.0	8	8.0	

N.S – Not Significant

The table 9 shows that none of the demographic variables had shown statistically significant association with level of attitude regarding prevention of child abuse among mothers having school age children.

Table 10: Association of level of expressed practice regarding prevention of child abuse among mothers having school age children with their selected demographic variables. **N = 100**

Demographic Variables	Poor (≤50%)		Average (51-75%)		Good (>75%)		Chi-Square Value
	No.	%	No.	%	No.	%	
Age of the mother[in years]							$\chi^2=4.237$ d.f = 6 p = 0.645 N.S
20 to 25	7	7.0	6	6.0	7	7.0	
26 to 30	11	11.0	11	11.0	18	18.0	
31 to 35	7	7.0	13	13.0	8	8.0	
36 to 40	2	2.0	5	5.0	5	5.0	
Education of the mother							$\chi^2=2.460$ d.f = 4 p = 0.652 N.S
Primary education	16	16.0	21	21.0	24	24.0	
Secondary education	6	6.0	5	5.0	9	9.0	
Graduate	5	5.0	9	9.0	5	5.0	
Religion							$\chi^2=2.989$ d.f = 4 p = 0.560 N.S
Hindu	22	22.0	31	31.0	29	29.0	
Christian	3	3.0	2	2.0	3	3.0	
Muslim	2	2.0	2	2.0	6	6.0	
Grade of child[standard]							$\chi^2=1.934$ d.f = 4 p = 0.748 N.S
2nd to 4th std	15	15.0	15	15.0	17	17.0	
5th to 7th std	8	8.0	10	10.0	11	11.0	
7th to 8th std	4	4.0	10	10.0	10	10.0	
Occupation							$\chi^2=1.164$ d.f = 2 p = 0.559 N.S
Unemployed	10	10.0	9	9.0	10	10.0	
Employed	17	17.0	26	26.0	28	28.0	
Coolie	-	-	-	-	-	-	
Government job	-	-	-	-	-	-	
Private job	-	-	-	-	-	-	

Demographic Variables	Poor (≤50%)		Average (51-75%)		Good (>75%)		Chi-Square Value
	No.	%	No.	%	No.	%	
Family monthly income							$\chi^2=6.184$ d.f = 4 p = 0.186 N.S
Less than 5000	16	16.0	15	15.0	25	25.0	
5000 to 10000	9	9.0	13	13.0	11	11.0	
More than 10000	2	2.0	7	7.0	2	2.0	
Number of child in the family							$\chi^2=2.433$ d.f = 4 p = 0.657 N.S
One	7	7.0	14	14.0	14	14.0	
Two	14	14.0	17	17.0	18	18.0	
Three and above	6	6.0	4	4.0	5	5.0	
Type of the family							$\chi^2=0.169$ d.f = 2 p = 0.919 N.S
Nuclear family	17	17.0	21	21.0	22	22.0	
Joint family	10	10.0	14	14.0	16	16.0	

N.S – Not Significant

The table 10 shows that none of the demographic variables had shown statistically significant association with level of expressed practice regarding prevention of child abuse among mothers having school age children.

CHAPTER – V

DISCUSSION

This chapter deals with the discussion of the data analyzed based on the objectives of the study.

The main aim of the study was to assess the level of knowledge, attitude and expressed practice regarding prevention of child abuse among mothers having school age children are discussed below along with the objectives,

The first objective of the study was to assess the level of knowledge, attitude and expressed practice regarding prevention of child abuse among mothers having school age children the findings shows that

Majority of mothers 56% had average knowledge, 26% had poor knowledge, 18% had good knowledge regarding prevention of child abuse among mothers having school age children.

Majority of mothers 57% had moderately favorable attitude, 27% had unfavorable attitude and 16% had favorable attitude regarding prevention of child abuse among mothers having school age children.

Majority of mothers 65% had good expressed practice, 26% had average expressed practice and 9% had good expressed practice regarding prevention of child abuse among mothers having school children.

The second objective of the study was to find the correlation between the level of knowledge, attitude and expressed practice regarding prevention of child abuse among mothers having school age children the findings shows that

Correlation between knowledge and attitude the mean score and standard deviation was 12.62 ± 3.53 and 28.60 ± 7.63 respectively. The calculated karl pearson correlation between knowledge and attitude was $r=0.503$ which had moderately positive correlation & it was found to be statistically significant $p < 0.01$.

Correlation between attitude and expressed practice the mean score and standard deviation was 28.60 ± 7.63 and 7.06 ± 2.09 respectively. The calculated karl pearson correlation between attitude and expressed practice was $r=0.534$ which had moderately positive correlation and it was found to be statistically significant $p<0.01$.

Correlation between expressed practice and knowledge the mean score and standard deviation score 7.06 ± 2.09 and 12.62 ± 3.53 respectively. The calculated karl pearson correlation between expressed practice and knowledge was $r =0.503$ which had moderately positive correlation and it was found to be statistically significant $p<0.01$.

