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Effect of Customized Integrated Teaching Program on Knowledge Regarding Child Abuse and Neglect among Peoples Residing in Rural Area of Bhopal

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Abstract

The present study has been undertaken to assess knowledge score regarding child abuse and neglect among peoples by integrated teaching program in Gandhi Nagar at Bhopal. The research design adopted for the study was pre-experimental in nature. The tool for the study was self-structured knowledge questionnaire which consists of two parts-I consisted questions related to Socio-demographic data; part-II consisted of self-structured knowledge questionnaire to assess the knowledge score regarding child abuse and neglect among peoples residing in rural area. The data was analyzed by using descriptive and inferential statistical methods. The most significant finding was that 63.3% of peoples residing in rural area were having average knowledge regarding child abuse and neglect whereas 36.7% had good knowledge after post-test. It was suggested that the nurses must educate peoples residing in rural are aregarding tobacco products consumption and its impact.

Keyword: Effect; Integrated teaching program; Knowledge and tobacco products consumption and its impact.

INTRODUCTION

Neglect and abuse of children are grave public health issues as well as ACEs. Long term effects on well being, opportunities, and health may result from them. Any form of abuse or neglect of a child under the age of eighteen that causes harm, the possibility of injury, or the danger of harm to a child is included in this topic, whether it comes from a parent, carer, or another someone in a custodial capacity (such as a teacher, coach, or religious leader). Abuse and neglect can take four common forms.[1]

The deliberate use of physical force that has the potential to cause bodily harm is known as physical abuse. Examples of using force on a child include striking, kicking, shaking, burning, and other similar actions.

Pressuring or coercing a youngster into doing sexual actions is known as sexual abuse. It encompasses actions like penetrating, fondling, and introducing a youngster to other sexual practices.

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Kindly refer to the CDC's webpage on preventing child sexual abuse for additional details.[2]

Behaviours that damage a child's sense of self-worth or emotional health are referred to as emotional abuse. Name calling, humiliation, rejection, with holding affection, and threats are a few examples.[3]

When a child's fundamental emotional and physical needs are not met, it is considered neglect. These necessities include a place to live, food, clothing, education, healthcare, and the ability to express and receive appropriate responses to their feelings.[4]

Need for Study

In their life time, about one in four youngsters will be the victims of abuse or neglect. Of maltreated children, 78 percent are ignored, 18% are physically abused, and 9% are sexually abused.[5] Homicide is the second most common cause of death for children under one year old, with a fatality rate of 2.2 per 1000 children per year due to child maltreatment. Childhood exposure to violence can have negative effects on one's physical, emotional, and mental well being throughout one's life. Mitigating negative health effects from physical child abuse requires prevention, diagnosis, and therapy.[6] This exercise looks at differential diagnosis situations where child abuse and neglect should be taken into account as well as the actions that should be done to support the impacted children.[7]

Objective of the Study

1. To assess the pre-test and post-test knowledge score regarding child abuse and neglect among peoples residing in rural area.
2. To assess the effectiveness of integrated teaching program on knowledge regarding child abuse and neglect among peoples residing in rural area.
3. To find out the association between the pre-test knowledge score regarding child abuse and neglect among peoples residing in rural area with their selected demographic variables.

Hypotheses

RH_0: There will be no significant difference between pretest and post-test knowledge score on child abuse and neglect among peoples residing in rural area.

RH_1: There will be significant difference between pretest and post-test knowledge score on child abuse and neglect among peoples residing in rural area.

RH_2: There will be significant association between the pre-test score on child abuse and neglect among peoples residing in rural area with their selected demographic variables.

Assumption

1. Peoples residing in rural area may have deficit knowledge regarding child abuse and neglect.
2. Integrated teaching program will improve knowledge of peoples residing in rural area regarding tobacco products consumption and its impact.

METHODOLOGY

An evaluative approach was used and research design pre-experimental one group pre-test & post-test research design was used for the study. The samples consisted of 30 peoples residing in rural area selected by Non probability convenient sampling technique. The setting for the study was Gandhi Nagar at Bhopal. Data was collected with the help of demographic variables and administering a self-structured knowledge questionnaire by the investigator before and after integrated teaching program. Post-test was conducted after 7 days of pre-test. Data were analysis using descriptive & inferential statistics.

ANALYSIS AND INTERPRETATION

Table 1: Frequency and percentage distribution of samples according to their demographic variables. ***n = 30***

Demographic Variables	Frequency	Percentage
Age in Years	**7**	
21-25	9	23.3
26-30	8	30.0
31-35	6	26.7
≥35		20.0
Family Monthly Income		
<10000	3	10.0
10001-15000	13	43.3
15001-20000	10	33.3
>20000	4	13.3

table cont...