The third objectives of the study to find the association between the level of knowledge, attitude and expressed practice regarding prevention of child abuse among mothers having school age children with their selected demographic variables

Data findings revealed that there was a statistically significant association found between the level of knowledge with education of mothers and family monthly income at $p< 0.05$ level of significance.

There was no significant association found between attitude, expressed practice with demographic variables as the calculated by chi - square value was less than the table value at $p < 0.05$ level.

CHAPTER VI

SUMMARY, CONCLUSION, IMPLICATIONS, AND RECOMMENDATIONS

This chapter is divided into two sections. Section I deals with summary of the study, findings, and conclusion. Section II deals with implication in various areas of nursing practice, nursing education, nursing administration, and nursing research, limitations and recommendations.

SUMMARY OF THE STUDY

The objective of the study was to assess the level of knowledge, attitude and expressed practice regarding prevention of child abuse among mothers having school age children in selected village at Sivakasi.

Descriptive approach and research design was adopted for this study. Convenient sampling technique was used to select the samples and the samples size was 100.

The tool selected for the present study included questions for demographic data and questionnaire tool for the assessment of level knowledge, attitude and expressed practice regarding prevention of child abuse among mothers having school age children.

The data collection was done for a period of four weeks .The data collected for the study was compiled and analyzed as per the objectives of the study. Descriptive statistics were used to analysis the data, interpreted in terms of objectives of the study.

The study findings shows that the level of knowledge, attitude and expressed practice regarding prevention of child abuse among mothers having school age children.

MAJOR FINDINGS OF THE STUDY

I. Demographic variables

Majority of the participants

- 40 % belong to 26 - 30 years.
- 61 % had primary education.
- 35 % were Hindu, and Christian.
- 71 % were employed.
- 56% have family monthly income.
- 60 % belong to nuclear family.
- 47% had grade of child 2 nd to 4th std.
- 49% had two female children.

1. Findings related to assess the level of knowledge, attitude and expressed practice regarding prevention of child abuse the findings shows that

Majority of mothers 56% had average knowledge, 26% had poor knowledge, 18% had good knowledge regarding prevention of child abuse.

Majority of mothers 57% had moderately favorable attitude, 27% had unfavorable attitude and 16% had favorable attitude regarding prevention of child abuse.

Majority of mothers 65% had good expressed practice, 26% had average

expressed practice and 9% had poor expressed practice regarding prevention of child abuse.

2. Findings related to correlation between knowledge, attitude and expressed practice regarding prevention of child abuse among mothers having school age children the findings shows that the

Correlation between knowledge and attitude the mean score and standard deviation score was 12.62 ± 3.53 and 28.60 ± 7.63 respectively. The calculated karl pearson correlation between knowledge and attitude value was $r=0.503$ which had moderately positive correlation & it was found to be statistically significant $p < 0.01$.

Correlation between attitude and expressed practice the mean score and standard deviation score was 28.60 ± 7.63 and 7.06 ± 2.09 respectively. The calculated karl pearson correlation between attitude and expressed practice value was $r=0.534$ which had moderately positive correlation and it was found to be statistically significant $p<0.01$.

Correlation between expressed practice and knowledge the mean score and standard deviation score was 7.06 ± 2.09 and 12.62 ± 3.53 respectively. The calculated karl pearson correlation between expressed practice and knowledge value was $r =0.503$ which had moderately positive correlation and it was found to be statistically significant $p<0.01$.

4. Findings related to the association between the level of knowledge, attitude and expressed practice regarding prevention of child abuse among mothers having school age children with selected demographic variables

Data findings revealed that there was a statistically significant association found between the level of knowledge with education of mothers and family monthly income at $p < 0.05$ level of significance.

There was no significant association found between attitude, expressed practice with demographic variables as the calculated Chi- square value was less than the table the table at $p < 0.05$ level.

IMPLICATION OF THE STUDY

The findings of the study have implication in various areas of nursing practice, nursing education, nursing administration, and nursing research and recommendation for further study are present.

IMPLICATION IN NURSING PRACTICE

- Community health members are the appropriate persons for helping mothers to increases their knowledge regarding child abuse and its prevention.
- Community health workers can conduct health education session to improve the knowledge of mothers regarding child abuse.

NURSING EDUCATION

- Nursing students must be able to recognize the importance of knowledge of mothers on child abuse.
- Nursing students can conduct educational programmes, role play, workshops and campaign regarding child abuse and its prevention in the community to educate community health welfare.

IMPLICATION IN NURSING ADMINISTRATION

- This study suggests that nurse administrators should conduct in service education for the nursing staff about child abuse and its preventive measures.
- These findings will help the administrator to implement health education program on prevention of child abuse during school health camps.

IMPLICATION FOR NURSING RESEARCH

- The study can be published in journals to disseminated knowledge about child abuse.
- The nurse researcher should motivate the clinical nurse to apply the research findings in practice.

LIMITATIONS

- Data collection period was 4 weeks only.
- Generalization will be better if large sample included.
- Due to time constraints, the researcher was unable to take more than 100 samples for the study.

RECOMMENDATIONS

The study recommends the following research,

- A similar study can be done in all mothers of both urban and rural area.
- A similar study can be done in community health workers.