Marital Status		
Married	17	56.7
Single	9	30.0
Widow	2	6.7
Divorce	2	6.7
Occupation		
Street vendor	3	10.0
Laborer	15	50.0
Shopkeeper	7	23.3
Office worker	5	16.7

Table 2: Frequency and percentage distribution of Pre-test scores of studied subjects

Category and Test Score	Frequency (N=30)	Frequency (%)
Poor (1-10)	20	66.7
Average (11-20)	10	33.3
Good (21-30)	0	0.0
Total	30	100.0

The present table 2 concerned with the existing knowledge regarding child abuse and neglect among peoples residing in rural area was shown by pre-test score and it is observed that most of the peoples residing in rural area 20 (66.7%) were poor (1-10) knowledge and some peoples residing in rural area have 10 (33.3%) average categories.

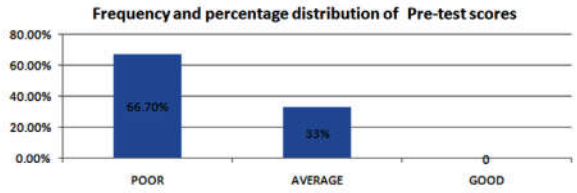

Fig. 1: Frequency and percentage distribution of Pre-test scores of studied subjects.

Table 3: Mean (*X*) and standard Deviation (s) of knowledge scores

Knowledge Pre-test	Mean (X)	Std Dev (S)
Pre-test score	8.50	1.94

The information regarding mean, percentage of mean and standard deviation of test scores in shown in table 3 knowledge in mean pre-test score was 8.50±1.94 while in knowledge regarding child abuse and neglect among peoples residing in Gandhi Nagar at Bhopal.

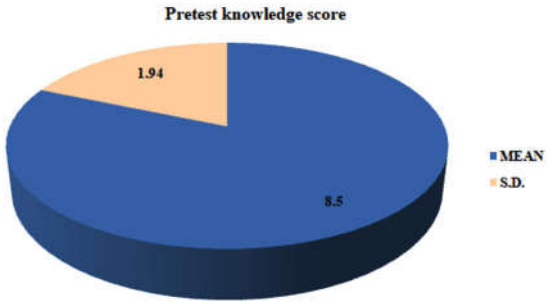

Fig. 2: Mean (X) and standard Deviation (s) of knowledge scores

Table 4: Frequency and percentage distribution of Post test scores of studied subjects

Category and Post-test Score	Frequency (N=30)	Frequency (%)
Poor (1-10)	0	0.0
Average (11-20)	19	63.3
Good (21-30)	11	36.7
Total	30	100%

The present table 4 concerned with the existing knowledge regarding child abuse and neglect among peoples residing in rural area was shown by post test score and it is observed that peoples residing in rural area 11(36.7%) were good (21-30) knowledge and other peoples residing in rural area have 19(63.3%) category which are average (11-20) post-test knowledge score in the present study.

Table 5: Mean (X) and standard Deviation (s) of knowledge scores

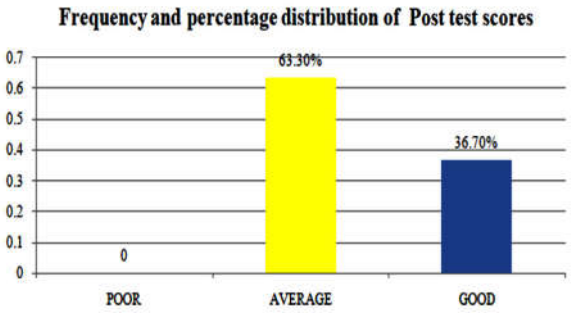

Fig. 3: Frequency and percentage distribution of Post test scores of studied subjects

Knowledge Test	Mean (X)	Std Dev (S)
Post-test score	18.13	4.03

The information regarding mean, percentage of mean and standard deviation of post test scores in shown in table 5 knowledge in mean post test score was 18.13±4.03 while in knowledge regarding child abuse and neglect among peoples residing in Gandhi Nagar at Bhopal.

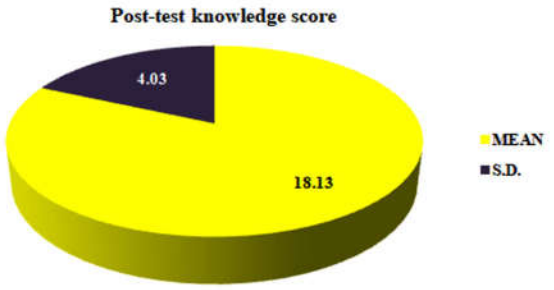

Fig. 4: Mean (X) and standard Deviation (s) of knowledge scores

Hence, it is confirmed from the tables of section-II that there is a significant difference in mean of test scores which partially fulfill the first second objective of the present study.