- A similar study can be done on a large population for better generalization.
- A similar study can be done on child abuse.
- A similar study can be conducted among school teachers on child abuse.

CONCLUSION

The purpose of this study was used to assess the knowledge, attitude and expressed practice among mothers having school age children. From the above findings shows the mothers had average level of knowledge, attitude and expressed practice regarding prevention of child abuse.

On the whole, carrying out the present study was really an enriching experience to the investigator. It also helped a great deal to explore and improve the knowledge of the researcher and the respondents.

REFERENCES

BOOK REFERENCES

1. Barker Philip, “Basic Child Psychiatry”, 6th edition, 2013, Australia Blackwell Science limited; 321
2. Burns, Nancy and Susan, K.Grove “The Practice of Nursing Research Conduct, Critique and utilization”, 5th edition, 2012, Philadelphia W.B Saunders Company; 420-422
3. Jones, D. N., John, P., Margaret, R. O. and Peter, B., “Understanding Child Abuse”, 2010, New York; Mac Millan; 500
4. Kapoor Bimla “Text Book Of Psychiatric Nursing”, 1st edition, 2010, Delhi; Kumar Publishing Company; 122
5. Marlow, R. Dorothy and a Barbara, A. Redding “Text Book Of Pediatric Nursing”, 6th edition, 2010, Philadelphia: W.B. Saunders publishers ; 325
6. Melontosh Neil and G. M. Campbell Forfer and Arneils “Text Book Of Pediatrics”, 6th edition, 2009 London: Churchill Livingstone; 413
7. Polit, F.Denise and Hungler, P. Bernadette “Nursing Research Principles And Methods”, 6th edition, 1999, Philadelphia: Lippincott Williams and Wilkins; 187

8. Potts, L. Nicki and Barbara, L. Mandlew “Pediatric Nursing Caring For Children And Their Families”, 1st edition, 2002, New York: Delmar Thomson Learning; 555
9. Rao Sundar P. S. S and J. Richard An Introduction To Biostatistics –“ A Manual For Students In Health Sciences”, 3rd edition, 2011, New Delhi : Printice Hall of India Private Limited; 497
10. Wong, D. L Whaleys And Wongs “Essential of Pediatric Nursing”, 2005, St. Louis : Mosby Publications; 387
11. Ghai, OP “Essential Pediatrics”. 2012, New Delhi: Interprint Publication; 297
12. Park. K “Textbook of Preventive and Social Medicine”, 2009, Jahalper: Banarsidas Bhanot Publishers; 101-106
13. Parthasarathy IAP “Textbook of Pediatrics”, 2009, New Delhi: Jaypee Publication; 714
14. Wongs “Nursing Care of Infants and Children”, 2007, Missouri: Elsevier; 425-429
15. Piyush Gupta “Essential Pediatric Nursing”, 2nd Edition, 2007, New Delhi, CBS Publishers & Distributors; 189-195
16. Suraj Gupta, “The Short Text Book of Pediatrics”, 10th Edition, 2007, Jaypee Brothers Medical Publishers [p] Ltd, New Delhi; 394

JOURNAL REFERENCES

1. Ateah CA, Durrant JE, “Maternal use of physical punishment in response to child misbehavior: implications of child abuse prevention”, *Child abuse and neglect*, 29 [2], 2015, 169-185.
2. Berrick JD, “Parental involvement in child abuse prevention training: What do they learn? ” *Child abuse and neglect*, 12 [4], 2015, 543-553.
3. Chu JA, et al, “Memories of childhood abuse: dissociation, amnesia, and corroboration”, *American journal of psychiatry*, 156[5] , 2014, 18 -24.
4. Edwards A, et al.,“The socialization of emotional understanding: a comparison of neglectful and non neglectful mothers and their children”, *Child Maltreatment*, 10[3], 2014, 293- 304.
5. Garnefski N, Arends E, [2014], “Sexual abuse and adolescent maladjustment: differences between male and female victims”, *Journal of Adolescence*, 21 [1], 99-107.
6. Ann Wolbert et al., “Cyber child sexual exploitation”, *Journal of Psychosocial Nursing*, 2014, 46[9].
7. Banerjee S.R “Physical abuse of street and slum children of Kolkatta”. *Indian Pediatrics*, 38[17], 2013, 1163 – 1169.
8. Elizabeth et al., “Girls in foster care a vulnerable and high risk group”, *The American Journal of Maternal / child Nursing*, 34[3], 2013, 172-178.

9. Gharaibeh “Health Hazards and risk for abuse among child labor in Jordan”. *Journal of Pediatric Nurse*, 18[2], 2013, 140-7.
10. Kavimani “Child abuse and neglect”, *Nightingale Nursing Times*, 2[10], 2012, 21- 23.
11. Meursing “Child sexual abuse”, *Social Science Medicine*, 41[12], 2012 1693 -704
12. Moynihan “Undocumented and unprotected immigrant women and children”. *Journal of Forensic Nursing*, 4[3], 2009, 123 -9.
13. Ribeiro “Street children and their relationship with the police”. *Int. Nurs. Rev.*55[1], 2008, 89 -96.
14. Sandeep et al., “The prevalence of bullying in schools”, *Indian Pediatrics*, 2007, 14.
15. Sapna BimaL “ Issues on child abuse and neglect”. *Nightingale Nursing Times*, 3 [1], 20 -21.
16. Kokilavani, “Issues on child abuse”, *Nightingale Nursing Times*, 2 [10], 2007, 21-23.

INTERNET REFERENCES

- ❖ <http://www.ncbi.nlm.nih.gov/pubmed>.
- ❖ <http://journals./www.com/>
- ❖ <http://www.npr.org>
- ❖ [http://www.iotf.org /child abuse.asp](http://www.iotf.org/child%20abuse.asp)
- ❖ <http://www.cdc.gov/gshs/background/index>
- ❖ <http://emedicine health.com>
- ❖ <http://www.med.umich.edu>
- ❖ <http://adc.bmj.com/content/>
- ❖ <http://www.ncbi.nih.gov>

ANNEXTURE I

LETTER SEEKING PERMISSION FOR RESEARCH PURPOSE

From

Reg No: 301416651,
II – Year M.sc [Nursing],
Thanthai Roever College of Nursing,
Perambalur.

To

The village president,
Sivakasi.

Respected Madam / Sir,

Sub: Requisition for granting permission regarding,

I am doing 11 – Year M.sc [Nursing] in Thanthai Roever College of Nursing , Perambalur, under the Tamilnadu Dr.M.G.R. Medical University Chennai. As a partial fulfillment of my M.sc [Nursing] Degree programme, I am going to conduct a study on , **“A study to assess the knowledge, attitude and expressed practice regarding prevention of child abuse among mothers having school age children in selected village at Sivaksasi”**. I would like to select your place for my data collection. Hence, I kindly request you to give me permission to conduct the study in your place.

Thanking you

Place:

Yours Sincerely,

Date:

Reg No: 301416651

ANNEXURE II
LETTER SEEKING EXPERTS OPINION FOR CONTENT
VALIDITY

From

Reg No: 301416651,
II –Year M.sc [Nursing],
Child Health Nursing Department,
Thanthai Roever College of Nursing,
Perambalur.

To

Respected Madam/ Sir

Sub: Requisition for content validity of tool regarding,

I am doing II- year M.sc[Nursing] in Thanthai Roever College of Nursing Perambalur, under the Tamilnadu Dr.M.G.R. Medical University Chennai. As a partial fulfillment of my M.sc[Nursing] Degree programme, I am conducting a research on,” **A study to assess the level of knowledge, attitude and expressed practice regarding prevention of child abuse among mothers having school age children in selected village at sivakasi**”. A tool has been developed for the research study. I am sending the above stated for your expert and valuable opinion. I will be thankful for your kind consideration. Kindly return it to the Undersigned.

Thanking you

Place:

Yours Sincerely,

Date:

Reg No: 301416651

ANNEXTURE III

EVALUATION CRITERIA CHECK LIST FOR VALDATION

INTRODUCTION

The expert is requested to go through the following criteria for evaluation. Three columns are given for responses and a column for remarks. Kindly place tick mark in the appropriate column and give remarks.

Interpretation of column:

Column 1: Meets the criteria

Column 2: Partially meet the criteria

Column 3: Does not me et the criteria

S.NO	Criteria	1	2	3	Remarks
1	Scoring <ul style="list-style-type: none">▪ Adequacy▪ Clarity▪ Simplicity				
2	Content <ul style="list-style-type: none">▪ Logical sequence▪ Adequacy▪ Relevance				
3	Language <ul style="list-style-type: none">▪ Appropriate▪ Clarity▪ Simplicity				
4	Practicability <ul style="list-style-type: none">▪ It is easy to score▪ Does it precisely▪ Utility				

Signature:

Any Other Suggestion

Name:

Designation:

Address:

ANNEXURE IV
LIST OF EXPERTS OPINION FOR CONTENT VALITY OF
RESEARCH TOOL

- 1. Dr. Kala Devi, M.D**
Child Health Nursing
Perambalur

- 2. Mrs .R. Punithavathi M.sc [N].,**
Principal
Thanthai Roever College of Nursing
Perambalur.

- 3. Mrs.N. Vimala M.sc [N].,**
Professor
Thanthai Roever College of Nursing
Perambalur.

- 4. Mrs. Sherin Ph.D.,**
Principal
Indira Gandhi College of Nursing
Trichy.

- 5. Mrs. Parasakhi M.sc [N].,**
Vice principal
Sagunthala College of Nursing
Trichy.

- 6. Mrs. Sapna mary M.sc [N].,**
Professor
Child Jesus Hospital
Trichy.

ANNEXURE V [A]

CERTIFICATE OF ENGLISH EDITING

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Reg No: 301416651, II – Year M.sc [NURSING] Student of Thanthai Roever College of Nursing has done a dissertation study on **‘A study to assess the level of knowledge, attitude and expressed practice on prevention of child abuse among mothers having school age children in selected village at sivakasi’**. This study was edited for English language apporiateness.