Table 6: Effectiveness of awareness package by calculating Mean, SD, Mean Difference and 't' Value of Pre-test and Post-test knowledge.

Knowledge Score of Peoples Residing in Rural Area	Mean (X)	S. D. (s)	Std. Error of Mean	D. F.	t-value	Significance
Pre-test	8.50	1.94	0.87	29	-10.96	P<0.05
Post-test	18.13	4.03				

When the mean and SD of pre-test and post-test were compared and 't' test was applied. It can be clearly seen that the 't' value was - 10.96 and p value was <0.05 which clearly show that integrated teaching program was very effective in increasing the knowledge of peoples residing in rural area.

Section-III Association of knowledge scores between test and selected demographic variables:

Table 7: Association of age with pre-test scores

Age (in years)	Test Scores			Total
	Poor (1-10)	Average (11-20)	Good (21-30)	
21-25	5	2	0	7
26-30	7	2	0	9
31-35	5	3	0	8
>35	3	3	0	6
Total	**20**	**10**	**0**	**30**
X=1.38 p>0.05 (Insignificant)				

The association of age test scores is shown in present table 7. The probability value for Chi-Square test is 1.38 for 3 degrees of freedom which indicated a insignificant valve (p>0.05). Hence, it is identified that there is a insignificant association between age and test scores. Moreover, it is reflected that age isn't influenced with the present problem.

Table 8: Association of family monthly income with pre-test scores

Family Monthly Income	Test Scores			Total
	Poor (1-10)	Average (11-20)	Good (21-30)	
<10000	1	2	0	3
10001-13000	9	4	0	13
13001-20000	6	4	0	10
>20000	4	0	0	4
Total	**20**	**10**	**0**	**30**
X=3.73 p>0.05 (Insignificant)				

The association of family monthly income and test scores is shown in present table 8. The probability value for Chi-Square test is 3.73 for 3 degrees of freedom which indicated a insignificant value (p>0.05). Hence, it is identified that there is a insignificant association between monthly income and test scores.

Table 9: Association of marital status with pre-test scores

Marital Status Class	Test Scores			Total
	Poor (1-10)	Average (11-20)	Good (21-30)	
Married	11	6	0	17
Single	5	4	0	9
Widow	2	0	0	2
Divorce	2	0	0	2
Total	**20**	**10**	**0**	**30**
X=2.52 p>0.05 (Insignificant)				

The association of marital status test scores is shown in present table 9. The probability value for Chi-Square test is 2.52 for 3 degrees of freedom which indicated a insignificant valve (p>0.05). Hence, it is identified that there is a insignificant association between marital status and test scores. Moreover, it is reflected that marital status isn't influenced with the present problem.

Table 10: Association of occupation with pre-test scores

Occupation Class	Test Scores			Total
	Poor	Average	Good	
	(1-10)	(11-20)	(21-30)	
Street vendor	3	0	0	3
Laborer	10	5	0	15
Shopkeeper	4	3	0	7
Office worker	3	5	0	5
Total	**20**	**13**	**0**	**30**
X= 1.88 p>0.05 (Insignificant)				

The association of age test scores is shown in present table 10. The probability value for Chi-Square test is 1.88 for 3 degrees of freedom which indicated occupation and test scores. Hence, it is identified that there is a insignificant association between occupation and test scores. Moreover, it is reflected that occupation occupation isn't influenced with the present problem.

RESULTS

The result of this study indicates that there was a significant increase in the post-test knowledge scores compared to pre-test scores of preventions of pre-eclampsia. The mean percentage knowledge score was observed 8.50±1.94 in the pre-test and after implementation of integrated teaching program post-test mean percentage was observed with 18.13±4.03.

CONCLUSION

Thus, after the analysis and interpretation of data we can conclude that the hypothesis RH1 that, there will be significance difference between the pre-test knowledge score with post-test knowledge score at the (P<0.05) is being accepted.

Furthermore, integrated teaching program regarding child abuse and neglect among peoples residing in rural area may consider as an effective tool when there is a need in lacking, bridging and modifying the knowledge.

LIMITATIONS

- The study was limited to Gandhi Nagar of Bhopal.
- The study was limited to 30 peoples residing in rural area.

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