Signature

ANNEXURE V [B]

CERTIFICATE OF TAMIL EDITING

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Reg No: 301416651, II – Year M.sc [NURSING]
Student of Thanthai Roever College of Nursing has done a dissertation study on
**‘A study to assess the level of knowledge, attitude and expressed practice on
prevention of child abuse among mothers having school age children in
selected village at sivakasi’**. This study was edited for Tamil language
apporiateness.

Signature

ANNEXURE VI

ஓப்புதல் படிவம்

தந்தை ரோவர் செவிலியர் கல்லூரியில் முதுகலை செவிலிய பட்டப்படிப்பு பயிலும் 301416651 அவர்களால் நடத்தப்படுகின்ற சிறார் வன்முறையை தவிர்பதற்கான ஆராய்ச்சி நோக்கத்தினைப்பற்றி எனக்கு தெளிவாக தெரிவிக்கப்பட்டது. இதில் பங்கேற்பதற்கு எனக்கு எந்த ஆட்சேபனையும் இல்லை. மேலும் இந்த விவரங்களை வெளியிடுவதற்கும், அச்சிடுவதற்கும் முழு சம்மதம் அளிக்கிறேன்.

கையெழுத்து

பெயர்:

தேதி:

இடம்:

ANNEXURE VII (A)
DATA COLLECTION TOOL

SECTION – A

DEMOGRAPHIC DATA

NOTES: Kindly furnish the following details by placing a tick mark in appropriate choice

1. Age of the mother [in years]

- a) 20 to 25 years
- b) 26 to 30 years
- c) 31 to 35 years
- d) 36 to 40 years

2. Education of the mother

- a) Primary education
- b) Secondary education
- c) Graduate

3. Religion

- a) Hindu
- b) Christian
- c) Muslim

4. Grade of child

- a) 2th to 4th std
- b) 5th to 7th std
- c) 7th to 8th std

5. Occupation

- a) Un employed
- b) Employed
 - Coolie
 - Government job
 - Private Job

6. Family monthly income

- a) less than 5000
- b) 5000 to 10000
- c) more than 10000

7. Number of the child in the family

- a) One
- b) Two
- c) Three and above

8. Type of the family

- a) nuclear family
- b) joint family

SECTION - B
STRUCTURE KNOWLEDGE QUESTIONNAIRE
OF PREVENTION OF CHILD ABUSE

Please read the following questions carefully and read answer them by placing a tick [] against the suitable choice.

1. What is child abuse?
 - a] Physical, emotional, maltreatment or neglect of the child
 - b] Child labor
 - c] Accidental injury

2. What are all the types of child abuse?
 - a] Financial abuse, slavery
 - b] Physical, emotional and sexual abuse
 - c] Poverty

3. What is the most common cause of child abuse?
 - a] Poor socio economic status
 - b] Unemployment of parents
 - c] Lack of awareness

4. What is the common abuse in our country?
 - a] Neglect of the child
 - b] Substance abuse
 - c] Physical and sexual abuse

5. Obvious signs of abuse?
 - a] Physical sign
 - b] Verbal sign
 - c] Behavioral sign

6. What is physical abuse?
- a] Accidental injury
 - b] Parent or care giver causes any injury
 - c] Non accidental injury
7. What are the forms of physical abuse?
- a] Cigarette burns, human bites, cutes, stick marks
 - b] Beating, restraint the child
 - c] A & B
8. What are the consequences of physical abuse?
- a] Anti social behavior
 - b] Head injury
 - c] A & B
9. What is emotional abuse?
- a] Activity of adults that disturb emotions of the child
 - b] Fighting between the children
 - c] Watching emotional movies
10. What are the forms of emotional abuse?
- a] Shaming, threatening, fighting
 - b] Negative comparisons to others
 - c] A & B
11. What are the consequences of emotional abuse?
- a] Violent behavior, self destruction
 - b] Infection
 - c] Fever

12. What is child labor?
- a] Employment of children in industry & others areas
 - b] Scolding the child
 - c] Getting Childs works sharing in household choices
13. What are the consequences of child labor?
- a] Delayed social and individual development
 - b] Withdraw from society
 - c] Substance abuse
14. What is child neglect?
- a] Scolding the child
 - b] Failure to meet basic needs
 - c] Beating the child
15. What are the types of child neglect?
- a] Not give food, medical care & education
 - b] Social withdrawal
 - c] Withdraw from home
16. What is sexual abuse?
- a] Intentional touching by others
 - b] Unintentional touching by others
 - c] Neglect of the child
17. What are the consequences of sexual abuse?
- a] Running away from the home
 - b] Avoidance of things related to sexuality and excessive fear
 - c] A & B

18. At what age child can be left in home alone?

a] 4 – 7 years

b] 8 – 11 years

c] Above 12 years

19. What does good parenting requires?

a] Providing positive role model

b] Adequate supervision

c] Protective behavior

20. What do to when child abuse happen?

a] Providing financial support

b] Report to police, counsel the abuser

c] Give education

SECTION - C

CHILD ABUSE PREVENTION ATTITUDE SCALE

S.No.	Questions	Strongly Disagree	Agree	Strongly Agree	Slightly Agree	Slightly Disagree
1.	Child abuse need not to be given importance					
2.	Child abuse will obstruct the development of the child					
3.	Abused child may become an mentally depressed					
4.	Improve family income through child labor					
5.	Child abuse is more only in low income groups					
6.	Punishment is only way for correcting the child's mistake					
7.	Early life of child abuse will result in scar in future					
8.	Parents have the rights to beating the child					
9.	Abused child may become a anti social adult					
10.	Parents will taught about the sexual abuse to their children					

SECTION-D
CHECK LIST FOR EXPRESSED PRACTICES ON
OF CHILD ABUSE

S.NO	QUESTIONS	YES	NO
1.	I observe my child's activity		
2.	I observe my child's body for signs of child abuse		
3.	I monitor my child's play circumstance		
4.	I avoid sending a child along with the strangers		
5.	I have taught my child good touch and bad touch		
6.	I listen to my child's complaints		
7.	I avoid beating the child		
8.	I discriminate male and female child		
9.	I don't permit anybody to criticize my child		
10.	I attend to the teacher and discuss about my child school behaviors		

CORRECT ANSWER

- 1. [a]**
- 2. [b]**
- 3. [c]**
- 4. [c]**
- 5. [b]**
- 6. [b]**
- 7. [a]**
- 8. [c]**
- 9. [a]**
- 10. [b]**
- 11. [a]**
- 12. [a]**
- 13. [a]**
- 14. [b]**
- 15. [a]**
- 16. [a]**
- 17. [c]**
- 18. [c]**
- 19. [a]**
- 20. [b]**

ANNEXURE VII (B)

புள்ளி விவரப் பட்டியல் பகுதி - அ

சரியான விடையை குறிப்பிட (✓) செய்யவும்:

1. தாயின் வயது

- அ.20 - 25 வயது ()
ஆ.26 - 30 வயது ()
இ.31 - 35 வயது ()
ஈ.36 - 40 வயது ()

2. தாயின் கல்வி நிலை

- அ.படிப்பறிவில்லாதவர் ()
ஆ.5ம் வகுப்பு வரை படித்தவர் ()
இ.12ம் வகுப்பு வரை படித்தவர் ()
ஈ. பட்டதாரி ()

3. மதம்

- அ.இந்து ()
ஆ.கிறிஸ்தவர் ()
இ.முஸ்லிம் ()

4. குழந்தையின் கல்வித்தகுதி

- அ.2ம் வகுப்பு முதல் 4ம் வகுப்பு வரை ()
ஆ.5ம் வகுப்பு முதல் 6ம் வகுப்பு வரை ()
இ.7ம் வகுப்பு மற்றும் 8ம் வகுப்பு வரை ()

5. தொழில்

அ.பணியில்லாதவர் (இல்லத்தலைவி) ()

ஆ.வேலை செய்பவர் ()

கூலி

அரசாங்க ஊழியர்

சுய வேலை

6. மாத வருமானம்

அ.5000 ரூபாய்கும் கீழ் ()

ஆ.5000 ரூபாய் முதல் 10000 ரூபாய் ()

இ.10000 ரூபாய் மற்றும் அதற்கும் மேல் ()

7. குடும்பத்தில் உள்ள குழந்தைகளின் எண்ணிக்கை

அ.ஒன்று ()

ஆ.இரண்டு ()

இ.மூன்று மற்றும் அதற்கு மேல் ()

8. குடும்பங்களின் வகை

அ.தனிக்குடும்பம் ()

ஆ.கூட்டுக் குடும்பம் ()

பகுதி-ஆ

சரியான விடையை தேர்வுசெய்யவும் (✓)

குழந்தை துன்புறுத்துதலை தடுப்பதற்கான அறிவு சார்ந்த வினாக்கள்

1. குழந்தை துன்புறுத்துதல் என்றால் என்ன?

- அ.உடல் சார்ந்த உணர்ச்சிவயப்பட்ட தவறாக நடத்துதல் அல்லது குழந்தையைப் புறக்கணித்தல் ()
- ஆ.குழந்தை தொழிலாளி ()
- இ.தற்செயலான காயம் ()

2. குழந்தை துன்புறுத்துதலின் வகைகள் யாவை?

- அ.அடிமைத்தனம், நீதி துஷ்ப்ரோயகம் ()
- ஆ.உடல், உணர்ச்சிவயப்பட்ட மற்றும் பாலியல் துன்புறுத்துதல் ()
- இ.வறுமை, பிச்சையெடுத்தல் ()

3. குழந்தை துன்புறுத்துதல் ஏற்பட முக்கியமான காரணங்கள் என்ன?

- அ.வறுமை கோட்டிற்கு கீழ் உள்ளவர்கள் ()
- ஆ.வேலை வாய்ப்பற்ற பெற்றோர்கள் ()
- இ.போதிய விழிப்புணர்வு இல்லாதவர்கள் ()

4. நமது நாட்டில் எந்த வகையான துன்புறுத்துதல் அதிக அளவில் உள்ளது?

- அ.குழந்தையைப் புறக்கணித்தல் ()
- ஆ.போதைப் பொருட்களை பயன்படுத்துதல் ()
- இ.உடல் சார்ந்த மற்றும் பாலியல் துன்புறுத்துதல் ()

5. துன்புறுத்துதலின் வெளிப்படையான அறிகுறிகள் என்ன?

அ.உடல் சார்ந்த அறிகுறி ()

ஆ.சொற்கள் சார்ந்த அறிகுறி ()

இ.நடத்தை சம்பந்தமான அறிகுறி ()

6. உடல் சார்ந்த துன்புறுத்துதல் என்றால் என்ன?

அ.தற்செயலான காயம் ()

ஆ.பெற்றோர் அல்லது காப்பாளர்களால் குழந்தைக்கு ஏற்படும்

காயம் ()

இ.தற்செயல் இல்லாத காயம் ()

7. உடல் சார்ந்த துன்புறுத்துதலின் வடிவங்கள் என்ன?

அ.புகைபிடித்தலால் ஏற்படும் தீக்காயம், மனிதன் கடித்த

அடையாளம், வெட்டுக்காயம், குச்சி அல்லது பிரம்படி

காயங்கள் ()

ஆ.அடித்தல், கட்டி வைத்தல் ()

இ.விடை (அ) மற்றும் (ஆ) ()

8. உடல் சார்ந்த துன்புறுத்துதலினால் ஏற்படும் விளைவுகள் என்ன?

அ.சமூகத்திற்கு எதிரான நடவடிக்கைகள் ()

ஆ.தலை காயம் ()

இ.விடை (அ) மற்றும் (ஆ) ()

9.உணர்ச்சிவசப்பட்ட துன்புறுத்துதல் என்றால் என்ன?

அ.வயதில் மூத்தவர்கள் செய்யும் நடவடிக்கைகள் குழந்தையின்

உணர்ச்சியை பாதித்தல். ()

ஆ.குழந்தைகளுக்கிடையே ஏற்படும் சண்டைகள் ()

இ.உணர்ச்சிகளை தூண்டும் படங்களை பார்த்தல் ()

10. உணர்ச்சிவசப்பட்ட துன்புறுத்துதலின் வடிவங்கள் என்ன?
- அ.சண்டை மற்றும் பயமுறுத்துதல் ()
- ஆ.மற்றவர்களுடன் எதிர்மறைவாக ஒப்பிடுதல் ()
- இ.விடை (அ) மற்றும் (ஆ) ()
11. உணர்ச்சிவசப்பட்ட துன்புறுத்துதலின் ஏற்படும் விளைவுகள் என்ன?
- அ.எதிர்மறையான நடத்தைகள், தன்னைத்தானே அழித்தல் ()
- ஆ.நோய் கிருமிகளின் தாக்கம் ()
- இ.காய்ச்சல் ()
12. குழந்தை தொழிலாளி என்றால் என்ன?
- அ. குழந்தைகளை தொழிற்சாலைகள் மற்றும் மற்ற இடங்களுக்கு வேலைக்கு அனுப்புதல் ()
- ஆ. வீட்டு வேலைகளை குழந்தைகளுடன் பகிர்ந்து கொள்ளுதல் ()
- இ. குழந்தைகளைத் திட்டுதல் ()
13. குழந்தைத் தொழிலாளர்களால் ஏற்படும் விளைவுகள் யாவை?
- அ. சமூக மற்றும் தனிப்பட்ட வளர்ச்சி தாமதமாக இருத்தல் ()
- ஆ. சமூகத்தில் இருந்து பின்வாங்குதல் ()
- இ. போதைப் பொருட்களுக்கு அடிமையாதல் ()
14. குழந்தை புறக்கணிப்பு என்றால் என்ன?
- அ. குழந்தைகளை திட்டுதல் ()
- ஆ. குழந்தைகளின் தேவைகளைப் பூர்த்தி செய்யாமல் இருத்தல் ()
- இ. குழந்தைகளை அடித்தல் ()

15. குழந்தைப் புறக்கணித்தலின் வகைகள் யாவை?

அ. உணவு, மருத்துவம் மற்றும் கல்விக் கொடுக்காமல் இருத்தல் ()

ஆ. சமூகத்திலிருந்து விலக்கி வைத்தல் ()

இ. வீட்டில் இருந்து வெளியேற்றுதல். ()

16. பாலியல் துன்புறுத்துதல் என்றால் என்ன?

அ. மற்றவர்கள் நோக்கத்திற்காகக் குழந்தையை தொடுதல் ()

ஆ. குழந்தையை துன்புறுத்துதல் ()

இ. குழந்தையை புறக்கணித்தல் ()

17. பாலியல் துன்புறுத்துவதினால் ஏற்படும் விளைவுகள் என்ன?

அ. வீட்டை விட்டு வெளியேறுதல் ()

ஆ. பாலியல் சம்பந்தமான காரணங்களைத் தவிர்த்தல் ()

இ. விடை (அ) மற்றும் (ஆ) ()

18. குழந்தையை எந்த வயதில் வீட்டில் இருந்து தனியாக இருக்க அனுமதிக்கலாம்

அ. 4-7 வயது வரை ()

ஆ. 8-11 வயது வரை ()

இ. 12 வயதிற்கு மேல் ()

19. நல்ல பெற்றோர்களுக்கு தேவையான தகுதிகள் என்ன?

அ. முன் உதாரணமாக இருத்தல் ()

ஆ. தகுந்த அளவு கண்காணிப்பு ()

இ. பாதுகாப்பான நடத்தை ()

20. குழந்தை துன்புறுத்துதல் நடந்தால் செய்ய வேண்டியவை என்ன?

அ.நீதி சம்பந்தமான பங்களிப்பு கொடுத்தல் ()

ஆ.காவல் துறையிடம் புகார் செய்தல் துன்புறுத்துபவர்க்கு

ஆலோசனை கூறுதல் ()

இ.கல்வியறிவு கொடுத்தல் (அல்லது) அளித்தல் ()

பகுதி - இ
குழந்தை துன்புறுத்துதலை தடுப்பதற்கான மனப்பாங்கு சார்ந்த வினாக்கள்

வ.எண்.	வினாக்கள்	ஒத்துக் கொள்கிறேன்	முழுமையாக ஒத்துக் கொள்கிறேன்	ஒரளவு ஒத்துக் கொள்கிறேன்	முழுமையாக ஒத்துக் கொள்கிறேன்
1	குழந்தையை துன்புறுத்துவதற்கு முக்கியத்துவம் கொடுக்கக்கூடாது				
2	குழந்தையை துன்புறுத்துதல் குழந்தை வளர்ச்சியைத் தடுக்கும்				
3	துன்புறுத்தப்பட்ட குழந்தை மனச்சோர்வு அடைந்த நிலையில் இருக்கும்				
4	குடும்ப ஏழ்மை நிலையை தீர்க்க குழந்தையை வேலைக்கு அனுப்பலாம்				
5	ஹிமைக்கோட்டிற்கு கீழ் உள்ளவர்களின் குழந்தைகள் அதிகமாகத் துன்புறுத்தப்படுகிறார்கள்				
6	குழந்தைகளுக்கு தண்டனைக் கொடுப்பதின் மூலமே தவறை சரி செய்யமுடியும்				
7	சிறுவயதில் ஏற்படும் துன்புறுத்தல் நாளடைவில் மனதில் வடுவாக மாறிவிடும்.				
8	பெற்றோர்களுக்கு குழந்தையை அடிக்கும் உரிமை உண்டு				
9	த்தப்பட்ட குழந்தை வருங்காலத்தில் சமூகத்திற்கு விரோதமான செயல்களை செய்ய வாய்ப்பு உள்ளது.				
10	பாலியல் வன்முறையை நோக்கம் கொண்ட செயல்களை பெண் குழந்தைகளுக்கு பெற்றோர் சொல்லிக் கொடுக்கலாம்.				

பகுதி - ஈ

குழந்தை துன்புறுத்துதல் மீதான பயிற்சி சார்ந்த வினாக்கள்

வ.எண்	வினாக்கள்	ஆம்	இல்லை
1.	நான் என் குழந்தையின் செயல்பாடுகளை கண்காணிக்கிறேன்		
2.	நான் என் குழந்தையின் உடம்பில் குழந்தை துன்புறுத்துதலின் அடையாளங்களை கண்காணிக்கிறேன்.		
3.	நான் என் குழந்தையின் விளையாட்டு சூழ்நிலையை கண்காணிக்கிறேன்.		
4.	நான் என் குழந்தையை அன்னியர்களுடன் செல்லுவதை தவிர்க்கிறேன்.		
5.	நான் குழந்தைக்கு நல்ல தொடுதல் மற்றும் கெட்ட தொடுதல் முறைகளை சொல்லிக் கொடுக்கிறேன்.		
6.	நான் என் குழந்தையின் புகார்களை கேட்கிறேன்.		
7.	நான் ஆண் மற்றும் பெண் குழந்தையை பாரபட்சமாய் நடத்துவதை தவிர்க்கிறேன்.		
8.	நான் என் குழந்தையை அடிப்பதை தவிர்க்கிறேன்.		
9.	நான் என் குழந்தையை அடுத்தவர்கள் விமர்சிப்பதை தவிர்க்கிறேன்.		
10.	நான் என் குழந்தையின் பள்ளி ஆசிரியரை சந்தித்து குழந்தையின் நடவடிக்கைகள் பற்றி விசாரிக்கிறேன்.		

சரியான விடை

1. அ
2. ஆ
3. இ
4. ஈ
5. ஆ
6. ஆ
7. இ
8. இ
9. ஆ
10. இ
11. அ
12. அ
13. அ
14. ஆ
15. அ
16. அ
17. இ
18. இ
19. அ
20. ஆ